

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

WORKSHEET S
 PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED _____ [XX] INITIAL [] RE-OPENING
 USE ONLY: [] DESK REVIEWED INTERMEDIARY NO. _____ [] FINAL [] MCR CODE

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 BOARD OF TRUSTEES OF THE UNIVERSITY OF I (14-0150) (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	2	3	4	
1	HOSPITAL	5530944	540887		1
2	SUBPROVIDER I	274325			2
2.01	SUBPROVIDER II	61952			2.01
3	SWING BED - SNF				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	5867221	540887		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 OMD 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
 (CONTINUED)

OTHER INFORMATION

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-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	YES		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
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: 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
31.02	IS THIS A RURAL HOSPITAL SUB II QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.02

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

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
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER II (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)?	NO			35.01

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	YES	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	YES	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01

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?	YES			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	YES			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:		40.01
40.02	STREET:		P.O.BOX:		40.02
40.03	CITY:		STATE:	ZIP CODE:	40.03
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 NHCMQ 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
48.01	SUBPROVIDER II	N	N	N	N	48.01
49	SKILLED NURSING FACILITY	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:				54
	PREMIUMS: 16749428	PAID LOSSES:		AND/OR SELF INSURANCE:	
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.	YES			55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$
		0	1	2	3	4
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.	/ /	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.		YES			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)		NO			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
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	CBSA	FTE/ CAMPUS
	1		2	3	4	5

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		4220	6928	21027
2 HMO XIX				2
2.01 HMO (IRF PPS Sub)				2.01
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
7.01 PEDIATRIC INTENSIVE CAR				7.01
7.02 NEONATAL INTENSIVE CARE				7.02
8 BURN INTENSIVE CARE UNIT				8
9 SURGICAL INTENSIVE CARE UNIT				9
10 OTHER SPECIAL CARE (SPECIFY)				10
11 NURSERY				11
12 TOTAL HOSPITAL		4220	6928	21027
13 RPCH VISITS				12
14 SUBPROVIDER I		247	588	1158
14.01 SUBPROVIDER II		137	81	356
15 SKILLED NURSING FACILITY				14.01
16 NURSING FACILITY				15
17 OTHER LONG TERM CARE				16
18 HOME HEALTH AGENCY				17
20 ASC (DISTINCT PART)				18
21 HOSPICE (DISTINCT PART)				20
23 O/P REHAB PROVIDER				21
24 RHC I				23
25 TOTAL				24
26 OBSERVATION BED DAYS				25
27 AMBULANCE TRIPS				26
28 EMPLOYEE DISCOUNT DAYS				27

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	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	254629536		254629537	7760136.00	32.81		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)	16861603		16861603	937242.00	17.99		6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	10553678	-306670	10247008	301117.00	34.03		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	514616		514616	6893.00	74.66		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	753261		753261	6844.00	110.06		12
12.01	TEACHING PHYSICIAN SALARIES	9397433		9397433	88170.00	106.58		12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	76700596		76700596			CMS 339	13
14	WAGE RELATED COSTS (OTHER)	13287000		13287000			CMS 339	14
15	EXCLUDED AREAS	3454415		3454415			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)	5684290		5684290			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	968482		968482	33367.00	29.03		21
22	ADMINISTRATIVE & GENERAL	52375936	269609	52645545	1214150.00	43.36		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS	741286		741286	23422.00	31.65		23
24	OPERATION OF PLANT							24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	18167		18167	896.00	20.28		26
26.01	HOUSEKEEPING UNDER CONTRACT	4708561		4708561	294668.00	15.98		26.01
27	DIETARY	2986720		2986720	172516.00	17.31		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA							28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	5582437	-23538	5558899	162114.00	34.29		30
31	CENTRAL SERVICES AND SUPPLY	2043161		2043161	96643.00	21.14		31
32	PHARMACY	7854867	-272750	7582117	218947.00	34.63		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	2593483		2593483	115163.00	22.52		33
34	SOCIAL SERVICE	4331974	-105990	4225984	157100.00	26.90		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART III

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)	
1		1	2	3	4	5	
1	NET SALARIES	237767933		237767934	6822894.00	34.85	1
2	EXCLUDED AREA SALARIES	10553678	-306670	10247008	301117.00	34.03	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	227214255	306671	227520926	6521777.00	34.89	3
4	SUBTOTAL OTHER WAGES & REL COSTS	10665310		10665310	101907.00	104.66	4
5	SUBTOTAL WAGE-RELATED COSTS	89987596		89987596		39.55%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	327867161	306671	328173832	6623684.00	49.55	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	84205074	-132669	84072405	2488986.00	33.78	13

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 14-2316

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		136		11	15	1
2	NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS		3.00				2
3	AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP		4.50				3
4	CAPD EXCHANGES PER DAY				4	4	4
5	NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED		312				5
6	NUMBER OF STATIONS		26				6
7	TREATMENT CAPACITY PER DAY PER STATION		3				7
8	UTILIZATION						8
9	AVERAGE TIMES DIALYZERS RE-USED		.79				9
10	PERCENTAGE OF PATIENTS RE-USING DIALYZERS						10
TRANSPLANT INFORMATION							
11	NUMBER OF PATIENTS ON TRANSPLANT LIST						11
12	NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD					108	12
EPOIETIN							
13	NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER					804773	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					192004	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 X 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	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.347139 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	28
29	TOTAL GROSS MEDICAID COST	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	30
31	UNCOMPENSATED CARE COST	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	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	
69.20	6920								69.20
69.30	6930								69.30
69.40	6940								69.40
71	7100								71
83	8300	1525196	2415853	3941049	-518173	3422876	-78917	3343959	83
84	8400	379674	1099601	1479275	-148063	1331212		1331212	84
85.01	8510	48374	446088	494462	-7858	486604		486604	85.01
85.02	8520								85.02
85.03	8530								85.03
86	8600	71989	100644	172633	91147	263780		263780	86
95		252217303	250750201	502967504	52299	503019803	43941713	546961516	95
96	9600	129834	287895	417729		417729		417729	96
97	9700	518105	44749	562854	-17154	545700		545700	97
97.01	9701				7808	7808		7808	97.01
98	9800	576899	295680	872579	-43021	829558	-141700	687858	98
98.01	9801	1187395	15765	1203160	68	1203228		1203228	98.01
101	TOTAL	254629536	251394290	506023826		506023826	43800013	549823839	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 WOMENS FAMILY HEALTH	A	ADULTS & PEDIATRICS	25	3036026	368704	1
2 WOMENS FAMILY HEALTH	A	NURSERY	33	1079284	131071	2
3 CHARGEABLE MED SPLS	B	MEDICAL SUPPLIES CHARGED TO P	55		19783798	3
4 CHARGEABLE MED SPLS	B					4
5 CHARGEABLE MED SPLS	B					5
6 CHARGEABLE MED SPLS	B					6
7 CHARGEABLE MED SPLS	B					7
8 CHARGEABLE MED SPLS	B					8
9 CHARGEABLE MED SPLS	B					9
10 CHARGEABLE MED SPLS	B					10
11 CHARGEABLE MED SPLS	B					11
12 CHARGEABLE MED SPLS	B					12
13 CHARGEABLE MED SPLS	B					13
14 CHARGEABLE MED SPLS	B					14
15 CHARGEABLE MED SPLS	B					15
16 CHARGEABLE MED SPLS	B					16
17 CHARGEABLE MED SPLS	B					17
18 CHARGEABLE MED SPLS	B					18
19 CHARGEABLE MED SPLS	B					19
20 CHARGEABLE MED SPLS	B					20
21 CHARGEABLE MED SPLS	B					21
22 CHARGEABLE MED SPLS	B					22
23 CHARGEABLE MED SPLS	B					23
24 CHARGEABLE MED SPLS	B					24
25 CHARGEABLE MED SPLS	B					25
26 CHARGEABLE MED SPLS	B					26
27 CHARGEABLE MED SPLS	B					27
28 CHARGEABLE MED SPLS	B					28
29 CHARGEABLE MED SPLS	B					29
30 CHARGEABLE MED SPLS	B					30
31 CHARGEABLE MED SPLS	B					31
32 CHARGEABLE MED SPLS	B					32
33 CHARGEABLE MED SPLS	B					33
34 CHARGEABLE MED SPLS	B					34
35 CHARGEABLE MED SPLS	B					35
36 SUBTOTAL				4115310	20283573	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 WOMENS FAMILY HEALTH	A	DELIVERY ROOM & LABOR ROOM	39	4115310	499775	1
2 WOMENS FAMILY HEALTH	A					2
3 CHARGEABLE MED SPLS	B	ADMINISTRATIVE & GENERAL	6		13718	3
4 CHARGEABLE MED SPLS	B	MAINTENANCE & REPAIRS	7		1971	4
5 CHARGEABLE MED SPLS	B	HOUSEKEEPING	10		87471	5
6 CHARGEABLE MED SPLS	B	DIETARY	11		19	6
7 CHARGEABLE MED SPLS	B	NURSING ADMINISTRATION	14		1189	7
8 CHARGEABLE MED SPLS	B	CENTRAL SERVICES & SUPPLY	15		208830	8
9 CHARGEABLE MED SPLS	B	PHARMACY	16		273335	9
10 CHARGEABLE MED SPLS	B	MEDICAL RECORDS & LIBRARY	17		3	10
11 CHARGEABLE MED SPLS	B	SOCIAL SERVICE	18		81	11
12 CHARGEABLE MED SPLS	B	ADULTS & PEDIATRICS	25		2188267	12
13 CHARGEABLE MED SPLS	B	INTENSIVE CARE UNIT	26		729256	13
14 CHARGEABLE MED SPLS	B	CORONARY CARE UNIT	27		755932	14
15 CHARGEABLE MED SPLS	B	PEDIATRIC INTENSIVE CAR	27.01		284953	15
16 CHARGEABLE MED SPLS	B	NEONATAL INTENSIVE CARE	27.02		619321	16
17 CHARGEABLE MED SPLS	B	SUBPROVIDER I	31		35791	17
18 CHARGEABLE MED SPLS	B	SUBPROVIDER II	31.01		9269	18
19 CHARGEABLE MED SPLS	B	OPERATING ROOM	37		3164226	19
20 CHARGEABLE MED SPLS	B	RECOVERY ROOM	38		23795	20
21 CHARGEABLE MED SPLS	B	DELIVERY ROOM & LABOR ROOM	39		744705	21
22 CHARGEABLE MED SPLS	B	ANESTHESIOLOGY	40		492193	22
23 CHARGEABLE MED SPLS	B	RADIOLOGY-DIAGNOSTIC	41		121606	23
24 CHARGEABLE MED SPLS	B	NUCLEAR MED - DIAG	41.01		18414	24
25 CHARGEABLE MED SPLS	B	ONCOLOGY	41.02		9195	25
26 CHARGEABLE MED SPLS	B	CAT SCAN	41.03		98233	26
27 CHARGEABLE MED SPLS	B	MAG RESONANCE IMAGING	41.04		22307	27
28 CHARGEABLE MED SPLS	B	ULTRASOUND	41.05		94329	28
29 CHARGEABLE MED SPLS	B	VASCULAR XRAY	41.06		4057655	29
30 CHARGEABLE MED SPLS	B	LABORATORY	44		27349	30
31 CHARGEABLE MED SPLS	B	BLOOD STORING, PROCESSING & T	47		98375	31
32 CHARGEABLE MED SPLS	B	RESPIRATORY THERAPY	49		231868	32
33 CHARGEABLE MED SPLS	B	PHYSICAL THERAPY	50		4709	33
34 CHARGEABLE MED SPLS	B	OCCUPATIONAL THERAPY	51		159	34
35 CHARGEABLE MED SPLS	B	ELECTROCARDIOLOGY	53		8757	35
36 SUBTOTAL				4115310	14927056	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1 CHARGEABLE MED SPLS	B				1
2 CHARGEABLE MED SPLS	B				2
3 CHARGEABLE MED SPLS	B				3
4 CHARGEABLE MED SPLS	B				4
5 CHARGEABLE MED SPLS	B				5
6 CHARGEABLE MED SPLS	B				6
7 CHARGEABLE MED SPLS	B				7
8 CHARGEABLE MED SPLS	B				8
9 CHARGEABLE MED SPLS	B				9
10 CHARGEABLE MED SPLS	B				10
11 CHARGEABLE MED SPLS	B				11
12 CHARGEABLE MED SPLS	B				12
13 CHARGEABLE MED SPLS	B				13
14 CHARGEABLE MED SPLS	B				14
15 CHARGEABLE MED SPLS	B				15
16 CHARGEABLE MED SPLS	B				16
17 CHARGEABLE MED SPLS	B				17
18 CHARGEABLE MED SPLS	B				18
19 CHARGEABLE MED SPLS	B				19
20 CHARGEABLE MED SPLS	B	FAMILY MED PHYSICIAN OFFICE	98.01		68 20
21 CHARGEABLE DRUGS	C	DRUGS CHARGED TO PATIENTS	56		29562666 21
22 CHARGEABLE DRUGS	C	MAINTENANCE & REPAIRS	7		2 22
23 CHARGEABLE DRUGS	C				23
24 CHARGEABLE DRUGS	C				24
25 CHARGEABLE DRUGS	C				25
26 CHARGEABLE DRUGS	C				26
27 CHARGEABLE DRUGS	C				27
28 CHARGEABLE DRUGS	C				28
29 CHARGEABLE DRUGS	C				29
30 CHARGEABLE DRUGS	C				30
31 CHARGEABLE DRUGS	C				31
32 CHARGEABLE DRUGS	C	SUBPROVIDER II	31.01		318 32
33 CHARGEABLE DRUGS	C				33
34 CHARGEABLE DRUGS	C				34
35 CHARGEABLE DRUGS	C				35
36 SUBTOTAL				4115310	49846627 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 CHARGEABLE MED SPLS	B	ELECTROENCEPHALOGRAPHY	54		35163	1
2 CHARGEABLE MED SPLS	B	RENAL DIALYSIS	57		127477	2
3 CHARGEABLE MED SPLS	B	HEART CATH LAB	58.01		3477972	3
4 CHARGEABLE MED SPLS	B	CARDIOVASCULAR SVCS	58.02		3309	4
5 CHARGEABLE MED SPLS	B	PROSTHETICS	58.03		2856	5
6 CHARGEABLE MED SPLS	B	GASTRO SERVICES	58.04		563585	6
7 CHARGEABLE MED SPLS	B	OTHER TRANSPLANT SERVICES	58.05		194	7
8 CHARGEABLE MED SPLS	B	PULMONARY LAB	58.06		13928	8
9 CHARGEABLE MED SPLS	B	CLINIC	60		304568	9
10 CHARGEABLE MED SPLS	B	EYE CLINIC	60.01		25418	10
11 CHARGEABLE MED SPLS	B	PRIMARY CARE CLINIC	60.02		48729	11
12 CHARGEABLE MED SPLS	B	PEDS & ADOLESCENT CENTER	60.03		51208	12
13 CHARGEABLE MED SPLS	B	NEURO PSYCH CLINIC	60.04		4232	13
14 CHARGEABLE MED SPLS	B	EMERGENCY	61		673499	14
15 CHARGEABLE MED SPLS	B	KIDNEY ACQUISITION	83		305	15
16 CHARGEABLE MED SPLS	B	LIVER ACQUISITION	84		11	16
17 CHARGEABLE MED SPLS	B	OTHER ORGAN ACQUISITION (SPEC	86		3179	17
18 CHARGEABLE MED SPLS	B	RESEARCH	97		13971	18
19 CHARGEABLE MED SPLS	B	PHYSICIANS' PRIVATE OFFICES	98		6981	19
20 CHARGEABLE MED SPLS	B					20
21 CHARGEABLE DRUGS	C	ADMINISTRATIVE & GENERAL	6		217104	21
22 CHARGEABLE DRUGS	C	DIETARY	11		17751	22
23 CHARGEABLE DRUGS	C	NURSING ADMINISTRATION	14		143	23
24 CHARGEABLE DRUGS	C	CENTRAL SERVICES & SUPPLY	15		1523773	24
25 CHARGEABLE DRUGS	C	PHARMACY	16		24058546	25
26 CHARGEABLE DRUGS	C	ADULTS & PEDIATRICS	25		525402	26
27 CHARGEABLE DRUGS	C	INTENSIVE CARE UNIT	26		82744	27
28 CHARGEABLE DRUGS	C	CORONARY CARE UNIT	27		118416	28
29 CHARGEABLE DRUGS	C	PEDIATRIC INTENSIVE CAR	27.01		45426	29
30 CHARGEABLE DRUGS	C	NEONATAL INTENSIVE CARE	27.02		89702	30
31 CHARGEABLE DRUGS	C	SUBPROVIDER I	31		1965	31
32 CHARGEABLE DRUGS	C	OPERATING ROOM	37		208564	32
33 CHARGEABLE DRUGS	C	RECOVERY ROOM	38		6902	33
34 CHARGEABLE DRUGS	C	DELIVERY ROOM & LABOR ROOM	39		59226	34
35 CHARGEABLE DRUGS	C	ANESTHESIOLOGY	40		370568	35
36 SUBTOTAL				4115310	47609873	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1 CHARGEABLE DRUGS	C				1
2 CHARGEABLE DRUGS	C				2
3 CHARGEABLE DRUGS	C				3
4 CHARGEABLE DRUGS	C				4
5 CHARGEABLE DRUGS	C				5
6 CHARGEABLE DRUGS	C				6
7 CHARGEABLE DRUGS	C				7
8 CHARGEABLE DRUGS	C				8
9 CHARGEABLE DRUGS	C				9
10 CHARGEABLE DRUGS	C				10
11 CHARGEABLE DRUGS	C				11
12 CHARGEABLE DRUGS	C				12
13 CHARGEABLE DRUGS	C				13
14 CHARGEABLE DRUGS	C				14
15 CHARGEABLE DRUGS	C				15
16 CHARGEABLE DRUGS	C				16
17 CHARGEABLE DRUGS	C				17
18 CHARGEABLE DRUGS	C				18
19 CHARGEABLE DRUGS	C				19
20 CHARGEABLE DRUGS	C				20
21 CHARGEABLE DRUGS	C				21
22 CHARGEABLE DRUGS	C				22
23 CHARGEABLE DRUGS	C				23
24 CHARGEABLE DRUGS	C				24
25 CHARGEABLE DRUGS	C				25
26 CHARGEABLE DRUGS	C				26
27 CHARGEABLE DRUGS	C				27
28 CHARGEABLE DRUGS	C				28
29 CHARGEABLE DRUGS	C				29
30 CHARGEABLE DRUGS	C				30
31 CHARGEABLE DRUGS	C				31
32 CHARGEABLE DRUGS	C				32
33 PHARMACY ALLIED HEALTH	D	PARAMED ED PRGM-(SPECIFY)	24	272750	1099088 33
34 RADIOLOGY ADMIN	E	NUCLEAR MED - DIAG	41.01	51130	11588 34
35 RADIOLOGY ADMIN	E	ONCOLOGY	41.02	115176	26104 35
36 SUBTOTAL				4554366	50983407 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 CHARGEABLE DRUGS	C	RADIOLOGY-DIAGNOSTIC	41		35517	1
2 CHARGEABLE DRUGS	C	NUCLEAR MED - DIAG	41.01		4939	2
3 CHARGEABLE DRUGS	C	ONCOLOGY	41.02		16026	3
4 CHARGEABLE DRUGS	C	CAT SCAN	41.03		170187	4
5 CHARGEABLE DRUGS	C	MAG RESONANCE IMAGING	41.04		224976	5
6 CHARGEABLE DRUGS	C	ULTRASOUND	41.05		3548	6
7 CHARGEABLE DRUGS	C	VASCULAR XRAY	41.06		187434	7
8 CHARGEABLE DRUGS	C	LABORATORY	44		333	8
9 CHARGEABLE DRUGS	C	BLOOD STORING, PROCESSING & T	47		13420	9
10 CHARGEABLE DRUGS	C	RESPIRATORY THERAPY	49		1481	10
11 CHARGEABLE DRUGS	C	PHYSICAL THERAPY	50		35	11
12 CHARGEABLE DRUGS	C	SPEECH PATHOLOGY	52		956	12
13 CHARGEABLE DRUGS	C	ELECTROENCEPHALOGRAPHY	54		24	13
14 CHARGEABLE DRUGS	C	RENAL DIALYSIS	57		109246	14
15 CHARGEABLE DRUGS	C	HEART CATH LAB	58.01		100167	15
16 CHARGEABLE DRUGS	C	CARDIOVASCULAR SVCS	58.02		90	16
17 CHARGEABLE DRUGS	C	PROSTHETICS	58.03		159	17
18 CHARGEABLE DRUGS	C	GASTRO SERVICES	58.04		26164	18
19 CHARGEABLE DRUGS	C	OTHER TRANSPLANT SERVICES	58.05		1654	19
20 CHARGEABLE DRUGS	C	PULMONARY LAB	58.06		219	20
21 CHARGEABLE DRUGS	C	CLINIC	60		242961	21
22 CHARGEABLE DRUGS	C	EYE CLINIC	60.01		537340	22
23 CHARGEABLE DRUGS	C	PRIMARY CARE CLINIC	60.02		54108	23
24 CHARGEABLE DRUGS	C	PEDS & ADOLESCENT CENTER	60.03		89834	24
25 CHARGEABLE DRUGS	C	NEURO PSYCH CLINIC	60.04		90	25
26 CHARGEABLE DRUGS	C	EMERGENCY	61		376591	26
27 CHARGEABLE DRUGS	C	OTHER ORGAN ACQUISITION (SPEC	86		32	27
28 CHARGEABLE DRUGS	C	RESEARCH	97		3183	28
29 CHARGEABLE DRUGS	C	PHYSICIANS' PRIVATE OFFICES	98		36040	29
30 CHARGEABLE DRUGS	C					30
31 CHARGEABLE DRUGS	C					31
32 CHARGEABLE DRUGS	C					32
33 PHARMACY ALLIED HEALTH	D	PHARMACY	16	272750	1099088	33
34 RADIOLOGY ADMIN	E	RADIOLOGY-DIAGNOSTIC	41	1275105	288998	34
35 RADIOLOGY ADMIN	E					35
36 SUBTOTAL				5663165	51234713	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 RADIOLOGY ADMIN	E	CAT SCAN	41.03	352641	79925
2 RADIOLOGY ADMIN	E	MAG RESONANCE IMAGING	41.04	204986	46459
3 RADIOLOGY ADMIN	E	ULTRASOUND	41.05	55016	12469
4 RADIOLOGY ADMIN	E	VASCULAR XRAY	41.06	496157	112452
5 DEPRECIATION-BLDG	F	NEW CAP REL COSTS-BLDG & FIXT	3		4914670
6 DEPRECIATION-EQUIP	F	NEW CAP REL COSTS-MVBLE EQUIP	4		16305111
7 AMORTIZATION EXP	F	NEW CAP REL COSTS-MVBLE EQUIP	4		134163
8 AMORTIZATION BOND DSCT	F	NEW CAP REL COSTS-MVBLE EQUIP	4		38045
9 INTEREST EXPENSE	F	NEW CAP REL COSTS-MVBLE EQUIP	4		2525311
10 BENEFIT EXPENSE	G	EMPLOYEE BENEFITS	5		4428507
11 BENEFIT EXPENSE	G				11
12 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	ADMINISTRATIVE & GENERAL	6	269609	12
13 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	RENAL DIALYSIS	57	80371	13
14 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	CLINIC	60	387684	14
15 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	KIDNEY ACQUISITION	83	166420	15
16 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	LIVER ACQUISITION	84	161046	16
17 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	PANCREAS ACQUISITION	85.01	37676	17
18 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	OTHER ORGAN ACQUISITION (SPEC	86	94358	18
19 INPATIENT PSYCH RESEARCH	I	ISPI RESEARCH	97.01	7370	438
20 RADIOLOGY NURSING	J	NUCLEAR MED - DIAG	41.01	38070	781
21 RADIOLOGY NURSING	J	ONCOLOGY	41.02	85757	1758
22 RADIOLOGY NURSING	J	CAT SCAN	41.03	262567	5383
23 RADIOLOGY NURSING	J	MAG RESONANCE IMAGING	41.04	152627	3129
24 RADIOLOGY NURSING	J	ULTRASOUND	41.05	40963	840
25 RADIOLOGY NURSING	J	VASCULAR XRAY	41.06	369426	7574
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				7817110	79600422

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 RADIOLOGY ADMIN	E					1
2 RADIOLOGY ADMIN	E					2
3 RADIOLOGY ADMIN	E					3
4 RADIOLOGY ADMIN	E					4
5 DEPRECIATION-BLDG	F	ADMINISTRATIVE & GENERAL	6		23917300	9 5
6 DEPRECIATION-EQUIP	F					9 6
7 AMORTIZATION EXP	F					14 7
8 AMORTIZATION BOND DSCT	F					14 8
9 INTEREST EXPENSE	F					11 9
10 BENEFIT EXPENSE	G	ADMINISTRATIVE & GENERAL	6		4428507	10
11 BENEFIT EXPENSE	G					11
12 ORGAN ACQ SPLIT PRE, POST AND ADM H	H	NURSING ADMINISTRATION	14	23538		12
13 ORGAN ACQ SPLIT PRE, POST AND ADM H	H	SOCIAL SERVICE	18	105990		13
14 ORGAN ACQ SPLIT PRE, POST AND ADM H	H	CLINIC	60	28716		14
15 ORGAN ACQ SPLIT PRE, POST AND ADM H	H	KIDNEY ACQUISITION	83	684288		15
16 ORGAN ACQ SPLIT PRE, POST AND ADM H	H	LIVER ACQUISITION	84	309098		16
17 ORGAN ACQ SPLIT PRE, POST AND ADM H	H	PANCREAS ACQUISITION	85.01	45534		17
18 ORGAN ACQ SPLIT PRE, POST AND ADM H	H					18
19 INPATIENT PSYCH RESEARCH	I	SUBPROVIDER I	31	7370	438	19
20 RADIOLOGY NURSING	J	RADIOLOGY-DIAGNOSTIC	41	949410	19465	20
21 RADIOLOGY NURSING	J					21
22 RADIOLOGY NURSING	J					22
23 RADIOLOGY NURSING	J					23
24 RADIOLOGY NURSING	J					24
25 RADIOLOGY NURSING	J					25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				7817109	79600423	36

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	B	-2183299	NEW CAP REL COSTS-MVBLE EQUIP	4	11 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)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-1164317			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	89662615			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-2620106	DIETARY	11	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					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 MISC INCOME	B	-3803661	ADMINISTRATIVE & GENERAL	6	37
37.01 MISC INCOME	B	-4799	MAINTENANCE & REPAIRS	7	37.01
37.02 MISC INCOME	B	-19099	NURSING ADMINISTRATION	14	37.02
37.03 MISC INCOME	B	-12758	MEDICAL RECORDS & LIBRARY	17	37.03
37.04 MISC INCOME	B	-16206	SOCIAL SERVICE	18	37.04
37.05 MISC INCOME	B	-104167	I&R SERVICES-SALARY & FRINGES A	22	37.05
37.06 MISC INCOME	B	-750	NEONATAL INTENSIVE CARE	27.02	37.06
37.07 MISC INCOME	B	-91194	OPERATING ROOM	37	37.07
37.08 MISC INCOME	B	-33936	NUCLEAR MED - DIAG	41.01	37.08
37.09 MISC INCOME	B	-1200	LABORATORY	44	37.09
37.10 MISC INCOME	B	-54849	PHYSICAL THERAPY	50	37.10
37.11 MISC INCOME	B	-35110	OCCUPATIONAL THERAPY	51	37.11
37.12 MISC INCOME	B	-21605	RENAL DIALYSIS	57	37.12
37.13 MISC INCOME	B	-500	PROSTHETICS	58.03	37.13
37.14 MISC INCOME	B	-16845	OTHER TRANSPLANT SERVICES	58.05	37.14
37.15 MISC INCOME	B	-78867	CLINIC	60	37.15
37.16 MISC INCOME	B	-287358	EYE CLINIC	60.01	37.16
37.17 MISC INCOME	B	-58525	PRIMARY CARE CLINIC	60.02	37.17
37.18 MISC INCOME	B	-1500	PHYSICIANS' PRIVATE OFFICES	98	37.18
38 BAD DEBT - INPATIENT	A	-17536677	ADMINISTRATIVE & GENERAL	6	38
38.01 BAD DEBT - OUTPATIENT	A	-8419360	ADMINISTRATIVE & GENERAL	6	38.01
38.02 BAD DEBT - OTHER	A	-48521	PHYSICIANS' PRIVATE OFFICES	98	38.02
39 PHYSICIAN SALARIES	A	-14768088	ADMINISTRATIVE & GENERAL	6	39
40 TRANSPLANT REGISTRY FEES	A	-500	KIDNEY ACQUISITION	83	40
40.01 ORGAN ACQ NON ALLOW	A	-12043	CLINIC	60	40.01
40.02 ORGAN ACQ NON ALLOW	A	-78417	KIDNEY ACQUISITION	83	40.02
41 COM - MD SALARIES ADMIN	A	3619764	ADMINISTRATIVE & GENERAL	6	41
41.01 COM - MD SALARIES TEACHING	A	10546319	I&R SERVICES-OTHER PRGM COSTS A	23	41.01
42 TIS DRUG COST	A	-4134772	CLINIC	60	42
43 MOONLIGHTING PHYSICIANS	A	-53270	ADMINISTRATIVE & GENERAL	6	43

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO.	
	1	2	3	4	5
44	A	-93077	OPERATING ROOM	37	44
44.01	A	-260465	ANESTHESIOLOGY	40	44.01
44.02	A	-51560	EYE CLINIC	60.01	44.02
45	A	-1148543	ADMINISTRATIVE & GENERAL	6	45
45.01	A	-314829	NURSING ADMINISTRATION	14	45.01
45.02	A	-157583	MEDICAL RECORDS & LIBRARY	17	45.02
45.03	A	-54120	PEDIATRIC INTENSIVE CAR	27.01	45.03
45.04	A	-115693	NEONATAL INTENSIVE CARE	27.02	45.04
45.05	A	-479851	OPERATING ROOM	37	45.05
45.06	A	-821622	DELIVERY ROOM & LABOR ROOM	39	45.06
45.07	A	-91875	GASTRO SERVICES	58.04	45.07
45.08	A	-172776	OTHER TRANSPLANT SERVICES	58.05	45.08
45.09	A	-185951	CLINIC	60	45.09
45.10	A	-53395	PRIMARY CARE CLINIC	60.02	45.10
45.11	A	-143829	PEDS & ADOLESCENT CENTER	60.03	45.11
45.12	A	-129538	NEURO PSYCH CLINIC	60.04	45.12
45.13	A	-91679	PHYSICIANS' PRIVATE OFFICES	98	45.13
46					46
47					47
48					48
49					49
50	TOTAL	43800013			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	5	EMPLOYEE BENEFITS	88272066	4428507	83843559	1
2	7	MAINTENANCE & REPAIRS	5819056		5819056	2
3	6	ADMINISTRATIVE & GENERAL	10825000	10825000		3
4	6	ADMINISTRATIVE & GENERAL	13287000	13287000		4
4.01	4	NEW CAP REL COSTS-MVBLE EQUIP	13551878	13551878		9 4.01
4.02	4	NEW CAP REL COSTS-MVBLE EQUIP	2753234	2753234		9 4.02
4.03	4	NEW CAP REL COSTS-MVBLE EQUIP	262922	262922		9 4.03
4.04	3	NEW CAP REL COSTS-BLDG & FIXT	4651748	4651748		9 4.04
4.05	4	NEW CAP REL COSTS-MVBLE EQUIP	38045	38045		14 4.05
4.06	4	NEW CAP REL COSTS-MVBLE EQUIP	2659474	2659474		11 4.06
4.07	24	PARAMED ED PRGM-(SPECIFY)	1099088	1099088		4.07
5		TOTALS	143219511	53556896	89662615	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	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	A STATE OF ILL		U. OF ILL		UNIVERSITY	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	6	ADMINISTRATIVE & GENERAL ANESTHESIOLOGY	2287122		2287122	200300	16654	1603748	80187
2	6	ADMINISTRATIVE & GENERAL DENTISTRY - ORAL&MA	320097		320097	140600	4753	321284	16064
3	6	ADMINISTRATIVE & GENERAL DENTISTRY - PEDS	368837		368837	140600	7588	512920	25646
4	6	ADMINISTRATIVE & GENERAL DERMATOLOGY	276069		276069	177200	4056	345540	17277
5	6	ADMINISTRATIVE & GENERAL EMERGENCY MED	584235		584235	177200	7670	653425	32671
6	6	ADMINISTRATIVE & GENERAL FAMILY MEDICINE	435094		435094	138700	8373	558334	27917
7	6	ADMINISTRATIVE & GENERAL INTERNAL MEDICINE	367288		367288	165600	6205	494013	24701
8	6	ADMINISTRATIVE & GENERAL IM-CARDIOLOGY	249279		249279	177200	2586	220307	11015
9	6	ADMINISTRATIVE & GENERAL IM-ENDOCRINOLOGY	84476		84476	177200	1082	92178	4609
10	6	ADMINISTRATIVE & GENERAL IM-GASTRO	171829		171829	177200	2740	233427	11671
11	6	ADMINISTRATIVE & GENERAL IM-GERIATRICS	13384		13384	177200	275	23428	1171
12	6	ADMINISTRATIVE & GENERAL IM-HEM/ONCOLOGY	174258		174258	177200	2618	223033	11152
13	6	ADMINISTRATIVE & GENERAL IM-HEPATOLOGY	117209		117209	177200	1385	117991	5900
14	6	ADMINISTRATIVE & GENERAL IM-INF DISEASE	73146		73146	177200	1078	91837	4592
15	6	ADMINISTRATIVE & GENERAL IM-NEPHROLOGY	303410		303410	177200	3753	319727	15986
16	6	ADMINISTRATIVE & GENERAL IM-PULMONARY & CC	162564		162564	177200	1667	142016	7101
17	6	ADMINISTRATIVE & GENERAL IM-RHEUMATOLOGY	49504		49504	177200	891	75906	3795
18	6	ADMINISTRATIVE & GENERAL NEUROSURGERY	348105		348105	208000	3645	364500	18225
19	6	ADMINISTRATIVE & GENERAL NEUROLOGY	255731		255731	177200	3318	282668	14133
20	6	ADMINISTRATIVE & GENERAL OBS & GYNECOLOGY	429157		429157	196400	6249	590050	29503
21	6	ADMINISTRATIVE & GENERAL OPHTHALMOLOGY	265826		265826	177200	4386	373653	18683
22	6	ADMINISTRATIVE & GENERAL ORTHO SURGERY	390019		390019	208000	5826	582600	29130
23	6	ADMINISTRATIVE & GENERAL OTOLARYNGOLOGY	546252		546252	177200	7657	652318	32616
24	6	ADMINISTRATIVE & GENERAL PATHOLOGY	570774		570774	215700	9146	948458	47423
25	6	ADMINISTRATIVE & GENERAL PEDIATRICS	979932		979932	140600	13101	885577	44279
26	6	ADMINISTRATIVE & GENERAL PSYCHIATRY	1642288		1642288	154100	23371	1731477	86574
27	6	ADMINISTRATIVE & GENERAL RADIOLOGY	374094		374094	225300	4348	470964	23548
28	6	ADMINISTRATIVE & GENERAL SURGERY	2175105		2175105	208000	18649	1864900	93245
29	6	ADMINISTRATIVE & GENERAL SURGICAL ONCOLOGY	114663		114663	208000	878	87800	4390
30	6	ADMINISTRATIVE & GENERAL UROLOGY	11731		11731	177200	167	14227	711
31	6	ADMINISTRATIVE & GENERAL OCCUPATIONAL MEDICI	24603		24603	177200	507	43193	2160
101		TOTAL	14166081		14166081		174622	14921499	746075

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	6	ADMINISTRATIVE & GENERAL	ANESTHESIOLOGY			1603748	683374	683374
2	6	ADMINISTRATIVE & GENERAL	DENTISTRY - ORAL&MA			321284		
3	6	ADMINISTRATIVE & GENERAL	DENTISTRY - PEDS			512920		
4	6	ADMINISTRATIVE & GENERAL	DERMATOLOGY			345540		
5	6	ADMINISTRATIVE & GENERAL	EMERGENCY MED			653425		
6	6	ADMINISTRATIVE & GENERAL	FAMILY MEDICINE			558334		
7	6	ADMINISTRATIVE & GENERAL	INTERNAL MEDICINE			494013		
8	6	ADMINISTRATIVE & GENERAL	IM-CARDIOLOGY			220307	28972	28972
9	6	ADMINISTRATIVE & GENERAL	IM-ENDOCRINOLOGY			92178		
10	6	ADMINISTRATIVE & GENERAL	IM-GASTRO			233427		
11	6	ADMINISTRATIVE & GENERAL	IM-GERIATRICS			23428		
12	6	ADMINISTRATIVE & GENERAL	IM-HEM/ONCOLOGY			223033		
13	6	ADMINISTRATIVE & GENERAL	IM-HEPATOLOGY			117991		
14	6	ADMINISTRATIVE & GENERAL	IM-INF DISEASE			91837		
15	6	ADMINISTRATIVE & GENERAL	IM-NEPHROLOGY			319727		
16	6	ADMINISTRATIVE & GENERAL	IM-PULMONARY & CC			142016	20548	20548
17	6	ADMINISTRATIVE & GENERAL	IM-RHEUMATOLOGY			75906		
18	6	ADMINISTRATIVE & GENERAL	NEUROSURGERY			364500		
19	6	ADMINISTRATIVE & GENERAL	NEUROLOGY			282668		
20	6	ADMINISTRATIVE & GENERAL	OBS & GYNECOLOGY			590050		
21	6	ADMINISTRATIVE & GENERAL	OPHTHALMOLOGY			373653		
22	6	ADMINISTRATIVE & GENERAL	ORTHO SURGERY			582600		
23	6	ADMINISTRATIVE & GENERAL	OTOLARYNGOLOGY			652318		
24	6	ADMINISTRATIVE & GENERAL	PATHOLOGY			948458		
25	6	ADMINISTRATIVE & GENERAL	PEDIATRICS			885577	94355	94355
26	6	ADMINISTRATIVE & GENERAL	PSYCHIATRY			1731477		
27	6	ADMINISTRATIVE & GENERAL	RADIOLOGY			470964		
28	6	ADMINISTRATIVE & GENERAL	SURGERY			1864900	310205	310205
29	6	ADMINISTRATIVE & GENERAL	SURGICAL ONCOLOGY			87800	26863	26863
30	6	ADMINISTRATIVE & GENERAL	UROLOGY			14227		
31	6	ADMINISTRATIVE & GENERAL	OCCUPATIONAL MEDICI			43193		
101		TOTAL				14921499	1164317	1164317

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS + FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS- TRATIVE & GENERAL 6	MAIN- TENANCE & REPAIRS 7	HOUSE- KEEPING 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 SPECIAL PURPOSE COST CENTERS									71
83 KIDNEY ACQUISITION	3343959	11160	48562	355005	3758686	933590	60511	20664	83
84 LIVER ACQUISITION	1331212	3098	50229	81629	1466168	364170	16796	5735	84
85.01 PANCREAS ACQUISITION	486604	505		14279	501388	124536	2740	936	85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
86 OTHER ORGAN ACQUISITION (SPECIF	263780	1142		58624	323546	80363	6194	2115	86
95 SUBTOTALS	546961516	4880319	16814438	88542982	546069551	108462326	23022434	7730902	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	417729	6049	894	45756	470428	116846	32797	11200	96
97 RESEARCH	545700	26567		182592	754859	187493	144052	49191	97
97.01 ISPI RESEARCH	7808	1735	3999	2597	16139	4009	9410	3213	97.01
98 PHYSICIANS' PRIVATE OFFICES	687858			203312	891170	221351			98
98.01 FAMILY MED PHYSICIAN OFFICE	1203228			418464	1621692	402799			98.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	549823839	4914670	16819331	89395703	549823839	109394824	23208693	7794506	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	I&R
	11	12	ADMINIS- TRATION 14	SERVICES & SUPPLY 15	16	RECORDS & LIBRARY 17	SERVICE 18	SALARY & FRINGES 22
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
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION		22231	47773	33		40267		148422 83
84 LIVER ACQUISITION		5112	19621	1		13206		136054 84
85.01 PANCREAS ACQUISITION		894	640			3795		85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
86 OTHER ORGAN ACQUISITION (SPECIF		3671	320	346	13	31		30921 86
95 SUBTOTALS	7669393	4300171	10788624	4269989	13788428	6456257	7863739	30540958 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		2865						96
97 RESEARCH	2527	11434	46386	1521	1319	556		97
97.01 ISPI RESEARCH	2527	163				92		173159 97.01
98 PHYSICIANS' PRIVATE OFFICES		12732	25166	760	14937	2317		98
98.01 FAMILY MED PHYSICIAN OFFICE		26205	55237					98.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	7674447	4353570	10915413	4272270	13804684	6459222	7863739	30714117 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R	PARAMED	SUBTOTAL	I&R COST &	TOTAL	
	PROGRAM	EDUCATION		POST STEP-		
	COSTS	PHARMACY		DOWN ADJS		
	23	24	25	26	27	
GENERAL SERVICE COST CENTERS						
1						1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
20						20
21						21
22						22
23	13199640					23
24		1838595				24
INPATIENT ROUTINE SERV COST CENTERS						
25	1005101	1058011	86132177	-3958084	82174093	25
26	176977	93079	13805066	-646981	13158085	26
27	148028	78736	13021866	-565465	12456401	27
27.01	119826	62895	8881707	-385749	8495958	27.01
27.02	367775	218883	21917689	-1249032	20668657	27.02
31	158840	201315	12232786	-563909	11668877	31
31.01		57629	3400424		3400424	31.01
33	39193	68047	2542179	-107220	2434959	33
ANCILLARY SERVICE COST CENTERS						
37	1305655		49868872	-5309962	44558910	37
38	75100		2358426	-75100	2283326	38
39	204219		11042056	-754618	10287438	39
40	362746		4137304	-1247095	2890209	40
41	166289		6097806	-484778	5613028	41
41.01	60749		2226481	-184434	2042047	41.01
41.02	136964		7038779	-950194	6088585	41.02
41.03	419592		4883061	-954530	3928531	41.03
41.04	244595		3702423	-767165	2935258	41.04
41.05	65640		1997595	-180049	1817546	41.05
41.06	590270		7124587	-1508632	5615955	41.06
44	2460333		48072531	-6167796	41904735	44
46.30						46.30
47	289546		12071161	-1037841	11033320	47
49	374753		5583429	-1184891	4398538	49
50	71700		4603822	-241767	4362055	50
51	36726		2471774	-126398	2345376	51
52	26591		1414203	-113171	1301032	52
53	25060		717792	-278615	439177	53
54	44050		1088686	-44050	1044636	54
55	305229		28377968	-1378198	26999770	55
56	1567667		56391003	-6468690	49922313	56
57	268675		9379021	-1596018	7783003	57
58.01	329251		6854574	-1454786	5399788	58.01
58.02	57910		1953175	-57910	1895265	58.02
58.03	13113		1967204	-13113	1954091	58.03
58.04	169762		2876389	-169762	2706627	58.04
58.05	10058		1178607	-10058	1168549	58.05
58.06	23847		406852	-23847	383005	58.06
OUTPATIENT SERVICE COST CENTERS						
60	573781		47685873	-1235497	46450376	60
60.01	92363		9112373	-271706	8840667	60.01
60.02	81374		5138213	-282362	4855851	60.02
60.03	99469		5129651	-417958	4711693	60.03
60.04	58797		7245207	-290707	6954500	60.04
61	448455		14111435	-1348265	12763170	61
62						62
63.50						63.50
63.60						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10						69.10

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R PROGRAM COSTS 23	PARAMED EDUCATION PHARMACY 24	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
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
SPECIAL PURPOSE COST CENTERS						
83 KIDNEY ACQUISITION	82567		5114744	-230989	4883755	83
84 LIVER ACQUISITION	27079		2053942	-163133	1890809	84
85.01 PANCREAS ACQUISITION	7781		642710	-7781	634929	85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
86 OTHER ORGAN ACQUISITION (SPECIF	64		447584	-30985	416599	86
95 SUBTOTALS	13193560	1838595	544501207	-44539291	499961916	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CAN			634136		634136	96
97 RESEARCH	1139		1200477	-1139	1199338	97
97.01 ISPI RESEARCH	189		208901	-173348	35553	97.01
98 PHYSICIANS' PRIVATE OFFICES	4752		1173185	-4752	1168433	98
98.01 FAMILY MED PHYSICIAN OFFICE			2105933		2105933	98.01
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL	13199640	1838595	549823839	-44718530	505105309	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	ADMINIS-	MAIN-	HOUSE-
	CAP-REL COSTS 0	BLDGS + FIXTURES 3	MOVABLE EQUIPMENT 4	COST TO BE ALLOC 4A	BENEFITS 5	TRATIVE & GENERAL 6	TENANCE & REPAIRS 7	KEEPING 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
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION		11160	48562	59722	19	53606	1214	484 83
84 LIVER ACQUISITION		3098	50229	53327	4	20910	337	134 84
85.01 PANCREAS ACQUISITION		505		505	1	7151	55	22 85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
86 OTHER ORGAN ACQUISITION (SPECIF		1142		1142	3	4614	124	50 86
95 SUBTOTALS	4880319	16814438	21694757		4809	6227941	461736	181196 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		6049	894	6943	2	6709	658	262 96
97 RESEARCH		26567		26567	10	10766	2889	1153 97
97.01 ISPI RESEARCH		1735	3999	5734		230	189	75 97.01
98 PHYSICIANS' PRIVATE OFFICES					11	12710		98
98.01 FAMILY MED PHYSICIAN OFFICE					23	23129		98.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		4914670	16819331	21734001	4855	6281485	465472	182686 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	I&R
	11	12	ADMINIS- TRATION 14	SERVICES & SUPPLY 15	16	RECORDS & LIBRARY 17	SERVICE 18	SALARY & FRINGES 22
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
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION		882	1938	7		1240		83
84 LIVER ACQUISITION		203	796			407		84
85.01 PANCREAS ACQUISITION		35	26			117		85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
86 OTHER ORGAN ACQUISITION (SPECIF		146	13	78		1		86
95 SUBTOTALS	304386	170668	437602	957423	452840	198177	129316	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		114						96
97 RESEARCH	100	454	1882	341	43	17		97
97.01 ISPI RESEARCH	100	6				3		97.01
98 PHYSICIANS' PRIVATE OFFICES		505	1021	170	491	71		98
98.01 FAMILY MED PHYSICIAN OFFICE		1040	2241					98.01
101 CROSS FOOT ADJUSTMENTS								369630 101
102 NEGATIVE COST CENTER								102
103 TOTAL	304586	172787	442746	957934	453374	198268	129316	369630 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R PROGRAM COSTS 23	PARAMED EDUCATION PHARMACY 24	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 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
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
6 ADMINISTRATIVE & GENERAL						6
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
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL						21
22 I&R SERVICES-SALARY & FRINGES A						22
23 I&R SERVICES-OTHER PRGM COSTS A	177877					23
24 PARAMED ED PRGM-(SPECIFY)		21180				24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS			2118652		2118652	25
26 INTENSIVE CARE UNIT			359474		359474	26
27 CORONARY CARE UNIT			566953		566953	27
27.01 PEDIATRIC INTENSIVE CAR			176342		176342	27.01
27.02 NEONATAL INTENSIVE CARE			598546		598546	27.02
31 SUBPROVIDER I			314345		314345	31
31.01 SUBPROVIDER II			107296		107296	31.01
33 NURSERY			94790		94790	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM			1908977		1908977	37
38 RECOVERY ROOM			31843		31843	38
39 DELIVERY ROOM & LABOR ROOM			388772		388772	39
40 ANESTHESIOLOGY			399869		399869	40
41 RADIOLOGY-DIAGNOSTIC			924326		924326	41
41.01 NUCLEAR MED - DIAG			240498		240498	41.01
41.02 ONCOLOGY			453658		453658	41.02
41.03 CAT SCAN			434587		434587	41.03
41.04 MAG RESONANCE IMAGING			526877		526877	41.04
41.05 ULTRASOUND			517918		517918	41.05
41.06 VASCULAR XRAY			791112		791112	41.06
44 LABORATORY			2241957		2241957	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA			204076		204076	47
49 RESPIRATORY THERAPY			202691		202691	49
50 PHYSICAL THERAPY			217486		217486	50
51 OCCUPATIONAL THERAPY			86516		86516	51
52 SPEECH PATHOLOGY			39863		39863	52
53 ELECTROCARDIOLOGY			117844		117844	53
54 ELECTROENCEPHALOGRAPHY			19570		19570	54
55 MEDICAL SUPPLIES CHARGED TO PAT			769534		769534	55
56 DRUGS CHARGED TO PATIENTS			847559		847559	56
57 RENAL DIALYSIS			306823		306823	57
58.01 HEART CATH LAB			758146		758146	58.01
58.02 CARDIOVASCULAR SVCS			33642		33642	58.02
58.03 PROSTHETICS			119559		119559	58.03
58.04 GASTRO SERVICES			97426		97426	58.04
58.05 OTHER TRANSPLANT SERVICES			14738		14738	58.05
58.06 PULMONARY LAB			5047		5047	58.06
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC			2243495		2243495	60
60.01 EYE CLINIC			439141		439141	60.01
60.02 PRIMARY CARE CLINIC			262815		262815	60.02
60.03 PEDS & ADOLESCENT CENTER			155698		155698	60.03
60.04 NEURO PSYCH CLINIC			353943		353943	60.04
61 EMERGENCY			356938		356938	61
62 OBSERVATION BEDS (NON-DISTINCT)						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10 CMHC						69.10

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R PROGRAM COSTS 23	PARAMED EDUCATION PHARMACY 24	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
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
SPECIAL PURPOSE COST CENTERS						
83 KIDNEY ACQUISITION			119112		119112	83
84 LIVER ACQUISITION			76118		76118	84
85.01 PANCREAS ACQUISITION			7912		7912	85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
86 OTHER ORGAN ACQUISITION (SPECIF			6171		6171	86
95 SUBTOTALS			21058655		21058655	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CAN			14688		14688	96
97 RESEARCH			44222		44222	97
97.01 ISPI RESEARCH			6337		6337	97.01
98 PHYSICIANS' PRIVATE OFFICES			14979		14979	98
98.01 FAMILY MED PHYSICIAN OFFICE			26433		26433	98.01
101 CROSS FOOT ADJUSTMENTS	177877	21180	568687		568687	101
102 NEGATIVE COST CENTER						102
103 TOTAL	177877	21180	21734001		21734001	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP BLDGS + FIXTURES SQUARE FEET	NEW CAP BLDGS + FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT (DOLLAR VALUE)	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	
	1	3	4	5	6A	6	7	
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION	1524	1524	346418	1007328		3758686	1524	83
84 LIVER ACQUISITION	423	423	358309	231622		1466168	423	84
85.01 PANCREAS ACQUISITION	69	69		40516		501388	69	85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
86 OTHER ORGAN ACQUISITION (SPEC	156	156		166347		323546	156	86
95 SUBTOTALS	666458	666458	119945379	251241452	-109394824	436674727	579827	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	826	826	6376	129834		470428	826	96
97 RESEARCH	3628	3628		518105		754859	3628	97
97.01 ISPI RESEARCH	237	237	28528	7370		16139	237	97.01
98 PHYSICIANS' PRIVATE OFFICES				576899		891170		98
98.01 FAMILY MED PHYSICIAN OFFICE				1187395		1621692		98.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I		4914670	16819331	89395703		109394824	23208693	103
104 UNIT COST MULT-WS B PT I		7.322770		.352422		.248382		104
104 UNIT COST MULT-WS B PT I			.140184				39.705694	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				4855		6281485	465472	107
108 UNIT COST MULT-WS B PT III				.000019		.014262		108
108 UNIT COST MULT-WS B PT III							.796335	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	SQUARE FEET	(MEALS SERVED)	GROSS SALARIES	PER CENT OF TIME	(COSTED REQUIS)	(COSTED REQUIS)	GROSS REVENUE	(TIME SPENT)
	10	11	12	14	15	16	17	18
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION	1524		1007328	448	305		8920369	83
84 LIVER ACQUISITION	423		231622	184	11		2925588	84
85.01 PANCREAS ACQUISITION	69		40516	6			840660	85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
86 OTHER ORGAN ACQUISITION (SPEC	156		166347	3	3179	32	6905	86
95 SUBTOTALS	570178	688906	194849734	101173	39233514	33269112	1430382152	3490 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	826		129834					96
97 RESEARCH	3628	227	518105	435	13971	3183	123102	97
97.01 ISPI RESEARCH	237	227	7370				20400	97.01
98 PHYSICIANS' PRIVATE OFFICES			576899	236	6981	36040	513399	98
98.01 FAMILY MED PHYSICIAN OFFICE			1187395	518				98.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	7794506	7674447	4353570	10915413	4272270	13804684	6459222	7863739 103
104 UNIT COST MULT-WS B PT I	13.558752		.022069		.108835		.004514	104
104 UNIT COST MULT-WS B PT I		11.132713		106.635402		.414451		2253.220344 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	182686	304586	172787	442746	957934	453374	198268	129316 107
108 UNIT COST MULT-WS B PT III	.317787		.000876		.024403		.000139	108
108 UNIT COST MULT-WS B PT III		.441839		4.325296		.013611		37.053295 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R	I&R	PARAMED	
	SALARY & FRINGES (ASSIGNED TIME)	PROGRAM COSTS GROSS REVENUE	EDUCATION PHARMACY PATIENT DAYS	
	22	23	24	
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
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
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
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES	9933			22
23 I&R SERVICES-OTHER PRGM COSTS		1426062475		23
24 PARAMED ED PRGM-(SPECIFY)			128829	24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	955	108589140	74134	25
26 INTENSIVE CARE UNIT	152	19120237	6522	26
27 CORONARY CARE UNIT	135	15992683	5517	27
27.01 PEDIATRIC INTENSIVE CAR	86	12945756	4407	27.01
27.02 NEONATAL INTENSIVE CARE	285	39733700	15337	27.02
31 SUBPROVIDER I	131	17160710	14106	31
31.01 SUBPROVIDER II			4038	31.01
33 NURSERY	22	4234371	4768	33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	1295	141060436		37
38 RECOVERY ROOM		8113702		38
39 DELIVERY ROOM & LABOR ROOM	178	22063367		39
40 ANESTHESIOLOGY	286	39190368		40
41 RADIOLOGY-DIAGNOSTIC	103	17965512		41
41.01 NUCLEAR MED - DIAG	40	6563256		41.01
41.02 ONCOLOGY	263	14797354		41.02
41.03 CAT SCAN	173	45331927		41.03
41.04 MAG RESONANCE IMAGING	169	26425521		41.04
41.05 ULTRASOUND	37	7091637		41.05
41.06 VASCULAR XRAY	297	63771591		41.06
44 LABORATORY	1199	265808724		44
46.30 BLOOD CLOTTING FACTORS ADMIN				46.30
47 BLOOD STORING, PROCESSING & T	242	31282007		47
49 RESPIRATORY THERAPY	262	40487559		49
50 PHYSICAL THERAPY	55	7746352		50
51 OCCUPATIONAL THERAPY	29	3967825		51
52 SPEECH PATHOLOGY	28	2872801		52
53 ELECTROCARDIOLOGY	82	2707474		53
54 ELECTROENCEPHALOGRAPHY		4759104		54
55 MEDICAL SUPPLIES CHARGED TO P	347	32976293		55
56 DRUGS CHARGED TO PATIENTS	1585	169367612		56
57 RENAL DIALYSIS	169	29027153		57
58.01 HEART CATH LAB	364	35571601		58.01
58.02 CARDIOVASCULAR SVCS		6256433		58.02
58.03 PROSTHETICS		1416693		58.03
58.04 GASTRO SERVICES		18340754		58.04
58.05 OTHER TRANSPLANT SERVICES		1086655		58.05
58.06 PULMONARY LAB		2576426		58.06
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	214	61990194		60
60.01 EYE CLINIC	58	9978685		60.01
60.02 PRIMARY CARE CLINIC	65	8791443		60.02
60.03 PEDS & ADOLESCENT CENTER	103	10746475		60.03
60.04 NEURO PSYCH CLINIC	75	6352346		60.04
61 EMERGENCY	291	48450175		61
62 OBSERVATION BEDS (NON-DISTINC				62
63.50 RHC				63.50
63.60 FQHC				63.60

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SALARY & FRINGES (ASSIGNED TIME)	I&R PROGRAM COSTS GROSS REVENUE	PARAMED EDUCATION PHARMACY PATIENT DAYS	
	22	23	24	
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERA				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
83 KIDNEY ACQUISITION	48	8920369		83
84 LIVER ACQUISITION	44	2925588		84
85.01 PANCREAS ACQUISITION		840660		85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
86 OTHER ORGAN ACQUISITION (SPEC	10	6905		86
95 SUBTOTALS	9877	1425405574	128829	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & C				96
97 RESEARCH		123102		97
97.01 ISPI RESEARCH	56	20400		97.01
98 PHYSICIANS' PRIVATE OFFICES		513399		98
98.01 FAMILY MED PHYSICIAN OFFICE				98.01
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 COST TO BE ALLOC PER B PT I	30714117	13199640	1838595	103
104 UNIT COST MULT-WS B PT I	3092.128964		14.271593	104
104 UNIT COST MULT-WS B PT I		.009256		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	369630	177877	21180	107
108 UNIT COST MULT-WS B PT III	37.212323		.164404	108
108 UNIT COST MULT-WS B PT III		.000125		108

POST STEP DOWN ADJUSTMENTS

SUPPLEMENTAL
WORKSHEET B-2
(CONTINUED)

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

DESCRIPTION	PART	LINE NO.	AMOUNT	
1	2	3	4	
1 EXCLUDE EPO FROM RENAL FACILITY	1	57	-804773	1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	82174093		82174093		82174093	25
26 INTENSIVE CARE UNIT	13158085		13158085		13158085	26
27 CORONARY CARE UNIT	12456401		12456401		12456401	27
27.01 PEDIATRIC INTENSIVE CAR	8495958		8495958		8495958	27.01
27.02 NEONATAL INTENSIVE CARE	20668657		20668657		20668657	27.02
31 SUBPROVIDER I	11668877		11668877		11668877	31
31.01 SUBPROVIDER II	3400424		3400424		3400424	31.01
33 NURSERY	2434959		2434959		2434959	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	44558910		44558910		44558910	37
38 RECOVERY ROOM	2283326		2283326		2283326	38
39 DELIVERY ROOM & LABOR ROOM	10287438		10287438		10287438	39
40 ANESTHESIOLOGY	2890209		2890209		2890209	40
41 RADIOLOGY-DIAGNOSTIC	5613028		5613028		5613028	41
41.01 NUCLEAR MED - DIAG	2042047		2042047		2042047	41.01
41.02 ONCOLOGY	6088585		6088585		6088585	41.02
41.03 CAT SCAN	3928531		3928531		3928531	41.03
41.04 MAG RESONANCE IMAGING	2935258		2935258		2935258	41.04
41.05 ULTRASOUND	1817546		1817546		1817546	41.05
41.06 VASCULAR XRAY	5615955		5615955		5615955	41.06
44 LABORATORY	41904735		41904735		41904735	44
46.30 BLOOD CLOTTING FACTORS ADM						46.30
47 BLOOD STORING, PROCESSING &	11033320		11033320		11033320	47
49 RESPIRATORY THERAPY	4398538		4398538		4398538	49
50 PHYSICAL THERAPY	4362055		4362055		4362055	50
51 OCCUPATIONAL THERAPY	2345376		2345376		2345376	51
52 SPEECH PATHOLOGY	1301032		1301032		1301032	52
53 ELECTROCARDIOLOGY	439177		439177		439177	53
54 ELECTROENCEPHALOGRAPHY	1044636		1044636		1044636	54
55 MEDICAL SUPPLIES CHARGED TO	26999770		26999770		26999770	55
56 DRUGS CHARGED TO PATIENTS	49922313		49922313		49922313	56
57 RENAL DIALYSIS	7783003		7783003		7783003	57
58.01 HEART CATH LAB	5399788		5399788		5399788	58.01
58.02 CARDIOVASCULAR SVCS	1895265		1895265		1895265	58.02
58.03 PROSTHETICS	1954091		1954091		1954091	58.03
58.04 GASTRO SERVICES	2706627		2706627		2706627	58.04
58.05 OTHER TRANSPLANT SERVICES	1168549		1168549		1168549	58.05
58.06 PULMONARY LAB	383005		383005		383005	58.06
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	46450376		46450376		46450376	60
60.01 EYE CLINIC	8840667		8840667		8840667	60.01
60.02 PRIMARY CARE CLINIC	4855851		4855851		4855851	60.02
60.03 PEDS & ADOLESCENT CENTER	4711693		4711693		4711693	60.03
60.04 NEURO PSYCH CLINIC	6954500		6954500		6954500	60.04
61 EMERGENCY	12763170		12763170		12763170	61
62 OBSERVATION BEDS (NON-DISTI	2753267		2753267		2753267	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	494889091		494889091		494889091	101
102 LESS OBSERVATION BEDS	2753267		2753267		2753267	102
103 TOTAL	492135824		492135824		492135824	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	102108315		102108315			25
26 INTENSIVE CARE UNIT	18736677		18736677			26
27 CORONARY CARE UNIT	15513818		15513818			27
27.01 PEDIATRIC INTENSIVE CAR	12892800		12892800			27.01
27.02 NEONATAL INTENSIVE CARE	39360282		39360282			27.02
31 SUBPROVIDER I	17051484		17051484			31
31.01 SUBPROVIDER II	4859178		4859178			31.01
33 NURSERY	4234371		4234371			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	84299725	56760711	141060436	.315885	.315885	.315885 37
38 RECOVERY ROOM	3292882	4820820	8113702	.281416	.281416	.281416 38
39 DELIVERY ROOM & LABOR ROOM	16888205	4389831	21278036	.483477	.483477	.483477 39
40 ANESTHESIOLOGY	24595742	14594626	39190368	.073748	.073748	.073748 40
41 RADIOLOGY-DIAGNOSTIC	6975486	10990026	17965512	.312434	.312434	.312434 41
41.01 NUCLEAR MED - DIAG	2023667	4539589	6563256	.311133	.311133	.311133 41.01
41.02 ONCOLOGY	1247528	13549826	14797354	.411464	.411464	.411464 41.02
41.03 CAT SCAN	23512733	21819194	45331927	.086661	.086661	.086661 41.03
41.04 MAG RESONANCE IMAGING	8525779	17899742	26425521	.111077	.111077	.111077 41.04
41.05 ULTRASOUND	3373750	3717887	7091637	.256294	.256294	.256294 41.05
41.06 VASCULAR XRAY	46522255	17249336	63771591	.088064	.088064	.088064 41.06
44 LABORATORY	87714496	178094228	265808724	.157650	.157650	.157650 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	23960744	7321263	31282007	.352705	.352705	.352705 47
49 RESPIRATORY THERAPY	39994251	493308	40487559	.108639	.108639	.108639 49
50 PHYSICAL THERAPY	3447749	4298603	7746352	.563111	.563111	.563111 50
51 OCCUPATIONAL THERAPY	3027314	940511	3967825	.591099	.591099	.591099 51
52 SPEECH PATHOLOGY	1083044	1789757	2872801	.452879	.452879	.452879 52
53 ELECTROCARDIOLOGY	1920984	786490	2707474	.162209	.162209	.162209 53
54 ELECTROENCEPHALOGRAPHY	3904858	854246	4759104	.219503	.219503	.219503 54
55 MEDICAL SUPPLIES CHARGED TO	36404276	830334	37234610	.725126	.725126	.725126 55
56 DRUGS CHARGED TO PATIENTS	143281410	26086202	169367612	.294757	.294757	.294757 56
57 RENAL DIALYSIS	7929199	21097954	29027153	.268128	.268128	.268128 57
58.01 HEART CATH LAB	19820785	15750816	35571601	.151801	.151801	.151801 58.01
58.02 CARDIOVASCULAR SVCS	4252100	2004333	6256433	.302931	.302931	.302931 58.02
58.03 PROSTHETICS	113257	1303436	1416693	1.379333	1.379333	1.379333 58.03
58.04 GASTRO SERVICES	5362721	12978033	18340754	.147574	.147574	.147574 58.04
58.05 OTHER TRANSPLANT SERVICES	878195	208460	1086655	1.075363	1.075363	1.075363 58.05
58.06 PULMONARY LAB	660756	1915670	2576426	.148657	.148657	.148657 58.06
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	929834	61060360	61990194	.749318	.749318	.749318 60
60.01 EYE CLINIC	24048	9954637	9978685	.885955	.885955	.885955 60.01
60.02 PRIMARY CARE CLINIC	184553	8606890	8791443	.552338	.552338	.552338 60.02
60.03 PEDS & ADOLESCENT CENTER	70002	10676473	10746475	.438441	.438441	.438441 60.03
60.04 NEURO PSYCH CLINIC	7482	6344864	6352346	1.094792	1.094792	1.094792 60.04
61 EMERGENCY	17644803	30805372	48450175	.263429	.263429	.263429 61
62 OBSERVATION BEDS (NON-DISTI	331258	4193966	4525224	.608427	.608427	.608427 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	838962796	578727794	1417690590			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	838962796	578727794	1417690590			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				2118652		2118652
26 INTENSIVE CARE UNIT				359474		359474
27 CORONARY CARE UNIT				566953		566953
27.01 PEDIATRIC INTENSIVE CAR				176342		176342
27.02 NEONATAL INTENSIVE CARE				598546		598546
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				314345		314345
31.01 SUBPROVIDER II				107296		107296
33 NURSERY				94790		94790
101 TOTAL				4336398		4336398

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	76704	20668			27.62	570850
26 INTENSIVE CARE UNIT	6522	1832			55.12	100980
27 CORONARY CARE UNIT	5517	2103			102.76	216104
27.01 PEDIATRIC INTENSIVE CAR	4407	16			40.01	640
27.02 NEONATAL INTENSIVE CARE	15337				39.03	
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	14106	2904			22.28	64701
31.01 SUBPROVIDER II	4038	1441			26.57	38287
33 NURSERY	4768				19.88	
101 TOTAL	131399	28964				991562

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0150) [] 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		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST	TOTAL CHARGES		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		1908977	141060436	22031647			.013533	298154 37
38 RECOVERY ROOM		31843	8113702	784092			.003925	3078 38
39 DELIVERY ROOM & LABOR ROOM		388772	21278036	231076			.018271	4222 39
40 ANESTHESIOLOGY		399869	39190368	4437973			.010203	45281 40
41 RADIOLOGY-DIAGNOSTIC		924326	17965512	2190066			.051450	112679 41
41.01 NUCLEAR MED - DIAG		240498	6563256	690328			.036643	25296 41.01
41.02 ONCOLOGY		453658	14797354	336429			.030658	10314 41.02
41.03 CAT SCAN		434587	45331927	7581835			.009587	72687 41.03
41.04 MAG RESONANCE IMAGING		526877	26425521	2392065			.019938	47693 41.04
41.05 ULTRASOUND		517918	7091637	1040160			.073032	75965 41.05
41.06 VASCULAR XRAY		791112	63771591	14090755			.012405	174796 41.06
44 LABORATORY		2241957	265808724	26492680			.008434	223439 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		204076	31282007	7082211			.006524	46204 47
49 RESPIRATORY THERAPY		202691	40487559	9992452			.005006	50022 49
50 PHYSICAL THERAPY		217486	7746352	786107			.028076	22071 50
51 OCCUPATIONAL THERAPY		86516	3967825	237559			.021804	5180 51
52 SPEECH PATHOLOGY		39863	2872801	223969			.013876	3108 52
53 ELECTROCARDIOLOGY		117844	2707474	760253			.043525	33090 53
54 ELECTROENCEPHALOGRAPHY		19570	4759104	1225974			.004112	5041 54
55 MEDICAL SUPPLIES CHARGED TO P		769534	37234610	7990771			.020667	165145 55
56 DRUGS CHARGED TO PATIENTS		847559	169367612	33756205			.005004	168916 56
57 RENAL DIALYSIS		306823	29027153	4094923			.010570	43283 57
58.01 HEART CATH LAB		758146	35571601	8104876			.021313	172739 58.01
58.02 CARDIOVASCULAR SVCS		33642	6256433	1487718			.005377	7999 58.02
58.03 PROSTHETICS		119559	1416693	9653			.084393	815 58.03
58.04 GASTRO SERVICES		97426	18340754	2062919			.005312	10958 58.04
58.05 OTHER TRANSPLANT SERVICES		14738	1086655	168706			.013563	2288 58.05
58.06 PULMONARY LAB		5047	2576426	216441			.001959	424 58.06
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		2243495	61990194	356744			.036191	12911 60
60.01 EYE CLINIC		439141	9978685	15231			.044008	670 60.01
60.02 PRIMARY CARE CLINIC		262815	8791443	9339			.029894	279 60.02
60.03 PEDS & ADOLESCENT CENTER		155698	10746475	846			.014488	12 60.03
60.04 NEURO PSYCH CLINIC		353943	6352346	870			.055718	48 60.04
61 EMERGENCY		356938	48450175	5756535			.007367	42408 61
62 OBSERVATION BEDS (NON-DISTINC		70985	4525224	85987			.015687	1349 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		16583929	1202933665	166725395				1888564 101

PROVIDER NO. 14-0150 BOARD OF TRUSTEES OF THE UNIVE
 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
 01/06/2009 15:02

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	TOTAL	
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL SWING-BED		
	COST	COST	COSTS	EDUCATION ADJUSTMENT	COSTS	
	1	2	2.01	2.02 3	4	
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS			1058011		1058011	25
26 INTENSIVE CARE UNIT			93079		93079	26
27 CORONARY CARE UNIT			78736		78736	27
27.01 PEDIATRIC INTENSIVE CAR			62895		62895	27.01
27.02 NEONATAL INTENSIVE CARE			218883		218883	27.02
28 BURN INTENSIVE CARE UNIT						28
29 SURGICAL INTENSIVE CARE UNIT						29
30 OTHER SPECIAL CARE (SPECIFY)						30
31 SUBPROVIDER I			201315		201315	31
31.01 SUBPROVIDER II			57629		57629	31.01
33 NURSERY			68047		68047	33
34 SKILLED NURSING FACILITY						34
35 NURSING FACILITY						35
101 TOTAL			1838595		1838595	101

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	76704	13.79	20668	285012	25
26 INTENSIVE CARE UNIT	6522	14.27	1832	26143	26
27 CORONARY CARE UNIT	5517	14.27	2103	30010	27
27.01 PEDIATRIC INTENSIVE CAR	4407	14.27	16	228	27.01
27.02 NEONATAL INTENSIVE CARE	15337	14.27			27.02
28 BURN INTENSIVE CARE UNIT					28
29 SURGICAL INTENSIVE CARE UNIT					29
30 OTHER SPECIAL CARE (SPECIFY)					30
31 SUBPROVIDER I	14106	14.27	2904	41440	31
31.01 SUBPROVIDER II	4038	14.27	1441	20563	31.01
33 NURSERY	4768	14.27			33
34 SKILLED NURSING FACILITY					34
35 NURSING FACILITY					35
101 TOTAL	131399		28964	403396	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0150) [] 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
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 NUCLEAR MED - DIAG							41.01
41.02 ONCOLOGY							41.02
41.03 CAT SCAN							41.03
41.04 MAG RESONANCE IMAGING							41.04
41.05 ULTRASOUND							41.05
41.06 VASCULAR XRAY							41.06
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
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58.01 HEART CATH LAB							58.01
58.02 CARDIOVASCULAR SVCS							58.02
58.03 PROSTHETICS							58.03
58.04 GASTRO SERVICES							58.04
58.05 OTHER TRANSPLANT SERVICES							58.05
58.06 PULMONARY LAB							58.06
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 EYE CLINIC							60.01
60.02 PRIMARY CARE CLINIC							60.02
60.03 PEDS & ADOLESCENT CENTER							60.03
60.04 NEURO PSYCH CLINIC							60.04
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC				35448			35448
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				35448			35448 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0150) [] 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	
	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		141060436			22031647		9535055 37
38 RECOVERY ROOM		8113702			784092		528941 38
39 DELIVERY ROOM & LABOR ROOM		21278036			231076		34300 39
40 ANESTHESIOLOGY		39190368			4432973		2318901 40
41 RADIOLOGY-DIAGNOSTIC		17965512			2190066		1759153 41
41.01 NUCLEAR MED - DIAG		6563256			690328		1259916 41.01
41.02 ONCOLOGY		14797354			336429		4128859 41.02
41.03 CAT SCAN		45331927			7581835		5181773 41.03
41.04 MAG RESONANCE IMAGING		26425521			2392065		3803386 41.04
41.05 ULTRASOUND		7091637			1040160		796526 41.05
41.06 VASCULAR XRAY		63771591			14090755		5108578 41.06
44 LABORATORY		265808724			26492680		1901710 44
46.30 BLOOD CLOTTING FACTORS ADMIN							
47 BLOOD STORING, PROCESSING & T		31282007			7082211		911432 47
49 RESPIRATORY THERAPY		40487559			9992452		150062 49
50 PHYSICAL THERAPY		7746352			786107	100	50
51 OCCUPATIONAL THERAPY		3967825			237559		51
52 SPEECH PATHOLOGY		2872801			223969		210127 52
53 ELECTROCARDIOLOGY		2707474			760253		283525 53
54 ELECTROENCEPHALOGRAPHY		4759104			1225974		199029 54
55 MEDICAL SUPPLIES CHARGED TO P		37234610			7990771		129390 55
56 DRUGS CHARGED TO PATIENTS		169367612			33756205		9523332 56
57 RENAL DIALYSIS		29027153			4094923		830 57
58.01 HEART CATH LAB		35571601			8104876		5590457 58.01
58.02 CARDIOVASCULAR SVCS		6256433			1487718		695039 58.02
58.03 PROSTHETICS		1416693			9653		353543 58.03
58.04 GASTRO SERVICES		18340754			2062919		3677263 58.04
58.05 OTHER TRANSPLANT SERVICES		1086655			168706		4669 58.05
58.06 PULMONARY LAB		2576426			216441		548737 58.06
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		61990194			356744		16652161 60
60.01 EYE CLINIC		9978685			15231		3349081 60.01
60.02 PRIMARY CARE CLINIC		8791443			9339		175766 60.02
60.03 PEDS & ADOLESCENT CENTER		10746475			846		20113 60.03
60.04 NEURO PSYCH CLINIC		6352346			870		579975 60.04
61 EMERGENCY		48450175			5756535		3865771 61
62 OBSERVATION BEDS (NON-DISTINC	35448	4525224	.007833	.007833	85987	674	1013085 62
63.50 RHC							
63.60 FQHC							
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	35448	1202933665			166725395	674	84290585 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0150) [] 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	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 NUCLEAR MED - DIAG					41.01
41.02 ONCOLOGY					41.02
41.03 CAT SCAN					41.03
41.04 MAG RESONANCE IMAGING					41.04
41.05 ULTRASOUND					41.05
41.06 VASCULAR XRAY					41.06
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
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58.01 HEART CATH LAB					58.01
58.02 CARDIOVASCULAR SVCS					58.02
58.03 PROSTHETICS					58.03
58.04 GASTRO SERVICES					58.04
58.05 OTHER TRANSPLANT SERVICES					58.05
58.06 PULMONARY LAB					58.06
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 EYE CLINIC					60.01
60.02 PRIMARY CARE CLINIC					60.02
60.03 PEDS & ADOLESCENT CENTER					60.03
60.04 NEURO PSYCH CLINIC					60.04
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC			7935		62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL			7935		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0150) [] 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	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER	
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT	
	1	1.01	1.02	SURGICAL		DIAGNOSTIC	
				CENTER			
				2	3	4	
37 ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	.315885	.315885	.315885				37
38 RECOVERY ROOM	.281416	.281416	.281416				38
39 DELIVERY ROOM & LABOR ROOM	.483477	.483477	.483477				39
40 ANESTHESIOLOGY	.073748	.073748	.073748				40
41 RADIOLOGY-DIAGNOSTIC	.312434	.312434	.312434				41
41.01 NUCLEAR MED - DIAG	.311133	.311133	.311133				41.01
41.02 ONCOLOGY	.411464	.411464	.411464				41.02
41.03 CAT SCAN	.086661	.086661	.086661				41.03
41.04 MAG RESONANCE IMAGING	.111077	.111077	.111077				41.04
41.05 ULTRASOUND	.256294	.256294	.256294				41.05
41.06 VASCULAR XRAY	.088064	.088064	.088064				41.06
44 LABORATORY	.157650	.157650	.157650				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA	.352705	.352705	.352705				47
49 RESPIRATORY THERAPY	.108639	.108639	.108639				49
50 PHYSICAL THERAPY	.563111	.563111	.563111				50
51 OCCUPATIONAL THERAPY	.591099	.591099	.591099				51
52 SPEECH PATHOLOGY	.452879	.452879	.452879				52
53 ELECTROCARDIOLOGY	.162209	.162209	.162209				53
54 ELECTROENCEPHALOGRAPHY	.219503	.219503	.219503				54
55 MEDICAL SUPPLIES CHARGED TO PAT	.725126	.725126	.725126				55
56 DRUGS CHARGED TO PATIENTS	.294757	.294757	.294757				56
57 RENAL DIALYSIS	.268128	.268128	.268128				57
58.01 HEART CATH LAB	.151801	.151801	.151801				58.01
58.02 CARDIOVASCULAR SVCS	.302931	.302931	.302931				58.02
58.03 PROSTHETICS	1.379333	1.379333	1.379333				58.03
58.04 GASTRO SERVICES	.147574	.147574	.147574				58.04
58.05 OTHER TRANSPLANT SERVICES	1.075363	1.075363	1.075363				58.05
58.06 PULMONARY LAB	.148657	.148657	.148657				58.06
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	.749318	.749318	.749318				60
60.01 EYE CLINIC	.885955	.885955	.885955				60.01
60.02 PRIMARY CARE CLINIC	.552338	.552338	.552338				60.02
60.03 PEDS & ADOLESCENT CENTER	.438441	.438441	.438441				60.03
60.04 NEURO PSYCH CLINIC	1.094792	1.094792	1.094792				60.04
61 EMERGENCY	.263429	.263429	.263429				61
62 OBSERVATION BEDS (NON-DISTINCT	.608427	.608427	.608427				62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
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							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	
2 PROGRAM VACCINE CHARGES	.294757	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 [XX] HOSPITAL (14-0150) [] 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 (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		9535055						37
38 RECOVERY ROOM		528941						38
39 DELIVERY ROOM & LABOR ROOM		34300						39
40 ANESTHESIOLOGY		2318901						40
41 RADIOLOGY-DIAGNOSTIC		1759153						41
41.01 NUCLEAR MED - DIAG		1259916						41.01
41.02 ONCOLOGY		4128859						41.02
41.03 CAT SCAN		5181773						41.03
41.04 MAG RESONANCE IMAGING		3803386						41.04
41.05 ULTRASOUND		796526						41.05
41.06 VASCULAR XRAY		5108578						41.06
44 LABORATORY		1901710						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		911432						47
49 RESPIRATORY THERAPY		150062						49
50 PHYSICAL THERAPY		100						50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		210127						52
53 ELECTROCARDIOLOGY		283525						53
54 ELECTROENCEPHALOGRAPHY		199029						54
55 MEDICAL SUPPLIES CHARGED TO PA		129390						55
56 DRUGS CHARGED TO PATIENTS		9523332						56
57 RENAL DIALYSIS		830						57
58.01 HEART CATH LAB		5590457						58.01
58.02 CARDIOVASCULAR SVCS		695039						58.02
58.03 PROSTHETICS		353543						58.03
58.04 GASTRO SERVICES		3677263						58.04
58.05 OTHER TRANSPLANT SERVICES		4669						58.05
58.06 PULMONARY LAB		548737						58.06
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		16652161						60
60.01 EYE CLINIC		3349081						60.01
60.02 PRIMARY CARE CLINIC		175766						60.02
60.03 PEDS & ADOLESCENT CENTER		20113						60.03
60.04 NEURO PSYCH CLINIC		579975						60.04
61 EMERGENCY		3865771						61
62 OBSERVATION BEDS (NON-DISTINCT		1013085						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
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		84290585						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		84290585						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0150) [] 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		3011981					37
38 RECOVERY ROOM		148852					38
39 DELIVERY ROOM & LABOR ROOM		16583					39
40 ANESTHESIOLOGY		171014					40
41 RADIOLOGY-DIAGNOSTIC		549619					41
41.01 NUCLEAR MED - DIAG		392001					41.01
41.02 ONCOLOGY		1698877					41.02
41.03 CAT SCAN		449058					41.03
41.04 MAG RESONANCE IMAGING		422469					41.04
41.05 ULTRASOUND		204145					41.05
41.06 VASCULAR XRAY		449882					41.06
44 LABORATORY		299805					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		321467					47
49 RESPIRATORY THERAPY		16303					49
50 PHYSICAL THERAPY		56					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		95162					52
53 ELECTROCARDIOLOGY		45990					53
54 ELECTROENCEPHALOGRAPHY		43687					54
55 MEDICAL SUPPLIES CHARGED TO PAT		93824					55
56 DRUGS CHARGED TO PATIENTS		2807069					56
57 RENAL DIALYSIS		223					57
58.01 HEART CATH LAB		848637					58.01
58.02 CARDIOVASCULAR SVCS		210549					58.02
58.03 PROSTHETICS		487654					58.03
58.04 GASTRO SERVICES		542668					58.04
58.05 OTHER TRANSPLANT SERVICES		5021					58.05
58.06 PULMONARY LAB		81574					58.06
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		12477764					60
60.01 EYE CLINIC		2967135					60.01
60.02 PRIMARY CARE CLINIC		97082					60.02
60.03 PEDS & ADOLESCENT CENTER		8818					60.03
60.04 NEURO PSYCH CLINIC		634952					60.04
61 EMERGENCY		1018356					61
62 OBSERVATION BEDS (NON-DISTINCT		616388					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
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		31234665					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		31234665					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-S150) [] SUB IV [XX] 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		1908977	141060436	13612			.013533	184 37
38 RECOVERY ROOM		31843	8113702	21338			.003925	84 38
39 DELIVERY ROOM & LABOR ROOM		388772	21278036	9738			.018271	178 39
40 ANESTHESIOLOGY		399869	39190368	46864			.010203	478 40
41 RADIOLOGY-DIAGNOSTIC		924326	17965512	10069			.051450	518 41
41.01 NUCLEAR MED - DIAG		240498	6563256	29082			.036643	1066 41.01
41.02 ONCOLOGY		453658	14797354				.030658	41.02
41.03 CAT SCAN		434587	45331927	38758			.009587	372 41.03
41.04 MAG RESONANCE IMAGING		526877	26425521	57363			.019938	1144 41.04
41.05 ULTRASOUND		517918	7091637	3991			.073032	291 41.05
41.06 VASCULAR XRAY		791112	63771591				.012405	41.06
44 LABORATORY		2241957	265808724	223313			.008434	1883 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		204076	31282007	12168			.006524	79 47
49 RESPIRATORY THERAPY		202691	40487559	33588			.005006	168 49
50 PHYSICAL THERAPY		217486	7746352	2277			.028076	64 50
51 OCCUPATIONAL THERAPY		86516	3967825	128971			.021804	2812 51
52 SPEECH PATHOLOGY		39863	2872801	760			.013876	11 52
53 ELECTROCARDIOLOGY		117844	2707474	3397			.043525	148 53
54 ELECTROENCEPHALOGRAPHY		19570	4759104	16111			.004112	66 54
55 MEDICAL SUPPLIES CHARGED TO P		769534	37234610	88555			.020667	1830 55
56 DRUGS CHARGED TO PATIENTS		847559	169367612	605217			.005004	3029 56
57 RENAL DIALYSIS		306823	29027153				.010570	57
58.01 HEART CATH LAB		758146	35571601	6416			.021313	137 58.01
58.02 CARDIOVASCULAR SVCS		33642	6256433	2189			.005377	12 58.02
58.03 PROSTHETICS		119559	1416693	1619			.084393	137 58.03
58.04 GASTRO SERVICES		97426	18340754				.005312	58.04
58.05 OTHER TRANSPLANT SERVICES		14738	1086655				.013563	58.05
58.06 PULMONARY LAB		5047	2576426				.001959	58.06
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		2243495	61990194	1557			.036191	56 60
60.01 EYE CLINIC		439141	9978685	114			.044008	5 60.01
60.02 PRIMARY CARE CLINIC		262815	8791443				.029894	60.02
60.03 PEDS & ADOLESCENT CENTER		155698	10746475				.014488	60.03
60.04 NEURO PSYCH CLINIC		353943	6352346	835			.055718	47 60.04
61 EMERGENCY		356938	48450175	213643			.007367	1574 61
62 OBSERVATION BEDS (NON-DISTINC		70985	4525224				.015687	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		16583929	1202933665	1571545				16373 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-S150) [] 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
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 NUCLEAR MED - DIAG							41.01
41.02 ONCOLOGY							41.02
41.03 CAT SCAN							41.03
41.04 MAG RESONANCE IMAGING							41.04
41.05 ULTRASOUND							41.05
41.06 VASCULAR XRAY							41.06
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
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58.01 HEART CATH LAB							58.01
58.02 CARDIOVASCULAR SVCS							58.02
58.03 PROSTHETICS							58.03
58.04 GASTRO SERVICES							58.04
58.05 OTHER TRANSPLANT SERVICES							58.05
58.06 PULMONARY LAB							58.06
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 EYE CLINIC							60.01
60.02 PRIMARY CARE CLINIC							60.02
60.03 PEDS & ADOLESCENT CENTER							60.03
60.04 NEURO PSYCH CLINIC							60.04
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC				35448			35448
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				35448			35448 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-S150) [] 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			CHARGES	COST TO	RATIO OF COST	
	COSTS	CHARGES	CHARGES	TO	TO	CHARGES	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		141060436			13612		37
38 RECOVERY ROOM		8113702			21338		38
39 DELIVERY ROOM & LABOR ROOM		21278036			9738		39
40 ANESTHESIOLOGY		39190368			46864		40
41 RADIOLOGY-DIAGNOSTIC		17965512			10069	1177	41
41.01 NUCLEAR MED - DIAG		6563256			29082		41.01
41.02 ONCOLOGY		14797354					41.02
41.03 CAT SCAN		45331927			38758		41.03
41.04 MAG RESONANCE IMAGING		26425521			57363		41.04
41.05 ULTRASOUND		7091637			3991		41.05
41.06 VASCULAR XRAY		63771591					41.06
44 LABORATORY		265808724			223313		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		31282007			12168		47
49 RESPIRATORY THERAPY		40487559			33588		49
50 PHYSICAL THERAPY		7746352			2277		50
51 OCCUPATIONAL THERAPY		3967825			128971		51
52 SPEECH PATHOLOGY		2872801			760		52
53 ELECTROCARDIOLOGY		2707474			3397		53
54 ELECTROENCEPHALOGRAPHY		4759104			16111		54
55 MEDICAL SUPPLIES CHARGED TO P		37234610			88555		55
56 DRUGS CHARGED TO PATIENTS		169367612			605217		56
57 RENAL DIALYSIS		29027153					57
58.01 HEART CATH LAB		35571601			6416		58.01
58.02 CARDIOVASCULAR SVCS		6256433			2189		58.02
58.03 PROSTHETICS		1416693			1619		58.03
58.04 GASTRO SERVICES		18340754					58.04
58.05 OTHER TRANSPLANT SERVICES		1086655					58.05
58.06 PULMONARY LAB		2576426					58.06
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		61990194			1557		60
60.01 EYE CLINIC		9978685			114		60.01
60.02 PRIMARY CARE CLINIC		8791443					60.02
60.03 PEDS & ADOLESCENT CENTER		10746475					60.03
60.04 NEURO PSYCH CLINIC		6352346			835		60.04
61 EMERGENCY		48450175			213643		61
62 OBSERVATION BEDS (NON-DISTINC	35448	4525224	.007833	.007833			62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	35448	1202933665			1571545		18091 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-S150) [] 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
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
41.01 NUCLEAR MED - DIAG						41.01
41.02 ONCOLOGY						41.02
41.03 CAT SCAN						41.03
41.04 MAG RESONANCE IMAGING						41.04
41.05 ULTRASOUND						41.05
41.06 VASCULAR XRAY						41.06
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
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
58.01 HEART CATH LAB						58.01
58.02 CARDIOVASCULAR SVCS						58.02
58.03 PROSTHETICS						58.03
58.04 GASTRO SERVICES						58.04
58.05 OTHER TRANSPLANT SERVICES						58.05
58.06 PULMONARY LAB						58.06
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 EYE CLINIC						60.01
60.02 PRIMARY CARE CLINIC						60.02
60.03 PEDS & ADOLESCENT CENTER						60.03
60.04 NEURO PSYCH CLINIC						60.04
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
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-S150) [] 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						
38 OPERATING ROOM	.315885	.315885	.315885			37
39 RECOVERY ROOM	.281416	.281416	.281416			38
40 DELIVERY ROOM & LABOR ROOM	.483477	.483477	.483477			39
41 ANESTHESIOLOGY	.073748	.073748	.073748			40
41 RADIOLOGY-DIAGNOSTIC	.312434	.312434	.312434			41
41.01 NUCLEAR MED - DIAG	.311133	.311133	.311133			41.01
41.02 ONCOLOGY	.411464	.411464	.411464			41.02
41.03 CAT SCAN	.086661	.086661	.086661			41.03
41.04 MAG RESONANCE IMAGING	.111077	.111077	.111077			41.04
41.05 ULTRASOUND	.256294	.256294	.256294			41.05
41.06 VASCULAR XRAY	.088064	.088064	.088064			41.06
44 LABORATORY	.157650	.157650	.157650			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.352705	.352705	.352705			47
49 RESPIRATORY THERAPY	.108639	.108639	.108639			49
50 PHYSICAL THERAPY	.563111	.563111	.563111			50
51 OCCUPATIONAL THERAPY	.591099	.591099	.591099			51
52 SPEECH PATHOLOGY	.452879	.452879	.452879			52
53 ELECTROCARDIOLOGY	.162209	.162209	.162209			53
54 ELECTROENCEPHALOGRAPHY	.219503	.219503	.219503			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.725126	.725126	.725126			55
56 DRUGS CHARGED TO PATIENTS	.294757	.294757	.294757			56
57 RENAL DIALYSIS	.268128	.268128	.268128			57
58.01 HEART CATH LAB	.151801	.151801	.151801			58.01
58.02 CARDIOVASCULAR SVCS	.302931	.302931	.302931			58.02
58.03 PROSTHETICS	1.379333	1.379333	1.379333			58.03
58.04 GASTRO SERVICES	.147574	.147574	.147574			58.04
58.05 OTHER TRANSPLANT SERVICES	1.075363	1.075363	1.075363			58.05
58.06 PULMONARY LAB	.148657	.148657	.148657			58.06
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.749318	.749318	.749318			60
60.01 EYE CLINIC	.885955	.885955	.885955			60.01
60.02 PRIMARY CARE CLINIC	.552338	.552338	.552338			60.02
60.03 PEDS & ADOLESCENT CENTER	.438441	.438441	.438441			60.03
60.04 NEURO PSYCH CLINIC	1.094792	1.094792	1.094792			60.04
61 EMERGENCY	.263429	.263429	.263429			61
62 OBSERVATION BEDS (NON-DISTINCT	.608427	.608427	.608427			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
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						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
2 PROGRAM VACCINE CHARGES	.294757	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-S150) [] 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	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		1177						41
41.01 NUCLEAR MED - DIAG								41.01
41.02 ONCOLOGY								41.02
41.03 CAT SCAN		1108						41.03
41.04 MAG RESONANCE IMAGING		2729						41.04
41.05 ULTRASOUND		445						41.05
41.06 VASCULAR XRAY								41.06
44 LABORATORY		2101						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR								47
49 RESPIRATORY THERAPY		2535						49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		989						53
54 ELECTROENCEPHALOGRAPHY		498						54
55 MEDICAL SUPPLIES CHARGED TO PA								55
56 DRUGS CHARGED TO PATIENTS		4043						56
57 RENAL DIALYSIS								57
58.01 HEART CATH LAB								58.01
58.02 CARDIOVASCULAR SVCS								58.02
58.03 PROSTHETICS								58.03
58.04 GASTRO SERVICES								58.04
58.05 OTHER TRANSPLANT SERVICES								58.05
58.06 PULMONARY LAB								58.06
60 OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 EYE CLINIC								60.01
60.02 PRIMARY CARE CLINIC								60.02
60.03 PEDS & ADOLESCENT CENTER								60.03
60.04 NEURO PSYCH CLINIC								60.04
61 EMERGENCY		2466						61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
65 OTHER REIMBURSABLE COST CENTERS								
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		18091						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		18091						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-S150) [] 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
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		368					41
41.01 NUCLEAR MED - DIAG							41.01
41.02 ONCOLOGY							41.02
41.03 CAT SCAN		96					41.03
41.04 MAG RESONANCE IMAGING		303					41.04
41.05 ULTRASOUND		114					41.05
41.06 VASCULAR XRAY							41.06
44 LABORATORY		331					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA							47
49 RESPIRATORY THERAPY		275					49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		160					53
54 ELECTROENCEPHALOGRAPHY		109					54
55 MEDICAL SUPPLIES CHARGED TO PAT							55
56 DRUGS CHARGED TO PATIENTS		1192					56
57 RENAL DIALYSIS							57
58.01 HEART CATH LAB							58.01
58.02 CARDIOVASCULAR SVCS							58.02
58.03 PROSTHETICS							58.03
58.04 GASTRO SERVICES							58.04
58.05 OTHER TRANSPLANT SERVICES							58.05
58.06 PULMONARY LAB							58.06
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 EYE CLINIC							60.01
60.02 PRIMARY CARE CLINIC							60.02
60.03 PEDS & ADOLESCENT CENTER							60.03
60.04 NEURO PSYCH CLINIC							60.04
61 EMERGENCY		650					61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
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		3598					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		3598					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T150)

COST CENTER DESCRIPTION	OLD	NEW		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST	TOTAL CHARGES		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		1908977	141060436	179581			.013533	2430 37
38 RECOVERY ROOM		31843	8113702	3270			.003925	13 38
39 DELIVERY ROOM & LABOR ROOM		388772	21278036				.018271	39
40 ANESTHESIOLOGY		399869	39190368	21295			.010203	217 40
41 RADIOLOGY-DIAGNOSTIC		924326	17965512	19752			.051450	1016 41
41.01 NUCLEAR MED - DIAG		240498	6563256	3970			.036643	145 41.01
41.02 ONCOLOGY		453658	14797354	43260			.030658	1326 41.02
41.03 CAT SCAN		434587	45331927	31525			.009587	302 41.03
41.04 MAG RESONANCE IMAGING		526877	26425521	24752			.019938	494 41.04
41.05 ULTRASOUND		517918	7091637	5874			.073032	429 41.05
41.06 VASCULAR XRAY		791112	63771591	2551			.012405	32 41.06
44 LABORATORY		2241957	265808724	174130			.008434	1469 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		204076	31282007	31067			.006524	203 47
49 RESPIRATORY THERAPY		202691	40487559	94901			.005006	475 49
50 PHYSICAL THERAPY		217486	7746352	416926			.028076	11706 50
51 OCCUPATIONAL THERAPY		86516	3967825	479412			.021804	10453 51
52 SPEECH PATHOLOGY		39863	2872801	121725			.013876	1689 52
53 ELECTROCARDIOLOGY		117844	2707474	7822			.043525	340 53
54 ELECTROENCEPHALOGRAPHY		19570	4759104	3874			.004112	16 54
55 MEDICAL SUPPLIES CHARGED TO P		769534	37234610	146969			.020667	3037 55
56 DRUGS CHARGED TO PATIENTS		847559	169367612	611193			.005004	3058 56
57 RENAL DIALYSIS		306823	29027153	110717			.010570	1170 57
58.01 HEART CATH LAB		758146	35571601	14457			.021313	308 58.01
58.02 CARDIOVASCULAR SVCS		33642	6256433	11012			.005377	59 58.02
58.03 PROSTHETICS		119559	1416693				.084393	58.03
58.04 GASTRO SERVICES		97426	18340754				.005312	58.04
58.05 OTHER TRANSPLANT SERVICES		14738	1086655				.013563	58.05
58.06 PULMONARY LAB		5047	2576426				.001959	58.06
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		2243495	61990194	462			.036191	17 60
60.01 EYE CLINIC		439141	9978685				.044008	60.01
60.02 PRIMARY CARE CLINIC		262815	8791443				.029894	60.02
60.03 PEDS & ADOLESCENT CENTER		155698	10746475				.014488	60.03
60.04 NEURO PSYCH CLINIC		353943	6352346				.055718	60.04
61 EMERGENCY		356938	48450175	2331			.007367	17 61
62 OBSERVATION BEDS (NON-DISTINC		70985	4525224				.015687	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		16583929	1202933665	2562828				40421 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 [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T150) [] 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
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 NUCLEAR MED - DIAG							41.01
41.02 ONCOLOGY							41.02
41.03 CAT SCAN							41.03
41.04 MAG RESONANCE IMAGING							41.04
41.05 ULTRASOUND							41.05
41.06 VASCULAR XRAY							41.06
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
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58.01 HEART CATH LAB							58.01
58.02 CARDIOVASCULAR SVCS							58.02
58.03 PROSTHETICS							58.03
58.04 GASTRO SERVICES							58.04
58.05 OTHER TRANSPLANT SERVICES							58.05
58.06 PULMONARY LAB							58.06
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 EYE CLINIC							60.01
60.02 PRIMARY CARE CLINIC							60.02
60.03 PEDS & ADOLESCENT CENTER							60.03
60.04 NEURO PSYCH CLINIC							60.04
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC				35448			35448
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				35448			35448 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 [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T150) [] 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		141060436			179581		37
38 RECOVERY ROOM		8113702			3270		38
39 DELIVERY ROOM & LABOR ROOM		21278036					39
40 ANESTHESIOLOGY		39190368			21295		40
41 RADIOLOGY-DIAGNOSTIC		17965512			19752		573 41
41.01 NUCLEAR MED - DIAG		6563256			3970		41.01
41.02 ONCOLOGY		14797354			43260		41.02
41.03 CAT SCAN		45331927			31525		41.03
41.04 MAG RESONANCE IMAGING		26425521			24752		41.04
41.05 ULTRASOUND		7091637			5874		41.05
41.06 VASCULAR XRAY		63771591			2551		41.06
44 LABORATORY		265808724			174130		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		31282007			31067		47
49 RESPIRATORY THERAPY		40487559			94901		4207 49
50 PHYSICAL THERAPY		7746352			416926		50
51 OCCUPATIONAL THERAPY		3967825			479412		51
52 SPEECH PATHOLOGY		2872801			121725		52
53 ELECTROCARDIOLOGY		2707474			7822		53
54 ELECTROENCEPHALOGRAPHY		4759104			3874		54
55 MEDICAL SUPPLIES CHARGED TO P		37234610			146969		55
56 DRUGS CHARGED TO PATIENTS		169367612			611193		3585 56
57 RENAL DIALYSIS		29027153			110717		57
58.01 HEART CATH LAB		35571601			14457		58.01
58.02 CARDIOVASCULAR SVCS		6256433			11012		58.02
58.03 PROSTHETICS		1416693					58.03
58.04 GASTRO SERVICES		18340754					58.04
58.05 OTHER TRANSPLANT SERVICES		1086655					58.05
58.06 PULMONARY LAB		2576426					58.06
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		61990194			462		60
60.01 EYE CLINIC		9978685					60.01
60.02 PRIMARY CARE CLINIC		8791443					60.02
60.03 PEDS & ADOLESCENT CENTER		10746475					60.03
60.04 NEURO PSYCH CLINIC		6352346					60.04
61 EMERGENCY		48450175			2331		61
62 OBSERVATION BEDS (NON-DISTINC	35448	4525224	.007833	.007833			62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	35448	1202933665			2562828		8365 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 [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T150) [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 NUCLEAR MED - DIAG					41.01
41.02 ONCOLOGY					41.02
41.03 CAT SCAN					41.03
41.04 MAG RESONANCE IMAGING					41.04
41.05 ULTRASOUND					41.05
41.06 VASCULAR XRAY					41.06
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
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58.01 HEART CATH LAB					58.01
58.02 CARDIOVASCULAR SVCS					58.02
58.03 PROSTHETICS					58.03
58.04 GASTRO SERVICES					58.04
58.05 OTHER TRANSPLANT SERVICES					58.05
58.06 PULMONARY LAB					58.06
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 EYE CLINIC					60.01
60.02 PRIMARY CARE CLINIC					60.02
60.03 PEDS & ADOLESCENT CENTER					60.03
60.04 NEURO PSYCH CLINIC					60.04
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
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 [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-T150) [] 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						
38 OPERATING ROOM	.315885	.315885	.315885			37
39 RECOVERY ROOM	.281416	.281416	.281416			38
40 DELIVERY ROOM & LABOR ROOM	.483477	.483477	.483477			39
41 ANESTHESIOLOGY	.073748	.073748	.073748			40
41 RADIOLOGY-DIAGNOSTIC	.312434	.312434	.312434			41
41.01 NUCLEAR MED - DIAG	.311133	.311133	.311133			41.01
41.02 ONCOLOGY	.411464	.411464	.411464			41.02
41.03 CAT SCAN	.086661	.086661	.086661			41.03
41.04 MAG RESONANCE IMAGING	.111077	.111077	.111077			41.04
41.05 ULTRASOUND	.256294	.256294	.256294			41.05
41.06 VASCULAR XRAY	.088064	.088064	.088064			41.06
44 LABORATORY	.157650	.157650	.157650			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.352705	.352705	.352705			47
49 RESPIRATORY THERAPY	.108639	.108639	.108639			49
50 PHYSICAL THERAPY	.563111	.563111	.563111			50
51 OCCUPATIONAL THERAPY	.591099	.591099	.591099			51
52 SPEECH PATHOLOGY	.452879	.452879	.452879			52
53 ELECTROCARDIOLOGY	.162209	.162209	.162209			53
54 ELECTROENCEPHALOGRAPHY	.219503	.219503	.219503			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.725126	.725126	.725126			55
56 DRUGS CHARGED TO PATIENTS	.294757	.294757	.294757			56
57 RENAL DIALYSIS	.268128	.268128	.268128			57
58.01 HEART CATH LAB	.151801	.151801	.151801			58.01
58.02 CARDIOVASCULAR SVCS	.302931	.302931	.302931			58.02
58.03 PROSTHETICS	1.379333	1.379333	1.379333			58.03
58.04 GASTRO SERVICES	.147574	.147574	.147574			58.04
58.05 OTHER TRANSPLANT SERVICES	1.075363	1.075363	1.075363			58.05
58.06 PULMONARY LAB	.148657	.148657	.148657			58.06
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.749318	.749318	.749318			60
60.01 EYE CLINIC	.885955	.885955	.885955			60.01
60.02 PRIMARY CARE CLINIC	.552338	.552338	.552338			60.02
60.03 PEDS & ADOLESCENT CENTER	.438441	.438441	.438441			60.03
60.04 NEURO PSYCH CLINIC	1.094792	1.094792	1.094792			60.04
61 EMERGENCY	.263429	.263429	.263429			61
62 OBSERVATION BEDS (NON-DISTINCT	.608427	.608427	.608427			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
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						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
2 PROGRAM VACCINE CHARGES	.294757	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 [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-T150) [] 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 (SEE)	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		5.01	5.02					41
41.01 NUCLEAR MED - DIAG								41.01
41.02 ONCOLOGY								41.02
41.03 CAT SCAN								41.03
41.04 MAG RESONANCE IMAGING								41.04
41.05 ULTRASOUND								41.05
41.06 VASCULAR XRAY								41.06
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR								47
49 RESPIRATORY THERAPY			4.07					49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY								53
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO PA								55
56 DRUGS CHARGED TO PATIENTS			35.85					56
57 RENAL DIALYSIS								57
58.01 HEART CATH LAB								58.01
58.02 CARDIOVASCULAR SVCS								58.02
58.03 PROSTHETICS								58.03
58.04 GASTRO SERVICES								58.04
58.05 OTHER TRANSPLANT SERVICES								58.05
58.06 PULMONARY LAB								58.06
60 OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 EYE CLINIC								60.01
60.02 PRIMARY CARE CLINIC								60.02
60.03 PEDS & ADOLESCENT CENTER								60.03
60.04 NEURO PSYCH CLINIC								60.04
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
65 OTHER REIMBURSABLE COST CENTERS								
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		8365						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		8365						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 [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-T150) [] 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) 1.01	ALL OTHER (COLUMNS 1.01x5.02) 1.01	PPS SERVICES (COLUMNS 1.01x5.03) 1.01	PPS SERVICES (COLUMNS 1.01x5.04) 1.01	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
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		179					41
41.01 NUCLEAR MED - DIAG							41.01
41.02 ONCOLOGY							41.02
41.03 CAT SCAN							41.03
41.04 MAG RESONANCE IMAGING							41.04
41.05 ULTRASOUND							41.05
41.06 VASCULAR XRAY							41.06
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA							47
49 RESPIRATORY THERAPY		457					49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO PAT							55
56 DRUGS CHARGED TO PATIENTS		1057					56
57 RENAL DIALYSIS							57
58.01 HEART CATH LAB							58.01
58.02 CARDIOVASCULAR SVCS							58.02
58.03 PROSTHETICS							58.03
58.04 GASTRO SERVICES							58.04
58.05 OTHER TRANSPLANT SERVICES							58.05
58.06 PULMONARY LAB							58.06
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 EYE CLINIC							60.01
60.02 PRIMARY CARE CLINIC							60.02
60.03 PEDS & ADOLESCENT CENTER							60.03
60.04 NEURO PSYCH CLINIC							60.04
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
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		1693					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		1693					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) (14-0150)	SUB I (TEFRA) (14-S150)	SUB II (PPS) (14-T150)	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)	76704	14106	4038				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	76704	14106	4038				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	76704	14106	4038				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)	20668	2904	1441				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) (14-0150)	SUB I (TEFRA) (14-S150)	SUB II (PPS) (14-T150)	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	82174093	11668877	3400424				21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	82174093	11668877	3400424				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	104063916	17160710	4976578				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.789650	.679976	.683286				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	82174093	11668877	3400424				37

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) (14-0150)	SUB I (TEFRA) (14-S150)	SUB II (PPS) (14-T150)	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1071.31	827.23	842.11		38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	22141835	2402276	1213481		39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	22141835	2402276	1213481		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	13158085	6522	2017.49	1832	3696042 43
44	CORONARY CARE UNIT	12456401	5517	2257.82	2103	4748195 44
44.01	PEDIATRIC INTENSIVE CAR	8495958	4407	1927.83	16	30845 44.01
44.02	NEONATAL INTENSIVE CARE	20668657	15337	1347.63		44.02
45	BURN INTENSIVE CARE UNIT					45
46	SURGICAL INTENSIVE CARE UNIT					46
47	OTHER SPECIAL CARE (SPECIFY)					47
		HOSPITAL (PPS) (14-0150)	SUB I (TEFRA) (14-S150)	SUB II (PPS) (14-T150)	SUB III	SUB IV
		1	1	1	1	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	40834389	471449	1038656		48
49	TOTAL PROGRAM INPATIENT COSTS	71451306	2873725	2252137		49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1229967	106141	58850		50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1889238	16373	40421		51
52	TOTAL PROGRAM EXCLUDABLE COST	3119205	122514	99271		52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	68332101	2751211	2152866		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) (14-0150)	SUB I (TEFRA) (14-S150)	SUB II (PPS) (14-T150)	SUB III	SUB IV	
	1	1	1	1	1	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54			247			54
55		13017.61				55
56		3215350				56
57		464139				57
58						
58.01		64307				58.01
58.02						58.02
58.03						58.03
58.04						58.04
59		2938032				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) (PPS)
 (14-0150)(14-S150)(14-T150)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2570	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1071.31	84
85 OBSERVATION BED COST	2753267	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST	HOSPITAL ROUTINE COST (FROM LINE 27)	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST (FROM LINE 85)	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		82174093		2753267	86
87 NEW CAPITAL-RELATED COST	2118652	82174093	.025782	2753267	87
88 NON PHYSICIAN ANESTHETIST		82174093		2753267	88
89 NURSING SCHOOL		82174093		2753267	89
89.01 ALLIED HEALTH	1058011	82174093	.012875	2753267	89.01
89.02 ALL OTHER		82174093		2753267	89.02

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0150) [] 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		32238161		25
26 INTENSIVE CARE UNIT		5532867		26
27 CORONARY CARE UNIT		6409889		27
27.01 PEDIATRIC INTENSIVE CAR		91450		27.01
27.02 NEONATAL INTENSIVE CARE				27.02
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.315885	22031647	6959467	37
38 RECOVERY ROOM	.281416	784092	220656	38
39 DELIVERY ROOM & LABOR ROOM	.483477	231076	111720	39
40 ANESTHESIOLOGY	.073748	4437973	327292	40
41 RADIOLOGY-DIAGNOSTIC	.312434	2190066	684251	41
41.01 NUCLEAR MED - DIAG	.311133	690328	214784	41.01
41.02 ONCOLOGY	.411464	336429	138428	41.02
41.03 CAT SCAN	.086661	7581835	657049	41.03
41.04 MAG RESONANCE IMAGING	.111077	2392065	265703	41.04
41.05 ULTRASOUND	.256294	1040160	266587	41.05
41.06 VASCULAR XRAY	.088064	14090755	1240888	41.06
44 LABORATORY	.157650	26492680	4176571	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.352705	7082211	2497931	47
49 RESPIRATORY THERAPY	.108639	9992452	1085570	49
50 PHYSICAL THERAPY	.563111	786107	442665	50
51 OCCUPATIONAL THERAPY	.591099	237559	140421	51
52 SPEECH PATHOLOGY	.452879	223969	101431	52
53 ELECTROCARDIOLOGY	.162209	760253	123320	53
54 ELECTROENCEPHALOGRAPHY	.219503	1225974	269105	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.725126	7990771	5794316	55
56 DRUGS CHARGED TO PATIENTS	.294757	33756205	9949878	56
57 RENAL DIALYSIS	.268128	4094923	1097964	57
58.01 HEART CATH LAB	.151801	8104876	1230328	58.01
58.02 CARDIOVASCULAR SVCS	.302931	1487718	450676	58.02
58.03 PROSTHETICS	1.379333	9653	13315	58.03
58.04 GASTRO SERVICES	.147574	2062919	304433	58.04
58.05 OTHER TRANSPLANT SERVICES	1.075363	168706	181420	58.05
58.06 PULMONARY LAB	.148657	216441	32175	58.06
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.749318	356744	267315	60
60.01 EYE CLINIC	.885955	15231	13494	60.01
60.02 PRIMARY CARE CLINIC	.552338	9339	5158	60.02
60.03 PEDS & ADOLESCENT CENTER	.438441	846	371	60.03
60.04 NEURO PSYCH CLINIC	1.094792	870	952	60.04
61 EMERGENCY	.263429	5756535	1516438	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.608427	85987	52317	62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		166725395	40834389	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		166725395		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-S150)	<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
27.01 PEDIATRIC INTENSIVE CAR				27.01
27.02 NEONATAL INTENSIVE CARE				27.02
31 SUBPROVIDER I		3292790		31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.315885	13612	4300	37
38 RECOVERY ROOM	.281416	21338	6005	38
39 DELIVERY ROOM & LABOR ROOM	.483477	9738	4708	39
40 ANESTHESIOLOGY	.073748	46864	3456	40
41 RADIOLOGY-DIAGNOSTIC	.312434	10069	3146	41
41.01 NUCLEAR MED - DIAG	.311133	29082	9048	41.01
41.02 ONCOLOGY	.411464			41.02
41.03 CAT SCAN	.086661	38758	3359	41.03
41.04 MAG RESONANCE IMAGING	.111077	57363	6372	41.04
41.05 ULTRASOUND	.256294	3991	1023	41.05
41.06 VASCULAR XRAY	.088064			41.06
44 LABORATORY	.157650	223313	35205	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.352705	12168	4292	47
49 RESPIRATORY THERAPY	.108639	33588	3649	49
50 PHYSICAL THERAPY	.563111	2277	1282	50
51 OCCUPATIONAL THERAPY	.591099	128971	76235	51
52 SPEECH PATHOLOGY	.452879	760	344	52
53 ELECTROCARDIOLOGY	.162209	3397	551	53
54 ELECTROENCEPHALOGRAPHY	.219503	16111	3536	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.725126	88555	64214	55
56 DRUGS CHARGED TO PATIENTS	.294757	605217	178392	56
57 RENAL DIALYSIS	.268128			57
58.01 HEART CATH LAB	.151801	6416	974	58.01
58.02 CARDIOVASCULAR SVCS	.302931	2189	663	58.02
58.03 PROSTHETICS	1.379333	1619	2233	58.03
58.04 GASTRO SERVICES	.147574			58.04
58.05 OTHER TRANSPLANT SERVICES	1.075363			58.05
58.06 PULMONARY LAB	.148657			58.06
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.749318	1557	1167	60
60.01 EYE CLINIC	.885955	114	101	60.01
60.02 PRIMARY CARE CLINIC	.552338			60.02
60.03 PEDS & ADOLESCENT CENTER	.438441			60.03
60.04 NEURO PSYCH CLINIC	1.094792	835	914	60.04
61 EMERGENCY	.263429	213643	56280	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.608427			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		1571545	471449	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1571545		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[] HOSPITAL	[] SNF	[XX] PPS
[XX] TITLE XVIII-PT A	[] SUB I	[] NF	[] TEFRA
[] TITLE XIX	[XX] SUB II (14-T150)	[] 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				25
26 INTENSIVE CARE UNIT				26
27 CORONARY CARE UNIT				27
27.01 PEDIATRIC INTENSIVE CAR				27.01
27.02 NEONATAL INTENSIVE CARE				27.02
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II		1871550		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.315885	179581	56727	37
38 RECOVERY ROOM	.281416	3270	920	38
39 DELIVERY ROOM & LABOR ROOM	.483477			39
40 ANESTHESIOLOGY	.073748	21295	1570	40
41 RADIOLOGY-DIAGNOSTIC	.312434	19752	6171	41
41.01 NUCLEAR MED - DIAG	.311133	3970	1235	41.01
41.02 ONCOLOGY	.411464	43260	17800	41.02
41.03 CAT SCAN	.086661	31525	2732	41.03
41.04 MAG RESONANCE IMAGING	.111077	24752	2749	41.04
41.05 ULTRASOUND	.256294	5874	1505	41.05
41.06 VASCULAR XRAY	.088064	2551	225	41.06
44 LABORATORY	.157650	174130	27452	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.352705	31067	10957	47
49 RESPIRATORY THERAPY	.108639	94901	10310	49
50 PHYSICAL THERAPY	.563111	416926	234776	50
51 OCCUPATIONAL THERAPY	.591099	479412	283380	51
52 SPEECH PATHOLOGY	.452879	121725	55127	52
53 ELECTROCARDIOLOGY	.162209	7822	1269	53
54 ELECTROENCEPHALOGRAPHY	.219503	3874	850	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.725126	146969	106571	55
56 DRUGS CHARGED TO PATIENTS	.294757	611193	180153	56
57 RENAL DIALYSIS	.268128	110717	29686	57
58.01 HEART CATH LAB	.151801	14457	2195	58.01
58.02 CARDIOVASCULAR SVCS	.302931	11012	3336	58.02
58.03 PROSTHETICS	1.379333			58.03
58.04 GASTRO SERVICES	.147574			58.04
58.05 OTHER TRANSPLANT SERVICES	1.075363			58.05
58.06 PULMONARY LAB	.148657			58.06
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.749318	462	346	60
60.01 EYE CLINIC	.885955			60.01
60.02 PRIMARY CARE CLINIC	.552338			60.02
60.03 PEDS & ADOLESCENT CENTER	.438441			60.03
60.04 NEURO PSYCH CLINIC	1.094792			60.04
61 EMERGENCY	.263429	2331	614	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.608427			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		2562828	1038656	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		2562828		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		3	4		
1 ADULTS & PEDIATRICS	244890	38	1071.31	196	209977	1	
2 INTENSIVE CARE UNIT	72472	43	2017.49	24	48420	2	
3 CORONARY CARE UNIT		44	2257.82			3	
3.01 PEDIATRIC INTENSIVE CAR		44.01	1927.83			3.01	
3.02 NEONATAL INTENSIVE CARE		44.02	1347.63			3.02	
4 BURN INTENSIVE CARE UNIT		45				4	
5 SURGICAL INTENSIVE CARE UNIT		46				5	
6 OTHER SPECIAL CARE (SPECIFY)		47				6	
7 TOTAL	317362			220	258397	7	

COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES	ORGAN ACQUISITION		
			ANCILLARY CHARGES	ANCILLARY COSTS	
8 OPERATING ROOM	37	.315885	674374	213025	8
9 RECOVERY ROOM	38	.281416	101139	28462	9
10 DELIVERY ROOM & LABOR ROOM	39	.483477			10
11 ANESTHESIOLOGY	40	.073748	198906	14669	11
12 RADIOLOGY-DIAGNOSTIC	41	.312434	95393	29804	12
12.01 NUCLEAR MED - DIAG	41.01	.311133	213859	66539	12.01
12.02 ONCOLOGY	41.02	.411464			12.02
12.03 CAT SCAN	41.03	.086661	307948	26687	12.03
12.04 MAG RESONANCE IMAGING	41.04	.111077	29003	3222	12.04
12.05 ULTRASOUND	41.05	.256294	117597	30139	12.05
12.06 VASCULAR XRAY	41.06	.088064	48726	4291	12.06
13 RADIOLOGY-THERAPEUTIC	42				13
14 RADIOISOTOPE	43				14
15 LABORATORY	44	.157650	1296389	204376	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	.352705	194421	68573	18
19 INTRAVENOUS THERAPY	48				19
20 RESPIRATORY THERAPY	49	.108639	5013	545	20
21 PHYSICAL THERAPY	50	.563111	855	481	21
22 OCCUPATIONAL THERAPY	51	.591099			22
23 SPEECH PATHOLOGY	52	.452879			23
24 ELECTROCARDIOLOGY	53	.162209	5971	969	24
25 ELECTROENCEPHALOGRAPHY	54	.219503			25
26 MEDICAL SUPPLIES CHARGED TO PAT	55	.725126	913779	662605	26
27 DRUGS CHARGED TO PATIENTS	56	.294757	446534	131619	27
28 RENAL DIALYSIS	57	.268128	4824	1293	28
29 ASC (NON-DISTINCT PART)	58				29
29.01 HEART CATH LAB	58.01	.151801	187327	28436	29.01
29.02 CARDIOVASCULAR SVCS	58.02	.302931	125474	38010	29.02
29.03 PROSTHETICS	58.03	1.379333	9405	12973	29.03
29.04 GASTRO SERVICES	58.04	.147574	43402	6405	29.04
29.05 OTHER TRANSPLANT SERVICES	58.05	1.075363			29.05
29.06 PULMONARY LAB	58.06	.148657	64534	9593	29.06
30 OTHER ANCILLARY (SPECIFY)	59				30
31 CLINIC	60	.749318	432109	323787	31
31.01 EYE CLINIC	60.01	.885955	917	812	31.01
31.02 PRIMARY CARE CLINIC	60.02	.552338	1852	1023	31.02
31.03 PEDS & ADOLESCENT CENTER	60.03	.438441	2730	1197	31.03
31.04 NEURO PSYCH CLINIC	60.04	1.094792			31.04
32 EMERGENCY	61	.263429	13784	3631	32
33 OBSERVATION BEDS (NON-DISTINCT	62	.608427	21563	13120	33
34 OTHER OUTPATIENT SERV (SPECIFY)	63				34
34.50 RHC	63.50				34.50
34.60 FQHC	63.60				34.60
35 TOTAL			5557828	1926286	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		196		36
37 INTENSIVE CARE UNIT	3		24		37
38 CORONARY CARE UNIT	4				38
38.01 PEDIATRIC INTENSIVE CAR	4.01				38.01
38.02 NEONATAL INTENSIVE CARE	4.02				38.02
39 BURN INTENSIVE CARE UNIT	5				39
40 SURGICAL INTENSIVE CARE UNIT	6				40
41 OTHER SPECIAL CARE (SPECIFY)	7				41
42 SUBTOTAL			220		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	432109	20			43
43.01 EYE CLINIC	917	20.01			43.01
43.02 PRIMARY CARE CLINIC	1852	20.02			43.02
43.03 PEDS & ADOLESCENT CENTER	2730	20.03			43.03
43.04 NEURO PSYCH CLINIC		20.04			43.04
44 EMERGENCY	13784	21			44
45 OBSERVATION BEDS (NON-DISTINCT)	21563	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	472955				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	2184683		5875190		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	4883755		4883755		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	7068438		10758945		53
54 TOTAL USABLE ORGANS		112			54
55 MEDICARE USABLE ORGANS		59			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.526786			56
57 MEDICARE COST/CHARGES	3723554		5667662		57
58 REVENUE FOR ORGANS SOLD	101000		125658		58
59 SUBTOTAL	3622554		5542004		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	3622554		5542004		61

PART IV - STATISTICS

	LIVING RELATED		CADAVERIC 2	REVENUE 3	
	1	66			
62 ORGANS EXCISED IN PROVIDER		66	14		62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS					63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS					64
65 ORGANS PURCHASED FROM OPO'S			32		65
66 TOTAL		66	46		66
67 ORGANS TRANSPLANTED		66	32	7340200	67
68 ORGANS SOLD TO OTHER HOSPITALS					68
69 ORGANS SOLD TO OPO'S			14	125628	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		66	46		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	7585	38	1071.31	8	8570	1
2	INTENSIVE CARE UNIT	27386	43	2017.49	9	18157	2
3	CORONARY CARE UNIT	3600	44	2257.82	2	4516	3
3.01	PEDIATRIC INTENSIVE CAR		44.01	1927.83			3.01
3.02	NEONATAL INTENSIVE CARE		44.02	1347.63			3.02
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	OTHER SPECIAL CARE (SPECIFY)		47				6
7	TOTAL	38571			19	31243	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		C	1	2	3	4	
8	OPERATING ROOM	37	.315885	58285		18411	8
9	RECOVERY ROOM	38	.281416				9
10	DELIVERY ROOM & LABOR ROOM	39	.483477				10
11	ANESTHESIOLOGY	40	.073748	14785		1090	11
12	RADIOLOGY-DIAGNOSTIC	41	.312434	3066		958	12
12.01	NUCLEAR MED - DIAG	41.01	.311133	7527		2342	12.01
12.02	ONCOLOGY	41.02	.411464				12.02
12.03	CAT SCAN	41.03	.086661	31462		2727	12.03
12.04	MAG RESONANCE IMAGING	41.04	.111077	10133		1126	12.04
12.05	ULTRASOUND	41.05	.256294	12114		3105	12.05
12.06	VASCULAR XRAY	41.06	.088064				12.06
13	RADIOLOGY-THERAPEUTIC	42					13
14	RADIOISOTOPE	43					14
15	LABORATORY	44	.157650	123094		19406	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	.352705	5447		1921	18
19	INTRAVENOUS THERAPY	48					19
20	RESPIRATORY THERAPY	49	.108639	2433		264	20
21	PHYSICAL THERAPY	50	.563111	539		304	21
22	OCCUPATIONAL THERAPY	51	.591099				22
23	SPEECH PATHOLOGY	52	.452879				23
24	ELECTROCARDIOLOGY	53	.162209	510		83	24
25	ELECTROENCEPHALOGRAPHY	54	.219503				25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.725126	47977		34789	26
27	DRUGS CHARGED TO PATIENTS	56	.294757	30813		9082	27
28	RENAL DIALYSIS	57	.268128				28
29	ASC (NON-DISTINCT PART)	58					29
29.01	HEART CATH LAB	58.01	.151801	47017		7137	29.01
29.02	CARDIOVASCULAR SVCS	58.02	.302931	1768		536	29.02
29.03	PROSTHETICS	58.03	1.379333	1916		2643	29.03
29.04	GASTRO SERVICES	58.04	.147574	9476		1398	29.04
29.05	OTHER TRANSPLANT SERVICES	58.05	1.075363				29.05
29.06	PULMONARY LAB	58.06	.148657	21703		3226	29.06
30	OTHER ANCILLARY (SPECIFY)	59					30
31	CLINIC	60	.749318	58935		44161	31
31.01	EYE CLINIC	60.01	.885955				31.01
31.02	PRIMARY CARE CLINIC	60.02	.552338	410		226	31.02
31.03	PEDS & ADOLESCENT CENTER	60.03	.438441				31.03
31.04	NEURO PSYCH CLINIC	60.04	1.094792				31.04
32	EMERGENCY	61	.263429				32
33	OBSERVATION BEDS (NON-DISTINCT	62	.608427	952		579	33
34	OTHER OUTPATIENT SERV (SPECIFY)	63					34
34.50	RHC	63.50					34.50
34.60	FQHC	63.60					34.60
35	TOTAL			490362		155514	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	1	2	3	
36 ADULTS & PEDIATRICS	2		8		36
37 INTENSIVE CARE UNIT	3		9		37
38 CORONARY CARE UNIT	4		2		38
38.01 PEDIATRIC INTENSIVE CAR	4.01				38.01
38.02 NEONATAL INTENSIVE CARE	4.02				38.02
39 BURN INTENSIVE CARE UNIT	5				39
40 SURGICAL INTENSIVE CARE UNIT	6				40
41 OTHER SPECIAL CARE (SPECIFY)	7				41
42 SUBTOTAL			19		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	58935	20			43
43.01 EYE CLINIC		20.01			43.01
43.02 PRIMARY CARE CLINIC	410	20.02			43.02
43.03 PEDS & ADOLESCENT CENTER		20.03			43.03
43.04 NEURO PSYCH CLINIC		20.04			43.04
44 EMERGENCY		21			44
45 OBSERVATION BEDS (NON-DISTINCT)	952	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	60297				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	186757		528933		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	1890809		1890809		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	2077566		2419742		53
54 TOTAL USABLE ORGANS		39			54
55 MEDICARE USABLE ORGANS		12			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.307692			56
57 MEDICARE COST/CHARGES	639250		744535		57
58 REVENUE FOR ORGANS SOLD	63050		78505		58
59 SUBTOTAL	576200		666030		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	576200		666030		61

PART IV - STATISTICS

	LIVING RELATED		CADAVERIC 2	REVENUE 3	
	1	3			
62 ORGANS EXCISED IN PROVIDER			7		62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS					63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS					64
65 ORGANS PURCHASED FROM OPO'S			29		65
66 TOTAL		3	36		66
67 ORGANS TRANSPLANTED		3	29	2757456	67
68 ORGANS SOLD TO OTHER HOSPITALS					68
69 ORGANS SOLD TO OPO'S			7	78505	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		3	36		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 [] 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	1071.31			1
2	INTENSIVE CARE UNIT	1328	43	2017.49	1	2017	2
3	CORONARY CARE UNIT		44	2257.82			3
3.01	PEDIATRIC INTENSIVE CAR		44.01	1927.83			3.01
3.02	NEONATAL INTENSIVE CARE		44.02	1347.63			3.02
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	OTHER SPECIAL CARE (SPECIFY)		47				6
7	TOTAL	1328			1	2017	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		C	1	2	3	4	5
8	OPERATING ROOM	37	.315885	7798		2463	8
9	RECOVERY ROOM	38	.281416				9
10	DELIVERY ROOM & LABOR ROOM	39	.483477				10
11	ANESTHESIOLOGY	40	.073748	1138		84	11
12	RADIOLOGY-DIAGNOSTIC	41	.312434	961		300	12
12.01	NUCLEAR MED - DIAG	41.01	.311133				12.01
12.02	ONCOLOGY	41.02	.411464				12.02
12.03	CAT SCAN	41.03	.086661				12.03
12.04	MAG RESONANCE IMAGING	41.04	.111077				12.04
12.05	ULTRASOUND	41.05	.256294	2156		553	12.05
12.06	VASCULAR XRAY	41.06	.088064				12.06
13	RADIOLOGY-THERAPEUTIC	42					13
14	RADIOISOTOPE	43					14
15	LABORATORY	44	.157650	21184		3340	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	.352705	1230		434	18
19	INTRAVENOUS THERAPY	48					19
20	RESPIRATORY THERAPY	49	.108639	1207		131	20
21	PHYSICAL THERAPY	50	.563111				21
22	OCCUPATIONAL THERAPY	51	.591099				22
23	SPEECH PATHOLOGY	52	.452879				23
24	ELECTROCARDIOLOGY	53	.162209	39		6	24
25	ELECTROENCEPHALOGRAPHY	54	.219503				25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.725126	3828		2776	26
27	DRUGS CHARGED TO PATIENTS	56	.294757	2200		648	27
28	RENAL DIALYSIS	57	.268128				28
29	ASC (NON-DISTINCT PART)	58					29
29.01	HEART CATH LAB	58.01	.151801	4241		644	29.01
29.02	CARDIOVASCULAR SVCS	58.02	.302931	1925		583	29.02
29.03	PROSTHETICS	58.03	1.379333				29.03
29.04	GASTRO SERVICES	58.04	.147574				29.04
29.05	OTHER TRANSPLANT SERVICES	58.05	1.075363				29.05
29.06	PULMONARY LAB	58.06	.148657	124		18	29.06
30	OTHER ANCILLARY (SPECIFY)	59					30
31	CLINIC	60	.749318	6738		5049	31
31.01	EYE CLINIC	60.01	.885955	126		112	31.01
31.02	PRIMARY CARE CLINIC	60.02	.552338				31.02
31.03	PEDS & ADOLESCENT CENTER	60.03	.438441				31.03
31.04	NEURO PSYCH CLINIC	60.04	1.094792				31.04
32	EMERGENCY	61	.263429				32
33	OBSERVATION BEDS (NON-DISTINCT)	62	.608427				33
34	OTHER OUTPATIENT SERV (SPECIFY)	63					34
34.50	RHC	63.50					34.50
34.60	FQHC	63.60					34.60
35	TOTAL			54895		17141	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 [] 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				36
37 INTENSIVE CARE UNIT	3		1		37
38 CORONARY CARE UNIT	4				38
38.01 PEDIATRIC INTENSIVE CAR	4.01				38.01
38.02 NEONATAL INTENSIVE CARE	4.02				38.02
39 BURN INTENSIVE CARE UNIT	5				39
40 SURGICAL INTENSIVE CARE UNIT	6				40
41 OTHER SPECIAL CARE (SPECIFY)	7				41
42 SUBTOTAL			1		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	6738	20			43
43.01 EYE CLINIC	126	20.01			43.01
43.02 PRIMARY CARE CLINIC		20.02			43.02
43.03 PEDS & ADOLESCENT CENTER		20.03			43.03
43.04 NEURO PSYCH CLINIC		20.04			43.04
44 EMERGENCY		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	6864				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	19158		56223		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	634929		634929		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	654087		691152		53
54 TOTAL USABLE ORGANS		13			54
55 MEDICARE USABLE ORGANS		8			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.615385			56
57 MEDICARE COST/CHARGES	402515		425325		57
58 REVENUE FOR ORGANS SOLD	19122		23672		58
59 SUBTOTAL	383393		401653		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	383393		401653		61

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
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		10		65
66 TOTAL		13		66
67 ORGANS TRANSPLANTED		10	840660	67
68 ORGANS SOLD TO OTHER HOSPITALS				68
69 ORGANS SOLD TO OPO'S		3	40091	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		13		76

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0150)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	8298423					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	9441097					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	18968462					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	282630					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	341578					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	846536					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	7706605					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	401.86					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	353.91					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]	66.00					3.06
3.07 SUM OF LINES 3.04-3.06	0.00	66.00	419.91			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS			429.53			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	21.74					3.13
3.14 CURRENT YEAR ALLOWABLE FTE	441.65					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	435.56					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	418.86					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	432.02				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0150)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	1.075051				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	1.061654				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	1.061654				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	3856514				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	4496470				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]	9107686				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	17460670 0	17460670			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.1601				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.4234				4.01
4.02	SUM OF 4 AND 4.01	0.5835				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.3735				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	13710431				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	75585688				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	75585688				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	5596214				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	6132369				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST	4582147				12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	341393				14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	674				15
16	TOTAL	92238485				16
17	PRIMARY PAYER PAYMENTS	17000				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	92221485				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2431424				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	445456				20
21	REIMBURSABLE BAD DEBTS	534044				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	373831				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES					21.02
22	SUBTOTAL	89718436				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0150)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	89718436				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	84187492				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	5530944				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					30
	TO BE COMPLETED BY INTERMEDIARY					
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0150)	HOSPITAL (14-0150)	HOSPITAL (14-0150)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	31226730			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	25290839			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.823			1.03
1.04 LINE 1.01 TIMES LINE 1.03	25699599			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	98.41			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	7935			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	25298774			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0150) 1	HOSPITAL (14-0150) 1.01	HOSPITAL (14-0150) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	5925690		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	19373084		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	2359935		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	21733019		23
24 PRIMARY PAYER PAYMENTS	13794		24
25 SUBTOTAL	21719225		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD	55788		26
27 BAD DEBTS	2617443		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	1832210		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	23607223		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	23607223		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	23066336		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	540887		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-S150) 1	SUB I (14-S150) 1.01	SUB I (14-S150) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	3598			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	2982			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.937			1.03
1.04 LINE 1.01 TIMES LINE 1.03	3371			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	88.46			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	2982			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S150) 1	SUB I (14-S150) 1.01	SUB I (14-S150) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	813		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	2169		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	2169		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	2169		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	2169		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	2169		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	2169		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			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 II (14-T150) 1	SUB II (14-T150) 1.01	SUB II (14-T150) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	1693			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	1580			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.937			1.03
1.04 LINE 1.01 TIMES LINE 1.03	1586			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	99.62			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	1580			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (14-T150) 1	SUB II (14-T150) 1.01	SUB II (14-T150) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	543		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	1037		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	1037		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	1037		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	1037		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	1037		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	1037		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			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
(14-0150)
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
(14-0150)
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
(14-0150)
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 (14-0150)

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		79187492		23066336	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	05/27/2008 5000000			3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	5000000			3.99
4 TOTAL INTERIM PAYMENTS		84187492		23066336	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52		NONE NONE	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 .01 PROVIDER TO .02 PROGRAM	5530944		540887	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		89718436		23607223	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____		

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-S150)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1847082		2169	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 TO .05 PROVIDER .50 TO .51 PROGRAM .52 .54	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		1847082		2169	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 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 PROGRAM .02	274325			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		2121407		2169	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____		

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER II (14-T150)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2128518		1037	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 TO .05 PROVIDER .51 TO .52 PROGRAM .53 .54	NONE NONE		NONE NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99	
4 TOTAL INTERIM PAYMENTS		2128518		1037	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	NONE NONE		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 PROGRAM .02	61952			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		2190470		1037	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____		
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 SUB II SUB III SUB IV
 (14-S150) (14-T150)

1	INPATIENT HOSPITAL SERVICES	2938032			1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	734508			1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)		1769798		1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)				1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)		354919		1.04
1.05	OUTLIER PAYMENTS		74534		1.05
1.06	TOTAL PPS PAYMENTS		2199251		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)	1193209			1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	65383			1.09
1.10	NET IPF PPS ECT PAYMENTS				1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)	10.00			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.)	5.02			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)	5.02			1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	38.540984			1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR	0.065087			1.17
1.18	MEDICAL EDUCATION ADJUSTMENT	77662			1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	1336254			1.19
1.20	STOP LESS PAYMENT FLOOR	2056622			1.20
1.21	ADJUSTED NET PAYMENT FLOOR	1542467			1.21
1.22	STOP LOSS ADJUSTMENT	206213			1.22
1.23	TOTAL IPF PPS PAYMENTS	2276975			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)		11.032787		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	2276975	2199251		4
5	PRIMARY PAYER PAYMENTS				5
6	SUBTOTAL	2276975	2199251		6
7	DEDUCTIBLES	106656	15168		7
8	SUBTOTAL	2170319	2184083		8
9	COINSURANCE	79992	14176		9
10	SUBTOTAL	2090327	2169907		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	2090327	2169907		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-S150)	SUB II (14-T150)	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		31080	20563			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		2121407	2190470			17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		1847082	2128518			19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		274325	61952			20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
50 TO BE COMPLETED BY INTERMEDIARY 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	3.01
		372.01
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
		66.00
3.04	FTE ADJUSTMENT CAP	3.04
		438.01
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	3.05
		444.77
3.06	LESSER OF LINE 3.04 OR LINE 3.05	3.06
		438.01
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	3.07
		166.03
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	3.08
		236.03
3.09	SUM OF LINES 3.07 AND LINE 3.08	3.09
		402.06
3.10	SEE INSTRUCTIONS	3.10
		395.95
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
		20.99
3.12	SEE INSTRUCTIONS	3.12
		253.43
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	3.13
		242.93
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.14
		214.37
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.15
		236.91
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	3.16
		236.91
3.17	SEE INSTRUCTIONS	3.17
		85750.89
3.18	SEE INSTRUCTIONS	3.18
		20315243

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		163.58	3.19
3.20	SEE INSTRUCTIONS		171.44	3.20
3.21	SEE INSTRUCTIONS		166.18	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		166.18	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		90558.47	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		15049007	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		35364250	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		28964	4
5	TOTAL INPATIENT DAYS		124061	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.233466	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 8256350 0		8256350	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		964	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		124061	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		235954	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 0 0 PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD			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		29027153	8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

PROVIDER NO. 14-0150 BOARD OF TRUSTEES OF THE UNIVE
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
01/06/2009 15:02

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

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

12	REASONABLE COST	76577168	12
13	ORGAN ACQUISITION COSTS	4582147	13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	17000	15
16	TOTAL PART A REASONABLE COST	81142315	16
PART B REASONABLE COST			
17	REASONABLE COST	31239956	17
18	PRIMARY PAYER PAYMENTS	13794	18
19	TOTAL PART B REASONABLE COST	31226162	19
20	TOTAL REASONABLE COST	112368477	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.722109	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.277891	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	8492304	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	6132369	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	2359935	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	88330730			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	65553154			4
5	OTHER RECEIVABLES	10093471			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	4769643			7
8	PREPAID EXPENSES	7424016			8
9	OTHER CURRENT ASSETS	41586219			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	217757233			11
FIXED ASSETS					
12	LAND	770917			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS				13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	179974987			14
14.01	ACCUMULATED DEPRECIATION	-67248228			14.01
15	LEASEHOLD IMPROVEMENTS	2211911			15
15.01	ACCUMULATED AMORTIZATION	-753527			15.01
16	FIXED EQUIPMENT	19660700			16
16.01	ACCUMULATED DEPRECIATION	-11751962			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	146473960			18
18.01	ACCUMULATED DEPRECIATION	-107832098			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	161506660			21
OTHER ASSETS					
22	INVESTMENTS	2285542			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	398324			25
26	TOTAL OTHER ASSETS	2683866			26
27	TOTAL ASSETS	381947759			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	16340391			28
29	SALARIES, WAGES & FEES PAYABLE	13941835			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	95111			31
32	DEFERRED INCOME	46140904			32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	48172320			35
36	TOTAL CURRENT LIABILITIES	124690561			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE				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	93477228			41
42	TOTAL LONG TERM LIABILITIES	93477228			42
43	TOTAL LIABILITIES	218167789			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	163779970			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	163779970			51
52	TOTAL LIABILITIES AND FUND BALANCES	381947759			52

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	162734855			1
2 NET INCOME (LOSS)	1045115			2
3 TOTAL	163779970			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 NON OPERATING INCOME				5
6 INVESTMENT ADJUSTMENTS				6
7 ADDS TO PLANT FACILITES				7
8 OTHER				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	163779970			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	163779970			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 HOSPITAL	102108315		102108315	1
2 SUBPROVIDER I	17051484		17051484	2
2.01 SUBPROVIDER II	4859178		4859178	2.01
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	124018977		124018977	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT	18736677		18736677	10
11 CORONARY CARE UNIT	15513818		15513818	11
11.01 PEDIATRIC INTENSIVE CAR	12892800		12892800	11.01
11.02 NEONATAL INTENSIVE CARE	39360282		39360282	11.02
12 BURN INTENSIVE CARE UNIT				12
13 SURGICAL INTENSIVE CARE UNIT				13
14 OTHER SPECIAL CARE (SPECIFY)				14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	86503577		86503577	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	210522554		210522554	16
17 ANCILLARY SERVICES	639753706		639753706	17
18 OUTPATIENT SERVICES		494126116	494126116	18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY				19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24				24
25 TOTAL PATIENT REVENUES	850276260	494126116	1344402376	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		506023826	26
27 OTHER	6087000		27
28 PAYMENTS ON BEHALF - BENEFITS	83843559		28
29 UTILITIES	5819056		29
30			30
31			31
32			32
33 TOTAL ADDITIONS		95749615	33
34 BAD DEBT	-26006320		34
35 OTHER	-1786		35
36 NON OPERATING REVENUE AND EXPENSE	-3497074		36
37			37
38			38
39 TOTAL DEDUCTIONS	-29505180		39
40 TOTAL OPERATING EXPENSES		572268261	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	1344402376	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	925879621	2
3	NET PATIENT REVENUES	418522755	3
4	LESS - TOTAL OPERATING EXPENSES	572268261	4
5	NET INCOME FROM SERVICE TO PATIENTS	-153745506	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	203309	6
7	INCOME FROM INVESTMENTS	2298747	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	681495	11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	2623801	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	12372	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	17653	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	433256	20
21	RENTAL OF VENDING MACHINES	5562	21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER OPERATING	14905397	24
24.01	STATE APPROPRIATION	45522641	24.01
24.02	PAYMENTS ON BEHALF	95749615	24.02
25	TOTAL OTHER INCOME	162453848	25
26	TOTAL	8708342	26
27	NET DECREASE FMV OF INVESTMENTS	4873636	27
27.01	INTEREST ON DEBT	2659474	27.01
27.02	LOSS ON DISPOSAL OF ASSETS	6328	27.02
27.03	NET ACQUISITION AND OBLIGATIONS	123789	27.03
28			28
29			29
30	TOTAL OTHER EXPENSES	7663227	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	1045115	31

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 14-2316

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	1137551	HRS OF SERVICE	25154.00	12.09	1
2 LICENSED PRACTICAL NURSES	143992	HRS OF SERVICE	3452.00	1.66	2
3 NURSES AIDES		HRS OF SERVICE			3
4 TECHNICIANS	987845	HRS OF SERVICE	53384.00	25.67	4
5 SOCIAL WORKERS		HRS OF SERVICE			5
6 DIETICIANS		HRS OF SERVICE			6
7 PHYSICIANS		ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	1037530	ACCUMULATED COST			8
9 SUBTOTAL	3306918				9
10 EMPLOYEE BENEFITS		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	49795	PERCENTAGE OF TIME			13
14 SUPPLIES	1169097	REQUISITIONS			14
15 DRUGS		REQUISITIONS			15
16 OTHER	145203	ACCUMULATED COST			16
17 SUBTOTAL	4671013				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	86123	SQUARE FEET			20
21 NEW CAP REL COSTS-MOV EQUIPMENT	102927	PERCENTAGE OF TIME			21
22 EMPLOYEE BENEFITS	1165431	SALARY			22
23 ADMINISTRATIVE AND GENERAL	1496624	ACCUMULATED COST			23
24 MAINT/REPAIRS-OPERATION-HOUSEKEEPING	626443	SQUARE FEET			24
25 MEDICAL EDUCATION PROGRAM COSTS					25
26 CENTRAL SERVICES & SUPPLIES	13874	REQUISITIONS			26
27 PHARMACY	-759496	REQUISITIONS			27
28 OTHER ALLOCATED COSTS	380064	ACCUMULATED COST			28
29 SUBTOTAL	7783003				29
30 LABORATORY		CHARGES			30
31 RESPIRATORY THERAPY		CHARGES			31
32 OTHER ANCILLARY (SPECIFY)		CHARGES			32
33 TOTAL COSTS	7783003				33

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2316

WORKSHEET I-2

CHECK APPLICABLE BOX:

[XX] 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	712566	152722	1137551	1131837	1165431	-759496	1182971		4723582	3059421	7783003		1
2 MAINTENANCE													
3 HEMODIALYSIS	512690	109882	736104	732416	754148	-491468	765503		3119275	2020325	5139600		2
4 INTERMITTENT PERITONEAL TRAINING	104028	22296	149373	148625	153031	-99729	155337		632961	409963	1042924		3
5 HEMODIALYSIS	666	143	904	912	937	-612	947		3897	2524	6421		4
6 INTERMITTENT PERITONEAL	606	130	859	827	858	-556	872		3596	2329	5925		5
7 CAPD	303	65	452	445	468	-306	473		1900	1231	3131		6
8 CCPD	545	117	769	763	781	-508	789		3256	2109	5365		7
9 HOME													
10 HEMODIALYSIS			81447	81033	83443	-54380	84698		276241	178919	455160		8
11 INTERMITTENT PERITONEAL													9
12 CAPD													10
13 CCPD			33013	32863	33838	-22052	34345		112007	72546	184553		11
14 OTHER BILLABLE SERVICES													
15 INPATIENT DIALYSIS	93728	20089	134630	133953	137927	-89885	140007		570449	369475	939924		12
16 METHOD II HOME PATIENT													13
17 EPO (INCL IN RENAL DEPT)						804773							14
18.01 ARANESP (INCL IN RENAL DEPT)													14.01
19 OTHER													15
20 TOTAL	712566	152722	1137551	1131837	1165431	-759496	1182971		4723582	3059421	7783003		16
21 MEDICAL EDUC PGM COSTS													17
22 TOTAL RENAL COSTS											7783003		18

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 14-2316

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	712566	152722	1137551	1131837	1165431	-759496	1182971	4723582	3059421	1
	MAINTENANCE										
2	HEMODIALYSIS	8462	8462.00	16277.00	34545.00	2139901	70693	82490			2
3	INTERMITTENT PERITONEAL TRAINING	1717	1717.00	3303.00	7010.00	434226	14345	16739			3
4	HEMODIALYSIS	11	11.00	20.00	43.00	2658	88	102			4
5	INTERMITTENT PERITONEAL	10	10.00	19.00	39.00	2436	80	94			5
6	CAPD	5	5.00	10.00	21.00	1329	44	51			6
7	CCPD	9	9.00	17.00	36.00	2215	73	85			7
	HOME										
8	HEMODIALYSIS			1801.00	3822.00	236770	7822	9127			8
9	INTERMITTENT PERITONEAL										9
10	CAPD										10
11	CCPD			730.00	1550.00	96015	3172	3701			11
	OTHER BILLABLE SERVICES										
12	INPT DIAL TRMNTS 35340	1547	1547.00	2977.00	6318.00	391368	12929	15087			
13	METHOD II HOME PATIENT										13
14	EPO										14
14.01	ARANESP										14.01
15	OTHER										15
16	TOTAL STATISTICAL BASIS	11761	11761.00	25154.00	53384.00	3306918	109246	127476	4723582		16
17	UNIT COST MULTIPLIER	60.587195	12.985460	45.223463	21.201802	.352422	-6.952163	9.279951	.647691		17

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 14-2316
 PAYMENT RATE # 1

WORKSHEET I-4

CHECK APPLICABLE BOX: 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	22736	5139600	226.06	13326	3012476	163.51	2178934	1
2 MAINTENANCE - PERITONEAL DIALYSIS	4035	1042924	258.47	2793	721907	142.15	397025	2
3 TRAINING - HEMODIALYSIS	24	6421	267.54	17	4548	176.79	3005	3
4 TRAINING - PERITONEAL DIALYSIS	22	5925	269.32	16	4309	142.15	2274	4
5 TRAINING - CAPD	12	3131	260.92	1	261	53.51	54	5
6 TRAINING - CCPD	20	5365	268.25	14	3756	72.00	1008	6
7 HOME PROGRAM - HEMODIALYSIS	2143	455160	212.39	2016	428178	53.51	107876	7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
	PATIENT WEEKS			PATIENT WEEKS				
9 HOME PROGRAM - CAPD								9
10 HOME PROGRAM - CCPD	869	184553	212.37	376	79851	72.00	27072	10
11 TOTALS	28992	6843079		18183	4255286		2717248	11

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: 14-2316

WORKSHEET I-5

DESCRIPTION

1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES	4255286	1
2	TOTAL PAYMENT (FROM I-4, COLUMN 7, LINE11)	2717248	2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS		3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS		4
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	55788	5
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		5.01
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	-55788	6
7	PROGRAM PAYMENT	2173798	7
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9)	599238	8
9	REIMBURSABLE BAD DEBTS	55788	9

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0150)	SUB I	SUB II (14-T150)	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER	3313592			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	131107			3.01
4	INDIRECT MEDICAL EDUCATION ADJUSTMENT TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD	289.39			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	432.02	0.00		4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	52.39			4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT	1735991			4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.1601			5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.4234			5.01
5.02	SUM OF LINES 5 AND 5.01	0.5835			5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1254			5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	415524			5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	5596214			6
PART II - HOLD HARMLESS METHOD					
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
PART III - PAYMENT UNDER REASONABLE COST					
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
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
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
4	NEW CAP REL COSTS-MVBLE EQUIP				4
5	EMPLOYEE BENEFITS				5
6	ADMINISTRATIVE & GENERAL				6
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
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
27.01	PEDIATRIC INTENSIVE CAR				27.01
27.02	NEONATAL INTENSIVE CARE				27.02
31	SUBPROVIDER I				31
31.01	SUBPROVIDER II				31.01
33	NURSERY				33
ANCILLARY SERVICE COST CENTERS					
37	OPERATING ROOM				37
38	RECOVERY ROOM				38
39	DELIVERY ROOM & LABOR ROOM				39
40	ANESTHESIOLOGY				40
41	RADIOLOGY-DIAGNOSTIC				41
41.01	NUCLEAR MED - DIAG				41.01
41.02	ONCOLOGY				41.02
41.03	CAT SCAN				41.03
41.04	MAG RESONANCE IMAGING				41.04
41.05	ULTRASOUND				41.05
41.06	VASCULAR XRAY				41.06
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
51	OCCUPATIONAL THERAPY				51
52	SPEECH PATHOLOGY				52
53	ELECTROCARDIOLOGY				53
54	ELECTROENCEPHALOGRAPHY				54
55	MEDICAL SUPPLIES CHARGED TO PAT				55
56	DRUGS CHARGED TO PATIENTS				56
57	RENAL DIALYSIS				57
58.01	HEART CATH LAB				58.01
58.02	CARDIOVASCULAR SVCS				58.02
58.03	PROSTHETICS				58.03
58.04	GASTRO SERVICES				58.04
58.05	OTHER TRANSPLANT SERVICES				58.05
58.06	PULMONARY LAB				58.06
OUTPATIENT SERVICE COST CENTERS					
60	CLINIC				60
60.01	EYE CLINIC				60.01
60.02	PRIMARY CARE CLINIC				60.02
60.03	PEDS & ADOLESCENT CENTER				60.03
60.04	NEURO PSYCH CLINIC				60.04
61	EMERGENCY				61
62	OBSERVATION BEDS (NON-DISTINCT				62
63.50	RHC				63.50
63.60	FQHC				63.60
OTHER REIMBURSABLE COST CENTERS					
69.10	CMHC				69.10

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
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
SPECIAL PURPOSE COST CENTERS					
83 KIDNEY ACQUISITION					83
84 LIVER ACQUISITION					84
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 RESEARCH					97
97.01 ISPI RESEARCH					97.01
98 PHYSICIANS' PRIVATE OFFICES					98
98.01 FAMILY MED PHYSICIAN OFFICE					98.01
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	7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
25	ADULTS & PEDIATRICS	26.95		31.12			58.07	25
26	INTENSIVE CARE UNIT	28.09		14.32			42.41	26
27	CORONARY CARE UNIT	38.12		23.82			61.94	27
27.01	PEDIATRIC INTENSIVE CAR	0.36		64.08			64.44	27.01
27.02	NEONATAL INTENSIVE CARE			68.29			68.29	27.02
33	NURSERY			64.41			64.41	33
UTILIZATION PERCENTAGES BASED ON CHARGES								
37	OPERATING ROOM	15.62	6.76				22.38	37
38	RECOVERY ROOM	9.66	6.52				16.18	38
39	DELIVERY ROOM & LABOR ROOM	1.09	0.16				1.25	39
40	ANESTHESIOLOGY	11.32	5.92				17.24	40
41	RADIOLOGY-DIAGNOSTIC	12.19	9.79				21.98	41
41.01	NUCLEAR MED - DIAG	10.52	19.20				29.72	41.01
41.02	ONCOLOGY	2.27	27.90				30.17	41.02
41.03	CAT SCAN	16.73	11.43				28.16	41.03
41.04	MAG RESONANCE IMAGING	9.05	14.39				23.44	41.04
41.05	ULTRASOUND	14.67	11.23				25.90	41.05
41.06	VASCULAR XRAY	22.10	8.01				30.11	41.06
44	LABORATORY	9.97	0.72				10.69	44
47	BLOOD STORING, PROCESSING & TRA	22.64	2.91				25.55	47
49	RESPIRATORY THERAPY	24.68	0.37				25.05	49
50	PHYSICAL THERAPY	10.15					10.15	50
51	OCCUPATIONAL THERAPY	5.99					5.99	51
52	SPEECH PATHOLOGY	7.80	7.31				15.11	52
53	ELECTROCARDIOLOGY	28.08	10.47				38.55	53
54	ELECTROENCEPHALOGRAPHY	25.76	4.18				29.94	54
55	MEDICAL SUPPLIES CHARGED TO PAT	21.46	0.35				21.81	55
56	DRUGS CHARGED TO PATIENTS	19.93	5.62				25.55	56
57	RENAL DIALYSIS	14.11					14.11	57
58.01	HEART CATH LAB	22.78	15.72				38.50	58.01
58.02	CARDIOVASCULAR SVCS	23.78	11.11				34.89	58.02
58.03	PROSTHETICS	0.68	24.96				25.64	58.03
58.04	GASTRO SERVICES	11.25	20.05				31.30	58.04
58.05	OTHER TRANSPLANT SERVICES	15.53	0.43				15.96	58.05
58.06	PULMONARY LAB	8.40	21.30				29.70	58.06
60	CLINIC	0.58	26.86				27.44	60
60.01	EYE CLINIC	0.15	33.56				33.71	60.01
60.02	PRIMARY CARE CLINIC	0.11	2.00				2.11	60.02
60.03	PEDS & ADOLESCENT CENTER	0.01	0.19				0.20	60.03
60.04	NEURO PSYCH CLINIC	0.01	9.13				9.14	60.04
61	EMERGENCY	11.88	7.98				19.86	61
62	OBSERVATION BEDS (NON-DISTINCT	1.90	22.39				24.29	62
101	TOTAL CHARGES	11.76	5.95				17.71	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	20.59		59.02				79.61 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.01						0.01 37
38 RECOVERY ROOM	0.26						0.26 38
39 DELIVERY ROOM & LABOR ROOM	0.05						0.05 39
40 ANESTHESIOLOGY	0.12						0.12 40
41 RADIOLOGY-DIAGNOSTIC	0.06	0.01					0.07 41
41.01 NUCLEAR MED - DIAG	0.44						0.44 41.01
41.03 CAT SCAN	0.09						0.09 41.03
41.04 MAG RESONANCE IMAGING	0.22	0.01					0.23 41.04
41.05 ULTRASOUND	0.06	0.01					0.07 41.05
44 LABORATORY	0.08						0.08 44
47 BLOOD STORING, PROCESSING & TRA	0.04						0.04 47
49 RESPIRATORY THERAPY	0.08	0.01					0.09 49
50 PHYSICAL THERAPY	0.03						0.03 50
51 OCCUPATIONAL THERAPY	3.25						3.25 51
52 SPEECH PATHOLOGY	0.03						0.03 52
53 ELECTROCARDIOLOGY	0.13	0.04					0.17 53
54 ELECTROENCEPHALOGRAPHY	0.34	0.01					0.35 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.24						0.24 55
56 DRUGS CHARGED TO PATIENTS	0.36						0.36 56
58.01 HEART CATH LAB	0.02						0.02 58.01
58.02 CARDIOVASCULAR SVCS	0.03						0.03 58.02
58.03 PROSTHETICS	0.11						0.11 58.03
60.04 NEURO PSYCH CLINIC	0.01						0.01 60.04
61 EMERGENCY	0.44	0.01					0.45 61
101 TOTAL CHARGES	0.11						0.11 101

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

SUBPROVIDER II

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							
31.01 SUBPROVIDER II	35.69		24.32				60.01 31.01
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.13						0.13 37
38 RECOVERY ROOM	0.04						0.04 38
40 ANESTHESIOLOGY	0.05						0.05 40
41 RADIOLOGY-DIAGNOSTIC	0.11						0.11 41
41.01 NUCLEAR MED - DIAG	0.06						0.06 41.01
41.02 ONCOLOGY	0.29						0.29 41.02
41.03 CAT SCAN	0.07						0.07 41.03
41.04 MAG RESONANCE IMAGING	0.09						0.09 41.04
41.05 ULTRASOUND	0.08						0.08 41.05
44 LABORATORY	0.07						0.07 44
47 BLOOD STORING, PROCESSING & TRA	0.10						0.10 47
49 RESPIRATORY THERAPY	0.23	0.01					0.24 49
50 PHYSICAL THERAPY	5.38						5.38 50
51 OCCUPATIONAL THERAPY	12.08						12.08 51
52 SPEECH PATHOLOGY	4.24						4.24 52
53 ELECTROCARDIOLOGY	0.29						0.29 53
54 ELECTROENCEPHALOGRAPHY	0.08						0.08 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.39						0.39 55
56 DRUGS CHARGED TO PATIENTS	0.36						0.36 56
57 RENAL DIALYSIS	0.38						0.38 57
58.01 HEART CATH LAB	0.04						0.04 58.01
58.02 CARDIOVASCULAR SVCS	0.18						0.18 58.02
101 TOTAL CHARGES	0.18						0.18 101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
47 BLOOD STORING, PROCESSING & TRA	7545151	1.37	4526010	1.63	12071161	2.20	47
49 RESPIRATORY THERAPY	2352655	.43	3230774	1.17	5583429	1.02	49
50 PHYSICAL THERAPY	2060373	.37	2543449	.92	4603822	.84	50
51 OCCUPATIONAL THERAPY	1135238	.21	1336536	.48	2471774	.45	51
52 SPEECH PATHOLOGY	719853	.13	694350	.25	1414203	.26	52
53 ELECTROCARDIOLOGY	160669	.03	557123	.20	717792	.13	53
54 ELECTROENCEPHALOGRAPHY	586358	.11	502328	.18	1088686	.20	54
55 MEDICAL SUPPLIES CHARGED TO PAT	19783798	3.60	8594170	3.10	28377968	5.16	55
56 DRUGS CHARGED TO PATIENTS	29562666	5.38	26828337	9.69	56391003	10.26	56
57 RENAL DIALYSIS	4671013	.85	4708008	1.70	9379021	1.71	57
58.01 HEART CATH LAB	2094876	.38	4759698	1.72	6854574	1.25	58.01
58.02 CARDIOVASCULAR SVCS	1035009	.19	918166	.33	1953175	.36	58.02
58.03 PROSTHETICS	751978	.14	1215226	.44	1967204	.36	58.03
58.04 GASTRO SERVICES	1238959	.23	1637430	.59	2876389	.52	58.04
58.05 OTHER TRANSPLANT SERVICES	737431	.13	441176	.16	1178607	.21	58.05
58.06 PULMONARY LAB	226485	.04	180367	.07	406852	.07	58.06
60 CLINIC	26413868	4.80	21272005	7.68	47685873	8.67	60
60.01 EYE CLINIC	4063209	.74	5049164	1.82	9112373	1.66	60.01
60.02 PRIMARY CARE CLINIC	2362750	.43	2775463	1.00	5138213	.93	60.02
60.03 PEDS & ADOLESCENT CENTER	1978745	.36	3150906	1.14	5129651	.93	60.03
60.04 NEURO PSYCH CLINIC	2834700	.52	4410507	1.59	7245207	1.32	60.04
61 EMERGENCY	6233049	1.13	7878386	2.85	14111435	2.57	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
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
SPECIAL PURPOSE COST CENTERS							
83 KIDNEY ACQUISITION	3343959	.61	1770785	.64	5114744	.93	83
84 LIVER ACQUISITION	1331212	.24	722730	.26	2053942	.37	84
85.01 PANCREAS ACQUISITION	486604	.09	156106	.06	642710	.12	85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
86 OTHER ORGAN ACQUISITION (SPECIF	263780	.05	183804	.07	447584	.08	86
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	417729	.08	216407	.08	634136	.12	96
97 RESEARCH	545700	.10	654777	.24	1200477	.22	97
97.01 ISPI RESEARCH	7808		201093	.07	208901	.04	97.01
98 PHYSICIANS' PRIVATE OFFICES	687858	.13	485327	.18	1173185	.21	98
98.01 FAMILY MED PHYSICIAN OFFICE	1203228	.22	902705	.33	2105933	.38	98.01
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	549823839	100.00	0	.00	549823839	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	1908977	141060436	.013533	22031647	298154	37
38 RECOVERY ROOM	31843	8113702	.003925	784092	3078	38
39 DELIVERY ROOM & LABOR ROOM	388772	21278036	.018271	231076	4222	39
40 ANESTHESIOLOGY	399869	39190368	.010203	4437973	45281	40
41 RADIOLOGY-DIAGNOSTIC	924326	17965512	.051450	2190066	112679	41
41.01 NUCLEAR MED - DIAG	240498	6563256	.036643	690328	25296	41.01
41.02 ONCOLOGY	453658	14797354	.030658	336429	10314	41.02
41.03 CAT SCAN	434587	45331927	.009587	7581835	72687	41.03
41.04 MAG RESONANCE IMAGING	526877	26425521	.019938	2392065	47693	41.04
41.05 ULTRASOUND	517918	7091637	.073032	1040160	75965	41.05
41.06 VASCULAR XRAY	791112	63771591	.012405	14090755	174796	41.06
44 LABORATORY	2241957	265808724	.008434	26492680	223439	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	204076	31282007	.006524	7082211	46204	47
49 RESPIRATORY THERAPY	202691	40487559	.005006	9992452	50022	49
50 PHYSICAL THERAPY	217486	7746352	.028076	786107	22071	50
51 OCCUPATIONAL THERAPY	86516	3967825	.021804	237559	5180	51
52 SPEECH PATHOLOGY	39863	2872801	.013876	223969	3108	52
53 ELECTROCARDIOLOGY	117844	2707474	.043525	760253	33090	53
54 ELECTROENCEPHALOGRAPHY	19570	4759104	.004112	1225974	5041	54
55 MEDICAL SUPPLIES CHARGED TO PAT	769534	37234610	.020667	7990771	165145	55
56 DRUGS CHARGED TO PATIENTS	847559	169367612	.005004	33756205	168916	56
57 RENAL DIALYSIS	306823	29027153	.010570	4094923	43283	57
58.01 HEART CATH LAB	758146	35571601	.021313	8104876	172739	58.01
58.02 CARDIOVASCULAR SVCS	33642	6256433	.005377	1487718	7999	58.02
58.03 PROSTHETICS	119559	1416693	.084393	9653	815	58.03
58.04 GASTRO SERVICES	97426	18340754	.005312	2062919	10958	58.04
58.05 OTHER TRANSPLANT SERVICES	14738	1086655	.013563	168706	2288	58.05
58.06 PULMONARY LAB	5047	2576426	.001959	216441	424	58.06
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	2243495	61990194	.036191	356744	12911	60
60.01 EYE CLINIC	439141	9978685	.044008	15231	670	60.01
60.02 PRIMARY CARE CLINIC	262815	8791443	.029894	9339	279	60.02
60.03 PEDS & ADOLESCENT CENTER	155698	10746475	.014488	846	12	60.03
60.04 NEURO PSYCH CLINIC	353943	6352346	.055718	870	48	60.04
61 EMERGENCY	356938	48450175	.007367	5756535	42408	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	70985	4525224	.015687	85987	1349	62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	16583929	1202933665		166725395	1888564	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT		PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	2118652		2118652	76704	27.62	20668	570850 25
26 INTENSIVE CARE UNIT	359474		359474	6522	55.12	1832	100980 26
27 CORONARY CARE UNIT	566953		566953	5517	102.76	2103	216104 27
27.01 PEDIATRIC INTENSIVE CAR	176342		176342	4407	40.01	16	640 27.01
27.02 NEONATAL INTENSIVE CARE	598546		598546	15337	39.03		27.02
101 TOTAL	3819967		3819967			24619	888574 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 888574

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 1888564

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 2777138

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)	68332101
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	210997762
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.324

COST TO CHARGE RATIO FOR REHAB 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))	2231574
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	4296883
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.519

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))	2832285
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	4864335
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.582

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)	2777138
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.013

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	31139224
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (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)	84079528
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.370