

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

WORKSHEET S  
 PARTS I & II

INTERMEDIARY [ ] AUDITED DATE RECEIVED 11/29/2005 [ XX ] INITIAL [ ] RE-OPENING  
 USE ONLY: [ ] DESK REVIEWED INTERMEDIARY NO. 00131 [ ] FINAL [ XX ] MCR CODE 1

PART I - CERTIFICATION

CHECK \_\_\_\_\_ ELECTRONICALLY FILED COST REPORT DATE: \_\_\_\_\_  
 APPLICABLE BOX \_\_\_\_\_ MANUALLY SUBMITTED COST REPORT TIME: \_\_\_\_\_

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY UNIVERSITY OF CHICAGO HOSPITALS (14-0088) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2007 AND ENDING 06/30/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNATURE ON FILE)

(SIGNED) \_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL	2	3	4	1
2	SUBPROVIDER I	-454844	390432		2
3	SWING BED - SNF	-2453	116		3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	-457297	390548		100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 5841 SOUTH MARYLAND AVENUE P.O.BOX: 1  
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60637 COUNTY: COOK 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	UNIVERSITY OF CHICAGO HOSPITALS	14-0088	07/01/1996	N	P	O	2
3	SUBPROVIDER I	U OF C PSYCHIATRIC UNIT	14-S088	07/01/1984	N	T	N	3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS	U OF C RENAL DIALYSIS CENTER	14-2310	07/01/1984				16
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 07/01/2007	TO: 06/30/2008				17
18	TYPE OF CONTROL		1	2				18
19	HOSPITAL		1					19
20	SUBPROVIDER I		4					20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.							21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?			YES				21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.							21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.			1	N		N	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1				21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1				21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO.			NO				21.06
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?			NO				22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW			YES				23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.			09/01/1977				23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.			05/01/2000				23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.			03/08/1990				23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.			03/28/2008				23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.			07/01/1999				23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.							24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.							24.01
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?			YES				25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?			YES				25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.			YES				25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.			NO				25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2			NO				25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			NO			NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			NO			NO	25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26	
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING:	ENDING:		26.01	
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03	
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):	BEGINNING:	ENDING:		26.04	
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.			NO	27	
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.				28	
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st				28.01	
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.				28.02	
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)						
28.03	STAFFING			0.00	N	28.03
28.04	RECRUITMENT			0.00	N	28.04
28.05	RETENTION OF EMPLOYEES			0.00	N	28.05
28.06	TRAINING			0.00	N	28.06
28.07	OTHER (SPECIFY)					28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?			NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.			NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.					30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?					30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)					30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.					30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO		31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO		31.01
MISCELLANEOUS COST REPORTING INFORMATION						
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.			NO		32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.			NO		33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?			NO		34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?			NO		35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL						
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?			V	XVIII	XIX
				1	2	3
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?			NO	YES	NO
				NO	YES	YES
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?			NO	NO	NO
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?			NO	NO	NO

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO	38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO	38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO	38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO	38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:
40.02	STREET:		P.O. BOX:
40.03	CITY:		STATE: ZIP CODE:
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO	43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO	44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO	45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.		46

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COST OR CHARGES, ENTER A 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION; ENTER 'N' IF NOT EXEMPT (SEE 42 CFR 413.13).

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47	HOSPITAL	N	N	N	N	47			
48	SUBPROVIDER I	N	N	N	N	48			
49	SKILLED NURSING FACILITY	N	N	N	N	49			
50	HOME HEALTH AGENCY	N	N			50			
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO	52			
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO	52.01			
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53			
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01			
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE:					54			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO	54.01			
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO	55			
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE	Y/N	LIMIT	Y/N	FEE\$	
				0	1	2	3	4	
56				/ /	NO	0.00	NO		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?				YES				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.				NO				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)								58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)				NO				59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
(CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	YES	NO	60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)	YES	NO	60.01
MULTICAMPUS				
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO		61
	COUNTY:	STATE:	ZIP CODE	FTE/ CAMPUS
	1	2	3	4
				5



HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS-----				---INTERNS & RES FTES---			--FULL TIME EQUIV--	
	OBS.		OBS.		LESS I&R			EMPLOYEES ON PAYROLL	NONPAID WORKERS
	BEDS NOT ADMITTED	TOTAL ALL PATIENTS	BEDS ADMITTED	BEDS NOT ADMITTED	TOTAL	REPL NON- PHYS ANES	NET		
5.02	6	6.01	6.02	7	8	9	10	11	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		104713							1
2 HMO XIX									2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF									3
4 HOSPITAL ADULTS & PEDS - SWING BED NF									4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS		104713							5
6 INTENSIVE CARE UNIT		19750							6
7 CORONARY CARE UNIT		4745							7
8 BURN INTENSIVE CARE UNIT		2654							8
9 SURGICAL INTENSIVE CARE UNIT									9
9.01 NURSERY SPECIAL CARE		5841							9.01
10 NURSERY ICU		13808							10
11 NURSERY		3463							11
12 TOTAL HOSPITAL		154974			464.01		464.01	5890.02	12
13 RPCH VISITS									13
14 SUBPROVIDER I		1749			.73		.73	9.09	14
15 SKILLED NURSING FACILITY									15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE									17
18 HOME HEALTH AGENCY									18
20 ASC (DISTINCT PART)									20
21 HOSPICE (DISTINCT PART)									21
23 O/P REHAB PROVIDER									23
24 RHC I									24
25 TOTAL					464.74		464.74	5899.11	25
26 OBSERVATION BED DAYS	467	2133	154	1979					26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS		2369							28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		7684	7600	25396	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
9.01	NURSERY SPECIAL CARE					9.01
10	NURSERY ICU					10
11	NURSERY					11
12	TOTAL HOSPITAL		7684	7600	25396	12
13	RPCH VISITS					13
14	SUBPROVIDER I		62	52	155	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	2	3	4	5	6	7	8	9
1	SALARIES							
1	TOTAL SALARIES	374009397		374009397	13154980.00	28.43		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	2974548		2974548	44847.00	66.33		4
4.01	TEACHING PHYSICIAN SALARIES	9086458		9086458	69440.00	130.85		4
5	PHYSICIAN - PART B	15232581		15232581	134632.00	113.14		4.01
5.01	NON-PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B	313432		313432	16080.00	19.49		5.01
6	INTERNS & RESIDENTS (IN APPR PGM)	28629335		28629335	1494689.00	19.15		6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	5009510	-686704	4322806	147796.00	29.25		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	10591764		10591764	255959.00	41.38		9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A							10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS							11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	88146141		88146141			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	1018794		1018794			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B	701038		701038			CMS 339	17
18	PHYSICIAN PART A	2053540		2053540			CMS 339	18
18.01	PART A TEACHING PHYSICIANS	3442563		3442563			CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)	73869		73869				19.01
20	INTERNS & RESIDENTS (IN APPR PGM)	5316006		5316006			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	5371933		5371933	129905.00	41.35		21
22	ADMINISTRATIVE & GENERAL	52090593	-199752	51890841	1651263.00	31.42		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	495609		495609	2440.00	203.12		22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	6038443		6038443	418164.00	14.44		24
25	LAUNDRY & LINEN SERVICE	452313		452313	27910.00	16.21		25
26	HOUSEKEEPING	12268619		12268619	917681.00	13.37		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	2822720	-18619	2804101				27
27.01	DIETARY UNDER CONTRACT	2079122		2079122	108680.00	19.13		27.01
28	CAFETERIA	1304350		1304350	90787.00	14.37		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	4331594		4331594	137857.00	31.42		30
31	CENTRAL SERVICES AND SUPPLY	2609173		2609173	145979.00	17.87		31
32	PHARMACY	9815049	-1855	9813194	308738.00	31.78		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	3118044		3118044	152304.00	20.47		33
34	SOCIAL SERVICE	520657		520657	27971.00	18.61		34
35	OTHER GENERAL SERVICE	3334228		3334228	198995.00	16.76		35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART III
1	2	3	4	5	6	7	8	9
1	NET SALARIES	326859501		326859501	11464732.00	28.51		1
2	EXCLUDED AREA SALARIES	5009510	-686704	4322806	147796.00	29.25		2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	321849991	686704	322536695	11316936.00	28.50		3
4	SUBTOTAL OTHER WAGES & REL COSTS	10591764		10591764	255959.00	41.38		4
5	SUBTOTAL WAGE-RELATED COSTS	90199681		90199681		27.97%		5
6	TOTAL (SUM OF LINES 3 THRU 5)	422641436	686704	423328140	11572895.00	36.58		6
7	NET SALARIES							7
8	EXCLUDED AREA SALARIES							8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)							9
10	SUBTOTAL OTHER WAGES & REL COSTS							10
11	SUBTOTAL WAGE-RELATED COSTS							11
12	TOTAL (SUM OF LINES 9 THRU 11)							12
13	TOTAL OVERHEAD COSTS	106652447	-220226	106432221	4318674.00	24.64		13

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 14-2310

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

	---- OUTPATIENT ---		---- TRAINING ----		----- HOME -----			
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6		
1	NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD		438		3	3	39	1
2	NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS		3.00		5.00	5.50	7.00	2
3	AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP		3.70					3
4	CAPD EXCHANGES PER DAY				3		5	4
5	NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED		312					5
6	NUMBER OF STATIONS		62		1	2		6
7	TREATMENT CAPACITY PER DAY PER STATION		4					7
8	UTILIZATION		.86					8
9	AVERAGE TIMES DIALYZERS RE-USED							9
10	PERCENTAGE OF PATIENTS RE-USING DIALYZERS							10
TRANSPLANT INFORMATION								
11	NUMBER OF PATIENTS ON TRANSPLANT LIST						307	11
12	NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD						25	12
EPOIETIN								
13	NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							13
13.01	EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							13.01
14	NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							14
14.01	NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							14.01
PHYSICIAN PAYMENT METHOD (ENTER 'X' IF METHOD(S) IS APPLICABLE)								
15	MCP INITIAL METHOD							15
ARANESP								
16	NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							16
17	ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							17
18	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							18
19	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							19

NHCMQ DEMONSTRATION STATISTICAL DATA  
 STATISTICAL DATA

WORKSHEET S-7

GROUP	M3PI REVENUE CODE	SERVICES PRIOR TO JANUARY 1		SERVICES ON OR AFTER JANUARY 1		TOTAL
		RATE	DAYS	RATE	DAYS	
1	2	3	3.01	4	4.01	5
1	RVC/RUC					1
2	RVB/RUB					2
3	RVA/RUA					3
3.01	RUX					3.01
3.02	RUL					3.02
4	RHD/RVC					4
5	RHC/RVB					5
6	RHB/RVA					6
6.01	RVX					6.01
6.02	RVL					6.02
7	RHA/RHC					7
8	RMC/RHB					8
9	RMB/RHA					9
9.01	RHX					9.01
9.02	RHL					9.02
10	RMA/RMC					10
11	RLB/RMB					11
12	RLA/RMA					12
12.01	RMX					12.01
12.02	RML					12.02
13	SE3/RLB					13
14	SE2/RLA					14
14.01	RLX					14.01
15	SE1/SE3					15
16	SSC/SE2					16
17	SSB/SE1					17
18	SSA/SSC					18
19	CD2/SSB					19
20	CD1/SSA					20
21	CC2					21
22	CC1					22
23	CB2					23
24	CB1					24
25	CA2					25
26	CA1					26
27	IB2					27
28	IB1					28
29	IA2					29
30	IA1					30
31	BB2					31
32	BB1					32
33	BA2					33
34	BA1					34
35	PE2					35
36	PE1					36
37	PD2					37
38	PD1					38
39	PC2					39
40	PC1					40
41	PB2					41
42	PB1					42
43	PA2					43
44	PA1					44
45	DEFAULT RATE					45
46	TOTAL					46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	196819314 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	10776 18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	60537 20
21	NON-RESTRICTED GRANTS	1081746 21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	197972373 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	13254 23
24	COST TO CHARGE RATIO	0.240363 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	3186 25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	694729829 28
29	TOTAL GROSS MEDICAID COST	166987346 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	87444438 30
31	UNCOMPENSATED CARE COST	21018407 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	166990532 32



RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
SPECIAL PURPOSE COST CENTERS									
82	8200	786506	685575	1472081	-994751	477330	39048	516378	82
83	8300	826099	3352753	4178852	-1031036	3147816	325808	3473624	83
84	8400	898576	865803	1764379	-230024	1534355	604910	2139265	84
85	8500	7051	971732	978783	273117	1251900	198324	1450224	85
85.01	8510				478132	478132	81535	559667	85.01
85.02	8520								85.02
85.03	8530								85.03
86	8600				2134	2134		2134	86
95		373195413	451428529	824623942	-24577	824599365	-30929906	793669459	95
NONREIMBURSABLE COST CENTERS									
96	9600								96
97.01	9701	813984	3330364	4144348	24577	4168925	-2464780	1704145	97.01
97.02	9702								97.02
101	TOTAL	374009397	454758893	828768290		828768290	-33394686	795373604	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5	
1 NON REIMBURS DIETARY	A	OTHER NONREIMBURSABLE	97.01	12683	11894	1
2 CRITICAL CARE CENTER	B	INTENSIVE CARE UNIT	26	1076234	330659	2
3	B	BURN INTENSIVE CARE UNIT	28	269059	82665	3
4 PHARMACY DISCOUNTS	C					4
5 DRUGS CHARGED TO PATIENTS	D	DRUGS CHARGED TO PATIENTS	56		36840163	5
6 RENAL RECLASS	E	RENAL DIALYSIS	57	142360	31746	6
7 NURSERY RECLASS	F	NURSERY	33	443151	145202	7
8 ORGAN ACQ - ADMITTING	G	KIDNEY ACQUISITION	83	77254	17228	8
9	G	LIVER ACQUISITION	84	43160	9625	9
10	G	HEART ACQUISITION	85	19484	4345	10
11 ADMITTING	G	LUNG ACQUISITION	82	4902	1093	11
12						12
13						13
14						14
15 ORGAN ACQ - ADMIN & GEN	H					15
16	H	LIVER ACQUISITION	84	17370	3874	16
17	H	KIDNEY ACQUISITION	83	22751	5073	17
18	H	HEART ACQUISITION	85	6513	1452	18
19	H	PANCREAS ACQUISITION	85.01	2973	663	19
20	H	LUNG ACQUISITION	82	5345	1192	20
21 DIETARY	T	LUNG ACQUISITION	82	1806	403	21
22 DIETARY	T	HEART ACQUISITION	85	4130	921	22
23						23
24 ADULTS & PEDS	U	LIVER ACQUISITION	84	10277	2292	24
25	U	HEART ACQUISITION	85	1196	267	25
26						26
27 PHARMACY	I	LIVER ACQUISITION	84	476	106	27
28 PHARMACY	I	HEART ACQUISITION	85	1189	265	28
29 PHARMACY	I	LUNG ACQUISITION	82	190	40	29
30 ORGAN ACQ- SURGERY	J	KIDNEY ACQUISITION	83	30706	6847	30
31	J	LIVER ACQUISITION	84	34818	7764	31
32	J	HEART ACQUISITION	85	29609	6603	32
33	J	PANCREAS ACQUISITION	85.01	7402	1651	33
34 ORGAN ACQ- EKG	K	HEART ACQUISITION	85	89337	19922	34
35						35
36 SUBTOTAL				2354375	37533955	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 NON REIMBURS DIETARY	A	DIETARY	11	12683	11894	1
2 CRITICAL CARE CENTER	B	CORONARY CARE UNIT	27	1076234	330659	2
3	B	CORONARY CARE UNIT	27	269059	82665	3
4 PHARMACY DISCOUNTS	C					4
5 DRUGS CHARGED TO PATIENTS	D	PHARMACY	16		36840163	5
6 RENAL RECLASS	E	ADULTS & PEDIATRICS	25	142360	31746	6
7 NURSERY RECLASS	F	ADULTS & PEDIATRICS	25	443151	145202	7
8 ORGAN ACQ - ADMITTING	G	ADMITTING	6.04	77254	17228	8
9	G	ADMITTING	6.04	43160	9625	9
10	G	ADMITTING	6.04	19484	4345	10
11 ADMITTING	G	ADMITTING	6.04	4902	1093	11
12						12
13						13
14						14
15 ORGAN ACQ - ADMIN & GEN	H					15
16	H	OTHER ADMIN & GENERAL	6.06	17370	3874	16
17	H	OTHER ADMIN & GENERAL	6.06	22751	5073	17
18	H	OTHER ADMIN & GENERAL	6.06	6513	1452	18
19	H	OTHER ADMIN & GENERAL	6.06	2973	663	19
20	H	OTHER ADMIN & GENERAL	6.06	5345	1192	20
21 DIETARY	T	DIETARY	11	1806	403	21
22 DIETARY	T	DIETARY	11	4130	921	22
23						23
24 ADULTS & PEDS	U	ADULTS & PEDIATRICS	25	10277	2292	24
25	U	ADULTS & PEDIATRICS	25	1196	267	25
26						26
27 PHARMACY	I	PHARMACY	16	476	106	27
28 PHARMACY	I	PHARMACY	16	1189	265	28
29 PHARMACY	I	PHARMACY	16	190	40	29
30 ORGAN ACQ- SURGERY	J	OPERATING ROOM	37	30706	6847	30
31	J	OPERATING ROOM	37	34818	7764	31
32	J	OPERATING ROOM	37	29609	6603	32
33	J	OPERATING ROOM	37	7402	1651	33
34 ORGAN ACQ- EKG	K	ELECTROCARDIOLOGY	53	89337	19922	34
35						35
36 SUBTOTAL				2354375	37533955	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 CLINIC	V	KIDNEY ACQUISITION	83	3853	859
2	V	LIVER ACQUISITION	84	20972	4677
3					
4 LUNG	W	LIVER ACQUISITION	84	5279	1177
5	W	HEART ACQUISITION	85	58135	12964
6	W	TRANSPLANT CLINIC	60.02	497442	110930
7	W				
8					
9 ORGAN ACQ-KIDNEY	L	LIVER ACQUISITION	84	118265	26373
10	L	HEART ACQUISITION	85	16165	3605
11	L	PANCREAS ACQUISITION	85.01	3138	700
12	L	TRANSPLANT CLINIC	60.02	444307	99080
13 ORGAN ACQ- LIVER	M	KIDNEY ACQUISITION	83	52664	11744
14	M	HEART ACQUISITION	85	18232	4066
15	M	PANCREAS ACQUISITION	85.01	39353	8776
16	M	TRANSPLANT CLINIC	60.02	281956	62876
17	M	LUNG ACQUISITION	82	686	153
18 ORGAN ACQ - HEART	X	OTHER ORGAN ACQUISITION (SPEC	86	1745	389
19	X	LIVER ACQUISITION	84	1745	389
20	X	TRANSPLANT CLINIC	60.02	1745	389
21	X	LUNG ACQUISITION	82	686	153
22 ADMIN & GENERAL	Y	KIDNEY ACQUISITION	83		4321
23	Y	LIVER ACQUISITION	84		2927
24	Y	HEART ACQUISITION	85		681
25	Y	PANCREAS ACQUISITION	85.01		474
26	Y	LUNG ACQUISITION	82		1172
27					
28 ORGAN ACQ- PANCREAS COST	N	PANCREAS ACQUISITION	85.01		413002
29 POST - EXP	O	TRANSPLANT CLINIC	60.02		326645
30 ORGAN ACQ- POST EXP	O	TRANSPLANT CLINIC	60.02		139701
31	O	TRANSPLANT CLINIC	60.02		61084
32	O	TRANSPLANT CLINIC	60.02		18723
33 ORGAN ACQ- TRANS OH	P				
34	P				
35	P				
36 SUBTOTAL				3920743	38851985

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 CLINIC	V	CLINIC	60	3853	859	1
2	V	CLINIC	60	20972	4677	2
3						3
4 LUNG	W	LUNG ACQUISITION	82	5279	1177	4
5	W	LUNG ACQUISITION	82	58135	12964	5
6	W	LUNG ACQUISITION	82	497442	110930	6
7	W					7
8						8
9 ORGAN ACQ-KIDNEY	L	KIDNEY ACQUISITION	83	118265	26373	9
10	L	KIDNEY ACQUISITION	83	16165	3605	10
11	L	KIDNEY ACQUISITION	83	3138	700	11
12	L	KIDNEY ACQUISITION	83	444307	99080	12
13 ORGAN ACQ- LIVER	M	LIVER ACQUISITION	84	52664	11744	13
14	M	LIVER ACQUISITION	84	18232	4066	14
15	M	LIVER ACQUISITION	84	39353	8776	15
16	M	LIVER ACQUISITION	84	281956	62876	16
17	M	LIVER ACQUISITION	84	686	153	17
18 ORGAN ACQ - HEART	X	HEART ACQUISITION	85	1745	389	18
19	X	HEART ACQUISITION	85	1745	389	19
20	X	HEART ACQUISITION	85	1745	389	20
21	X	HEART ACQUISITION	85	686	153	21
22 ADMIN & GENERAL	Y	OTHER ADMIN & GENERAL	6.06		4321	22
23	Y	OTHER ADMIN & GENERAL	6.06		2927	23
24	Y	OTHER ADMIN & GENERAL	6.06		681	24
25	Y	OTHER ADMIN & GENERAL	6.06		474	25
26	Y	OTHER ADMIN & GENERAL	6.06		1172	26
27						27
28 ORGAN ACQ- PANCREAS COST	N	KIDNEY ACQUISITION	83		413002	28
29 POST - EXP	O	LUNG ACQUISITION	82		326645	29
30 ORGAN ACQ- POST EXP	O	KIDNEY ACQUISITION	83		139701	30
31	O	LIVER ACQUISITION	84		61084	31
32	O	HEART ACQUISITION	85		18723	32
33 ORGAN ACQ- TRANS OH	P					33
34	P					34
35	P					35
36 SUBTOTAL				3920743	38851985	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 MED SUPPLIES CHGD TO PATIENTS	Q	MEDICAL SUPPLIES CHARGED TO P	55		14517348
2 ENDO OPERATING AGREEMENT	R	CLINIC	60		83790
3 RECLASS MEDICAL PHYSICS	S	PARAMED ED PRGM-(SPECIFY)	24	90350	26705
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				4011093	53479828

RECLASSIFICATIONS

WORKSHEET A-6  
 PAGE 3

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 MED SUPPLIES CHGD TO PATIENTS	Q	OPERATING ROOM	37		14517348	1
2 ENDO OPERATING AGREEMENT	R	NEW CAP REL COSTS-MVBLE EQUIP	4		83790	9 2
3 RECLASS MEDICAL PHYSICS	S	RADIOLOGY-THERAPEUTIC	42	90350	26705	3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				4011093	53479828	36

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

WORKSHEET A-7  
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND							1
2 LAND IMPROVEMENTS							2
3 BUILDINGS AND FIXTURES	169018140					169018140	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	4376056					4376056	6
7 SUBTOTAL	173394196					173394196	7
8 RECONCILING ITEMS							8
9 TOTAL	173394196					173394196	9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	33093151	2140000	795703	2935703		36028854	1
2 LAND IMPROVEMENTS							2
3 BUILDINGS AND FIXTURES	482972752	68415330		68415330		551388082	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	340866633	391534	15453824	15845358		356711991	6
7 SUBTOTAL	856932536	70946864	16249527	87196391		944128927	7
8 RECONCILING ITEMS	102455726	85929985		85929985	88513033	99872678	8
9 TOTAL	754476810	-14983121	16249527	1266406	88513033	844256249	9



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-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-376981	NON-PATIENT PHONES	6.01	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT	A	-2464780	OTHER NONREIMBURSABLE	97.01	11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-4031616			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1				14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-4932388	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-3421822	PHARMACY	16	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37					37
37.30 PARKING LOT DEPREC	A	-517500	NEW CAP REL COSTS-BLDG & FIXT	3	9 37.30
37.50 CRNA EXPENSE	A	-2974548	ANESTHESIOLOGY	40	37.50
38 LIVERY EXPENSE	A	-4080	EMPLOYEE BENEFITS	5	38
38.60 ADVERTISING EXPENSE	A	-4512620	OTHER ADMIN & GENERAL	6.06	38.60
39 NON PATIENT CARE EXPENSE	A	-169122	OTHER ADMIN & GENERAL	6.06	39
39.50 MEDICAL STUDENT OFFSET	A	-3144281	I&R SERVICES-SALARY & FRINGES A	22	39.50
39.60 MEDICAL STUDENT OFFSET	A	-3053994	I&R SERVICES-OTHER PRGM COSTS A	23	39.60
40 MISC REVENUE	B	-35690	SOCIAL SERVICE	18	40
40.01 MISC REVENUE	B	-12080	OPERATION OF PLANT	8	40.01
40.02 MISC REVENUE	B	-13085	ADULTS & PEDIATRICS	25	40.02
40.04 MISC REVENUE	B	-34271	RADIOLOGY-DIAGNOSTIC	41	40.04
40.05 MISC REVENUE	B	-24774	RADIOLOGY-THERAPEUTIC	42	40.05
40.06 MISC REVENUE	B	-1058347	LABORATORY	44	40.06
40.07 MISC REVENUE	B	-1402363	BLOOD STORING, PROCESSING & TRA	47	40.07
40.08 MISC REVENUE	B	-1004	RESPIRATORY THERAPY	49	40.08
40.09 MISC REVENUE	B	-2951	ELECTROCARDIOLOGY	53	40.09
40.10 MISC REVENUE	B	-4783	ELECTROENCEPHALOGRAPHY	54	40.10
40.11 MISC REVENUE	B	-1420433	CLINIC	60	40.11
40.12 MISC REVENUE	B	-49921	EMERGENCY	61	40.12
40.13 MISCELLANEOUS REVENUE	B	-25789	OPERATING ROOM	37	40.13
40.14 MISCELLANEOUS REVENUE	B	-13377	ANESTHESIOLOGY	40	40.14
40.15 MISCELLANEOUS REVENUE	B	-135919	HEART ACQUISITION	85	40.15
41 PSYCH PDP EXPENSE	A	-289934	CLINIC	60	41
42					42
42.01 REMOVE NON PRACTITIONERS	A	79325	EMERGENCY	61	42.01
42.11 REMOVE BENEFITS	A	17689	EMERGENCY	61	42.11
42.12 REMOVE NON PHYS PRACTITIONERS	A	5383	ELECTROENCEPHALOGRAPHY	54	42.12
42.13 REMOVE BENEFITS	A	1200	ELECTROENCEPHALOGRAPHY	54	42.13
42.20 REMOVE NON PHYS PRACTITIONERS	A	708	OTHER ADMIN & GENERAL	6.06	42.20

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
42.30 REMOVE BENEFITS	A	158	OTHER ADMIN & GENERAL	6.06	42.30
42.40 REMOVE NON PHYS PRACTITIONERS	A	330200	CLINIC	60	42.40
42.50 REMOVE BENEFITS	A	73635	CLINIC	60	42.50
42.60 REMOVE NON PHYS PRACTITIONERS	A	104295	OPERATING ROOM	37	42.60
42.70 REMOVE BENEFITS	A	23258	OPERATING ROOM	37	42.70
42.80 REMOVE NON PHYS PRACTITIONERS	A	222	ELECTROCARDIOLOGY	53	42.80
42.90 REMOVE BENEFITS	A	50	ELECTROCARDIOLOGY	53	42.90
43 AHA DUES	A	-120890	OTHER ADMIN & GENERAL	6.06	43
44					44
44.50 ORGAN ACQUISITION-SALARIES	A	265749	KIDNEY ACQUISITION	83	44.50
45 ORGAN ACQUISITION-OTHER	A	60059	KIDNEY ACQUISITION	83	45
46 ORGAN ACQ COSTS - SALARIES	A	446501	LIVER ACQUISITION	84	46
46.01 ORGAN ACQ COSTS - OTHER	A	100909	LIVER ACQUISITION	84	46.01
46.02 ORGAN ACQ COSTS - SALARIES	A	272629	HEART ACQUISITION	85	46.02
46.03 ORGAN ACQ COSTS - OTHER	A	61614	HEART ACQUISITION	85	46.03
46.04 ORGAN ACQUISITION - SALARIES	A	53658	PANCREAS ACQUISITION	85.01	46.04
46.05 ORGAN ACQUISITION - OTHER	A	12127	PANCREAS ACQUISITION	85.01	46.05
46.06 ORGAN ACQUISITION-SALARIES	A	31850	LUNG ACQUISITION	82	46.06
46.07 ORGAN ACQUISITION	A	7198	LUNG ACQUISITION	82	46.07
47 ORGAN ACQUISITION-PROCUREMENT	A	57500	LIVER ACQUISITION	84	47
48 ORGAN ACQUISITION-PROCUREMENT	A	15750	PANCREAS ACQUISITION	85.01	48
49 NON EMERGENCY PATIENT TRANSPORT	A	-64962	CLINIC	60	49
49.13 UHS CONSORTIUM	B	-313682	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.13
49.14 UCS CONSORTIUM	B	-118296	OTHER ADMIN & GENERAL	6.06	49.14
49.15 UHS CONSORTIUM	B	-12932	HOUSEKEEPING	10	49.15
49.16 UHS CONSORTIUM	B	-1705	DIETARY	11	49.16
49.17 UHS CONSORTIUM	B	-405835	ADULTS & PEDIATRICS	25	49.17
49.18 UHS CONSORTIUM	B	-192884	RADIOLOGY-DIAGNOSTIC	41	49.18
49.19 UHS CONSORTIUM	B	-5113	LABORATORY	44	49.19
49.20 UHS CONSORTIUM	B	-32792	BLOOD STORING, PROCESSING & TRA	47	49.20
49.21 UHS CONSORTIUM	B	-353	RESPIRATORY THERAPY	49	49.21
49.22 UHS CONSORTIUM	B	-745157	DRUGS CHARGED TO PATIENTS	56	49.22
49.23 UHS CONSORTIUM	B	-157	CLINIC	60	49.23
49.24 UHS CONSORTIUM	B	241943	OTHER ADMIN & GENERAL	6.06	49.24
49.26 NON ALLOWABLE COST	B	44	OTHER ADMIN & GENERAL	6.06	49.26
49.30 RENAL PHYSICIAN SALARIES	A	395490	RENAL DIALYSIS	57	49.30
49.31 RENAL PHYSICIAN BENEFITS	A	89381	RENAL DIALYSIS	57	49.31
50 TOTAL		-33394686			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	4	NEW CAP REL COSTS-MVBLE EQUIP	PBP DIRECTS & INDIRECT	833317	833317	9 1
2	6.06	OTHER ADMIN & GENERAL	UNIVERSITY OVERHEAD	5171222	5171222	2
3	6.06	OTHER ADMIN & GENERAL	PBP DIRECTS & INDIRECTS	11546891	11546891	3
4	6.06	OTHER ADMIN & GENERAL	MALPRACTICE	13107297	13107297	4
4.01	8	OPERATION OF PLANT	STEAM & ELECTRCITY	13753773	13753773	4.01
4.03	22	I&R SERVICES-SALARY & FRINGES A	PBP DIRECTS & INDIRECTS	36226039	36226039	4.03
4.05	37	OPERATING ROOM	PBP DIRECTS & INDIRECTS	1271226	1271226	4.05
4.07	41	RADIOLOGY-DIAGNOSTIC	PBP DIRECTS & INDIRECTS	985764	985764	4.07
4.08	42	RADIOLOGY-THERAPEUTIC	PBP DIRECTS & INDIRECTS	325701	325701	4.08
4.09	44	LABORATORY	PBP DIRECTS & INDIRECTS	965602	965602	4.09
4.10	53	ELECTROCARDIOLOGY	PBP DIRECTS & INDIRECTS	1520265	1520265	4.10
4.11	54	ELECTROENCEPHALOGRAPHY	PBP DIRECTS & INDIRECTS	54469	54469	4.11
4.12	60	CLINIC	PBP DIRECTS & INDIRECTS	5011407	5011407	4.12
4.13	60.01	DENTAL CLINIC	INPUT ADJ TO GL	176350	176350	4.13
4.14	61	EMERGENCY	PBP DIRECTS & INDIRECTS	777007	777007	4.14
5		TOTALS		91726330	91726330	5

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

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

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

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

SYMBOL (1)	NAME (2)	PERCENT OF OWNERSHIP (3)	NAME (4)	PERCENT OF OWNERSHIP (5)	TYPE OF BUSINESS (6)	
1	B U OF C MEDICAL CENTER	100.00	UNIVERSITY OF CHICAGO		UNIVESITY/MEDICAL SCHOOL	1
2						2
3						3
4						4
5						5

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT		
LINE NO.	1	2	3	4	5	6	7	8	9		
1	37	OPERATING ROOM	AGGREGATE		1126335		1126335	208000	3515	351500	17575
2	31	SUBPROVIDER I	AGGREGATE					154100			
3	40	ANESTHESIOLOGY	AGGREGATE					200300			
4	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE	509082		509082	225300	2424	262561	13128	
5	42	RADIOLOGY-THERAPEUTIC	AGGREGATE	165873		165873	225300	790	85571	4279	
6	44	LABORATORY	AGGREGATE	914629		914629	215700	6592	683603	34180	
7	53	ELECTROCARDIOLOGY	AGGREGATE	1089461		1089461	177200	5935	505616	25281	
8	54	ELECTROENCEPHALOGRAPHY	AGGREGATE	45027		45027	177200	464	39529	1976	
9	60	CLINIC	AGGREGATE	3713942		3713942	177200	21820	1858896	92945	
10	61	EMERGENCY	AGGREGATE	514806		514806	177200	3055	260263	13013	
101		TOTAL			8079155		8079155	44595	4047539	202377	

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	37	OPERATING ROOM	AGGREGATE				351500	774835	774835
2	31	SUBPROVIDER I	AGGREGATE						
3	40	ANESTHESIOLOGY	AGGREGATE						
4	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE				262561	246521	246521
5	42	RADIOLOGY-THERAPEUTIC	AGGREGATE				85571	80302	80302
6	44	LABORATORY	AGGREGATE				683603	231026	231026
7	53	ELECTROCARDIOLOGY	AGGREGATE				505616	583845	583845
8	54	ELECTROENCEPHALOGRAPHY	AGGREGATE				39529	5498	5498
9	60	CLINIC	AGGREGATE				1858896	1855046	1855046
10	61	EMERGENCY	AGGREGATE				260263	254543	254543
101		TOTAL					4047539	4031616	4031616



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	DCAM 3.01	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	NON PATIENT PHONES 6.01	DATA PROCESSING 6.02	PURCHASING ADMIT, REC AND STORES 6.03
SPECIAL PURPOSE COST CENTERS								
82 LUNG ACQUISITION	516378			7969	5229			188 82
83 KIDNEY ACQUISITION	3473624	18971	44554	907	9429	3093		1496 83
84 LIVER ACQUISITION	2139265	20118			16566	3093		84
85 HEART ACQUISITION	1450224	12834			5357	3093		870 85
85.01 PANCREAS ACQUISITION	559667	2748			1155	3093		217 85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
86 OTHER ORGAN ACQUISITION (SPECIF	2134				38			86
95 SUBTOTALS	793669459	20631157	5374629	36495561	8038098	460789	32056347	8499852 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		237145						96
97.01 OTHER NONREIMBURSABLE	1704145	212465	869	11815	18066		5623	36 97.01
97.02 MEDICAL SCHOOL								97.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	795373604	21080767	5375498	36507376	8056164	460789	32061970	8499888 103



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMITTING 6.04	CASHIERING ACCOUNTS RECEIVABLE 6.05	SUBTOTAL 5A	OTHER ADMIN & GEERAL 6.06	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11
SPECIAL PURPOSE COST CENTERS								
82 LUNG ACQUISITION	1216	2716	533696	79020				82
83 KIDNEY ACQUISITION	15689	36629	3604392	533673	30774	3644	57047	83
84 LIVER ACQUISITION	6331	14144	2199517	325665	32635	1269	19914	84
85 HEART ACQUISITION	6530	145890	1624798	240571	20819	1088	17070	85
85.01 PANCREAS ACQUISITION	2373	5301	574554	85070	4458	634	9957	85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
86 OTHER ORGAN ACQUISITION (SPECIF			2172	322				86
95 SUBTOTALS	4325161	16212146	793183440	102252878	36495633	2964445	22623161	7125375 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN			237145	35112	384691			96
97.01 OTHER NONREIMBURSABLE			1953019	289168	346733			97.01
97.02 MEDICAL SCHOOL								97.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	4325161	16212146	795373604	102577158	37227057	2964445	22623161	7125375 103



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	VOLUNTEERS 19.01	PATIENT TRANSPORT 19.02
SPECIAL PURPOSE COST CENTERS								
82 LUNG ACQUISITION	5313	12238	170	300	4106			82
83 KIDNEY ACQUISITION	15768	40833	1355	2371	39809			83
84 LIVER ACQUISITION	5512	14257		3358	14079			84
85 HEART ACQUISITION	4715	12197	788	235	13013			85
85.01 PANCREAS ACQUISITION	2751	7108	196	343	3152			85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
86 OTHER ORGAN ACQUISITION (SPECIF								86
95 SUBTOTALS	4207062	7012006	7373991	31760866	8520657	1097836	464763	3606978 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN								96
97.01 OTHER NONREIMBURSABLE			33					1831 97.01
97.02 MEDICAL SCHOOL								97.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	4207062	7012006	7374024	31760866	8520657	1097836	464763	3608809 103



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MEDICAL ELECTRONIC	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	19.03	22	23	24	25	26	27	
SPECIAL PURPOSE COST CENTERS								
82 LUNG ACQUISITION					634843		634843	82
83 KIDNEY ACQUISITION	1951				4331617		4331617	83
84 LIVER ACQUISITION					2616206		2616206	84
85 HEART ACQUISITION					1935294		1935294	85
85.01 PANCREAS ACQUISITION					688223		688223	85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
86 OTHER ORGAN ACQUISITION (SPECIF					2494		2494	86
95 SUBTOTALS	2688042	28944522	43094906	136654	784614729	-72039428	712575301	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN					656948		656948	96
97.01 OTHER NONREIMBURSABLE	75426	2987576	4448141		10101927	-7435717	2666210	97.01
97.02 MEDICAL SCHOOL								97.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	2763468	31932098	47543047	136654	795373604	-79475145	715898459	103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	DCAM	NEW CAP	CAP REL	EMPLOYEE	NON	DATA
	CAP-REL COSTS 0	BLDGS & FIXTURES 3	3.01	MOVABLE EQUIPMENT 4	COST TO BE ALLOC 4A	BENEFITS 5	PATIENT PHONES 6.01	PROCESSING 6.02
SPECIAL PURPOSE COST CENTERS								
82 LUNG ACQUISITION				7969	7969	440		82
83 KIDNEY ACQUISITION		18971	44554	907	64432	793	106	83
84 LIVER ACQUISITION		20118			20118	1393	106	84
85 HEART ACQUISITION		12834			12834	451	106	85
85.01 PANCREAS ACQUISITION		2748			2748	97	106	85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
86 OTHER ORGAN ACQUISITION (SPECIF						3		86
95 SUBTOTALS	20631157		5374629	36495561	62501347	675964	15783	13678943 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		237145			237145			96
97.01 OTHER NONREIMBURSABLE		212465	869	11815	225149	1519		2400 97.01
97.02 MEDICAL SCHOOL								97.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		21080767	5375498	36507376	62963641	677483	15783	13681343 103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	PURCHASING	ADMITTING	CASHIERING	OTHER	OPERATION	LAUNDRY	HOUSE-	DIETARY
	ADMIT, REC AND STORES 6.03	6.04	ACCOUNTS RECEIVABLE 6.05	ADMIN & GEERAL 6.06	OF PLANT 8	& LINEN SERVICE 9	KEEPING 10	11
SPECIAL PURPOSE COST CENTERS								
82 LUNG ACQUISITION	27	60	425	6184				82
83 KIDNEY ACQUISITION	216	780	5728	41764	997	89	2416	83
84 LIVER ACQUISITION		315	2212	25486	1057	31	843	84
85 HEART ACQUISITION	125	325	22815	18827	674	27	723	85
85.01 PANCREAS ACQUISITION	31	118	829	6657	144	16	422	85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
86 OTHER ORGAN ACQUISITION (SPECIF				25				86
95 SUBTOTALS	1224443	214270	2535552	8002082	1182014	72464	958201	211786 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN				2748	12459			96
97.01 OTHER NONREIMBURSABLE	5			22630	11230			97.01
97.02 MEDICAL SCHOOL								97.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1224448	214270	2535552	8027460	1205703	72464	958201	211786 103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	VOLUNTEERS	PATIENT
	12	ADMINIS- TRATION 14	SERVICES & SUPPLY 15	16	RECORDS & LIBRARY 17	SERVICE 18	19.01	TRANSPORT 19.02
SPECIAL PURPOSE COST CENTERS								
82 LUNG ACQUISITION	1073	263	18	21	489			82
83 KIDNEY ACQUISITION	3184	878	141	165	4743			83
84 LIVER ACQUISITION	1113	306		234	1677			84
85 HEART ACQUISITION	952	262	82	16	1550			85
85.01 PANCREAS ACQUISITION	555	153	20	24	376			85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
86 OTHER ORGAN ACQUISITION (SPECIF								86
95 SUBTOTALS	849475	150688	765954	2215318	1015220	96518	44826	101178 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN								96
97.01 OTHER NONREIMBURSABLE			3					51 97.01
97.02 MEDICAL SCHOOL								97.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	849475	150688	765957	2215318	1015220	96518	44826	101229 103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	MEDICAL ELECTRONIC	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	19.03	22	23	24	25	26	27	
SPECIAL PURPOSE COST CENTERS								
82 LUNG ACQUISITION					16969		16969	82
83 KIDNEY ACQUISITION	605				127037		127037	83
84 LIVER ACQUISITION					54891		54891	84
85 HEART ACQUISITION					59769		59769	85
85.01 PANCREAS ACQUISITION					12296		12296	85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
86 OTHER ORGAN ACQUISITION (SPECIF					28		28	86
95 SUBTOTALS	834038				60903851		60903851	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN					252352		252352	96
97.01 OTHER NONREIMBURSABLE	23403				286390		286390	97.01
97.02 MEDICAL SCHOOL								97.02
101 CROSS FOOT ADJUSTMENTS		992435	527068	1545	1521048		1521048	101
102 NEGATIVE COST CENTER								102
103 TOTAL	857441	992435	527068	1545	62963641		62963641	103



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	DCAM	NEW CAP	EMPLOYEE	NON	DATA	PURCHASING	
	BLDGS & FIXTURES SQUARE FEET	SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES	PATIENT PHONES NUMBER OF PHONES	PROCESSING MACHINE TIME	ADMIT, REC AND STORES COSTED REQUIS	
	3	3.01	4	5	6.01	6.02	6.03	
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
82 LUNG ACQUISITION			6873	239265			3464	82
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION	711	2460	782	431452	1		27588	83
84 LIVER ACQUISITION	754			758047	1			84
85 HEART ACQUISITION	481			245120	1		16035	85
85.01 PANCREAS ACQUISITION	103			52866	1		3992	85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
86 OTHER ORGAN ACQUISITION (SPEC				1745				86
95 SUBTOTALS	773238	296754	31475488	367810797	149	12632620	156725655	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	8888							96
97.01 OTHER NONREIMBURSABLE	7963	48	10190	826667		2216	666	97.01
97.02 MEDICAL SCHOOL								97.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	21080767	5375498	36507376	8056164	460789	32061970	8499888	103
104 UNIT COST MULT-WS B PT I		18.111394		.021854		2.537585		104
104 UNIT COST MULT-WS B PT I	26.681509		1.159491		3092.543624		.054234	104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III				677483	15783	13681343	1224448	107
108 UNIT COST MULT-WS B PT III				.001838		1.082827		108
108 UNIT COST MULT-WS B PT III					105.926174		.007813	108



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING	CASHIERING	RECON- CILATION	OTHER	OPERATION	LAUNDRY	HOUSE-	DIETARY
	INPATIENT	ACCOUNTS		ADMIN &	OF PLANT	& LINEN	KEEPING	
	REVENUE	RECEIVABLE		GEERAL	SQUARE	SERVICE	HOURS OF	MEALS
	6.04	GROSS	6A.06	ACCUM	FEET	POUNDS OF	SERVICE	SERVED
		REVENUE		COST	8	LAUNDRY	10	11
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
82 LUNG ACQUISITION	495694	495694		533696				82
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION	6395916	6684200		3604392	711	201	1925	83
84 LIVER ACQUISITION	2580946	2580946		2199517	754	70	672	84
85 HEART ACQUISITION	2662213	26622213		1624798	481	60	576	85
85.01 PANCREAS ACQUISITION	967337	967337		574554	103	35	336	85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
86 OTHER ORGAN ACQUISITION (SPEC				2172				86
95 SUBTOTALS	1763427649	2958539885	-102577158	690606282	843204	163529	763403	265510
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C				237145	8888			96
97.01 OTHER NONREIMBURSABLE				1953019	8011			97.01
97.02 MEDICAL SCHOOL								97.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	4325161	16212146		102577158	37227057	2964445	22623161	7125375
104 UNIT COST MULT-WS B PT I	.002453				43.282092		29.634624	
104 UNIT COST MULT-WS B PT I		.005480		.148062		18.127947		26.836560
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III	214270	2535552		8027460	1205703	72464	958201	211786
108 UNIT COST MULT-WS B PT III	.000122				1.401812		1.255171	
108 UNIT COST MULT-WS B PT III		.000857		.011587		.443126		.797657



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	VOLUNTEERS	PATIENT
	FTE	ADMINIS- TRATION DIRECT NRSING HRS	SERVICES & SUPPLY COSTED REQUIS.	REQUIS.	REVENUE	TIME SPENT	HOURS	NUMBER OF TRANSPORTS
	12	14	15	16	17	18	19.01	19.02
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
82 LUNG ACQUISITION	533	303	3464	429	850884			82
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION	1582	1011	27588	3395	8248854			83
84 LIVER ACQUISITION	553	353		4808	2917258			84
85 HEART ACQUISITION	473	302	16035	336	2696400			85
85.01 PANCREAS ACQUISITION	276	176	3992	491	653044			85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
86 OTHER ORGAN ACQUISITION (SPEC								86
95 SUBTOTALS	422081	173612	150129329	45477278	1765691953	330	28340	39395
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C								96
97.01 OTHER NONREIMBURSABLE			666					20
97.02 MEDICAL SCHOOL								97.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	4207062	7012006	7374024	31760866	8520657	1097836	464763	3608809
104 UNIT COST MULT-WS B PT I	9.967428		.049118		.004826		16.399541	
104 UNIT COST MULT-WS B PT I		40.388948		.698390		3326.775758		91.559279
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III	849475	150688	765957	2215318	1015220	96518	44826	101229
108 UNIT COST MULT-WS B PT III	2.012588		.005102		.000575		1.581722	
108 UNIT COST MULT-WS B PT III		.867958		.048713		292.478788		2.568286

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL	I&R	I&R	PARAMED	
	ELECTRONIC	SALARY & FRINGES	PROGRAM COSTS	EDUCATION	
	HOURS WORKED	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	
	19.03	22	23	24	
GENERAL SERVICE COST CENTERS					
1					1
2					2
3					3
3.01					3.01
4					4
5					5
6.01					6.01
6.02					6.02
6.03					6.03
6.04					6.04
6.05					6.05
6.06					6.06
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
19.01					19.01
19.02					19.02
19.03	4250				19.03
20					20
21					21
22		8401			22
23			8401		23
24				100	24
INPATIENT ROUTINE SERV COST CENTERS					
25	774	3601	3601		25
26	298	291	291		26
27	97	28	28		27
28	39	6	6		28
29.01	65	48	48		29.01
30	434	181	181		30
31	47	1	1		31
33	2	55	55		33
ANCILLARY SERVICE COST CENTERS					
37	401	357	357		37
39	94	135	135		39
40	5	101	101		40
41	63	328	328		41
42	8	90	90	100	42
44	182	313	313		44
46.30					46.30
47	14	28	28		47
49	709				49
50	40				50
53	87	25	25		53
54		96	96		54
54.01					54.01
55					55
56					56
57	31	29	29		57
OUTPATIENT SERVICE COST CENTERS					
60	401	1402	1402		60
60.01		24	24		60.01
60.02					60.02
61	217	476	476		61
62					62
63.50					63.50
63.60					63.60
OTHER REIMBURSABLE COST CENTERS					
65	123				65
69.10					69.10
69.20					69.20
69.30					69.30

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL	I&R	I&R	PARAMED	
	ELECTRONIC	SALARY & FRINGES	PROGRAM COSTS	EDUCATION	
	HOURS WORKED	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	
	19.03	22	23	24	
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
82 LUNG ACQUISITION					82
SPECIAL PURPOSE COST CENTERS					
83 KIDNEY ACQUISITION	3				83
84 LIVER ACQUISITION					84
85 HEART ACQUISITION					85
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
86 OTHER ORGAN ACQUISITION (SPEC					86
95 SUBTOTALS	4134	7615	7615	100	95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & C					96
97.01 OTHER NONREIMBURSABLE	116	786	786		97.01
97.02 MEDICAL SCHOOL					97.02
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 COST TO BE ALLOC PER B PT I	2763468	31932098	47543047	136654	103
104 UNIT COST MULT-WS B PT I	650.227765		5659.212832		104
104 UNIT COST MULT-WS B PT I		3800.987740		1366.540000	104
105 COST TO BE ALLOC PER B PT II					105
106 UNIT COST MULT-WS B PT II					106
106 UNIT COST MULT-WS B PT II					106
107 COST TO BE ALLOC PER B PT III	857441	992435	527068	1545	107
108 UNIT COST MULT-WS B PT III	201.750824		62.738722		108
108 UNIT COST MULT-WS B PT III		118.132960		15.450000	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL	RCE	TOTAL	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT	COSTS	DISALLOWANCE	COSTS	
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	113941717		113941717		113941717	25
26 INTENSIVE CARE UNIT	28740853		28740853		28740853	26
27 CORONARY CARE UNIT	5812513		5812513		5812513	27
28 BURN INTENSIVE CARE UNIT	4855194		4855194		4855194	28
29.01 NURSERY SPECIAL CARE	5336173		5336173		5336173	29.01
30 NURSERY ICU	18882378		18882378		18882378	30
31 SUBPROVIDER I	2139468		2139468		2139468	31
33 NURSERY	3067357		3067357		3067357	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	68777170		68777170	774835	69552005	37
39 DELIVERY ROOM & LABOR ROOM	7551286		7551286		7551286	39
40 ANESTHESIOLOGY	7650649		7650649		7650649	40
41 RADIOLOGY-DIAGNOSTIC	57039310		57039310	246521	57285831	41
42 RADIOLOGY-THERAPEUTIC	11587553		11587553	80302	11667855	42
44 LABORATORY	49462668		49462668	231026	49693694	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	18274441		18274441		18274441	47
49 RESPIRATORY THERAPY	15662454		15662454		15662454	49
50 PHYSICAL THERAPY	7809654		7809654		7809654	50
53 ELECTROCARDIOLOGY	32308363		32308363	583845	32892208	53
54 ELECTROENCEPHALOGRAPHY	4902095		4902095	5498	4907593	54
54.01 BRACE & PLASTER ROOM	388592		388592		388592	54.01
55 MEDICAL SUPPLIES CHARGED TO	17350959		17350959		17350959	55
56 DRUGS CHARGED TO PATIENTS	72068271		72068271		72068271	56
57 RENAL DIALYSIS	26144090		26144090		26144090	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	91050476		91050476	1855046	92905522	60
60.01 DENTAL CLINIC	473166		473166		473166	60.01
60.02 TRANSPLANT CLINIC	2480952		2480952		2480952	60.02
61 EMERGENCY	25109941		25109941	254543	25364484	61
62 OBSERVATION BEDS (NON-DISTI	2274653		2274653		2274653	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	3498881		3498881		3498881	65
101 SUBTOTAL	704641277		704641277	4031616	708672893	101
102 LESS OBSERVATION BEDS	2274653		2274653		2274653	102
103 TOTAL	702366624		702366624	4031616	706398240	103

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 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	280514509		280514509			25
26 INTENSIVE CARE UNIT	87701541		87701541			26
27 CORONARY CARE UNIT	18778834		18778834			27
28 BURN INTENSIVE CARE UNIT	18217868		18217868			28
29.01 NURSERY SPECIAL CARE	14645165		14645165			29.01
30 NURSERY ICU	55193869		55193869			30
31 SUBPROVIDER I	3662010		3662010			31
33 NURSERY	3756029		3756029			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	172618942	84287927	256906869	.267712	.267712	.270728 37
39 DELIVERY ROOM & LABOR ROOM	16107121	1228185	17335306	.435602	.435602	.435602 39
40 ANESTHESIOLOGY	52767879	29695388	82463267	.092776	.092776	.092776 40
41 RADIOLOGY-DIAGNOSTIC	96964615	187891383	284855998	.200239	.200239	.201105 41
42 RADIOLOGY-THERAPEUTIC	15590295	38664745	54255040	.213576	.213576	.215056 42
44 LABORATORY	167994577	169001411	336995988	.146775	.146775	.147461 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	79895189	11813288	91708477	.199267	.199267	.199267 47
49 RESPIRATORY THERAPY	122512745	5598141	128110886	.122257	.122257	.122257 49
50 PHYSICAL THERAPY	9695689	7973797	17669486	.441985	.441985	.441985 50
53 ELECTROCARDIOLOGY	98191157	56047817	154238974	.209470	.209470	.213255 53
54 ELECTROENCEPHALOGRAPHY	6096844	6531139	12627983	.388193	.388193	.388628 54
54.01 BRACE & PLASTER ROOM	98996	1294073	1393069	.278947	.278947	.278947 54.01
55 MEDICAL SUPPLIES CHARGED TO	43835878	11093181	54929059	.315879	.315879	.315879 55
56 DRUGS CHARGED TO PATIENTS	288749094	161626998	450376092	.160018	.160018	.160018 56
57 RENAL DIALYSIS	19470080	135782828	155252908	.168397	.168397	.168397 57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	20793255	133071894	153865149	.591755	.591755	.603811 60
60.01 DENTAL CLINIC		63352	63352	7.468841	7.468841	7.468841 60.01
60.02 TRANSPLANT CLINIC		157296	157296	15.772505	15.772505	15.772505 60.02
61 EMERGENCY	53617407	123022500	176639907	.142153	.142153	.143594 61
62 OBSERVATION BEDS (NON-DISTI	404859	3628367	4033226	.563979	.563979	.563979 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	1244665	4519995	5764660	.606954	.606954	.606954 65
101 SUBTOTAL	1749119112	1172993705	2922112817			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	1749119112	1172993705	2922112817			103

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	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				8947503		8947503	25
26 INTENSIVE CARE UNIT				1625568		1625568	26
27 CORONARY CARE UNIT				407520		407520	27
28 BURN INTENSIVE CARE UNIT				248353		248353	28
29 SURGICAL INTENSIVE CARE UNIT							29
29.01 NURSERY SPECIAL CARE				387098		387098	29.01
30 NURSERY ICU				1091652		1091652	30
31 SUBPROVIDER I				154404		154404	31
33 NURSERY				91363		91363	33
101 TOTAL				12953461		12953461	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	106846	35062			83.74	2936092	25
26 INTENSIVE CARE UNIT	19750	7458			82.31	613868	26
27 CORONARY CARE UNIT	4745	1027			85.88	88199	27
28 BURN INTENSIVE CARE UNIT	2654	278			93.58	26015	28
29 SURGICAL INTENSIVE CARE UNIT							29
29.01 NURSERY SPECIAL CARE	5841				66.27		29.01
30 NURSERY ICU	13808				79.06		30
31 SUBPROVIDER I	1749	749			88.28	66122	31
33 NURSERY	3463				26.38		33
101 TOTAL	158856	44574				3730296	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0088) [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		7211128	256906869	54219958			.028069	1521900	37
39 DELIVERY ROOM & LABOR ROOM		563377	17335306	243458			.032499	7912	39
40 ANESTHESIOLOGY		933567	82463267	15437759			.011321	174771	40
41 RADIOLOGY-DIAGNOSTIC		9628594	284855998	35896639			.033802	1213378	41
42 RADIOLOGY-THERAPEUTIC		2177893	54255040	3603667			.040142	144658	42
44 LABORATORY		5041096	336995988	64204431			.014959	960434	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T		723671	91708477	26646718			.007891	210269	47
49 RESPIRATORY THERAPY		1092053	128110886	28477390			.008524	242741	49
50 PHYSICAL THERAPY		481288	17669486	3838356			.027238	104549	50
53 ELECTROCARDIOLOGY		3146516	154238974	43087253			.020400	878980	53
54 ELECTROENCEPHALOGRAPHY		473549	12627983	946111			.037500	35479	54
54.01 BRACE & PLASTER ROOM		20649	1393069	21523			.014823	319	54.01
55 MEDICAL SUPPLIES CHARGED TO P		250716	54929059	16450215			.004564	75079	55
56 DRUGS CHARGED TO PATIENTS		2795719	450376092	88084605			.006208	546829	56
57 RENAL DIALYSIS		1604021	155252908	10571140			.010332	109221	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		9810739	153865149	7347680			.063762	468503	60
60.01 DENTAL CLINIC		100299	63352				1.583202		60.01
60.02 TRANSPLANT CLINIC		49687	157296				.315882		60.02
61 EMERGENCY		1212351	176639907	17078059			.006863	117207	61
62 OBSERVATION BEDS (NON-DISTINC		178622	4033226				.044288		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES									65
101 TOTAL		47495535	2433878332	416154962				6812229	101

PROVIDER NO. 14-0088 UNIVERSITY OF CHICAGO HOSPITAL  
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05  
 11/21/2008 13:37

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL COSTS
	ANESTHETIST COST 1	SCHOOL COST 2	HEALTH COSTS 2.01	MEDICAL EDUCATION COSTS 2.02	ADJUSTMENT AMOUNT 3	
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS						25
26 INTENSIVE CARE UNIT						26
27 CORONARY CARE UNIT						27
28 BURN INTENSIVE CARE UNIT						28
29 SURGICAL INTENSIVE CARE UNIT						29
29.01 NURSERY SPECIAL CARE						29.01
30 NURSERY ICU						30
31 SUBPROVIDER I						31
33 NURSERY						33
34 SKILLED NURSING FACILITY						34
35 NURSING FACILITY						35
101 TOTAL						101

PROVIDER NO. 14-0088 UNIVERSITY OF CHICAGO HOSPITAL  
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05  
 11/21/2008 13:37

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 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS				
25 ADULTS & PEDIATRICS	106846		35062	25
26 INTENSIVE CARE UNIT	19750		7458	26
27 CORONARY CARE UNIT	4745		1027	27
28 BURN INTENSIVE CARE UNIT	2654		278	28
29 SURGICAL INTENSIVE CARE UNIT				29
29.01 NURSERY SPECIAL CARE	5841			29.01
30 NURSERY ICU	13808			30
31 SUBPROVIDER I	1749		749	31
33 NURSERY	3463			33
34 SKILLED NURSING FACILITY				34
35 NURSING FACILITY				35
101 TOTAL	158856		44574	101

PROVIDER NO. 14-0088 UNIVERSITY OF CHICAGO HOSPITAL  
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05  
 11/21/2008 13:37

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0088) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC				136654			136654
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
54.01 BRACE & PLASTER ROOM							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 DENTAL CLINIC							60.01
60.02 TRANSPLANT CLINIC							60.02
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL				136654			136654 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0088) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		256906869			54219958		18110022 37
39 DELIVERY ROOM & LABOR ROOM		17335306			243458		6430 39
40 ANESTHESIOLOGY		82463267			15437759		6705294 40
41 RADIOLOGY-DIAGNOSTIC		284855998			35896639		60206432 41
42 RADIOLOGY-THERAPEUTIC	136654	54255040	.002519	.002519	3603667	9078	15166765 42
44 LABORATORY		336995988			64204431		5226847 44
46.30 BLOOD CLOTTING FACTORS ADMIN							
47 BLOOD STORING, PROCESSING & T		91708477			26646718		2866555 47
49 RESPIRATORY THERAPY		128110886			28477390		1448899 49
50 PHYSICAL THERAPY		17669486			3838356		65438 50
53 ELECTROCARDIOLOGY		154238974			43087253		27147804 53
54 ELECTROENCEPHALOGRAPHY		12627983			946111		1467929 54
54.01 BRACE & PLASTER ROOM		1393069			21523		127938 54.01
55 MEDICAL SUPPLIES CHARGED TO P		54929059			16450215		4440306 55
56 DRUGS CHARGED TO PATIENTS		450376092			88084605		38721356 56
57 RENAL DIALYSIS		155252908			10571140		20638211 57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		153865149			7347680		50824178 60
60.01 DENTAL CLINIC		63352					
60.02 TRANSPLANT CLINIC		157296					
61 EMERGENCY		176639907			17078059		14646189 61
62 OBSERVATION BEDS (NON-DISTINC		4033226					
63.50 RHC							
63.60 FQHC							
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL	136654	2433878332			416154962	9078	267816593 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0088) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC			38205		42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
54.01 BRACE & PLASTER ROOM					54.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DENTAL CLINIC					60.01
60.02 TRANSPLANT CLINIC					60.02
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL			38205		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0088) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.267712	.267712	.267712			37
39 DELIVERY ROOM & LABOR ROOM	.435602	.435602	.435602			39
40 ANESTHESIOLOGY	.092776	.092776	.092776			40
41 RADIOLOGY-DIAGNOSTIC	.200239	.200239	.200239			41
42 RADIOLOGY-THERAPEUTIC	.213576	.213576	.213576			42
44 LABORATORY	.146775	.146775	.146775			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.199267	.199267	.199267			47
49 RESPIRATORY THERAPY	.122257	.122257	.122257			49
50 PHYSICAL THERAPY	.441985	.441985	.441985			50
53 ELECTROCARDIOLOGY	.209470	.209470	.209470			53
54 ELECTROENCEPHALOGRAPHY	.388193	.388193	.388193			54
54.01 BRACE & PLASTER ROOM	.278947	.278947	.278947			54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.315879	.315879	.315879			55
56 DRUGS CHARGED TO PATIENTS	.160018	.160018	.160018			56
57 RENAL DIALYSIS	.168397	.168397	.168397			57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.591755	.591755	.591755			60
60.01 DENTAL CLINIC	7.468841	7.468841	7.468841			60.01
60.02 TRANSPLANT CLINIC	15.772505	15.772505	15.772505			60.02
61 EMERGENCY	.142153	.142153	.142153			61
62 OBSERVATION BEDS (NON-DISTINCT	.563979	.563979	.563979			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	.606954	.606954	.606954			65
65.01 AMBULANCE SERVICES (2ND PERIOD)	.606954	.606954	.606954			65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)	.606954	.606954	.606954			65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)	.606954	.606954	.606954			65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.160018	1
2 PROGRAM VACCINE CHARGES	2	215875	2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3	34544	3
3.01 PROGRAM COSTS	3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0088) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		18110022						37
39 DELIVERY ROOM & LABOR ROOM		6430						39
40 ANESTHESIOLOGY		6705294						40
41 RADIOLOGY-DIAGNOSTIC		60206432						41
42 RADIOLOGY-THERAPEUTIC		15166765						42
44 LABORATORY		5226847	17740					44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		2866555	46148					47
49 RESPIRATORY THERAPY		1448899						49
50 PHYSICAL THERAPY		65438	300					50
53 ELECTROCARDIOLOGY		27147804						53
54 ELECTROENCEPHALOGRAPHY		1467929						54
54.01 BRACE & PLASTER ROOM		127938						54.01
55 MEDICAL SUPPLIES CHARGED TO PA		4440306	39320					55
56 DRUGS CHARGED TO PATIENTS		38721356	423841					56
57 RENAL DIALYSIS		20638211						57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		50824178	10363					60
60.01 DENTAL CLINIC								60.01
60.02 TRANSPLANT CLINIC								60.02
61 EMERGENCY		14646189						61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES			466600					65
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		267816593	1004312					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		267816593	1004312					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0088) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		4848270					37
39 DELIVERY ROOM & LABOR ROOM		2801					39
40 ANESTHESIOLOGY		622090					40
41 RADIOLOGY-DIAGNOSTIC		12055676					41
42 RADIOLOGY-THERAPEUTIC		3239257					42
44 LABORATORY		767170	2604				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		571210	9196				47
49 RESPIRATORY THERAPY		177138					49
50 PHYSICAL THERAPY		28923	133				50
53 ELECTROCARDIOLOGY		5686651					53
54 ELECTROENCEPHALOGRAPHY		569840					54
54.01 BRACE & PLASTER ROOM		35688					54.01
55 MEDICAL SUPPLIES CHARGED TO PAT		1402599	12420				55
56 DRUGS CHARGED TO PATIENTS		6196114	67822				56
57 RENAL DIALYSIS		3475413					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		30075461	6132				60
60.01 DENTAL CLINIC							60.01
60.02 TRANSPLANT CLINIC							60.02
61 EMERGENCY		2082000					61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		71836301	98307				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		71836301	98307				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S088) [ ] SUB IV [XX] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD	NEW	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST		RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	5	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		7211128	256906869	67466		.028069	1894 37
39 DELIVERY ROOM & LABOR ROOM		563377	17335306			.032499	39
40 ANESTHESIOLOGY		933567	82463267	75165		.011321	851 40
41 RADIOLOGY-DIAGNOSTIC		9628594	284855998	74231		.033802	2509 41
42 RADIOLOGY-THERAPEUTIC		2177893	54255040			.040142	42
44 LABORATORY		5041096	336995988	201894		.014959	3020 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		723671	91708477	405		.007891	3 47
49 RESPIRATORY THERAPY		1092053	128110886	47604		.008524	406 49
50 PHYSICAL THERAPY		481288	17669486	17853		.027238	486 50
53 ELECTROCARDIOLOGY		3146516	154238974	21249		.020400	433 53
54 ELECTROENCEPHALOGRAPHY		473549	12627983	6522		.037500	245 54
54.01 BRACE & PLASTER ROOM		20649	1393069			.014823	54.01
55 MEDICAL SUPPLIES CHARGED TO P		250716	54929059			.004564	55
56 DRUGS CHARGED TO PATIENTS		2795719	450376092	162629		.006208	1010 56
57 RENAL DIALYSIS		1604021	155252908	12465		.010332	129 57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		9810739	153865149	7583		.063762	484 60
60.01 DENTAL CLINIC		100299	63352			1.583202	60.01
60.02 TRANSPLANT CLINIC		49687	157296			.315882	60.02
61 EMERGENCY		1212351	176639907	126238		.006863	866 61
62 OBSERVATION BEDS (NON-DISTINC		178622	4033226			.044288	62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL		47495535	2433878332	821304			12336 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S088) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC				136654			136654
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
54.01 BRACE & PLASTER ROOM							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 DENTAL CLINIC							60.01
60.02 TRANSPLANT CLINIC							60.02
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL				136654			136654 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S088) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH			COST TO	RATIO OF COST	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		256906869			67466		37
39 DELIVERY ROOM & LABOR ROOM		17335306					39
40 ANESTHESIOLOGY		82463267			75165		40
41 RADIOLOGY-DIAGNOSTIC		284855998			74231		41
42 RADIOLOGY-THERAPEUTIC	136654	54255040	.002519	.002519			42
44 LABORATORY		336995988			201894		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		91708477			405		47
49 RESPIRATORY THERAPY		128110886			47604		49
50 PHYSICAL THERAPY		17669486			17853		50
53 ELECTROCARDIOLOGY		154238974			21249		53
54 ELECTROENCEPHALOGRAPHY		12627983			6522		54
54.01 BRACE & PLASTER ROOM		1393069					54.01
55 MEDICAL SUPPLIES CHARGED TO P		54929059					55
56 DRUGS CHARGED TO PATIENTS		450376092			162629		56
57 RENAL DIALYSIS		155252908			12465		57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		153865149			7583		60
60.01 DENTAL CLINIC		63352					60.01
60.02 TRANSPLANT CLINIC		157296					60.02
61 EMERGENCY		176639907			126238		61
62 OBSERVATION BEDS (NON-DISTINC		4033226					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL	136654	2433878332			821304		980 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S088) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
54.01 BRACE & PLASTER ROOM					54.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DENTAL CLINIC					60.01
60.02 TRANSPLANT CLINIC					60.02
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S088) [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.267712	.267712	.267712			37
39 DELIVERY ROOM & LABOR ROOM	.435602	.435602	.435602			39
40 ANESTHESIOLOGY	.092776	.092776	.092776			40
41 RADIOLOGY-DIAGNOSTIC	.200239	.200239	.200239			41
42 RADIOLOGY-THERAPEUTIC	.213576	.213576	.213576			42
44 LABORATORY	.146775	.146775	.146775			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.199267	.199267	.199267			47
49 RESPIRATORY THERAPY	.122257	.122257	.122257			49
50 PHYSICAL THERAPY	.441985	.441985	.441985			50
53 ELECTROCARDIOLOGY	.209470	.209470	.209470			53
54 ELECTROENCEPHALOGRAPHY	.388193	.388193	.388193			54
54.01 BRACE & PLASTER ROOM	.278947	.278947	.278947			54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.315879	.315879	.315879			55
56 DRUGS CHARGED TO PATIENTS	.160018	.160018	.160018			56
57 RENAL DIALYSIS	.168397	.168397	.168397			57
60 OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.591755	.591755	.591755			60
60.01 DENTAL CLINIC	7.468841	7.468841	7.468841			60.01
60.02 TRANSPLANT CLINIC	15.772505	15.772505	15.772505			60.02
61 EMERGENCY	.142153	.142153	.142153			61
62 OBSERVATION BEDS (NON-DISTINCT	.563979	.563979	.563979			62
63.50 RHC						63.50
63.60 FQHC						63.60
65 OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	.606954	.606954	.606954			65
65.01 AMBULANCE SERVICES (2ND PERIOD)	.606954	.606954	.606954			65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)	.606954	.606954	.606954			65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)	.606954	.606954	.606954			65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.160018	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S088) [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC								41
42 RADIOLOGY-THERAPEUTIC								42
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR								47
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
53 ELECTROCARDIOLOGY								53
54 ELECTROENCEPHALOGRAPHY								54
54.01 BRACE & PLASTER ROOM								54.01
55 MEDICAL SUPPLIES CHARGED TO PA								55
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS								57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 DENTAL CLINIC								60.01
60.02 TRANSPLANT CLINIC								60.02
61 EMERGENCY			980					61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL			980					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES			980					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S088) [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
54.01 BRACE & PLASTER ROOM							54.01
55 MEDICAL SUPPLIES CHARGED TO PAT							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 DENTAL CLINIC							60.01
60.02 TRANSPLANT CLINIC							60.02
61 EMERGENCY		139					61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		139					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		139					104

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0088)	SUB I (TEFRA) (14-S088)	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	106846	1749					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	106846	1749					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	106846	1749					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	35062	749					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0088)	SUB I (TEFRA) (14-S088)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT							
	1	1	1	1	1	1	
17							17
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
18							18
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
19							19
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
20							20
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
21	113941717	2139468					21
TOTAL GENERAL INPATIENT ROUTINE SERVICE COST							
22							22
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
23							23
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
24							24
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
25							25
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
26							26
TOTAL SWING-BED COST							
27	113941717	2139468					27
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	194953360	5957610					28
GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)							
29							29
PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
30							30
SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
31	.584456	.359115					31
GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO							
32							32
AVERAGE PRIVATE ROOM PER DIEM CHARGE							
33							33
AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							
34							34
AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							
35							35
AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							
36							36
PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							
37	113941717	2139468					37
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL							

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (14-0088)	SUB I (TEFRA) (14-S088)	SUB II	SUB III	SUB IV		
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		1	1	1	1	1		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1066.41	1223.25					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	37390467	916214					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	37390467	916214					41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5		
42	NURSERY (TITLES V AND XIX ONLY)							42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
44	INTENSIVE CARE UNIT	28740853	19750	1455.23	7458	10853105		43
44	CORONARY CARE UNIT	5812513	4745	1224.98	1027	1258054		44
45	BURN INTENSIVE CARE UNIT	4855194	2654	1829.39	278	508570		45
46	SURGICAL INTENSIVE CARE UNIT							46
46.01	NURSERY SPECIAL CARE	5336173	5841	913.57				46.01
47	NURSERY ICU	18882378	13808	1367.50				47
		HOSPITAL (PPS) (14-0088)	SUB I (TEFRA) (14-S088)	SUB II	SUB III	SUB IV		
		1	1	1	1	1		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	81689393	140862					48
49	TOTAL PROGRAM INPATIENT COSTS	131699589	1057076					49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	3664174	66122					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	6821307	12336					51
52	TOTAL PROGRAM EXCLUDABLE COST	10485481	78458					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	121214108	978618					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0088)	SUB I (TEFRA) (14-S088)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
	1	1	1	1	1	
54		62				54
55		13069.69				55
56		810321				56
57		-168297				57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04		43633				58.04
59		932412				59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

SNF

1

66 SNF/NF/ICF/MR ROUTINE SERVICE COST	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	67
68 PROGRAM ROUTINE SERVICE COST	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	71
72 PER DIEM CAPITAL RELATED COSTS	72
73 PROGRAM CAPITAL RELATED COSTS	73
74 INPATIENT ROUTINE SERVICE COST	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	77
78 INPATIENT ROUTINE SERVICE COST LIMITATION	78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION	81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV  
 (PPS) (TEFRA)  
 (14-0088)(14-S088)  
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2133	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1066.41	84
85 OBSERVATION BED COST	2274653	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		113941717		2274653		86
87 NEW CAPITAL-RELATED COST	8947503	113941717	.078527	2274653	178622	87
88 NON PHYSICIAN ANESTHETIST		113941717		2274653		88
89 NURSING SCHOOL		113941717		2274653		89
89.01 ALLIED HEALTH		113941717		2274653		89.01
89.02 ALL OTHER		113941717		2274653		89.02

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [XX] HOSPITAL (14-0088) [ ] SNF [XX] PPS  
 [XX] TITLE XVIII-PT A [ ] SUB I [ ] NF [ ] TEFRA  
 [ ] TITLE XIX [ ] SUB II [ ] S/B-SNF [ ] OTHER  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		80779399		25
26 INTENSIVE CARE UNIT		34963689		26
27 CORONARY CARE UNIT		8186037		27
28 BURN INTENSIVE CARE UNIT		2003216		28
29.01 NURSERY SPECIAL CARE				29.01
30 NURSERY ICU				30
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.270728	54219958	14678861	37
39 DELIVERY ROOM & LABOR ROOM	.435602	243458	106051	39
40 ANESTHESIOLOGY	.092776	15437759	1432254	40
41 RADIOLOGY-DIAGNOSTIC	.201105	35896639	7218994	41
42 RADIOLOGY-THERAPEUTIC	.215056	3603667	774990	42
44 LABORATORY	.147461	64204431	9467650	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.199267	26646718	5309812	47
49 RESPIRATORY THERAPY	.122257	28477390	3481560	49
50 PHYSICAL THERAPY	.441985	3838356	1696496	50
53 ELECTROCARDIOLOGY	.213255	43087253	9188572	53
54 ELECTROENCEPHALOGRAPHY	.388628	946111	367685	54
54.01 BRACE & PLASTER ROOM	.278947	21523	6004	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.315879	16450215	5196277	55
56 DRUGS CHARGED TO PATIENTS	.160018	88084605	14095122	56
57 RENAL DIALYSIS	.168397	10571140	1780148	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.603811	7347680	4436610	60
60.01 DENTAL CLINIC	7.468841			60.01
60.02 TRANSPLANT CLINIC	15.772505			60.02
61 EMERGENCY	.143594	17078059	2452307	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.563979			62
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		416154962	81689393	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		416154962		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S088)	<input type="checkbox"/> NF	<input checked="" type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
27 CORONARY CARE UNIT				27
28 BURN INTENSIVE CARE UNIT				28
29.01 NURSERY SPECIAL CARE				29.01
30 NURSERY ICU				30
31 SUBPROVIDER I		1537360		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.267712	67466	18061	37
39 DELIVERY ROOM & LABOR ROOM	.435602			39
40 ANESTHESIOLOGY	.092776	75165	6974	40
41 RADIOLOGY-DIAGNOSTIC	.200239	74231	14864	41
42 RADIOLOGY-THERAPEUTIC	.213576			42
44 LABORATORY	.146775	201894	29633	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.199267	405	81	47
49 RESPIRATORY THERAPY	.122257	47604	5820	49
50 PHYSICAL THERAPY	.441985	17853	7891	50
53 ELECTROCARDIOLOGY	.209470	21249	4451	53
54 ELECTROENCEPHALOGRAPHY	.388193	6522	2532	54
54.01 BRACE & PLASTER ROOM	.278947			54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.315879			55
56 DRUGS CHARGED TO PATIENTS	.160018	162629	26024	56
57 RENAL DIALYSIS	.168397	12465	2099	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.591755	7583	4487	60
60.01 DENTAL CLINIC	7.468841			60.01
60.02 TRANSPLANT CLINIC	15.772505			60.02
61 EMERGENCY	.142153	126238	17945	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.563979			62
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		821304	140862	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		821304		103

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 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 COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
		1	D	2	3	4	
1	ADULTS & PEDIATRICS	152547	38	1066.41	74	78914	1
2	INTENSIVE CARE UNIT		43	1455.23			2
3	CORONARY CARE UNIT		44	1224.98			3
4	BURN INTENSIVE CARE UNIT		45	1829.39			4
5	SURGICAL INTENSIVE CARE UNIT		46				5
5.01	NURSERY SPECIAL CARE		46.01	913.57			5.01
6	NURSERY ICU		47	1367.50			6
7	TOTAL	152547			74	78914	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/CHARGES		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS		
		C	1	2	3		
8	OPERATING ROOM	37	.267712	700793	187611		8
9	RECOVERY ROOM	38					9
10	DELIVERY ROOM & LABOR ROOM	39	.435602				10
11	ANESTHESIOLOGY	40	.092776	159621	14809		11
12	RADIOLOGY-DIAGNOSTIC	41	.200239	638163	127785		12
13	RADIOLOGY-THERAPEUTIC	42	.213576				13
14	RADIOISOTOPE	43					14
15	LABORATORY	44	.146775	3191179	468385		15
16	PBP CLINICAL LAB SERVICES-PRGM	45					16
17	WHOLE BLOOD & PACKED RED BLOOD	46					17
17.30	BLOOD CLOTTING FACTORS ADMIN CO	46.30					17.30
18	BLOOD STORING, PROCESSING & TRA	47	.199267	65665	13085		18
19	INTRAVENOUS THERAPY	48					19
20	RESPIRATORY THERAPY	49	.122257	25659	3137		20
21	PHYSICAL THERAPY	50	.441985				21
22	OCCUPATIONAL THERAPY	51					22
23	SPEECH PATHOLOGY	52					23
24	ELECTROCARDIOLOGY	53	.209470	1310969	274609		24
25	ELECTROENCEPHALOGRAPHY	54	.388193				25
25.01	BRACE & PLASTER ROOM	54.01	.278947	725	202		25.01
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.315879	157	50		26
27	DRUGS CHARGED TO PATIENTS	56	.160018	99113	15860		27
28	RENAL DIALYSIS	57	.168397	252653	42546		28
29	ASC (NON-DISTINCT PART)	58					29
30	OTHER ANCILLARY (SPECIFY)	59					30
31	CLINIC	60	.591755	213872	126560		31
31.01	DENTAL CLINIC	60.01	7.468841				31.01
31.02	TRANSPLANT CLINIC	60.02	15.772505				31.02
32	EMERGENCY	61	.142153	4739	674		32
33	OBSERVATION BEDS (NON-DISTINCT)	62	.563979				33
34	OTHER OUTPATIENT SERV (SPECIFY)	63					34
34.50	RHC	63.50					34.50
34.60	FQHC	63.60					34.60
35	TOTAL			6663308	1275313		35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 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	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS	
	D	1	2	3	
36 ADULTS & PEDIATRICS	2		74		36
37 INTENSIVE CARE UNIT	3				37
38 CORONARY CARE UNIT	4				38
39 BURN INTENSIVE CARE UNIT	5				39
40 SURGICAL INTENSIVE CARE UNIT	6				40
40.01 NURSERY SPECIAL CARE	6.01				40.01
41 NURSERY ICU	7				41
42 SUBTOTAL			74		42

  

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
	1	D	2	3	
43 CLINIC	213872	20			43
43.01 DENTAL CLINIC		20.01			43.01
43.02 TRANSPLANT CLINIC		20.02			43.02
44 EMERGENCY	4739	21			44
45 OBSERVATION BEDS (NON-DISTINCT)		22			45
46 OTHER OUTPATIENT SERV (SPECIFY)		23			46
46.50 RHC		23.50			46.50
46.60 FQHC		23.60			46.60
47 TOTAL	218611				47

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 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	
48 ROUTINE & ANCILLARY FROM PART I	1354227		6815855		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	4331617		4331617		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	5685844		11147472		53
54 TOTAL USABLE ORGANS		124			54
55 MEDICARE USABLE ORGANS		81			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.653226			56
57 MEDICARE COST/CHARGES	3714141		7281819		57
58 REVENUE FOR ORGANS SOLD	250926				58
59 SUBTOTAL	3463215		7281819		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	3463215		7281819		61

PART IV - STATISTICS

	LIVING RELATED		CADAVERIC 2	REVENUE 3	
	1	26			
62 ORGANS EXCISED IN PROVIDER		26	16		62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS					63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS					64
65 ORGANS PURCHASED FROM OPO'S			82		65
66 TOTAL		26	98		66
67 ORGANS TRANSPLANTED		26	82		67
68 ORGANS SOLD TO OTHER HOSPITALS					68
69 ORGANS SOLD TO OPO'S			16	250926	69
70 ORGANS SOLD TO TRANSPLANT HOSPITALS					70
71 ORGANS SOLD TO MILITARY OR VA HOSPITALS					71
72 ORGANS SOLD OUTSIDE THE U.S.					72
73 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)					73
74 ORGANS USED FOR RESEARCH					74
75 UNUSABLE/DISCARDED ORGANS					75
76 TOTAL		26	98		76

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 PART I

CHECK [ ] HEART [XX] LIVER [ ] 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 COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
		1	D	2	3	4	
1	ADULTS & PEDIATRICS	48352	38	1066.41	46	49055	1
2	INTENSIVE CARE UNIT	51643	43	1455.23	12	17463	2
3	CORONARY CARE UNIT		44	1224.98			3
4	BURN INTENSIVE CARE UNIT		45	1829.39			4
5	SURGICAL INTENSIVE CARE UNIT		46				5
5.01	NURSERY SPECIAL CARE		46.01	913.57			5.01
6	NURSERY ICU		47	1367.50			6
7	TOTAL	99995			58	66518	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/CHARGES		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS		
		C	1	2	3		
8	OPERATING ROOM	37	.267712	265357	71039		8
9	RECOVERY ROOM	38					9
10	DELIVERY ROOM & LABOR ROOM	39	.435602				10
11	ANESTHESIOLOGY	40	.092776	64683	6001		11
12	RADIOLOGY-DIAGNOSTIC	41	.200239	291152	58300		12
13	RADIOLOGY-THERAPEUTIC	42	.213576				13
14	RADIOISOTOPE	43					14
15	LABORATORY	44	.146775	386552	56736		15
16	PBP CLINICAL LAB SERVICES-PRGM	45					16
17	WHOLE BLOOD & PACKED RED BLOOD	46					17
17.30	BLOOD CLOTTING FACTORS ADMIN CO	46.30					17.30
18	BLOOD STORING, PROCESSING & TRA	47	.199267	25306	5043		18
19	INTRAVENOUS THERAPY	48					19
20	RESPIRATORY THERAPY	49	.122257	51757	6328		20
21	PHYSICAL THERAPY	50	.441985	270	119		21
22	OCCUPATIONAL THERAPY	51					22
23	SPEECH PATHOLOGY	52					23
24	ELECTROCARDIOLOGY	53	.209470	139989	29323		24
25	ELECTROENCEPHALOGRAPHY	54	.388193				25
25.01	BRACE & PLASTER ROOM	54.01	.278947				25.01
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.315879				26
27	DRUGS CHARGED TO PATIENTS	56	.160018	109145	17465		27
28	RENAL DIALYSIS	57	.168397				28
29	ASC (NON-DISTINCT PART)	58					29
30	OTHER ANCILLARY (SPECIFY)	59					30
31	CLINIC	60	.591755	182832	108192		31
31.01	DENTAL CLINIC	60.01	7.468841				31.01
31.02	TRANSPLANT CLINIC	60.02	15.772505				31.02
32	EMERGENCY	61	.142153	11648	1656		32
33	OBSERVATION BEDS (NON-DISTINCT)	62	.563979				33
34	OTHER OUTPATIENT SERV (SPECIFY)	63					34
34.50	RHC	63.50					34.50
34.60	FQHC	63.60					34.60
35	TOTAL			1528691	360202		35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 PART II

CHECK [ ] HEART [XX] LIVER [ ] 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	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS	
		D	2	3	
36	ADULTS & PEDIATRICS	2	46		36
37	INTENSIVE CARE UNIT	3	12		37
38	CORONARY CARE UNIT	4			38
39	BURN INTENSIVE CARE UNIT	5			39
40	SURGICAL INTENSIVE CARE UNIT	6			40
40.01	NURSERY SPECIAL CARE	6.01			40.01
41	NURSERY ICU	7			41
42	SUBTOTAL		58		42

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
		1	D	2	3
43	CLINIC	182832	20		43
43.01	DENTAL CLINIC		20.01		43.01
43.02	TRANSPLANT CLINIC		20.02		43.02
44	EMERGENCY	11648	21		44
45	OBSERVATION BEDS (NON-DISTINCT)		22		45
46	OTHER OUTPATIENT SERV (SPECIFY)		23		46
46.50	RHC		23.50		46.50
46.60	FQHC		23.60		46.60
47	TOTAL	194480			47

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 PARTS III & IV

CHECK [ ] HEART [XX] LIVER [ ] 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	
48 ROUTINE & ANCILLARY FROM PART I	426720		1628686		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	2616206		1421974		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	3042926		3050660		53
54 TOTAL USABLE ORGANS		43			54
55 MEDICARE USABLE ORGANS		18			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.418605			56
57 MEDICARE COST/CHARGES	1273784		1277022		57
58 REVENUE FOR ORGANS SOLD	156829				58
59 SUBTOTAL	1116955		1277022		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	1116955		1277022		61

PART IV - STATISTICS

	LIVING RELATED		CADAVERIC 2	REVENUE 3	
	1	8			
62 ORGANS EXCISED IN PROVIDER		8	10		62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS					63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS					64
65 ORGANS PURCHASED FROM OPO'S			25		65
66 TOTAL		8	35		66
67 ORGANS TRANSPLANTED		8	25		67
68 ORGANS SOLD TO OTHER HOSPITALS					68
69 ORGANS SOLD TO OPO'S			10	156829	69
70 ORGANS SOLD TO TRANSPLANT HOSPITALS					70
71 ORGANS SOLD TO MILITARY OR VA HOSPITALS					71
72 ORGANS SOLD OUTSIDE THE U.S.					72
73 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)					73
74 ORGANS USED FOR RESEARCH					74
75 UNUSABLE/DISCARDED ORGANS					75
76 TOTAL		8	35		76

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 PART I

CHECK [XX] HEART [ ] LIVER [ ] 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 COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
	1	D	2	3	4	
1	ADULTS & PEDIATRICS	38	1066.41			1
2	INTENSIVE CARE UNIT	43	1455.23			2
3	CORONARY CARE UNIT	44	1224.98			3
4	BURN INTENSIVE CARE UNIT	45	1829.39			4
5	SURGICAL INTENSIVE CARE UNIT	46				5
5.01	NURSERY SPECIAL CARE	46.01	913.57			5.01
6	NURSERY ICU	47	1367.50			6
7	TOTAL					7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS		
	C	1	2	3		
8	OPERATING ROOM	37	.267712			8
9	RECOVERY ROOM	38				9
10	DELIVERY ROOM & LABOR ROOM	39	.435602			10
11	ANESTHESIOLOGY	40	.092776			11
12	RADIOLOGY-DIAGNOSTIC	41	.200239	47730	9557	12
13	RADIOLOGY-THERAPEUTIC	42	.213576			13
14	RADIOISOTOPE	43				14
15	LABORATORY	44	.146775	158570	23274	15
16	PBP CLINICAL LAB SERVICES-PRGM	45				16
17	WHOLE BLOOD & PACKED RED BLOOD	46				17
17.30	BLOOD CLOTTING FACTORS ADMIN CO	46.30				17.30
18	BLOOD STORING, PROCESSING & TRA	47	.199267	3424	682	18
19	INTRAVENOUS THERAPY	48				19
20	RESPIRATORY THERAPY	49	.122257	20385	2492	20
21	PHYSICAL THERAPY	50	.441985			21
22	OCCUPATIONAL THERAPY	51				22
23	SPEECH PATHOLOGY	52				23
24	ELECTROCARDIOLOGY	53	.209470	92866	19453	24
25	ELECTROENCEPHALOGRAPHY	54	.388193			25
25.01	BRACE & PLASTER ROOM	54.01	.278947			25.01
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.315879			26
27	DRUGS CHARGED TO PATIENTS	56	.160018	17888	2862	27
28	RENAL DIALYSIS	57	.168397			28
29	ASC (NON-DISTINCT PART)	58				29
30	OTHER ANCILLARY (SPECIFY)	59				30
31	CLINIC	60	.591755	64520	38180	31
31.01	DENTAL CLINIC	60.01	7.468841			31.01
31.02	TRANSPLANT CLINIC	60.02	15.772505			31.02
32	EMERGENCY	61	.142153	2098	298	32
33	OBSERVATION BEDS (NON-DISTINCT)	62	.563979			33
34	OTHER OUTPATIENT SERV (SPECIFY)	63				34
34.50	RHC	63.50				34.50
34.60	FQHC	63.60				34.60
35	TOTAL			407481	96798	35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 PART II

CHECK [XX] HEART [ ] LIVER [ ] 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	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS	
	D	1	2	3	
36	ADULTS & PEDIATRICS				36
37	INTENSIVE CARE UNIT				37
38	CORONARY CARE UNIT				38
39	BURN INTENSIVE CARE UNIT				39
40	SURGICAL INTENSIVE CARE UNIT				40
40.01	NURSERY SPECIAL CARE	6.01			40.01
41	NURSERY ICU	7			41
42	SUBTOTAL				42
COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
		1	D	2	3
43	CLINIC		20		43
43.01	DENTAL CLINIC	64520	20.01		43.01
43.02	TRANSPLANT CLINIC		20.02		43.02
44	EMERGENCY	2098	21		44
45	OBSERVATION BEDS (NON-DISTINCT)		22		45
46	OTHER OUTPATIENT SERV (SPECIFY)		23		46
46.50	RHC		23.50		46.50
46.60	FQHC		23.60		46.60
47	TOTAL	66618			47

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 PARTS III & IV

CHECK [XX] HEART [ ] LIVER [ ] 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	
48 ROUTINE & ANCILLARY FROM PART I	96798		407481		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	1935294		1706861		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	2032092		2114342		53
54 TOTAL USABLE ORGANS		33			54
55 MEDICARE USABLE ORGANS		10			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.303030			56
57 MEDICARE COST/CHARGES	615785		640709		57
58 REVENUE FOR ORGANS SOLD	78414				58
59 SUBTOTAL	537371		640709		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	537371		640709		61

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
62 ORGANS EXCISED IN PROVIDER		5		62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65 ORGANS PURCHASED FROM OPO'S		28		65
66 TOTAL		33		66
67 ORGANS TRANSPLANTED		28		67
68 ORGANS SOLD TO OTHER HOSPITALS				68
69 ORGANS SOLD TO OPO'S		5	78414	69
70 ORGANS SOLD TO TRANSPLANT HOSPITALS				70
71 ORGANS SOLD TO MILITARY OR VA HOSPITALS				71
72 ORGANS SOLD OUTSIDE THE U.S.				72
73 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				73
74 ORGANS USED FOR RESEARCH				74
75 UNUSABLE/DISCARDED ORGANS				75
76 TOTAL		33		76

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 PART I

CHECK [ ] HEART [ ] LIVER [ ] PANCREAS [ ] ISLET  
 APPLICABLE BOX [ ] KIDNEY [XX] 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 COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
	1	D	2	3	4	
1	ADULTS & PEDIATRICS	38	1066.41			1
2	INTENSIVE CARE UNIT	43	1455.23			2
3	CORONARY CARE UNIT	4562	1224.98			3
4	BURN INTENSIVE CARE UNIT	45	1829.39			4
5	SURGICAL INTENSIVE CARE UNIT	46				5
5.01	NURSERY SPECIAL CARE	46.01	913.57			5.01
6	NURSERY ICU	47	1367.50			6
7	TOTAL	4562				7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS		
	C	1	2	3		
8	OPERATING ROOM	37	.267712			8
9	RECOVERY ROOM	38				9
10	DELIVERY ROOM & LABOR ROOM	39	.435602			10
11	ANESTHESIOLOGY	40	.092776			11
12	RADIOLOGY-DIAGNOSTIC	41	.200239	30075	6022	12
13	RADIOLOGY-THERAPEUTIC	42	.213576			13
14	RADIOISOTOPE	43				14
15	LABORATORY	44	.146775	81002	11889	15
16	PBP CLINICAL LAB SERVICES-PRGM	45				16
17	WHOLE BLOOD & PACKED RED BLOOD	46				17
17.30	BLOOD CLOTTING FACTORS ADMIN CO	46.30				17.30
18	BLOOD STORING, PROCESSING & TRA	47	.199267	4726	942	18
19	INTRAVENOUS THERAPY	48				19
20	RESPIRATORY THERAPY	49	.122257	15492	1894	20
21	PHYSICAL THERAPY	50	.441985			21
22	OCCUPATIONAL THERAPY	51				22
23	SPEECH PATHOLOGY	52				23
24	ELECTROCARDIOLOGY	53	.209470			24
25	ELECTROENCEPHALOGRAPHY	54	.388193	19304	7494	25
25.01	BRACE & PLASTER ROOM	54.01	.278947			25.01
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.315879			26
27	DRUGS CHARGED TO PATIENTS	56	.160018	7816	1251	27
28	RENAL DIALYSIS	57	.168397			28
29	ASC (NON-DISTINCT PART)	58				29
30	OTHER ANCILLARY (SPECIFY)	59				30
31	CLINIC	60	.591755	54547	32278	31
31.01	DENTAL CLINIC	60.01	7.468841			31.01
31.02	TRANSPLANT CLINIC	60.02	15.772505			31.02
32	EMERGENCY	61	.142153			32
33	OBSERVATION BEDS (NON-DISTINCT)	62	.563979			33
34	OTHER OUTPATIENT SERV (SPECIFY)	63				34
34.50	RHC	63.50				34.50
34.60	FQHC	63.60				34.60
35	TOTAL			212962	61770	35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 PART II

CHECK [ ] HEART [ ] LIVER [ ] PANCREAS [ ] ISLET  
 APPLICABLE BOX [ ] KIDNEY [XX] 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	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS	
		1	2	3	
36	ADULTS & PEDIATRICS	D			36
37	INTENSIVE CARE UNIT	2			37
38	CORONARY CARE UNIT	3			38
39	BURN INTENSIVE CARE UNIT	4			39
40	SURGICAL INTENSIVE CARE UNIT	5			40
40.01	NURSERY SPECIAL CARE	6			40.01
41	NURSERY ICU	6.01			41
42	SUBTOTAL	7			42

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
		1	2	3	
43	CLINIC	D			43
43.01	DENTAL CLINIC	54547	20		43.01
43.02	TRANSPLANT CLINIC		20.01		43.02
44	EMERGENCY		20.02		44
45	OBSERVATION BEDS (NON-DISTINCT)		21		45
46	OTHER OUTPATIENT SERV (SPECIFY)		22		46
46.50	RHC		23		46.50
46.60	FQHC		23.50		46.60
47	TOTAL	54547	23.60		47

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
48 ROUTINE & ANCILLARY FROM PART I	61770		217524		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	634843		634843		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	696613		852367		53
54 TOTAL USABLE ORGANS		5			54
55 MEDICARE USABLE ORGANS		2			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.400000			56
57 MEDICARE COST/CHARGES	278645		340947		57
58 REVENUE FOR ORGANS SOLD	31366				58
59 SUBTOTAL	247279		340947		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	247279		340947		61

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
62 ORGANS EXCISED IN PROVIDER		2		62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65 ORGANS PURCHASED FROM OPO'S		3		65
66 TOTAL		5		66
67 ORGANS TRANSPLANTED				67
68 ORGANS SOLD TO OTHER HOSPITALS		2		68
69 ORGANS SOLD TO OPO'S				69
70 ORGANS SOLD TO TRANSPLANT HOSPITALS		3	31366	70
71 ORGANS SOLD TO MILITARY OR VA HOSPITALS				71
72 ORGANS SOLD OUTSIDE THE U.S.				72
73 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				73
74 ORGANS USED FOR RESEARCH				74
75 UNUSABLE/DISCARDED ORGANS				75
76 TOTAL		5		76

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 PART I

CHECK [ ] HEART [ ] LIVER [XX] PANCREAS [ ] ISLET  
 APPLICABLE BOX [ ] KIDNEY [ ] LUNG [ ] INTESITINE [ ] 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 COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
	1	D	2	3	4	
1	ADULTS & PEDIATRICS	38	1066.41			1
2	INTENSIVE CARE UNIT	43	1455.23			2
3	CORONARY CARE UNIT	44	1224.98			3
4	BURN INTENSIVE CARE UNIT	45	1829.39			4
5	SURGICAL INTENSIVE CARE UNIT	46				5
5.01	NURSERY SPECIAL CARE	46.01	913.57			5.01
6	NURSERY ICU	47	1367.50			6
7	TOTAL					7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS		
	C	1	2	3		
8	OPERATING ROOM	37	.267712			8
9	RECOVERY ROOM	38				9
10	DELIVERY ROOM & LABOR ROOM	39	.435602			10
11	ANESTHESIOLOGY	40	.092776			11
12	RADIOLOGY-DIAGNOSTIC	41	.200239	14619	2927	12
13	RADIOLOGY-THERAPEUTIC	42	.213576			13
14	RADIOISOTOPE	43				14
15	LABORATORY	44	.146775	111729	16399	15
16	PBP CLINICAL LAB SERVICES-PRGM	45				16
17	WHOLE BLOOD & PACKED RED BLOOD	46				17
17.30	BLOOD CLOTTING FACTORS ADMIN CO	46.30				17.30
18	BLOOD STORING, PROCESSING & TRA	47	.199267	1632	325	18
19	INTRAVENOUS THERAPY	48				19
20	RESPIRATORY THERAPY	49	.122257	2071	253	20
21	PHYSICAL THERAPY	50	.441985			21
22	OCCUPATIONAL THERAPY	51				22
23	SPEECH PATHOLOGY	52				23
24	ELECTROCARDIOLOGY	53	.209470	39830	8343	24
25	ELECTROENCEPHALOGRAPHY	54	.388193			25
25.01	BRACE & PLASTER ROOM	54.01	.278947			25.01
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.315879			26
27	DRUGS CHARGED TO PATIENTS	56	.160018			27
28	RENAL DIALYSIS	57	.168397			28
29	ASC (NON-DISTINCT PART)	58				29
30	OTHER ANCILLARY (SPECIFY)	59				30
31	CLINIC	60	.591755	5561	3291	31
31.01	DENTAL CLINIC	60.01	7.468841			31.01
31.02	TRANSPLANT CLINIC	60.02	15.772505			31.02
32	EMERGENCY	61	.142153			32
33	OBSERVATION BEDS (NON-DISTINCT)	62	.563979			33
34	OTHER OUTPATIENT SERV (SPECIFY)	63				34
34.50	RHC	63.50				34.50
34.60	FQHC	63.60				34.60
35	TOTAL			175442	31538	35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 PART II

CHECK [ ] HEART [ ] LIVER [XX] PANCREAS [ ] ISLET  
 APPLICABLE BOX [ ] KIDNEY [ ] LUNG [ ] INTESITINE [ ] 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	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS	
		1	2	3	
36	ADULTS & PEDIATRICS	D			36
37	INTENSIVE CARE UNIT	2			37
38	CORONARY CARE UNIT	3			38
39	BURN INTENSIVE CARE UNIT	4			39
40	SURGICAL INTENSIVE CARE UNIT	5			40
40.01	NURSERY SPECIAL CARE	6			40.01
41	NURSERY ICU	6.01			41
42	SUBTOTAL	7			42

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
		1	2	3	
43	CLINIC	D			43
43.01	DENTAL CLINIC	5561	20		43.01
43.02	TRANSPLANT CLINIC		20.01		43.02
44	EMERGENCY		20.02		44
45	OBSERVATION BEDS (NON-DISTINCT)		21		45
46	OTHER OUTPATIENT SERV (SPECIFY)		22		46
46.50	RHC		23		46.50
46.60	FQHC		23.50		46.60
47	TOTAL	5561	23.60		47

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 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	
48 ROUTINE & ANCILLARY FROM PART I	31538		175442		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	688223		777743		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	719761		953185		53
54 TOTAL USABLE ORGANS		15			54
55 MEDICARE USABLE ORGANS		4			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.266667			56
57 MEDICARE COST/CHARGES	191937		254183		57
58 REVENUE FOR ORGANS SOLD	47049				58
59 SUBTOTAL	144888		254183		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	144888		254183		61

PART IV - STATISTICS

	LIVING RELATED		CADAVERIC 2	REVENUE 3	
	1				
62 ORGANS EXCISED IN PROVIDER			3		62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS					63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS					64
65 ORGANS PURCHASED FROM OPO'S			16		65
66 TOTAL			19		66
67 ORGANS TRANSPLANTED			16		67
68 ORGANS SOLD TO OTHER HOSPITALS					68
69 ORGANS SOLD TO OPO'S			3	47049	69
70 ORGANS SOLD TO TRANSPLANT HOSPITALS					70
71 ORGANS SOLD TO MILITARY OR VA HOSPITALS					71
72 ORGANS SOLD OUTSIDE THE U.S.					72
73 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)					73
74 ORGANS USED FOR RESEARCH					74
75 UNUSABLE/DISCARDED ORGANS					75
76 TOTAL			19		76

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0088)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	17966345					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	18772006					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	37711142					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	316677					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	506100					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	1180746					1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	13404422					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	556.99					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996	423.43					3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [ FOR CR PERIODS ENDING ] [ ON OR AFTER 7/1/2005 ] [E-3,PT.VI, LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00	423.43			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	464.01					3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE	423.43					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	424.18					3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS	442.82					3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	430.14				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0088)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.772258				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.754085				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.754085				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	6167796				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	6651294				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [ 3.21-3.23 ][ LINE 23 ]	13418401				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	26237491 0	26237491			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0994				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.3805				4.01
4.02	SUM OF 4 AND 4.01	0.4799				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.2881				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	21448899				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	135540305				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	135540305				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	10159785				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	6837575				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES	9320				11.02
12	NET ORGAN ACQUISITION COST	5509708				12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	9078				15
16	TOTAL	158065771				16
17	PRIMARY PAYER PAYMENTS	46741				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	158019030				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4517408				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	851168				20
21	REIMBURSABLE BAD DEBTS	1590971				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	1113680				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES					21.02
22	SUBTOTAL	153764134				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0088)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	153764134					26
27						27
28	154218978					28
28.01						28.01
29	-454844					29
30	3016100					30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0088) 1	HOSPITAL (14-0088) 1.01	HOSPITAL (14-0088) 1.02	
1 MEDICAL AND OTHER SERVICES	132851			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	71798096			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	53111380			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.815			1.03
1.04 LINE 1.01 TIMES LINE 1.03	58515448			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	90.76			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	38205			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	132851			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	1220187			6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES	1220187			10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES	1220187			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	1087336			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	132851			17
17.01 TOTAL PPS PAYMENTS	53149585			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0088) 1	HOSPITAL (14-0088) 1.01	HOSPITAL (14-0088) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	108803		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	12914447		18.01
19 SUBTOTAL	40259186		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	3560087		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	43819273		23
24 PRIMARY PAYER PAYMENTS	3035		24
25 SUBTOTAL	43816238		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD	505913		26
27 BAD DEBTS	3712550		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	2598785		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	46920936		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	46920936		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	46530504		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	390432		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S088) 1	SUB I (14-S088) 1.01	SUB I (14-S088) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	139			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	157			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.815			1.03
1.04 LINE 1.01 TIMES LINE 1.03	113			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	157			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S088) 1	SUB I (14-S088) 1.01	SUB I (14-S088) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	41		18.01
19 SUBTOTAL	116		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	116		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	116		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	116		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	116		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	116		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

[ ] TITLE V            [XX] TITLE XVIII            [ ] TITLE XIX

	HOSPITAL (14-0088) OCTOBER 1, 1997 PRIOR TO    ON OR AFTER	
	1            1.01	
1 STANDARD OVERHEAD AMOUNTS (ASC FEES)		1
2 DEDUCTIBLES		2
3 SUBTOTAL		3
4 80 PERCENT OF LINE 3		4
5 ASC PORTION OF BLEND		5
6 OUTPATIENT ASC COST		6
COMPUTATION OF LESSER OF COST OR CHARGES		
7 TOTAL CHARGES		7
CUSTOMARY CHARGES		
8 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		8
9 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)		9
10 RATIO OF LINE 8 TO LINE 9		10
11 TOTAL CUSTOMARY CHARGES		11
12 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		12
13 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		13
14 LESSER OF COST OR CHARGES		14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15 DEDUCTIBLES AND COINSURANCE		15
16 TOTAL		16
17 HOSPITAL SPECIFIC PORTION OF BLEND		17
18 ASC BLENDED AMOUNT		18
19 LESSER OF LINES 16 OR 18		19
20 PART B DEDUCTIBLES AND COINSURANCE		20
21 ASC PAYMENT AMOUNT		21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

[ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

HOSPITAL  
(14-0088)  
OCTOBER 1, 1997  
PRIOR TO ON OR AFTER  
1 1.01

1	PREVAILING CHARGES	1
2	62 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OUTPATIENT RADIOLOGY	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OUTPATIENT RADIOLOGY BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	RADIOLOGY PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

[ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

HOSPITAL  
(14-0088)  
OCTOBER 1, 1997  
PRIOR TO ON OR AFTER  
1 1.01

1	PREVAILING CHARGES	1
2	42 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	DIAGNOSTIC PAYMENT AMOUNT	21

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 HOSPITAL (14-0088)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		143892576		46032472	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	11/15/2007 2621163 01/28/2008 2300520 04/23/2008 1989285 06/09/2008 3415434	11/15/2007 70203 01/28/2008 236311 04/23/2008 228607   06/09/2008 37089	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54	
SUBTOTAL	.99	10326402		498032	3.99
4 TOTAL INTERIM PAYMENTS		154218978		46530504	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52			NONE    NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM			390432  -454844	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		153764134		46920936	7
NAME OF INTERMEDIARY: ADMINASTAR FEDERAL			INTERMEDIARY NUMBER: 00131		
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____		

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SUBPROVIDER I (14-S088)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A			
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		722020		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	.01			3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE	NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04			3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05			3.05
	.50			3.50
	PROVIDER .51			3.51
	TO .52	NONE	NONE	3.52
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		722020		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH	PROGRAM .01			5.01
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE	NONE	5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01		116	6.01
	PROVIDER TO .02	-2453		6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		719567	116	7
NAME OF INTERMEDIARY: ADMINASTAR FEDERAL		INTERMEDIARY NUMBER: 00131		
SIGNATURE OF AUTHORIZED PERSON: _____		DATE (MO/DAY/YR): _____		

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S088)	SUB II	SUB III	SUB IV	
1	INPATIENT HOSPITAL SERVICES	932412				1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	233103				1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)					1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)					1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)					1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS					1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)	406993				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	91746				1.09
1.10	NET IPF PPS ECT PAYMENTS	6506				1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)	4.00				1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)	0.73				1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	0.73				1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	4.778689				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR	0.075959				1.17
1.18	MEDICAL EDUCATION ADJUSTMENT	30915				1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	536160				1.19
1.20	STOP LESS PAYMENT FLOOR	652688				1.20
1.21	ADJUSTED NET PAYMENT FLOOR	489516				1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS	769263				1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)					1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	769263				4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	769263				6
7	DEDUCTIBLES	28864				7
8	SUBTOTAL	740399				8
9	COINSURANCE	20832				9
10	SUBTOTAL	719567				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					11
11.01	REDUCED REIMBURSABLE BAD DEBTS					11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL	719567				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S088)	SUB II	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)					13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					14
15	OTHER ADJUSTMENTS					15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER	719567				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	722020				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	-2453				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
	TO BE COMPLETED BY INTERMEDIARY					
50	ORIGINAL OUTLIER AMOUNT					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

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

WORKSHEET E-3  
 PART IV

[ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	443.89 3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	443.89 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	594.69 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	443.89 3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	181.66 3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	327.40 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	509.06 3.09
3.10	SEE INSTRUCTIONS	379.98 3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	244.38 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	245.79 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	265.66 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	251.94 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	251.94 3.16
3.17	SEE INSTRUCTIONS	87648.75 3.17
3.18	SEE INSTRUCTIONS	22082226 3.18

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

WORKSHEET E-3  
 PART IV  
 (CONT)

[ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

3.19	SEE INSTRUCTIONS		138.62	3.19
3.20	SEE INSTRUCTIONS		143.62	3.20
3.21	SEE INSTRUCTIONS		139.28	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		139.28	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		92562.72	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		12892136	3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		34974362	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		44574	4
5	TOTAL INPATIENT DAYS		153260	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.290839	6
		[LINE 6 x ] [E-3,PART 6]		
		[LINE 3.25] [ LINE 11 ]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 10171908	0	10171908	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		1152	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		153260	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		225754	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO ] [E-3,PART 6]		
		[ 422 ] [ LINE 12 ]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0 0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		155252908	8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES		5037937	10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

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PERIOD FROM 07/01/2007 TO 06/30/2008

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

WORKSHEET E-3  
PART IV  
(CONT)

[ ] TITLE V

[XX] TITLE XVIII

[ ] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY  
PART A REASONABLE COST

12	REASONABLE COST	132756665	12
13	ORGAN ACQUISITION COSTS	5509708	13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	46741	15
16	TOTAL PART A REASONABLE COST	138219632	16
PART B REASONABLE COST			
17	REASONABLE COST	71969291	17
18	PRIMARY PAYER PAYMENTS	3035	18
19	TOTAL PART B REASONABLE COST	71966256	19
20	TOTAL REASONABLE COST	210185888	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.657607	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.342393	22

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	10397662	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	6837575	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	3560087	25

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	79306000			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	111025000			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY				7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	25973000			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	216304000			11
FIXED ASSETS					
12	LAND				12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS				13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS				14
14.01	ACCUMULATED DEPRECIATION				14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	1073384000			16
16.01	ACCUMULATED DEPRECIATION	-525802000			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT				18
18.01	ACCUMULATED DEPRECIATION				18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	547582000			21
OTHER ASSETS					
22	INVESTMENTS	797966000			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	36476000			25
26	TOTAL OTHER ASSETS	834442000			26
27	TOTAL ASSETS	1598328000			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	105715000			28
29	SALARIES, WAGES & FEES PAYABLE				29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	10367000			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	78383000			35
36	TOTAL CURRENT LIABILITIES	194465000			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	384422000			38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	65235000			41
42	TOTAL LONG TERM LIABILITIES	449657000			42
43	TOTAL LIABILITIES	644122000			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	954206000			44
45	SPECIFIC PURPOSE FUND BALANCE				45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49	PLANT FUND BALANCE - INVESTED IN PLANT				49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51	TOTAL FUND BALANCES	954206000			51
52	TOTAL LIABILITIES AND FUND BALANCES	1598328000			52

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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	909218000			1
2 NET INCOME (LOSS)	59297998			2
3 TOTAL	968515998			3
4 ADDITIONS (CREDIT ADJUSTMENTS)	-14309998			4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	-14309998			10
11 SUBTOTAL	954206000			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	954206000			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	287979075		287979075	2
4 SUBPROVIDER I	3797210		3797210	4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	291776285		291776285	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	88164907		88164907	12
13 CORONARY CARE UNIT	18868401		18868401	13
14 BURN INTENSIVE CARE UNIT	18351349		18351349	14
15 SURGICAL INTENSIVE CARE UNIT				15
13.01 NURSERY SPECIAL CARE	15192744		15192744	13.01
14 NURSERY ICU	56320954		56320954	14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	196898355		196898355	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	488674640		488674640	16
17 ANCILLARY SERVICES	1300381776		1300381776	17
18 OUTPATIENT SERVICES		1312050459	1312050459	18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY				19
20 AMBULANCE	1244665	4519995	5764660	20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24				24
25 TOTAL PATIENT REVENUES	1790301081	1316570454	3106871535	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		828768290	26
27 ADD (SPECIFY)	101773000		27
28 NET ASSET TRANSFERS BETWEEN UCH & Q	18522000		28
29 NET ASSET TRANSFERS TO UC HEALTH	2745000		29
30 RESTRICTED ASSETS EXPENDED FOR OP	19206000		30
31 CHANGE IN VALUE OF ACCTG PRIN & DER	-45000		31
32 BAD DEBTS AND EXCLUDED EXPENSES	208704712		32
33 TOTAL ADDITIONS		350905712	33
34 DEDUCT (SPECIFY)			34
35 ADDL MINIMUM PENSION LIAB	-3476000		35
36 RESTRICTED ASSETS EXPENDED FOR OP	-50807000		36
37 UNREALIZED GAIN ON INVESTMENT	-105610000		37
38 RESTRICTED CONTRIBUTIONS	-3018000		38
39 TOTAL DEDUCTIONS	-162911000		39
40 TOTAL OPERATING EXPENSES		1016763002	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	3106871535	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	2030810535	2
3	NET PATIENT REVENUES	1076061000	3
4	LESS - TOTAL OPERATING EXPENSES	1016763002	4
5	NET INCOME FROM SERVICE TO PATIENTS	59297998	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (SPECIFY)		24
25	TOTAL OTHER INCOME		25
26	TOTAL	59297998	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	59297998	31

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 14-2310

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	3587423	HRS OF SERVICE	87588.80	42.11	1
2 LICENSED PRACTICAL NURSES		HRS OF SERVICE	2371.20	1.14	2
3 NURSES AIDES		HRS OF SERVICE			3
4 TECHNICIANS	2652537	HRS OF SERVICE	139152.00	66.90	4
5 SOCIAL WORKERS	255744	HRS OF SERVICE	10379.20	4.99	5
6 DIETICIANS	200942	HRS OF SERVICE	8153.60	3.92	6
7 PHYSICIANS	395490	ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	576500	ACCUMULATED COST			8
9 SUBTOTAL	7668636				9
10 EMPLOYEE BENEFITS	1159742	SALARY			10
11 OLD & NEW CAP REL COSTS-BLDGS & FIXTU		SQUARE FEET			11
12 OLD & NEW CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME			13
14 SUPPLIES	1589155	REQUISITIONS			14
15 DRUGS	3654683	REQUISITIONS			15
16 OTHER	2273592	ACCUMULATED COST			16
17 SUBTOTAL	16345808				17
18 OLD CAP REL COSTS-BLDGS & FIXTURES		SQUARE FEET			18
19 OLD CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			19
20 NEW CAP REL COSTS-BLDGS & FIXTURES	782382	SQUARE FEET			20
21 NEW CAP REL COSTS-MOV EQUIPMENT	99389	PERCENTAGE OF TIME			21
22 EMPLOYEE BENEFITS	158188	SALARY			22
23 ADMINISTRATIVE AND GENERAL	4021174	ACCUMULATED COST			23
24 MAINT/REPAIRS-OPERATION-HOUSEKEEPING	1402576	SQUARE FEET			24
25 MEDICAL EDUCATION PROGRAM COSTS					25
26 CENTRAL SERVICES & SUPPLIES	324907	REQUISITIONS			26
27 PHARMACY	2552394	REQUISITIONS			27
28 OTHER ALLOCATED COSTS	457272	ACCUMULATED COST			28
29 SUBTOTAL	26144090				29
30 LABORATORY		CHARGES			30
31 RESPIRATORY THERAPY		CHARGES			31
32 OTHER ANCILLARY (SPECIFY)		CHARGES			32
33 TOTAL COSTS	26144090				33

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2310

WORKSHEET I-2

CHECK APPLICABLE BOX:

[  ] RENAL DIALYSIS DEPARTMENT

[  ] HOME PROGRAM DIALYSIS

	---CAPITAL AND---		DIRECT PATIENT			DRUGS	ROUTINE			SUB-	OVERHEAD	TOTAL	
	RELATED COSTS	CARE	SALARY	EMPLOYEE	MEDICAL		ANCILLARY	SERVICES	TOTAL				
	1	2	3	4	5	6	7	8	9	10	11		
1 TOTAL RENAL DEPT COSTS	2184958	99389	3587423	3109223	1317930	6207077	1914062		18420062	772402826144090		1	
2 MAINTENANCE													
3 HEMODIALYSIS	1877757	86533	2448816	2722097	996291	5835381	1572107		15538982	651591422054896		2	
4 INTERMITTENT PERITONEAL TRAINING												3	
5 HEMODIALYSIS												4	
6 INTERMITTENT PERITONEAL												5	
7 CAPD	147594	5260	279761	80551	76912	369911	90700		1050689	440582	1491271	6	
8 CCPD												7	
9 HOME													
10 HEMODIALYSIS												8	
11 INTERMITTENT PERITONEAL												9	
12 CAPD												10	
13 CCPD												11	
14 OTHER BILLABLE SERVICES													
15 INPATIENT DIALYSIS	159607	7596	858846	306575	244727	1785	251255		1830391	767532	2597923	12	
16 METHOD II HOME PATIENT												13	
17 EPO (INCL IN RENAL DEPT)												14	
18.01 ARANESP (INCL IN RENAL DEPT)												14.01	
19 OTHER												15	
20 TOTAL	2184958	99389	3587423	3109223	1317930	6207077	1914062		18420062	772402826144090		16	
21 MEDICAL EDUC PGM COSTS												17	
22 TOTAL RENAL COSTS											26144090	18	

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -  
 STATISTICAL BASIS

COMPONENT NO: 14-2310

WORKSHEET I-3

CHECK APPLICABLE BOX:

[  ] RENAL DIALYSIS DEPARTMENT

[  ] HOME PROGRAM DIALYSIS

	---CAPITAL AND--- RELATED COSTS BUILDING EQUIPMENT (SQUARE FEET)	(% OF TIME)	-DIRECT CARE RNS (HOURS)	PATIENT- SALARY OTHERS (HOURS)	EMPLOYEE BENEFITS (SALARY)	DRGS (REQUIS)	MEDICAL SUPPLIES (REQUIS)	ROUTINE ANCILLARY SERVICES (CHARGES)	SUB- TOTAL	OVERHEAD (ACCUM. COST)	
	1	2	3	4	5	6	7	8	9	10	
1	TOTAL RENAL DEPT COSTS	2184958	99389	3587423	3109223	1317930	6207077	1914062	18420062	7724028	1
	MAINTENANCE										
2	HEMODIALYSIS	25165	27669.00	60835.00	146833.0	5341861	3435831	1164447			2
3	INTERMITTENT PERITONEAL TRAINING										3
4	HEMODIALYSIS										4
5	INTERMITTENT PERITONEAL										5
6	CAPD	1978	1682.00	6950.00	4345.00	412382	217801	67181			6
7	CCPD										7
	HOME										
8	HEMODIALYSIS										8
9	INTERMITTENT PERITONEAL										9
10	CAPD										10
11	CCPD										11
	OTHER BILLABLE SERVICES										
12	INPT DIAL TRMNTS	2139	2429.00	21336.00	16537.00	1312168	1051	186103			12
13	METHOD II HOME PATIENT										13
14	EPO										14
14.01	ARANESP										14.01
15	OTHER										15
16	TOTAL STATISTICAL BASIS	29282	31780.00	89121.00	167715.0	7066411	3654683	1417731	18420062		16
17	UNIT COST MULTIPLIER	74.617786	3.127407	40.253397	18.538729	.186506	1.698390	1.350088		.419327	17

PROVIDER NO. 14-0088 UNIVERSITY OF CHICAGO HOSPITAL  
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05  
 11/21/2008 13:37

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 14-2310  
 PAYMENT RATE # 1

WORKSHEET I-4

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

	NUMBER OF TOTAL TREATMENTS 1	TOTAL COST 2	AVG COST OF PROGRAM TREATMENTS 3	NUMBER OF PROGRAM TREATMENTS 4	TOTAL PROGRAM EXPENSES 5	PAYMENT RATE 6	TOTAL PROGRAM PAYMENT 7	
1 MAINTENANCE - HEMODIALYSIS	61821	22054896	356.75	47009	16770461	155.21	7296267	1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS	16							3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD	192	1491271	7767.04	81	629130	155.21	12572	5
6 TRAINING - CCPD								6
7 HOME PROGRAM - HEMODIALYSIS	809							7
8 HOME PROGRAM - PERITONEAL DIALYSIS	14678							8
	PATIENT WEEKS			PATIENT WEEKS				
9 HOME PROGRAM - CAPD	116			93		465.64	43305	9
10 HOME PROGRAM - CCPD	2096			1243		465.64	578791	10
11 TOTALS	77516	23546167		47090	17399591		7930935	11

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: 14-2310

WORKSHEET I-5

DESCRIPTION		
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES	17399591 1
2	TOTAL PAYMENT (FROM I-4, COLUMN 7, LINE11)	7930935 2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	3853 3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	1769522 4
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	690019 5
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	5.01
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	1083356 6
7	PROGRAM PAYMENT	6341666 7
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9)	505913 8
9	REIMBURSABLE BAD DEBTS	505913 9

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0088)	SUB I	SUB II	SUB III	SUB IV
<b>PART I - FULLY PROSPECTIVE METHOD</b>					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER	6439022			2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	908198			3.01
4	INDIRECT MEDICAL EDUCATION ADJUSTMENT TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD	420.44			4
	[ E-3,PT VI,LN.18]				
	[E,PT A,LN.3.17][x E-3,PT VI,LN.1]				
4.01	NO. OF INTERNS & RESIDENTS	430.14	0.00		4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE		33.47		4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT	2155141			4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0994			5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.3805			5.01
5.02	SUM OF LINES 5 AND 5.01	0.4799			5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1021			5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	657424			5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	10159785			6
<b>PART II - HOLD HARMLESS METHOD</b>					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
<b>PART III - PAYMENT UNDER REASONABLE COST</b>					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
<b>PART IV - COMPUTATION OF EXCEPTION PAYMENTS</b>					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				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				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
3.01 DCAM CAPITAL					3.01
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 NON-PATIENT PHONES					6.01
6.02 DATA PROCESSING					6.02
6.03 PURCHASING					6.03
6.04 ADMITTING					6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE					6.05
6.06 OTHER ADMIN & GENERAL					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
19 OCCUPATIONAL THERAPY					19
19.01 VOLUNTEERS					19.01
19.02 PATIENT TRANSPORT					19.02
19.03 MEDICAL ELECTRONICS					19.03
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
27 CORONARY CARE UNIT					27
28 BURN INTENSIVE CARE UNIT					28
29.01 NURSERY SPECIAL CARE					29.01
30 NURSERY ICU					30
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
47 BLOOD STORING, PROCESSING & TRA					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
54.01 BRACE & PLASTER ROOM					54.01
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DENTAL CLINIC					60.01
60.02 TRANSPLANT CLINIC					60.02
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT)					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
82 LUNG ACQUISITION					82
SPECIAL PURPOSE COST CENTERS					
83 KIDNEY ACQUISITION					83
84 LIVER ACQUISITION					84
85 HEART ACQUISITION					85
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
86 OTHER ORGAN ACQUISITION (SPECIF					86
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
97.01 OTHER NONREIMBURSABLE					97.01
97.02 MEDICAL SCHOOL					97.02
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- 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							
25	ADULTS & PEDIATRICS	32.82		27.44			60.26 25
26	INTENSIVE CARE UNIT	37.76		22.04			59.80 26
27	CORONARY CARE UNIT	21.64		5.96			27.60 27
28	BURN INTENSIVE CARE UNIT	10.47		36.62			47.09 28
29.01	NURSERY SPECIAL CARE			82.52			82.52 29.01
30	NURSERY ICU			58.85			58.85 30
33	NURSERY			72.80			72.80 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37	OPERATING ROOM	21.10	7.05				28.15 37
39	DELIVERY ROOM & LABOR ROOM	1.40	0.04				1.44 39
40	ANESTHESIOLOGY	18.72	8.13				26.85 40
41	RADIOLOGY-DIAGNOSTIC	12.60	21.14				33.74 41
42	RADIOLOGY-THERAPEUTIC	6.64	27.95				34.59 42
44	LABORATORY	19.05	1.55				20.60 44
47	BLOOD STORING, PROCESSING & TRA	29.06	3.13				32.19 47
49	RESPIRATORY THERAPY	22.23	1.13				23.36 49
50	PHYSICAL THERAPY	21.72	0.37				22.09 50
53	ELECTROCARDIOLOGY	27.94	17.60				45.54 53
54	ELECTROENCEPHALOGRAPHY	7.49	11.62				19.11 54
54.01	BRACE & PLASTER ROOM	1.55	9.18				10.73 54.01
55	MEDICAL SUPPLIES CHARGED TO PAT	29.95	8.08				38.03 55
56	DRUGS CHARGED TO PATIENTS	19.56	8.60				28.16 56
57	RENAL DIALYSIS	6.81	13.29				20.10 57
60	CLINIC	4.78	33.03				37.81 60
61	EMERGENCY	9.67	8.29				17.96 61
101	TOTAL CHARGES	14.24	9.17				23.41 101

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

SUBPROVIDER I

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							
31 SUBPROVIDER I	42.82						42.82 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.03						0.03 37
40 ANESTHESIOLOGY	0.09						0.09 40
41 RADIOLOGY-DIAGNOSTIC	0.03						0.03 41
44 LABORATORY	0.06						0.06 44
49 RESPIRATORY THERAPY	0.04						0.04 49
50 PHYSICAL THERAPY	0.10						0.10 50
53 ELECTROCARDIOLOGY	0.01						0.01 53
54 ELECTROENCEPHALOGRAPHY	0.05						0.05 54
56 DRUGS CHARGED TO PATIENTS	0.04						0.04 56
57 RENAL DIALYSIS	0.01						0.01 57
61 EMERGENCY	0.07						0.07 61
101 TOTAL CHARGES	0.03						0.03 101

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	21080767	2.65	-21080767	-5.78		3
3.01	DCAM CAPITAL	5375498	.68	-5375498	-1.47		3.01
4	NEW CAP REL COSTS-MVBLE EQUIP	36507376	4.59	-36507376	-10.02		4
5	EMPLOYEE BENEFITS	7378681	.93	-7378681	-2.02		5
6.01	NON-PATIENT PHONES	416539	.05	-416539	-.11		6.01
6.02	DATA PROCESSING	18168655	2.28	-18168655	-4.98		6.02
6.03	PURCHASING	7227525	.91	-7227525	-1.98		6.03
6.04	ADMITTING	4037704	.51	-4037704	-1.11		6.04
6.05	CASHIERING/ACCOUNTS RECEIVABLE	10590331	1.33	-10590331	-2.91		6.05
6.06	OTHER ADMIN & GENERAL	89725897	11.28	-89725897	-24.62		6.06
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT	31435859	3.95	-31435859	-8.62		8
9	LAUNDRY & LINEN SERVICE	2453746	.31	-2453746	-.67		9
10	HOUSEKEEPING	16509095	2.08	-16509095	-4.53		10
11	DIETARY	5229963	.66	-5229963	-1.43		11
12	CAFETERIA	1468894	.18	-1468894	-.40		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	5807436	.73	-5807436	-1.59		14
15	CENTRAL SERVICES & SUPPLY	4542756	.57	-4542756	-1.25		15
16	PHARMACY	20303974	2.55	-20303974	-5.57		16
17	MEDICAL RECORDS & LIBRARY	4920936	.62	-4920936	-1.35		17
18	SOCIAL SERVICE	712408	.09	-712408	-.20		18
19	OCCUPATIONAL THERAPY						19
19.01	VOLUNTEERS	291537	.04	-291537	-.08		19.01
19.02	PATIENT TRANSPORT	2931728	.37	-2931728	-.80		19.02
19.03	MEDICAL ELECTRONICS	1110110	.14	-1110110	-.30		19.03
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A	25485054	3.20	-25485054	-6.99		22
23	I&R SERVICES-OTHER PRGM COSTS A	40646469	5.11	-40646469	-11.15		23
24	PARAMED ED PRGM-(SPECIFY)	117055	.01	-117055	-.03		24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	65922890	8.29	82085010	22.52	148007900	18.61
26	INTENSIVE CARE UNIT	19559379	2.46	11934392	3.27	31493771	3.96
27	CORONARY CARE UNIT	3772140	.47	2305259	.63	6077399	.76
28	BURN INTENSIVE CARE UNIT	3206405	.40	1705550	.47	4911955	.62
29.01	NURSERY SPECIAL CARE	3612267	.45	2177995	.60	5790262	.73
30	NURSERY ICU	12949757	1.63	7644918	2.10	20594675	2.59
31	SUBPROVIDER I	1125198	.14	1023730	.28	2148928	.27
33	NURSERY	2360059	.30	1227609	.34	3587668	.45
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	42476264	5.34	29678198	8.14	72154462	9.07
39	DELIVERY ROOM & LABOR ROOM	4729090	.59	4099323	1.12	8828413	1.11
40	ANESTHESIOLOGY	4108905	.52	4497224	1.23	8606129	1.08

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
41 RADIOLOGY-DIAGNOSTIC	30981430	3.90	29160826	8.00	60142256	7.56	41
42 RADIOLOGY-THERAPEUTIC	5611395	.71	6827576	1.87	12438971	1.56	42
44 LABORATORY	29066918	3.65	23356793	6.41	52423711	6.59	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA	13046609	1.64	5492718	1.51	18539327	2.33	47
49 RESPIRATORY THERAPY	9595271	1.21	6067183	1.66	15662454	1.97	49
50 PHYSICAL THERAPY	5289543	.67	2520111	.69	7809654	.98	50
53 ELECTROCARDIOLOGY	21037208	2.64	11507660	3.16	32544868	4.09	53
54 ELECTROENCEPHALOGRAPHY	3144002	.40	2666272	.73	5810274	.73	54
54.01 BRACE & PLASTER ROOM	258332	.03	130260	.04	388592	.05	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	14517358	1.83	2833601	.78	17350959	2.18	55
56 DRUGS CHARGED TO PATIENTS	36603437	4.60	35464834	9.73	72068271	9.06	56
57 RENAL DIALYSIS	16345808	2.06	10072628	2.76	26418436	3.32	57
60 CLINIC	49653270	6.24	54660407	15.00	104313677	13.12	60
60.01 DENTAL CLINIC	176350	.02	523861	.14	700211	.09	60.01
60.02 TRANSPLANT CLINIC	2044878	.26	436074	.12	2480952	.31	60.02
61 EMERGENCY	17389354	2.19	12223642	3.35	29612996	3.72	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES	2468657	.31	1030224	.28	3498881	.44	65
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
82 LUNG ACQUISITION	516378	.06	118465	.03	634843	.08	82
SPECIAL PURPOSE COST CENTERS							
83 KIDNEY ACQUISITION	3473624	.44	857993	.24	4331617	.54	83
84 LIVER ACQUISITION	2139265	.27	476941	.13	2616206	.33	84
85 HEART ACQUISITION	1450224	.18	485070	.13	1935294	.24	85
85.01 PANCREAS ACQUISITION	559667	.07	128556	.04	688223	.09	85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
86 OTHER ORGAN ACQUISITION (SPECIF	2134		360		2494		86
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN			656948	.18	656948	.08	96
97.01 OTHER NONREIMBURSABLE	1704145	.21	8397782	2.30	10101927	1.27	97.01
97.02 MEDICAL SCHOOL							97.02
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	795373604	100.00	0	.00	795373604	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	7211128	256906869	.028069	54219958	1521900	37
39 DELIVERY ROOM & LABOR ROOM	563377	17335306	.032499	243458	7912	39
40 ANESTHESIOLOGY	933567	82463267	.011321	15437759	174771	40
41 RADIOLOGY-DIAGNOSTIC	9628594	284855998	.033802	35896639	1213378	41
42 RADIOLOGY-THERAPEUTIC	2177893	54255040	.040142	3603667	144658	42
44 LABORATORY	5041096	336995988	.014959	64204431	960434	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	723671	91708477	.007891	26646718	210269	47
49 RESPIRATORY THERAPY	1092053	128110886	.008524	28477390	242741	49
50 PHYSICAL THERAPY	481288	17669486	.027238	3838356	104549	50
53 ELECTROCARDIOLOGY	3146516	154238974	.020400	43087253	878980	53
54 ELECTROENCEPHALOGRAPHY	473549	12627983	.037500	946111	35479	54
54.01 BRACE & PLASTER ROOM	20649	1393069	.014823	21523	319	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	250716	54929059	.004564	16450215	75079	55
56 DRUGS CHARGED TO PATIENTS	2795719	450376092	.006208	88084605	546829	56
57 RENAL DIALYSIS	1604021	155252908	.010332	10571140	109221	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	9810739	153865149	.063762	7347680	468503	60
60.01 DENTAL CLINIC	100299	63352	1.583202			60.01
60.02 TRANSPLANT CLINIC	49687	157296	.315882			60.02
61 EMERGENCY	1212351	176639907	.006863	17078059	117207	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	178622	4033226	.044288			62
63.50 RHC						63.50
63.60 FQHC						63.60
65 AMBULANCE SERVICES						65
101 TOTAL	47495535	2433878332		416154962	6812229	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT	COST	PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	DAYS	COSTS
						6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	8947503		8947503	106846	83.74	35062	2936092 25
26 INTENSIVE CARE UNIT	1625568		1625568	19750	82.31	7458	613868 26
27 CORONARY CARE UNIT	407520		407520	4745	85.88	1027	88199 27
28 BURN INTENSIVE CARE UNIT	248353		248353	2654	93.58	278	26015 28
29.01 NURSERY SPECIAL CARE	387098		387098	5841	66.27		29.01
30 NURSERY ICU	1091652		1091652	13808	79.06		30
101 TOTAL	12707694		12707694			43825	3664174 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 3664174

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 6812229

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 10476403

MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)

MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)

PER DISCHARGE CAPITAL COSTS

PER DIEM CAPITAL COSTS

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)	121214108
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	542087303
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.224

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	1057076
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	2358664
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.448

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	10476403
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.019

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5238))	68293760
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	247112944
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.276