

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

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 ST. MARY'S HOSPITAL (14-0166) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2010 AND ENDING 06/30/2011, 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		-301,902	253,597		1
2 SUBPROVIDER - IPF					2
3 SUBPROVIDER - IRF		-76,605			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		-378,507	253,597		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: 1800 EAST LAKE SHORE DRIVE
 2 CITY: DECATUR STATE: IL

P.O.BOX: 1
 ZIP CODE: 62521 COUNTY: MACON 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)			
						V 6	XVIII 7	XIX 8	
3	HOSPITAL	14-0166	19500	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF								4
5	SUBPROVIDER - IRF	14-T166	19500	5	07/01/2008	N	P	N	5
6	SUBPROVIDER - (OTHER)								6
7	SWING BEDS - SNF								7
8	SWING BEDS - NF								8
9	HOSPITAL-BASED SNF	14-5551	19500		12/06/1985	N	P	N	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								18
19	OTHER								19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2010			TO: 06/30/2011				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	IN-STATE	OUT-OF	OUT-OF	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6	
		MEDICAID PAID DAYS 1	MEDICAID ELIGIBLE DAYS 2	STATE MEDICAID PAID DAYS 3	STATE MEDICAID ELIGIBLE DAYS 4			
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.	7,838	1,340		9			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 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.							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

		V	XVIII	XIX	
		1	2	3	
45	PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	N	45
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	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	48

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.	Y	Y		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 21248? 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)	N			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)	N			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))
			3	4	5
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)					
	PROGRAM NAME	PROGRAM CODE			
	1	2			
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))
			3	4	5

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 1	PROGRAM CODE 2	UNWEIGHTED FTEs NONPROVIDER SITE 3	UNWEIGHTED FTEs IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5			
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.			N	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.				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.			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		
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.			V 1 2 N Y	XIX 2 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	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- N	OCCUP- N	SPEECH N	RESPI- RATORY N	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.		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.		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.	Y	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.	N	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.		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.		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	148005 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: HOSPITAL SISTERS HEALTH SYSTEM CONTRACTOR'S NAME: WPS	CONTRACTOR'S NUMBER: 05101	141
142	STREET: STREET: 4936 LAVERNA ROAD P.O. BOX:		142
143	CITY: SPRINGFIELD STATE: IL	ZIP CODE: 62707	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	N	N 155
156	SUBPROVIDER - IPF	N	N 156
157	SUBPROVIDER - IRF	N	N 157
158	SUBPROVIDER - (OTHER)	N	N 158
159	SNF	N	N 159
160	HHA	N	N 160
161	CMHC		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
	0	1	2
			ZIP CODE
			3
			CBSA
			4
			FTE/CAMPUS
			5

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

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(m)? 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

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 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)			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 N	2	3 4	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.			5	
APPROVED EDUCATIONAL ACTIVITIES					
			Y/N	Y/N	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?		1 N	2 6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.			7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?			8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.			9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			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.			11	
				Y/N	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			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.			13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			14	
BED COMPLEMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			15	
PS&R REPORT DATA					
		PART A		PART B	
		Y/N	DATE	Y/N	DATE
		1	2	3	4
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)	N		N	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)	N		N	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

LINE	DESCRIPTION	WKST A 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		1	2	3	4	5	6	
SALARIES								
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	41,365,634		41,365,634	1,729,919.00	23.91	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B		2,010,856		2,010,856	20,467.00	98.25	3
4	PHYSICIAN-PART A		470,648		470,648	3,674.00	128.10	4
4.01	PHYSICIANS-PART A - DIRECT TEACHING							4.01
5	PHYSICIAN-PART B		105,954		105,954	1,324.00	80.03	5
6	NON-PHYSICIAN-PART B							6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21						7
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)							7.01
8	HOME OFFICE PERSONNEL							8
9	SNF	44	629,305		629,305	27,197.00	23.14	9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		3,380,717	1,464	3,382,181	168,121.00	20.12	10
OTHER WAGES & RELATED COSTS								
11	CONTRACT LABOR (SEE INSTRUCTIONS)		141,143		141,143	2,010.00	70.22	11
12	MANAGEMENT AND ADMINISTRATIVE SERVICES							12
13	CONTRACT LABOR: PHYSICIAN-PART A		132,409		132,409	1,324.00	100.01	13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		2,076,717		2,076,717	26,145.00	79.43	14
15	HOME OFFICE: PHYSICIAN-PART A							15
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)							16
WAGE-RELATED COSTS								
17	WAGE-RELATED COSTS (CORE)		13,780,800		13,780,800			17
18	WAGE-RELATED COSTS (OTHER)							18
19	EXCLUDED AREAS		1,439,809		1,439,809			19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B		298,860		298,860			21
22	PHYSICIAN PART A		82,827		82,827			22
23	PHYSICIAN PART B		16,971		16,971			23
24	WAGE-RELATED COSTS (RHC/FQHC)							24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)							25
OVERHEAD COSTS - DIRECT SALARIES								
26	EMPLOYEE BENEFITS		414,186	-13,291	400,895	19,819.00	20.23	26
27	ADMINISTRATIVE & GENERAL		6,232,052	1,888	6,233,940	256,609.00	24.29	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		354,201		354,201	2,504.00	141.45	28
29	MAINTENANCE & REPAIRS		112,206		112,206	4,070.00	27.57	29
30	OPERATION OF PLANT		805,374		805,374	48,391.00	16.64	30
31	LAUNDRY & LINEN SERVICE		46,493	843	47,336	4,832.00	9.80	31
32	HOUSEKEEPING		770,571		770,571	67,835.00	11.36	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)							33
34	DIETARY		1,229,802	-618,424	611,378	45,772.00	13.36	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)							35
36	CAFETERIA			625,761	625,761	47,450.00	13.19	36
37	MAINTENANCE OF PERSONNEL							37
38	NURSING ADMINISTRATION		512,373		512,373	15,357.00	33.36	38
39	CENTRAL SERVICES AND SUPPLY		175,229	848	176,077	9,972.00	17.66	39
40	PHARMACY		1,383,287		1,383,287	35,720.00	38.73	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,209,918		1,209,918	68,375.00	17.70	41
42	SOCIAL SERVICE							42
43	OTHER GENERAL SERVICE							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)		39,603,025		39,603,025	1,710,632.00	23.15	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		4,010,022	1,464	4,011,486	195,318.00	20.54	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)		35,593,003	-1,464	35,591,539	1,515,314.00	23.49	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)		2,350,269		2,350,269	29,479.00	79.73	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)		13,863,627		13,863,627		38.95%	5
6	TOTAL (SUM OF LINES 3 THRU 5)		51,806,899	-1,464	51,805,435	1,544,793.00	33.54	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)		13,245,692	-2,375	13,243,317	626,706.00	21.13	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
 PART IV

PART A - CORE LIST

		AMOUNT REPORTED	
RETIREMENT COST			
1	401K EMPLOYER CONTRIBUTIONS		1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3	QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	2,574,788	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)	8,534,175	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN		10
11	LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)		11
12	ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13	DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	61,108	13
14	LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15	WORKERS' COMPENSATION INSURANCE	1,329,880	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	2,930,565	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE	92,831	19
20	STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER			
21	EXECUTIVE DEFERRED COMPENSATION		21
22	DAY CARE COSTS AND ALLOWANCES		22
23	TUITION REIMBURSEMENT	95,919	23
24	TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	15,619,266	24
PART B - OTHER THAN CORE RELATED COST			
25	OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL
PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
01/31/2012 09:40

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 OLTC		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

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

		GROUP	SNF	SWING BED	TOTAL
		1	DAYS	SNF DAYS	(COLS.
			2	3	2 + 3)
					4
69	PE2				69
70	PE1				70
71	PD2				71
72	PD1		38		38 72
73	PC2				73
74	PC1				74
75	PB2				75
76	PB1		3		3 76
77	PA2				77
78	PA1		28		28 78
199	AAA				199
200	TOTAL		2,955		2,955 200

		CBSA AT	CBSA	
		BEGINNING	ON/AFTER	
		OF COST	OF THE COST	
		REPORTING	REPORTING	
		PERIOD	PERIOD (IF	
		1	APPLICABLE)	
			2	
201	ENTER IN COLUMN 1 THE SNF CBSA CODE, OR 5 CHARACTER NON-CBSA CODE IF A RURAL FACILITY, IN EFFECT AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER IN COLUMN 2 THE CODE IN EFFECT ON OR AFTER OCTOBER 1 OF THE COST REPORTING PERIOD (IF APPLICABLE).	02040	19500	201

A NOTICE PUBLISHED IN THE FEDERAL REGISTER VOLUME 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. FOR LINES 202 THROUGH 207: ENTER IN COLUMN 1 THE AMOUNT OF THE EXPENSE FOR EACH CATEGORY. ENTER IN COLUMN 2 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 7, COLUMN 3. IN COLUMN 3, ENTER 'Y' OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)

		EXPENSES	PERCENTAGE	ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES?
		1	2	3
202	STAFFING	50		202
203	RECRUITMENT			203
204	RETENTION OF EMPLOYEES			204
205	TRAINING			205
206	OTHER (TEMPORARY EMPLOYEES)	2		206
207	TOTAL SNF REVENUE (WORKSHEET G-2, PART I, LINE 7, COLUMN 3)	1,158,660		207

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)				0.260044	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				6,881,020	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?				Y	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID					5
6	MEDICAID CHARGES				59,284,102	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				15,416,475	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)				8,535,455	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)				8,535,455	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	6,870,119	1,119,546	7,989,665	20	
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	1,786,533	291,131	2,077,664	21	
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	343,506	111,955	455,461	22	
23	COST OF CHARITY CARE	1,443,027	179,176	1,622,203	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)			13,505,801	26	
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			747,444	27	
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			12,758,357	28	
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			3,317,734	29	
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			4,939,937	30	
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			13,475,392	31	

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	
GENERAL SERVICE COST CENTERS						
1	00100				2,229,455	1
2	00200				4,652,965	2
3	00300					3
4	00400	414,186	16,477,735	16,891,921	-57,328	4
5	00500	6,232,052	28,084,861	34,316,913	-6,542,597	5
6	00600	112,206	413	112,619		6
7	00700	805,374	2,472,788	3,278,162	-2,220	7
8	00800	46,493	430,621	477,114	843	8
9	00900	770,571	424,378	1,194,949		9
10	01000	1,229,802	1,113,709	2,343,511	-1,187,828	10
11	01100				1,192,450	11
12	01200					12
13	01300	512,373	141,140	653,513		13
14	01400	175,229	163,694	338,923	-111,549	14
15	01500	1,383,287	4,051,298	5,434,585	-3,345,507	15
16	01600	1,209,918	670,087	1,880,005	-55,886	16
17	01700					17
19	01900					19
20	02000					20
21	02100		-4,999	-4,999		21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	6,481,183	772,196	7,253,379	-397,004	30
31	03100	1,198,529	208,389	1,406,918	-1,776	31
41	04100	680,877	862,904	1,543,781	-232	41
43	04300	310,196	223,047	533,243	-198	43
44	04400	629,305	70,902	700,207	-2,142	44
ANCILLARY SERVICE COST CENTERS						
50	05000	1,311,572	5,488,444	6,800,016	-3,161,494	50
50.01	03951					50.01
50.02	03952	208,974	157,583	366,557		50.02
51	05100	454,624	37,331	491,955	-1,368	51
52	05200	1,008,864	118,849	1,127,713	-3,336	52
53	05300	2,235,750	319,873	2,555,623	-45	53
53.01	05301	318,890	130,600	449,490	-3,666	53.01
54	05400	1,616,435	612,118	2,228,553	-82,993	54
56	05600	113,734	339,082	452,816		56
57	05700	310,418	489,125	799,543		57
58	05800	220,564	205,636	426,200		58
59	05900	698,260	3,797,978	4,496,238	-3,112,145	59
60	06000	1,922,845	2,463,806	4,386,651	-4,440	60
62	06200		434,837	434,837		62
62.30	06250					62.30
65	06500	795,956	128,784	924,740		65
66	06600	1,683,852	137,940	1,821,792	-14,088	66
69	06900	434,601	780,926	1,215,527	-50,311	69
70	07000	244,036	88,903	332,939	-579	70
71	07100				112,397	71
72	07200				6,246,651	72
73	07300				3,345,507	73
75	07500				377,665	75
76	03950	98,177	30,198	128,375	-2,537	76
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	95,707	166,376	262,083	-3,144	90
90.01	04950	67,550	219,126	286,676	-600	90.01
90.02	04951	95,260	1,755	97,015	-600	90.02
90.03	04952	65,250	109,568	174,818		90.03
90.04	04953					90.04
90.05	04954					90.05
90.06	04955					90.06
90.07	04957					90.07
90.08	04956					90.08
90.09	04958					90.09
90.10	04959					90.10
90.11	04960					90.11
90.12	04961	15,326	254,027	269,353		90.12
90.13	04962	317,694	336,817	654,511		90.13
90.14	04963					90.14
90.15	09001					90.15
90.16	09002					90.16
90.17	09003					90.17
90.18	09004					90.18

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	
90.19 09005 PEDIATRIC PROF SERVICES					90.19
90.20 09006 DR ANDERSON					90.20
90.21 09007 DR HABIB					90.21
90.22 09008 DR HANNEKEN					90.22
90.23 09009 DR MUNESSES					90.23
90.24 09010 DR KOHLI					90.24
90.25 09011 DR DUNCAN					90.25
90.26 09012 MT ZION FAMILY PRACTICE					90.26
90.27 09013 DR POWELL					90.27
90.28 09014 CHEMOTHEROPY	15,642	1,967	17,609		90.28
91 09100 EMERGENCY	2,124,232	2,175,695	4,299,927	-6,537	91
92 09200 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF					99.10
99.20 09920 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 09940 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	38,665,794	75,190,507	113,856,301	5,783	118
NONREIMBURSABLE COST CENTERS					
190 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	73,917	66,546	140,463		190
192 19200 PHYSICIANS' PRIVATE OFFICES	1,075,943	7,873,656	8,949,599		192
194 07950 SENIOR SERVICES	52,454	59,816	112,270		194
194.01 07951 ADULT DAY CARE	141,605	50,919	192,524	1,464	194.01
194.02 07952 SPORTS MEDICINE REHAB	261,464	23,371	284,835		194.02
194.04 07953 CANCER CARE	3,488	72,096	75,584		194.04
194.05 07954 RESIDENTIAL PROPERTIES					194.05
194.07 07976 BLUE MOUND	416	3,026	3,442		194.07
194.08 07955 ARTHUR CLINIC	245	10,581	10,826		194.08
194.09 07974 OCCUPATIONAL HEALTH					194.09
194.11 07956 2981 NORTH MAIN	940	43,823	44,763		194.11
194.13 07957 MEDICAL OFFICE BUILDING 1750	5,610	136,462	142,072		194.13
194.14 07958 MEDICAL ARTS					194.14
194.15 07959 MT. ZION CLINIC	113	-9,676	-9,563		194.15
194.16 07960 CERRO GORDO	94	9,713	9,807		194.16
194.17 07961 LIFELINE	21,728	34,487	56,215		194.17
194.18 07980 COUNTY JAIL CONTRACT	124,467	43,891	168,358		194.18
194.19 07962 ST. JOHN'S HOME HEALTH	342	482	824		194.19
194.23 07963 ST. MARY'S SURGERY CENTER		31	31		194.23
194.24 07964 FIELDS WRIGHT MEDICAL PRACTICE	108,074	4,535	112,609		194.24
194.25 07965 3915 N COWGILL		282,154	282,154		194.25
194.28 07975 LAUNDRY OUTSIDE SERVICES		-38	-38		194.28
194.35 07966 MEDICAL MANAGEMENT SYSTEM		-601	-601		194.35
194.36 07967 LAKE SHORE MEDICAL OFFICE BUILDING	6,853	314,438	321,291		194.36
194.37 07968 DAY CARE CENTER		5,771	5,771		194.37
194.38 07969 SCHOOL HEALTH SERVICES	141,531	6,304	147,835		194.38
194.40 07977 PRAIRIE CARDIOVASCULAR					194.40
194.41 07978 G I SUITES	2,407	42	2,449		194.41
194.42 07979 RESPIRATORY CARE NURSING HOME					194.42
194.43 07970 OCCUPATIONAL HEALTH CLINIC					194.43
194.44 07971 PHYSICIAN POOL	229,654	7,729	237,383		194.44
194.48 07972 MRI BUILDING	287	4,915	5,202		194.48
194.49 07973 FUND DEVELOPMENT	448,208	-36,383	411,825	-7,247	194.49
194.50 07981 CENTRAL ILLINOIS LUNG					194.50
200 TOTAL (SUM OF LINES 118-199)	41,365,634	84,198,597	125,564,231		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	2,229,455		2,126,349	1
2	00200	4,652,965	-103,106	4,652,965	2
3	00300				3
4	00400	16,834,593	-5,747,835	11,086,758	4
5	00500	27,774,316	-6,894,298	20,880,018	5
6	00600	112,619	-3,400	109,219	6
7	00700	3,275,942		3,275,942	7
8	00800	477,957	-12,677	465,280	8
9	00900	1,194,949	-262	1,194,687	9
10	01000	1,155,683	-80,563	1,075,120	10
11	01100	1,192,450	-643,593	548,857	11
12	01200				12
13	01300	653,513		653,513	13
14	01400	227,374		227,374	14
15	01500	2,089,078		2,089,078	15
16	01600	1,824,119	-5,976	1,818,143	16
17	01700				17
19	01900				19
20	02000				20
21	02100	-4,999	4,999		21
22	02200				22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	6,856,375	-177,867	6,678,508	30
31	03100	1,405,142	-1,125	1,404,017	31
41	04100	1,543,549	-940	1,542,609	41
43	04300	533,045	-178,287	354,758	43
44	04400	698,065	-375	697,690	44
ANCILLARY SERVICE COST CENTERS					
50	05000	3,638,522		3,638,522	50
50.01	03951				50.01
50.02	03952	366,557		366,557	50.02
51	05100	490,587		490,587	51
52	05200	1,124,377	-344	1,124,033	52
53	05300	2,555,578	-2,010,856	544,722	53
53.01	05301	445,824	-1,527	444,297	53.01
54	05400	2,145,560	-59,153	2,086,407	54
56	05600	452,816		452,816	56
57	05700	799,543		799,543	57
58	05800	426,200		426,200	58
59	05900	1,384,093	-2,200	1,381,893	59
60	06000	4,382,211	-83,342	4,298,869	60
62	06200	434,837		434,837	62
62.30	06250				62.30
65	06500	924,740	-1,491	923,249	65
66	06600	1,807,704	-1,439	1,806,265	66
69	06900	1,165,216	-792,208	373,008	69
70	07000	332,360	-55,410	276,950	70
71	07100	112,397		112,397	71
72	07200	6,246,651		6,246,651	72
73	07300	3,345,507	-26,432	3,319,075	73
75	07500	377,665		377,665	75
76	03950	125,838	-25,000	100,838	76
76.97	07697				76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	258,939	-70,747	188,192	90
90.01	04950	286,076	-208,510	77,566	90.01
90.02	04951	96,415		96,415	90.02
90.03	04952	174,818	-200	174,618	90.03
90.04	04953				90.04
90.05	04954				90.05
90.06	04955				90.06
90.07	04957				90.07
90.08	04956				90.08
90.09	04958				90.09
90.10	04959				90.10
90.11	04960				90.11
90.12	04961	269,353		269,353	90.12
90.13	04962	654,511		654,511	90.13
90.14	04963				90.14
90.15	09001				90.15
90.16	09002				90.16
90.17	09003				90.17
90.18	09004				90.18

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	
90.19 09005 PEDIATRIC PROF SERVICES				90.19
90.20 09006 DR ANDERSON				90.20
90.21 09007 DR HABIB				90.21
90.22 09008 DR HANNEKEN				90.22
90.23 09009 DR MUNESSES				90.23
90.24 09010 DR KOHLI				90.24
90.25 09011 DR DUNCAN				90.25
90.26 09012 MT ZION FAMILY PRACTICE				90.26
90.27 09013 DR POWELL				90.27
90.28 09014 CHEMOTHEROPY	17,609		17,609	90.28
91 09100 EMERGENCY	4,293,390	-1,761,771	2,531,619	91
92 09200 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
99.10 09910 CORF				99.10
99.20 09920 OUTPATIENT PHYSICAL THERAPY				99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40 09940 OUTPATIENT SPEECH PATHOLOGY				99.40
SPECIAL PURPOSE COST CENTERS				
118 SUBTOTALS (SUM OF LINES 1-117)	113,862,084	-18,945,935	94,916,149	118
NONREIMBURSABLE COST CENTERS				
190 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	140,463		140,463	190
192 19200 PHYSICIANS' PRIVATE OFFICES	8,949,599		8,949,599	192
194 07950 SENIOR SERVICES	112,270		112,270	194
194.01 07951 ADULT DAY CARE	193,988		193,988	194.01
194.02 07952 SPORTS MEDICINE REHAB	284,835		284,835	194.02
194.04 07953 CANCER CARE	75,584		75,584	194.04
194.05 07954 RESIDENTIAL PROPERTIES				194.05
194.07 07976 BLUE MOUND	3,442		3,442	194.07
194.08 07955 ARTHUR CLINIC	10,826		10,826	194.08
194.09 07974 OCCUPATIONAL HEALTH				194.09
194.11 07956 2981 NORTH MAIN	44,763		44,763	194.11
194.13 07957 MEDICAL OFFICE BUILDING 1750	142,072		142,072	194.13
194.14 07958 MEDICAL ARTS				194.14
194.15 07959 MT. ZION CLINIC	-9,563	9,563		194.15
194.16 07960 CERRO GORDO	9,807		9,807	194.16
194.17 07961 LIFELINE	56,215		56,215	194.17
194.18 07980 COUNTY JAIL CONTRACT	168,358		168,358	194.18
194.19 07962 ST. JOHN'S HOME HEALTH	824		824	194.19
194.23 07963 ST. MARY'S SURGERY CENTER	31		31	194.23
194.24 07964 FIELDS WRIGHT MEDICAL PRACTICE	112,609		112,609	194.24
194.25 07965 3915 N COWGILL	282,154		282,154	194.25
194.28 07975 LAUNDRY OUTSIDE SERVICES	-38	38		194.28
194.35 07966 MEDICAL MANAGEMENT SYSTEM	-601	601		194.35
194.36 07967 LAKE SHORE MEDICAL OFFICE BUILDING	321,291		321,291	194.36
194.37 07968 DAY CARE CENTER	5,771		5,771	194.37
194.38 07969 SCHOOL HEALTH SERVICES	147,835		147,835	194.38
194.40 07977 PRAIRIE CARDIOVASCULAR				194.40
194.41 07978 G I SUITES	2,449		2,449	194.41
194.42 07979 RESPIRATORY CARE NURSING HOME				194.42
194.43 07970 OCCUPATIONAL HEALTH CLINIC				194.43
194.44 07971 PHYSICIAN POOL	237,383		237,383	194.44
194.48 07972 MRI BUILDING	5,202		5,202	194.48
194.49 07973 FUND DEVELOPMENT	404,578		404,578	194.49
194.50 07981 CENTRAL ILLINOIS LUNG				194.50
200 TOTAL (SUM OF LINES 118-199)	125,564,231	-18,935,733	106,628,498	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
	1	2	3		4	5
1 OLD CAPITAL RECLASS	A	CAP REL COSTS-BLDG & FIXT	1			1,997,191 1
2		CAP REL COSTS-MVBLE EQUIP	2			4,242,117 2
500 TOTAL RECLASSIFICATIONS						6,239,308 500
CODE LETTER - A						
1 CAFETERIA RECLASS	B	CAFETERIA	11		625,761	566,689 1
500 TOTAL RECLASSIFICATIONS					625,761	566,689 500
CODE LETTER - B						
1		DIETARY	10		7,337	1
2		RADIOLOGY-DIAGNOSTIC	54		911	2
3		LAUNDRY & LINEN SERVICE	8		843	3
4		ADMINISTRATIVE & GENERAL	5		1,888	4
5		ADULT DAY CARE	194.01		1,464	5
6		CENTRAL SERVICES & SUPPLY	14		848	6
500 TOTAL RECLASSIFICATIONS					13,291	500
CODE LETTER -						
1 RECLASS LEASE EXPENSE	D	CAP REL COSTS-MVBLE EQUIP	2			410,848 1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
500 TOTAL RECLASSIFICATIONS						410,848 500
CODE LETTER - D						
1 RECLASS BOND ISSUANCE EXPENSE	E	CAP REL COSTS-BLDG & FIXT	1			27,322 1
500 TOTAL RECLASSIFICATIONS						27,322 500
CODE LETTER - E						
1		DRUGS CHARGED TO PATIENTS	73			3,345,507 1
500 TOTAL RECLASSIFICATIONS						3,345,507 500
CODE LETTER -						
1 INTEREST EXPENSE	G	CAP REL COSTS-BLDG & FIXT	1			88,015 1
500 TOTAL RECLASSIFICATIONS						88,015 500
CODE LETTER - G						
1 MEDICAL SUPPLIES	H	MEDICAL SUPPLIES CHRGED TO PA	71			112,397 1
500 TOTAL RECLASSIFICATIONS						112,397 500
CODE LETTER - H						
1 IMPLANT SUPPLIES	I	IMPL. DEV. CHARGED TO PATIENT	72			6,246,651 1
2						2
3 RECLASS BOND ISSUANCE EXPENSE	I					3
500 TOTAL RECLASSIFICATIONS						6,246,651 500
CODE LETTER - I						

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
 01/31/2012 09:40

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
	1	2	3		4	5
1 PROPERTY INSURANCE	K	CAP REL COSTS-BLDG & FIXT	1			116,927 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - K						116,927 500
1 SAME DAY CARE	L	ASC (NON-DISTINCT PART)	75		321,364	56,301 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - L					321,364	56,301 500
GRAND TOTAL (INCREASES)					960,416	17,209,965

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 OLD CAPITAL RECLASS	A					9 1
2		ADMINISTRATIVE & GENERAL	5		6,239,308	9 2
500 TOTAL RECLASSIFICATIONS CODE LETTER - A					6,239,308	500
1 CAFETERIA RECLASS	B	DIETARY	10	625,761	566,689	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - B				625,761	566,689	500
1						1
2						2
3						3
4						4
5						5
6		EMPLOYEE BENEFITS	4	13,291		6
500 TOTAL RECLASSIFICATIONS CODE LETTER -				13,291		500
1 RECLASS LEASE EXPENSE	D	EMPLOYEE BENEFITS	4		44,037	9 1
2		ADMINISTRATIVE & GENERAL	5		72,913	9 2
3		OPERATION OF PLANT	7		2,220	9 3
4		DIETARY	10		2,715	9 4
5		MEDICAL RECORDS & LIBRARY	16		55,886	9 5
6		ADULTS & PEDIATRICS	30		19,339	9 6
7		INTENSIVE CARE UNIT	31		1,776	9 7
8		SUBPROVIDER - IRF	41		232	9 8
9		NURSERY	43		198	9 9
10		SKILLED NURSING FACILITY	44		2,142	9 10
11		OPERATING ROOM	50		26,988	9 11
12		RECOVERY ROOM	51		1,368	9 12
13		DELIVERY ROOM & LABOR ROOM	52		3,336	9 13
14		ANESTHESIOLOGY	53		45	9 14
15		PAIN CENTER	53.01		3,666	9 15
16		RADIOLOGY-DIAGNOSTIC	54		83,904	9 16
17		LABORATORY	60		4,440	9 17
18		PHYSICAL THERAPY	66		14,088	9 18
19		ELECTROCARDIOLOGY	69		50,311	9 19
20		ELECTROENCEPHALOGRAPHY	70		579	9 20
21		TREATMENT CENTER	76		2,537	9 21
22		CLINIC	90		3,144	9 22
23		PRENATAL CLINIC	90.01		600	9 23
24		OUTPATIENT PSYCHIATRIC	90.02		600	9 24
25		EMERGENCY	91		6,537	9 25
26		FUND DEVELOPMENT	194.49		7,247	9 26
500 TOTAL RECLASSIFICATIONS CODE LETTER - D					410,848	500
1 RECLASS BOND ISSUANCE EXPENSE	E	ADMINISTRATIVE & GENERAL	5		27,322	9 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - E					27,322	500
1		PHARMACY	15		3,345,507	1
500 TOTAL RECLASSIFICATIONS CODE LETTER -					3,345,507	500
1 INTEREST EXPENSE	G	ADMINISTRATIVE & GENERAL	5		88,015	9 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - G					88,015	500
1 MEDICAL SUPPLIES	H	CENTRAL SERVICES & SUPPLY	14		112,397	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - H					112,397	500
1 IMPLANT SUPPLIES	I	OPERATING ROOM	50		3,134,506	1
2		CARDIAC CATHETERIZATION	59		3,112,145	2
3 RECLASS BOND ISSUANCE EXPENSE	I					9 3
500 TOTAL RECLASSIFICATIONS CODE LETTER - I					6,246,651	500

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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE		OTHER	WKST A-7	
			LINE #	SALARY		REF.	
	1	6	7	8	9	10	
1 PROPERTY INSURANCE	K	ADMINISTRATIVE & GENERAL	5		116,927	9	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - K					116,927		500
1 SAME DAY CARE	L	ADULTS & PEDIATRICS	30	321,364	56,301		1
500 TOTAL RECLASSIFICATIONS CODE LETTER - L				321,364	56,301		500
GRAND TOTAL (DECREASES)				960,416	17,209,965		

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	3,295,160					3,295,160		1
2 LAND IMPROVEMENTS	5,379,179	42,938		42,938		5,422,117		2
3 BUILDINGS AND FIXTURES	47,065,199	69,632		69,632		47,134,831		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	28,394,649	63,407		63,407		28,458,056		5
6 MOVABLE EQUIPMENT	77,085,258	2,841,918		2,841,918	296,365	79,630,811		6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	161,219,445	3,017,895		3,017,895	296,365	163,940,975		8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	161,219,445	3,017,895		3,017,895	296,365	163,940,975		10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 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)
1 CAP REL COSTS-BLDG & FIXT							1
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL (SUM OF LINES 1-2)							3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 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)
1 CAP REL COSTS-BLDG & FIXT	2,126,349						2,126,349 1
2 CAP REL COSTS-MVBLE EQUIP	4,652,965						4,652,965 2
3 TOTAL	6,779,314						6,779,314 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-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)	B	-1,121	ADMINISTRATIVE & GENERAL	5	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	-3,790,021			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-978,423			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-643,593	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS	B	-103,106	CAP REL COSTS-BLDG & FIXT	1	9 15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-26,432	DRUGS CHARGED TO PATIENTS	73	17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-5,976	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20 VENDING MACHINES					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 WHEEZES AND SNEEZES	B	-295	ADULTS & PEDIATRICS	30	33
34 MISCELLANEOUS BILLINGS	B	-1,000	TREATMENT CENTER	76	34
35 WORKSHOP	B	-16,656	EMERGENCY	91	35
36 MISC. SUPPLIES RATHNOW	B	-1,301	ADULTS & PEDIATRICS	30	36
37 SERVICES	B	-2,200	CARDIAC CATHETERIZATION	59	37
38 OTHER REVENUE	B	-58,796	RADIOLOGY-DIAGNOSTIC	54	38
39 PHYSICIAN OFFICE RENT	B	-52	RESPIRATORY THERAPY	65	39
40 LEGAL FEES	A	-1,000,000	ADMINISTRATIVE & GENERAL	5	40
41 GME COSTS	A	4,999	I&R SRVCES-SALARY & FRINGES APP	21	41
42 FW CLINIC RENT	B	-70,747	CLINIC	90	42
43 SUPPLIES	B	-200	WOUND CLINIC	90.03	43
44					44
44.02 DIETARY	B	-868	DIETARY	10	44.02
44.03 LINEN OTHER REV	B	-12,677	LAUNDRY & LINEN SERVICE	8	44.03
44.04 PATIENT ACCTG REVENUE	B	-169,521	ADMINISTRATIVE & GENERAL	5	44.04
44.05 OTHER REV ADMIN	B	-8,298	ADMINISTRATIVE & GENERAL	5	44.05
44.06 OTHER REVENUE	B	-42	EMPLOYEE BENEFITS	4	44.06
44.07 EDUCATION REVENUE	B	-13,289	EMPLOYEE BENEFITS	4	44.07
44.08 EAP REVENUE	B	-348,521	EMPLOYEE BENEFITS	4	44.08
44.09 NON-ALLOWABLE COSTS	A	-3,154,848	ADMINISTRATIVE & GENERAL	5	44.09
45 CATERED MEALS	B	-944	DIETARY	10	45
45.01 DIETICIAN INSTRUCTIONS	B	-33,835	DIETARY	10	45.01
45.02 REBATES	B	-44,916	DIETARY	10	45.02
45.03 BIOMED SERVICES	B	-3,400	MAINTENANCE & REPAIRS	6	45.03
45.04 HOUSEKEEPING VENDING	B	-262	HOUSEKEEPING	9	45.04
45.06 ADVERTISING	A	-504,552	ADMINISTRATIVE & GENERAL	5	45.06
45.08 PHYSICIAN RECRUITMENT	A	-7,852	ADMINISTRATIVE & GENERAL	5	45.08
45.11 LOBBYING COSTS	A	-41,378	ADMINISTRATIVE & GENERAL	5	45.11
45.14 SELF INSURED HEALTH PREMIUMS	A	-5,147,844	EMPLOYEE BENEFITS	4	45.14

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO.		REF
	1	2	3	4	5
45.21 CRNA SALARIES	A	-2,010,856	ANESTHESIOLOGY	53	45.21
45.22 CRNA BENEFITS	A	-238,139	EMPLOYEE BENEFITS	4	45.22
45.26 COMMUNITY PROMOTIONS	A	-335,493	ADMINISTRATIVE & GENERAL	5	45.26
45.27 TRANSPORTATION	A	-10,010	ADMINISTRATIVE & GENERAL	5	45.27
45.28 OTHER REVENUE REHAB	B	-940	SUBPROVIDER - IRF	41	45.28
45.29 OTHER REVENUE ROUTINE	B	-3,906	ADULTS & PEDIATRICS	30	45.29
45.30 OTHER REVENUE PAIN MANAGEMENT	B	-1,527	PAIN CENTER	53.01	45.30
45.32 ELIMI CREDIT EXPENSES	A	9,563	MT. ZION CLINIC	194.15	45.32
45.33 ELIMI CREDIT EXPENSES	A	38	LAUNDRY OUTSIDE SERVICES	194.28	45.33
45.34 ELIMI CREDIT EXPENSES	A	601	MEDICAL MANAGEMENT SYSTEM	194.35	45.34
45.35 PURCHASED SERVICES HSHS MEDICAL GR	A	-157,097	ADMINISTRATIVE & GENERAL	5	45.35
46					46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-18,935,733			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	5	ADMINISTRATIVE & GENERAL	5,086,736	6,065,159	-978,423	1
2						2
3						3
4						4
5		TOTALS (SUM OF LINES 1-4) TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.	5,086,736	6,065,159	-978,423	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP		
1	2	3	4	5	6	
6	B ST. MARY'S HOSPITAL		HS		HEALTH CARE	6
7						7
8						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
1	2	3	4	5	6	7	8	9
1	43 NURSERY	NEONATOLOGY	178,287	178,287				
2	90.01 PRENATAL CLINIC	CLINIC	208,510	208,510				
3	60 LABORATORY	LABORATORY	83,342	83,342				
4	30 ADULTS & PEDIATRICS	PSYCHOLOGY	80,750	80,750				
5	76 TREATMENT CENTER	SMTC	24,000	24,000				
6	31 INTENSIVE CARE UNIT	ICU	18,000		18,000	195,000	180	16,875
7	91 EMERGENCY	AGGREGATE	1,745,115	1,745,115				
8	69 ELECTROCARDIOLOGY	PRAIRIE CARDIO	792,208	792,208				
9	54 RADIOLOGY-DIAGNOSTIC	RADIOLOGY DIAG	5,044		5,044	195,000	50	4,687
10	66 PHYSICAL THERAPY	CARDIAC REHAB	23,095		23,095	195,000	231	21,656
11	30 ADULTS & PEDIATRICS	NEUROPSYCHOLOGY	91,615	91,615				
12	52 DELIVERY ROOM & LABOR RO		5,500		5,500	195,000	55	5,156
13	5 ADMINISTRATIVE & GENERAL	CENTRAL IL ANES	574,174	522,499	51,675	195,000	517	48,469
14	44 SKILLED NURSING FACILITY	SNF	6,000		6,000	195,000	60	5,625
18	90.17 ARTHUR FAMILY MEDICINE C							
19	70 ELECTROENCEPHALOGRAPHY	SLEEP LAB	55,410	55,410				
20	65 RESPIRATORY THERAPY	RESPIRATORY THE	23,095		23,095	195,000	231	21,656
200	TOTAL		3,914,145	3,781,736	132,409		1,324	124,124

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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	
10	11	12	13	14	15	16	17	18	
1	43 NURSERY			NEONATOLOGY				178,287	1
2	90.01 PRENATAL CLINIC			CLINIC				208,510	2
3	60 LABORATORY			LABORATORY				83,342	3
4	30 ADULTS & PEDIATRICS			PSYCHOLOGY				80,750	4
5	76 TREATMENT CENTER			SMTC				24,000	5
6	31 INTENSIVE CARE UNIT			ICU		16,875	1,125	1,125	6
7	91 EMERGENCY			AGGREGATE				1,745,115	7
8	69 ELECTROCARDIOLOGY			PRAIRIE CARDIO				792,208	8
9	54 RADIOLOGY-DIAGNOSTIC			RADIOLOGY DIAG		4,687	357	357	9
10	66 PHYSICAL THERAPY			CARDIAC REHAB		21,656	1,439	1,439	10
11	30 ADULTS & PEDIATRICS			NEUROPSYCHOLOGY				91,615	11
12	52 DELIVERY ROOM & LABOR RO					5,156	344	344	12
13	5 ADMINISTRATIVE & GENERAL			CENTRAL IL ANES		48,469	3,206	525,705	13
14	44 SKILLED NURSING FACILITY			SNF		5,625	375	375	14
18	90.17 ARTHUR FAMILY MEDICINE C								18
19	70 ELECTROENCEPHALOGRAPHY			SLEEP LAB				55,410	19
20	65 RESPIRATORY THERAPY			RESPIRATORY THE		21,656	1,439	1,439	20
200	TOTAL					124,124	8,285	3,790,021	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	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	2,126,349	2,126,349				1
2 CAP REL COSTS-MVBLE EQUIP	4,652,965		4,652,965			2
4 EMPLOYEE BENEFITS	11,086,758	9,916	21,698	11,118,372		4
5 ADMINISTRATIVE & GENERAL	20,880,018	232,409	508,568	1,691,979	23,312,974	5
6 MAINTENANCE & REPAIRS	109,219	19,307	42,248	30,454	201,228	6
7 OPERATION OF PLANT	3,275,942	218,884	478,970	218,589	4,192,385	7
8 LAUNDRY & LINEN SERVICE	465,280	86,821	189,984	12,848	754,933	8
9 HOUSEKEEPING	1,194,687	31,279	68,447	209,143	1,503,556	9
10 DIETARY	1,075,120	88,527	193,718	165,936	1,523,301	10
11 CAFETERIA	548,857	21,052	46,066	169,840	785,815	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	653,513	9,752	21,339	139,065	823,669	13
14 CENTRAL SERVICES & SUPPLY	227,374	53,490	117,050	47,790	445,704	14
15 PHARMACY	2,089,078	20,882	45,695	375,442	2,531,097	15
16 MEDICAL RECORDS & LIBRARY	1,818,143	46,807	102,424	328,387	2,295,761	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	6,678,508	486,756	1,065,143	1,671,855	9,902,262	30
31 INTENSIVE CARE UNIT	1,404,017	32,461	71,032	325,296	1,832,806	31
41 SUBPROVIDER - IRF	1,542,609	62,870	137,575	184,799	1,927,853	41
43 NURSERY	354,758	12,585	27,539	84,191	479,073	43
44 SKILLED NURSING FACILITY	697,690	27,708	60,631	170,802	956,831	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,638,522	96,211	210,534	355,978	4,301,245	50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY	366,557	18,153	39,723	56,718	481,151	50.02
51 RECOVERY ROOM	490,587	12,394	27,120	123,391	653,492	51
52 DELIVERY ROOM & LABOR ROOM	1,124,033	51,740	113,220	273,819	1,562,812	52
53 ANESTHESIOLOGY	544,722	1,723	3,770	606,812	1,157,027	53
53.01 PAIN CENTER	444,297	19,181	41,973	86,551	592,002	53.01
54 RADIOLOGY-DIAGNOSTIC	2,086,407	78,578	171,948	438,969	2,775,902	54
56 RADIOISOTOPE	452,816	3,626	7,935	30,869	495,246	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	799,543	3,052	6,678	84,251	893,524	57
58 MAGNETIC RESONANCE IMAGING (MRI)	426,200	4,829	10,568	59,864	501,461	58
59 CARDIAC CATHETERIZATION	1,381,893	27,276	59,686	189,517	1,658,372	59
60 LABORATORY	4,298,869	57,406	125,619	521,885	5,003,779	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	434,837	1,488	3,255		439,580	62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	923,249	4,140	9,060	216,033	1,152,482	65
66 PHYSICAL THERAPY	1,806,265	75,160	164,468	457,019	2,502,912	66
69 ELECTROCARDIOLOGY	373,008	20,669	45,228	117,956	556,861	69
70 ELECTROENCEPHALOGRAPHY	276,950	14,406	31,524	66,235	389,115	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	112,397				112,397	71
72 IMPL. DEV. CHARGED TO PATIENT	6,246,651				6,246,651	72
73 DRUGS CHARGED TO PATIENTS	3,319,075				3,319,075	73
75 ASC (NON-DISTINCT PART)	377,665			87,222	464,887	75
76 TREATMENT CENTER	100,838	7,488	16,385	26,647	151,358	76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	188,192			25,976	214,168	90
90.01 PRENATAL CLINIC	77,566			18,334	95,900	90.01
90.02 OUTPATIENT PSYCHIATRIC	96,415	19,569	42,822	25,855	184,661	90.02
90.03 WOUND CLINIC	174,618			17,710	192,328	90.03
90.04 NEUROSURGERY						90.04
90.05 DR JATOI						90.05
90.06 UROLOGY PHYSICIAN						90.06
90.07 DR. CHU						90.07
90.08 SPORTS MEDICINE CLINIC						90.08
90.09 DR. SHANKER						90.09
90.10 DR MIRMIRA						90.10
90.11 DR TOKHI						90.11
90.12 CT\PET	269,353			4,160	273,513	90.12
90.13 RADIATION ONCOLOGY	654,511			86,226	740,737	90.13
90.14 SPORTS MED-REHAB						90.14
90.15 MACON COUNT MEDICAL ASSOCIATES						90.15

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	CAP	CAP	EMPLOYEE	SUBTOTAL	
	FOR COST						BLDGS &	MOVABLE	BENEFITS	(COLS.0-4)
	ALLOCATION	FIXTURES	EQUIPMENT		(COLS.0-4)	
	(FROM WKST	1	2	4	4A	
	A, COL.7)					
	0					
90.16 DR BRITT						90.16
90.17 ARTHUR FAMILY MEDICINE CENTER						90.17
90.18 DR BOCK						90.18
90.19 PEDIATRIC PROF SERVICES						90.19
90.20 DR ANDERSON						90.20
90.21 DR HABIB						90.21
90.22 DR HANNEKEN						90.22
90.23 DR MUNESSES						90.23
90.24 DR KOHLI						90.24
90.25 DR DUNCAN						90.25
90.26 MT ZION FAMILY PRACTICE						90.26
90.27 DR POWELL						90.27
90.28 CHEMOTHEROPY	17,609			4,245	21,854	90.28
91 EMERGENCY	2,531,619	68,575	150,058	576,544	3,326,796	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	94,916,149	2,047,170	4,479,701	10,385,202	93,930,536	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	140,463	2,871	6,283	20,062	169,679	190
192 PHYSICIANS' PRIVATE OFFICES	8,949,599			292,025	9,241,624	192
194 SENIOR SERVICES	112,270			14,237	126,507	194
194.01 ADULT DAY CARE	193,988			38,831	232,819	194.01
194.02 SPORTS MEDICINE REHAB	284,835			70,965	355,800	194.02
194.04 CANCER CARE	75,584			947	76,531	194.04
194.05 RESIDENTIAL PROPERTIES						194.05
194.07 BLUE MOUND	3,442			113	3,555	194.07
194.08 ARTHUR CLINIC	10,826			66	10,892	194.08
194.09 OCCUPATIONAL HEALTH						194.09
194.11 2981 NORTH MAIN	44,763			255	45,018	194.11
194.13 MEDICAL OFFICE BUILDING 1750	142,072			1,523	143,595	194.13
194.14 MEDICAL ARTS						194.14
194.15 MT. ZION CLINIC				31	31	194.15
194.16 CERRO GORDO	9,807			26	9,833	194.16
194.17 LIFELINE	56,215			5,897	62,112	194.17
194.18 COUNTY JAIL CONTRACT	168,358			33,782	202,140	194.18
194.19 ST. JOHN'S HOME HEALTH	824	27,844	60,930	93	89,691	194.19
194.23 ST. MARY'S SURGERY CENTER	31				31	194.23
194.24 FIELDS WRIGHT MEDICAL PRACTICE	112,609			29,333	141,942	194.24
194.25 3915 N COWGILL	282,154				282,154	194.25
194.28 LAUNDRY OUTSIDE SERVICES						194.28
194.35 MEDICAL MANAGEMENT SYSTEM						194.35
194.36 LAKE SHORE MEDICAL OFFICE BUILDING	321,291			1,860	323,151	194.36
194.37 DAY CARE CENTER	5,771				5,771	194.37
194.38 SCHOOL HEALTH SERVICES	147,835			38,413	186,248	194.38
194.40 PRAIRIE CARDIOVASCULAR		29,540	64,641		94,181	194.40
194.41 G I SUITES	2,449			653	3,102	194.41
194.42 RESPIRATORY CARE NURSING HOME						194.42
194.43 OCCUPATIONAL HEALTH CLINIC						194.43
194.44 PHYSICIAN POOL	237,383			62,331	299,714	194.44
194.48 MRI BUILDING	5,202			78	5,280	194.48
194.49 FUND DEVELOPMENT	404,578	5,491	12,016	121,649	543,734	194.49
194.50 CENTRAL ILLINOIS LUNG		13,433	29,394		42,827	194.50
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	106,628,498	2,126,349	4,652,965	11,118,372	106,628,498	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	HOUSE- KEEPING 9	
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	23,312,974					5
6 MAINTENANCE & REPAIRS	56,307	257,535				6
7 OPERATION OF PLANT	1,173,092	30,230	5,395,707			7
8 LAUNDRY & LINEN SERVICE	211,242	11,991	284,633	1,262,799		8
9 HOUSEKEEPING	420,718	4,320	102,546		2,031,140	9
10 DIETARY	426,242	12,226	290,227		117,698	10
11 CAFETERIA	219,883	2,907	69,016		27,988	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	230,475	1,347	31,971		12,965	13
14 CENTRAL SERVICES & SUPPLY	124,715	7,388	175,363		71,116	14
15 PHARMACY	708,239	2,884	68,460		27,763	15
16 MEDICAL RECORDS & LIBRARY	642,388	6,464	153,451		62,230	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	2,770,843	67,225	1,595,784	905,298	647,147	30
31 INTENSIVE CARE UNIT	512,847	4,483	106,419	87,485	43,157	31
41 SUBPROVIDER - IRF	539,442	8,683	206,114	136,797	83,587	41
43 NURSERY	134,052	1,738	41,259		16,732	43
44 SKILLED NURSING FACILITY	267,736	3,827	90,837	133,219	36,838	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,203,553	13,288	315,420		127,914	50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY	134,633	2,507	59,512		24,134	50.02
51 RECOVERY ROOM	182,857	1,712	40,631		16,477	51
52 DELIVERY ROOM & LABOR ROOM	437,298	7,146	169,625		68,789	52
53 ANESTHESIOLOGY	323,754	238	5,648		2,291	53
53.01 PAIN CENTER	165,651	2,649	62,883		25,501	53.01
54 RADIOLOGY-DIAGNOSTIC	776,739	10,852	257,611		104,471	54
56 RADIOISOTOPE	138,577	501	11,888		4,821	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	250,021	421	10,005		4,058	57
58 MAGNETIC RESONANCE IMAGING (MRI)	140,316	667	15,833		6,421	58
59 CARDIAC CATHETERIZATION	464,037	3,767	89,421		36,263	59
60 LABORATORY	1,400,132	7,928	188,201		76,322	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	123,001	205	4,877		1,978	62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	322,482	572	13,574		5,505	65
66 PHYSICAL THERAPY	700,352	10,380	246,405		99,926	66
69 ELECTROCARDIOLOGY	155,818	2,855	67,760		27,479	69
70 ELECTROENCEPHALOGRAPHY	108,880	1,990	47,230		19,153	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	31,450					71
72 IMPL. DEV. CHARGED TO PATIENT	1,747,907					72
73 DRUGS CHARGED TO PATIENTS	928,727					73
75 ASC (NON-DISTINCT PART)	130,082					75
76 TREATMENT CENTER	42,352	1,034	24,547		9,955	76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	59,927					90
90.01 PRENATAL CLINIC	26,834					90.01
90.02 OUTPATIENT PSYCHIATRIC	51,671	2,703	64,156		26,018	90.02
90.03 WOUND CLINIC	53,816					90.03
90.04 NEUROSURGERY						90.04
90.05 DR JATOI						90.05
90.06 UROLOGY PHYSICIAN						90.06
90.07 DR. CHU						90.07
90.08 SPORTS MEDICINE CLINIC						90.08
90.09 DR. SHANKER						90.09
90.10 DR MIRMIRA						90.10
90.11 DR TOKHI						90.11
90.12 CT\PET	76,533					90.12
90.13 RADIATION ONCOLOGY	207,269					90.13
90.14 SPORTS MED-REHAB						90.14
90.15 MACON COUNT MEDICAL ASSOCIATES						90.15
90.16 DR BRITT						90.16
90.17 ARTHUR FAMILY MEDICINE CENTER						90.17

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	HOUSE- KEEPING 9	
90.18 DR BOCK						90.18
90.19 PEDIATRIC PROF SERVICES						90.19
90.20 DR ANDERSON						90.20
90.21 DR HABIB						90.21
90.22 DR HANNEKEN						90.22
90.23 DR MUNESSES						90.23
90.24 DR KOHLI						90.24
90.25 DR DUNCAN						90.25
90.26 MT ZION FAMILY PRACTICE						90.26
90.27 DR POWELL						90.27
90.28 CHEMOTHEROPY	6,115					90.28
91 EMERGENCY	930,887	9,471	224,816		91,171	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	19,759,892	246,599	5,136,123	1,262,799	1,925,868	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	47,479	397	9,414		3,818	190
192 PHYSICIANS' PRIVATE OFFICES	2,585,945					192
194 SENIOR SERVICES	35,399					194
194.01 ADULT DAY CARE	65,146					194.01
194.02 SPORTS MEDICINE REHAB	99,558					194.02
194.04 CANCER CARE	21,415					194.04
194.05 RESIDENTIAL PROPERTIES						194.05
194.07 BLUE MOUND	995					194.07
194.08 ARTHUR CLINIC	3,048					194.08
194.09 OCCUPATIONAL HEALTH						194.09
194.11 2981 NORTH MAIN	12,597					194.11
194.13 MEDICAL OFFICE BUILDING 1750	40,180					194.13
194.14 MEDICAL ARTS						194.14
194.15 MT. ZION CLINIC	9					194.15
194.16 CERRO GORDO	2,751					194.16
194.17 LIFELINE	17,380					194.17
194.18 COUNTY JAIL CONTRACT	56,562					194.18
194.19 ST. JOHN'S HOME HEALTH	25,097	3,846	91,286		37,020	194.19
194.23 ST. MARY'S SURGERY CENTER	9					194.23
194.24 FIELDS WRIGHT MEDICAL PRACTICE	39,718					194.24
194.25 3915 N COWGILL	78,951					194.25
194.28 LAUNDRY OUTSIDE SERVICES						194.28
194.35 MEDICAL MANAGEMENT SYSTEM						194.35
194.36 LAKE SHORE MEDICAL OFFICE BUILDING	90,422					194.36
194.37 DAY CARE CENTER	1,615					194.37
194.38 SCHOOL HEALTH SERVICES	52,115					194.38
194.40 PRAIRIE CARDIOVASCULAR	26,353	4,080	96,844		39,274	194.40
194.41 G I SUITES	868					194.41
194.42 RESPIRATORY CARE NURSING HOME						194.42
194.43 OCCUPATIONAL HEALTH CLINIC						194.43
194.44 PHYSICIAN POOL	83,864					194.44
194.48 MRI BUILDING	1,477					194.48
194.49 FUND DEVELOPMENT	152,145	758	18,002		7,301	194.49
194.50 CENTRAL ILLINOIS LUNG	11,984	1,855	44,038		17,859	194.50
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	23,312,974	257,535	5,395,707	1,262,799	2,031,140	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
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	2,369,694					10
11 CAFETERIA		1,105,609				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		17,837	1,118,264			13
14 CENTRAL SERVICES & SUPPLY		6,130		830,416		14
15 PHARMACY		48,156		4,639	3,391,238	15
16 MEDICAL RECORDS & LIBRARY		42,121		3		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	1,698,827	214,451	358,257	29,785		30
31 INTENSIVE CARE UNIT	164,170	41,724	69,705	11,140		31
41 SUBPROVIDER - IRF	256,705	23,703	39,599	4,783		41
43 NURSERY		10,799	18,041	2,345		43
44 SKILLED NURSING FACILITY	249,992	21,908	36,600	2,854		44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		45,660	76,280	126,730		50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY		7,275	12,154	8,712		50.02
51 RECOVERY ROOM		15,827	26,440	1,894		51
52 DELIVERY ROOM & LABOR ROOM		35,122	58,675	5,447		52
53 ANESTHESIOLOGY		77,833	130,029	15,297		53
53.01 PAIN CENTER		11,102	18,546	5,713		53.01
54 RADIOLOGY-DIAGNOSTIC		56,305	124,945	4,745		54
56 RADIOISOTOPE		3,959		16,299		56
57 COMPUTED TOMOGRAPHY (CT) SCAN		10,807		7,528		57
58 MAGNETIC RESONANCE IMAGING (MRI)		7,678		2,894		58
59 CARDIAC CATHETERIZATION		24,309		712		59
60 LABORATORY		66,940		94,866		60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS				3,172		62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY				5,349		65
66 PHYSICAL THERAPY		27,710		1,826		66
69 ELECTROCARDIOLOGY		58,620		14,064		69
70 ELECTROENCEPHALOGRAPHY		15,130		1,279		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		8,496		7,469		71
72 IMPL. DEV. CHARGED TO PATIENT				415,086		72
73 DRUGS CHARGED TO PATIENTS					3,391,238	73
75 ASC (NON-DISTINCT PART)		11,188				75
76 TREATMENT CENTER		3,418	5,710	40		76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		3,332	5,566	221		90
90.01 PRENATAL CLINIC		2,352	3,929	166		90.01
90.02 OUTPATIENT PSYCHIATRIC		3,316	5,540	1		90.02
90.03 WOUND CLINIC		2,272	3,795	7,260		90.03
90.04 NEUROSURGERY						90.04
90.05 DR JATOI						90.05
90.06 UROLOGY PHYSICIAN						90.06
90.07 DR. CHU						90.07
90.08 SPORTS MEDICINE CLINIC						90.08
90.09 DR. SHANKER						90.09
90.10 DR MIRMIRA						90.10
90.11 DR TOKHI						90.11
90.12 CT\PET		534		2,274		90.12
90.13 RADIATION ONCOLOGY		11,060		419		90.13
90.14 SPORTS MED-REHAB						90.14
90.15 MACON COUNT MEDICAL ASSOCIATES						90.15
90.16 DR BRITT						90.16
90.17 ARTHUR FAMILY MEDICINE CENTER						90.17

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
90.18 DR BOCK						90.18
90.19 PEDIATRIC PROF SERVICES						90.19
90.20 DR ANDERSON						90.20
90.21 DR HABIB						90.21
90.22 DR HANNEKEN						90.22
90.23 DR MUNESSES						90.23
90.24 DR KOHLI						90.24
90.25 DR DUNCAN						90.25
90.26 MT ZION FAMILY PRACTICE						90.26
90.27 DR POWELL						90.27
90.28 CHEMOTHERAPY		545	910	101		90.28
91 EMERGENCY		73,951	123,543	17,469		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	2,369,694	1,011,570	1,118,264	822,582	3,391,238	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		2,573				190
192 PHYSICIANS' PRIVATE OFFICES		37,457		5,874		192
194 SENIOR SERVICES		1,826				194
194.01 ADULT DAY CARE		4,981		139		194.01
194.02 SPORTS MEDICINE REHAB		9,102		380		194.02
194.04 CANCER CARE		121		6		194.04
194.05 RESIDENTIAL PROPERTIES						194.05
194.07 BLUE MOUND		14				194.07
194.08 ARTHUR CLINIC		9				194.08
194.09 OCCUPATIONAL HEALTH						194.09
194.11 2981 NORTH MAIN		33		22		194.11
194.13 MEDICAL OFFICE BUILDING 1750		195				194.13
194.14 MEDICAL ARTS						194.14
194.15 MT. ZION CLINIC		4		1		194.15
194.16 CERRO GORDO		3				194.16
194.17 LIFELINE		756		78		194.17
194.18 COUNTY JAIL CONTRACT		4,333		1,290		194.18
194.19 ST. JOHN'S HOME HEALTH		12		2		194.19
194.23 ST. MARY'S SURGERY CENTER				2		194.23
194.24 FIELDS WRIGHT MEDICAL PRACTICE		3,762				194.24
194.25 3915 N COWGILL						194.25
194.28 LAUNDRY OUTSIDE SERVICES						194.28
194.35 MEDICAL MANAGEMENT SYSTEM						194.35
194.36 LAKE SHORE MEDICAL OFFICE BUILDING		239				194.36
194.37 DAY CARE CENTER						194.37
194.38 SCHOOL HEALTH SERVICES		4,927		2		194.38
194.40 PRAIRIE CARDIOVASCULAR						194.40
194.41 G I SUITES		84				194.41
194.42 RESPIRATORY CARE NURSING HOME						194.42
194.43 OCCUPATIONAL HEALTH CLINIC						194.43
194.44 PHYSICIAN POOL		7,995		3		194.44
194.48 MRI BUILDING		10				194.48
194.49 FUND DEVELOPMENT		15,603		35		194.49
194.50 CENTRAL ILLINOIS LUNG						194.50
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,369,694	1,105,609	1,118,264	830,416	3,391,238	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	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	3,202,418				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	206,601	18,396,480		18,396,480	30
31 INTENSIVE CARE UNIT	30,546	2,904,482		2,904,482	31
41 SUBPROVIDER - IRF	36,396	3,263,662		3,263,662	41
43 NURSERY	8,904	712,943		712,943	43
44 SKILLED NURSING FACILITY	10,555	1,811,197		1,811,197	44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	238,048	6,448,138		6,448,138	50
50.01 STONE CENTER					50.01
50.02 ENDOSCOPY	20,461	750,539		750,539	50.02
51 RECOVERY ROOM	27,770	967,100		967,100	51
52 DELIVERY ROOM & LABOR ROOM	26,928	2,371,842		2,371,842	52
53 ANESTHESIOLOGY	61,288	1,773,405		1,773,405	53
53.01 PAIN CENTER	49,924	933,971		933,971	53.01
54 RADIOLOGY-DIAGNOSTIC	164,591	4,276,161		4,276,161	54
56 RADIOISOTOPE	19,146	690,437		690,437	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	303,961	1,480,325		1,480,325	57
58 MAGNETIC RESONANCE IMAGING (MRI)	110,548	785,818		785,818	58
59 CARDIAC CATHETERIZATION	169,538	2,446,419		2,446,419	59
60 LABORATORY	425,086	7,263,254		7,263,254	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	13,395	586,208		586,208	62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS					62.30
65 RESPIRATORY THERAPY	60,681	1,588,355		1,588,355	65
66 PHYSICAL THERAPY	152,681	3,773,102		3,773,102	66
69 ELECTROCARDIOLOGY	119,115	959,082		959,082	69
70 ELECTROENCEPHALOGRAPHY	36,889	613,032		613,032	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	10,797	162,113		162,113	71
72 IMPL. DEV. CHARGED TO PATIENT	160,399	8,570,043		8,570,043	72
73 DRUGS CHARGED TO PATIENTS	372,029	8,011,069		8,011,069	73
75 ASC (NON-DISTINCT PART)	6,775	612,932		612,932	75
76 TREATMENT CENTER	3,957	242,371		242,371	76
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	4,340	287,554		287,554	90
90.01 PRENATAL CLINIC	2,977	132,158		132,158	90.01
90.02 OUTPATIENT PSYCHIATRIC	6,277	344,343		344,343	90.02
90.03 WOUND CLINIC	6,334	265,805		265,805	90.03
90.04 NEUROSURGERY					90.04
90.05 DR JATOI					90.05
90.06 UROLOGY PHYSICIAN					90.06
90.07 DR. CHU					90.07
90.08 SPORTS MEDICINE CLINIC					90.08
90.09 DR. SHANKER					90.09
90.10 DR MIRMIRA					90.10
90.11 DR TOKHI					90.11
90.12 CT\PET	7,070	359,924		359,924	90.12
90.13 RADIATION ONCOLOGY	42,419	1,001,904		1,001,904	90.13
90.14 SPORTS MED-REHAB					90.14
90.15 MACON COUNT MEDICAL ASSOCIATES					90.15
90.16 DR BRITT					90.16
90.17 ARTHUR FAMILY MEDICINE CENTER					90.17

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
90.18 DR BOCK					90.18
90.19 PEDIATRIC PROF SERVICES					90.19
90.20 DR ANDERSON					90.20
90.21 DR HABIB					90.21
90.22 DR HANNEKEN					90.22
90.23 DR MUNESSES					90.23
90.24 DR KOHLI					90.24
90.25 DR DUNCAN					90.25
90.26 MT ZION FAMILY PRACTICE					90.26
90.27 DR POWELL					90.27
90.28 CHEMOTHEROPY	1,732	31,257		31,257	90.28
91 EMERGENCY	284,260	5,082,364		5,082,364	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	3,202,418	89,899,789		89,899,789	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		233,360		233,360	190
192 PHYSICIANS' PRIVATE OFFICES		11,870,900		11,870,900	192
194 SENIOR SERVICES		163,732		163,732	194
194.01 ADULT DAY CARE		303,085		303,085	194.01
194.02 SPORTS MEDICINE REHAB		464,840		464,840	194.02
194.04 CANCER CARE		98,073		98,073	194.04
194.05 RESIDENTIAL PROPERTIES					194.05
194.07 BLUE MOUND		4,564		4,564	194.07
194.08 ARTHUR CLINIC		13,949		13,949	194.08
194.09 OCCUPATIONAL HEALTH					194.09
194.11 2981 NORTH MAIN		57,670		57,670	194.11
194.13 MEDICAL OFFICE BUILDING 1750		183,970		183,970	194.13
194.14 MEDICAL ARTS					194.14
194.15 MT. ZION CLINIC		45		45	194.15
194.16 CERRO GORDO		12,587		12,587	194.16
194.17 LIFELINE		80,326		80,326	194.17
194.18 COUNTY JAIL CONTRACT		264,325		264,325	194.18
194.19 ST. JOHN'S HOME HEALTH		246,954		246,954	194.19
194.23 ST. MARY'S SURGERY CENTER		42		42	194.23
194.24 FIELDS WRIGHT MEDICAL PRACTICE		185,422		185,422	194.24
194.25 3915 N COWGILL		361,105		361,105	194.25
194.28 LAUNDRY OUTSIDE SERVICES					194.28
194.35 MEDICAL MANAGEMENT SYSTEM					194.35
194.36 LAKE SHORE MEDICAL OFFICE BUILDING		413,812		413,812	194.36
194.37 DAY CARE CENTER		7,386		7,386	194.37
194.38 SCHOOL HEALTH SERVICES		243,292		243,292	194.38
194.40 PRAIRIE CARDIOVASCULAR		260,732		260,732	194.40
194.41 G I SUITES		4,054		4,054	194.41
194.42 RESPIRATORY CARE NURSING HOME					194.42
194.43 OCCUPATIONAL HEALTH CLINIC					194.43
194.44 PHYSICIAN POOL		391,576		391,576	194.44
194.48 MRI BUILDING		6,767		6,767	194.48
194.49 FUND DEVELOPMENT		737,578		737,578	194.49
194.50 CENTRAL ILLINOIS LUNG		118,563		118,563	194.50
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	3,202,418	106,628,498		106,628,498	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE
	CAP-REL COSTS	BLDGS & FIXTURES	MOVABLE EQUIPMENT		BENEFITS
	0	1	2	2A	4
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS		9,916	21,698	31,614	4
5 ADMINISTRATIVE & GENERAL	1,181,573	232,409	508,568	1,922,550	5
6 MAINTENANCE & REPAIRS		19,307	42,248	61,555	6
7 OPERATION OF PLANT		218,884	478,970	697,854	7
8 LAUNDRY & LINEN SERVICE		86,821	189,984	276,805	8
9 HOUSEKEEPING		31,279	68,447	99,726	9
10 DIETARY		88,527	193,718	282,245	10
11 CAFETERIA		21,052	46,066	67,118	11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION		9,752	21,339	31,091	13
14 CENTRAL SERVICES & SUPPLY		53,490	117,050	170,540	14
15 PHARMACY		20,882	45,695	66,577	15
16 MEDICAL RECORDS & LIBRARY		46,807	102,424	149,231	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		486,756	1,065,143	1,551,899	30
31 INTENSIVE CARE UNIT		32,461	71,032	103,493	31
41 SUBPROVIDER - IRF		62,870	137,575	200,445	41
43 NURSERY		12,585	27,539	40,124	43
44 SKILLED NURSING FACILITY		27,708	60,631	88,339	44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		96,211	210,534	306,745	50
50.01 STONE CENTER					50.01
50.02 ENDOSCOPY		18,153	39,723	57,876	50.02
51 RECOVERY ROOM		12,394	27,120	39,514	51
52 DELIVERY ROOM & LABOR ROOM		51,740	113,220	164,960	52
53 ANESTHESIOLOGY		1,723	3,770	5,493	53
53.01 PAIN CENTER		19,181	41,973	61,154	53.01
54 RADIOLOGY-DIAGNOSTIC		78,578	171,948	250,526	54
56 RADIOISOTOPE		3,626	7,935	11,561	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		3,052	6,678	9,730	57
58 MAGNETIC RESONANCE IMAGING (MRI)		4,829	10,568	15,397	58
59 CARDIAC CATHETERIZATION		27,276	59,686	86,962	59
60 LABORATORY		57,406	125,619	183,025	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS		1,488	3,255	4,743	62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS					62.30
65 RESPIRATORY THERAPY		4,140	9,060	13,200	65
66 PHYSICAL THERAPY		75,160	164,468	239,628	66
69 ELECTROCARDIOLOGY		20,669	45,228	65,897	69
70 ELECTROENCEPHALOGRAPHY		14,406	31,524	45,930	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
75 ASC (NON-DISTINCT PART)					248
76 TREATMENT CENTER		7,488	16,385	23,873	76
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					74
90.01 PRENATAL CLINIC					52
90.02 OUTPATIENT PSYCHIATRIC		19,569	42,822	62,391	74
90.03 WOUND CLINIC					50
90.04 NEUROSURGERY					90.04
90.05 DR JATOI					90.05
90.06 UROLOGY PHYSICIAN					90.06
90.07 DR. CHU					90.07
90.08 SPORTS MEDICINE CLINIC					90.08
90.09 DR. SHANKER					90.09
90.10 DR MIRMIRA					90.10
90.11 DR TOKHI					90.11
90.12 CT\PET					12
90.13 RADIATION ONCOLOGY					245
90.14 SPORTS MED-REHAB					90.14
90.15 MACON COUNT MEDICAL ASSOCIATES					90.15
90.16 DR BRITT					90.16
90.17 ARTHUR FAMILY MEDICINE CENTER					90.17

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS	BLDGS & FIXTURES	MOVABLE EQUIPMENT		BENEFITS	
	0	1	2	2A	4	
90.18 DR BOCK						90.18
90.19 PEDIATRIC PROF SERVICES						90.19
90.20 DR ANDERSON						90.20
90.21 DR HABIB						90.21
90.22 DR HANNEKEN						90.22
90.23 DR MUNESSES						90.23
90.24 DR KOHLI						90.24
90.25 DR DUNCAN						90.25
90.26 MT ZION FAMILY PRACTICE						90.26
90.27 DR POWELL						90.27
90.28 CHEMOTHERAPY					12	90.28
91 EMERGENCY		68,575	150,058	218,633	1,640	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,181,573	2,047,170	4,479,701	7,708,444	29,531	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		2,871	6,283	9,154	57	190
192 PHYSICIANS' PRIVATE OFFICES					831	192
194 SENIOR SERVICES					40	194
194.01 ADULT DAY CARE					110	194.01
194.02 SPORTS MEDICINE REHAB					202	194.02
194.04 CANCER CARE					3	194.04
194.05 RESIDENTIAL PROPERTIES						194.05
194.07 BLUE MOUND						194.07
194.08 ARTHUR CLINIC						194.08
194.09 OCCUPATIONAL HEALTH						194.09
194.11 2981 NORTH MAIN					1	194.11
194.13 MEDICAL OFFICE BUILDING 1750					4	194.13
194.14 MEDICAL ARTS						194.14
194.15 MT. ZION CLINIC						194.15
194.16 CERRO GORDO						194.16
194.17 LIFELINE					17	194.17
194.18 COUNTY JAIL CONTRACT					96	194.18
194.19 ST. JOHN'S HOME HEALTH		27,844	60,930	88,774		194.19
194.23 ST. MARY'S SURGERY CENTER						194.23
194.24 FIELDS WRIGHT MEDICAL PRACTICE					83	194.24
194.25 3915 N COWGILL						194.25
194.28 LAUNDRY OUTSIDE SERVICES						194.28
194.35 MEDICAL MANAGEMENT SYSTEM						194.35
194.36 LAKE SHORE MEDICAL OFFICE BUILDING					5	194.36
194.37 DAY CARE CENTER						194.37
194.38 SCHOOL HEALTH SERVICES					109	194.38
194.40 PRAIRIE CARDIOVASCULAR		29,540	64,641	94,181		194.40
194.41 G I SUITES					2	194.41
194.42 RESPIRATORY CARE NURSING HOME						194.42
194.43 OCCUPATIONAL HEALTH CLINIC						194.43
194.44 PHYSICIAN POOL					177	194.44
194.48 MRI BUILDING						194.48
194.49 FUND DEVELOPMENT		5,491	12,016	17,507	346	194.49
194.50 CENTRAL ILLINOIS LUNG		13,433	29,394	42,827		194.50
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,181,573	2,126,349	4,652,965	7,960,887	31,614	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	HOUSE- KEEPING 9	
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	1,927,353					5
6 MAINTENANCE & REPAIRS	4,655	66,297				6
7 OPERATION OF PLANT	96,982	7,782	803,240			7
8 LAUNDRY & LINEN SERVICE	17,464	3,087	42,372	339,765		8
9 HOUSEKEEPING	34,782	1,112	15,266		151,481	9
10 DIETARY	35,239	3,147	43,205		8,778	10
11 CAFETERIA	18,178	748	10,274		2,087	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	19,054	347	4,759		967	13
14 CENTRAL SERVICES & SUPPLY	10,310	1,902	26,106		5,304	14
15 PHARMACY	58,552	742	10,191		2,071	15
16 MEDICAL RECORDS & LIBRARY	53,108	1,664	22,844		4,641	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	229,087	17,306	237,560	243,576	48,264	30
31 INTENSIVE CARE UNIT	42,398	1,154	15,842	23,539	3,219	31
41 SUBPROVIDER - IRF	44,597	2,235	30,683	36,806	6,234	41
43 NURSERY	11,082	447	6,142		1,248	43
44 SKILLED NURSING FACILITY	22,134	985	13,523	35,844	2,747	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	99,501	3,421	46,955		9,540	50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY	11,130	645	8,859		1,800	50.02
51 RECOVERY ROOM	15,117	441	6,049		1,229	51
52 DELIVERY ROOM & LABOR ROOM	36,153	1,840	25,251		5,130	52
53 ANESTHESIOLOGY	26,766	61	841		171	53
53.01 PAIN CENTER	13,695	682	9,361		1,902	53.01
54 RADIOLOGY-DIAGNOSTIC	64,215	2,794	38,350		7,791	54
56 RADIOISOTOPE	11,457	129	1,770		360	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	20,670	109	1,489		303	57
58 MAGNETIC RESONANCE IMAGING (MRI)	11,600	172	2,357		479	58
59 CARDIAC CATHETERIZATION	38,363	970	13,312		2,704	59
60 LABORATORY	115,752	2,041	28,017		5,692	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	10,169	53	726		148	62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	26,660	147	2,021		411	65
66 PHYSICAL THERAPY	57,900	2,672	36,681		7,452	66
69 ELECTROCARDIOLOGY	12,882	735	10,087		2,049	69
70 ELECTROENCEPHALOGRAPHY	9,001	512	7,031		1,428	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	2,600					71
72 IMPL. DEV. CHARGED TO PATIENT	144,504					72
73 DRUGS CHARGED TO PATIENTS	76,780					73
75 ASC (NON-DISTINCT PART)	10,754					75
76 TREATMENT CENTER	3,501	266	3,654		742	76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	4,954					90
90.01 PRENATAL CLINIC	2,218					90.01
90.02 OUTPATIENT PSYCHIATRIC	4,272	696	9,551		1,940	90.02
90.03 WOUND CLINIC	4,449					90.03
90.04 NEUROSURGERY						90.04
90.05 DR JATOI						90.05
90.06 UROLOGY PHYSICIAN						90.06
90.07 DR. CHU						90.07
90.08 SPORTS MEDICINE CLINIC						90.08
90.09 DR. SHANKER						90.09
90.10 DR MIRMIRA						90.10
90.11 DR TOKHI						90.11
90.12 CT\PET	6,327					90.12
90.13 RADIATION ONCOLOGY	17,135					90.13
90.14 SPORTS MED-REHAB						90.14
90.15 MACON COUNT MEDICAL ASSOCIATES						90.15
90.16 DR BRITT						90.16
90.17 ARTHUR FAMILY MEDICINE CENTER						90.17

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	HOUSE- KEEPING 9	
90.18 DR BOCK						90.18
90.19 PEDIATRIC PROF SERVICES						90.19
90.20 DR ANDERSON						90.20
90.21 DR HABIB						90.21
90.22 DR HANNEKEN						90.22
90.23 DR MUNESSES						90.23
90.24 DR KOHLI						90.24
90.25 DR DUNCAN						90.25
90.26 MT ZION FAMILY PRACTICE						90.26
90.27 DR POWELL						90.27
90.28 CHEMOTHEROPY	506					90.28
91 EMERGENCY	76,959	2,438	33,468		6,799	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,633,612	63,482	764,597	339,765	143,630	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,925	102	1,401		285	190
192 PHYSICIANS' PRIVATE OFFICES	213,786					192
194 SENIOR SERVICES	2,926					194
194.01 ADULT DAY CARE	5,386					194.01
194.02 SPORTS MEDICINE REHAB	8,231					194.02
194.04 CANCER CARE	1,770					194.04
194.05 RESIDENTIAL PROPERTIES						194.05
194.07 BLUE MOUND	82					194.07
194.08 ARTHUR CLINIC	252					194.08
194.09 OCCUPATIONAL HEALTH						194.09
194.11 2981 NORTH MAIN	1,041					194.11
194.13 MEDICAL OFFICE BUILDING 1750	3,322					194.13
194.14 MEDICAL ARTS						194.14
194.15 MT. ZION CLINIC	1					194.15
194.16 CERRO GORDO	227					194.16
194.17 LIFELINE	1,437					194.17
194.18 COUNTY JAIL CONTRACT	4,676					194.18
194.19 ST. JOHN'S HOME HEALTH	2,075	990	13,589		2,761	194.19
194.23 ST. MARY'S SURGERY CENTER	1					194.23
194.24 FIELDS WRIGHT MEDICAL PRACTICE	3,284					194.24
194.25 3915 N COWGILL	6,527					194.25
194.28 LAUNDRY OUTSIDE SERVICES						194.28
194.35 MEDICAL MANAGEMENT SYSTEM						194.35
194.36 LAKE SHORE MEDICAL OFFICE BUILDING	7,475					194.36
194.37 DAY CARE CENTER	134					194.37
194.38 SCHOOL HEALTH SERVICES	4,308					194.38
194.40 PRAIRIE CARDIOVASCULAR	2,179	1,050	14,417		2,929	194.40
194.41 G I SUITES	72					194.41
194.42 RESPIRATORY CARE NURSING HOME						194.42
194.43 OCCUPATIONAL HEALTH CLINIC						194.43
194.44 PHYSICIAN POOL	6,933					194.44
194.48 MRI BUILDING	122					194.48
194.49 FUND DEVELOPMENT	12,578	195	2,680		544	194.49
194.50 CENTRAL ILLINOIS LUNG	991	478	6,556		1,332	194.50
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,927,353	66,297	803,240	339,765	151,481	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
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	373,086					10
11 CAFETERIA		98,888				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		1,596	58,210			13
14 CENTRAL SERVICES & SUPPLY		548		214,846		14
15 PHARMACY		4,308		1,200	144,709	15
16 MEDICAL RECORDS & LIBRARY		3,768		1		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	267,464	19,173	18,654	7,706		30
31 INTENSIVE CARE UNIT	25,847	3,732	3,628	2,882		31
41 SUBPROVIDER - IRF	40,416	2,120	2,061	1,238		41
43 NURSERY		966	939	607		43
44 SKILLED NURSING FACILITY	39,359	1,960	1,905	738		44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		4,084	3,970	32,788		50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY		651	633	2,254		50.02
51 RECOVERY ROOM		1,416	1,376	490		51
52 DELIVERY ROOM & LABOR ROOM		3,142	3,054	1,409		52
53 ANESTHESIOLOGY		6,962	6,768	3,958		53
53.01 PAIN CENTER		993	965	1,478		53.01
54 RADIOLOGY-DIAGNOSTIC		5,036	6,503	1,228		54
56 RADIOISOTOPE		354		4,217		56
57 COMPUTED TOMOGRAPHY (CT) SCAN		967		1,948		57
58 MAGNETIC RESONANCE IMAGING (MRI)		687		749		58
59 CARDIAC CATHETERIZATION		2,174		184		59
60 LABORATORY		5,988		24,544		60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS				821		62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY		2,479		1,384		65
66 PHYSICAL THERAPY		5,244		472		66
69 ELECTROCARDIOLOGY		1,353		3,639		69
70 ELECTROENCEPHALOGRAPHY		760		331		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				1,932		71
72 IMPL. DEV. CHARGED TO PATIENT				107,390		72
73 DRUGS CHARGED TO PATIENTS					144,709	73
75 ASC (NON-DISTINCT PART)		1,001				75
76 TREATMENT CENTER		306	297	10		76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		298	290	57		90
90.01 PRENATAL CLINIC		210	204	43		90.01
90.02 OUTPATIENT PSYCHIATRIC		297	288			90.02
90.03 WOUND CLINIC		203	198	1,878		90.03
90.04 NEUROSURGERY						90.04
90.05 DR JATOI						90.05
90.06 UROLOGY PHYSICIAN						90.06
90.07 DR. CHU						90.07
90.08 SPORTS MEDICINE CLINIC						90.08
90.09 DR. SHANKER						90.09
90.10 DR MIRMIRA						90.10
90.11 DR TOKHI						90.11
90.12 CT\PET		48		588		90.12
90.13 RADIATION ONCOLOGY		989		108		90.13
90.14 SPORTS MED-REHAB						90.14
90.15 MACON COUNT MEDICAL ASSOCIATES						90.15
90.16 DR BRITT						90.16
90.17 ARTHUR FAMILY MEDICINE CENTER						90.17

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
90.18 DR BOCK						90.18
90.19 PEDIATRIC PROF SERVICES						90.19
90.20 DR ANDERSON						90.20
90.21 DR HABIB						90.21
90.22 DR HANNEKEN						90.22
90.23 DR MUNESSES						90.23
90.24 DR KOHLI						90.24
90.25 DR DUNCAN						90.25
90.26 MT ZION FAMILY PRACTICE						90.26
90.27 DR POWELL						90.27
90.28 CHEMOTHEROPY		49	47	26		90.28
91 EMERGENCY		6,615	6,430	4,520		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	373,086	90,477	58,210	212,818	144,709	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		230				190
192 PHYSICIANS' PRIVATE OFFICES		3,350		1,520		192
194 SENIOR SERVICES		163				194
194.01 ADULT DAY CARE		446		36		194.01
194.02 SPORTS MEDICINE REHAB		814		98		194.02
194.04 CANCER CARE		11		2		194.04
194.05 RESIDENTIAL PROPERTIES						194.05
194.07 BLUE MOUND		1				194.07
194.08 ARTHUR CLINIC		1				194.08
194.09 OCCUPATIONAL HEALTH						194.09
194.11 2981 NORTH MAIN		3		6		194.11
194.13 MEDICAL OFFICE BUILDING 1750		17				194.13
194.14 MEDICAL ARTS						194.14
194.15 MT. ZION CLINIC						194.15
194.16 CERRO GORDO						194.16
194.17 LIFELINE		68		20		194.17
194.18 COUNTY JAIL CONTRACT		388		334		194.18
194.19 ST. JOHN'S HOME HEALTH		1		1		194.19
194.23 ST. MARY'S SURGERY CENTER				1		194.23
194.24 FIELDS WRIGHT MEDICAL PRACTICE		337				194.24
194.25 3915 N COWGILL						194.25
194.28 LAUNDRY OUTSIDE SERVICES						194.28
194.35 MEDICAL MANAGEMENT SYSTEM						194.35
194.36 LAKE SHORE MEDICAL OFFICE BUILDING		21				194.36
194.37 DAY CARE CENTER						194.37
194.38 SCHOOL HEALTH SERVICES		441				194.38
194.40 PRAIRIE CARDIOVASCULAR						194.40
194.41 G I SUITES		7				194.41
194.42 RESPIRATORY CARE NURSING HOME						194.42
194.43 OCCUPATIONAL HEALTH CLINIC						194.43
194.44 PHYSICIAN POOL		715		1		194.44
194.48 MRI BUILDING		1				194.48
194.49 FUND DEVELOPMENT		1,396		9		194.49
194.50 CENTRAL ILLINOIS LUNG						194.50
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	373,086	98,888	58,210	214,846	144,709	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	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	236,191				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	15,240	2,660,684		2,660,684	30
31 INTENSIVE CARE UNIT	2,253	228,912		228,912	31
41 SUBPROVIDER - IRF	2,685	370,046		370,046	41
43 NURSERY	657	62,451		62,451	43
44 SKILLED NURSING FACILITY	779	208,799		208,799	44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	17,560	525,577		525,577	50
50.01 STONE CENTER					50.01
50.02 ENDOSCOPY	1,509	85,518		85,518	50.02
51 RECOVERY ROOM	2,048	68,031		68,031	51
52 DELIVERY ROOM & LABOR ROOM	1,986	243,704		243,704	52
53 ANESTHESIOLOGY	4,521	57,267		57,267	53
53.01 PAIN CENTER	3,683	94,159		94,159	53.01
54 RADIOLOGY-DIAGNOSTIC	12,141	389,833		389,833	54
56 RADIOISOTOPE	1,412	31,348		31,348	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	22,422	57,878		57,878	57
58 MAGNETIC RESONANCE IMAGING (MRI)	8,155	39,766		39,766	58
59 CARDIAC CATHETERIZATION	12,506	157,714		157,714	59
60 LABORATORY	31,319	397,862		397,862	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	988	17,648		17,648	62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS					62.30
65 RESPIRATORY THERAPY	4,476	51,392		51,392	65
66 PHYSICAL THERAPY	11,263	362,612		362,612	66
69 ELECTROCARDIOLOGY	8,787	105,765		105,765	69
70 ELECTROENCEPHALOGRAPHY	2,721	67,902		67,902	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	796	5,328		5,328	71
72 IMPL. DEV. CHARGED TO PATIENT	11,832	263,726		263,726	72
73 DRUGS CHARGED TO PATIENTS	27,443	248,932		248,932	73
75 ASC (NON-DISTINCT PART)	500	12,503		12,503	75
76 TREATMENT CENTER	292	33,017		33,017	76
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	320	5,993		5,993	90
90.01 PRENATAL CLINIC	220	2,947		2,947	90.01
90.02 OUTPATIENT PSYCHIATRIC	463	79,972		79,972	90.02
90.03 WOUND CLINIC	467	7,245		7,245	90.03
90.04 NEUROSURGERY					90.04
90.05 DR JATOI					90.05
90.06 UROLOGY PHYSICIAN					90.06
90.07 DR. CHU					90.07
90.08 SPORTS MEDICINE CLINIC					90.08
90.09 DR. SHANKER					90.09
90.10 DR MIRMIRA					90.10
90.11 DR TOKHI					90.11
90.12 CT\PET	522	7,497		7,497	90.12
90.13 RADIATION ONCOLOGY	3,129	21,606		21,606	90.13
90.14 SPORTS MED-REHAB					90.14
90.15 MACON COUNT MEDICAL ASSOCIATES					90.15
90.16 DR BRITT					90.16
90.17 ARTHUR FAMILY MEDICINE CENTER					90.17

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
90.18 DR BOCK					90.18
90.19 PEDIATRIC PROF SERVICES					90.19
90.20 DR ANDERSON					90.20
90.21 DR HABIB					90.21
90.22 DR HANNEKEN					90.22
90.23 DR MUNESSES					90.23
90.24 DR KOHLI					90.24
90.25 DR DUNCAN					90.25
90.26 MT ZION FAMILY PRACTICE					90.26
90.27 DR POWELL					90.27
90.28 CHEMOTHERAPY	128	768		768	90.28
91 EMERGENCY	20,968	378,470		378,470	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	236,191	7,352,872		7,352,872	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		15,154		15,154	190
192 PHYSICIANS' PRIVATE OFFICES		219,487		219,487	192
194 SENIOR SERVICES		3,129		3,129	194
194.01 ADULT DAY CARE		5,978		5,978	194.01
194.02 SPORTS MEDICINE REHAB		9,345		9,345	194.02
194.04 CANCER CARE		1,786		1,786	194.04
194.05 RESIDENTIAL PROPERTIES					194.05
194.07 BLUE MOUND		83		83	194.07
194.08 ARTHUR CLINIC		253		253	194.08
194.09 OCCUPATIONAL HEALTH					194.09
194.11 2981 NORTH MAIN		1,051		1,051	194.11
194.13 MEDICAL OFFICE BUILDING 1750		3,343		3,343	194.13
194.14 MEDICAL ARTS					194.14
194.15 MT. ZION CLINIC		1		1	194.15
194.16 CERRO GORDO		227		227	194.16
194.17 LIFELINE		1,542		1,542	194.17
194.18 COUNTY JAIL CONTRACT		5,494		5,494	194.18
194.19 ST. JOHN'S HOME HEALTH		108,191		108,191	194.19
194.23 ST. MARY'S SURGERY CENTER		2		2	194.23
194.24 FIELDS WRIGHT MEDICAL PRACTICE		3,704		3,704	194.24
194.25 3915 N COWGILL		6,527		6,527	194.25
194.28 LAUNDRY OUTSIDE SERVICES					194.28
194.35 MEDICAL MANAGEMENT SYSTEM					194.35
194.36 LAKE SHORE MEDICAL OFFICE BUILDING		7,501		7,501	194.36
194.37 DAY CARE CENTER		134		134	194.37
194.38 SCHOOL HEALTH SERVICES		4,858		4,858	194.38
194.40 PRAIRIE CARDIOVASCULAR		114,756		114,756	194.40
194.41 G I SUITES		81		81	194.41
194.42 RESPIRATORY CARE NURSING HOME					194.42
194.43 OCCUPATIONAL HEALTH CLINIC					194.43
194.44 PHYSICIAN POOL		7,826		7,826	194.44
194.48 MRI BUILDING		123		123	194.48
194.49 FUND DEVELOPMENT		35,255		35,255	194.49
194.50 CENTRAL ILLINOIS LUNG		52,184		52,184	194.50
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	236,191	7,960,887		7,960,887	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	
	1	2	4	5A	5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	388,775					1
2 CAP REL COSTS-MVBLE EQUIP		388,775				2
4 EMPLOYEE BENEFITS	1,813	1,813	40,964,739			4
5 ADMINISTRATIVE & GENERAL	42,493	42,493	6,233,940	-23,312,974	83,315,524	5
6 MAINTENANCE & REPAIRS	3,530	3,530	112,206		201,228	6
7 OPERATION OF PLANT	40,020	40,020	805,374		4,192,385	7
8 LAUNDRY & LINEN SERVICE	15,874	15,874	47,336		754,933	8
9 HOUSEKEEPING	5,719	5,719	770,571		1,503,556	9
10 DIETARY	16,186	16,186	611,378		1,523,301	10
11 CAFETERIA	3,849	3,849	625,761		785,815	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,783	1,783	512,373		823,669	13
14 CENTRAL SERVICES & SUPPLY	9,780	9,780	176,077		445,704	14
15 PHARMACY	3,818	3,818	1,383,287		2,531,097	15
16 MEDICAL RECORDS & LIBRARY	8,558	8,558	1,209,918		2,295,761	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	88,997	88,997	6,159,819		9,902,262	30
31 INTENSIVE CARE UNIT	5,935	5,935	1,198,529		1,832,806	31
41 SUBPROVIDER - IRF	11,495	11,495	680,877		1,927,853	41
43 NURSERY	2,301	2,301	310,196		479,073	43
44 SKILLED NURSING FACILITY	5,066	5,066	629,305		956,831	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	17,591	17,591	1,311,572		4,301,245	50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY	3,319	3,319	208,974		481,151	50.02
51 RECOVERY ROOM	2,266	2,266	454,624		653,492	51
52 DELIVERY ROOM & LABOR ROOM	9,460	9,460	1,008,864		1,562,812	52
53 ANESTHESIOLOGY	315	315	2,235,750		1,157,027	53
53.01 PAIN CENTER	3,507	3,507	318,890		592,002	53.01
54 RADIOLOGY-DIAGNOSTIC	14,367	14,367	1,617,346		2,775,902	54
56 RADIOISOTOPE	663	663	113,734		495,246	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	558	558	310,418		893,524	57
58 MAGNETIC RESONANCE IMAGING (MRI)	883	883	220,564		501,461	58
59 CARDIAC CATHETERIZATION	4,987	4,987	698,260		1,658,372	59
60 LABORATORY	10,496	10,496	1,922,845		5,003,779	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	272	272			439,580	62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	757	757	795,956		1,152,482	65
66 PHYSICAL THERAPY	13,742	13,742	1,683,852		2,502,912	66
69 ELECTROCARDIOLOGY	3,779	3,779	434,601		556,861	69
70 ELECTROENCEPHALOGRAPHY	2,634	2,634	244,036		389,115	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					112,397	71
72 IMPL. DEV. CHARGED TO PATIENT					6,246,651	72
73 DRUGS CHARGED TO PATIENTS					3,319,075	73
75 ASC (NON-DISTINCT PART)			321,364		464,887	75
76 TREATMENT CENTER	1,369	1,369	98,177		151,358	76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC			95,707		214,168	90
90.01 PRENATAL CLINIC			67,550		95,900	90.01
90.02 OUTPATIENT PSYCHIATRIC	3,578	3,578	95,260		184,661	90.02
90.03 WOUND CLINIC			65,250		192,328	90.03
90.04 NEUROSURGERY						90.04
90.05 DR JATOI						90.05
90.06 UROLOGY PHYSICIAN						90.06
90.07 DR. CHU						90.07
90.08 SPORTS MEDICINE CLINIC						90.08
90.09 DR. SHANKER						90.09
90.10 DR MIRMIRA						90.10
90.11 DR TOKHI						90.11
90.12 CT\PET			15,326		273,513	90.12
90.13 RADIATION ONCOLOGY			317,694		740,737	90.13
90.14 SPORTS MED-REHAB						90.14
90.15 MACON COUNT MEDICAL ASSOCIATES						90.15
90.16 DR BRITT						90.16

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	
	1	2	4	5A	5	
90.17 ARTHUR FAMILY MEDICINE CENTER						90.17
90.18 DR BOCK						90.18
90.19 PEDIATRIC PROF SERVICES						90.19
90.20 DR ANDERSON						90.20
90.21 DR HABIB						90.21
90.22 DR HANNEKEN						90.22
90.23 DR MUNESSES						90.23
90.24 DR KOHLI						90.24
90.25 DR DUNCAN						90.25
90.26 MT ZION FAMILY PRACTICE						90.26
90.27 DR POWELL						90.27
90.28 CHEMOTHEROPY			15,642		21,854	90.28
91 EMERGENCY	12,538	12,538	2,124,232		3,326,796	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	374,298	374,298	38,263,435	-23,312,974	70,617,562	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	525	525	73,917		169,679	190
192 PHYSICIANS' PRIVATE OFFICES			1,075,943		9,241,624	192
194 SENIOR SERVICES			52,454		126,507	194
194.01 ADULT DAY CARE			143,069		232,819	194.01
194.02 SPORTS MEDICINE REHAB			261,464		355,800	194.02
194.04 CANCER CARE			3,488		76,531	194.04
194.05 RESIDENTIAL PROPERTIES						194.05
194.07 BLUE MOUND			416		3,555	194.07
194.08 ARTHUR CLINIC			245		10,892	194.08
194.09 OCCUPATIONAL HEALTH						194.09
194.11 2981 NORTH MAIN			940		45,018	194.11
194.13 MEDICAL OFFICE BUILDING 1750			5,610		143,595	194.13
194.14 MEDICAL ARTS						194.14
194.15 MT. ZION CLINIC			113		31	194.15
194.16 CERRO GORDO			94		9,833	194.16
194.17 LIFELINE			21,728		62,112	194.17
194.18 COUNTY JAIL CONTRACT			124,467		202,140	194.18
194.19 ST. JOHN'S HOME HEALTH	5,091	5,091	342		89,691	194.19
194.23 ST. MARY'S SURGERY CENTER					31	194.23
194.24 FIELDS WRIGHT MEDICAL PRACTICE			108,074		141,942	194.24
194.25 3915 N COWGILL					282,154	194.25
194.28 LAUNDRY OUTSIDE SERVICES						194.28
194.35 MEDICAL MANAGEMENT SYSTEM						194.35
194.36 LAKE SHORE MEDICAL OFFICE BUILDING			6,853		323,151	194.36
194.37 DAY CARE CENTER					5,771	194.37
194.38 SCHOOL HEALTH SERVICES			141,531		186,248	194.38
194.40 PRAIRIE CARDIOVASCULAR	5,401	5,401			94,181	194.40
194.41 G I SUITES			2,407		3,102	194.41
194.42 RESPIRATORY CARE NURSING HOME						194.42
194.43 OCCUPATIONAL HEALTH CLINIC						194.43
194.44 PHYSICIAN POOL			229,654		299,714	194.44
194.48 MRI BUILDING			287		5,280	194.48
194.49 FUND DEVELOPMENT	1,004	1,004	448,208		543,734	194.49
194.50 CENTRAL ILLINOIS LUNG	2,456	2,456			42,827	194.50
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	2,126,349	4,652,965	11,118,372		23,312,974	202
203 UNIT COST MULT-WS B PT I	5.469356	11.968272	0.271413		0.279815	203
204 COST TO BE ALLOC PER B PT II			31,614		1,927,353	204
205 UNIT COST MULT-WS B PT II			0.000772		0.023133	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY
	TENANCE & REPAIRS SQUARE FEET	OF PLANT SQUARE FEET	+ LINEN SERVICE PATIENT DAYS	KEEPING SQUARE FEET	PATIENT DAYS
	6	7	8	9	10
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	340,939				6
7 OPERATION OF PLANT	40,020	300,919			7
8 LAUNDRY & LINEN SERVICE	15,874	15,874	37,414		8
9 HOUSEKEEPING	5,719	5,719		279,326	9
10 DIETARY	16,186	16,186		16,186	37,414 10
11 CAFETERIA	3,849	3,849		3,849	11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	1,783	1,783		1,783	13
14 CENTRAL SERVICES & SUPPLY	9,780	9,780		9,780	14
15 PHARMACY	3,818	3,818		3,818	15
16 MEDICAL RECORDS & LIBRARY	8,558	8,558		8,558	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	88,997	88,997	26,822	88,997	26,822 30
31 INTENSIVE CARE UNIT	5,935	5,935	2,592	5,935	2,592 31
41 SUBPROVIDER - IRF	11,495	11,495	4,053	11,495	4,053 41
43 NURSERY	2,301	2,301		2,301	2,301 43
44 SKILLED NURSING FACILITY	5,066	5,066	3,947	5,066	3,947 44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	17,591	17,591		17,591	50
50.01 STONE CENTER					50.01
50.02 ENDOSCOPY	3,319	3,319		3,319	50.02
51 RECOVERY ROOM	2,266	2,266		2,266	51
52 DELIVERY ROOM & LABOR ROOM	9,460	9,460		9,460	52
53 ANESTHESIOLOGY	315	315		315	53
53.01 PAIN CENTER	3,507	3,507		3,507	53.01
54 RADIOLOGY-DIAGNOSTIC	14,367	14,367		14,367	54
56 RADIOISOTOPE	663	663		663	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	558	558		558	57
58 MAGNETIC RESONANCE IMAGING (MRI)	883	883		883	58
59 CARDIAC CATHETERIZATION	4,987	4,987		4,987	59
60 LABORATORY	10,496	10,496		10,496	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	272	272		272	62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS					62.30
65 RESPIRATORY THERAPY	757	757		757	65
66 PHYSICAL THERAPY	13,742	13,742		13,742	66
69 ELECTROCARDIOLOGY	3,779	3,779		3,779	69
70 ELECTROENCEPHALOGRAPHY	2,634	2,634		2,634	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
75 ASC (NON-DISTINCT PART)					75
76 TREATMENT CENTER	1,369	1,369		1,369	76
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.01 PRENATAL CLINIC					90.01
90.02 OUTPATIENT PSYCHIATRIC	3,578	3,578		3,578	90.02
90.03 WOUND CLINIC					90.03
90.04 NEUROSURGERY					90.04
90.05 DR JATOI					90.05
90.06 UROLOGY PHYSICIAN					90.06
90.07 DR. CHU					90.07
90.08 SPORTS MEDICINE CLINIC					90.08
90.09 DR. SHANKER					90.09
90.10 DR MIRMIRA					90.10
90.11 DR TOKHI					90.11
90.12 CT\PET					90.12
90.13 RADIATION ONCOLOGY					90.13
90.14 SPORTS MED-REHAB					90.14
90.15 MACON COUNT MEDICAL ASSOCIATES					90.15
90.16 DR BRITT					90.16

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY
	TENANCE & REPAIRS SQUARE FEET	OF PLANT SQUARE FEET	+ LINEN SERVICE PATIENT DAYS	KEEPING SQUARE FEET	PATIENT DAYS
	6	7	8	9	10
90.17 ARTHUR FAMILY MEDICINE CENTER					90.17
90.18 DR BOCK					90.18
90.19 PEDIATRIC PROF SERVICES					90.19
90.20 DR ANDERSON					90.20
90.21 DR HABIB					90.21
90.22 DR HANNEKEN					90.22
90.23 DR MUNESSES					90.23
90.24 DR KOHLI					90.24
90.25 DR DUNCAN					90.25
90.26 MT ZION FAMILY PRACTICE					90.26
90.27 DR POWELL					90.27
90.28 CHEMOTHEROPY					90.28
91 EMERGENCY	12,538	12,538		12,538	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	326,462	286,442	37,414	264,849	37,414 118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	525	525		525	190
192 PHYSICIANS' PRIVATE OFFICES					192
194 SENIOR SERVICES					194
194.01 ADULT DAY CARE					194.01
194.02 SPORTS MEDICINE REHAB					194.02
194.04 CANCER CARE					194.04
194.05 RESIDENTIAL PROPERTIES					194.05
194.07 BLUE MOUND					194.07
194.08 ARTHUR CLINIC					194.08
194.09 OCCUPATIONAL HEALTH					194.09
194.11 2981 NORTH MAIN					194.11
194.13 MEDICAL OFFICE BUILDING 1750					194.13
194.14 MEDICAL ARTS					194.14
194.15 MT. ZION CLINIC					194.15
194.16 CERRO GORDO					194.16
194.17 LIFELINE					194.17
194.18 COUNTY JAIL CONTRACT					194.18
194.19 ST. JOHN'S HOME HEALTH	5,091	5,091		5,091	194.19
194.23 ST. MARY'S SURGERY CENTER					194.23
194.24 FIELDS WRIGHT MEDICAL PRACTICE					194.24
194.25 3915 N COWGILL					194.25
194.28 LAUNDRY OUTSIDE SERVICES					194.28
194.35 MEDICAL MANAGEMENT SYSTEM					194.35
194.36 LAKE SHORE MEDICAL OFFICE BUILDING					194.36
194.37 DAY CARE CENTER					194.37
194.38 SCHOOL HEALTH SERVICES					194.38
194.40 PRAIRIE CARDIOVASCULAR	5,401	5,401		5,401	194.40
194.41 G I SUITES					194.41
194.42 RESPIRATORY CARE NURSING HOME					194.42
194.43 OCCUPATIONAL HEALTH CLINIC					194.43
194.44 PHYSICIAN POOL					194.44
194.48 MRI BUILDING					194.48
194.49 FUND DEVELOPMENT	1,004	1,004		1,004	194.49
194.50 CENTRAL ILLINOIS LUNG	2,456	2,456		2,456	194.50
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	257,535	5,395,707	1,262,799	2,031,140	2,369,694 202
203 UNIT COST MULT-WS B PT I	0.755370	17.930762	33.752045	7.271575	63.337093 203
204 COST TO BE ALLOC PER B PT II	66,297	803,240	339,765	151,481	373,086 204
205 UNIT COST MULT-WS B PT II	0.194454	2.669290	9.081226	0.542309	9.971829 205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL
	GROSS SALARIES 11	ADMINIS- TRATION GROSS SALARIES 13	SERVICES & SUPPLY COSTED REQUIS. 14	COSTED REQUIS. 15	RECORDS + LIBRARY GROSS REVENUE 16
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	31,758,173				11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	512,373	19,227,546			13
14 CENTRAL SERVICES & SUPPLY	176,077		12,496,889		14
15 PHARMACY	1,383,287		69,811	100	15
16 MEDICAL RECORDS & LIBRARY	1,209,918		40		351,515,191
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	6,159,819	6,159,819	448,227		22,678,464
31 INTENSIVE CARE UNIT	1,198,529	1,198,529	167,640		3,353,019
41 SUBPROVIDER - IRF	680,877	680,877	71,984		3,995,125
43 NURSERY	310,196	310,196	35,289		977,395
44 SKILLED NURSING FACILITY	629,305	629,305	42,955		1,158,660
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	1,311,572	1,311,572	1,907,141		26,130,423
50.01 STONE CENTER					50
50.02 ENDOSCOPY	208,974	208,974	131,109		2,245,978
51 RECOVERY ROOM	454,624	454,624	28,506		3,048,260
52 DELIVERY ROOM & LABOR ROOM	1,008,864	1,008,864	81,968		2,955,853
53 ANESTHESIOLOGY	2,235,750	2,235,750	230,203		6,727,545
53.01 PAIN CENTER	318,890	318,890	85,972		5,480,115
54 RADIOLOGY-DIAGNOSTIC	1,617,346	2,148,328	71,407		18,067,072
56 RADIOISOTOPE	113,734		245,280		2,101,593
57 COMPUTED TOMOGRAPHY (CT) SCAN	310,418		113,285		33,365,608
58 MAGNETIC RESONANCE IMAGING (MRI)	220,564		43,551		12,134,773
59 CARDIAC CATHETERIZATION	698,260		10,711		18,610,049
60 LABORATORY	1,922,845		1,427,625		46,649,104
62 WHOLE BLOOD & PCKD RED BLOOD CELLS			47,737		1,470,417
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS					62.30
65 RESPIRATORY THERAPY	795,956		80,494		6,660,940
66 PHYSICAL THERAPY	1,683,852		27,472		16,759,767
69 ELECTROCARDIOLOGY	434,601		211,649		13,075,222
70 ELECTROENCEPHALOGRAPHY	244,036		19,245		4,049,271
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			112,397		1,185,179
72 IMPL. DEV. CHARGED TO PATIENT			6,246,651		17,606,871
73 DRUGS CHARGED TO PATIENTS				100	40,837,405
75 ASC (NON-DISTINCT PART)	321,364				743,702
76 TREATMENT CENTER	98,177	98,177	601		434,331
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	95,707	95,707	3,332		476,440
90.01 PRENATAL CLINIC	67,550	67,550	2,492		326,771
90.02 OUTPATIENT PSYCHIATRIC	95,260	95,260	21		689,043
90.03 WOUND CLINIC	65,250	65,250	109,248		695,302
90.04 NEUROSURGERY					90.04
90.05 DR JATOI					90.05
90.06 UROLOGY PHYSICIAN					90.06
90.07 DR. CHU					90.07
90.08 SPORTS MEDICINE CLINIC					90.08
90.09 DR. SHANKER					90.09
90.10 DR MIRMIRA					90.10
90.11 DR TOKHI					90.11
90.12 CT\PET	15,326		34,220		776,056
90.13 RADIATION ONCOLOGY	317,694		6,307		4,656,265
90.14 SPORTS MED-REHAB					90.14
90.15 MACON COUNT MEDICAL ASSOCIATES					90.15
90.16 DR BRITT					90.16

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	GROSS SALARIES 11	ADMINIS- TRATION GROSS SALARIES 13	SUPPLY COSTED REQUIS. 14	COSTED REQUIS. 15	RECORDS + LIBRARY GROSS REVENUE 16	
90.17 ARTHUR FAMILY MEDICINE CENTER						90.17
90.18 DR BOCK						90.18
90.19 PEDIATRIC PROF SERVICES						90.19
90.20 DR ANDERSON						90.20
90.21 DR HABIB						90.21
90.22 DR HANNEKEN						90.22
90.23 DR MUNESSES						90.23
90.24 DR KOHLI						90.24
90.25 DR DUNCAN						90.25
90.26 MT ZION FAMILY PRACTICE						90.26
90.27 DR POWELL						90.27
90.28 CHEMOTHEROPY	15,642	15,642	1,519		190,073	90.28
91 EMERGENCY	2,124,232	2,124,232	262,896		31,203,100	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
118 SUBTOTALS (SUM OF LINES 1-117)	29,056,869	19,227,546	12,378,985	100	351,515,191	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	73,917					190
192 PHYSICIANS' PRIVATE OFFICES	1,075,943		88,401			192
194 SENIOR SERVICES	52,454					194
194.01 ADULT DAY CARE	143,069		2,097			194.01
194.02 SPORTS MEDICINE REHAB	261,464		5,713			194.02
194.04 CANCER CARE	3,488		96			194.04
194.05 RESIDENTIAL PROPERTIES						194.05
194.07 BLUE MOUND	416					194.07
194.08 ARTHUR CLINIC	245					194.08
194.09 OCCUPATIONAL HEALTH						194.09
194.11 2981 NORTH MAIN	940		332			194.11
194.13 MEDICAL OFFICE BUILDING 1750	5,610					194.13
194.14 MEDICAL ARTS						194.14
194.15 MT. ZION CLINIC	113		12			194.15
194.16 CERRO GORDO	94					194.16
194.17 LIFELINE	21,728		1,168			194.17
194.18 COUNTY JAIL CONTRACT	124,467		19,418			194.18
194.19 ST. JOHN'S HOME HEALTH	342		35			194.19
194.23 ST. MARY'S SURGERY CENTER			31			194.23
194.24 FIELDS WRIGHT MEDICAL PRACTICE	108,074					194.24
194.25 3915 N COWGILL						194.25
194.28 LAUNDRY OUTSIDE SERVICES						194.28
194.35 MEDICAL MANAGEMENT SYSTEM						194.35
194.36 LAKE SHORE MEDICAL OFFICE BUILDING	6,853					194.36
194.37 DAY CARE CENTER						194.37
194.38 SCHOOL HEALTH SERVICES	141,531		29			194.38
194.40 PRAIRIE CARDIOVASCULAR						194.40
194.41 G I SUITES	2,407					194.41
194.42 RESPIRATORY CARE NURSING HOME						194.42
194.43 OCCUPATIONAL HEALTH CLINIC						194.43
194.44 PHYSICIAN POOL	229,654		50			194.44
194.48 MRI BUILDING	287					194.48
194.49 FUND DEVELOPMENT	448,208		522			194.49
194.50 CENTRAL ILLINOIS LUNG						194.50
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	1,105,609	1,118,264	830,416	3,391,238	3,202,418	202
203 UNIT COST MULT-WS B PT I	0.034813	0.058159	0.066450	33,912.380000	0.009110	203
204 COST TO BE ALLOC PER B PT II	98,888	58,210	214,846	144,709	236,191	204
205 UNIT COST MULT-WS B PT II	0.003114	0.003027	0.017192	1,447.090000	0.000672	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	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		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	100	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		22
23 PARAMED ED PRGM-(SPECIFY)		23
INPATIENT ROUTINE SERV COST CENTERS		
30 ADULTS & PEDIATRICS	100	30
31 INTENSIVE CARE UNIT		31
41 SUBPROVIDER - IRF		41
43 NURSERY		43
44 SKILLED NURSING FACILITY		44
ANCILLARY SERVICE COST CENTERS		
50 OPERATING ROOM		50
50.01 STONE CENTER		50.01
50.02 ENDOSCOPY		50.02
51 RECOVERY ROOM		51
52 DELIVERY ROOM & LABOR ROOM		52
53 ANESTHESIOLOGY		53
53.01 PAIN CENTER		53.01
54 RADIOLOGY-DIAGNOSTIC		54
56 RADIOISOTOPE		56
57 COMPUTED TOMOGRAPHY (CT) SCAN		57
58 MAGNETIC RESONANCE IMAGING (MRI)		58
59 CARDIAC CATHETERIZATION		59
60 LABORATORY		60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS		62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS		62.30
65 RESPIRATORY THERAPY		65
66 PHYSICAL THERAPY		66
69 ELECTROCARDIOLOGY		69
70 ELECTROENCEPHALOGRAPHY		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		71
72 IMPL. DEV. CHARGED TO PATIENT		72
73 DRUGS CHARGED TO PATIENTS		73
75 ASC (NON-DISTINCT PART)		75
76 TREATMENT CENTER		76
76.97 CARDIAC REHABILITATION		76.97
76.98 HYPERBARIC OXYGEN THERAPY		76.98
76.99 LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS		
90 CLINIC		90
90.01 PRENATAL CLINIC		90.01
90.02 OUTPATIENT PSYCHIATRIC		90.02
90.03 WOUND CLINIC		90.03
90.04 NEUROSURGERY		90.04
90.05 DR JATOI		90.05
90.06 UROLOGY PHYSICIAN		90.06
90.07 DR. CHU		90.07
90.08 SPORTS MEDICINE CLINIC		90.08
90.09 DR. SHANKER		90.09
90.10 DR MIRMIRA		90.10
90.11 DR TOKHI		90.11
90.12 CT\PET		90.12
90.13 RADIATION ONCOLOGY		90.13
90.14 SPORTS MED-REHAB		90.14
90.15 MACON COUNT MEDICAL ASSOCIATES		90.15
90.16 DR BRITT		90.16

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

I&R
 SALARY &
 FRINGES
 ASSIGNED
 TIME
 21

COST CENTER DESCRIPTION	I&R SALARY & FRINGES ASSIGNED TIME	
90.17 ARTHUR FAMILY MEDICINE CENTER		90.17
90.18 DR BOCK		90.18
90.19 PEDIATRIC PROF SERVICES		90.19
90.20 DR ANDERSON		90.20
90.21 DR HABIB		90.21
90.22 DR HANNEKEN		90.22
90.23 DR MUNESSES		90.23
90.24 DR KOHLI		90.24
90.25 DR DUNCAN		90.25
90.26 MT ZION FAMILY PRACTICE		90.26
90.27 DR POWELL		90.27
90.28 CHEMOTHEROPY		90.28
91 EMERGENCY		91
92 OBSERVATION BEDS		92
OTHER REIMBURSABLE COST CENTERS		
99.10 CORF		99.10
99.20 OUTPATIENT PHYSICAL THERAPY		99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY		99.30
99.40 OUTPATIENT SPEECH PATHOLOGY		99.40
SPECIAL PURPOSE COST CENTERS		
118 SUBTOTALS (SUM OF LINES 1-117)	100	118
NONREIMBURSABLE COST CENTERS		
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		190
192 PHYSICIANS' PRIVATE OFFICES		192
194 SENIOR SERVICES		194
194.01 ADULT DAY CARE		194.01
194.02 SPORTS MEDICINE REHAB		194.02
194.04 CANCER CARE		194.04
194.05 RESIDENTIAL PROPERTIES		194.05
194.07 BLUE MOUND		194.07
194.08 ARTHUR CLINIC		194.08
194.09 OCCUPATIONAL HEALTH		194.09
194.11 2981 NORTH MAIN		194.11
194.13 MEDICAL OFFICE BUILDING 1750		194.13
194.14 MEDICAL ARTS		194.14
194.15 MT. ZION CLINIC		194.15
194.16 CERRO GORDO		194.16
194.17 LIFELINE		194.17
194.18 COUNTY JAIL CONTRACT		194.18
194.19 ST. JOHN'S HOME HEALTH		194.19
194.23 ST. MARY'S SURGERY CENTER		194.23
194.24 FIELDS WRIGHT MEDICAL PRACTICE		194.24
194.25 3915 N COWGILL		194.25
194.28 LAUNDRY OUTSIDE SERVICES		194.28
194.35 MEDICAL MANAGEMENT SYSTEM		194.35
194.36 LAKE SHORE MEDICAL OFFICE BUILDING		194.36
194.37 DAY CARE CENTER		194.37
194.38 SCHOOL HEALTH SERVICES		194.38
194.40 PRAIRIE CARDIOVASCULAR		194.40
194.41 G I SUITES		194.41
194.42 RESPIRATORY CARE NURSING HOME		194.42
194.43 OCCUPATIONAL HEALTH CLINIC		194.43
194.44 PHYSICIAN POOL		194.44
194.48 MRI BUILDING		194.48
194.49 FUND DEVELOPMENT		194.49
194.50 CENTRAL ILLINOIS LUNG		194.50
200 CROSS FOOT ADJUSTMENTS		200
201 NEGATIVE COST CENTER		201
202 COST TO BE ALLOC PER B PT I		202
203 UNIT COST MULT-WS B PT I		203
204 COST TO BE ALLOC PER B PT II		204
205 UNIT COST MULT-WS B PT II		205

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	18,396,480		18,396,480		18,396,480	30
31 INTENSIVE CARE UNIT	2,904,482		2,904,482	1,125	2,905,607	31
41 SUBPROVIDER - IRF	3,263,662		3,263,662		3,263,662	41
43 NURSERY	712,943		712,943		712,943	43
44 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	1,811,197		1,811,197	375	1,811,572	44
OPERATING ROOM						
50 OPERATING ROOM	6,448,138		6,448,138		6,448,138	50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY	750,539		750,539		750,539	50.02
51 RECOVERY ROOM	967,100		967,100		967,100	51
52 DELIVERY ROOM & LABOR ROOM	2,371,842		2,371,842	344	2,372,186	52
53 ANESTHESIOLOGY	1,773,405		1,773,405		1,773,405	53
53.01 PAIN CENTER	933,971		933,971		933,971	53.01
54 RADIOLOGY-DIAGNOSTIC	4,276,161		4,276,161	357	4,276,518	54
56 RADIOISOTOPE	690,437		690,437		690,437	56
57 COMPUTED TOMOGRAPHY (CT) SC	1,480,325		1,480,325		1,480,325	57
58 MAGNETIC RESONANCE IMAGING	785,818		785,818		785,818	58
59 CARDIAC CATHETERIZATION	2,446,419		2,446,419		2,446,419	59
60 LABORATORY	7,263,254		7,263,254		7,263,254	60
62 WHOLE BLOOD & PCKD RED BLOO	586,208		586,208		586,208	62
62.30 BLOOD CLOTTING FACTORS ADMI						62.30
65 RESPIRATORY THERAPY	1,588,355		1,588,355	1,439	1,589,794	65
66 PHYSICAL THERAPY	3,773,102		3,773,102	1,439	3,774,541	66
69 ELECTROCARDIOLOGY	959,082		959,082		959,082	69
70 ELECTROENCEPHALOGRAPHY	613,032		613,032		613,032	70
71 MEDICAL SUPPLIES CHRGED TO	162,113		162,113		162,113	71
72 IMPL. DEV. CHARGED TO PATIE	8,570,043		8,570,043		8,570,043	72
73 DRUGS CHARGED TO PATIENTS	8,011,069		8,011,069		8,011,069	73
75 ASC (NON-DISTINCT PART)	612,932		612,932		612,932	75
76 TREATMENT CENTER	242,371		242,371		242,371	76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	287,554		287,554		287,554	90
90.01 PRENATAL CLINIC	132,158		132,158		132,158	90.01
90.02 OUTPATIENT PSYCHIATRIC	344,343		344,343		344,343	90.02
90.03 WOUND CLINIC	265,805		265,805		265,805	90.03
90.04 NEUROSURGERY						90.04
90.05 DR JATOI						90.05
90.06 UROLOGY PHYSICIAN						90.06
90.07 DR. CHU						90.07
90.08 SPORTS MEDICINE CLINIC						90.08
90.09 DR. SHANKER						90.09
90.10 DR MIRMIRA						90.10
90.11 DR TOKHI						90.11
90.12 CT/PET	359,924		359,924		359,924	90.12
90.13 RADIATION ONCOLOGY	1,001,904		1,001,904		1,001,904	90.13
90.14 SPORTS MED-REHAB						90.14
90.15 MACON COUNT MEDICAL ASSOCIA						90.15
90.16 DR BRITT						90.16
90.17 ARTHUR FAMILY MEDICINE CENT						90.17
90.18 DR BOCK						90.18
90.19 PEDIATRIC PROF SERVICES						90.19
90.20 DR ANDERSON						90.20
90.21 DR HABIB						90.21
90.22 DR HANNEKEN						90.22
90.23 DR MUNESSES						90.23
90.24 DR KOHLI						90.24
90.25 DR DUNCAN						90.25
90.26 MT ZION FAMILY PRACTICE						90.26
90.27 DR POWELL						90.27
90.28 CHEMOTHEROPY	31,257		31,257		31,257	90.28
91 EMERGENCY	5,082,364		5,082,364		5,082,364	91
92 OBSERVATION BEDS	1,509,731		1,509,731		1,509,731	92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
200 SUBTOTAL (SEE INSTRUCTIONS)	91,409,520		91,409,520	5,079	91,414,599	200
201 LESS OBSERVATION BEDS	1,509,731		1,509,731		1,509,731	201
202 TOTAL (SEE INSTRUCTIONS)	89,899,789		89,899,789	5,079	89,904,868	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	20,613,568		20,613,568				30
31 INTENSIVE CARE UNIT	3,353,019		3,353,019				31
41 SUBPROVIDER - IRF	3,995,125		3,995,125				41
43 NURSERY	977,395		977,395				43
44 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	1,158,660		1,158,660				44
50 OPERATING ROOM	12,370,583	13,759,840	26,130,423	0.246767	0.246767	0.246767	50
50.01 STONE CENTER							50.01
50.02 ENDOSCOPY	409,810	1,836,168	2,245,978	0.334170	0.334170	0.334170	50.02
51 RECOVERY ROOM	1,057,444	1,990,816	3,048,260	0.317263	0.317263	0.317263	51
52 DELIVERY ROOM & LABOR ROOM	2,207,669	748,184	2,955,853	0.802422	0.802422	0.802539	52
53 ANESTHESIOLOGY	3,476,892	3,250,653	6,727,545	0.263604	0.263604	0.263604	53
53.01 PAIN CENTER	74,326	5,405,789	5,480,115	0.170429	0.170429	0.170429	53.01
54 RADIOLOGY-DIAGNOSTIC	4,447,932	13,619,140	18,067,072	0.236683	0.236683	0.236702	54
56 RADIOISOTOPE	393,035	1,708,558	2,101,593	0.328530	0.328530	0.328530	56
57 COMPUTED TOMOGRAPHY (CT) SC	9,674,061	23,691,547	33,365,608	0.044367	0.044367	0.044367	57
58 MAGNETIC RESONANCE IMAGING	2,159,689	9,975,084	12,134,773	0.064758	0.064758	0.064758	58
59 CARDIAC CATHETERIZATION	9,682,198	8,927,851	18,610,049	0.131457	0.131457	0.131457	59
60 LABORATORY	18,801,506	27,847,598	46,649,104	0.155700	0.155700	0.155700	60
62 WHOLE BLOOD & PCKD RED BLOO	1,087,796	382,621	1,470,417	0.398668	0.398668	0.398668	62
62.30 BLOOD CLOTTING FACTORS ADMI							62.30
65 RESPIRATORY THERAPY	5,422,821	1,238,119	6,660,940	0.238458	0.238458	0.238674	65
66 PHYSICAL THERAPY	10,060,375	6,699,392	16,759,767	0.225129	0.225129	0.225214	66
69 ELECTROCARDIOLOGY	3,006,285	10,068,937	13,075,222	0.073351	0.073351	0.073351	69
70 ELECTROENCEPHALOGRAPHY	488,055	3,561,216	4,049,271	0.151393	0.151393	0.151393	70
71 MEDICAL SUPPLIES CHRGD TO	1,124,347	60,832	1,185,179	0.136784	0.136784	0.136784	71
72 IMPL. DEV. CHARGED TO PATIE	11,973,660	5,633,211	17,606,871	0.486744	0.486744	0.486744	72
73 DRUGS CHARGED TO PATIENTS	28,022,159	12,815,246	40,837,405	0.196170	0.196170	0.196170	73
75 ASC (NON-DISTINCT PART)		743,702	743,702	0.824163	0.824163	0.824163	75
76 TREATMENT CENTER	79,316	355,015	434,331	0.558033	0.558033	0.558033	76
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	4,119	472,321	476,440	0.603547	0.603547	0.603547	90
90.01 PRENATAL CLINIC	4,067	322,704	326,771	0.404436	0.404436	0.404436	90.01
90.02 OUTPATIENT PSYCHIATRIC		689,043	689,043	0.499741	0.499741	0.499741	90.02
90.03 WOUND CLINIC	111,327	583,975	695,302	0.382287	0.382287	0.382287	90.03
90.04 NEUROSURGERY							90.04
90.05 DR JATOI							90.05
90.06 UROLOGY PHYSICIAN							90.06
90.07 DR. CHU							90.07
90.08 SPORTS MEDICINE CLINIC							90.08
90.09 DR. SHANKER							90.09
90.10 DR MIRMIRA							90.10
90.11 DR TOKHI							90.11
90.12 CT/PET	26,173	749,883	776,056	0.463786	0.463786	0.463786	90.12
90.13 RADIATION ONCOLOGY	1	4,656,264	4,656,265	0.215173	0.215173	0.215173	90.13
90.14 SPORTS MED-REHAB							90.14
90.15 MACON COUNT MEDICAL ASSOCIA							90.15
90.16 DR BRITT							90.16
90.17 ARTHUR FAMILY MEDICINE CENT							90.17
90.18 DR BOCK							90.18
90.19 PEDIATRIC PROF SERVICES							90.19
90.20 DR ANDERSON							90.20
90.21 DR HABIB							90.21
90.22 DR HANNEKEN							90.22
90.23 DR MUNESSES							90.23
90.24 DR KOHLI							90.24
90.25 DR DUNCAN							90.25
90.26 MT ZION FAMILY PRACTICE							90.26
90.27 DR POWELL							90.27
90.28 CHEMOTHEROPY		190,073	190,073	0.164447	0.164447	0.164447	90.28
91 EMERGENCY	7,488,733	23,714,367	31,203,100	0.162880	0.162880	0.162880	91
92 OBSERVATION BEDS		2,064,896	2,064,896	0.731141	0.731141	0.731141	92
OTHER REIMBURSABLE COST CENTERS							
99.10 CORF							99.10
99.20 OUTPATIENT PHYSICAL THERAPY							99.20
99.30 OUTPATIENT OCCUPATIONAL THE							99.30
99.40 OUTPATIENT SPEECH PATHOLOGY							99.40
200 SUBTOTAL (SEE INSTRUCTIONS)	163,752,146	187,763,045	351,515,191				200
201 LESS OBSERVATION BEDS							201
202 TOTAL (SEE INSTRUCTIONS)	163,752,146	187,763,045	351,515,191				202

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
 01/31/2012 09:40

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	TOTAL PATIENT DAYS	PER	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	CAP-REL COST (COL.1 MINUS COL.2)		(COL.3 ÷ COL.4)		(COL.5 x COL.6)	
	1	2	3		5		7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	2,660,684		2,660,684	28,599	93.03	11,964	1,113,011	30
31 INTENSIVE CARE UNIT	228,912		228,912	2,576	88.86	1,497	133,023	31
32 CORONARY CARE UNIT								32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF								40
41 SUBPROVIDER - IRF	370,046		370,046	4,031	91.80	2,825	259,335	41
42 SUBPROVIDER I								42
43 NURSERY	62,451		62,451	1,658	37.67			43
44 SKILLED NURSING FACILITY	208,799		208,799	3,947	52.90	2,955	156,320	44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	3,530,892		3,530,892	40,811		19,241	1,661,689	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[XX] HOSPITAL (14-0166) [] IPF [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA			
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	525,577	26,130,423	0.020114	6,064,937	121,990	50
50.01	STONE CENTER						50.01
50.02	ENDOSCOPY	85,518	2,245,978	0.038076	264,035	10,053	50.02
51	RECOVERY ROOM	68,031	3,048,260	0.022318	543,298	12,125	51
52	DELIVERY ROOM & LABOR ROOM	243,704	2,955,853	0.082448	24,523	2,022	52
53	ANESTHESIOLOGY	57,267	6,727,545	0.008512	1,447,660	12,322	53
53.01	PAIN CENTER	94,159	5,480,115	0.017182	30,650	527	53.01
54	RADIOLOGY-DIAGNOSTIC	389,833	18,067,072	0.021577	2,513,202	54,227	54
56	RADIOISOTOPE	31,348	2,101,593	0.014916	257,563	3,842	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	57,878	33,365,608	0.001735	5,334,896	9,256	57
58	MAGNETIC RESONANCE IMAGING (M	39,766	12,134,773	0.003277	1,124,608	3,685	58
59	CARDIAC CATHETERIZATION	157,714	18,610,049	0.008475	6,109,866	51,781	59
60	LABORATORY	397,862	46,649,104	0.008529	9,474,284	80,806	60
62	WHOLE BLOOD & PCKD RED BLOOD	17,648	1,470,417	0.012002	666,866	8,004	62
62.30	BLOOD CLOTTING FACTORS ADMIN						62.30
65	RESPIRATORY THERAPY	51,392	6,660,940	0.007715	3,347,600	25,827	65
66	PHYSICAL THERAPY	362,612	16,759,767	0.021636	1,768,514	38,264	66
69	ELECTROCARDIOLOGY	105,765	13,075,222	0.008089	2,017,712	16,321	69
70	ELECTROENCEPHALOGRAPHY	67,902	4,049,271	0.016769	257,668	4,321	70
71	MEDICAL SUPPLIES CHRGD TO PA	5,328	1,185,179	0.004496	499,810	2,247	71
72	IMPL. DEV. CHARGED TO PATIENT	263,726	17,606,871	0.014979	6,630,804	99,323	72
73	DRUGS CHARGED TO PATIENTS	248,932	40,837,405	0.006096	13,919,331	84,852	73
75	ASC (NON-DISTINCT PART)	12,503	743,702	0.016812			75
76	TREATMENT CENTER	33,017	434,331	0.076018			76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	5,993	476,440	0.012579			90
90.01	PRENATAL CLINIC	2,947	326,771	0.009019	2,776	25	90.01
90.02	OUTPATIENT PSYCHIATRIC	79,972	689,043	0.116062			90.02
90.03	WOUND CLINIC	7,245	695,302	0.010420			90.03
90.04	NEUROSURGERY						90.04
90.05	DR JATOI						90.05
90.06	UROLOGY PHYSICIAN						90.06
90.07	DR. CHU						90.07
90.08	SPORTS MEDICINE CLINIC						90.08
90.09	DR. SHANKER						90.09
90.10	DR MIRMIRA						90.10
90.11	DR TOKHI						90.11
90.12	CT/PET	7,497	776,056	0.009660	9,627	93	90.12
90.13	RADIATION ONCOLOGY	21,606	4,656,265	0.004640			90.13
90.14	SPORTS MED-REHAB						90.14
90.15	MACON COUNT MEDICAL ASSOCIATE						90.15
90.16	DR BRITT						90.16
90.17	ARTHUR FAMILY MEDICINE CENTER						90.17
90.18	DR BOCK						90.18
90.19	PEDIATRIC PROF SERVICES						90.19
90.20	DR ANDERSON						90.20
90.21	DR HABIB						90.21
90.22	DR HANNEKEN						90.22
90.23	DR MUNESSES						90.23
90.24	DR KOHLI						90.24
90.25	DR DUNCAN						90.25
90.26	MT ZION FAMILY PRACTICE						90.26
90.27	DR POWELL						90.27
90.28	CHEMOTHEROPY	768	190,073	0.004041			90.28
91	EMERGENCY	378,470	31,203,100	0.012129	3,900,236	47,306	91
92	OBSERVATION BEDS	218,352	2,064,896	0.105745			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	4,040,332	321,417,424	321,417,424	66,210,466	689,219	200

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
 01/31/2012 09:40

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
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
 01/31/2012 09:40

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 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	28,599		11,964		30
31 INTENSIVE CARE UNIT	2,576		1,497		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF	4,031		2,825		41
42 SUBPROVIDER I					42
43 NURSERY	1,658				43
44 SKILLED NURSING FACILITY	3,947		2,955		44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	40,811		19,241		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0166) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY						50.02
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
53.01 PAIN CENTER						53.01
54 RADIOLOGY-DIAGNOSTIC						54
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62 WHOLE BLOOD & PCKD RED BLOOD						62
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
75 ASC (NON-DISTINCT PART)						75
76 TREATMENT CENTER						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 PRENATAL CLINIC						90.01
90.02 OUTPATIENT PSYCHIATRIC						90.02
90.03 WOUND CLINIC						90.03
90.04 NEUROSURGERY						90.04
90.05 DR JATOI						90.05
90.06 UROLOGY PHYSICIAN						90.06
90.07 DR. CHU						90.07
90.08 SPORTS MEDICINE CLINIC						90.08
90.09 DR. SHANKER						90.09
90.10 DR MIRMIRA						90.10
90.11 DR TOKHI						90.11
90.12 CT\PET						90.12
90.13 RADIATION ONCOLOGY						90.13
90.14 SPORTS MED-REHAB						90.14
90.15 MACON COUNT MEDICAL ASSOCIATE						90.15
90.16 DR BRITT						90.16
90.17 ARTHUR FAMILY MEDICINE CENTER						90.17
90.18 DR BOCK						90.18
90.19 PEDIATRIC PROF SERVICES						90.19
90.20 DR ANDERSON						90.20
90.21 DR HABIB						90.21
90.22 DR HANNEKEN						90.22
90.23 DR MUNESSES						90.23
90.24 DR KOHLI						90.24
90.25 DR DUNCAN						90.25
90.26 MT ZION FAMILY PRACTICE						90.26
90.27 DR POWELL						90.27
90.28 CHEMOTHEROPY						90.28
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0166) [] SUB (OTHER) [] ICF/MR [] 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) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	26,130,423			6,064,937		3,296,084	50
50.01 STONE CENTER							50.01
50.02 ENDOSCOPY	2,245,978			264,035		692,647	50.02
51 RECOVERY ROOM	3,048,260			543,298		621,254	51
52 DELIVERY ROOM & LABOR ROOM	2,955,853			24,523		5,519	52
53 ANESTHESIOLOGY	6,727,545			1,447,660		974,583	53
53.01 PAIN CENTER	5,480,115			30,650		2,559,383	53.01
54 RADIOLOGY-DIAGNOSTIC	18,067,072			2,513,202		3,305,931	54
56 RADIOISOTOPE	2,101,593			257,563		601,916	56
57 COMPUTED TOMOGRAPHY (CT) SCA	33,365,608			5,334,896		7,474,911	57
58 MAGNETIC RESONANCE IMAGING (	12,134,773			1,124,608		3,076,522	58
59 CARDIAC CATHETERIZATION	18,610,049			6,109,866		5,164,192	59
60 LABORATORY	46,649,104			9,474,284		363,993	60
62 WHOLE BLOOD & PCKD RED BLOOD	1,470,417			666,866		25,029	62
62.30 BLOOD CLOTTING FACTORS ADMIN							62.30
65 RESPIRATORY THERAPY	6,660,940			3,347,600		418,812	65
66 PHYSICAL THERAPY	16,759,767			1,768,514		3,373	66
69 ELECTROCARDIOLOGY	13,075,222			2,017,712		4,401,130	69
70 ELECTROENCEPHALOGRAPHY	4,049,271			257,668		1,130,949	70
71 MEDICAL SUPPLIES CHRGED TO P	1,185,179			499,810		16,198	71
72 IMPL. DEV. CHARGED TO PATIEN	17,606,871			6,630,804		2,387,526	72
73 DRUGS CHARGED TO PATIENTS	40,837,405			13,919,331		4,576,742	73
75 ASC (NON-DISTINCT PART)	743,702						75
76 TREATMENT CENTER	434,331						76
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	476,440						90
90.01 PRENATAL CLINIC	326,771			2,776		212,058	90.01
90.02 OUTPATIENT PSYCHIATRIC	689,043					262,600	90.02
90.03 WOUND CLINIC	695,302						90.03
90.04 NEUROSURGERY							90.04
90.05 DR JATOI							90.05
90.06 UROLOGY PHYSICIAN							90.06
90.07 DR. CHU							90.07
90.08 SPORTS MEDICINE CLINIC							90.08
90.09 DR. SHANKER							90.09
90.10 DR MIRMIRA							90.10
90.11 DR TOKHI							90.11
90.12 CT\PET	776,056			9,627		392,570	90.12
90.13 RADIATION ONCOLOGY	4,656,265					2,106,611	90.13
90.14 SPORTS MED-REHAB							90.14
90.15 MACON COUNT MEDICAL ASSOCIAT							90.15
90.16 DR BRITT							90.16
90.17 ARTHUR FAMILY MEDICINE CENTE							90.17
90.18 DR BOCK							90.18
90.19 PEDIATRIC PROF SERVICES							90.19
90.20 DR ANDERSON							90.20
90.21 DR HABIB							90.21
90.22 DR HANNEKEN							90.22
90.23 DR MUNESSES							90.23
90.24 DR KOHLI							90.24
90.25 DR DUNCAN							90.25
90.26 MT ZION FAMILY PRACTICE							90.26
90.27 DR POWELL							90.27
90.28 CHEMOTHEROPY	190,073					134,364	90.28
91 EMERGENCY	31,203,100			3,900,236		4,729,953	91
92 OBSERVATION BEDS	2,064,896					634,947	92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	321,417,424			66,210,466		49,569,797	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0166) [] 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 FROM WKST C, PT I, COL. 9 1	RATIO PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.246767	3,296,084			813,365			50
50.01 STONE CENTER								50.01
50.02 ENDOSCOPY	0.334170	692,647			231,462			50.02
51 RECOVERY ROOM	0.317263	621,254			197,101			51
52 DELIVERY ROOM & LABOR ROOM	0.802422	5,519			4,429			52
53 ANESTHESIOLOGY	0.263604	974,583			256,904			53
53.01 PAIN CENTER	0.170429	2,559,383			436,193			53.01
54 RADIOLOGY-DIAGNOSTIC	0.236683	3,305,931			782,458			54
56 RADIOISOTOPE	0.328530	601,916			197,747			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.044367	7,474,911			331,639			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.064758	3,076,522			199,229			58
59 CARDIAC CATHETERIZATION	0.131457	5,164,192			678,869			59
60 LABORATORY	0.155700	363,993			56,674			60
62 WHOLE BLOOD & PCKD RED BLOOD CE	0.398668	25,029			9,978			62
62.30 BLOOD CLOTTING FACTORS ADMIN CO								62.30
65 RESPIRATORY THERAPY	0.238458	418,812			99,869			65
66 PHYSICAL THERAPY	0.225129	3,373			759			66
69 ELECTROCARDIOLOGY	0.073351	4,401,130			322,827			69
70 ELECTROENCEPHALOGRAPHY	0.151393	1,130,949			171,218			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.136784	16,198			2,216			71
72 IMPL. DEV. CHARGED TO PATIENT	0.486744	2,387,526			1,162,114			72
73 DRUGS CHARGED TO PATIENTS	0.196170	4,576,742		41,594	897,819		8,159	73
75 ASC (NON-DISTINCT PART)	0.824163							75
76 TREATMENT CENTER	0.558033							76
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.603547							90
90.01 PRENATAL CLINIC	0.404436	212,058			85,764			90.01
90.02 OUTPATIENT PSYCHIATRIC	0.499741	262,600			131,232			90.02
90.03 WOUND CLINIC	0.382287							90.03
90.04 NEUROSURGERY								90.04
90.05 DR JATOI								90.05
90.06 UROLOGY PHYSICIAN								90.06
90.07 DR. CHU								90.07
90.08 SPORTS MEDICINE CLINIC								90.08
90.09 DR. SHANKER								90.09
90.10 DR MIRMIRA								90.10
90.11 DR TOKHI								90.11
90.12 CT\PET	0.463786	392,570			182,068			90.12
90.13 RADIATION ONCOLOGY	0.215173	2,106,611			453,286			90.13
90.14 SPORTS MED-REHAB								90.14
90.15 MACON COUNT MEDICAL ASSOCIATES								90.15
90.16 DR BRITT								90.16
90.17 ARTHUR FAMILY MEDICINE CENTER								90.17
90.18 DR BOCK								90.18
90.19 PEDIATRIC PROF SERVICES								90.19
90.20 DR ANDERSON								90.20
90.21 DR HABIB								90.21
90.22 DR HANNEKEN								90.22
90.23 DR MUNESSES								90.23
90.24 DR KOHLI								90.24
90.25 DR DUNCAN								90.25
90.26 MT ZION FAMILY PRACTICE								90.26
90.27 DR POWELL								90.27
90.28 CHEMOTHEROPY	0.164447	134,364			22,096			90.28
91 EMERGENCY	0.162880	4,729,953			770,415			91
92 OBSERVATION BEDS	0.731141	634,947			464,236			92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		49,569,797		41,594	8,961,967		8,159	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		49,569,797		41,594	8,961,967		8,159	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-T166)	[] SUB (OTHER)	[XX] PPS [] TEFRA						
					CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2)	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4)	
					1	2	3		5	
					ANCILLARY SERVICE COST CENTERS					
50					525,577	26,130,423	0.020114	50,189	1,010	50
50.01										50.01
50.02										50.02
51					85,518	2,245,978	0.038076	3,058	116	51
52					68,031	3,048,260	0.022318	4,062	91	52
53					243,704	2,955,853	0.082448			53
53.01					57,267	6,727,545	0.008512	1,798	15	53.01
54					94,159	5,480,115	0.017182	2,901	50	54
55					389,833	18,067,072	0.021577	94,623	2,042	55
56					31,348	2,101,593	0.014916	2,848	42	56
57					57,878	33,365,608	0.001735	112,252	195	57
58					39,766	12,134,773	0.003277	60,143	197	58
59					157,714	18,610,049	0.008475	5,668	48	59
60					397,862	46,649,104	0.008529	356,758	3,043	60
62					17,648	1,470,417	0.012002	6,083	73	62
62.30										62.30
65					51,392	6,660,940	0.007715	211,156	1,629	65
66					362,612	16,759,767	0.021636	4,229,391	91,507	66
69					105,765	13,075,222	0.008089	22,644	183	69
70					67,902	4,049,271	0.016769	19,950	335	70
71					5,328	1,185,179	0.004496	59,352	267	71
72					263,726	17,606,871	0.014979	16,314	244	72
73					248,932	40,837,405	0.006096	1,217,918	7,424	73
75					12,503	743,702	0.016812			75
76					33,017	434,331	0.076018			76
76.97										76.97
76.98										76.98
76.99										76.99
					OUTPATIENT SERVICE COST CENTERS					
90					5,993	476,440	0.012579			90
90.01					2,947	326,771	0.009019			90.01
90.02					79,972	689,043	0.116062			90.02
90.03					7,245	695,302	0.010420			90.03
90.04										90.04
90.05										90.05
90.06										90.06
90.07										90.07
90.08										90.08
90.09										90.09
90.10										90.10
90.11										90.11
90.12					7,497	776,056	0.009660			90.12
90.13					21,606	4,656,265	0.004640			90.13
90.14										90.14
90.15										90.15
90.16										90.16
90.17										90.17
90.18										90.18
90.19										90.19
90.20										90.20
90.21										90.21
90.22										90.22
90.23										90.23
90.24										90.24
90.25										90.25
90.26										90.26
90.27										90.27
90.28					768	190,073	0.004041			90.28
91					378,470	31,203,100	0.012129	14,785	179	91
92					218,352	2,064,896	0.105745			92
					OTHER REIMBURSABLE COST CENTERS					
200					4,040,332	321,417,424	321,417,424	6,491,893	108,690	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-T166) [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY						50.02
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
53.01 PAIN CENTER						53.01
54 RADIOLOGY-DIAGNOSTIC						54
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62 WHOLE BLOOD & PCKD RED BLOOD						62
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
75 ASC (NON-DISTINCT PART)						75
76 TREATMENT CENTER						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 PRENATAL CLINIC						90.01
90.02 OUTPATIENT PSYCHIATRIC						90.02
90.03 WOUND CLINIC						90.03
90.04 NEUROSURGERY						90.04
90.05 DR JATOI						90.05
90.06 UROLOGY PHYSICIAN						90.06
90.07 DR. CHU						90.07
90.08 SPORTS MEDICINE CLINIC						90.08
90.09 DR. SHANKER						90.09
90.10 DR MIRMIRA						90.10
90.11 DR TOKHI						90.11
90.12 CT\PET						90.12
90.13 RADIATION ONCOLOGY						90.13
90.14 SPORTS MED-REHAB						90.14
90.15 MACON COUNT MEDICAL ASSOCIATE						90.15
90.16 DR BRITT						90.16
90.17 ARTHUR FAMILY MEDICINE CENTER						90.17
90.18 DR BOCK						90.18
90.19 PEDIATRIC PROF SERVICES						90.19
90.20 DR ANDERSON						90.20
90.21 DR HABIB						90.21
90.22 DR HANNEKEN						90.22
90.23 DR MUNESSES						90.23
90.24 DR KOHLI						90.24
90.25 DR DUNCAN						90.25
90.26 MT ZION FAMILY PRACTICE						90.26
90.27 DR POWELL						90.27
90.28 CHEMOTHEROPY						90.28
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (14-T166) [] NF

COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT	INPAT PGM	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO		PASS-THRU		PASS-THRU
	(FROM WKST	CHARGES	CHARGES	INPAT	COSTS	CHARGES	COSTS
	C, PT. I,	(COL. 5 +	(COL. 6 +	PGM	(COL. 8 x	O/P PGM	(COL. 9 x
	COL. 8)	COL. 7)	COL. 7)	CHARGES	COL. 10)	CHARGES	COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	26,130,423			50,189			50
50.01 STONE CENTER							50.01
50.02 ENDOSCOPY	2,245,978			3,058			50.02
51 RECOVERY ROOM	3,048,260			4,062			51
52 DELIVERY ROOM & LABOR ROOM	2,955,853						52
53 ANESTHESIOLOGY	6,727,545			1,798			53
53.01 PAIN CENTER	5,480,115			2,901			53.01
54 RADIOLOGY-DIAGNOSTIC	18,067,072			94,623			54
56 RADIOISOTOPE	2,101,593			2,848			56
57 COMPUTED TOMOGRAPHY (CT) SCA	33,365,608			112,252			57
58 MAGNETIC RESONANCE IMAGING (	12,134,773			60,143			58
59 CARDIAC CATHETERIZATION	18,610,049			5,668			59
60 LABORATORY	46,649,104			356,758			60
62 WHOLE BLOOD & PCKD RED BLOOD	1,470,417			6,083			62
62.30 BLOOD CLOTTING FACTORS ADMIN							62.30
65 RESPIRATORY THERAPY	6,660,940			211,156			65
66 PHYSICAL THERAPY	16,759,767			4,229,391			66
69 ELECTROCARDIOLOGY	13,075,222			22,644			69
70 ELECTROENCEPHALOGRAPHY	4,049,271			19,950			70
71 MEDICAL SUPPLIES CHRGED TO P	1,185,179			59,352			71
72 IMPL. DEV. CHARGED TO PATIEN	17,606,871			16,314			72
73 DRUGS CHARGED TO PATIENTS	40,837,405			1,217,918			73
75 ASC (NON-DISTINCT PART)	743,702						75
76 TREATMENT CENTER	434,331						76
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	476,440						90
90.01 PRENATAL CLINIC	326,771						90.01
90.02 OUTPATIENT PSYCHIATRIC	689,043						90.02
90.03 WOUND CLINIC	695,302						90.03
90.04 NEUROSURGERY							90.04
90.05 DR JATOI							90.05
90.06 UROLOGY PHYSICIAN							90.06
90.07 DR. CHU							90.07
90.08 SPORTS MEDICINE CLINIC							90.08
90.09 DR. SHANKER							90.09
90.10 DR MIRMIRA							90.10
90.11 DR TOKHI							90.11
90.12 CT\PET	776,056						90.12
90.13 RADIATION ONCOLOGY	4,656,265						90.13
90.14 SPORTS MED-REHAB							90.14
90.15 MACON COUNT MEDICAL ASSOCIAT							90.15
90.16 DR BRITT							90.16
90.17 ARTHUR FAMILY MEDICINE CENTE							90.17
90.18 DR BOCK							90.18
90.19 PEDIATRIC PROF SERVICES							90.19
90.20 DR ANDERSON							90.20
90.21 DR HABIB							90.21
90.22 DR HANNEKEN							90.22
90.23 DR MUNESSES							90.23
90.24 DR KOHLI							90.24
90.25 DR DUNCAN							90.25
90.26 MT ZION FAMILY PRACTICE							90.26
90.27 DR POWELL							90.27
90.28 CHEMOTHEROPY	190,073						90.28
91 EMERGENCY	31,203,100			14,785			91
92 OBSERVATION BEDS	2,064,896						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	321,417,424			6,491,893			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 [XX] SNF (14-5551) [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY						50.02
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
53.01 PAIN CENTER						53.01
54 RADIOLOGY-DIAGNOSTIC						54
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62 WHOLE BLOOD & PCKD RED BLOOD						62
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
75 ASC (NON-DISTINCT PART)						75
76 TREATMENT CENTER						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 PRENATAL CLINIC						90.01
90.02 OUTPATIENT PSYCHIATRIC						90.02
90.03 WOUND CLINIC						90.03
90.04 NEUROSURGERY						90.04
90.05 DR JATOI						90.05
90.06 UROLOGY PHYSICIAN						90.06
90.07 DR. CHU						90.07
90.08 SPORTS MEDICINE CLINIC						90.08
90.09 DR. SHANKER						90.09
90.10 DR MIRMIRA						90.10
90.11 DR TOKHI						90.11
90.12 CT\PET						90.12
90.13 RADIATION ONCOLOGY						90.13
90.14 SPORTS MED-REHAB						90.14
90.15 MACON COUNT MEDICAL ASSOCIATE						90.15
90.16 DR BRITT						90.16
90.17 ARTHUR FAMILY MEDICINE CENTER						90.17
90.18 DR BOCK						90.18
90.19 PEDIATRIC PROF SERVICES						90.19
90.20 DR ANDERSON						90.20
90.21 DR HABIB						90.21
90.22 DR HANNEKEN						90.22
90.23 DR MUNESSES						90.23
90.24 DR KOHLI						90.24
90.25 DR DUNCAN						90.25
90.26 MT ZION FAMILY PRACTICE						90.26
90.27 DR POWELL						90.27
90.28 CHEMOTHEROPY						90.28
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5551) [] 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	26,130,423							50
50.01 STONE CENTER								50.01
50.02 ENDOSCOPY	2,245,978							50.02
51 RECOVERY ROOM	3,048,260							51
52 DELIVERY ROOM & LABOR ROOM	2,955,853							52
53 ANESTHESIOLOGY	6,727,545							53
53.01 PAIN CENTER	5,480,115							53.01
54 RADIOLOGY-DIAGNOSTIC	18,067,072			93,352				54
56 RADIOISOTOPE	2,101,593			3,542				56
57 COMPUTED TOMOGRAPHY (CT) SCA	33,365,608							57
58 MAGNETIC RESONANCE IMAGING (	12,134,773			2,790				58
59 CARDIAC CATHETERIZATION	18,610,049			50				59
60 LABORATORY	46,649,104			393,954				60
62 WHOLE BLOOD & PCKD RED BLOOD	1,470,417			3,990				62
62.30 BLOOD CLOTTING FACTORS ADMIN								62.30
65 RESPIRATORY THERAPY	6,660,940			156,637				65
66 PHYSICAL THERAPY	16,759,767			1,225,542				66
69 ELECTROCARDIOLOGY	13,075,222			20,260				69
70 ELECTROENCEPHALOGRAPHY	4,049,271			19,749				70
71 MEDICAL SUPPLIES CHRGD TO P	1,185,179			98,131				71
72 IMPL. DEV. CHARGED TO PATIEN	17,606,871			2,339				72
73 DRUGS CHARGED TO PATIENTS	40,837,405			1,384,229				73
75 ASC (NON-DISTINCT PART)	743,702							75
76 TREATMENT CENTER	434,331							76
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	476,440							90
90.01 PRENATAL CLINIC	326,771							90.01
90.02 OUTPATIENT PSYCHIATRIC	689,043							90.02
90.03 WOUND CLINIC	695,302							90.03
90.04 NEUROSURGERY								90.04
90.05 DR JATOI								90.05
90.06 UROLOGY PHYSICIAN								90.06
90.07 DR. CHU								90.07
90.08 SPORTS MEDICINE CLINIC								90.08
90.09 DR. SHANKER								90.09
90.10 DR MIRMIRA								90.10
90.11 DR TOKHI								90.11
90.12 CT\PET	776,056			5,042				90.12
90.13 RADIATION ONCOLOGY	4,656,265							90.13
90.14 SPORTS MED-REHAB								90.14
90.15 MACON COUNT MEDICAL ASSOCIAT								90.15
90.16 DR BRITT								90.16
90.17 ARTHUR FAMILY MEDICINE CENTE								90.17
90.18 DR BOCK								90.18
90.19 PEDIATRIC PROF SERVICES								90.19
90.20 DR ANDERSON								90.20
90.21 DR HABIB								90.21
90.22 DR HANNEKEN								90.22
90.23 DR MUNESSES								90.23
90.24 DR KOHLI								90.24
90.25 DR DUNCAN								90.25
90.26 MT ZION FAMILY PRACTICE								90.26
90.27 DR POWELL								90.27
90.28 CHEMOTHEROPY	190,073							90.28
91 EMERGENCY	31,203,100			1,422				91
92 OBSERVATION BEDS	2,064,896							92
OTHER REIMBURSABLE COST CENTERS								
200 TOTAL (SUM OF LINES 50-199)	321,417,424			3,411,029				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 [XX] SNF (14-5551) [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	COST SERVICES	COST SVCES NOT SUBJECT TO	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.246767						50
50.01 STONE CENTER							50.01
50.02 ENDOSCOPY	0.334170						50.02
51 RECOVERY ROOM	0.317263						51
52 DELIVERY ROOM & LABOR ROOM	0.802422						52
53 ANESTHESIOLOGY	0.263604						53
53.01 PAIN CENTER	0.170429						53.01
54 RADIOLOGY-DIAGNOSTIC	0.236683						54
56 RADIOISOTOPE	0.328530						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.044367						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.064758						58
59 CARDIAC CATHETERIZATION	0.131457						59
60 LABORATORY	0.155700						60
62 WHOLE BLOOD & PCKD RED BLOOD CE	0.398668						62
62.30 BLOOD CLOTTING FACTORS ADMIN CO							62.30
65 RESPIRATORY THERAPY	0.238458						65
66 PHYSICAL THERAPY	0.225129						66
69 ELECTROCARDIOLOGY	0.073351						69
70 ELECTROENCEPHALOGRAPHY	0.151393						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.136784						71
72 IMPL. DEV. CHARGED TO PATIENT	0.486744						72
73 DRUGS CHARGED TO PATIENTS	0.196170						73
75 ASC (NON-DISTINCT PART)	0.824163						75
76 TREATMENT CENTER	0.558033						76
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.603547						90
90.01 PRENATAL CLINIC	0.404436						90.01
90.02 OUTPATIENT PSYCHIATRIC	0.499741						90.02
90.03 WOUND CLINIC	0.382287						90.03
90.04 NEUROSURGERY							90.04
90.05 DR JATOI							90.05
90.06 UROLOGY PHYSICIAN							90.06
90.07 DR. CHU							90.07
90.08 SPORTS MEDICINE CLINIC							90.08
90.09 DR. SHANKER							90.09
90.10 DR MIRMIRA							90.10
90.11 DR TOKHI							90.11
90.12 CT\PET	0.463786						90.12
90.13 RADIATION ONCOLOGY	0.215173						90.13
90.14 SPORTS MED-REHAB							90.14
90.15 MACON COUNT MEDICAL ASSOCIATES							90.15
90.16 DR BRITT							90.16
90.17 ARTHUR FAMILY MEDICINE CENTER							90.17
90.18 DR BOCK							90.18
90.19 PEDIATRIC PROF SERVICES							90.19
90.20 DR ANDERSON							90.20
90.21 DR HABIB							90.21
90.22 DR HANNEKEN							90.22
90.23 DR MUNESSES							90.23
90.24 DR KOHLI							90.24
90.25 DR DUNCAN							90.25
90.26 MT ZION FAMILY PRACTICE							90.26
90.27 DR POWELL							90.27
90.28 CHEMOTHEROPY	0.164447						90.28
91 EMERGENCY	0.162880						91
92 OBSERVATION BEDS	0.731141						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

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL
 PERIOD FROM 07/01/2010 TO 06/30/2011

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 CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL	REDUCED	TOTAL	PER	INPAT	INPAT PGM	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	CAP-REL COST (COL.1 MINUS COL.2)	PATIENT DAYS	DIEM (COL.3 + COL.4)	PGM DAYS	CAP COST (COL.5 x COL.6)
	1	2	3	4	5	6	7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS							30
31 INTENSIVE CARE UNIT							31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF							40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY							43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)							200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0166) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT	CAPITAL
	COST	CHARGES	COST TO		PROGRAM
	(FROM WKST	(FROM WKST	CHARGES	CHARGES	(COL.3 x
	B, PT. II,	C, PT. I,	(COL.1 ÷		COL.4)
	COL. 26)	COL. 8)	COL.2)		
	1	2	3	4	5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
50.01 STONE CENTER					50.01
50.02 ENDOSCOPY					50.02
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
53.01 PAIN CENTER					53.01
54 RADIOLOGY-DIAGNOSTIC					54
56 RADIOISOTOPE					56
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (M					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62 WHOLE BLOOD & PCKD RED BLOOD					62
62.30 BLOOD CLOTTING FACTORS ADMIN					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGD TO PA					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
75 ASC (NON-DISTINCT PART)					75
76 TREATMENT CENTER					76
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.01 PRENATAL CLINIC					90.01
90.02 OUTPATIENT PSYCHIATRIC					90.02
90.03 WOUND CLINIC					90.03
90.04 NEUROSURGERY					90.04
90.05 DR JATOI					90.05
90.06 UROLOGY PHYSICIAN					90.06
90.07 DR. CHU					90.07
90.08 SPORTS MEDICINE CLINIC					90.08
90.09 DR. SHANKER					90.09
90.10 DR MIRMIRA					90.10
90.11 DR TOKHI					90.11
90.12 CT\PET					90.12
90.13 RADIATION ONCOLOGY					90.13
90.14 SPORTS MED-REHAB					90.14
90.15 MACON COUNT MEDICAL ASSOCIATE					90.15
90.16 DR BRITT					90.16
90.17 ARTHUR FAMILY MEDICINE CENTER					90.17
90.18 DR BOCK					90.18
90.19 PEDIATRIC PROF SERVICES					90.19
90.20 DR ANDERSON					90.20
90.21 DR HABIB					90.21
90.22 DR HANNEKEN					90.22
90.23 DR MUNESSES					90.23
90.24 DR KOHLI					90.24
90.25 DR DUNCAN					90.25
90.26 MT ZION FAMILY PRACTICE					90.26
90.27 DR POWELL					90.27
90.28 CHEMOTHEROPY					90.28
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)					200

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
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APPORIONMENT 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
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
 01/31/2012 09:40

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					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0166) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [XX] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY						50.02
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
53.01 PAIN CENTER						53.01
54 RADIOLOGY-DIAGNOSTIC						54
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62 WHOLE BLOOD & PCKD RED BLOOD						62
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
75 ASC (NON-DISTINCT PART)						75
76 TREATMENT CENTER						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 PRENATAL CLINIC						90.01
90.02 OUTPATIENT PSYCHIATRIC						90.02
90.03 WOUND CLINIC						90.03
90.04 NEUROSURGERY						90.04
90.05 DR JATOI						90.05
90.06 UROLOGY PHYSICIAN						90.06
90.07 DR. CHU						90.07
90.08 SPORTS MEDICINE CLINIC						90.08
90.09 DR. SHANKER						90.09
90.10 DR MIRMIRA						90.10
90.11 DR TOKHI						90.11
90.12 CT\PET						90.12
90.13 RADIATION ONCOLOGY						90.13
90.14 SPORTS MED-REHAB						90.14
90.15 MACON COUNT MEDICAL ASSOCIATE						90.15
90.16 DR BRITT						90.16
90.17 ARTHUR FAMILY MEDICINE CENTER						90.17
90.18 DR BOCK						90.18
90.19 PEDIATRIC PROF SERVICES						90.19
90.20 DR ANDERSON						90.20
90.21 DR HABIB						90.21
90.22 DR HANNEKEN						90.22
90.23 DR MUNESSES						90.23
90.24 DR KOHLI						90.24
90.25 DR DUNCAN						90.25
90.26 MT ZION FAMILY PRACTICE						90.26
90.27 DR POWELL						90.27
90.28 CHEMOTHEROPY						90.28
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0166) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] 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	26,130,423						50
50.01 STONE CENTER							50.01
50.02 ENDOSCOPY	2,245,978						50.02
51 RECOVERY ROOM	3,048,260						51
52 DELIVERY ROOM & LABOR ROOM	2,955,853						52
53 ANESTHESIOLOGY	6,727,545						53
53.01 PAIN CENTER	5,480,115						53.01
54 RADIOLOGY-DIAGNOSTIC	18,067,072						54
56 RADIOISOTOPE	2,101,593						56
57 COMPUTED TOMOGRAPHY (CT) SCA	33,365,608						57
58 MAGNETIC RESONANCE IMAGING (	12,134,773						58
59 CARDIAC CATHETERIZATION	18,610,049						59
60 LABORATORY	46,649,104						60
62 WHOLE BLOOD & PCKD RED BLOOD	1,470,417						62
62.30 BLOOD CLOTTING FACTORS ADMIN							62.30
65 RESPIRATORY THERAPY	6,660,940						65
66 PHYSICAL THERAPY	16,759,767						66
69 ELECTROCARDIOLOGY	13,075,222						69
70 ELECTROENCEPHALOGRAPHY	4,049,271						70
71 MEDICAL SUPPLIES CHRGED TO P	1,185,179						71
72 IMPL. DEV. CHARGED TO PATIEN	17,606,871						72
73 DRUGS CHARGED TO PATIENTS	40,837,405						73
75 ASC (NON-DISTINCT PART)	743,702						75
76 TREATMENT CENTER	434,331						76
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	476,440						90
90.01 PRENATAL CLINIC	326,771						90.01
90.02 OUTPATIENT PSYCHIATRIC	689,043						90.02
90.03 WOUND CLINIC	695,302						90.03
90.04 NEUROSURGERY							90.04
90.05 DR JATOI							90.05
90.06 UROLOGY PHYSICIAN							90.06
90.07 DR. CHU							90.07
90.08 SPORTS MEDICINE CLINIC							90.08
90.09 DR. SHANKER							90.09
90.10 DR MIRMIRA							90.10
90.11 DR TOKHI							90.11
90.12 CT\PET	776,056						90.12
90.13 RADIATION ONCOLOGY	4,656,265						90.13
90.14 SPORTS MED-REHAB							90.14
90.15 MACON COUNT MEDICAL ASSOCIAT							90.15
90.16 DR BRITT							90.16
90.17 ARTHUR FAMILY MEDICINE CENTE							90.17
90.18 DR BOCK							90.18
90.19 PEDIATRIC PROF SERVICES							90.19
90.20 DR ANDERSON							90.20
90.21 DR HABIB							90.21
90.22 DR HANNEKEN							90.22
90.23 DR MUNESSES							90.23
90.24 DR KOHLI							90.24
90.25 DR DUNCAN							90.25
90.26 MT ZION FAMILY PRACTICE							90.26
90.27 DR POWELL							90.27
90.28 CHEMOTHEROPY	190,073						90.28
91 EMERGENCY	31,203,100						91
92 OBSERVATION BEDS	2,064,896						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	321,417,424						200

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0166) [] 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)	28,599	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	28,599	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	28,599	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)	11,964	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)	18,396,480	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	18,396,480	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	18,580,983	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	18,580,983	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.990070	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)	649.71	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)	18,396,480	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0166) [] 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) 643.26 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 7,695,963 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) 7,695,963 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	2,905,607	2,576	1,127.95	1,497	1,688,541	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						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)					13,748,519	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					23,133,023	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,246,034 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 689,219 51
 52 TOTAL PROGRAM EXCLUDABLE COST 1,935,253 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 21,197,770 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) 2,347 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 643.26 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 1,509,731 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) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	2,660,684	18,396,480	0.144630	1,509,731	218,352	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 [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [XX] IRF (14-T166) [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	4,031	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,031	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,031	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)	2,825	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)	3,263,662	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	3,263,662	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,670,193	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,670,193	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.222257	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)	662.41	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)	3,263,662	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-T166) [] 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)	809.64 38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	2,287,233 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)	2,287,233 41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	1,371,571 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	3,658,804 49
PASS-THROUGH COST ADJUSTMENTS	
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	259,335 50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	108,690 51
52 TOTAL PROGRAM EXCLUDABLE COST	368,025 52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	3,290,779 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 [XX] SNF (14-5551) [] 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)	3,947	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,947	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,947	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)	2,955	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)	1,811,572	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	1,811,572	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	880,133	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	880,133	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	2.058293	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)	222.99	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)	1,811,572	37

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL
PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2011.10
01/31/2012 09:40

WORKSHEET D-1
PARTS III & IV

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5551) [] TEFRA
BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

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

70	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COSTS (LINE 37)	1,811,572	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (LINE 70 ÷ LINE 2)	458.97	71
72	PROGRAM ROUTINE SERVICE COST (LINE 9 x LINE 71)	1,356,256	72
73	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM (LINE 14 x LINE 35)		73
74	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (LINE 72 + LINE 73)	1,356,256	74
75	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS (FROM WKST B, PART II, COL. 26, LINE 45)		75
76	PER DIEM CAPITAL-RELATED COSTS (LINE 75 ÷ LINE 2)		76
77	PROGRAM CAPITAL-RELATED COSTS (LINE 9 x LINE 76)		77
78	INPATIENT ROUTINE SERVICE COST (LINE 74 MINUS LINE 77)		78
79	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS (FROM PROVIDER RECORDS)		79
80	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION (LINE 78 MINUS LINE 79)		80
81	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		81
82	INPATIENT ROUTINE SERVICE COST LIMITATION (LINE 9 x LINE 81)		82
83	REASONABLE INPATIENT ROUTINE SERVICE COSTS (SEE INSTRUCTIONS)	1,356,256	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)	692,784	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (SEE INSTRUCTIONS)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83 THROUGH 85)	2,049,040	86

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0166) [] 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)	28,599	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	28,599	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	28,599	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)	6,424	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)	1,658	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	1,107	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)	18,396,480	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	18,396,480	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	18,580,983	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	18,580,983	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.990070	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)	649.71	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)	18,396,480	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0166) [] 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) 643.26 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 4,132,302 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) 4,132,302 41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
42 NURSERY (TITLES V AND XIX ONLY)	712,943	1,658	430.00	1,107	476,010 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	2,904,482	2,576	1,127.52	236	266,095 43
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					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)					4,874,407 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 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 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) 2,347 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

	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) (SEE INSTR.)
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	1	2	3	4
90 CAPITAL-RELATED COST				90
91 NURSING SCHOOL COST				91
92 ALLIED HEALTH COST				92
93 ALL OTHER MEDICAL EDUCATION				93

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0166) [] 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		8,866,657			30
31 INTENSIVE CARE UNIT		1,983,198			31
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.246767	6,064,937	1,496,626		50
50.01 STONE CENTER					50.01
50.02 ENDOSCOPY	0.334170	264,035	88,233		50.02
51 RECOVERY ROOM	0.317263	543,298	172,368		51
52 DELIVERY ROOM & LABOR ROOM	0.802539	24,523	19,681		52
53 ANESTHESIOLOGY	0.263604	1,447,660	381,609		53
53.01 PAIN CENTER	0.170429	30,650	5,224		53.01
54 RADIOLOGY-DIAGNOSTIC	0.236702	2,513,202	594,880		54
56 RADIOISOTOPE	0.328530	257,563	84,617		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.044367	5,334,896	236,693		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.064758	1,124,608	72,827		58
59 CARDIAC CATHETERIZATION	0.131457	6,109,866	803,185		59
60 LABORATORY	0.155700	9,474,284	1,475,146		60
62 WHOLE BLOOD & PCKD RED BLOOD CE	0.398668	666,866	265,858		62
62.30 BLOOD CLOTTING FACTORS ADMIN CO					62.30
65 RESPIRATORY THERAPY	0.238674	3,347,600	798,985		65
66 PHYSICAL THERAPY	0.225214	1,768,514	398,294		66
69 ELECTROCARDIOLOGY	0.073351	2,017,712	148,001		69
70 ELECTROENCEPHALOGRAPHY	0.151393	257,668	39,009		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.136784	499,810	68,366		71
72 IMPL. DEV. CHARGED TO PATIENT	0.486744	6,630,804	3,227,504		72
73 DRUGS CHARGED TO PATIENTS	0.196170	13,919,331	2,730,555		73
75 ASC (NON-DISTINCT PART)	0.824163				75
76 TREATMENT CENTER	0.558033				76
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.603547				90
90.01 PRENATAL CLINIC	0.404436	2,776	1,123		90.01
90.02 OUTPATIENT PSYCHIATRIC	0.499741				90.02
90.03 WOUND CLINIC	0.382287				90.03
90.04 NEUROSURGERY					90.04
90.05 DR JATOI					90.05
90.06 UROLOGY PHYSICIAN					90.06
90.07 DR. CHU					90.07
90.08 SPORTS MEDICINE CLINIC					90.08
90.09 DR. SHANKER					90.09
90.10 DR MIRMIRA					90.10
90.11 DR TOKHI					90.11
90.12 CT\PET	0.463786	9,627	4,465		90.12
90.13 RADIATION ONCOLOGY	0.215173				90.13
90.14 SPORTS MED-REHAB					90.14
90.15 MACON COUNT MEDICAL ASSOCIATES					90.15
90.16 DR BRITT					90.16
90.17 ARTHUR FAMILY MEDICINE CENTER					90.17
90.18 DR BOCK					90.18
90.19 PEDIATRIC PROF SERVICES					90.19
90.20 DR ANDERSON					90.20
90.21 DR HABIB					90.21
90.22 DR HANNEKEN					90.22
90.23 DR MUNESSES					90.23
90.24 DR KOHLI					90.24
90.25 DR DUNCAN					90.25
90.26 MT ZION FAMILY PRACTICE					90.26
90.27 DR POWELL					90.27
90.28 CHEMOTHEROPY	0.164447				90.28
91 EMERGENCY	0.162880	3,900,236	635,270		91
92 OBSERVATION BEDS	0.731141				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		66,210,466	13,748,519		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		66,210,466			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-T166) [] 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
41 SUBPROVIDER - IRF		2,829,014		41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.246767	50,189	12,385	50
50.01 STONE CENTER				50.01
50.02 ENDOSCOPY	0.334170	3,058	1,022	50.02
51 RECOVERY ROOM	0.317263	4,062	1,289	51
52 DELIVERY ROOM & LABOR ROOM	0.802539			52
53 ANESTHESIOLOGY	0.263604	1,798	474	53
53.01 PAIN CENTER	0.170429	2,901	494	53.01
54 RADIOLOGY-DIAGNOSTIC	0.236702	94,623	22,397	54
56 RADIOISOTOPE	0.328530	2,848	936	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.044367	112,252	4,980	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.064758	60,143	3,895	58
59 CARDIAC CATHETERIZATION	0.131457	5,668	745	59
60 LABORATORY	0.155700	356,758	55,547	60
62 WHOLE BLOOD & PCKD RED BLOOD CE	0.398668	6,083	2,425	62
62.30 BLOOD CLOTTING FACTORS ADMIN CO				62.30
65 RESPIRATORY THERAPY	0.238674	211,156	50,397	65
66 PHYSICAL THERAPY	0.225214	4,229,391	952,518	66
69 ELECTROCARDIOLOGY	0.073351	22,644	1,661	69
70 ELECTROENCEPHALOGRAPHY	0.151393	19,950	3,020	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.136784	59,352	8,118	71
72 IMPL. DEV. CHARGED TO PATIENT	0.486744	16,314	7,941	72
73 DRUGS CHARGED TO PATIENTS	0.196170	1,217,918	238,919	73
75 ASC (NON-DISTINCT PART)	0.824163			75
76 TREATMENT CENTER	0.558033			76
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.603547			90
90.01 PRENATAL CLINIC	0.404436			90.01
90.02 OUTPATIENT PSYCHIATRIC	0.499741			90.02
90.03 WOUND CLINIC	0.382287			90.03
90.04 NEUROSURGERY				90.04
90.05 DR JATOI				90.05
90.06 UROLOGY PHYSICIAN				90.06
90.07 DR. CHU				90.07
90.08 SPORTS MEDICINE CLINIC				90.08
90.09 DR. SHANKER				90.09
90.10 DR MIRMIRA				90.10
90.11 DR TOKHI				90.11
90.12 CT\PET	0.463786			90.12
90.13 RADIATION ONCOLOGY	0.215173			90.13
90.14 SPORTS MED-REHAB				90.14
90.15 MACON COUNT MEDICAL ASSOCIATES				90.15
90.16 DR BRITT				90.16
90.17 ARTHUR FAMILY MEDICINE CENTER				90.17
90.18 DR BOCK				90.18
90.19 PEDIATRIC PROF SERVICES				90.19
90.20 DR ANDERSON				90.20
90.21 DR HABIB				90.21
90.22 DR HANNEKEN				90.22
90.23 DR MUNESSES				90.23
90.24 DR KOHLI				90.24
90.25 DR DUNCAN				90.25
90.26 MT ZION FAMILY PRACTICE				90.26
90.27 DR POWELL				90.27
90.28 CHEMOTHEROPY	0.164447			90.28
91 EMERGENCY	0.162880	14,785	2,408	91
92 OBSERVATION BEDS	0.731141			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		6,491,893	1,371,571	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		6,491,893		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 [XX] SNF (14-5551) [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT		INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
	TO CHARGES 1	PROGRAM CHARGES 2			
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.246767				50
50.01 STONE CENTER					50.01
50.02 ENDOSCOPY	0.334170				50.02
51 RECOVERY ROOM	0.317263				51
52 DELIVERY ROOM & LABOR ROOM	0.802422				52
53 ANESTHESIOLOGY	0.263604				53
53.01 PAIN CENTER	0.170429				53.01
54 RADIOLOGY-DIAGNOSTIC	0.236683	93,352		22,095	54
56 RADIOISOTOPE	0.328530	3,542		1,164	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.044367				57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.064758	2,790		181	58
59 CARDIAC CATHETERIZATION	0.131457	50		7	59
60 LABORATORY	0.155700	393,954		61,339	60
62 WHOLE BLOOD & PCKD RED BLOOD CE	0.398668	3,990		1,591	62
62.30 BLOOD CLOTTING FACTORS ADMIN CO					62.30
65 RESPIRATORY THERAPY	0.238458	156,637		37,351	65
66 PHYSICAL THERAPY	0.225129	1,225,542		275,905	66
69 ELECTROCARDIOLOGY	0.073351	20,260		1,486	69
70 ELECTROENCEPHALOGRAPHY	0.151393	19,749		2,990	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.136784	98,131		13,423	71
72 IMPL. DEV. CHARGED TO PATIENT	0.486744	2,339		1,138	72
73 DRUGS CHARGED TO PATIENTS	0.196170	1,384,229		271,544	73
75 ASC (NON-DISTINCT PART)	0.824163				75
76 TREATMENT CENTER	0.558033				76
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.603547				90
90.01 PRENATAL CLINIC	0.404436				90.01
90.02 OUTPATIENT PSYCHIATRIC	0.499741				90.02
90.03 WOUND CLINIC	0.382287				90.03
90.04 NEUROSURGERY					90.04
90.05 DR JATOI					90.05
90.06 UROLOGY PHYSICIAN					90.06
90.07 DR. CHU					90.07
90.08 SPORTS MEDICINE CLINIC					90.08
90.09 DR. SHANKER					90.09
90.10 DR MIRMIRA					90.10
90.11 DR TOKHI					90.11
90.12 CT\PET	0.463786	5,042		2,338	90.12
90.13 RADIATION ONCOLOGY	0.215173				90.13
90.14 SPORTS MED-REHAB					90.14
90.15 MACON COUNT MEDICAL ASSOCIATES					90.15
90.16 DR BRITT					90.16
90.17 ARTHUR FAMILY MEDICINE CENTER					90.17
90.18 DR BOCK					90.18
90.19 PEDIATRIC PROF SERVICES					90.19
90.20 DR ANDERSON					90.20
90.21 DR HABIB					90.21
90.22 DR HANNEKEN					90.22
90.23 DR MUNESSES					90.23
90.24 DR KOHLI					90.24
90.25 DR DUNCAN					90.25
90.26 MT ZION FAMILY PRACTICE					90.26
90.27 DR POWELL					90.27
90.28 CHEMOTHEROPY	0.164447				90.28
91 EMERGENCY	0.162880	1,422		232	91
92 OBSERVATION BEDS	0.731141				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		3,411,029		692,784	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		3,411,029			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0166) [] 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
41 SUBPROVIDER - IRF				41
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.246767			50
50.01 STONE CENTER				50.01
50.02 ENDOSCOPY	0.334170			50.02
51 RECOVERY ROOM	0.317263			51
52 DELIVERY ROOM & LABOR ROOM	0.802422			52
53 ANESTHESIOLOGY	0.263604			53
53.01 PAIN CENTER	0.170429			53.01
54 RADIOLOGY-DIAGNOSTIC	0.236683			54
56 RADIOISOTOPE	0.328530			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.044367			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.064758			58
59 CARDIAC CATHETERIZATION	0.131457			59
60 LABORATORY	0.155700			60
62 WHOLE BLOOD & PCKD RED BLOOD CE	0.398668			62
62.30 BLOOD CLOTTING FACTORS ADMIN CO				62.30
65 RESPIRATORY THERAPY	0.238458			65
66 PHYSICAL THERAPY	0.225129			66
69 ELECTROCARDIOLOGY	0.073351			69
70 ELECTROENCEPHALOGRAPHY	0.151393			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.136784			71
72 IMPL. DEV. CHARGED TO PATIENT	0.486744			72
73 DRUGS CHARGED TO PATIENTS	0.196170			73
75 ASC (NON-DISTINCT PART)	0.824163			75
76 TREATMENT CENTER	0.558033			76
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.603547			90
90.01 PRENATAL CLINIC	0.404436			90.01
90.02 OUTPATIENT PSYCHIATRIC	0.499741			90.02
90.03 WOUND CLINIC	0.382287			90.03
90.04 NEUROSURGERY				90.04
90.05 DR JATOI				90.05
90.06 UROLOGY PHYSICIAN				90.06
90.07 DR. CHU				90.07
90.08 SPORTS MEDICINE CLINIC				90.08
90.09 DR. SHANKER				90.09
90.10 DR MIRMIRA				90.10
90.11 DR TOKHI				90.11
90.12 CT\PET	0.463786			90.12
90.13 RADIATION ONCOLOGY	0.215173			90.13
90.14 SPORTS MED-REHAB				90.14
90.15 MACON COUNT MEDICAL ASSOCIATES				90.15
90.16 DR BRITT				90.16
90.17 ARTHUR FAMILY MEDICINE CENTER				90.17
90.18 DR BOCK				90.18
90.19 PEDIATRIC PROF SERVICES				90.19
90.20 DR ANDERSON				90.20
90.21 DR HABIB				90.21
90.22 DR HANNEKEN				90.22
90.23 DR MUNESSES				90.23
90.24 DR KOHLI				90.24
90.25 DR DUNCAN				90.25
90.26 MT ZION FAMILY PRACTICE				90.26
90.27 DR POWELL				90.27
90.28 CHEMOTHEROPY	0.164447			90.28
91 EMERGENCY	0.162880			91
92 OBSERVATION BEDS	0.731141			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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

CHECK [XX] HOSPITAL (14-0166)
 APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	20,971,701	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	41,835	2
3	MANAGED CARE SIMULATED PAYMENTS	659,655	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	175.57	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)	4.38	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)		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)	4.38	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	1.53	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	1.53	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	1.40	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	2.02	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	1.65	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	1.65	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.009398	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.007924	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.007924	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	93,512	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)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	-2.85	24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)	93,512	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0598	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2952	31
32	SUM OF LINES 30 AND 31	0.3550	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1850	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	3,879,765	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)	24,986,813	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)	24,986,813	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	1,843,936	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 (14-0166)
 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)	49,149	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		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)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	26,879,898	59
60	PRIMARY PAYER PAYMENTS	21,483	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	26,858,415	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,304,218	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	45,332	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	520,475	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	364,333	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	390,378	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	24,873,198	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)	24,873,198	71
72	INTERIM PAYMENTS	25,175,100	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-301,902	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	423,628	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 (14-0166) IPF IRF
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	8,159	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	8,961,967	2
3	PPS PAYMENTS	9,199,834	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)	8,159	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	41,594	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)	41,594	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)	41,594	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	33,435	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)	8,159	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)	9,199,834	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	2,144,790	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	7,063,203	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)	15,155	28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	7,078,358	30
31	PRIMARY PAYER PAYMENTS	10,027	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	7,068,331	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)	537,156	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	376,009	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	458,170	36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	7,444,340	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R	-106	38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	7,444,446	40
41	INTERIM PAYMENTS	7,190,849	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	253,597	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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: HOSPITAL IPF IRF (14-T166)
 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)		2
3	PPS PAYMENTS		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)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		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)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		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)		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)		40
41	INTERIM PAYMENTS		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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: [] HOSPITAL [] IPF [] IRF
 [] SUB (OTHER) [XX] SNF (14-5551)

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)		2
3	PPS PAYMENTS		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)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		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)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		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)		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)		40
41	INTERIM PAYMENTS		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

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
 01/31/2012 09:40

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [XX] HOSPITAL (14-0166) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] 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		25,240,807		7,281,056	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
					3.50
	01/28/2011	65,707	01/28/2011	90,207	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)		-65,707		-90,207	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		25,175,100		7,190,849	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: _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [XX] IRF (14-T166) [] 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		3,290,010		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 01/28/2011	85,370	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	85,370		3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		85,370		
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		3,375,380		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			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 [] IPF [XX] SNF (14-5551)
 BOX: [] IRF [] 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		850,878		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE	NONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 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)				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		850,878		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 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99			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	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				7

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

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL
PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
01/31/2012 09:40

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK
APPLICABLE BOX

HOSPITAL (14-0166) CAH

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	6,619 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	13,461 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	443 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	28,828 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	351,515,191 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	7,989,665 6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168	7 7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	8 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 III

CHECK [] HOSPITAL
APPLICABLE BOX: [XX] IRF (14-T166)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	2,920,392	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.059800	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	79,303	3
4	OUTLIER PAYMENTS	338,324	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)		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)		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)		9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	11.043836	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$		11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)		12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	3,338,019	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)	3,338,019	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	3,338,019	19
20	DEDUCTIBLES	39,140	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	3,298,879	21
22	COINSURANCE	7,206	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	3,291,673	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	10,146	24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	7,102	25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	3,298,775	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)	3,298,775	32
33	INTERIM PAYMENTS	3,375,380	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	-76,605	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		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

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL
PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
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01/31/2012 09:40

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VI

PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES

1	PROSPECTIVE PAYMENT AMOUNT		
2	RESOURCE UTILIZATION GROUP (RUGS) PAYMENT	931,493	1
3	ROUTINE SERVICE OTHER PASS THROUGH COSTS		2
4	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		3
5	SUBTOTAL (SUM OF LINES 1-3)	931,493	4
6	COMPUTATION OF NET COST OF COVERED SERVICES		
7	MEDICAL AND OTHER SERVICES		5
8	DEDUCTIBLES		6
9	COINSURANCE	80,615	7
10	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		8
11	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		9
12	ALLOWABLE REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		10
13	UTILIZATION REVIEW		11
14	SUBTOTAL (SUM OF LINES 4, 5 MINUS 6 & 7 PLUS 10 AND 11) (SEE INSTRUCTIONS)	850,878	12
15	INPATIENT PRIMARY PAYER PAYMENTS		13
16	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		14
17	SUBTOTAL (LINE 12 MINUS 13 ± LINE 14)	850,878	15
18	INTERIM PAYMENTS	850,878	16
19	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		17
20	BALANCE DUE PROVIDER/PROGRAM (LINE 15 MINUS THE SUM OF LINES 16 AND 17)		18
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		19

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [XX] HOSPITAL (14-0166) [] 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	4,874,407	1
2	MEDICAL AND OTHER SERVICES		2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	4,874,407	4
5	INPATIENT PRIMARY PAYER PAYMENTS		5
6	OUTPATIENT PRIMARY PAYER PAYMENTS		6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	4,874,407	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 7 (SEE INSTRUCTIONS))		17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 7 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	4,874,407	18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21	COST OF COVERED SERVICES (LINE 7)	4,874,407	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 22-26 PLUS LINE 3 MINUS LINES 5 AND 6)		27
28	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		28
29	TITLE V OR XIX PPS, ENTER AMOUNT FROM LINE 27, NON-PPS ENTER AMOUNT FROM LINE 21	4,874,407	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	EXCESS OF REASONABLE COST (FROM LINE 18)	4,874,407	30
31	SUBTOTAL (SUM OF LINES 19-20 PLUS 29 MINUS 30)		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	6.19	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	-6.19	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)	12.38	5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)	1.53	6
7	ENTER THE LESSER OF LINE 5 OR LINE 6	1.53	7
		PRIMARY CARE 1	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	1.53	1.53 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	1.53	1.53 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		10
11	TOTAL WEIGHTED FTE COUNT	1.53	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	1.40	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	2.02	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	1.65	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	1.65	17
18	PER RESIDENT AMOUNT	76,836.41	74,962.35 18
19	APPROVED AMOUNT FOR RESIDENT COSTS	126,780	126,780 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)		126,780 25
COMPUTATION OF PROGRAM PATIENT LOAD			
		INPATIENT PART A	MANAGED CARE
26	INPATIENT DAYS	16,286	443 26
27	TOTAL INPATIENT DAYS	32,859	32,859 27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.495633	0.013482 28
29	PROGRAM DIRECT GME AMOUNT	62,836	1,709 29
30	REDUCTION FOR NURSING/ALLIED HEALTH		241 30
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
31	NET PROGRAM DIRECT GME AMOUNT		64,304 31
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)		29,079,576 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)		21,483 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)		29,058,093 41
PART B REASONABLE COST			
42	REASONABLE COST (SEE INSTRUCTIONS)		8,970,126 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		10,027 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)		8,960,099 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)		38,018,192 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)		0.764321 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)		0.235679 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48	TOTAL PROGRAM GME PAYMENT (LINE 31)		64,304 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)		49,149 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)		15,155 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	7,063	1,428	26
27	TOTAL INPATIENT DAYS	32,859	32,859	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.214949	0.043458	28
29	PROGRAM DIRECT GME AMOUNT			29
30	REDUCTION FOR NURSING/ALLIED HEALTH			30
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
31	NET PROGRAM DIRECT GME AMOUNT			31
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	944,284			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	18,035,643			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	3,133,264			7
8	PREPAID EXPENSES	1,006,726			8
9	OTHER CURRENT ASSETS	8,591,989			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	31,711,906			11
FIXED ASSETS					
12	LAND	3,295,160			12
13	LAND IMPROVEMENTS	5,422,117			13
14	ACCUMULATED DEPRECIATION	-2,951,053			14
15	BUILDINGS	47,134,831			15
16	ACCUMULATED DEPRECIATION	-28,067,968			16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT	28,458,056			19
20	ACCUMULATED DEPRECIATION	-20,934,197			20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	79,630,811			23
24	ACCUMULATED DEPRECIATION	-65,534,201			24
25	MINOR EQUIPMENT DEPRECIABLE				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)	46,453,556			30
OTHER ASSETS					
31	INVESTMENTS	29,187,656			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	32,169,879			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	61,357,535			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	139,522,997			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	8,871,239			37
38	SALARIES, WAGES & FEES PAYABLE	7,259,662			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	6,780,000			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	5,157,443			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	28,068,344			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE	22,176,551			46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	22,150,153			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	44,326,704			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	72,395,048			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	67,127,949			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)	67,127,949			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	139,522,997			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	1	3	5	7	
	2	4	6	8	
1 FUND BALANCES AT BEGINNING OF PERIOD	65,703,597				1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)	-2,398,671				2
3 TOTAL (SUM OF LINE 1 AND LINE 2)	63,304,926				3
4 ADDITIONS (CREDIT ADJUSTMENTS)					4
5 PENSION RELATED CHANGES	6,646,913				5
6 INVESTMENT INCOME REST ASSET	1,761,323				6
7 CONTRIBUTIONS	1,824,582				7
8					8
9					9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)	10,232,818				10
11 SUBTOTAL (LINE 3 PLUS LINE 10)	73,537,744				11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)					12
13					13
14 CUM EFFECT CHANGE ACCTG PRIN	1,626,280				14
15 EXPENSES FOUNDATION	265,900				15
16 TRANSFER TO AFFILIATESS	4,485,923				16
17 NET ASSETS RELEASED FROM RES	31,692				17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)	6,409,795				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)	67,127,949				19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	20,419,265		20,419,265	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF	3,995,125		3,995,125	5
6 SWING BED - SNF				6
7 SWING BED - NF				7
8 SKILLED NURSING FACILITY	1,158,660		1,158,660	8
9 NURSING FACILITY				9
10 OTHER LONG TERM CARE				10
TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	25,573,050		25,573,050	
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	3,337,051		3,337,051	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	3,337,051		3,337,051	
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	28,910,101		28,910,101	17
18 ANCILLARY SERVICES	133,654,378	190,388,600	324,042,978	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 PATIENT REVENUES	2,628,606	13,368,851	15,997,457	27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	165,193,085	203,757,451	368,950,536	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		125,564,231	29
30 A-8 ADJUSTMENT TO CONFORM TO			30
31 AUDITOR'S F/S PRESENTATION			31
32			32
33 BAD DEBTS	13,505,801		33
34 OTHER MISC	45		34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		13,505,846	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)		139,070,077	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	368,950,536	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	241,523,686	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	127,426,850	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	139,070,077	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-11,643,227	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	1,360	6
7	INCOME FROM INVESTMENTS	733,925	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	1,121	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	12,627	13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	643,593	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	26,432	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		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	480	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (NET ASSETS RELEASED FOR OPERATIONS)	31,692	24
24.01	OTHER (OUTSIDE SERVICES)		24.01
24.02	OTHER (GAIN ON SALE OF ASSETS)	16,898	24.02
24.03	OTHER (PATIENT ACCOUNTS)	123,112	24.03
24.04	OTHER (DIETARY REVENUE)	33,835	24.04
24.05	OTHER (RADIOLOGY REVENUE)	58,796	24.05
24.06	OTHER (GIFT SHOP REVENUE)	140,463	24.06
24.07	OTHER (PHYSICIAN PRACTICES)	459,578	24.07
24.08	OTHER (OTHER HOSPITAL SERVICES)	144,410	24.08
24.09	OTHER (SCHOOL HEALTH REVENUE)	184,604	24.09
24.10	OTHER (SENIOR SERVICES)	59,134	24.10
24.11	OTHER (EAP REVENUE)	348,521	24.11
24.12	OTHER (MACON COUNTY JAIL)	153,125	24.12
24.13	OTHER (LIFELINE)	47,938	24.13
24.14	OTHER (RENTAL INCOME, OTHER)	1,085,933	24.14
24.15	OTHER (OCCUPATIONAL HEALTH)	398,804	24.15
24.16	OTHER (ADULT DAY CARE)	304,387	24.16
24.17	OTHER (MICU WORKSHOP)	16,656	24.17
24.18	OTHER (FIELDS WRIGHT)	70,747	24.18
24.20	OTHER (NON-OPERATING INVESTMENT INCOME)	4,146,385	24.20
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	9,244,556	25
26	TOTAL (LINE 5 PLUS LINE 25)	-2,398,671	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)	-2,398,671	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-016) [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	1,698,564	1
2	CAPITAL DRG OUTLIER PAYMENTS	8,977	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	80.01	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	1.65	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.0058	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	9,852	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0598	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.2952	8
9	SUM OF LINES 7 AND 8	0.3550	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0745	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	126,543	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	1,843,936	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 0	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	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 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
41 SUBPROVIDER - IRF					41
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
50.01 STONE CENTER					50.01
50.02 ENDOSCOPY					50.02
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
53.01 PAIN CENTER					53.01
54 RADIOLOGY-DIAGNOSTIC					54
56 RADIOISOTOPE					56
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (MR					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62 WHOLE BLOOD & PCKD RED BLOOD C					62
62.30 BLOOD CLOTTING FACTORS ADMIN C					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGD TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
75 ASC (NON-DISTINCT PART)					75
76 TREATMENT CENTER					76
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.01 PRENATAL CLINIC					90.01
90.02 OUTPATIENT PSYCHIATRIC					90.02
90.03 WOUND CLINIC					90.03
90.04 NEUROSURGERY					90.04
90.05 DR JATOI					90.05
90.06 UROLOGY PHYSICIAN					90.06
90.07 DR. CHU					90.07
90.08 SPORTS MEDICINE CLINIC					90.08
90.09 DR. SHANKER					90.09
90.10 DR MIRMIRA					90.10
90.11 DR TOKHI					90.11
90.12 CT\PET					90.12
90.13 RADIATION ONCOLOGY					90.13
90.14 SPORTS MED-REHAB					90.14
90.15 MACON COUNT MEDICAL ASSOCIATES					90.15
90.16 DR BRITT					90.16
90.17 ARTHUR FAMILY MEDICINE CENTER					90.17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI-	SUBTOTAL (COLS.0-4)	SUBTOTAL 24	I&R COST &	TOTAL
	NARY CAP- REL COSTS 0			2A		POST STEP- DOWN ADJS 25	26
90.18 DR BOCK					90.18
90.19 PEDIATRIC PROF SERVICES					90.19
90.20 DR ANDERSON					90.20
90.21 DR HABIB					90.21
90.22 DR HANNEKEN					90.22
90.23 DR MUNESSES					90.23
90.24 DR KOHLI					90.24
90.25 DR DUNCAN					90.25
90.26 MT ZION FAMILY PRACTICE					90.26
90.27 DR POWELL					90.27
90.28 CHEMOTHEROPY					90.28
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAP					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
192 PHYSICIANS' PRIVATE OFFICES					192
194 SENIOR SERVICES					194
194.01 ADULT DAY CARE					194.01
194.02 SPORTS MEDICINE REHAB					194.02
194.04 CANCER CARE					194.04
194.05 RESIDENTIAL PROPERTIES					194.05
194.07 BLUE MOUND					194.07
194.08 ARTHUR CLINIC					194.08
194.09 OCCUPATIONAL HEALTH					194.09
194.11 2981 NORTH MAIN					194.11
194.13 MEDICAL OFFICE BUILDING 1750					194.13
194.14 MEDICAL ARTS					194.14
194.15 MT. ZION CLINIC					194.15
194.16 CERRO GORDO					194.16
194.17 LIFELINE					194.17
194.18 COUNTY JAIL CONTRACT					194.18
194.19 ST. JOHN'S HOME HEALTH					194.19
194.23 ST. MARY'S SURGERY CENTER					194.23
194.24 FIELDS WRIGHT MEDICAL PRACTICE					194.24
194.25 3915 N COWGILL					194.25
194.28 LAUNDRY OUTSIDE SERVICES					194.28
194.35 MEDICAL MANAGEMENT SYSTEM					194.35
194.36 LAKE SHORE MEDICAL OFFICE BUIL					194.36
194.37 DAY CARE CENTER					194.37
194.38 SCHOOL HEALTH SERVICES					194.38
194.40 PRAIRIE CARDIOVASCULAR					194.40
194.41 G I SUITES					194.41
194.42 RESPIRATORY CARE NURSING HOME					194.42
194.43 OCCUPATIONAL HEALTH CLINIC					194.43
194.44 PHYSICIAN POOL					194.44
194.48 MRI BUILDING					194.48
194.49 FUND DEVELOPMENT					194.49
194.50 CENTRAL ILLINOIS LUNG					194.50
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

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
30 ADULTS & PEDIATRICS	41.83		22.46				64.29 30
31 INTENSIVE CARE UNIT	58.11		9.16				67.27 31
43 NURSERY			66.77				66.77 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	23.21	12.61					35.82 50
50.02 ENDOSCOPY	11.76	30.84					42.60 50.02
51 RECOVERY ROOM	17.82	20.38					38.20 51
52 DELIVERY ROOM & LABOR ROOM	0.83	0.19					1.02 52
53 ANESTHESIOLOGY	21.52	14.49					36.01 53
53.01 PAIN CENTER	0.56	46.70					47.26 53.01
54 RADIOLOGY-DIAGNOSTIC	13.91	18.30					32.21 54
56 RADIOISOTOPE	12.26	28.64					40.90 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	15.99	22.40					38.39 57
58 MAGNETIC RESONANCE IMAGING (MRI)	9.27	25.35					34.62 58
59 CARDIAC CATHETERIZATION	32.83	27.75					60.58 59
60 LABORATORY	20.31	0.78					21.09 60
62 WHOLE BLOOD & PCKD RED BLOOD CE	45.35	1.70					47.05 62
65 RESPIRATORY THERAPY	50.26	6.29					56.55 65
66 PHYSICAL THERAPY	10.55	0.02					10.57 66
69 ELECTROCARDIOLOGY	15.43	33.66					49.09 69
70 ELECTROENCEPHALOGRAPHY	6.36	27.93					34.29 70
71 MEDICAL SUPPLIES CHRGED TO PATI	42.17	1.37					43.54 71
72 IMPL. DEV. CHARGED TO PATIENT	37.66	13.56					51.22 72
73 DRUGS CHARGED TO PATIENTS	34.08	11.21					45.29 73
90.01 PRENATAL CLINIC	0.85	64.89					65.74 90.01
90.02 OUTPATIENT PSYCHIATRIC		38.11					38.11 90.02
90.12 CT\PET	1.24	50.59					51.83 90.12
90.13 RADIATION ONCOLOGY		45.24					45.24 90.13
90.28 CHEMOTHEROPY		70.69					70.69 90.28
91 EMERGENCY	12.50	15.16					27.66 91
92 OBSERVATION BEDS		30.75					30.75 92
200 TOTAL CHARGES	20.60	15.42					36.02 200

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

SUBPROVIDER-IRF

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
41 SUBPROVIDER - IRF	70.08						70.08 41
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	0.19						0.19 50
50.02 ENDOSCOPY	0.14						0.14 50.02
51 RECOVERY ROOM	0.13						0.13 51
53 ANESTHESIOLOGY	0.03						0.03 53
53.01 PAIN CENTER	0.05						0.05 53.01
54 RADIOLOGY-DIAGNOSTIC	0.52						0.52 54
56 RADIOISOTOPE	0.14						0.14 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.34						0.34 57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.50						0.50 58
59 CARDIAC CATHETERIZATION	0.03						0.03 59
60 LABORATORY	0.76						0.76 60
62 WHOLE BLOOD & PCKD RED BLOOD CE	0.41						0.41 62
65 RESPIRATORY THERAPY	3.17						3.17 65
66 PHYSICAL THERAPY	25.24						25.24 66
69 ELECTROCARDIOLOGY	0.17						0.17 69
70 ELECTROENCEPHALOGRAPHY	0.49						0.49 70
71 MEDICAL SUPPLIES CHRGD TO PATI	5.01						5.01 71
72 IMPL. DEV. CHARGED TO PATIENT	0.09						0.09 72
73 DRUGS CHARGED TO PATIENTS	2.98						2.98 73
91 EMERGENCY	0.05						0.05 91
200 TOTAL CHARGES	2.02						2.02 200

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

SNF / NF

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
44 SKILLED NURSING FACILITY	74.87						74.87 44
UTILIZATION PERCENTAGES BASED ON CHARGES							
54 RADIOLOGY-DIAGNOSTIC	0.52						0.52 54
56 RADIOISOTOPE	0.17						0.17 56
58 MAGNETIC RESONANCE IMAGING (MRI)	0.02						0.02 58
60 LABORATORY	0.84						0.84 60
62 WHOLE BLOOD & PCKD RED BLOOD CE	0.27						0.27 62
65 RESPIRATORY THERAPY	2.35						2.35 65
66 PHYSICAL THERAPY	7.31						7.31 66
69 ELECTROCARDIOLOGY	0.15						0.15 69
70 ELECTROENCEPHALOGRAPHY	0.49						0.49 70
71 MEDICAL SUPPLIES CHRGED TO PATI	8.28						8.28 71
72 IMPL. DEV. CHARGED TO PATIENT	0.01						0.01 72
73 DRUGS CHARGED TO PATIENTS	3.39						3.39 73
90.12 CT\PET	0.65						0.65 90.12
200 TOTAL CHARGES	1.06						1.06 200

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	2,126,349	1.99	-2,126,349	-4.24		1
2	CAP REL COSTS-MVBLE EQUIP	4,652,965	4.36	-4,652,965	-9.27		2
3	OTHER CAPITAL RELATED COSTS						3
4	EMPLOYEE BENEFITS	11,086,758	10.40	-11,086,758	-22.08		4
5	ADMINISTRATIVE & GENERAL	20,880,018	19.58	-20,880,018	-41.59		5
6	MAINTENANCE & REPAIRS	109,219	0.10	-109,219	-0.22		6
7	OPERATION OF PLANT	3,275,942	3.07	-3,275,942	-6.53		7
8	LAUNDRY & LINEN SERVICE	465,280	0.44	-465,280	-0.93		8
9	HOUSEKEEPING	1,194,687	1.12	-1,194,687	-2.38		9
10	DIETARY	1,075,120	1.01	-1,075,120	-2.14		10
11	CAFETERIA	548,857	0.51	-548,857	-1.09		11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	653,513	0.61	-653,513	-1.30		13
14	CENTRAL SERVICES & SUPPLY	227,374	0.21	-227,374	-0.45		14
15	PHARMACY	2,089,078	1.96	-2,089,078	-4.16		15
16	MEDICAL RECORDS & LIBRARY	1,818,143	1.71	-1,818,143	-3.62		16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APP						21
22	I&R SRVCES-OTHER PRGM COSTS APP						22
23	PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	6,678,508	6.26	11,717,972	23.34	18,396,480	17.25
31	INTENSIVE CARE UNIT	1,404,017	1.32	1,500,465	2.99	2,904,482	2.72
41	SUBPROVIDER - IRF	1,542,609	1.45	1,721,053	3.43	3,263,662	3.06
43	NURSERY	354,758	0.33	358,185	0.71	712,943	0.67
44	SKILLED NURSING FACILITY	697,690	0.65	1,113,507	2.22	1,811,197	1.70
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	3,638,522	3.41	2,809,616	5.60	6,448,138	6.05
50.01	STONE CENTER						50.01
50.02	ENDOSCOPY	366,557	0.34	383,982	0.76	750,539	0.70
51	RECOVERY ROOM	490,587	0.46	476,513	0.95	967,100	0.91
52	DELIVERY ROOM & LABOR ROOM	1,124,033	1.05	1,247,809	2.49	2,371,842	2.22
53	ANESTHESIOLOGY	544,722	0.51	1,228,683	2.45	1,773,405	1.66
53.01	PAIN CENTER	444,297	0.42	489,674	0.98	933,971	0.88
54	RADIOLOGY-DIAGNOSTIC	2,086,407	1.96	2,189,754	4.36	4,276,161	4.01
56	RADIOISOTOPE	452,816	0.42	237,621	0.47	690,437	0.65
57	COMPUTED TOMOGRAPHY (CT) SCAN	799,543	0.75	680,782	1.36	1,480,325	1.39
58	MAGNETIC RESONANCE IMAGING (MRI)	426,200	0.40	359,618	0.72	785,818	0.74
59	CARDIAC CATHETERIZATION	1,381,893	1.30	1,064,526	2.12	2,446,419	2.29
60	LABORATORY	4,298,869	4.03	2,964,385	5.90	7,263,254	6.81
62	WHOLE BLOOD & PCKD RED BLOOD CE	434,837	0.41	151,371	0.30	586,208	0.55
62.30	BLOOD CLOTTING FACTORS ADMIN CO						62.30
65	RESPIRATORY THERAPY	923,249	0.87	665,106	1.32	1,588,355	1.49
66	PHYSICAL THERAPY	1,806,265	1.69	1,966,837	3.92	3,773,102	3.54
69	ELECTROCARDIOLOGY	373,008	0.35	586,074	1.17	959,082	0.90
70	ELECTROENCEPHALOGRAPHY	276,950	0.26	336,082	0.67	613,032	0.57
71	MEDICAL SUPPLIES CHRGD TO PATI	112,397	0.11	49,716	0.10	162,113	0.15
72	IMPL. DEV. CHARGED TO PATIENT	6,246,651	5.86	2,323,392	4.63	8,570,043	8.04
73	DRUGS CHARGED TO PATIENTS	3,319,075	3.11	4,691,994	9.35	8,011,069	7.51
75	ASC (NON-DISTINCT PART)	377,665	0.35	235,267	0.47	612,932	0.57
76	TREATMENT CENTER	100,838	0.09	141,533	0.28	242,371	0.23
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
90	CLINIC	188,192	0.18	99,362	0.20	287,554	0.27
90.01	PRENATAL CLINIC	77,566	0.07	54,592	0.11	132,158	0.12
90.02	OUTPATIENT PSYCHIATRIC	96,415	0.09	247,928	0.49	344,343	0.32
90.03	WOUND CLINIC	174,618	0.16	91,187	0.18	265,805	0.25
90.04	NEUROSURGERY						90.04
90.05	DR JATOI						90.05
90.06	UROLOGY PHYSICIAN						90.06
90.07	DR. CHU						90.07
90.08	SPORTS MEDICINE CLINIC						90.08
90.09	DR. SHANKER						90.09
90.10	DR MIRMIRA						90.10
90.11	DR TOKHI						90.11
90.12	CT\PET	269,353	0.25	90,571	0.18	359,924	0.34
90.13	RADIATION ONCOLOGY	654,511	0.61	347,393	0.69	1,001,904	0.94
90.14	SPORTS MED-REHAB						90.14
90.15	MACON COUNT MEDICAL ASSOCIATES						90.15
90.16	DR BRITT						90.16
90.17	ARTHUR FAMILY MEDICINE CENTER						90.17
90.18	DR BOCK						90.18
90.19	PEDIATRIC PROF SERVICES						90.19

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
90.20 DR ANDERSON							90.20
90.21 DR HABIB							90.21
90.22 DR HANNEKEN							90.22
90.23 DR MUNESSES							90.23
90.24 DR KOHLI							90.24
90.25 DR DUNCAN							90.25
90.26 MT ZION FAMILY PRACTICE							90.26
90.27 DR POWELL							90.27
90.28 CHEMOTHEROPY	17,609	0.02	13,648	0.03	31,257	0.03	90.28
91 EMERGENCY	2,531,619	2.37	2,550,745	5.08	5,082,364	4.77	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
99.10 CORF							99.10
99.20 OUTPATIENT PHYSICAL THERAPY							99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40 OUTPATIENT SPEECH PATHOLOGY							99.40
SPECIAL PURPOSE COST CENTERS							
NONREIMBURSABLE COST CENTERS							
190 GIFT, FLOWER, COFFEE SHOP & CAN	140,463	0.13	92,897	0.19	233,360	0.22	190
192 PHYSICIANS' PRIVATE OFFICES	8,949,599	8.39	2,921,301	5.82	11,870,900	11.13	192
194 SENIOR SERVICES	112,270	0.11	51,462	0.10	163,732	0.15	194
194.01 ADULT DAY CARE	193,988	0.18	109,097	0.22	303,085	0.28	194.01
194.02 SPORTS MEDICINE REHAB	284,835	0.27	180,005	0.36	464,840	0.44	194.02
194.04 CANCER CARE	75,584	0.07	22,489	0.04	98,073	0.09	194.04
194.05 RESIDENTIAL PROPERTIES							194.05
194.07 BLUE MOUND	3,442		1,122		4,564		194.07
194.08 ARTHUR CLINIC	10,826	0.01	3,123	0.01	13,949	0.01	194.08
194.09 OCCUPATIONAL HEALTH							194.09
194.11 2981 NORTH MAIN	44,763	0.04	12,907	0.03	57,670	0.05	194.11
194.13 MEDICAL OFFICE BUILDING 1750	142,072	0.13	41,898	0.08	183,970	0.17	194.13
194.14 MEDICAL ARTS							194.14
194.15 MT. ZION CLINIC			45		45		194.15
194.16 CERRO GORDO	9,807	0.01	2,780	0.01	12,587	0.01	194.16
194.17 LIFELINE	56,215	0.05	24,111	0.05	80,326	0.08	194.17
194.18 COUNTY JAIL CONTRACT	168,358	0.16	95,967	0.19	264,325	0.25	194.18
194.19 ST. JOHN'S HOME HEALTH	824		246,130	0.49	246,954	0.23	194.19
194.23 ST. MARY'S SURGERY CENTER	31		11		42		194.23
194.24 FIELDS WRIGHT MEDICAL PRACTICE	112,609	0.11	72,813	0.15	185,422	0.17	194.24
194.25 3915 N COWGILL	282,154	0.26	78,951	0.16	361,105	0.34	194.25
194.28 LAUNDRY OUTSIDE SERVICES							194.28
194.35 MEDICAL MANAGEMENT SYSTEM							194.35
194.36 LAKE SHORE MEDICAL OFFICE BUILD	321,291	0.30	92,521	0.18	413,812	0.39	194.36
194.37 DAY CARE CENTER	5,771	0.01	1,615		7,386	0.01	194.37
194.38 SCHOOL HEALTH SERVICES	147,835	0.14	95,457	0.19	243,292	0.23	194.38
194.40 PRAIRIE CARDIOVASCULAR			260,732	0.52	260,732	0.24	194.40
194.41 G I SUITES	2,449		1,605		4,054		194.41
194.42 RESPIRATORY CARE NURSING HOME							194.42
194.43 OCCUPATIONAL HEALTH CLINIC							194.43
194.44 PHYSICIAN POOL	237,383	0.22	154,193	0.31	391,576	0.37	194.44
194.48 MRI BUILDING	5,202		1,565		6,767	0.01	194.48
194.49 FUND DEVELOPMENT	404,578	0.38	333,000	0.66	737,578	0.69	194.49
194.50 CENTRAL ILLINOIS LUNG			118,563	0.24	118,563	0.11	194.50
200 CROSS FOOT ADJUSTMENTS							200
201 NEGATIVE COST CENTER							201
202 TOTAL	106,628,498	100.00			106,628,498	100.00	202

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	525,577	26,130,423	0.020114	6,064,937	121,990	50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY	85,518	2,245,978	0.038076	264,035	10,053	50.02
51 RECOVERY ROOM	68,031	3,048,260	0.022318	543,298	12,125	51
52 DELIVERY ROOM & LABOR ROOM	243,704	2,955,853	0.082448	24,523	2,022	52
53 ANESTHESIOLOGY	57,267	6,727,545	0.008512	1,447,660	12,322	53
53.01 PAIN CENTER	94,159	5,480,115	0.017182	30,650	527	53.01
54 RADIOLOGY-DIAGNOSTIC	389,833	18,067,072	0.021577	2,513,202	54,227	54
56 RADIOISOTOPE	31,348	2,101,593	0.014916	257,563	3,842	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	57,878	33,365,608	0.001735	5,334,896	9,256	57
58 MAGNETIC RESONANCE IMAGING (MRI)	39,766	12,134,773	0.003277	1,124,608	3,685	58
59 CARDIAC CATHETERIZATION	157,714	18,610,049	0.008475	6,109,866	51,781	59
60 LABORATORY	397,862	46,649,104	0.008529	9,474,284	80,806	60
62 WHOLE BLOOD & PCKD RED BLOOD CE	17,648	1,470,417	0.012002	666,866	8,004	62
62.30 BLOOD CLOTTING FACTORS ADMIN CO						62.30
65 RESPIRATORY THERAPY	51,392	6,660,940	0.007715	3,347,600	25,827	65
66 PHYSICAL THERAPY	362,612	16,759,767	0.021636	1,768,514	38,264	66
69 ELECTROCARDIOLOGY	105,765	13,075,222	0.008089	2,017,712	16,321	69
70 ELECTROENCEPHALOGRAPHY	67,902	4,049,271	0.016769	257,668	4,321	70
71 MEDICAL SUPPLIES CHRGED TO PATI	5,328	1,185,179	0.004496	499,810	2,247	71
72 IMPL. DEV. CHARGED TO PATIENT	263,726	17,606,871	0.014979	6,630,804	99,323	72
73 DRUGS CHARGED TO PATIENTS	248,932	40,837,405	0.006096	13,919,331	84,852	73
75 ASC (NON-DISTINCT PART)	12,503	743,702	0.016812			75
76 TREATMENT CENTER	33,017	434,331	0.076018			76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	5,993	476,440	0.012579			90
90.01 PRENATAL CLINIC	2,947	326,771	0.009019	2,776	25	90.01
90.02 OUTPATIENT PSYCHIATRIC	79,972	689,043	0.116062			90.02
90.03 WOUND CLINIC	7,245	695,302	0.010420			90.03
90.04 NEUROSURGERY						90.04
90.05 DR JATOI						90.05
90.06 UROLOGY PHYSICIAN						90.06
90.07 DR. CHU						90.07
90.08 SPORTS MEDICINE CLINIC						90.08
90.09 DR. SHANKER						90.09
90.10 DR MIRMIRA						90.10
90.11 DR TOKHI						90.11
90.12 CT\PET	7,497	776,056	0.009660	9,627	93	90.12
90.13 RADIATION ONCOLOGY	21,606	4,656,265	0.004640			90.13
90.14 SPORTS MED-REHAB						90.14
90.15 MACON COUNT MEDICAL ASSOCIATES						90.15
90.16 DR BRITT						90.16
90.17 ARTHUR FAMILY MEDICINE CENTER						90.17
90.18 DR BOCK						90.18
90.19 PEDIATRIC PROF SERVICES						90.19
90.20 DR ANDERSON						90.20
90.21 DR HABIB						90.21
90.22 DR HANNEKEN						90.22
90.23 DR MUNESSES						90.23
90.24 DR KOHLI						90.24
90.25 DR DUNCAN						90.25
90.26 MT ZION FAMILY PRACTICE						90.26
90.27 DR POWELL						90.27
90.28 CHEMOTHEROPY	768	190,073	0.004041			90.28
91 EMERGENCY	378,470	31,203,100	0.012129	3,900,236	47,306	91
92 OBSERVATION BEDS	218,352	2,064,896	0.105745			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL	4,040,332	321,417,424		66,210,466	689,219	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	REDUCED	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT	CAPITAL	PATIENT			INPATIENT
	COSTS	AMOUNT	RELATED	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	COST	4	5	DAYS	COSTS
			3			6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
30 ADULTS & PEDIATRICS	2,660,684		2,660,684	28,599	93.03	11,964	1,113,011 30
31 INTENSIVE CARE UNIT	228,912		228,912	2,576	88.86	1,497	133,023 31
200 TOTAL	2,889,596		2,889,596	31,175		13,461	1,246,034 200
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							1,246,034
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							689,219
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							1,935,253
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)							2,996
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)							13,461
PER DISCHARGE CAPITAL COSTS							645.95
PER DIEM CAPITAL COSTS							143.77

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	21,197,770
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	77,060,321
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.275

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINE 41 + WKST D PART IV COL 11 LINE 200))	3,658,804
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 41 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-3 COLUMN 2 LINE 202	9,291,749
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.394

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5)	1,935,253
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.025

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 2.02 x COLUMN 1 LESS LINES 61, 66-68, 74, 94, 95 & 96)	8,961,208
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	49,566,424
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.181