

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

WORKSHEET S
PARTS I, II & III

PART I - COST REPORT STATUS

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

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ST. MARY'S HOSPITAL (14-0166) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2011 AND ENDING 06/30/2012, 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, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

TITLE

DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII PART A 2	PART B 3	HIT 4	TITLE XIX 5	
1	HOSPITAL	885,130	111,784			1
2	SUBPROVIDER - IPF					2
3	SUBPROVIDER - IRF	14,382				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	899,512	111,784			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: ZIP CODE: 62521 COUNTY: MACON

1
 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	14-S166	19500	4	07/01/2011	N	P	N	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: 07/01/2011			TO: 06/30/2012				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		OUT-OF-STATE		OTHER	
		IN-STATE MEDICAID PAID DAYS 1	ELIGIBLE UNPAID DAYS 2	STATE MEDICAID PAID DAYS 3	STATE MEDICAID UNPAID DAYS 4	MEDICAID HMO DAYS 5	MEDICAID OTHER DAYS 6
24	IF THIS PROVIDER IS AN IPHS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	7,220	1,069			1,528	24
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	429		45		79	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 IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.				1		27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS

	1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	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 2148? IF YES, COMPLETE WORKSHEET D-5.	N		58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N		59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER \$413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N		60

	Y/N	IME AVERAGE	DIRECT GME AVERAGE	
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)	N		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
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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.

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
64	ENTER IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, 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)			64

ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR
 FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE PROGRAM NAME.
 ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF
 UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS
 OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER
 OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL.
 ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)).
 (SEE INSTRUCTIONS)

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
1	2	3	4	5

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

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
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)			66

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/(COL.3+COL.4))
1	2	3	4	5
INPATIENT PSYCHIATRIC FACILITY PPS				
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			Y 70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			N 71
INPATIENT REHABILITATION FACILITY PPS				
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			Y 75
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			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 XIX 2 N Y 90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N 92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97
RURAL PROVIDERS				
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?			1 2 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- OCCUP- SICAL ATIONAL	RESPI- RATORY N N N 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. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-1§ 2208.1.	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
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: SELF INSURANCE:			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). 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.	1 Y	2 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, LINE 74 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)

	TITLE XVIII	TITLE	TITLE	
	PART A	PART B	V	
	1	2	3	
			4	
			XIX	
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	N	161

MULTICAMPUS

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

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

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

(LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.

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
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3
FINANCIAL DATA AND REPORTS				
		Y/N	TYPE	DATE
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	1 N	2	3
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5
APPROVED EDUCATIONAL ACTIVITIES				
		Y/N	1	Y/N
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		2
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11
				Y/N
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			N 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.			N 15

		PART A		PART B	
		Y/N	DATE	Y/N	DATE
PS&R REPORT DATA					
		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	
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	
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	
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	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

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

- 36 WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT? 1 2 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. N 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

COST REPORT PREPARER CONTACT INFORMATION

- 41 FIRST NAME: LAST NAME: TITLE: 41
- 42 EMPLOYER: 42
- 43 PHONE NUMBER: E-MAIL ADDRESS: 43

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	43,796,384		43,796,384	1,822,592.00	24.03	1
2	NON-PHYSICIAN ANESTHETIST PART A						2
3	NON-PHYSICIAN ANESTHETIST PART B	1,826,874		1,826,874	20,467.00	89.26	3
4	PHYSICIAN-PART A ADMINISTRATIVE						4
4.01	PHYSICIAN-PART A - TEACHING						4.01
5	PHYSICIAN-PART B						5
6	NON-PHYSICIAN-PART B						6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)						7.01
8	HOME OFFICE PERSONNEL						8
9	SNF						9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	4,290,362		4,290,362	174,105.00	24.64	10
	OTHER WAGES & RELATED COSTS						
11	CONTRACT LABOR (SEE INSTRUCTIONS)	285,903		285,903	4,481.00	63.80	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE	99,877		99,877	1,407.00	70.99	13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS	2,533,185		2,533,185	32,055.00	79.03	14
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE						15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING						16
	WAGE-RELATED COSTS						
17	WAGE-RELATED COSTS (CORE)	1,158,187		1,158,187			17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS	1,510,915		1,510,915			19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B	279,169		279,169			21
22	PHYSICIAN PART A - ADMINISTRATIVE						22
22.01	PHYSICIAN PART A - TEACHING						22.01
23	PHYSICIAN PART B						23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						25
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS	339,021		339,021	14,443.00	23.47	26
27	ADMINISTRATIVE & GENERAL	6,193,592		6,193,592	269,008.00	23.02	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)	228,731		228,731	1,854.00	123.37	28
29	MAINTENANCE & REPAIRS	115,833		115,833	4,160.00	27.84	29
30	OPERATION OF PLANT	927,750		927,750	55,156.00	16.82	30
31	LAUNDRY & LINEN SERVICE	49,854		49,854	4,630.00	10.77	31
32	HOUSEKEEPING	847,582		847,582	77,093.00	10.99	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34	DIETARY	1,137,999	-649,185	488,814	39,230.00	12.46	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35
36	CAFETERIA		649,185	649,185	52,214.00	12.43	36
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION	404,318		404,318	13,897.00	29.09	38
39	CENTRAL SERVICES AND SUPPLY	190,530		190,530	10,655.00	17.88	39
40	PHARMACY	1,438,277		1,438,277	37,738.00	38.11	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,234,348		1,234,348	53,944.00	22.88	41
42	SOCIAL SERVICE						42
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	42,198,241		42,198,241	1,803,979.0	23.39	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	4,896,360		4,896,360	202,819.00	24.14	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	37,301,881		37,301,881	1,601,160.0	23.30	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	2,918,965		2,918,965	37,943.00	76.93	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	1,158,187		1,158,187		3.10%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	41,379,033		41,379,033	1,639,103.0	25.24	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	13,107,835		13,107,835	634,022.00	20.67	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 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	2,883,350 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)	7,283,296 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)	68,068 13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	14
15 WORKERS' COMPENSATION INSURANCE	142,683 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	3,087,149 17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY	18
19 UNEMPLOYMENT INSURANCE	119,112 19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES	20
OTHER	
21 EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)	21
22 DAY CARE COSTS AND ALLOWANCES	22
23 TUITION REIMBURSEMENT	64,613 23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	13,648,271 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 07/01/2011 TO 06/30/2012

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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 OLTIC		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

		Y/N	DATE				
		1	2				
1	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, WERE ALL PATIENTS UNDER MANAGED CARE OR WAS THERE NO MEDICARE UTILIZATION? ENTER 'Y' FOR YES IN COLUMN 1 AND DO NOT COMPLETE THE REST OF THIS WORKSHEET.	N		1			
2	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N		2			
							TOTAL
	GROUP				SNF	SWING BED	(COLS.
	1				DAYS	SNF DAYS	2 + 3)
					2	3	4
3	RUX						3
4	RUL						4
5	RVX						5
6	RVL						6
7	RHX						7
8	RHL						8
9	RMX				16		16 9
10	RML				101		101 10
11	RLX				11		11 11
12	RUC						12
13	RUB						13
14	RUA						14
15	RVC						15
16	RVB				14		14 16
17	RVA						17
18	RHC				69		69 18
19	RHB				43		43 19
20	RHA				136		136 20
21	RMC				258		258 21
22	RMB				508		508 22
23	RMA				600		600 23
24	RLB				107		107 24
25	RLA				70		70 25
26	ES3						26
27	ES2				31		31 27
28	ES1				62		62 28
29	HE2						29
30	HE1				8		8 30
31	HD2						31
32	HD1				14		14 32
33	HC2				22		22 33
34	HC1				61		61 34
35	HB2						35
36	HB1				385		385 36
37	LE2						37
38	LE1				2		2 38
39	LD2						39
40	LD1				16		16 40
41	LC2				3		3 41
42	LC1				20		20 42
43	LB2						43
44	LB1				55		55 44
45	CE2						45
46	CE1				19		19 46
47	CD2						47
48	CD1				16		16 48
49	CC2						49
50	CC1				48		48 50
51	CB2						51
52	CB1				141		141 52
53	CA2						53
54	CA1				193		193 54
55	SE3						55
56	SE2						56
57	SE1						57
58	SSC						58
59	SSB						59
60	SSA						60
61	IB2						61
62	IB1						62
63	IA1						63
64	IA2						64
65	BB2				13		13 65
66	BB1				4		4 66
67	BA2						67
68	BA1				10		10 68

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PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

	GROUP 1	SNF DAYS 2	SWING BED SNF DAYS 3	TOTAL (COLS. 2 + 3) 4
69	PE2			69
70	PE1			70
71	PD2			71
72	PD1			72
73	PC2	14		14 73
74	PC1	20		20 74
75	PB2	18		18 75
76	PB1	8		8 76
77	PA2			77
78	PA1	21		21 78
199	AAA			199
200	TOTAL	3,137		3,137 200

	CBSA AT BEGINNING OF COST REPORTING PERIOD 1	CBSA ON/AFTER OCT 1 OF THE COST REPORTING PERIOD (IF 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 1	PERCENTAGE 2	ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES? 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 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.233935	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				11,434,838	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				63,694,757	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				14,900,433	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.				3,465,595	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) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.					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) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.					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)				3,465,595	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 FACILITY	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)	1,607,161	261,901	1,869,062		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	343,506	111,955	455,461		22
23	COST OF CHARITY CARE	1,263,655	149,946	1,413,601		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 IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					N 24
25	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)				15,177,829	25
26	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				1,069,158	26
27	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				14,108,671	27
28	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				3,300,512	28
29	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				4,714,113	29
30	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				8,179,708	30

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 CAP REL COSTS-BLDG & FIXT				3,257,768	1
2	00200 CAP REL COSTS-MVBLE EQUIP				5,021,344	2
3	00300 OTHER CAPITAL RELATED COSTS					3
4	00400 EMPLOYEE BENEFITS	339,021	14,262,870	14,601,891	-62,755	4
5	00500 ADMINISTRATIVE & GENERAL	6,193,592	26,437,796	32,631,388	-7,859,318	5
6	00600 MAINTENANCE & REPAIRS	115,833	2,106	117,939		6
7	00700 OPERATION OF PLANT	927,750	2,213,127	3,140,877	-3,093	7
8	00800 LAUNDRY & LINEN SERVICE	49,854	463,082	512,936		8
9	00900 HOUSEKEEPING	847,582	482,894	1,330,476		9
10	01000 DIETARY	1,137,999	565,435	1,703,434	-972,038	10
11	01100 CAFETERIA				971,858	11
12	01200 MAINTENANCE OF PERSONNEL					12
13	01300 NURSING ADMINISTRATION	404,318	67,799	472,117		13
14	01400 CENTRAL SERVICES & SUPPLY	190,530	151,199	341,729	-107,000	14
15	01500 PHARMACY	1,438,277	4,700,003	6,138,280	-4,354,442	15
16	01600 MEDICAL RECORDS & LIBRARY	1,234,348	812,588	2,046,936	-51,206	16
17	01700 SOCIAL SERVICE					17
19	01900 NONPHYSICIAN ANESTHETISTS					19
20	02000 NURSING SCHOOL					20
21	02100 I&R SRVCES-SALARY & FRINGES APPRVD		-6,750	-6,750		21
22	02200 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23	02300 PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS					23
30	03000 ADULTS & PEDIATRICS	7,000,904	1,038,942	8,039,846	-327,962	30
31	03100 INTENSIVE CARE UNIT	1,369,456	251,287	1,620,743	-1,776	31
40	04000 SUBPROVIDER - IPF	751,748	316,976	1,068,724	-3,936	40
41	04100 SUBPROVIDER - IRF	717,964	952,591	1,670,555		41
43	04300 NURSERY	255,924	233,609	489,533		43
44	04400 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	605,998	68,265	674,263	-2,376	44
50	05000 OPERATING ROOM	1,206,540	5,199,084	6,405,624	-2,932,340	50
50.01	03951 STONE CENTER					50.01
50.02	03952 ENDOSCOPY	184,582	99,652	284,234		50.02
51	05100 RECOVERY ROOM	400,793	36,499	437,292	-1,368	51
52	05200 DELIVERY ROOM & LABOR ROOM	1,040,674	116,900	1,157,574	-3,436	52
53	05300 ANESTHESIOLOGY	2,105,755	854,697	2,960,452		53
53.01	05301 PAIN CENTER	320,791	121,524	442,315	-3,846	53.01
54	05400 RADIOLOGY-DIAGNOSTIC	1,634,138	563,268	2,197,406	-81,228	54
56	05600 RADIOISOTOPE	178,504	367,366	545,870		56
57	05700 COMPUTED TOMOGRAPHY (CT) SCAN	320,560	328,420	648,980		57
58	05800 MAGNETIC RESONANCE IMAGING (MRI)	225,168	162,250	387,418		58
59	05900 CARDIAC CATHETERIZATION	1,153,322	6,190,304	7,343,626	-3,543,054	59
60	06000 LABORATORY	2,084,794	2,840,662	4,925,456	-7,026	60
62	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	8,659	435,203	443,862		62
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	06500 RESPIRATORY THERAPY	773,053	139,576	912,629	-3,811	65
66	06600 PHYSICAL THERAPY	1,919,255	101,747	2,021,002	-13,088	66
69	06900 ELECTROCARDIOLOGY	741,724	872,381	1,614,105	-114,917	69
70	07000 ELECTROENCEPHALOGRAPHY	247,316	93,177	340,493	-540	70
71	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS				107,000	71
72	07200 IMPL. DEV. CHARGED TO PATIENT				6,446,891	72
73	07300 DRUGS CHARGED TO PATIENTS				4,342,812	73
75	07500 ASC (NON-DISTINCT PART)				315,232	75
76	03950 TREATMENT CENTER	92,547	31,017	123,564	-2,239	76
76.97	07697 CARDIAC REHABILITATION					76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY					76.98
76.99	07699 LITHOTRIPSY OUTPATIENT SERVICE COST CENTERS					76.99
90	09000 CLINIC	97,822	212,521	310,343	-3,144	90
90.01	04950 PRENATAL CLINIC	58,509	183,688	242,197	-600	90.01
90.02	04951 OUTPATIENT PSYCHIATRIC	90,076	4,128	94,204	-600	90.02
90.03	04952 WOUND CLINIC	94,731	152,417	247,148		90.03
90.04	04953 NEUROSURGERY					90.04
90.05	04954 DR JATOI					90.05
90.06	04955 UROLOGY PHYSICIAN					90.06
90.07	04957 DR. CHU					90.07
90.08	04956 SPORTS MEDICINE CLINIC					90.08
90.09	04958 DR. SHANKER					90.09
90.10	04959 DR MIRMIRA					90.10
90.11	04960 DR TOKHI					90.11
90.12	04961 CT\PET	18,528	242,805	261,333		90.12
90.13	04962 RADIATION ONCOLOGY	294,319	346,559	640,878		90.13
90.14	04963 SPORTS MED-REHAB					90.14
90.15	09001 MACON COUNT MEDICAL ASSOCIATES					90.15
90.16	09002 DR BRITT					90.16
90.17	09003 ARTHUR FAMILY MEDICINE CENTER					90.17

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	
90.18 09004 DR BOCK					90.18
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	30,681	5,087	35,768		90.28
91 09100 EMERGENCY	2,071,795	2,440,446	4,512,241	-4,428	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)	40,975,734	75,155,197	116,130,931	1,338	118
NONREIMBURSABLE COST CENTERS					
190 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	74,963	79,404	154,367		190
192 19200 PHYSICIANS' PRIVATE OFFICES	1,395,012	6,338,385	7,733,397		192
194 07950 SENIOR SERVICES	57,885	76,517	134,402		194
194.01 07951 ADULT DAY CARE	178,917	80,454	259,371		194.01
194.02 07952 SPORTS MEDICINE REHAB	274,106	21,262	295,368		194.02
194.04 07953 CANCER CARE	337	44,958	45,295		194.04
194.05 07954 RESIDENTIAL PROPERTIES					194.05
194.07 07976 BLUE MOUND	469	1,960	2,429		194.07
194.08 07955 ARTHUR CLINIC	240	38,107	38,347		194.08
194.09 07974 OCCUPATIONAL HEALTH					194.09
194.11 07956 2981 NORTH MAIN	756	25,817	26,573		194.11
194.13 07957 MEDICAL OFFICE BUILDING 1750	1,045	232,011	233,056		194.13
194.14 07958 MEDICAL ARTS					194.14
194.15 07959 MT. ZION CLINIC	852	20,973	21,825		194.15
194.16 07960 CERRO GORDO	393	16,330	16,723		194.16
194.17 07961 LIFELINE	486		486		194.17
194.18 07980 COUNTY JAIL CONTRACT					194.18
194.19 07962 ST. JOHN'S HOME HEALTH					194.19
194.23 07963 ST. MARY'S SURGERY CENTER					194.23
194.24 07964 FIELDS WRIGHT MEDICAL PRACTICE	99,856	8,377	108,233		194.24
194.25 07965 3915 N COWGILL	123	288,878	289,001		194.25
194.28 07975 LAUNDRY OUTSIDE SERVICES		37	37		194.28
194.35 07966 MEDICAL MANAGEMENT SYSTEM		68	68		194.35
194.36 07967 LAKE SHORE MEDICAL OFFICE BUILDING	3,315	387,054	390,369		194.36
194.37 07968 DAY CARE CENTER	58	4,004	4,062		194.37
194.38 07969 SCHOOL HEALTH SERVICES	167,706	6,082	173,788		194.38
194.40 07977 PRAIRIE CARDIOVASCULAR					194.40
194.41 07978 G I SUITES		83	83		194.41
194.42 07979 RESPIRATORY CARE NURSING HOME					194.42
194.43 07970 OCCUPATIONAL HEALTH CLINIC					194.43
194.44 07971 PHYSICIAN POOL	152,817	10,968	163,785		194.44
194.48 07972 MRI BUILDING	267	25,569	25,836		194.48
194.49 07973 FUND DEVELOPMENT	411,047	152,193	563,240		194.49
194.50 07981 CENTRAL ILLINOIS LUNG				-1,338	194.50
200 TOTAL (SUM OF LINES 118-199)	43,796,384	83,014,688	126,811,072		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	3,257,768		3,083,926	1
2	00200	5,021,344	-173,842	5,021,344	2
3	00300				3
4	00400	14,539,136	-6,326,918	8,212,218	4
5	00500	24,772,070	-2,080,923	22,691,147	5
6	00600	117,939	-4,656	113,283	6
7	00700	3,137,784	-2,090	3,135,694	7
8	00800	512,936	-9,952	502,984	8
9	00900	1,330,476	-85	1,330,391	9
10	01000	731,396	-2,463	728,933	10
11	01100	971,858	-28,702	943,156	11
12	01200				12
13	01300	472,117		472,117	13
14	01400	234,729		234,729	14
15	01500	1,783,838		1,783,838	15
16	01600	1,995,730	-10,419	1,985,311	16
17	01700				17
19	01900				19
20	02000				20
21	02100	-6,750	6,750		21
22	02200				22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	7,711,884	-163,222	7,548,662	30
31	03100	1,618,967	-1,125	1,617,842	31
40	04000	1,064,788		1,064,788	40
41	04100	1,670,555		1,670,555	41
43	04300	489,533	-178,569	310,964	43
44	04400	671,887	-375	671,512	44
ANCILLARY SERVICE COST CENTERS					
50	05000	3,473,284		3,473,284	50
50.01	03951				50.01
50.02	03952	284,234		284,234	50.02
51	05100	435,924		435,924	51
52	05200	1,154,138	-6,044	1,148,094	52
53	05300	2,960,452	-2,365,961	594,491	53
53.01	05301	438,469		438,469	53.01
54	05400	2,116,178	-59,131	2,057,047	54
56	05600	545,870		545,870	56
57	05700	648,980		648,980	57
58	05800	387,418		387,418	58
59	05900	3,800,572	-1,005,155	2,795,417	59
60	06000	4,918,430	-48,112	4,870,318	60
62	06200	443,862		443,862	62
62.30	06250				62.30
65	06500	908,818		908,818	65
66	06600	2,007,914	-7,660	2,000,254	66
69	06900	1,499,188	-178,329	1,320,859	69
70	07000	339,953	-58,631	281,322	70
71	07100	107,000		107,000	71
72	07200	6,446,891		6,446,891	72
73	07300	4,342,812	-18,434	4,324,378	73
75	07500	315,232		315,232	75
76	03950	121,325	-24,380	96,945	76
76.97	07697				76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	307,199	-81,325	225,874	90
90.01	04950	241,597	-158,173	83,424	90.01
90.02	04951	93,604		93,604	90.02
90.03	04952	247,148		247,148	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	261,333		261,333	90.12
90.13	04962	640,878		640,878	90.13
90.14	04963				90.14
90.15	09001				90.15
90.16	09002				90.16
90.17	09003				90.17

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	
90.18 09004 DR BOCK				90.18
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	35,768		35,768	90.28
91 09100 EMERGENCY	4,507,813	-2,069,388	2,438,425	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	116,132,269	-15,057,314	101,074,955	118
NONREIMBURSABLE COST CENTERS				
190 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	154,367		154,367	190
192 19200 PHYSICIANS' PRIVATE OFFICES	7,733,397	-112,187	7,621,210	192
194 07950 SENIOR SERVICES	134,402		134,402	194
194.01 07951 ADULT DAY CARE	259,371		259,371	194.01
194.02 07952 SPORTS MEDICINE REHAB	295,368		295,368	194.02
194.04 07953 CANCER CARE	45,295		45,295	194.04
194.05 07954 RESIDENTIAL PROPERTIES				194.05
194.07 07976 BLUE MOUND	2,429		2,429	194.07
194.08 07955 ARTHUR CLINIC	38,347		38,347	194.08
194.09 07974 OCCUPATIONAL HEALTH				194.09
194.11 07956 2981 NORTH MAIN	26,573		26,573	194.11
194.13 07957 MEDICAL OFFICE BUILDING 1750	233,056		233,056	194.13
194.14 07958 MEDICAL ARTS				194.14
194.15 07959 MT. ZION CLINIC	21,825		21,825	194.15
194.16 07960 CERRO GORDO	16,723		16,723	194.16
194.17 07961 LIFELINE	486		486	194.17
194.18 07980 COUNTY JAIL CONTRACT				194.18
194.19 07962 ST. JOHN'S HOME HEALTH				194.19
194.23 07963 ST. MARY'S SURGERY CENTER				194.23
194.24 07964 FIELDS WRIGHT MEDICAL PRACTICE	108,233		108,233	194.24
194.25 07965 3915 N COWGILL	289,001		289,001	194.25
194.28 07975 LAUNDRY OUTSIDE SERVICES	37		37	194.28
194.35 07966 MEDICAL MANAGEMENT SYSTEM	68		68	194.35
194.36 07967 LAKE SHORE MEDICAL OFFICE BUILDING	390,369		390,369	194.36
194.37 07968 DAY CARE CENTER	4,062		4,062	194.37
194.38 07969 SCHOOL HEALTH SERVICES	173,788		173,788	194.38
194.40 07977 PRAIRIE CARDIOVASCULAR				194.40
194.41 07978 G I SUITES	83		83	194.41
194.42 07979 RESPIRATORY CARE NURSING HOME				194.42
194.43 07970 OCCUPATIONAL HEALTH CLINIC				194.43
194.44 07971 PHYSICIAN POOL	163,785		163,785	194.44
194.48 07972 MRI BUILDING	25,836		25,836	194.48
194.49 07973 FUND DEVELOPMENT	561,902		561,902	194.49
194.50 07981 CENTRAL ILLINOIS LUNG				194.50
200	126,811,072	-15,169,501	111,641,571	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			2,754,907 1
2		CAP REL COSTS-MVBLE EQUIP	2			4,516,380 2
500 TOTAL RECLASSIFICATIONS						7,271,287 500
CODE LETTER - A						
1 CAFETERIA RECLASS	B	CAFETERIA	11		649,185	322,673 1
500 TOTAL RECLASSIFICATIONS					649,185	322,673 500
CODE LETTER - B						
1 RECLASS LEASE EXPENSE	D	CAP REL COSTS-MVBLE EQUIP	2			504,964 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						504,964 500
CODE LETTER - D						
1 RECLASS BOND ISSUANCE EXPENSE	E	CAP REL COSTS-BLDG & FIXT	1			25,668 1
500 TOTAL RECLASSIFICATIONS						25,668 500
CODE LETTER - E						
1 CHARGEABLE DRUGS	F	DRUGS CHARGED TO PATIENTS	73			4,342,812 1
500 TOTAL RECLASSIFICATIONS						4,342,812 500
CODE LETTER - F						
1 INTEREST EXPENSE	G	CAP REL COSTS-BLDG & FIXT	1			337,237 1
500 TOTAL RECLASSIFICATIONS						337,237 500
CODE LETTER - G						
1 MEDICAL SUPPLIES	H	MEDICAL SUPPLIES CHRGED TO PA	71			107,000 1
500 TOTAL RECLASSIFICATIONS						107,000 500
CODE LETTER - H						
1 IMPLANT SUPPLIES	I	IMPL. DEV. CHARGED TO PATIENT	72			6,446,891 1
2						2
500 TOTAL RECLASSIFICATIONS						6,446,891 500
CODE LETTER - I						
1 PROPERTY INSURANCE	K	CAP REL COSTS-BLDG & FIXT	1			139,956 1
500 TOTAL RECLASSIFICATIONS						139,956 500
CODE LETTER - K						
1 SAME DAY CARE	L	ASC (NON-DISTINCT PART)	75		285,715	29,517 1
500 TOTAL RECLASSIFICATIONS					285,715	29,517 500
CODE LETTER - L						
GRAND TOTAL (INCREASES)					934,900	19,528,005

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
1	1	6	7	8	9	10
1 OLD CAPITAL RECLASS	A					9 1
2		ADMINISTRATIVE & GENERAL	5		7,271,287	9 2
500 TOTAL RECLASSIFICATIONS CODE LETTER - A					7,271,287	500
1 CAFETERIA RECLASS	B	DIETARY	10	649,185	322,673	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - B				649,185	322,673	500
1 RECLASS LEASE EXPENSE	D	EMPLOYEE BENEFITS	4		62,755	9 1
2		ADMINISTRATIVE & GENERAL	5		85,170	9 2
3		OPERATION OF PLANT	7		3,093	9 3
4		DIETARY	10		180	9 4
5		PHARMACY	15		11,630	9 5
6		MEDICAL RECORDS & LIBRARY	16		51,206	9 6
7		ADULTS & PEDIATRICS	30		12,730	9 7
8		INTENSIVE CARE UNIT	31		1,776	9 8
9		SUBPROVIDER - IPF	40		3,936	9
10		SKILLED NURSING FACILITY	44		2,376	9 10
11		OPERATING ROOM	50		28,503	9 11
12		RECOVERY ROOM	51		1,368	9 12
13		DELIVERY ROOM & LABOR ROOM	52		3,436	9 13
14		PAIN CENTER	53.01		3,846	9 14
15		RADIOLOGY-DIAGNOSTIC	54		81,228	9 15
16		LABORATORY	60		7,026	9 16
17		RESPIRATORY THERAPY	65		3,811	9 17
18		PHYSICAL THERAPY	66		13,088	9 18
19		ELECTROCARDIOLOGY	69		114,917	9 19
20		ELECTROENCEPHALOGRAPHY	70		540	9 20
21		TREATMENT CENTER	76		2,239	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		4,428	9 25
26		FUND DEVELOPMENT	194.49		1,338	9 26
500 TOTAL RECLASSIFICATIONS CODE LETTER - D					504,964	500
1 RECLASS BOND ISSUANCE EXPENSE	E	ADMINISTRATIVE & GENERAL	5		25,668	9 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - E					25,668	500
1 CHARGEABLE DRUGS	F	PHARMACY	15		4,342,812	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - F					4,342,812	500
1 INTEREST EXPENSE	G	ADMINISTRATIVE & GENERAL	5		337,237	9 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - G					337,237	500
1 MEDICAL SUPPLIES	H	CENTRAL SERVICES & SUPPLY	14		107,000	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - H					107,000	500
1 IMPLANT SUPPLIES	I	OPERATING ROOM	50		2,903,837	1
2		CARDIAC CATHETERIZATION	59		3,543,054	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - I					6,446,891	500
1 PROPERTY INSURANCE	K	ADMINISTRATIVE & GENERAL	5		139,956	9 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - K					139,956	500
1 SAME DAY CARE	L	ADULTS & PEDIATRICS	30	285,715	29,517	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - L				285,715	29,517	500
GRAND TOTAL (DECREASES)				934,900	19,528,005	

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	5,422,117	181,749		181,749		5,603,866		2
3 BUILDINGS AND FIXTURES	47,134,831	36,207,655		36,207,655	524,109	82,818,377		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	28,458,066	6,840,683		6,840,683	9,687	35,289,062		5
6 MOVABLE EQUIPMENT	79,630,811	8,339,370		8,339,370	624,564	87,345,617		6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	163,940,985	51,569,457		51,569,457	1,158,360	214,352,082		8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	163,940,985	51,569,457		51,569,457	1,158,360	214,352,082		10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT							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) 8
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	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	3,083,926						3,083,926 1
2 CAP REL COSTS-MVBLE EQUIP	5,021,344						5,021,344 2
3 TOTAL	8,105,270						8,105,270 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)	B	-59,241	CAP REL COSTS-BLDG & FIXT	1	9 1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2 3
3 INVESTMENT INCOME-OTHER (CHAPTER 2) TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)	B	-1,847	ADMINISTRATIVE & GENERAL	5	5 6
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					7
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					8
8 TELEVISION AND RADIO SERVICE (CHAPTER 21) PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-4,602,940			10 11
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23) RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-718,096			12 13
13 LAUNDRY AND LINEN SERVICE CAFETERIA - EMPLOYEES AND GUESTS	B	-28,702	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS	B	-114,601	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	-18,434	DRUGS CHARGED TO PATIENTS	73	17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-10,419	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.) VENDING MACHINES					19 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		RESPIRATORY THERAPY	65	23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	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 PHYSICIANS' ASSISTANT			NONPHYSICIAN ANESTHETISTS	19	28 29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 OTHER REVENUE	B	-12,530	ADULTS & PEDIATRICS	30	33
34 MISCELLANEOUS BILLINGS	B	-380	TREATMENT CENTER	76	34
35 WORKSHOP	B	-24,731	EMERGENCY	91	35
36					36
37 SERVICES	B	-5,775	CARDIAC CATHETERIZATION	59	37
38 OTHER REVENUE	B	-59,131	RADIOLOGY-DIAGNOSTIC	54	38
39					39
40 LEGAL FEES	A	-100,000	ADMINISTRATIVE & GENERAL	5	40
41 GME COSTS	A	6,750	I&R SRVCES-SALARY & FRINGES APP	21	41
42 OTHER REVENUE	B	-81,325	CLINIC	90	42
43					43
44					44
44.02 DIETARY	B	-2,463	DIETARY	10	44.02
44.03 LINEN OTHER REV	B	-9,952	LAUNDRY & LINEN SERVICE	8	44.03
44.04 PATIENT ACCTG REVENUE	B	-40,418	ADMINISTRATIVE & GENERAL	5	44.04
44.06 OTHER REVENUE	B	-100	EMPLOYEE BENEFITS	4	44.06
44.07 EDUCATION REVENUE	B	-1,280	EMPLOYEE BENEFITS	4	44.07
44.08 EAP REVENUE	B	-349,996	EMPLOYEE BENEFITS	4	44.08
45					45
45.03 BIOMED SERVICES	B	-4,656	MAINTENANCE & REPAIRS	6	45.03
45.04 HOUSEKEEPING VENDING	B	-85	HOUSEKEEPING	9	45.04
45.06 ADVERTISING	A	-616,758	ADMINISTRATIVE & GENERAL	5	45.06
45.08 PHYSICIAN RECRUITMENT	A	67,845	ADMINISTRATIVE & GENERAL	5	45.08
45.11 LOBBYING COSTS	A	-40,528	ADMINISTRATIVE & GENERAL	5	45.11
45.14 SELF INSURED HEALTH PREMIUMS	A	-5,196,941	EMPLOYEE BENEFITS	4	45.14
45.21 CRNA SALARIES	A	-1,826,874	ANESTHESIOLOGY	53	45.21
45.22 CRNA BENEFITS	A	-279,169	EMPLOYEE BENEFITS	4	45.22
45.26 COMMUNITY PROMOTIONS	A	-167,675	ADMINISTRATIVE & GENERAL	5	45.26
45.27 TRANSPORTATION	A	-10,044	ADMINISTRATIVE & GENERAL	5	45.27

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
 11/28/2012 17:47

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
45.30 OTHER REVENUE PLANT	B	-2,090	OPERATION OF PLANT	7	45.30
45.35 PURCHASED SERVICES HSHS MEDICAL GR	A	-569,607	ADMINISTRATIVE & GENERAL	5	45.35
45.36 SPONSORSHIP COSTS	A	-160,393	ADMINISTRATIVE & GENERAL	5	45.36
45.37 PHYSICIANS LOANS INTEREST	B	-14,728	ADMINISTRATIVE & GENERAL	5	45.37
45.38 GOODWILL AMORTIZATION	A	-112,187	PHYSICIANS' PRIVATE OFFICES	192	45.38
46					46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-15,169,501			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	6,202,446	6,421,110	-218,664	1
2	4	EMPLOYEE BENEFITS	8,482,093	8,981,525	-499,432	2
3						3
4						4
5		TOTALS (SUM OF LINES 1-4)	14,684,539	15,402,635	-718,096	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.				

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

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

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

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----					
SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
B	ST. MARY'S HOSPITAL		HSHS		HEALTH CARE
6					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	178,569	178,569						1
2	90.01 PRENATAL CLINIC	158,173	158,173						2
3	60 LABORATORY	83,473	48,112	35,361	195,000	881	82,594	4,130	3
4	30 ADULTS & PEDIATRICS	150,692	150,692						4
5	76 TREATMENT CENTER	24,000	24,000						5
6	31 INTENSIVE CARE UNIT	18,000		18,000	195,000	180	16,875	844	6
7	91 EMERGENCY	2,044,657	2,044,657						7
8	69 ELECTROCARDIOLOGY	178,329	178,329						8
9	59 CARDIAC CATHETERIZATION	999,380	999,380						9
10	66 PHYSICAL THERAPY	29,316		29,316	195,000	231	21,656	1,083	10
11	53 ANESTHESIOLOGY	539,087	539,087						11
12	52 DELIVERY ROOM & LABOR RO	11,200		11,200	195,000	55	5,156	258	12
13	5 ADMINISTRATIVE & GENERAL	208,106	208,106						13
14	44 SKILLED NURSING FACILITY	6,000		6,000	195,000	60	5,625	281	14
15	70 ELECTROENCEPHALOGRAPHY	58,631	58,631						15
200	TOTAL	4,687,613	4,587,736	99,877		1,407	131,906	6,596	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11	12	13	14	15	16	17	18	
1	43 NURSERY	NEONATOLOGY						178,569	1
2	90.01 PRENATAL CLINIC	CLINIC						158,173	2
3	60 LABORATORY	LABORATORY				82,594		48,112	3
4	30 ADULTS & PEDIATRICS	PSYCHOLOGY						150,692	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						2,044,657	7
8	69 ELECTROCARDIOLOGY	PRAIRIE CARDIO						178,329	8
9	59 CARDIAC CATHETERIZATION	CATH LAB						999,380	9
10	66 PHYSICAL THERAPY	CARDIAC REHAB				21,656	7,660	7,660	10
11	53 ANESTHESIOLOGY	ANESTHESIOLOGY						539,087	11
12	52 DELIVERY ROOM & LABOR RO					5,156	6,044	6,044	12
13	5 ADMINISTRATIVE & GENERAL	AGGREGATE						208,106	13
14	44 SKILLED NURSING FACILITY	SNF				5,625	375	375	14
15	70 ELECTROENCEPHALOGRAPHY	EEG						58,631	15
200	TOTAL					131,906	15,204	4,602,940	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	3,083,926	3,083,926				1
2 CAP REL COSTS-MVBLE EQUIP	5,021,344		5,021,344			2
4 EMPLOYEE BENEFITS	8,212,218	14,381	23,416	8,250,015		4
5 ADMINISTRATIVE & GENERAL	22,691,147	337,072	548,832	1,175,804	24,752,855	5
6 MAINTENANCE & REPAIRS	113,283	28,001	45,593	21,990	208,867	6
7 OPERATION OF PLANT	3,135,694	317,455	516,891	176,126	4,146,166	7
8 LAUNDRY & LINEN SERVICE	502,984	125,919	205,026	9,464	843,393	8
9 HOUSEKEEPING	1,330,391	45,365	73,866	160,907	1,610,529	9
10 DIETARY	728,933	128,394	209,055	92,797	1,159,179	10
11 CAFETERIA	943,156	30,532	49,713	123,243	1,146,644	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	472,117	14,144	23,029	76,757	586,047	13
14 CENTRAL SERVICES & SUPPLY	234,729	77,579	126,317	36,171	474,796	14
15 PHARMACY	1,783,838	30,286	49,313	273,045	2,136,482	15
16 MEDICAL RECORDS & LIBRARY	1,985,311	67,886	110,534	234,331	2,398,062	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	7,548,662	650,618	1,059,355	1,274,806	10,533,441	30
31 INTENSIVE CARE UNIT	1,617,842	47,079	76,655	259,980	2,001,556	31
40 SUBPROVIDER - IPF	1,064,788	55,344	90,114	142,713	1,352,959	40
41 SUBPROVIDER - IRF	1,670,555	91,183	148,467	136,300	2,046,505	41
43 NURSERY	310,964	18,252	29,719	48,585	407,520	43
44 SKILLED NURSING FACILITY	671,512	40,186	65,431	115,044	892,173	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,473,284	139,539	227,202	229,052	4,069,077	50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY	284,234	26,328	42,868	35,041	388,471	50.02
51 RECOVERY ROOM	435,924	17,975	29,267	76,087	559,253	51
52 DELIVERY ROOM & LABOR ROOM	1,148,094	75,041	122,184	197,564	1,542,883	52
53 ANESTHESIOLOGY	594,491	2,499	4,068	399,761	1,000,819	53
53.01 PAIN CENTER	438,469	27,819	45,296	60,900	572,484	53.01
54 RADIOLOGY-DIAGNOSTIC	2,057,047	113,965	185,561	310,228	2,666,801	54
56 RADIOISOTOPE	545,870	5,259	8,563	33,888	593,580	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	648,980	4,426	7,207	60,856	721,469	57
58 MAGNETIC RESONANCE IMAGING (MRI)	387,418	7,004	11,405	42,746	448,573	58
59 CARDIAC CATHETERIZATION	2,795,417	39,559	64,411	218,949	3,118,336	59
60 LABORATORY	4,870,318	83,259	135,564	395,781	5,484,922	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	443,862	2,158	3,513	1,644	451,177	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	908,818	6,005	9,777	146,758	1,071,358	65
66 PHYSICAL THERAPY	2,000,254	109,007	177,489	364,355	2,651,105	66
69 ELECTROCARDIOLOGY	1,320,859	29,977	48,809	140,810	1,540,455	69
70 ELECTROENCEPHALOGRAPHY	281,322	20,894	34,020	46,951	383,187	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	107,000				107,000	71
72 IMPL. DEV. CHARGED TO PATIENT	6,446,891				6,446,891	72
73 DRUGS CHARGED TO PATIENTS	4,324,378				4,324,378	73
75 ASC (NON-DISTINCT PART)	315,232			54,241	369,473	75
76 TREATMENT CENTER	96,945	10,859	17,682	17,569	143,055	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	225,874			18,571	244,445	90
90.01 PRENATAL CLINIC	83,424			11,107	94,531	90.01
90.02 OUTPATIENT PSYCHIATRIC	93,604	28,382	46,213	17,100	185,299	90.02
90.03 WOUND CLINIC	247,148			17,984	265,132	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	261,333			3,517	264,850	90.12
90.13 RADIATION ONCOLOGY	640,878			55,874	696,752	90.13
90.14 SPORTS MED-REHAB						90.14

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		4A	
	(FROM WKST	1	2	4		
	A, COL.7)					
	0					
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	35,768			5,825	41,593	90.28
91 EMERGENCY	2,438,425	99,457	161,938	393,314	3,093,134	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)	101,074,955	2,969,088	4,834,363	7,714,536	100,237,657	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	154,367	4,165	6,781	14,231	179,544	190
192 PHYSICIANS' PRIVATE OFFICES	7,621,210			264,832	7,886,042	192
194 SENIOR SERVICES	134,402			10,989	145,391	194
194.01 ADULT DAY CARE	259,371			33,966	293,337	194.01
194.02 SPORTS MEDICINE REHAB	295,368			52,037	347,405	194.02
194.04 CANCER CARE	45,295			64	45,359	194.04
194.05 RESIDENTIAL PROPERTIES						194.05
194.07 BLUE MOUND	2,429			89	2,518	194.07
194.08 ARTHUR CLINIC	38,347			46	38,393	194.08
194.09 OCCUPATIONAL HEALTH						194.09
194.11 2981 NORTH MAIN	26,573			144	26,717	194.11
194.13 MEDICAL OFFICE BUILDING 1750	233,056			198	233,254	194.13
194.14 MEDICAL ARTS						194.14
194.15 MT. ZION CLINIC	21,825			162	21,987	194.15
194.16 CERRO GORDO	16,723			75	16,798	194.16
194.17 LIFELINE	486			92	578	194.17
194.18 COUNTY JAIL CONTRACT						194.18
194.19 ST. JOHN'S HOME HEALTH		40,384	65,754		106,138	194.19
194.23 ST. MARY'S SURGERY CENTER						194.23
194.24 FIELDS WRIGHT MEDICAL PRACTICE	108,233			18,957	127,190	194.24
194.25 3915 N COWGILL	289,001			23	289,024	194.25
194.28 LAUNDRY OUTSIDE SERVICES	37				37	194.28
194.35 MEDICAL MANAGEMENT SYSTEM	68				68	194.35
194.36 LAKE SHORE MEDICAL OFFICE BUILDING	390,369			629	390,998	194.36
194.37 DAY CARE CENTER	4,062			11	4,073	194.37
194.38 SCHOOL HEALTH SERVICES	173,788			31,838	205,626	194.38
194.40 PRAIRIE CARDIOVASCULAR		42,843	69,758		112,601	194.40
194.41 G I SUITES	83				83	194.41
194.42 RESPIRATORY CARE NURSING HOME						194.42
194.43 OCCUPATIONAL HEALTH CLINIC						194.43
194.44 PHYSICIAN POOL	163,785			29,011	192,796	194.44
194.48 MRI BUILDING	25,836			51	25,887	194.48
194.49 FUND DEVELOPMENT	561,902	7,964	12,967	78,034	660,867	194.49
194.50 CENTRAL ILLINOIS LUNG		19,482	31,721		51,203	194.50
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	111,641,571	3,083,926	5,021,344	8,250,015	111,641,571	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	24,752,855					5
6 MAINTENANCE & REPAIRS	59,502	268,369				6
7 OPERATION OF PLANT	1,181,160	31,502	5,358,828			7
8 LAUNDRY & LINEN SERVICE	240,266	12,495	282,687	1,378,841		8
9 HOUSEKEEPING	458,808	4,502	101,845		2,175,684	9
10 DIETARY	330,227	12,741	288,244		126,074	10
11 CAFETERIA	326,656	3,030	68,544		29,980	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	166,953	1,403	31,752		13,888	13
14 CENTRAL SERVICES & SUPPLY	135,260	7,698	174,164		76,177	14
15 PHARMACY	608,641	3,005	67,992		29,739	15
16 MEDICAL RECORDS & LIBRARY	683,160	6,736	152,403		66,659	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	3,000,763	64,562	1,460,629	926,784	638,858	30
31 INTENSIVE CARE UNIT	570,203	4,672	105,692	84,017	46,228	31
40 SUBPROVIDER - IPF	385,431	5,492	124,248	118,514	54,344	40
41 SUBPROVIDER - IRF	583,008	9,048	204,705	124,005	89,535	41
43 NURSERY	116,094	1,811	40,977		17,923	43
44 SKILLED NURSING FACILITY	254,162	3,988	90,216	125,521	39,459	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,159,199	13,847	313,264		137,017	50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY	110,668	2,613	59,105		25,852	50.02
51 RECOVERY ROOM	159,320	1,784	40,353		17,650	51
52 DELIVERY ROOM & LABOR ROOM	439,537	7,446	168,466		73,684	52
53 ANESTHESIOLOGY	285,113	248	5,610		2,454	53
53.01 PAIN CENTER	163,089	2,761	62,453		27,316	53.01
54 RADIOLOGY-DIAGNOSTIC	759,718	11,309	255,851		111,905	54
56 RADIOISOTOPE	169,099	522	11,807		5,164	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	205,532	439	9,937		4,346	57
58 MAGNETIC RESONANCE IMAGING (MRI)	127,789	695	15,725		6,878	58
59 CARDIAC CATHETERIZATION	888,352	3,926	88,810		38,844	59
60 LABORATORY	1,562,545	8,262	186,915		81,754	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	128,531	214	4,844		2,119	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	305,208	596	13,481		5,896	65
66 PHYSICAL THERAPY	755,247	10,817	244,720		107,037	66
69 ELECTROCARDIOLOGY	438,845	2,975	67,297		29,435	69
70 ELECTROENCEPHALOGRAPHY	109,162	2,073	46,907		20,516	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	30,482					71
72 IMPL. DEV. CHARGED TO PATIENT	1,836,590					72
73 DRUGS CHARGED TO PATIENTS	1,231,929					73
75 ASC (NON-DISTINCT PART)	105,255					75
76 TREATMENT CENTER	40,754	1,078	24,379		10,663	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	69,637					90
90.01 PRENATAL CLINIC	26,930					90.01
90.02 OUTPATIENT PSYCHIATRIC	52,788	2,816	63,718		27,869	90.02
90.03 WOUND CLINIC	75,531					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	75,450					90.12
90.13 RADIATION ONCOLOGY	198,491					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 - 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	
90.17 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	11,849					90.28
91 EMERGENCY	881,172	9,869	223,279		97,659	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)	21,504,106	256,975	5,101,019	1,378,841	2,062,922	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	51,148	413	9,349		4,089	190
192 PHYSICIANS' PRIVATE OFFICES	2,246,576					192
194 SENIOR SERVICES	41,419					194
194.01 ADULT DAY CARE	83,566					194.01
194.02 SPORTS MEDICINE REHAB	98,969					194.02
194.04 CANCER CARE	12,922					194.04
194.05 RESIDENTIAL PROPERTIES						194.05
194.07 BLUE MOUND	717					194.07
194.08 ARTHUR CLINIC	10,937					194.08
194.09 OCCUPATIONAL HEALTH						194.09
194.11 2981 NORTH MAIN	7,611					194.11
194.13 MEDICAL OFFICE BUILDING 1750	66,449					194.13
194.14 MEDICAL ARTS						194.14
194.15 MT. ZION CLINIC	6,264					194.15
194.16 CERRO GORDO	4,785					194.16
194.17 LIFELINE	165					194.17
194.18 COUNTY JAIL CONTRACT						194.18
194.19 ST. JOHN'S HOME HEALTH	30,237	4,007	90,662		39,654	194.19
194.23 ST. MARY'S SURGERY CENTER						194.23
194.24 FIELDS WRIGHT MEDICAL PRACTICE	36,234					194.24
194.25 3915 N COWGILL	82,337					194.25
194.28 LAUNDRY OUTSIDE SERVICES	11					194.28
194.35 MEDICAL MANAGEMENT SYSTEM	19					194.35
194.36 LAKE SHORE MEDICAL OFFICE BUILDING	111,388					194.36
194.37 DAY CARE CENTER	1,160					194.37
194.38 SCHOOL HEALTH SERVICES	58,579					194.38
194.40 PRAIRIE CARDIOVASCULAR	32,078	4,251	96,182		42,069	194.40
194.41 G I SUITES	24					194.41
194.42 RESPIRATORY CARE NURSING HOME						194.42
194.43 OCCUPATIONAL HEALTH CLINIC						194.43
194.44 PHYSICIAN POOL	54,924					194.44
194.48 MRI BUILDING	7,375					194.48
194.49 FUND DEVELOPMENT	188,268	790	17,879		7,820	194.49
194.50 CENTRAL ILLINOIS LUNG	14,587	1,933	43,737		19,130	194.50
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	24,752,855	268,369	5,358,828	1,378,841	2,175,684	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	1,916,465					10
11 CAFETERIA		1,574,854				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		18,627	818,670			13
14 CENTRAL SERVICES & SUPPLY		8,778		876,873		14
15 PHARMACY		66,260		4,225	2,916,344	15
16 MEDICAL RECORDS & LIBRARY		56,865		4		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	1,288,148	309,355	277,009	29,642		30
31 INTENSIVE CARE UNIT	116,777	63,089	56,493	12,927		31
40 SUBPROVIDER - IPF	164,723	34,632	31,011	708		40
41 SUBPROVIDER - IRF	172,355	33,076	29,617	4,003		41
43 NURSERY		11,790	10,557	2,076		43
44 SKILLED NURSING FACILITY	174,462	27,918	24,999	2,562		44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		55,584	49,772	108,879		50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY		8,504	7,614	5,306		50.02
51 RECOVERY ROOM		18,464	16,534	1,657		51
52 DELIVERY ROOM & LABOR ROOM		47,943	42,930	4,248		52
53 ANESTHESIOLOGY		97,010	86,867	14,834		53
53.01 PAIN CENTER		14,779	13,233	5,944		53.01
54 RADIOLOGY-DIAGNOSTIC		75,283	67,411	3,341		54
56 RADIOISOTOPE		8,224		17,624		56
57 COMPUTED TOMOGRAPHY (CT) SCAN		14,768		6,997		57
58 MAGNETIC RESONANCE IMAGING (MRI)		10,373		1,593		58
59 CARDIAC CATHETERIZATION		53,132		87,719		59
60 LABORATORY		96,044		95,042		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		399		3,325		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		35,614		4,678		65
66 PHYSICAL THERAPY		88,418		1,549		66
69 ELECTROCARDIOLOGY		34,170		22,550		69
70 ELECTROENCEPHALOGRAPHY		11,394		1,263		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				6,560		71
72 IMPL. DEV. CHARGED TO PATIENT				395,242		72
73 DRUGS CHARGED TO PATIENTS					2,916,344	73
75 ASC (NON-DISTINCT PART)		13,163				75
76 TREATMENT CENTER		4,264	3,818	48		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		4,507	4,035	235		90
90.01 PRENATAL CLINIC		2,695	2,414	131		90.01
90.02 OUTPATIENT PSYCHIATRIC		4,150	3,716	8		90.02
90.03 WOUND CLINIC		4,364	3,908	9,203		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		854		1,497		90.12
90.13 RADIATION ONCOLOGY		13,559		422		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 - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
90.17 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		1,413	1,266	224		90.28
91 EMERGENCY		95,446	85,466	17,068		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)	1,916,465	1,444,908	818,670	873,334	2,916,344	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		3,453				190
192 PHYSICIANS' PRIVATE OFFICES		64,267		2,769		192
194 SENIOR SERVICES		2,667				194
194.01 ADULT DAY CARE		8,243		80		194.01
194.02 SPORTS MEDICINE REHAB		12,628		668		194.02
194.04 CANCER CARE		16		20		194.04
194.05 RESIDENTIAL PROPERTIES						194.05
194.07 BLUE MOUND		22				194.07
194.08 ARTHUR CLINIC		11				194.08
194.09 OCCUPATIONAL HEALTH						194.09
194.11 2981 NORTH MAIN		35				194.11
194.13 MEDICAL OFFICE BUILDING 1750		48				194.13
194.14 MEDICAL ARTS						194.14
194.15 MT. ZION CLINIC		39		2		194.15
194.16 CERRO GORDO		18				194.16
194.17 LIFELINE		22				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		4,600				194.24
194.25 3915 N COWGILL		6				194.25
194.28 LAUNDRY OUTSIDE SERVICES						194.28
194.35 MEDICAL MANAGEMENT SYSTEM						194.35
194.36 LAKE SHORE MEDICAL OFFICE BUILDING		153				194.36
194.37 DAY CARE CENTER		3				194.37
194.38 SCHOOL HEALTH SERVICES		7,726				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		7,040				194.44
194.48 MRI BUILDING		12				194.48
194.49 FUND DEVELOPMENT		18,937				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)	1,916,465	1,574,854	818,670	876,873	2,916,344	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	3,363,889				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	213,426	18,742,617		18,742,617	30
31 INTENSIVE CARE UNIT	32,300	3,093,954		3,093,954	31
40 SUBPROVIDER - IPF	20,789	2,292,851		2,292,851	40
41 SUBPROVIDER - IRF	34,200	3,330,057		3,330,057	41
43 NURSERY	6,732	615,480		615,480	43
44 SKILLED NURSING FACILITY	10,267	1,645,727		1,645,727	44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	212,832	6,119,471		6,119,471	50
50.01 STONE CENTER					50.01
50.02 ENDOSCOPY	14,848	622,981		622,981	50.02
51 RECOVERY ROOM	33,062	848,077		848,077	51
52 DELIVERY ROOM & LABOR ROOM	22,932	2,350,069		2,350,069	52
53 ANESTHESIOLOGY	68,429	1,561,384		1,561,384	53
53.01 PAIN CENTER	46,912	908,971		908,971	53.01
54 RADIOLOGY-DIAGNOSTIC	165,765	4,117,384		4,117,384	54
56 RADIOISOTOPE	40,955	846,975		846,975	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	294,709	1,258,197		1,258,197	57
58 MAGNETIC RESONANCE IMAGING (MRI)	102,481	714,107		714,107	58
59 CARDIAC CATHETERIZATION	250,161	4,529,280		4,529,280	59
60 LABORATORY	427,902	7,943,386		7,943,386	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	13,642	604,251		604,251	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	68,524	1,505,355		1,505,355	65
66 PHYSICAL THERAPY	161,036	4,019,929		4,019,929	66
69 ELECTROCARDIOLOGY	170,345	2,306,072		2,306,072	69
70 ELECTROENCEPHALOGRAPHY	29,032	603,534		603,534	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	8,093	152,135		152,135	71
72 IMPL. DEV. CHARGED TO PATIENT	181,071	8,859,794		8,859,794	72
73 DRUGS CHARGED TO PATIENTS	371,433	8,844,084		8,844,084	73
75 ASC (NON-DISTINCT PART)	2,607	490,498		490,498	75
76 TREATMENT CENTER	3,851	231,910		231,910	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	4,459	327,318		327,318	90
90.01 PRENATAL CLINIC	2,154	128,855		128,855	90.01
90.02 OUTPATIENT PSYCHIATRIC	7,085	347,449		347,449	90.02
90.03 WOUND CLINIC	4,979	363,117		363,117	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	6,630	349,281		349,281	90.12
90.13 RADIATION ONCOLOGY	47,842	957,066		957,066	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 - 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	
90.17 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	3,210	59,555		59,555	90.28
91 EMERGENCY	279,194	4,782,287		4,782,287	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)	3,363,889	96,473,458		96,473,458	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		247,996		247,996	190
192 PHYSICIANS' PRIVATE OFFICES		10,199,654		10,199,654	192
194 SENIOR SERVICES		189,477		189,477	194
194.01 ADULT DAY CARE		385,226		385,226	194.01
194.02 SPORTS MEDICINE REHAB		459,670		459,670	194.02
194.04 CANCER CARE		58,317		58,317	194.04
194.05 RESIDENTIAL PROPERTIES					194.05
194.07 BLUE MOUND		3,257		3,257	194.07
194.08 ARTHUR CLINIC		49,341		49,341	194.08
194.09 OCCUPATIONAL HEALTH					194.09
194.11 2981 NORTH MAIN		34,363		34,363	194.11
194.13 MEDICAL OFFICE BUILDING 1750		299,751		299,751	194.13
194.14 MEDICAL ARTS					194.14
194.15 MT. ZION CLINIC		28,292		28,292	194.15
194.16 CERRO GORDO		21,601		21,601	194.16
194.17 LIFELINE		765		765	194.17
194.18 COUNTY JAIL CONTRACT					194.18
194.19 ST. JOHN'S HOME HEALTH		270,698		270,698	194.19
194.23 ST. MARY'S SURGERY CENTER					194.23
194.24 FIELDS WRIGHT MEDICAL PRACTICE		168,024		168,024	194.24
194.25 3915 N COWGILL		371,367		371,367	194.25
194.28 LAUNDRY OUTSIDE SERVICES		48		48	194.28
194.35 MEDICAL MANAGEMENT SYSTEM		87		87	194.35
194.36 LAKE SHORE MEDICAL OFFICE BUILDING		502,539		502,539	194.36
194.37 DAY CARE CENTER		5,236		5,236	194.37
194.38 SCHOOL HEALTH SERVICES		271,931		271,931	194.38
194.40 PRAIRIE CARDIOVASCULAR		287,181		287,181	194.40
194.41 G I SUITES		107		107	194.41
194.42 RESPIRATORY CARE NURSING HOME					194.42
194.43 OCCUPATIONAL HEALTH CLINIC					194.43
194.44 PHYSICIAN POOL		254,760		254,760	194.44
194.48 MRI BUILDING		33,274		33,274	194.48
194.49 FUND DEVELOPMENT		894,561		894,561	194.49
194.50 CENTRAL ILLINOIS LUNG		130,590		130,590	194.50
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	3,363,889	111,641,571		111,641,571	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS		14,381	23,416	37,797	37,797	4
5 ADMINISTRATIVE & GENERAL	1,617,725	337,072	548,832	2,503,629	5,388	5
6 MAINTENANCE & REPAIRS		28,001	45,593	73,594	101	6
7 OPERATION OF PLANT		317,455	516,891	834,346	807	7
8 LAUNDRY & LINEN SERVICE		125,919	205,026	330,945	43	8
9 HOUSEKEEPING		45,365	73,866	119,231	737	9
10 DIETARY		128,394	209,055	337,449	425	10
11 CAFETERIA		30,532	49,713	80,245	565	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		14,144	23,029	37,173	352	13
14 CENTRAL SERVICES & SUPPLY		77,579	126,317	203,896	166	14
15 PHARMACY		30,286	49,313	79,599	1,251	15
16 MEDICAL RECORDS & LIBRARY		67,886	110,534	178,420	1,074	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		650,618	1,059,355	1,709,973	5,832	30
31 INTENSIVE CARE UNIT		47,079	76,655	123,734	1,191	31
40 SUBPROVIDER - IPF		55,344	90,114	145,458	654	40
41 SUBPROVIDER - IRF		91,183	148,467	239,650	625	41
43 NURSERY		18,252	29,719	47,971	223	43
44 SKILLED NURSING FACILITY		40,186	65,431	105,617	527	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		139,539	227,202	366,741	1,050	50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY		26,328	42,868	69,196	161	50.02
51 RECOVERY ROOM		17,975	29,267	47,242	349	51
52 DELIVERY ROOM & LABOR ROOM		75,041	122,184	197,225	905	52
53 ANESTHESIOLOGY		2,499	4,068	6,567	1,832	53
53.01 PAIN CENTER		27,819	45,296	73,115	279	53.01
54 RADIOLOGY-DIAGNOSTIC		113,965	185,561	299,526	1,422	54
56 RADIOISOTOPE		5,259	8,563	13,822	155	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		4,426	7,207	11,633	279	57
58 MAGNETIC RESONANCE IMAGING (MRI)		7,004	11,405	18,409	196	58
59 CARDIAC CATHETERIZATION		39,559	64,411	103,970	1,003	59
60 LABORATORY		83,259	135,564	218,823	1,814	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		2,158	3,513	5,671	8	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		6,005	9,777	15,782	673	65
66 PHYSICAL THERAPY		109,007	177,489	286,496	1,670	66
69 ELECTROCARDIOLOGY		29,977	48,809	78,786	645	69
70 ELECTROENCEPHALOGRAPHY		20,894	34,020	54,914	215	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)					249	75
76 TREATMENT CENTER		10,859	17,682	28,541	81	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					85	90
90.01 PRENATAL CLINIC					51	90.01
90.02 OUTPATIENT PSYCHIATRIC		28,382	46,213	74,595	78	90.02
90.03 WOUND CLINIC					82	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					16	90.12
90.13 RADIATION ONCOLOGY					256	90.13
90.14 SPORTS MED-REHAB						90.14
90.15 MACON COUNT MEDICAL ASSOCIATES						90.15
90.16 DR BRITT						90.16

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
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					27	90.28
91 EMERGENCY		99,457	161,938	261,395	1,802	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)	1,617,725	2,969,088	4,834,363	9,421,176	35,344	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		4,165	6,781	10,946	65	190
192 PHYSICIANS' PRIVATE OFFICES					1,214	192
194 SENIOR SERVICES					50	194
194.01 ADULT DAY CARE					156	194.01
194.02 SPORTS MEDICINE REHAB					238	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					1	194.11
194.13 MEDICAL OFFICE BUILDING 1750					1	194.13
194.14 MEDICAL ARTS						194.14
194.15 MT. ZION CLINIC					1	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		40,384	65,754	106,138		194.19
194.23 ST. MARY'S SURGERY CENTER						194.23
194.24 FIELDS WRIGHT MEDICAL PRACTICE					87	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					3	194.36
194.37 DAY CARE CENTER						194.37
194.38 SCHOOL HEALTH SERVICES					146	194.38
194.40 PRAIRIE CARDIOVASCULAR		42,843	69,758	112,601		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					133	194.44
194.48 MRI BUILDING						194.48
194.49 FUND DEVELOPMENT		7,964	12,967	20,931	358	194.49
194.50 CENTRAL ILLINOIS LUNG		19,482	31,721	51,203		194.50
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,617,725	3,083,926	5,021,344	9,722,995	37,797	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	2,509,017					5
6 MAINTENANCE & REPAIRS	6,031	79,726				6
7 OPERATION OF PLANT	119,725	9,358	964,236			7
8 LAUNDRY & LINEN SERVICE	24,354	3,712	50,865	409,919		8
9 HOUSEKEEPING	46,506	1,337	18,325		186,136	9
10 DIETARY	33,472	3,785	51,865		10,786	10
11 CAFETERIA	33,110	900	12,333		2,565	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	16,923	417	5,713		1,188	13
14 CENTRAL SERVICES & SUPPLY	13,710	2,287	31,338		6,517	14
15 PHARMACY	61,693	893	12,234		2,544	15
16 MEDICAL RECORDS & LIBRARY	69,246	2,001	27,422		5,703	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	304,181	19,180	262,820	275,526	54,658	30
31 INTENSIVE CARE UNIT	57,797	1,388	19,018	24,978	3,955	31
40 SUBPROVIDER - IPF	39,068	1,632	22,356	35,233	4,649	40
41 SUBPROVIDER - IRF	59,095	2,688	36,833	36,866	7,660	41
43 NURSERY	11,768	538	7,373		1,533	43
44 SKILLED NURSING FACILITY	25,762	1,185	16,233	37,316	3,376	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	117,499	4,114	56,367		11,722	50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY	11,217	776	10,635		2,212	50.02
51 RECOVERY ROOM	16,149	530	7,261		1,510	51
52 DELIVERY ROOM & LABOR ROOM	44,552	2,212	30,313		6,304	52
53 ANESTHESIOLOGY	28,900	74	1,009		210	53
53.01 PAIN CENTER	16,531	820	11,237		2,337	53.01
54 RADIOLOGY-DIAGNOSTIC	77,007	3,360	46,036		9,574	54
56 RADIOISOTOPE	17,140	155	2,124		442	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	20,833	130	1,788		372	57
58 MAGNETIC RESONANCE IMAGING (MRI)	12,953	206	2,829		588	58
59 CARDIAC CATHETERIZATION	90,045	1,166	15,980		3,323	59
60 LABORATORY	158,383	2,454	33,632		6,994	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	13,028	64	872		181	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	30,937	177	2,426		504	65
66 PHYSICAL THERAPY	76,553	3,213	44,034		9,157	66
69 ELECTROCARDIOLOGY	44,482	884	12,109		2,518	69
70 ELECTROENCEPHALOGRAPHY	11,065	616	8,440		1,755	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	3,090					71
72 IMPL. DEV. CHARGED TO PATIENT	186,160					72
73 DRUGS CHARGED TO PATIENTS	124,871					73
75 ASC (NON-DISTINCT PART)	10,669					75
76 TREATMENT CENTER	4,131	320	4,387		912	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	7,059					90
90.01 PRENATAL CLINIC	2,730					90.01
90.02 OUTPATIENT PSYCHIATRIC	5,351	837	11,465		2,384	90.02
90.03 WOUND CLINIC	7,656					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	7,648					90.12
90.13 RADIATION ONCOLOGY	20,119					90.13
90.14 SPORTS MED-REHAB						90.14
90.15 MACON COUNT MEDICAL ASSOCIATES						90.15
90.16 DR BRITT						90.16

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	
90.17 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	1,201					90.28
91 EMERGENCY	89,317	2,932	40,176		8,355	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)	2,179,717	76,341	917,848	409,919	176,488	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,185	123	1,682		350	190
192 PHYSICIANS' PRIVATE OFFICES	227,717					192
194 SENIOR SERVICES	4,198					194
194.01 ADULT DAY CARE	8,470					194.01
194.02 SPORTS MEDICINE REHAB	10,032					194.02
194.04 CANCER CARE	1,310					194.04
194.05 RESIDENTIAL PROPERTIES						194.05
194.07 BLUE MOUND	73					194.07
194.08 ARTHUR CLINIC	1,109					194.08
194.09 OCCUPATIONAL HEALTH						194.09
194.11 2981 NORTH MAIN	771					194.11
194.13 MEDICAL OFFICE BUILDING 1750	6,735					194.13
194.14 MEDICAL ARTS						194.14
194.15 MT. ZION CLINIC	635					194.15
194.16 CERRO GORDO	485					194.16
194.17 LIFELINE	17					194.17
194.18 COUNTY JAIL CONTRACT						194.18
194.19 ST. JOHN'S HOME HEALTH	3,065	1,190	16,313		3,393	194.19
194.23 ST. MARY'S SURGERY CENTER						194.23
194.24 FIELDS WRIGHT MEDICAL PRACTICE	3,673					194.24
194.25 3915 N COWGILL	8,346					194.25
194.28 LAUNDRY OUTSIDE SERVICES	1					194.28
194.35 MEDICAL MANAGEMENT SYSTEM	2					194.35
194.36 LAKE SHORE MEDICAL OFFICE BUILDING	11,290					194.36
194.37 DAY CARE CENTER	118					194.37
194.38 SCHOOL HEALTH SERVICES	5,938					194.38
194.40 PRAIRIE CARDIOVASCULAR	3,251	1,263	17,306		3,599	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	5,567					194.44
194.48 MRI BUILDING	748					194.48
194.49 FUND DEVELOPMENT	19,083	235	3,217		669	194.49
194.50 CENTRAL ILLINOIS LUNG	1,479	574	7,870		1,637	194.50
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,509,017	79,726	964,236	409,919	186,136	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	437,782					10
11 CAFETERIA		129,718				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		1,534	63,300			13
14 CENTRAL SERVICES & SUPPLY		723		258,637		14
15 PHARMACY		5,458		1,246	164,918	15
16 MEDICAL RECORDS & LIBRARY		4,684		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	294,253	25,473	21,414	8,743		30
31 INTENSIVE CARE UNIT	26,676	5,197	4,369	3,813		31
40 SUBPROVIDER - IPF	37,628	2,853	2,398	209		40
41 SUBPROVIDER - IRF	39,372	2,725	2,290	1,181		41
43 NURSERY		971	816	612		43
44 SKILLED NURSING FACILITY	39,853	2,300	1,933	756		44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		4,579	3,849	32,114		50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY		700	589	1,565		50.02
51 RECOVERY ROOM		1,521	1,279	489		51
52 DELIVERY ROOM & LABOR ROOM		3,949	3,320	1,253		52
53 ANESTHESIOLOGY		7,991	6,717	4,375		53
53.01 PAIN CENTER		1,217	1,023	1,753		53.01
54 RADIOLOGY-DIAGNOSTIC		6,202	5,213	985		54
56 RADIOISOTOPE		677		5,198		56
57 COMPUTED TOMOGRAPHY (CT) SCAN		1,217		2,064		57
58 MAGNETIC RESONANCE IMAGING (MRI)		855		470		58
59 CARDIAC CATHETERIZATION		4,377		25,873		59
60 LABORATORY		7,912		28,033		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		33		981		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		2,934		1,380		65
66 PHYSICAL THERAPY		7,284		457		66
69 ELECTROCARDIOLOGY		2,815		6,651		69
70 ELECTROENCEPHALOGRAPHY		939		373		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				1,935		71
72 IMPL. DEV. CHARGED TO PATIENT				116,578		72
73 DRUGS CHARGED TO PATIENTS					164,918	73
75 ASC (NON-DISTINCT PART)		1,084				75
76 TREATMENT CENTER		351	295	14		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		371	312	69		90
90.01 PRENATAL CLINIC		222	187	39		90.01
90.02 OUTPATIENT PSYCHIATRIC		342	287	2		90.02
90.03 WOUND CLINIC		360	302	2,714		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		70		442		90.12
90.13 RADIATION ONCOLOGY		1,117		124		90.13
90.14 SPORTS MED-REHAB						90.14
90.15 MACON COUNT MEDICAL ASSOCIATES						90.15
90.16 DR BRITT						90.16

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	
90.17 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		116	98	66		90.28
91 EMERGENCY		7,862	6,609	5,034		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)	437,782	119,015	63,300	257,592	164,918	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		284				190
192 PHYSICIANS' PRIVATE OFFICES		5,294		817		192
194 SENIOR SERVICES		220				194
194.01 ADULT DAY CARE		679		24		194.01
194.02 SPORTS MEDICINE REHAB		1,040		197		194.02
194.04 CANCER CARE		1		6		194.04
194.05 RESIDENTIAL PROPERTIES						194.05
194.07 BLUE MOUND		2				194.07
194.08 ARTHUR CLINIC		1				194.08
194.09 OCCUPATIONAL HEALTH						194.09
194.11 2981 NORTH MAIN		3				194.11
194.13 MEDICAL OFFICE BUILDING 1750		4				194.13
194.14 MEDICAL ARTS						194.14
194.15 MT. ZION CLINIC		3		1		194.15
194.16 CERRO GORDO		1				194.16
194.17 LIFELINE		2				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		379				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		13				194.36
194.37 DAY CARE CENTER						194.37
194.38 SCHOOL HEALTH SERVICES		636				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		580				194.44
194.48 MRI BUILDING		1				194.48
194.49 FUND DEVELOPMENT		1,560				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)	437,782	129,718	63,300	258,637	164,918	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	288,551				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	18,315	3,000,368		3,000,368	30
31 INTENSIVE CARE UNIT	2,772	274,888		274,888	31
40 SUBPROVIDER - IPF	1,784	293,922		293,922	40
41 SUBPROVIDER - IRF	2,935	431,920		431,920	41
43 NURSERY	578	72,383		72,383	43
44 SKILLED NURSING FACILITY	881	235,739		235,739	44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	18,264	616,299		616,299	50
50.01 STONE CENTER					50.01
50.02 ENDOSCOPY	1,274	98,325		98,325	50.02
51 RECOVERY ROOM	2,837	79,167		79,167	51
52 DELIVERY ROOM & LABOR ROOM	1,968	292,001		292,001	52
53 ANESTHESIOLOGY	5,872	63,547		63,547	53
53.01 PAIN CENTER	4,026	112,338		112,338	53.01
54 RADIOLOGY-DIAGNOSTIC	14,225	463,550		463,550	54
56 RADIOISOTOPE	3,515	43,228		43,228	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	25,291	63,607		63,607	57
58 MAGNETIC RESONANCE IMAGING (MRI)	8,795	45,301		45,301	58
59 CARDIAC CATHETERIZATION	21,468	267,205		267,205	59
60 LABORATORY	36,597	494,642		494,642	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,171	22,009		22,009	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	5,880	60,693		60,693	65
66 PHYSICAL THERAPY	13,819	442,683		442,683	66
69 ELECTROCARDIOLOGY	14,618	163,508		163,508	69
70 ELECTROENCEPHALOGRAPHY	2,491	80,808		80,808	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	694	5,719		5,719	71
72 IMPL. DEV. CHARGED TO PATIENT	15,539	318,277		318,277	72
73 DRUGS CHARGED TO PATIENTS	31,875	321,664		321,664	73
75 ASC (NON-DISTINCT PART)	224	12,226		12,226	75
76 TREATMENT CENTER	330	39,362		39,362	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	383	8,279		8,279	90
90.01 PRENATAL CLINIC	185	3,414		3,414	90.01
90.02 OUTPATIENT PSYCHIATRIC	608	95,949		95,949	90.02
90.03 WOUND CLINIC	427	11,541		11,541	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	569	8,745		8,745	90.12
90.13 RADIATION ONCOLOGY	4,106	25,722		25,722	90.13
90.14 SPORTS MED-REHAB					90.14
90.15 MACON COUNT MEDICAL ASSOCIATES					90.15
90.16 DR BRITT					90.16

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	
90.17 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	276	1,784		1,784	90.28
91 EMERGENCY	23,959	447,441		447,441	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)	288,551	9,018,254		9,018,254	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		18,635		18,635	190
192 PHYSICIANS' PRIVATE OFFICES		235,042		235,042	192
194 SENIOR SERVICES		4,468		4,468	194
194.01 ADULT DAY CARE		9,329		9,329	194.01
194.02 SPORTS MEDICINE REHAB		11,507		11,507	194.02
194.04 CANCER CARE		1,317		1,317	194.04
194.05 RESIDENTIAL PROPERTIES					194.05
194.07 BLUE MOUND		75		75	194.07
194.08 ARTHUR CLINIC		1,110		1,110	194.08
194.09 OCCUPATIONAL HEALTH					194.09
194.11 2981 NORTH MAIN		775		775	194.11
194.13 MEDICAL OFFICE BUILDING 1750		6,740		6,740	194.13
194.14 MEDICAL ARTS					194.14
194.15 MT. ZION CLINIC		640		640	194.15
194.16 CERRO GORDO		486		486	194.16
194.17 LIFELINE		19		19	194.17
194.18 COUNTY JAIL CONTRACT					194.18
194.19 ST. JOHN'S HOME HEALTH		130,099		130,099	194.19
194.23 ST. MARY'S SURGERY CENTER					194.23
194.24 FIELDS WRIGHT MEDICAL PRACTICE		4,139		4,139	194.24
194.25 3915 N COWGILL		8,346		8,346	194.25
194.28 LAUNDRY OUTSIDE SERVICES		1		1	194.28
194.35 MEDICAL MANAGEMENT SYSTEM		2		2	194.35
194.36 LAKE SHORE MEDICAL OFFICE BUILDING		11,306		11,306	194.36
194.37 DAY CARE CENTER		118		118	194.37
194.38 SCHOOL HEALTH SERVICES		6,720		6,720	194.38
194.40 PRAIRIE CARDIOVASCULAR		138,020		138,020	194.40
194.41 G I SUITES		2		2	194.41
194.42 RESPIRATORY CARE NURSING HOME					194.42
194.43 OCCUPATIONAL HEALTH CLINIC					194.43
194.44 PHYSICIAN POOL		6,280		6,280	194.44
194.48 MRI BUILDING		749		749	194.48
194.49 FUND DEVELOPMENT		46,053		46,053	194.49
194.50 CENTRAL ILLINOIS LUNG		62,763		62,763	194.50
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	288,551	9,722,995		9,722,995	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT SQUARE FEET 2	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON-CILIATION 5A	ADMINIS-TRATIVE & GENERAL ACCUM COST 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	43,457,363			4
5 ADMINISTRATIVE & GENERAL	42,493	42,493	6,193,592	-24,752,855	86,888,716	5
6 MAINTENANCE & REPAIRS	3,530	3,530	115,833		208,867	6
7 OPERATION OF PLANT	40,020	40,020	927,750		4,146,166	7
8 LAUNDRY & LINEN SERVICE	15,874	15,874	49,854		843,393	8
9 HOUSEKEEPING	5,719	5,719	847,582		1,610,529	9
10 DIETARY	16,186	16,186	488,814		1,159,179	10
11 CAFETERIA	3,849	3,849	649,185		1,146,644	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,783	1,783	404,318		586,047	13
14 CENTRAL SERVICES & SUPPLY	9,780	9,780	190,530		474,796	14
15 PHARMACY	3,818	3,818	1,438,277		2,136,482	15
16 MEDICAL RECORDS & LIBRARY	8,558	8,558	1,234,348		2,398,062	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	82,020	82,020	6,715,189		10,533,441	30
31 INTENSIVE CARE UNIT	5,935	5,935	1,369,456		2,001,556	31
40 SUBPROVIDER - IPF	6,977	6,977	751,748		1,352,959	40
41 SUBPROVIDER - IRF	11,495	11,495	717,964		2,046,505	41
43 NURSERY	2,301	2,301	255,924		407,520	43
44 SKILLED NURSING FACILITY	5,066	5,066	605,998		892,173	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	17,591	17,591	1,206,540		4,069,077	50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY	3,319	3,319	184,582		388,471	50.02
51 RECOVERY ROOM	2,266	2,266	400,793		559,253	51
52 DELIVERY ROOM & LABOR ROOM	9,460	9,460	1,040,674		1,542,883	52
53 ANESTHESIOLOGY	315	315	2,105,755		1,000,819	53
53.01 PAIN CENTER	3,507	3,507	320,791		572,484	53.01
54 RADIOLOGY-DIAGNOSTIC	14,367	14,367	1,634,138		2,666,801	54
56 RADIOISOTOPE	663	663	178,504		593,580	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	558	558	320,560		721,469	57
58 MAGNETIC RESONANCE IMAGING (MRI)	883	883	225,168		448,573	58
59 CARDIAC CATHETERIZATION	4,987	4,987	1,153,322		3,118,336	59
60 LABORATORY	10,496	10,496	2,084,794		5,484,922	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	272	272	8,659		451,177	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	757	757	773,053		1,071,358	65
66 PHYSICAL THERAPY	13,742	13,742	1,919,255		2,651,105	66
69 ELECTROCARDIOLOGY	3,779	3,779	741,724		1,540,455	69
70 ELECTROENCEPHALOGRAPHY	2,634	2,634	247,316		383,187	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS					107,000	71
72 IMPL. DEV. CHARGED TO PATIENT					6,446,891	72
73 DRUGS CHARGED TO PATIENTS					4,324,378	73
75 ASC (NON-DISTINCT PART)			285,715		369,473	75
76 TREATMENT CENTER	1,369	1,369	92,547		143,055	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			97,822		244,445	90
90.01 PRENATAL CLINIC			58,509		94,531	90.01
90.02 OUTPATIENT PSYCHIATRIC	3,578	3,578	90,076		185,299	90.02
90.03 WOUND CLINIC			94,731		265,132	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			18,528		264,850	90.12
90.13 RADIATION ONCOLOGY			294,319		696,752	90.13
90.14 SPORTS MED-REHAB						90.14
90.15 MACON COUNT MEDICAL ASSOCIATES						90.15

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT SQUARE FEET 2	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON- CILIATION 5A	ADMINIS- TRATIVE & GENERAL ACCUM COST 5	
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			30,681		41,593	90.28
91 EMERGENCY	12,538	12,538	2,071,795		3,093,134	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	40,636,713	-24,752,855	75,484,802	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	525	525	74,963		179,544	190
192 PHYSICIANS' PRIVATE OFFICES			1,395,012		7,886,042	192
194 SENIOR SERVICES			57,885		145,391	194
194.01 ADULT DAY CARE			178,917		293,337	194.01
194.02 SPORTS MEDICINE REHAB			274,106		347,405	194.02
194.04 CANCER CARE			337		45,359	194.04
194.05 RESIDENTIAL PROPERTIES						194.05
194.07 BLUE MOUND			469		2,518	194.07
194.08 ARTHUR CLINIC			240		38,393	194.08
194.09 OCCUPATIONAL HEALTH						194.09
194.11 2981 NORTH MAIN			756		26,717	194.11
194.13 MEDICAL OFFICE BUILDING 1750			1,045		233,254	194.13
194.14 MEDICAL ARTS						194.14
194.15 MT. ZION CLINIC			852		21,987	194.15
194.16 CERRO GORDO			393		16,798	194.16
194.17 LIFELINE			486		578	194.17
194.18 COUNTY JAIL CONTRACT						194.18
194.19 ST. JOHN'S HOME HEALTH	5,091	5,091			106,138	194.19
194.23 ST. MARY'S SURGERY CENTER						194.23
194.24 FIELDS WRIGHT MEDICAL PRACTICE			99,856		127,190	194.24
194.25 3915 N COWGILL			123		289,024	194.25
194.28 LAUNDRY OUTSIDE SERVICES					37	194.28
194.35 MEDICAL MANAGEMENT SYSTEM					68	194.35
194.36 LAKE SHORE MEDICAL OFFICE BUILDING			3,315		390,998	194.36
194.37 DAY CARE CENTER			58		4,073	194.37
194.38 SCHOOL HEALTH SERVICES			167,706		205,626	194.38
194.40 PRAIRIE CARDIOVASCULAR	5,401	5,401			112,601	194.40
194.41 G I SUITES					83	194.41
194.42 RESPIRATORY CARE NURSING HOME						194.42
194.43 OCCUPATIONAL HEALTH CLINIC						194.43
194.44 PHYSICIAN POOL			152,817		192,796	194.44
194.48 MRI BUILDING			267		25,887	194.48
194.49 FUND DEVELOPMENT	1,004	1,004	411,047		660,867	194.49
194.50 CENTRAL ILLINOIS LUNG	2,456	2,456			51,203	194.50
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	3,083,926	5,021,344	8,250,015		24,752,855	202
203 UNIT COST MULT-WS B PT I	7.932418	12.915810	0.189842		0.284880	203
204 COST TO BE ALLOC PER B PT II			37,797		2,509,017	204
205 UNIT COST MULT-WS B PT II			0.000870		0.028876	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	40,930		8
9 HOUSEKEEPING	5,719	5,719		279,326	9
10 DIETARY	16,186	16,186		16,186	40,930
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	82,020	82,020	27,511	82,020	27,511
31 INTENSIVE CARE UNIT	5,935	5,935	2,494	5,935	2,494
40 SUBPROVIDER - IPF	6,977	6,977	3,518	6,977	3,518
41 SUBPROVIDER - IRF	11,495	11,495	3,681	11,495	3,681
43 NURSERY	2,301	2,301		2,301	
44 SKILLED NURSING FACILITY	5,066	5,066	3,726	5,066	3,726
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	17,591	17,591		17,591	
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 & PACKED RED BLOOD CELLS	272	272		272	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					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

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE- KEEPING	DIETARY	
	SQUARE FEET 6	SQUARE FEET 7	PATIENT DAYS 8	SQUARE FEET 9	PATIENT DAYS 10	
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	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	40,930	264,849	40,930	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	268,369	5,358,828	1,378,841	2,175,684	1,916,465	202
203 UNIT COST MULT-WS B PT I	0.787147	17.808208	33.687784	7.789049	46.822990	203
204 COST TO BE ALLOC PER B PT II	79,726	964,236	409,919	186,136	437,782	204
205 UNIT COST MULT-WS B PT II	0.233842	3.204304	10.015123	0.666375	10.695871	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA GROSS SALARIES 11	NURSING ADMINIS- TRATION GROSS SALARIES 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL 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	34,184,753					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	404,318	19,845,713				13
14 CENTRAL SERVICES & SUPPLY	190,530		14,302,835			14
15 PHARMACY	1,438,277		68,909	100		15
16 MEDICAL RECORDS & LIBRARY	1,234,348		63		412,393,864	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	6,715,189	6,715,189	483,495		26,164,819	30
31 INTENSIVE CARE UNIT	1,369,456	1,369,456	210,857		3,959,823	31
40 SUBPROVIDER - IPF	751,748	751,748	11,554		2,548,552	40
41 SUBPROVIDER - IRF	717,964	717,964	65,297		4,192,733	41
43 NURSERY	255,924	255,924	33,861		825,356	43
44 SKILLED NURSING FACILITY	605,998	605,998	41,788		1,258,721	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,206,540	1,206,540	1,775,941		26,091,912	50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY	184,582	184,582	86,548		1,820,279	50.02
51 RECOVERY ROOM	400,793	400,793	27,029		4,053,217	51
52 DELIVERY ROOM & LABOR ROOM	1,040,674	1,040,674	69,286		2,811,328	52
53 ANESTHESIOLOGY	2,105,755	2,105,755	241,960		8,388,948	53
53.01 PAIN CENTER	320,791	320,791	96,960		5,751,093	53.01
54 RADIOLOGY-DIAGNOSTIC	1,634,138	1,634,138	54,497		20,321,752	54
56 RADIOISOTOPE	178,504		287,467		5,020,845	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	320,560		114,129		36,129,570	57
58 MAGNETIC RESONANCE IMAGING (MRI)	225,168		25,986		12,563,599	58
59 CARDIAC CATHETERIZATION	1,153,322		1,430,787		30,668,284	59
60 LABORATORY	2,084,794		1,550,230		52,459,100	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	8,659		54,228		1,672,455	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	773,053		76,309		8,400,621	65
66 PHYSICAL THERAPY	1,919,255		25,273		19,742,051	66
69 ELECTROCARDIOLOGY	741,724		367,816		20,883,262	69
70 ELECTROENCEPHALOGRAPHY	247,316		20,608		3,559,153	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS			107,000		992,113	71
72 IMPL. DEV. CHARGED TO PATIENT			6,446,891		22,198,229	72
73 DRUGS CHARGED TO PATIENTS				100	45,535,543	73
75 ASC (NON-DISTINCT PART)	285,715				319,562	75
76 TREATMENT CENTER	92,547	92,547	784		472,097	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	97,822	97,822	3,830		546,657	90
90.01 PRENATAL CLINIC	58,509	58,509	2,142		264,099	90.01
90.02 OUTPATIENT PSYCHIATRIC	90,076	90,076	130		868,579	90.02
90.03 WOUND CLINIC	94,731	94,731	150,108		610,408	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	18,528		24,418		812,740	90.12
90.13 RADIATION ONCOLOGY	294,319		6,879		5,865,207	90.13
90.14 SPORTS MED-REHAB						90.14
90.15 MACON COUNT MEDICAL ASSOCIATES						90.15

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	GROSS	ADMINIS-	SERVICES &	COSTED	RECORDS +	
	SALARIES	TRATION	SUPPLY	REQUIS.	LIBRARY	
	11	GROSS	COSTED	REQUIS.	GROSS	
		SALARIES	REQUIS.	REQUIS.	REVENUE	
		13	14	15	16	
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	30,681	30,681	3,661		393,577	90.28
91 EMERGENCY	2,071,795	2,071,795	278,390		34,227,580	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)	31,364,103	19,845,713	14,245,111	100	412,393,864	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	74,963					190
192 PHYSICIANS' PRIVATE OFFICES	1,395,012		45,161			192
194 SENIOR SERVICES	57,885					194
194.01 ADULT DAY CARE	178,917		1,300			194.01
194.02 SPORTS MEDICINE REHAB	274,106		10,894			194.02
194.04 CANCER CARE	337		329			194.04
194.05 RESIDENTIAL PROPERTIES						194.05
194.07 BLUE MOUND	469					194.07
194.08 ARTHUR CLINIC	240					194.08
194.09 OCCUPATIONAL HEALTH						194.09
194.11 2981 NORTH MAIN	756					194.11
194.13 MEDICAL OFFICE BUILDING 1750	1,045					194.13
194.14 MEDICAL ARTS						194.14
194.15 MT. ZION CLINIC	852		40			194.15
194.16 CERRO GORDO	393					194.16
194.17 LIFELINE	486					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	99,856					194.24
194.25 3915 N COWGILL	123					194.25
194.28 LAUNDRY OUTSIDE SERVICES						194.28
194.35 MEDICAL MANAGEMENT SYSTEM						194.35
194.36 LAKE SHORE MEDICAL OFFICE BUILDING	3,315					194.36
194.37 DAY CARE CENTER	58					194.37
194.38 SCHOOL HEALTH SERVICES	167,706					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	152,817					194.44
194.48 MRI BUILDING	267					194.48
194.49 FUND DEVELOPMENT	411,047					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	1,574,854	818,670	876,873	2,916,344	3,363,889	202
203 UNIT COST MULT-WS B PT I	0.046069	0.041252	0.061308	29,163.440000	0.008157	203
204 COST TO BE ALLOC PER B PT II	129,718	63,300	258,637	164,918	288,551	204
205 UNIT COST MULT-WS B PT II	0.003795	0.003190	0.018083	1,649.180000	0.000700	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
40 SUBPROVIDER - IPF		40
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 & PACKED RED BLOOD CELLS		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS		62.30
65 RESPIRATORY THERAPY		65
66 PHYSICAL THERAPY		66
69 ELECTROCARDIOLOGY		69
70 ELECTROENCEPHALOGRAPHY		70
71 MEDICAL SUPPLIES CHRGED 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

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

I&R
 SALARY &
 FRINGES
 ASSIGNED
 TIME
 21

COST CENTER DESCRIPTION

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		
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	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 26)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	18,742,617		18,742,617		18,742,617	30
31 INTENSIVE CARE UNIT	3,093,954		3,093,954	1,125	3,095,079	31
40 SUBPROVIDER - IPF	2,292,851		2,292,851		2,292,851	40
41 SUBPROVIDER - IRF	3,330,057		3,330,057		3,330,057	41
43 NURSERY	615,480		615,480		615,480	43
44 SKILLED NURSING FACILITY	1,645,727		1,645,727	375	1,646,102	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	6,119,471		6,119,471		6,119,471	50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY	622,981		622,981		622,981	50.02
51 RECOVERY ROOM	848,077		848,077		848,077	51
52 DELIVERY ROOM & LABOR ROOM	2,350,069		2,350,069	6,044	2,356,113	52
53 ANESTHESIOLOGY	1,561,384		1,561,384		1,561,384	53
53.01 PAIN CENTER	908,971		908,971		908,971	53.01
54 RADIOLOGY-DIAGNOSTIC	4,117,384		4,117,384		4,117,384	54
56 RADIOISOTOPE	846,975		846,975		846,975	56
57 COMPUTED TOMOGRAPHY (CT) SC	1,258,197		1,258,197		1,258,197	57
58 MAGNETIC RESONANCE IMAGING	714,107		714,107		714,107	58
59 CARDIAC CATHETERIZATION	4,529,280		4,529,280		4,529,280	59
60 LABORATORY	7,943,386		7,943,386		7,943,386	60
62 WHOLE BLOOD & PACKED RED BL	604,251		604,251		604,251	62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	1,505,355		1,505,355		1,505,355	65
66 PHYSICAL THERAPY	4,019,929		4,019,929	7,660	4,027,589	66
69 ELECTROCARDIOLOGY	2,306,072		2,306,072		2,306,072	69
70 ELECTROENCEPHALOGRAPHY	603,534		603,534		603,534	70
71 MEDICAL SUPPLIES CHRGED TO	152,135		152,135		152,135	71
72 IMPL. DEV. CHARGED TO PATIE	8,859,794		8,859,794		8,859,794	72
73 DRUGS CHARGED TO PATIENTS	8,844,084		8,844,084		8,844,084	73
75 ASC (NON-DISTINCT PART)	490,498		490,498		490,498	75
76 TREATMENT CENTER	231,910		231,910		231,910	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	327,318		327,318		327,318	90
90.01 PRENATAL CLINIC	128,855		128,855		128,855	90.01
90.02 OUTPATIENT PSYCHIATRIC	347,449		347,449		347,449	90.02
90.03 WOUND CLINIC	363,117		363,117		363,117	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	349,281		349,281		349,281	90.12
90.13 RADIATION ONCOLOGY	957,066		957,066		957,066	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	59,555		59,555		59,555	90.28
91 EMERGENCY	4,782,287		4,782,287		4,782,287	91
92 OBSERVATION BEDS	1,414,931		1,414,931		1,414,931	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)	97,888,389		97,888,389	15,204	97,903,593	200
201 LESS OBSERVATION BEDS	1,414,931		1,414,931		1,414,931	201
202 TOTAL (SEE INSTRUCTIONS)	96,473,458		96,473,458		96,488,662	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	24,103,915		24,103,915			30
31 INTENSIVE CARE UNIT	3,959,823		3,959,823			31
40 SUBPROVIDER - IPF	2,548,552		2,548,552			40
41 SUBPROVIDER - IRF	4,192,733		4,192,733			41
43 NURSERY	825,356		825,356			43
44 SKILLED NURSING FACILITY	1,258,721		1,258,721			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	12,342,361	13,749,551	26,091,912	0.234535	0.234535	0.234535 50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY	340,934	1,479,345	1,820,279	0.342245	0.342245	0.342245 50.02
51 RECOVERY ROOM	1,188,738	2,864,479	4,053,217	0.209236	0.209236	0.209236 51
52 DELIVERY ROOM & LABOR ROOM	2,100,627	710,701	2,811,328	0.835928	0.835928	0.838078 52
53 ANESTHESIOLOGY	4,131,949	4,256,999	8,388,948	0.186124	0.186124	0.186124 53
53.01 PAIN CENTER	72,141	5,678,952	5,751,093	0.158052	0.158052	0.158052 53.01
54 RADIOLOGY-DIAGNOSTIC	5,397,526	14,924,226	20,321,752	0.202610	0.202610	0.202610 54
56 RADIOISOTOPE	630,989	4,389,856	5,020,845	0.168692	0.168692	0.168692 56
57 COMPUTED TOMOGRAPHY (CT) SC	10,815,196	25,314,374	36,129,570	0.034825	0.034825	0.034825 57
58 MAGNETIC RESONANCE IMAGING	2,719,633	9,843,966	12,563,599	0.056839	0.056839	0.056839 58
59 CARDIAC CATHETERIZATION	17,286,472	13,381,812	30,668,284	0.147686	0.147686	0.147686 59
60 LABORATORY	23,142,341	29,316,759	52,459,100	0.151421	0.151421	0.151421 60
62 WHOLE BLOOD & PACKED RED BL	1,249,776	422,679	1,672,455	0.361296	0.361296	0.361296 62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	7,087,205	1,313,416	8,400,621	0.179196	0.179196	0.179196 65
66 PHYSICAL THERAPY	11,249,123	8,492,928	19,742,051	0.203623	0.203623	0.204011 66
69 ELECTROCARDIOLOGY	5,723,726	15,159,536	20,883,262	0.110427	0.110427	0.110427 69
70 ELECTROENCEPHALOGRAPHY	483,294	3,075,859	3,559,153	0.169572	0.169572	0.169572 70
71 MEDICAL SUPPLIES CHRGED TO	936,627	55,486	992,113	0.153344	0.153344	0.153344 71
72 IMPL. DEV. CHARGED TO PATIE	15,158,321	7,039,908	22,198,229	0.399122	0.399122	0.399122 72
73 DRUGS CHARGED TO PATIENTS	31,059,252	14,476,291	45,535,543	0.194224	0.194224	0.194224 73
75 ASC (NON-DISTINCT PART)	42,873	276,689	319,562	1.534907	1.534907	1.534907 75
76 TREATMENT CENTER	89,045	383,052	472,097	0.491234	0.491234	0.491234 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	27	546,630	546,657	0.598763	0.598763	0.598763 90
90.01 PRENATAL CLINIC	43,261	220,838	264,099	0.487904	0.487904	0.487904 90.01
90.02 OUTPATIENT PSYCHIATRIC	7,409	861,170	868,579	0.400020	0.400020	0.400020 90.02
90.03 WOUND CLINIC	15,892	594,516	610,408	0.594876	0.594876	0.594876 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	19,503	793,237	812,740	0.429757	0.429757	0.429757 90.12
90.13 RADIATION ONCOLOGY	28,739	5,836,468	5,865,207	0.163177	0.163177	0.163177 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		393,577	393,577	0.151317	0.151317	0.151317 90.28
91 EMERGENCY	8,689,384	25,538,196	34,227,580	0.139720	0.139720	0.139720 91
92 OBSERVATION BEDS	205,338	1,855,566	2,060,904	0.686558	0.686558	0.686558 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)	199,146,802	213,247,062	412,393,864			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	199,146,802	213,247,062	412,393,864			202

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
 11/28/2012 17:47

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	PER	INPAT	INPAT PGM	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	CAP-REL COST (COL.1 MINUS COL.2)						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	3,000,368		3,000,368	29,261	102.54	12,880	1,320,715	30
31 INTENSIVE CARE UNIT	274,888		274,888	2,477	110.98	1,635	181,452	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	293,922		293,922	3,518	83.55			40
41 SUBPROVIDER - IRF	431,920		431,920	3,649	118.37	2,938	347,771	41
42 SUBPROVIDER I								42
43 NURSERY	72,383		72,383	1,304	55.51			43
44 SKILLED NURSING FACILITY	235,739		235,739	3,726	63.27	3,137	198,478	44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	4,309,220		4,309,220	43,935		20,590	2,048,416	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

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	616,299	26,091,912	0.023620	6,280,725	148,351	50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY	98,325	1,820,279	0.054016	239,443	12,934	50.02
51 RECOVERY ROOM	79,167	4,053,217	0.019532	573,834	11,208	51
52 DELIVERY ROOM & LABOR ROOM	292,001	2,811,328	0.103866	40,131	4,168	52
53 ANESTHESIOLOGY	63,547	8,388,948	0.007575	1,850,405	14,017	53
53.01 PAIN CENTER	112,338	5,751,093	0.019533	37,529	733	53.01
54 RADIOLOGY-DIAGNOSTIC	463,550	20,321,752	0.022811	3,197,105	72,929	54
56 RADIOISOTOPE	43,228	5,020,845	0.008610	412,780	3,554	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	63,607	36,129,570	0.001761	5,987,907	10,545	57
58 MAGNETIC RESONANCE IMAGING (M	45,301	12,563,599	0.003606	1,700,405	6,132	58
59 CARDIAC CATHETERIZATION	267,205	30,668,284	0.008713	10,262,254	89,415	59
60 LABORATORY	494,642	52,459,100	0.009429	11,748,242	110,774	60
62 WHOLE BLOOD & PACKED RED BLOO	22,009	1,672,455	0.013160	680,178	8,951	62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	60,693	8,400,621	0.007225	4,515,568	32,625	65
66 PHYSICAL THERAPY	442,683	19,742,051	0.022423	2,087,100	46,799	66
69 ELECTROCARDIOLOGY	163,508	20,883,262	0.007830	2,950,874	23,105	69
70 ELECTROENCEPHALOGRAPHY	80,808	3,559,153	0.022704	262,567	5,961	70
71 MEDICAL SUPPLIES CHRGED TO PA	5,719	992,113	0.005764	508,102	2,929	71
72 IMPL. DEV. CHARGED TO PATIENT	318,277	22,198,229	0.014338	8,945,546	128,261	72
73 DRUGS CHARGED TO PATIENTS	321,664	45,535,543	0.007064	15,052,158	106,328	73
75 ASC (NON-DISTINCT PART)	12,226	319,562	0.038259			75
76 TREATMENT CENTER	39,362	472,097	0.083377			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	8,279	546,657	0.015145			90
90.01 PRENATAL CLINIC	3,414	264,099	0.012927			90.01
90.02 OUTPATIENT PSYCHIATRIC	95,949	868,579	0.110467	5,703	630	90.02
90.03 WOUND CLINIC	11,541	610,408	0.018907			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	8,745	812,740	0.010760	8,227	89	90.12
90.13 RADIATION ONCOLOGY	25,722	5,865,207	0.004386			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	1,784	393,577	0.004533			90.28
91 EMERGENCY	447,441	34,227,580	0.013073	4,532,420	59,252	91
92 OBSERVATION BEDS	226,506	2,060,904	0.109906			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	4,935,540	375,504,764		81,879,203	899,690	200

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
11/28/2012 17:47

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

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

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
 11/28/2012 17:47

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL	PER DIEM	INPATIENT	INPAT PGM
	PATIENT	COL.5 ÷	PROGRAM	PASS THRU
	DAYS	COL.6)	DAYS	COSTS
	6	7	8	(COL.7 x
				COL.8)
				9
INPAT ROUTINE SERV COST CTRS				
30 ADULTS & PEDIATRICS	29,261		12,880	30
31 INTENSIVE CARE UNIT	2,477		1,635	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	3,518			40
41 SUBPROVIDER - IRF	3,649		2,938	41
42 SUBPROVIDER I				42
43 NURSERY	1,304			43
44 SKILLED NURSING FACILITY	3,726		3,137	44
45 NURSING FACILITY				45
200 TOTAL (SUM OF LINES 30-199)	43,935		20,590	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			EDUCATION	COST	COST
	ANESTHETIST	SCHOOL	HEALTH	COST	(SUM OF	(SUM OF
	COST				COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	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 & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						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	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[] IRF	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	26,091,912		6,280,725		3,657,458	50
50.01	STONE CENTER						50.01
50.02	ENDOSCOPY	1,820,279		239,443		611,281	50.02
51	RECOVERY ROOM	4,053,217		573,834		908,125	51
52	DELIVERY ROOM & LABOR ROOM	2,811,328		40,131		12,382	52
53	ANESTHESIOLOGY	8,388,948		1,850,405		1,290,361	53
53.01	PAIN CENTER	5,751,093		37,529		2,633,649	53.01
54	RADIOLOGY-DIAGNOSTIC	20,321,752		3,197,105		4,458,017	54
56	RADIOISOTOPE	5,020,845		412,780		726,447	56
57	COMPUTED TOMOGRAPHY (CT) SCA	36,129,570		5,987,907		8,434,006	57
58	MAGNETIC RESONANCE IMAGING (	12,563,599		1,700,405		3,531,813	58
59	CARDIAC CATHETERIZATION	30,668,284		10,262,254		8,017,641	59
60	LABORATORY	52,459,100		11,748,242		944,773	60
62	WHOLE BLOOD & PACKED RED BLO	1,672,455		680,178		53,576	62
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	8,400,621		4,515,568		504,560	65
66	PHYSICAL THERAPY	19,742,051		2,087,100		361,894	66
69	ELECTROCARDIOLOGY	20,883,262		2,950,874		8,804,789	69
70	ELECTROENCEPHALOGRAPHY	3,559,153		262,567		1,013,514	70
71	MEDICAL SUPPLIES CHRGD TO P	992,113		508,102		15,119	71
72	IMPL. DEV. CHARGED TO PATIEN	22,198,229		8,945,546		3,436,699	72
73	DRUGS CHARGED TO PATIENTS	45,535,543		15,052,158		5,821,362	73
75	ASC (NON-DISTINCT PART)	319,562					75
76	TREATMENT CENTER	472,097					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	546,657					90
90.01	PRENATAL CLINIC	264,099					90.01
90.02	OUTPATIENT PSYCHIATRIC	868,579		5,703		181,338	90.02
90.03	WOUND CLINIC	610,408					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	812,740		8,227		408,032	90.12
90.13	RADIATION ONCOLOGY	5,865,207				3,744,522	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	393,577				176,253	90.28
91	EMERGENCY	34,227,580		4,532,420		5,217,941	91
92	OBSERVATION BEDS	2,060,904				616,318	92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	375,504,764		81,879,203		65,581,870	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	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT	PPS	COST SERVICES	COST SVCS NOT	
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES 2	SUBJECT TO DED & COINS 3	SUBJECT TO DED & COINS 4	SUBJECT TO SERVICES 5	SUBJECT TO DED & COINS 6	SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.234535	3,657,458			857,802			50
50.01 STONE CENTER								50.01
50.02 ENDOSCOPY	0.342245	611,281			209,208			50.02
51 RECOVERY ROOM	0.209236	908,125			190,012			51
52 DELIVERY ROOM & LABOR ROOM	0.835928	12,382			10,350			52
53 ANESTHESIOLOGY	0.186124	1,290,361			240,167			53
53.01 PAIN CENTER	0.158052	2,633,649			416,253			53.01
54 RADIOLOGY-DIAGNOSTIC	0.202610	4,458,017			903,239			54
56 RADIOISOTOPE	0.168692	726,447			122,546			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.034825	8,434,006			293,714			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.056839	3,531,813			200,745			58
59 CARDIAC CATHETERIZATION	0.147686	8,017,641			1,184,093			59
60 LABORATORY	0.151421	944,773			143,058			60
62 WHOLE BLOOD & PACKED RED BLOOD	0.361296	53,576			19,357			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.179196	504,560			90,415			65
66 PHYSICAL THERAPY	0.203623	361,894			73,690			66
69 ELECTROCARDIOLOGY	0.110427	8,804,789			972,286			69
70 ELECTROENCEPHALOGRAPHY	0.169572	1,013,514			171,864			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.153344	15,119			2,318			71
72 IMPL. DEV. CHARGED TO PATIENT	0.399122	3,436,699			1,371,662			72
73 DRUGS CHARGED TO PATIENTS	0.194224	5,821,362		36,743	1,130,648		7,136	73
75 ASC (NON-DISTINCT PART)	1.534907							75
76 TREATMENT CENTER	0.491234							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	0.598763							90
90.01 PRENATAL CLINIC	0.487904							90.01
90.02 OUTPATIENT PSYCHIATRIC	0.400020	181,338			72,539			90.02
90.03 WOUND CLINIC	0.594876							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	0.429757	408,032			175,355			90.12
90.13 RADIATION ONCOLOGY	0.163177	3,744,522			611,020			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	0.151317	176,253			26,670			90.28
91 EMERGENCY	0.139720	5,217,941			729,051			91
92 OBSERVATION BEDS	0.686558	616,318			423,138			92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		65,581,870		36,743	10,641,200		7,136	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		65,581,870		36,743	10,641,200		7,136	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S166) [] TEFRA
 BOXES [] TITLE XIX [] IRF

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	616,299	26,091,912	0.023620		50
50.01 STONE CENTER					50.01
50.02 ENDOSCOPY	98,325	1,820,279	0.054016		50.02
51 RECOVERY ROOM	79,167	4,053,217	0.019532		51
52 DELIVERY ROOM & LABOR ROOM	292,001	2,811,328	0.103866		52
53 ANESTHESIOLOGY	63,547	8,388,948	0.007575		53
53.01 PAIN CENTER	112,338	5,751,093	0.019533		53.01
54 RADIOLOGY-DIAGNOSTIC	463,550	20,321,752	0.022811		54
56 RADIOISOTOPE	43,228	5,020,845	0.008610		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	63,607	36,129,570	0.001761		57
58 MAGNETIC RESONANCE IMAGING (M	45,301	12,563,599	0.003606		58
59 CARDIAC CATHETERIZATION	267,205	30,668,284	0.008713		59
60 LABORATORY	494,642	52,459,100	0.009429		60
62 WHOLE BLOOD & PACKED RED BLOO	22,009	1,672,455	0.013160		62
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
65 RESPIRATORY THERAPY	60,693	8,400,621	0.007225		65
66 PHYSICAL THERAPY	442,683	19,742,051	0.022423		66
69 ELECTROCARDIOLOGY	163,508	20,883,262	0.007830		69
70 ELECTROENCEPHALOGRAPHY	80,808	3,559,153	0.022704		70
71 MEDICAL SUPPLIES CHRGED TO PA	5,719	992,113	0.005764		71
72 IMPL. DEV. CHARGED TO PATIENT	318,277	22,198,229	0.014338		72
73 DRUGS CHARGED TO PATIENTS	321,664	45,535,543	0.007064		73
75 ASC (NON-DISTINCT PART)	12,226	319,562	0.038259		75
76 TREATMENT CENTER	39,362	472,097	0.083377		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	8,279	546,657	0.015145		90
90.01 PRENATAL CLINIC	3,414	264,099	0.012927		90.01
90.02 OUTPATIENT PSYCHIATRIC	95,949	868,579	0.110467		90.02
90.03 WOUND CLINIC	11,541	610,408	0.018907		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	8,745	812,740	0.010760		90.12
90.13 RADIATION ONCOLOGY	25,722	5,865,207	0.004386		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	1,784	393,577	0.004533		90.28
91 EMERGENCY	447,441	34,227,580	0.013073		91
92 OBSERVATION BEDS	226,506	2,060,904	0.109906		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)	4,935,540	375,504,764			200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S166) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN						SCHOOL	HEALTH	MEDICAL	COST	COST
	ANESTHETIST			EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	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 & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						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	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[XX] IPF (14-S166)	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[] IRF	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	26,091,912						50
50.01 STONE CENTER							50.01
50.02 ENDOSCOPY	1,820,279						50.02
51 RECOVERY ROOM	4,053,217						51
52 DELIVERY ROOM & LABOR ROOM	2,811,328						52
53 ANESTHESIOLOGY	8,388,948						53
53.01 PAIN CENTER	5,751,093						53.01
54 RADIOLOGY-DIAGNOSTIC	20,321,752						54
56 RADIOISOTOPE	5,020,845						56
57 COMPUTED TOMOGRAPHY (CT) SCA	36,129,570						57
58 MAGNETIC RESONANCE IMAGING (	12,563,599						58
59 CARDIAC CATHETERIZATION	30,668,284						59
60 LABORATORY	52,459,100						60
62 WHOLE BLOOD & PACKED RED BLO	1,672,455						62
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	8,400,621						65
66 PHYSICAL THERAPY	19,742,051						66
69 ELECTROCARDIOLOGY	20,883,262						69
70 ELECTROENCEPHALOGRAPHY	3,559,153						70
71 MEDICAL SUPPLIES CHRGD TO P	992,113						71
72 IMPL. DEV. CHARGED TO PATIEN	22,198,229						72
73 DRUGS CHARGED TO PATIENTS	45,535,543						73
75 ASC (NON-DISTINCT PART)	319,562						75
76 TREATMENT CENTER	472,097						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	546,657						90
90.01 PRENATAL CLINIC	264,099						90.01
90.02 OUTPATIENT PSYCHIATRIC	868,579						90.02
90.03 WOUND CLINIC	610,408						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	812,740						90.12
90.13 RADIATION ONCOLOGY	5,865,207						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	393,577						90.28
91 EMERGENCY	34,227,580						91
92 OBSERVATION BEDS	2,060,904						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	375,504,764						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] IPF (14-S166) [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT	COST SERVICES	COST SVCS NOT	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.234535						50
50.01 STONE CENTER							50.01
50.02 ENDOSCOPY	0.342245						50.02
51 RECOVERY ROOM	0.209236						51
52 DELIVERY ROOM & LABOR ROOM	0.835928						52
53 ANESTHESIOLOGY	0.186124						53
53.01 PAIN CENTER	0.158052						53.01
54 RADIOLOGY-DIAGNOSTIC	0.202610						54
56 RADIOISOTOPE	0.168692						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.034825						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.056839						58
59 CARDIAC CATHETERIZATION	0.147686						59
60 LABORATORY	0.151421						60
62 WHOLE BLOOD & PACKED RED BLOOD	0.361296						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.179196						65
66 PHYSICAL THERAPY	0.203623						66
69 ELECTROCARDIOLOGY	0.110427						69
70 ELECTROENCEPHALOGRAPHY	0.169572						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.153344						71
72 IMPL. DEV. CHARGED TO PATIENT	0.399122						72
73 DRUGS CHARGED TO PATIENTS	0.194224						73
75 ASC (NON-DISTINCT PART)	1.534907						75
76 TREATMENT CENTER	0.491234						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	0.598763						90
90.01 PRENATAL CLINIC	0.487904						90.01
90.02 OUTPATIENT PSYCHIATRIC	0.400020						90.02
90.03 WOUND CLINIC	0.594876						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	0.429757						90.12
90.13 RADIATION ONCOLOGY	0.163177						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	0.151317						90.28
91 EMERGENCY	0.139720						91
92 OBSERVATION BEDS	0.686558						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [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						SCHOOL	HEALTH	MEDICAL	COST	COST
	ANESTHETIST			EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	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 & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						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	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[XX] IRF (14-T166)	[] 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	26,091,912		34,606			50
50.01	STONE CENTER						50.01
50.02	ENDOSCOPY	1,820,279		4,670			50.02
51	RECOVERY ROOM	4,053,217		4,523			51
52	DELIVERY ROOM & LABOR ROOM	2,811,328					52
53	ANESTHESIOLOGY	8,388,948		3,088			53
53.01	PAIN CENTER	5,751,093					53.01
54	RADIOLOGY-DIAGNOSTIC	20,321,752		136,862			54
56	RADIOISOTOPE	5,020,845		11,663			56
57	COMPUTED TOMOGRAPHY (CT) SCA	36,129,570		129,031			57
58	MAGNETIC RESONANCE IMAGING (	12,563,599		53,286			58
59	CARDIAC CATHETERIZATION	30,668,284		7,966			59
60	LABORATORY	52,459,100		518,153			60
62	WHOLE BLOOD & PACKED RED BLO	1,672,455		5,586			62
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	8,400,621		125,666			65
66	PHYSICAL THERAPY	19,742,051		4,629,205			66
69	ELECTROCARDIOLOGY	20,883,262		46,556			69
70	ELECTROENCEPHALOGRAPHY	3,559,153		31,191			70
71	MEDICAL SUPPLIES CHRGD TO P	992,113		150,156			71
72	IMPL. DEV. CHARGED TO PATIEN	22,198,229		7,512			72
73	DRUGS CHARGED TO PATIENTS	45,535,543		1,144,659			73
75	ASC (NON-DISTINCT PART)	319,562					75
76	TREATMENT CENTER	472,097					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	546,657					90
90.01	PRENATAL CLINIC	264,099					90.01
90.02	OUTPATIENT PSYCHIATRIC	868,579		118			90.02
90.03	WOUND CLINIC	610,408					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	812,740		5,264			90.12
90.13	RADIATION ONCOLOGY	5,865,207		9,803			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	393,577					90.28
91	EMERGENCY	34,227,580		21,625			91
92	OBSERVATION BEDS	2,060,904					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	375,504,764		7,081,189			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						SCHOOL	HEALTH	MEDICAL	COST	COST
	ANESTHETIST			EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	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 & PACKED RED BLOO					62
62.30	BLOOD CLOTTING FOR HEMOPHILIA					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	[XX] 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	26,091,912		4,629			50
50.01	STONE CENTER						50.01
50.02	ENDOSCOPY	1,820,279					50.02
51	RECOVERY ROOM	4,053,217					51
52	DELIVERY ROOM & LABOR ROOM	2,811,328					52
53	ANESTHESIOLOGY	8,388,948		8,756			53
53.01	PAIN CENTER	5,751,093					53.01
54	RADIOLOGY-DIAGNOSTIC	20,321,752		117,686			54
56	RADIOISOTOPE	5,020,845		6,735			56
57	COMPUTED TOMOGRAPHY (CT) SCA	36,129,570		3,392			57
58	MAGNETIC RESONANCE IMAGING (	12,563,599					58
59	CARDIAC CATHETERIZATION	30,668,284					59
60	LABORATORY	52,459,100		547,713			60
62	WHOLE BLOOD & PACKED RED BLO	1,672,455		7,900			62
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	8,400,621		278,216			65
66	PHYSICAL THERAPY	19,742,051		1,546,443			66
69	ELECTROCARDIOLOGY	20,883,262		18,523			69
70	ELECTROENCEPHALOGRAPHY	3,559,153		7,847			70
71	MEDICAL SUPPLIES CHRGD TO P	992,113		41,093			71
72	IMPL. DEV. CHARGED TO PATIEN	22,198,229					72
73	DRUGS CHARGED TO PATIENTS	45,535,543		1,768,854			73
75	ASC (NON-DISTINCT PART)	319,562					75
76	TREATMENT CENTER	472,097					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	546,657					90
90.01	PRENATAL CLINIC	264,099					90.01
90.02	OUTPATIENT PSYCHIATRIC	868,579					90.02
90.03	WOUND CLINIC	610,408					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	812,740		5,264			90.12
90.13	RADIATION ONCOLOGY	5,865,207					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	393,577					90.28
91	EMERGENCY	34,227,580					91
92	OBSERVATION BEDS	2,060,904					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	375,504,764		4,363,051			200

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
 11/28/2012 17:47

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)		(COL.3 ÷ COL.4)		(COL.5 x COL.6)	
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	3,000,368		3,000,368	29,261	102.54	7,193	737,570	30
31 INTENSIVE CARE UNIT	274,888		274,888	2,477	110.98	250	27,745	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	293,922		293,922	3,518	83.55			40
41 SUBPROVIDER - IRF	431,920		431,920	3,649	118.37	429	50,781	41
42 SUBPROVIDER I								42
43 NURSERY	72,383		72,383	1,304	55.51	765	42,465	43
44 SKILLED NURSING FACILITY	235,739		235,739	3,726	63.27			44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	4,309,220		4,309,220	43,935		8,637	858,561	200

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
11/28/2012 17:47

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

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

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
 11/28/2012 17:47

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	PER DIEM	INPATIENT	INPAT PGM
	PATIENT	COL.5 ÷	PROGRAM	PASS THRU
	DAYS	COL.6)	DAYS	COSTS
	6	7	8	(COL.7 x
				COL.8)
				9
INPAT ROUTINE SERV COST CTRS				
30 ADULTS & PEDIATRICS	29,261		7,193	30
31 INTENSIVE CARE UNIT	2,477		250	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	3,518			40
41 SUBPROVIDER - IRF	3,649		429	41
42 SUBPROVIDER I				42
43 NURSERY	1,304		765	43
44 SKILLED NURSING FACILITY	3,726			44
45 NURSING FACILITY				45
200 TOTAL (SUM OF LINES 30-199)	43,935		8,637	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			MEDICAL	COST	COST
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	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 & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						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		[XX] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	26,091,912						50
50.01 STONE CENTER							50.01
50.02 ENDOSCOPY	1,820,279						50.02
51 RECOVERY ROOM	4,053,217						51
52 DELIVERY ROOM & LABOR ROOM	2,811,328						52
53 ANESTHESIOLOGY	8,388,948						53
53.01 PAIN CENTER	5,751,093						53.01
54 RADIOLOGY-DIAGNOSTIC	20,321,752						54
56 RADIOISOTOPE	5,020,845						56
57 COMPUTED TOMOGRAPHY (CT) SCA	36,129,570						57
58 MAGNETIC RESONANCE IMAGING (	12,563,599						58
59 CARDIAC CATHETERIZATION	30,668,284						59
60 LABORATORY	52,459,100						60
62 WHOLE BLOOD & PACKED RED BLO	1,672,455						62
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	8,400,621						65
66 PHYSICAL THERAPY	19,742,051						66
69 ELECTROCARDIOLOGY	20,883,262						69
70 ELECTROENCEPHALOGRAPHY	3,559,153						70
71 MEDICAL SUPPLIES CHRGED TO P	992,113						71
72 IMPL. DEV. CHARGED TO PATIEN	22,198,229						72
73 DRUGS CHARGED TO PATIENTS	45,535,543						73
75 ASC (NON-DISTINCT PART)	319,562						75
76 TREATMENT CENTER	472,097						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	546,657						90
90.01 PRENATAL CLINIC	264,099						90.01
90.02 OUTPATIENT PSYCHIATRIC	868,579						90.02
90.03 WOUND CLINIC	610,408						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	812,740						90.12
90.13 RADIATION ONCOLOGY	5,865,207						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	393,577						90.28
91 EMERGENCY	34,227,580						91
92 OBSERVATION BEDS	2,060,904						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	375,504,764						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 [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT	COST SERVICES	COST SVCS NOT	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.234535						50
50.01 STONE CENTER							50.01
50.02 ENDOSCOPY	0.342245						50.02
51 RECOVERY ROOM	0.209236						51
52 DELIVERY ROOM & LABOR ROOM	0.835928						52
53 ANESTHESIOLOGY	0.186124						53
53.01 PAIN CENTER	0.158052						53.01
54 RADIOLOGY-DIAGNOSTIC	0.202610						54
56 RADIOISOTOPE	0.168692						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.034825						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.056839						58
59 CARDIAC CATHETERIZATION	0.147686						59
60 LABORATORY	0.151421						60
62 WHOLE BLOOD & PACKED RED BLOOD	0.361296						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.179196						65
66 PHYSICAL THERAPY	0.203623						66
69 ELECTROCARDIOLOGY	0.110427						69
70 ELECTROENCEPHALOGRAPHY	0.169572						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.153344						71
72 IMPL. DEV. CHARGED TO PATIENT	0.399122						72
73 DRUGS CHARGED TO PATIENTS	0.194224						73
75 ASC (NON-DISTINCT PART)	1.534907						75
76 TREATMENT CENTER	0.491234						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	0.598763						90
90.01 PRENATAL CLINIC	0.487904						90.01
90.02 OUTPATIENT PSYCHIATRIC	0.400020						90.02
90.03 WOUND CLINIC	0.594876						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	0.429757						90.12
90.13 RADIATION ONCOLOGY	0.163177						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	0.151317						90.28
91 EMERGENCY	0.139720						91
92 OBSERVATION BEDS	0.686558						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0166) [] 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)	29,261	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	29,261	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	27,052	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)	12,880	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)	18,742,617	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	18,742,617	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)	1.008699	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)	686.86	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)	18,742,617	37

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) 640.53 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 8,250,026 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) 8,250,026 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	3,095,079	2,477	1,249.53	1,635	2,042,982	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)					15,438,077	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					25,731,085	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,502,167 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 899,690 51
 52 TOTAL PROGRAM EXCLUDABLE COST 2,401,857 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 23,329,228 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 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 INSTRUCTIONS) (TITLE XVIII ONLY) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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) 2,209 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 640.53 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 1,414,931 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	3,000,368	18,742,617	0.160083	1,414,931	226,506	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S166) [] 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)	3,518	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,518	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,518	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)		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)	2,292,851	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	2,292,851	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		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)		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)	2,292,851	37

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [XX] PPS
APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S166) [] 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) 651.75 38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 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) 41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200) 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS) 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 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 INSTRUCTIONS) (TITLE XVIII ONLY) 64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) 65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	3,649	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,649	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,649	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)	2,938	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)	3,330,057	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	3,330,057	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)	1.247122	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)	731.76	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)	3,330,057	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) 912.59 38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 2,681,189 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) 2,681,189 41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200) 1,362,740 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS) 4,043,929 49

PASS-THROUGH COST ADJUSTMENTS
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 347,771 50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 125,087 51
52 TOTAL PROGRAM EXCLUDABLE COST 472,858 52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 3,571,071 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 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 INSTRUCTIONS) (TITLE XVIII ONLY) 64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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)	3,726	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,726	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,726	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)	3,137	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)	1,646,102	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	1,646,102	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)	1.870288	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)	236.21	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)	1,646,102	37

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL
PERIOD FROM 07/01/2011 TO 06/30/2012

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VERSION: 2011.10
11/28/2012 17:47

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)	1,646,102	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (LINE 70 ÷ LINE 2)	441.79	71
72	PROGRAM ROUTINE SERVICE COST (LINE 9 x LINE 71)	1,385,895	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)	1,385,895	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)	1,385,895	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)	833,842	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (SEE INSTRUCTIONS)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83 THROUGH 85)	2,219,737	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)	29,261	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	29,261	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	27,052	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)	7,193	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)	1,304	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	765	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)	18,742,617	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	18,742,617	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)	1.008699	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)	686.86	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)	18,742,617	37

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) 640,53 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 4,607,332 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) 4,607,332 41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
	1	2	3	4	5
42 NURSERY (TITLES V AND XIX ONLY)	615,480	1,304	471.99	765	361,072 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	3,093,954	2,477	1,249.07	250	312,268 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)					5,280,672 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 807,780 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 807,780 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 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 INSTRUCTIONS) (TITLE XVIII ONLY) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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) 2,209 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

	COST	ROUTINE COST (FROM LINE 27)	COL. 1 ÷ COL. 2	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.)
	1	2	3	4	5
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	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		10,085,872		30
31 INTENSIVE CARE UNIT		2,575,989		31
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.234535	6,280,725	1,473,050	50
50.01 STONE CENTER				50.01
50.02 ENDOSCOPY	0.342245	239,443	81,948	50.02
51 RECOVERY ROOM	0.209236	573,834	120,067	51
52 DELIVERY ROOM & LABOR ROOM	0.838078	40,131	33,633	52
53 ANESTHESIOLOGY	0.186124	1,850,405	344,405	53
53.01 PAIN CENTER	0.158052	37,529	5,932	53.01
54 RADIOLOGY-DIAGNOSTIC	0.202610	3,197,105	647,765	54
56 RADIOISOTOPE	0.168692	412,780	69,633	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.034825	5,987,907	208,529	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.056839	1,700,405	96,649	58
59 CARDIAC CATHETERIZATION	0.147686	10,262,254	1,515,591	59
60 LABORATORY	0.151421	11,748,242	1,778,931	60
62 WHOLE BLOOD & PACKED RED BLOOD	0.361296	680,178	245,746	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.179196	4,515,568	809,172	65
66 PHYSICAL THERAPY	0.204011	2,087,100	425,791	66
69 ELECTROCARDIOLOGY	0.110427	2,950,874	325,856	69
70 ELECTROENCEPHALOGRAPHY	0.169572	262,567	44,524	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.153344	508,102	77,914	71
72 IMPL. DEV. CHARGED TO PATIENT	0.399122	8,945,546	3,570,364	72
73 DRUGS CHARGED TO PATIENTS	0.194224	15,052,158	2,923,490	73
75 ASC (NON-DISTINCT PART)	1.534907			75
76 TREATMENT CENTER	0.491234			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	0.598763			90
90.01 PRENATAL CLINIC	0.487904			90.01
90.02 OUTPATIENT PSYCHIATRIC	0.400020	5,703	2,281	90.02
90.03 WOUND CLINIC	0.594876			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	0.429757	8,227	3,536	90.12
90.13 RADIATION ONCOLOGY	0.163177			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	0.151317			90.28
91 EMERGENCY	0.139720	4,532,420	633,270	91
92 OBSERVATION BEDS	0.686558			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		81,879,203	15,438,077	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		81,879,203		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S166) [] 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		
			COL.1	COL.2	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.234535				50
50.01 STONE CENTER					50.01
50.02 ENDOSCOPY	0.342245				50.02
51 RECOVERY ROOM	0.209236				51
52 DELIVERY ROOM & LABOR ROOM	0.838078				52
53 ANESTHESIOLOGY	0.186124				53
53.01 PAIN CENTER	0.158052				53.01
54 RADIOLOGY-DIAGNOSTIC	0.202610				54
56 RADIOISOTOPE	0.168692				56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.034825				57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.056839				58
59 CARDIAC CATHETERIZATION	0.147686				59
60 LABORATORY	0.151421				60
62 WHOLE BLOOD & PACKED RED BLOOD	0.361296				62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.179196				65
66 PHYSICAL THERAPY	0.204011				66
69 ELECTROCARDIOLOGY	0.110427				69
70 ELECTROENCEPHALOGRAPHY	0.169572				70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.153344				71
72 IMPL. DEV. CHARGED TO PATIENT	0.399122				72
73 DRUGS CHARGED TO PATIENTS	0.194224				73
75 ASC (NON-DISTINCT PART)	1.534907				75
76 TREATMENT CENTER	0.491234				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	0.598763				90
90.01 PRENATAL CLINIC	0.487904				90.01
90.02 OUTPATIENT PSYCHIATRIC	0.400020				90.02
90.03 WOUND CLINIC	0.594876				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	0.429757				90.12
90.13 RADIATION ONCOLOGY	0.163177				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	0.151317				90.28
91 EMERGENCY	0.139720				91
92 OBSERVATION BEDS	0.686558				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)					200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)					202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [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
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF		3,192,631		41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.234535	34,606	8,116	50
50.01 STONE CENTER				50.01
50.02 ENDOSCOPY	0.342245	4,670	1,598	50.02
51 RECOVERY ROOM	0.209236	4,523	946	51
52 DELIVERY ROOM & LABOR ROOM	0.838078			52
53 ANESTHESIOLOGY	0.186124	3,088	575	53
53.01 PAIN CENTER	0.158052			53.01
54 RADIOLOGY-DIAGNOSTIC	0.202610	136,862	27,730	54
56 RADIOISOTOPE	0.168692	11,663	1,967	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.034825	129,031	4,494	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.056839	53,286	3,029	58
59 CARDIAC CATHETERIZATION	0.147686	7,966	1,176	59
60 LABORATORY	0.151421	518,153	78,459	60
62 WHOLE BLOOD & PACKED RED BLOOD	0.361296	5,586	2,018	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.179196	125,666	22,519	65
66 PHYSICAL THERAPY	0.204011	4,629,205	944,409	66
69 ELECTROCARDIOLOGY	0.110427	46,556	5,141	69
70 ELECTROENCEPHALOGRAPHY	0.169572	31,191	5,289	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.153344	150,156	23,026	71
72 IMPL. DEV. CHARGED TO PATIENT	0.399122	7,512	2,998	72
73 DRUGS CHARGED TO PATIENTS	0.194224	1,144,659	222,320	73
75 ASC (NON-DISTINCT PART)	1.534907			75
76 TREATMENT CENTER	0.491234			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	0.598763			90
90.01 PRENATAL CLINIC	0.487904			90.01
90.02 OUTPATIENT PSYCHIATRIC	0.400020	118	47	90.02
90.03 WOUND CLINIC	0.594876			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	0.429757	5,264	2,262	90.12
90.13 RADIATION ONCOLOGY	0.163177	9,803	1,600	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	0.151317			90.28
91 EMERGENCY	0.139720	21,625	3,021	91
92 OBSERVATION BEDS	0.686558			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		7,081,189	1,362,740	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		7,081,189		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					
	TO CHARGES	1				PROGRAM CHARGES	(COL.1 x COL.2)			
			2	3						
INPATIENT ROUTINE SERVICE COST CENTERS										
30		ADULTS & PEDIATRICS			30					
31		INTENSIVE CARE UNIT			31					
40		SUBPROVIDER - IPF			40					
41		SUBPROVIDER - IRF			41					
ANCILLARY SERVICE COST CENTERS										
50	0.234535	OPERATING ROOM	4,629	1,086	50					
50.01		STONE CENTER			50.01					
50.02	0.342245	ENDOSCOPY			50.02					
51	0.209236	RECOVERY ROOM			51					
52	0.835928	DELIVERY ROOM & LABOR ROOM			52					
53	0.186124	ANESTHESIOLOGY	8,756	1,630	53					
53.01	0.158052	PAIN CENTER			53.01					
54	0.202610	RADIOLOGY-DIAGNOSTIC	117,686	23,844	54					
56	0.168692	RADIOISOTOPE	6,735	1,136	56					
57	0.034825	COMPUTED TOMOGRAPHY (CT) SCAN	3,392	118	57					
58	0.056839	MAGNETIC RESONANCE IMAGING (MRI)			58					
59	0.147686	CARDIAC CATHETERIZATION			59					
60	0.151421	LABORATORY	547,713	82,935	60					
62	0.361296	WHOLE BLOOD & PACKED RED BLOOD	7,900	2,854	62					
62.30		BLOOD CLOTTING FOR HEMOPHILIACS			62.30					
65	0.179196	RESPIRATORY THERAPY	278,216	49,855	65					
66	0.203623	PHYSICAL THERAPY	1,546,443	314,891	66					
69	0.110427	ELECTROCARDIOLOGY	18,523	2,045	69					
70	0.169572	ELECTROENCEPHALOGRAPHY	7,847	1,331	70					
71	0.153344	MEDICAL SUPPLIES CHRGD TO PATI	41,093	6,301	71					
72	0.399122	IMPL. DEV. CHARGED TO PATIENT			72					
73	0.194224	DRUGS CHARGED TO PATIENTS	1,768,854	343,554	73					
75	1.534907	ASC (NON-DISTINCT PART)			75					
76	0.491234	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	0.598763	CLINIC			90					
90.01	0.487904	PRENATAL CLINIC			90.01					
90.02	0.400020	OUTPATIENT PSYCHIATRIC			90.02					
90.03	0.594876	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	0.429757	CT\PET	5,264	2,262	90.12					
90.13	0.163177	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					
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	0.151317	CHEMOTHEROPY			90.28					
91	0.139720	EMERGENCY			91					
92	0.686558	OBSERVATION BEDS			92					
OTHER REIMBURSABLE COST CENTERS										
200		TOTAL (SUM OF LINES 50-94 AND 96-98)	4,363,051	833,842	200					
201		LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			201					
202		NET CHARGES (LINE 200 MINUS LINE 201)	4,363,051		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
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.234535			50
50.01 STONE CENTER				50.01
50.02 ENDOSCOPY	0.342245			50.02
51 RECOVERY ROOM	0.209236			51
52 DELIVERY ROOM & LABOR ROOM	0.835928			52
53 ANESTHESIOLOGY	0.186124			53
53.01 PAIN CENTER	0.158052			53.01
54 RADIOLOGY-DIAGNOSTIC	0.202610			54
56 RADIOISOTOPE	0.168692			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.034825			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.056839			58
59 CARDIAC CATHETERIZATION	0.147686			59
60 LABORATORY	0.151421			60
62 WHOLE BLOOD & PACKED RED BLOOD	0.361296			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.179196			65
66 PHYSICAL THERAPY	0.203623			66
69 ELECTROCARDIOLOGY	0.110427			69
70 ELECTROENCEPHALOGRAPHY	0.169572			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.153344			71
72 IMPL. DEV. CHARGED TO PATIENT	0.399122			72
73 DRUGS CHARGED TO PATIENTS	0.194224			73
75 ASC (NON-DISTINCT PART)	1.534907			75
76 TREATMENT CENTER	0.491234			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	0.598763			90
90.01 PRENATAL CLINIC	0.487904			90.01
90.02 OUTPATIENT PSYCHIATRIC	0.400020			90.02
90.03 WOUND CLINIC	0.594876			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	0.429757			90.12
90.13 RADIATION ONCOLOGY	0.163177			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	0.151317			90.28
91 EMERGENCY	0.139720			91
92 OBSERVATION BEDS	0.686558			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	23,430,077	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	89,202	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	1,221,916	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	167.96	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)	3.20	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)	1.18	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	1.09	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	1.09	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	1.18	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	1.18	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	1.15	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	1.15	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.006847	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.006720	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.006720	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	90,399	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)	-0.09	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)	90,399	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0621	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.3132	31
32	SUM OF LINES 30 AND 31	0.3753	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.2018	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	4,728,190	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)	28,337,868	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)	28,337,868	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	2,056,975	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	39,004	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)	30,433,847	59
60	PRIMARY PAYER PAYMENTS	40,904	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	30,392,943	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,685,946	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	36,909	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	792,403	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	554,682	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	620,841	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	28,224,770	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)	28,224,770	71
72	INTERIM PAYMENTS	27,339,640	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	885,130	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	538,892	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)	7,136	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (SEE INSTRUCTIONS)	10,641,200	2
3	PPS PAYMENTS	12,137,194	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	15,974	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)	7,136	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	36,743	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)	36,743	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)	36,743	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	29,607	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)	7,136	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)	12,153,168	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	2,715,838	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	9,444,466	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)	12,958	28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	9,457,424	30
31	PRIMARY PAYER PAYMENTS	4,802	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	9,452,622	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)	734,965	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	514,476	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	598,846	36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	9,967,098	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R	150	38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	9,966,948	40
41	INTERIM PAYMENTS	9,855,164	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	111,784	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 [XX] IPF (14-S166) [] IRF
 [] SUB (OTHER) [] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		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 [XX] 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) 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 OPPS (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

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 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		27,883,483		9,663,852	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	NONE	04/06/2012	167,477	3.01
	.02		06/22/2012	23,835	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	3.50
	.51	04/06/2012		237,539	3.51
PROVIDER	.52	06/22/2012		306,304	3.52
TO	.53				3.53
PROGRAM	.54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
	.99				3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		-543,843		191,312	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		27,339,640		9,855,164	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				
	PROVIDER				
	TO				
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK APPLICABLE BOX:	[] HOSPITAL [] IPF [XX] IRF (14-T166)	[] SUB (OTHER) [] SNF [] SWING BED SNF	INPATIENT		PART B	
			MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
DESCRIPTION						
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			3,466,151		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 04/06/2012	12,015		3.01
		PROGRAM	.02			3.02
		TO	.03			3.03
		PROVIDER	.04			3.04
			.05			3.05
			.06			3.06
			.07			3.07
			.08			3.08
			.09			3.09
			.50	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	12,015		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)			3,478,166		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			
			PROVIDER			
			TO			
			PROGRAM			
7	TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7
8	NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR 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		874,246		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	NONE		3.01
	.02			3.02
	.03			3.03
	.04			3.04
	.05			3.05
	.06			3.06
	.07			3.07
	.08			3.08
	.09			3.09
	.50	NONE		3.50
	.51			3.51
	.52			3.52
	.53			3.53
	.54			3.54
	.55			3.55
	.56			3.56
	.57			3.57
	.58			3.58
	.59			3.59
	.99			3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		874,246		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: _____ NPR DATE: _____ 8

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
11/28/2012 17:47

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK HOSPITAL (14-0166) CAH
APPLICABLE BOX

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

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	7,303	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	14,515	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	727	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	29,529	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	412,393,864	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
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)		8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30	INITIAL/INTERIM HIT PAYMENT(S)		30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)		32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART II

CHECK [] HOSPITAL
APPLICABLE BOX: [XX] IPF (14-S166)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	1
2	NET IPF PPS OUTLIER PAYMENT	2
3	NET IPF PPS ECT PAYMENT	3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	4
4.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii) (F)(1) OR (2) (SEE INSTRUCTIONS)	4.01
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)	5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)	6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)	7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	9.612022
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$	10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)	11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	13
14	ORGAN ACQUISITION	14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)	15
16	SUBTOTAL (SEE INSTRUCTIONS)	16
17	PRIMARY PAYER PAYMENTS	17
18	SUBTOTAL (LINE 16 LESS LINE 17)	18
19	DEDUCTIBLES	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	20
21	COINSURANCE	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IPF ONLY)	27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	28
29	OUTLIER PAYMENTS RECONCILIATION	29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	31
32	INTERIM PAYMENTS	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)	33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	35
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART II, LINE 2 (SEE INSTRUCTIONS)	50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)	52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART III

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

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	3,174,891	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.024000	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	244,165	3
4	OUTLIER PAYMENTS	142,254	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
5.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii)(F)(1) OR (2) (SEE INSTRUCTIONS)		5.01
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)	9.969945	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)	3,561,310	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)	3,561,310	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	3,561,310	19
20	DEDUCTIBLES	58,213	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	3,503,097	21
22	COINSURANCE	10,549	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	3,492,548	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	3,492,548	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IRF ONLY)		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)	3,492,548	32
33	INTERIM PAYMENTS	3,478,166	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	14,382	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

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

PROSPECTIVE PAYMENT AMOUNT		
1	RESOURCE UTILIZATION GROUP (RUGS) PAYMENT	917,062 1
2	ROUTINE SERVICE OTHER PASS THROUGH COSTS	2
3	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	3
4	SUBTOTAL (SUM OF LINES 1-3)	917,062 4
COMPUTATION OF NET COST OF COVERED SERVICES		
5	MEDICAL AND OTHER SERVICES	5
6	DEDUCTIBLES	6
7	COINSURANCE	42,816 7
8	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	8
9	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	9
10	ALLOWABLE REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	10
11	UTILIZATION REVIEW	11
12	SUBTOTAL (SUM OF LINES 4, 5 MINUS 6 & 7 PLUS 10 AND 11) (SEE INSTRUCTIONS)	874,246 12
13	INPATIENT PRIMARY PAYER PAYMENTS	13
14	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	14
15	SUBTOTAL (LINE 12 MINUS 13 ± LINE 14)	874,246 15
16	INTERIM PAYMENTS	874,246 16
17	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)	17
18	BALANCE DUE PROVIDER/PROGRAM (LINE 15 MINUS THE SUM OF LINES 16 AND 17)	18
19	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

	INPATIENT	OUTPATIENT
	TITLE V OR	TITLE V OR
	TITLE XIX	TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES		
1 INPATIENT HOSPITAL SNF/NF SERVICES	5,280,672	1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	5,280,672	4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	5,280,672	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	1.000000 15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))		17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	5,280,672	18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)		21
PROSPECTIVE PAYMENT AMOUNT		
22 OTHER THAN OUTLIER PAYMENTS		22
23 OUTLIER PAYMENTS		23
24 PROGRAM CAPITAL PAYMENTS		24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS		26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)		27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)		28
29 SUM OF LINES 27 AND 21		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30 EXCESS OF REASONABLE COST (FROM LINE 18)		30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)		31
32 DEDUCTIBLES		32
33 COINSURANCE		33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35 UTILIZATION REVIEW		35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)		36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38 SUBTOTAL (LINE 36 ± LINE 37)		38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)		39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)		40
41 INTERIM PAYMENTS		41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)		42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			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			4.17 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 ADJUSTED 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)			2.02 5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			1.09 6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			1.09 7
		PRIMARY CARE	OTHER	TOTAL
		1	2	3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	1.09		1.09 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	1.09		1.09 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT	1.09		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	1.53		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	1.40		13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	1.34		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	1.34		17
18	PER RESIDENT AMOUNT	78,278.55	78,278.55	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	104,893		104,893 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 UNWEIGHTED 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)			104,893 25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED	
		PART A	CARE	
26	INPATIENT DAYS	17,453	845	26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	36,696	36,696	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.475610	0.023027	28
29	PROGRAM DIRECT GME AMOUNT	49,888	2,415	29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		341	30
31	NET PROGRAM DIRECT GME AMOUNT			51,962 31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			32,077,971 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)			40,904 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			32,037,067 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			10,648,336 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			4,802 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			10,643,534 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			42,680,601 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.750624 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.249376 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			51,962 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			39,004 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			12,958 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 ADJUSTED 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 UNWEIGHTED 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	MANAGED	
		PART A	CARE	
26	INPATIENT DAYS	7,872	1,573	26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	36,696	36,696	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.214519	0.042866	28
29	PROGRAM DIRECT GME AMOUNT			29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			30
31	NET PROGRAM DIRECT GME AMOUNT			31
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
	APPORTIONMENT OF MEDICARE REASONABLE COST OF GME			
	PART A REASONABLE COST			
37	REASONABLE COST (SEE INSTRUCTIONS)			37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			41
	PART B REASONABLE COST			
42	REASONABLE COST (SEE INSTRUCTIONS)			42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			47
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			50

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	1,461,109			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	20,481,351			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	3,180,631			7
8	PREPAID EXPENSES	1,089,972			8
9	OTHER CURRENT ASSETS	2,971,982			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	29,185,045			11
FIXED ASSETS					
12	LAND	3,295,160			12
13	LAND IMPROVEMENTS	5,603,866			13
14	ACCUMULATED DEPRECIATION	-3,165,617			14
15	BUILDINGS	82,818,377			15
16	ACCUMULATED DEPRECIATION	-29,526,260			16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT	35,289,062			19
20	ACCUMULATED DEPRECIATION	-21,726,124			20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	87,345,617			23
24	ACCUMULATED DEPRECIATION	-69,532,350			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)	90,401,731			30
OTHER ASSETS					
31	INVESTMENTS	9,220,260			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	7,332,038			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	16,552,298			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	136,139,074			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	10,004,750			37
38	SALARIES, WAGES & FEES PAYABLE	7,868,009			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	6,085,000			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	7,011,117			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	30,968,876			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE	22,169,193			46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	21,651,006			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	43,820,199			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	74,789,075			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	61,349,999			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)	61,349,999			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	136,139,074			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		65,703,597							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		-1,864,043							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		63,839,554							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)		74,072,372							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 AFFILIATES		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)		67,662,577							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	23,408,119		23,408,119	1
3 SUBPROVIDER IPF	2,458,522		2,458,522	2
5 SUBPROVIDER IRF	4,229,464		4,229,464	3
6 SWING BED - SNF				5
7 SWING BED - NF				6
8 SKILLED NURSING FACILITY	1,158,660		1,158,660	7
9 NURSING FACILITY				8
10 OTHER LONG TERM CARE				9
TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	31,254,765		31,254,765	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	3,986,179		3,986,179	11
13 CORONARY CARE UNIT				12
14 BURN INTENSIVE CARE UNIT				13
15 SURGICAL INTENSIVE CARE UNIT				14
16 OTHER SPECIAL CARE (SPECIFY)				15
TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	3,986,179		3,986,179	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	35,240,944		35,240,944	17
18 ANCILLARY SERVICES	167,573,623	227,833,518	395,407,141	18
19 OUTPATIENT SERVICES				19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	202,814,567	227,833,518	430,648,085	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		126,811,072	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)		140,316,918	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	430,648,085	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	292,363,110	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	138,284,975	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	140,316,918	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-2,031,943	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	2,181	6
7	INCOME FROM INVESTMENTS	59,241	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	1,847	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	9,952	13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	28,502	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	18,434	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	10,419	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	114,601	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (NET ASSETS RELEASED FOR OPERATIONS)	31,692	24
24.01	OTHER (OTHER MISC REVENUE)	186,677	24.01
24.02	OTHER (NON-OPERATING INVESTMENT LOSSES)	-2,295,929	24.02
24.05	OTHER (RADIOLOGY REVENUE)	56,080	24.05
24.11	OTHER (EAP REVENUE)	349,996	24.11
24.14	OTHER (RENTAL INCOME, OTHER)	1,512,882	24.14
24.18	OTHER (FIELDS WRIGHT)	81,325	24.18
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	167,900	25
26	TOTAL (LINE 5 PLUS LINE 25)	-1,864,043	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)	-1,864,043	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	1,887,154	1
2	CAPITAL DRG OUTLIER PAYMENTS	13,187	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	81.62	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	1.15	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.0040	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	7,549	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0621	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.3132	8
9	SUM OF LINES 7 AND 8	0.3753	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0790	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	149,085	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	2,056,975	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
40 SUBPROVIDER - IPF					40
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 & PACKED RED BLOOD					62
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
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 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	44.02		24.58				68.60 30
31 INTENSIVE CARE UNIT	66.01		10.09				76.10 31
43 NURSERY			58.67				58.67 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	24.07	14.02					38.09 50
50.02 ENDOSCOPY	13.15	33.58					46.73 50.02
51 RECOVERY ROOM	14.16	22.41					36.57 51
52 DELIVERY ROOM & LABOR ROOM	1.43	0.44					1.87 52
53 ANESTHESIOLOGY	22.06	15.38					37.44 53
53.01 PAIN CENTER	0.65	45.79					46.44 53.01
54 RADIOLOGY-DIAGNOSTIC	15.73	21.94					37.67 54
56 RADIOISOTOPE	8.22	14.47					22.69 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	16.57	23.34					39.91 57
58 MAGNETIC RESONANCE IMAGING (MRI)	13.53	28.11					41.64 58
59 CARDIAC CATHETERIZATION	33.46	26.14					59.60 59
60 LABORATORY	22.40	1.80					24.20 60
62 WHOLE BLOOD & PACKED RED BLOOD	40.67	3.20					43.87 62
65 RESPIRATORY THERAPY	53.75	6.01					59.76 65
66 PHYSICAL THERAPY	10.57	1.83					12.40 66
69 ELECTROCARDIOLOGY	14.13	42.16					56.29 69
70 ELECTROENCEPHALOGRAPHY	7.38	28.48					35.86 70
71 MEDICAL SUPPLIES CHRGD TO PATI	51.21	1.52					52.73 71
72 IMPL. DEV. CHARGED TO PATIENT	40.30	15.48					55.78 72
73 DRUGS CHARGED TO PATIENTS	33.06	12.86					45.92 73
90.02 OUTPATIENT PSYCHIATRIC	0.66	20.88					21.54 90.02
90.12 CT\PET	1.01	50.20					51.21 90.12
90.13 RADIATION ONCOLOGY		63.84					63.84 90.13
90.28 CHEMOTHEROPY		44.78					44.78 90.28
91 EMERGENCY	13.24	15.24					28.48 91
92 OBSERVATION BEDS		29.91					29.91 92
200 TOTAL CHARGES	21.81	17.47					39.28 200

***** 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	80.52						80.52 41
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	0.13						0.13 50
50.02 ENDOSCOPY	0.26						0.26 50.02
51 RECOVERY ROOM	0.11						0.11 51
53 ANESTHESIOLOGY	0.04						0.04 53
54 RADIOLOGY-DIAGNOSTIC	0.67						0.67 54
56 RADIOISOTOPE	0.23						0.23 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.36						0.36 57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.42						0.42 58
59 CARDIAC CATHETERIZATION	0.03						0.03 59
60 LABORATORY	0.99						0.99 60
62 WHOLE BLOOD & PACKED RED BLOOD	0.33						0.33 62
65 RESPIRATORY THERAPY	1.50						1.50 65
66 PHYSICAL THERAPY	23.45						23.45 66
69 ELECTROCARDIOLOGY	0.22						0.22 69
70 ELECTROENCEPHALOGRAPHY	0.88						0.88 70
71 MEDICAL SUPPLIES CHRGED TO PATI	15.13						15.13 71
72 IMPL. DEV. CHARGED TO PATIENT	0.03						0.03 72
73 DRUGS CHARGED TO PATIENTS	2.51						2.51 73
90.02 OUTPATIENT PSYCHIATRIC	0.01						0.01 90.02
90.12 CT\PET	0.65						0.65 90.12
90.13 RADIATION ONCOLOGY	0.17						0.17 90.13
91 EMERGENCY	0.06						0.06 91
200 TOTAL CHARGES	1.89						1.89 200

***** 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	84.19						84.19 44
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	0.02						0.02 50
53 ANESTHESIOLOGY	0.10						0.10 53
54 RADIOLOGY-DIAGNOSTIC	0.58						0.58 54
56 RADIOISOTOPE	0.13						0.13 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.01						0.01 57
60 LABORATORY	1.04						1.04 60
62 WHOLE BLOOD & PACKED RED BLOOD	0.47						0.47 62
65 RESPIRATORY THERAPY	3.31						3.31 65
66 PHYSICAL THERAPY	7.83						7.83 66
69 ELECTROCARDIOLOGY	0.09						0.09 69
70 ELECTROENCEPHALOGRAPHY	0.22						0.22 70
71 MEDICAL SUPPLIES CHRGED TO PATI	4.14						4.14 71
73 DRUGS CHARGED TO PATIENTS	3.88						3.88 73
90.12 CT\PET	0.65						0.65 90.12
200 TOTAL CHARGES	1.16						1.16 200

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
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	35,768	0.03	23,787	0.05	59,555	0.05	90.28
91 EMERGENCY	2,438,425	2.18	2,343,862	4.67	4,782,287	4.28	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	154,367	0.14	93,629	0.19	247,996	0.22	190
192 PHYSICIANS' PRIVATE OFFICES	7,621,210	6.83	2,578,444	5.13	10,199,654	9.14	192
194 SENIOR SERVICES	134,402	0.12	55,075	0.11	189,477	0.17	194
194.01 ADULT DAY CARE	259,371	0.23	125,855	0.25	385,226	0.35	194.01
194.02 SPORTS MEDICINE REHAB	295,368	0.26	164,302	0.33	459,670	0.41	194.02
194.04 CANCER CARE	45,295	0.04	13,022	0.03	58,317	0.05	194.04
194.05 RESIDENTIAL PROPERTIES							194.05
194.07 BLUE MOUND	2,429		828		3,257		194.07
194.08 ARTHUR CLINIC	38,347	0.03	10,994	0.02	49,341	0.04	194.08
194.09 OCCUPATIONAL HEALTH							194.09
194.11 2981 NORTH MAIN	26,573	0.02	7,790	0.02	34,363	0.03	194.11
194.13 MEDICAL OFFICE BUILDING 1750	233,056	0.21	66,695	0.13	299,751	0.27	194.13
194.14 MEDICAL ARTS							194.14
194.15 MT. ZION CLINIC	21,825	0.02	6,467	0.01	28,292	0.03	194.15
194.16 CERRO GORDO	16,723	0.01	4,878	0.01	21,601	0.02	194.16
194.17 LIFELINE	486		279		765		194.17
194.18 COUNTY JAIL CONTRACT							194.18
194.19 ST. JOHN'S HOME HEALTH			270,698	0.54	270,698	0.24	194.19
194.23 ST. MARY'S SURGERY CENTER							194.23
194.24 FIELDS WRIGHT MEDICAL PRACTICE	108,233	0.10	59,791	0.12	168,024	0.15	194.24
194.25 3915 N COWGILL	289,001	0.26	82,366	0.16	371,367	0.33	194.25
194.28 LAUNDRY OUTSIDE SERVICES	37		11		48		194.28
194.35 MEDICAL MANAGEMENT SYSTEM	68		19		87		194.35
194.36 LAKE SHORE MEDICAL OFFICE BUILD	390,369	0.35	112,170	0.22	502,539	0.45	194.36
194.37 DAY CARE CENTER	4,062		1,174		5,236		194.37
194.38 SCHOOL HEALTH SERVICES	173,788	0.16	98,143	0.20	271,931	0.24	194.38
194.40 PRAIRIE CARDIOVASCULAR			287,181	0.57	287,181	0.26	194.40
194.41 G I SUITES	83		24		107		194.41
194.42 RESPIRATORY CARE NURSING HOME							194.42
194.43 OCCUPATIONAL HEALTH CLINIC							194.43
194.44 PHYSICIAN POOL	163,785	0.15	90,975	0.18	254,760	0.23	194.44
194.48 MRI BUILDING	25,836	0.02	7,438	0.01	33,274	0.03	194.48
194.49 FUND DEVELOPMENT	561,902	0.50	332,659	0.66	894,561	0.80	194.49
194.50 CENTRAL ILLINOIS LUNG			130,590	0.26	130,590	0.12	194.50
200 CROSS FOOT ADJUSTMENTS							200
201 NEGATIVE COST CENTER							201
202 TOTAL	111,641,571	100.00			111,641,571	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	616,299	26,091,912	0.023620	6,280,725	148,351	50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY	98,325	1,820,279	0.054016	239,443	12,934	50.02
51 RECOVERY ROOM	79,167	4,053,217	0.019532	573,834	11,208	51
52 DELIVERY ROOM & LABOR ROOM	292,001	2,811,328	0.103866	40,131	4,168	52
53 ANESTHESIOLOGY	63,547	8,388,948	0.007575	1,850,405	14,017	53
53.01 PAIN CENTER	112,338	5,751,093	0.019533	37,529	733	53.01
54 RADIOLOGY-DIAGNOSTIC	463,550	20,321,752	0.022811	3,197,105	72,929	54
56 RADIOISOTOPE	43,228	5,020,845	0.008610	412,780	3,554	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	63,607	36,129,570	0.001761	5,987,907	10,545	57
58 MAGNETIC RESONANCE IMAGING (MRI)	45,301	12,563,599	0.003606	1,700,405	6,132	58
59 CARDIAC CATHETERIZATION	267,205	30,668,284	0.008713	10,262,254	89,415	59
60 LABORATORY	494,642	52,459,100	0.009429	11,748,242	110,774	60
62 WHOLE BLOOD & PACKED RED BLOOD	22,009	1,672,455	0.013160	680,178	8,951	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	60,693	8,400,621	0.007225	4,515,568	32,625	65
66 PHYSICAL THERAPY	442,683	19,742,051	0.022423	2,087,100	46,799	66
69 ELECTROCARDIOLOGY	163,508	20,883,262	0.007830	2,950,874	23,105	69
70 ELECTROENCEPHALOGRAPHY	80,808	3,559,153	0.022704	262,567	5,961	70
71 MEDICAL SUPPLIES CHRGED TO PATI	5,719	992,113	0.005764	508,102	2,929	71
72 IMPL. DEV. CHARGED TO PATIENT	318,277	22,198,229	0.014338	8,945,546	128,261	72
73 DRUGS CHARGED TO PATIENTS	321,664	45,535,543	0.007064	15,052,158	106,328	73
75 ASC (NON-DISTINCT PART)	12,226	319,562	0.038259			75
76 TREATMENT CENTER	39,362	472,097	0.083377			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	8,279	546,657	0.015145			90
90.01 PRENATAL CLINIC	3,414	264,099	0.012927			90.01
90.02 OUTPATIENT PSYCHIATRIC	95,949	868,579	0.110467	5,703	630	90.02
90.03 WOUND CLINIC	11,541	610,408	0.018907			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	8,745	812,740	0.010760	8,227	89	90.12
90.13 RADIATION ONCOLOGY	25,722	5,865,207	0.004386			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	1,784	393,577	0.004533			90.28
91 EMERGENCY	447,441	34,227,580	0.013073	4,532,420	59,252	91
92 OBSERVATION BEDS	226,506	2,060,904	0.109906			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL	4,935,540	375,504,764		81,879,203	899,690	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	REDUCED CAPITAL RELATED COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7	
INPATIENT ROUTINE SERVICE COST CENTERS									
30	ADULTS & PEDIATRICS	3,000,368		3,000,368	29,261	102.54	12,880	1,320,715	30
31	INTENSIVE CARE UNIT	274,888		274,888	2,477	110.98	1,635	181,452	31
200	TOTAL	3,275,256		3,275,256	31,738		14,515	1,502,167	200
							MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	1,502,167	
							MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	899,690	
							TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	2,401,857	
							MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)	3,361	
							MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)	14,515	
							PER DISCHARGE CAPITAL COSTS	714.63	
							PER DIEM CAPITAL COSTS	165.47	

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)	23,329,228
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	94,541,064
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.247

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))	4,043,929
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	10,456,960
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.387

COST TO CHARGE RATIO FOR PSYCH 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))	
2. TOTAL MEDICARE CHARGES (WKST D-3 LINE 40 COLUMN 2 PLUS WKST D-3 LINE 202 COLUMN 2) (SEE CR 5619)	
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	

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)	2,401,857
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)	10,567,510
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)	65,219,976
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.162