

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

WORKSHEET S  
 PARTS I, II & III

PART I - COST REPORT STATUS

- PROVIDER USE ONLY
1.  ELECTRONICALLY FILED COST REPORT
  2.  MANUALLY SUBMITTED COST REPORT
  3.  IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
  4.  IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
  4.  MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.
- DATE: \_\_\_\_\_ TIME: \_\_\_\_\_
- CONTRACTOR USE ONLY
5.  COST REPORT STATUS
  - 1 - AS SUBMITTED
  - 2 - SETTLED WITHOUT AUDIT
  - 3 - SETTLED WITH AUDIT
  - 4 - REOPENED
  - 5 - AMENDED
  6. DATE RECEIVED: \_\_\_\_\_
  7. CONTRACTOR NO: \_\_\_\_\_
  8.  INITIAL REPORT FOR THIS PROVIDER CCN
  9.  FINAL REPORT FOR THIS PROVIDER CCN
  10. NPR DATE: \_\_\_\_\_
  11. CONTRACTOR'S VENDOR CODE: \_\_\_\_\_
  12.  IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED - 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY MEMORIAL MEDICAL CENTER (14-0148) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2012 AND ENDING 09/30/2013, 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		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1 HOSPITAL		-313,377	21,555	-119,660	1
2 SUBPROVIDER - IPF		120,980			2
3 SUBPROVIDER - IRF		119,172	7		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		-73,225	21,562	-119,660	200

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 701 NORTH FIRST STREET  
 2 CITY: SPRINGFIELD

STATE: IL

P.O.BOX:  
 ZIP CODE: 62781

COUNTY: SANGAMON

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	MEMORIAL MEDICAL CENTER	14-0148	44100	1	10/01/1966	N	P	O	3
4	SUBPROVIDER - IPF	MEMORIAL MEDICAL CENTER PSYCH	14-S148	44100	4	10/01/1966	N	P	O	4
5	SUBPROVIDER - IRF	MEMORIAL MEDICAL CENTER REHAB	14-T148	44100	5	10/01/1966	N	P	O	5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF									9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTC									11
12	HOSPITAL-BASED HHA									12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE									14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS	MEMORIAL MEDICAL CENTER RENAL	14-2315	44100		10/01/1966				18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/01/2012 TO: 09/30/2013									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		OUT-OF-STATE		MEDICAID	OTHER	
		MEDICAID	ELIGIBLE	MEDICAID	ELIGIBLE	MEDICAID	MEDICAID			
		PAID	UNPAID	PAID	UNPAID	PAID	UNPAID	HMO	MEDICAID	
		DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	
		1	2	3	4	5	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.	10,821	1,708	36	2	151			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 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.	719	156		6				25	
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1				26	
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER 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	
39	DOES THIS FACILITY QUALIFY FOR THE INPATIENT HOSPITAL PAYMENT ADJUSTMENT FOR LOW VOLUME HOSPITALS IN ACCORDANCE WITH 42 CFR §412.101(b)(2)(ii)? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)(ii)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)								1	2

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

TEACHING HOSPITALS

		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	Y			60

		Y/N	IME	DIRECT GME	
61	DID YOUR HOSPITAL RECEIVE FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. )(SEE INSTRUCTIONS)	N			61
61.01	ENTER THE AVERAGE NUMBER OF UNWEIGHTED PRIMARY CARE FTEs FROM THE HOSPITAL'S 3 MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)				61.01
61.02	ENTER THE CURRENT YEAR TOTAL UNWEIGHTED PRIMARY CARE FTE COUNT (EXCLUDING OB/GYN AND GENERAL SURGERY) ADDED AS A RESULT OF SECTION 5503. (SEE INSTRUCTIONS)				61.02
61.03	ENTER THE BASE LINE FTE COUNT FOR PRIMARY CARE AND/OR GENERAL SURGERY RESIDENTS, WHICH IS USED FOR DETERMINING COMPLIANCE WITH THE 75% TEST. (SEE INSTRUCTIONS)				61.03
61.04	ENTER THE NUMBER OF UNWEIGHTED PRIMARY CARE/OR SURGERY ALLOPATHIC AND/OR OSTEOPATHIC FTEs IN THE CURRENT COST REPORTING PERIOD. (SEE INSTRUCTIONS)				61.04
61.05	ENTER THE DIFFERENCE BETWEEN THE BASELINE PRIMARY AND/OR GENERAL SURGERY FTE AND THE CURRENT YEAR'S PRIMARY CARE AND/OR GENERAL SURGERY FTE COUNTS (LINE 61.04 MINUS LINE 61.03). (SEE INSTRUCTIONS)				61.05
61.06	ENTER THE AMOUNT OF ACA §5503 AWARD THAT IS BEING USED FOR CAP RELIEF AND/OR FTEs THAT ARE NONPRIMARY CARE OR GENERAL SURGERY. (SEE INSTRUCTIONS)				61.06

OF THE FTEs IN LINE 61.05, SPECIFY EACH NEW PROGRAM SPECIALTY, IF ANY, AND  
 THE NUMBER OF FTE RESIDENTS FOR EACH NEW PROGRAM (SEE INSTRUCTIONS)  
 ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE,  
 ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4  
 DIRECT GME FTE UNWEIGHTED COUNT.

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED IME FTE COUNT	UNWEIGHTED DIRECT GME FTE COUNT	
1	2	3	4	
				61.10

OF THE FTEs IN LINE 61.05, SPECIFY EACH EXPANDED PROGRAM SPECIALTY, IF ANY,  
 AND THE NUMBER OF FTE RESIDENTS FOR EACH EXPANDED PROGRAM (SEE INSTRUCTIONS)  
 ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE,  
 ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4  
 DIRECT GME FTE UNWEIGHTED COUNT.

61.20

ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01

TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS

63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	Y			63
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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

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)	22.93	58.05	0.283156	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 1	PROGRAM CODE 2	UNWEIGHTED FTEs NONPROVIDER SITE 3	UNWEIGHTED FTEs IN HOSPITAL 4	RATIO (COL.3+COL.4) 5	
65 FAMILY PRACTICE	1350	7.69	8.97	0.461585	65
65.01 INTERNAL MEDICINE	1400	6.21	24.15	0.204545	65.01
65.02 PEDIATRICS	2000	0.51	0.17	0.750000	65.02

SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS  
 EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010

	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)	23.76	69.05	0.256007	66

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

PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED FTEs NONPROVIDER SITE 3	UNWEIGHTED FTEs IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5	
67 FAMILY PRACTICE	1350	9.92	11.39	0.465509	67
67.01 INTERNAL MEDICINE	1400	5.26	24.56	0.176392	67.01
67.02 PEDIATRICS	2000	0.40	0.42	0.487805	67.02

INPATIENT PSYCHIATRIC FACILITY PPS

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

INPATIENT REHABILITATION FACILITY PPS

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

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			V	XIX					
			1	2					
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.	N	Y					90	
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N					91	
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N				92	
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N		N				93	
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N		N				94	
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.							95	
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N		N				96	
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.							97	
RURAL PROVIDERS			1	2					
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?	N						105	
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.							106	
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.							107	
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.			N				108	
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.		PHY-	OCCUP-	RESPI-	SICAL	ATIONAL	SPEECH	RATORY
		N	N	N	N				109
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.		1						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.		N						121

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

TRANSPLANT CENTER INFORMATION

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

ALL PROVIDERS

		1	2
140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	Y	14H058 140

IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME: MEMORIAL HEALTH SYSTEM	CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICES	CONTRACTOR'S NUMBER: 131	141
142	STREET: 701 NORTH FIRST STREET	P.O. BOX:		142
143	CITY: SPRINGFIELD	STATE: IL	ZIP CODE: 62781	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, 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	
155	HOSPITAL	N	N	155
156	SUBPROVIDER - IPF	N	N	156
157	SUBPROVIDER - IRF	N	N	157
158	SUBPROVIDER - (OTHER)	N	N	158
159	SNF	N	N	159
160	HHA	N	N	160
161	CMHC		N	161
161.10	CORF			161.10

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.	Y	167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.		168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.	0.75	169
170	IF LINE 167 IS 'Y', ENTER IN COLUMNS 1 AND 2 THE EHR BEGINNING DATE AND ENDING DATE FOR THE REPORTING PERIOD, RESPECTIVELY. (mmddyyyy) (SEE INSTRUCTIONS)	10/01/2012 09/30/2013	170

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

PROVIDER ORGANIZATION AND OPERATION		Y/N	DATE		
1	2	1	2	3	
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)	N		1	
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.	N		2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3	
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE	
4	5	1	2	3	
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.	Y	A	4	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5	
APPROVED EDUCATIONAL ACTIVITIES		Y/N	Y/N		
6	7	1	2	3	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y 12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
BED COMPLEMENT		Y/N			
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			Y 15	
PS&R REPORT DATA		PART A		PART B	
16	17	Y/N	DATE	Y/N	DATE
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	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)	Y	01/22/2013	Y	01/22/2013
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

	Y/N	DATE	
	1	2	
36	WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?		36
37	IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		37
38	IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE.	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: BOB	LAST NAME: URBANCE	TITLE: DIRECTOR OF REIMBURS	41
42	EMPLOYER: MEMORIAL MEDICAL CENTER			42
43	PHONE NUMBER: 217-788-3138	E-MAIL ADDRESS: URBANCE.BOB@MHSIL.COM		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)	200	175,196,814	518,444	175,715,258	6,782,426.00	25.91 1
2	NON-PHYSICIAN ANESTHETIST PART A						2
3	NON-PHYSICIAN ANESTHETIST PART B						3
4	PHYSICIAN-PART A ADMINISTRATIVE				10,123,179	129,348.00	78.26 3
4.01	PHYSICIAN-PART A - TEACHING						4
5	PHYSICIAN-PART B		546,347		546,347	2,080.00	262.67 5
6	NON-PHYSICIAN-PART B						6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21	7,124,044	297	7,124,341	277,749.00	25.65 7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)						7.01
8	HOME OFFICE PERSONNEL						8
9	SNF	44					9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		5,896,325	350,221	6,246,546	241,333.00	25.88 10
OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)		644,346		644,346	10,349.00	62.26 11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		7,008,463		7,008,463	34,327.00	204.17 13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		17,595,902		17,595,902	300,322.00	58.59 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)		59,257,583		59,257,583		17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS		2,465,255		2,465,255		19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B		2,750,058		2,750,058		21
22	PHYSICIAN PART A - ADMINISTRATIVE						22
22.01	PHYSICIAN PART A - TEACHING						22.01
23	PHYSICIAN PART B		115,191		115,191		23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)		1,584,807		1,584,807		25
OVERHEAD COSTS - DIRECT SALARIES							
26	EMPLOYEE BENEFITS DEPARTMENT		3,018,206	164,237	3,182,443	125,889.68	25.28 26
27	ADMINISTRATIVE & GENERAL		20,613,277	-1,100,244	19,513,033	828,627.11	23.55 27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		2,430,615		2,430,615	16,629.00	146.17 28
29	MAINTENANCE & REPAIRS		4,686,347	18,242	4,704,589	189,896.15	24.77 29
30	OPERATION OF PLANT						30
31	LAUNDRY & LINEN SERVICE		176,539	2,079	178,618	12,713.09	14.05 31
32	HOUSEKEEPING		3,552,506	49,845	3,602,351	256,637.32	14.04 32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34	DIETARY		3,145,075	-2,120,625	1,024,450	69,655.68	14.71 34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35
36	CAFETERIA		694,896	2,176,990	2,871,886	203,933.02	14.08 36
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION		2,219,742	62,370	2,282,112	62,816.99	36.33 38
39	CENTRAL SERVICES AND SUPPLY		1,618,832	15,874	1,634,706	110,477.56	14.80 39
40	PHARMACY		5,917,008	36,170	5,953,178	152,558.53	39.02 40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		3,633,245	-179,022	3,454,223	173,246.47	19.94 41
42	SOCIAL SERVICE			729,097	729,097	23,588.25	30.91 42
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	159,833,859	518,147	160,352,006	6,389,878.00	25.09	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	5,896,325	350,221	6,246,546	241,333.00	25.88	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	153,937,534	167,926	154,105,460	6,148,545.00	25.06	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	25,248,711		25,248,711	344,998.00	73.19	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	59,257,583		59,257,583		38.45	5
6	TOTAL (SUM OF LINES 3 THRU 5)	238,443,828	167,926	238,611,754	6,493,543.00	36.75	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	51,706,288	-144,987	51,561,301	2,226,668.85	23.16	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
 PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	11,227,765	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)	16,643,303	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)	20,871,025	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	2,212,188	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	363,714	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	298,854	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	1,887,907	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	1,229,770	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	205,532	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	241,553	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	55,181,611	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3  
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

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

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 14-2315

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

DESCRIPTION	---- OUTPATIENT ---		---- TRAINING ----		----- HOME -----					
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6				
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD	3					1				
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00					2				
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	4.50					3				
4 CAPD EXCHANGES PER DAY						4				
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	365					5				
6 NUMBER OF STATIONS	11					6				
7 TREATMENT CAPACITY PER DAY PER STATION	2					7				
8 UTILIZATION (SEE INSTRUCTIONS)						8				
9 AVERAGE TIMES DIALYZERS RE-USED						9				
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS						10				
ESRD PPS					1	2				
10.01 IS THE DIALYSIS FACILITY APPROVED AS A LOW-VOLUME FACILITY FOR THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)					N	10.01				
10.02 DID YOUR FACILITY ELECT 100% PPS EFFECTIVE JANUARY 1, 2011? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS FOR 'NEW' PROVIDERS.)					Y	10.02				
10.03 IF YOU RESPONDED 'N' TO LINE 10.02, ENTER IN COLUMN 1 THE YEAR OF TRANSITION FOR PERIODS PRIOR TO JANUARY 1 AND ENTER IN COLUMN 2 THE YEAR OF TRANSITION FOR PERIODS AFTER DECEMBER 31. (SEE INSTRUCTIONS)						10.03				
TRANSPLANT INFORMATION										
11 NUMBER OF PATIENTS ON TRANSPLANT LIST						218				
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD						42				
EPOETIN										
13 NET COSTS OF EPOETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						13				
14 EPOETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						14				
15 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						15				
16 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						16				
ARANESP										
17 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						17				
18 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						18				
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						19				
20 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						20				
PHYSICIAN PAYMENT METHOD (ENTER 'X' FOR APPLICABLE METHOD(S))										
21 MCP INITIAL METHOD X						21				
ENTER IN COLUMN 1 THE ESA DESCRIPTION. ENTER IN COLUMN 2 THE NET COSTS OF ESAs FURNISHED TO ALL RENAL DIALYSIS PATIENTS. ENTER IN COLUMN 3 THE NET COST OF ESAs FURNISHED TO ALL HOME DIALYSIS PROGRAM PATIENTS. ENTER IN COLUMN 4 THE NUMBER OF ESA UNITS FURNISHED TO PATIENTS IN THE RENAL DIALYSIS DEPARTMENT. ENTER IN COLUMN 5 THE NUMBER OF UNITS FURNISHED TO PATIENTS IN THE HOME DIALYSIS PROGRAM. (SEE INSTR.)										
EPA DESCRIPTION	1		NET COST OF ESAs FOR RENAL PATIENTS	2	NET COST OF ESAs FOR HOME PATIENTS	3	NUMBER OF ESA UNITS RENAL DIALYSIS DEPT.	4	NUMBER OF ESA UNITS HOME DIALYSIS DEPT.	5

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)				0.249133	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				34,307,985	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				198,169,376	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				49,370,531	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.				15,062,546	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)				15,062,546	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	54,373,476	3,922,599	58,296,075		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	13,546,227	977,249	14,523,476		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	164,275	593,748	758,023		22
23	COST OF CHARITY CARE	13,381,952	383,501	13,765,453		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)			8,680,376		26
26	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			2,510,795		27
27	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			6,169,581		28
28	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			1,537,046		29
29	COST OF UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			15,302,499		30
30	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			30,365,045		31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100		11,101,438	11,101,438	5,234,107	1
2	00200					2
3	00300					3
4	00400	3,018,206	50,698,735	53,716,941	-1,700,660	4
5	00500	20,613,277	100,667,983	121,281,260	-896,514	5
6	00600	4,686,347	11,359,752	16,046,099	30,706	6
7	00700					7
8	00800	176,539	2,184,584	2,361,123	2,079	8
9	00900	3,552,506	1,474,519	5,027,025	49,845	9
10	01000	3,145,075	1,280,261	4,425,336	-2,477,861	10
11	01100	694,896	2,345,132	3,040,028	2,534,226	11
12	01200					12
13	01300	2,219,742	268,486	2,488,228	62,370	13
14	01400	1,618,832	1,096,977	2,715,809	15,874	14
15	01500	5,917,008	19,898,046	25,815,054	-18,213,131	15
16	01600	3,633,245	2,407,909	6,041,154	45,215	16
17	01700				1,111,643	17
19	01900					19
20	02000					20
21	02100	7,124,044		7,124,044	297	21
22	02200		1,332,334	1,332,334		22
23	02300				13,066	23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	26,255,712	5,728,601	31,984,313	1,445,059	30
31	03100	6,666,321	2,323,922	8,990,243	13,865	31
33	03300	1,201,676	416,797	1,618,473	-5,820	33
40	04000	3,794,646	567,854	4,362,500	-11,793	40
41	04100	1,415,743	209,141	1,624,884	13,640	41
43	04300	3,389,525	1,357,847	4,747,372	-3,423,617	43
ANCILLARY SERVICE COST CENTERS						
50	05000	11,817,847	7,667,796	19,485,643	27,081	50
52	05200				2,315,654	52
53	05300	11,027,073	3,000,950	14,028,023	53,410	53
54	05400	7,865,077	9,700,945	17,566,022	-397,249	54
55	05500	1,718,539	2,554,520	4,273,059	5,347	55
57	05700	1,044,974	2,843,442	3,888,416	7,426	57
58	05800	669,164	1,937,279	2,606,443	3,565	58
60	06000	9,826,732	16,870,806	26,697,538	78,109	60
62	06200	436,502	3,802,326	4,238,828	1,931	62
62.30	06250					62.30
65	06500	3,257,932	1,722,121	4,980,053	24,702	65
66	06600	7,093,377	1,470,825	8,564,202	55,623	66
67	06700	1,354,761	144,627	1,499,388	6,535	67
68	06800	547,515	56,548	604,063	3,481	68
69	06900	5,259,816	17,312,250	22,572,066	7,950	69
69.01	03340	1,413,518	1,776,115	3,189,633		69.01
69.02	03650	318,313	246,042	564,355	1,188	69.02
70	07000	353,283	158,285	511,568	2,739	70
71	07100	419,363	33,993,545	34,412,908	186,105	71
73	07300				18,249,301	73
73.01	03640	165,877	376,638	542,515	891	73.01
74	07400	978,182	399,801	1,377,983	-171,209	74
75	07500	2,123,419	4,287,900	6,411,319	13,070	75
76.97	07697	1,060,985	143,641	1,204,626	10,502	76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
91	09100	6,635,289	5,398,961	12,034,250	-447,360	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
94	09400					94
SPECIAL PURPOSE COST CENTERS						
105	10500	285,450	1,337,106	1,622,556	-114,412	105
109	10900				115,897	109
113	11300		5,766,135	5,766,135	-5,766,135	113
118		174,796,328	339,688,922	514,485,250	-1,883,262	118
NONREIMBURSABLE COST CENTERS						
190	19000	62,286	230,230	292,516		190
192	19200	16,975	26,335	43,310	10,713	192
192.01	19201				1,418,203	192.01
192.03	19202	23,478	145,514	168,992	91	192.03
192.04	19203					192.04
192.05	19204					192.05
192.06	19205					192.06
192.07	19206					192.07
192.08	19208					192.08

PROVIDER CCN: 14-0148 MEMORIAL MEDICAL CENTER  
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KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2013.11  
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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	
192.09 19207 SIU MAP PROGRAM	73,839	718,326	792,165		192.09
192.10 19209 AUDIOLOGY	223,908	360,596	584,504	1,188	192.10
192.11 19210 SOUTH6TH AND N.DIRKSON RADIOLOGY				453,067	192.11
200 TOTAL (SUM OF LINES 118-199)	175,196,814	341,169,923	516,366,737		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	CAP REL COSTS-BLDG & FIXT	16,335,545	1,012,576	17,348,121	1
2	00200	CAP REL COSTS-MVBLE EQUIP				2
3	00300	OTHER CAP REL COSTS				3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	52,016,281	-10,033,459	41,982,822	4
5	00500	ADMINISTRATIVE & GENERAL	120,384,746	-52,257,104	68,127,642	5
6	00600	MAINTENANCE & REPAIRS	16,076,805	53,249	16,130,054	6
7	00700	OPERATION OF PLANT				7
8	00800	LAUNDRY & LINEN SERVICE	2,363,202		2,363,202	8
9	00900	HOUSEKEEPING	5,076,870	-102,443	4,974,427	9
10	01000	DIETARY	1,947,475	-121,619	1,825,856	10
11	01100	CAFETERIA	5,574,254	-4,255,580	1,318,674	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	2,550,598	-6,000	2,544,598	13
14	01400	CENTRAL SERVICES & SUPPLY	2,731,683		2,731,683	14
15	01500	PHARMACY	7,601,923	-2,500	7,599,423	15
16	01600	MEDICAL RECORDS & LIBRARY	6,086,369	43,859	6,130,228	16
17	01700	SOCIAL SERVICE	1,111,643		1,111,643	17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD	7,124,341	-513,604	6,610,737	21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,332,334		1,332,334	22
23	02300	PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS	13,066		13,066	23
30	03000	ADULTS & PEDIATRICS	33,429,372	-148,713	33,280,659	30
31	03100	INTENSIVE CARE UNIT	9,004,108	-471,318	8,532,790	31
33	03300	BURN INTENSIVE CARE UNIT	1,612,653	-29,793	1,582,860	33
40	04000	SUBPROVIDER - IPF	4,350,707	3,166	4,353,873	40
41	04100	SUBPROVIDER - IRF	1,638,524	-382	1,638,142	41
43	04300	NURSERY	1,323,755	-237,470	1,086,285	43
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	19,512,724	-608,309	18,904,415	50
52	05200	DELIVERY ROOM & LABOR ROOM	2,315,654		2,315,654	52
53	05300	ANESTHESIOLOGY	14,081,433	-10,789,971	3,291,462	53
54	05400	RADIOLOGY-DIAGNOSTIC	17,168,773	282,152	17,450,925	54
55	05500	RADIOLOGY-THERAPEUTIC	4,278,406	-3,402	4,275,004	55
57	05700	CT SCAN	3,895,842	22,059	3,917,901	57
58	05800	MRI	2,610,008	33,284	2,643,292	58
60	06000	LABORATORY	26,775,647	-2,029,831	24,745,816	60
62	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,240,759		4,240,759	62
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	06500	RESPIRATORY THERAPY	5,004,755	-47,048	4,957,707	65
66	06600	PHYSICAL THERAPY	8,619,825	-114,173	8,505,652	66
67	06700	OCCUPATIONAL THERAPY	1,505,923	17,813	1,523,736	67
68	06800	SPEECH PATHOLOGY	607,544		607,544	68
69	06900	ELECTROCARDIOLOGY	22,580,016	-1,044,840	21,535,176	69
69.01	03340	GI UNIT	3,189,633	-8,018	3,181,615	69.01
69.02	03650	VASCULAR LAB	565,543	-15,533	550,010	69.02
70	07000	ELECTROENCEPHALOGRAPHY	514,307	-16,089	498,218	70
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	34,599,013	-791,782	33,807,231	71
73	07300	DRUGS CHARGED TO PATIENTS	18,249,301		18,249,301	73
73.01	03640	RENAL TXPLANT LAB	543,406	-36,000	507,406	73.01
74	07400	RENAL DIALYSIS	1,206,774	-21,332	1,185,442	74
75	07500	ASC (NON-DISTINCT PART)	6,424,389	38,914	6,463,303	75
76.97	07697	CARDIAC REHABILITATION	1,215,128	12,057	1,227,185	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
91	09100	EMERGENCY	11,586,890	-139,679	11,447,211	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92
OTHER REIMBURSABLE COST CENTERS						
94	09400	HOME PROGRAM DIALYSIS				94
SPECIAL PURPOSE COST CENTERS						
105	10500	KIDNEY ACQUISITION	1,508,144	-142,865	1,365,279	105
109	10900	PANCREAS ACQUISITION	115,897		115,897	109
113	11300	INTEREST EXPENSE				113
118		SUBTOTALS (SUM OF LINES 1-117)	512,601,988	-82,469,728	430,132,260	118
NONREIMBURSABLE COST CENTERS						
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	292,516		292,516	190
192	19200	PHYSICIANS' PRIVATE OFFICES	54,023		54,023	192
192.01	19201	SIU SCHOOL OF MEDICINE	1,418,203		1,418,203	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	169,083		169,083	192.03
192.04	19203	MEALS ON WHEELS				192.04
192.05	19204	ACS HOME CARE				192.05
192.06	19205	VNA OF CENTRAL IL				192.06
192.07	19206	GAMBRO				192.07
192.08	19208	FOUNDATION				192.08

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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	
192.09 19207 SIU MAP PROGRAM	792,165		792,165	192.09
192.10 19209 AUDIOLOGY	585,692		585,692	192.10
192.11 19210 SOUTH6TH AND N.DIRKSON RADIOLOGY	453,067	51,705	504,772	192.11
200 TOTAL (SUM OF LINES 118-199)	516,366,737	-82,418,023	433,948,714	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER
			LINE #	SALARY	
	1	2	3	4	5
1 LEASE RECLASS	A	SIU SCHOOL OF MEDICINE	192.01		776,877
2 LEASE RECLASS	A				1
500 TOTAL RECLASSIFICATIONS					776,877
CODE LETTER - A					500
1 DRUGS CHARGED TO PATIENTS	B	DRUGS CHARGED TO PATIENTS	73		18,249,301
2 DRUGS CHARGED TO PATIENTS	B				2
500 TOTAL RECLASSIFICATIONS					18,249,301
CODE LETTER - B					500
1 INTEREST EXPENSE	C	CAP REL COSTS-BLDG & FIXT	1		5,766,135
2 INTEREST EXPENSE	C				2
3 INTEREST EXPENSE	C				3
500 TOTAL RECLASSIFICATIONS					5,766,135
CODE LETTER - C					500
1 SOCIAL SERVICE RECLASS	D	SOCIAL SERVICE	17	729,097	1
2 SOCIAL SERVICE RECLASS	D				2
3 SOCIAL SERVICE NON-SALARY COSTS	D	SOCIAL SERVICE	17		382,546
4 SOCIAL SERVICE NON-SALARY COSTS	D				3
500 TOTAL RECLASSIFICATIONS				729,097	382,546
CODE LETTER - D					500
1 RENAL MEDICAL SUPPLIES	E	MEDICAL SUPPLIES CHARGED TO P	71		181,458
2 RENAL MEDICAL SUPPLIES	E				2
500 TOTAL RECLASSIFICATIONS					181,458
CODE LETTER - E					500
1 CAFE/DIETARY RECLASS	F	CAFETERIA	11	2,167,419	1
2 CAFE/DIETARY RECLASS	F				2
3 CAFE/DIETARY OTHER COSTS RECLASS	F	CAFETERIA	11		357,236
4 CAFE/DIETARY OTHER COSTS RECLASS	F				3
500 TOTAL RECLASSIFICATIONS				2,167,419	357,236
CODE LETTER - F					500
1 FMS RECLASS	G	ADULTS & PEDIATRICS	30	854,160	1
2 FMS RECLASS	G	DELIVERY ROOM & LABOR ROOM	52	1,744,589	2
3 FMS RECLASS	G				3
4 FMS RECLASS OTHER COSTS	G	ADULTS & PEDIATRICS	30		279,597
5 FMS RECLASS OTHER COSTS	G	DELIVERY ROOM & LABOR ROOM	52		571,065
6 FMS RECLASS OTHER COSTS	G				5
500 TOTAL RECLASSIFICATIONS				2,598,749	850,662
CODE LETTER - G					500
1 CONTRACT LABOR	H	ADMINISTRATIVE & GENERAL	5		546,464
2 CONTRACT LABOR	H	MAINTENANCE & REPAIRS	6		10,647
3 CONTRACT LABOR	H	MEDICAL RECORDS & LIBRARY	16		224,237
4 CONTRACT LABOR	H	RADIOLOGY-THERAPEUTIC	55		26,115
5 CONTRACT LABOR	H	LABORATORY	60		2,400
6 CONTRACT LABOR	H	ELECTROCARDIOLOGY	69		219,068
500 TOTAL RECLASSIFICATIONS					1,028,931
CODE LETTER - H					500
1 KINETIC BED RECLASS	I	MEDICAL SUPPLIES CHARGED TO P	71		2,057
2 KINETIC BED RECLASS	I				2
500 TOTAL RECLASSIFICATIONS					2,057
CODE LETTER - I					500
1 BUILDING INSURANCE RECLASS	J	CAP REL COSTS-BLDG & FIXT	1		246,666
2 BUILDING INSURANCE RECLASS	J				2
500 TOTAL RECLASSIFICATIONS					246,666
CODE LETTER - J					500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1 OBSERVATION RECLASS	K	ADULTS & PEDIATRICS	30	12,419	1
2 OBSERVATION RECLASS	K				2
3					3
4 OBSERVATION RECLASS	K				4
500 TOTAL RECLASSIFICATIONS				12,419	500
CODE LETTER - K					
1 SO. SIXTH / NO. DIRK RADIOLOGY RECL	L	SOUTH6TH AND N.DIRKSON RADIOL	192.11	274,793	178,274 1
500 TOTAL RECLASSIFICATIONS				274,793	178,274 500
CODE LETTER - L					
1 SIU PURCHASED SERVICE SUPPORT	N	SIU SCHOOL OF MEDICINE	192.01		641,326 1
2 SIU PURCHASED SERVICE SUPPORT	N				2
3 SIU PURCHASED SERVICE SUPPORT	N	ADULTS & PEDIATRICS	30		99,776 3
4					4
5 SIU PURCHASED SERVICE SUPPORT	N				5
6 SIU PURCHASED SERVICE SUPPORT	N				6
7 SIU PURCHASED SERVICE SUPPORT	N				7
8 SIU PURCHASED SERVICE SUPPORT	N				8
9 SIU PURCHASED SERVICE SUPPORT	N				9
10 SIU PURCHASED SERVICE SUPPORT	N				10
500 TOTAL RECLASSIFICATIONS					741,102 500
CODE LETTER - N					
1 AFFILIATE ACCOUNTING RECLASS	O	UNIVERSITY BUILDING (MHCCI)	192.03		91 1
2 AFFILIATE ACCOUNTING RECLASS	O				2
500 TOTAL RECLASSIFICATIONS					91 500
CODE LETTER - O					
1 PANCREAS RECLASS SALARY	P	PANCREAS ACQUISITION	109	20,389	1
2 PANCREAS RECLASS SALARY	P				2
3 PANCREAS RECLASS OTHER COSTS	P	PANCREAS ACQUISITION	109		95,508 3
4 PANCREAS RECLASS OTHER COSTS	P				4
500 TOTAL RECLASSIFICATIONS				20,389	95,508 500
CODE LETTER - P					
1 MANAGEMENT INCENTIVE PROGRAM	Q				1
2 MANAGEMENT INCENTIVE PROGRAM	Q	EMPLOYEE BENEFITS DEPARTMENT	4	40,222	2
3 MANAGEMENT INCENTIVE PROGRAM	Q	ADMINISTRATIVE & GENERAL	5	175,317	3
4 MANAGEMENT INCENTIVE PROGRAM	Q	MAINTENANCE & REPAIRS	6	6,462	4
5 MANAGEMENT INCENTIVE PROGRAM	Q	HOUSEKEEPING	9	8,259	5
6 MANAGEMENT INCENTIVE PROGRAM	Q	DIETARY	10	16,496	6
7 MANAGEMENT INCENTIVE PROGRAM	Q	CAFETERIA	11	1,402	7
8 MANAGEMENT INCENTIVE PROGRAM	Q	NURSING ADMINISTRATION	13	48,112	8
9 MANAGEMENT INCENTIVE PROGRAM	Q	CENTRAL SERVICES & SUPPLY	14	2,804	9
10 MANAGEMENT INCENTIVE PROGRAM	Q	PHARMACY	15	16,565	10
11 MANAGEMENT INCENTIVE PROGRAM	Q	MEDICAL RECORDS & LIBRARY	16	23,531	11
12 MANAGEMENT INCENTIVE PROGRAM	Q	ADULTS & PEDIATRICS	30	54,129	12
13 MANAGEMENT INCENTIVE PROGRAM	Q	INTENSIVE CARE UNIT	31	18,300	13
14 MANAGEMENT INCENTIVE PROGRAM	Q	SUBPROVIDER - IPF	40	13,541	14
15 MANAGEMENT INCENTIVE PROGRAM	Q	SUBPROVIDER - IRF	41	5,471	15
16 MANAGEMENT INCENTIVE PROGRAM	Q	NURSERY	43	5,298	16
17 MANAGEMENT INCENTIVE PROGRAM	Q	OPERATING ROOM	50	38,562	17
18 MANAGEMENT INCENTIVE PROGRAM	Q	ANESTHESIOLOGY	53	27,122	18
19 MANAGEMENT INCENTIVE PROGRAM	Q	RADIOLOGY-DIAGNOSTIC	54	11,113	19
20 MANAGEMENT INCENTIVE PROGRAM	Q	LABORATORY	60	21,671	20
21 MANAGEMENT INCENTIVE PROGRAM	Q	RESPIRATORY THERAPY	65	6,731	21
22 MANAGEMENT INCENTIVE PROGRAM	Q	PHYSICAL THERAPY	66	31,406	22
23 MANAGEMENT INCENTIVE PROGRAM	Q	SPEECH PATHOLOGY	68	1,402	23
24 MANAGEMENT INCENTIVE PROGRAM	Q	ELECTROCARDIOLOGY	69	20,445	24
25 MANAGEMENT INCENTIVE PROGRAM	Q	ELECTROENCEPHALOGRAPHY	70	1,402	25
26 MANAGEMENT INCENTIVE PROGRAM	Q	MEDICAL SUPPLIES CHARGED TO P	71	1,402	26
27 MANAGEMENT INCENTIVE PROGRAM	Q	RENAL DIALYSIS	74	6,387	27
28 MANAGEMENT INCENTIVE PROGRAM	Q	CARDIAC REHABILITATION	76.97	5,007	28
29 MANAGEMENT INCENTIVE PROGRAM	Q	EMERGENCY	91	18,411	29
30 MANAGEMENT INCENTIVE PROGRAM	Q	PHYSICIANS' PRIVATE OFFICES	192	6,257	30
500 TOTAL RECLASSIFICATIONS				633,227	500
CODE LETTER - Q					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER	
			LINE #				
	1	2	3	4	5		
1 EMS COORDINATOR RECLASS OTHER COSTS	S	PARAMED ED PRGM-(SPECIFY)	23		12,137	929	1
2 EMS COORDINATOR RECLASS OTHER COSTS	S						2
500 TOTAL RECLASSIFICATIONS					12,137	929	500
CODE LETTER - S							
1 DEPRECIATION RECLASS	T	MAINTENANCE & REPAIRS	6			1,817	1
2 DEPRECIATION RECLASS	T						2
500 TOTAL RECLASSIFICATIONS						1,817	500
CODE LETTER - T							
1 SUCCESS SHARING PROGRAM	W						1
2 SUCCESS SHARING PROGRAM	W	EMPLOYEE BENEFITS DEPARTMENT	4		124,015		2
3 SUCCESS SHARING PROGRAM	W	MAINTENANCE & REPAIRS	6		22,427		3
4							4
5 SUCCESS SHARING PROGRAM	W	LAUNDRY & LINEN SERVICE	8		2,079		5
6 SUCCESS SHARING PROGRAM	W	HOUSEKEEPING	9		41,586		6
7 SUCCESS SHARING PROGRAM	W	DIETARY	10		30,298		7
8 SUCCESS SHARING PROGRAM	W	CAFETERIA	11		8,169		8
9 SUCCESS SHARING PROGRAM	W	NURSING ADMINISTRATION	13		14,258		9
10 SUCCESS SHARING PROGRAM	W	CENTRAL SERVICES & SUPPLY	14		13,070		10
11 SUCCESS SHARING PROGRAM	W	PHARMACY	15		19,605		11
12 SUCCESS SHARING PROGRAM	W	MEDICAL RECORDS & LIBRARY	16		21,684		12
13 SUCCESS SHARING PROGRAM	W	I&R SERVICES-SALARY & FRINGES	21		297		13
14 SUCCESS SHARING PROGRAM	W	ADULTS & PEDIATRICS	30		147,035		14
15 SUCCESS SHARING PROGRAM	W	INTENSIVE CARE UNIT	31		40,546		15
16 SUCCESS SHARING PROGRAM	W	BURN INTENSIVE CARE UNIT	33		5,495		16
17 SUCCESS SHARING PROGRAM	W	SUBPROVIDER - IPF	40		22,724		17
18 SUCCESS SHARING PROGRAM	W	SUBPROVIDER - IRF	41		8,169		18
19 SUCCESS SHARING PROGRAM	W	NURSERY	43		20,496		19
20 SUCCESS SHARING PROGRAM	W	OPERATING ROOM	50		58,220		20
21 SUCCESS SHARING PROGRAM	W	ANESTHESIOLOGY	53		26,288		21
22 SUCCESS SHARING PROGRAM	W	RADIOLOGY-DIAGNOSTIC	54		44,705		22
23 SUCCESS SHARING PROGRAM	W	RADIOLOGY-THERAPEUTIC	55		5,347		23
24 SUCCESS SHARING PROGRAM	W	CT SCAN	57		7,426		24
25 SUCCESS SHARING PROGRAM	W	MRI	58		3,565		25
26 SUCCESS SHARING PROGRAM	W	LABORATORY	60		56,438		26
27 SUCCESS SHARING PROGRAM	W	WHOLE BLOOD & PACKED RED BLOO	62		1,931		27
28 SUCCESS SHARING PROGRAM	W	RESPIRATORY THERAPY	65		17,971		28
29 SUCCESS SHARING PROGRAM	W	PHYSICAL THERAPY	66		32,675		29
30 SUCCESS SHARING PROGRAM	W	OCCUPATIONAL THERAPY	67		6,535		30
31 SUCCESS SHARING PROGRAM	W	SPEECH PATHOLOGY	68		2,079		31
32 SUCCESS SHARING PROGRAM	W	ELECTROCARDIOLOGY	69		28,219		32
33							33
34 SUCCESS SHARING PROGRAM	W	VASCULAR LAB	69.02		1,188		34
35 SUCCESS SHARING PROGRAM	W	ELECTROENCEPHALOGRAPHY	70		1,337		35
36 SUCCESS SHARING PROGRAM	W	MEDICAL SUPPLIES CHARGED TO P	71		1,188		36
37 SUCCESS SHARING PROGRAM	W	RENAL TXPLANT LAB	73.01		891		37
38 SUCCESS SHARING PROGRAM	W	RENAL DIALYSIS	74		3,862		38
39 SUCCESS SHARING PROGRAM	W	ASC (NON-DISTINCT PART)	75		13,070		39
40 SUCCESS SHARING PROGRAM	W	CARDIAC REHABILITATION	76.97		5,495		40
41 SUCCESS SHARING PROGRAM	W	EMERGENCY	91		46,636		41
42 SUCCESS SHARING PROGRAM	W	KIDNEY ACQUISITION	105		1,485		42
43 SUCCESS SHARING PROGRAM	W	PHYSICIANS' PRIVATE OFFICES	192		4,456		43
44 SUCCESS SHARING PROGRAM	W	AUDIOLOGY	192.10		1,188		44
500 TOTAL RECLASSIFICATIONS					914,148		500
CODE LETTER - W							
1 HUMAN RESOURCE RECLASS	Y	ADMINISTRATIVE & GENERAL	5			154,038	1
2 HUMAN RESOURCE RECLASS	Y						2
500 TOTAL RECLASSIFICATIONS						154,038	500
CODE LETTER - Y							
1 REMOVE COTTER FROM EMPLOYEE BENEFIT	AA						1
2 ADD COTTER TO A&G	AA	ADMINISTRATIVE & GENERAL	5			163,484	2
500 TOTAL RECLASSIFICATIONS						163,484	500
CODE LETTER - AA							
GRAND TOTAL (INCREASES)					7,362,378	29,177,112	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 LEASE RECLASS	A					1
2 LEASE RECLASS	A	CAP REL COSTS-BLDG & FIXT	1		776,877	9 2
500 TOTAL RECLASSIFICATIONS					776,877	500
CODE LETTER - A						
1 DRUGS CHARGED TO PATIENTS	B					1
2 DRUGS CHARGED TO PATIENTS	B	PHARMACY	15		18,249,301	2
500 TOTAL RECLASSIFICATIONS					18,249,301	500
CODE LETTER - B						
1 INTEREST EXPENSE	C					11 1
2						2
3 INTEREST EXPENSE	C	INTEREST EXPENSE	113		5,766,135	3
500 TOTAL RECLASSIFICATIONS					5,766,135	500
CODE LETTER - C						
1 SOCIAL SERVICE RECLASS	D					1
2 SOCIAL SERVICE RECLASS	D	ADMINISTRATIVE & GENERAL	5	729,097		2
3 SOCIAL SERVICE NON-SALARY COSTS	D					3
4 SOCIAL SERVICE NON-SALARY COSTS	D	ADMINISTRATIVE & GENERAL	5		382,546	4
500 TOTAL RECLASSIFICATIONS				729,097	382,546	500
CODE LETTER - D						
1 RENAL MEDICAL SUPPLIES	E					1
2 RENAL MEDICAL SUPPLIES	E	RENAL DIALYSIS	74		181,458	2
500 TOTAL RECLASSIFICATIONS					181,458	500
CODE LETTER - E						
1 CAFE/DIETARY RECLASS	F					1
2 CAFE/DIETARY RECLASS	F	DIETARY	10	2,167,419		2
3 CAFE/DIETARY OTHER COSTS RECLASS	F					3
4 CAFE/DIETARY OTHER COSTS RECLASS	F	DIETARY	10		357,236	4
500 TOTAL RECLASSIFICATIONS				2,167,419	357,236	500
CODE LETTER - F						
1 FMS RECLASS	G					1
2 FMS RECLASS	G					2
3 FMS RECLASS	G	NURSERY	43	2,598,749		3
4 FMS RECLASS OTHER COSTS	G					4
5 FMS RECLASS OTHER COSTS	G					5
6 FMS RECLASS OTHER COSTS	G	NURSERY	43		850,662	6
500 TOTAL RECLASSIFICATIONS				2,598,749	850,662	500
CODE LETTER - G						
1 CONTRACT LABOR	H	ADMINISTRATIVE & GENERAL	5	546,464		1
2 CONTRACT LABOR	H	MAINTENANCE & REPAIRS	6	10,647		2
3 CONTRACT LABOR	H	MEDICAL RECORDS & LIBRARY	16	224,237		3
4 CONTRACT LABOR	H	RADIOLOGY-THERAPEUTIC	55	26,115		4
5 CONTRACT LABOR	H	LABORATORY	60	2,400		5
6 CONTRACT LABOR	H	ELECTROCARDIOLOGY	69	219,068		6
500 TOTAL RECLASSIFICATIONS				1,028,931		500
CODE LETTER - H						
1 KINETIC BED RECLASS	I					1
2 KINETIC BED RECLASS	I	ADULTS & PEDIATRICS	30		2,057	2
500 TOTAL RECLASSIFICATIONS					2,057	500
CODE LETTER - I						
1 BUILDING INSURANCE RECLASS	J					12 1
2 BUILDING INSURANCE RECLASS	J	ADMINISTRATIVE & GENERAL	5		246,666	2
500 TOTAL RECLASSIFICATIONS					246,666	500
CODE LETTER - J						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 OBSERVATION RECLASS	K					1
2 OBSERVATION RECLASS	K	BURN INTENSIVE CARE UNIT	33	11,315		2
3						3
4 OBSERVATION RECLASS	K	INTENSIVE CARE UNIT	31	1,104		4
500 TOTAL RECLASSIFICATIONS				12,419		500
CODE LETTER - K						
1 SO. SIXTH / NO. DIRK RADIOLOGY RECL	L	RADIOLOGY-DIAGNOSTIC	54	274,793	178,274	1
500 TOTAL RECLASSIFICATIONS				274,793	178,274	500
CODE LETTER - L						
1 SIU PURCHASED SERVICE SUPPORT	N					1
2 SIU PURCHASED SERVICE SUPPORT	N	ADMINISTRATIVE & GENERAL	5		30,953	2
3 SIU PURCHASED SERVICE SUPPORT	N					3
4						4
5 SIU PURCHASED SERVICE SUPPORT	N	INTENSIVE CARE UNIT	31		43,877	5
6 SIU PURCHASED SERVICE SUPPORT	N	SUBPROVIDER - IPF	40		48,058	6
7 SIU PURCHASED SERVICE SUPPORT	N	OPERATING ROOM	50		69,701	7
8 SIU PURCHASED SERVICE SUPPORT	N	PHYSICAL THERAPY	66		8,458	8
9 SIU PURCHASED SERVICE SUPPORT	N	ELECTROCARDIOLOGY	69		40,714	9
10 SIU PURCHASED SERVICE SUPPORT	N	EMERGENCY	91		499,341	10
500 TOTAL RECLASSIFICATIONS					741,102	500
CODE LETTER - N						
1 AFFILIATE ACCOUNTING RECLASS	O					1
2 AFFILIATE ACCOUNTING RECLASS	O	ADMINISTRATIVE & GENERAL	5		91	2
500 TOTAL RECLASSIFICATIONS					91	500
CODE LETTER - O						
1 PANCREAS RECLASS SALARY	P					1
2 PANCREAS RECLASS SALARY	P	KIDNEY ACQUISITION	105	20,389		2
3 PANCREAS RECLASS OTHER COSTS	P					3
4 PANCREAS RECLASS OTHER COSTS	P	KIDNEY ACQUISITION	105		95,508	4
500 TOTAL RECLASSIFICATIONS				20,389	95,508	500
CODE LETTER - P						
1 MANAGEMENT INCENTIVE PROGRAM	Q	EMPLOYEE BENEFITS DEPARTMENT	4		633,227	1
2 MANAGEMENT INCENTIVE PROGRAM	Q					2
3 MANAGEMENT INCENTIVE PROGRAM	Q					3
4 MANAGEMENT INCENTIVE PROGRAM	Q					4
5 MANAGEMENT INCENTIVE PROGRAM	Q					5
6 MANAGEMENT INCENTIVE PROGRAM	Q					6
7 MANAGEMENT INCENTIVE PROGRAM	Q					7
8 MANAGEMENT INCENTIVE PROGRAM	Q					8
9 MANAGEMENT INCENTIVE PROGRAM	Q					9
10 MANAGEMENT INCENTIVE PROGRAM	Q					10
11 MANAGEMENT INCENTIVE PROGRAM	Q					11
12 MANAGEMENT INCENTIVE PROGRAM	Q					12
13 MANAGEMENT INCENTIVE PROGRAM	Q					13
14 MANAGEMENT INCENTIVE PROGRAM	Q					14
15 MANAGEMENT INCENTIVE PROGRAM	Q					15
16 MANAGEMENT INCENTIVE PROGRAM	Q					16
17 MANAGEMENT INCENTIVE PROGRAM	Q					17
18 MANAGEMENT INCENTIVE PROGRAM	Q					18
19 MANAGEMENT INCENTIVE PROGRAM	Q					19
20 MANAGEMENT INCENTIVE PROGRAM	Q					20
21 MANAGEMENT INCENTIVE PROGRAM	Q					21
22 MANAGEMENT INCENTIVE PROGRAM	Q					22
23 MANAGEMENT INCENTIVE PROGRAM	Q					23
24 MANAGEMENT INCENTIVE PROGRAM	Q					24
25 MANAGEMENT INCENTIVE PROGRAM	Q					25
26 MANAGEMENT INCENTIVE PROGRAM	Q					26
27 MANAGEMENT INCENTIVE PROGRAM	Q					27
28 MANAGEMENT INCENTIVE PROGRAM	Q					28
29 MANAGEMENT INCENTIVE PROGRAM	Q					29
30 MANAGEMENT INCENTIVE PROGRAM	Q					30
500 TOTAL RECLASSIFICATIONS					633,227	500
CODE LETTER - Q						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE			WKST A-7 REF.	
		COST CENTER	LINE #	SALARY		
	1	6	7	8	9	10
1 EMS COORDINATOR RECLASS	OTHER COSTS S					1
2 EMS COORDINATOR RECLASS	OTHER COSTS S	EMERGENCY	91	12,137	929	2
500 TOTAL RECLASSIFICATIONS				12,137	929	500
CODE LETTER - S						
1 DEPRECIATION RECLASS	T					1
2 DEPRECIATION RECLASS	T	CAP REL COSTS-BLDG & FIXT	1		1,817	9 2
500 TOTAL RECLASSIFICATIONS					1,817	500
CODE LETTER - T						
1 SUCCESS SHARING PROGRAM	W	EMPLOYEE BENEFITS DEPARTMENT	4		914,148	1
2 SUCCESS SHARING PROGRAM	W					2
3 SUCCESS SHARING PROGRAM	W					3
4 SUCCESS SHARING PROGRAM	W					4
5 SUCCESS SHARING PROGRAM	W					5
6 SUCCESS SHARING PROGRAM	W					6
7 SUCCESS SHARING PROGRAM	W					7
8 SUCCESS SHARING PROGRAM	W					8
9 SUCCESS SHARING PROGRAM	W					9
10 SUCCESS SHARING PROGRAM	W					10
11 SUCCESS SHARING PROGRAM	W					11
12 SUCCESS SHARING PROGRAM	W					12
13 SUCCESS SHARING PROGRAM	W					13
14 SUCCESS SHARING PROGRAM	W					14
15 SUCCESS SHARING PROGRAM	W					15
16 SUCCESS SHARING PROGRAM	W					16
17 SUCCESS SHARING PROGRAM	W					17
18 SUCCESS SHARING PROGRAM	W					18
19 SUCCESS SHARING PROGRAM	W					19
20 SUCCESS SHARING PROGRAM	W					20
21 SUCCESS SHARING PROGRAM	W					21
22 SUCCESS SHARING PROGRAM	W					22
23 SUCCESS SHARING PROGRAM	W					23
24 SUCCESS SHARING PROGRAM	W					24
25 SUCCESS SHARING PROGRAM	W					25
26 SUCCESS SHARING PROGRAM	W					26
27 SUCCESS SHARING PROGRAM	W					27
28 SUCCESS SHARING PROGRAM	W					28
29 SUCCESS SHARING PROGRAM	W					29
30 SUCCESS SHARING PROGRAM	W					30
31 SUCCESS SHARING PROGRAM	W					31
32 SUCCESS SHARING PROGRAM	W					32
33 SUCCESS SHARING PROGRAM	W					33
34 SUCCESS SHARING PROGRAM	W					34
35 SUCCESS SHARING PROGRAM	W					35
36 SUCCESS SHARING PROGRAM	W					36
37 SUCCESS SHARING PROGRAM	W					37
38 SUCCESS SHARING PROGRAM	W					38
39 SUCCESS SHARING PROGRAM	W					39
40 SUCCESS SHARING PROGRAM	W					40
41 SUCCESS SHARING PROGRAM	W					41
42 SUCCESS SHARING PROGRAM	W					42
43 SUCCESS SHARING PROGRAM	W					43
44 SUCCESS SHARING PROGRAM	W					44
500 TOTAL RECLASSIFICATIONS					914,148	500
CODE LETTER - W						
1 HUMAN RESOURCE RECLASS	Y					1
2 HUMAN RESOURCE RECLASS	Y	EMPLOYEE BENEFITS DEPARTMENT	4		154,038	2
500 TOTAL RECLASSIFICATIONS					154,038	500
CODE LETTER - Y						
1 REMOVE COTTER FROM EMPLOYEE BENEFIT	AA	EMPLOYEE BENEFITS DEPARTMENT	4		163,484	1
2 ADD COTTER TO A&G	AA					2
500 TOTAL RECLASSIFICATIONS					163,484	500
CODE LETTER - AA						
GRAND TOTAL (DECREASES)				6,843,934	29,695,556	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	ACQUISITIONS			DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASE	DONATION	TOTAL	AND	BALANCE	DEPRECIATED
	1	2	3	4	RETIREMENTS	6	ASSETS
					5		7
1 LAND	5,011,403	77,964		77,964		5,089,367	1
2 LAND IMPROVEMENTS	25,994,726	1,667,343		1,667,343	18,154	27,643,915	2
3 BUILDINGS AND FIXTURES	182,785,618	9,464,684		9,464,684	18,540	192,231,762	3
4 BUILDING IMPROVEMENTS	7,389,061	19,122,289		19,122,289		26,511,350	4
5 FIXED EQUIPMENT	125,258,239	14,730,737		14,730,737	7,862,607	132,126,369	5
6 MOVABLE EQUIPMENT	16,392,473	1,891,147		1,891,147	705,222	17,578,398	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	362,831,520	46,954,164		46,954,164	8,604,523	401,181,161	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	362,831,520	46,954,164		46,954,164	8,604,523	401,181,161	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(1)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	14	15
				12	13		
1 CAP REL COSTS-BLDG & FIXT	11,101,438						11,101,438
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL (SUM OF LINES 1-2)	11,101,438						11,101,438

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS ALLOCATION OF OTHER CAPITAL

DESCRIPTION	GROSS ASSETS	CAPITALIZED LEASES	RATIOS		INSURANCE	TAXES	OTHER	TOTAL
			FOR RATIO (COL. 1 - COL. 2)	(SEE INSTR.)			CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 5-7)
	1	2	3	4	5	6	7	8
1 CAP REL COSTS-BLDG & FIXT	251,049,378		251,049,378	0.626442				1
2 CAP REL COSTS-MVBLE EQUIP	149,704,767		149,704,767	0.373558				2
3 TOTAL (SUM OF LINES 1-2)	400,754,145		400,754,145	1.000000				3

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(2)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	14	15
				12	13		
1 CAP REL COSTS-BLDG & FIXT	12,549,117		4,552,338	246,666			17,348,121
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL	12,549,117		4,552,338	246,666			17,348,121

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-25,652,022			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-6,629,363			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-117,393	DIETARY	10	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-212,811	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20 VENDING MACHINES	B	-63,293	CAFETERIA	11	20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		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			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					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					33
34					34
35					35
36					36
37 CAFETERIA REVENUES	B	-4,192,287	CAFETERIA	11	37
37.01 AUTOPSY REIMBURSEMENT	B	-1,342	LABORATORY	60	37.01
37.02 MISC. INCOME	B	-166,239	EMPLOYEE BENEFITS DEPARTMENT	4	37.02
37.03 MISC. INCOME	B	-235,247	ADMINISTRATIVE & GENERAL	5	37.03
37.04 MISC. INCOME	B	-288,888	MAINTENANCE & REPAIRS	6	37.04
37.05 MISC. INCOME	B	-138,925	HOUSEKEEPING	9	37.05
37.06 MISC. INCOME	B	-4,226	DIETARY	10	37.06
37.07 MISC. INCOME	B	-6,000	NURSING ADMINISTRATION	13	37.07
37.08 MISC. INCOME	B	-2,500	PHARMACY	15	37.08
37.09 MISC. INCOME	B	-513,604	I&R SERVICES-SALARY & FRINGES A	21	37.09
37.10 MISC. INCOME	B	-15,382	ADULTS & PEDIATRICS	30	37.10
37.11 MISC. INCOME	B	-4,250	NURSERY	43	37.11
37.12 MISC. INCOME	B	-48,691	OPERATING ROOM	50	37.12
37.14 MISC. INCOME	B	-25,262	RADIOLOGY-DIAGNOSTIC	54	37.14
37.15 MISC. INCOME	B	-402	RADIOLOGY-THERAPEUTIC	55	37.15
37.16 MISC. INCOME	B	-348,526	LABORATORY	60	37.16
37.18 MISC. INCOME	B	-164,204	PHYSICAL THERAPY	66	37.18
37.19 MISC. INCOME	B	-38,550	ELECTROCARDIOLOGY	69	37.19
37.20 MISC. INCOME	B	-28,777	MEDICAL SUPPLIES CHARGED TO PAT	71	37.20
37.21 MISC. INCOME	B	-13,095	CARDIAC REHABILITATION	76.97	37.21
37.22 MISC. INCOME	B	-594	EMERGENCY	91	37.22
37.23 CHILD CARE INCOME	B	-1,109,595	EMPLOYEE BENEFITS DEPARTMENT	4	37.23
37.24 PROMPT PAY INTEREST PENALTY	B	-2,920,479	ADMINISTRATIVE & GENERAL	5	37.24
37.25 MISC. INCOME	B	-75	ELECTROENCEPHALOGRAPHY	70	37.25
38 LEGAL FEES	A	-148,913	ADMINISTRATIVE & GENERAL	5	38

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO.	
	1	2	3	4	5
38.01 RENTAL INCOME	B	-237,229	ADMINISTRATIVE & GENERAL	5	38.01
38.04 CRNA OFFSET	A	-10,096,725	ANESTHESIOLOGY	53	38.04
38.05 CRNA FICA	A	-549,721	ANESTHESIOLOGY	53	38.05
38.06 CRNA BENEFITS	A	-2,397,911	EMPLOYEE BENEFITS DEPARTMENT	4	38.06
38.07 CRNA GIFT / EMPLOYEE BONUS / MIP	A	-26,454	ANESTHESIOLOGY	53	38.07
38.08 REAL ESTATE TAXES	A	-52,986	ADMINISTRATIVE & GENERAL	5	38.08
38.11 INTEREST EXPENSES	A	-1,253,397	CAP REL COSTS-BLDG & FIXT	1	11 38.11
38.15 INVESTMENT MGMT FEES	B	39,600	CAP REL COSTS-BLDG & FIXT	1	11 38.15
38.17 WORK COMPENSATION	A	1,217,020	EMPLOYEE BENEFITS DEPARTMENT	4	38.17
38.18 AHA LIFE	A	16,213	CAP REL COSTS-BLDG & FIXT	1	9 38.18
38.22 AMBULANCE OFFSET	A	-215	SUBPROVIDER - IPF	40	38.22
38.23 AMBULANCE OFFSET	A	-118,906	EMERGENCY	91	38.23
39 SELF INSURANCE MALPRACTICE	A	868,225	ADMINISTRATIVE & GENERAL	5	39
40 SELF INSURANCE HEALTH	A	-14,311,239	EMPLOYEE BENEFITS DEPARTMENT	4	40
41 PENSION COST	A	7,029,318	EMPLOYEE BENEFITS DEPARTMENT	4	41
42 ADVERTISING EXPENSE	A	-629,251	ADMINISTRATIVE & GENERAL	5	42
43 POST JUDGEMENT INTEREST	B	-24,484	ADMINISTRATIVE & GENERAL	5	43
44 HOSPITAL MUTUAL ASSISTANCE PROGRAM	A	-135,509	ADMINISTRATIVE & GENERAL	5	44
45 VNA OFFSET	A	-208,652	ADMINISTRATIVE & GENERAL	5	45
46 OPERATING RELEASED	B	-22,132	EMPLOYEE BENEFITS DEPARTMENT	4	46
46.01 OPERATING RELEASED	B	-404,486	ADMINISTRATIVE & GENERAL	5	46.01
46.06 MEDICAL DIRECTOR	A	158	ADULTS & PEDIATRICS	30	46.06
46.07 MEDICAL DIRECTOR	A	21,500	BURN INTENSIVE CARE UNIT	33	46.07
46.08 MEDICAL DIRECTOR	A	5,576	SUBPROVIDER - IPF	40	46.08
46.09 MEDICAL DIRECTOR	A	6,541	ANESTHESIOLOGY	53	46.09
46.10 MEDICAL DIRECTOR	A	34,337	PHYSICAL THERAPY	66	46.10
46.11 MEDICAL DIRECTOR	A	28,914	ASC (NON-DISTINCT PART)	75	46.11
46.12 MEDICAL DIRECTOR	A	338	CARDIAC REHABILITATION	76.97	46.12
46.13 MEDICAL DIRECTOR	A	9,003	EMERGENCY	91	46.13
46.20 NON-PERSONAL DONATIONS	A	-47,395	ADMINISTRATIVE & GENERAL	5	46.20
46.23 NON-PERSONAL DONATIONS	A	-1,263	BURN INTENSIVE CARE UNIT	33	46.23
46.26 NON-PERSONAL DONATIONS	A	-2,475	RADIOLOGY-DIAGNOSTIC	54	46.26
46.27 NON-PERSONAL DONATIONS	A	-4,000	LABORATORY	60	46.27
46.28 NON-PERSONAL DONATIONS	A	-600	PHYSICAL THERAPY	66	46.28
46.29 NON-PERSONAL DONATIONS	A	-200	ELECTROCARDIOLOGY	69	46.29
46.30 NON-PERSONAL DONATIONS	A	-7,324	KIDNEY ACQUISITION	105	46.30
47 A&G PATIENT REVENUE OFFSET	B	-232	ADMINISTRATIVE & GENERAL	5	47
48 ILLINOIS PROVIDER ASSESSMENT EXPEN	A	-17,078,141	ADMINISTRATIVE & GENERAL	5	48
49 LOBBYIST FEES	A	-50,236	ADMINISTRATIVE & GENERAL	5	49
49.01 SPINE WORKS BENEFITS	A	-128,337	EMPLOYEE BENEFITS DEPARTMENT	4	49.01
49.02 SPINE WORKS SALARY	A	-546,347	OPERATING ROOM	50	49.02
49.03 SPINE WORKS FICA	A	-14,971	OPERATING ROOM	50	49.03
49.04 ILLINOIS RETAILERS TAX	A	-71	ADMINISTRATIVE & GENERAL	5	49.04
49.05 PCS ANES	A	-109,080	ANESTHESIOLOGY	53	49.05
49.06 PCS EKG	A	-91,052	ELECTROCARDIOLOGY	69	49.06
49.07 PCS OR	A	-35,588	OPERATING ROOM	50	49.07
49.08 PCS ADMIN	A	-17,222	ADMINISTRATIVE & GENERAL	5	49.08
50 TOTAL (SUM OF LINES 1 THRU 49)		-82,418,023			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF	
1	2	3	4	5	6	7	
1	75	ASC (NON-DISTINCT PART)	BAYLIS RENT	339,012		339,012	1
2	6	MAINTENANCE & REPAIRS	KOKE MILL RENT	151,764		151,764	2
3							3
4	60	LABORATORY	BAYLIS RENT	17,044		17,044	4
4.01	54	RADIOLOGY-DIAGNOSTIC	BAYLIS RENT	205,483		205,483	4.01
4.02	5	ADMINISTRATIVE & GENERAL	BAYLIS RENT	47,646	1,313,475	-1,265,829	4.02
4.03	54	RADIOLOGY-DIAGNOSTIC	KOKE MILL RENT	108,156		108,156	4.03
4.04	60	LABORATORY	KOKE MILL RENT	40,079		40,079	4.04
4.05	66	PHYSICAL THERAPY	KOKE MILL RENT	236,281		236,281	4.05
4.06	67	OCCUPATIONAL THERAPY	KOKE MILL RENT	17,813		17,813	4.06
4.07	5	ADMINISTRATIVE & GENERAL	KOKE MILL RENT	8,243	620,652	-612,409	4.07
4.08	5	ADMINISTRATIVE & GENERAL	VNA RENT	188,547	42,212	146,335	4.08
4.11	1	CAP REL COSTS-BLDG & FIXT	SYSTEM DEPRECIATION		88,281	-88,281	9 4.11
4.12	66	PHYSICAL THERAPY	PETERSBURG RENT	21,960		21,960	4.12
4.13	66	PHYSICAL THERAPY	INDUSTRIAL REHAB RENT	91,107		91,107	4.13
4.14	6	MAINTENANCE & REPAIRS	BAYLIS RENT	95,726		95,726	4.14
4.15	9	HOUSEKEEPING	BAYLIS RENT	10,710		10,710	4.15
4.16	5	ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	27,056,722	28,157,113	-1,100,391	4.16
4.17	1	CAP REL COSTS-BLDG & FIXT	HOME OFFICE COSTS	2,298,441		2,298,441	9 4.17
4.18	5	ADMINISTRATIVE & GENERAL	TELECOMMUNICATIONS		7,148,997	-7,148,997	4.18
4.19	9	HOUSEKEEPING	KOKE MILL RENT	12,152		12,152	4.19
4.20	5	ADMINISTRATIVE & GENERAL	2401 W JEFFERSON RENT	603,063	448,023	155,040	4.20
4.21	6	MAINTENANCE & REPAIRS	2401 W JEFFERSON RENT	73,168		73,168	4.21
4.22	9	HOUSEKEEPING	2401 W JEFFERSON RENT	8,396		8,396	4.22
4.23	16	MEDICAL RECORDS & LIBRARY	2401 W JEFFERSON RENT	291,881		291,881	4.23
4.24	60	LABORATORY	2401 W JEFFERSON RENT	82,273		82,273	4.24
4.25	76.97	CARDIAC REHABILITATION	KOKE MILL RENT	30,959		30,959	4.25
4.26	5	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT ALMH		205,728	-205,728	4.26
4.27	4	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT ALMH		47,332	-47,332	4.27
4.28	5	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT TMH		191,474	-191,474	4.28
4.29	4	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT TMH		44,053	-44,053	4.29
4.30	5	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT VNA		82,246	-82,246	4.30
4.31	4	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT VNA		18,923	-18,923	4.31
4.32	5	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT ACS		40,933	-40,933	4.32
4.33	4	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT ACS		9,418	-9,418	4.33
4.34	5	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT MPS		289,299	-289,299	4.34
4.35	4	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT MPS		66,560	-66,560	4.35
4.36	5	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT MHCCI		71,827	-71,827	4.36
4.37	4	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT MHCCI		16,525	-16,525	4.37
4.38	5	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT HCNP		16,358	-16,358	4.38
4.39	4	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT HCNP		4,211	-4,211	4.39
4.40	60	LABORATORY	S SIXTH RENT	58,530		58,530	4.40
4.41	192.11	SOUTH6TH AND N.DIRKSON RADIOLOG	S SIXTH RENT	34,798		34,798	4.41
4.42	6	MAINTENANCE & REPAIRS	S SIXTH RENT	11,357		11,357	4.42
4.43	9	HOUSEKEEPING	S SIXTH RENT	2,912		2,912	4.43
4.44	5	ADMINISTRATIVE & GENERAL	S SIXTH RENT	3,397	37,591	-34,194	4.44
4.45	60	LABORATORY	N DIRKSEN RENT	46,423		46,423	4.45
4.46	192.11	SOUTH6TH AND N.DIRKSON RADIOLOG	N DIRKSEN RENT	16,907		16,907	4.46
4.47	6	MAINTENANCE & REPAIRS	N DIRKSEN RENT	9,082		9,082	4.47
4.48	9	HOUSEKEEPING	N DIRKSEN RENT	943		943	4.48
4.49	5	ADMINISTRATIVE & GENERAL	N DIRKSEN RENT	1,921	39,805	-37,884	4.49
4.50	5	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT MHV		31,850	-31,850	4.50
4.51	4	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT MHV		8,200	-8,200	4.51
4.52	4	EMPLOYEE BENEFITS DEPARTMENT	2401 W JEFFERSON RENT	70,878		70,878	4.52
4.53	69	ELECTROCARDIOLOGY	2401 W JEFFERSON RENT	28,378		28,378	4.53
4.54	66	PHYSICAL THERAPY	501 N FIRST RENT	58,356	75,958	-17,602	4.54
4.55	50	OPERATING ROOM	501 N FIRST RENT	83,236		83,236	4.55
4.56	6	MAINTENANCE & REPAIRS	501 N FIRST RENT	1,040		1,040	4.56
4.57	9	HOUSEKEEPING	501 N FIRST RENT	1,369		1,369	4.57
4.58	5	ADMINISTRATIVE & GENERAL	501 N FIRST RENT	1,396		1,396	4.58
4.59	57	CT SCAN	BAYLIS RENT	22,059		22,059	4.59
4.60	58	MRI	BAYLIS RENT	33,284		33,284	4.60
4.61	16	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT ALMH		7,662	-7,662	4.61
4.62	16	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT TMH		7,131	-7,131	4.62
4.63	16	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT VNA		3,063	-3,063	4.63
4.64	16	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT ACS		1,524	-1,524	4.64
4.65	16	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MPS		10,774	-10,774	4.65
4.66	16	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MHCCI		2,675	-2,675	4.66
4.67	16	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT HCNP		808	-808	4.67
4.68	16	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MHV		1,574	-1,574	4.68
5		TOTALS (SUM OF LINES 1-4)		32,522,892	39,152,255	-6,629,363	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.					

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

WORKSHEET A-8-1

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP		
1	2	3	4	5	6	
6	B MEMORIAL HEALTH SYSTEM		MEMORIAL HEALTH SYSTEM		HEALTHCARE	6
7	E ABRAHAM LINCOLN MEMORIAL HOSPI		ABRAHAM LINCOLN MEMORIAL HOSPI		HEALTHCARE	7
8	E TAYLORVILLE MEMORIAL HOSPITAL		TAYLORVILLE MEMORIAL HOSPITAL		HEALTHCARE	8
9						9
10						10

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	AGGREGATE	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	1	2	3	4	5	6	7	8	9	
1	5	ADMINISTRATIVE & GENERAL	21,248,147	18,795,476	2,452,671	136,700	17,346	1,139,999	57,000	1
2	30	ADULTS & PEDIATRICS	193,558	14,241	179,317	136,700	914	60,069	3,003	2
3	31	INTENSIVE CARE UNIT	605,044	211,170	393,874	154,100	1,805	133,726	6,686	3
4	33	BURN INTENSIVE CARE UNIT	72,775	225	72,550	154,100	307	22,745	1,137	4
5	40	SUBPROVIDER - IPF	5,895		5,895	142,500	54	3,700	185	5
6	41	SUBPROVIDER - IRF	842	167	675	136,700	7	460	23	6
7	43	NURSERY	248,336	216,273	32,063	136,700	230	15,116	756	7
8	50	OPERATING ROOM	252,598	45,948	206,650	204,100	2,853	279,951	13,998	8
9	53	ANESTHESIOLOGY	32,058		32,058	200,300	182	17,526	876	9
10	55	RADIOLOGY-THERAPEUTIC	7,200	3,000	4,200	136,700	104	6,835	342	10
11	60	LABORATORY	2,242,214	1,215,708	1,026,506	136,700	4,898	321,902	16,095	11
12	65	RESPIRATORY THERAPY	66,370	13,204	53,166	136,700	294	19,322	966	12
13	66	PHYSICAL THERAPY	416,663	32,041	384,622	136,700	1,540	101,211	5,061	13
14	69	ELECTROCARDIOLOGY	961,489	305,240	656,249	136,700	275	18,073	904	14
15	54	RADIOLOGY-DIAGNOSTIC	3,750	3,750		136,700				15
16	69.01	GI UNIT	10,121	2,537	7,584	136,700	32	2,103	105	16
17	69.02	VASCULAR LAB	21,579	2,299	19,280	136,700	92	6,046	302	17
18	70	ELECTROENCEPHALOGRAPHY	27,581	638	26,942	136,700	176	11,567	578	18
19	74	RENAL DIALYSIS	29,942	3,036	26,906	136,700	131	8,610	431	19
20	91	EMERGENCY	61,517		61,517	136,700	492	32,335	1,617	20
21	105	KIDNEY ACQUISITION	166,890	53,801	113,089	136,700	477	31,349	1,567	21
22	73.01	RENAL TXPLANT LAB	36,000	36,000		136,700				22
23	76.97	CARDIAC REHABILITATION	8,840		8,840	136,700	41	2,695	135	23
24	71	MEDICAL SUPPLIES CHARGED	855,869	5,837	850,032	136,700	1,413	92,864	4,643	24
25	75	ASC (NON-DISTINCT PART)	400,349		400,349	204,100	727	71,337	3,567	25
200		TOTAL	27,975,627	20,960,591	7,015,035		34,390	2,399,541	119,977	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11	12	13	14	15	16	17	18	
1	5 ADMINISTRATIVE & GENERAL	AGGREGATE				1,139,999	1,312,672	20,108,148	1
2	30 ADULTS & PEDIATRICS	AGGREGATE				60,069	119,248	133,489	2
3	31 INTENSIVE CARE UNIT	AGGREGATE				133,726	260,148	471,318	3
4	33 BURN INTENSIVE CARE UNIT	AGGREGATE				22,745	49,805	50,030	4
5	40 SUBPROVIDER - IPF					3,700	2,195	2,195	5
6	41 SUBPROVIDER - IRF	AGGREGATE				460	215	382	6
7	43 NURSERY	AGGREGATE				15,116	16,947	233,220	7
8	50 OPERATING ROOM	AGGREGATE				279,951		45,948	8
9	53 ANESTHESIOLOGY					17,526	14,532	14,532	9
10	55 RADIOLOGY-THERAPEUTIC	AGGREGATE				6,835		3,000	10
11	60 LABORATORY	AGGREGATE				321,902	704,604	1,920,312	11
12	65 RESPIRATORY THERAPY	AGGREGATE				19,322	33,844	47,048	12
13	66 PHYSICAL THERAPY	AGGREGATE				101,211	283,411	315,452	13
14	69 ELECTROCARDIOLOGY	AGGREGATE				18,073	638,176	943,416	14
15	54 RADIOLOGY-DIAGNOSTIC	AGGREGATE						3,750	15
16	69.01 GI UNIT	AGGREGATE				2,103	5,481	8,018	16
17	69.02 VASCULAR LAB	AGGREGATE				6,046	13,234	15,533	17
18	70 ELECTROENCEPHALOGRAPHY	AGGREGATE				11,567	15,375	16,014	18
19	74 RENAL DIALYSIS	AGGREGATE				8,610	18,296	21,332	19
20	91 EMERGENCY					32,335	29,182	29,182	20
21	105 KIDNEY ACQUISITION	AGGREGATE				31,349	81,740	135,541	21
22	73.01 RENAL TXPLANT LAB	AGGREGATE						36,000	22
23	76.97 CARDIAC REHABILITATION					2,695	6,145	6,145	23
24	71 MEDICAL SUPPLIES CHARGED	AGGREGATE				92,864	757,168	763,005	24
25	75 ASC (NON-DISTINCT PART)					71,337	329,012	329,012	25
200	TOTAL					2,399,541	4,691,430	25,652,022	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	EMPLOYEE BENEFITS DEPARTMENT 4	SUBTOTAL (COLS.0-4) 4A	ADMINIS- TRATIVE & GENERAL 5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	17,348,121	17,348,121				1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT	41,982,822	204,899	42,187,721			4
5 ADMINISTRATIVE & GENERAL	68,127,642	2,563,660	5,104,968	75,796,270	75,796,270	5
6 MAINTENANCE & REPAIRS	16,130,054	2,015,416	1,230,871	19,376,341	4,100,634	6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	2,363,202	157,028	46,732	2,566,962	543,249	8
9 HOUSEKEEPING	4,974,427	219,197	942,490	6,136,114	1,298,592	9
10 DIETARY	1,825,856	123,435	268,029	2,217,320	469,254	10
11 CAFETERIA	1,318,674	358,925	751,377	2,428,976	514,047	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,544,598	88,288	597,074	3,229,960	683,560	13
14 CENTRAL SERVICES & SUPPLY	2,731,683	336,606	427,691	3,495,980	739,858	14
15 PHARMACY	7,599,423	140,882	1,557,542	9,297,847	1,967,713	15
16 MEDICAL RECORDS & LIBRARY	6,130,228	257,724	903,735	7,291,687	1,543,147	16
17 SOCIAL SERVICE	1,111,643		190,755	1,302,398	275,628	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	6,610,737	121,482	1,515,374	8,247,593	1,745,446	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,332,334			1,332,334	281,963	22
23 PARAMED ED PRGM-(SPECIFY)	13,066		3,175	16,241	3,437	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	33,280,659	3,176,676	7,142,257	43,599,592	9,227,134	30
31 INTENSIVE CARE UNIT	8,532,790	674,976	1,759,808	10,967,574	2,321,079	31
33 BURN INTENSIVE CARE UNIT	1,582,860	153,774	318,795	2,055,429	434,992	33
40 SUBPROVIDER - IPF	4,353,873	533,883	1,002,289	5,890,045	1,246,516	40
41 SUBPROVIDER - IRF	1,638,142	161,521	373,972	2,173,635	460,009	41
43 NURSERY	1,086,285	40,942	213,641	1,340,868	283,769	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	18,904,415	1,009,797	3,117,248	23,031,460	4,874,171	50
52 DELIVERY ROOM & LABOR ROOM	2,315,654	41,173	456,440	2,813,267	595,375	52
53 ANESTHESIOLOGY	3,291,462	112,202	257,383	3,661,047	774,791	53
54 RADIOLOGY-DIAGNOSTIC	17,450,925	748,755	2,000,465	20,200,145	4,274,977	54
55 RADIOLOGY-THERAPEUTIC	4,275,004	283,297	444,191	5,002,492	1,058,682	55
57 CT SCAN	3,917,901	71,470	275,342	4,264,713	902,545	57
58 MRI	2,643,292	87,532	176,007	2,906,831	615,176	58
60 LABORATORY	24,745,816	1,039,044	2,590,795	28,375,655	6,005,168	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	4,240,759	2,918	114,708	4,358,385	922,369	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	4,957,707	197,991	858,842	6,014,540	1,272,863	65
66 PHYSICAL THERAPY	8,505,652	267,152	1,872,620	10,645,424	2,252,902	66
67 OCCUPATIONAL THERAPY	1,523,736	109,578	356,159	1,989,473	421,034	67
68 SPEECH PATHOLOGY	607,544	26,098	144,158	777,800	164,607	68
69 ELECTROCARDIOLOGY	21,535,176	338,832	1,331,553	23,205,561	4,911,016	69
69.01 GI UNIT	3,181,615	144,557	369,822	3,695,994	782,187	69.01
69.02 VASCULAR LAB	550,010	21,584	83,592	655,186	138,658	69.02
70 ELECTROENCEPHALOGRAPHY	498,218	29,877	93,147	621,242	131,474	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	33,807,231	20,366	110,396	33,937,993	7,182,331	71
73 DRUGS CHARGED TO PATIENTS	18,249,301			18,249,301	3,862,118	73
73.01 RENAL TXPLANT LAB	507,406	21,206	43,632	572,244	121,105	73.01
74 RENAL DIALYSIS	1,185,442	112,454	258,605	1,556,501	329,404	74
75 ASC (NON-DISTINCT PART)	6,463,303		558,974	7,022,277	1,486,132	75
76.97 CARDIAC REHABILITATION	1,227,185	2,226	280,335	1,509,746	319,509	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	11,447,211	454,582	1,749,847	13,651,640	2,889,110	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	1,365,279	14,319	69,737	1,449,335	306,724	105
109 PANCREAS ACQUISITION	115,897	924	5,334	122,155	25,852	109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	430,132,260	16,487,248	41,969,907	429,053,573	74,760,307	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	292,516	26,602	16,296	335,414	70,984	190
192 PHYSICIANS' PRIVATE OFFICES	54,023	264,800	7,244	326,067	69,006	192
192.01 SIU SCHOOL OF MEDICINE	1,418,203			1,418,203	300,136	192.01
192.03 UNIVERSITY BUILDING (MHCCI)	169,083	43,755	6,143	218,981	46,343	192.03
192.04 MEALS ON WHEELS						192.04
192.05 ACS HOME CARE		459,810	15,206	475,016	100,528	192.05

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	EMPLOYEE BENEFITS DEPARTMENT 4	SUBTOTAL (COLS.0-4) 4A	ADMINIS- TRATIVE & GENERAL 5	
192.06 VNA OF CENTRAL IL			18,310	18,310	3,875	192.06
192.07 GAMBRO						192.07
192.08 FOUNDATION		44,574	4,509	49,083	10,387	192.08
192.09 SIU MAP PROGRAM	792,165		19,319	811,484	171,735	192.09
192.10 AUDIOLOGY	585,692	21,332	58,892	665,916	140,928	192.10
192.11 SOUTH6TH AND N.DIRKSON RADIOLOGY	504,772		71,895	576,667	122,041	192.11
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	433,948,714	17,348,121	42,187,721	433,948,714	75,796,270	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 6	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS	23,476,975					6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	247,353	3,357,564				8
9 HOUSEKEEPING	362,447		7,797,153			9
10 DIETARY	194,436	52	63,001	2,944,063		10
11 CAFETERIA	565,383	149	183,196		3,691,751	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	139,072		45,062		45,223	13
14 CENTRAL SERVICES & SUPPLY	530,226	171,119	171,805		79,629	14
15 PHARMACY	221,920	4,714	71,907		109,827	15
16 MEDICAL RECORDS & LIBRARY	405,971		131,543		124,702	16
17 SOCIAL SERVICE					59,646	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	191,360	11,817	62,005		200,304	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)					331	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	5,003,949	1,229,742	1,621,382	1,906,886	815,174	30
31 INTENSIVE CARE UNIT	1,063,231	212,838	344,509	163,780	176,956	31
33 BURN INTENSIVE CARE UNIT	242,227	48,276	78,487	48,729	33,639	33
40 SUBPROVIDER - IPF	840,980	55,897	272,495	360,125	112,832	40
41 SUBPROVIDER - IRF	254,431	77,593	82,441	157,921	45,674	41
43 NURSERY	64,492	44,991	20,897	87,925	21,800	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,590,646	357,521	515,403	1,928	285,311	50
52 DELIVERY ROOM & LABOR ROOM	64,856	63,118	21,015		44,547	52
53 ANESTHESIOLOGY	176,742	16,885	57,268			53
54 RADIOLOGY-DIAGNOSTIC	1,437,518	156,632	465,786	25	219,054	54
55 RADIOLOGY-THERAPEUTIC	446,254	22,975	144,596	435	28,095	55
57 CT SCAN	147,936	35,093	47,934		31,100	57
58 MRI	191,228	10,549	61,962		19,982	58
60 LABORATORY	1,664,035	2,547	539,182	5,555	314,308	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	4,597	3,314	1,490		10,217	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	311,878	8,373	101,055		86,540	65
66 PHYSICAL THERAPY	420,821	33,536	136,355	205	166,770	66
67 OCCUPATIONAL THERAPY	172,608	2,684	55,929		27,494	67
68 SPEECH PATHOLOGY	41,110		13,320		10,817	68
69 ELECTROCARDIOLOGY	533,732	74,213	172,940	254	125,302	69
69.01 GI UNIT	227,708	48,326	73,782	222	38,612	69.01
69.02 VASCULAR LAB	33,999		11,016		6,310	69.02
70 ELECTROENCEPHALOGRAPHY	47,063	10,102	15,249		10,217	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	32,081		10,395		8,113	71
73 DRUGS CHARGED TO PATIENTS						73
73.01 RENAL TXPLANT LAB	33,404		10,824		4,507	73.01
74 RENAL DIALYSIS	177,139	20,701	57,397	3,479	22,086	74
75 ASC (NON-DISTINCT PART)	543,356	111,487	176,059	632	57,994	75
76.97 CARDIAC REHABILITATION	3,506		1,136		24,490	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	716,064	375,993	232,020	20,923	180,412	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	22,556		7,309		6,280	105
109 PANCREAS ACQUISITION	1,455		472		481	109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	19,369,770	3,211,237	6,078,624	2,759,024	3,554,776	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	41,904	6,523	13,578		2,554	190
192 PHYSICIANS' PRIVATE OFFICES	417,117	25,498	135,155	2,248	300	192
192.01 SIU SCHOOL OF MEDICINE	1,896,142	21,015	614,390			192.01
192.03 UNIVERSITY BUILDING (MHCCI)	68,924	93,291	22,333			192.03
192.04 MEALS ON WHEELS				182,791		192.04
192.05 ACS HOME CARE	403,855		234,688		58,610	192.05
192.06 VNA OF CENTRAL IL	205,681		119,519		52,134	192.06
192.07 GAMBRO	343,992		199,903			192.07

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COST ALLOCATION - GENERAL SERVICE COSTS

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 PART I

COST CENTER DESCRIPTION	MAIN-	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	TENANCE & REPAIRS 6	& LINEN SERVICE 8	KEEPING 9	10	11	
192.08 FOUNDATION	70,214		22,751		8,909	192.08
192.09 SIU MAP PROGRAM	554,502		322,230			192.09
192.10 AUDIOLOGY	33,602		10,888		5,559	192.10
192.11 SOUTH6TH AND N.DIRKSON RADIOLOGY	71,272		23,094		8,909	192.11
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	23,476,975	3,357,564	7,797,153	2,944,063	3,691,751	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,142,877					13
14 CENTRAL SERVICES & SUPPLY		5,188,617				14
15 PHARMACY		7,882	11,681,810			15
16 MEDICAL RECORDS & LIBRARY		5		9,497,055		16
17 SOCIAL SERVICE					1,637,672	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,146,283	259,179	94,417	5,804,600	1,129,844	30
31 INTENSIVE CARE UNIT	465,910	92,767	23,356	752,167	25,526	31
33 BURN INTENSIVE CARE UNIT	88,570	19,823	3,332	174,746	35,266	33
40 SUBPROVIDER - IPF	297,078	7,651	971	777,809	200,847	40
41 SUBPROVIDER - IRF	120,255	9,026	777	373,234	29,052	41
43 NURSERY	57,398	8,637	1,495	56,982		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		35,922	8,870	129,160		50
52 DELIVERY ROOM & LABOR ROOM	117,289	17,641	3,053	1,899	6,549	52
53 ANESTHESIOLOGY		129,445	51,306	42,737		53
54 RADIOLOGY-DIAGNOSTIC		225,778	15,173	162,400		54
55 RADIOLOGY-THERAPEUTIC		11,723	919	89,272	8,565	55
57 CT SCAN		15,510	14,618	186,142		57
58 MRI		2,980	1,710	63,630		58
60 LABORATORY		671,081	8,902	217,483		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		17,863	2	11,396		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	227,852	23,072	13,077	22,793		65
66 PHYSICAL THERAPY		5,678	123	41,787	5,878	66
67 OCCUPATIONAL THERAPY		2,823	67	3,799		67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	329,911	1,165,436	25,987	198,488		69
69.01 GI UNIT	101,663	105,393	6,033	38,938	188,084	69.01
69.02 VASCULAR LAB	16,614	731		7,598		69.02
70 ELECTROENCEPHALOGRAPHY		4,129	26	1,899		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	21,361	1,918,132	835	62,681		71
73 DRUGS CHARGED TO PATIENTS			11,365,143			73
73.01 RENAL TXPLANT LAB		2,057				73.01
74 RENAL DIALYSIS			3,515			74
75 ASC (NON-DISTINCT PART)	152,693	284,729	7,027	98,769		75
76.97 CARDIAC REHABILITATION		744	48	4,749		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		106,724	31,005	171,897	8,061	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION			21			105
109 PANCREAS ACQUISITION			2			109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	4,142,877	5,152,561	11,681,810	9,497,055	1,637,672	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES		52				192
192.01 SIU SCHOOL OF MEDICINE						192.01
192.03 UNIVERSITY BUILDING (MHCCI)						192.03
192.04 MEALS ON WHEELS						192.04
192.05 ACS HOME CARE						192.05
192.06 VNA OF CENTRAL IL						192.06
192.07 GAMBRO						192.07

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WORKSHEET B  
PART I

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
192.08 FOUNDATION						192.08
192.09 SIU MAP PROGRAM						192.09
192.10 AUDIOLOGY		36,004				192.10
192.11 SOUTH6TH AND N.DIRKSON RADIOLOGY						192.11
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	4,142,877	5,188,617	11,681,810	9,497,055	1,637,672	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION EMERGENCY 23	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						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 SERVICES-SALARY & FRINGES APPRVD	10,458,525					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		1,614,297				22
23 PARAMED ED PRGM-(SPECIFY)			20,009			23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,971,751	756,926		77,566,859	-4,728,677	30
31 INTENSIVE CARE UNIT				16,609,693		31
33 BURN INTENSIVE CARE UNIT				3,263,516		33
40 SUBPROVIDER - IPF	1,039,473	198,100		11,300,819	-1,237,573	40
41 SUBPROVIDER - IRF	60,653	11,559		3,856,260	-72,212	41
43 NURSERY				1,989,254		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,791,366	341,394		32,963,152	-2,132,760	50
52 DELIVERY ROOM & LABOR ROOM				3,748,609		52
53 ANESTHESIOLOGY				4,910,221		53
54 RADIOLOGY-DIAGNOSTIC	495,685	94,466		27,747,639	-590,151	54
55 RADIOLOGY-THERAPEUTIC				6,814,008		55
57 CT SCAN				5,645,591		57
58 MRI				3,874,048		58
60 LABORATORY				37,803,916		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS				5,329,633		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	256,208	48,828		8,387,079	-305,036	65
66 PHYSICAL THERAPY				13,709,479		66
67 OCCUPATIONAL THERAPY				2,675,911		67
68 SPEECH PATHOLOGY				1,007,654		68
69 ELECTROCARDIOLOGY				30,742,840		69
69.01 GI UNIT				5,306,942		69.01
69.02 VASCULAR LAB				870,112		69.02
70 ELECTROENCEPHALOGRAPHY				841,401		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS				43,173,922		71
73 DRUGS CHARGED TO PATIENTS				33,476,562		73
73.01 RENAL TXPLANT LAB				744,141		73.01
74 RENAL DIALYSIS				2,170,222		74
75 ASC (NON-DISTINCT PART)				9,941,155		75
76.97 CARDIAC REHABILITATION				1,863,928		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	634,769	120,973	20,009	19,159,600	-755,742	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION				1,792,225		105
109 PANCREAS ACQUISITION				150,417		109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	8,249,905	1,572,246	20,009	419,436,808	-9,822,151	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				470,957		190
192 PHYSICIANS' PRIVATE OFFICES				975,443		192
192.01 SIU SCHOOL OF MEDICINE				4,249,886		192.01
192.03 UNIVERSITY BUILDING (MHCCI)				449,872		192.03
192.04 MEALS ON WHEELS				182,791		192.04
192.05 ACS HOME CARE				1,272,697		192.05
192.06 VNA OF CENTRAL IL				399,519		192.06
192.07 GAMBRO				543,895		192.07

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COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION EMERGENCY 23	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	
192.08 FOUNDATION				161,344		192.08
192.09 SIU MAP PROGRAM	2,208,620	42,051		4,110,622	-2,250,671	192.09
192.10 AUDIOLOGY				892,897		192.10
192.11 SOUTH6TH AND N.DIRKSON RADIOLOGY				801,983		192.11
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	10,458,525	1,614,297	20,009	433,948,714	-12,072,822	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS DEPARTMENT		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 SERVICES-SALARY & FRINGES APPRVD		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(SPECIFY)		23
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	72,838,182	30
31	INTENSIVE CARE UNIT	16,609,693	31
33	BURN INTENSIVE CARE UNIT	3,263,516	33
40	SUBPROVIDER - IPF	10,063,246	40
41	SUBPROVIDER - IRF	3,784,048	41
43	NURSERY	1,989,254	43
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	30,830,392	50
52	DELIVERY ROOM & LABOR ROOM	3,748,609	52
53	ANESTHESIOLOGY	4,910,221	53
54	RADIOLOGY-DIAGNOSTIC	27,157,488	54
55	RADIOLOGY-THERAPEUTIC	6,814,008	55
57	CT SCAN	5,645,591	57
58	MRI	3,874,048	58
60	LABORATORY	37,803,916	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,329,633	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
65	RESPIRATORY THERAPY	8,082,043	65
66	PHYSICAL THERAPY	13,709,479	66
67	OCCUPATIONAL THERAPY	2,675,911	67
68	SPEECH PATHOLOGY	1,007,654	68
69	ELECTROCARDIOLOGY	30,742,840	69
69.01	GI UNIT	5,306,942	69.01
69.02	VASCULAR LAB	870,112	69.02
70	ELECTROENCEPHALOGRAPHY	841,401	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	43,173,922	71
73	DRUGS CHARGED TO PATIENTS	33,476,562	73
73.01	RENAL TXPLANT LAB	744,141	73.01
74	RENAL DIALYSIS	2,170,222	74
75	ASC (NON-DISTINCT PART)	9,941,155	75
76.97	CARDIAC REHABILITATION	1,863,928	76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
91	EMERGENCY	18,403,858	91
92	OBSERVATION BEDS (NON-DISTINCT PART)		92
OTHER REIMBURSABLE COST CENTERS			
94	HOME PROGRAM DIALYSIS		94
SPECIAL PURPOSE COST CENTERS			
105	KIDNEY ACQUISITION	1,792,225	105
109	PANCREAS ACQUISITION	150,417	109
113	INTEREST EXPENSE		113
118	SUBTOTALS (SUM OF LINES 1-117)	409,614,657	118
NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	470,957	190
192	PHYSICIANS' PRIVATE OFFICES	975,443	192
192.01	SIU SCHOOL OF MEDICINE	4,249,886	192.01
192.03	UNIVERSITY BUILDING (MHCCI)	449,872	192.03
192.04	MEALS ON WHEELS	182,791	192.04
192.05	ACS HOME CARE	1,272,697	192.05
192.06	VNA OF CENTRAL IL	399,519	192.06
192.07	GAMBRO	543,895	192.07

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COST ALLOCATION - GENERAL SERVICE COSTS

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PART I

COST CENTER DESCRIPTION	TOTAL	
	26	
192.08 FOUNDATION	161,344	192.08
192.09 SIU MAP PROGRAM	1,859,951	192.09
192.10 AUDIOLOGY	892,897	192.10
192.11 SOUTH6TH AND N.DIRKSON RADIOLOGY	801,983	192.11
200 CROSS FOOT ADJUSTMENTS		200
201 NEGATIVE COST CENTER		201
202 TOTAL (SUM OF LINES 118-201)	421,875,892	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	SUBTOTAL 2A	EMPLOYEE BENEFITS DEPARTMENT 4	ADMINIS- TRATIVE & GENERAL 5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT	35,812	204,899	240,711	240,711		4
5 ADMINISTRATIVE & GENERAL	2,421,682	2,563,660	4,985,342	29,131	5,014,473	5
6 MAINTENANCE & REPAIRS	508,235	2,015,416	2,523,651	7,024	271,288	6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	2,953	157,028	159,981	267	35,940	8
9 HOUSEKEEPING	30,370	219,197	249,567	5,378	85,912	9
10 DIETARY	12,458	123,435	135,893	1,530	31,045	10
11 CAFETERIA	36,227	358,925	395,152	4,288	34,008	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	289,460	88,288	377,748	3,407	45,223	13
14 CENTRAL SERVICES & SUPPLY	336,988	336,606	673,594	2,441	48,947	14
15 PHARMACY	697,336	140,882	838,218	8,888	130,179	15
16 MEDICAL RECORDS & LIBRARY	130,801	257,724	388,525	5,157	102,091	16
17 SOCIAL SERVICE				1,089	18,235	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD		121,482	121,482	8,647	115,475	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					18,654	22
23 PARAMED ED PRGM-(SPECIFY)				18	227	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,097,137	3,176,676	4,273,813	40,725	610,417	30
31 INTENSIVE CARE UNIT	204,896	674,976	879,872	10,042	153,557	31
33 BURN INTENSIVE CARE UNIT	48,371	153,774	202,145	1,819	28,778	33
40 SUBPROVIDER - IPF	97,589	533,883	631,472	5,720	82,467	40
41 SUBPROVIDER - IRF	8,184	161,521	169,705	2,134	30,433	41
43 NURSERY	46,281	40,942	87,223	1,219	18,773	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,979,138	1,009,797	3,988,935	17,789	322,463	50
52 DELIVERY ROOM & LABOR ROOM	90,341	41,173	131,514	2,605	39,389	52
53 ANESTHESIOLOGY	548,251	112,202	660,453	1,469	51,258	53
54 RADIOLOGY-DIAGNOSTIC	3,491,821	748,755	4,240,576	11,416	282,822	54
55 RADIOLOGY-THERAPEUTIC	1,231,723	283,297	1,515,020	2,535	70,040	55
57 CT SCAN	1,268,804	71,470	1,340,274	1,571	59,710	57
58 MRI	1,266,416	87,532	1,353,948	1,004	40,699	58
60 LABORATORY	1,483,411	1,039,044	2,522,455	14,784	397,288	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	22,302	2,918	25,220	655	61,022	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	196,860	197,991	394,851	4,901	84,210	65
66 PHYSICAL THERAPY	282,653	267,152	549,805	10,686	149,047	66
67 OCCUPATIONAL THERAPY	20,555	109,578	130,133	2,032	27,855	67
68 SPEECH PATHOLOGY	3,271	26,098	29,369	823	10,890	68
69 ELECTROCARDIOLOGY	1,151,450	338,832	1,490,282	7,598	324,901	69
69.01 GI UNIT	393,773	144,557	538,330	2,110	51,748	69.01
69.02 VASCULAR LAB	137,270	21,584	158,854	477	9,173	69.02
70 ELECTROENCEPHALOGRAPHY	77,580	29,877	107,457	532	8,698	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	12,887	20,366	33,253	630	475,166	71
73 DRUGS CHARGED TO PATIENTS					255,508	73
73.01 RENAL TXPLANT LAB	10,364	21,206	31,570	249	8,012	73.01
74 RENAL DIALYSIS	72,894	112,454	185,348	1,476	21,793	74
75 ASC (NON-DISTINCT PART)	854,849		854,849	3,190	98,319	75
76.97 CARDIAC REHABILITATION	24,045	2,226	26,271	1,600	21,138	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	260,839	454,582	715,421	9,985	191,137	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	2,029	14,319	16,348	398	20,292	105
109 PANCREAS ACQUISITION		924	924	30	1,710	109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	21,888,306	16,487,248	38,375,554	239,469	4,945,937	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		26,602	26,602	93	4,696	190
192 PHYSICIANS' PRIVATE OFFICES		264,800	264,800	41	4,565	192
192.01 SIU SCHOOL OF MEDICINE					19,856	192.01
192.03 UNIVERSITY BUILDING (MHCCI)		43,755	43,755	35	3,066	192.03
192.04 MEALS ON WHEELS						192.04
192.05 ACS HOME CARE		459,810	459,810	87	6,651	192.05
192.06 VNA OF CENTRAL IL				104	256	192.06
192.07 GAMBR0						192.07

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ALLOCATION OF CAPITAL-RELATED COSTS

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 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	SUBTOTAL 2A	EMPLOYEE BENEFITS DEPARTMENT 4	ADMINIS- TRATIVE & GENERAL 5	
192.08 FOUNDATION		44,574	44,574	26	687	192.08
192.09 SIU MAP PROGRAM				110	11,362	192.09
192.10 AUDIOLOGY	9,706	21,332	31,038	336	9,323	192.10
192.11 SOUTH6TH AND N.DIRKSON RADIOLOGY	27,353		27,353	410	8,074	192.11
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	21,925,365	17,348,121	39,273,486	240,711	5,014,473	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	MAIN-	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	TENANCE & REPAIRS 6	& LINEN SERVICE 8	KEEPING 9	10	11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS	2,801,963					6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	29,521	225,709				8
9 HOUSEKEEPING	43,258		384,115			9
10 DIETARY	23,206	3	3,104	194,781		10
11 CAFETERIA	67,478	10	9,025		509,961	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	16,598		2,220		6,247	13
14 CENTRAL SERVICES & SUPPLY	63,282	11,503	8,464		11,000	14
15 PHARMACY	26,486	317	3,542		15,171	15
16 MEDICAL RECORDS & LIBRARY	48,452		6,480		17,226	16
17 SOCIAL SERVICE					8,239	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	22,839	794	3,055		27,669	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)					46	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	597,217	82,671	79,877	126,158	112,600	30
31 INTENSIVE CARE UNIT	126,896	14,308	16,972	10,836	24,444	31
33 BURN INTENSIVE CARE UNIT	28,910	3,245	3,867	3,224	4,647	33
40 SUBPROVIDER - IPF	100,371	3,758	13,424	23,826	15,586	40
41 SUBPROVIDER - IRF	30,366	5,216	4,061	10,448	6,309	41
43 NURSERY	7,697	3,024	1,029	5,817	3,011	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	189,843	24,034	25,391	128	39,412	50
52 DELIVERY ROOM & LABOR ROOM	7,741	4,243	1,035		6,154	52
53 ANESTHESIOLOGY	21,094	1,135	2,821			53
54 RADIOLOGY-DIAGNOSTIC	171,567	10,529	22,946	2	30,259	54
55 RADIOLOGY-THERAPEUTIC	53,260	1,544	7,123	29	3,881	55
57 CT SCAN	17,656	2,359	2,361		4,296	57
58 MRI	22,823	709	3,052		2,760	58
60 LABORATORY	198,602	171	26,562	368	43,417	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	549	223	73		1,411	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	37,223	563	4,978		11,954	65
66 PHYSICAL THERAPY	50,225	2,254	6,717	14	23,037	66
67 OCCUPATIONAL THERAPY	20,601	180	2,755		3,798	67
68 SPEECH PATHOLOGY	4,906		656		1,494	68
69 ELECTROCARDIOLOGY	63,701	4,989	8,520	17	17,309	69
69.01 GI UNIT	27,177	3,249	3,635	15	5,334	69.01
69.02 VASCULAR LAB	4,058		543		872	69.02
70 ELECTROENCEPHALOGRAPHY	5,617	679	751		1,411	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,829		512		1,121	71
73 DRUGS CHARGED TO PATIENTS						73
73.01 RENAL TXPLANT LAB	3,987		533		623	73.01
74 RENAL DIALYSIS	21,141	1,392	2,828	230	3,051	74
75 ASC (NON-DISTINCT PART)	64,849	7,495	8,673	42	8,011	75
76.97 CARDIAC REHABILITATION	418		56		3,383	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	85,462	25,276	11,430	1,384	24,921	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	2,692		360		868	105
109 PANCREAS ACQUISITION	174		23		66	109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	2,311,772	215,873	299,454	182,538	491,038	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,001	438	669		353	190
192 PHYSICIANS' PRIVATE OFFICES	49,783	1,714	6,658	149	42	192
192.01 SIU SCHOOL OF MEDICINE	226,303	1,413	30,267			192.01
192.03 UNIVERSITY BUILDING (MHCCI)	8,226	6,271	1,100			192.03
192.04 MEALS ON WHEELS				12,094		192.04
192.05 ACS HOME CARE	48,200		11,562		8,096	192.05
192.06 VNA OF CENTRAL IL	24,548		5,888		7,202	192.06
192.07 GAMBRO	41,055		9,848			192.07

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	MAIN-	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	TENANCE & REPAIRS 6	& LINEN SERVICE 8	KEEPING 9	10	11	
192.08 FOUNDATION	8,380		1,121		1,231	192.08
192.09 SIU MAP PROGRAM	66,179		15,874			192.09
192.10 AUDIOLOGY	4,010		536		768	192.10
192.11 SOUTH6TH AND N.DIRKSON RADIOLOGY	8,506		1,138		1,231	192.11
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,801,963	225,709	384,115	194,781	509,961	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						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	451,443					13
14 CENTRAL SERVICES & SUPPLY		819,231				14
15 PHARMACY		1,245	1,024,046			15
16 MEDICAL RECORDS & LIBRARY		1		567,932		16
17 SOCIAL SERVICE					27,563	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	233,876	40,922	8,277	347,117	19,015	30
31 INTENSIVE CARE UNIT	50,770	14,647	2,047	44,980	430	31
33 BURN INTENSIVE CARE UNIT	9,651	3,130	292	10,450	594	33
40 SUBPROVIDER - IPF	32,372	1,208	85	46,514	3,380	40
41 SUBPROVIDER - IRF	13,104	1,425	68	22,320	489	41
43 NURSERY	6,255	1,364	131	3,408		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		5,672	778	7,724		50
52 DELIVERY ROOM & LABOR ROOM	12,781	2,785	268	114	110	52
53 ANESTHESIOLOGY		20,438	4,498	2,556		53
54 RADIOLOGY-DIAGNOSTIC		35,649	1,330	9,712		54
55 RADIOLOGY-THERAPEUTIC		1,851	81	5,339	144	55
57 CT SCAN		2,449	1,281	11,131		57
58 MRI		471	150	3,805		58
60 LABORATORY		105,958	780	13,006		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		2,820		682		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	24,829	3,643	1,146	1,363		65
66 PHYSICAL THERAPY		896	11	2,499	99	66
67 OCCUPATIONAL THERAPY		446	6	227		67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	35,950	184,013	2,278	11,870		69
69.01 GI UNIT	11,078	16,641	529	2,329	3,166	69.01
69.02 VASCULAR LAB	1,810	115		454		69.02
70 ELECTROENCEPHALOGRAPHY		652	2	114		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,328	302,848	73	3,748		71
73 DRUGS CHARGED TO PATIENTS			996,287			73
73.01 RENAL TXPLANT LAB		325				73.01
74 RENAL DIALYSIS			308			74
75 ASC (NON-DISTINCT PART)	16,639	44,956	616	5,906		75
76.97 CARDIAC REHABILITATION		117	4	284		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		16,851	2,718	10,280	136	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION			2			105
109 PANCREAS ACQUISITION						109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	451,443	813,538	1,024,046	567,932	27,563	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES		8				192
192.01 SIU SCHOOL OF MEDICINE						192.01
192.03 UNIVERSITY BUILDING (MHCCI)						192.03
192.04 MEALS ON WHEELS						192.04
192.05 ACS HOME CARE						192.05
192.06 VNA OF CENTRAL IL						192.06
192.07 GAMBRO						192.07

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ALLOCATION OF CAPITAL-RELATED COSTS

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PART II

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
192.08 FOUNDATION						192.08
192.09 SIU MAP PROGRAM						192.09
192.10 AUDIOLOGY		5,685				192.10
192.11 SOUTH6TH AND N.DIRKSON RADIOLOGY						192.11
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	451,443	819,231	1,024,046	567,932	27,563	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION EMERGENCY 23	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					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 SERVICES-SALARY & FRINGES APPRVD	299,961				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		18,654			22
23 PARAMED ED PRGM-(SPECIFY)			291		23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS				6,572,685	30
31 INTENSIVE CARE UNIT				1,349,801	31
33 BURN INTENSIVE CARE UNIT				300,752	33
40 SUBPROVIDER - IPF				960,183	40
41 SUBPROVIDER - IRF				296,078	41
43 NURSERY				138,951	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM				4,622,169	50
52 DELIVERY ROOM & LABOR ROOM				208,739	52
53 ANESTHESIOLOGY				765,722	53
54 RADIOLOGY-DIAGNOSTIC				4,816,808	54
55 RADIOLOGY-THERAPEUTIC				1,660,847	55
57 CT SCAN				1,443,088	57
58 MRI				1,429,421	58
60 LABORATORY				3,323,391	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS				92,655	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY				569,661	65
66 PHYSICAL THERAPY				795,290	66
67 OCCUPATIONAL THERAPY				188,033	67
68 SPEECH PATHOLOGY				48,138	68
69 ELECTROCARDIOLOGY				2,151,428	69
69.01 GI UNIT				665,341	69.01
69.02 VASCULAR LAB				176,356	69.02
70 ELECTROENCEPHALOGRAPHY				125,913	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS				823,508	71
73 DRUGS CHARGED TO PATIENTS				1,251,795	73
73.01 RENAL TXPLANT LAB				45,299	73.01
74 RENAL DIALYSIS				237,567	74
75 ASC (NON-DISTINCT PART)				1,113,545	75
76.97 CARDIAC REHABILITATION				53,271	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY				1,095,001	91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
SPECIAL PURPOSE COST CENTERS					
105 KIDNEY ACQUISITION				40,960	105
109 PANCREAS ACQUISITION				2,927	109
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)				37,365,323	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				37,852	190
192 PHYSICIANS' PRIVATE OFFICES				327,760	192
192.01 SIU SCHOOL OF MEDICINE				277,839	192.01
192.03 UNIVERSITY BUILDING (MHCCI)				62,453	192.03
192.04 MEALS ON WHEELS				12,094	192.04
192.05 ACS HOME CARE				534,406	192.05
192.06 VNA OF CENTRAL IL				37,998	192.06
192.07 GAMBRO				50,903	192.07

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WORKSHEET B  
PART II

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION EMERGENCY 23	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25
192.08 FOUNDATION				56,019	192.08
192.09 SIU MAP PROGRAM				93,525	192.09
192.10 AUDIOLOGY				51,696	192.10
192.11 SOUTH6TH AND N.DIRKSON RADIOLOGY				46,712	192.11
200 CROSS FOOT ADJUSTMENTS	299,961	18,654	291	318,906	200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	299,961	18,654	291	39,273,486	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS DEPARTMENT		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 SERVICES-SALARY & FRINGES APPRVD		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(SPECIFY)		23
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	6,572,685	30
31	INTENSIVE CARE UNIT	1,349,801	31
33	BURN INTENSIVE CARE UNIT	300,752	33
40	SUBPROVIDER - IPF	960,183	40
41	SUBPROVIDER - IRF	296,078	41
43	NURSERY	138,951	43
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	4,622,169	50
52	DELIVERY ROOM & LABOR ROOM	208,739	52
53	ANESTHESIOLOGY	765,722	53
54	RADIOLOGY-DIAGNOSTIC	4,816,808	54
55	RADIOLOGY-THERAPEUTIC	1,660,847	55
57	CT SCAN	1,443,088	57
58	MRI	1,429,421	58
60	LABORATORY	3,323,391	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	92,655	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
65	RESPIRATORY THERAPY	569,661	65
66	PHYSICAL THERAPY	795,290	66
67	OCCUPATIONAL THERAPY	188,033	67
68	SPEECH PATHOLOGY	48,138	68
69	ELECTROCARDIOLOGY	2,151,428	69
69.01	GI UNIT	665,341	69.01
69.02	VASCULAR LAB	176,356	69.02
70	ELECTROENCEPHALOGRAPHY	125,913	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	823,508	71
73	DRUGS CHARGED TO PATIENTS	1,251,795	73
73.01	RENAL TXPLANT LAB	45,299	73.01
74	RENAL DIALYSIS	237,567	74
75	ASC (NON-DISTINCT PART)	1,113,545	75
76.97	CARDIAC REHABILITATION	53,271	76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
91	EMERGENCY	1,095,001	91
92	OBSERVATION BEDS (NON-DISTINCT PART)		92
OTHER REIMBURSABLE COST CENTERS			
94	HOME PROGRAM DIALYSIS		94
SPECIAL PURPOSE COST CENTERS			
105	KIDNEY ACQUISITION	40,960	105
109	PANCREAS ACQUISITION	2,927	109
113	INTEREST EXPENSE		113
118	SUBTOTALS (SUM OF LINES 1-117)	37,365,323	118
NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	37,852	190
192	PHYSICIANS' PRIVATE OFFICES	327,760	192
192.01	SIU SCHOOL OF MEDICINE	277,839	192.01
192.03	UNIVERSITY BUILDING (MHCCI)	62,453	192.03
192.04	MEALS ON WHEELS	12,094	192.04
192.05	ACS HOME CARE	534,406	192.05
192.06	VNA OF CENTRAL IL	37,998	192.06
192.07	GAMBRO	50,903	192.07

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PART II

COST CENTER DESCRIPTION	TOTAL	
	26	
192.08 FOUNDATION	56,019	192.08
192.09 SIU MAP PROGRAM	93,525	192.09
192.10 AUDIOLOGY	51,696	192.10
192.11 SOUTH6TH AND N.DIRKSON RADIOLOGY	46,712	192.11
200 CROSS FOOT ADJUSTMENTS	318,906	200
201 NEGATIVE COST CENTER		201
202 TOTAL (SUM OF LINES 118-201)	39,273,486	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP	EMPLOYEE	RECON-	ADMINIS-	MAIN-
	BLDGS & FIXTURES SQUARE FEET	BENEFITS DEPARTMENT GROSS SALARIES		CILIAATION	TRATIVE & GENERAL ACCUM COST
	1	4	5A	5	6
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT	826,263				1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT	9,759	161,248,080			4
5 ADMINISTRATIVE & GENERAL	122,103	19,512,017	-75,796,270	358,152,444	5
6 MAINTENANCE & REPAIRS	95,991	4,704,589		19,376,341	709,853 6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE	7,479	178,618		2,566,962	7,479 8
9 HOUSEKEEPING	10,440	3,602,351		6,136,114	10,959 9
10 DIETARY	5,879	1,024,450		2,217,320	5,879 10
11 CAFETERIA	17,095	2,871,886		2,428,976	17,095 11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	4,205	2,282,112		3,229,960	4,205 13
14 CENTRAL SERVICES & SUPPLY	16,032	1,634,706		3,495,980	16,032 14
15 PHARMACY	6,710	5,953,178		9,297,847	6,710 15
16 MEDICAL RECORDS & LIBRARY	12,275	3,454,223		7,291,687	12,275 16
17 SOCIAL SERVICE		729,097		1,302,398	17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD	5,786	5,792,007		8,247,593	5,786 21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD				1,332,334	22
23 PARAMED ED PRGM-(SPECIFY)		12,137		16,241	23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	151,300	27,298,617		43,599,592	151,300 30
31 INTENSIVE CARE UNIT	32,148	6,726,271		10,967,574	32,148 31
33 BURN INTENSIVE CARE UNIT	7,324	1,218,486		2,055,429	7,324 33
40 SUBPROVIDER - IPF	25,428	3,830,911		5,890,045	25,428 40
41 SUBPROVIDER - IRF	7,693	1,429,383		2,173,635	7,693 41
43 NURSERY	1,950	816,570		1,340,868	1,950 43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	48,095	11,914,629		23,031,460	48,095 50
52 DELIVERY ROOM & LABOR ROOM	1,961	1,744,589		2,813,267	1,961 52
53 ANESTHESIOLOGY	5,344	983,758		3,661,047	5,344 53
54 RADIOLOGY-DIAGNOSTIC	35,662	7,646,102		20,200,145	43,465 54
55 RADIOLOGY-THERAPEUTIC	13,493	1,697,771		5,002,492	13,493 55
57 CT SCAN	3,404	1,052,400		4,264,713	4,473 57
58 MRI	4,169	672,729		2,906,831	5,782 58
60 LABORATORY	49,488	9,902,441		28,375,655	50,314 60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	139	438,433		4,358,385	139 62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	9,430	3,282,634		6,014,540	9,430 65
66 PHYSICAL THERAPY	12,724	7,157,458		10,645,424	12,724 66
67 OCCUPATIONAL THERAPY	5,219	1,361,296		1,989,473	5,219 67
68 SPEECH PATHOLOGY	1,243	550,996		777,800	1,243 68
69 ELECTROCARDIOLOGY	16,138	5,089,412		23,205,561	16,138 69
69.01 GI UNIT	6,885	1,413,518		3,695,994	6,885 69.01
69.02 VASCULAR LAB	1,028	319,501		655,186	1,028 69.02
70 ELECTROENCEPHALOGRAPHY	1,423	356,022		621,242	1,423 70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	970	421,953		33,937,993	970 71
73 DRUGS CHARGED TO PATIENTS				18,249,301	73
73.01 RENAL TXPLANT LAB	1,010	166,768		572,244	1,010 73.01
74 RENAL DIALYSIS	5,356	988,431		1,556,501	5,356 74
75 ASC (NON-DISTINCT PART)		2,136,489		7,022,277	16,429 75
76.97 CARDIAC REHABILITATION	106	1,071,487		1,509,746	106 76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	21,651	6,688,199		13,651,640	21,651 91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
SPECIAL PURPOSE COST CENTERS					
105 KIDNEY ACQUISITION	682	266,546		1,449,335	682 105
109 PANCREAS ACQUISITION	44	20,389		122,155	44 109
118 SUBTOTALS (SUM OF LINES 1-117)	785,261	160,415,560	-75,796,270	353,257,303	585,667 118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,267	62,286		335,414	1,267 190
192 PHYSICIANS' PRIVATE OFFICES	12,612	27,688		326,067	12,612 192
192.01 SIU SCHOOL OF MEDICINE				1,418,203	57,332 192.01
192.03 UNIVERSITY BUILDING (MHCCI)	2,084	23,478		218,981	2,084 192.03
192.04 MEALS ON WHEELS					192.04
192.05 ACS HOME CARE	21,900	58,120		475,016	12,211 192.05
192.06 VNA OF CENTRAL IL		69,985		18,310	6,219 192.06
192.07 GAMBR0					10,401 192.07

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES 4	RECON- CILIATION 5A	ADMINIS- TRATIVE & GENERAL ACCUM COST 5	MAIN- TENANCE & REPAIRS SQUARE FEET 6	
192.08 FOUNDATION	2,123	17,235		49,083	2,123	192.08
192.09 SIU MAP PROGRAM		73,839		811,484	16,766	192.09
192.10 AUDIOLOGY	1,016	225,096		665,916	1,016	192.10
192.11 SOUTH6TH AND N.DIRKSON RADIOLOGY		274,793		576,667	2,155	192.11
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	17,348,121	42,187,721		75,796,270	23,476,975	202
203 UNIT COST MULT-WS B PT I	20.995883	0.261632		0.211631	33.073009	203
204 COST TO BE ALLOC PER B PT II		240,711		5,014,473	2,801,963	204
205 UNIT COST MULT-WS B PT II		0.001493		0.014001	3.947244	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE-KEEPING SQUARE FEET 9	DIETARY MEALS SERVED 10	CAFETERIA MEALS SERVED 11	NURSING ADMINISTRATION DIRECT NRSING HRS 13
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE	3,832,324				8
9 HOUSEKEEPING		727,594			9
10 DIETARY	59	5,879	358,814		10
11 CAFETERIA	170	17,095		245,719	11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION		4,205		3,010	104,730
14 CENTRAL SERVICES & SUPPLY	195,315	16,032		5,300	14
15 PHARMACY	5,381	6,710		7,310	15
16 MEDICAL RECORDS & LIBRARY		12,275		8,300	16
17 SOCIAL SERVICE				3,970	17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD	13,488	5,786		13,332	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)				22	23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	1,403,630	151,300	232,406	54,257	54,257
31 INTENSIVE CARE UNIT	242,933	32,148	19,961	11,778	11,778
33 BURN INTENSIVE CARE UNIT	55,102	7,324	5,939	2,239	2,239
40 SUBPROVIDER - IPF	63,801	25,428	43,891	7,510	7,510
41 SUBPROVIDER - IRF	88,565	7,693	19,247	3,040	3,040
43 NURSERY	51,353	1,950	10,716	1,451	1,451
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	408,074	48,095	235	18,990	50
52 DELIVERY ROOM & LABOR ROOM	72,043	1,961		2,965	2,965
53 ANESTHESIOLOGY	19,272	5,344			53
54 RADIOLOGY-DIAGNOSTIC	178,780	43,465	3	14,580	54
55 RADIOLOGY-THERAPEUTIC	26,224	13,493	53	1,870	55
57 CT SCAN	40,055	4,473		2,070	57
58 MRI	12,041	5,782		1,330	58
60 LABORATORY	2,907	50,314	677	20,920	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	3,783	139		680	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	9,557	9,430		5,760	5,760
66 PHYSICAL THERAPY	38,278	12,724	25	11,100	66
67 OCCUPATIONAL THERAPY	3,063	5,219		1,830	67
68 SPEECH PATHOLOGY		1,243		720	68
69 ELECTROCARDIOLOGY	84,707	16,138	31	8,340	8,340
69.01 GI UNIT	55,159	6,885	27	2,570	2,570
69.02 VASCULAR LAB		1,028		420	420
70 ELECTROENCEPHALOGRAPHY	11,530	1,423		680	680
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		970		540	540
73 DRUGS CHARGED TO PATIENTS					73
73.01 RENAL TXPLANT LAB		1,010		300	300
74 RENAL DIALYSIS	23,628	5,356	424	1,470	1,470
75 ASC (NON-DISTINCT PART)	127,251	16,429	77	3,860	3,860
76.97 CARDIAC REHABILITATION		106		1,630	1,630
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	429,159	21,651	2,550	12,008	91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
SPECIAL PURPOSE COST CENTERS					
105 KIDNEY ACQUISITION		682		418	105
109 PANCREAS ACQUISITION		44		32	109
118 SUBTOTALS (SUM OF LINES 1-117)	3,665,308	567,229	336,262	236,602	104,730
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,445	1,267		170	190
192 PHYSICIANS' PRIVATE OFFICES	29,103	12,612	274	20	192
192.01 SIU SCHOOL OF MEDICINE	23,986	57,332			192.01
192.03 UNIVERSITY BUILDING (MHCCI)	106,482	2,084			192.03
192.04 MEALS ON WHEELS			22,278		192.04
192.05 ACS HOME CARE		21,900		3,901	192.05
192.06 VNA OF CENTRAL IL		11,153		3,470	192.06
192.07 GAMBR0		18,654			192.07

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING SQUARE FEET 9	DIETARY MEALS SERVED 10	CAFETERIA MEALS SERVED 11	NURSING ADMINIS- TRATION DIRECT NRSING HRS 13	
192.08 FOUNDATION		2,123		593		192.08
192.09 SIU MAP PROGRAM		30,069				192.09
192.10 AUDIOLOGY		1,016		370		192.10
192.11 SOUTH6TH AND N.DIRKSON RADIOLOGY		2,155		593		192.11
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	3,357,564	7,797,153	2,944,063	3,691,751	4,142,877	202
203 UNIT COST MULT-WS B PT I	0.876117	10.716351	8.204984	15.024280	39.557691	203
204 COST TO BE ALLOC PER B PT II	225,709	384,115	194,781	509,961	451,443	204
205 UNIT COST MULT-WS B PT II	0.058896	0.527925	0.542847	2.075383	4.310541	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY TIME SPENT 16	SOCIAL SERVICE TIME SPENT 17	I&R SALARY & FRINGES ASSIGNED TIME 21	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						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	41,585,698					14
15 PHARMACY	63,173	18,757,778				15
16 MEDICAL RECORDS & LIBRARY	44		10,000			16
17 SOCIAL SERVICE				9,752		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD					10,001	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,077,268	151,608	6,112	6,728	3,798	30
31 INTENSIVE CARE UNIT	743,508	37,503	792	152		31
33 BURN INTENSIVE CARE UNIT	158,875	5,351	184	210		33
40 SUBPROVIDER - IPF	61,318	1,559	819	1,196	994	40
41 SUBPROVIDER - IRF	72,344	1,247	393	173	58	41
43 NURSERY	69,224	2,400	60			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	287,908	14,242	136		1,713	50
52 DELIVERY ROOM & LABOR ROOM	141,388	4,903	2	39		52
53 ANESTHESIOLOGY	1,037,481	82,383	45			53
54 RADIOLOGY-DIAGNOSTIC	1,809,571	24,363	171		474	54
55 RADIOLOGY-THERAPEUTIC	93,955	1,475	94	51		55
57 CT SCAN	124,306	23,472	196			57
58 MRI	23,886	2,746	67			58
60 LABORATORY	5,378,589	14,294	229			60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	143,169	4	12			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	184,915	20,998	24		245	65
66 PHYSICAL THERAPY	45,506	198	44	35		66
67 OCCUPATIONAL THERAPY	22,627	108	4			67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	9,340,750	41,728	209			69
69.01 GI UNIT	844,706	9,688	41	1,120		69.01
69.02 VASCULAR LAB	5,855		8			69.02
70 ELECTROENCEPHALOGRAPHY	33,095	41	2			70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	15,373,376	1,340	66			71
73 DRUGS CHARGED TO PATIENTS		18,249,301				73
73.01 RENAL TXPLANT LAB	16,486					73.01
74 RENAL DIALYSIS		5,644				74
75 ASC (NON-DISTINCT PART)	2,282,052	11,283	104			75
76.97 CARDIAC REHABILITATION	5,961	77	5			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	855,376	49,786	181	48	607	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		33				105
109 PANCREAS ACQUISITION		3				109
118 SUBTOTALS (SUM OF LINES 1-117)	41,296,712	18,757,778	10,000	9,752	7,889	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES	420					192
192.01 SIU SCHOOL OF MEDICINE						192.01
192.03 UNIVERSITY BUILDING (MHCCI)						192.03
192.04 MEALS ON WHEELS						192.04
192.05 ACS HOME CARE						192.05
192.06 VNA OF CENTRAL IL						192.06
192.07 GAMBRIO						192.07

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COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY TIME SPENT 16	SOCIAL SERVICE TIME SPENT 17	I&R SALARY & FRINGES ASSIGNED TIME 21	
192.08 FOUNDATION						192.08
192.09 SIU MAP PROGRAM					2,112	192.09
192.10 AUDIOLOGY	288,566					192.10
192.11 SOUTH6TH AND N.DIRKSON RADIOLOGY						192.11
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	5,188,617	11,681,810	9,497,055	1,637,672	10,458,525	202
203 UNIT COST MULT-WS B PT I	0.124769	0.622772	949.705500	167.931911	1,045.747925	203
204 COST TO BE ALLOC PER B PT II	819,231	1,024,046	567,932	27,563	299,961	204
205 UNIT COST MULT-WS B PT II	0.019700	0.054593	56.793200	2.826395	29.993101	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R	PARAMED	
	PROGRAM	EDUCATION	
	COSTS	EMERGENCY	
	ASSIGNED	ASSIGNED	
	TIME	TIME	
	22	23	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS DEPARTMENT			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 SERVICES-SALARY & FRINGES APPRVD			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	8,100		22
23 PARAMED ED PRGM-(SPECIFY)		100	23
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	3,798		30
31 INTENSIVE CARE UNIT			31
33 BURN INTENSIVE CARE UNIT			33
40 SUBPROVIDER - IPF	994		40
41 SUBPROVIDER - IRF	58		41
43 NURSERY			43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	1,713		50
52 DELIVERY ROOM & LABOR ROOM			52
53 ANESTHESIOLOGY			53
54 RADIOLOGY-DIAGNOSTIC	474		54
55 RADIOLOGY-THERAPEUTIC			55
57 CT SCAN			57
58 MRI			58
60 LABORATORY			60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY	245		65
66 PHYSICAL THERAPY			66
67 OCCUPATIONAL THERAPY			67
68 SPEECH PATHOLOGY			68
69 ELECTROCARDIOLOGY			69
69.01 GI UNIT			69.01
69.02 VASCULAR LAB			69.02
70 ELECTROENCEPHALOGRAPHY			70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			71
73 DRUGS CHARGED TO PATIENTS			73
73.01 RENAL TXPLANT LAB			73.01
74 RENAL DIALYSIS			74
75 ASC (NON-DISTINCT PART)			75
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
91 EMERGENCY	607	100	91
92 OBSERVATION BEDS (NON-DISTINCT PART)			92
OTHER REIMBURSABLE COST CENTERS			
94 HOME PROGRAM DIALYSIS			94
SPECIAL PURPOSE COST CENTERS			
105 KIDNEY ACQUISITION			105
109 PANCREAS ACQUISITION			109
118 SUBTOTALS (SUM OF LINES 1-117)	7,889	100	118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			190
192 PHYSICIANS' PRIVATE OFFICES			192
192.01 SIU SCHOOL OF MEDICINE			192.01
192.03 UNIVERSITY BUILDING (MHCCI)			192.03
192.04 MEALS ON WHEELS			192.04
192.05 ACS HOME CARE			192.05
192.06 VNA OF CENTRAL IL			192.06
192.07 GAMBRO			192.07

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R PROGRAM COSTS ASSIGNED TIME 22	PARAMED EDUCATION EMERGENCY ASSIGNED TIME 23	
192.08 FOUNDATION			192.08
192.09 SIU MAP PROGRAM	211		192.09
192.10 AUDIOLOGY			192.10
192.11 SOUTH6TH AND N.DIRKSON RADIOLOGY			192.11
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 COST TO BE ALLOC PER B PT I	1,614,297	20,009	202
203 UNIT COST MULT-WS B PT I	199.295926	200.090000	203
204 COST TO BE ALLOC PER B PT II	18,654	291	204
205 UNIT COST MULT-WS B PT II	2.302963	2.910000	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	72,838,182		72,838,182	119,248	72,957,430	30
31 INTENSIVE CARE UNIT	16,609,693		16,609,693	260,148	16,869,841	31
33 BURN INTENSIVE CARE UNIT	3,263,516		3,263,516	49,805	3,313,321	33
40 SUBPROVIDER - IPF	10,063,246		10,063,246	2,195	10,065,441	40
41 SUBPROVIDER - IRF	3,784,048		3,784,048	215	3,784,263	41
43 NURSERY	1,989,254		1,989,254	16,947	2,006,201	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	30,830,392		30,830,392		30,830,392	50
52 DELIVERY ROOM & LABOR ROOM	3,748,609		3,748,609		3,748,609	52
53 ANESTHESIOLOGY	4,910,221		4,910,221	14,532	4,924,753	53
54 RADIOLOGY-DIAGNOSTIC	27,157,488		27,157,488		27,157,488	54
55 RADIOLOGY-THERAPEUTIC	6,814,008		6,814,008		6,814,008	55
57 CT SCAN	5,645,591		5,645,591		5,645,591	57
58 MRI	3,874,048		3,874,048		3,874,048	58
60 LABORATORY	37,803,916		37,803,916	704,604	38,508,520	60
62 WHOLE BLOOD & PACKED RED BL	5,329,633		5,329,633		5,329,633	62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	8,082,043		8,082,043	33,844	8,115,887	65
66 PHYSICAL THERAPY	13,709,479		13,709,479	283,411	13,992,890	66
67 OCCUPATIONAL THERAPY	2,675,911		2,675,911		2,675,911	67
68 SPEECH PATHOLOGY	1,007,654		1,007,654		1,007,654	68
69 ELECTROCARDIOLOGY	30,742,840		30,742,840	638,176	31,381,016	69
69.01 GI UNIT	5,306,942		5,306,942	5,481	5,312,423	69.01
69.02 VASCULAR LAB	870,112		870,112	13,234	883,346	69.02
70 ELECTROENCEPHALOGRAPHY	841,401		841,401	15,375	856,776	70
71 MEDICAL SUPPLIES CHARGED TO	43,173,922		43,173,922	757,168	43,931,090	71
73 DRUGS CHARGED TO PATIENTS	33,476,562		33,476,562		33,476,562	73
73.01 RENAL TXPLANT LAB	744,141		744,141		744,141	73.01
74 RENAL DIALYSIS	2,170,222		2,170,222	18,296	2,188,518	74
75 ASC (NON-DISTINCT PART)	9,941,155		9,941,155	329,012	10,270,167	75
76.97 CARDIAC REHABILITATION	1,863,928		1,863,928	6,145	1,870,073	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	18,403,858		18,403,858	29,182	18,433,040	91
92 OBSERVATION BEDS (NON-DISTI OTHER REIMBURSABLE COST CENTERS	1,644,123		1,644,123		1,644,123	92
94 HOME PROGRAM DIALYSIS						94
105 KIDNEY ACQUISITION	1,792,225		1,792,225		1,792,225	105
109 PANCREAS ACQUISITION	150,417		150,417		150,417	109
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	411,258,780		411,258,780	3,297,018	414,555,798	200
201 LESS OBSERVATION BEDS	1,644,123		1,644,123		1,644,123	201
202 TOTAL (SEE INSTRUCTIONS)	409,614,657		409,614,657		412,911,675	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	102,965,511		102,965,511			30
31 INTENSIVE CARE UNIT	31,439,361		31,439,361			31
33 BURN INTENSIVE CARE UNIT	6,083,043		6,083,043			33
40 SUBPROVIDER - IPF	20,585,961		20,585,961			40
41 SUBPROVIDER - IRF	5,954,976		5,954,976			41
43 NURSERY	4,278,708		4,278,708			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	99,100,612	59,624,918	158,725,530	0.194237	0.194237	50
52 DELIVERY ROOM & LABOR ROOM	8,293,576	988,325	9,281,901	0.403862	0.403862	52
53 ANESTHESIOLOGY	17,790,357	19,732,015	37,522,372	0.130861	0.130861	53
54 RADIOLOGY-DIAGNOSTIC	37,049,153	74,763,202	111,812,355	0.242885	0.242885	54
55 RADIOLOGY-THERAPEUTIC	3,087,576	41,207,486	44,295,062	0.153832	0.153832	55
57 CT SCAN	42,765,734	85,970,826	128,736,560	0.043854	0.043854	57
58 MRI	11,346,848	29,464,795	40,811,643	0.094925	0.094925	58
60 LABORATORY	75,261,636	100,311,298	175,572,934	0.215317	0.215317	60
62 WHOLE BLOOD & PACKED RED BL	12,124,189	5,173,946	17,298,135	0.308104	0.308104	62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	37,643,108	10,453,645	48,096,753	0.168037	0.168037	65
66 PHYSICAL THERAPY	11,419,509	19,364,187	30,783,696	0.445349	0.445349	66
67 OCCUPATIONAL THERAPY	8,213,693	1,900,964	10,114,657	0.264558	0.264558	67
68 SPEECH PATHOLOGY	3,133,608	15,076	3,148,684	0.320024	0.320024	68
69 ELECTROCARDIOLOGY	110,790,542	91,595,261	202,385,803	0.151902	0.151902	69
69.01 GI UNIT	4,622,439	18,087,969	22,710,408	0.233679	0.233679	69.01
69.02 VASCULAR LAB	3,121,231	3,493,183	6,614,414	0.131548	0.131548	69.02
70 ELECTROENCEPHALOGRAPHY	5,228,602	1,093,256	6,321,858	0.133094	0.133094	70
71 MEDICAL SUPPLIES CHARGED TO	143,028,452	28,778,448	171,806,900	0.251293	0.251293	71
73 DRUGS CHARGED TO PATIENTS	80,652,010	34,278,603	114,930,613	0.291276	0.291276	73
73.01 RENAL TXPLANT LAB	56,196	722,235	778,431	0.955950	0.955950	73.01
74 RENAL DIALYSIS	6,691,698	2,445,791	9,137,489	0.237507	0.237507	74
75 ASC (NON-DISTINCT PART)	1,397,082	45,631,402	47,028,484	0.211386	0.211386	75
76.97 CARDIAC REHABILITATION	2,040,153	2,123,613	4,163,766	0.447654	0.447654	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	19,504,358	46,609,999	66,114,357	0.278364	0.278364	91
92 OBSERVATION BEDS (NON-DISTI	250,819	1,776,244	2,027,063	0.811086	0.811086	92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
105 KIDNEY ACQUISITION	2,444,000		2,444,000			105
109 PANCREAS ACQUISITION	188,000		188,000			109
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	918,552,741	725,606,687	1,644,159,428			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	918,552,741	725,606,687	1,644,159,428			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)		(COL.3 + COL.4)		(COL.5 x COL.6)	
	1	2	4	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	6,572,685		87,152	75.42	50,286	3,792,570	30
31 INTENSIVE CARE UNIT	1,349,801		11,063	122.01	5,924	722,787	31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT	300,752		2,592	116.03	448	51,981	33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF	960,183		11,437	83.95	5,419	454,925	40
41 SUBPROVIDER - IRF	296,078		5,486	53.97	3,069	165,634	41
42 SUBPROVIDER I							42
43 NURSERY	138,951		3,182	43.67			43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	9,618,450		120,912		65,146	5,187,897	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

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

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT PROGRAM CHARGES	CAPITAL	
	COST (FROM WKST B, PT. II, COL. 26)	CHARGES (FROM WKST C, PT. I, COL. 8)	COST TO CHARGES (COL.1 + COL.2)		(COL.3 x COL.4)	
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4,622,169	158,725,530	0.029121	45,202,937	1,316,355	50
52 DELIVERY ROOM & LABOR ROOM	208,739	9,281,901	0.022489			52
53 ANESTHESIOLOGY	765,722	37,522,372	0.020407	9,225,298	188,261	53
54 RADIOLOGY-DIAGNOSTIC	4,816,808	111,812,355	0.043079	23,509,509	1,012,766	54
55 RADIOLOGY-THERAPEUTIC	1,660,847	44,295,062	0.037495	1,866,461	69,983	55
57 CT SCAN	1,443,088	128,736,560	0.011210	21,711,067	243,381	57
58 MRI	1,429,421	40,811,643	0.035025	5,798,769	203,102	58
60 LABORATORY	3,323,391	175,572,934	0.018929	42,426,884	803,098	60
62 WHOLE BLOOD & PACKED RED BLOO	92,655	17,298,135	0.005356	6,243,563	33,441	62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	569,661	48,096,753	0.011844	23,516,064	278,524	65
66 PHYSICAL THERAPY	795,290	30,783,696	0.025835	5,349,910	138,215	66
67 OCCUPATIONAL THERAPY	188,033	10,114,657	0.018590	2,681,388	49,847	67
68 SPEECH PATHOLOGY	48,138	3,148,684	0.015288	1,251,682	19,136	68
69 ELECTROCARDIOLOGY	2,151,428	202,385,803	0.010630	67,821,778	720,946	69
69.01 GI UNIT	665,341	22,710,408	0.029297	2,751,357	80,607	69.01
69.02 VASCULAR LAB	176,356	6,614,414	0.026662	1,706,954	45,511	69.02
70 ELECTROENCEPHALOGRAPHY	125,913	6,321,858	0.019917	2,051,898	40,868	70
71 MEDICAL SUPPLIES CHARGED TO P	823,508	171,806,900	0.004793	67,476,526	323,415	71
73 DRUGS CHARGED TO PATIENTS	1,251,795	114,930,613	0.010892	40,392,725	439,958	73
73.01 RENAL TXPLANT LAB	45,299	778,431	0.058193	56,196	3,270	73.01
74 RENAL DIALYSIS	237,567	9,137,489	0.025999	4,863,822	126,455	74
75 ASC (NON-DISTINCT PART)	1,113,545	47,028,484	0.023678	212,219	5,025	75
76.97 CARDIAC REHABILITATION	53,271	4,163,766	0.012794	1,250,310	15,996	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	1,095,001	66,114,357	0.016562	9,417,501	155,973	91
92 OBSERVATION BEDS (NON-DISTINC	148,117	2,027,063	0.073070			92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)	27,851,103	1,470,219,868		386,784,818	6,314,133	200

PROVIDER CCN: 14-0148 MEMORIAL MEDICAL CENTER  
PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11  
02/27/2014 07:20

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART III

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

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

PROVIDER CCN: 14-0148 MEMORIAL MEDICAL CENTER  
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11  
 02/27/2014 07:20

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	87,152		50,286		30
31 INTENSIVE CARE UNIT	11,063		5,924		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT	2,592		448		33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	11,437		5,419		40
41 SUBPROVIDER - IRF	5,486		3,069		41
42 SUBPROVIDER I					42
43 NURSERY	3,182				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	120,912		65,146		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
57 CT SCAN						57
58 MRI						58
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.01 GI UNIT						69.01
69.02 VASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHARGED TO P						71
73 DRUGS CHARGED TO PATIENTS						73
73.01 RENAL TXPLANT LAB						73.01
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)						75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY			20,009		20,009	20,009
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)			20,009		20,009	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[XX] HOSPITAL (14-0148)	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS				
APPLICABLE	[XX] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA				
BOXES	[ ] TITLE XIX	[ ] IRF	[ ] NF						
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13		
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	158,725,530			45,202,937	18,753,319	50		
52	DELIVERY ROOM & LABOR ROOM	9,281,901					52		
53	ANESTHESIOLOGY	37,522,372			9,225,298	5,173,452	53		
54	RADIOLOGY-DIAGNOSTIC	111,812,355			23,509,509	28,764,570	54		
55	RADIOLOGY-THERAPEUTIC	44,295,062			1,866,461	19,743,316	55		
57	CT SCAN	128,736,560			21,711,067	30,165,662	57		
58	MRI	40,811,643			5,798,769	7,986,917	58		
60	LABORATORY	175,572,934			42,426,884	6,956,263	60		
62	WHOLE BLOOD & PACKED RED BLO	17,298,135			6,243,563	3,901,164	62		
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30		
65	RESPIRATORY THERAPY	48,096,753			23,516,064	3,849,134	65		
66	PHYSICAL THERAPY	30,783,696			5,349,910	366,458	66		
67	OCCUPATIONAL THERAPY	10,114,657			2,681,388		67		
68	SPEECH PATHOLOGY	3,148,684			1,251,682		68		
69	ELECTROCARDIOLOGY	202,385,803			67,821,778	41,846,094	69		
69.01	GI UNIT	22,710,408			2,751,357	6,759,378	69.01		
69.02	VASCULAR LAB	6,614,414			1,706,954	1,864,005	69.02		
70	ELECTROENCEPHALOGRAPHY	6,321,858			2,051,898	227,471	70		
71	MEDICAL SUPPLIES CHARGED TO	171,806,900			67,476,526	9,689,934	71		
73	DRUGS CHARGED TO PATIENTS	114,930,613			40,392,725	13,473,555	73		
73.01	RENAL TXPLANT LAB	778,431			56,196	27,001	73.01		
74	RENAL DIALYSIS	9,137,489			4,863,822	457,397	74		
75	ASC (NON-DISTINCT PART)	47,028,484			212,219	8,900,478	75		
76.97	CARDIAC REHABILITATION	4,163,766			1,250,310	1,055,834	76.97		
76.98	HYPERBARIC OXYGEN THERAPY						76.98		
76.99	LITHOTRIPSY						76.99		
OUTPATIENT SERVICE COST CENTERS									
91	EMERGENCY	66,114,357	0.000303	0.000303	9,417,501	2,854	3,525	91	
92	OBSERVATION BEDS (NON-DISTIN	2,027,063						92	
OTHER REIMBURSABLE COST CENTERS									
94	HOME PROGRAM DIALYSIS							94	
200	TOTAL (SUM OF LINES 50-199)	1,470,219,868			386,784,818	2,854	221,595,098	3,525	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

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

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE FROM WKST C, PT I, COL. 9 1	RATIO PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	COST SERVICES SUBJECT TO DED & COINS 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.194237	18,753,319		7	3,642,588	1		50
52 DELIVERY ROOM & LABOR ROOM	0.403862							52
53 ANESTHESIOLOGY	0.130861	5,173,452		1	677,003			53
54 RADIOLOGY-DIAGNOSTIC	0.242885	28,764,570		85	6,986,483	21		54
55 RADIOLOGY-THERAPEUTIC	0.153832	19,743,316			3,037,154			55
57 CT SCAN	0.043854	30,165,662		15	1,322,885	1		57
58 MRI	0.094925	7,986,917			758,158			58
60 LABORATORY	0.215317	6,956,263	4,168		1,497,802	897		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.308104	3,901,164			1,201,964			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.168037	3,849,134		27	646,797	5		65
66 PHYSICAL THERAPY	0.445349	366,458			163,202			66
67 OCCUPATIONAL THERAPY	0.264558							67
68 SPEECH PATHOLOGY	0.320024							68
69 ELECTROCARDIOLOGY	0.151902	41,846,094		223	6,356,505	34		69
69.01 GI UNIT	0.233679	6,759,378		57	1,579,525	13		69.01
69.02 VASCULAR LAB	0.131548	1,864,005			245,206			69.02
70 ELECTROENCEPHALOGRAPHY	0.133094	227,471			30,275			70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.251293	9,689,934		273	2,435,013	69		71
73 DRUGS CHARGED TO PATIENTS	0.291276	13,473,555		1	3,924,523		16,129	73
73.01 RENAL TXPLANT LAB	0.955950	27,001		14	25,812	13		73.01
74 RENAL DIALYSIS	0.237507	457,397			108,635			74
75 ASC (NON-DISTINCT PART)	0.211386	8,900,478		61	1,881,436	13		75
76.97 CARDIAC REHABILITATION	0.447654	1,055,834			472,648			76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
91 EMERGENCY	0.278364	11,633,696		149	3,238,402	41		91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.811086							92
HOME PROGRAM DIALYSIS								
200 SUBTOTAL (SEE INSTRUCTIONS)		221,595,098		5,081	55,372	40,232,016	1,108	16,129
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		221,595,098		5,081	55,372	40,232,016	1,108	16,129

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[ ] HOSPITAL [XX] IPF (14-S148) [ ] IRF	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA		
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	4,622,169	158,725,530	0.029121	7,063	206
52	DELIVERY ROOM & LABOR ROOM	208,739	9,281,901	0.022489		
53	ANESTHESIOLOGY	765,722	37,522,372	0.020407	2,231	46
54	RADIOLOGY-DIAGNOSTIC	4,816,808	111,812,355	0.043079	136,616	5,885
55	RADIOLOGY-THERAPEUTIC	1,660,847	44,295,062	0.037495	36,048	1,352
57	CT SCAN	1,443,088	128,736,560	0.011210	245,341	2,750
58	MRI	1,429,421	40,811,643	0.035025	151,216	5,296
60	LABORATORY	3,323,391	175,572,934	0.018929	843,162	15,960
62	WHOLE BLOOD & PACKED RED BLOO	92,655	17,298,135	0.005356	2,419	13
62.30	BLOOD CLOTTING FOR HEMOPHILIA					
65	RESPIRATORY THERAPY	569,661	48,096,753	0.011844	74,828	886
66	PHYSICAL THERAPY	795,290	30,783,696	0.025835	101,313	2,617
67	OCCUPATIONAL THERAPY	188,033	10,114,657	0.018590	19,850	369
68	SPEECH PATHOLOGY	48,138	3,148,684	0.015288	10,948	167
69	ELECTROCARDIOLOGY	2,151,428	202,385,803	0.010630	80,060	851
69.01	GI UNIT	665,341	22,710,408	0.029297	4,821	141
69.02	VASCULAR LAB	176,356	6,614,414	0.026662	14,414	384
70	ELECTROENCEPHALOGRAPHY	125,913	6,321,858	0.019917	27,388	545
71	MEDICAL SUPPLIES CHARGED TO P	823,508	171,806,900	0.004793	18,337	88
73	DRUGS CHARGED TO PATIENTS	1,251,795	114,930,613	0.010892	690,836	7,525
73.01	RENAL TXPLANT LAB	45,299	778,431	0.058193		
74	RENAL DIALYSIS	237,567	9,137,489	0.025999	65,832	1,712
75	ASC (NON-DISTINCT PART)	1,113,545	47,028,484	0.023678		
76.97	CARDIAC REHABILITATION	53,271	4,163,766	0.012794		
76.98	HYPERBARIC OXYGEN THERAPY					
76.99	LITHOTRIPSY					
OUTPATIENT SERVICE COST CENTERS						
91	EMERGENCY	1,095,001	66,114,357	0.016562	343,798	5,694
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		2,027,063	2,027,063		
94	HOME PROGRAM DIALYSIS					
200	TOTAL (SUM OF LINES 50-199)	27,702,986	1,470,219,868		2,876,521	52,487

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
57 CT SCAN						57
58 MRI						58
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.01 GI UNIT						69.01
69.02 VASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHARGED TO P						71
73 DRUGS CHARGED TO PATIENTS						73
73.01 RENAL TXPLANT LAB						73.01
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)						75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY			20,009		20,009	20,009
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)			20,009		20,009	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[XX] IPF (14-S148)	[ ] SNF		[ ] TEFRA		
BOXES	[ ] TITLE XIX	[ ] IRF	[ ] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	158,725,530			7,063		50
52	DELIVERY ROOM & LABOR ROOM	9,281,901					52
53	ANESTHESIOLOGY	37,522,372			2,231		53
54	RADIOLOGY-DIAGNOSTIC	111,812,355			136,616		54
55	RADIOLOGY-THERAPEUTIC	44,295,062			36,048		55
57	CT SCAN	128,736,560			245,341		57
58	MRI	40,811,643			151,216		58
60	LABORATORY	175,572,934			843,162		60
62	WHOLE BLOOD & PACKED RED BLO	17,298,135			2,419		62
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	48,096,753			74,828		65
66	PHYSICAL THERAPY	30,783,696			101,313		66
67	OCCUPATIONAL THERAPY	10,114,657			19,850		67
68	SPEECH PATHOLOGY	3,148,684			10,948		68
69	ELECTROCARDIOLOGY	202,385,803			80,060		69
69.01	GI UNIT	22,710,408			4,821		69.01
69.02	VASCULAR LAB	6,614,414			14,414		69.02
70	ELECTROENCEPHALOGRAPHY	6,321,858			27,388		70
71	MEDICAL SUPPLIES CHARGED TO	171,806,900			18,337		71
73	DRUGS CHARGED TO PATIENTS	114,930,613			690,836		73
73.01	RENAL TXPLANT LAB	778,431					73.01
74	RENAL DIALYSIS	9,137,489			65,832		74
75	ASC (NON-DISTINCT PART)	47,028,484					75
76.97	CARDIAC REHABILITATION	4,163,766					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	66,114,357	0.000303	0.000303	343,798	104	91
92	OBSERVATION BEDS (NON-DISTIN	2,027,063					92
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	1,470,219,868			2,876,521	104	200



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[ ] HOSPITAL [ ] IPF [XX] IRF (14-T148)	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA			
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	4,622,169	158,725,530	0.029121	9,608	280	50
52	DELIVERY ROOM & LABOR ROOM	208,739	9,281,901	0.022489			52
53	ANESTHESIOLOGY	765,722	37,522,372	0.020407	2,829	58	53
54	RADIOLOGY-DIAGNOSTIC	4,816,808	111,812,355	0.043079	119,770	5,160	54
55	RADIOLOGY-THERAPEUTIC	1,660,847	44,295,062	0.037495	1,790	67	55
57	CT SCAN	1,443,088	128,736,560	0.011210	104,421	1,171	57
58	MRI	1,429,421	40,811,643	0.035025	91,013	3,188	58
60	LABORATORY	3,323,391	175,572,934	0.018929	436,483	8,262	60
62	WHOLE BLOOD & PACKED RED BLOO	92,655	17,298,135	0.005356	53,476	286	62
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	569,661	48,096,753	0.011844	150,994	1,788	65
66	PHYSICAL THERAPY	795,290	30,783,696	0.025835	2,334,407	60,309	66
67	OCCUPATIONAL THERAPY	188,033	10,114,657	0.018590	2,027,907	37,699	67
68	SPEECH PATHOLOGY	48,138	3,148,684	0.015288	588,945	9,004	68
69	ELECTROCARDIOLOGY	2,151,428	202,385,803	0.010630	19,264	205	69
69.01	GI UNIT	665,341	22,710,408	0.029297			69.01
69.02	VASCULAR LAB	176,356	6,614,414	0.026662	22,149	591	69.02
70	ELECTROENCEPHALOGRAPHY	125,913	6,321,858	0.019917	10,902	217	70
71	MEDICAL SUPPLIES CHARGED TO P	823,508	171,806,900	0.004793	192,221	921	71
73	DRUGS CHARGED TO PATIENTS	1,251,795	114,930,613	0.010892	493,826	5,379	73
73.01	RENAL TXPLANT LAB	45,299	778,431	0.058193			73.01
74	RENAL DIALYSIS	237,567	9,137,489	0.025999	155,903	4,053	74
75	ASC (NON-DISTINCT PART)	1,113,545	47,028,484	0.023678			75
76.97	CARDIAC REHABILITATION	53,271	4,163,766	0.012794	4,766	61	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	1,095,001	66,114,357	0.016562	1,469	24	91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		2,027,063	2,027,063			92
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	27,702,986	1,470,219,868		6,822,143	138,723	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
57 CT SCAN						57
58 MRI						58
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.01 GI UNIT						69.01
69.02 VASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHARGED TO P						71
73 DRUGS CHARGED TO PATIENTS						73
73.01 RENAL TXPLANT LAB						73.01
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)						75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY			20,009		20,009	20,009 91
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)			20,009		20,009	20,009 200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA		
BOXES	[ ] TITLE XIX	[XX] IRF (14-T148)	[ ] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF COST TO CHARGES	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS
	(FROM WKST C, PT. I, COL. 8)	(COL. 5 ÷ COL. 7)	(COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	(COL. 8 x COL. 10)	(COL. 9 x COL. 12)	(COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	158,725,530			9,608			50
52 DELIVERY ROOM & LABOR ROOM	9,281,901						52
53 ANESTHESIOLOGY	37,522,372			2,829			53
54 RADIOLOGY-DIAGNOSTIC	111,812,355			119,770			54
55 RADIOLOGY-THERAPEUTIC	44,295,062			1,790			55
57 CT SCAN	128,736,560			104,421			57
58 MRI	40,811,643			91,013			58
60 LABORATORY	175,572,934			436,483			60
62 WHOLE BLOOD & PACKED RED BLO	17,298,135			53,476			62
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	48,096,753			150,994			65
66 PHYSICAL THERAPY	30,783,696			2,334,407			66
67 OCCUPATIONAL THERAPY	10,114,657			2,027,907			67
68 SPEECH PATHOLOGY	3,148,684			588,945			68
69 ELECTROCARDIOLOGY	202,385,803			19,264			69
69.01 GI UNIT	22,710,408						69.01
69.02 VASCULAR LAB	6,614,414			22,149			69.02
70 ELECTROENCEPHALOGRAPHY	6,321,858			10,902			70
71 MEDICAL SUPPLIES CHARGED TO	171,806,900			192,221			71
73 DRUGS CHARGED TO PATIENTS	114,930,613			493,826			73
73.01 RENAL TXPLANT LAB	778,431						73.01
74 RENAL DIALYSIS	9,137,489			155,903			74
75 ASC (NON-DISTINCT PART)	47,028,484						75
76.97 CARDIAC REHABILITATION	4,163,766			4,766			76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	66,114,357	0.000303	0.000303	1,469			91
92 OBSERVATION BEDS (NON-DISTIN	2,027,063						92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)	1,470,219,868			6,822,143			200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.194237						50
52 DELIVERY ROOM & LABOR ROOM	0.403862						52
53 ANESTHESIOLOGY	0.130861						53
54 RADIOLOGY-DIAGNOSTIC	0.242885		35			9	54
55 RADIOLOGY-THERAPEUTIC	0.153832						55
57 CT SCAN	0.043854		1				57
58 MRI	0.094925						58
60 LABORATORY	0.215317						60
62 WHOLE BLOOD & PACKED RED BLOOD	0.308104						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.168037		9			2	65
66 PHYSICAL THERAPY	0.445349						66
67 OCCUPATIONAL THERAPY	0.264558						67
68 SPEECH PATHOLOGY	0.320024						68
69 ELECTROCARDIOLOGY	0.151902						69
69.01 GI UNIT	0.233679						69.01
69.02 VASCULAR LAB	0.131548						69.02
70 ELECTROENCEPHALOGRAPHY	0.133094						70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.251293		86			22	71
73 DRUGS CHARGED TO PATIENTS	0.291276						73
73.01 RENAL TXPLANT LAB	0.955950						73.01
74 RENAL DIALYSIS	0.237507						74
75 ASC (NON-DISTINCT PART)	0.211386						75
76.97 CARDIAC REHABILITATION	0.447654						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.278364						91
92 OBSERVATION BEDS (NON-DISTINCT)	0.811086						92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 SUBTOTAL (SEE INSTRUCTIONS)			131			33	200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)			131			33	202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 + COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	6,572,685		6,572,685	87,152	75.42	9,201	693,939 30
31 INTENSIVE CARE UNIT	1,349,801		1,349,801	11,063	122.01	445	54,294 31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT	300,752		300,752	2,592	116.03	278	32,256 33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF	960,183		960,183	11,437	83.95	2,142	179,821 40
41 SUBPROVIDER - IRF	296,078		296,078	5,486	53.97	881	47,548 41
42 SUBPROVIDER I							42
43 NURSERY	138,951		138,951	3,182	43.67	672	29,346 43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	9,618,450		9,618,450	120,912		13,619	1,037,204 200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0148) [ ] IPF [ ] IRF	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA [XX] OTHER					
		CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2)	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)			
		1	2	3	4	5			
		ANCILLARY SERVICE COST CENTERS							
50		OPERATING ROOM	4,622,169	158,725,530	0.029121			50	
52		DELIVERY ROOM & LABOR ROOM	208,739	9,281,901	0.022489			52	
53		ANESTHESIOLOGY	765,722	37,522,372	0.020407			53	
54		RADIOLOGY-DIAGNOSTIC	4,816,808	111,812,355	0.043079			54	
55		RADIOLOGY-THERAPEUTIC	1,660,847	44,295,062	0.037495			55	
57		CT SCAN	1,443,088	128,736,560	0.011210			57	
58		MRI	1,429,421	40,811,643	0.035025			58	
60		LABORATORY	3,323,391	175,572,934	0.018929			60	
62		WHOLE BLOOD & PACKED RED BLOO	92,655	17,298,135	0.005356			62	
62.30		BLOOD CLOTTING FOR HEMOPHILIA						62.30	
65		RESPIRATORY THERAPY	569,661	48,096,753	0.011844			65	
66		PHYSICAL THERAPY	795,290	30,783,696	0.025835			66	
67		OCCUPATIONAL THERAPY	188,033	10,114,657	0.018590			67	
68		SPEECH PATHOLOGY	48,138	3,148,684	0.015288			68	
69		ELECTROCARDIOLOGY	2,151,428	202,385,803	0.010630			69	
69.01		GI UNIT	665,341	22,710,408	0.029297			69.01	
69.02		VASCULAR LAB	176,356	6,614,414	0.026662			69.02	
70		ELECTROENCEPHALOGRAPHY	125,913	6,321,858	0.019917			70	
71		MEDICAL SUPPLIES CHARGED TO P	823,508	171,806,900	0.004793			71	
73		DRUGS CHARGED TO PATIENTS	1,251,795	114,930,613	0.010892			73	
73.01		RENAL TXPLANT LAB	45,299	778,431	0.058193			73.01	
74		RENAL DIALYSIS	237,567	9,137,489	0.025999			74	
75		ASC (NON-DISTINCT PART)	1,113,545	47,028,484	0.023678			75	
76.97		CARDIAC REHABILITATION	53,271	4,163,766	0.012794			76.97	
76.98		HYPERBARIC OXYGEN THERAPY						76.98	
76.99		LITHOTRIPSY						76.99	
		OUTPATIENT SERVICE COST CENTERS							
91		EMERGENCY	1,095,001	66,114,357	0.016562			91	
92		OBSERVATION BEDS (NON-DISTINC	148,117	2,027,063	0.073070			92	
		OTHER REIMBURSABLE COST CENTERS							
94		HOME PROGRAM DIALYSIS						94	
200		TOTAL (SUM OF LINES 50-199)	27,851,103	1,470,219,868				200	

PROVIDER CCN: 14-0148 MEMORIAL MEDICAL CENTER  
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11  
 02/27/2014 07:20

APPORIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

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

PROVIDER CCN: 14-0148 MEMORIAL MEDICAL CENTER  
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11  
 02/27/2014 07:20

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	87,152		9,201		30
31 INTENSIVE CARE UNIT	11,063		445		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT	2,592		278		33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	11,437		2,142		40
41 SUBPROVIDER - IRF	5,486		881		41
42 SUBPROVIDER I					42
43 NURSERY	3,182		672		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	120,912		13,619		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
57 CT SCAN						57
58 MRI						58
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.01 GI UNIT						69.01
69.02 VASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHARGED TO P						71
73 DRUGS CHARGED TO PATIENTS						73
73.01 RENAL TXPLANT LAB						73.01
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)						75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY			20,009		20,009	20,009
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)			20,009		20,009	20,009

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[XX] HOSPITAL (14-0148)	[ ] SUB (OTHER)	[ ] ICF/MR	[ ] PPS		
APPLICABLE	[ ] TITLE XVIII-PT A	[ ] IPF	[ ] SNF	[ ] TEFRA	[ ] OTHER		
BOXES	[XX] 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	158,725,530						50
52 DELIVERY ROOM & LABOR ROOM	9,281,901						52
53 ANESTHESIOLOGY	37,522,372						53
54 RADIOLOGY-DIAGNOSTIC	111,812,355						54
55 RADIOLOGY-THERAPEUTIC	44,295,062						55
57 CT SCAN	128,736,560						57
58 MRI	40,811,643						58
60 LABORATORY	175,572,934						60
62 WHOLE BLOOD & PACKED RED BLO	17,298,135						62
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	48,096,753						65
66 PHYSICAL THERAPY	30,783,696						66
67 OCCUPATIONAL THERAPY	10,114,657						67
68 SPEECH PATHOLOGY	3,148,684						68
69 ELECTROCARDIOLOGY	202,385,803						69
69.01 GI UNIT	22,710,408						69.01
69.02 VASCULAR LAB	6,614,414						69.02
70 ELECTROENCEPHALOGRAPHY	6,321,858						70
71 MEDICAL SUPPLIES CHARGED TO	171,806,900						71
73 DRUGS CHARGED TO PATIENTS	114,930,613						73
73.01 RENAL TXPLANT LAB	778,431						73.01
74 RENAL DIALYSIS	9,137,489						74
75 ASC (NON-DISTINCT PART)	47,028,484						75
76.97 CARDIAC REHABILITATION	4,163,766						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	66,114,357	0.000303	0.000303				91
92 OBSERVATION BEDS (NON-DISTIN	2,027,063						92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)	1,470,219,868						200



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[ ] HOSPITAL [XX] IPF (14-S148) [ ] IRF	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA [XX] OTHER	
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	4,622,169	158,725,530	0.029121	50
52	DELIVERY ROOM & LABOR ROOM	208,739	9,281,901	0.022489	52
53	ANESTHESIOLOGY	765,722	37,522,372	0.020407	53
54	RADIOLOGY-DIAGNOSTIC	4,816,808	111,812,355	0.043079	54
55	RADIOLOGY-THERAPEUTIC	1,660,847	44,295,062	0.037495	55
57	CT SCAN	1,443,088	128,736,560	0.011210	57
58	MRI	1,429,421	40,811,643	0.035025	58
60	LABORATORY	3,323,391	175,572,934	0.018929	60
62	WHOLE BLOOD & PACKED RED BLOO	92,655	17,298,135	0.005356	62
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
65	RESPIRATORY THERAPY	569,661	48,096,753	0.011844	65
66	PHYSICAL THERAPY	795,290	30,783,696	0.025835	66
67	OCCUPATIONAL THERAPY	188,033	10,114,657	0.018590	67
68	SPEECH PATHOLOGY	48,138	3,148,684	0.015288	68
69	ELECTROCARDIOLOGY	2,151,428	202,385,803	0.010630	69
69.01	GI UNIT	665,341	22,710,408	0.029297	69.01
69.02	VASCULAR LAB	176,356	6,614,414	0.026662	69.02
70	ELECTROENCEPHALOGRAPHY	125,913	6,321,858	0.019917	70
71	MEDICAL SUPPLIES CHARGED TO P	823,508	171,806,900	0.004793	71
73	DRUGS CHARGED TO PATIENTS	1,251,795	114,930,613	0.010892	73
73.01	RENAL TXPLANT LAB	45,299	778,431	0.058193	73.01
74	RENAL DIALYSIS	237,567	9,137,489	0.025999	74
75	ASC (NON-DISTINCT PART)	1,113,545	47,028,484	0.023678	75
76.97	CARDIAC REHABILITATION	53,271	4,163,766	0.012794	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
91	EMERGENCY	1,095,001	66,114,357	0.016562	91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		2,027,063	2,027,063	92
94	HOME PROGRAM DIALYSIS				94
200	TOTAL (SUM OF LINES 50-199)	27,702,986	1,470,219,868		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
57 CT SCAN						57
58 MRI						58
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.01 GI UNIT						69.01
69.02 VASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHARGED TO P						71
73 DRUGS CHARGED TO PATIENTS						73
73.01 RENAL TXPLANT LAB						73.01
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)						75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY			20,009		20,009	20,009
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)			20,009		20,009	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[ ] PPS	
APPLICABLE	[ ] TITLE XVIII-PT A	[XX] IPF (14-S148)	[ ] SNF		[ ] TEFRA	
BOXES	[XX] TITLE XIX	[ ] IRF	[ ] NF		[XX] OTHER	
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES (COL. 9 x COL. 12)
	7	8	9	10	11	12
						O/P PGM PASS-THRU COSTS (COL. 9 x COL. 13)
						13
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	158,725,530				50
52	DELIVERY ROOM & LABOR ROOM	9,281,901				52
53	ANESTHESIOLOGY	37,522,372				53
54	RADIOLOGY-DIAGNOSTIC	111,812,355				54
55	RADIOLOGY-THERAPEUTIC	44,295,062				55
57	CT SCAN	128,736,560				57
58	MRI	40,811,643				58
60	LABORATORY	175,572,934				60
62	WHOLE BLOOD & PACKED RED BLO	17,298,135				62
62.30	BLOOD CLOTTING FOR HEMOPHILI					62.30
65	RESPIRATORY THERAPY	48,096,753				65
66	PHYSICAL THERAPY	30,783,696				66
67	OCCUPATIONAL THERAPY	10,114,657				67
68	SPEECH PATHOLOGY	3,148,684				68
69	ELECTROCARDIOLOGY	202,385,803				69
69.01	GI UNIT	22,710,408				69.01
69.02	VASCULAR LAB	6,614,414				69.02
70	ELECTROENCEPHALOGRAPHY	6,321,858				70
71	MEDICAL SUPPLIES CHARGED TO	171,806,900				71
73	DRUGS CHARGED TO PATIENTS	114,930,613				73
73.01	RENAL TXPLANT LAB	778,431				73.01
74	RENAL DIALYSIS	9,137,489				74
75	ASC (NON-DISTINCT PART)	47,028,484				75
76.97	CARDIAC REHABILITATION	4,163,766				76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
91	EMERGENCY	66,114,357	0.000303	0.000303		91
92	OBSERVATION BEDS (NON-DISTIN	2,027,063				92
OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS					94
200	TOTAL (SUM OF LINES 50-199)	1,470,219,868				200



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[ ] HOSPITAL [ ] IPF [XX] IRF (14-T148)	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA [XX] OTHER	
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	4,622,169	158,725,530	0.029121	50
52	DELIVERY ROOM & LABOR ROOM	208,739	9,281,901	0.022489	52
53	ANESTHESIOLOGY	765,722	37,522,372	0.020407	53
54	RADIOLOGY-DIAGNOSTIC	4,816,808	111,812,355	0.043079	54
55	RADIOLOGY-THERAPEUTIC	1,660,847	44,295,062	0.037495	55
57	CT SCAN	1,443,088	128,736,560	0.011210	57
58	MRI	1,429,421	40,811,643	0.035025	58
60	LABORATORY	3,323,391	175,572,934	0.018929	60
62	WHOLE BLOOD & PACKED RED BLOO	92,655	17,298,135	0.005356	62
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
65	RESPIRATORY THERAPY	569,661	48,096,753	0.011844	65
66	PHYSICAL THERAPY	795,290	30,783,696	0.025835	66
67	OCCUPATIONAL THERAPY	188,033	10,114,657	0.018590	67
68	SPEECH PATHOLOGY	48,138	3,148,684	0.015288	68
69	ELECTROCARDIOLOGY	2,151,428	202,385,803	0.010630	69
69.01	GI UNIT	665,341	22,710,408	0.029297	69.01
69.02	VASCULAR LAB	176,356	6,614,414	0.026662	69.02
70	ELECTROENCEPHALOGRAPHY	125,913	6,321,858	0.019917	70
71	MEDICAL SUPPLIES CHARGED TO P	823,508	171,806,900	0.004793	71
73	DRUGS CHARGED TO PATIENTS	1,251,795	114,930,613	0.010892	73
73.01	RENAL TXPLANT LAB	45,299	778,431	0.058193	73.01
74	RENAL DIALYSIS	237,567	9,137,489	0.025999	74
75	ASC (NON-DISTINCT PART)	1,113,545	47,028,484	0.023678	75
76.97	CARDIAC REHABILITATION	53,271	4,163,766	0.012794	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
91	EMERGENCY	1,095,001	66,114,357	0.016562	91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		2,027,063	2,027,063	92
94	HOME PROGRAM DIALYSIS				94
200	TOTAL (SUM OF LINES 50-199)	27,702,986	1,470,219,868		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
57 CT SCAN						57
58 MRI						58
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.01 GI UNIT						69.01
69.02 VASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHARGED TO P						71
73 DRUGS CHARGED TO PATIENTS						73
73.01 RENAL TXPLANT LAB						73.01
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)						75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY			20,009		20,009	20,009
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)			20,009		20,009	20,009

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT PGM	INPAT PGM	O/P PGM	O/P PGM
	CHARGES (FROM WKST C, PT. I, COL. 8)	COST TO CHARGES (COL. 5 ÷ COL. 7)	OF COST TO CHARGES (COL. 6 ÷ COL. 7)				
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	158,725,530						50
52 DELIVERY ROOM & LABOR ROOM	9,281,901						52
53 ANESTHESIOLOGY	37,522,372						53
54 RADIOLOGY-DIAGNOSTIC	111,812,355						54
55 RADIOLOGY-THERAPEUTIC	44,295,062						55
57 CT SCAN	128,736,560						57
58 MRI	40,811,643						58
60 LABORATORY	175,572,934						60
62 WHOLE BLOOD & PACKED RED BLO	17,298,135						62
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	48,096,753						65
66 PHYSICAL THERAPY	30,783,696						66
67 OCCUPATIONAL THERAPY	10,114,657						67
68 SPEECH PATHOLOGY	3,148,684						68
69 ELECTROCARDIOLOGY	202,385,803						69
69.01 GI UNIT	22,710,408						69.01
69.02 VASCULAR LAB	6,614,414						69.02
70 ELECTROENCEPHALOGRAPHY	6,321,858						70
71 MEDICAL SUPPLIES CHARGED TO	171,806,900						71
73 DRUGS CHARGED TO PATIENTS	114,930,613						73
73.01 RENAL TXPLANT LAB	778,431						73.01
74 RENAL DIALYSIS	9,137,489						74
75 ASC (NON-DISTINCT PART)	47,028,484						75
76.97 CARDIAC REHABILITATION	4,163,766						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	66,114,357	0.000303	0.000303				91
92 OBSERVATION BEDS (NON-DISTIN	2,027,063						92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)	1,470,219,868						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE FROM WKST C, PT I, COL. 9 1	RATIO PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	COST SERVICES DED & COINS 5	COST SVCS NOT SUBJECT TO DED & COINS 6	COST SVCS NOT SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.194237						50
52 DELIVERY ROOM & LABOR ROOM	0.403862						52
53 ANESTHESIOLOGY	0.130861						53
54 RADIOLOGY-DIAGNOSTIC	0.242885						54
55 RADIOLOGY-THERAPEUTIC	0.153832						55
57 CT SCAN	0.043854						57
58 MRI	0.094925						58
60 LABORATORY	0.215317						60
62 WHOLE BLOOD & PACKED RED BLOOD	0.308104						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.168037						65
66 PHYSICAL THERAPY	0.445349						66
67 OCCUPATIONAL THERAPY	0.264558						67
68 SPEECH PATHOLOGY	0.320024						68
69 ELECTROCARDIOLOGY	0.151902						69
69.01 GI UNIT	0.233679						69.01
69.02 VASCULAR LAB	0.131548						69.02
70 ELECTROENCEPHALOGRAPHY	0.133094						70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.251293						71
73 DRUGS CHARGED TO PATIENTS	0.291276						73
73.01 RENAL TXPLANT LAB	0.955950						73.01
74 RENAL DIALYSIS	0.237507						74
75 ASC (NON-DISTINCT PART)	0.211386						75
76.97 CARDIAC REHABILITATION	0.447654						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.278364						91
92 OBSERVATION BEDS (NON-DISTINCT)	0.811086						92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	87,152	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	87,152	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	49,930	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	35,258	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)	50,286	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)	72,957,430	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	72,957,430	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	100,368,535	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	54,174,470	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	46,194,065	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.726895	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)	1,085.01	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,310.17	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	72,957,430	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 837.13 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 42,095,919 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) 42,095,919 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	16,869,841	11,063	1,524.89	5,924	9,033,448	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT	3,313,321	2,592	1,278.29	448	572,674	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)					81,366,907	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					133,068,948	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 4,567,338 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 6,316,987 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 10,884,325 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 122,184,623 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) 1,964 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 837.13 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 1,644,123 89

COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	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	
90 CAPITAL-RELATED COST	6,572,685	72,957,430	0.090089	1,644,123	148,117	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	11,437	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	11,437	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	11,437	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)	5,419	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)	10,065,441	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	10,065,441	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)	10,065,441	37

WORKSHEET D-1  
PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	880.08 38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	4,769,154 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)	4,769,154 41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	655,328 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	5,424,482 49
PASS-THROUGH COST ADJUSTMENTS	
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	454,925 50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	52,591 51
52 TOTAL PROGRAM EXCLUDABLE COST	507,516 52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	4,916,966 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

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	5,486	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,486	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,486	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)	3,069	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)	3,784,263	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	3,784,263	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)	3,784,263	37

WORKSHEET D-1  
PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	689.80 38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	2,116,996 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)	2,116,996 41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	2,208,906 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	4,325,902 49
PASS-THROUGH COST ADJUSTMENTS	
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	165,634 50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	138,723 51
52 TOTAL PROGRAM EXCLUDABLE COST	304,357 52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	4,021,545 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

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	87,152	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	87,152	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	49,930	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	35,258	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)	9,201	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	3,182	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	672	16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	72,838,182	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	72,838,182	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	100,368,535	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	54,174,470	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	46,194,065	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.725707	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)	1,085.01	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,310.17	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	72,838,182	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 835.76 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 7,689,828 39  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 7,689,828 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)	1,989,254	3,182	625.16	672	420,108	42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	16,609,693	11,063	1,501.37	445	668,110	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT	3,263,516	2,592	1,259.07	278	350,021	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)					9,128,067	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 809,835 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 809,835 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) 1,964 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

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

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	11,437	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	11,437	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	11,437	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)	2,142	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)	10,063,246	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	10,063,246	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)	10,063,246	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	879.89 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,884,724 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	1,884,724 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,884,724 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	179,821 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	179,821 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

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	5,486	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,486	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,486	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)	881	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)	3,784,048	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	3,784,048	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)	3,784,048	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	689.76 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	607,679 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)	607,679 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	607,679 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	47,548 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	47,548 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

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		58,795,261		30
31 INTENSIVE CARE UNIT		18,008,727		31
33 BURN INTENSIVE CARE UNIT		2,941,449		33
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.194237	45,202,937	8,780,083	50
52 DELIVERY ROOM & LABOR ROOM	0.403862			52
53 ANESTHESIOLOGY	0.131248	9,225,298	1,210,802	53
54 RADIOLOGY-DIAGNOSTIC	0.242885	23,509,509	5,710,107	54
55 RADIOLOGY-THERAPEUTIC	0.153832	1,866,461	287,121	55
57 CT SCAN	0.043854	21,711,067	952,117	57
58 MRI	0.094925	5,798,769	550,448	58
60 LABORATORY	0.219331	42,426,884	9,305,531	60
62 WHOLE BLOOD & PACKED RED BLOOD	0.308104	6,243,563	1,923,667	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.168741	23,516,064	3,968,124	65
66 PHYSICAL THERAPY	0.454555	5,349,910	2,431,828	66
67 OCCUPATIONAL THERAPY	0.264558	2,681,388	709,383	67
68 SPEECH PATHOLOGY	0.320024	1,251,682	400,568	68
69 ELECTROCARDIOLOGY	0.155055	67,821,778	10,516,106	69
69.01 GI UNIT	0.233920	2,751,357	643,597	69.01
69.02 VASCULAR LAB	0.133549	1,706,954	227,962	69.02
70 ELECTROENCEPHALOGRAPHY	0.135526	2,051,898	278,086	70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.255700	67,476,526	17,253,748	71
73 DRUGS CHARGED TO PATIENTS	0.291276	40,392,725	11,765,431	73
73.01 RENAL TXPLANT LAB	0.955950	56,196	53,721	73.01
74 RENAL DIALYSIS	0.239510	4,863,822	1,164,934	74
75 ASC (NON-DISTINCT PART)	0.218382	212,219	46,345	75
76.97 CARDIAC REHABILITATION	0.449130	1,250,310	561,552	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.278805	9,417,501	2,625,646	91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	0.811086			92
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		386,784,818	81,366,907	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		386,784,818		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
33 BURN INTENSIVE CARE UNIT				33
40 SUBPROVIDER - IPF		8,045,954		40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.194237	7,063	1,372	50
52 DELIVERY ROOM & LABOR ROOM	0.403862			52
53 ANESTHESIOLOGY	0.131248	2,231	293	53
54 RADIOLOGY-DIAGNOSTIC	0.242885	136,616	33,182	54
55 RADIOLOGY-THERAPEUTIC	0.153832	36,048	5,545	55
57 CT SCAN	0.043854	245,341	10,759	57
58 MRI	0.094925	151,216	14,354	58
60 LABORATORY	0.219331	843,162	184,932	60
62 WHOLE BLOOD & PACKED RED BLOOD	0.308104	2,419	745	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.168741	74,828	12,627	65
66 PHYSICAL THERAPY	0.454555	101,313	46,052	66
67 OCCUPATIONAL THERAPY	0.264558	19,850	5,251	67
68 SPEECH PATHOLOGY	0.320024	10,948	3,504	68
69 ELECTROCARDIOLOGY	0.155055	80,060	12,414	69
69.01 GI UNIT	0.233920	4,821	1,128	69.01
69.02 VASCULAR LAB	0.133549	14,414	1,925	69.02
70 ELECTROENCEPHALOGRAPHY	0.135526	27,388	3,712	70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.255700	18,337	4,689	71
73 DRUGS CHARGED TO PATIENTS	0.291276	690,836	201,224	73
73.01 RENAL TXPLANT LAB	0.955950			73.01
74 RENAL DIALYSIS	0.239510	65,832	15,767	74
75 ASC (NON-DISTINCT PART)	0.218382			75
76.97 CARDIAC REHABILITATION	0.449130			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.278805	343,798	95,853	91
92 OBSERVATION BEDS (NON-DISTINCT)	0.811086			92
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		2,876,521	655,328	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		2,876,521		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
33 BURN INTENSIVE CARE UNIT				33
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF		3,327,197		41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.194237	9,608	1,866	50
52 DELIVERY ROOM & LABOR ROOM	0.403862			52
53 ANESTHESIOLOGY	0.131248	2,829	371	53
54 RADIOLOGY-DIAGNOSTIC	0.242885	119,770	29,090	54
55 RADIOLOGY-THERAPEUTIC	0.153832	1,790	275	55
57 CT SCAN	0.043854	104,421	4,579	57
58 MRI	0.094925	91,013	8,639	58
60 LABORATORY	0.219331	436,483	95,734	60
62 WHOLE BLOOD & PACKED RED BLOOD	0.308104	53,476	16,476	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.168741	150,994	25,479	65
66 PHYSICAL THERAPY	0.454555	2,334,407	1,061,116	66
67 OCCUPATIONAL THERAPY	0.264558	2,027,907	536,499	67
68 SPEECH PATHOLOGY	0.320024	588,945	188,477	68
69 ELECTROCARDIOLOGY	0.155055	19,264	2,987	69
69.01 GI UNIT	0.233920			69.01
69.02 VASCULAR LAB	0.133549	22,149	2,958	69.02
70 ELECTROENCEPHALOGRAPHY	0.135526	10,902	1,478	70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.255700	192,221	49,151	71
73 DRUGS CHARGED TO PATIENTS	0.291276	493,826	143,840	73
73.01 RENAL TXPLANT LAB	0.955950			73.01
74 RENAL DIALYSIS	0.239510	155,903	37,340	74
75 ASC (NON-DISTINCT PART)	0.218382			75
76.97 CARDIAC REHABILITATION	0.449130	4,766	2,141	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.278805	1,469	410	91
92 OBSERVATION BEDS (NON-DISTINCT)	0.811086			92
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		6,822,143	2,208,906	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		6,822,143		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
33 BURN INTENSIVE CARE UNIT				33
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.194237			50
52 DELIVERY ROOM & LABOR ROOM	0.403862			52
53 ANESTHESIOLOGY	0.130861			53
54 RADIOLOGY-DIAGNOSTIC	0.242885			54
55 RADIOLOGY-THERAPEUTIC	0.153832			55
57 CT SCAN	0.043854			57
58 MRI	0.094925			58
60 LABORATORY	0.215317			60
62 WHOLE BLOOD & PACKED RED BLOOD	0.308104			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.168037			65
66 PHYSICAL THERAPY	0.445349			66
67 OCCUPATIONAL THERAPY	0.264558			67
68 SPEECH PATHOLOGY	0.320024			68
69 ELECTROCARDIOLOGY	0.151902			69
69.01 GI UNIT	0.233679			69.01
69.02 VASCULAR LAB	0.131548			69.02
70 ELECTROENCEPHALOGRAPHY	0.133094			70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.251293			71
73 DRUGS CHARGED TO PATIENTS	0.291276			73
73.01 RENAL TXPLANT LAB	0.955950			73.01
74 RENAL DIALYSIS	0.237507			74
75 ASC (NON-DISTINCT PART)	0.211386			75
76.97 CARDIAC REHABILITATION	0.447654			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.278364			91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.811086			92
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	(COL.1 x COL.2) 3
INPATIENT ROUTINE SERVICE COST CENTERS			
30 ADULTS & PEDIATRICS			30
31 INTENSIVE CARE UNIT			31
33 BURN INTENSIVE CARE UNIT			33
40 SUBPROVIDER - IPF			40
41 SUBPROVIDER - IRF			41
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.194237		50
52 DELIVERY ROOM & LABOR ROOM	0.403862		52
53 ANESTHESIOLOGY	0.130861		53
54 RADIOLOGY-DIAGNOSTIC	0.242885		54
55 RADIOLOGY-THERAPEUTIC	0.153832		55
57 CT SCAN	0.043854		57
58 MRI	0.094925		58
60 LABORATORY	0.215317		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.308104		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY	0.168037		65
66 PHYSICAL THERAPY	0.445349		66
67 OCCUPATIONAL THERAPY	0.264558		67
68 SPEECH PATHOLOGY	0.320024		68
69 ELECTROCARDIOLOGY	0.151902		69
69.01 GI UNIT	0.233679		69.01
69.02 VASCULAR LAB	0.131548		69.02
70 ELECTROENCEPHALOGRAPHY	0.133094		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.251293		71
73 DRUGS CHARGED TO PATIENTS	0.291276		73
73.01 RENAL TXPLANT LAB	0.955950		73.01
74 RENAL DIALYSIS	0.237507		74
75 ASC (NON-DISTINCT PART)	0.211386		75
76.97 CARDIAC REHABILITATION	0.447654		76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
91 EMERGENCY	0.278364		91
92 OBSERVATION BEDS (NON-DISTINCT)	0.811086		92
OTHER REIMBURSABLE COST CENTERS			
94 HOME PROGRAM DIALYSIS			94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)			200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			201
202 NET CHARGES (LINE 200 MINUS LINE 201)			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	(COL.1 x COL.2) 3
INPATIENT ROUTINE SERVICE COST CENTERS			
30 ADULTS & PEDIATRICS			30
31 INTENSIVE CARE UNIT			31
33 BURN INTENSIVE CARE UNIT			33
40 SUBPROVIDER - IPF			40
41 SUBPROVIDER - IRF			41
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.194237		50
52 DELIVERY ROOM & LABOR ROOM	0.403862		52
53 ANESTHESIOLOGY	0.130861		53
54 RADIOLOGY-DIAGNOSTIC	0.242885		54
55 RADIOLOGY-THERAPEUTIC	0.153832		55
57 CT SCAN	0.043854		57
58 MRI	0.094925		58
60 LABORATORY	0.215317		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.308104		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY	0.168037		65
66 PHYSICAL THERAPY	0.445349		66
67 OCCUPATIONAL THERAPY	0.264558		67
68 SPEECH PATHOLOGY	0.320024		68
69 ELECTROCARDIOLOGY	0.151902		69
69.01 GI UNIT	0.233679		69.01
69.02 VASCULAR LAB	0.131548		69.02
70 ELECTROENCEPHALOGRAPHY	0.133094		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.251293		71
73 DRUGS CHARGED TO PATIENTS	0.291276		73
73.01 RENAL TXPLANT LAB	0.955950		73.01
74 RENAL DIALYSIS	0.237507		74
75 ASC (NON-DISTINCT PART)	0.211386		75
76.97 CARDIAC REHABILITATION	0.447654		76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
91 EMERGENCY	0.278364		91
92 OBSERVATION BEDS (NON-DISTINCT)	0.811086		92
OTHER REIMBURSABLE COST CENTERS			
94 HOME PROGRAM DIALYSIS			94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)			200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			201
202 NET CHARGES (LINE 200 MINUS LINE 201)			202

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PART I

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

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES		PER DIEM COSTS (FROM WKST D-1, PT. II)		ORGAN ACQUISITION DAYS		COST (COL.2 x COL.3)	
		1	D	2		3		4	
1	ADULTS & PEDIATRICS	26,511	38	837.13		24		20,091	1
2	INTENSIVE CARE UNIT	9,388	43	1,524.89		6		9,149	2
3	CORONARY CARE UNIT		44						3
4	BURN INTENSIVE CARE UNIT		45	1,278.29					4
5	SURGICAL INTENSIVE CARE UNIT		46						5
6	OTHER SPECIAL CARE (SPECIFY)		47						6
7	TOTAL (SUM OF LINES 1-6)	35,899				30		29,240	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST TO CHARGES (FROM WKST C)		ORGAN ACQUISITION ANCILLARY CHARGES		ORGAN ACQUISITION ANCILLARY COSTS			
		C	1	2		3		4	
8	OPERATING ROOM	50	0.194237	267,403		51,940			8
9	RECOVERY ROOM	51							9
10	DELIVERY ROOM & LABOR ROOM	52	0.403862						10
11	ANESTHESIOLOGY	53	0.130861	30,758		4,025			11
12	RADIOLOGY-DIAGNOSTIC	54	0.242885	97,097		23,583			12
13	RADIOLOGY-THERAPEUTIC	55	0.153832						13
14	RADIOISOTOPE	56							14
15	CT SCAN	57	0.043854	61,443		2,695			15
16	MRI	58	0.094925	7,994		759			16
17	CARDIAC CATHETERIZATION	59							17
18	LABORATORY	60	0.215317	307,645		66,241			18
19	PBP CLINICAL LAB SERVICES-PRGM	61							19
20	WHOLE BLOOD & PACKED RED BLOOD	62	0.308104	15,952		4,915			20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30							20.30
21	BLOOD STORING, PROCESSING & TRA	63							21
22	INTRAVENOUS THERAPY	64							22
23	RESPIRATORY THERAPY	65	0.168037	20,701		3,479			23
24	PHYSICAL THERAPY	66	0.445349	4,949		2,204			24
25	OCCUPATIONAL THERAPY	67	0.264558						25
26	SPEECH PATHOLOGY	68	0.320024						26
27	ELECTROCARDIOLOGY	69	0.151902	288,057		43,756			27
27.01	GI UNIT	69.01	0.233679	5,397		1,261			27.01
27.02	VASCULAR LAB	69.02	0.131548	7,966		1,048			27.02
28	ELECTROENCEPHALOGRAPHY	70	0.133094						28
29	MEDICAL SUPPLIES CHARGED TO PAT	71	0.251293	52,188		13,114			29
30	IMPL. DEV. CHARGED TO PATIENTS	72							30
31	DRUGS CHARGED TO PATIENTS	73	0.291276	125,368		36,517			31
31.01	RENAL TXPLANT LAB	73.01	0.955950	592,668		566,561			31.01
32	RENAL DIALYSIS	74	0.237507	8,070		1,917			32
33	ASC (NON-DISTINCT PART)	75	0.211386	94		20			33
34	OTHER ANCILLARY (SPECIFY)	76							34
34.97	CARDIAC REHABILITATION	76.97	0.447654						34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98							34.98
34.99	LITHOTRIPSY	76.99							34.99
35	RURAL HEALTH CLINIC	88							35
36	FEDERALLY QUALIFIED HEALTH CENT	89							36
37	CLINIC	90							37
38	EMERGENCY	91	0.278364	528		147			38
39	OBSERVATION BEDS (NON-DISTINCT	92	0.811086						39
40	OTHER OUTPATIENT SERVICE (SPECI	93							40
41	TOTAL (SUM OF LINES 8-40)			1,894,278		824,182			41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
	D	1	2	3	
42	ADULTS & PEDIATRICS	2			42
43	INTENSIVE CARE UNIT	3	24		43
44	CORONARY CARE UNIT	4	6		44
45	BURN INTENSIVE CARE UNIT	5			45
46	SURGICAL INTENSIVE CARE UNIT	6			46
47	OTHER SPECIAL CARE (SPECIFY)	7			47
48	TOTAL (SUM OF LINES 42-47)		30		48

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
	1	D	2	3	
49	RURAL HEALTH CLINIC		21		49
50	FEDERALLY QUALIFIED HEALTH CENT		22		50
51	CLINIC		23		51
52	EMERGENCY	528	24		52
53	OBSERVATION BEDS (NON-DISTINCT)		25		53
54	OTHER OUTPATIENT SERVICE (SPECI)		26		54
55	TOTAL (SUM OF LINES 49-54)	528			55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
56 ROUTINE & ANCILLARY FROM PART I	853,422		1,930,177		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	1,792,225		1,792,225		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	2,645,647		3,722,402		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		42			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		34			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷LINE 62)		0.809524			64
65 MEDICARE COST/CHARGES	2,141,715		3,013,374		65
66 REVENUE FOR ORGANS SOLD	55,644				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	2,086,071		3,013,374		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	2,086,071		3,013,374		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER	7	14		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S	7	14		73
74 TOTAL (SUM OF LINES 70-73)	14	28		74
75 ORGANS TRANSPLANTED	7	21		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S	7			77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS		7		78
79 ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80 ORGANS SOLD OUTSIDE THE U.S.				80
81 ORGANS SENT OUTSIDE THE U.S.(NO REVENUE RECVD)				81
82 ORGANS USED FOR RESEARCH				82
83 UNUSABLE/DISCARDED ORGANS				83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)	14	28		84

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PART I

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

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES		PER DIEM COSTS (FROM WKST D-1, PT. II)		ORGAN ACQUISITION DAYS	COST (COL.2 x COL.3)	
		1	D	2		3	4	
1	ADULTS & PEDIATRICS		38	837.13				1
2	INTENSIVE CARE UNIT	2,356	43	1,524.89		1	1,525	2
3	CORONARY CARE UNIT		44					3
4	BURN INTENSIVE CARE UNIT		45	1,278.29				4
5	SURGICAL INTENSIVE CARE UNIT		46					5
6	OTHER SPECIAL CARE (SPECIFY)		47					6
7	TOTAL (SUM OF LINES 1-6)	2,356				1	1,525	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST TO CHARGES (FROM WKST C)		ORGAN ACQUISITION ANCILLARY CHARGES			ORGAN ACQUISITION ANCILLARY COSTS	
		C	1	2		3		
8	OPERATING ROOM	50	0.194237	9,097			1,767	8
9	RECOVERY ROOM	51						9
10	DELIVERY ROOM & LABOR ROOM	52	0.403862					10
11	ANESTHESIOLOGY	53	0.130861	918			120	11
12	RADIOLOGY-DIAGNOSTIC	54	0.242885	930			226	12
13	RADIOLOGY-THERAPEUTIC	55	0.153832					13
14	RADIOISOTOPE	56						14
15	CT SCAN	57	0.043854	359			16	15
16	MRI	58	0.094925					16
17	CARDIAC CATHETERIZATION	59						17
18	LABORATORY	60	0.215317	11,646			2,508	18
19	PBP CLINICAL LAB SERVICES-PRGM	61						19
20	WHOLE BLOOD & PACKED RED BLOOD	62	0.308104	316			97	20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30						20.30
21	BLOOD STORING, PROCESSING & TRA	63						21
22	INTRAVENOUS THERAPY	64						22
23	RESPIRATORY THERAPY	65	0.168037					23
24	PHYSICAL THERAPY	66	0.445349					24
25	OCCUPATIONAL THERAPY	67	0.264558					25
26	SPEECH PATHOLOGY	68	0.320024					26
27	ELECTROCARDIOLOGY	69	0.151902	937			142	27
27.01	GI UNIT	69.01	0.233679					27.01
27.02	VASCULAR LAB	69.02	0.131548					27.02
28	ELECTROENCEPHALOGRAPHY	70	0.133094					28
29	MEDICAL SUPPLIES CHARGED TO PAT	71	0.251293	3,358			844	29
30	IMPL. DEV. CHARGED TO PATIENTS	72						30
31	DRUGS CHARGED TO PATIENTS	73	0.291276					31
31.01	RENAL TXPLANT LAB	73.01	0.955950					31.01
32	RENAL DIALYSIS	74	0.237507					32
33	ASC (NON-DISTINCT PART)	75	0.211386	36			8	33
34	OTHER ANCILLARY (SPECIFY)	76						34
34.97	CARDIAC REHABILITATION	76.97	0.447654					34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98						34.98
34.99	LITHOTRIPSY	76.99						34.99
35	RURAL HEALTH CLINIC	88						35
36	FEDERALLY QUALIFIED HEALTH CENT	89						36
37	CLINIC	90						37
38	EMERGENCY	91	0.278364					38
39	OBSERVATION BEDS (NON-DISTINCT	92	0.811086					39
40	OTHER OUTPATIENT SERVICE (SPECI	93						40
41	TOTAL (SUM OF LINES 8-40)			27,597			5,728	41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
D		1	2	3	
42	ADULTS & PEDIATRICS	2			42
43	INTENSIVE CARE UNIT	3	1		43
44	CORONARY CARE UNIT	4			44
45	BURN INTENSIVE CARE UNIT	5			45
46	SURGICAL INTENSIVE CARE UNIT	6			46
47	OTHER SPECIAL CARE (SPECIFY)	7			47
48	TOTAL (SUM OF LINES 42-47)		1		48

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
56 ROUTINE & ANCILLARY FROM PART I	7,253		29,953		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	150,417		150,417		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	157,670		180,370		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		5			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		4			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.800000			64
65 MEDICARE COST/CHARGES	126,136		144,296		65
66 REVENUE FOR ORGANS SOLD	7,672				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	118,464		144,296		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	118,464		144,296		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER		3		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		2		73
74 TOTAL (SUM OF LINES 70-73)		5		74
75 ORGANS TRANSPLANTED		2		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		3		77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS				78
79 ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80 ORGANS SOLD OUTSIDE THE U.S.				80
81 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				81
82 ORGANS USED FOR RESEARCH				82
83 UNUSABLE/DISCARDED ORGANS				83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)		5		84

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	98,095,486	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	4,511,210	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	6,806,114	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	398.62	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)	87.55	5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)	0.51	8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)	88.06	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	140.96	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	88.06	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	88.17	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	88.58	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	88.27	15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE	0.51	17
18	ADJUSTED ROLLING AVERAGE FTE COUNT	88.78	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.222718	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.220924	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.220924	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	11,924,060	22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)	14.30	23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	52.90	24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)	14.30	25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)	0.035874	26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)	0.009489	27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)	995,411	28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)	12,919,471	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0422	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (SEE INSTRUCTIONS)	0.1228	31
32	SUM OF LINES 30 AND 31	0.1650	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0348	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	3,413,723	34
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	118,939,890	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	118,939,890	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	9,329,006	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	3,672,524	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	48,580	54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)	2,204,535	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)	2,854	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	134,197,389	59
60	PRIMARY PAYER PAYMENTS	56,704	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	134,140,685	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	9,584,231	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	355,874	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	2,012,728	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,308,273	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,663,982	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	125,508,853	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 (SEE INSTRUCTIONS)	125,508,853	71
71.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	1,255,089	71.01
72	INTERIM PAYMENTS	124,567,141	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS LINES 71.01, 72 AND 73)	-313,377	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	1,212,112	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                                 IPF                                 IRF (14-T148)  
    SUB (OTHER)                                 SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	33	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)	33	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	131	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)	131	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)	131	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	98	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)	33	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)	26	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)	7	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)	7	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	7	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 (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF	7	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)	7	40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		40.01
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)	7	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

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

INPATIENT  
 PART A PART B

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		117,690,656		31,205,967	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.		7,294,773		1,995,721	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 04/17/2013	18,341	04/17/2013	73,269	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 09/26/2013	436,629			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)		-418,288		73,269	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		124,567,141		33,274,957	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	NONE		NONE	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	NONE		NONE	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	941,712		357,883	6.01
	TO .02				6.02
	PROVIDER .03				6.03
	PROVIDER .04				6.04
	TO .05				6.05
	PROGRAM .06				6.06
	.07				6.07
	.08				6.08
	.09				6.09
	PROVIDER .50				6.50
	TO .51				6.51
	PROGRAM .52				6.52
	.53				6.53
	.54				6.54
	.55				6.55
	.56				6.56
	.57				6.57
	.58				6.58
	.59				6.59
	.99				6.99
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		125,508,853		33,632,840	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

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

INPATIENT  
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,871,087		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 04/17/2013	3,285		NONE 3.01
	.02			3.02
	PROGRAM .03			3.03
	TO .04			3.04
	PROVIDER .05			3.05
	.06			3.06
	.07			3.07
	.08			3.08
	.09			3.09
	.50	NONE		NONE 3.50
	.51			3.51
	PROVIDER .52			3.52
	TO .53			3.53
	PROGRAM .54			3.54
	.55			3.55
	.56			3.56
	.57			3.57
	.58			3.58
	.59			3.59
	.99	3,285		3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		3,285		
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		3,874,372		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	NONE		NONE 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	NONE		NONE 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	161,337		6.01
	TO .02			6.02
	PROVIDER .03			
	TO .04			
	PROGRAM .05			
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		4,035,709		7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:	NPR DATE:	8

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

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

INPATIENT  
 PART A PART B

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	PART B	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,812,348				1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 04/17/2013	17,047		NONE		3.01
	.02					3.02
	PROGRAM .03					3.03
	TO .04					3.04
	PROVIDER .05					3.05
	.06					3.06
	.07					3.07
	.08					3.08
	.09					3.09
	.50	NONE		NONE		3.50
	.51					3.51
	PROVIDER .52					3.52
	TO .53					3.53
	PROGRAM .54					3.54
	.55					3.55
	.56					3.56
	.57					3.57
	.58					3.58
	.59					3.59
	.99					3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		17,047				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		4,829,395				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	NONE		NONE		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	NONE		NONE		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	169,158			7	6.01
	TO PROVIDER .02					6.02
	PROVIDER .02					
	TO PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		4,998,553			7	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:		8

PROVIDER CCN: 14-0148 MEMORIAL MEDICAL CENTER  
PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11  
02/27/2014 07:20

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK [XX] HOSPITAL (14-0148) [ ] 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	22,546	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	56,658	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	3,920	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	98,843	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,644,159,428	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	58,296,075	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)	2,992,448	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	59,849	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (SEE INSTRUCTIONS)	2,932,599	10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	3,052,259	30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 (OR LINE 10) MINUS LINE 30 AND LINE 31) (SEE INSTRUCTIONS)	-119,660	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART II

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

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	3,989,269	1
2	NET IPF PPS OUTLIER PAYMENT	106,834	2
3	NET IPF PPS ECT PAYMENT	92,001	3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	3.12	4
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 EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)	3.02	6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	3.02	8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	31.334247	9
10	TEACHING ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$	0.048528	10
11	TEACHING ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)	193,591	11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	4,381,695	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)	4,381,695	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	4,381,695	18
19	DEDUCTIBLES	477,670	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	3,904,025	20
21	COINSURANCE		21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	3,904,025	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	202,430	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	131,580	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	168,926	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	4,035,605	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)	104	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,035,709	31
31.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	40,357	31.01
32	INTERIM PAYMENTS	3,874,372	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 31.01, 32 AND 33)	120,980	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-T148)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	4,401,466	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.039200	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	384,688	3
4	OUTLIER PAYMENTS	69,264	4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	0.83	5
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 EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)	0.77	7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	0.77	9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	15.030137	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$	0.034950	11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)	153,831	12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	5,009,249	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENTS (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)	5,009,249	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	5,009,249	19
20	DEDUCTIBLES		20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	5,009,249	21
22	COINSURANCE	19,671	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	4,989,578	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	13,807	24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	8,975	25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	12,807	26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	4,998,553	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)	4,998,553	32
32.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	49,986	32.01
33	INTERIM PAYMENTS	4,829,395	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS LINES 32.01, 33 AND 34)	119,172	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 VII

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

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

	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	9,128,067	1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	9,128,067	4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	9,128,067	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))	9,128,067	18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)		21
PROSPECTIVE PAYMENT AMOUNT		
22 OTHER THAN OUTLIER PAYMENTS		22
23 OUTLIER PAYMENTS		23
24 PROGRAM CAPITAL PAYMENTS		24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS		26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)		27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)		28
29 SUM OF LINES 27 AND 21		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30 EXCESS OF REASONABLE COST (FROM LINE 18)		30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)		31
32 DEDUCTIBLES		32
33 COINSURANCE		33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35 UTILIZATION REVIEW		35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)		36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38 SUBTOTAL (LINE 36 ± LINE 37)		38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)		39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)		40
41 INTERIM PAYMENTS		41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)		42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

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

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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES		
1	1,884,724	1
2		2
3		3
4	1,884,724	4
5		5
6		6
7	1,884,724	7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES		
8		8
9		9
10		10
11		11
12		12
CUSTOMARY CHARGES		
13		13
14		14
15	1.000000	1.000000 15
16		16
17		17
18	1,884,724	18
19		19
20		20
21		21
PROSPECTIVE PAYMENT AMOUNT		
22		22
23		23
24		24
25		25
26		26
27		27
28		28
29		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30		30
31		31
32		32
33		33
34		34
35		35
36		36
37		37
38		38
39		39
40		40
41		41
42		42
43		43

SECTION 115.2

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

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

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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES		
1	607,679	1
2		2
3		3
4	607,679	4
5		5
6		6
7	607,679	7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES		
8		8
9		9
10		10
11		11
12		12
CUSTOMARY CHARGES		
13		13
14		14
15	1.000000	1.000000 15
16		16
17		17
18	607,679	18
19		19
20		20
21		21
PROSPECTIVE PAYMENT AMOUNT		
22		22
23		23
24		24
25		25
26		26
27		27
28		28
29		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30		30
31		31
32		32
33		33
34		34
35		35
36		36
37		37
38		38
39		39
40		40
41		41
42		42
43		43

SECTION 115.2

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996	112.84	1	
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		2	
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA	9.26	3	
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH 42 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)	0.51	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 AND 4.02 PLUS APPLICABLE SUBSCRIPTS)	104.09	5	
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)	144.75	6	
7	ENTER THE LESSER OF LINE 5 OR LINE 6	104.09	7	
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	55.65	81.63	137.28
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	40.02	58.70	98.72
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT	40.02	58.70	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	37.87	61.70	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	38.16	60.82	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	38.68	60.41	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	38.68	60.41	17
18	PER RESIDENT AMOUNT	79,561.76	79,561.76	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	3,077,449	4,806,326	7,883,775
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)			40.66
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			7,883,775
COMPUTATION OF PROGRAM PATIENT LOAD				
		INPATIENT PART A	MANAGED CARE	
26	INPATIENT DAYS	65,146	4,372	26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	115,766	115,766	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.562739	0.037766	28
29	PROGRAM DIRECT GME AMOUNT	4,436,508	297,739	29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		42,071	30
31	NET PROGRAM DIRECT GME AMOUNT			4,692,176
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)			9,137,489
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)			142,819,332
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			2,204,535
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			56,704
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			144,967,163
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			40,249,286
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			98
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			40,249,188
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			185,216,351
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.782691
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.217309
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			4,692,176
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			3,672,524
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			1,019,652

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 42 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 AND 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	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	OTHER 2	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	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		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 PART A	MANAGED CARE
26	INPATIENT DAYS	12,947	2,122
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	115,766	115,766
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.111838	0.018330
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	75,555,664			1
2	TEMPORARY INVESTMENTS	78,207,184			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	107,389,698			4
5	OTHER RECEIVABLES	15,884,133			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-17,382,000			6
7	INVENTORY	9,579,284			7
8	PREPAID EXPENSES	6,126,349			8
9	OTHER CURRENT ASSETS	2,117,866			9
10	DUE FROM OTHER FUNDS	7,988,463			10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	285,466,641			11
FIXED ASSETS					
12	LAND	5,089,366			12
13	LAND IMPROVEMENTS	27,643,914			13
14	ACCUMULATED DEPRECIATION	-11,284,894			14
15	BUILDINGS	193,718,394			15
16	ACCUMULATED DEPRECIATION	-123,735,149			16
17	LEASEHOLD IMPROVEMENTS	1,712,138			17
18	ACCUMULATED AMORTIZATION	-815,997			18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	148,952,053			23
24	ACCUMULATED DEPRECIATION	-98,070,714			24
25	MINOR EQUIPMENT DEPRECIABLE	24,372,197			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)	167,581,308			30
OTHER ASSETS					
31	INVESTMENTS	60,955,846			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	190,737,799			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	251,693,645			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	704,741,594			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	35,881,225			37
38	SALARIES, WAGES & FEES PAYABLE	19,765,945			38
39	PAYROLL TAXES PAYABLE	553,898			39
40	NOTES & LOANS PAYABLE (SHORT TERM)				40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS	27,744,734			43
44	OTHER CURRENT LIABILITIES	14,035,149			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	97,980,951			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE	104,990,180			46
47	NOTES PAYABLE	6,012,460			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	47,234,005			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	158,236,645			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	256,217,596			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	448,523,998			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)	448,523,998			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	704,741,594			60



STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	114,730,216		114,730,216	2
3 SUBPROVIDER IPF	17,685,022		17,685,022	3
5 SUBPROVIDER IRF	5,975,095		5,975,095	5
6 SWING BED - SNF				6
7 SWING BED - NF				7
8 SKILLED NURSING FACILITY				8
9 NURSING FACILITY				9
10 OTHER LONG TERM CARE				10
TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	138,390,333		138,390,333	11
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	31,559,514		31,559,514	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT	6,126,869		6,126,869	14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	37,686,383		37,686,383	17
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	176,076,716		176,076,716	17
18 ANCILLARY SERVICES	769,625,491	761,372,493	1,530,997,984	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)	945,702,207	761,372,493	1,707,074,700	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		516,366,737	29
30 BAD DEBT			30
31 GRANT EXPENSE	65,276		31
32 PURCHASED SERVICE HAMP	31,743,700		32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		31,808,977	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)		548,175,714	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,707,074,700	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,212,716,656	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	494,358,044	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	548,175,714	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-53,817,670	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	158,087	6
7	INCOME FROM INVESTMENTS		7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	4,389,455	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	352,421	20
21	RENTAL OF VENDING MACHINES	63,293	21
22	RENTAL OF HOSPITAL SPACE	2,456,141	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (HIGHER ED GRANT)		24
24.01	OTHER (CAPITATION)	53,090,622	24.01
24.02		1,342	24.02
24.03	OTHER (MISCELLANEOUS INCOME)	5,868,244	24.03
24.04	OTHER (OTHER)	537,223	24.04
24.05	OTHER (CHILD CARE)	1,109,595	24.05
24.06	OTHER (HOSPITAL ASSESSEMENT)	27,394,210	24.06
24.07	OTHER (CAPITATION REVENUE)		24.07
24.08	OTHER (OTHER OPERATING REVENUES)	3,207,905	24.08
24.09	OTHER (NON-OPERATING RELEASE FROM RESTRICT)		24.09
24.10	OTHER (GAIN/LOSS ON FAIR VALUE)	1,424,252	24.10
24.11	OTHER (INTEREST RATE SWAP)		24.11
24.12	OTHER (REALIZED GAIN/LOSS)	4,891,452	24.12
24.13	OTHER (UNREALIZED GAIN/LOSS)	19,281,961	24.13
24.14	OTHER (DEFERRED COMP INT/DIVIDENDS)	68,851	24.14
24.15	OTHER (DONATIONS UNRESTRICTED)		24.15
24.16	OTHER (CONTRIBUTIONS RELEASED)		24.16
24.17	OTHER (INTEREST INCOME 85 SERIES)	195	24.17
24.18	OTHER (OPERATIONS INVESTMENT INTEREST)	8,818	24.18
24.19	OTHER (DEFERRED COMP EXPENSE)		24.19
24.20	OTHER (WORKERS COMP INTEREST)	117,305	24.20
24.21	OTHER (INVESTMENT INCOME EXPENSE)	-1,476,182	24.21
24.22	OTHER (SELF INSURANCE INTEREST)	260,844	24.22
24.23	OTHER (BOND FUND INTEREST INCOME)	4,287,074	24.23
24.24	OTHER (BOND SERIES INTEREST INCOME)	163	24.24
24.25	OTHER (INVESTMENT MGMT FEES)	-39,600	24.25
24.26	OTHER (EXTRAORDINARY GAIN / LOSS)		24.26
24.27	OTHER (ROUNDING)		24.27
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	127,453,671	25
26	TOTAL (LINE 5 PLUS LINE 25)	73,636,001	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)	73,636,001	29

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 14-2315

WORKSHEET I-1

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

	TOTAL COSTS	BASIS	STATISTICS	FTES PER 2080 HOURS	
	1	2	3	4	
1 REGISTERED NURSES	879,924	HOURS OF SERVICE	28,913.00	13.90	1
2 LICENSED PRACTICAL NURSES		HOURS OF SERVICE			2
3 NURSES AIDES		HOURS OF SERVICE			3
4 TECHNICIANS		HOURS OF SERVICE			4
5 SOCIAL WORKERS		HOURS OF SERVICE			5
6 DIETICIANS		HOURS OF SERVICE			6
7 PHYSICIANS	5,574	ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	108,507	ACCUMULATED COST			8
9 SUBTOTAL (SUM OF LINES 1-8)	994,005				9
10 EMPLOYEE BENEFITS	71,542	SALARY			10
11 CAPITAL RELATED COSTS-BLDGS. & FIXTURES	72,894	SQUARE FEET			11
12 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME			13
14 SUPPLIES		REQUISITIONS			14
15 DRUGS	5,644	REQUISITIONS			15
16 OTHER	41,357	ACCUMULATED COST			16
17 SUBTOTAL (SUM OF LINES 9-16)	1,185,442				17
18 CAPITAL RELATED COSTS-BLDGS. & FIXTURES	112,454	SQUARE FEET			18
19 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME			19
20 EMPLOYEE BENEFITS DEPARTMENT	258,605	SALARY			20
21 ADMINISTRATIVE AND GENERAL	329,404	ACCUMULATED COST			21
22 MAINT./REPAIRS-OPERATION-HOUSEKEEPING	234,536	SQUARE FEET			22
23 MEDICAL EDUCATION PROGRAM COSTS					23
24 CENTRAL SERVICES & SUPPLIES		REQUISITIONS			24
25 PHARMACY	3,515	REQUISITIONS			25
26 OTHER ALLOCATED COSTS	46,266	ACCUMULATED COST			26
27 SUBTOTAL (SUM OF LINES 17-26)	2,170,222				27
28 LABORATORY		CHARGES			28
29 RESPIRATORY THERAPY		CHARGES			29
30 OTHER ANCILLARY (SPECIFY)		CHARGES			30
30.97 CARDIAC REHABILITATION		CHARGES			30.97
30.98 HYPERBARIC OXYGEN THERAPY		CHARGES			30.98
30.99 LITHOTRIPSY		CHARGES			30.99
31 TOTAL COSTS (SUM OF LINES 27-30)	2,170,222				31

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2315

WORKSHEET I-2

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

	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE RNs 3	SALARY OTHER 4	EMPLOYEE BENEFITS DEPARTMENT 5	DRUGS 6	
	BUILDING 1	EQUIPMENT 2					
1 TOTAL RENAL DEPT COSTS MAINTENANCE	419,884		879,924		330,147	9,159	1
2 HEMODIALYSIS	89,998		114,685		43,032	2,569	2
3 INTERMITTENT PERITONEAL TRAINING							3
4 HEMODIALYSIS							4
5 INTERMITTENT PERITONEAL							5
6 CAPD							6
7 CCPD							7
8 HOME HEMODIALYSIS							8
9 INTERMITTENT PERITONEAL							9
10 CAPD							10
11 CCPD							11
OTHER BILLABLE SERVICES							
12 INPATIENT DIALYSIS	329,886		765,239		287,115	6,590	12
13 METHOD II HOME PATIENT							13
14 EPO (INCL IN RENAL DEPT)							14
15 ARANESP (INCL IN RENAL DEPT)							15
16 OTHER							16
17 TOTAL (SUM OF LINES 2-16)	419,884		879,924		330,147	9,159	17
18 MEDICAL EDUC PGM COSTS							18
19 TOTAL RENAL COSTS (LINES 17+18)							19

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2315

WORKSHEET I-2  
 (CONTINUED)

CHECK APPLICABLE BOX:

[ XX ] RENAL DIALYSIS DEPARTMENT

[ ] HOME PROGRAM DIALYSIS

	MEDICAL SUPPLIES 7	ROUTINE ANCILLARY SERVICES 8	SUBTOTAL (SUM OF COLS.1-8) 9	OVERHEAD 10	TOTAL (COL.9 + COL.10) 11	
1			1,639,114	531,108	2,170,222	1
2			250,284	81,097	331,381	2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12			1,388,830	450,011	1,838,841	12
13						13
14						14
15						15
16						16
17			1,639,114	531,108	2,170,222	17
18						18
19					2,170,222	19

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -  
 STATISTICAL BASIS

COMPONENT NO: 14-2315

WORKSHEET I-3

CHECK APPLICABLE BOX:                     RENAL DIALYSIS DEPARTMENT                     HOME PROGRAM DIALYSIS

	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE RNS (HOURS)	SALARY OTHER (HOURS)	EMPLOYEE BENEFITS DEPARTMENT (SALARY)	
	BUILDING (SQUARE FEET) 1	EQUIPMENT (% OF TIME) 2				
1 TOTAL RENAL DEPT COSTS MAINTENANCE	419,884		879,924		330,147	1
2 HEMODIALYSIS	1,148	20,443.00	3,866.00		127,499	2
3 INTERMITTENT PERITONEAL TRAINING						3
4 HEMODIALYSIS						4
5 INTERMITTENT PERITONEAL						5
6 CAPD						6
7 CCPD						7
8 HOME HEMODIALYSIS						8
9 INTERMITTENT PERITONEAL						9
10 CAPD						10
11 CCPD						11
12 OTHER BILLABLE SERVICES INPT DIAL TRTMNTS	4,208	52,451.00	25,796.00		850,683	
13 METHOD II HOME PATIENT						13
14 EPO						14
15 ARANESP						15
16 OTHER						16
17 TOTAL STATISTICAL BASIS	5,356	72,894.00	29,662.00		978,182	17
18 UNIT COST MULTIPLIER (LINE 1 ÷ LINE 17)	78.395071		29.665026		0.337511	18

PROVIDER CCN: 14-0148 MEMORIAL MEDICAL CENTER  
PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11  
02/27/2014 07:20

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -  
STATISTICAL BASIS

COMPONENT NO: 14-2315

WORKSHEET I-3  
(CONTINUED)

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

		DRUGS (REQUIST.) 6	MEDICAL SUPPLIES (REQUIST.) 7	ROUTINE ANCILLARY SERVICES (CHARGES) 8	SUBTOTAL 9	OVERHEAD (ACCUM. COST) 10	
1	TOTAL RENAL DEPT COSTS MAINTENANCE	9,159			1,639,114	531,108	1
2	HEMODIALYSIS	1,583					2
3	INTERMITTENT PERITONEAL TRAINING						3
4	HEMODIALYSIS						4
5	INTERMITTENT PERITONEAL						5
6	CAPD						6
7	CCPD						7
8	HOME HEMODIALYSIS						8
9	INTERMITTENT PERITONEAL						9
10	CAPD						10
11	CCPD						11
	OTHER BILLABLE SERVICES						
12	INPT DIAL TRTMNTS	4,061					
13	METHOD II HOME PATIENT						13
14	EPO						14
15	ARANESP						15
16	OTHER						16
17	TOTAL STATISTICAL BASIS	5,644				1,639,114	17
18	UNIT COST MULTIPLIER (LINE 1 ÷ LINE 17)	1.622785				0.324021	18

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS COMPONENT NO: 14-2315 WORKSHEET I-4

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

	NUMBER OF TOTAL TREATMENTS 1	TOTAL COST (FROM WKST I-2, COL. 11) 2	AVG COST OF PROGRAM TREATMENTS (COL. 2 ÷ COL. 1) 3	NUMBER OF PROGRAM TREATMENTS 4	NUMBER OF PROGRAM TREATMENTS 4.01	NUMBER OF PROGRAM TREATMENTS 4.02	TOTAL PROGRAM EXPENSES (SEE INSTR.) 5	
1 MAINTENANCE - HEMODIALYSIS	1,073	331,381	308.84		164	600	235,954	1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD								5
6 TRAINING - CCPD								6
7 HOME PROGRAM - HEMODIALYSIS								7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
				PATIENT WEEKS	PATIENT WEEKS	PATIENT WEEKS	PATIENT WEEKS	
9 HOME PROGRAM - CAPD								9
10 HOME PROGRAM - CCPD								10
11 TOTALS (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 6)	1,073	331,381			164	600	235,954	11
12 TOTAL TREATMENTS (SUM OF LINES 1-8 PLUS (SUM OF LINES 9 AND 10 TIMES 3))	1,073							12

PROVIDER CCN: 14-0148 MEMORIAL MEDICAL CENTER  
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11  
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COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 14-2315

WORKSHEET I-4  
 (CONTINUED)

CHECK APPLICABLE BOX:                     RENAL DIALYSIS DEPARTMENT                     HOME PROGRAM DIALYSIS

	TOTAL PROGRAM PAYMENT 6	TOTAL PROGRAM PAYMENT 6.01	TOTAL PROGRAM PAYMENT 6.02	AVERAGE PAYMENT RATE (COL. 6 ÷ COL. 4) 7	AVERAGE PAYMENT RATE (COL. 6.01 ÷ COL. 4.01) 7.01	AVERAGE PAYMENT RATE (COL. 6.02 ÷ COL. 4.02) 7.02	
1 MAINTENANCE - HEMODIALYSIS							1
2 MAINTENANCE - PERITONEAL DIALYSIS		45,539	179,204		277.68	298.67	2
3 TRAINING - HEMODIALYSIS							3
4 TRAINING - PERITONEAL DIALYSIS							4
5 TRAINING - CAPD							5
6 TRAINING - CCPD							6
7 HOME PROGRAM - HEMODIALYSIS							7
8 HOME PROGRAM - PERITONEAL DIALYSIS							8
9 HOME PROGRAM - CAPD							9
10 HOME PROGRAM - CCPD							10
11 TOTALS (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 6)		45,539	179,204				11
12 TOTAL TREATMENTS (SUM OF LINES 1-8 PLUS (SUM OF LINES 9 AND 10 TIMES 3))							12

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: 14-2315

WORKSHEET I-5

DESCRIPTION

DESCRIPTION	1	2	
1 TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	235,954		1
2 TOTAL PAYMENT DUE (FROM I-4, COL. 6, LINE 11)(SEE INSTRUCTIONS)	1	2	2
2.01 TOTAL PAYMENT DUE (FROM I-4, COL. 6.01, LINE 11)(SEE INSTRUCTIONS)	45,539	45,539	2.01
2.02 TOTAL PAYMENT DUE (FROM I-4, COL. 6.02, LINE 11)(SEE INSTRUCTIONS)	179,204	179,204	2.02
2.03 TOTAL PAYMENT DUE (SEE INSTRUCTIONS)	224,743	224,743	2.03
2.04 OUTLIER PAYMENTS	1,351		2.04
3 DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3
3.01 DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)	197	197	3.01
3.02 DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.02
3.03 TOTAL DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)	197	197	3.03
4 COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4
4.01 COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)	44,909	44,909	4.01
4.02 COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.02
4.03 TOTAL COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)	44,909	44,909	4.03
5 BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES			5
5.01 TRANSITION PERIOD 1 (75-25%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2011 BUT BEFORE 1/1/2012			5.01
5.02 TRANSITION PERIOD 2 (50-50%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2012 BUT BEFORE 1/1/2013			5.02
5.03 TRANSITION PERIOD 3 (25-75%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2013 BUT BEFORE 1/1/2014			5.03
5.04 100% PPS BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2014			5.04
5.05 TOTAL BAD DEBTS (SUM OF LINE 5 THROUGH LINE 5.04)			5.05
6 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)			6
7 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			7
8 NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)		45,106	8
9 PROGRAM PAYMENT (SEE INSTRUCTIONS)		179,637	9
10 UNRECOVERED FROM MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)		11,211	10
11 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) (TRANSFER TO WKST E, PART B, LINE 33)			11

PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE RATE PERCENTAGE

12 TOTAL ALLOWABLE EXPENSES (SEE INSTRUCTIONS)	331,381	12
13 TOTAL COMPOSITE COSTS (FROM WKST I-4, COL. 2, LINE 11)	331,381	13
14 FACILITY SPECIFIC COMPOSITE COST PERCENTAGE (LINE 13 DIVIDED BY LINE 12)	1.000000	14

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	7,743,342	1
2	CAPITAL DRG OUTLIER PAYMENTS	458,233	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	275.05	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	103.08	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.1116	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	864,157	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0422	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (SEE INSTRUCTIONS)	0.1228	8
9	SUM OF LINES 7 AND 8	0.1650	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0340	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	263,274	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	9,329,006	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					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 SERVICES-SALARY & FRINGES					21
22 I&R SERVICES-OTHER PRGM COSTS					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
33 BURN INTENSIVE CARE UNIT					33
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
55 RADIOLOGY-THERAPEUTIC					55
57 CT SCAN					57
58 MRI					58
60 LABORATORY					60
62 WHOLE BLOOD & PACKED RED BLOOD					62
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
69.01 GI UNIT					69.01
69.02 VASCULAR LAB					69.02
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHARGED TO PA					71
73 DRUGS CHARGED TO PATIENTS					73
73.01 RENAL TXPLANT LAB					73.01
74 RENAL DIALYSIS					74
75 ASC (NON-DISTINCT PART)					75
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY					91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS					92
94 HOME PROGRAM DIALYSIS					94
105 KIDNEY ACQUISITION					105
SPECIAL PURPOSE COST CENTERS					
109 PANCREAS ACQUISITION					109
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS					118
190 GIFT, FLOWER, COFFEE SHOP & CA					190
192 PHYSICIANS' PRIVATE OFFICES					192
192.01 SIU SCHOOL OF MEDICINE					192.01
192.03 UNIVERSITY BUILDING (MHCCI)					192.03
192.04 MEALS ON WHEELS					192.04
192.05 ACS HOME CARE					192.05
192.06 VNA OF CENTRAL IL					192.06
192.07 GAMBRO					192.07

PROVIDER CCN: 14-0148 MEMORIAL MEDICAL CENTER  
PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11  
02/27/2014 07:20

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

COST CENTER DESCRIPTION	EXTRAORDI-	SUBTOTAL		I&R COST &		
	NARY CAP- REL COSTS	(COLS.0-4)	SUBTOTAL	POST STEP- DOWN ADJS	TOTAL	
	0	2A	24	25	26	
192.08 FOUNDATION						192.08
192.09 SIU MAP PROGRAM						192.09
192.10 AUDIOLOGY						192.10
192.11 SOUTH6TH AND N.DIRKSON RADIOL						192.11
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	57.70		10.56			68.26	30
31	INTENSIVE CARE UNIT	53.55		4.02			57.57	31
33	BURN INTENSIVE CARE UNIT	17.28		10.73			28.01	33
43	NURSERY			21.12			21.12	43
UTILIZATION PERCENTAGES BASED ON CHARGES								
50	OPERATING ROOM	28.48	11.81				40.29	50
53	ANESTHESIOLOGY	24.59	13.79				38.38	53
54	RADIOLOGY-DIAGNOSTIC	21.03	25.73				46.76	54
55	RADIOLOGY-THERAPEUTIC	4.21	44.57				48.78	55
57	CT SCAN	16.86	23.43				40.29	57
58	MRI	14.21	19.57				33.78	58
60	LABORATORY	24.16	3.96				28.12	60
62	WHOLE BLOOD & PACKED RED BLOOD	36.09	22.55				58.64	62
65	RESPIRATORY THERAPY	48.89	8.00				56.89	65
66	PHYSICAL THERAPY	17.38	1.19				18.57	66
67	OCCUPATIONAL THERAPY	26.51					26.51	67
68	SPEECH PATHOLOGY	39.75					39.75	68
69	ELECTROCARDIOLOGY	33.51	20.68				54.19	69
69.01	GI UNIT	12.11	29.76				41.87	69.01
69.02	VASCULAR LAB	25.81	28.18				53.99	69.02
70	ELECTROENCEPHALOGRAPHY	32.46	3.60				36.06	70
71	MEDICAL SUPPLIES CHARGED TO PAT	39.27	5.64				44.91	71
73	DRUGS CHARGED TO PATIENTS	35.15	11.77				46.92	73
73.01	RENAL TXPLANT LAB	7.22	3.47				10.69	73.01
74	RENAL DIALYSIS	53.23	5.01				58.24	74
75	ASC (NON-DISTINCT PART)	0.45	18.93				19.38	75
76.97	CARDIAC REHABILITATION	30.03	25.36				55.39	76.97
91	EMERGENCY	14.24	17.60				31.84	91
200	TOTAL CHARGES	26.31	15.08				41.39	200

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

SUBPROVIDER-IPF

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							
40 SUBPROVIDER - IPF	47.38		18.73				66.11 40
UTILIZATION PERCENTAGES BASED ON CHARGES							
53 ANESTHESIOLOGY	0.01						0.01 53
54 RADIOLOGY-DIAGNOSTIC	0.12						0.12 54
55 RADIOLOGY-THERAPEUTIC	0.08						0.08 55
57 CT SCAN	0.19						0.19 57
58 MRI	0.37						0.37 58
60 LABORATORY	0.48						0.48 60
62 WHOLE BLOOD & PACKED RED BLOOD	0.01						0.01 62
65 RESPIRATORY THERAPY	0.16						0.16 65
66 PHYSICAL THERAPY	0.33						0.33 66
67 OCCUPATIONAL THERAPY	0.20						0.20 67
68 SPEECH PATHOLOGY	0.35						0.35 68
69 ELECTROCARDIOLOGY	0.04						0.04 69
69.01 GI UNIT	0.02						0.02 69.01
69.02 VASCULAR LAB	0.22						0.22 69.02
70 ELECTROENCEPHALOGRAPHY	0.43						0.43 70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.01						0.01 71
73 DRUGS CHARGED TO PATIENTS	0.60						0.60 73
74 RENAL DIALYSIS	0.72						0.72 74
91 EMERGENCY	0.52						0.52 91
200 TOTAL CHARGES	0.20						0.20 200

\*\*\*\*\* 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	55.94		16.06				72.00 41
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	0.01						0.01 50
53 ANESTHESIOLOGY	0.01						0.01 53
54 RADIOLOGY-DIAGNOSTIC	0.11						0.11 54
57 CT SCAN	0.08						0.08 57
58 MRI	0.22						0.22 58
60 LABORATORY	0.25						0.25 60
62 WHOLE BLOOD & PACKED RED BLOOD	0.31						0.31 62
65 RESPIRATORY THERAPY	0.31						0.31 65
66 PHYSICAL THERAPY	7.58						7.58 66
67 OCCUPATIONAL THERAPY	20.05						20.05 67
68 SPEECH PATHOLOGY	18.70						18.70 68
69 ELECTROCARDIOLOGY	0.01						0.01 69
69.02 VASCULAR LAB	0.33						0.33 69.02
70 ELECTROENCEPHALOGRAPHY	0.17						0.17 70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.11						0.11 71
73 DRUGS CHARGED TO PATIENTS	0.43						0.43 73
74 RENAL DIALYSIS	1.71						1.71 74
76.97 CARDIAC REHABILITATION	0.11						0.11 76.97
200 TOTAL CHARGES	0.46						0.46 200

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	17,348,121	4.00	-17,348,121	-9.52		1
2	CAP REL COSTS-MVBLE EQUIP						2
3	OTHER CAP REL COSTS						3
4	EMPLOYEE BENEFITS DEPARTMENT	41,982,822	9.67	-41,982,822	-23.05		4
5	ADMINISTRATIVE & GENERAL	68,127,642	15.70	-68,127,642	-37.40		5
6	MAINTENANCE & REPAIRS	16,130,054	3.72	-16,130,054	-8.86		6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE	2,363,202	0.54	-2,363,202	-1.30		8
9	HOUSEKEEPING	4,974,427	1.15	-4,974,427	-2.73		9
10	DIETARY	1,825,856	0.42	-1,825,856	-1.00		10
11	CAFETERIA	1,318,674	0.30	-1,318,674	-0.72		11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	2,544,598	0.59	-2,544,598	-1.40		13
14	CENTRAL SERVICES & SUPPLY	2,731,683	0.63	-2,731,683	-1.50		14
15	PHARMACY	7,599,423	1.75	-7,599,423	-4.17		15
16	MEDICAL RECORDS & LIBRARY	6,130,228	1.41	-6,130,228	-3.37		16
17	SOCIAL SERVICE	1,111,643	0.26	-1,111,643	-0.61		17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES A	6,610,737	1.52	-6,610,737	-3.63		21
22	I&R SERVICES-OTHER PRGM COSTS A	1,332,334	0.31	-1,332,334	-0.73		22
23	PARAMED ED PRGM-(SPECIFY)	13,066		-13,066	-0.01		23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	33,280,659	7.67	44,286,200	24.31	77,566,859	17.87
31	INTENSIVE CARE UNIT	8,532,790	1.97	8,076,903	4.43	16,609,693	3.83
33	BURN INTENSIVE CARE UNIT	1,582,860	0.36	1,680,656	0.92	3,263,516	0.75
40	SUBPROVIDER - IPF	4,353,873	1.00	6,946,946	3.81	11,300,819	2.60
41	SUBPROVIDER - IRF	1,638,142	0.38	2,218,118	1.22	3,856,260	0.89
43	NURSERY	1,086,285	0.25	902,969	0.50	1,989,254	0.46
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	18,904,415	4.36	14,058,737	7.72	32,963,152	7.60
52	DELIVERY ROOM & LABOR ROOM	2,315,654	0.53	1,432,955	0.79	3,748,609	0.86
53	ANESTHESIOLOGY	3,291,462	0.76	1,618,759	0.89	4,910,221	1.13
54	RADIOLOGY-DIAGNOSTIC	17,450,925	4.02	10,296,714	5.65	27,747,639	6.39
55	RADIOLOGY-THERAPEUTIC	4,275,004	0.99	2,539,004	1.39	6,814,008	1.57
57	CT SCAN	3,917,901	0.90	1,727,690	0.95	5,645,591	1.30
58	MRI	2,643,292	0.61	1,230,756	0.68	3,874,048	0.89
60	LABORATORY	24,745,816	5.70	13,058,100	7.17	37,803,916	8.71
62	WHOLE BLOOD & PACKED RED BLOOD	4,240,759	0.98	1,088,874	0.60	5,329,633	1.23
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	4,957,707	1.14	3,429,372	1.88	8,387,079	1.93
66	PHYSICAL THERAPY	8,505,652	1.96	5,203,827	2.86	13,709,479	3.16
67	OCCUPATIONAL THERAPY	1,523,736	0.35	1,152,175	0.63	2,675,911	0.62
68	SPEECH PATHOLOGY	607,544	0.14	400,110	0.22	1,007,654	0.23
69	ELECTROCARDIOLOGY	21,535,176	4.96	9,207,664	5.06	30,742,840	7.08
69.01	GI UNIT	3,181,615	0.73	2,125,327	1.17	5,306,942	1.22
69.02	VASCULAR LAB	550,010	0.13	320,102	0.18	870,112	0.20
70	ELECTROENCEPHALOGRAPHY	498,218	0.11	343,183	0.19	841,401	0.19
71	MEDICAL SUPPLIES CHARGED TO PAT	33,807,231	7.79	9,366,691	5.14	43,173,922	9.95
73	DRUGS CHARGED TO PATIENTS	18,249,301	4.21	15,227,261	8.36	33,476,562	7.71
73.01	RENAL TXPLANT LAB	507,406	0.12	236,735	0.13	744,141	0.17
74	RENAL DIALYSIS	1,185,442	0.27	984,780	0.54	2,170,222	0.50
75	ASC (NON-DISTINCT PART)	6,463,303	1.49	3,477,852	1.91	9,941,155	2.29
76.97	CARDIAC REHABILITATION	1,227,185	0.28	636,743	0.35	1,863,928	0.43
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
91	EMERGENCY	11,447,211	2.64	7,712,389	4.23	19,159,600	4.42
92	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)						92
94	HOME PROGRAM DIALYSIS						94
OUTPATIENT SERVICE COST CENTERS							
SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION	1,365,279	0.31	426,946	0.23	1,792,225	0.41
109	PANCREAS ACQUISITION	115,897	0.03	34,520	0.02	150,417	0.03
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CAN	292,516	0.07	178,441	0.10	470,957	0.11
192	PHYSICIANS' PRIVATE OFFICES	54,023	0.01	921,420	0.51	975,443	0.22
192.01	SIU SCHOOL OF MEDICINE	1,418,203	0.33	2,831,683	1.55	4,249,886	0.98
192.03	UNIVERSITY BUILDING (MHCCI)	169,083	0.04	280,789	0.15	449,872	0.10
192.04	MEALS ON WHEELS			182,791	0.10	182,791	0.04
192.05	ACS HOME CARE			1,272,697	0.70	1,272,697	0.29
192.06	VNA OF CENTRAL IL			399,519	0.22	399,519	0.09
192.07	GAMBRO			543,895	0.30	543,895	0.13
192.08	FOUNDATION			161,344	0.09	161,344	0.04
192.09	SIU MAP PROGRAM	792,165	0.18	3,318,457	1.82	4,110,622	0.95
192.10	AUDIOLOGY	585,692	0.13	307,205	0.17	892,897	0.21

PROVIDER CCN: 14-0148 MEMORIAL MEDICAL CENTER  
PERIOD FROM 10/01/2012 TO 09/30/2013

KPMG LLP COMPU-MAX MICRO SYSTEM  
CMS-2552-10 - SUMMARY REPORT 98

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COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
192.11	SOUTH6TH AND N.DIRKSON RADIOLOG	504,772	0.12	297,211	0.16	801,983	0.18	192.11
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL	433,948,714	100.00			433,948,714	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	4,622,169	158,725,530	0.029121	45,202,937	1,316,355	50
52 DELIVERY ROOM & LABOR ROOM	208,739	9,281,901	0.022489			52
53 ANESTHESIOLOGY	765,722	37,522,372	0.020407	9,225,298	188,261	53
54 RADIOLOGY-DIAGNOSTIC	4,816,808	111,812,355	0.043079	23,509,509	1,012,766	54
55 RADIOLOGY-THERAPEUTIC	1,660,847	44,295,062	0.037495	1,866,461	69,983	55
57 CT SCAN	1,443,088	128,736,560	0.011210	21,711,067	243,381	57
58 MRI	1,429,421	40,811,643	0.035025	5,798,769	203,102	58
60 LABORATORY	3,323,391	175,572,934	0.018929	42,426,884	803,098	60
62 WHOLE BLOOD & PACKED RED BLOOD	92,655	17,298,135	0.005356	6,243,563	33,441	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	569,661	48,096,753	0.011844	23,516,064	278,524	65
66 PHYSICAL THERAPY	795,290	30,783,696	0.025835	5,349,910	138,215	66
67 OCCUPATIONAL THERAPY	188,033	10,114,657	0.018590	2,681,388	49,847	67
68 SPEECH PATHOLOGY	48,138	3,148,684	0.015288	1,251,682	19,136	68
69 ELECTROCARDIOLOGY	2,151,428	202,385,803	0.010630	67,821,778	720,946	69
69.01 GI UNIT	665,341	22,710,408	0.029297	2,751,357	80,607	69.01
69.02 VASCULAR LAB	176,356	6,614,414	0.026662	1,706,954	45,511	69.02
70 ELECTROENCEPHALOGRAPHY	125,913	6,321,858	0.019917	2,051,898	40,868	70
71 MEDICAL SUPPLIES CHARGED TO PAT	823,508	171,806,900	0.004793	67,476,526	323,415	71
73 DRUGS CHARGED TO PATIENTS	1,251,795	114,930,613	0.010892	40,392,725	439,958	73
73.01 RENAL TXPLANT LAB	45,299	778,431	0.058193	56,196	3,270	73.01
74 RENAL DIALYSIS	237,567	9,137,489	0.025999	4,863,822	126,455	74
75 ASC (NON-DISTINCT PART)	1,113,545	47,028,484	0.023678	212,219	5,025	75
76.97 CARDIAC REHABILITATION	53,271	4,163,766	0.012794	1,250,310	15,996	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	1,095,001	66,114,357	0.016562	9,417,501	155,973	91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	148,117	2,027,063	0.073070			92
94 HOME PROGRAM DIALYSIS						94
200 TOTAL	27,851,103	1,470,219,868		386,784,818	6,314,133	200

APPORIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	REDUCED	TOTAL	PER	INPATIENT	MEDICARE	
	RELATED	ADJUSTMENT	CAPITAL	PATIENT			INPATIENT	
	COSTS	AMOUNT	RELATED	DAYS	DIEM	PROGRAM	PPS CAPITAL	
	1	2	COST	4	5	DAYS	COSTS	7
INPATIENT ROUTINE SERVICE COST CENTERS								
30 ADULTS & PEDIATRICS	6,572,685		6,572,685	87,152	75.42	50,286	3,792,570	30
31 INTENSIVE CARE UNIT	1,349,801		1,349,801	11,063	122.01	5,924	722,787	31
33 BURN INTENSIVE CARE UNIT	300,752		300,752	2,592	116.03	448	51,981	33
200 TOTAL	8,223,238		8,223,238	100,807		56,658	4,567,338	200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 4,567,338

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 6,314,133

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 10,881,471

MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13) 11,294

MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6) 56,658

PER DISCHARGE CAPITAL COSTS 963.47

PER DIEM CAPITAL COSTS 192.06

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)	122,184,623
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	466,530,255
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.262

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))	4,325,902
2. TOTAL MEDICARE CHARGES (WKST D-3 LINE 41 COLUMN 2 PLUS WKST D-3 LINE 202 COLUMN 2)	10,149,340
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.426

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 40 + WKST D PART IV COL 11 LINE 200))	5,424,378
2. TOTAL MEDICARE CHARGES (WKST D-3 LINE 40 COLUMN 2 PLUS WKST D-3 LINE 202 COLUMN 2) (SEE CR 5619)	10,922,475
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.497

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)	10,881,471
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.023

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01 & 2.02 x (WKST B, PART I, COLUMN 26 - COLUMNS 20 & 23 / WKST C, PART I, COLUMN 8) LESS LINES 61, 66-68, 74, 94, 95 & 96) (SEE CR 5999)	39,956,654
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	220,771,243
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.181

WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3 Part IV, Line 4)

EXHIBIT 3

STEP 1: Determine the 3-Year Averaging Period		
1	Wage index fiscal year ending date	1
2	Provider's cost reporting period used for wage index year on Line 1 (FYB in Col 1, FYE in Col 2)	2
3	Midpoint of provider's cost reporting period shown on Line 2, adjusted to first of month	3
4	Date beginning the 3-year averaging period (subtract 18 months from midpoint shown on Line 3)	4
5	Date ending the 3-year averaging period (add 18 months to midpoint shown on Line 3)	5
STEP 2 (OPTIONAL): Adjust Averaging Period for a New Plan (SEE INSTRUCTIONS)		
6	Effective date of pension plan	6
7	First day of the provider cost reporting period containing the pension plan effective date	7
8	Starting date of the adjusted averaging period (date on Line 7, adjusted to first of month)	8
If this date occurs after the period shown on line 2, stop here and see instructions.		
STEP 3: Average Pension Contributions During the Averaging Period		
9	Beginning date of averaging period from Line 4 or Line 8, as applicable	9
10	Ending date of averaging period from Line 5	10
11	Enter provider contributions made during averaging period on Lines 9 & 10	11
11.01		11.01
12	Total calendar months included in averaging period (36 unless Step 2 completed)	12
13	Total contributions made during averaging period	13
14	Average monthly contribution (Line 13 divided by Line 12)	14
15	Number of months in provider cost reporting period on Line 2	15
16	Average pension contributions (Line 14 times Line 15)	16
STEP 4: Total Pension Cost for Wage Index		
17	Annual prefunding installment (SEE INSTRUCTIONS)	17
18	Reportable prefunding installment ((Line 17 times Line 15) divided by 12)	18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)	19