

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

WORKSHEET S
 PARTS I & II

INTERMEDIARY [] AUDITED
 USE ONLY: [] DESK REVIEWED

DATE RECEIVED _____ [XX] INITIAL
 INTERMEDIARY NO. _____ [] FINAL

[] RE-OPENING
 [] 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 CHILDREN'S MEMORIAL HOSPITAL (14-3300) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 09/01/2007 AND ENDING 08/31/2008, 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.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL	2	3	4	1
2	SUBPROVIDER I	967463	-129508	28560844	2
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	967463	-129508	28560844	100

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

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 2300 CHILDREN'S PLAZA
 1.01 CITY: CHICAGO

STATE: IL

P.O.BOX:
 ZIP CODE: 60614

COUNTY: COOK COUNTY

1
 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			
				V 4	XVIII 5	XIX 6	
2	HOSPITAL	14-3300	07/01/1973	N	T	O	2
3	SUBPROVIDER I						3
4	SWING BEDS - SNF						4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF						6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA						9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE						12
14	HOSP-BASED RHC						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS						16
17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 09/01/2007	TO: 08/31/2008				17
18	TYPE OF CONTROL			1	2		18
19	HOSPITAL			7			19
20	SUBPROVIDER I						20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.						21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?		NO				21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.						21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.		1	N		N	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		1				21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		1				21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO.		NO				21.06
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?		YES				22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW		YES				23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		09/01/1983				23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		10/26/2000				23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.						23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.						24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.						24.01
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?		YES				25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?		YES				25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.		YES				25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.		NO				25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2		NO				25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)		NO			NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)		NO			NO	25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? NO 60
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)

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT 60.01
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.)

MULTICAMPUS

61 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. NO 61
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.

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		53	4064	9826	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
6.01	NEONATOLOGY					6.01
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		53	4064	9826	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	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
		A-6 2	3	4	5		
1 SALARIES							
1 TOTAL SALARIES	210404207						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)	10832277	16014					6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	37539970	-3444652					8.01
9 OTHER WAGES & RELATED COSTS							9
9.01 CONTRACT LABOR							9.01
9.02 PHARMACY SERVICES UNDER CONTRACT							9.02
9.03 LABORATORY SERVICES UNDER CONTRACT							9.03
9.04 MANAGEMENT AND ADMINISTRATIVE SERVICES							9.04
10 CONTRACT LABOR: PHYSICIAN PART A							10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS							11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
13 WAGE-RELATED COSTS							13
13 WAGE RELATED COSTS (CORE)					CMS 339		13
14 WAGE RELATED COSTS (OTHER)					CMS 339		14
15 EXCLUDED AREAS					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)					CMS 339		20
21 OVERHEAD COSTS - DIRECT SALARIES							21
21 EMPLOYEE BENEFITS	2028735						21
22 ADMINISTRATIVE & GENERAL	33566461	-855659					22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	6031526						24
25 LAUNDRY & LINEN SERVICE							25
26 HOUSEKEEPING	2364986						26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	1698750	-1032471					27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA		1350122					28
29 MAINTENANCE OF PERSONNEL	239957						29
30 NURSING ADMINISTRATION	3803859	825					30
31 CENTRAL SERVICES AND SUPPLY							31
32 PHARMACY							32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	1357766						33
34 SOCIAL SERVICE	1595508	1782438					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.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
		A-6 2	3	4	5	
1 NET SALARIES	199571930	-16014	199555916			1
2 EXCLUDED AREA SALARIES	37539970	-3444652	34095318			2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	162031960	3428638	165460598			3
4 SUBTOTAL OTHER WAGES & REL COSTS						4
5 SUBTOTAL WAGE-RELATED COSTS						5
6 TOTAL (SUM OF LINES 3 THRU 5)	162031960	3428638	165460598			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	52687548	1245255	53932803			13

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

PROVIDER NO. 14-3300 CHILDREN'S MEMORIAL HOSPITAL
PERIOD FROM 09/01/2007 TO 08/31/2008

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

VERSION: 2008.05
01/29/2009 11:55

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI-	RECLASS.	ADJUST-	NET EXP
		1	2	3	FICATIONS	TRIAL	MENTS	FOR
					4	BALANCE	6	ALLOCATION
						5		7
99.02	9902 NON-REIMBURSABLE CLINICS	3699697	535081	4234778	1372210	5606988		5606988 99.02
101	TOTAL	210404207	316862070	527266277		527266277	-49944155	477322122 101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		
			LINE #	SALARY	OTHER
1		2	3	4	5
1 APPORTION PHYSICIAN TO IP PSYCH	A	ADULTS & PEDIATRICS	25	75928	1
2					2
3 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	ADULTS & PEDIATRICS	25	192933	23870 3
4 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	CLINIC	60	371683	29997 4
5 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	NON-REIMBURSABLE CLINICS	99.02	662111	164229 5
6 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	HEART ACQUISITION	85		4275 6
7 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B				7
8 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B				8
9					9
10 APPORTION REHAB ADMIN-101606 PT/ADM	C	PHYSICAL THERAPY	50	62547	5871 10
11 APPORTION REHAB ADMIN-101608 CLK OT	C	PHYSICAL THERAPY	50	30158	2831 11
12 APPORTION REHAB ADMIN-101628 PT	C	PHYSICAL THERAPY	50	22916	2151 12
13 APPORTION REHAB ADMIN-101629 OT	C	PHYSICAL THERAPY	50	9073	852 13
14 APPORTION REHAB ADMIN-101615 MOT AN	C	PHYSICAL THERAPY	50	10319	969 14
15 APPORTION REHAB ADMIN-101600 ORTHOT	C	MEDICAL SUPPLIES CHARGED TO P	55	4921	462 15
16 APPORTION REHAB ADMIN-101601 CLK OR	C	MEDICAL SUPPLIES CHARGED TO P	55	69716	6544 16
17 APPORTION REHAB ADMIN-101603 AUDIO	C	SPEECH PATHOLOGY	52	67897	6373 17
18 APPORTION REHAB ADMIN-101604 CLK SP	C	SPEECH PATHOLOGY	52	49293	4627 18
19 APPORTION REHAB ADMIN-101627 SPEECH	C	SPEECH PATHOLOGY	52	29843	2801 19
20 APPORTION REHAB ADMIN-101609 AURAL	C				20
21 APPORTION REHAB ADMIN-101623 GB SP	C	OFFSITE FACILITIES	98.01	2761	259 21
22 APPORTION REHAB ADMIN-101602 GB ORT	C	OFFSITE FACILITIES	98.01	14845	1393 22
23 APPORTION REHAB ADMIN-101620 W AUD	C	OFFSITE FACILITIES	98.01	33959	3187 23
24 APPORTION REHAB ADMIN-101619 WST SP	C	OFFSITE FACILITIES	98.01	18899	1774 24
25 APPORTION REHAB ADMIN-101621 W PT	C	OFFSITE FACILITIES	98.01	15583	1463 25
26 APPORTION REHAB ADMIN-101622 W OT	C	OFFSITE FACILITIES	98.01	9008	846 26
27 APPORTION REHAB ADMIN-101610 W ORTH	C	OFFSITE FACILITIES	98.01	6147	577 27
28 APPORTION REHAB ADMIN-101624 G AUD	C	OFFSITE FACILITIES	98.01	12273	1152 28
29 APPORTION REHAB ADMIN-101625 G PT	C	OFFSITE FACILITIES	98.01	13830	1298 29
30					30
31 RECALSS RENTAL-104007 RES & FELLOW	D	NEW CAP REL COSTS-BLDG & FIXT	3		121700 31
32 RECLASS RENTAL-107017 SPEC ID	D				32
33					33
34 RECLASS DIETARY TO CAFETERIA	E	CAFETERIA	12	1350122	2160708 34
35					35
36 SUBTOTAL				3136765	2550209 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 APPORTION PHYSICIAN TO IP PSYCH	A	PSYCHIATRY	58.01	75928		1
2						2
3 APPORTION TRNSPLNT ADMIN ORGAN AC B	B	ADMINISTRATION & GENERAL	6.01	591976	191862	3
4 APPORTION TRNSPLNT ADMIN ORGAN AC B	B	LIVER ACQUISITION	84	186466	7612	4
5 APPORTION TRNSPLNT ADMIN ORGAN AC B	B	SOCIAL SERVICE	18	61495		5
6 APPORTION TRNSPLNT ADMIN ORGAN AC B	B	HEART ACQUISITION	85	200627		6
7 APPORTION TRNSPLNT ADMIN ORGAN AC B	B	KIDNEY ACQUISITION	83	70429	17398	7
8 APPORTION TRNSPLNT ADMIN ORGAN AC B	B	INTESTINAL ACQUISITION	85.02	115734	5499	8
9						9
10 APPORTION REHAB ADMIN-101606 PT/A	C	ADMINISTRATION & GENERAL	6.01	483988	45430	10
11 APPORTION REHAB ADMIN-101608 CLK	C					11
12 APPORTION REHAB ADMIN-101628 PT	C					12
13 APPORTION REHAB ADMIN-101629 OT	C					13
14 APPORTION REHAB ADMIN-101615 MOT	C					14
15 APPORTION REHAB ADMIN-101600 ORTH	C					15
16 APPORTION REHAB ADMIN-101601 CLK	C					16
17 APPORTION REHAB ADMIN-101603 AUDI	C					17
18 APPORTION REHAB ADMIN-101604 CLK	C					18
19 APPORTION REHAB ADMIN-101627 SPEE	C					19
20 APPORTION REHAB ADMIN-101609 AURA	C					20
21 APPORTION REHAB ADMIN-101623 GB S	C					21
22 APPORTION REHAB ADMIN-101602 GB O	C					22
23 APPORTION REHAB ADMIN-101620 W AU	C					23
24 APPORTION REHAB ADMIN-101619 WST	C					24
25 APPORTION REHAB ADMIN-101621 W PT	C					25
26 APPORTION REHAB ADMIN-101622 W OT	C					26
27 APPORTION REHAB ADMIN-101610 W OR	C					27
28 APPORTION REHAB ADMIN-101624 G AU	C					28
29 APPORTION REHAB ADMIN-101625 G PT	C					29
30						30
31 RECALSS RENTAL-104007 RES & FELLO	D	I&R SERVICES-SALARY & FRINGES	22		8576	10 31
32 RECLASS RENTAL-107017 SPEC ID	D	LABORATORY	44		113124	32
33						33
34 RECLASS DIETARY TO CAFETERIA	E	DIETARY	11	1350122	2160708	34
35						35
36 SUBTOTAL				3136765	2550209	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER -----		INCREASE	----- SALARY -----		OTHER	
		1	2		LINE #	3		
1 RECALSS SPEC NUTR	F	DIETARY		11		317651	24208	1
2								2
3 RECLASS SPEC PURP FNDS-107001	G	LABORATORY		44		76668	37261	3
4 RECLASS SPEC PURP FNDS-107000	G	ANESTHESIOLOGY		40		13016	13782	4
5 RECLASS SPEC PURP FNDS-107024	G	OPERATING ROOM		37		147395	139340	5
6 RECLASS SPEC PURP FNDS-107006	G	ELECTROCARDIOLOGY		53		168723	59977	6
7 RECLASS SPEC PURP FNDS-104012	G	SOCIAL SERVICE		18		1843933	419358	7
8 RECLASS SPEC PURP FNDS-101402	G							8
9 RECLASS SPEC PURP FNDS-107007	G	NON-REIMBURSABLE CLINICS		99.02		46601	114071	9
10 RECLASS SPEC PURP FNDS-101615	G	ELECTROENCEPHALOGRAPHY		54			2395	10
11 RECLASS SPEC PURP FNDS-107005	G	EMERGENCY		61			41513	11
12 RECLASS SPEC PURP FNDS-107008	G	LABORATORY		44		147814	2012	12
13 RECLASS SPEC PURP FNDS-107026	G	OPERATING ROOM		37			17728	13
14 RECLASS SPEC PURP FNDS-107009	G	OPERATING ROOM		37		110504	2755	14
15 RECLASS SPEC PURP FNDS-107014	G	NON-REIMBURSABLE CLINICS		99.02		18859	48174	15
16 RECALSS SPEC PURP FNDS-107013	G	LABORATORY		44		132204	485907	16
17 RECLASS SPEC PURP FNDS-107011	G	LABORATORY		44		192527	100217	17
18 RECLASS SPEC PURP FNDS-107016	G	LABORATORY		44		46861	7230	18
19 RECALSS SPEC PURP FNDS-104022	G	MEDICAL RECORDS & LIBRARY		17			2446	19
20 RECLASS SPEC PURP FNDS-107003	G	NEONATOLOGY		26.01		57654	184565	20
21 RECLASS SPEC PURP FNDS-107012	G	LABORATORY		44		7183	76316	21
22 RECLASS SPEC PURP FNDS-107023	G	ELECTROENCEPHALOGRAPHY		54		149413	108820	22
23 RECLASS SPEC PURP FNDS-101001	G	NEONATOLOGY		26.01		211	14156	23
24 RECLASS SPEC PURP FNDS-101003	G	ADULTS & PEDIATRICS		25			129	24
25 RECLASS SPEC PURP FNDS-104018	G	NURSING ADMINISTRATION		14			41204	25
26 RECLASS SPEC PURP FNDS-104008	G	NURSING ADMINISTRATION		14		825	86574	26
27 RECLASS SPEC PURP FNDS-107022	G	OPERATING ROOM		37		2434	46183	27
28 RECLASS SPEC PURP FNDS-104015	G	ADMINISTRATION & GENERAL		6.01		220305	21694	28
29 RECLASS SPEC PURP FNDS-101116	G	LABORATORY		44		78939	32864	29
30 RECLASS SPEC PURP FNDS-101801	G	DRUGS CHARGED TO PATIENTS		56			545	30
31 RECLASS SPEC PURP FNDS-103019	G	NON-REIMBURSABLE CLINICS		99.02		361418	3843	31
32 RECLASS SPEC PURP FNDS-107029	G	OPERATING ROOM		37		70098	13166	32
33 RECLASS SPEC PURP FNDS-103048	G	PSYCHIATRY		58.01		28542	10136	33
34 RECLASS SPEC PURP FNDS-101606	G	PHYSICAL THERAPY		50			10381	34
35 RECLASS SPEC PURP FNDS-107004	G	RESPIRATORY THERAPY		49		99855	36766	35
36 SUBTOTAL						7476398	4755925	36

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER 6	DECREASE			WKST A-7 REF. 10
				LINE # 7	SALARY 8	OTHER 9	
1	RECALSS SPEC NUTR	F	DRUGS CHARGED TO PATIENTS	56	317651	24208	1
2							2
3	RECLASS SPEC PURP FNDS-107001	G	ENDOWMENTS & OTHER SERVICES	99.01	18998803	23674710	3
4	RECLASS SPEC PURP FNDS-107000	G					4
5	RECLASS SPEC PURP FNDS-107024	G					5
6	RECLASS SPEC PURP FNDS-107006	G					6
7	RECLASS SPEC PURP FNDS-104012	G					7
8	RECLASS SPEC PURP FNDS-101402	G	DRUGS CHARGED TO PATIENTS	56		2037	8
9	RECLASS SPEC PURP FNDS-107007	G					9
10	RECLASS SPEC PURP FNDS-101615	G					10
11	RECLASS SPEC PURP FNDS-107005	G					11
12	RECLASS SPEC PURP FNDS-107008	G					12
13	RECLASS SPEC PURP FNDS-107026	G					13
14	RECLASS SPEC PURP FNDS-107009	G					14
15	RECLASS SPEC PURP FNDS-107014	G					15
16	RECALSS SPEC PURP FNDS-107013	G					16
17	RECLASS SPEC PURP FNDS-107011	G					17
18	RECLASS SPEC PURP FNDS-107016	G					18
19	RECALSS SPEC PURP FNDS-104022	G					19
20	RECLASS SPEC PURP FNDS-107003	G					20
21	RECLASS SPEC PURP FNDS-107012	G					21
22	RECLASS SPEC PURP FNDS-107023	G					22
23	RECLASS SPEC PURP FNDS-101001	G					23
24	RECLASS SPEC PURP FNDS-101003	G					24
25	RECLASS SPEC PURP FNDS-104018	G					25
26	RECLASS SPEC PURP FNDS-104008	G					26
27	RECLASS SPEC PURP FNDS-107022	G					27
28	RECLASS SPEC PURP FNDS-104015	G					28
29	RECLASS SPEC PURP FNDS-101116	G					29
30	RECLASS SPEC PURP FNDS-101801	G					30
31	RECLASS SPEC PURP FNDS-103019	G					31
32	RECLASS SPEC PURP FNDS-107029	G					32
33	RECLASS SPEC PURP FNDS-103048	G					33
34	RECLASS SPEC PURP FNDS-101606	G					34
35	RECLASS SPEC PURP FNDS-107004	G					35
36	SUBTOTAL				22453219	26251164	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 RECALSS SPEC PURP FNDS-104007	G	I&R SERVICES-SALARY & FRINGES	22	16014	1
2 RECLASS SPEC PURP FNDS-103302	G	AMBULANCE SERVICES	65		71098 2
3 RECLASS SPEC PURP FNDS-107030	G	OPERATING ROOM	37	49694	106445 3
4 RECLASS SPEC PURP FNDS-100100	G	EMPLOYEE BENEFITS FTE BASED	5.01		5503924 4
5 RECLASS SPEC PURP FNDS-999996	G	RESEARCH	97	14911113	15813772 5
6					6
7 SPACE RECOV-104028	H	ADMINISTRATION & GENERAL	6.01		437624 7
8 SPACE RECOV-107001	H				8
9 SPACE RECOV-107002	H				9
10 SPACE RECOV-107003	H				10
11 SPACE RECOV-107006	H				11
12 SPACE RECOV-107007	H				12
13 SPACE RECOV-107008	H				13
14 SPACE RECOV-107009	H				14
15 SPACE RECOV-107011	H				15
16 SPACE RECOV-107012	H				16
17 SPACE RECOV-107013	H				17
18 SPACE RECOV-107014	H				18
19 SPACE RECOV-107016	H				19
20 SPACE RECOV-107021	H				20
21 SPACE RECOV-107022	H				21
22 SPACE RECOV-107023	H				22
23 SPACE RECOV-107024	H				23
24 SPACE RECOV-107026	H				24
25 SPACE RECOV-107027	H				25
26 SPACE RECOV-107028	H				26
27 SPACE RECOV-107029	H				27
28 SPACE RECOV-107030	H				28
29					29
30 FRINGE BENEFITS FOR FTE ALLOC	I	EMPLOYEE BENEFITS FTE BASED	5.01		20768994 30
31					31
32 RECLASS RESEARCH ACCOUNTANT	J	ADMIN & GEN-CMRC	6.03	173914	41218 32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				22627133	47499000 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 RECALSS SPEC PURP FNDS-104007	G					1
2 RECLASS SPEC PURP FNDS-103302	G					2
3 RECLASS SPEC PURP FNDS-107030	G					3
4 RECLASS SPEC PURP FNDS-100100	G					4
5 RECLASS SPEC PURP FNDS-999996	G					5
6						6
7 SPACE RECOV-104028	H					7
8 SPACE RECOV-107001	H	LABORATORY	44		17632	8
9 SPACE RECOV-107002	H	INTENSIVE CARE UNIT	26		2206	9
10 SPACE RECOV-107003	H	NEONATOLOGY	26.01		11658	10
11 SPACE RECOV-107006	H	ELECTROCARDIOLOGY	53		46980	11
12 SPACE RECOV-107007	H	NON-REIMBURSABLE CLINICS	99.02		13572	12
13 SPACE RECOV-107008	H	LABORATORY	44		13386	13
14 SPACE RECOV-107009	H	OPERATING ROOM	37		16704	14
15 SPACE RECOV-107011	H	LABORATORY	44		18444	15
16 SPACE RECOV-107012	H	LABORATORY	44		19024	16
17 SPACE RECOV-107013	H	LABORATORY	44		65657	17
18 SPACE RECOV-107014	H	NON-REIMBURSABLE CLINICS	99.02		33524	18
19 SPACE RECOV-107016	H	LABORATORY	44		17516	19
20 SPACE RECOV-107021	H	OPERATING ROOM	37		12503	20
21 SPACE RECOV-107022	H	OPERATING ROOM	37		19666	21
22 SPACE RECOV-107023	H	ELECTROENCEPHALOGRAPHY	54		26332	22
23 SPACE RECOV-107024	H	OPERATING ROOM	37		13202	23
24 SPACE RECOV-107026	H	OPERATING ROOM	37		17952	24
25 SPACE RECOV-107027	H	OPERATING ROOM	37		25827	25
26 SPACE RECOV-107028	H	OPERATING ROOM	37		7740	26
27 SPACE RECOV-107029	H	OPERATING ROOM	37		18292	27
28 SPACE RECOV-107030	H	OPERATING ROOM	37		19807	28
29						29
30 FRINGE BENEFITS FOR FTE ALLOC	I	EMPLOYEE BENEFITS	5		20768994	30
31						31
32 RECLASS RESEARCH ACCOUNTANT	J	ADMINISTRATION & GENERAL	6.01	173914	41218	32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				22627133	47499000	36

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT				.000000				3
4 NEW CAP REL COSTS-MVBLE EQUIP				.000000				4
5 TOTAL				.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT							1	
2 OLD CAP REL COSTS-MVBLE EQUIP							2	
3 NEW CAP REL COSTS-BLDG & FIXT	18504295	1815906	6373461	409663		-512904	26590421 3	
4 NEW CAP REL COSTS-MVBLE EQUIP	26552539						26552539 4	
5 TOTAL	45056834	1815906	6373461	409663		-512904	53142960 5	

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT							1	
2 OLD CAP REL COSTS-MVBLE EQUIP							2	
3 NEW CAP REL COSTS-BLDG & FIXT	19470387	1694206	12838936	409663			34413192 3	
4 NEW CAP REL COSTS-MVBLE EQUIP	34612837						34612837 4	
5 TOTAL	54083224	1694206	12838936	409663			69026029 5	

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
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	B	-17789	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER	B	-3492240	ADMINISTRATION & GENERAL	6.01	5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS	B	-2434721	CLINIC	60	8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT	B	-1158449	ADMINISTRATION & GENERAL	6.01	11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-4037318			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1				14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-1121147	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS	B	-1052952	OFFSITE FACILITIES	98.01	17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-250000	DRUGS CHARGED TO PATIENTS	56	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-10187	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-88772	DIETARY	11	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 A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		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	A	65070	NEW CAP REL COSTS-MVBLE EQUIP	4	9 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 MISCELLANEOUS INCOME	B	-3405859	ADMINISTRATION & GENERAL	6.01	37
38 BAD DEBT	A	-2810254	ADMINISTRATION & GENERAL	6.01	38
39 ADVERTISING	A	-2059648	ADMINISTRATION & GENERAL	6.01	39
40 TRANSPORT SERVICES	B	-16968	AMBULANCE SERVICES	65	40
41 NON-PATIENT SERVICES LABORATORY	B	-1709093	LABORATORY	44	41
42 BOOKED LOSS ON ADVANCED REFUNDING	A	-7083177	NEW CAP REL COSTS-BLDG & FIXT	3	11 42
42.01 ADD LOSS ON ADV REFUNDING 1 OF 20	A	550205	NEW CAP REL COSTS-BLDG & FIXT	3	11 42.01
43 LOSS ON ADVANCE REFUNDING 2 OF 19	A	428080	NEW CAP REL COSTS-BLDG & FIXT	3	11 43
44 93 INTEREST & FEES	A	-342794	NEW CAP REL COSTS-BLDG & FIXT	3	11 44
45 NON-PATIENT CARE COSTS	A	-241184	ADMINISTRATION & GENERAL	6.01	45
46 RENTAL INCOME PROPERTIES	B	-512904	NEW CAP REL COSTS-BLDG & FIXT	3	14 46
47 SHUTTLE BUS RECOVERY	B	-46941	OPERATION OF PLANT	8	47
48 FUNDED DEPRECIATION OFFSET	A	-966091	NEW CAP REL COSTS-BLDG & FIXT	3	9 48
49 TAX ASSESSMENT	A	-10003653	ADMINISTRATION & GENERAL	6.01	49
49.01 FUNDED CMRC ARCHITECT FEES	A	-1	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.01
49.02 ACCELERATED DEPRECIATION 100100-5	A	-8125368	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.02
50 TOTAL		-49944155			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						1
2						2
3						3
4						4
5	TOTALS					5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP		
1	2	3	4	5	6	
1						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	26	INTENSIVE CARE UNIT	PEDIATRICIAN	150000		150000	140600	3542	239426	11971
2	26.01	NEONATOLOGY	PEDIATRICIAN	1057324	912324	145000	140600	8100	547529	27376
3	37	OPERATING ROOM	SURGEON	2613145		2613145	208000	22985	2298500	114925
4	40	ANESTHESIOLOGY	ANESTHESIOLOGIST	2574000		2574000	200300	11487	1106176	55309
5	41	RADIOLOGY-DIAGNOSTIC	RADIOLOGIST	549996		549996	225300	9496	1028581	51429
6	44	LABORATORY	PATHOLOGIST	2181531		2181531	215700	30409	3153472	157674
7	49	RESPIRATORY THERAPY	PEDIATRICIAN	145000		145000	140600	2092	141411	7071
8	53	ELECTROCARDIOLOGY	PEDIATRICIAN	110000		110000	140600	9687	654804	32740
9	54	ELECTROENCEPHALOGRAPHY	PEDIATRICIAN	39625	24625	15000	140600	1882	127216	6361
10	58.01	PSYCHIATRY	PSYCHIATRIST	985104	225828	759276	154100	12243	907042	45352
11	60	CLINIC	PEDIATRICIAN	136717	735	135982	140600	11933	806625	40331
12	61	EMERGENCY	PEDIATRICIAN	1215000	1080000	135000	140600	15255	1031179	51559
13	65	AMBULANCE SERVICES	PEDIATRICIAN	50000		50000	140600	628	42450	2123
14	84	LIVER ACQUISITION	SURGEON	10199		10199	208000	100	10000	500
101		TOTAL		11817641	2243512	9574129		139839	12094411	604721

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER			PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.			COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
10	11		12	13	14	15	16	17	18
1	26	INTENSIVE CARE UNIT					239426		
2	26.01	NEONATOLOGY					547529		912324
3	37	OPERATING ROOM				1	2298501	314644	314644
4	40	ANESTHESIOLOGY					1106176	1467824	1467824
5	41	RADIOLOGY-DIAGNOSTIC					1028581		
6	44	LABORATORY					3153472		
7	49	RESPIRATORY THERAPY					141411	3589	3589
8	53	ELECTROCARDIOLOGY					654804		
9	54	ELECTROENCEPHALOGRAPHY					127216		24625
10	58.01	PSYCHIATRY					907042		225828
11	60	CLINIC					806625		735
12	61	EMERGENCY					1031179		1080000
13	65	AMBULANCE SERVICES					42450	7550	7550
14	84	LIVER ACQUISITION					10000	199	199
101		TOTAL				1	12094412	1793806	4037318

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	EMPLOYEE BENEFITS FTE BASED 5.01	SUBTOTAL 5A	ADMIN + GENERAL 6.01	ADMIN & GEN CMRC 6.03
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	26590421	26590421						3
4 NEW CAP REL COSTS-MVBLE EQUIP	26552539		26552539					4
5 EMPLOYEE BENEFITS	6743357			6743357				5
5.01 EMPLOYEE BENEFITS FTE BASED	29549553	179747	1043350	63942	30836592			5.01
6.01 ADMINISTRATION & GENERAL	60809118	2274545	11383798	972224	3887261	79326946	79326946	6.01
6.02 ADMIN & GENERAL								6.02
6.03 ADMIN & GEN-CMRC	3824959	1074001	992130	76260	187268	6154618	1226714	7381332 6.03
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	18834264	514855	1970366	193341	986988	22499814	4484573	8
9 LAUNDRY & LINEN SERVICE	1632651	81329	2365			1716345	342095	9
10 HOUSEKEEPING	4325702	61701	13190	75810	766013	5242416	1044897	10
11 DIETARY	662653	430108	64584	21358	155982	1334685	266024	11
12 CAFETERIA	2389683	69783	26446	43278	393181	2922371	582475	12
13 MAINTENANCE OF PERSONNEL								13
13.01 VOLUNTEERS	303266	50756	143	7692	51187	413044	82326	13.01
14 NURSING ADMINISTRATION	4721498	277056	356918	121959	329265	5806696	1157367	14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY	2550737	439761	15229	43523	332761	3382011	674089	17
18 SOCIAL SERVICE	4386114	401105	7665	108280	515636	5418800	1080054	18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A	10839715			347742	2192080	13379537	2666756	22
23 I&R SERVICES-OTHER PRGM COSTS A	898421	147788	1287			1047496	208783	23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	29590259	2417298	280552	842789	3519001	36649899	7304911	25
26 INTENSIVE CARE UNIT	13339522	958588	482314	347728	1451436	16579588	3304577	26
26.01 NEONATOLOGY	10989599	664998	356646	305443	1387609	13704295	2731485	26.01
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	31429713	2248820	1666140	359677	1991008	37695358	7513288	37
40 ANESTHESIOLOGY	3129942	145709	138941	19276	113132	3547000	706974	40
41 RADIOLOGY-DIAGNOSTIC	6500011	958865	3532032	129835	651179	11771922	2346332	41
44 LABORATORY	25138286	2098308	1008703	334081	1777295	30356673	6050571	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	7245879	224083	145497	135268	673859	8424586	1679155	49
50 PHYSICAL THERAPY	3753743	531020	24049	98885	445444	4853141	967309	50
52 SPEECH PATHOLOGY	2258423	163074	31195	51442	244640	2748774	547875	52
53 ELECTROCARDIOLOGY	1281287	180209	316037	31343	215775	2024651	403545	53
53.01 CARDIAC CATH & ECHO	4241351	218079	989688	59303	220347	5728768	1141835	53.01
54 ELECTROENCEPHALOGRAPHY	935049	330444	100794	24292	222139	1612718	321441	54
55 MEDICAL SUPPLIES CHARGED TO PAT	5422647	127144	49587	13920	121289	5734587	1142995	55
56 DRUGS CHARGED TO PATIENTS	21948505	268650	341070	205326	744319	23507870	4685495	56
56.01 OUTPATIENT PHARMACY								56.01
57 RENAL DIALYSIS	843782	5126	5200	8765	25907	888780	177148	57
58.01 PSYCHIATRY	3941621	720650	29057	90531	497617	5279476	1052284	58.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	11217189	1093352	143982	330706	1597557	14382786	2866719	60
61 EMERGENCY	7098076	578727	84911	186414	760366	8708494	1735742	61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES	1873192	12054	27408	47498	158850	2119002	422351	65
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION	780453	1293	443	4921	13447	800557	159564	83
84 LIVER ACQUISITION	982517	1108	572	5147	13267	1002611	199836	84
85 HEART ACQUISITION	742568	970	436	5800	19184	768958	153266	85
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION	193775	600	133	3147	11206	208861	41629	85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	400492040	19951704	25632858	5716946	26673495	387744134	61472480	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	82871	1008466				1091337	217521	96
97 RESEARCH	36336882	2733613	616510	613597	2206693	42507295	8472524	7381332 97
98.01 OFFSITE FACILITIES	9948376	1876349	155330	169828	836653	12986536	2588424	98.01
99.01 ENDOWMENTS & OTHER SERVICES	24854965			89485	380452	25324902	5047658	99.01

PROVIDER NO. 14-3300 CHILDREN'S MEMORIAL HOSPITAL
 PERIOD FROM 09/01/2007 TO 08/31/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/97)

VERSION: 2008.05
 01/29/2009 11:55

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	EMPLOYEE BENEFITS FTE BASED 5.01	SUBTOTAL 5A	ADMIN + GENERAL 6.01	ADMIN & GEN CMRC 6.03
99.02 NON-REIMBURSABLE CLINICS	5606988	1020289	147841	153501	739299	7667918	1528339	99.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	477322122	26590421	26552539	6743357	30836592	477322122	79326946	7381332 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	VOLUNTEERS 13.01	NURSING ADMINIS-TRATION 14	MEDICAL RECORDS & LIBRARY 17	
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
5.01 EMPLOYEE BENEFITS FTE BASED									5.01
6.01 ADMINISTRATION & GENERAL									6.01
6.02 ADMIN & GENERAL									6.02
6.03 ADMIN & GEN-CMRC									6.03
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	26984387								8
9 LAUNDRY & LINEN SERVICE	97334	2155774							9
10 HOUSEKEEPING	73844		6361157						10
11 DIETARY	514750		39399	2154858					11
12 CAFETERIA	83516		64238		3652600				12
13 MAINTENANCE OF PERSONNEL									13
13.01 VOLUNTEERS	60744		5662		7933	569709			13.01
14 NURSING ADMINISTRATION	331578		43342		51028		7390011		14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY	526302		100098		51570		3980	4738050	17
18 SOCIAL SERVICE	480039		138890		79912	225810	32284		18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A					339722		7897		22
23 I&R SERVICES-OTHER PRGM COSTS A	176871		29322						23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	2893002	619883	1575778	1831344	545364	106548	2256262	1413361	25
26 INTENSIVE CARE UNIT	1147230	256970	445687	109795	224939	8175	1021456	397049	26
26.01 NEONATOLOGY	795864	79283	446564		215048	54019	966238	434005	26.01
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	2691369	358483	813353		308560	13975	761290	198050	37
40 ANESTHESIOLOGY	174384		44825		17533		29567		40
41 RADIOLOGY-DIAGNOSTIC	1147561	148911	366890		100918		18511		41
44 LABORATORY	2511237	28513	378989	26154	275440	3542	108286		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	268181		59048		104433		18511		49
50 PHYSICAL THERAPY	635520	148719	109770		69034	17916	316		50
52 SPEECH PATHOLOGY	195166	4562	32153		37914	1134	253		52
53 ELECTROCARDIOLOGY	215672	51834	57666		33440		73476		53
53.01 CARDIAC CATH & ECHO	260995	26645	77887		34149		6570		53.01
54 ELECTROENCEPHALOGRAPHY	395473	28365	67945		34427		22428		54
55 MEDICAL SUPPLIES CHARGED TO PAT	152164	45062	72293		18797				55
56 DRUGS CHARGED TO PATIENTS	321518	5839	80011		115352	4212	42834		56
56.01 OUTPATIENT PHARMACY									56.01
57 RENAL DIALYSIS	6135		5022		4015		18448		57
58.01 PSYCHIATRY	862467		172761	63861	77119	14137	68169		58.01
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	1308514	30579	334232	105776	247585	47820	710306	1128130	60
61 EMERGENCY	692616	154217	353577	17928	117839	20692	369147	388520	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	14426		12875		24618		76319		65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
83 KIDNEY ACQUISITION	1548		303		125		12004		83
84 LIVER ACQUISITION	1327		270		111		17563		84
85 HEART ACQUISITION	1161		236		97		17247		85
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION	719		135		56		19396		85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	19039227	1987865	5929221	2154858	3137078	517980	6678758	3959115	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	1206924		89346			17657			96
97 RESEARCH	3271563		150349		341987	9039	103674	256802	97
98.01 OFFSITE FACILITIES	2245599	154542	1213			2905	217015		98.01
99.01 ENDOWMENTS & OTHER SERVICES					58961		36833		99.01

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	VOLUNTEERS 13.01	NURSING ADMINIS- TRATION 14	MEDICAL RECORDS & LIBRARY 17	
99.02 NON-REIMBURSABLE CLINICS	1221074	13367	191028		114574	22128	353731	522133	99.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	26984387	2155774	6361157	2154858	3652600	569709	7390011	4738050	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	18	22	23	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
5.01 EMPLOYEE BENEFITS FTE BASED							5.01
6.01 ADMINISTRATION & GENERAL							6.01
6.02 ADMIN & GENERAL							6.02
6.03 ADMIN & GEN-CMRC							6.03
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
13.01 VOLUNTEERS							13.01
14 NURSING ADMINISTRATION							14
15 CENTRAL SERVICES & SUPPLY							15
16 PHARMACY							16
17 MEDICAL RECORDS & LIBRARY							17
18 SOCIAL SERVICE	7455789						18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES A		16393912					22
23 I&R SERVICES-OTHER PRGM COSTS A			1462472				23
24 PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	3101607	3439272	306813	62044044	-3746085	58297959	25
26 INTENSIVE CARE UNIT	260953	1217255	108589	25082263	-1325844	23756419	26
26.01 NEONATOLOGY	223674	484051	43181	20177707	-527232	19650475	26.01
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1890717	168668	52413111	-2059385	50353726	37
40 ANESTHESIOLOGY		1391731	124154	6036168	-1515885	4520283	40
41 RADIOLOGY-DIAGNOSTIC		712159	63530	16676734	-775689	15901045	41
44 LABORATORY		1388337	123851	41251593	-1512188	39739405	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		187375	16715	10758004	-204090	10553914	49
50 PHYSICAL THERAPY				6801725		6801725	50
52 SPEECH PATHOLOGY				3567831		3567831	52
53 ELECTROCARDIOLOGY		294640	26284	3181208	-320924	2860284	53
53.01 CARDIAC CATH & ECHO		188732	16836	7482417	-205568	7276849	53.01
54 ELECTROENCEPHALOGRAPHY		395795	35308	2913900	-431103	2482797	54
55 MEDICAL SUPPLIES CHARGED TO PAT				7165898		7165898	55
56 DRUGS CHARGED TO PATIENTS				28763131		28763131	56
56.01 OUTPATIENT PHARMACY							56.01
57 RENAL DIALYSIS		184659	16473	1300680	-201132	1099548	57
58.01 PSYCHIATRY		541757	48329	8180360	-590086	7590274	58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	2020519	730489	65166	23978621	-795655	23182966	60
61 EMERGENCY	917062	1737966	155041	15368841	-1893007	13475834	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES				2669591		2669591	65
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
83 KIDNEY ACQUISITION				974101		974101	83
84 LIVER ACQUISITION				1221718		1221718	84
85 HEART ACQUISITION				940965		940965	85
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION				270796		270796	85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS	6523815	14784935	1318938	349221407	-16103873	333117534	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN				2622785		2622785	96
97 RESEARCH				62494565		62494565	97
98.01 OFFSITE FACILITIES				18196234		18196234	98.01
99.01 ENDOWMENTS & OTHER SERVICES				30468354		30468354	99.01

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	18	22	23	25	26	27	
99.02 NON-REIMBURSABLE CLINICS	931974	1608977	143534	14318777	-1752511	12566266	99.02
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	7455789	16393912	1462472	477322122	-17856384	459465738	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS FTE BASED 5.01	ADMIN + GENERAL 6.01	ADMIN & GEN CMRC 6.03	OPERATION OF PLANT 8
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
5.01 EMPLOYEE BENEFITS FTE BASED		179747	1043350	1223097	1223097			5.01
6.01 ADMINISTRATION & GENERAL		2274545	11383798	13658343	154184	13812527		6.01
6.02 ADMIN & GENERAL								6.02
6.03 ADMIN & GEN-CMRC		1074001	992130	2066131	7428	213596	2287155	6.03
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT		514855	1970366	2485221	39148	780856	3305225	8
9 LAUNDRY & LINEN SERVICE		81329	2365	83694		59566	11922	9
10 HOUSEKEEPING		61701	13190	74891	30383	181938	9045	10
11 DIETARY		430108	64584	494692	6187	46320	63050	11
12 CAFETERIA		69783	26446	96229	15595	101421	10230	12
13 MAINTENANCE OF PERSONNEL								13
13.01 VOLUNTEERS		50756	143	50899	2030	14335	7440	13.01
14 NURSING ADMINISTRATION		277056	356918	633974	13060	201521	40614	14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY		439761	15229	454990	13199	117373	64465	17
18 SOCIAL SERVICE		401105	7665	408770	20452	188059	58798	18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A					86946	464337		22
23 I&R SERVICES-OTHER PRGM COSTS A		147788	1287	149075		36353	21664	23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS		2417298	280552	2697850	139577	1271935	354354	25
26 INTENSIVE CARE UNIT		958588	482314	1440902	57570	575395	140520	26
26.01 NEONATOLOGY		664998	356646	1021644	55038	475608	97483	26.01
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2248820	1666140	3914960	78971	1308217	329657	37
40 ANESTHESIOLOGY		145709	138941	284650	4487	123099	21360	40
41 RADIOLOGY-DIAGNOSTIC		958865	3532032	4490897	25828	408545	140561	41
44 LABORATORY		2098308	1008703	3107011	70494	1053528	307593	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY		224083	145497	369580	26728	292375	32849	49
50 PHYSICAL THERAPY		531020	24049	555069	17668	168428	77843	50
52 SPEECH PATHOLOGY		163074	31195	194269	9703	95396	23905	52
53 ELECTROCARDIOLOGY		180209	316037	496246	8558	70266	26417	53
53.01 CARDIAC CATH & ECHO		218079	989688	1207767	8740	198817	31968	53.01
54 ELECTROENCEPHALOGRAPHY		330444	100794	431238	8811	55969	48440	54
55 MEDICAL SUPPLIES CHARGED TO PAT		127144	49587	176731	4811	199019	18638	55
56 DRUGS CHARGED TO PATIENTS		268650	341070	609720	29523	815841	39382	56
56.01 OUTPATIENT PHARMACY								56.01
57 RENAL DIALYSIS		5126	5200	10326	1028	30845	751	57
58.01 PSYCHIATRY		720650	29057	749707	19737	183224	105641	58.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		1093352	143982	1237334	63365	499155	160275	60
61 EMERGENCY		578727	84911	663638	30159	302228	84836	61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES		12054	27408	39462	6301	73540	1767	65
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION		1293	443	1736	533	27783	190	83
84 LIVER ACQUISITION		1108	572	1680	526	34796	162	84
85 HEART ACQUISITION		970	436	1406	761	26687	142	85
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION		600	133	733	444	7249	88	85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS		19951704	25632858	45584562	1057973	10703620	2332050	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		1008466		1008466		37875	147832	96
97 RESEARCH		2733613	616510	3350123	87526	1475318	400722	97
98.01 OFFSITE FACILITIES		1876349	155330	2031679	33185	450698	275056	98.01
99.01 ENDOWMENTS & OTHER SERVICES					15090	878901		99.01

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ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS FTE BASED 5.01	ADMIN + GENERAL 6.01	ADMIN & GEN CMRC 6.03	OPERATION OF PLANT 8	
99.02 NON-REIMBURSABLE CLINICS		1020289	147841	1168130	29323	266115		149565	99.02
101 CROSS FOOT ADJUSTMENTS								101	
102 NEGATIVE COST CENTER								102	
103 TOTAL		26590421	26552539	53142960	1223097	13812527	2287155	3305225	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	VOLUNTEERS	NURSING ADMINIS-TRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	9	10	11	12	13.01	14	17	18	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5									5
5.01									5.01
6.01									6.01
6.02									6.02
6.03									6.03
7									7
8									8
9	155182								9
10		296257							10
11		1835	612084						11
12		2992		226467					12
13									13
13.01		264		492	75460				13.01
14		2019		3164		894352			14
15									15
16									16
17		4662		3197		482	658368		17
18		6468		4955	29909	3907		721318	18
20									20
21									21
22				21063		956			22
23		1366							23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25	44624	73387	520191	33814	14113	273056	196391	300068	25
26	18498	20757	31187	13947	1083	123618	55171	25246	26
26.01	5707	20798		13333	7155	116936	60307	21640	26.01
ANCILLARY SERVICE COST CENTERS									
37	25805	37880		19131	1851	92133	27520		37
40		2088		1087		3578			40
41	10719	17087		6257		2240			41
44	2052	17651	7429	17078	469	13105			44
46.30									46.30
49		2750		6475		2240			49
50	10705	5112		4280	2373	38			50
52	328	1497		2351	150	31			52
53	3731	2686		2073		8892			53
53.01	1918	3627		2117		795			53.01
54	2042	3164		2134		2714			54
55	3244	3367		1165					55
56	420	3726		7152	558	5184			56
56.01									56.01
57		234		249		2233			57
58.01		8046	18140	4782	1872	8250			58.01
OUTPATIENT SERVICE COST CENTERS									
60	2201	15566	30045	15351	6334	85962	156757	195477	60
61	11101	16467	5092	7306	2741	44675	53986	88722	61
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
65		600		1526		9236			65
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71									71
SPECIAL PURPOSE COST CENTERS									
83		14		8		1453			83
84		13		7		2126			84
85		11		6		2087			85
85.01									85.01
85.02		6		3		2347			85.02
85.03									85.03
95	143095	276140	612084	194503	68608	808274	550132	631153	95
NONREIMBURSABLE COST CENTERS									
96		4161			2339				96
97		7002		21204	1197	12547	35684		97
98.01	11125	57			385	26264			98.01
99.01				3656		4458			99.01

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 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	VOLUNTEERS 13.01	NURSING ADMINIS- TRATION 14	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	
99.02 NON-REIMBURSABLE CLINICS	962	8897		7104	2931	42809	72552	90165	99.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	155182	296257	612084	226467	75460	894352	658368	721318	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS						
1						1
2						2
3						3
4						4
5						5
5.01						5.01
6.01						6.01
6.02						6.02
6.03						6.03
7						7
8						8
9						9
10						10
11						11
12						12
13						13
13.01						13.01
14						14
15						15
16						16
17						17
18						18
20						20
21						21
22	573302					22
23		208458				23
24						24
INPATIENT ROUTINE SERV COST CENTERS						
25			5919360		5919360	25
26			2503894		2503894	26
26.01			1895649		1895649	26.01
ANCILLARY SERVICE COST CENTERS						
37			5836125		5836125	37
40			440349		440349	40
41			5102134		5102134	41
44			4596410		4596410	44
46.30						46.30
49			732997		732997	49
50			841516		841516	50
52			327630		327630	52
53			618869		618869	53
53.01			1455749		1455749	53.01
54			554512		554512	54
55			406975		406975	55
56			1511506		1511506	56
56.01						56.01
57			45666		45666	57
58.01			1099399		1099399	58.01
OUTPATIENT SERVICE COST CENTERS						
60			2467822		2467822	60
61			1310951		1310951	61
62						62
63.50						63.50
63.60						63.60
OTHER REIMBURSABLE COST CENTERS						
65			132432		132432	65
69.10						69.10
69.20						69.20
69.30						69.30
69.40						69.40
71						71
SPECIAL PURPOSE COST CENTERS						
83			31717		31717	83
84			39310		39310	84
85			31100		31100	85
85.01						85.01
85.02			10870		10870	85.02
85.03						85.03
95			37912942		37912942	95
NONREIMBURSABLE COST CENTERS						
96			1200673		1200673	96
97			7678478		7678478	97
98.01			2828449		2828449	98.01
99.01			902105		902105	99.01

PROVIDER NO. 14-3300 CHILDREN'S MEMORIAL HOSPITAL
PERIOD FROM 09/01/2007 TO 08/31/2008

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

VERSION: 2008.05
01/29/2009 11:55

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
99.02 NON-REIMBURSABLE CLINICS			1838553		1838553	99.02
101 CROSS FOOT ADJUSTMENTS	573302	208458	781760		781760	101
102 NEGATIVE COST CENTER						102
103 TOTAL	573302	208458	53142960		53142960	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	EMPLOYEE	RECON- CILIATION	ADMIN +	ADMIN	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES	BENEFITS FTE BASED FTES		GENERAL ACCUM COST	& GEN CMRC DIRECT COST	
	3	4	5	5.01	6A.01	6.01	6.03	
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	575754							3
4 NEW CAP REL COSTS-MVBLE EQUIP		26084882						4
5 EMPLOYEE BENEFITS			210370226					5
5.01 EMPLOYEE BENEFITS FTE BASED	3892	1024974	1994754	343987				5.01
6.01 ADMINISTRATION & GENERAL	49250	11183299	30331756	43363	-79326946	397995176		6.01
6.02 ADMIN & GENERAL								6.02
6.03 ADMIN & GEN-CMRC	23255	974656	2379046	2089		6154618	100	6.03
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	11148	1935663	6031526	11010		22499814		8
9 LAUNDRY & LINEN SERVICE	1761	2323				1716345		9
10 HOUSEKEEPING	1336	12958	2364986	8545		5242416		10
11 DIETARY	9313	63447	666279	1740		1334685		11
12 CAFETERIA	1511	25980	1350122	4386		2922371		12
13 MAINTENANCE OF PERSONNEL								13
13.01 VOLUNTEERS	1099	140	239957	571		413044		13.01
14 NURSING ADMINISTRATION	5999	350632	3804684	3673		5806696		14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY	9522	14961	1357766	3712		3382011		17
18 SOCIAL SERVICE	8685	7530	3377946	5752		5418800		18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES			10848291	24453		13379537		22
23 I&R SERVICES-OTHER PRGM COSTS	3200	1264				1047496		23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	52341	275611	26291965	39255		36649899		25
26 INTENSIVE CARE UNIT	20756	473819	10847867	16191		16579588		26
26.01 NEONATOLOGY	14399	350365	9528719	15479		13704295		26.01
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	48693	1636796	11220627	22210		37695358		37
40 ANESTHESIOLOGY	3155	136494	601343	1262		3547000		40
41 RADIOLOGY-DIAGNOSTIC	20762	3469825	4050384	7264		11771922		41
44 LABORATORY	45434	990937	10422119	19826		30356673		44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	4852	142934	4219862	7517		8424586		49
50 PHYSICAL THERAPY	11498	23625	3084863	4969		4853141		50
52 SPEECH PATHOLOGY	3531	30646	1604795	2729		2748774		52
53 ELECTROCARDIOLOGY	3902	310471	977797	2407		2024651		53
53.01 CARDIAC CATH & ECHO	4722	972257	1850027	2458		5728768		53.01
54 ELECTROENCEPHALOGRAPHY	7155	99019	757814	2478		1612718		54
55 MEDICAL SUPPLIES CHARGED TO P	2753	48714	434241	1353		5734587		55
56 DRUGS CHARGED TO PATIENTS	5817	335063	6405426	8303		23507870		56
56.01 OUTPATIENT PHARMACY								56.01
57 RENAL DIALYSIS	111	5108	273435	289		888780		57
58.01 PSYCHIATRY	15604	28545	2824252	5551		5279476		58.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	23674	141446	10316818	17821		14382786		60
61 EMERGENCY	12531	83416	5815441	8482		8708494		61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES	261	26925	1481779	1772		2119002		65
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	28	435	153531	150		800557		83
84 LIVER ACQUISITION	24	562	160579	148		1002611		84
85 HEART ACQUISITION	21	428	180925	214		768958		85
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION	13	131	98183	125		208861		85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	432008	25181399	178349905	297547	-79326946	308417188		95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	21836					1091337		96
97 RESEARCH	59190	605652	19142005	24616		42507295	100	97

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	EMPLOYEE	RECON- CILIATION	ADMIN +	ADMIN
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES	BENEFITS FTE BASED FTES		GENERAL ACCUM COST	& GEN CMRC DIRECT COST
	3	4	5	5.01	6A.01	6.01	6.03
98.01 OFFSITE FACILITIES	40628	152594	5298012	9333		12986536	98.01
99.01 ENDOWMENTS & OTHER SERVICES			2791618	4244		25324902	99.01
99.02 NON-REIMBURSABLE CLINICS	22092	145237	4788686	8247		7667918	99.02
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	26590421	26552539	6743357	30836592		79326946	7381332 103
104 UNIT COST MULT-WS B PT I		1.017928		89.644644		.199316	104
104 UNIT COST MULT-WS B PT I	46.183650		.032055				73813.320000 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				1223097		13812527	2287155 107
108 UNIT COST MULT-WS B PT III				3.555649		.034705	108
108 UNIT COST MULT-WS B PT III							22871.550000 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	VOLUNTEERS	NURSING	MEDICAL	
	OF PLANT	& LINEN	KEEPING				ADMINIS-	RECORDS &	
	SQUARE	SERVICE	HOURS OF	MEALS	FTEs	HOURS OF	TRATION	LIBRARY	
	FEET	POUNDS OF	SERVICE	SERVED		SERVICE	DIRECT	TIME	
	8	LAUNDRY	10	11	12	13.01	NRSING	HRS	17
		9					14	SPENT	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5									5
5.01									5.01
6.01									6.01
6.02									6.02
6.03									6.03
7									7
8	488209								8
9	1761	1655208							9
10			188742						10
11			1169	68633					11
12			1906		262912				12
13									13
13.01	1099		168		571	52753			13.01
14	5999		1286		3673		116972		14
15									15
16									16
17	9522		2970		3712		63	10000	17
18	8685		4121		5752	20909	511		18
20									20
21									21
22					24453		125		22
23	3200		870						23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25	52341	475947	46755	58329	39255	9866	35713	2983	25
26	20756	197302	13224	3497	16191	757	16168	838	26
26.01	14399	60874	13250		15479	5002	15294	916	26.01
ANCILLARY SERVICE COST CENTERS									
37	48693	275244	24133		22210	1294	12050	418	37
40	3155		1330		1262		468		40
41	20762	114334	10886		7264		293		41
44	45434	21892	11245	833	19826	328	1714		44
46.30									46.30
49	4852		1752		7517		293		49
50	11498	114187	3257		4969	1659	5		50
52	3531	3503	954		2729	105	4		52
53	3902	39798	1711		2407		1163		53
53.01	4722	20458	2311		2458		104		53.01
54	7155	21779	2016		2478		355		54
55	2753	34599	2145		1353				55
56	5817	4483	2374		8303	390	678		56
56.01									56.01
57	111		149		289		292		57
58.01	15604		5126	2034	5551	1309	1079		58.01
OUTPATIENT SERVICE COST CENTERS									
60	23674	23479	9917	3369	17821	4428	11243	2381	60
61	12531	118408	10491	571	8482	1916	5843	820	61
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
65	261		382		1772		1208		65
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71									71
SPECIAL PURPOSE COST CENTERS									
83	28		9		9		190		83
84	24		8		8		278		84
85	21		7		7		273		85
85.01									85.01
85.02	13		4		4		307		85.02
85.03									85.03
95	344463	1526287	175926	68633	225805	47963	105714	8356	95
NONREIMBURSABLE COST CENTERS									
96	21836		2651			1635			96
97	59190		4461		24616	837	1641	542	97

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	VOLUNTEERS	NURSING	MEDICAL	
	OF PLANT	& LINEN	KEEPING				ADMINIS-	RECORDS &	
	SQUARE	SERVICE	HOURS OF	MEALS	FTES	HOURS OF	TRATION	LIBRARY	
	FEET	POUNDS OF	SERVICE	SERVED		SERVICE	DIRECT	TIME	
	8	LAUNDRY	10	11	12	13.01	NRSNG HRS	SPENT	17
98.01 OFFSITE FACILITIES	40628	118658	36			269	3435		98.01
99.01 ENDOWMENTS & OTHER SERVICES					4244		583		99.01
99.02 NON-REIMBURSABLE CLINICS	22092	10263	5668		8247	2049	5599	1102	99.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	26984387	2155774	6361157	2154858	3652600	569709	7390011	4738050	103
104 UNIT COST MULT-WS B PT I	55.272203		33.702923		13.892861		63.177607		104
104 UNIT COST MULT-WS B PT I		1.302419		31.396821		10.799556		473.805000	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	3305225	155182	296257	612084	226467	75460	894352	658368	107
108 UNIT COST MULT-WS B PT III	6.770103		1.569640		.861379		7.645864		108
108 UNIT COST MULT-WS B PT III		.093754		8.918217		1.430440		65.836800	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	
	TIME SPENT	ASSIGNED TIME	ASSIGNED TIME	
	18	22	23	
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
5.01 EMPLOYEE BENEFITS FTE BASED				5.01
6.01 ADMINISTRATION & GENERAL				6.01
6.02 ADMIN & GENERAL				6.02
6.03 ADMIN & GEN-CMRC				6.03
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
13.01 VOLUNTEERS				13.01
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE	1000			18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES		24148		22
23 I&R SERVICES-OTHER PRGM COSTS			24148	23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	416	5066	5066	25
26 INTENSIVE CARE UNIT	35	1793	1793	26
26.01 NEONATOLOGY	30	713	713	26.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM		2785	2785	37
40 ANESTHESIOLOGY		2050	2050	40
41 RADIOLOGY-DIAGNOSTIC		1049	1049	41
44 LABORATORY		2045	2045	44
46.30 BLOOD CLOTTING FACTORS ADMIN				46.30
49 RESPIRATORY THERAPY		276	276	49
50 PHYSICAL THERAPY				50
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY		434	434	53
53.01 CARDIAC CATH & ECHO		278	278	53.01
54 ELECTROENCEPHALOGRAPHY		583	583	54
55 MEDICAL SUPPLIES CHARGED TO P				55
56 DRUGS CHARGED TO PATIENTS				56
56.01 OUTPATIENT PHARMACY				56.01
57 RENAL DIALYSIS		272	272	57
58.01 PSYCHIATRY		798	798	58.01
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	271	1076	1076	60
61 EMERGENCY	123	2560	2560	61
62 OBSERVATION BEDS (NON-DISTINC				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
65 AMBULANCE SERVICES				65
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				83
84 LIVER ACQUISITION				84
85 HEART ACQUISITION				85
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	875	21778	21778	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & C				96
97 RESEARCH				97

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL	I&R	I&R	
	SERVICE	SALARY & FRINGES	PROGRAM COSTS	
	TIME SPENT	ASSIGNED TIME	ASSIGNED TIME	
	18	22	23	
98.01 OFFSITE FACILITIES				98.01
99.01 ENDOWMENTS & OTHER SERVICES				99.01
99.02 NON-REIMBURSABLE CLINICS	125	2370	2370	99.02
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 COST TO BE ALLOC PER B PT I	7455789	16393912	1462472	103
104 UNIT COST MULT-WS B PT I	7455.789000		60.562862	104
104 UNIT COST MULT-WS B PT I		678.893159		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	721318	573302	208458	107
108 UNIT COST MULT-WS B PT III	721.318000		8.632516	108
108 UNIT COST MULT-WS B PT III		23.741179		108

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	58297959		58297959		25
26 INTENSIVE CARE UNIT	23756419		23756419		26
26.01 NEONATOLOGY	19650475		19650475		26.01
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	50353726		50353726		37
40 ANESTHESIOLOGY	4520283		4520283		40
41 RADIOLOGY-DIAGNOSTIC	15901045		15901045		41
44 LABORATORY	39739405		39739405		44
46.30 BLOOD CLOTTING FACTORS ADMI					46.30
49 RESPIRATORY THERAPY	10553914		10553914		49
50 PHYSICAL THERAPY	6801725		6801725		50
52 SPEECH PATHOLOGY	3567831		3567831		52
53 ELECTROCARDIOLOGY	2860284		2860284		53
53.01 CARDIAC CATH & ECHO	7276849		7276849		53.01
54 ELECTROENCEPHALOGRAPHY	2482797		2482797		54
55 MEDICAL SUPPLIES CHARGED TO	7165898		7165898		55
56 DRUGS CHARGED TO PATIENTS	28763131		28763131		56
56.01 OUTPATIENT PHARMACY					56.01
57 RENAL DIALYSIS	1099548		1099548		57
58.01 PSYCHIATRY	7590274		7590274		58.01
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC	23182966		23182966		60
61 EMERGENCY	13475834		13475834		61
62 OBSERVATION BEDS (NON-DISTI	4257999		4257999		62
63.50 RHC				4257999	63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES	2669591		2669591		65
101 SUBTOTAL	333967953		333967953		101
102 LESS OBSERVATION BEDS	4257999		4257999		102
103 TOTAL	329709954		329709954		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	92619214		92619214			25
26 INTENSIVE CARE UNIT	51149806		51149806			26
26.01 NEONATOLOGY	56639409		56639409			26.01
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	51575924	62664464	114240388	.440770	.440770	37
40 ANESTHESIOLOGY	6070010	9325900	15395910	.293603	.293603	40
41 RADIOLOGY-DIAGNOSTIC	21077305	51283483	72360788	.219747	.219747	41
44 LABORATORY	56312594	57820805	114133399	.348184	.348184	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	55685096	908187	56593283	.186487	.186487	49
50 PHYSICAL THERAPY	1298128	7463905	8762033	.776272	.776272	50
52 SPEECH PATHOLOGY	1062613	5082396	6145009	.580606	.580606	52
53 ELECTROCARDIOLOGY	6348362	8975469	15323831	.186656	.186656	53
53.01 CARDIAC CATH & ECHO	10128584	15378460	25507044	.285288	.285288	53.01
54 ELECTROENCEPHALOGRAPHY	516928	3315658	3832586	.647812	.647812	54
55 MEDICAL SUPPLIES CHARGED TO	41140698	4459978	45600676	.157145	.157145	55
56 DRUGS CHARGED TO PATIENTS	110546877	19740290	130287167	.220767	.220767	56
56.01 OUTPATIENT PHARMACY						56.01
57 RENAL DIALYSIS	1291582	12467	1304049	.843180	.843180	57
58.01 PSYCHIATRY	247803	4985784	5233587	1.450301	1.450301	58.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1093718	6845488	7939206	2.920061	2.920061	60
61 EMERGENCY	5102714	23303146	28405860	.474403	.474403	61
62 OBSERVATION BEDS (NON-DISTI		15492230	15492230	.274847	.274847	.274847
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	3400814	210251	3611065	.739281	.739281	65
101 SUBTOTAL	573308179	297268361	870576540			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	573308179	297268361	870576540			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				5919360		5919360	25
26 INTENSIVE CARE UNIT				2503894		2503894	26
26.01 NEONATOLOGY				1895649		1895649	26.01
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY							33
101 TOTAL				10318903		10318903	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	42197	229			140.28	32124	25
26 INTENSIVE CARE UNIT	11739	50			213.30	10665	26
26.01 NEONATOLOGY	14565				130.15		26.01
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY							33
101 TOTAL	68501	279				42789	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-3300) [] SUB III [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [XX] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	--- OLD CAPITAL ---		--- NEW CAPITAL ---	
	RELATED COST	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		5836125	114240388	252829			.051086	12916 37
40 ANESTHESIOLOGY		440349	15395910	40181			.028602	1149 40
41 RADIOLOGY-DIAGNOSTIC		5102134	72360788	139227			.070510	9817 41
44 LABORATORY		4596410	114133399	566631			.040272	22819 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		732997	56593283	117488			.012952	1522 49
50 PHYSICAL THERAPY		841516	8762033	6534			.096041	628 50
52 SPEECH PATHOLOGY		327630	6145009	605			.053316	32 52
53 ELECTROCARDIOLOGY		618869	15323831	22028			.040386	890 53
53.01 CARDIAC CATH & ECHO		1455749	25507044	79359			.057072	4529 53.01
54 ELECTROENCEPHALOGRAPHY		554512	3832586	878			.144684	127 54
55 MEDICAL SUPPLIES CHARGED TO P		406975	45600676	164306			.008925	1466 55
56 DRUGS CHARGED TO PATIENTS		1511506	130287167	900202			.011601	10443 56
56.01 OUTPATIENT PHARMACY								56.01
57 RENAL DIALYSIS		45666	1304049	129049			.035019	4519 57
58.01 PSYCHIATRY		1099399	5233587	2225			.210066	467 58.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		2467822	7939206	8751			.310840	2720 60
61 EMERGENCY		1310951	28405860	21604			.046151	997 61
62 OBSERVATION BEDS (NON-DISTINC		432340	15492230				.027907	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL		27780950	666557046	2451897				75041 101

PROVIDER NO. 14-3300 CHILDREN'S MEMORIAL HOSPITAL
 PERIOD FROM 09/01/2007 TO 08/31/2008

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

VERSION: 2008.05
 01/29/2009 11:55

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 ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	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					42197		229	25
26	INTENSIVE CARE UNIT					11739		50	26
26.01	NEONATOLOGY					14565			26.01
27	CORONARY CARE UNIT								27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I								31
33	NURSERY								33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					68501		279	101

PROVIDER NO. 14-3300 CHILDREN'S MEMORIAL HOSPITAL
 PERIOD FROM 09/01/2007 TO 08/31/2008

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

VERSION: 2008.05
 01/29/2009 11:55

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-3300) [] 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			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATH & ECHO							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.01 OUTPATIENT PHARMACY							56.01
57 RENAL DIALYSIS							57
58.01 PSYCHIATRY							58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-3300) [] 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 CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM CHARGES	PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		114240388			252829		22705 37
40 ANESTHESIOLOGY		15395910			40181		4247 40
41 RADIOLOGY-DIAGNOSTIC		72360788			139227		29744 41
44 LABORATORY		114133399			566631		39485 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		56593283			117488		2085 49
50 PHYSICAL THERAPY		8762033			6534		1533 50
52 SPEECH PATHOLOGY		6145009			605		218 52
53 ELECTROCARDIOLOGY		15323831			22028		11345 53
53.01 CARDIAC CATH & ECHO		25507044			79359		19275 53.01
54 ELECTROENCEPHALOGRAPHY		3832586			878		1631 54
55 MEDICAL SUPPLIES CHARGED TO P		45600676			164306		10182 55
56 DRUGS CHARGED TO PATIENTS		130287167			900202		44927 56
56.01 OUTPATIENT PHARMACY							56.01
57 RENAL DIALYSIS		1304049			129049		1131 57
58.01 PSYCHIATRY		5233587			2225		604 58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		7939206			8751		6336 60
61 EMERGENCY		28405860			21604		6183 61
62 OBSERVATION BEDS (NON-DISTINC		15492230					2637 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL		666557046			2451897		204268 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-3300) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	45411				37
40 ANESTHESIOLOGY	8494				40
41 RADIOLOGY-DIAGNOSTIC	59489				41
44 LABORATORY	78969				44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY	4171				49
50 PHYSICAL THERAPY	3067				50
52 SPEECH PATHOLOGY	435				52
53 ELECTROCARDIOLOGY	22692				53
53.01 CARDIAC CATH & ECHO	38550				53.01
54 ELECTROENCEPHALOGRAPHY	3261				54
55 MEDICAL SUPPLIES CHARGED TO P	20363				55
56 DRUGS CHARGED TO PATIENTS	89854				56
56.01 OUTPATIENT PHARMACY					56.01
57 RENAL DIALYSIS	2263				57
58.01 PSYCHIATRY	1208				58.01
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC	12671				60
61 EMERGENCY	12367				61
62 OBSERVATION BEDS (NON-DISTINC	5275				62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL	408540				101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-3300) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
40 OPERATING ROOM	.440770	.440770	.440770			37
41 ANESTHESIOLOGY	.293603	.293603	.293603			40
44 RADIOLOGY-DIAGNOSTIC	.219747	.219747	.219747			41
44 LABORATORY	.348184	.348184	.348184			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.186487	.186487	.186487			49
50 PHYSICAL THERAPY	.776272	.776272	.776272			50
52 SPEECH PATHOLOGY	.580606	.580606	.580606			52
53 ELECTROCARDIOLOGY	.186656	.186656	.186656			53
53.01 CARDIAC CATH & ECHO	.285288	.285288	.285288			53.01
54 ELECTROENCEPHALOGRAPHY	.647812	.647812	.647812			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.157145	.157145	.157145			55
56 DRUGS CHARGED TO PATIENTS	.220767	.220767	.220767			56
56.01 OUTPATIENT PHARMACY						56.01
57 RENAL DIALYSIS	.843180	.843180	.843180			57
58.01 PSYCHIATRY	1.450301	1.450301	1.450301			58.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	2.920061	2.920061	2.920061			60
61 EMERGENCY	.474403	.474403	.474403			61
62 OBSERVATION BEDS (NON-DISTINCT	.274847	.274847	.274847			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	.739281	.739281	.739281			65
65.01 AMBULANCE CHARGES (S-2 LINE 56.	.739281	.739281	.739281			65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.	.739281	.739281	.739281			65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.	.739281	.739281	.739281			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	.220767	1
2 PROGRAM VACCINE CHARGES	2		2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3		3
3.01 PROGRAM COSTS	3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-3300) [] 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) (SEE INSTRU.) 5	PPS SER-VICES (SEE INSTRU.) 5.01	ALL OTHER (SEE INSTRU.) 5.02	PPS SER-VICES (SEE INSTRU.) 5.03	PPS SER-VICES (SEE INSTRU.) 5.04	OUTPATIENT AMBULATORY SURGICAL CENTER 6	OUTPATIENT RADIOLOGY 7	OTHER OUTPATIENT DIAGNOSTIC 8
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		22705		45411				37
40 ANESTHESIOLOGY		4247		8494				40
41 RADIOLOGY-DIAGNOSTIC		29744		59489				41
44 LABORATORY		39485		78969				44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		2085	249	4171				49
50 PHYSICAL THERAPY		1533		3067				50
52 SPEECH PATHOLOGY		218		435				52
53 ELECTROCARDIOLOGY		11345		22692				53
53.01 CARDIAC CATH & ECHO		19275		38550				53.01
54 ELECTROENCEPHALOGRAPHY		1631		3261				54
55 MEDICAL SUPPLIES CHARGED TO PA		10182		20363				55
56 DRUGS CHARGED TO PATIENTS		44927		89854				56
56.01 OUTPATIENT PHARMACY								56.01
57 RENAL DIALYSIS		1131		2263				57
58.01 PSYCHIATRY		604		1208				58.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		6336		12671				60
61 EMERGENCY		6183		12367				61
62 OBSERVATION BEDS (NON-DISTINCT		2637		5275				62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL	204268		249	408540				101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES	204268		249	408540				104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-3300) [] 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)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		10008		20016			37
40 ANESTHESIOLOGY		1247		2494			40
41 RADIOLOGY-DIAGNOSTIC		6536		13073			41
44 LABORATORY		13748		27496			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		389	46	778			49
50 PHYSICAL THERAPY		1190		2381			50
52 SPEECH PATHOLOGY		127		253			52
53 ELECTROCARDIOLOGY		2118		4236			53
53.01 CARDIAC CATH & ECHO		5499		10998			53.01
54 ELECTROENCEPHALOGRAPHY		1057		2113			54
55 MEDICAL SUPPLIES CHARGED TO PAT		1600		3200			55
56 DRUGS CHARGED TO PATIENTS		9918		19837			56
56.01 OUTPATIENT PHARMACY							56.01
57 RENAL DIALYSIS		954		1908			57
58.01 PSYCHIATRY		876		1752			58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		18502		37000			60
61 EMERGENCY		2933		5867			61
62 OBSERVATION BEDS (NON-DISTINCT		725		1450			62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		77427	46	154852			101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		77427	46	154852			104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- 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				5919360		5919360	25
26 INTENSIVE CARE UNIT				2503894		2503894	26
26.01 NEONATOLOGY				1895649		1895649	26.01
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY							33
101 TOTAL				10318903		10318903	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	42197	17208			140.28	2413938	25
26 INTENSIVE CARE UNIT	11739	7707			213.30	1643903	26
26.01 NEONATOLOGY	14565	6877			130.15	895042	26.01
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY							33
101 TOTAL	68501	31792				4952883	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-3300) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	OLD CAPITAL		NEW CAPITAL	
	CAPITAL	CAPITAL			RATIO OF	CAPITAL	RATIO OF	CAPITAL
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	COSTS	COST TO	COSTS
	COST	COST		CHARGES	CHARGES		CHARGES	
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		5836125	114240388	17531722			.051086	895626 37
40 ANESTHESIOLOGY		440349	15395910	2366359			.028602	67683 40
41 RADIOLOGY-DIAGNOSTIC		5102134	72360788	8878373			.070510	626014 41
44 LABORATORY		4596410	114133399	23708914			.040272	954805 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		732997	56593283	23841946			.012952	308801 49
50 PHYSICAL THERAPY		841516	8762033	585668			.096041	56248 50
52 SPEECH PATHOLOGY		327630	6145009	555396			.053316	29611 52
53 ELECTROCARDIOLOGY		618869	15323831	2439834			.040386	98535 53
53.01 CARDIAC CATH & ECHO		1455749	25507044	3845648			.057072	219479 53.01
54 ELECTROENCEPHALOGRAPHY		554512	3832586	230895			.144684	33407 54
55 MEDICAL SUPPLIES CHARGED TO P		406975	45600676	18310562			.008925	163422 55
56 DRUGS CHARGED TO PATIENTS		1511506	130287167	47537269			.011601	551480 56
56.01 OUTPATIENT PHARMACY								56.01
57 RENAL DIALYSIS		45666	1304049	561216			.035019	19653 57
58.01 PSYCHIATRY		1099399	5233587	112224			.210066	23574 58.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		2467822	7939206	491182			.310840	152679 60
61 EMERGENCY		1310951	28405860	2616397			.046151	120749 61
62 OBSERVATION BEDS (NON-DISTINC		432340	15492230				.027907	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL		27780950	666557046	153613605				4321766 101

PROVIDER NO. 14-3300 CHILDREN'S MEMORIAL HOSPITAL
 PERIOD FROM 09/01/2007 TO 08/31/2008

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

VERSION: 2008.05
 01/29/2009 11:55

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	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					42197		17208	25
26	INTENSIVE CARE UNIT					11739		7707	26
26.01	NEONATOLOGY					14565		6877	26.01
27	CORONARY CARE UNIT								27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I								31
33	NURSERY								33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					68501		31792	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-3300)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATH & ECHO							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.01 OUTPATIENT PHARMACY							56.01
57 RENAL DIALYSIS							57
58.01 PSYCHIATRY							58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-3300) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] 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		114240388			17531722		37
40 ANESTHESIOLOGY		15395910			2366359		40
41 RADIOLOGY-DIAGNOSTIC		72360788			8878373		41
44 LABORATORY		114133399			23708914		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		56593283			23841946		49
50 PHYSICAL THERAPY		8762033			585668		50
52 SPEECH PATHOLOGY		6145009			555396		52
53 ELECTROCARDIOLOGY		15323831			2439834		53
53.01 CARDIAC CATH & ECHO		25507044			3845648		53.01
54 ELECTROENCEPHALOGRAPHY		3832586			230895		54
55 MEDICAL SUPPLIES CHARGED TO P		45600676			18310562		55
56 DRUGS CHARGED TO PATIENTS		130287167			47537269		56
56.01 OUTPATIENT PHARMACY							56.01
57 RENAL DIALYSIS		1304049			561216		57
58.01 PSYCHIATRY		5233587			112224		58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		7939206			491182		60
61 EMERGENCY		28405860			2616397		61
62 OBSERVATION BEDS (NON-DISTINC		15492230					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL		666557046			153613605		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-3300) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] 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
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATH & ECHO					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 OUTPATIENT PHARMACY					56.01
57 RENAL DIALYSIS					57
58.01 PSYCHIATRY					58.01
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL					101

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 (TEFRA) (14-3300)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	42197						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	42197						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	42197						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)	229						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 (TEFRA) (14-3300)	SUB I	SUB II	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	58297959						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	58297959						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	72704498						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	.801848						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	58297959						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 (TEFRA) (14-3300)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1381.57					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	316380					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	316380					41
	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	23756419	11739	2023.72	50	101186	43
43.01 NEONATOLOGY	19650475	14565	1349.16			43.01
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (TEFRA) (14-3300)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	778173					48
49 TOTAL PROGRAM INPATIENT COSTS	1195739					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	42789					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	75041					51
52 TOTAL PROGRAM EXCLUDABLE COST	117830					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	1077909					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 (TEFRA) (14-3300)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES	53					54
55 TARGET AMOUNT PER DISCHARGE	15232.43					55
56 TARGET AMOUNT	807319					56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	-270590					57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET	13886.00					58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET	14205.94					58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT	80732					58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT	1005881					59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						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 (TEFRA) (14-3300)	SUB I	SUB II	SUB III	SUB IV
	1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3082	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1381.57	84
85 OBSERVATION BED COST	4257999	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		58297959		4257999		86
87 NEW CAPITAL-RELATED COST	5919360	58297959	.101536	4257999	432340	87
88 NON PHYSICIAN ANESTHETIST		58297959		4257999		88
89 MEDICAL EDUCATION		58297959		4257999		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-3300)	SUB I	SUB II	SUB III	SUB IV	NF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	42197						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	42197						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	42197						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)	17208						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 [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-3300)	SUB I	SUB II	SUB III	SUB IV	NF	
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	58297959						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	58297959						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	72704498						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	.801848						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	58297959						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-3300)	SUB I	SUB II	SUB III	SUB IV		
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1		
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1381.57						38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	23774057						39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	23774057						41
	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST		
	1	2	3	4	5		
42 NURSERY (TITLES V AND XIX ONLY)							42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43 INTENSIVE CARE UNIT	23756419	11739	2023.72	7707	15596810		43
43.01 NEONATOLOGY	19650475	14565	1349.16	6877	9278173		43.01
44 CORONARY CARE UNIT							44
45 BURN INTENSIVE CARE UNIT							45
46 SURGICAL INTENSIVE CARE UNIT							46
47 OTHER SPECIAL CARE (SPECIFY)							47
	HOSPITAL (OTHER) (14-3300)	SUB I	SUB II	SUB III	SUB IV		
	1	1	1	1	1		
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	42237255						48
49 TOTAL PROGRAM INPATIENT COSTS	90886295						49
	PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	4952883						50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	4321766						51
52 TOTAL PROGRAM EXCLUDABLE COST	9274649						52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS							53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-3300)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT

[] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

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

NF

	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

PROVIDER NO. 14-3300 CHILDREN'S MEMORIAL HOSPITAL
PERIOD FROM 09/01/2007 TO 08/31/2008

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

VERSION: 2008.05
01/29/2009 11:55

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-3300)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3082	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1381.57	84
85 OBSERVATION BED COST	4257999	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-3300)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<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		361784		25
26 INTENSIVE CARE UNIT		173245		26
26.01 NEONATOLOGY				26.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.440770	252829	111439	37
40 ANESTHESIOLOGY	.293603	40181	11797	40
41 RADIOLOGY-DIAGNOSTIC	.219747	139227	30595	41
44 LABORATORY	.348184	566631	197292	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.186487	117488	21910	49
50 PHYSICAL THERAPY	.776272	6534	5072	50
52 SPEECH PATHOLOGY	.580606	605	351	52
53 ELECTROCARDIOLOGY	.186656	22028	4112	53
53.01 CARDIAC CATH & ECHO	.285288	79359	22640	53.01
54 ELECTROENCEPHALOGRAPHY	.647812	878	569	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.157145	164306	25820	55
56 DRUGS CHARGED TO PATIENTS	.220767	900202	198735	56
56.01 OUTPATIENT PHARMACY				56.01
57 RENAL DIALYSIS	.843180	129049	108812	57
58.01 PSYCHIATRY	1.450301	2225	3227	58.01
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	2.920061	8751	25553	60
61 EMERGENCY	.474403	21604	10249	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.274847			62
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		2451897	778173	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		2451897		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-3300)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" 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		45336426		25
26 INTENSIVE CARE UNIT		22899732		26
26.01 NEONATOLOGY		26923624		26.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.440770	17531722	7727457	37
40 ANESTHESIOLOGY	.293603	2366359	694770	40
41 RADIOLOGY-DIAGNOSTIC	.219747	8878373	1950996	41
44 LABORATORY	.348184	23708914	8255065	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.186487	23841946	4446213	49
50 PHYSICAL THERAPY	.776272	585668	454638	50
52 SPEECH PATHOLOGY	.580606	555396	322466	52
53 ELECTROCARDIOLOGY	.186656	2439834	455410	53
53.01 CARDIAC CATH & ECHO	.285288	3845648	1097117	53.01
54 ELECTROENCEPHALOGRAPHY	.647812	230895	149577	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.157145	18310562	2877413	55
56 DRUGS CHARGED TO PATIENTS	.220767	47537269	10494660	56
56.01 OUTPATIENT PHARMACY				56.01
57 RENAL DIALYSIS	.843180	561216	473206	57
58.01 PSYCHIATRY	1.450301	112224	162759	58.01
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	2.920061	491182	1434281	60
61 EMERGENCY	.474403	2616397	1241227	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.274847			62
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		153613605	42237255	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		153613605		103

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART I

CHECK
 APPLICABLE BOX

[] HEART
 [XX] KIDNEY

[] LIVER
 [] LUNG

[] PANCREAS
 [] INTESTINE

[] ISLET
 [] 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	1381.57			1
2	INTENSIVE CARE UNIT	7450	43	2023.72	4	8095	2
2.01	NEONATOLOGY		43.01	1349.16			2.01
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	OTHER SPECIAL CARE (SPECIFY)		47				6
7	TOTAL	7450			4	8095	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		C	RATIO OF COST/CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS		
			1	2	3		
8	OPERATING ROOM	37	.440770	16648		7338	8
9	RECOVERY ROOM	38					9
10	DELIVERY ROOM & LABOR ROOM	39					10
11	ANESTHESIOLOGY	40	.293603	2876		844	11
12	RADIOLOGY-DIAGNOSTIC	41	.219747	419		92	12
13	RADIOLOGY-THERAPEUTIC	42					13
14	RADIOISOTOPE	43					14
15	LABORATORY	44	.348184	11924		4152	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					18
19	INTRAVENOUS THERAPY	48					19
20	RESPIRATORY THERAPY	49	.186487	7942		1481	20
21	PHYSICAL THERAPY	50	.776272				21
22	OCCUPATIONAL THERAPY	51					22
23	SPEECH PATHOLOGY	52	.580606				23
24	ELECTROCARDIOLOGY	53	.186656	410		77	24
24.01	CARDIAC CATH & ECHO	53.01	.285288	2222		634	24.01
25	ELECTROENCEPHALOGRAPHY	54	.647812				25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.157145	1219		192	26
27	DRUGS CHARGED TO PATIENTS	56	.220767	7597		1677	27
27.01	OUTPATIENT PHARMACY	56.01					27.01
28	RENAL DIALYSIS	57	.843180				28
29	ASC (NON-DISTINCT PART)	58					29
29.01	PSYCHIATRY	58.01	1.450301				29.01
30	OTHER ANCILLARY (SPECIFY)	59					30
31	CLINIC	60	2.920061				31
32	EMERGENCY	61	.474403				32
33	OBSERVATION BEDS (NON-DISTINCT	62	.274847				33
34	OTHER OUTPATIENT SERV (SPECIFY)	63					34
34.50	RHC	63.50					34.50
34.60	FQHC	63.60					34.60
35	TOTAL			51257		16487	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			36
37	INTENSIVE CARE UNIT	3	4		37
37.01	NEONATOLOGY	3.01			37.01
38	CORONARY CARE UNIT	4			38
39	BURN INTENSIVE CARE UNIT	5			39
40	SURGICAL INTENSIVE CARE UNIT	6			40
41	OTHER SPECIAL CARE (SPECIFY)	7			41
42	SUBTOTAL		4		42
COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
		1	D	2	3
43	CLINIC		20		43
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				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	24582		58707		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	974101		974101		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	998683		1032808		53
54 TOTAL USABLE ORGANS		23			54
55 MEDICARE USABLE ORGANS		10			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.434783			56
57 MEDICARE COST/CHARGES	434210		449047		57
58 REVENUE FOR ORGANS SOLD	46468		46468		58
59 SUBTOTAL	387742		402579		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	387742		402579		61

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
62 ORGANS EXCISED IN PROVIDER		6		62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS	6			63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65 ORGANS PURCHASED FROM OPO'S		11		65
66 TOTAL	6	17		66
67 ORGANS TRANSPLANTED	6	11		67
68 ORGANS SOLD TO OTHER HOSPITALS				68
69 ORGANS SOLD TO OPO'S		6		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	6	17		76

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART I

CHECK
 APPLICABLE BOX

[] HEART
 [] KIDNEY

[XX] LIVER
 [] LUNG

[] PANCREAS
 [] INTESTINE

[] ISLET
 [] 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	1381.57			1
2	INTENSIVE CARE UNIT	3725	43	2023.72	2	4047	2
2.01	NEONATOLOGY		43.01	1349.16			2.01
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	OTHER SPECIAL CARE (SPECIFY)		47				6
7	TOTAL	3725			2	4047	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/ CHARGES		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS		
		C	1	2	3		
8	OPERATING ROOM	37	.440770	8324		3669	8
9	RECOVERY ROOM	38					9
10	DELIVERY ROOM & LABOR ROOM	39					10
11	ANESTHESIOLOGY	40	.293603	1438		422	11
12	RADIOLOGY-DIAGNOSTIC	41	.219747	210		46	12
13	RADIOLOGY-THERAPEUTIC	42					13
14	RADIOISOTOPE	43					14
15	LABORATORY	44	.348184	5962		2076	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					18
19	INTRAVENOUS THERAPY	48					19
20	RESPIRATORY THERAPY	49	.186487	3971		741	20
21	PHYSICAL THERAPY	50	.776272				21
22	OCCUPATIONAL THERAPY	51					22
23	SPEECH PATHOLOGY	52	.580606				23
24	ELECTROCARDIOLOGY	53	.186656	205		38	24
24.01	CARDIAC CATH & ECHO	53.01	.285288	1111		317	24.01
25	ELECTROENCEPHALOGRAPHY	54	.647812				25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.157145	610		96	26
27	DRUGS CHARGED TO PATIENTS	56	.220767	3798		838	27
27.01	OUTPATIENT PHARMACY	56.01					27.01
28	RENAL DIALYSIS	57	.843180				28
29	ASC (NON-DISTINCT PART)	58					29
29.01	PSYCHIATRY	58.01	1.450301				29.01
30	OTHER ANCILLARY (SPECIFY)	59					30
31	CLINIC	60	2.920061				31
32	EMERGENCY	61	.474403				32
33	OBSERVATION BEDS (NON-DISTINCT)	62	.274847				33
34	OTHER OUTPATIENT SERV (SPECIFY)	63					34
34.50	RHC	63.50					34.50
34.60	FQHC	63.60					34.60
35	TOTAL			25629		8243	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			36
37	INTENSIVE CARE UNIT	3	2		37
37.01	NEONATOLOGY	3.01			37.01
38	CORONARY CARE UNIT	4			38
39	BURN INTENSIVE CARE UNIT	5			39
40	SURGICAL INTENSIVE CARE UNIT	6			40
41	OTHER SPECIAL CARE (SPECIFY)	7			41
42	SUBTOTAL		2		42

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
	1	D	2	3	
43	CLINIC	20			43
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				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	12290		29354		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	1221718		1221718		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	1234008		1251072		53
54 TOTAL USABLE ORGANS		20			54
55 MEDICARE USABLE ORGANS		4			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.200000			56
57 MEDICARE COST/CHARGES	246802		250214		57
58 REVENUE FOR ORGANS SOLD	23234		23234		58
59 SUBTOTAL	223568		226980		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	223568		226980		61

PART IV - STATISTICS

	LIVING RELATED		CADAVERIC	REVENUE	
	1	2	3	3	
62 ORGANS EXCISED IN PROVIDER			3		62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS	3				63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS					64
65 ORGANS PURCHASED FROM OPO'S			14		65
66 TOTAL	3		17		66
67 ORGANS TRANSPLANTED	3		14		67
68 ORGANS SOLD TO OTHER HOSPITALS					68
69 ORGANS SOLD TO OPO'S			3		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		17		76

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1						1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1						1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						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						2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD						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						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06		0.00		0.00		3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						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..						3.16
RES. IN INIT YRS						
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO			0.00			3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6						6
7						7
7.01						7.01
8						8
9						9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
21.01						21.01
21.02						21.02
22						22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-3300) 1	HOSPITAL (14-3300) 1.01	HOSPITAL (14-3300) 1.02	
1 MEDICAL AND OTHER SERVICES	46			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	77427	154852		1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	62006	124031		1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.920	0.920		1.03
1.04 LINE 1.01 TIMES LINE 1.03	71233	142464		1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	87.05	87.06		1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT	9227	18433		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	46			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	249			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	249			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	249			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	203			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	46			17
17.01 TOTAL PPS PAYMENTS	213697			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-3300)	HOSPITAL (14-3300)	HOSPITAL (14-3300)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	28211		18.01
19 SUBTOTAL	185532		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	4937		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	190469		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	190469		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	190469		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	190469		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	319977		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-129508		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
(14-3300)
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
(14-3300)
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
 (14-3300)
 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 (14-3300)

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		856268		319977	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 PROGRAM .50 PROVIDER .51 TO .52 PROGRAM .53 PROGRAM .54	02/20/2008 202718		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	-202718			3.99
4 TOTAL INTERIM PAYMENTS		653550		319977	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52				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				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL (14-3300)	SUB I	SUB II	SUB III	SUB IV	
1 INPATIENT HOSPITAL SERVICES	1005881					1
1.01 HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)						1.01
1.02 NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)						1.02
1.03 MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)						1.03
1.04 INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)						1.04
1.05 OUTLIER PAYMENTS						1.05
1.06 TOTAL PPS PAYMENTS						1.06
1.07 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT						1.07
INPATIENT PSYCHIATRIC FACILITY (IPF)						
1.08 NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)						1.08
1.09 NET IPF PPS OUTLIER PAYMENTS						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)						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.)						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)						1.15
1.16 AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)						1.16
1.17 MEDICAL EDUCATION ADJUSTMENT FACTOR						1.17
1.18 MEDICAL EDUCATION ADJUSTMENT						1.18
1.19 ADJUSTED NET IPF PPS PAYMENTS						1.19
1.20 STOP LESS PAYMENT FLOOR						1.20
1.21 ADJUSTED NET PAYMENT FLOOR						1.21
1.22 STOP LOSS ADJUSTMENT						1.22
1.23 TOTAL IPF PPS PAYMENTS						1.23
INPATIENT REHABILITATION FACILITY (IRF)						
1.35 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)						1.35
1.36 NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)						1.36
1.37 CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)						1.37
1.38 CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)						1.38
1.39 INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)						1.39
1.40 AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)						1.40
1.41 MEDICAL EDUCATION ADJUSTMENT FACTOR						1.41
1.42 MEDICAL EDUCATION ADJUSTMENT						1.42
2 ORGAN ACQUISITION	611310					2
3 COST OF TEACHING PHYSICIANS						3
4 SUBTOTAL	1617191					4
5 PRIMARY PAYER PAYMENTS	3151					5
6 SUBTOTAL	1614040					6
7 DEDUCTIBLES	27264					7
8 SUBTOTAL	1586776					8
9 COINSURANCE	4096					9
10 SUBTOTAL	1582680					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	1582680					12
13 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	38333					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL (14-3300)	SUB I	SUB II	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)						13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15 OTHER ADJUSTMENTS						15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER	1621013					17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS	653550					19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM	967463					20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
TO BE COMPLETED BY INTERMEDIARY						
50 ORIGINAL OUTLIER AMOUNT						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

CALCULATION OF REIMBURSEMENT SETTLEMENT
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX	NF I		
	HOSPITAL (14-3300) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1
1	INPATIENT HOSPITAL/SNF/NF SERVICES	90886295				1
2	MEDICAL AND OTHER SERVICES					2
3	INTERNS AND RESIDENTS					3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O					4
5	COST OF TEACHING PHYSICIANS					5
6	SUBTOTAL	90886295				6
7	INPATIENT PRIMARY PAYER PAYMENTS					7
8	OUTPATIENT PRIMARY PAYER PAYMENTS					8
9	SUBTOTAL	90886295				9
	COMPUTATION OF LESSER OF COST OR CHARGES					
10	ROUTINE SERVICE CHARGES					10
11	ANCILLARY SERVICE CHARGES	153613605				11
12	INTERNS AND RESIDENTS SERVICE CHARGES					12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE					13
14	TEACHING PHYSICIANS					14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION					15
16	TOTAL REASONABLE CHARGES	153613605				16
	CUSTOMARY CHARGES					
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)					18
19	RATIO OF LINE 17 TO LINE 18					19
20	TOTAL CUSTOMARY CHARGES	153613605				20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	62727310				21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					22
23	COST OF COVERED SERVICES	90886295				23
	PROSPECTIVE PAYMENT AMOUNT					
24	OTHER THAN OUTLIER PAYMENTS					24
25	OUTLIER PAYMENTS					25
26	PROGRAM CAPITAL PAYMENTS					26
27	CAPITAL EXCEPTION PAYMENTS					27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS					28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					29
30	SUBTOTAL	90886295				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)					31
32	LESSER OF LINES 30 OR 31	90886295				32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)					33

CALCULATION OF REIMBURSEMENT SETTLEMENT
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX	NF I		
	HOSPITAL (14-3300) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
	1	1	1	1	1	1
COMPUTATION OF REIMBURSEMENT SETTLEMENT						
34	EXCESS OF REASONABLE COST					34
35	SUBTOTAL	90886295				35
36	COINSURANCE					36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					37
38	REIMBURSABLE BAD DEBTS					38
38.01	REDUCED REIMBURSABLE BAD DEBTS					38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					38.02
39	UTILIZATION REVIEW					39
40	SUBTOTAL	90886295				40
41	INPATIENT ROUTINE SERVICE COST					41
42	MEDICARE INPATIENT ROUTINE CHARGES					42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)					44
45	RATIO OF LINE 43 TO LINE 44					45
46	TOTAL CUSTOMARY CHARGES					46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION					49
50	OTHER ADJUSTMENTS					50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS					51
52	SUBTOTAL	90886295				52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	90886295				55
56	SEQUESTRATION ADJUSTMENT					56
57	INTERIM PAYMENTS	62325451				57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57.01
58	BALANCE DUE PROVIDER/PROGRAM	28560844				58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2					59

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	143.97	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	5.49	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]		3.03
3.04	FTE ADJUSTMENT CAP	149.46	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	238.38	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	149.46	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	84.31	3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	107.92	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	192.23	3.09
3.10	SEE INSTRUCTIONS	120.52	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	4.00	3.11
3.12	SEE INSTRUCTIONS	71.66	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	71.05	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	67.68	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	70.13	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	70.13	3.16
3.17	SEE INSTRUCTIONS	82042.95	3.17
3.18	SEE INSTRUCTIONS	5753672	3.18

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

WORKSHEET E-3
 PART IV
 (CONT)

[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX		
3.19 SEE INSTRUCTIONS			53.02	3.19
3.20 SEE INSTRUCTIONS			54.71	3.20
3.21 SEE INSTRUCTIONS			53.53	3.21
3.22 SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]			53.53	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			82042.95	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			4391759	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			10145431	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4 PROGRAM PART A INPATIENT DAYS			279	4
5 TOTAL INPATIENT DAYS			65419	5
6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS			.004265	6
	[LINE 6 x] [E-3,PART 6]			
	[LINE 3.25] [LINE 11]			
6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 43270	0		43270	6.01
6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD				6.02
6.03 TOTAL INPATIENT DAYS FROM LINE 5 ABOVE			65419	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				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			6.08
PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD				
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			1304049	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

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

WORKSHEET E-3
PART IV
(CONT)

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

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY			
PART A REASONABLE COST			
12	REASONABLE COST	1195739	12
13	ORGAN ACQUISITION COSTS	611310	13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	3151	15
16	TOTAL PART A REASONABLE COST	1803898	16
PART B REASONABLE COST			
17	REASONABLE COST	232325	17
18	PRIMARY PAYER PAYMENTS		18
19	TOTAL PART B REASONABLE COST	232325	19
20	TOTAL REASONABLE COST	2036223	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.885904	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.114096	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	43270	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	38333	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	4937	25

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

WORKSHEET E-3
PART IV

[] TITLE V [] TITLE XVIII [XX] 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
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	3.09
3.10	SEE INSTRUCTIONS	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	3.16
3.17	SEE INSTRUCTIONS	3.17
3.18	SEE INSTRUCTIONS	3.18

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

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS			3.19
3.20	SEE INSTRUCTIONS			3.20
3.21	SEE INSTRUCTIONS			3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		0.00	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		0.00	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			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			3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		31792	4
5	TOTAL INPATIENT DAYS		65419	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.485975	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	0	0	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		65419	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			6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3,PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0	0	6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			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

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

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

12	REASONABLE COST	12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	15
16	TOTAL PART A REASONABLE COST	16
	PART B REASONABLE COST	
17	REASONABLE COST	17
18	PRIMARY PAYER PAYMENTS	18
19	TOTAL PART B REASONABLE COST	19
20	TOTAL REASONABLE COST	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	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	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	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	29624444			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	27847397			4
5	OTHER RECEIVABLES	28256867			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-4765292			6
7	INVENTORY				7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	32101536			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	113064952			11
FIXED ASSETS					
12	LAND	34986950			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	375373			13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	352539687			14
14.01	ACCUMULATED DEPRECIATION	-166915621			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	220888701			18
18.01	ACCUMULATED DEPRECIATION	-170189826			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	271685264			21
OTHER ASSETS					
22	INVESTMENTS	820930960	331262920	212407059	22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	75287844			25
26	TOTAL OTHER ASSETS	896218804	331262920	212407059	26
27	TOTAL ASSETS	1280969020	331262920	212407059	27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	68278267			28
29	SALARIES, WAGES & FEES PAYABLE				29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	46113957			35
36	TOTAL CURRENT LIABILITIES	114392224			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	565642863			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	103553780			41
42	TOTAL LONG TERM LIABILITIES	669196643			42
43	TOTAL LIABILITIES	783588867			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	497380153			44
45	SPECIFIC PURPOSE FUND BALANCE		331262920		45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED			212407059	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	497380153	331262920	212407059	51
52	TOTAL LIABILITIES AND FUND BALANCES	1280969020	331262920	212407059	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	542301522	279885156	284128924	1
2 NET INCOME (LOSS)	-17452181			2
3 TOTAL	524849341	279885156	284128924	3
4 ADDITIONS (CREDIT ADJUSTMENTS)	5250000	82405903	-71739365	4
5 GRANTS				5
6 INVESTMENT RETURN		-11617458		6
7 TRANSFER FROM AFFILIATES		50995044	17500	7
8				8
9				9
10 TOTAL ADDITIONS	5250000	121783489	-71721865	10
11 SUBTOTAL	530099341	401668645	212407059	11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)	7726555	67528479		12
13 TRANSFER TO AFFILIATES	21988225			13
14 CAPITAL ASSETS	3004408	2877246		14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	32719188	70405725		18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	497380153	331262920	212407059	19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	72706053		72706053	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	72706053		72706053	10
10.01 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				10.01
11 INTENSIVE CARE UNIT	41958696		41958696	11
12 NEONATOLOGY	46643199		46643199	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	88601895		88601895	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	161307948		161307948	18
18.50 ANCILLARY SERVICES	414636946	328881315	743518261	18.50
18.60 OUTPATIENT SERVICES				18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
25 TOTAL PATIENT REVENUES	575944894	328881315	904826209	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		527266277	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		527266277	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	904826209	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	494526140	2
3	NET PATIENT REVENUES	410300069	3
4	LESS - TOTAL OPERATING EXPENSES	527266277	4
5	NET INCOME FROM SERVICE TO PATIENTS	-116966208	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	67528479	6
7	INCOME FROM INVESTMENTS	31265079	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	531445	11
12	PARKING LOT RECEIPTS	943023	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1115285	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	10187	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	94634	21
22	RENTAL OF HOSPITAL SPACE	4107284	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (SPECIFY)		24
24.01	SELF INSURANCE INCOME	3492240	24.01
24.02	INTEREST INCOME	3793282	24.02
24.03	CHANGE IN UNREALIZED INVESTMENT	-35018074	24.03
24.04	SPECIMEN REVENUE	1715604	24.04
24.05	ASSETS RELEASED FROM RESTRICTION	1667187	24.05
24.06	CMRI	17091227	24.06
24.07	INTEREST RATE SWAP		24.07
24.08	CONTRACT REVENUE-70412	105926	24.08
24.09	SHUTTLE REVENUE	46941	24.09
24.10	PRENTICE TRANSPORT	16968	24.10
24.11	PENSION LIABILITY ADJUSTMENT		24.11
24.12	TRUST INCOME	1072380	24.12
25	TOTAL OTHER INCOME	99579097	25
26	TOTAL	-17387111	26
27			27
27.01	LOSS ON DISPOSAL OF ASSETS	65070	27.01
27.02	OTHER EXPENSE		27.02
27.03	PENSION LIABILITY ADJUSTMENT		27.03
27.04	INTEREST RATE SWAP		27.04
27.05	AFFILIATE TRANSFERS		27.05
28			28
29			29
30	TOTAL OTHER EXPENSES	65070	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-17452181	31

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
5.01	EMPLOYEE BENEFITS FTE BASED				5.01
6.01	ADMINISTRATION & GENERAL				6.01
6.02	ADMIN & GENERAL				6.02
6.03	ADMIN & GEN-CMRC				6.03
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
13.01	VOLUNTEERS				13.01
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
26.01	NEONATOLOGY				26.01
ANCILLARY SERVICE COST CENTERS					
37	OPERATING ROOM				37
40	ANESTHESIOLOGY				40
41	RADIOLOGY-DIAGNOSTIC				41
44	LABORATORY				44
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
49	RESPIRATORY THERAPY				49
50	PHYSICAL THERAPY				50
52	SPEECH PATHOLOGY				52
53	ELECTROCARDIOLOGY				53
53.01	CARDIAC CATH & ECHO				53.01
54	ELECTROENCEPHALOGRAPHY				54
55	MEDICAL SUPPLIES CHARGED TO PAT				55
56	DRUGS CHARGED TO PATIENTS				56
56.01	OUTPATIENT PHARMACY				56.01
57	RENAL DIALYSIS				57
58.01	PSYCHIATRY				58.01
OUTPATIENT SERVICE COST CENTERS					
60	CLINIC				60
61	EMERGENCY				61
62	OBSERVATION BEDS (NON-DISTINCT				62
63.50	RHC				63.50
63.60	FQHC				63.60
OTHER REIMBURSABLE COST CENTERS					
65	AMBULANCE SERVICES				65
69.10	CMHC				69.10
69.20	OUTPATIENT PHYSICAL THERAPY				69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40	OUTPATIENT SPEECH PATHOLOGY				69.40
71	HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS					
83	KIDNEY ACQUISITION				83
84	LIVER ACQUISITION				84
85	HEART ACQUISITION				85
85.01	PANCREAS ACQUISITION				85.01
85.02	INTESTINAL ACQUISITION				85.02
85.03	ISLET CELL ACQUISITION				85.03
95	SUBTOTALS				95
NONREIMBURSABLE COST CENTERS					
96	GIFT, FLOWER, COFFEE SHOP & CAN				96
97	RESEARCH				97
98.01	OFFSITE FACILITIES				98.01
99.01	ENDOWMENTS & OTHER SERVICES				99.01

PROVIDER NO. 14-3300 CHILDREN'S MEMORIAL HOSPITAL
PERIOD FROM 09/01/2007 TO 08/31/2008

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

VERSION: 2008.05
01/29/2009 11:55

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	
99.02 NON-REIMBURSABLE CLINICS						99.02
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASIS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	0.54		40.78				41.32 25
26 INTENSIVE CARE UNIT	0.43		65.65				66.08 26
26.01 NEONATOLOGY			47.22				47.22 26.01
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.22	0.02	15.35				15.59 37
40 ANESTHESIOLOGY	0.26	0.03	15.37				15.66 40
41 RADIOLOGY-DIAGNOSTIC	0.19	0.04	12.27				12.50 41
44 LABORATORY	0.50	0.03	20.77				21.30 44
49 RESPIRATORY THERAPY	0.21		42.13				42.34 49
50 PHYSICAL THERAPY	0.07	0.02	6.68				6.77 50
52 SPEECH PATHOLOGY	0.01		9.04				9.05 52
53 ELECTROCARDIOLOGY	0.14	0.07	15.92				16.13 53
53.01 CARDIAC CATH & ECHO	0.31	0.08	15.08				15.47 53.01
54 ELECTROENCEPHALOGRAPHY	0.02	0.04	6.02				6.08 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.36	0.02	40.15				40.53 55
56 DRUGS CHARGED TO PATIENTS	0.69	0.03	36.49				37.21 56
57 RENAL DIALYSIS	9.90	0.09	43.04				53.03 57
58.01 PSYCHIATRY	0.04	0.01	2.14				2.19 58.01
60 CLINIC	0.11	0.08	6.19				6.38 60
61 EMERGENCY	0.08	0.02	9.21				9.31 61
62 OBSERVATION BEDS (NON-DISTINCT)		0.02					0.02 62
101 TOTAL CHARGES	0.28	0.02	17.65				17.95 101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
57 RENAL DIALYSIS	843782	.18	456898	.22	1300680	.27	57
58.01 PSYCHIATRY	3941621	.83	4238739	2.06	8180360	1.71	58.01
60 CLINIC	11217189	2.35	12761432	6.21	23978621	5.02	60
61 EMERGENCY	7098076	1.49	8270765	4.02	15368841	3.22	61
62 OBSERVATION BEDS (NON-DISTINCT)							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES	1873192	.39	796399	.39	2669591	.56	65
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
83 KIDNEY ACQUISITION	780453	.16	193648	.09	974101	.20	83
84 LIVER ACQUISITION	982517	.21	239201	.12	1221718	.26	84
85 HEART ACQUISITION	742568	.16	198397	.10	940965	.20	85
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION	193775	.04	77021	.04	270796	.06	85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	82871	.02	2539914	1.24	2622785	.55	96
97 RESEARCH	36336882	7.61	26157683	12.72	62494565	13.09	97
98.01 OFFSITE FACILITIES	9948376	2.08	8247858	4.01	18196234	3.81	98.01
99.01 ENDOWMENTS & OTHER SERVICES	24854965	5.21	5613389	2.73	30468354	6.38	99.01
99.02 NON-REIMBURSABLE CLINICS	5606988	1.17	8711789	4.24	14318777	3.00	99.02
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	477322122	100.00	0	.00	477322122	100.00	103

**** THIS PROVIDER IS NOT A PPS HOSPITAL

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)	225466
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)	604161
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.373