

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

WORKSHEET S
 PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED _____ [] INITIAL [] RE-OPENING
 USE ONLY: [] DESK REVIEWED INTERMEDIARY NO. _____ [] FINAL [XX] MCR CODE 1

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY SAINT LOUIS UNIVERSITY HOSPITAL (26-0105) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 06/01/2007 AND ENDING 05/31/2008, 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		
		2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	-741594	-183389	13206137	2
3	SWING BED - SNF	117588	-600	1354449	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	-624006	-183989	14560586	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: 3635 VISTA AT GRAND BLVD P.O.BOX: 1
 1.01 CITY: ST. LOUIS STATE: MO ZIP CODE: 63110 COUNTY: SAINT LOUIS 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	SAINT LOUIS UNIVERSITY HOSPITAL 26-0105	07/01/1966	O	P	O	2
3	SUBPROVIDER I	SAINT LOUIS UNIVERSITY PSYCHIATRIC 26-S105	07/01/1984	N	T	O	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	SAINT LOUIS UNIV DIALYSIS 26-2310	07/01/1966				16
17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 06/01/2007 TO: 05/31/2008	1 2				17
18	TYPE OF CONTROL		4				18
19	HOSPITAL		1				19
20	SUBPROVIDER I		4				20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.						21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?		YES				21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.						21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.		1 N		N	41180	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		1				21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		1				21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO.		NO				21.06
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?		NO				22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW		YES				23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		07/06/1977				23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		10/17/1986				23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		03/15/1995				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.		07/01/1999				23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.						24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.						24.01
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?		YES				25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?		YES				25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.		YES				25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-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)		YES		YES		25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING:	ENDING:		26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):	BEGINNING:	ENDING:		26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.			NO	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.				28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st				28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.				28.02
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)					
28.03	STAFFING	0.00		N	28.03
28.04	RECRUITMENT	0.00		N	28.04
28.05	RETENTION OF EMPLOYEES	0.00		N	28.05
28.06	TRAINING	0.00		N	28.06
28.07	OTHER (SPECIFY)				28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?			NO	29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.			NO	30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31.01
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.			NO	32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.			NO	33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?			NO	34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?			NO	35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	V	XVIII	XIX	
		1	2	3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36
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?	NO	NO	NO	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?	YES		38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO		38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO		38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	059111	40
40.01	NAME: TENET HEALTHCARE CORP	FI/CONTRACTOR'S NAME: WISCONSIN PHYSICIANS SERVICFI/CONTRACTOR'S NUMBER: 52280		40.01
40.02	STREET: 13737 NOEL ROAD, STE 100	P.O. BOX:		40.02
40.03	CITY: DALLAS	STATE: TX ZIP CODE: 75240		40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES		41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO		43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	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 NHCQ 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: 610417 PAID LOSSES: 674584 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 NO LIMIT 0.00 Y/N NO FEES 4		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?			YES		57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.			NO		58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)					58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)			NO		59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

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

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----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		4564	3300	20728	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	6TH ICU					6.01
6.02	7TH ICU					6.02
6.03	8TH ICU					6.03
6.04	5TH ICU					6.04
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		4564	3300	20728	12
13	RPCH VISITS					13
14	SUBPROVIDER I		390	406	1495	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	82568799		82568799	3007113.00	27.46		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)	285615		285615	9049.00	31.56		6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	3677276	237731	3915007	138293.00	28.31		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	3135380		3135380	51358.00	61.05		9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A	360122		360122	2646.00	136.10		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	7880479		7880479	151072.00	52.16		11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	18640610		18640610			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	893045		893045			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)	65205		65205			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	588655		588655	22252.00	26.45		21
22	ADMINISTRATIVE & GENERAL	8048118	-607428	7440690	341720.00	21.77		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	9044		9044	363.00	24.91		22.01
23	MAINTENANCE & REPAIRS	505336		505336	18602.00	27.17		23
24	OPERATION OF PLANT	32124		32124	1991.00	16.13		24
25	LAUNDRY & LINEN SERVICE	89548		89548	7283.00	12.30		25
26	HOUSEKEEPING							26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY							27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA							28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1978469		1978469	56037.00	35.31		30
31	CENTRAL SERVICES AND SUPPLY	687481		687481	44722.00	15.37		31
32	PHARMACY	3681500	-258309	3423191	100917.00	33.92		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1686786		1686786	88034.00	19.16		33
34	SOCIAL SERVICE	1569977		1569977	51334.00	30.58		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART III
1		1	2	3	4	5		
1	NET SALARIES	82283184		82283184	2998064.00	27.45		1
2	EXCLUDED AREA SALARIES	3677276	237731	3915007	138293.00	28.31		2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	78605908	-237731	78368177	2859771.00	27.40		3
4	SUBTOTAL OTHER WAGES & REL COSTS	11375981		11375981	205076.00	55.47		4
5	SUBTOTAL WAGE-RELATED COSTS	18640610		18640610		23.79%		5
6	TOTAL (SUM OF LINES 3 THRU 5)	108622499	-237731	108384768	3064847.00	35.36		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	18877038	-865737	18011301	733255.00	24.56		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

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	19729 17
17.01	GROSS MEDICAID REVENUES	72211688 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	72231417 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.187882 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	200331646 28
29	TOTAL GROSS MEDICAID COST	37638710 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	1350037 30
31	UNCOMPENSATED CARE COST	253648 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	37638710 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
	GENERAL SERVICE COST CENTERS								
1	0100 OLD CAP REL COSTS-BLDG & FIXT		3652029	3652029	539180	4191209	-2556671	1634538	1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		10485503	10485503	173660	10659163	-7339852	3319311	2
3	0300 NEW CAP REL COSTS-BLDG & FIXT				827114	827114	3088011	3915125	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				2035883	2035883	7253714	9289597	4
5	0500 EMPLOYEE BENEFITS	588655	5912148	6500803	-1563	6499240		6499240	5
6	0600 ADMINISTRATIVE & GENERAL	8048118	55969360	64017478	-3878204	60139274	-12376366	47762908	6
7	0700 MAINTENANCE & REPAIRS	505336	199942	705278	-457	704821	-26412	678409	7
8	0800 OPERATION OF PLANT	32124	11903214	11935338	-113679	11821659	-3212157	8609502	8
9	0900 LAUNDRY & LINEN SERVICE	89548	912928	1002476	-8	1002468	-9951	992517	9
10	1000 HOUSEKEEPING		2811341	2811341	-1501	2809840		2809840	10
11	1100 DIETARY		2906972	2906972	-2225167	681805	-12625	669180	11
12	1200 CAFETERIA				1774993	1774993		1774993	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	1978469	275976	2254445	-45846	2208599	-440882	1767717	14
15	1500 CENTRAL SERVICES & SUPPLY	687481	2340725	3028206	-1711356	1316850		1316850	15
16	1600 PHARMACY	3681500	16414852	20096352	-12566301	7530051		7530051	16
17	1700 MEDICAL RECORDS & LIBRARY	1368223	1056798	2425021	-2687	2422334	-97572	2324762	17
17.01	1950 QUALITY ASSURANCE	318563	202142	520705	-129	520576		520576	17.01
18	1800 SOCIAL SERVICE	1569977	686360	2256337	-1522	2254815	-66376	2188439	18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A	285615		285615	-24	285591		285591	22
23	2300 I&R SERVICES-OTHER PRGM COSTS A		32135124	32135124		32135124		32135124	23
24	2400 PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS				320816	320816		320816	24
25	2500 ADULTS & PEDIATRICS	16547920	3851444	20399364	-207071	20192293	-42294	20149999	25
26	2600 INTENSIVE CARE UNIT	2232812	616166	2848978	-120327	2728651		2728651	26
26.01	2601 6TH ICU	2207779	666679	2874458	-141742	2732716		2732716	26.01
26.02	2602 7TH ICU	2166361	759386	2925747	-168681	2757066		2757066	26.02
26.03	2603 8TH ICU	2211311	628782	2840093	-204045	2636048		2636048	26.03
26.04	2604 5TH ICU	2610547	967363	3577910	-278240	3299670		3299670	26.04
31	3100 SUBPROVIDER I ANCILLARY SERVICE COST CENTERS	2542012	309329	2851341	54522	2905863	-3698	2902165	31
37	3700 OPERATING ROOM	4916959	19496828	24413787	-16865095	7548692	-15718	7532974	37
38	3800 RECOVERY ROOM	1575934	313659	1889593	-98372	1791221		1791221	38
40	4000 ANESTHESIOLOGY	154033	931283	1085316	-683027	402289	-3351	398938	40
41	4100 RADIOLOGY-DIAGNOSTIC	6812327	7166334	13978661	-4576508	9402153	-17448	9384705	41
41.03	3330 ENDOSCOPY	692954	676437	1369391	-470956	898435		898435	41.03
41.05	4101 PET IMAGING	253995	612814	866809	75800	942609		942609	41.05
42	4200 RADIOLOGY-THERAPEUTIC	763265	1123741	1887006	-33839	1853167	-492789	1360378	42
43	4300 RADIOISOTOPE	379405	813849	1193254	23150	1216404		1216404	43
44	4400 LABORATORY	5247832	9056266	14304098	-2428234	11875864	-32565	11843299	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	4700 BLOOD STORING, PROCESSING & TRA		3900805	3900805	121	3900926		3900926	47
49	4900 RESPIRATORY THERAPY	1776154	978845	2754999	-704833	2050166		2050166	49
50	5000 PHYSICAL THERAPY	1656742	344967	2001709	-61097	1940612	-55105	1885507	50
53	5300 ELECTROCARDIOLOGY	1868166	7607937	9476103	-5801103	3675000	-550	3674450	53
53.02	3650 CARDIOVASCULAR LAB								53.02
53.05	5303 CARDIAC CATH	110289	95983	206272		206272		206272	53.05
54	5400 ELECTROENCEPHALOGRAPHY	365153	89712	454865	68766	523631	-6316	517315	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				31520286	31520286		31520286	55
56	5600 DRUGS CHARGED TO PATIENTS				13475189	13475189	-109003	13366186	56
57	5700 RENAL DIALYSIS		1665400	1665400	-21285	1644115		1644115	57
59	3950 OTHER ANCILLARY SERVICES								59
59.01	3551 PSYCH THERAPY								59.01
59.29	3961 AIR RESCUE								59.29
59.30	3962 BONE MARROW OUTPATIENT SERVICE COST CENTERS	92180	123603	215783	108574	324357		324357	59.30
60	6000 CLINIC	333953	166346	500299	-10612	489687	-23201	466486	60
60.02	6010 TRANSPLANT CLINIC				305866	305866		305866	60.02
61	6100 EMERGENCY	4761843	6691187	11453030	-499065	10953965	-5634909	5319056	61
62	6200 OBSERVATION BEDS (NON-DISTINCT)								62
63.50	6310 RHC								63.50
63.60	6320 FQHC OTHER REIMBURSABLE COST CENTERS								63.60
69.10	6910 CMHC								69.10
69.20	6920 OPT								69.20
69.30	6930 CMHC								69.30
69.40	6940 OPT								69.40
71	7100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS								71
83	8300 KIDNEY ACQUISITION	1002392	2075443	3077835	1557401	4635236		4635236	83
84	8400 LIVER ACQUISITION		1219659	1219659	343905	1563564		1563564	84
85	8500 HEART ACQUISITION	84150	10884	95034	-70744	24290		24290	85

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
		1	2	3	4	5	6	7	
85.01	8510		146841	146841	67698	214539		214539	85.01
85.02	8520								85.02
85.03	8530								85.03
88	8800		24000000	24000000		24000000	-24000000		88
90	9000		2590829	2590829	-2590829				90
95		82520077	247564215	330084292	-3311225	326773067	-46234086	280538981	95
NONREIMBURSABLE COST CENTERS									
96	9600	-1024	-9994	-11018		-11018		-11018	96
100	7950				448565	448565		448565	100
100.05	7955				1204414	1204414		1204414	100.05
100.11	7961						1702782	1702782	100.11
100.12	7962				1658246	1658246	478329	2136575	100.12
100.13	7963						474879	474879	100.13
100.14	7964	49746	233898	283644		283644		283644	100.14
101	TOTAL	82568799	247788119	330356918		330356918	-43578096	286778822	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		SALARY	OTHER
		COST CENTER	LINE #		
1	1	2	3	4	5
1					1
2					2
3					3
4					4
5					5
6 CAPITAL COSTS	C	ADMINISTRATIVE & GENERAL	6		143950
7					7
8					8
9 BUYPOWER REBATES	D	CENTRAL SERVICES & SUPPLY	15		102771
10	D	PHARMACY	16		503920
11					11
12 MEDICAL SUPPLIES	E	MEDICAL SUPPLIES CHARGED TO P	55		1054873
13					13
14 DRUGS	F	DRUGS CHARGED TO PATIENTS	56		12601001
15					15
16 IV SOLUTIONS	G	DRUGS CHARGED TO PATIENTS	56		131389
17					17
18 NON-ROUTINE DIETARY COSTS	H	CAFETERIA	12		1774993
19	H	DOCTORS MEALS	100		448565
20					20
21 TENETCARE	I	ELECTROCARDIOLOGY	53	428020	153695
22	I	ELECTROENCEPHALOGRAPHY	54	50782	18235
23	I	RADIOISOTOPE	43	81253	29177
24					24
25 PHARMACY PARAMEDICAL ED. COSTS	J	PARAMED ED PRGM-(SPECIFY)	24	258309	62507
26					26
27 NURSING FLOAT POOL COSTS	K	ADULTS & PEDIATRICS	25	272156	91934
28	K	INTENSIVE CARE UNIT	26	46026	15548
29	K	6TH ICU	26.01	42069	14211
30	K	7TH ICU	26.02	40948	13832
31	K	8TH ICU	26.03	39494	13341
32	K	5TH ICU	26.04	56576	19111
33	K	SUBPROVIDER I	31	47970	16204
34					34
35 RADIOPHARMACEUTICAL & PET IMAG	L	PET IMAGING	41.05	70274	7730
36 SUBTOTAL				1433877	17216987

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER 6	DECREASE -----			WKST A-7 REF. 10
			LINE # 7	SALARY 8	OTHER 9	
1						1
2						2
3						3
4						4
5						5
6	C	OTHER CAPITAL RELATED COSTS	90		143950	6
7						7
8						8
9	D	MEDICAL SUPPLIES CHARGED TO P	55		102771	9
10	D	DRUGS CHARGED TO PATIENTS	56		503920	10
11						11
12	E	CENTRAL SERVICES & SUPPLY	15		1054873	12
13						13
14	F	PHARMACY	16		12601001	14
15						15
16	G	PHARMACY	16		131389	16
17						17
18	H	DIETARY	11		2223558	18
19	H					19
20						20
21	I	RADIOLOGY-DIAGNOSTIC	41	560055	201107	21
22	I					22
23	I					23
24						24
25	J	PHARMACY	16	258309	62507	25
26						26
27	K	ADMINISTRATIVE & GENERAL	6	545239	184181	27
28	K					28
29	K					29
30	K					30
31	K					31
32	K					32
33	K					33
34						34
35	L	RADIOISOTOPE	43	70274	7730	35
36		SUBTOTAL		1433877	17216987	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 RENTAL/LEASE	W	ENDOSCOPY	41.03		42780	1
2	W	RADIOISOTOPE	43		1048	2
3	W	OLD CAP REL COSTS-MVBLE EQUIP	2		1128958	3
4	W					4
5	W					5
6	W					6
7	W					7
8	W					8
9	W					9
10	W					10
11	W					11
12	W					12
13	W					13
14	W					14
15	W					15
16	W					16
17	W					17
18	W					18
19	W					19
20	W					20
21	W					21
22	W					22
23	W					23
24	W					24
25	W					25
26	W					26
27	W					27
28	W					28
29	W					29
30	W					30
31	W					31
32	W					32
33	W					33
34	W					34
35 RENTAL/LEASE COSTS OLD/NEW	WW	NEW CAP REL COSTS-MVBLE EQUIP	4		1128958	35
36 SUBTOTAL				1433877	19518731	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 RENTAL/LEASE	W	INTENSIVE CARE UNIT	26		448	1
2	W	7TH ICU	26.02		732	2
3	W	6TH ICU	26.01		430	10 3
4	W	5TH ICU	26.04		568	4
5	W	8TH ICU	26.03		507	5
6	W	ADULTS & PEDIATRICS	25		4963	6
7	W	SUBPROVIDER I	31		748	7
8	W	OPERATING ROOM	37		16188	8
9	W	RECOVERY ROOM	38		2540	9
10	W	ANESTHESIOLOGY	40		60	10
11	W	CENTRAL SERVICES & SUPPLY	15		681043	11
12	W	LABORATORY	44		30944	12
13	W	BLOOD STORING, PROCESSING & T	47		220	13
14	W	ELECTROCARDIOLOGY	53		52346	14
15	W	ELECTROENCEPHALOGRAPHY	54		24	15
16	W	RADIOLOGY-DIAGNOSTIC	41		8183	16
17	W	RADIOLOGY-THERAPEUTIC	42		3365	17
18	W	PHARMACY	16		14600	18
19	W	RESPIRATORY THERAPY	49		157260	19
20	W	RENAL DIALYSIS	57		72	20
21	W	PHYSICAL THERAPY	50		5410	21
22	W	EMERGENCY	61		7533	22
23	W	I&R SERVICES-SALARY & FRINGES	22		24	23
24	W	DIETARY	11		349	24
25	W	SOCIAL SERVICE	18		1505	25
26	W	HOUSEKEEPING	10		1480	26
27	W	OPERATION OF PLANT	8		113679	27
28	W	MAINTENANCE & REPAIRS	7		413	28
29	W	ADMINISTRATIVE & GENERAL	6		55911	29
30	W	EMPLOYEE BENEFITS	5		641	30
31	W	MEDICAL RECORDS & LIBRARY	17		2687	31
32	W	NURSING ADMINISTRATION	14		7784	32
33	W	QUALITY ASSURANCE	17.01		129	33
34	W					34
35 RENTAL/LEASE COSTS OLD/NEW	WW	OLD CAP REL COSTS-MVBLE EQUIP	2		1128958	10 35
36 SUBTOTAL				1433877	19518731	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1 CHARGEABLE SUPPLIES	X	MEDICAL SUPPLIES CHARGED TO P	55		30568184
2	X				
3	X				
4	X				
5	X				
6	X				
7	X				
8	X				
9	X				
10	X				
11	X				
12	X				
13	X				
14	X				
15	X				
16	X				
17	X				
18	X				
19	X				
20	X				
21	X				
22	X				
23	X				
24	X				
25	X				
26	X				
27	X				
28	X				
29	X				
30	X				
31	X				
32	X				
33					
34					
35					
36 SUBTOTAL				1433877	50086915

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 CHARGEABLE SUPPLIES	X	INTENSIVE CARE UNIT	26		148365	1
2	X	7TH ICU	26.02		187076	2
3	X	6TH ICU	26.01		151862	3
4	X	5TH ICU	26.04		309240	4
5	X	8TH ICU	26.03		224534	5
6	X	ADULTS & PEDIATRICS	25		423986	6
7	X	SUBPROVIDER I	31		15429	7
8	X	OPERATING ROOM	37		16818357	8
9	X	RECOVERY ROOM	38		27367	9
10	X	ANESTHESIOLOGY	40		541793	10
11	X	LABORATORY	44		148739	11
12	X	ELECTROCARDIOLOGY	53		6288690	12
13	X	ELECTROENCEPHALOGRAPHY	54		17192	13
14	X	RADIOLOGY-DIAGNOSTIC	41		3767964	14
15	X	ENDOSCOPY	41.03		468684	15
16	X	RADIOLOGY-THERAPEUTIC	42		30430	16
17	X	RADIOISOTOPE	43		6428	17
18	X	PET IMAGING	41.05		2159	18
19	X	PHARMACY	16		2415	19
20	X	RESPIRATORY THERAPY	49		536174	20
21	X	RENAL DIALYSIS	57		18561	21
22	X	PHYSICAL THERAPY	50		55687	22
23	X	EMERGENCY	61		312456	23
24	X	CLINIC	60		10390	24
25	X	DIETARY	11		1260	25
26	X	LAUNDRY & LINEN SERVICE	9		8	26
27	X	SOCIAL SERVICE	18		17	27
28	X	HOUSEKEEPING	10		21	28
29	X	MAINTENANCE & REPAIRS	7		30	29
30	X	ADMINISTRATIVE & GENERAL	6		13898	30
31	X	EMPLOYEE BENEFITS	5		910	31
32	X	NURSING ADMINISTRATION	14		38062	32
33						33
34						34
35						35
36 SUBTOTAL				1433877	50086915	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
1		2	3	4	5	
1 CHARGEABLE IV SOLUTIONS	Z	DRUGS CHARGED TO PATIENTS	56		1226217	1
2	Z	ADMINISTRATIVE & GENERAL	6		6997	2
3	Z					3
4	Z					4
5	Z					5
6	Z					6
7	Z					7
8	Z					8
9	Z					9
10	Z					10
11	Z					11
12	Z					12
13	Z					13
14	Z					14
15	Z					15
16	Z					16
17	Z					17
18	Z					18
19	Z					19
20	Z					20
21	Z					21
22	Z					22
23	Z					23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 SUBTOTAL				1433877	51320129	36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 4

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 CHARGEABLE IV SOLUTIONS	Z	INTENSIVE CARE UNIT	26		32303	1
2	Z	7TH ICU	26.02		35273	2
3	Z	6TH ICU	26.01		44460	3
4	Z	5TH ICU	26.04		43082	4
5	Z	8TH ICU	26.03		31428	5
6	Z	ADULTS & PEDIATRICS	25		255516	6
7	Z	SUBPROVIDER I	31		1618	7
8	Z	OPERATING ROOM	37		85308	8
9	Z	RECOVERY ROOM	38		68465	9
10	Z	ANESTHESIOLOGY	40		152710	10
11	Z	CENTRAL SERVICES & SUPPLY	15		77248	11
12	Z	LABORATORY	44		73691	12
13	Z	ELECTROCARDIOLOGY	53		41782	13
14	Z	RADIOLOGY-DIAGNOSTIC	41		48642	14
15	Z	ENDOSCOPY	41.03		45052	15
16	Z	RADIOLOGY-THERAPEUTIC	42		44	16
17	Z	RADIOISOTOPE	43		3896	17
18	Z	PET IMAGING	41.05		45	18
19	Z	RESPIRATORY THERAPY	49		11399	19
20	Z	RENAL DIALYSIS	57		2649	20
21	Z	EMERGENCY	61		178427	21
22	Z	CLINIC	60		162	22
23	Z	MAINTENANCE & REPAIRS	7		14	23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 SUBTOTAL				1433877	51320129	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----					
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5		
1 CHARGEABLE DRUGS	Y	BLOOD STORING, PROCESSING & T	47		341	1	
2	Y	DRUGS CHARGED TO PATIENTS	56		20502	2	
3	Y	ADMINISTRATIVE & GENERAL	6		3	3	
4	Y					4	
5	Y					5	
6	Y					6	
7	Y					7	
8	Y					8	
9	Y					9	
10	Y					10	
11	Y					11	
12	Y					12	
13	Y					13	
14	Y					14	
15						15	
16						16	
17 HLA COST	M	KIDNEY ACQUISITION	83		2046474	17	
18	M	TRANSPLANT CLINIC	60.02		178362	18	
19	M	LIVER ACQUISITION	84		14675	19	
20	M	BONE MARROW	59.30		73189	20	
21						21	
22 POST-TRANSPLANT COSTS	N	TRANSPLANT CLINIC	60.02	102905	24599	22	
23	N					23	
24						24	
25 PRE-TRANSPLANT COST	O	BONE MARROW	59.30	27832	7553	25	
26	O	LIVER ACQUISITION	84	256030	73200	26	
27	O	PANCREAS ACQUISITION	85.01	52577	15121	27	
28						28	
29						29	
30						30	
31						31	
32						32	
33						33	
34						34	
35						35	
36 SUBTOTAL					1873221	53774148	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 CHARGEABLE DRUGS	Y	INTENSIVE CARE UNIT	26		785	1
2	Y	7TH ICU	26.02		380	2
3	Y	6TH ICU	26.01		1270	3
4	Y	5TH ICU	26.04		1037	4
5	Y	8TH ICU	26.03		411	5
6	Y	ADULTS & PEDIATRICS	25		296	6
7	Y	OPERATING ROOM	37		4960	7
8	Y	CENTRAL SERVICES & SUPPLY	15		963	8
9	Y	LABORATORY	44		190	9
10	Y	RADIOLOGY-DIAGNOSTIC	41		9830	10
11	Y	RENAL DIALYSIS	57		3	11
12	Y	EMERGENCY	61		649	12
13	Y	CLINIC	60		60	13
14	Y	EMPLOYEE BENEFITS	5		12	14
15						15
16						16
17 HLA COST	M	LABORATORY	44		2312700	17
18	M					18
19	M					19
20	M					20
21						21
22 POST-TRANSPLANT COSTS	N	KIDNEY ACQUISITION	83	66890	19345	22
23	N	HEART ACQUISITION	85	36015	5254	23
24						24
25 PRE-TRANSPLANT COST	O	HEART ACQUISITION	85	26704	2771	25
26	O	KIDNEY ACQUISITION	83	309735	93103	26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 SUBTOTAL				1873221	53774148	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 PUBLIC RELATIONS	PR	PUBLIC RELATIONS	100.05	62189	1142225	1
2						2
3 HBP DIRCETORSHIP FEES	Z	ADULTS & PEDIATRICS	25		113600	3
4	Z	SUBPROVIDER I	31		8143	4
5	Z	OPERATING ROOM	37		59718	5
6	Z	RADIOLOGY-DIAGNOSTIC	41		19273	6
7	Z	LABORATORY	44		138030	7
8	Z	ELECTROENCEPHALOGRAPHY	54		16965	8
9	Z	ANESTHESIOLOGY	40		11536	9
10	Z	CANCER CENTER	100.12		1658246	10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				1935410	56941884	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 PUBLIC RELATIONS	PR	ADMINISTRATIVE & GENERAL	6	62189	1142225	1
2						2
3 HBP DIRCETORSHIP FEES	Z	ADMINISTRATIVE & GENERAL	6		2025511	3
4	Z					4
5	Z					5
6	Z					6
7	Z					7
8	Z					8
9	Z					9
10	Z					10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				1935410	56941884	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	705903					705903		1
2 LAND IMPROVEMENTS	813839					813839		2
3 BUILDINGS AND FIXTURES	88748920					88748920		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	29073769					29073769		6
7 SUBTOTAL	119342431					119342431		7
8 RECONCILING ITEMS								8
9 TOTAL	119342431					119342431		9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	3716226					3716226		1
2 LAND IMPROVEMENTS	3115531					3115531		2
3 BUILDINGS AND FIXTURES	130600468	1255703		1255703	213513	131642658		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	753694	35264		35264		788958		5
6 MOVABLE EQUIPMENT	145175625	5872267		5872267		151047892		6
7 SUBTOTAL	283361544	7163234		7163234	213513	290311265		7
8 RECONCILING ITEMS								8
9 TOTAL	283361544	7163234		7163234	213513	290311265		9

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	RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT	90268662		90268662	.220354	25838	513342		539180 1
2 OLD CAP REL COSTS-MVBLE EQUIP	29073769		29073769	.070972	8322	165338		173660 2
3 NEW CAP REL COSTS-BLDG & FIXT	138474416		138474416	.338028	39636	787478		827114 3
4 NEW CAP REL COSTS-MVBLE EQUIP	151836851		151836851	.370646	43460	863465		906925 4
5 TOTAL	409653698		409653698	1.000000	117256	2329623		2446879 5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT	1095358			25838	513342		1634538 1
2 OLD CAP REL COSTS-MVBLE EQUIP	3145651			8322	165338		3319311 2
3 NEW CAP REL COSTS-BLDG & FIXT	3088011			39636	787478		3915125 3
4 NEW CAP REL COSTS-MVBLE EQUIP	7339852	1128958		43460	863465	-86138	9289597 4
5 TOTAL	14668872	1128958		117256	2329623	-86138	18158571 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT	3652029						3652029 1
2 OLD CAP REL COSTS-MVBLE EQUIP	10485503						10485503 2
3 NEW CAP REL COSTS-BLDG & FIXT							3 3
4 NEW CAP REL COSTS-MVBLE EQUIP							4 4
5 TOTAL	14137532						14137532 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 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER	B	-323	ADMINISTRATIVE & GENERAL	6	5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-260085	ADMINISTRATIVE & GENERAL	6	6
7 REFUNDS AND REBATES OF EXPENSES	B	-86138	NEW CAP REL COSTS-MVBLE EQUIP	4	14 7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-26466	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE	A	-15000	OPERATION OF PLANT	8	10
11 PARKING LOT	B	-541167	OPERATION OF PLANT	8	11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-5787601			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-29221704			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS					16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-97046	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-12625	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		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES	A	-2556421	OLD CAP REL COSTS-BLDG & FIXT	1	9 29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT	A	-7339852	OLD CAP REL COSTS-MVBLE EQUIP	2	9 30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES	A	2556421	NEW CAP REL COSTS-BLDG & FIXT	3	9 31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT	A	7339852	NEW CAP REL COSTS-MVBLE EQUIP	4	9 32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT	A	-76202	NURSING ADMINISTRATION	14	34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37					37
37.03 5270.XXXX OTHER EDUCATIONAL REVEN	B	-86106	EMERGENCY	61	37.03
37.08 5755.XXXX CASH OVER/SHORT	B	-7	ADMINISTRATIVE & GENERAL	6	37.08
37.16 5753.XXXX COST RECOVERY ITEMS	B	-89636	DRUGS CHARGED TO PATIENTS	56	37.16
37.17 TELEVISION	A	-550	ELECTROCARDIOLOGY	53	37.17
37.18 TELEVISION	A	-1360	RADIOLOGY-DIAGNOSTIC	41	37.18
37.19 TELEVISION	A	-32229	ADMINISTRATIVE & GENERAL	6	37.19
37.20 MOB REV. 5140,5141,5142,5143,5144	B	-4937	ADMINISTRATIVE & GENERAL	6	37.20
37.22 ADMIN COSTS - NON-PATIENT CARE	A	-92683	ADMINISTRATIVE & GENERAL	6	37.22
37.23 8610.6760 + 8610.6765 CONTRIBUTIO	A	-7454826	ADMINISTRATIVE & GENERAL	6	37.23
37.26 MISC REVENUE	B	-12196	RADIOLOGY-DIAGNOSTIC	41	37.26
37.27 MISC REVENUE	B	-9849	EMERGENCY	61	37.27
37.28 MISC REVENUE	B	-55105	PHYSICAL THERAPY	50	37.28
38					38
38.01 MISC REVENUE	B	-26412	MAINTENANCE & REPAIRS	7	38.01
38.02 MISC REVENUE	B	-9951	LAUNDRY & LINEN SERVICE	9	38.02
38.03 MISC REVENUE	B	-526	MEDICAL RECORDS & LIBRARY	17	38.03
38.04 MISC REVENUE	B	-35800	ADMINISTRATIVE & GENERAL	6	38.04
38.05 TELEPHONE SERVICES	A	-250	OLD CAP REL COSTS-BLDG & FIXT	1	9 38.05
38.06 ASSOCIATION DUES	A	-30364	ADMINISTRATIVE & GENERAL	6	38.06
38.07 PHYSICIAN ASSISTANCE	A	-960332	ADMINISTRATIVE & GENERAL	6	38.07
38.08 PERIOD 13 - MALPRACTICE	A	-10224	ADMINISTRATIVE & GENERAL	6	38.08
38.09 LOCAL TRANSPORTATION	A	-5966	ADMINISTRATIVE & GENERAL	6	38.09
38.10 LOCAL TRANSPORTATION	A	-61767	SOCIAL SERVICE	18	38.10
38.11 NURSE PRACTIONER	A	-134052	EMERGENCY	61	38.11
38.12 NURSE PRACTIONER	A	-364680	NURSING ADMINISTRATION	14	38.12
38.13 NURSE PRACTIONER	A	-23201	CLINIC	60	38.13
38.14 NON-ALLOW PATIENT ASSISTANCE	A	-19367	DRUGS CHARGED TO PATIENTS	56	38.14
38.15 NON-ALLOW PATIENT ASSISTANCE	A	-4609	SOCIAL SERVICE	18	38.15
38.16 FUSZ PAVILLION	A	-14325	ADMINISTRATIVE & GENERAL	6	38.16

PROVIDER NO. 26-0105 SAINT LOUIS UNIVERSITY HOSPITA
 PERIOD FROM 06/01/2007 TO 05/31/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO. 4	WKST A-7 REF 5
			COST CENTER 3			
38.17 CIA TRAINING	A	-100	EMERGENCY		61	38.17
38.18 LEGAL FEES	A	-2210	ADMINISTRATIVE & GENERAL		6	38.18
38.19 NRCC RECLASS	A	-2655990	OPERATION OF PLANT		8	38.19
38.20 NRCC UNIVERSITY SPACE	A	1702782	UNIVERSITY SPACE		100.11	38.20
38.21 NRCC UNIVERSITY CANCER CENTER	A	478329	CANCER CENTER		100.12	38.21
38.22 NRCC MARKET SPACE	A	474879	MARKET SPACE		100.13	38.22
38.23 SURGERY STUDY	A	-9419	ADMINISTRATIVE & GENERAL		6	38.23
38.24 FRA TAX	A	2566737	ADMINISTRATIVE & GENERAL		6	38.24
38.26 PROFESSIONAL BILLING SERVICE	A	-217824	EMERGENCY		61	38.26
38.27 CIA SALARY	A	-249613	ADMINISTRATIVE & GENERAL		6	38.27
39						39
40						40
41						41
42						42
43						43
44						44
45						45
46						46
47						47
48						48
49						49
50 TOTAL		-43578096				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	88	INTEREST EXPENSE		24000000	-24000000	1
2	6	ADMINISTRATIVE & GENERAL	HOME OFFICE	8688755	14442049	-5753294
3	3	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE - DIRECT NEW COC	531590	531590	9 3
4	6	ADMINISTRATIVE & GENERAL	INTERCOMPANY JOURNAL ENTRIES	11714012	11714012	4
5		TOTALS		20934357	50156061	-29221704

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	B						1
2	B	100.00	TENET HEALTHCARE CORPORATION		PARENT COMPANY		2
3	B	100.00	S.O.S.		CREDIT AND COLLECTION		3
4	C	46.00	BROADLANE, INC.		GROUP PURCHASING ORGANIZATIO		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	25	ADULTS & PEDIATRICS	113600		113600	177200	837	71306	3565
2	31	SUBPROVIDER I	8143		8143	154100	60	4445	222
3	37	OPERATING ROOM	59718		59718	208000	440	44000	2200
4	40	ANESTHESIOLOGY	11536		11536	200300	85	8185	409
5	44	LABORATORY	138030		138030	215700	1017	105465	5273
6	54	ELECTROENCEPHALOGRAPHY	16965		16965	177200	125	10649	532
7	41	RADIOLOGY-DIAGNOSTIC	19273		19273	225300	142	15381	769
8	42	RADIOLOGY-THERAPEUTIC	492789	492789					
9	61	EMERGENCY	4097829	4097829					
10	61	EMERGENCY	1089149	1089149					
101		TOTAL	6047032	5679767	367265		2706	259431	12970

PROVIDER NO. 26-0105 SAINT LOUIS UNIVERSITY HOSPITAL
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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	25 ADULTS & PEDIATRICS					71306	42294	42294
2	31 SUBPROVIDER I					4445	3698	3698
3	37 OPERATING ROOM					44000	15718	15718
4	40 ANESTHESIOLOGY					8185	3351	3351
5	44 LABORATORY					105465	32565	32565
6	54 ELECTROENCEPHALOGRAPHY					10649	6316	6316
7	41 RADIOLOGY-DIAGNOSTIC					15381	3892	3892
8	42 RADIOLOGY-THERAPEUTIC	AGGREGATE						492789
9	61 EMERGENCY	AGGREGATE						4097829
10	61 EMERGENCY	AGGREGATE						1089149
101	TOTAL					259431	107834	5787601

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		NET EXP FOR COST ALLOCATION 0	OLD CAP- REL COSTS BLDG&FIXT 1	OLD CAP- REL COSTS MOV EQUIP 2	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINI- STRATIVE & GENERAL 6
GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT	1634538	1634538						1
2	OLD CAP REL COSTS-MVBLE EQUIP	3319311		3319311					2
3	NEW CAP REL COSTS-BLDG & FIXT	3915125			3915125				3
4	NEW CAP REL COSTS-MVBLE EQUIP	9289597				9289597			4
5	EMPLOYEE BENEFITS	6499240	7802	21958	18687	61452	6609139		5
6	ADMINISTRATIVE & GENERAL	47762908	117715	331303	281957	927202	599854	50020939	50020939
7	MAINTENANCE & REPAIRS	678409	5762	16218	13803	45389	40739	800320	169088
8	OPERATION OF PLANT	8609502	284221	799921	680776	2238704	2590	12615714	2665385
9	LAUNDRY & LINEN SERVICE	992517	5204	14646	12465	40990	7219	1073041	226707
10	HOUSEKEEPING	2809840	4123	11603	9875	32472		2867913	605918
11	DIETARY	669180	35186	99028	84278	277144		1164816	246097
12	CAFETERIA	1774993	8205	23094	19654	46632		1890578	399432
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION	1767717	9469	26650	22680	74583	159500	2060599	435353
15	CENTRAL SERVICES & SUPPLY	1316850	18153	51092	43482	142987	55423	1627987	343953
16	PHARMACY	7530051	8965	25231	21473	70612	275971	7932303	1675897
17	MEDICAL RECORDS & LIBRARY	2324762	11130	31324	26658	87664	110303	2591841	547591
17.01	QUALITY ASSURANCE	520576	4206	11838	10075	33131	25682	605508	127929
18	SOCIAL SERVICE	2188439	7032	19791	16844	55389	126568	2414063	510031
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES A	285591	11529	32448	27615	90811	23026	471020	99515
23	I&R SERVICES-OTHER PRGM COSTS A	32135124						32135124	6789265
24	PARAMED ED PRGM-(SPECIFY)	320816	125	353	301	989	20824	343408	72554
INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	20149999	120319	338632	288195	947713	1355982	23200840	4901757
26	INTENSIVE CARE UNIT	2728651	14135	39783	33857	111339	183715	3111480	657378
26.01	6TH ICU	2732716	10577	29770	25336	83315	181378	3063092	647155
26.02	7TH ICU	2757066	10525	29622	25210	82903	177949	3083275	651419
26.03	8TH ICU	2636048	10527	29628	25215	82919	181455	2965792	626598
26.04	5TH ICU	3299670	13723	38623	32871	108093	215018	3707998	783407
31	SUBPROVIDER I	2902165	40007	112597	95826	315119	208799	3674513	776333
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	7532974	104770	294870	250950	825237	396395	9405196	1987083
38	RECOVERY ROOM	1791221	7503	21116	17971	59096	127049	2023956	427611
40	ANESTHESIOLOGY	398938					12418	411356	86909
41	RADIOLOGY-DIAGNOSTIC	9384705	101340	285215	242734	798218	504046	11316258	2390842
41.03	ENDOSCOPY	898435	6426	18084	15391	50611	55865	1044812	220743
41.05	PET IMAGING	942609	6336	17831	15175	49903	26142	1057996	223528
42	RADIOLOGY-THERAPEUTIC	1360378	13504	38005	32344	106363	61533	1612127	340602
43	RADIOISOTOPE	1216404	12171	34255	29153	95869	31472	1419324	299868
44	LABORATORY	11843299	29820	83928	71427	234885	423070	12686429	2680325
46.30	BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	BLOOD STORING, PROCESSING & TRA	3900926	2947	8294	7059	23213		3942439	832939
49	RESPIRATORY THERAPY	2050166	5413	15235	12966	42638	143190	2269608	479511
50	PHYSICAL THERAPY	1885507	33562	94460	80390	264359	133563	2491841	526464
53	ELECTROCARDIOLOGY	3674450	22669	63801	54298	178557	185114	4178889	882895
53.02	CARDIOVASCULAR LAB								53.02
53.05	CARDIAC CATH	206272	3075	8654	7365	24218	8891	258475	54609
54	ELECTROENCEPHALOGRAPHY	517315	13552	38141	32460	106742	33532	741742	156712
55	MEDICAL SUPPLIES CHARGED TO PAT	31520286						31520286	6659448
56	DRUGS CHARGED TO PATIENTS	13366186						13366186	2823941
57	RENAL DIALYSIS	1644115	7641	21504	18301	60184		1751745	370100
59	OTHER ANCILLARY SERVICES								59
59.01	PSYCH THERAPY								59.01
59.29	AIR RESCUE								59.29
59.30	BONE MARROW	324357	301	848	721	2372	9675	338274	71469
OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	466486	16972	47765	40651	133679	26923	732476	154754
60.02	TRANSPLANT CLINIC	305866	224	630	536	1763	8296	317315	67041
61	EMERGENCY	5319056	24399	68669	58442	192182	383890	6046638	1277503
62	OBSERVATION BEDS (NON-DISTINCT								62
63.50	RHC								63.50
63.60	FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	CMHC								69.10
69.20	OPT								69.20
69.30	CMHC								69.30
69.40	OPT								69.40
71	HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS									
83	KIDNEY ACQUISITION	4635236	609	1713	1458	4794	50448	4694258	991779
84	LIVER ACQUISITION	1563564	1006	2832	2410	7925	20641	1598378	337697
85	HEART ACQUISITION	24290	31	88	75	247	1728	26459	5590

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP-	OLD CAP-	NEW CAP-	NEW CAP-	EMPLOYEE	SUBTOTAL	ADMINI-	
	FOR COST	REL COSTS	REL COSTS	REL COSTS	REL COSTS	BENEFITS		STRATIVE	& GENERAL
	ALLOCATION	BLDG&FIXT	MOV EQUIP	BLDG&FIXT	MOV EQUIP		5A	6	
	0	1	2	3	4	5			
85.01 PANCREAS ACQUISITION	214539	987	2779	2365	7776	4239	232685	49161	85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	280538981	1173898	3303870	2811775	9246383	6600115	278907312	48357886	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	-11018	4495	12651	10766	35405		52299	11049	96
100 DOCTORS MEALS	448565						448565	94771	100
100.05PUBLIC RELATIONS	1204414	991	2790	2375	7809	5014	1223393	258472	100.05
100.11UNIVERSITY SPACE	1702782	265037		634831			2602650	549875	100.11
100.12CANCER CENTER	2136575	74452		178331			2389358	504812	100.12
100.13MARKET SPACE	474879	73914		177043			725836	153351	100.13
100.14RENTAL PROPERTIES	283644	41751		100004		4010	429409	90723	100.14
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	286778822	1634538	3319311	3915125	9289597	6609139	286778822	50020939	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS	969408								7
8 OPERATION OF PLANT	262881	15543980							8
9 LAUNDRY & LINEN SERVICE	4813	105894	1410455						9
10 HOUSEKEEPING	3813	83889		3561533					10
11 DIETARY	32544	715976		103590	2263023				11
12 CAFETERIA	7589	166970		24158		2488727			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	8758	192678		27877		66617	2791882		14
15 CENTRAL SERVICES & SUPPLY	16790	369395		53445		23148	65	2434783	15
16 PHARMACY	8292	182420		26393		115262		2190	16
17 MEDICAL RECORDS & LIBRARY	10294	226472		32767		46069			17
17.01 QUALITY ASSURANCE	3890	85592		12384		10726			17.01
18 SOCIAL SERVICE	6504	143093		20703		52863			18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	10663	234601		33943		9617			22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)	116	2554		369		8698			24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	111285	2448331	962063	354234	1543592	566335	987594	13100	25
26 INTENSIVE CARE UNIT	13074	287633	65425	41616	104973	76731	160546	2427	26
26.01 6TH ICU	9783	215235	61898	31141	99313	75755	164340	2194	26.01
26.02 7TH ICU	9735	214171	55392	30987	88874	74322	160062	2429	26.02
26.03 8TH ICU	9737	214214	55042	30993	88314	75787	165308	2940	26.03
26.04 5TH ICU	12693	279248	78254	40403	125556	89805	195487	2475	26.04
31 SUBPROVIDER I	37003	814081	132381	117784	212401	87207	138699	396	31
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	96903	2131924		308455		165559	244470	3516	37
38 RECOVERY ROOM	6939	152669		22089		53063	109112	632	38
40 ANESTHESIOLOGY						5186		2291	40
41 RADIOLOGY-DIAGNOSTIC	93731	2062123		298356		210520	73288	3145	41
41.03 ENDOSCOPY	5943	130750		18917		23332	37102	963	41.03
41.05 PET IMAGING	5860	128920		18653		10918	606		41.05
42 RADIOLOGY-THERAPEUTIC	12490	274779		39756		25700	16107	48	42
43 RADIOISOTOPE	11257	247668		35834		13145	2594	82	43
44 LABORATORY	27581	606805		87795		176700	12283	1284	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	2726	59970		8677					47
49 RESPIRATORY THERAPY	5007	110150		15937		59805		140	49
50 PHYSICAL THERAPY	31042	682948		98812		55784	417	62	50
53 ELECTROCARDIOLOGY	20967	461286		66741		77315	34724	1879	53
53.02 CARDIOVASCULAR LAB									53.02
53.05 CARDIAC CATH	2844	62566		9052		3714	4531	67	53.05
54 ELECTROENCEPHALOGRAPHY	12534	275758		39898		14005	28	22	54
55 MEDICAL SUPPLIES CHARGED TO PAT								2389048	55
56 DRUGS CHARGED TO PATIENTS									56
57 RENAL DIALYSIS	7067	155479		22495				791	57
59 OTHER ANCILLARY SERVICES									59
59.01 PSYCH THERAPY									59.01
59.29 AIR RESCUE									59.29
59.30 BONE MARROW	279	6129		887		4041			59.30
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	15697	345347		49966		11245	57	62	60
60.02 TRANSPLANT CLINIC	207	4554		659		3465			60.02
61 EMERGENCY	22567	496484		71833		160336	284462	2600	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 CMHC									69.30
69.40 OPT									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
83 KIDNEY ACQUISITION	563	12386		1792		21070			83
84 LIVER ACQUISITION	931	20472		2962		8621			84
85 HEART ACQUISITION	29	638		92		722			85

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	
85.01 PANCREAS ACQUISITION	913	20089		2907		1770			85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	964334	15432341	1410455	2205352	2263023	2484958	2791882	2434783	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	4157	91465		13234					96
100 DOCTORS MEALS									100
100.05PUBLIC RELATIONS	917	20174		2919		2094			100.05
100.11UNIVERSITY SPACE				780301					100.11
100.12CANCER CENTER				219195					100.12
100.13MARKET SPACE				217612					100.13
100.14RENTAL PROPERTIES				122920		1675			100.14
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	969408	15543980	1410455	3561533	2263023	2488727	2791882	2434783	103

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	QUALITY ASSURANCE 17.01	SOCIAL SERVICE 18	I/R-SALARY AND FRINGES 22	I&R PROGRAM COSTS 23	PARAMED ED 24	SUBTOTAL 25	
85.01 PANCREAS ACQUISITION		536						308061	85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	9942757	3455034	846029	3147257	859359	38924389	427699	275767596	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN								172204	96
100 DOCTORS MEALS								543336	100
100.05PUBLIC RELATIONS								1507969	100.05
100.11UNIVERSITY SPACE								3932826	100.11
100.12CANCER CENTER								3113365	100.12
100.13MARKET SPACE								1096799	100.13
100.14RENTAL PROPERTIES								644727	100.14
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	9942757	3455034	846029	3147257	859359	38924389	427699	286778822	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP-DOWN ADJS		TOTAL	
	26	27		
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
17.01 QUALITY ASSURANCE				17.01
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	-17128227	37703197		25
26 INTENSIVE CARE UNIT	-6711233	4788027		26
26.01 6TH ICU		4577978		26.01
26.02 7TH ICU		4564767		26.02
26.03 8TH ICU		4429375		26.03
26.04 5TH ICU		5572439		26.04
31 SUBPROVIDER I	-988204	6350591		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	-4446917	14698899		37
38 RECOVERY ROOM	-329718	2854256		38
40 ANESTHESIOLOGY	-2766971	549598		40
41 RADIOLOGY-DIAGNOSTIC	-2553177	17115343		41
41.03 ENDOSCOPY		1526971		41.03
41.05 PET IMAGING		1502940		41.05
42 RADIOLOGY-THERAPEUTIC	-494102	2435725		42
43 RADIOISOTOPE		2067123		43
44 LABORATORY	-1812023	16799465		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA		4913793		47
49 RESPIRATORY THERAPY		3041714		49
50 PHYSICAL THERAPY		3939482		50
53 ELECTROCARDIOLOGY		5883800		53
53.02 CARDIOVASCULAR LAB				53.02
53.05 CARDIAC CATH		402720		53.05
54 ELECTROENCEPHALOGRAPHY	-823820	1264867		54
55 MEDICAL SUPPLIES CHARGED TO PAT		41025841		55
56 DRUGS CHARGED TO PATIENTS		26745393		56
57 RENAL DIALYSIS		2331029		57
59 OTHER ANCILLARY SERVICES				59
59.01 PSYCH THERAPY				59.01
59.29 AIR RESCUE				59.29
59.30 BONE MARROW		431613		59.30
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	-494102	1314602		60
60.02 TRANSPLANT CLINIC		394944		60.02
61 EMERGENCY	-1235254	8682951		61
62 OBSERVATION BEDS (NON-DISTINCT				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OPT				69.20
69.30 CMHC				69.30
69.40 OPT				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
83 KIDNEY ACQUISITION		5756282		83
84 LIVER ACQUISITION		1976532		84
85 HEART ACQUISITION		33530		85

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
85.01 PANCREAS ACQUISITION		308061	85.01
85.02 INTESTINAL ACQUISITION			85.02
85.03 ISLET CELL ACQUISITION			85.03
95 SUBTOTALS	-39783748	235983848	95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN		172204	96
100 DOCTORS MEALS		543336	100
100.05PUBLIC RELATIONS		1507969	100.05
100.11UNIVERSITY SPACE		3932826	100.11
100.12CANCER CENTER		3113365	100.12
100.13MARKET SPACE		1096799	100.13
100.14RENTAL PROPERTIES		644727	100.14
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL	-39783748	246995074	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	OLD CAP- REL COSTS BLDG&FIXT 1	OLD CAP- REL COSTS MOV EQUIP 2	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINI- STRATIVE & GENERAL 6	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5		7802	21958	29760	29760				5
6		117715	331303	449018	2701	451719			6
7		5762	16218	21980	183	1527	23690		7
8		284221	799921	1084142	12	24071	6424	1114649	8
9		5204	14646	19850	33	2047	118	7594	9
10		4123	11603	15726		5472	93	6016	10
11		35186	99028	134214		2222	795	51342	11
12		8205	23094	31299		3607	185	11973	12
13									13
14		9469	26650	36119	718	3932	214	13817	14
15		18153	51092	69245	250	3106	410	26489	15
16		8965	25231	34196	1243	15135	203	13081	16
17		11130	31324	42454	497	4945	252	16240	17
17.01		4206	11838	16044	116	1155	95	6138	17.01
18		7032	19791	26823	570	4606	159	10261	18
20									20
21									21
22		11529	32448	43977	104	899	261	16823	22
23						61300			23
24		125	353	478	94	655	3	183	24
INPATIENT ROUTINE SERV COST CENTERS									
25		120319	338632	458951	6102	44267	2720	175566	25
26		14135	39783	53918	827	5937	319	20626	26
26.01		10577	29770	40347	817	5844	239	15434	26.01
26.02		10525	29622	40147	801	5883	238	15358	26.02
26.03		10527	29628	40155	817	5659	238	15361	26.03
26.04		13723	38623	52346	968	7075	310	20025	26.04
31		40007	112597	152604	940	7011	904	58377	31
ANCILLARY SERVICE COST CENTERS									
37		104770	294870	399640	1785	17945	2368	152879	37
38		7503	21116	28619	572	3862	170	10948	38
40					56	785			40
41		101340	285215	386555	2270	21591	2291	147874	41
41.03		6426	18084	24510	252	1994	145	9376	41.03
41.05		6336	17831	24167	118	2019	143	9245	41.05
42		13504	38005	51509	277	3076	305	19704	42
43		12171	34255	46426	142	2708	275	17760	43
44		29820	83928	113748	1905	24206	674	43514	44
46.30									46.30
47		2947	8294	11241		7522	67	4300	47
49		5413	15235	20648	645	4330	122	7899	49
50		33562	94460	128022	601	4754	759	48974	50
53		22669	63801	86470	834	7973	512	33078	53
53.02									53.02
53.05		3075	8654	11729	40	493	69	4487	53.05
54		13552	38141	51693	151	1415	306	19774	54
55						60141			55
56						25503			56
57		7641	21504	29145		3342	173	11149	57
59									59
59.01									59.01
59.29									59.29
59.30		301	848	1149	44	645	7	440	59.30
OUTPATIENT SERVICE COST CENTERS									
60		16972	47765	64737	121	1398	384	24765	60
60.02		224	630	854	37	605	5	327	60.02
61		24399	68669	93068	1729	11537	551	35603	61
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71									71
SPECIAL PURPOSE COST CENTERS									
83		609	1713	2322	227	8957	14	888	83
84		1006	2832	3838	93	3050	23	1468	84
85		31	88	119	8	50	1	46	85

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP-	OLD CAP-	CAP REL	EMPLOYEE	ADMINI-	MAIN-	OPERATION	
	CAP-REL	REL COSTS	REL COSTS	COST TO	BENEFITS	STRATIVE	TENANCE &	OF	
	COSTS	BLDG&FIXT	MOV EQUIP	BE ALLOC		& GENERAL	REPAIRS	PLANT	
	0	1	2	4A	5	6	7	8	
85.01 PANCREAS ACQUISITION		987	2779	3766	19	444	22	1441	85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS		1173898	3303870	4477768	29719	436700	23566	1106643	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		4495	12651	17146		100	102	6559	96
100 DOCTORS MEALS						856			100
100.05PUBLIC RELATIONS		991	2790	3781	23	2334	22	1447	100.05
100.11UNIVERSITY SPACE		265037		265037		4966			100.11
100.12CANCER CENTER		74452		74452		4559			100.12
100.13MARKET SPACE		73914		73914		1385			100.13
100.14RENTAL PROPERTIES		41751		41751	18	819			100.14
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		1634538	3319311	4953849	29760	451719	23690	1114649	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	AND LINEN SERVICE 9	KEEPING 10	11	12	ADMINI- STRATION 14	SERVICES & SUPPLY 15	16	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
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	29642								9
10 HOUSEKEEPING		27307							10
11 DIETARY		794	189367						11
12 CAFETERIA		185		47249					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		214		1264	56278				14
15 CENTRAL SERVICES & SUPPLY		410		439	1	100350			15
16 PHARMACY		202		2187		90	66337		16
17 MEDICAL RECORDS & LIBRARY		251		874				65513	17
17.01 QUALITY ASSURANCE		95		204					17.01
18 SOCIAL SERVICE		159		1003					18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A		260		183					22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)		3		165					24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	20218	2716	129167	10767	19912	540	534	3451	25
26 INTENSIVE CARE UNIT	1375	319	8784	1456	3236	100	144	543	26
26.01 6TH ICU	1301	239	8310	1438	3312	90	60	512	26.01
26.02 7TH ICU	1164	238	7437	1410	3226	100	68	499	26.02
26.03 8TH ICU	1157	238	7390	1438	3332	121	83	481	26.03
26.04 5TH ICU	1645	310	10506	1704	3940	102	81	689	26.04
31 SUBPROVIDER I	2782	903	17773	1655	2796	16	10	584	31
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		2365		3142	4927	145	62	4140	37
38 RECOVERY ROOM		169		1007	2199	26	2	550	38
40 ANESTHESIOLOGY				98		94	11	316	40
41 RADIOLOGY-DIAGNOSTIC		2288		3995	1477	130	64	9837	41
41.03 ENDOSCOPY		145		443	748	40	57	675	41.03
41.05 PET IMAGING		143		207	12		6	933	41.05
42 RADIOLOGY-THERAPEUTIC		305		488	325	2		1354	42
43 RADIOISOTOPE		275		249	52	3	11	211	43
44 LABORATORY		673		3353	248	53		7935	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA		67						1264	47
49 RESPIRATORY THERAPY		122		1135		6	1	1167	49
50 PHYSICAL THERAPY		758		1059	8	3	1	498	50
53 ELECTROCARDIOLOGY		512		1467	700	77	32	2650	53
53.02 CARDIOVASCULAR LAB									53.02
53.05 CARDIAC CATH		69		70	91	3		129	53.05
54 ELECTROENCEPHALOGRAPHY		306		266	1	1		295	54
55 MEDICAL SUPPLIES CHARGED TO PAT						98465		8615	55
56 DRUGS CHARGED TO PATIENTS							64996	14743	56
57 RENAL DIALYSIS		172				33	16	394	57
59 OTHER ANCILLARY SERVICES									59
59.01 PSYCH THERAPY									59.01
59.29 AIR RESCUE									59.29
59.30 BONE MARROW		7		77				39	59.30
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		383		213	1	3		94	60
60.02 TRANSPLANT CLINIC		5		66				32	60.02
61 EMERGENCY		551		3043	5734	107	98	2083	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 CMHC									69.30
69.40 OPT									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
83 KIDNEY ACQUISITION		14		400				649	83
84 LIVER ACQUISITION		23		164				141	84
85 HEART ACQUISITION		1		14					85

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	AND LINEN SERVICE 9	KEEPING 10	11	12	ADMINI- STRATION 14	SERVICES & SUPPLY 15	16	RECORDS & LIBRARY 17	
85.01 PANCREAS ACQUISITION		22		34				10	85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	29642	16911	189367	47177	56278	100350	66337	65513	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		101							96
100 DOCTORS MEALS									100
100.05PUBLIC RELATIONS		22		40					100.05
100.11UNIVERSITY SPACE		5982							100.11
100.12CANCER CENTER		1681							100.12
100.13MARKET SPACE		1668							100.13
100.14RENTAL PROPERTIES		942		32					100.14
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	29642	27307	189367	47249	56278	100350	66337	65513	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	QUALITY ASSURANCE	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I&R PROGRAM COSTS	PARAMED ED	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	17.01	18	22	23	24	25	26	27
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY								17
17.01 QUALITY ASSURANCE	23847							17.01
18 SOCIAL SERVICE		43581						18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A			62507					22
23 I&R SERVICES-OTHER PRGM COSTS A				61300				23
24 PARAMED ED PRGM-(SPECIFY)					1581			24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	4056	29725				908692		908692 25
26 INTENSIVE CARE UNIT	1431	2022				101037		101037 26
26.01 6TH ICU	954	1913				80810		80810 26.01
26.02 7TH ICU	954	1712				79235		79235 26.02
26.03 8TH ICU	954	1701				79125		79125 26.03
26.04 5TH ICU	954	2418				103073		103073 26.04
31 SUBPROVIDER I	715	4090				251160		251160 31
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	3577					592975		592975 37
38 RECOVERY ROOM	477					48601		48601 38
40 ANESTHESIOLOGY	715					2075		2075 40
41 RADIOLOGY-DIAGNOSTIC	1192					579564		579564 41
41.03 ENDOSCOPY						38385		38385 41.03
41.05 PET IMAGING						36993		36993 41.05
42 RADIOLOGY-THERAPEUTIC	1192					78537		78537 42
43 RADIOISOTOPE						68112		68112 43
44 LABORATORY	2385					198694		198694 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						24461		24461 46.30
47 BLOOD STORING, PROCESSING & TRA						36075		36075 47
49 RESPIRATORY THERAPY						185437		185437 49
50 PHYSICAL THERAPY						134543		134543 50
53 ELECTROCARDIOLOGY	238					17180		17180 53
53.02 CARDIOVASCULAR LAB						74446		74446 53.02
53.05 CARDIAC CATH						167221		167221 53.05
54 ELECTROENCEPHALOGRAPHY	238					105242		105242 54
55 MEDICAL SUPPLIES CHARGED TO PAT						44424		44424 55
56 DRUGS CHARGED TO PATIENTS						105242		105242 56
57 RENAL DIALYSIS						44424		44424 57
59 OTHER ANCILLARY SERVICES								59
59.01 PSYCH THERAPY								59.01
59.29 AIR RESCUE								59.29
59.30 BONE MARROW	238					2646		2646 59.30
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC						92099		92099 60
60.02 TRANSPLANT CLINIC						1931		1931 60.02
61 EMERGENCY	3577					157681		157681 61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OPT								69.20
69.30 CMHC								69.30
69.40 OPT								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION						13471		13471 83
84 LIVER ACQUISITION						8800		8800 84
85 HEART ACQUISITION						239		239 85

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	QUALITY ASSURANCE	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I&R PROGRAM COSTS	PARAMED ED	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	17.01	18	22	23	24	25	26	27
85.01 PANCREAS ACQUISITION						5758		5758 85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	23847	43581				4318722		4318722 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN						24008		24008 96
100 DOCTORS MEALS						856		856 100
100.05PUBLIC RELATIONS						7669		7669 100.05
100.11UNIVERSITY SPACE						275985		275985 100.11
100.12CANCER CENTER						80692		80692 100.12
100.13MARKET SPACE						76967		76967 100.13
100.14RENTAL PROPERTIES						43562		43562 100.14
101 CROSS FOOT ADJUSTMENTS			62507	61300	1581	125388		125388 101
102 NEGATIVE COST CENTER								102
103 TOTAL	23847	43581	62507	61300	1581	4953849		4953849 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION		DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINI- STRATIVE & GENERAL 6	MAIN- TENANCE & REPAIRS 7	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	55	18687	61452	80194	80194			5
6	ADMINISTRATIVE & GENERAL	1756233	281957	927202	2965392	7277	2972669		6
7	MAINTENANCE & REPAIRS		13803	45389	59192	494	10049	69735	7
8	OPERATION OF PLANT	7752	680776	2238704	2927232	31	158403	18912	3104578 8
9	LAUNDRY & LINEN SERVICE		12465	40990	53455	88	13473	346	21150 9
10	HOUSEKEEPING		9875	32472	42347		36010	274	16755 10
11	DIETARY		84278	277144	361422		14625	2341	143001 11
12	CAFETERIA		19654	64632	84286		23738	546	33349 12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION		22680	74583	97263	1935	25873	630	38483 14
15	CENTRAL SERVICES & SUPPLY		43482	142987	186469	672	20441	1208	73779 15
16	PHARMACY		21473	70612	92085	3348	99598	596	36435 16
17	MEDICAL RECORDS & LIBRARY	286961	26658	87664	401283	1338	32543	741	45233 17
17.01	QUALITY ASSURANCE		10075	33131	43206	312	7603	280	17095 17.01
18	SOCIAL SERVICE		16844	55389	72233	1535	30311	468	28580 18
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES A		27615	90811	118426	279	5914	767	46857 22
23	I&R SERVICES-OTHER PRGM COSTS A						403423		23
24	PARAMED ED PRGM-(SPECIFY)		301	989	1290	253	4312	8	510 24
INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS		288195	947713	1235908	16467	291310	8005	489000 25
26	INTENSIVE CARE UNIT		33857	111339	145196	2229	39068	940	57449 26
26.01	6TH ICU		25336	83315	108651	2200	38460	704	42989 26.01
26.02	7TH ICU		25210	82903	108113	2159	38714	700	42776 26.02
26.03	8TH ICU		25215	82919	108134	2201	37238	700	42785 26.03
26.04	5TH ICU		32871	108093	140964	2608	46558	913	55774 26.04
31	SUBPROVIDER I		95826	315119	410945	2533	46137	2662	162595 31
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	250950	825237	1076187	4809	118092	6971	425806	37
38	RECOVERY ROOM	17971	59096	77067	1541	25413	499	30492	38
40	ANESTHESIOLOGY				151	5165			40
41	RADIOLOGY-DIAGNOSTIC	43453	242734	798218	1084405	6115	142087	6743	411865 41
41.03	ENDOSCOPY		15391	50611	66002	678	13119	428	26115 41.03
41.05	PET IMAGING		15175	49903	65078	317	13284	422	25749 41.05
42	RADIOLOGY-THERAPEUTIC		32344	106363	138707	746	20242	898	54881 42
43	RADIOISOTOPE		29153	95869	125022	382	17821	810	49466 43
44	LABORATORY		71427	234885	306312	5132	159291	1984	121196 44
46.30	BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	BLOOD STORING, PROCESSING & TRA		7059	23213	30272		49501	196	11978 47
49	RESPIRATORY THERAPY		12966	42638	55604	1737	28497	360	22000 49
50	PHYSICAL THERAPY	220	80390	264359	344969	1620	31288	2233	136404 50
53	ELECTROCARDIOLOGY		54298	178557	232855	2246	52470	1508	92132 53
53.02	CARDIOVASCULAR LAB								53.02
53.05	CARDIAC CATH		7365	24218	31583	108	3245	205	12496 53.05
54	ELECTROENCEPHALOGRAPHY		32460	106742	139202	407	9313	902	55077 54
55	MEDICAL SUPPLIES CHARGED TO PAT						395769		55
56	DRUGS CHARGED TO PATIENTS						167826		56
57	RENAL DIALYSIS		18301	60184	78485		21995	508	31054 57
59	OTHER ANCILLARY SERVICES								59
59.01	PSYCH THERAPY								59.01
59.29	AIR RESCUE								59.29
59.30	BONE MARROW		721	2372	3093	117	4247	20	1224 59.30
OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		40651	133679	174330	327	9197	1129	68976 60
60.02	TRANSPLANT CLINIC		536	1763	2299	101	3984	15	910 60.02
61	EMERGENCY		58442	192182	250624	4657	75922	1623	99162 61
62	OBSERVATION BEDS (NON-DISTINCT)								62
63.50	RHC								63.50
63.60	FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	CMHC								69.10
69.20	OPT								69.20
69.30	CMHC								69.30
69.40	OPT								69.40
71	HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS									
83	KIDNEY ACQUISITION		1458	4794	6252	612	58941	40	2474 83
84	LIVER ACQUISITION		2410	7925	10335	250	20069	67	4089 84
85	HEART ACQUISITION		75	247	322	21	332	2	128 85

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP-	NEW CAP-	CAP REL	EMPLOYEE	ADMINI-	MAIN-	OPERATION	
	CAP-REL	REL COSTS	REL COSTS	COST TO	BENEFITS	STRATIVE	TENANCE &	OF	
	COSTS	BLDG&FIXT	MOV EQUIP	BE ALLOC		& GENERAL	REPAIRS	PLANT	
	0	3	4	4A	5	6	7	8	
85.01 PANCREAS ACQUISITION		2365	7776	10141	51	2922	66	4012	85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	2094674	2811775	9246383	14152832	80084	2873833	69370	3082281	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		10766	35405	46171		657	299	18268	96
100 DOCTORS MEALS						5632			100
100.05PUBLIC RELATIONS		2375	7809	10184	61	15361	66	4029	100.05
100.11UNIVERSITY SPACE		634831		634831		32679			100.11
100.12CANCER CENTER		178331		178331		30001			100.12
100.13MARKET SPACE		177043		177043		9114			100.13
100.14RENTAL PROPERTIES		100004		100004	49	5392			100.14
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	2094674	3915125	9289597	15299396	80194	2972669	69735	3104578	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	AND LINEN SERVICE 9	KEEPING 10	11	12	ADMINI- STRATION 14	SERVICES & SUPPLY 15	16	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
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	88512								9
10 HOUSEKEEPING		95386							10
11 DIETARY		2774	524163						11
12 CAFETERIA		647		142566					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		747		3816	168747				14
15 CENTRAL SERVICES & SUPPLY		1431		1326	4	285330			15
16 PHARMACY		707		6603		257	239629		16
17 MEDICAL RECORDS & LIBRARY		878		2639				484655	17
17.01 QUALITY ASSURANCE		332		615					17.01
18 SOCIAL SERVICE		554		3028					18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A		909		551					22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)		10		498					24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	60374	9487	357528	32433	59693	1535	1931	25651	25
26 INTENSIVE CARE UNIT	4106	1115	24314	4396	9704	284	521	4038	26
26.01 6TH ICU	3884	834	23003	4340	9933	257	215	3807	26.01
26.02 7TH ICU	3476	830	20585	4258	9674	285	246	3706	26.02
26.03 8TH ICU	3454	830	20455	4342	9991	345	301	3574	26.03
26.04 5TH ICU	4911	1082	29081	5145	11816	290	292	5120	26.04
31 SUBPROVIDER I	8307	3155	49197	4996	8383	46	36	4342	31
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		8261		9485	14776	412	223	30775	37
38 RECOVERY ROOM		592		3040	6595	74	8	4089	38
40 ANESTHESIOLOGY				297		268	41	2350	40
41 RADIOLOGY-DIAGNOSTIC		7991		12061	4430	369	231	73131	41
41.03 ENDOSCOPY		507		1337	2242	113	207	5017	41.03
41.05 PET IMAGING		500		626	37		21	6933	41.05
42 RADIOLOGY-THERAPEUTIC		1065		1472	974	6		10062	42
43 RADIOISOTOPE		960		753	157	10	41	1568	43
44 LABORATORY		2351		10123	742	150		58986	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA		232						9393	47
49 RESPIRATORY THERAPY		427		3426		16	2	8677	49
50 PHYSICAL THERAPY		2646		3196	25	7	2	3701	50
53 ELECTROCARDIOLOGY		1787		4429	2099	220	116	19702	53
53.02 CARDIOVASCULAR LAB									53.02
53.05 CARDIAC CATH		242		213	274	8		961	53.05
54 ELECTROENCEPHALOGRAPHY		1069		802	2	3	2	2192	54
55 MEDICAL SUPPLIES CHARGED TO PAT						279970		64040	55
56 DRUGS CHARGED TO PATIENTS							234781	107249	56
57 RENAL DIALYSIS		602				93	59	2931	57
59 OTHER ANCILLARY SERVICES									59
59.01 PSYCH THERAPY									59.01
59.29 AIR RESCUE									59.29
59.30 BONE MARROW		24		232				291	59.30
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		1338		644	3	7		700	60
60.02 TRANSPLANT CLINIC		18		199				239	60.02
61 EMERGENCY		1924		9186	17193	305	353	15483	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 CMHC									69.30
69.40 OPT									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
83 KIDNEY ACQUISITION		48		1207				4825	83
84 LIVER ACQUISITION		79		494				1047	84
85 HEART ACQUISITION		2		41					85

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	AND LINEN SERVICE 9	KEEPING 10	11	12	ADMINI- STRATION 14	SERVICES & SUPPLY 15	16	RECORDS & LIBRARY 17	
85.01 PANCREAS ACQUISITION		78		101				75	85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	88512	59065	524163	142350	168747	285330	239629	484655	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		354							96
100 DOCTORS MEALS									100
100.05PUBLIC RELATIONS		78		120					100.05
100.11UNIVERSITY SPACE		20898							100.11
100.12CANCER CENTER		5871							100.12
100.13MARKET SPACE		5828							100.13
100.14RENTAL PROPERTIES		3292		96					100.14
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	88512	95386	524163	142566	168747	285330	239629	484655	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	QUALITY ASSURANCE	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I&R PROGRAM COSTS	PARAMED ED	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	17.01	18	22	23	24	25	26	27
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY								17
17.01 QUALITY ASSURANCE	69443							17.01
18 SOCIAL SERVICE		136709						18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A			173703					22
23 I&R SERVICES-OTHER PRGM COSTS A				403423				23
24 PARAMED ED PRGM-(SPECIFY)					6881			24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	11807	93249				2694378		2694378 25
26 INTENSIVE CARE UNIT	4167	6341				303868		303868 26
26.01 6TH ICU	2778	5999				248054		248054 26.01
26.02 7TH ICU	2778	5369				243669		243669 26.02
26.03 8TH ICU	2778	5335				242463		242463 26.03
26.04 5TH ICU	2778	7585				314917		314917 26.04
31 SUBPROVIDER I	2083	12831				718248		718248 31
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	10416					1706213		1706213 37
38 RECOVERY ROOM	1389					150799		150799 38
40 ANESTHESIOLOGY	2083					10355		10355 40
41 RADIOLOGY-DIAGNOSTIC	3472					1752900		1752900 41
41.03 ENDOSCOPY						115765		115765 41.03
41.05 PET IMAGING						112967		112967 41.05
42 RADIOLOGY-THERAPEUTIC	3472					232525		232525 42
43 RADIOISOTOPE						196990		196990 43
44 LABORATORY	6944					673211		673211 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						101572		101572 46.30
47 BLOOD STORING, PROCESSING & TRA						120746		120746 47
49 RESPIRATORY THERAPY						526091		526091 49
50 PHYSICAL THERAPY						410258		410258 50
53 ELECTROCARDIOLOGY	694					49335		49335 53
53.02 CARDIOVASCULAR LAB						209665		209665 53.02
53.05 CARDIAC CATH						209665		209665 53.05
54 ELECTROENCEPHALOGRAPHY	694					739779		739779 54
55 MEDICAL SUPPLIES CHARGED TO PAT						509856		509856 55
56 DRUGS CHARGED TO PATIENTS						135727		135727 56
57 RENAL DIALYSIS								135727 57
59 OTHER ANCILLARY SERVICES								59
59.01 PSYCH THERAPY								59.01
59.29 AIR RESCUE								59.29
59.30 BONE MARROW	694					9942		9942 59.30
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC						256651		256651 60
60.02 TRANSPLANT CLINIC						7765		7765 60.02
61 EMERGENCY	10416					486848		486848 61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OPT								69.20
69.30 CMHC								69.30
69.40 OPT								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION						74399		74399 83
84 LIVER ACQUISITION						36430		36430 84
85 HEART ACQUISITION						848		848 85

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	QUALITY ASSURANCE	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I&R PROGRAM COSTS	PARAMED ED	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	17.01	18	22	23	24	25	26	27
85.01 PANCREAS ACQUISITION						17446		17446 85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	69443	136709				13410680		13410680 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN						65749		65749 96
100 DOCTORS MEALS						5632		5632 100
100.05PUBLIC RELATIONS						29899		29899 100.05
100.11UNIVERSITY SPACE						688408		688408 100.11
100.12CANCER CENTER						214203		214203 100.12
100.13MARKET SPACE						191985		191985 100.13
100.14RENTAL PROPERTIES						108833		108833 100.14
101 CROSS FOOT ADJUSTMENTS			173703	403423	6881	584007		584007 101
102 NEGATIVE COST CENTER								102
103 TOTAL	69443	136709	173703	403423	6881	15299396		15299396 103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	OLD CAP- REL COSTS MOV EQUIP (SQUARE FEET)	NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET	NEW CAP- REL COSTS MOV EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION 6A	ADMINI- STRATIVE & GENERAL ACCUM COST 6	
	1	2	3	4	5			
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT	781464							1
2 OLD CAP REL COSTS-MVBLE EQUIP		563857						2
3 NEW CAP REL COSTS-BLDG & FIXT			781464					3
4 NEW CAP REL COSTS-MVBLE EQUIP				563857				4
5 EMPLOYEE BENEFITS	3730	3730	3730	3730	81981168			5
6 ADMINISTRATIVE & GENERAL	56279	56279	56279	56279	7440690	-50020939	236757883	6
7 MAINTENANCE & REPAIRS	2755	2755	2755	2755	505336		800320	7
8 OPERATION OF PLANT	135884	135884	135884	135884	32124		12615714	8
9 LAUNDRY & LINEN SERVICE	2488	2488	2488	2488	89548		1073041	9
10 HOUSEKEEPING	1971	1971	1971	1971			2867913	10
11 DIETARY	16822	16822	16822	16822			1164816	11
12 CAFETERIA	3923	3923	3923	3923			1890578	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	4527	4527	4527	4527	1978469		2060599	14
15 CENTRAL SERVICES & SUPPLY	8679	8679	8679	8679	687481		1627987	15
16 PHARMACY	4286	4286	4286	4286	3423191		7932303	16
17 MEDICAL RECORDS & LIBRARY	5321	5321	5321	5321	1368223		2591841	17
17.01 QUALITY ASSURANCE	2011	2011	2011	2011	318563		605508	17.01
18 SOCIAL SERVICE	3362	3362	3362	3362	1569977		2414063	18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES	5512	5512	5512	5512	285615		471020	22
23 I&R SERVICES-OTHER PRGM COSTS							32135124	23
24 PARAMED ED PRGM-(SPECIFY)	60	60	60	60	258309		343408	24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	57524	57524	57524	57524	16820076		23200840	25
26 INTENSIVE CARE UNIT	6758	6758	6758	6758	2278838		3111480	26
26.01 6TH ICU	5057	5057	5057	5057	2249848		3063092	26.01
26.02 7TH ICU	5032	5032	5032	5032	2207309		3083275	26.02
26.03 8TH ICU	5033	5033	5033	5033	2250805		2965792	26.03
26.04 5TH ICU	6561	6561	6561	6561	2667123		3707998	26.04
31 SUBPROVIDER I	19127	19127	19127	19127	2589982		3674513	31
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	50090	50090	50090	50090	4916959		9405196	37
38 RECOVERY ROOM	3587	3587	3587	3587	1575934		2023956	38
40 ANESTHESIOLOGY					154033		411356	40
41 RADIOLOGY-DIAGNOSTIC	48450	48450	48450	48450	6252272		11316258	41
41.03 ENDOSCOPY	3072	3072	3072	3072	692954		1044812	41.03
41.05 PET IMAGING	3029	3029	3029	3029	324269		1057996	41.05
42 RADIOLOGY-THERAPEUTIC	6456	6456	6456	6456	763265		1612127	42
43 RADIOISOTOPE	5819	5819	5819	5819	390384		1419324	43
44 LABORATORY	14257	14257	14257	14257	5247832		12686429	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T	1409	1409	1409	1409			3942439	47
49 RESPIRATORY THERAPY	2588	2588	2588	2588	1776154		2269608	49
50 PHYSICAL THERAPY	16046	16046	16046	16046	1656742		2491841	50
53 ELECTROCARDIOLOGY	10838	10838	10838	10838	2296186		4178889	53
53.02 CARDIOVASCULAR LAB								53.02
53.05 CARDIAC CATH	1470	1470	1470	1470	110289		258475	53.05
54 ELECTROENCEPHALOGRAPHY	6479	6479	6479	6479	415935		741742	54
55 MEDICAL SUPPLIES CHARGED TO P							31520286	55
56 DRUGS CHARGED TO PATIENTS							13366186	56
57 RENAL DIALYSIS	3653	3653	3653	3653			1751745	57
59 OTHER ANCILLARY SERVICES								59
59.01 PSYCH THERAPY								59.01
59.29 AIR RESCUE								59.29
59.30 BONE MARROW	144	144	144	144	120012		338274	59.30
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	8114	8114	8114	8114	333953		732476	60
60.02 TRANSPLANT CLINIC	107	107	107	107	102905		317315	60.02
61 EMERGENCY	11665	11665	11665	11665	4761843		6046638	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OPT								69.20
69.30 CMHC								69.30
69.40 OPT								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION	291	291	291	291	625767		4694258	83

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	OLD CAP- REL COSTS MOV EQUIP (SQUARE FEET)	NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET	NEW CAP- REL COSTS MOV EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	
	1	2	3	4	5	6A	6	
84 LIVER ACQUISITION	481	481	481	481	256030		1598378	84
85 HEART ACQUISITION	15	15	15	15	21431		26459	85
85.01 PANCREAS ACQUISITION	472	472	472	472	52577		232685	85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	561234	561234	561234	561234	81869233	-50020939	228886373	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	2149	2149	2149	2149			52299	96
100 DOCTORS MEALS							448565	100
100.05 PUBLIC RELATIONS	474	474	474	474	62189		1223393	100.05
100.11 UNIVERSITY SPACE	126713		126713				2602650	100.11
100.12 CANCER CENTER	35595		35595				2389358	100.12
100.13 MARKET SPACE	35338		35338				725836	100.13
100.14 RENTAL PROPERTIES	19961		19961		49746		429409	100.14
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	1634538	3319311	3915125	9289597	6609139		50020939	103
104 UNIT COST MULT-WS B PT I		5.886796		16.475094				104
104 UNIT COST MULT-WS B PT I	2.091636		5.009988		.080618		.211275	104
105 COST TO BE ALLOC PER B PT II					29760		451719	105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II					.000363		.001908	106
107 COST TO BE ALLOC PER B PT III					80194		2972669	107
108 UNIT COST MULT-WS B PT III								108
108 UNIT COST MULT-WS B PT III					.000978		.012556	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN-TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (PATIENT DAYS)	HOUSE-KEEPING SQUARE FEET	DIETARY (PATIENT DAYS)	CAFETERIA GROSS SALARIES	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)
	7	8	9	10	11	12	14	15
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS	501093							7
8 OPERATION OF PLANT	135884	365209						8
9 LAUNDRY & LINEN SERVICE	2488	2488	84767					9
10 HOUSEKEEPING	1971	1971		578357				10
11 DIETARY	16822	16822			16822	84767		11
12 CAFETERIA	3923	3923		3923		73913470		12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	4527	4527		4527		1978469	35280390	14
15 CENTRAL SERVICES & SUPPLY	8679	8679		8679		687481	816	32182388
16 PHARMACY	4286	4286		4286		3423191		28949
17 MEDICAL RECORDS & LIBRARY	5321	5321		5321		1368223		
17.01 QUALITY ASSURANCE	2011	2011		2011		318563		
18 SOCIAL SERVICE	3362	3362		3362		1569977		
20 NONPHYSICIAN ANESTHETISTS								
21 NURSING SCHOOL								
22 I&R SERVICES-SALARY & FRINGES	5512	5512		5512		285615		
23 I&R SERVICES-OTHER PRGM COSTS								
24 PARAMED ED PRGM-(SPECIFY)	60	60		60		258309		
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	57524	57524	57819	57524	57819	16820076	12479997	173153
26 INTENSIVE CARE UNIT	6758	6758	3932	6758	3932	2278838	2028789	32073
26.01 6TH ICU	5057	5057	3720	5057	3720	2249848	2076736	28995
26.02 7TH ICU	5032	5032	3329	5032	3329	2207309	2022665	32104
26.03 8TH ICU	5033	5033	3308	5033	3308	2250805	2088960	38860
26.04 5TH ICU	6561	6561	4703	6561	4703	2667123	2470330	32718
31 SUBPROVIDER I	19127	19127	7956	19127	7956	2589982	1752708	5228
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	50090	50090		50090		4916959	3089313	46480
38 RECOVERY ROOM	3587	3587		3587		1575934	1378825	8351
40 ANESTHESIOLOGY						154033		30279
41 RADIOLOGY-DIAGNOSTIC	48450	48450		48450		6252272	926123	41573
41.03 ENDOSCOPY	3072	3072		3072		692954	468848	12729
41.05 PET IMAGING	3029	3029		3029		324269	7652	
42 RADIOLOGY-THERAPEUTIC	6456	6456		6456		763265	203538	630
43 RADIOISOTOPE	5819	5819		5819		390384	32775	1078
44 LABORATORY	14257	14257		14257		5247832	155222	16966
46.30 BLOOD CLOTTING FACTORS ADMIN								
47 BLOOD STORING, PROCESSING & T	1409	1409		1409				
49 RESPIRATORY THERAPY	2588	2588		2588		1776154		1853
50 PHYSICAL THERAPY	16046	16046		16046		1656742	5266	823
53 ELECTROCARDIOLOGY	10838	10838		10838		2296186	438803	24841
53.02 CARDIOVASCULAR LAB								
53.05 CARDIAC CATH	1470	1470		1470		110289	57251	886
54 ELECTROENCEPHALOGRAPHY	6479	6479		6479		415935	359	293
55 MEDICAL SUPPLIES CHARGED TO P								31577889
56 DRUGS CHARGED TO PATIENTS								
57 RENAL DIALYSIS	3653	3653		3653				10455
59 OTHER ANCILLARY SERVICES								
59.01 PSYCH THERAPY								
59.29 AIR RESCUE								
59.30 BONE MARROW	144	144		144		120012		
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	8114	8114		8114		333953	721	813
60.02 TRANSPLANT CLINIC	107	107		107		102905		
61 EMERGENCY	11665	11665		11665		4761843	3594693	34369
62 OBSERVATION BEDS (NON-DISTINC								
63.50 RHC								
63.60 FQHC								
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								
69.20 OPT								
69.30 CMHC								
69.40 OPT								
71 HOME HEALTH AGENCY								
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION	291	291		291		625767		83

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (PATIENT DAYS)	HOUSE- KEEPING SQUARE FEET	DIETARY (PATIENT DAYS)	CAFETERIA GROSS SALARIES	NURSING ADMINI- STRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
	7	8	9	10	11	12	14	15	
84 LIVER ACQUISITION	481		481		481	256030			84
85 HEART ACQUISITION	15		15		15	21431			85
85.01 PANCREAS ACQUISITION	472		472		472	52577			85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	498470	362586	84767	358127	84767	73801535	35280390	32182388	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C	2149	2149		2149					96
100 DOCTORS MEALS									100
100.05 PUBLIC RELATIONS	474	474		474		62189			100.05
100.11 UNIVERSITY SPACE				126713					100.11
100.12 CANCER CENTER				35595					100.12
100.13 MARKET SPACE				35338					100.13
100.14 RENTAL PROPERTIES				19961		49746			100.14
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	969408	15543980	1410455	3561533	2263023	2488727	2791882	2434783	103
104 UNIT COST MULT-WS B PT I	1.934587		16.639199		26.696981		.079134		104
104 UNIT COST MULT-WS B PT I		42.561876		6.158018		.033671		.075656	104
105 COST TO BE ALLOC PER B PT II	23690	1114649	29642	27307	189367	47249	56278	100350	105
106 UNIT COST MULT-WS B PT II	.047277		.349688		2.233971		.001595		106
106 UNIT COST MULT-WS B PT II		3.052085		.047215		.000639		.003118	106
107 COST TO BE ALLOC PER B PT III	69735	3104578	88512	95386	524163	142566	168747	285330	107
108 UNIT COST MULT-WS B PT III	.139166		1.044180		6.183574		.004783		108
108 UNIT COST MULT-WS B PT III		8.500826		.164926		.001929		.008866	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	QUALITY ASSURANCE	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I&R PROGRAM COSTS	PARAMED ED	
	(COSTED REQUIS) 16	(GROSS REVENUE) 17	(TIME SPENT) 17.01	(PATIENT DAYS) 18	(ASSIGNED TIME) 22	(ASSIGNED TIME) 23	(ASSIGNED TIME) 24	
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16	14275063							16
17		1228892688						17
17.01				100				17.01
18					84767			18
20								20
21								21
22					41869			22
23						41869		23
24							5246	24
INPATIENT ROUTINE SERV COST CENTERS								
25	115018	65104782	17	57819	18026	18026	740	25
26	31024	10248039	6	3932	7063	7063	240	26
26.01	12836	9663641	4	3720				26.01
26.02	14659	9406120	4	3329				26.02
26.03	17914	9072310	4	3308				26.03
26.04	17389	12996036	4	4703				26.04
31	2170	11019229	3	7956	1040	1040	80	31
ANCILLARY SERVICE COST CENTERS								
37	13277	78108429	15		4680	4680		37
38	493	10377246	2		347	347	144	38
40	2444	5964937	3		2912	2912		40
41	13740	185611674	5		2687	2687	1144	41
41.03	12349	12733888						41.03
41.05	1238	17596657					75	41.05
42		25538702	5		520	520		42
43	2444	3979536					300	43
44		149710053	10		1907	1907	180	44
46.30								46.30
47	4	23840237						47
49	128	22022037					485	49
50	141	9393305					314	50
53	6904	50006146	1				64	53
53.02								53.02
53.05		2440299						53.05
54	95	5562680	1		867	867		54
55		162538818						55
56	13986291	271007509					640	56
57	3489	7440105						57
59								59
59.01								59.01
59.29								59.29
59.30		737699	1					59.30
OUTPATIENT SERVICE COST CENTERS								
60		1777497			520	520		60
60.02		605794						60.02
61	21016	39296515	15		1300	1300	840	61
62								62
63.50								63.50
63.60								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10								69.10
69.20								69.20
69.30								69.30
69.40								69.40
71								71
SPECIAL PURPOSE COST CENTERS								
83		12245337						83

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL	QUALITY	SOCIAL	I/R-SALARY	I&R	PARAMED	
	(COSTED REQUIS) 16	RECORDS & LIBRARY (GROSS REVENUE) 17	ASSURANCE (TIME SPENT) 17.01	SERVICE (PATIENT DAYS) 18	AND FRINGES (ASSIGNED TIME) 22	PROGRAM COSTS ASSIGNED TIME 23	ED (ASSIGNED TIME) 24	
84 LIVER ACQUISITION		2656699						84
85 HEART ACQUISITION								85
85.01 PANCREAS ACQUISITION		190732						85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	14275063	1228892688	100	84767	41869	41869	5246	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C								96
100 DOCTORS MEALS								100
100.05 PUBLIC RELATIONS								100.05
100.11 UNIVERSITY SPACE								100.11
100.12 CANCER CENTER								100.12
100.13 MARKET SPACE								100.13
100.14 RENTAL PROPERTIES								100.14
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	9942757	3455034	846029	3147257	859359	38924389	427699	103
104 UNIT COST MULT-WS B PT I	.696512		8460.290000		20.524947		81.528593	104
104 UNIT COST MULT-WS B PT I		.002812		37.128328		929.670854		104
105 COST TO BE ALLOC PER B PT II	66337	65513	23847	43581	62507	61300	1581	105
106 UNIT COST MULT-WS B PT II	.004647		238.470000		1.492918		.301372	106
106 UNIT COST MULT-WS B PT II		.000053		.514127		1.464090		106
107 COST TO BE ALLOC PER B PT III	239629	484655	69443	136709	173703	403423	6881	107
108 UNIT COST MULT-WS B PT III	.016787		694.430000		4.148726		1.311666	108
108 UNIT COST MULT-WS B PT III		.000394		1.612762		9.635363		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	37703197		37703197	42294	37745491	25
26 INTENSIVE CARE UNIT	4788027		4788027		4788027	26
26.01 6TH ICU	4577978		4577978		4577978	26.01
26.02 7TH ICU	4564767		4564767		4564767	26.02
26.03 8TH ICU	4429375		4429375		4429375	26.03
26.04 5TH ICU	5572439		5572439		5572439	26.04
31 SUBPROVIDER I	6350591		6350591	3698	6354289	31
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	14698899		14698899	15718	14714617	37
38 RECOVERY ROOM	2854256		2854256		2854256	38
40 ANESTHESIOLOGY	549598		549598	3351	552949	40
41 RADIOLOGY-DIAGNOSTIC	17115343		17115343	3892	17119235	41
41.03 ENDOSCOPY	1526971		1526971		1526971	41.03
41.05 PET IMAGING	1502940		1502940		1502940	41.05
42 RADIOLOGY-THERAPEUTIC	2435725		2435725		2435725	42
43 RADIOISOTOPE	2067123		2067123		2067123	43
44 LABORATORY	16799465		16799465	32565	16832030	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	4913793		4913793		4913793	47
49 RESPIRATORY THERAPY	3041714		3041714		3041714	49
50 PHYSICAL THERAPY	3939482		3939482		3939482	50
53 ELECTROCARDIOLOGY	5883800		5883800		5883800	53
53.02 CARDIOVASCULAR LAB						53.02
53.05 CARDIAC CATH	402720		402720		402720	53.05
54 ELECTROENCEPHALOGRAPHY	1264867		1264867	6316	1271183	54
55 MEDICAL SUPPLIES CHARGED TO	41025841		41025841		41025841	55
56 DRUGS CHARGED TO PATIENTS	26745393		26745393		26745393	56
57 RENAL DIALYSIS	2331029		2331029		2331029	57
59 OTHER ANCILLARY SERVICES						59
59.01 PSYCH THERAPY						59.01
59.29 AIR RESCUE						59.29
59.30 BONE MARROW	431613		431613		431613	59.30
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1314602		1314602		1314602	60
60.02 TRANSPLANT CLINIC	394944		394944		394944	60.02
61 EMERGENCY	8682951		8682951		8682951	61
62 OBSERVATION BEDS (NON-DISTI	1517553		1517553		1517553	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	229426996		229426996	107834	229534830	101
102 LESS OBSERVATION BEDS	1517553		1517553		1517553	102
103 TOTAL	227909443		227909443	107834	228017277	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	62517307		62517307			25
26 INTENSIVE CARE UNIT	10248039		10248039			26
26.01 6TH ICU	9663641		9663641			26.01
26.02 7TH ICU	9406120		9406120			26.02
26.03 8TH ICU	9072310		9072310			26.03
26.04 5TH ICU	12996036		12996036			26.04
31 SUBPROVIDER I	11019229		11019229			31
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	52824011	25284417	78108428	.188186	.188186	.188387 37
38 RECOVERY ROOM	5273231	2278205	7551436	.377975	.377975	.377975 38
40 ANESTHESIOLOGY	4807061	1157876	5964937	.092138	.092138	.092700 40
41 RADIOLOGY-DIAGNOSTIC	103606442	86272758	189879200	.090138	.090138	.090159 41
41.03 ENDOSCOPY	4488847	8668725	13157572	.116053	.116053	.116053 41.03
41.05 PET IMAGING	1908816	15687840	17596656	.085411	.085411	.085411 41.05
42 RADIOLOGY-THERAPEUTIC	1408636	24130065	25538701	.095374	.095374	.095374 42
43 RADIOISOTOPE	1627594	2460027	4087621	.505703	.505703	.505703 43
44 LABORATORY	95988595	58309556	154298151	.108877	.108877	.109088 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	22637144	1203093	23840237	.206113	.206113	.206113 47
49 RESPIRATORY THERAPY	22021812	561859	22583671	.134686	.134686	.134686 49
50 PHYSICAL THERAPY	7417218	2122923	9540141	.412938	.412938	.412938 50
53 ELECTROCARDIOLOGY	30583106	20072482	50655588	.116153	.116153	.116153 53
53.02 CARDIOVASCULAR LAB						53.02
53.05 CARDIAC CATH		2440299	2440299	.165029	.165029	.165029 53.05
54 ELECTROENCEPHALOGRAPHY	3749759	1812922	5562681	.227384	.227384	.228520 54
55 MEDICAL SUPPLIES CHARGED TO	116720771	37285769	154006540	.266390	.266390	.266390 55
56 DRUGS CHARGED TO PATIENTS	232225887	38640078	270865965	.098740	.098740	.098740 56
57 RENAL DIALYSIS	6937971	502134	7440105	.313306	.313306	.313306 57
59 OTHER ANCILLARY SERVICES						59
59.01 PSYCH THERAPY						59.01
59.29 AIR RESCUE						59.29
59.30 BONE MARROW	248551	489148	737699	.585080	.585080	.585080 59.30
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	4166	1773332	1777498	.739580	.739580	.739580 60
60.02 TRANSPLANT CLINIC	71272	534522	605794	.651944	.651944	.651944 60.02
61 EMERGENCY	16616249	22680266	39296515	.220960	.220960	.220960 61
62 OBSERVATION BEDS (NON-DISTI	314432	2273043	2587475	.586500	.586500	.586500 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	856404253	356641339	1213045592			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	856404253	356641339	1213045592			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK [XX] TITLE V
 APPLICABLE [] 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	908692		908692	2694378		2694378
26 INTENSIVE CARE UNIT	101037		101037	303868		303868
26.01 6TH ICU	80810		80810	248054		248054
26.02 7TH ICU	79235		79235	243669		243669
26.03 8TH ICU	79125		79125	242463		242463
26.04 5TH ICU	103073		103073	314917		314917
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	251160		251160	718248		718248
33 NURSERY						
101 TOTAL	1603132		1603132	4765597		4765597

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	60241		15.08		44.73	
26 INTENSIVE CARE UNIT	3932		25.70		77.28	
26.01 6TH ICU	3720		21.72		66.68	
26.02 7TH ICU	3329		23.80		73.20	
26.03 8TH ICU	3308		23.92		73.30	
26.04 5TH ICU	4703		21.92		66.96	
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	7956		31.57		90.28	
33 NURSERY						
101 TOTAL	87189					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [XX] TITLE V [XX] HOSPITAL (26-0105) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL		NEW CAPITAL		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST	TOTAL CHARGES	RATIO OF COST TO CHARGES		CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	5	4	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	592975	1706213	78108428	.007592		.021844		37	
38 RECOVERY ROOM	48601	150799	7551436	.006436		.019970		38	
40 ANESTHESIOLOGY	2075	10355	5964937	.000348		.001736		40	
41 RADIOLOGY-DIAGNOSTIC	579564	1752900	189879200	.003052		.009232		41	
41.03 ENDOSCOPY	38385	115765	13157572	.002917		.008798		41.03	
41.05 PET IMAGING	36993	112967	17596656	.002102		.006420		41.05	
42 RADIOLOGY-THERAPEUTIC	78537	232525	25538701	.003075		.009105		42	
43 RADIOISOTOPE	68112	196990	4087621	.016663		.048192		43	
44 LABORATORY	198694	673211	154298151	.001288		.004363		44	
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30	
47 BLOOD STORING, PROCESSING & T	24461	101572	23840237	.001026		.004261		47	
49 RESPIRATORY THERAPY	36075	120746	22583671	.001597		.005347		49	
50 PHYSICAL THERAPY	185437	526091	9540141	.019438		.055145		50	
53 ELECTROCARDIOLOGY	134543	410258	50655588	.002656		.008099		53	
53.02 CARDIOVASCULAR LAB								53.02	
53.05 CARDIAC CATH	17180	49335	2440299	.007040		.020217		53.05	
54 ELECTROENCEPHALOGRAPHY	74446	209665	5562681	.013383		.037691		54	
55 MEDICAL SUPPLIES CHARGED TO P	167221	739779	154006540	.001086		.004804		55	
56 DRUGS CHARGED TO PATIENTS	105242	509856	270865965	.000389		.001882		56	
57 RENAL DIALYSIS	44424	135727	7440105	.005971		.018243		57	
59 OTHER ANCILLARY SERVICES								59	
59.01 PSYCH THERAPY								59.01	
59.29 AIR RESCUE								59.29	
59.30 BONE MARROW	2646	9942	737699	.003587		.013477		59.30	
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	92099	256651	1777498	.051814		.144389		60	
60.02 TRANSPLANT CLINIC	1931	7765	605794	.003188		.012818		60.02	
61 EMERGENCY	157681	486848	39296515	.004013		.012389		61	
62 OBSERVATION BEDS (NON-DISTINC	36534	108327	2587475	.014120		.041866		62	
63.50 RHC								63.50	
63.60 FQHC								63.60	
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL	2723856	8624287	1088122910					101	

PROVIDER NO. 26-0105 SAINT LOUIS UNIVERSITY HOSPITA
 PERIOD FROM 06/01/2007 TO 05/31/2008

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

VERSION: 2008.05
 11/05/2008 09:52

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL	
	ANESTHETIST	SCHOOL		MEDICAL			
	COST	COST	COSTS	COSTS	ADJUSTMENT	COSTS	
	1	2	2.01	2.02	3	4	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS			60331			60331	25
26 INTENSIVE CARE UNIT			19567			19567	26
26.01 6TH ICU							26.01
26.02 7TH ICU							26.02
26.03 8TH ICU							26.03
26.04 5TH ICU							26.04
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			6522			6522	31
33 NURSERY							33
34 SKILLED NURSING FACILITY							34
35 NURSING FACILITY							35
101 TOTAL			86420			86420	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS				
25 ADULTS & PEDIATRICS	60241	1.00		25
26 INTENSIVE CARE UNIT	3932	4.98		26
26.01 6TH ICU	3720			26.01
26.02 7TH ICU	3329			26.02
26.03 8TH ICU	3308			26.03
26.04 5TH ICU	4703			26.04
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	7956	.82		31
33 NURSERY				33
34 SKILLED NURSING FACILITY				34
35 NURSING FACILITY				35
101 TOTAL	87189			101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [XX] TITLE V [XX] HOSPITAL (26-0105) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS	
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST						
	1	1.01	2	2.01	2.02	2.03	3	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM				11740			11740	38
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC				93269			93269	41
41.03 ENDOSCOPY								41.03
41.05 PET IMAGING				6115			6115	41.05
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE				24459			24459	43
44 LABORATORY				14675			14675	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T								47
49 RESPIRATORY THERAPY				39541			39541	49
50 PHYSICAL THERAPY				25600			25600	50
53 ELECTROCARDIOLOGY				5218			5218	53
53.02 CARDIOVASCULAR LAB								53.02
53.05 CARDIAC CATH								53.05
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO P								55
56 DRUGS CHARGED TO PATIENTS				52178			52178	56
57 RENAL DIALYSIS								57
59 OTHER ANCILLARY SERVICES								59
59.01 PSYCH THERAPY								59.01
59.29 AIR RESCUE								59.29
59.30 BONE MARROW								59.30
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.02 TRANSPLANT CLINIC								60.02
61 EMERGENCY				68484			68484	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL				341279			341279	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [XX] TITLE V [XX] HOSPITAL (26-0105) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		78108428					37
38 RECOVERY ROOM	11740	7551436	.001555	.001555			38
40 ANESTHESIOLOGY		5964937					40
41 RADIOLOGY-DIAGNOSTIC	93269	189879200	.000491	.000491			41
41.03 ENDOSCOPY		13157572					41.03
41.05 PET IMAGING	6115	17596656	.000348	.000348			41.05
42 RADIOLOGY-THERAPEUTIC		25538701					42
43 RADIOISOTOPE	24459	4087621	.005984	.005984			43
44 LABORATORY	14675	154298151	.000095	.000095			44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		23840237					47
49 RESPIRATORY THERAPY	39541	22583671	.001751	.001751			49
50 PHYSICAL THERAPY	25600	9540141	.002683	.002683			50
53 ELECTROCARDIOLOGY	5218	50655588	.000103	.000103			53
53.02 CARDIOVASCULAR LAB							53.02
53.05 CARDIAC CATH		2440299					53.05
54 ELECTROENCEPHALOGRAPHY		5562681					54
55 MEDICAL SUPPLIES CHARGED TO P		154006540					55
56 DRUGS CHARGED TO PATIENTS	52178	270865965	.000193	.000193			56
57 RENAL DIALYSIS		7440105					57
59 OTHER ANCILLARY SERVICES							59
59.01 PSYCH THERAPY							59.01
59.29 AIR RESCUE							59.29
59.30 BONE MARROW		737699					59.30
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1777498					60
60.02 TRANSPLANT CLINIC		605794					60.02
61 EMERGENCY	68484	39296515	.001743	.001743			61
62 OBSERVATION BEDS (NON-DISTINC		2587475					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	341279	1088122910					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [XX] TITLE V [XX] HOSPITAL (26-0105) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
41.03 ENDOSCOPY						41.03
41.05 PET IMAGING						41.05
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE						43
44 LABORATORY						44
46.30 BLOOD CLOTting FACTORS ADMIN						46.30
47 BLOOD STORING, PROCESSING & T						47
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
53 ELECTROCARDIOLOGY						53
53.02 CARDIOVASCULAR LAB						53.02
53.05 CARDIAC CATH						53.05
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
59 OTHER ANCILLARY SERVICES						59
59.01 PSYCH THERAPY						59.01
59.29 AIR RESCUE						59.29
59.30 BONE MARROW						59.30
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.02 TRANSPLANT CLINIC						60.02
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

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	908692		908692	2694378		2694378
26 INTENSIVE CARE UNIT	101037		101037	303868		303868
26.01 6TH ICU	80810		80810	248054		248054
26.02 7TH ICU	79235		79235	243669		243669
26.03 8TH ICU	79125		79125	242463		242463
26.04 5TH ICU	103073		103073	314917		314917
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	251160		251160	718248		718248
33 NURSERY						
101 TOTAL	1603132		1603132	4765597		4765597

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	60241	20571	15.08	310211	44.73	920141
26 INTENSIVE CARE UNIT	3932	1745	25.70	44847	77.28	134854
26.01 6TH ICU	3720	717	21.72	15573	66.68	47810
26.02 7TH ICU	3329	1342	23.80	31940	73.20	98234
26.03 8TH ICU	3308	1144	23.92	27364	73.30	83855
26.04 5TH ICU	4703	1311	21.92	28737	66.96	87785
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	7956	3547	31.57	111979	90.28	320223
33 NURSERY						
101 TOTAL	87189	30377		570651		1692902

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (26-0105) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	592975	1706213	78108428	13906921	.007592	105581	.021844	303783 37
38 RECOVERY ROOM	48601	150799	7551436	1466959	.006436	9441	.019970	29295 38
40 ANESTHESIOLOGY	2075	10355	5964937	1203959	.000348	419	.001736	2090 40
41 RADIOLOGY-DIAGNOSTIC	579564	1752900	189879200	30459188	.003052	92961	.009232	281199 41
41.03 ENDOSCOPY	38385	115765	13157572	1706775	.002917	4979	.008798	15016 41.03
41.05 PET IMAGING	36993	112967	17596656	730793	.002102	1536	.006420	4692 41.05
42 RADIOLOGY-THERAPEUTIC	78537	232525	25538701	328529	.003075	1010	.009105	2991 42
43 RADIOISOTOPE	68112	196990	4087621	676212	.016663	11268	.048192	32588 43
44 LABORATORY	198694	673211	154298151	34923191	.001288	44981	.004363	152370 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T	24461	101572	23840237	7637417	.001026	7836	.004261	32543 47
49 RESPIRATORY THERAPY	36075	120746	22583671	7147518	.001597	11415	.005347	38218 49
50 PHYSICAL THERAPY	185437	526091	9540141	2585042	.019438	50248	.055145	142552 50
53 ELECTROCARDIOLOGY	134543	410258	50655588	12153365	.002656	32279	.008099	98430 53
53.02 CARDIOVASCULAR LAB								53.02
53.05 CARDIAC CATH	17180	49335	2440299		.007040		.020217	53.05
54 ELECTROENCEPHALOGRAPHY	74446	209665	5562681	1024047	.013383	13705	.037691	38597 54
55 MEDICAL SUPPLIES CHARGED TO P	167221	739779	154006540	32738427	.001086	35554	.004804	157275 55
56 DRUGS CHARGED TO PATIENTS	105242	509856	270865965	73911552	.000389	28752	.001882	139102 56
57 RENAL DIALYSIS	44424	135727	7440105	4310205	.005971	25736	.018243	78631 57
59 OTHER ANCILLARY SERVICES								59
59.01 PSYCH THERAPY								59.01
59.29 AIR RESCUE								59.29
59.30 BONE MARROW	2646	9942	737699	133	.003587		.013477	2 59.30
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	92099	256651	1777498	1485	.051814	77	.144389	214 60
60.02 TRANSPLANT CLINIC	1931	7765	605794		.003188		.012818	60.02
61 EMERGENCY	157681	486848	39296515	4863528	.004013	19517	.012389	60254 61
62 OBSERVATION BEDS (NON-DISTINC	36534	108327	2587475	139119	.014120	1964	.041866	5824 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	2723856	8624287	1088122910	231914365		499259		1615666 101

PROVIDER NO. 26-0105 SAINT LOUIS UNIVERSITY HOSPITA
 PERIOD FROM 06/01/2007 TO 05/31/2008

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

VERSION: 2008.05
 11/05/2008 09:52

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL COSTS	
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL	ADJUSTMENT		
	COST	COST	COSTS	COSTS	AMOUNT	4	
	1	2	2.01	2.02	3		
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS			60331			60331	25
26 INTENSIVE CARE UNIT			19567			19567	26
26.01 6TH ICU							26.01
26.02 7TH ICU							26.02
26.03 8TH ICU							26.03
26.04 5TH ICU							26.04
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			6522			6522	31
33 NURSERY							33
34 SKILLED NURSING FACILITY							34
35 NURSING FACILITY							35
101 TOTAL			86420			86420	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
INPAT ROUTINE SERV COST CTRS					
25 ADULTS & PEDIATRICS	60241	1.00	20571	20571	25
26 INTENSIVE CARE UNIT	3932	4.98	1745	8690	26
26.01 6TH ICU	3720		717		26.01
26.02 7TH ICU	3329		1342		26.02
26.03 8TH ICU	3308		1144		26.03
26.04 5TH ICU	4703		1311		26.04
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	7956	.82	3547	2909	31
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
35 NURSING FACILITY					35
101 TOTAL	87189		30377	32170	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (26-0105) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS	
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST						
	1	1.01	2	2.01	2.02	2.03	3	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM				11740			11740	38
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC				93269			93269	41
41.03 ENDOSCOPY								41.03
41.05 PET IMAGING				6115			6115	41.05
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE				24459			24459	43
44 LABORATORY				14675			14675	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T								47
49 RESPIRATORY THERAPY				39541			39541	49
50 PHYSICAL THERAPY				25600			25600	50
53 ELECTROCARDIOLOGY				5218			5218	53
53.02 CARDIOVASCULAR LAB								53.02
53.05 CARDIAC CATH								53.05
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO P								55
56 DRUGS CHARGED TO PATIENTS				52178			52178	56
57 RENAL DIALYSIS								57
59 OTHER ANCILLARY SERVICES								59
59.01 PSYCH THERAPY								59.01
59.29 AIR RESCUE								59.29
59.30 BONE MARROW								59.30
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.02 TRANSPLANT CLINIC								60.02
61 EMERGENCY				68484			68484	61
62 OBSERVATION BEDS (NON-DISTINC				2425			2425	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL				343704			343704	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (26-0105) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		78108428			13906921		6752863
38 RECOVERY ROOM	11740	7551436	.001555	.001555	1466959	2281	504157
40 ANESTHESIOLOGY		5964937			1203959		192277
41 RADIOLOGY-DIAGNOSTIC	93269	189879200	.000491	.000491	30459188	14955	14953638
41.03 ENDOSCOPY		13157572			1706775		2146643
41.05 PET IMAGING	6115	17596656	.000348	.000348	730793	254	3570160
42 RADIOLOGY-THERAPEUTIC		25538701			328529		5270958
43 RADIOISOTOPE	24459	4087621	.005984	.005984	676212	4046	739572
44 LABORATORY	14675	154298151	.000095	.000095	34923191	3318	13754182
46.30 BLOOD CLOTTING FACTORS ADMIN							
47 BLOOD STORING, PROCESSING & T		23840237			7637417		254162
49 RESPIRATORY THERAPY	39541	22583671	.001751	.001751	7147518	12515	83551
50 PHYSICAL THERAPY	25600	9540141	.002683	.002683	2585042	6936	
53 ELECTROCARDIOLOGY	5218	50655588	.000103	.000103	12153365	1252	5321425
53.02 CARDIOVASCULAR LAB							
53.05 CARDIAC CATH		2440299					
54 ELECTROENCEPHALOGRAPHY		5562681			1024047		511576
55 MEDICAL SUPPLIES CHARGED TO P		154006540			32738427		10876763
56 DRUGS CHARGED TO PATIENTS	52178	270865965	.000193	.000193	73911552	14265	7933181
57 RENAL DIALYSIS		7440105			4310205		
59 OTHER ANCILLARY SERVICES							
59.01 PSYCH THERAPY							
59.29 AIR RESCUE							
59.30 BONE MARROW		737699			133		29355
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1777498			1485		250088
60.02 TRANSPLANT CLINIC		605794					
61 EMERGENCY	68484	39296515	.001743	.001743	4863528	8477	2084238
62 OBSERVATION BEDS (NON-DISTINC	2425	2587475	.000937	.000937	139119	130	557446
63.50 RHC							
63.60 FQHC							
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	343704	1088122910			231914365	68429	75786235

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (26-0105) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM				784		38
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC				7342		41
41.03 ENDOSCOPY						41.03
41.05 PET IMAGING				1242		41.05
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE				4426		43
44 LABORATORY				1307		44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47 BLOOD STORING, PROCESSING & T						47
49 RESPIRATORY THERAPY				146		49
50 PHYSICAL THERAPY						50
53 ELECTROCARDIOLOGY				548		53
53.02 CARDIOVASCULAR LAB						53.02
53.05 CARDIAC CATH						53.05
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS				1531		56
57 RENAL DIALYSIS						57
59 OTHER ANCILLARY SERVICES						59
59.01 PSYCH THERAPY						59.01
59.29 AIR RESCUE						59.29
59.30 BONE MARROW						59.30
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.02 TRANSPLANT CLINIC						60.02
61 EMERGENCY				3633		61
62 OBSERVATION BEDS (NON-DISTINC				522		62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL				21481		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (26-0105) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS		6752863						37
38 OPERATING ROOM		504157						38
40 RECOVERY ROOM		192277						40
41 ANESTHESIOLOGY		14953638						41
41.03 RADIOLOGY-DIAGNOSTIC		2146643						41.03
41.05 ENDOSCOPY		3570160						41.05
42 PET IMAGING		5270958						42
43 RADIOLOGY-THERAPEUTIC		739572						43
44 RADIOISOTOPE		13754182	29823					44
46.30 LABORATORY								46.30
47 BLOOD CLOTTING FACTORS ADMIN C		254162						47
49 BLOOD STORING, PROCESSING & TR		83551						49
50 RESPIRATORY THERAPY								50
53 PHYSICAL THERAPY		5321425						53
53.02 ELECTROCARDIOLOGY								53.02
53.05 CARDIOVASCULAR LAB								53.05
54 CARDIAC CATH		511576						54
55 ELECTROENCEPHALOGRAPHY		10876763	29939					55
56 MEDICAL SUPPLIES CHARGED TO PA		7933181	12126					56
57 DRUGS CHARGED TO PATIENTS								57
59 RENAL DIALYSIS								59
59 OTHER ANCILLARY SERVICES								59
59.01 PSYCH THERAPY								59.01
59.29 AIR RESCUE								59.29
59.30 BONE MARROW		29355						59.30
60 OUTPATIENT SERVICE COST CENTERS								60
60.02 CLINIC		250088						60.02
61 TRANSPLANT CLINIC								61
62 EMERGENCY		2084238						62
63.50 OBSERVATION BEDS (NON-DISTINCT		557446						63.50
63.60 RHC								63.60
63.60 FQHC								63.60
65.01 OTHER REIMBURSABLE COST CENTERS								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		75786235	71888					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		75786235	71888					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (26-0105) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
37 ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1270794					37
38 RECOVERY ROOM		190559					38
40 ANESTHESIOLOGY		17716					40
41 RADIOLOGY-DIAGNOSTIC		1347891					41
41.03 ENDOSCOPY		249124					41.03
41.05 PET IMAGING		304931					41.05
42 RADIOLOGY-THERAPEUTIC		502712					42
43 RADIOISOTOPE		374004					43
44 LABORATORY		1497514	3247				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		52386					47
49 RESPIRATORY THERAPY		11253					49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY		618099					53
53.02 CARDIOVASCULAR LAB							53.02
53.05 CARDIAC CATH							53.05
54 ELECTROENCEPHALOGRAPHY		116324					54
55 MEDICAL SUPPLIES CHARGED TO PAT		2897461	7975				55
56 DRUGS CHARGED TO PATIENTS		783322	1197				56
57 RENAL DIALYSIS							57
59 OTHER ANCILLARY SERVICES							59
59.01 PSYCH THERAPY							59.01
59.29 AIR RESCUE							59.29
59.30 BONE MARROW		17175					59.30
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		184960					60
60.02 TRANSPLANT CLINIC							60.02
61 EMERGENCY		460533					61
62 OBSERVATION BEDS (NON-DISTINCT		326942					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
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		11223700	12419				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		11223700	12419				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (26-S105) [] SUB IV [XX] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL RELATED		NEW CAPITAL RELATED		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL COST	CAPITAL COST	TOTAL CHARGES	TOTAL CHARGES		RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	592975	1706213	78108428	7470	.007592	57	.021844	163	37
38 RECOVERY ROOM	48601	150799	7551436		.006436		.019970		38
40 ANESTHESIOLOGY	2075	10355	5964937	12980	.000348	5	.001736	23	40
41 RADIOLOGY-DIAGNOSTIC	579564	1752900	189879200	429492	.003052	1311	.009232	3965	41
41.03 ENDOSCOPY	38385	115765	13157572	14864	.002917	43	.008798	131	41.03
41.05 PET IMAGING	36993	112967	17596656		.002102		.006420		41.05
42 RADIOLOGY-THERAPEUTIC	78537	232525	25538701	13461	.003075	41	.009105	123	42
43 RADIOISOTOPE	68112	196990	4087621	11601	.016663	193	.048192	559	43
44 LABORATORY	198694	673211	154298151	730222	.001288	941	.004363	3186	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T	24461	101572	23840237	4905	.001026	5	.004261	21	47
49 RESPIRATORY THERAPY	36075	120746	22583671	14053	.001597	22	.005347	75	49
50 PHYSICAL THERAPY	185437	526091	9540141	61569	.019438	1197	.055145	3395	50
53 ELECTROCARDIOLOGY	134543	410258	50655588	67075	.002656	178	.008099	543	53
53.02 CARDIOVASCULAR LAB									53.02
53.05 CARDIAC CATH	17180	49335	2440299		.007040		.020217		53.05
54 ELECTROENCEPHALOGRAPHY	74446	209665	5562681	10880	.013383	146	.037691	410	54
55 MEDICAL SUPPLIES CHARGED TO P	167221	739779	154006540	60415	.001086	66	.004804	290	55
56 DRUGS CHARGED TO PATIENTS	105242	509856	270865965	977100	.000389	380	.001882	1839	56
57 RENAL DIALYSIS	44424	135727	7440105	5627	.005971	34	.018243	103	57
59 OTHER ANCILLARY SERVICES									59
59.01 PSYCH THERAPY									59.01
59.29 AIR RESCUE									59.29
59.30 BONE MARROW	2646	9942	737699		.003587		.013477		59.30
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	92099	256651	1777498		.051814		.144389		60
60.02 TRANSPLANT CLINIC	1931	7765	605794		.003188		.012818		60.02
61 EMERGENCY	157681	486848	39296515	166995	.004013	670	.012389	2069	61
62 OBSERVATION BEDS (NON-DISTINC	36534	108327	2587475		.014120		.041866		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL	2723856	8624287	1088122910	2588709		5289		16895	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (26-S105) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS	
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST						
	1	1.01	2	2.01	2.02	2.03	3	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM				11740			11740	38
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC				93269			93269	41
41.03 ENDOSCOPY								41.03
41.05 PET IMAGING				6115			6115	41.05
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE				24459			24459	43
44 LABORATORY				14675			14675	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T								47
49 RESPIRATORY THERAPY				39541			39541	49
50 PHYSICAL THERAPY				25600			25600	50
53 ELECTROCARDIOLOGY				5218			5218	53
53.02 CARDIOVASCULAR LAB								53.02
53.05 CARDIAC CATH								53.05
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO P								55
56 DRUGS CHARGED TO PATIENTS				52178			52178	56
57 RENAL DIALYSIS								57
59 OTHER ANCILLARY SERVICES								59
59.01 PSYCH THERAPY								59.01
59.29 AIR RESCUE								59.29
59.30 BONE MARROW								59.30
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.02 TRANSPLANT CLINIC								60.02
61 EMERGENCY				68484			68484	61
62 OBSERVATION BEDS (NON-DISTINC				2425			2425	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL				343704			343704	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (26-S105) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH			COST TO	RATIO OF COST	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		78108428			7470		37
38 RECOVERY ROOM	11740	7551436	.001555	.001555			38
40 ANESTHESIOLOGY		5964937			12980		40
41 RADIOLOGY-DIAGNOSTIC	93269	189879200	.000491	.000491	429492	211	41
41.03 ENDOSCOPY		13157572			14864		41.03
41.05 PET IMAGING	6115	17596656	.000348	.000348			41.05
42 RADIOLOGY-THERAPEUTIC		25538701			13461		42
43 RADIOISOTOPE	24459	4087621	.005984	.005984	11601	69	43
44 LABORATORY	14675	154298151	.000095	.000095	730222	69	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		23840237			4905		47
49 RESPIRATORY THERAPY	39541	22583671	.001751	.001751	14053	25	49
50 PHYSICAL THERAPY	25600	9540141	.002683	.002683	61569	165	50
53 ELECTROCARDIOLOGY	5218	50655588	.000103	.000103	67075	7	53
53.02 CARDIOVASCULAR LAB							53.02
53.05 CARDIAC CATH		2440299					53.05
54 ELECTROENCEPHALOGRAPHY		5562681			10880		54
55 MEDICAL SUPPLIES CHARGED TO P		154006540			60415		55
56 DRUGS CHARGED TO PATIENTS	52178	270865965	.000193	.000193	977100	189	56
57 RENAL DIALYSIS		7440105			5627		57
59 OTHER ANCILLARY SERVICES							59
59.01 PSYCH THERAPY							59.01
59.29 AIR RESCUE							59.29
59.30 BONE MARROW		737699					59.30
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1777498					60
60.02 TRANSPLANT CLINIC		605794					60.02
61 EMERGENCY	68484	39296515	.001743	.001743	166995	291	61
62 OBSERVATION BEDS (NON-DISTINC	2425	2587475	.000937	.000937			62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	343704	1088122910			2588709	1026	14054 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (26-S105) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC			6		41
41.03 ENDOSCOPY					41.03
41.05 PET IMAGING					41.05
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
53.02 CARDIOVASCULAR LAB					53.02
53.05 CARDIAC CATH					53.05
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 OTHER ANCILLARY SERVICES					59
59.01 PSYCH THERAPY					59.01
59.29 AIR RESCUE					59.29
59.30 BONE MARROW					59.30
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.02 TRANSPLANT CLINIC					60.02
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL			6		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (26-S105) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER (SEE INSTRU.)	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								37
38 OPERATING ROOM								38
40 RECOVERY ROOM								40
41 ANESTHESIOLOGY								41
41 RADIOLOGY-DIAGNOSTIC		12003						41.03
41.03 ENDOSCOPY								41.05
41.05 PET IMAGING								42
42 RADIOLOGY-THERAPEUTIC								43
43 RADIOISOTOPE								44
44 LABORATORY		545						46.30
46.30 BLOOD CLOTTING FACTORS ADMIN C								47
47 BLOOD STORING, PROCESSING & TR								49
49 RESPIRATORY THERAPY								50
50 PHYSICAL THERAPY								53
53 ELECTROCARDIOLOGY		234						53.02
53.02 CARDIOVASCULAR LAB								53.05
53.05 CARDIAC CATH								54
54 ELECTROENCEPHALOGRAPHY								55
55 MEDICAL SUPPLIES CHARGED TO PA		61						56
56 DRUGS CHARGED TO PATIENTS		1211	298					57
57 RENAL DIALYSIS								59
59 OTHER ANCILLARY SERVICES								59.01
59.01 PSYCH THERAPY								59.29
59.29 AIR RESCUE								59.30
59.30 BONE MARROW								60
60 OUTPATIENT SERVICE COST CENTERS								60.02
60 CLINIC								61
60.02 TRANSPLANT CLINIC								62
61 EMERGENCY								63.50
62 OBSERVATION BEDS (NON-DISTINCT								63.60
63.50 RHC								65.01
63.60 FQHC								65.02
OTHER REIMBURSABLE COST CENTERS								65.03
65.01 AMBULANCE CHARGES (S-2 LINE 56								101
65.02 AMBULANCE CHARGES (S-2 LINE 56								102
65.03 AMBULANCE CHARGES (S-2 LINE 56								103
101 SUBTOTAL		14054	298					104
102 CRNA CHARGES								
103 PBP CLINIC LAB								
104 NET CHARGES		14054	298					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (26-S105) [] 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							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		1082					41
41.03 ENDOSCOPY							41.03
41.05 PET IMAGING							41.05
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY		59					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY		27					53
53.02 CARDIOVASCULAR LAB							53.02
53.05 CARDIAC CATH							53.05
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO PAT		16					55
56 DRUGS CHARGED TO PATIENTS		120	29				56
57 RENAL DIALYSIS							57
59 OTHER ANCILLARY SERVICES							59
59.01 PSYCH THERAPY							59.01
59.29 AIR RESCUE							59.29
59.30 BONE MARROW							59.30
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.02 TRANSPLANT CLINIC							60.02
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 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		1304	29				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		1304	29				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	908692		908692	2694378		2694378	25
26 INTENSIVE CARE UNIT	101037		101037	303868		303868	26
26.01 6TH ICU	80810		80810	248054		248054	26.01
26.02 7TH ICU	79235		79235	243669		243669	26.02
26.03 8TH ICU	79125		79125	242463		242463	26.03
26.04 5TH ICU	103073		103073	314917		314917	26.04
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	251160		251160	718248		718248	31
33 NURSERY							33
101 TOTAL	1603132		1603132	4765597		4765597	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	60241	10368	15.08	156349	44.73	463761	25
26 INTENSIVE CARE UNIT	3932	593	25.70	15240	77.28	45827	26
26.01 6TH ICU	3720	1211	21.72	26303	66.68	80749	26.01
26.02 7TH ICU	3329	568	23.80	13518	73.20	41578	26.02
26.03 8TH ICU	3308	695	23.92	16624	73.30	50944	26.03
26.04 5TH ICU	4703	881	21.92	19312	66.96	58992	26.04
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	7956	1747	31.57	55153	90.28	157719	31
33 NURSERY							33
101 TOTAL	87189	16063		302499		899570	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (26-0105) [] 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 CAPITAL RELATED		NEW CAPITAL RELATED		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	COST	1	COST	2		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	592975	1706213	78108428	8668774	.007592	65813	.021844	189361	37
38 RECOVERY ROOM	48601	150799	7551436	743723	.006436	4787	.019970	14852	38
40 ANESTHESIOLOGY	2075	10355	5964937	792532	.000348	276	.001736	1376	40
41 RADIOLOGY-DIAGNOSTIC	579564	1752900	189879200	14126207	.003052	43113	.009232	130413	41
41.03 ENDOSCOPY	38385	115765	13157572	758208	.002917	2212	.008798	6671	41.03
41.05 PET IMAGING	36993	112967	17596656	458551	.002102	964	.006420	2944	41.05
42 RADIOLOGY-THERAPEUTIC	78537	232525	25538701	381225	.003075	1172	.009105	3471	42
43 RADIOISOTOPE	68112	196990	4087621	213451	.016663	3557	.048192	10287	43
44 LABORATORY	198694	673211	154298151	16875786	.001288	21736	.004363	73629	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T	24461	101572	23840237	4503265	.001026	4620	.004261	19188	47
49 RESPIRATORY THERAPY	36075	120746	22583671	4897377	.001597	7821	.005347	26186	49
50 PHYSICAL THERAPY	185437	526091	9540141	1203613	.019438	23396	.055145	66373	50
53 ELECTROCARDIOLOGY	134543	410258	50655588	4903971	.002656	13025	.008099	39717	53
53.02 CARDIOVASCULAR LAB									53.02
53.05 CARDIAC CATH	17180	49335	2440299		.007040		.020217		53.05
54 ELECTROENCEPHALOGRAPHY	74446	209665	5562681	682825	.013383	9138	.037691	25736	54
55 MEDICAL SUPPLIES CHARGED TO P	167221	739779	154006540	19822062	.001086	21527	.004804	95225	55
56 DRUGS CHARGED TO PATIENTS	105242	509856	270865965	46213773	.000389	17977	.001882	86974	56
57 RENAL DIALYSIS	44424	135727	7440105	830879	.005971	4961	.018243	15158	57
59 OTHER ANCILLARY SERVICES									59
59.01 PSYCH THERAPY									59.01
59.29 AIR RESCUE									59.29
59.30 BONE MARROW	2646	9942	737699	128	.003587		.013477	2	59.30
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	92099	256651	1777498	506	.051814	26	.144389	73	60
60.02 TRANSPLANT CLINIC	1931	7765	605794		.003188		.012818		60.02
61 EMERGENCY	157681	486848	39296515	653635	.004013	2623	.012389	8098	61
62 OBSERVATION BEDS (NON-DISTINC	36534	108327	2587475	24140	.014120	341	.041866	1011	62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL	2723856	8624287	1088122910	126754631		249085		816745	101

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	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL	
	ANESTHETIST	SCHOOL		MEDICAL			
	COST	COST	COSTS	COSTS	ADJUSTMENT	COSTS	
	1	2	2.01	2.02	3	4	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS			60331			60331	25
26 INTENSIVE CARE UNIT			19567			19567	26
26.01 6TH ICU							26.01
26.02 7TH ICU							26.02
26.03 8TH ICU							26.03
26.04 5TH ICU							26.04
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			6522			6522	31
33 NURSERY							33
34 SKILLED NURSING FACILITY							34
35 NURSING FACILITY							35
101 TOTAL			86420			86420	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
INPAT ROUTINE SERV COST CTRS					
25 ADULTS & PEDIATRICS	60241	1.00	10368	10368	25
26 INTENSIVE CARE UNIT	3932	4.98	593	2953	26
26.01 6TH ICU	3720		1211		26.01
26.02 7TH ICU	3329		568		26.02
26.03 8TH ICU	3308		695		26.03
26.04 5TH ICU	4703		881		26.04
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	7956	.82	1747	1433	31
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
35 NURSING FACILITY					35
101 TOTAL	87189		16063	14754	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (26-0105) [] 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		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS	
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST						
	1	1.01	2	2.01	2.02	2.03	3	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM				11740			11740	38
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC				93269			93269	41
41.03 ENDOSCOPY								41.03
41.05 PET IMAGING				6115			6115	41.05
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE				24459			24459	43
44 LABORATORY				14675			14675	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T								47
49 RESPIRATORY THERAPY				39541			39541	49
50 PHYSICAL THERAPY				25600			25600	50
53 ELECTROCARDIOLOGY				5218			5218	53
53.02 CARDIOVASCULAR LAB								53.02
53.05 CARDIAC CATH								53.05
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO P								55
56 DRUGS CHARGED TO PATIENTS				52178			52178	56
57 RENAL DIALYSIS								57
59 OTHER ANCILLARY SERVICES								59
59.01 PSYCH THERAPY								59.01
59.29 AIR RESCUE								59.29
59.30 BONE MARROW								59.30
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.02 TRANSPLANT CLINIC								60.02
61 EMERGENCY				68484			68484	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL				341279			341279	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (26-0105) [] 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	
	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		78108428			8668774		37
38 RECOVERY ROOM	11740	7551436	.001555	.001555	743723	1156	38
40 ANESTHESIOLOGY		5964937			792532		40
41 RADIOLOGY-DIAGNOSTIC	93269	189879200	.000491	.000491	14126207	6936	41
41.03 ENDOSCOPY		13157572			758208		41.03
41.05 PET IMAGING	6115	17596656	.000348	.000348	458551	160	41.05
42 RADIOLOGY-THERAPEUTIC		25538701			381225		42
43 RADIOISOTOPE	24459	4087621	.005984	.005984	213451	1277	43
44 LABORATORY	14675	154298151	.000095	.000095	16875786	1603	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		23840237			4503265		47
49 RESPIRATORY THERAPY	39541	22583671	.001751	.001751	4897377	8575	49
50 PHYSICAL THERAPY	25600	9540141	.002683	.002683	1203613	3229	50
53 ELECTROCARDIOLOGY	5218	50655588	.000103	.000103	4903971	505	53
53.02 CARDIOVASCULAR LAB							53.02
53.05 CARDIAC CATH		2440299					53.05
54 ELECTROENCEPHALOGRAPHY		5562681			682825		54
55 MEDICAL SUPPLIES CHARGED TO P		154006540			19822062		55
56 DRUGS CHARGED TO PATIENTS	52178	270865965	.000193	.000193	46213773	8919	56
57 RENAL DIALYSIS		7440105			830879		57
59 OTHER ANCILLARY SERVICES							59
59.01 PSYCH THERAPY							59.01
59.29 AIR RESCUE							59.29
59.30 BONE MARROW		737699			128		59.30
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1777498			506		60
60.02 TRANSPLANT CLINIC		605794					60.02
61 EMERGENCY	68484	39296515	.001743	.001743	653635	1139	61
62 OBSERVATION BEDS (NON-DISTINC		2587475			24140		62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	341279	1088122910			126754631	33499	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (26-0105) [] 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
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.03 ENDOSCOPY					41.03
41.05 PET IMAGING					41.05
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
53.02 CARDIOVASCULAR LAB					53.02
53.05 CARDIAC CATH					53.05
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 OTHER ANCILLARY SERVICES					59
59.01 PSYCH THERAPY					59.01
59.29 AIR RESCUE					59.29
59.30 BONE MARROW					59.30
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.02 TRANSPLANT CLINIC					60.02
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (26-0105) [] SNF
 APPLICABLE [] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [XX] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES			
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4	
37 ANCILLARY SERVICE COST CENTERS							
38 OPERATING ROOM	.188186	.188186	.188186				37
40 RECOVERY ROOM	.377975	.377975	.377975				38
41 ANESTHESIOLOGY	.092138	.092138	.092138				40
41 RADIOLOGY-DIAGNOSTIC	.090138	.090138	.090138				41
41.03 ENDOSCOPY	.116053	.116053	.116053				41.03
41.05 PET IMAGING	.085411	.085411	.085411				41.05
42 RADIOLOGY-THERAPEUTIC	.095374	.095374	.095374				42
43 RADIOISOTOPE	.505703	.505703	.505703				43
44 LABORATORY	.108877	.108877	.108877				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA	.206113	.206113	.206113				47
49 RESPIRATORY THERAPY	.134686	.134686	.134686				49
50 PHYSICAL THERAPY	.412938	.412938	.412938				50
53 ELECTROCARDIOLOGY	.116153	.116153	.116153				53
53.02 CARDIOVASCULAR LAB							53.02
53.05 CARDIAC CATH	.165029	.165029	.165029				53.05
54 ELECTROENCEPHALOGRAPHY	.227384	.227384	.227384				54
55 MEDICAL SUPPLIES CHARGED TO PAT	.266390	.266390	.266390				55
56 DRUGS CHARGED TO PATIENTS	.098740	.098740	.098740				56
57 RENAL DIALYSIS	.313306	.313306	.313306				57
59 OTHER ANCILLARY SERVICES							59
59.01 PSYCH THERAPY							59.01
59.29 AIR RESCUE							59.29
59.30 BONE MARROW	.585080	.585080	.585080				59.30
60 OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	.739580	.739580	.739580				60
60.02 TRANSPLANT CLINIC	.651944	.651944	.651944				60.02
61 EMERGENCY	.220960	.220960	.220960				61
62 OBSERVATION BEDS (NON-DISTINCT	.586500	.586500	.586500				62
63.50 RHC							63.50
63.60 FQHC							63.60
65 OTHER REIMBURSABLE COST CENTERS							
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							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	.098740	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 (26-0105) [] SNF
 APPLICABLE [] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [XX] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER (SEE)	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(INSTRU.)	(INSTRU.)	(INSTRU.)	(INSTRU.)	(INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	2646880							37
38 RECOVERY ROOM	236120							38
40 ANESTHESIOLOGY	119086							40
41 RADIOLOGY-DIAGNOSTIC	13171096							41
41.03 ENDOSCOPY	535608							41.03
41.05 PET IMAGING	1372140							41.05
42 RADIOLOGY-THERAPEUTIC	2554474							42
43 RADIOISOTOPE	201469							43
44 LABORATORY	5665460							44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR	178491							47
49 RESPIRATORY THERAPY	176924							49
50 PHYSICAL THERAPY	66822							50
53 ELECTROCARDIOLOGY	1225084							53
53.02 CARDIOVASCULAR LAB								53.02
53.05 CARDIAC CATH								53.05
54 ELECTROENCEPHALOGRAPHY	126086							54
55 MEDICAL SUPPLIES CHARGED TO PA	3302274							55
56 DRUGS CHARGED TO PATIENTS	5559447							56
57 RENAL DIALYSIS	39146							57
59 OTHER ANCILLARY SERVICES								59
59.01 PSYCH THERAPY								59.01
59.29 AIR RESCUE								59.29
59.30 BONE MARROW	18000							59.30
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	225279							60
60.02 TRANSPLANT CLINIC								60.02
61 EMERGENCY	5426894							61
62 OBSERVATION BEDS (NON-DISTINCT	274612							62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
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	43121392							101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES	43121392							104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (26-0105) [] SNF
 APPLICABLE [] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [XX] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
37 ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	498106						37
38 RECOVERY ROOM	89247						38
40 ANESTHESIOLOGY	10972						40
41 RADIOLOGY-DIAGNOSTIC	1187216						41
41.03 ENDOSCOPY	62159						41.03
41.05 PET IMAGING	117196						41.05
42 RADIOLOGY-THERAPEUTIC	243630						42
43 RADIOISOTOPE	101883						43
44 LABORATORY	616838						44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA	36789						47
49 RESPIRATORY THERAPY	23829						49
50 PHYSICAL THERAPY	27593						50
53 ELECTROCARDIOLOGY	142297						53
53.02 CARDIOVASCULAR LAB							53.02
53.05 CARDIAC CATH							53.05
54 ELECTROENCEPHALOGRAPHY	28670						54
55 MEDICAL SUPPLIES CHARGED TO PAT	879693						55
56 DRUGS CHARGED TO PATIENTS	548940						56
57 RENAL DIALYSIS	12265						57
59 OTHER ANCILLARY SERVICES							59
59.01 PSYCH THERAPY							59.01
59.29 AIR RESCUE							59.29
59.30 BONE MARROW	10531						59.30
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	166612						60
60.02 TRANSPLANT CLINIC							60.02
61 EMERGENCY	1199126						61
62 OBSERVATION BEDS (NON-DISTINCT	161060						62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
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	6164652						101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES	6164652						104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (26-S105) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD CAPITAL		NEW CAPITAL		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST	TOTAL CHARGES	RATIO OF COST TO CHARGES		CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	592975	1706213	78108428		.007592		.021844	37	
38 RECOVERY ROOM	48601	150799	7551436		.006436		.019970	38	
40 ANESTHESIOLOGY	2075	10355	5964937		.000348		.001736	40	
41 RADIOLOGY-DIAGNOSTIC	579564	1752900	189879200		.003052		.009232	41	
41.03 ENDOSCOPY	38385	115765	13157572		.002917		.008798	41.03	
41.05 PET IMAGING	36993	112967	17596656		.002102		.006420	41.05	
42 RADIOLOGY-THERAPEUTIC	78537	232525	25538701		.003075		.009105	42	
43 RADIOISOTOPE	68112	196990	4087621		.016663		.048192	43	
44 LABORATORY	198694	673211	154298151		.001288		.004363	44	
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30	
47 BLOOD STORING, PROCESSING & T	24461	101572	23840237		.001026		.004261	47	
49 RESPIRATORY THERAPY	36075	120746	22583671		.001597		.005347	49	
50 PHYSICAL THERAPY	185437	526091	9540141		.019438		.055145	50	
53 ELECTROCARDIOLOGY	134543	410258	50655588		.002656		.008099	53	
53.02 CARDIOVASCULAR LAB								53.02	
53.05 CARDIAC CATH	17180	49335	2440299		.007040		.020217	53.05	
54 ELECTROENCEPHALOGRAPHY	74446	209665	5562681		.013383		.037691	54	
55 MEDICAL SUPPLIES CHARGED TO P	167221	739779	154006540		.001086		.004804	55	
56 DRUGS CHARGED TO PATIENTS	105242	509856	270865965		.000389		.001882	56	
57 RENAL DIALYSIS	44424	135727	7440105		.005971		.018243	57	
59 OTHER ANCILLARY SERVICES								59	
59.01 PSYCH THERAPY								59.01	
59.29 AIR RESCUE								59.29	
59.30 BONE MARROW	2646	9942	737699		.003587		.013477	59.30	
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	92099	256651	1777498		.051814		.144389	60	
60.02 TRANSPLANT CLINIC	1931	7765	605794		.003188		.012818	60.02	
61 EMERGENCY	157681	486848	39296515		.004013		.012389	61	
62 OBSERVATION BEDS (NON-DISTINC	36534	108327	2587475		.014120		.041866	62	
63.50 RHC								63.50	
63.60 FQHC								63.60	
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL	2723856	8624287	1088122910					101	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (26-S105) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS	
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST						
	1	1.01	2	2.01	2.02	2.03	3	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM				11740			11740	38
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC				93269			93269	41
41.03 ENDOSCOPY								41.03
41.05 PET IMAGING				6115			6115	41.05
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE				24459			24459	43
44 LABORATORY				14675			14675	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T								47
49 RESPIRATORY THERAPY				39541			39541	49
50 PHYSICAL THERAPY				25600			25600	50
53 ELECTROCARDIOLOGY				5218			5218	53
53.02 CARDIOVASCULAR LAB								53.02
53.05 CARDIAC CATH								53.05
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO P								55
56 DRUGS CHARGED TO PATIENTS				52178			52178	56
57 RENAL DIALYSIS								57
59 OTHER ANCILLARY SERVICES								59
59.01 PSYCH THERAPY								59.01
59.29 AIR RESCUE								59.29
59.30 BONE MARROW								59.30
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.02 TRANSPLANT CLINIC								60.02
61 EMERGENCY				68484			68484	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL				341279			341279	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (26-S105) [] 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	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		78108428					37
38 RECOVERY ROOM	11740	7551436	.001555	.001555			38
40 ANESTHESIOLOGY		5964937					40
41 RADIOLOGY-DIAGNOSTIC	93269	189879200	.000491	.000491			41
41.03 ENDOSCOPY		13157572					41.03
41.05 PET IMAGING	6115	17596656	.000348	.000348			41.05
42 RADIOLOGY-THERAPEUTIC		25538701					42
43 RADIOISOTOPE	24459	4087621	.005984	.005984			43
44 LABORATORY	14675	154298151	.000095	.000095			44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		23840237					47
49 RESPIRATORY THERAPY	39541	22583671	.001751	.001751			49
50 PHYSICAL THERAPY	25600	9540141	.002683	.002683			50
53 ELECTROCARDIOLOGY	5218	50655588	.000103	.000103			53
53.02 CARDIOVASCULAR LAB							53.02
53.05 CARDIAC CATH		2440299					53.05
54 ELECTROENCEPHALOGRAPHY		5562681					54
55 MEDICAL SUPPLIES CHARGED TO P		154006540					55
56 DRUGS CHARGED TO PATIENTS	52178	270865965	.000193	.000193			56
57 RENAL DIALYSIS		7440105					57
59 OTHER ANCILLARY SERVICES							59
59.01 PSYCH THERAPY							59.01
59.29 AIR RESCUE							59.29
59.30 BONE MARROW		737699					59.30
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1777498					60
60.02 TRANSPLANT CLINIC		605794					60.02
61 EMERGENCY	68484	39296515	.001743	.001743			61
62 OBSERVATION BEDS (NON-DISTINC		2587475					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	341279	1088122910					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (26-S105) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
41.03 ENDOSCOPY						41.03
41.05 PET IMAGING						41.05
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE						43
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47 BLOOD STORING, PROCESSING & T						47
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
53 ELECTROCARDIOLOGY						53
53.02 CARDIOVASCULAR LAB						53.02
53.05 CARDIAC CATH						53.05
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
59 OTHER ANCILLARY SERVICES						59
59.01 PSYCH THERAPY						59.01
59.29 AIR RESCUE						59.29
59.30 BONE MARROW						59.30
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.02 TRANSPLANT CLINIC						60.02
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (26-0105)	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)	60241						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	60241						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	27049						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	33192						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)							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)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (26-0105)	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	37703197						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	37703197						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	62623181						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	33372331						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	29250850						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.602065						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	1233.77						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	881.26						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	352.51						34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	212.23						35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	5740609						36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	31962588						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (26-0105)	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	530.58					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST						39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST						41

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLES V AND XIX ONLY)					42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	4788027	3932	1217.71		43
43.01 6TH ICU	4577978	3720	1230.64		43.01
43.02 7TH ICU	4564767	3329	1371.21		43.02
43.03 8TH ICU	4429375	3308	1338.99		43.03
43.04 5TH ICU	5572439	4703	1184.87		43.04
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) (26-0105)	SUB I	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	1	1	1	1	1	48
49 TOTAL PROGRAM INPATIENT COSTS						49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES						50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST						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)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (26-0105)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
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
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

PROVIDER NO. 26-0105 SAINT LOUIS UNIVERSITY HOSPITAL
PERIOD FROM 06/01/2007 TO 05/31/2008

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

VERSION: 2008.05
11/05/2008 09:52

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT TITLE XVIII-PART A 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. 26-0105 SAINT LOUIS UNIVERSITY HOSPITA
PERIOD FROM 06/01/2007 TO 05/31/2008

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

VERSION: 2008.05
11/05/2008 09:52

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (26-0105)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2422	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	626.57	84
85 OBSERVATION BED COST	1517553	85

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (26-0105)	SUB I (TEFRA) (26-S105)	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)	60241	7956					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	60241	7956					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	27049	1532					3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	33192	6424					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)	20571	3547					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)	9172	1033					14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (26-0105)	SUB I (TEFRA) (26-S105)	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	37745491	6350591					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	37745491	6350591					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	62623181	11019229					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	33372331	2377246					29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	29250850	8641983					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.602740	.576319					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	1233.77	1551.73					32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	881.26	1345.27					33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	352.51	206.46					34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	212.47	118.99					35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	5747101	182293					36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	31998390	6168298					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (26-0105)	SUB I (TEFRA) (26-S105)	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	626.57	775.30				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	12889171	2749989				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM		122917				40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	12889171	2872906				41

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	4788027	3932	1217.71	1745	2124904	43
43.01 6TH ICU	4577978	3720	1230.64	717	882369	43.01
43.02 7TH ICU	4564767	3329	1371.21	1342	1840164	43.02
43.03 8TH ICU	4429375	3308	1338.99	1144	1531805	43.03
43.04 5TH ICU	5572439	4703	1184.87	1311	1553365	43.04
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47

	HOSPITAL (PPS) (26-0105)	SUB I (TEFRA) (26-S105)	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	34252637	319524				48
49 TOTAL PROGRAM INPATIENT COSTS	55074415	3192430				49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1860612	435111				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2183354	23210				51
52 TOTAL PROGRAM EXCLUDABLE COST	4043966	458321				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	51030449	2734109				53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (26-0105)	SUB I (TEFRA) (26-S105)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	PROGRAM DISCHARGES	390				54
55	TARGET AMOUNT PER DISCHARGE	12225.86				55
56	TARGET AMOUNT	4768085				56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	2033976				57
58	BONUS PAYMENT	95362				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	10362.61				58.01
58.02	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET	6993.98				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	3287792				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 SUB I SUB II SUB III SUB IV
 (PPS) (TEFRA)
 (26-0105)(26-S105)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2422	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	626.57	84
85 OBSERVATION BED COST	1517553	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST	HOSPITAL ROUTINE COST (FROM LINE 27)	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST (FROM LINE 85)	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4	
	1	2	3	4	5	
86 OLD CAPITAL-RELATED COST	908692	37745491	.024074	1517553	36534	86
87 NEW CAPITAL-RELATED COST	2694378	37745491	.071383	1517553	108327	87
88 NON PHYSICIAN ANESTHETIST		37745491		1517553		88
89 NURSING SCHOOL		37745491		1517553		89
89.01 ALLIED HEALTH	60331	37745491	.001598	1517553	2425	89.01
89.02 ALL OTHER		37745491		1517553		89.02

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) (26-0105)	SUB I (OTHER) (26-S105)	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)	60241	7956				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	60241	7956				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	27049	1532				3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	33192	6424				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)	10368	1747				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) (26-0105)	SUB I (OTHER) (26-S105)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT							
	1	1	1	1	1	1	
17							17
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
18							18
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
19							19
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
20							20
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
21	37703197	6350591					21
TOTAL GENERAL INPATIENT ROUTINE SERVICE COST							
22							22
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
23							23
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
24							24
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
25							25
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
26							26
TOTAL SWING-BED COST							
27	37703197	6350591					27
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	62623181	11019229					28
GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)							
29	33372331	2377246					29
PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
30	29250850	8641983					30
SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
31	.602065	.576319					31
GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO							
32	1233.77	1551.73					32
AVERAGE PRIVATE ROOM PER DIEM CHARGE							
33	881.26	1345.27					33
AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							
34	352.51	206.46					34
AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							
35	212.23	118.99					35
AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							
36	5740609	182293					36
PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							
37	31962588	6168298					37
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL							

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (26-0105)	SUB I (OTHER) (26-S105)	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	530.58	775.30				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5501053	1354449				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5501053	1354449				41

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	4788027	3932	1217.71	593	722102	43
43.01 6TH ICU	4577978	3720	1230.64	1211	1490305	43.01
43.02 7TH ICU	4564767	3329	1371.21	568	778847	43.02
43.03 8TH ICU	4429375	3308	1338.99	695	930598	43.03
43.04 5TH ICU	5572439	4703	1184.87	881	1043870	43.04
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) (26-0105)	SUB I (OTHER) (26-S105)	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	18440206					48
49 TOTAL PROGRAM INPATIENT COSTS	28906981	1354449				49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1002518	214305				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1099329					51
52 TOTAL PROGRAM EXCLUDABLE COST	2101847	214305				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) (26-0105)	SUB I (OTHER) (26-S105)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54		406				55
55						56
56						57
57						58
58						58.01
58.01						58.02
58.02						58.03
58.03						58.04
58.04						59
59						59.01
59.01						59.02
59.02						59.03
59.03						59.04
59.04						59.05
59.05						59.06
59.06						59.07
59.07						59.08
59.08						
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT [] 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. 26-0105 SAINT LOUIS UNIVERSITY HOSPITA
PERIOD FROM 06/01/2007 TO 05/31/2008

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

VERSION: 2008.05
11/05/2008 09:52

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (26-0105)	SUB I (OTHER) (26-S105)	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2422	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	626.57	84
85 OBSERVATION BED COST	1517553	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input checked="" type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (26-0105)	<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 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			25
26 INTENSIVE CARE UNIT			26
26.01 6TH ICU			26.01
26.02 7TH ICU			26.02
26.03 8TH ICU			26.03
26.04 5TH ICU			26.04
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.188186		37
38 RECOVERY ROOM	.377975		38
40 ANESTHESIOLOGY	.092138		40
41 RADIOLOGY-DIAGNOSTIC	.090138		41
41.03 ENDOSCOPY	.116053		41.03
41.05 PET IMAGING	.085411		41.05
42 RADIOLOGY-THERAPEUTIC	.095374		42
43 RADIOISOTOPE	.505703		43
44 LABORATORY	.108877		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.206113		47
49 RESPIRATORY THERAPY	.134686		49
50 PHYSICAL THERAPY	.412938		50
53 ELECTROCARDIOLOGY	.116153		53
53.02 CARDIOVASCULAR LAB			53.02
53.05 CARDIAC CATH	.165029		53.05
54 ELECTROENCEPHALOGRAPHY	.227384		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.266390		55
56 DRUGS CHARGED TO PATIENTS	.098740		56
57 RENAL DIALYSIS	.313306		57
59 OTHER ANCILLARY SERVICES			59
59.01 PSYCH THERAPY			59.01
59.29 AIR RESCUE			59.29
59.30 BONE MARROW	.585080		59.30
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.739580		60
60.02 TRANSPLANT CLINIC	.651944		60.02
61 EMERGENCY	.220960		61
62 OBSERVATION BEDS (NON-DISTINCT	.586500		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (26-0105) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		22112333		25
26 INTENSIVE CARE UNIT		4470123		26
26.01 6TH ICU		2102119		26.01
26.02 7TH ICU		3896876		26.02
26.03 8TH ICU		3198472		26.03
26.04 5TH ICU		3511087		26.04
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.188387	13906921	2619883	37
38 RECOVERY ROOM	.377975	1466959	554474	38
40 ANESTHESIOLOGY	.092700	1203959	111607	40
41 RADIOLOGY-DIAGNOSTIC	.090159	30459188	2746170	41
41.03 ENDOSCOPY	.116053	1706775	198076	41.03
41.05 PET IMAGING	.085411	730793	62418	41.05
42 RADIOLOGY-THERAPEUTIC	.095374	328529	31333	42
43 RADIOISOTOPE	.505703	676212	341962	43
44 LABORATORY	.109088	34923191	3809701	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.206113	7637417	1574171	47
49 RESPIRATORY THERAPY	.134686	7147518	962671	49
50 PHYSICAL THERAPY	.412938	2585042	1067462	50
53 ELECTROCARDIOLOGY	.116153	12153365	1411650	53
53.02 CARDIOVASCULAR LAB				53.02
53.05 CARDIAC CATH	.165029			53.05
54 ELECTROENCEPHALOGRAPHY	.228520	1024047	234015	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.266390	32738427	8721190	55
56 DRUGS CHARGED TO PATIENTS	.098740	73911552	7298027	56
57 RENAL DIALYSIS	.313306	4310205	1350413	57
59 OTHER ANCILLARY SERVICES				59
59.01 PSYCH THERAPY				59.01
59.29 AIR RESCUE				59.29
59.30 BONE MARROW	.585080	133	78	59.30
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.739580	1485	1098	60
60.02 TRANSPLANT CLINIC	.651944			60.02
61 EMERGENCY	.220960	4863528	1074645	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.586500	139119	81593	62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		231914365	34252637	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		231914365		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (26-S105)	<input type="checkbox"/> NF	<input checked="" type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
26.01 6TH ICU				26.01
26.02 7TH ICU				26.02
26.03 8TH ICU				26.03
26.04 5TH ICU				26.04
31 SUBPROVIDER I		5141656		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.188186	7470	1406	37
38 RECOVERY ROOM	.377975			38
40 ANESTHESIOLOGY	.092138	12980	1196	40
41 RADIOLOGY-DIAGNOSTIC	.090138	429492	38714	41
41.03 ENDOSCOPY	.116053	14864	1725	41.03
41.05 PET IMAGING	.085411			41.05
42 RADIOLOGY-THERAPEUTIC	.095374	13461	1284	42
43 RADIOISOTOPE	.505703	11601	5867	43
44 LABORATORY	.108877	730222	79504	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.206113	4905	1011	47
49 RESPIRATORY THERAPY	.134686	14053	1893	49
50 PHYSICAL THERAPY	.412938	61569	25424	50
53 ELECTROCARDIOLOGY	.116153	67075	7791	53
53.02 CARDIOVASCULAR LAB				53.02
53.05 CARDIAC CATH	.165029			53.05
54 ELECTROENCEPHALOGRAPHY	.227384	10880	2474	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.266390	60415	16094	55
56 DRUGS CHARGED TO PATIENTS	.098740	977100	96479	56
57 RENAL DIALYSIS	.313306	5627	1763	57
59 OTHER ANCILLARY SERVICES				59
59.01 PSYCH THERAPY				59.01
59.29 AIR RESCUE				59.29
59.30 BONE MARROW	.585080			59.30
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.739580			60
60.02 TRANSPLANT CLINIC	.651944			60.02
61 EMERGENCY	.220960	166995	36899	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.586500			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		2588709	319524	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		2588709		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (26-0105)	<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		11708956		25
26 INTENSIVE CARE UNIT		1709893		26
26.01 6TH ICU		3215092		26.01
26.02 7TH ICU		1620113		26.02
26.03 8TH ICU		2011729		26.03
26.04 5TH ICU		2285166		26.04
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.188186	8668774	1631342	37
38 RECOVERY ROOM	.377975	743723	281109	38
40 ANESTHESIOLOGY	.092138	792532	73022	40
41 RADIOLOGY-DIAGNOSTIC	.090138	14126207	1273308	41
41.03 ENDOSCOPY	.116053	758208	87992	41.03
41.05 PET IMAGING	.085411	458551	39165	41.05
42 RADIOLOGY-THERAPEUTIC	.095374	381225	36359	42
43 RADIOISOTOPE	.505703	213451	107943	43
44 LABORATORY	.108877	16875786	1837385	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.206113	4503265	928181	47
49 RESPIRATORY THERAPY	.134686	4897377	659608	49
50 PHYSICAL THERAPY	.412938	1203613	497018	50
53 ELECTROCARDIOLOGY	.116153	4903971	569611	53
53.02 CARDIOVASCULAR LAB				53.02
53.05 CARDIAC CATH	.165029			53.05
54 ELECTROENCEPHALOGRAPHY	.227384	682825	155263	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.266390	19822062	5280399	55
56 DRUGS CHARGED TO PATIENTS	.098740	46213773	4563148	56
57 RENAL DIALYSIS	.313306	830879	260319	57
59 OTHER ANCILLARY SERVICES				59
59.01 PSYCH THERAPY				59.01
59.29 AIR RESCUE				59.29
59.30 BONE MARROW	.585080	128	75	59.30
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.739580	506	374	60
60.02 TRANSPLANT CLINIC	.651944			60.02
61 EMERGENCY	.220960	653635	144427	61
62 OBSERVATION BEDS (NON-DISTINCT	.586500	24140	14158	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		126754631	18440206	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		126754631		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[] HOSPITAL	[] SNF	[] PPS
[] TITLE XVIII-PT A	[XX] SUB I (26-S105)	[] NF	[] TEFRA
[XX] TITLE XIX	[] SUB II	[] S/B-SNF	[XX] OTHER
	[] SUB III	[] S/B-NF	
	[] SUB IV	[] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
26.01 6TH ICU			26.01
26.02 7TH ICU			26.02
26.03 8TH ICU			26.03
26.04 5TH ICU			26.04
31 SUBPROVIDER I		2404789	31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.188186		37
38 RECOVERY ROOM	.377975		38
40 ANESTHESIOLOGY	.092138		40
41 RADIOLOGY-DIAGNOSTIC	.090138		41
41.03 ENDOSCOPY	.116053		41.03
41.05 PET IMAGING	.085411		41.05
42 RADIOLOGY-THERAPEUTIC	.095374		42
43 RADIOISOTOPE	.505703		43
44 LABORATORY	.108877		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.206113		47
49 RESPIRATORY THERAPY	.134686		49
50 PHYSICAL THERAPY	.412938		50
53 ELECTROCARDIOLOGY	.116153		53
53.02 CARDIOVASCULAR LAB			53.02
53.05 CARDIAC CATH	.165029		53.05
54 ELECTROENCEPHALOGRAPHY	.227384		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.266390		55
56 DRUGS CHARGED TO PATIENTS	.098740		56
57 RENAL DIALYSIS	.313306		57
59 OTHER ANCILLARY SERVICES			59
59.01 PSYCH THERAPY			59.01
59.29 AIR RESCUE			59.29
59.30 BONE MARROW	.585080		59.30
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.739580		60
60.02 TRANSPLANT CLINIC	.651944		60.02
61 EMERGENCY	.220960		61
62 OBSERVATION BEDS (NON-DISTINCT	.586500		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART I

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

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES		PER DIEM COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
		1	D	2	3	4	
1	ADULTS & PEDIATRICS	34436	38	626.57	29	18171	1
2	INTENSIVE CARE UNIT		43	1217.71			2
2.01	6TH ICU	10528	43.01	1230.64	4	4923	2.01
2.02	7TH ICU		43.02	1371.21			2.02
2.03	8TH ICU	1328	43.03	1338.99	1	1339	2.03
2.04	5TH ICU	18290	43.04	1184.87	8	9479	2.04
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	64582			42	33912	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	.188186	452987	85246	8	
9	RECOVERY ROOM	38	.377975	28523	10781	9	
10	DELIVERY ROOM & LABOR ROOM	39				10	
11	ANESTHESIOLOGY	40	.092138			11	
12	RADIOLOGY-DIAGNOSTIC	41	.090138	642034	57872	12	
12.03	ENDOSCOPY	41.03	.116053			12.03	
12.05	PET IMAGING	41.05	.085411			12.05	
13	RADIOLOGY-THERAPEUTIC	42	.095374			13	
14	RADIOISOTOPE	43	.505703	191207	96694	14	
15	LABORATORY	44	.108877	139144	15150	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	.206113	4913	1013	18	
19	INTRAVENOUS THERAPY	48				19	
20	RESPIRATORY THERAPY	49	.134686	55698	7502	20	
21	PHYSICAL THERAPY	50	.412938	416	172	21	
22	OCCUPATIONAL THERAPY	51				22	
23	SPEECH PATHOLOGY	52				23	
24	ELECTROCARDIOLOGY	53	.116153	844830	98130	24	
24.02	CARDIOVASCULAR LAB	53.02				24.02	
24.05	CARDIAC CATH	53.05	.165029			24.05	
25	ELECTROENCEPHALOGRAPHY	54	.227384	2981	678	25	
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.266390	446085	118833	26	
27	DRUGS CHARGED TO PATIENTS	56	.098740	677697	66916	27	
28	RENAL DIALYSIS	57	.313306			28	
29	ASC (NON-DISTINCT PART)	58				29	
30	OTHER ANCILLARY SERVICES	59				30	
30.01	PSYCH THERAPY	59.01				30.01	
30.29	AIR RESCUE	59.29				30.29	
30.30	BONE MARROW	59.30	.585080			30.30	
31	CLINIC	60	.739580			31	
31.02	TRANSPLANT CLINIC	60.02	.651944			31.02	
32	EMERGENCY	61	.220960	21861	4830	32	
33	OBSERVATION BEDS (NON-DISTINCT)	62	.586500			33	
34	OTHER OUTPATIENT SERV (SPECIFY)	63				34	
34.50	RHC	63.50				34.50	
34.60	FQHC	63.60				34.60	
35	TOTAL			3508376	563817	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		29		36
37 INTENSIVE CARE UNIT	3				37
37.01 6TH ICU	3.01		4		37.01
37.02 7TH ICU	3.02				37.02
37.03 8TH ICU	3.03		1		37.03
37.04 5TH ICU	3.04		8		37.04
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			42		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	
	D	1	2	3	
43 CLINIC	20				43
43.02 TRANSPLANT CLINIC	20.02				43.02
44 EMERGENCY	21	21861			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		21861			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	597729		3572958		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	5756282		5756282		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	6354011		9329240		53
54 TOTAL USABLE ORGANS		134			54
55 MEDICARE USABLE ORGANS		103			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.768657			56
57 MEDICARE COST/CHARGES	4884055		7170986		57
58 REVENUE FOR ORGANS SOLD	253959		253959		58
59 SUBTOTAL	4630096		6917027		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	4630096		6917027		61

PART IV - STATISTICS

	LIVING RELATED		CADAVERIC 2	REVENUE 3	
	1				
62 ORGANS EXCISED IN PROVIDER		22	41		62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS					63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS					64
65 ORGANS PURCHASED FROM OPO'S			71		65
66 TOTAL		22	112		66
67 ORGANS TRANSPLANTED		22	71	6365543	67
68 ORGANS SOLD TO OTHER HOSPITALS					68
69 ORGANS SOLD TO OPO'S			41	253959	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		22	112		76

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART I

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

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES		PER DIEM COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
		1	D	2	3	4	
1	ADULTS & PEDIATRICS		38	626.57			1
2	INTENSIVE CARE UNIT	2655	43	1217.71	1	1218	2
2.01	6TH ICU	5264	43.01	1230.64	2	2461	2.01
2.02	7TH ICU		43.02	1371.21			2.02
2.03	8TH ICU	664	43.03	1338.99			2.03
2.04	5TH ICU	10045	43.04	1184.87	4	4739	2.04
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	18628			7	8418	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	.188186	20534	3864		8
9	RECOVERY ROOM	38	.377975				9
10	DELIVERY ROOM & LABOR ROOM	39					10
11	ANESTHESIOLOGY	40	.092138				11
12	RADIOLOGY-DIAGNOSTIC	41	.090138	328229	29586		12
12.03	ENDOSCOPY	41.03	.116053				12.03
12.05	PET IMAGING	41.05	.085411				12.05
13	RADIOLOGY-THERAPEUTIC	42	.095374				13
14	RADIOISOTOPE	43	.505703	29948	15145		14
15	LABORATORY	44	.108877	6305	686		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	.206113	2324	479		18
19	INTRAVENOUS THERAPY	48					19
20	RESPIRATORY THERAPY	49	.134686	15258	2055		20
21	PHYSICAL THERAPY	50	.412938				21
22	OCCUPATIONAL THERAPY	51					22
23	SPEECH PATHOLOGY	52					23
24	ELECTROCARDIOLOGY	53	.116153	204116	23709		24
24.02	CARDIOVASCULAR LAB	53.02					24.02
24.05	CARDIAC CATH	53.05	.165029				24.05
25	ELECTROENCEPHALOGRAPHY	54	.227384				25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.266390	45905	12229		26
27	DRUGS CHARGED TO PATIENTS	56	.098740	192574	19015		27
28	RENAL DIALYSIS	57	.313306				28
29	ASC (NON-DISTINCT PART)	58					29
30	OTHER ANCILLARY SERVICES	59					30
30.01	PSYCH THERAPY	59.01					30.01
30.29	AIR RESCUE	59.29					30.29
30.30	BONE MARROW	59.30	.585080				30.30
31	CLINIC	60	.739580				31
31.02	TRANSPLANT CLINIC	60.02	.651944				31.02
32	EMERGENCY	61	.220960				32
33	OBSERVATION BEDS (NON-DISTINCT)	62	.586500				33
34	OTHER OUTPATIENT SERV (SPECIFY)	63					34
34.50	RHC	63.50					34.50
34.60	FQHC	63.60					34.60
35	TOTAL			845193	106768		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		1		37
37.01 6TH ICU	3.01		2		37.01
37.02 7TH ICU	3.02				37.02
37.03 8TH ICU	3.03				37.03
37.04 5TH ICU	3.04		4		37.04
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			7		42
COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
	D	1	2	3	
43 CLINIC	20				43
43.02 TRANSPLANT CLINIC	20.02				43.02
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	115186		863821		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	1976532		1976532		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	2091718		2840353		53
54 TOTAL USABLE ORGANS		55			54
55 MEDICARE USABLE ORGANS		31			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.563636			56
57 MEDICARE COST/CHARGES	1178968		1600925		57
58 REVENUE FOR ORGANS SOLD	140408		140408		58
59 SUBTOTAL	1038560		1460517		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	1038560		1460517		61

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
62 ORGANS EXCISED IN PROVIDER		20		62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65 ORGANS PURCHASED FROM OPO'S		35		65
66 TOTAL		55		66
67 ORGANS TRANSPLANTED		35	11819178	67
68 ORGANS SOLD TO OTHER HOSPITALS				68
69 ORGANS SOLD TO OPO'S		20	140408	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		55		76

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART I

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

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES	PER DIEM COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
	1	D	2	3	4	
1	ADULTS & PEDIATRICS	38	626.57			1
2	INTENSIVE CARE UNIT	43	1217.71			2
2.01	6TH ICU	1486	43.01	1	1231	2.01
2.02	7TH ICU		43.02			2.02
2.03	8TH ICU	664	43.03			2.03
2.04	5TH ICU	2080	43.04	1	1185	2.04
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	4230		2	2416	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	.188186	1917	361	8
9	RECOVERY ROOM	38	.377975			9
10	DELIVERY ROOM & LABOR ROOM	39				10
11	ANESTHESIOLOGY	40	.092138			11
12	RADIOLOGY-DIAGNOSTIC	41	.090138	751	68	12
12.03	ENDOSCOPY	41.03	.116053			12.03
12.05	PET IMAGING	41.05	.085411			12.05
13	RADIOLOGY-THERAPEUTIC	42	.095374			13
14	RADIOISOTOPE	43	.505703			14
15	LABORATORY	44	.108877	8402	915	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	.206113	1311	270	18
19	INTRAVENOUS THERAPY	48				19
20	RESPIRATORY THERAPY	49	.134686	3618	487	20
21	PHYSICAL THERAPY	50	.412938			21
22	OCCUPATIONAL THERAPY	51				22
23	SPEECH PATHOLOGY	52				23
24	ELECTROCARDIOLOGY	53	.116153	6176	717	24
24.02	CARDIOVASCULAR LAB	53.02				24.02
24.05	CARDIAC CATH	53.05	.165029			24.05
25	ELECTROENCEPHALOGRAPHY	54	.227384			25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.266390	1228	327	26
27	DRUGS CHARGED TO PATIENTS	56	.098740	6841	675	27
28	RENAL DIALYSIS	57	.313306			28
29	ASC (NON-DISTINCT PART)	58				29
30	OTHER ANCILLARY SERVICES	59				30
30.01	PSYCH THERAPY	59.01				30.01
30.29	AIR RESCUE	59.29				30.29
30.30	BONE MARROW	59.30	.585080			30.30
31	CLINIC	60	.739580			31
31.02	TRANSPLANT CLINIC	60.02	.651944			31.02
32	EMERGENCY	61	.220960			32
33	OBSERVATION BEDS (NON-DISTINCT)	62	.586500			33
34	OTHER OUTPATIENT SERV (SPECIFY)	63				34
34.50	RHC	63.50				34.50
34.60	FQHC	63.60				34.60
35	TOTAL			30244	3820	35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS	
		D	1	2	3
36	ADULTS & PEDIATRICS	2			36
37	INTENSIVE CARE UNIT	3			37
37.01	6TH ICU	3.01	1		37.01
37.02	7TH ICU	3.02			37.02
37.03	8TH ICU	3.03			37.03
37.04	5TH ICU	3.04	1		37.04
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
43.02	TRANSPLANT CLINIC		20.02		43.02
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 [XX] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
48 ROUTINE & ANCILLARY FROM PART I	6236		34474		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	33530		33530		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	39766		68004		53
54 TOTAL USABLE ORGANS		8			54
55 MEDICARE USABLE ORGANS		8			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		1.000000			56
57 MEDICARE COST/CHARGES	39766		68004		57
58 REVENUE FOR ORGANS SOLD	35496		35496		58
59 SUBTOTAL	4270		32508		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	4270		32508		61

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
62 ORGANS EXCISED IN PROVIDER		8		62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65 ORGANS PURCHASED FROM OPO'S				65
66 TOTAL		8		66
67 ORGANS TRANSPLANTED				67
68 ORGANS SOLD TO OTHER HOSPITALS				68
69 ORGANS SOLD TO OPO'S		8	35496	69
70 ORGANS SOLD TO TRANSPLANT HOSPITALS				70
71 ORGANS SOLD TO MILITARY OR VA HOSPITALS				71
72 ORGANS SOLD OUTSIDE THE U.S.				72
73 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				73
74 ORGANS USED FOR RESEARCH				74
75 UNUSABLE/DISCARDED ORGANS				75
76 TOTAL		8		76

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART I

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

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES	PER DIEM COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
	1	D	2	3	4	
1	ADULTS & PEDIATRICS	38	626.57			1
2	INTENSIVE CARE UNIT	43	1217.71			2
2.01	6TH ICU	1043	43.01	1	1231	2.01
2.02	7TH ICU		43.02			2.02
2.03	8TH ICU		43.03			2.03
2.04	5TH ICU	379	43.04			2.04
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	1422		1	1231	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	.188186	1917	361	8
9	RECOVERY ROOM	38	.377975			9
10	DELIVERY ROOM & LABOR ROOM	39				10
11	ANESTHESIOLOGY	40	.092138			11
12	RADIOLOGY-DIAGNOSTIC	41	.090138	1201	108	12
12.03	ENDOSCOPY	41.03	.116053			12.03
12.05	PET IMAGING	41.05	.085411			12.05
13	RADIOLOGY-THERAPEUTIC	42	.095374			13
14	RADIOISOTOPE	43	.505703	2829	1431	14
15	LABORATORY	44	.108877	2846	310	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	.206113	264	54	18
19	INTRAVENOUS THERAPY	48				19
20	RESPIRATORY THERAPY	49	.134686	1314	177	20
21	PHYSICAL THERAPY	50	.412938			21
22	OCCUPATIONAL THERAPY	51				22
23	SPEECH PATHOLOGY	52				23
24	ELECTROCARDIOLOGY	53	.116153	7033	817	24
24.02	CARDIOVASCULAR LAB	53.02				24.02
24.05	CARDIAC CATH	53.05	.165029			24.05
25	ELECTROENCEPHALOGRAPHY	54	.227384			25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.266390	779	208	26
27	DRUGS CHARGED TO PATIENTS	56	.098740	4042	399	27
28	RENAL DIALYSIS	57	.313306			28
29	ASC (NON-DISTINCT PART)	58				29
30	OTHER ANCILLARY SERVICES	59				30
30.01	PSYCH THERAPY	59.01				30.01
30.29	AIR RESCUE	59.29				30.29
30.30	BONE MARROW	59.30	.585080			30.30
31	CLINIC	60	.739580			31
31.02	TRANSPLANT CLINIC	60.02	.651944			31.02
32	EMERGENCY	61	.220960			32
33	OBSERVATION BEDS (NON-DISTINCT)	62	.586500			33
34	OTHER OUTPATIENT SERV (SPECIFY)	63				34
34.50	RHC	63.50				34.50
34.60	FQHC	63.60				34.60
35	TOTAL			22225	3865	35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS	
		D	1	2	3
36	ADULTS & PEDIATRICS	2			36
37	INTENSIVE CARE UNIT	3			37
37.01	6TH ICU	3.01	1		37.01
37.02	7TH ICU	3.02			37.02
37.03	8TH ICU	3.03			37.03
37.04	5TH ICU	3.04			37.04
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		1		42
COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
		1	D	2	3
43	CLINIC		20		43
43.02	TRANSPLANT CLINIC		20.02		43.02
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 [XX] PANCREAS [] ISLET
 APPLICABLE BOX [] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
48 ROUTINE & ANCILLARY FROM PART I	5096		23647		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	308061		308061		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	313157		331708		53
54 TOTAL USABLE ORGANS		7			54
55 MEDICARE USABLE ORGANS		4			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.571429			56
57 MEDICARE COST/CHARGES	178947		189548		57
58 REVENUE FOR ORGANS SOLD	15750		15750		58
59 SUBTOTAL	163197		173798		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	163197		173798		61

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
62 ORGANS EXCISED IN PROVIDER		3		62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65 ORGANS PURCHASED FROM OPO'S		4		65
66 TOTAL		7		66
67 ORGANS TRANSPLANTED		4	738189	67
68 ORGANS SOLD TO OTHER HOSPITALS				68
69 ORGANS SOLD TO OPO'S		3	15750	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		7		76

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (26-0105)	SUB I	SUB II	SUB III	SUB IV
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	11657386				1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	9408309				1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	15680516				1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	1808553				1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	2037670				1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	3396117				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	4100098				2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	289.30				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	223.45				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]	30.41				3.06
3.07 SUM OF LINES 3.04-3.06	0.00 30.41				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	253.86				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	250.49				3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	253.10				3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS	256.78				3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	3.51 256.97				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (26-0105)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.888247				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.870627				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.870627				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	5131815				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	4461150				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23]	7435251				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	17028216 0	17028216			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.1470				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.2008				4.01
4.02	SUM OF 4 AND 4.01	0.3478				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1791				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	6581246				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317	4434				5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302,	575				5.01
5.02	DIVIDE LINE 5.01 BY LINE 5	12.97				5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs	3728				5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK	0.926211				5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS	335.00				5.05
5.06	TOTAL ADDITIONAL PAYMENT	178411				5.06
6	SUBTOTAL	64634182				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	64634182				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	4932150				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	10347595				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE	54429				11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST	5836123				12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	29261				14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	68429				15
16	TOTAL	85902169				16
17	PRIMARY PAYER PAYMENTS	99424				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	85802745				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2813824				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	270040				20
21	REIMBURSABLE BAD DEBTS	973726				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	681608				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	973726				21.02
22	SUBTOTAL	83400489				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (26-0105)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	83400489					26
27						27
28	84142083					28
28.01						28.01
29	-741594					29
30	499363					30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (26-0105) 1	HOSPITAL (26-0105) 1.01	HOSPITAL (26-0105) 1.02	
1 MEDICAL AND OTHER SERVICES	26824			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	11202219			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	10218981			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.834			1.03
1.04 LINE 1.01 TIMES LINE 1.03	9342651			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	21481			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	26824			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	217777			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	217777			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	217777			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	190953			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	26824			17
17.01 TOTAL PPS PAYMENTS	10240462			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (26-0105) 1	HOSPITAL (26-0105) 1.01	HOSPITAL (26-0105) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	6102		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	2547294		18.01
19 SUBTOTAL	7713890		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	1817202		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	9531092		23
24 PRIMARY PAYER PAYMENTS	12419		24
25 SUBTOTAL	9518673		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	142453		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	99717		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	142453		27.02
28 SUBTOTAL	9618390		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	9618390		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	9801779		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-183389		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	1309		36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (26-S105) 1	SUB I (26-S105) 1.01	SUB I (26-S105) 1.02	
1 MEDICAL AND OTHER SERVICES	591			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	1298			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	1788			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.834			1.03
1.04 LINE 1.01 TIMES LINE 1.03	1083			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	6			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	591			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	5989			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	5989			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	5989			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	5398			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	591			17
17.01 TOTAL PPS PAYMENTS	1794			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (26-S105) 1	SUB I (26-S105) 1.01	SUB I (26-S105) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	410		18.01
19 SUBTOTAL	1975		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	1975		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	1975		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	1975		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	1975		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	2575		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-600		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
(26-0105)
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
(26-0105)
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
(26-0105)
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 (26-0105)

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		83980983		9669779	1	
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2	
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01	08/08/2007	46000	08/08/2007	8300	3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02	10/11/2007	43700	10/11/2007	5300	3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	04/23/2008	71400	01/07/2008	68700	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04			04/23/2008	49700	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05					3.05
	.50					3.50
	PROVIDER .51					3.51
	TO .52		NONE		NONE	3.52
	PROGRAM .53					3.53
	.54					3.54
SUBTOTAL	.99		161100		132000	3.99
4 TOTAL INTERIM PAYMENTS			84142083		9801779	4
TO BE COMPLETED BY INTERMEDIARY						
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH	PROGRAM .01					5.01
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	TO .02					5.02
	PROVIDER .03					5.03
	PROVIDER .50					5.50
	TO .51					5.51
	PROGRAM .52					5.52
SUBTOTAL	.99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01					6.01
	PROVIDER TO .02					6.02
	PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY						7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (26-S105)

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		2591296		2575	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	PROGRAM .01				3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO .02				3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .04				3.04
	PROVIDER .05				3.05
	PROGRAM .50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROGRAM .53				3.53
	PROGRAM .54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		2591296		2575	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				5.01
	TO .02				5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51				5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01				6.01
	PROVIDER TO .02				6.02
PROGRAM					
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 SUB I SUB II SUB III SUB IV
 (26-S105)

1	INPATIENT HOSPITAL SERVICES	3287792				1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	821948				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)	1766851				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	43682				1.09
1.10	NET IPF PPS ECT PAYMENTS	41190				1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)	6.12				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.)	6.83				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)	6.12				1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	21.737705				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR	0.136270				1.17
1.18	MEDICAL EDUCATION ADJUSTMENT	240769				1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	2092492				1.19
1.20	STOP LESS PAYMENT FLOOR	2301454				1.20
1.21	ADJUSTED NET PAYMENT FLOOR	1726091				1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS	2914440				1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)					1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	2914440				4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	2914440				6
7	DEDUCTIBLES	191616				7
8	SUBTOTAL	2722824				8
9	COINSURANCE	67584				9
10	SUBTOTAL	2655240				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	72419				11
11.01	REDUCED REIMBURSABLE BAD DEBTS	50693				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	72419				11.02
12	SUBTOTAL	2705933				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (26-S105)	SUB II	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		2951				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		2708884				17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		2591296				19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		117588				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

	[XX] TITLE V	[] TITLE XVIII	[] TITLE XIX					
		HOSPITAL (26-0105) (OTHER)	SUB I (26-S105)	SUB II	SUB III	SUB IV	NF I	
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES							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							6
7	INPATIENT PRIMARY PAYER PAYMENTS							7
8	OUTPATIENT PRIMARY PAYER PAYMENTS							8
9	SUBTOTAL							9
	COMPUTATION OF LESSER OF COST OR CHARGES							
10	ROUTINE SERVICE CHARGES							10
11	ANCILLARY SERVICE CHARGES							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							16
	CUSTOMARY CHARGES							
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS							17
18	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)							18
19	RATIO OF LINE 17 TO LINE 18							19
20	TOTAL CUSTOMARY CHARGES							20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST							21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES							22
23	COST OF COVERED SERVICES							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							30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)							31
32	LESSER OF LINE 30 OR 31							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

	[XX] TITLE V	[] TITLE XVIII	[] TITLE XIX		
	HOSPITAL (26-0105) (OTHER)	SUB I	SUB II	SUB III	
	1	1	1	1	
				SUB IV	
				NF I	
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
35	EXCESS OF REASONABLE COST				34
36	SUBTOTAL				35
37	COINSURANCE				36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19				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
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)				38.03
39	UTILIZATION REVIEW				39
40	SUBTOTAL				40
41	INPATIENT ROUTINE SERVICE COST				41
42	MEDICARE INPATIENT ROUTINE CHARGES				42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				43
44	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)				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 PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION				49
50	OTHER ADJUSTMENTS				50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				51
52	SUBTOTAL				52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)				53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER				55
56	SEQUESTRATION ADJUSTMENT				56
57	INTERIM PAYMENTS				57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				57.01
58	BALANCE DUE PROVIDER/PROGRAM				58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				59

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				
		HOSPITAL (26-0105) (OTHER)	SUB I (26-S105) (OTHER)	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	28906981	1354449				1
2	MEDICAL AND OTHER SERVICES	6164652					2
3	INTERNS AND RESIDENTS						3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
5	COST OF TEACHING PHYSICIANS						5
6	SUBTOTAL	35071633	1354449				6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL	35071633	1354449				9
	COMPUTATION OF LESSER OF COST OR CHARGES						
10	ROUTINE SERVICE CHARGES	13418849	2404789				10
11	ANCILLARY SERVICE CHARGES	169876023					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	183294872	2404789				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	183294872	2404789				20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	148223239	1050340				21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						22
23	COST OF COVERED SERVICES	35071633	1354449				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	35071633	1354449				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)						31
32	LESSER OF LINES 30 OR 31	35071633	1354449				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 (26-0105) (OTHER) 1	SUB I (26-S105) (OTHER) 1	SUB II 1	SUB III 1	SUB IV 1	NF I 1
COMPUTATION OF REIMBURSEMENT SETTLEMENT						
34						34
35						35
36						36
37						37
38						38
38.01						38.01
38.02						38.02
39						39
40	35071633	1354449				40
41						41
42						42
43						43
44						44
45						45
46						46
47						47
48						48
49						49
50						50
51						51
52	35071633	1354449				52
53						53
54	5584003					54
55	40655636	1354449				55
56						56
57	27449499					57
57.01						57.01
58	13206137	1354449				58
59						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	229.61 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]	18.41 3.03
3.04	FTE ADJUSTMENT CAP 18.41	248.02 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	275.83 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	248.02 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	69.22 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	166.57 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	235.79 3.09
3.10	SEE INSTRUCTIONS	212.02 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	149.78 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	155.61 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	157.53 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	154.31 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	154.31 3.16
3.17	SEE INSTRUCTIONS	124022.24 3.17
3.18	SEE INSTRUCTIONS	19137872 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		62.65	3.19
3.20	SEE INSTRUCTIONS		69.01	3.20
3.21	SEE INSTRUCTIONS		64.63	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 3.51]		68.14	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		123628.15	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		8424022	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		27561894	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		30377	4
5	TOTAL INPATIENT DAYS		84767	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.358359	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 9877053	682947	10560000	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		5376	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		84767	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		1501010	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 103787	103787	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		7440105	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

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

12	REASONABLE COST	58266845	12
13	ORGAN ACQUISITION COSTS	5836123	13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	99424	15
16	TOTAL PART A REASONABLE COST	64003544	16
PART B REASONABLE COST			
17	REASONABLE COST	11252419	17
18	PRIMARY PAYER PAYMENTS	12419	18
19	TOTAL PART B REASONABLE COST	11240000	19
20	TOTAL REASONABLE COST	75243544	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.850618	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.149382	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	12164797	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	10347595	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	1817202	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	229.61 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]	18.41 3.03
3.04	FTE ADJUSTMENT CAP 18.41	248.02 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	275.83 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	248.02 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	69.22 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	166.57 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	235.79 3.09
3.10	SEE INSTRUCTIONS	212.02 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	149.78 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	155.61 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	157.53 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	154.31 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	154.31 3.16
3.17	SEE INSTRUCTIONS	124022.24 3.17
3.18	SEE INSTRUCTIONS	19137872 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		62.65	3.19
3.20	SEE INSTRUCTIONS		69.01	3.20
3.21	SEE INSTRUCTIONS		64.63	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 3.51]		68.14	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		123628.15	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		8424022	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		27561894	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		16063	4
5	TOTAL INPATIENT DAYS		84767	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.189496	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 5222869	361134	5584003	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		84767	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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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	5584003 23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	25

CALCULATION OF GME AND IME PAYMENTS FOR
REDISTRIBUTION OF UNUSED RESIDENCY SLOTS

WORKSHEET E-3
PART VI

[XX] TITLE V

[] TITLE XVIII

[] TITLE XIX

1	CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA		
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD	1.000000	1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		2
3	UNADJUSTED DIRECT GME FTE CAP		3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		4
5	CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA		
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)		5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS		5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)		8
9	LINE 7 TIMES LINE 8		9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6		10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS		11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS		12
13	CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA		
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)		13
14	UNADJUSTED IME FTE CAP		14
15	PRORATED REDUCED ALLOWABLE FTE CAP		15
16	CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)		16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		17
18	SEE INSTRUCTIONS		18
19	RESIDENT TO BED COUNT		19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)		20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005		21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005		22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		23

CALCULATION OF GME AND IME PAYMENTS FOR
 REDISTRIBUTION OF UNUSED RESIDENCY SLOTS

WORKSHEET E-3
 PART VI

	[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX	
	CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA			
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD		1.000000	1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)			2
3	UNADJUSTED DIRECT GME FTE CAP			3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)			4
	CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA			
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)		23.85	5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS			5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		23.77	6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		23.77	7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)		80175.14	8
9	LINE 7 TIMES LINE 8		1905763	9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6		.358359	10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS		682947	11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS		103787	12
	CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA			
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)			13
14	UNADJUSTED IME FTE CAP			14
15	PRORATED REDUCED ALLOWABLE FTE CAP			15
	CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA			
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)		1.73	16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		-3.37	17
18	SEE INSTRUCTIONS			18
19	RESIDENT TO BED COUNT			19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)			20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005			21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005			22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA			23

CALCULATION OF GME AND IME PAYMENTS FOR
 REDISTRIBUTION OF UNUSED RESIDENCY SLOTS

WORKSHEET E-3
 PART VI

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX	
	CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA			
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD		1.000000	1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)			2
3	UNADJUSTED DIRECT GME FTE CAP			3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)			4
	CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA			
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)		23.85	5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS			5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		23.77	6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		23.77	7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)		80175.14	8
9	LINE 7 TIMES LINE 8		1905763	9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6		.189496	10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS		361134	11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS			12
	CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA			
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)			13
14	UNADJUSTED IME FTE CAP			14
15	PRORATED REDUCED ALLOWABLE FTE CAP			15
	CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA			
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)		1.73	16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			17
18	SEE INSTRUCTIONS			18
19	RESIDENT TO BED COUNT			19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)			20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005			21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005			22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA			23

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	-154661				1
2 TEMPORARY INVESTMENTS					2
3 NOTES RECEIVABLE					3
4 ACCOUNTS RECEIVABLE	150481998				4
5 OTHER RECEIVABLES	11210880				5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-90258814				6
7 INVENTORY	8011583				7
8 PREPAID EXPENSES	3706634				8
9 OTHER CURRENT ASSETS					9
10 DUE FROM OTHER FUNDS					10
11 TOTAL CURRENT ASSETS	82997620				11
FIXED ASSETS					
12 LAND	3163268				12
12.01 ACCUMULATED DEPRECIATION					12.01
13 LAND IMPROVEMENTS	3115531				13
13.01 ACCUMULATED DEPRECIATION	-1820955				13.01
14 BUILDINGS	133121324				14
14.01 ACCUMULATED DEPRECIATION	-33795878				14.01
15 LEASEHOLD IMPROVEMENTS					15
15.01 ACCUMULATED AMORTIZATION					15.01
16 FIXED EQUIPMENT	788958				16
16.01 ACCUMULATED DEPRECIATION	-142211				16.01
17 AUTOMOBILES AND TRUCKS					17
17.01 ACCUMULATED DEPRECIATION					17.01
18 MAJOR MOVABLE EQUIPMENT	102130385				18
18.01 ACCUMULATED DEPRECIATION	-62930597				18.01
19 MINOR EQUIPMENT DEPRECIABLE					19
19.01 ACCUMULATED DEPRECIATION					19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE	14916				20
21 TOTAL FIXED ASSETS	143644741				21
OTHER ASSETS					
22 INVESTMENTS					22
23 DEPOSITS ON LEASES					23
24 DUE FROM OWNERS/OFFICERS					24
25 OTHER ASSETS	171085809				25
26 TOTAL OTHER ASSETS	171085809				26
27 TOTAL ASSETS	397728170				27
LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	1	2	3	4	
CURRENT LIABILITIES					
28 ACCOUNTS PAYABLE	12337351				28
29 SALARIES, WAGES & FEES PAYABLE	3980064				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	11638739				35
36 TOTAL CURRENT LIABILITIES	27956154				36
LONG-TERM LIABILITIES					
37 MORTGAGE PAYABLE					37
38 NOTES PAYABLE	240000000				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					41
42 TOTAL LONG TERM LIABILITIES	240000000				42
43 TOTAL LIABILITIES	267956154				43
CAPITAL ACCOUNTS					
44 GENERAL FUND BALANCE	129772016				44
45 SPECIFIC PURPOSE FUND BALANCE					45
46 DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED					46
47 DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED					47
48 GOVERNING BODY CREATED - ENDOWMENT FUND BAL					48
49 PLANT FUND BALANCE - INVESTED IN PLANT					49
50 PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION					50
51 TOTAL FUND BALANCES	129772016				51
52 TOTAL LIABILITIES AND FUND BALANCES	397728170				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	115991110			1
2 NET INCOME (LOSS)	388608			2
3 TOTAL	116379718			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 INTERCO	13392703			5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	13392703			10
11 SUBTOTAL	129772421			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 RETAINED EARNINGS	405			13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	405			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	129772016			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	62517307		62517307	1
4 SUBPROVIDER I	11019229		11019229	2
5 SWING BED - SNF				4
6 SWING BED - NF				5
7 SKILLED NURSING FACILITY				6
8 NURSING FACILITY				7
9 OTHER LONG TERM CARE				8
10 TOTAL GENERAL INPATIENT CARE SERVICES	73536536		73536536	9
10.01 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10.02 INTENSIVE CARE UNIT	10248039		10248039	10
10.03 6TH ICU				10.01
10.04 7TH ICU				10.02
11 8TH ICU				10.03
12 5TH ICU				10.04
13 CORONARY CARE UNIT				11
14 BURN INTENSIVE CARE UNIT				12
15 SURGICAL INTENSIVE CARE UNIT				13
16 OTHER SPECIAL CARE (SPECIFY)				14
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	10248039		10248039	15
18 TOTAL INPATIENT ROUTINE CARE SERVICES	83784575		83784575	16
18.50 ANCILLARY SERVICES	785059929	378798813	1163858742	17
18.60 OUTPATIENT SERVICES				18
19 RHC				18.50
20 FQHC				18.60
21 HOME HEALTH AGENCY				19
22 AMBULANCE				20
23 CORF				21
24 ASC				22
25 HOSPICE				23
26 NURSERY				24
27 TOTAL PATIENT REVENUES	868844504	378798813	1247643317	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		330356918	26
27 ADD (SPECIFY)	327387		27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		327387	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		330684305	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	1247643317	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	926866983	2
3	NET PATIENT REVENUES	320776334	3
4	LESS - TOTAL OPERATING EXPENSES	330684305	4
5	NET INCOME FROM SERVICE TO PATIENTS	-9907971	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	323	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	260085	10
11	REBATES AND REFUNDS OF EXPENSES	86138	11
12	PARKING LOT RECEIPTS	541167	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	109672	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	86106	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	7021006	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	MISCELLANEOUS REVENUE	2192082	24
25	TOTAL OTHER INCOME	10296579	25
26	TOTAL	388608	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	388608	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (26-0105)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS CAPITAL FEDERAL AMOUNT				1
2	CAPITAL DRG OTHER THAN OUTLIER	3167856			2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	225667			3.01
4	INDIRECT MEDICAL EDUCATION ADJUSTMENT TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18] [E,PT A,LN.3.17][x E-3,PT VI,LN.1]	209.87			4
4.01	NO. OF INTERNS & RESIDENTS	256.97	0.00		4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	41.27			4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT	1307374			4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.1470			5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.2008			5.01
5.02	SUM OF LINES 5 AND 5.01	0.3478			5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0730			5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	231253			5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	4932150			6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
17.01 QUALITY ASSURANCE					17.01
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 6TH ICU					26.01
26.02 7TH ICU					26.02
26.03 8TH ICU					26.03
26.04 5TH ICU					26.04
31 SUBPROVIDER I					31
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.03 ENDOSCOPY					41.03
41.05 PET IMAGING					41.05
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
47 BLOOD STORING, PROCESSING & TRA					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
53.02 CARDIOVASCULAR LAB					53.02
53.05 CARDIAC CATH					53.05
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 OTHER ANCILLARY SERVICES					59
59.01 PSYCH THERAPY					59.01
59.29 AIR RESCUE					59.29
59.30 BONE MARROW					59.30
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.02 TRANSPLANT CLINIC					60.02
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OPT					69.20
69.30 CMHC					69.30
69.40 OPT					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
83 KIDNEY ACQUISITION					83
84 LIVER ACQUISITION					84
85 HEART ACQUISITION					85

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	
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
00 DOCTORS MEALS						00
00.05 PUBLIC RELATIONS						00.05
00.11 UNIVERSITY SPACE						00.11
00.12 CANCER CENTER						00.12
00.13 MARKET SPACE						00.13
00.14 RENTAL PROPERTIES						00.14
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	34.15		17.21				51.36 25
26 INTENSIVE CARE UNIT	44.38		15.08				59.46 26
26.01 6TH ICU	19.27		32.55				51.82 26.01
26.02 7TH ICU	40.31		17.06				57.37 26.02
26.03 8TH ICU	34.58		21.01				55.59 26.03
26.04 5TH ICU	27.88		18.73				46.61 26.04
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	17.80	8.65	11.10	3.39			40.94 37
38 RECOVERY ROOM	19.43	6.68	9.85	3.13			39.09 38
40 ANESTHESIOLOGY	20.18	3.22	13.29	2.00			38.69 40
41 RADIOLOGY-DIAGNOSTIC	16.04	7.88	7.44	6.94			38.30 41
41.03 ENDOSCOPY	12.97	16.31	5.76	4.07			39.11 41.03
41.05 PET IMAGING	4.15	20.29	2.61	7.80			34.85 41.05
42 RADIOLOGY-THERAPEUTIC	1.29	20.64	1.49	10.00			33.42 42
43 RADIOISOTOPE	16.54	18.09	5.22	4.93			44.78 43
44 LABORATORY	22.63	8.91	10.94	3.67			46.15 44
47 BLOOD STORING, PROCESSING & TRA	32.04	1.07	18.89	0.75			52.75 47
49 RESPIRATORY THERAPY	31.65	0.37	21.69	0.78			54.49 49
50 PHYSICAL THERAPY	27.10		12.62	0.70			40.42 50
53 ELECTROCARDIOLOGY	23.99	10.51	9.68	2.42			46.60 53
54 ELECTROENCEPHALOGRAPHY	18.41	9.20	12.28	2.27			42.16 54
55 MEDICAL SUPPLIES CHARGED TO PAT	21.26	7.06	12.87	2.14			43.33 55
56 DRUGS CHARGED TO PATIENTS	27.29	2.93	17.06	2.05			49.33 56
57 RENAL DIALYSIS	57.93		11.17	0.53			69.63 57
59.30 BONE MARROW	0.02	3.98	0.02	2.44			6.46 59.30
60 CLINIC	0.08	14.07	0.03	12.67			26.85 60
61 EMERGENCY	12.38	5.30	1.66	13.81			33.15 61
62 OBSERVATION BEDS (NON-DISTINCT	5.38	21.54	0.93	10.61			38.46 62
101 TOTAL CHARGES	19.12	6.25	10.45	3.55			39.37 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	44.58		21.96				66.54 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.01						0.01 37
40 ANESTHESIOLOGY	0.22						0.22 40
41 RADIOLOGY-DIAGNOSTIC	0.23	0.01					0.24 41
41.03 ENDOSCOPY	0.11						0.11 41.03
42 RADIOLOGY-THERAPEUTIC	0.05						0.05 42
43 RADIOISOTOPE	0.28						0.28 43
44 LABORATORY	0.47						0.47 44
47 BLOOD STORING, PROCESSING & TRA	0.02						0.02 47
49 RESPIRATORY THERAPY	0.06						0.06 49
50 PHYSICAL THERAPY	0.65						0.65 50
53 ELECTROCARDIOLOGY	0.13						0.13 53
54 ELECTROENCEPHALOGRAPHY	0.20						0.20 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.04						0.04 55
56 DRUGS CHARGED TO PATIENTS	0.36						0.36 56
57 RENAL DIALYSIS	0.08						0.08 57
61 EMERGENCY	0.42						0.42 61
101 TOTAL CHARGES	0.21						0.21 101

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT	1634538	.57	-1634538	-1.20			1
2	OLD CAP REL COSTS-MVBLE EQUIP	3319311	1.16	-3319311	-2.43			2
3	NEW CAP REL COSTS-BLDG & FIXT	3915125	1.37	-3915125	-2.87			3
4	NEW CAP REL COSTS-MVBLE EQUIP	9289597	3.24	-9289597	-6.81			4
5	EMPLOYEE BENEFITS	6499240	2.27	-6499240	-4.77			5
6	ADMINISTRATIVE & GENERAL	47762908	16.65	-47762908	-35.03			6
7	MAINTENANCE & REPAIRS	678409	.24	-678409	-.50			7
8	OPERATION OF PLANT	8609502	3.00	-8609502	-6.31			8
9	LAUNDRY & LINEN SERVICE	992517	.35	-992517	-.73			9
10	HOUSEKEEPING	2809840	.98	-2809840	-2.06			10
11	DIETARY	669180	.23	-669180	-.49			11
12	CAFETERIA	1774993	.62	-1774993	-1.30			12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	1767717	.62	-1767717	-1.30			14
15	CENTRAL SERVICES & SUPPLY	1316850	.46	-1316850	-.97			15
16	PHARMACY	7530051	2.63	-7530051	-5.52			16
17	MEDICAL RECORDS & LIBRARY	2324762	.81	-2324762	-1.71			17
17.01	QUALITY ASSURANCE	520576	.18	-520576	-.38			17.01
18	SOCIAL SERVICE	2188439	.76	-2188439	-1.61			18
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL							21
22	I&R SERVICES-SALARY & FRINGES A	285591	.10	-285591	-.21			22
23	I&R SERVICES-OTHER PRGM COSTS A	32135124	11.21	-32135124	-23.57			23
24	PARAMED ED PRGM-(SPECIFY)	320816	.11	-320816	-.24			24
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	20149999	7.03	34681425	25.44	54831424	19.12	25
26	INTENSIVE CARE UNIT	2728651	.95	8770609	6.43	11499260	4.01	26
26.01	6TH ICU	2732716	.95	1845262	1.35	4577978	1.60	26.01
26.02	7TH ICU	2757066	.96	1807701	1.33	4564767	1.59	26.02
26.03	8TH ICU	2636048	.92	1793327	1.32	4429375	1.54	26.03
26.04	5TH ICU	3299670	1.15	2272769	1.67	5572439	1.94	26.04
31	SUBPROVIDER I	2902165	1.01	4436630	3.25	7338795	2.56	31
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	7532974	2.63	11612842	8.52	19145816	6.68	37
38	RECOVERY ROOM	1791221	.62	1392753	1.02	3183974	1.11	38
40	ANESTHESIOLOGY	398938	.14	2917631	2.14	3316569	1.16	40
41	RADIOLOGY-DIAGNOSTIC	9384705	3.27	10283815	7.54	19668520	6.86	41
41.03	ENDOSCOPY	898435	.31	628536	.46	1526971	.53	41.03
41.05	PET IMAGING	942609	.33	560331	.41	1502940	.52	41.05
42	RADIOLOGY-THERAPEUTIC	1360378	.47	1569449	1.15	2929827	1.02	42
43	RADIOISOTOPE	1216404	.42	850719	.62	2067123	.72	43
44	LABORATORY	11843299	4.13	6768189	4.96	18611488	6.49	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
47	BLOOD STORING, PROCESSING & TRA	3900926	1.36	1012867	.74	4913793	1.71	47
49	RESPIRATORY THERAPY	2050166	.71	991548	.73	3041714	1.06	49
50	PHYSICAL THERAPY	1885507	.66	2053975	1.51	3939482	1.37	50

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
53 ELECTROCARDIOLOGY	3674450	1.28	2209350	1.62	5883800	2.05	53
53.02 CARDIOVASCULAR LAB							53.02
53.05 CARDIAC CATH	206272	.07	196448	.14	402720	.14	53.05
54 ELECTROENCEPHALOGRAPHY	517315	.18	1571372	1.15	2088687	.73	54
55 MEDICAL SUPPLIES CHARGED TO PAT	31520286	10.99	9505555	6.97	41025841	14.31	55
56 DRUGS CHARGED TO PATIENTS	13366186	4.66	13379207	9.81	26745393	9.33	56
57 RENAL DIALYSIS	1644115	.57	686914	.50	2331029	.81	57
59 OTHER ANCILLARY SERVICES							59
59.01 PSYCH THERAPY							59.01
59.29 AIR RESCUE							59.29
59.30 BONE MARROW	324357	.11	107256	.08	431613	.15	59.30
60 CLINIC	466486	.16	1342218	.98	1808704	.63	60
60.02 TRANSPLANT CLINIC	305866	.11	89078	.07	394944	.14	60.02
61 EMERGENCY	5319056	1.85	4599149	3.37	9918205	3.46	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OPT							69.20
69.30 CMHC							69.30
69.40 OPT							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
83 KIDNEY ACQUISITION	4635236	1.62	1121046	.82	5756282	2.01	83
84 LIVER ACQUISITION	1563564	.55	412968	.30	1976532	.69	84
85 HEART ACQUISITION	24290	.01	9240	.01	33530	.01	85
85.01 PANCREAS ACQUISITION	214539	.07	93522	.07	308061	.11	85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	-11018		183222	.13	172204	.06	96
100 DOCTORS MEALS	448565	.16	94771	.07	543336	.19	100
100.05 PUBLIC RELATIONS	1204414	.42	303555	.22	1507969	.53	100.05
100.11 UNIVERSITY SPACE	1702782	.59	2230044	1.64	3932826	1.37	100.11
100.12 CANCER CENTER	2136575	.75	976790	.72	3113365	1.09	100.12
100.13 MARKET SPACE	474879	.17	621920	.46	1096799	.38	100.13
100.14 RENTAL PROPERTIES	283644	.10	361083	.26	644727	.22	100.14
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	286778822	100.00	0	.00	286778822	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	2299188	78108428	.029436	13906921	409364	37
38 RECOVERY ROOM	199400	7551436	.026406	1466959	38736	38
40 ANESTHESIOLOGY	12430	5964937	.002084	1203959	2509	40
41 RADIOLOGY-DIAGNOSTIC	2332464	189879200	.012284	30459188	374160	41
41.03 ENDOSCOPY	154150	13157572	.011715	1706775	19995	41.03
41.05 PET IMAGING	149960	17596656	.008522	730793	6228	41.05
42 RADIOLOGY-THERAPEUTIC	311062	25538701	.012180	328529	4001	42
43 RADIOISOTOPE	265102	4087621	.064855	676212	43856	43
44 LABORATORY	871905	154298151	.005651	34923191	197351	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	126033	23840237	.005287	7637417	40379	47
49 RESPIRATORY THERAPY	156821	22583671	.006944	7147518	49633	49
50 PHYSICAL THERAPY	711528	9540141	.074583	2585042	192800	50
53 ELECTROCARDIOLOGY	544801	50655588	.010755	12153365	130709	53
53.02 CARDIOVASCULAR LAB						53.02
53.05 CARDIAC CATH	66515	2440299	.027257			53.05
54 ELECTROENCEPHALOGRAPHY	284111	5562681	.051074	1024047	52302	54
55 MEDICAL SUPPLIES CHARGED TO PAT	907000	154006540	.005890	32738427	192829	55
56 DRUGS CHARGED TO PATIENTS	615098	270865965	.002271	73911552	167854	56
57 RENAL DIALYSIS	180151	7440105	.024214	4310205	104367	57
59 OTHER ANCILLARY SERVICES						59
59.01 PSYCH THERAPY						59.01
59.29 AIR RESCUE						59.29
59.30 BONE MARROW	12588	737699	.017064	133	2	59.30
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	348750	1777498	.196203	1485	291	60
60.02 TRANSPLANT CLINIC	9696	605794	.016006			60.02
61 EMERGENCY	644529	39296515	.016402	4863528	79771	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	144861	2587475	.055986	139119	7788	62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	11348143	1088122910		231914365	2114925	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT	COST	PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	DAYS	COSTS
						6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	3603070		3603070	60241	59.81	20571	1230352 25
26 INTENSIVE CARE UNIT	404905		404905	3932	102.98	1745	179701 26
26.01 6TH ICU	328864		328864	3720	88.40	717	63383 26.01
26.02 7TH ICU	322904		322904	3329	97.00	1342	130174 26.02
26.03 8TH ICU	321588		321588	3308	97.22	1144	111219 26.03
26.04 5TH ICU	417990		417990	4703	88.88	1311	116522 26.04
101 TOTAL	5399321		5399321			26830	1831351 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							1831351
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							2114925
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							3946276
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)					4564		
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)					26830		
PER DISCHARGE CAPITAL COSTS							864.65
PER DIEM CAPITAL COSTS							147.08

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	51030449
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	271205375
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.188

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	3188495
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	7730365
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.412

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	3946276
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.015

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5238))	11202751
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	75786235
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.148