

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 () MCR CODE

PART I - CERTIFICATION

CHECK XX ELECTRONICALLY FILED COST REPORT DATE: 01/28/2010
 APPLICABLE BOX MANUALLY SUBMITTED COST REPORT TIME: 14:44

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 NORTHWESTERN MEMORIAL HOSPITAL (14-0281) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 09/01/2008 AND ENDING 08/31/2009, 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.

ECR Encryption: 01/28/2010 14:44
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(SIGNED) [Signature]
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)
 Executive Vice President & CFO
 TITLE
 DATE 1/29/10

PI Encryption: 01/28/2010 14:44
 ScFH8pQC35Jq5sHxs10HuGnPuV3xo0
 V0aNb0PxoIeUkN.nYoh186W1pmHyfX
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PART II - SETTLEMENT SUMMARY

TITLE V		TITLE XVIII		TITLE XIX	
	1	PART A 2	PART B 3		4
1	HOSPITAL	6118938	-205720		
2	SUBPROVIDER I	-212022			
3	SWING BED - SNF				
4	SWING BED - NF				
5	SKILLED NURSING FACILITY				
6	NURSING FACILITY				
7	HOME HEALTH AGENCY				
8	OUTPATIENT REHABILITATION PROVIDER				
9	HEALTH CLINIC				
100	TOTAL	5906916	-205720		

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.

RECEIVED
 FEB 04 2010
 Healthcare & Family Services
 BUREAU OF HEALTH FINANCE

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 251 E. HURON
 1.01 CITY: CHICAGO

STATE: IL

P.O. BOX:

ZIP CODE: 60611-

COUNTY: COOK

1

1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N) V XVIII XIX					
				4	5	6			
2	HOSPITAL	NORTHWESTERN MEMORIAL HOSPITAL	14-0281	09/01/1972	N	P	O		2
3	SUBPROVIDER I	NORTHWESTERN MEM HOSP PSYCH UNIT	14-S281	09/01/1984	N	P	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	NORTHWESTERN MEM HOSP HOSPICE	14-1550	01/21/1996					12
14	HOSP-BASED RHC								14
15	OUTPATIENT REHABILITATION PROVID								15
16	RENAL DIALYSIS								16
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 09/01/2008	TO: 08/31/2009					17
18	TYPE OF CONTROL		1	2					18
			2						
19	HOSPITAL			1					19
20	SUBPROVIDER I			4					20

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER I

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		N	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		1						21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		1						21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.		NO						21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS).		NO						21.07
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.				07/01/1973				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.				09/29/2006				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.				02/02/1996				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. 15-1, CHAPTER 4?		YES						25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.		YES						25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.		NO						25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2		NO						25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)		NO			NO			25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)		YES			NO			25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING:	ENDING:		26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):	BEGINNING:	ENDING:		26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.			NO	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.				28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st				28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.				28.02
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)					
28.03	STAFFING			0.00	N 28.03
28.04	RECRUITMENT			0.00	N 28.04
28.05	RETENTION OF EMPLOYEES			0.00	N 28.05
28.06	TRAINING			0.00	N 28.06
28.07	OTHER (SPECIFY)				28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?			NO	29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.			NO	30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31.01
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.			NO	32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.			NO	33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?			NO	34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?			NO	35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	V	XVIII	XIX	
		1	2	3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36
		NO	YES	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?				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? NO 38.01
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? NO 38.02
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? NO 38.03
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? NO 38.04

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE. YES 40

40.01 NAME: FI/CONTRACTOR'S NAME: FI/CONTRACTOR'S NUMBER: 40.01
 40.02 STREET: P.O.BOX: 40.02
 40.03 CITY: STATE: ZIP CODE: 40.03

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? YES 41
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? YES 42
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? NO 42.01
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? NO 42.02
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS? NO 43
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY? NO 44
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? NO 45
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.

45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS? 45.01
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? 45.02
 45.03 WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? 45.03
 46 IF YOU ARE PARTICIPATING IN THE NHCQM DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE. 46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47 HOSPITAL	N	N	N	N	N	47			
48 SUBPROVIDER I	N	N	N	N	N	48			
49 SKILLED NURSING FACILITY	N	N				49			
50 HOME HEALTH AGENCY	N	N				50			
52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO		52			
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				YES		52.01			
53 IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.						53			
53.01 MDH PERIOD: BEGINNING: ENDING:						53.01			
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE:						54			
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO		54.01			
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO		55			
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.				DATE 0 / / NO	Y/N 1 2 NO	LIMIT 0.00	Y/N 3 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 COLUMNS 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						60	
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)	YES	NO					60.01	
MULTICAMPUS									
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.			NO					61
	COUNTY:			STATE:	ZIP CODE	CBSA		FTE/ CAMPUS	
	1			2	3	4		5	
SETTLEMENT DATA									
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)			NO					63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I

	COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	-----I/P DAYS / O/P VISITS / TRIPS-----			OBS. BEDS ADMITTED 5.01
					TITLE V 3	TITLE XVIII 4	TITLE NONCOVERED DAYS 4.01	
1	HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	641	233995			57928	28300	1
2	HMO					966		2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF							3
4	HOSPITAL ADULTS & PEDS - SWING BED NF							4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	641	233995			57928	28300	5
6	INTENSIVE CARE UNIT	92	33580			12329	7314	6
7	CORONARY CARE UNIT							7
8	BURN INTENSIVE CARE UNIT							8
9	SURGICAL INTENSIVE CARE UNIT							9
10	SPECIAL CARE NURSERY	72	26280				6539	10
11	NURSERY						3217	11
12	TOTAL HOSPITAL	805	293855			70257	45370	12
13	RPCH VISITS							13
14	SUBPROVIDER I	36	15172			3999	4140	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)	2	730			722		21
23	O/P REHAB PROVIDER							23
24	RHC I							24
25	TOTAL	843						25
26	OBSERVATION BED DAYS							26
27	AMBULANCE TRIPS							27
28	EMPLOYEE DISCOUNT DAYS							28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS-----				---INTERNS & RES FTES---			--FULL TIME EQUIV--	
	OBS.		OBS.		LESS I&R			EMPLOYEES ON PAYROLL	NONPAID WORKERS
	BEDS NOT ADMITTED	TOTAL ALL PATIENTS	BEDS ADMITTED	BEDS NOT ADMITTED	TOTAL	REPL NON- PHYS ANES	NET		
5.02	6	6.01	6.02	7	8	9	10	11	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		182050							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		182050							5
6 INTENSIVE CARE UNIT		25857							6
7 CORONARY CARE UNIT									7
8 BURN INTENSIVE CARE UNIT									8
9 SURGICAL INTENSIVE CARE UNIT									9
10 SPECIAL CARE NURSERY		9332							10
11 NURSERY		37028							11
12 TOTAL HOSPITAL		254267			448.25		448.25	6388.20	12
13 RPCH VISITS									13
14 SUBPROVIDER I		12057			2.74		2.74	61.20	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)		722						31.20	21
23 O/P REHAB PROVIDER									23
24 RHC I									24
25 TOTAL					450.99		450.99	6480.60	25
26 OBSERVATION BED DAYS									26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS		2955							28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----DISCHARGES-----				TOTAL ALL PATIENTS
	TITLE V	TITLE XVIII	TITLE XIX		
	12	13	14	15	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		12539	8609	45351	1
2 HMO XIX					2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4 HOSPITAL ADULTS & PEDS - SWING BED NF					4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6 INTENSIVE CARE UNIT					6
7 CORONARY CARE UNIT					7
8 BURN INTENSIVE CARE UNIT					8
9 SURGICAL INTENSIVE CARE UNIT					9
10 SPECIAL CARE NURSERY					10
11 NURSERY					11
12 TOTAL HOSPITAL		12539	8609	45351	12
13 RPCH VISITS					13
14 SUBPROVIDER I					14
15 SKILLED NURSING FACILITY					15
16 NURSING FACILITY					16
17 OTHER LONG TERM CARE					17
18 HOME HEALTH AGENCY					18
20 ASC (DISTINCT PART)					20
21 HOSPICE (DISTINCT PART)					21
23 O/P REHAB PROVIDER					23
24 RHC I					24
25 TOTAL					25
26 OBSERVATION BED DAYS					26
27 AMBULANCE TRIPS					27
28 EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		1	2	3	4	5	6	
1	SALARIES							
1	TOTAL SALARIES	467493808		467493808	13017086.00	35.91		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	8306245		8306245	72238.00	114.98		4
4.01	TEACHING PHYSICIAN SALARIES	5174152		5174152	44999.00	114.98		4.01
5	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)	44980857	-21464476	23516381	943781.00	24.92		6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	16908757	1234830	18143587	523293.00	34.67		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	3493452		3493452	57379.00	60.88		9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A							10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	313583		313583	8144.09	38.50		11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	87395446		87395446			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	3814128		3814128			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	4888267		4888267			CMS 339	18
18.01	PART A TEACHING PHYSICIANS	3070770		3070770			CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20	INTERNS & RESIDENTS (IN APPR PGM)	4605378		4605378			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	6875829		6875829	116145.00	59.20		21
22	ADMINISTRATIVE & GENERAL	87006966	1749779	88756745	1920823.00	46.21		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	9979034	-93537	9885497	316235.00	31.26		24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	11482537		11482537	657274.00	17.47		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	8203482	-2246069	5957413	326325.00	18.26		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		2246069	2246069	135571.00	16.57		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	5464274		5464274	127878.00	42.73		30
31	CENTRAL SERVICES AND SUPPLY	7126534		7126534	313225.00	22.75		31
32	PHARMACY	11125537	-96729	11028808	293010.00	37.64		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1652672		1652672	76682.00	21.55		33
34	SOCIAL SERVICE	3368088		3368088	92061.00	36.59		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART III

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	
		1	2	3	4	5	
1	NET SALARIES	417338799	21464476	438803275	12028306.00	36.48	1
2	EXCLUDED AREA SALARIES	16908757	1234830	18143587	523293.00	34.67	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	400430042	20229646	420659688	11505013.00	36.56	3
4	SUBTOTAL OTHER WAGES & REL COSTS	3807035		3807035	65523.09	58.10	4
5	SUBTOTAL WAGE-RELATED COSTS	92283713		92283713		21.94*	5
6	TOTAL (SUM OF LINES 3 THRU 5)	496520790	20229646	516750436	11570536.09	44.66	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	152284953	1559513	153844466	4375229.00	35.16	13

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: -

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

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

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

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

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	0.259877 25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	28
29	TOTAL GROSS MEDICAID COST	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	30
31	UNCOMPENSATED CARE COST	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
63.03 4953 STAFF OFFICES								63.03
63.50 6310 RHC								63.50
63.60 6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 6910 CMHC								69.10
69.20 6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71 7100 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
83 8300 KIDNEY ACQUISITION	968855	6986064	7954919	807318	8762237	-151098	8611139	83
84 8400 LIVER ACQUISITION	972522	3659831	4632353	230000	4862353	-222444	4639909	84
85 8500 HEART ACQUISITION	386166	1476355	1862521	113631	1976152	-38062	1938090	85
85.01 8510 PANCREAS ACQUISITION	44061	1536106	1580167	43909	1624076	-19251	1604825	85.01
85.02 8520 INTESTINAL ACQUISITION		10142	10142		10142		10142	85.02
85.03 8530 ISLET CELL ACQUISITION								85.03
86.01 8601 HEART TRASPLANT NOT CERT								86.01
93 9300 HOSPICE	2202752	1037592	3240344		3240344		3240344	93
95 SUBTOTALS	459803271	727882405	1187685676	-486445	1187199231	-53273325	1133925906	95
NONREIMBURSABLE COST CENTERS								
96 9600 GIFT, FLOWER, COFFEE SHOP & CAN	86394	102186	188580		188580		188580	96
97 9700 RESEARCH	2481405	276588	2757993		2757993	3294	2761287	97
97.02 9702 SPONSORED PROJECT	1273021	4333353	5606374		5606374	-281650	5324724	97.02
100 7950 EMERGENCY HOUSING	703142	228669	931811		931811	-11137	920674	100
100.03 7953 OTHER REAL ESTATE / OPERATIONS	960750	14001833	14962583	486445	15449028	-15449028		100.03
100.06 7956 MARKETING, OTH NON-REIM	2185825	4310126	6495951		6495951		6495951	100.06
101 TOTAL	467493808	751135160	1218628968		1218628968	-69011846	1149617122	101

RECLASSIFICATIONS

WORKSHEET A-6

PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
1	2	3	4	5		
1 KIDNEY ACQUISITION	A	KIDNEY ACQUISITION	83	635549	164482	1
2 HEART ACQUISITION	A	HEART ACQUISITION	85	84543	22011	2
3 PANCREAS ACQUISITION	A	PANCREAS ACQUISITION	85.01	32743	9000	3
4 ADULTS AND PEDIATRICS	A	ADMINISTRATIVE AND GENERAL	6.05	1899071	1147343	4
5 INTERNS AND RESIDENTS	A	I&R SERVICES-OTHER PRGM COSTS	23	43840	9864	5
6 LIVER ACQUISITION	A	LIVER ACQUISITION	84	142437	79826	6
7 MD LIABILITY	A	DATA PROCESSING	6.02		33098	7
8 MD LIABILITY	A	ADMINISTRATIVE AND GENERAL	6.05		445302	8
9 MD LIABILITY	A	NURSING ADMINISTRATION	14		33589	9
10 MD LIABILITY	A	PHARMACY	16		13055	10
11 MD LIABILITY	A	I&R SERVICES-OTHER PRGM COSTS	23		2045024	11
12 MD LIABILITY	A	ADULTS & PEDIATRICS	25		127388	12
13 MD LIABILITY	A	INTENSIVE CARE UNIT	26		140511	13
14 MD LIABILITY	A	SPECIAL CARE NURSERY	30		46249	14
15 MD LIABILITY	A	RECOVERY ROOM	38		23254	15
16 MD LIABILITY	A	DELIVERY ROOM & LABOR ROOM	39		38549	16
17 MD LIABILITY	A	ANESTHESIOLOGY	40		48445	17
18 MD LIABILITY	A	RADIOLOGY-DIAGNOSTIC	41		91206	18
19 MD LIABILITY	A	RADIOLOGY-THERAPEUTIC	42		5056	19
20 MD LIABILITY	A	LABORATORY	44		1365124	20
21 MD LIABILITY	A	BLOOD STORING, PROCESSING & T	47		4728	21
22 MD LIABILITY	A	RESPIRATORY THERAPY	49		22691	22
23 MD LIABILITY	A	PHYSICAL THERAPY	50		9258	23
24 MD LIABILITY	A	ELECTROCARDIOLOGY	53		39848	24
25 MD LIABILITY	A	CATHERIZATION LAB	53.01		43432	25
26 MD LIABILITY	A	CARDIAC REHAB	53.02		23038	26
27 MD LIABILITY	A	CARDIOLOGY GRAPHICS	53.03		10421	27
28 MD LIABILITY	A	ELECTROENCEPHALOGRAPHY	54		11971	28
29 MD LIABILITY	A	PULMONARY FUNC TESTING	54.01		8010	29
30 MD LIABILITY	A	MAG RESONANCE IMAGING	54.03		10766	30
31 MD LIABILITY	A	BLOOD FLOW LAB	59		2248	31
32 MD LIABILITY	A	CLINIC	60		101553	32
33 MD LIABILITY	A	STD/AIDS CLINIC	60.01		6373	33
34 MD LIABILITY	A	SOLID ORGAN TRANSP	60.03		15891	34
35 MD LIABILITY	A	EMERGENCY	61		143658	35
36 SUBTOTAL				2838183	6342262	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE	SALARY	OTHER	WKST A-7
			LINE #			REF.
	1	6	7	8	9	10
1 KIDNEY ACQUISITION	A					1
2 HEART ACQUISITION	A					2
3 PANCREAS ACQUISITION	A					3
4 ADULTS AND PEDIATRICS	A	SOLID ORGAN TRANSP	60.03	2838183	1432526	4
5 INTERNS AND RESIDENTS	A	EMPLOYEE BENEFITS	5		5143832	5
6 LIVER ACQUISITION	A					6
7 MD LIABILITY	A					7
8 MD LIABILITY	A					8
9 MD LIABILITY	A					9
10 MD LIABILITY	A					10
11 MD LIABILITY	A					11
12 MD LIABILITY	A					12
13 MD LIABILITY	A					13
14 MD LIABILITY	A					14
15 MD LIABILITY	A					15
16 MD LIABILITY	A					16
17 MD LIABILITY	A					17
18 MD LIABILITY	A					18
19 MD LIABILITY	A					19
20 MD LIABILITY	A					20
21 MD LIABILITY	A					21
22 MD LIABILITY	A					22
23 MD LIABILITY	A					23
24 MD LIABILITY	A					24
25 MD LIABILITY	A					25
26 MD LIABILITY	A					26
27 MD LIABILITY	A					27
28 MD LIABILITY	A					28
29 MD LIABILITY	A					29
30 MD LIABILITY	A					30
31 MD LIABILITY	A					31
32 MD LIABILITY	A					32
33 MD LIABILITY	A					33
34 MD LIABILITY	A					34
35 MD LIABILITY	A					35
36 SUBTOTAL				2838183	6576358	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER
			LINE #	SALARY	
1		2	3	4	5
1 MD LIABILITY	A	OB CLINIC SERVICES	63		39359 1
2 MD LIABILITY	A	GI LABORATORY	63.01		24287 2
3 MD LIABILITY	A	SUBPROVIDER I	31		75729 3
4 MD LIABILITY	A	KIDNEY ACQUISITION	83		7287 4
5 MD LIABILITY	A	LIVER ACQUISITION	84		7737 5
6 MD LIABILITY	A	HEART ACQUISITION	85		7077 6
7 MD LIABILITY	A	PANCREAS ACQUISITION	85.01		2166 7
8 MD LIABILITY	A	OPERATING ROOM	37		70454 8
9 MD LIABILITY	A				9
10 MD LIABILITY	A				10
11 MD LIABILITY	A				11
12 MD LIABILITY	A				12
13 MD LIABILITY	A				13
14 MD LIABILITY	A				14
15 NU FRINGES	A				15
16 NU FRINGES	A				16
17 NU FRINGES	A				17
18 NU FRINGES	A				18
19 NU FRINGES	A				19
20 NU FRINGES	A				20
21 NU FRINGES	A				21
22 I&R SERVICES-OTHER PGM COSTS	A	I&R SERVICES-OTHER PRGM COSTS	23	21464476	22
23 DRS OFFICE COSTS HKPG	D				23
24 HOSPITAL MALPRACTICE	N	ADMINISTRATIVE AND GENERAL	6.05		55360110 24
25 CAFETERIA	P	CAFETERIA	12	2246069	4582960 25
26 PHARMACY PARAMED	Q	PARAMED ED PRGM-PHARMACY	24	96729	7909 26
27 CHAPLAINCY PARAMED	R	PARAMED ED PROGRAM-CHAPLAINCY	24.01	149292	6900 27
28 NORMAL NURSERY	S	NURSERY	33	5144635	1099111 28
29 NORMAL NURSERY	S	NURSERY	33	82074	29
30 NORMAL NURSERY	S	NURSERY	33	2743711	695001 30
31 MED SUPPLY RECLASS	T	MEDICAL SUPPLIES CHARGED TO P	55		63004405 31
32 MED SUPPLY RECLASS	T	MEDICAL SUPPLIES CHARGED TO P	55		2954269 32
33 MED SUPPLY RECLASS	T	MEDICAL SUPPLIES CHARGED TO P	55		2448131 33
34 MED SUPPLY RECLASS	T	MEDICAL SUPPLIES CHARGED TO P	55		9149169 34
35 MED SUPPLY RECLASS	T	MEDICAL SUPPLIES CHARGED TO P	55		14729 35
36 SUBTOTAL				34765169	145899052 36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 2

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF. 10
		COST CENTER 6	LINE # 7	SALARY 8	OTHER 9	
1 MD LIABILITY	A					1
2 MD LIABILITY	A					2
3 MD LIABILITY	A					3
4 MD LIABILITY	A					4
5 MD LIABILITY	A					5
6 MD LIABILITY	A					6
7 MD LIABILITY	A					7
8 MD LIABILITY	A					8
9 MD LIABILITY	A					9
10 MD LIABILITY	A					10
11 MD LIABILITY	A					11
12 MD LIABILITY	A					12
13 MD LIABILITY	A					13
14 MD LIABILITY	A					14
15 NU FRINGES	A					15
16 NU FRINGES	A					16
17 NU FRINGES	A					17
18 NU FRINGES	A					18
19 NU FRINGES	A					19
20 NU FRINGES	A					20
21 NU FRINGES	A					21
22 I&R SERVICES-OTHER PGM COSTS	A	I&R SERVICES-SALARY & FRINGES	22	21464476		22
23 DRS OFFICE COSTS HKPG	D					23
24 HOSPITAL MALPRACTICE	N	EMPLOYEE BENEFITS	5		55360110	24
25 CAFETERIA	P	DIETARY	11	2246069	4582960	25
26 PHARMACY PARAMED	Q	PHARMACY	16	96729	7909	26
27 CHAPLAINCY PARAMED	R	ADMINISTRATIVE AND GENERAL	6.05	149292	6900	27
28 NORMAL NURSERY	S	SPECIAL CARE NURSERY	30	5144635	1099111	28
29 NORMAL NURSERY	S	DELIVERY ROOM & LABOR ROOM	39	82074		29
30 NORMAL NURSERY	S	ADULTS & PEDIATRICS	25	2743711	695001	30
31 MED SUPPLY RECLASS	T	OPERATING ROOM	37		63004405	31
32 MED SUPPLY RECLASS	T	DELIVERY ROOM & LABOR ROOM	39		2954269	32
33 MED SUPPLY RECLASS	T	ANESTHESIOLOGY	40		2448131	33
34 MED SUPPLY RECLASS	T	RADIOLOGY-DIAGNOSTIC	41		9149169	34
35 MED SUPPLY RECLASS	T	RADIOLOGY-THERAPEUTIC	42		14729	35
36 SUBTOTAL				34765169	145899052	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER
			LINE #	SALARY	
1	2	3	4	5	
1 MED SUPPLY RECLASS	T	MEDICAL SUPPLIES CHARGED TO P	55		4334327 1
2 MED SUPPLY RECLASS	T	MEDICAL SUPPLIES CHARGED TO P	55		967349 2
3 MED SUPPLY RECLASS	T	MEDICAL SUPPLIES CHARGED TO P	55		13187718 3
4 DRUGS CHARGED TO PATIENTS	U	DRUGS CHARGED TO PATIENTS	56		33537736 4
5 676 BUILDING	V				
6 259 BLDG RECLASS	W	OTHER REAL ESTATE / OPERATION	100.03	7488	58077 5
7 OLSON BLDG RECLASS	X	OTHER REAL ESTATE / OPERATION	100.03	114184	714393 6
8 676 BLDG RECLASS	Y	OPERATION OF PLANT	8	28135	379562 7
9					8
10					9
11					10
12					11
13					12
14					13
15					14
16					15
17					16
18					17
19					18
20					19
21					20
22					21
23					22
24					23
25					24
26					25
27					26
28					27
29					28
30					29
31					30
32					31
33					32
34					33
35					34
36 TOTAL RECLASSIFICATIONS				34914976	199078214 35
					36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 3

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 MED SUPPLY RECLASS	T	RADIOISOTOPE	43		4334327	1
2 MED SUPPLY RECLASS	T	RESPIRATORY THERAPY	49		967349	2
3 MED SUPPLY RECLASS	T	CATHERIZATION LAB	53.01		13187718	3
4 DRUGS CHARGED TO PATIENTS	U	PHARMACY	16		33537736	4
5 676 BUILDING	V					5
6 259 BLDG RECLASS	W	OPERATION OF PLANT	8	7488	58077	6
7 OLSON BLDG RECLASS	X	OPERATION OF PLANT	8	114184	714393	7
8 676 BLDG RECLASS	Y	OTHER REAL ESTATE / OPERATION	100.03	28135	379562	8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				34914976	199078214	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 -----		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3					
1 LAND	146041966	474987		474987		146516953		1
2 LAND IMPROVEMENTS	13101059					13101059		2
3 BUILDINGS AND FIXTURES	999290696	38516429		38516429	3090878	1034716247		3
4 BUILDING IMPROVEMENTS	368894175					368894175		4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	419766471	44611419		44611419	22055166	442322724		6
7 SUBTOTAL	1947094367	83602835		83602835	25146044	2005551158		7
8 RECONCILING ITEMS								8
9 TOTAL	1947094367	83602835		83602835	25146044	2005551158		9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3					
1 LAND	146041966	474987		474987		146516953		1
2 LAND IMPROVEMENTS	13101059					13101059		2
3 BUILDINGS AND FIXTURES	999290696	38516429		38516429	3090878	1034716247		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	368894175					368894175		5
6 MOVABLE EQUIPMENT	419766475	44611419		44611419	22055166	442322728		6
7 SUBTOTAL	1947094371	83602835		83602835	25146044	2005551162		7
8 RECONCILING ITEMS								8
9 TOTAL	1947094371	83602835		83602835	25146044	2005551162		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	----- COMPUTATION OF RATIOS -----				----- ALLOCATION OF OTHER CAPITAL -----			
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	1	2	3	4	5	6	7	8
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT				.000000				3
4 NEW CAP REL COSTS-MVBLE EQUIP				.000000				4
5 TOTAL				.000000				5

DESCRIPTION	----- SUMMARY OF OLD AND NEW CAPITAL -----						
	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							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	106508776		-14005968				92502808 3
4 NEW CAP REL COSTS-MVBLE EQUIP	48468334						48468334 4
5 TOTAL	154977110		-14005968				140971142 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							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	106508776						106508776 3
4 NEW CAP REL COSTS-MVBLE EQUIP	48468334						48468334 4
5 TOTAL	154977110						154977110 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					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-4026227			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-1769744			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					20
21 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES	A	-14005968	NEW CAP REL COSTS-BLDG & FIXT	3	11 31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT	A		NEW CAP REL COSTS-MVBLE EQUIP	4	11 32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4				35
37 OFFSET BUSINESS INCOME	WKST				
	A	-5754787	CAFETERIA	12	36
37.05 FOOD SERVICE REV	B	-5740704	DIETARY	11	37.05
37.06 BUILDING RENTAL	B	-23002015	OTHER REAL ESTATE / OPERATIONS	100.03	37.06
37.07 BUILDING RENTAL	B	-1243805	EMPLOYEE BENEFITS	5	37.07
37.08 BUILDING RENTAL	B	-265759	ADMINISTRATIVE AND GENERAL	6.05	37.08
37.11 BUILDING RENTAL	B	-2285372	OPERATION OF PLANT	8	37.11
37.12 BUILDING RENTAL	B	-134479	HOUSEKEEPING	10	37.12
37.13 BUILDING RENTAL	B	-14157	ELECTROENCEPHALOGRAPHY	54	37.13
37.14 FOOD SERVICE REV	B	-310000	OPERATION OF PLANT	8	37.14
37.15 MISC INCOME	B	-301461	EMPLOYEE BENEFITS	5	37.15
37.16 MISC INCOME	B	-2304332	NON PATIENT TELEPHONES	6.01	37.16
37.17 MISC INCOME	B	-960	DATA PROCESSING	6.02	37.17
37.18 MISC INCOME	B	-13985	PURCHASING, RECEIVING AND STORE	6.03	37.18
37.22 MISC INCOME	B	-5252	ADMITTING	6.04	37.22
37.24 MISC INCOME	B	-2898902	ADMINISTRATIVE AND GENERAL	6.05	37.24
37.26 MISC INCOME	B	-1358002	OPERATION OF PLANT	8	37.26
37.27 MISC INCOME	B	-460	HOUSEKEEPING	10	37.27
37.28 MISC INCOME	B	-14083	DIETARY	11	37.28
37.29 MISC INCOME	B	-79174	NURSING ADMINISTRATION	14	37.29
37.38 MISC INCOME	B	-9948	CENTRAL SERVICES & SUPPLY	15	37.38
37.46 MISC INCOME	B	-1560803	PHARMACY	16	37.46
37.47 MISC INCOME	B	-26784	MEDICAL RECORDS & LIBRARY	17	37.47
37.48 MISC INCOME	B	-16307	SOCIAL SERVICE	18	37.48
38 MISC INCOME	B	-2934	I&R SERVICES-OTHER PRGM COSTS A	23	38
38.01 MISC INCOME	B	-89239	ADULTS & PEDIATRICS	25	38.01
38.02 MISC INCOME	B	-67170	SPECIAL CARE NURSERY	30	38.02
38.03 MISC INCOME	B	38063	OPERATING ROOM	37	38.03
38.04 MISC INCOME	B	-225881	RECOVERY ROOM	38	38.04
38.05 MISC INCOME	B	-79556	RADIOLOGY-DIAGNOSTIC	41	38.05
38.07 MISC INCOME	B	-500	RADIOLOGY-THERAPEUTIC	42	38.07

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
38.08 MISC INCOME	B	-3699	LABORATORY	44	38.08
38.09 MISC INCOME	B	-1897285	RESPIRATORY THERAPY	49	38.09
38.10 MISC INCOME	B	-17737	PHYSICAL THERAPY	50	38.10
38.11 MISC INCOME	B	-25215	OCCUPATIONAL THERAPY	51	38.11
38.13 MISC INCOME	B	-9000	ELECTROCARDIOLOGY	53	38.13
38.14 MISC INCOME	B	-62756	CARDIAC REHAB	53.02	38.14
38.15 MISC INCOME	B	-12200	BLOOD FLOW LAB	59	38.15
38.16 MISC INCOME	B	-18605	CLINIC	60	38.16
38.17 MISC INCOME	B	-41327	STD/AIDS CLINIC	60.01	38.17
38.18 MISC INCOME	B	-221951	SOLID ORGAN TRANSP	60.03	38.18
38.24 MISC INCOME	B	-1000	EMERGENCY	61	38.24
38.25 MISC INCOME	B	3294	RESEARCH	97	38.25
38.26 MISC INCOME	B	-146475	LIVER ACQUISITION	84	38.26
38.27 MISC INCOME	B	-10938	HEART ACQUISITION	85	38.27
38.28 MISC INCOME	B	-267349	SPONSORED PROJECT	97.02	38.28
38.29 MISC INCOME	B	-11137	EMERGENCY HOUSING	100	38.29
38.30 MISC INCOME	B	-658605	OTHER REAL ESTATE / OPERATIONS	100.03	38.30
38.31 ADJUST INCOME OFFSET TO COST	B	8211592	OTHER REAL ESTATE / OPERATIONS	100.03	38.31
38.50 TUITION & FEES	B	-13800	ADMINISTRATIVE AND GENERAL	6.05	38.50
38.51 TUITION & FEES	B	-18228	NURSING ADMINISTRATION	14	38.51
38.52 TUITION & FEES	B	-8235	RESPIRATORY THERAPY	49	38.52
38.53 TUITION & FEES	B	-210	OCCUPATIONAL THERAPY	51	38.53
38.54 TUITION & FEES	B	-863052	OB CLINIC SERVICES	63	38.54
39 MALPR OFFSET FOR RESIDENT	A	-538	I&R SERVICES-OTHER PRGM COSTS A	23	39
39.01 OIG HEW	A	-705032	EMPLOYEE BENEFITS	5	39.01
39.02 OIG NONPATIENT PHONES	A	-24657	NON PATIENT TELEPHONES	6.01	39.02
39.03 OIG DATA PROCESSING	A	-518035	DATA PROCESSING	6.02	39.03
39.04 OIG PURCHASING RECVNG STORES	A	-12530	PURCHASING, RECEIVING AND STORE	6.03	39.04
39.05 OIG ADMITTING PAT IFN SVC	A	-203589	ADMITTING	6.04	39.05
39.06 OIG ADMIN & GENERAL	A	-2578482	ADMINISTRATIVE AND GENERAL	6.05	39.06
39.07 OIG PLANT OP	A	-487914	OPERATION OF PLANT	8	39.07
39.09 OIG HOUSEKEEPING	A	-45149	HOUSEKEEPING	10	39.09
39.10 OIG DIETARY FOOD SVC	A	-1927	DIETARY	11	39.10
39.13 OIG NURSING ADMINISTRATION	A	-76950	NURSING ADMINISTRATION	14	39.13
39.14 OIG CENTRAL SERVICES & SUPPLY	A	-157787	CENTRAL SERVICES & SUPPLY	15	39.14
39.15 OIG PHARMACY	A	-7225	PHARMACY	16	39.15
39.16 OIG MEDICAL RECORDS & LIBRARY	A	-15001	MEDICAL RECORDS & LIBRARY	17	39.16
39.17 OIG SOCIAL SERVICE	A	-57293	SOCIAL SERVICE	18	39.17
39.18 OIG INTERN RESIDENT SERVICE	A	-61744	I&R SERVICES-OTHER PRGM COSTS A	23	39.18
39.19 OIG ADULTS & PEDIATRICS	A	-12728	ADULTS & PEDIATRICS	25	39.19
39.20 OIG INTENSIVE CARE UNIT	A	-398	INTENSIVE CARE UNIT	26	39.20
39.21 OIG SPECIAL CARE NURSERY	A	-795	SPECIAL CARE NURSERY	30	39.21
39.22 OIG SUBPROVIDER I	A	-2948	SUBPROVIDER I	31	39.22
39.23 OIG OPERATING ROOM	A	-22117	OPERATING ROOM	37	39.23
39.24 OIG RECOVERY ROOM	A	-794	RECOVERY ROOM	38	39.24
39.25 OIG DELIVERY & LABOR ROOMS	A	-1903	DELIVERY ROOM & LABOR ROOM	39	39.25
39.27 OIG ANESTHESIOLOGY	A	-1745	ANESTHESIOLOGY	40	39.27
39.28 OIG RADIOLOGY - DIAGNOSTIC	A	-112429	RADIOLOGY-DIAGNOSTIC	41	39.28
39.29 OIG RADIOLOGY - THERAPEUTIC	A	-4888	RADIOLOGY-THERAPEUTIC	42	39.29
39.30 OIG RADIOISOTOPE	A	-12106	RADIOISOTOPE	43	39.30
39.31 OIG LABORATORY	A	-22205	LABORATORY	44	39.31
39.32 OIG BLOOD STOR, PROC & ADM	A	-8659	BLOOD STORING, PROCESSING & TRA	47	39.32
39.33 OIG RESPIRATORY THERAPY	A	-11074	RESPIRATORY THERAPY	49	39.33
39.35 OIG PHYSICAL THERAPY	A	-1450	PHYSICAL THERAPY	50	39.35
39.37 OIG ELECTROCARDIOLOGY	A	-64	ELECTROCARDIOLOGY	53	39.37
39.38 OIG CATHERIZATION LAB	A	-8794	CATHERIZATION LAB	53.01	39.38
39.39 OIG CARDIAC REHABILITATION	A	-10	CARDIAC REHAB	53.02	39.39
39.40 OIG RADIOLOGY GRAPHICS	A	-3860	CARDIOLOGY GRAPHICS	53.03	39.40
39.41 OIG ELECTROENCEPHALOGRAPHY	A	-18644	ELECTROENCEPHALOGRAPHY	54	39.41
39.42 OIG MRI	A	-1997	MAG RESONANCE IMAGING	54.03	39.42
39.43 OIG DRUGS CHARGED TO PATIENTS	A	-172	DRUGS CHARGED TO PATIENTS	56	39.43
40 OIG BLOOD FLOW LAB	A	-489	BLOOD FLOW LAB	59	40
41 OIG CELLTRIFUGE	A	-6984	CELLTRIFUGE	59.01	41
42 OIG CLINIC PSYCH	A	-15019	CLINIC	60	42
43 OIG SOLID ORGAN TRANSPLANT	A	-46174	SOLID ORGAN TRANSP	60.03	43
44 OIG EMERGENCY	A	-16964	EMERGENCY	61	44
45 OIG OB CLINIC	A	-25746	OB CLINIC SERVICES	63	45
46 OIG GI LABORATORY	A	-2688	GI LABORATORY	63.01	46
47 OIG SPONSORED PROJECT	A	-14301	SPONSORED PROJECT	97.02	47
48 OIG KIDNEY ACQUISITION	A	-15032	KIDNEY ACQUISITION	83	48
49 OIG LIVER ACQUISITION	A	-211	LIVER ACQUISITION	84	49
50 TOTAL		-69011846			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	6.05	ADMINISTRATIVE AND GENERAL	MGMT FEES	16543260	17995087	-1451827	1
2	6.05	ADMINISTRATIVE AND GENERAL	NHC POS MGMT FEES	465500	465500		2
3	5	EMPLOYEE BENEFITS	CHG FROM NMPG - CORP HEAL	349579	349579		3
4	5	EMPLOYEE BENEFITS	CHG FROM NMPG - WORK COMP	224750	224750		4
4.02	6.05	ADMINISTRATIVE AND GENERAL	CHG FROM NMPG - FAC DEV		317917	-317917	4.02
4.03	5	EMPLOYEE BENEFITS	CHG FROM NMIC - LIAB INSU	59739398	59739398		4.03
5		TOTALS		77322487	79092231	-1769744	5

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

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

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

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----						
SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	B NW MEMORIAL HOSP		NW MEM HEALTH CARE INC		HEALTH CARE	1
2	B NW MEMORIAL HOSP		NW MEM HEALTHCARE CORP		MD CONTRACTING	2
3	B NW MEMORIAL HOSP		NW MEM INSURANCE CO		LIAB & MALPR INSUR	3
4	B NW MEMORIAL HOSP		NW MEM PHYSICIAN GROUP		HEALTHCARE	4
5	B NW MEMORIAL HOSP		NW MEM HOME HEALTH CARE		HOME HEALTH, PT	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 LINE NO.	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	
1	2	3	4	5	6	7	8	9	
1	6.02 DATA PROCESSING	DATA PROCESSING	222714		222714	177200	769	65513	3276
2	6.02 DATA PROCESSING	AGGREGATE							
3	6.05 ADMINISTRATIVE AND GENER	ADMINISTRATIVE AND	1860048		1860048	177200	10341	880974	44049
4	6.05 ADMINISTRATIVE AND GENER	AGGREGATE							
5	14 NURSING ADMINISTRATION	NURSING ADMINISTRAT	187228		187228	177200	780	66450	3323
6	14 NURSING ADMINISTRATION	AGGREGATE							
7	16 PHARMACY	PHARMACY	34812		34812	177200	303	25813	1291
8	16 PHARMACY	AGGREGATE							
9	23 I&R SERVICES-OTHER PRGM	I&R SERVICES-OTHER	7677159		7677159	177200	47490	4045783	202289
10	23 I&R SERVICES-OTHER PRGM	AGGREGATE							
11	25 ADULTS & PEDIATRICS	ADULTS & PEDIATRICS	564820		564820	196400	2958	279303	13965
12	25 ADULTS & PEDIATRICS	AGGREGATE							
13	26 INTENSIVE CARE UNIT	INTENSIVE CARE UNIT	585034		585034	165600	3263	259785	12989
14	26 INTENSIVE CARE UNIT	AGGREGATE							
15	30 SPECIAL CARE NURSERY	SPECIAL CARE NURSER	119138		119138	140600	1074	72598	3630
16	30 SPECIAL CARE NURSERY	AGGREGATE							
17	37 OPERATING ROOM	OPERATING ROOM	289440		289440	208000	1636	163600	8180
18	37 OPERATING ROOM	AGGREGATE							
19	38 RECOVERY ROOM	RECOVERY ROOM	75147		75147	177200	540	46004	2300
20	38 RECOVERY ROOM	AGGREGATE							
21	39 DELIVERY ROOM & LABOR RO	DELIVERY ROOM & LAB	226428		226428	196400	895	84509	4225
22	39 DELIVERY ROOM & LABOR RO	AGGREGATE							
23	40 ANESTHESIOLOGY	ANESTHESIOLOGY	180353		180353	200300	1125	108335	5417
24	40 ANESTHESIOLOGY	AGGREGATE							
25	41 RADIOLOGY-DIAGNOSTIC	RADIOLOGY-DIAGNOSTI	348202		348202	225300	2118	229416	11471
26	41 RADIOLOGY-DIAGNOSTIC	AGGREGATE							
27	42 RADIOLOGY-THERAPEUTIC	RADIOLOGY - THERAPE	50280		50280	225300	117	12673	634
28	42 RADIOLOGY-THERAPEUTIC	AGGREGATE							
29	43 RADIOISOTOPE	RADIOISOTOPE							
30	43 RADIOISOTOPE	AGGREGATE							
31	44 LABORATORY	LABORATORY	2082029		2082029	215700	31701	3287455	164373
32	44 LABORATORY	AGGREGATE							
33	47 BLOOD STORING, PROCESSIN	BLOOD STORING, PROC	41072		41072	215700	110	11407	570
34	47 BLOOD STORING, PROCESSIN	AGGREGATE							
35	49 RESPIRATORY THERAPY	RESPIRATORY THERAPY	80156		80156	165600	527	41957	2098
36	49 RESPIRATORY THERAPY	AGGREGATE							
37	50 PHYSICAL THERAPY	PHYSICAL THERAPY	34009		34009	177200	215	18316	916
38	50 PHYSICAL THERAPY	AGGREGATE							
39	53 ELECTROCARDIOLOGY	ELECTROCARDIOLOGY	140731		140731	165600	925	73644	3682
40	53 ELECTROCARDIOLOGY	AGGREGATE							
41	53.01 CATHERIZATION LAB	CATHERIZATION LAB	234327		234327	165600	1009	80332	4017
42	53.01 CATHERIZATION LAB	AGGREGATE							
43	53.02 CARDIAC REHAB	CARDIAC REHAB	19527		19527	165600	535	42594	2130
44	53.02 CARDIAC REHAB	AGGREGATE							
45	53.03 RADIOLOGY GRAPHICS	CARDIOLOGY GRAPHICS	48819		48819	165600	242	19267	963
46	53.03 RADIOLOGY GRAPHICS	AGGREGATE							
47	54 ELECTROENCEPHALOGRAPHY	ELECTROENCEPHALOGRA	35106		35106	165600	278	22133	1107
48	54 ELECTROENCEPHALOGRAPHY	AGGREGATE							
49	54.01 PULMONARY FUNC TESTING	PULMONARY FUNC TEST	26621		26621	165600	186	14808	740
50	54.01 PULMONARY FUNC TESTING	AGGREGATE							
51	54.03 MAG RESONANCE IMAGING	MAG RESONANCE IMAGI	40371		40371	225300	250	27079	1354
52	54.03 MAG RESONANCE IMAGING	AGGREGATE							
53	59 BLOOD FLOW LAB	BLOOD FLOW LAB	27426		27426	215400	52	5385	269
54	59 BLOOD FLOW LAB	AGGREGATE							
55	59.01 CELLTRIFUGE	CELLTRIFUGE							
56	59.01 CELLTRIFUGE	AGGREGATE							
57	60 CLINIC	CLINIC	591694		591694	154100	2358	174696	8735
58	60 CLINIC	AGGREGATE							
59	60.01 STD/AIDS CLINIC	STD/AIDS CLINIC	11848		11848	177200	148	12608	630
60	60.01 STD/AIDS CLINIC	AGGREGATE							
61	60.03 SOLID ORGAN TRANSP	SOLID ORGAN TRANSP	308104		308104	177200	369	31436	1572
62	60.03 SOLID ORGAN TRANSP	AGGREGATE							
63	61 EMERGENCY	EMERGENCY	260701		260701	177200	3336	284202	14210
64	61 EMERGENCY	AGGREGATE							
65	62.01 OBSERVATION BEDS-DISTINC	OBSERVATION BEDS-DI							
66	62.01 OBSERVATION BEDS-DISTINC	AGGREGATE							
67	63 OB CLINIC SERVICES	OB CLINIC SERVICES	121479		121479	165600	914	72768	3638
68	63 OB CLINIC SERVICES	AGGREGATE							
69	63.01 GI LABORATORY	GI LABORATORY	100927		100927	177200	564	48048	2402
70	63.01 GI LABORATORY	AGGREGATE							
71	31 SUBPROVIDER I	SUBPROVIDER	204410		204410	154100	1759	130318	6516
72	31 SUBPROVIDER I	AGGREGATE							
73	83 KIDNEY ACQUISITION	KIDNEY ACQUISITION	160253		160253	208000	169	16900	845
74	83 KIDNEY ACQUISITION	AGGREGATE							
75	84 LIVER ACQUISITION	LIVER ACQUISITION	101495		101495	208000	180	18000	900
76	84 LIVER ACQUISITION	AGGREGATE							
77	85 HEART ACQUISITION	HEART ACQUISITION	50601		50601	208000	164	16400	820
78	85 HEART ACQUISITION	AGGREGATE							
79	85.01 PANCREAS ACQUISITION	PANCREAS ACQUISITIO	26417		26417	208000	50	5000	250
80	85.01 PANCREAS ACQUISITION	AGGREGATE							
81	85.02 INTESTINAL ACQUISITION	INTESTINAL ACQUISIT							
82	85.02 INTESTINAL ACQUISITION	AGGREGATE							
83	25 ADULTS & PEDIATRICS								
84	25 ADULTS & PEDIATRICS								
85	25 ADULTS & PEDIATRICS								
101	TOTAL		17168926		17168926		119450	10795509	539776

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11	COST OF MEMBERSHIP & CONTIN. EDUCATION 12	PROVIDER COMPONENT SHARE OF COLUMN 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COLUMN 14 15	ADJUSTED RCE LIMIT 16	RCE DIS- ALLOWANCE 17	ADJUST- MENT 18
1	6.02 DATA PROCESSING			33098	33098	98611	124103	124103
2	6.02 DATA PROCESSING							
3	6.05 ADMINISTRATIVE AND GENER			445302	445302	1326276	533772	533772
4	6.05 ADMINISTRATIVE AND GENER							
5	14 NURSING ADMINISTRATION			33589	33589	100039	87189	87189
6	14 NURSING ADMINISTRATION							
7	16 PHARMACY			13055	13055	38868		
8	16 PHARMACY							
9	23 I&R SERVICES-OTHER PRGM			2045024	2045024	6090807	1586352	1586352
10	23 I&R SERVICES-OTHER PRGM							
11	25 ADULTS & PEDIATRICS			127388	127388	406691	158129	158129
12	25 ADULTS & PEDIATRICS							
13	26 INTENSIVE CARE UNIT			140511	140511	400296	184738	184738
14	26 INTENSIVE CARE UNIT							
15	30 SPECIAL CARE NURSERY			46249	46249	118847	291	291
16	30 SPECIAL CARE NURSERY							
17	37 OPERATING ROOM			70452	70452	234052	55388	55388
18	37 OPERATING ROOM							
19	38 RECOVERY ROOM			23254	23254	69258	5889	5889
20	38 RECOVERY ROOM							
21	39 DELIVERY ROOM & LABOR RO			38549	38549	123058	103370	103370
22	39 DELIVERY ROOM & LABOR RO							
23	40 ANESTHESIOLOGY			48445	48445	156780	23573	23573
24	40 ANESTHESIOLOGY							
25	41 RADIOLOGY-DIAGNOSTIC			91206	91206	320622	27580	27580
26	41 RADIOLOGY-DIAGNOSTIC							
27	42 RADIOLOGY-THERAPEUTIC			5056	5056	17729	32551	32551
28	42 RADIOLOGY-THERAPEUTIC							
29	43 RADIOISOTOPE							
30	43 RADIOISOTOPE							
31	44 LABORATORY			1365124	1365124	4652579		
32	44 LABORATORY							
33	47 BLOOD STORING, PROCESSIN			4728	4728	16135	24937	24937
34	47 BLOOD STORING, PROCESSIN							
35	49 RESPIRATORY THERAPY			22691	22691	64648	15508	15508
36	49 RESPIRATORY THERAPY							
37	50 PHYSICAL THERAPY			9258	9258	27574	6435	6435
38	50 PHYSICAL THERAPY							
39	53 ELECTROCARDIOLOGY			39848	39848	113492	27239	27239
40	53 ELECTROCARDIOLOGY							
41	53.01 CATHERIZATION LAB			43432	43432	123764	110563	110563
42	53.01 CATHERIZATION LAB							
43	53.02 CARDIAC REHAB			23038	23038	65632		
44	53.02 CARDIAC REHAB							
45	53.03 CARDIOLOGY GRAPHICS			10421	10421	29688	19131	19131
46	53.03 CARDIOLOGY GRAPHICS							
47	54 ELECTROENCEPHALOGRAPHY			11971	11971	34104	1002	1002
48	54 ELECTROENCEPHALOGRAPHY							
49	54.01 PULMONARY FUNC TESTING			8010	8010	22818	3803	3803
50	54.01 PULMONARY FUNC TESTING							
51	54.03 MAG RESONANCE IMAGING			10766	10766	37845	2526	2526
52	54.03 MAG RESONANCE IMAGING							
53	59 BLOOD FLOW LAB			2248	2248	7633	19793	19793
54	59 BLOOD FLOW LAB							
55	59.01 CELLTRIFUGE							
56	59.01 CELLTRIFUGE							
57	60 CLINIC			101553	101553	276249	315445	315445
58	60 CLINIC							
59	60.01 STD/AIDS CLINIC			6373	6373	18981		
60	60.01 STD/AIDS CLINIC							
61	60.03 SOLID ORGAN TRANSP			15891	15891	47327	260777	260777
62	60.03 SOLID ORGAN TRANSP							
63	61 EMERGENCY			143658	143658	427860		
64	61 EMERGENCY							
65	62.01 OBSERVATION BEDS-DISTINC							
66	62.01 OBSERVATION BEDS-DISTINC							
67	63 OB CLINIC SERVICES			39359	39359	112127	9352	9352
68	63 OB CLINIC SERVICES							
69	63.01 GI LABORATORY			24287	24287	72335	28592	28592
70	63.01 GI LABORATORY							
71	31 SUBPROVIDER I			75729	75729	206047		
72	31 SUBPROVIDER I							
73	83 KIDNEY ACQUISITION			7287	7287	24187	136066	136066
74	83 KIDNEY ACQUISITION							
75	84 LIVER ACQUISITION			7737	7737	25737	75758	75758
76	84 LIVER ACQUISITION							
77	85 HEART ACQUISITION			7077	7077	23477	27124	27124
78	85 HEART ACQUISITION							
79	85.01 PANCREAS ACQUISITION			2166	2166	7166	19251	19251
80	85.01 PANCREAS ACQUISITION							
81	85.02 INTESTINAL ACQUISITION							
82	85.02 INTESTINAL ACQUISITION							
83	25 ADULTS & PEDIATRICS							
84	25 ADULTS & PEDIATRICS							
85	25 ADULTS & PEDIATRICS							
101	TOTAL			5143830	5143830	15939339	4026227	4026227

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION	NEW CAP BLDGS & FIXTURES	NEW CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	NONPATIENT TELEPHONE S	SUBTOTAL	DATA PROCE SSING	SUBTOTAL
	0	3	4	5	6.01	5A	6.02	
63.03 STAFF OFFICES								63.03
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION	8611139		3752	321871	148597	9085359	418581	9503940 83
84 LIVER ACQUISITION	4639909		52	223680	96303	4959944	228515	5188459 84
85 HEART ACQUISITION	1938090			94432		2032522	93642	2126164 85
85.01 PANCREAS ACQUISITION	1604825			15408		1620233	74647	1694880 85.01
85.02 INTESTINAL ACQUISITION	10142					10142	467	10609 85.02
85.03 ISLET CELL ACQUISITION								85.03
86.01 HEART TRANSPLANT NOT CERT								86.01
93 HOSPICE	3240344	41920	5134	441909	904395	4633702	213484	4847186 93
95 SUBTOTALS	1133925906	78443825	48432066	90846090	8822705	1117953395	49173916	1116494583 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	188580	64278	1048	17332	43178	314416	14486	328902 96
97 RESEARCH	2761287	80517	8936	497812	9208	3357760	154699	3512459 97
97.02 SPONSORED PROJECT	5324724	15480	3446	255390	33969	5633009	259524	5892533 97.02
100 EMERGENCY HOUSING	920674		4666	141062		1066402	49131	1115533 100
100.03 OTHER REAL ESTATE / OPERATIONS		13577830	6381	211508	46566	13842285	637742	14480027 100.03
100.06 MARKETING, OTH NON-REIM	6495951	320878	11791	438514	182721	7449855	343230	7793085 100.06
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1149617122	92502808	48468334	92407708	9138347	1149617122	50632728	1149617122 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PURCHASING , RECEIVING & STORAGE	ADMITTING	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY
	6.03	6.04		6.05	8	9	10	11
63.03 STAFF OFFICES								63.03
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION	30337		9534277	2244979				83
84 LIVER ACQUISITION	16562		5205021	1225595				84
85 HEART ACQUISITION	6787		2132951	502233				85
85.01 PANCREAS ACQUISITION	5410		1700290	400357				85.01
85.02 INTESTINAL ACQUISITION	34		10643	2506				85.02
85.03 ISLET CELL ACQUISITION								85.03
86.01 HEART TRANSPLANT NOT CERT								86.01
93 HOSPICE	15472		4862658	1144981	244239		76422	52307
95 SUBTOTALS	3551953	20658241	1116388855	211278495	94663515	4870002	28799710	16662141
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	1050		329952	77692	249060		77930	96
97 RESEARCH	11212		3523671	829698	224443	8118	70227	97
97.02 SPONSORED PROJECT	18809		5911342	1391908	96796		30287	97.02
100 EMERGENCY HOUSING	3561		1119094	263506				100
100.03 OTHER REAL ESTATE / OPERATIONS	46220		14526247	3420408	1281548		400992	100.03
100.06 MARKETING, OTH NON-REIM	24876		7817961	1840848	392839		122918	100.06
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	3657681	20658241	1149617122	219102555	96908201	4878120	29502064	16662141

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	
63.03 STAFF OFFICES									63.03
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
83 KIDNEY ACQUISITION	4468	46917	681	12433					83
84 LIVER ACQUISITION	3940	48490		21646					84
85 HEART ACQUISITION	3699	20808							85
85.01 PANCREAS ACQUISITION		12							85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
86.01 HEART TRASNPLANT NOT CERT									86.01
93 HOSPICE	14509	91245	61505	2802376					93
95 SUBTOTALS	1947666	12039327	30702991	38213108	5130121	7214715	48446035	36771579	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	625								96
97 RESEARCH		173	32286	31600		39171	157081	119228	97
97.02 SPONSORED PROJECT	4516		480						97.02
100 EMERGENCY HOUSING	7303		2115						100
100.03 OTHER REAL ESTATE / OPERATIONS	1585		420						100.03
100.06 MARKETING, OTH NON-REIM	15278		8						100.06
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1976973	12039500	30738300	38244708	5130121	7253886	48603116	36890807	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PARAMED EDUCATION	PARAMED PROGRAM-C HAPLAINCY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	24	24.01	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
6.01 NON PATIENT TELEPHONES						6.01
6.02 DATA PROCESSING						6.02
6.03 PURCHASING, RECEIVING AND STORE						6.03
6.04 ADMITTING						6.04
6.05 ADMINISTRATIVE AND GENERAL						6.05
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA						12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION						14
15 CENTRAL SERVICES & SUPPLY						15
16 PHARMACY						16
17 MEDICAL RECORDS & LIBRARY						17
18 SOCIAL SERVICE						18
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL						21
22 I&R SERVICES-SALARY & FRINGES A						22
23 I&R SERVICES-OTHER PRGM COSTS A						23
24 PARAMED ED PRGM-PHARMACY	168940					24
24.01 PARAMED ED PROGRAM-CHAPLAINCY		280941				24.01
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	133726	222380	247232672	-21990412	225242260	25
26 INTENSIVE CARE UNIT	18993	31585	70925608	-9327822	61597786	26
30 SPECIAL CARE NURSERY	6835	11366	21829994	-514507	21315487	30
31 SUBPROVIDER I	8856	14728	13474788	-2582064	10892724	31
33 NURSERY			15241717		15241717	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM			97614259	-21180541	76433718	37
38 RECOVERY ROOM			9073729	-981374	8092355	38
39 DELIVERY ROOM & LABOR ROOM			35536493	-3496743	32039750	39
40 ANESTHESIOLOGY			7276065	-142919	7133146	40
41 RADIOLOGY-DIAGNOSTIC			87796815	-6421811	81375004	41
42 RADIOLOGY-THERAPEUTIC			16695633	-2048500	14647133	42
43 RADIOISOTOPE			8406169	-276309	8129860	43
44 LABORATORY			81695951	-5230822	76465129	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA			23338783	-400172	22938611	47
49 RESPIRATORY THERAPY			15373163	-276309	15096854	49
50 PHYSICAL THERAPY			4962875	-28584	4934291	50
51 OCCUPATIONAL THERAPY			2039021	-28584	2010437	51
53 ELECTROCARDIOLOGY			8252767	-819400	7433367	53
53.01 CATHERIZATION LAB			10016371	-552619	9463752	53.01
53.02 CARDIAC REHAB			613140	-9528	603612	53.02
53.03 RADIOLOGY GRAPHICS			8721047	-847984	7873063	53.03
54 ELECTROENCEPHALOGRAPHY			6300992	-228669	6072323	54
54.01 PULMONARY FUNC TESTING			1429192	-276309	1152883	54.01
54.02 DENTAL SERVICES						54.02
54.03 MAG RESONANCE IMAGING			23074236		23074236	54.03
55 MEDICAL SUPPLIES CHARGED TO PAT			126987651		126987651	55
56 DRUGS CHARGED TO PATIENTS			45783025		45783025	56
59 BLOOD FLOW LAB			2584710	-28584	2556126	59
59.01 CELLTRIFUGE			3118374		3118374	59.01
59.02 URODYNAMICS						59.02
59.03 LITHOTRIPSY SVC						59.03
59.04 CAST ROOM			120219		120219	59.04
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC			11808199	-2439145	9369054	60
60.01 STD/AIDS CLINIC			2877029		2877029	60.01
60.02 GERIATRIC CLINIC						60.02
60.03 SOLID ORGAN TRANSP			4678871		4678871	60.03
61 EMERGENCY			31389481	-2915540	28473941	61
62 OBSERVATION BEDS (NON-DISTINCT)						62
62.01 OBSERVATION BEDS-DISTINCT			1580222		1580222	62.01
63 OB CLINIC SERVICES			9694065	-1638801	8055264	63
63.01 GI LABORATORY			15180842	-533562	14647280	63.01
63.02 OUTSIDE HEALTH SVCS						63.02

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PARAMED EDUCATION	PARAMED ED PROGRAM-C HAPLAINCY	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	24	24.01	25	26	27	
63.03 STAFF OFFICES						63.03
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
83 KIDNEY ACQUISITION			11843755		11843755	83
84 LIVER ACQUISITION			6504692		6504692	84
85 HEART ACQUISITION			2659691		2659691	85
85.01 PANCREAS ACQUISITION			2100659		2100659	85.01
85.02 INTESTINAL ACQUISITION			13149		13149	85.02
85.03 ISLET CELL ACQUISITION						85.03
86.01 HEART TRASNPANT NOT CERT						86.01
93 HOSPICE	530	882	9351654		9351654	93
95 SUBTOTALS	168940	280941	1105197768	-85217614	1019980154	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CAN			735259		735259	96
97 RESEARCH			5035696	-276309	4759387	97
97.02 SPONSORED PROJECT			7435329		7435329	97.02
100 EMERGENCY HOUSING			1392018		1392018	100
100.03 OTHER REAL ESTATE / OPERATIONS			19631200		19631200	100.03
100.06 MARKETING, OTH NON-REIM			10189852		10189852	100.06
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL	168940	280941	1149617122	-85493923	1064123199	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	NONPATIENT TELEPHONE S 6.01	DATA PROCE SSING 6.02	PURCHASING , RECEIVIN G AND STOR 6.03	
63.03 STAFF OFFICES									63.03
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
83 KIDNEY ACQUISITION			3752	3752	4170	61255	111150	580	83
84 LIVER ACQUISITION			52	52	2898	39698	60680	316	84
85 HEART ACQUISITION					1223		24866	130	85
85.01 PANCREAS ACQUISITION					200		19822	103	85.01
85.02 INTESTINAL ACQUISITION							124	1	85.02
85.03 ISLET CELL ACQUISITION									85.03
86.01 HEART TRASNPLANT NOT CERT									86.01
93 HOSPICE		41920	5134	47054	5725	372812	56689	296	93
95 SUBTOTALS	78443825	48432066	126875891	1176824	3636913	13057362	68103	95	
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		64278	1048	65326	225	17799	3847	20	96
97 RESEARCH		80517	8936	89453	6449	3796	41079	214	97
97.02 SPONSORED PROJECT		15480	3446	18926	3309	14003	68914	359	97.02
100 EMERGENCY HOUSING			4666	4666	1827		13046	68	100
100.03 OTHER REAL ESTATE / OPERATIONS		13577830	6381	13584211	2740	19195	169347	883	100.03
100.06 MARKETING, OTH NON-REIM		320878	11791	332669	5681	75321	91142	475	100.06
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	92502808	48468334	140971142	1197055	3767027	13444737	70122	103	

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMITTING 6.04	ADMINISTRATIVE AND GENERAL 6.05	OPERATION 8	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14
63.03 STAFF OFFICES								63.03
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION		126224					103	4621 83
84 LIVER ACQUISITION		68909					91	4776 84
85 HEART ACQUISITION		28238					86	2049 85
85.01 PANCREAS ACQUISITION		22510						1 85.01
85.02 INTESTINAL ACQUISITION		141						85.02
85.03 ISLET CELL ACQUISITION								85.03
86.01 HEART TRANSPLANT NOT CERT								86.01
93 HOSPICE		64377	88350		9840	18498	336	8986 93
95 SUBTOTALS	658936	11879468	34243125	130169	3708097	5892439	45096	1185700 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		4368	90094		10034		14	96
97 RESEARCH		46650	81189	217	9042			17 97
97.02 SPONSORED PROJECT		78260	35014		3900		105	97.02
100 EMERGENCY HOUSING		14816					169	100
100.03 OTHER REAL ESTATE / OPERATIONS		192313	463581		51630		37	100.03
100.06 MARKETING, OTH NON-REIM		103502	142104		15826		354	100.06
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	658936	12319377	35055107	130386	3798529	5892439	45775	1185717 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	PARAMED ED PROGRAM-C HAPLAINCY
	15	16	17	18	22	23	24	24.01
63.03 STAFF OFFICES								63.03
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION	103	745						83
84 LIVER ACQUISITION		1298						84
85 HEART ACQUISITION								85
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
86.01 HEART TRANSPLANT NOT CERT								86.01
93 HOSPICE	9259	167993						93
95 SUBTOTALS	4622115	2290750	659900	650239				95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN								96
97 RESEARCH	4860	1894		3530				97
97.02 SPONSORED PROJECT	72							97.02
100 EMERGENCY HOUSING	318							100
100.03 OTHER REAL ESTATE / OPERATIONS	63							100.03
100.06 MARKETING, OTH NON-REIM	1							100.06
101 CROSS FOOT ADJUSTMENTS					3254072	802387	6030	19955 101
102 NEGATIVE COST CENTER								102
103 TOTAL	4627429	2292644	659900	653769	3254072	802387	6030	19955 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	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
6.01 NON PATIENT TELEPHONES				6.01
6.02 DATA PROCESSING				6.02
6.03 PURCHASING, RECEIVING AND STORE				6.03
6.04 ADMITTING				6.04
6.05 ADMINISTRATIVE AND GENERAL				6.05
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-PHARMACY				24
24.01 PARAMED ED PROGRAM-CHAPLAINCY				24.01
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	36911383		36911383	25
26 INTENSIVE CARE UNIT	5958149		5958149	26
30 SPECIAL CARE NURSERY	4084766		4084766	30
31 SUBPROVIDER I	1173971		1173971	31
33 NURSERY	344788		344788	33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	14850324		14850324	37
38 RECOVERY ROOM	690771		690771	38
39 DELIVERY ROOM & LABOR ROOM	5055547		5055547	39
40 ANESTHESIOLOGY	1004691		1004691	40
41 RADIOLOGY-DIAGNOSTIC	13050759		13050759	41
42 RADIOLOGY-THERAPEUTIC	3121154		3121154	42
43 RADIOISOTOPE	1836718		1836718	43
44 LABORATORY	6995010		6995010	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	1022085		1022085	47
49 RESPIRATORY THERAPY	1062007		1062007	49
50 PHYSICAL THERAPY	332476		332476	50
51 OCCUPATIONAL THERAPY	226436		226436	51
53 ELECTROCARDIOLOGY	841237		841237	53
53.01 CATHERIZATION LAB	1872233		1872233	53.01
53.02 CARDIAC REHAB	35540		35540	53.02
53.03 CARDIOLOGY GRAPHICS	919097		919097	53.03
54 ELECTROENCEPHALOGRAPHY	820536		820536	54
54.01 PULMONARY FUNC TESTING	228302		228302	54.01
54.02 DENTAL SERVICES				54.02
54.03 MAG RESONANCE IMAGING	4300511		4300511	54.03
55 MEDICAL SUPPLIES CHARGED TO PAT	2642882		2642882	55
56 DRUGS CHARGED TO PATIENTS	983196		983196	56
59 BLOOD FLOW LAB	362870		362870	59
59.01 CELLTRIFUGE	297037		297037	59.01
59.02 URODYNAMICS				59.02
59.03 LITHOTRIPSY SVC				59.03
59.04 CAST ROOM	7744		7744	59.04
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	365630		365630	60
60.01 STD/AIDS CLINIC	386139		386139	60.01
60.02 GERIATRIC CLINIC				60.02
60.03 SOLID ORGAN TRANSP	1215779		1215779	60.03
61 EMERGENCY	2216061		2216061	61
62 OBSERVATION BEDS (NON-DISTINCT)				62
62.01 OBSERVATION BEDS-DISTINCT	511780		511780	62.01
63 OB CLINIC SERVICES	1764619		1764619	63
63.01 GI LABORATORY	1966376		1966376	63.01
63.02 OUTSIDE HEALTH SVCS				63.02

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
63.03 STAFF OFFICES				63.03
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
83 KIDNEY ACQUISITION	312703		312703	83
84 LIVER ACQUISITION	178718		178718	84
85 HEART ACQUISITION	56592		56592	85
85.01 PANCREAS ACQUISITION	42636		42636	85.01
85.02 INTESTINAL ACQUISITION	266		266	85.02
85.03 ISLET CELL ACQUISITION				85.03
86.01 HEART TRANSPLANT NOT CERT				86.01
93 HOSPICE	850215		850215	93
95 SUBTOTALS	120899734		120899734	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	191727		191727	96
97 RESEARCH	288390		288390	97
97.02 SPONSORED PROJECT	222862		222862	97.02
100 EMERGENCY HOUSING	34910		34910	100
100.03 OTHER REAL ESTATE / OPERATIONS	14484000		14484000	100.03
100.06 MARKETING, OTH NON-REIM	767075		767075	100.06
101 CROSS FOOT ADJUSTMENTS	4082444		4082444	101
102 NEGATIVE COST CENTER				102
103 TOTAL	140971142		140971142	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		NEW CAP BLDGS & FIXTURES DOL VALUE SQ FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	NONPATIENT TELEPHONE S ACTUAL PHO CHAR	RECON- CILIATION 6A.02	DATA PROCE SSING ACCUM COST	RECON- CILIATION
		3	4	5	6.01	6A.02	6.02	
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	81525366						3
4	NEW CAP REL COSTS-MVBLE EQUIP		48010886					4
5	EMPLOYEE BENEFITS	839275	242461	460617979				5
6.01	NON PATIENT TELEPHONES	838105	2783069	2494623	296725			6.01
6.02	DATA PROCESSING	463043	12679186	16461894	6031	-50632728	1098984394	6.02
6.03	PURCHASING, RECEIVING AND STO		2529	1742909	1596		3496586	6.03
6.04	ADMITTING	161046	115304	12285880	6757		19685557	6.04
6.05	ADMINISTRATIVE AND GENERAL	6305775	1363163	55771439	84742		208786114	6.05
7	MAINTENANCE & REPAIRS							7
8	OPERATION OF PLANT	27319162	1881348	9885497	13769		74745456	8
9	LAUNDRY & LINEN SERVICE		31542				3762502	9
10	HOUSEKEEPING	1006350	1081052	11482537	3484		20733157	10
11	DIETARY	2230936	717383	5957413	2063		6760546	11
12	CAFETERIA			2246069			1524842	12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	293536	83846	5464274	15194		8412186	14
15	CENTRAL SERVICES & SUPPLY	950394	1778772	7126534	6368		20868783	15
16	PHARMACY	351880	647815	11028808			28063855	16
17	MEDICAL RECORDS & LIBRARY	213799	54914	1652672			3259199	17
18	SOCIAL SERVICE	119226	32185	3368088	2547		4755039	18
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL							21
22	I&R SERVICES-SALARY & FRINGES	911326	79962	23516381	8506		34808560	22
23	I&R SERVICES-OTHER PRGM COSTS			21989403			28453941	23
24	PARAMED ED PRGM-PHARMACY	1016		96729			125196	24
24.01	PARAMED ED PROGRAM-CHAPLAINCY	3839		149292			190499	24.01
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	11239182	1854703	73173534	15593		113083159	25
26	INTENSIVE CARE UNIT	1271967	317765	22047899	3243		32885848	26
30	SPECIAL CARE NURSERY	1203771	797660	7024439	1647		11144237	30
31	SUBPROVIDER I	59225	26518	4643864	1737		5944935	31
33	NURSERY			7970420			11363534	33
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	3039618	5046158	24496204	5711		38901069	37
38	RECOVERY ROOM	189355	16677	3677974			4698271	38
39	DELIVERY ROOM & LABOR ROOM	1528791	1108900	11818808	4515		17846428	39
40	ANESTHESIOLOGY	33838	545756	1023357	6884		2793585	40
41	RADIOLOGY-DIAGNOSTIC	2585635	5206680	25262576	7218		48711574	41
42	RADIOLOGY-THERAPEUTIC	770601	1038020	4114700	516		8048157	42
43	RADIOISOTOPE	386326	709314	2287859	2927		4677999	43
44	LABORATORY	739447	2061464	16550687	8621		46524060	44
46.30	BLOOD CLOTTING FACTORS ADMIN							46.30
47	BLOOD STORING, PROCESSING & T	98338	143454	2047800	3300		15674128	47
49	RESPIRATORY THERAPY	104827	300371	6499234	98		9413090	49
50	PHYSICAL THERAPY	74126	9972	1935929			3216622	50
51	OCCUPATIONAL THERAPY	74572	3207	780077			1224696	51
53	ELECTROCARDIOLOGY	151967	181962	1149843			2407677	53
53.01	CATHERIZATION LAB	183369	1150763	3321317	949		5719835	53.01
53.02	CARDIAC REHAB		18850	314053	86		432113	53.02
53.03	CARDIOLOGY GRAPHICS	91467	421046	2152605	1238		3851441	53.03
54	ELECTROENCEPHALOGRAPHY	170368	261933	2025893	918		3875465	54
54.01	PULMONARY FUNC TESTING	55537	65097	308053			575759	54.01
54.02	DENTAL SERVICES							54.02
54.03	MAG RESONANCE IMAGING	967453	1663234	4581661	855		11688359	54.03
55	MEDICAL SUPPLIES CHARGED TO P						96060097	55
56	DRUGS CHARGED TO PATIENTS			317782			33921860	56
59	BLOOD FLOW LAB	74200	127637	1118472			1572927	59
59.01	CELLTRIFUGE	63478	25078	794392			1662113	59.01
59.02	URODYNAMICS							59.02
59.03	LITHOTRIPSY SVC							59.03
59.04	CAST ROOM		3813	51684			82384	59.04
OUTPATIENT SERVICE COST CENTERS								
60	CLINIC	12658	14144	4709591	4089		6209327	60
60.01	STD/AIDS CLINIC	116297	9903	674962			1084534	60.01
60.02	GERIATRIC CLINIC							60.02
60.03	SOLID ORGAN TRANSP	238209	79135	883252	25289		2185672	60.03
61	EMERGENCY	434788	206872	10455998	1825		16085661	61
62	OBSERVATION BEDS (NON-DISTINC							62
62.01	OBSERVATION BEDS-DISTINCT	178680	52558	114928			442329	62.01
63	OB CLINIC SERVICES	611868	306300	2907949	367		4320138	63

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	NONPATIENT	RECON- CILIATION	DATA PROCE	RECON- CILIATION
	BLDGS & FIXTURES DOL VALUE SQ FEET 3	MOVABLE EQUIPMENT DOLLAR VALUE 4	BENEFITS GROSS SALARIES 5	TELEPHONE S ACTUAL PHO CHAR 6.01		SSING ACCUM COST 6.02	
63.01 GI LABORATORY	339176	616630	3406039	475		8217664	63.01
63.02 OUTSIDE HEALTH SVCS							63.02
63.03 STAFF OFFICES							63.03
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERA							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
83 KIDNEY ACQUISITION		3717	1604404	4825		9085359	83
84 LIVER ACQUISITION		52	1114959	3127		4959944	84
85 HEART ACQUISITION			470709			2032522	85
85.01 PANCREAS ACQUISITION			76804			1620233	85.01
85.02 INTESTINAL ACQUISITION						10142	85.02
85.03 ISLET CELL ACQUISITION							85.03
86.01 HEART TRASNPANT NOT CERT							86.01
93 HOSPICE	36945	5086	2202752	29366		4633702	93
95 SUBTOTALS	69134787	47974960	452833905	286476	-50632728	1067320667	-3657681 95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	56650	1038	86394	1402		314416	96
97 RESEARCH	70962	8852	2481405	299		3357760	97
97.02 SPONSORED PROJECT	13643	3413	1273021	1103		5633009	97.02
100 EMERGENCY HOUSING		4622	703142			1066402	100
100.03 OTHER REAL ESTATE / OPERATION	11966525	6321	1054287	1512		13842285	100.03
100.06 MARKETING, OTH NON-REIM	282799	11680	2185825	5933		7449855	100.06
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	92502808	48468334	92407708	9138347		50632728	103
104 UNIT COST MULT-WS B PT I		1.009528		30.797361		.046072	104
104 UNIT COST MULT-WS B PT I	1.134651		.200617				104
105 COST TO BE ALLOC PER B PT II							105
106 UNIT COST MULT-WS B PT II							106
106 UNIT COST MULT-WS B PT II							106
107 COST TO BE ALLOC PER B PT III			1197055	3767027		13444737	107
108 UNIT COST MULT-WS B PT III				12.695348		.012234	108
108 UNIT COST MULT-WS B PT III			.002599				108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASING , RECEIVING & STORAGE ACCUM COST 6.03	ADMITTING GROSS REVENUE 6.04	RECON- CILIATION	ADMINISTRA TIVE AND G ENERAL ACCUM COST 6.05	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY & LINEN SERVICE SQUARE FEET 9	HOUSE- KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11
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
6.01 NON PATIENT TELEPHONES								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING, RECEIVING AND STO	1145959441							6.03
6.04 ADMITTING	20592510	3799906550						6.04
6.05 ADMINISTRATIVE AND GENERAL	218405625		-219102555	930514567				6.05
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	78189129			78438709	1507749			8
9 LAUNDRY & LINEN SERVICE	3935848			3948411		1672924		9
10 HOUSEKEEPING	21688375			21757604	40784		1466965	10
11 DIETARY	7072018			7094592	93584		93584	229991 11
12 CAFETERIA	1595095			1600187				12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	8799752			8827841	13161		13161	14
15 CENTRAL SERVICES & SUPPLY	21830250			21899932	42794		42794	15
16 PHARMACY	29356813			29450520	15578		15578	16
17 MEDICAL RECORDS & LIBRARY	3409357			3420240	10520		10520	17
18 SOCIAL SERVICE	4974113			4989990	12264		12264	18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES	36412260			36528488	40910		40910	22
23 I&R SERVICES-OTHER PRGM COSTS	29764871			29859880				23
24 PARAMED ED PRGM-PHARMACY	130964			131382	50		50	24
24.01 PARAMED ED PROGRAM-CHAPLAINCY	199276			199912	395		395	24.01
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	118293126	423708757		120974423	466193	433209	466193	182050 25
26 INTENSIVE CARE UNIT	34400965	101899995		35064803	62588	749968	62588	25857 26
30 SPECIAL CARE NURSERY	11657674	42622292		11926622	41397		41397	9305 30
31 SUBPROVIDER I	6218830	22941367		6363413	21383	42658	21383	12057 31
33 NURSERY	11887075	62978225		12267432				33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	40693319	493995266		43509064	154826	34516	154826	37
38 RECOVERY ROOM	4914730	20037719		5039363	9317	10553	9317	38
39 DELIVERY ROOM & LABOR ROOM	18668649	107188386		19311022	52574	210000	52574	39
40 ANESTHESIOLOGY	2922291	37922564		3137804	1254	20268	1254	40
41 RADIOLOGY-DIAGNOSTIC	50955814	528725077		53991294	105030	37583	105030	41
42 RADIOLOGY-THERAPEUTIC	8418952	101701894		8998778	34336	14681	34336	42
43 RADIOISOTOPE	4893524	48909058		5175063	19009	1945	19009	43
44 LABORATORY	48667516	465819257		51355522	50156		50156	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T	16396266	67470997		16815443	4839		4839	47
49 RESPIRATORY THERAPY	9846770	108676929		10469077	4615		4615	49
50 PHYSICAL THERAPY	3364818	10956489		3435128	3647	8702	3647	50
51 OCCUPATIONAL THERAPY	1281120	8288792		1330275	3669		3669	51
53 ELECTROCARDIOLOGY	2518603	32400340		2702803	7478	8398	7478	53
53.01 CATHETERIZATION LAB	5983359	59415514		6325500	9023	786	9023	53.01
53.02 CARDIAC REHAB	452021	2617571		467696				53.02
53.03 RADIOLOGY GRAPHICS	4028885	49490007		4310822	4501	5282	4501	53.03
54 ELECTROENCEPHALOGRAPHY	4054015	26088774		4208800	8383	2616	8383	54
54.01 PULMONARY FUNC TESTING	602285	9001284		653147	2733	1606	2733	54.01
54.02 DENTAL SERVICES								54.02
54.03 MAG RESONANCE IMAGING	12226865	160250934		13137177	31458	2644	31458	54.03
55 MEDICAL SUPPLIES CHARGED TO P	100485778	303055423		102454241				55
56 DRUGS CHARGED TO PATIENTS	35484708	222518411		36807808				56
59 BLOOD FLOW LAB	1645395	22907535		1775195	3651	1864	3651	59
59.01 CELLTRIFUGE	1738690	6030747		1777029	3123	346	3123	59.01
59.02 URODYNAMICS								59.02
59.03 LITHOTRIPSY SVC								59.03
59.04 CAST ROOM	86180	436152		88826				59.04
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	6495403	11313616		6577648	623		623	60
60.01 STD/AIDS CLINIC	1134501	2099756		1149538	5722		5722	60.01
60.02 GERIATRIC CLINIC								60.02
60.03 SOLID ORGAN TRANSP	2286370	5672523		2324510	17456		17456	60.03
61 EMERGENCY	16826760	139001833		17636224	21394	70000	21394	61
62 OBSERVATION BEDS (NON-DISTINC								62
62.01 OBSERVATION BEDS-DISTINCT	462708	15889431		550576	8792	7276	8792	62.01
63 OB CLINIC SERVICES	4519175	14805220		4614096	23126	2591	23126	63

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASING	ADMITTING	RECON- CILIATION	ADMINISTRA	OPERATION	LAUNDRY	HOUSE-	DIETARY
	, RECEIVIN G AND STOR ACCUM COST	GROSS REVENUE		TIVE AND GENERAL ACCUM COST	OF PLANT SQUARE FEET	& LINEN SERVICE SQUARE FEET	KEEPING SQUARE FEET	
	6.03	6.04		6.05	8	9	10	11
63.01 GI LABORATORY	8596268	63068415		8966610	16689	2648	16689	63.01
63.02 OUTSIDE HEALTH SVCES								63.02
63.03 STAFF OFFICES								63.03
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION	9503940			9534277				83
84 LIVER ACQUISITION	5188459			5205021				84
85 HEART ACQUISITION	2126164			2132951				85
85.01 PANCREAS ACQUISITION	1694880			1700290				85.01
85.02 INTESTINAL ACQUISITION	10609			10643				85.02
85.03 ISLET CELL ACQUISITION								85.03
86.01 HEART TRASNPANT NOT CERT								86.01
93 HOSPICE	4847186			4862658	3800		3800	722 93
95 SUBTOTALS	1112836902	3799906550	-219102555	897286300	1472825	1670140	1432041	229991 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	328902			329952	3875		3875	96
97 RESEARCH	3512459			3523671	3492	2784	3492	97
97.02 SPONSORED PROJECT	5892533			5911342	1506		1506	97.02
100 EMERGENCY HOUSING	1115533			1119094				100
100.03 OTHER REAL ESTATE / OPERATION	14480027			14526247	19939		19939	100.03
100.06 MARKETING,OTH NON-REIM	7793085			7817961	6112		6112	100.06
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	3657681	20658241		219102555	96908201	4878120	29502064	16662141 103
104 UNIT COST MULT-WS B PT I	.003192				64.273431		20.110953	104
104 UNIT COST MULT-WS B PT I		.005437		.235464		2.915924		72.446926 104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III	70122	658936		12319377	35055107	130386	3798529	5892439 107
108 UNIT COST MULT-WS B PT III	.000061				23.249962		2.589379	108
108 UNIT COST MULT-WS B PT III		.000173		.013239		.077939		25.620303 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	I&R	I&R	
	FTEs	ADMINIS- TRATION DIRECT NU HOURS	SERVICES & SUPPLY COSTED REQUIS	COSTED REQUIS	RECORDS & LIBRARY GROSS REVENUE	SERVICE TIME SPENT	SALARY & FRINGES ASSIGNED TIME	PROGRAM COSTS ASSIGNED TIME	
	12	14	15	16	17	18	22	23	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5									5
6.01									6.01
6.02									6.02
6.03									6.03
6.04									6.04
6.05									6.05
7									7
8									8
9									9
10									10
11									11
12									12
13	41149								13
14		972052							14
15	1469		43443232						15
16	1450		671961	5924282					16
17	350				3799906550				17
18	510	2385					10000		18
20									20
21									21
22	180	1023					8973		22
23								8973	23
24	50								24
24.01	13								24.01
INPATIENT ROUTINE SERV COST CENTERS									
25	11006	386988	7141621	993255	423708757	5895	2308	2308	25
26	2700	139011	3876954	545433	101899995	870	979	979	26
30	1696	70410	1067116	7408	42622292	801	54	54	30
31	520	10229	22007	1066	22941367		271	271	31
33					62978225	1			33
ANCILLARY SERVICE COST CENTERS									
37	3220	91713	5825612	532075	493995266		2223	2223	37
38	420	17180	119392	108635	20037719	5	103	103	38
39	1756	71375	218194	277952	107188386	98	367	367	39
40	180	1	316770	434910	37922564		15	15	40
41	3578	40856	2761433	364400	528725077		674	674	41
42	457	4876	39056	8024	101701894	400	215	215	42
43	275	173	25368	4212	48909058		29	29	43
44	2462	1	11359884		465819257		549	549	44
46.30									46.30
47	328		865050	160557	67470997		42	42	47
49	1094	501	1787226	46970	108676929		29	29	49
50	260		459514	740	10956489		3	3	50
51	121		56987		8288792		3	3	51
53	184	1437	120651	508535	32400340		86	86	53
53.01	362	14002	305135	61684	59415514		58	58	53.01
53.02	34	1455	3430	27	2617571		1	1	53.02
53.03	301	3376	70840	306521	49490007		89	89	53.03
54	289	2	153134		26088774		24	24	54
54.01	40	576	47829	8611	9001284		29	29	54.01
54.02									54.02
54.03	606	11	1216587	476342	160250934				54.03
55					303055423				55
56	24	545			222518411				56
59	132		11922	575	22907535		3	3	59
59.01	101	3232	475873	41615	6030747				59.01
59.02									59.02
59.03									59.03
59.04	11		13230		436152				59.04
OUTPATIENT SERVICE COST CENTERS									
60	590	6954	3941	79537	11313616	750	256	256	60
60.01	91	2297	27540	119857	2099756	200			60.01
60.02									60.02
60.03	429	7653	142393	17071	5672523				60.03
61	1417	51440	1827430	295779	139001833	800	306	306	61
62									62
62.01		482	30816	10657	15889431	26			62.01
63	312	6063	74226	24871	14805220	100	172	172	63

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	I&R	I&R	
	FTES	ADMINIS- TRATION DIRECT NU HOURS	SERVICES & SUPPLY COSTED REQUIS	COSTED REQUIS	RECORDS & LIBRARY GROSS REVENUE	SERVICE TIME SPENT	SALARY & FRINGES ASSIGNED TIME	PROGRAM COSTS ASSIGNED TIME	
	12	14	15	16	17	18	22	23	
63.01 GI LABORATORY	500	19040	2166319	42688	63068415		56	56	63.01
63.02 OUTSIDE HEALTH SVCES									63.02
63.03 STAFF OFFICES									63.03
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
83 KIDNEY ACQUISITION	93	3788	963	1926					83
84 LIVER ACQUISITION	82	3915		3353					84
85 HEART ACQUISITION	77	1680							85
85.01 PANCREAS ACQUISITION		1							85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
86.01 HEART TRANSPLANT NOT CERT									86.01
93 HOSPICE	302	7367	86926	434101					93
95 SUBTOTALS	40539	972038	43393330	5919387	3799906550	9946	8944	8944	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C	13								96
97 RESEARCH		14	45630	4895		54	29	29	97
97.02 SPONSORED PROJECT	94		678						97.02
100 EMERGENCY HOUSING	152		2989						100
100.03 OTHER REAL ESTATE / OPERATION	33		594						100.03
100.06 MARKETING,OTH NON-REIM	318		11						100.06
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	1976973	12039500	30738300	38244708	5130121	7253886	48603116	36890807	103
104 UNIT COST MULT-WS B PT I	48.044254		.707551		.001350		5416.596010		104
104 UNIT COST MULT-WS B PT I		12.385654		6.455585		725.388600		4111.312493	104
105 COST TO BE ALLOC PER B PT II									105
106 UNIT COST MULT-WS B PT II									106
106 UNIT COST MULT-WS B PT II									106
107 COST TO BE ALLOC PER B PT III	45775	1185717	4627429	2292644	659900	653769	3254072	802387	107
108 UNIT COST MULT-WS B PT III	1.112421		.106517		.000174		362.651510		108
108 UNIT COST MULT-WS B PT III		1.219808		.386991		65.376900		89.422378	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED	PARAMED ED	
	EDUCATION	PROGRAM-C	
	MEALS	MEALS	
	SERVED	SERVED	
	24	24.01	
GENERAL SERVICE COST CENTERS			
1			1
2			2
3			3
4			4
5			5
6.01			6.01
6.02			6.02
6.03			6.03
6.04			6.04
6.05			6.05
7			7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
18			18
20			20
21			21
22			22
23			23
24			24
24.01			24.01
25			25
26			26
30			30
31			31
33			33
ANCILLARY SERVICE COST CENTERS			
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
46.30			46.30
47			47
49			49
50			50
51			51
53			53
53.01			53.01
53.02			53.02
53.03			53.03
54			54
54.01			54.01
54.02			54.02
54.03			54.03
55			55
56			56
59			59
59.01			59.01
59.02			59.02
59.03			59.03
59.04			59.04
OUTPATIENT SERVICE COST CENTERS			
60			60
60.01			60.01
60.02			60.02
60.03			60.03
61			61
62			62
62.01			62.01
63			63

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED	PARAMED ED	
	EDUCATION	PROGRAM-C	
	MEALS	HAPLAINCY	
	SERVED	MEALS	
	SERVED	SERVED	
63.01 GI LABORATORY	24	24.01	
63.02 OUTSIDE HEALTH SVCES			63.01
63.03 STAFF OFFICES			63.02
63.50 RHC			63.03
63.60 FQHC			63.50
OTHER REIMBURSABLE COST CENTERS			63.60
69.10 CMHC			69.10
69.20 OUTPATIENT PHYSICAL THERAPY			69.20
69.30 OUTPATIENT OCCUPATIONAL THERA			69.30
69.40 OUTPATIENT SPEECH PATHOLOGY			69.40
71 HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS			
83 KIDNEY ACQUISITION			83
84 LIVER ACQUISITION			84
85 HEART ACQUISITION			85
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02
85.03 ISLET CELL ACQUISITION			85.03
86.01 HEART TRANSPLANT NOT CERT			86.01
93 HOSPICE	722	722	93
95 SUBTOTALS	229991	229991	95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & C			96
97 RESEARCH			97
97.02 SPONSORED PROJECT			97.02
100 EMERGENCY HOUSING			100
100.03 OTHER REAL ESTATE / OPERATION			100.03
100.06 MARKETING, OTH NON-REIM			100.06
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 COST TO BE ALLOC PER B PT I	168940	280941	103
104 UNIT COST MULT-WS B PT I	.734550		104
104 UNIT COST MULT-WS B PT I		1.221530	104
105 COST TO BE ALLOC PER B PT II			105
106 UNIT COST MULT-WS B PT II			106
106 UNIT COST MULT-WS B PT II			106
107 COST TO BE ALLOC PER B PT III	6030	19955	107
108 UNIT COST MULT-WS B PT III	.026218		108
108 UNIT COST MULT-WS B PT III		.086764	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	225242260		225242260	158129	225400389	25
26 INTENSIVE CARE UNIT	61597786		61597786	184738	61782524	26
30 SPECIAL CARE NURSERY	21315487		21315487	291	21315778	30
31 SUBPROVIDER I	10892724		10892724		10892724	31
33 NURSERY	15241717		15241717		15241717	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	76433718		76433718	55388	76489106	37
38 RECOVERY ROOM	8092355		8092355	5889	8098244	38
39 DELIVERY ROOM & LABOR ROOM	32039750		32039750	103370	32143120	39
40 ANESTHESIOLOGY	7133146		7133146	23573	7156719	40
41 RADIOLOGY-DIAGNOSTIC	81375004		81375004	27580	81402584	41
42 RADIOLOGY-THERAPEUTIC	14647133		14647133	32551	14679684	42
43 RADIOISOTOPE	8129860		8129860		8129860	43
44 LABORATORY	76465129		76465129		76465129	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	22938611		22938611	24937	22963548	47
49 RESPIRATORY THERAPY	15096854		15096854	15508	15112362	49
50 PHYSICAL THERAPY	4934291		4934291	6435	4940726	50
51 OCCUPATIONAL THERAPY	2010437		2010437		2010437	51
53 ELECTROCARDIOLOGY	7433367		7433367	27239	7460606	53
53.01 CATHERIZATION LAB	9463752		9463752	110563	9574315	53.01
53.02 CARDIAC REHAB	603612		603612		603612	53.02
53.03 RADIOLOGY GRAPHICS	7873063		7873063	19131	7892194	53.03
54 ELECTROENCEPHALOGRAPHY	6072323		6072323	1002	6073325	54
54.01 PULMONARY FUNC TESTING	1152883		1152883	3803	1156686	54.01
54.02 DENTAL SERVICES						54.02
54.03 MAG RESONANCE IMAGING	23074236		23074236	2526	23076762	54.03
55 MEDICAL SUPPLIES CHARGED TO	126987651		126987651		126987651	55
56 DRUGS CHARGED TO PATIENTS	45783025		45783025		45783025	56
59 BLOOD FLOW LAB	2556126		2556126	19793	2575919	59
59.01 CELLTRIFUGE	3118374		3118374		3118374	59.01
59.02 URODYNAMICS						59.02
59.03 LITHOTRIPSY SVC						59.03
59.04 CAST ROOM	120219		120219		120219	59.04
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	9369054		9369054	315445	9684499	60
60.01 STD/AIDS CLINIC	2877029		2877029		2877029	60.01
60.02 GERIATRIC CLINIC						60.02
60.03 SOLID ORGAN TRANSP	4678871		4678871	260777	4939648	60.03
61 EMERGENCY	28473941		28473941		28473941	61
62 OBSERVATION BEDS (NON-DISTI						62
62.01 OBSERVATION BEDS-DISTINCT	1580222		1580222		1580222	62.01
63 OB CLINIC SERVICES	8055264		8055264	9352	8064616	63
63.01 GI LABORATORY	14647280		14647280	28592	14675872	63.01
63.02 OUTSIDE HEALTH SVCES						63.02
63.03 STAFF OFFICES						63.03
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	987506554		987506554	1436612	988943166	101
102 LESS OBSERVATION BEDS						102
103 TOTAL	987506554		987506554	1436612	988943166	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	423708757		423708757			25
26 INTENSIVE CARE UNIT	101899995		101899995			26
30 SPECIAL CARE NURSERY	42622292		42622292			30
31 SUBPROVIDER I	22941367		22941367			31
33 NURSERY	62978225		62978225			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	299365716	194629550	493995266	.154726	.154726	.154838 37
38 RECOVERY ROOM	13858772	6178947	20037719	.403856	.403856	.404150 38
39 DELIVERY ROOM & LABOR ROOM	99252267	7936119	107188386	.298911	.298911	.299875 39
40 ANESTHESIOLOGY	23905968	14016596	37922564	.188098	.188098	.188719 40
41 RADIOLOGY-DIAGNOSTIC	178496214	350228863	528725077	.153908	.153908	.153960 41
42 RADIOLOGY-THERAPEUTIC	7609839	94092055	101701894	.144020	.144020	.144340 42
43 RADIOISOTOPE	7492652	41416406	48909058	.166224	.166224	.166224 43
44 LABORATORY	254644394	211174863	465819257	.164152	.164152	.164152 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	58280451	9190546	67470997	.339977	.339977	.340347 47
49 RESPIRATORY THERAPY	107562223	1114706	108676929	.138915	.138915	.139058 49
50 PHYSICAL THERAPY	10422831	533658	10956489	.450353	.450353	.450941 50
51 OCCUPATIONAL THERAPY	7976069	312723	8288792	.242549	.242549	.242549 51
53 ELECTROCARDIOLOGY	13127111	19273229	32400340	.229422	.229422	.230263 53
53.01 CATHETERIZATION LAB	29095537	30319977	59415514	.159281	.159281	.161142 53.01
53.02 CARDIAC REHAB	5254	2612317	2617571	.230600	.230600	.230600 53.02
53.03 CARDIOLOGY GRAPHICS	25728312	23761695	49490007	.159084	.159084	.159470 53.03
54 ELECTROENCEPHALOGRAPHY	12814571	13274203	26088774	.232756	.232756	.232795 54
54.01 PULMONARY FUNC TESTING	1576168	7425116	9001284	.128080	.128080	.128502 54.01
54.02 DENTAL SERVICES						54.02
54.03 MAG RESONANCE IMAGING	33770544	126480390	160250934	.143988	.143988	.144004 54.03
55 MEDICAL SUPPLIES CHARGED TO	199311938	103743485	303055423	.419025	.419025	.419025 55
56 DRUGS CHARGED TO PATIENTS	192974484	29543927	222518411	.205749	.205749	.205749 56
59 BLOOD FLOW LAB	11511049	11396486	22907535	.111585	.111585	.112449 59
59.01 CELLTRIFUGE	1360075	4670672	6030747	.517079	.517079	.517079 59.01
59.02 URODYNAMICS						59.02
59.03 LITHOTRIPSY SVC						59.03
59.04 CAST ROOM	436152		436152	.275636	.275636	.275636 59.04
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1174759	10138857	11313616	.828122	.828122	.856004 60
60.01 STD/AIDS CLINIC	39684	2060072	2099756	1.370173	1.370173	1.370173 60.01
60.02 GERIATRIC CLINIC						60.02
60.03 SOLID ORGAN TRANSP	253009	5419514	5672523	.824831	.824831	.870803 60.03
61 EMERGENCY	58269545	80732288	139001833	.204846	.204846	.204846 61
62 OBSERVATION BEDS (NON-DISTI						62
62.01 OBSERVATION BEDS-DISTINCT	2593164	13296267	15889431	.099451	.099451	.099451 62.01
63 OB CLINIC SERVICES	908422	13896798	14805220	.544083	.544083	.544714 63
63.01 GI LABORATORY	9178483	53889932	63068415	.232244	.232244	.232698 63.01
63.02 OUTSIDE HEALTH SVCES						63.02
63.03 STAFF OFFICES						63.03
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	2317146293	1482760257	3799906550			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	2317146293	1482760257	3799906550			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL		NEW CAPITAL				
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST		SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4		5	6
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				36911383		36911383	25
26 INTENSIVE CARE UNIT				5958149		5958149	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 SPECIAL CARE NURSERY				4084766		4084766	30
31 SUBPROVIDER I				1173971		1173971	31
33 NURSERY				344788		344788	33
101 TOTAL				48473057		48473057	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	182050	57928			202.75	11744902	25
26 INTENSIVE CARE UNIT	25857	12329			230.43	2840971	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 SPECIAL CARE NURSERY	9332				437.72		30
31 SUBPROVIDER I	12057	3999			97.37	389383	31
33 NURSERY	37028				9.31		33
101 TOTAL	266324	74256				14975256	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0281) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----	OLD CAPITAL RATIO OF COST TO CHARGES	----	NEW CAPITAL RATIO OF COST TO CHARGES	----
	1	2	3	4	5	6	7	8	
37 ANCILLARY SERVICE COST CENTERS									
38 OPERATING ROOM	14850324	493995266	101364387				.030062	3047216	37
39 RECOVERY ROOM	690771	20037719	4919854				.034474	169607	38
40 DELIVERY ROOM & LABOR ROOM	5055547	107188386	137114				.047165	6467	39
41 ANESTHESIOLOGY	1004691	37922564	7993343				.026493	211768	40
42 RADIOLOGY-DIAGNOSTIC	13050759	528725077	63011026				.024683	1555301	41
43 RADIOLOGY-THERAPEUTIC	3121154	101701894	2171612				.030689	66645	42
44 RADIOISOTOPE	1836718	48909058	3122852				.037554	117276	43
45 LABORATORY	6995010	465819257	95096562				.015017	1428065	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T	1022085	67470997	21084492				.015149	319409	47
48 RESPIRATORY THERAPY	1062007	108676929	35485925				.009772	346768	49
49 PHYSICAL THERAPY	332476	10956489	4453103				.030345	135129	50
50 OCCUPATIONAL THERAPY	226436	8288792	3649254				.027318	99690	51
51 ELECTROCARDIOLOGY	841237	32400340	5519638				.025964	143312	53
53.01 CATHETERIZATION LAB	1872233	59415514	12333635				.031511	388645	53.01
53.02 CARDIAC REHAB	35540	2617571	3868				.013577	53	53.02
53.03 CARDIOLOGY GRAPHICS	919097	49490007	10975512				.018571	203826	53.03
54 ELECTROENCEPHALOGRAPHY	820536	26088774	4058151				.031452	127637	54
54.01 PULMONARY FUNC TESTING	228302	9001284	700889				.025363	17777	54.01
54.02 DENTAL SERVICES									54.02
54.03 MAG RESONANCE IMAGING	4300511	160250934	11909151				.026836	319594	54.03
55 MEDICAL SUPPLIES CHARGED TO P	2642882	303055423	72339997				.008721	630877	55
56 DRUGS CHARGED TO PATIENTS	983196	222518411	66451993				.004418	293585	56
59 BLOOD FLOW LAB	362870	22907535	4947552				.015841	78374	59
59.01 CELLTRIFUGE	297037	6030747	352813				.049254	17377	59.01
59.02 URODYNAMICS									59.02
59.03 LITHOTRIPSY SVC									59.03
59.04 CAST ROOM	7744	436152	186990				.017755	3320	59.04
60 OUTPATIENT SERVICE COST CENTERS									
60.01 CLINIC	365630	11313616	33229				.032318	1074	60
60.02 STD/AIDS CLINIC	386139	2099756	13244				.183897	2436	60.01
60.03 GERIATRIC CLINIC									60.02
61 SOLID ORGAN TRANSP	1215779	5672523	102541				.214328	21977	60.03
62 EMERGENCY	2216061	139001833	20103915				.015943	320517	61
62.01 OBSERVATION BEDS (NON-DISTINC									62
63 OBSERVATION BEDS-DISTINCT	511780	15889431					.032209		62.01
63.01 OB CLINIC SERVICES	1764619	14805220	32664				.119189	3893	63
63.02 GI LABORATORY	1966376	63068415	3434182				.031178	107071	63.01
63.03 OUTSIDE HEALTH SVCS									63.02
63.50 STAFF OFFICES									63.03
63.60 RHC									63.50
63.60 FQHC									63.60
101 OTHER REIMBURSABLE COST CENTERS									
TOTAL	70985547	3145755914	555989488					10184686	101

PROVIDER NO. 14-0281 NORTHWESTERN MEMORIAL HOSPITAL
 PERIOD FROM 09/01/2008 TO 08/31/2009

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

VERSION: 2009.08
 01/28/2010 14:41

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	
		ANESTHETIST	SCHOOL	HEALTH	MEDICAL	ADJUSTMENT	COSTS	
		COST	COST	COSTS	COSTS	AMOUNT	COSTS	
		1	2	2.01	2.02	3	4	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS			356106			356106	25
26	INTENSIVE CARE UNIT			50578			50578	26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	SPECIAL CARE NURSERY			18201			18201	30
31	SUBPROVIDER I			23584			23584	31
33	NURSERY							33
34	SKILLED NURSING FACILITY							34
35	NURSING FACILITY							35
101	TOTAL			448469			448469	101

PROVIDER NO. 14-0281 NORTHWESTERN MEMORIAL HOSPITAL
 PERIOD FROM 09/01/2008 TO 08/31/2009

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

VERSION: 2009.08
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK
 APPLICABLE
 BOXES

[] TITLE V
 [XX] TITLE XVIII-PT A
 [] TITLE XIX

COST CENTER	DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
25	INPAT ROUTINE SERV COST CTRS					25
26	ADULTS & PEDIATRICS	182050	1.96	57928	113539	26
27	INTENSIVE CARE UNIT	25857	1.96	12329	24165	27
28	CORONARY CARE UNIT					28
29	BURN INTENSIVE CARE UNIT					29
30	SURGICAL INTENSIVE CARE UNIT					30
31	SPECIAL CARE NURSERY	9332	1.95			31
33	SUBPROVIDER I	12057	1.96	3999	7838	33
34	NURSERY	37028				34
35	SKILLED NURSING FACILITY					35
101	NURSING FACILITY					101
	TOTAL	266324		74256	145542	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0281) [] 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 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	ADMINISTERING BLOOD CLOTTING FACTORS COST 2.03	TOTAL COSTS 3
	NONPHYSICIAN ANESTHETIST COST 1	NONPHYSICIAN ANESTHETIST COST 1.01					
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
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
51 OCCUPATIONAL THERAPY							51
53 ELECTROCARDIOLOGY							53
53.01 CATHERIZATION LAB							53.01
53.02 CARDIAC REHAB							53.02
53.03 CARDIOLOGY GRAPHICS							53.03
54 ELECTROENCEPHALOGRAPHY							54
54.01 PULMONARY FUNC TESTING							54.01
54.02 DENTAL SERVICES							54.02
54.03 MAG RESONANCE IMAGING							54.03
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 BLOOD FLOW LAB							59
59.01 CELLTRIFUGE							59.01
59.02 URODYNAMICS							59.02
59.03 LITHOTRIpsy SVC							59.03
59.04 CAST ROOM							59.04
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 STD/AIDS CLINIC							60.01
60.02 GERIATRIC CLINIC							60.02
60.03 SOLID ORGAN TRANSP							60.03
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
62.01 OBSERVATION BEDS-DISTINCT							62.01
63 OB CLINIC SERVICES							63
63.01 GI LABORATORY							63.01
63.02 OUTSIDE HEALTH SVCES							63.02
63.03 STAFF OFFICES							63.03
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0281) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS	PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		493995266			101364387		32577882 37
38 RECOVERY ROOM		20037719			4919854		1445276 38
39 DELIVERY ROOM & LABOR ROOM		107188386			137114		13759 39
40 ANESTHESIOLOGY		37922564			7993343		2553981 40
41 RADIOLOGY-DIAGNOSTIC		528725077			63011026		82779536 41
42 RADIOLOGY-THERAPEUTIC		101701894			2171612		29823752 42
43 RADIOISOTOPE		48909058			3122852		14885425 43
44 LABORATORY		465819257			95096562		10812266 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		67470997			21084492		2008278 47
49 RESPIRATORY THERAPY		108676929			35485925		86168 49
50 PHYSICAL THERAPY		10956489			4453103		
51 OCCUPATIONAL THERAPY		8288792			3649254		
53 ELECTROCARDIOLOGY		32400340			5519638		4679897 53
53.01 CATHERIZATION LAB		59415514			12333635		11880379 53.01
53.02 CARDIAC REHAB		2617571			3868		888855 53.02
53.03 RADIOLOGY GRAPHICS		49490007			10975512		4343511 53.03
54 ELECTROENCEPHALOGRAPHY		26088774			4058151		2811054 54
54.01 PULMONARY FUNC TESTING		9001284			700889		2024767 54.01
54.02 DENTAL SERVICES							54.02
54.03 MAG RESONANCE IMAGING		160250934			11909151		27410777 54.03
55 MEDICAL SUPPLIES CHARGED TO P		303055423			72339997		27954673 55
56 DRUGS CHARGED TO PATIENTS		222518411			66451993		7704798 56
59 BLOOD FLOW LAB		22907535			4947552		3080319 59
59.01 CELLTRIFUGE		6030747			352813		1115691 59.01
59.02 URODYNAMICS							59.02
59.03 LITHOTRIPSY SVC							59.03
59.04 CAST ROOM		436152			186990		59.04
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		11313616			33229		2180025 60
60.01 STD/AIDS CLINIC		2099756			13244		494070 60.01
60.02 GERIATRIC CLINIC							60.02
60.03 SOLID ORGAN TRANSP		5672523			102541		1254672 60.03
61 EMERGENCY		139001833			20103915		10794317 61
62 OBSERVATION BEDS (NON-DISTINC							62
62.01 OBSERVATION BEDS-DISTINCT		15889431					62.01
63 OB CLINIC SERVICES		14805220			32664		216147 63
63.01 GI LABORATORY		63068415			3434182		12453091 63.01
63.02 OUTSIDE HEALTH SVCES							63.02
63.03 STAFF OFFICES							63.03
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		3145755914			555989488		298273366 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0281) [] 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					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
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
51 OCCUPATIONAL THERAPY					51
53 ELECTROCARDIOLOGY					53
53.01 CATHERIZATION LAB					53.01
53.02 CARDIAC REHAB					53.02
53.03 CARDIOLOGY GRAPHICS					53.03
54 ELECTROENCEPHALOGRAPHY					54
54.01 PULMONARY FUNC TESTING					54.01
54.02 DENTAL SERVICES					54.02
54.03 MAG RESONANCE IMAGING					54.03
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 BLOOD FLOW LAB					59
59.01 CELLTRIFUGE					59.01
59.02 URODYNAMICS					59.02
59.03 LITHOTRIPTY SVC					59.03
59.04 CAST ROOM					59.04
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 STD/AIDS CLINIC					60.01
60.02 GERIATRIC CLINIC					60.02
60.03 SOLID ORGAN TRANSP					60.03
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
62.01 OBSERVATION BEDS-DISTINCT					62.01
63 OB CLINIC SERVICES					63
63.01 GI LABORATORY					63.01
63.02 OUTSIDE HEALTH SVCES					63.02
63.03 STAFF OFFICES					63.03
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 (14-0281) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.154726	.154726	.154726			37
38 RECOVERY ROOM	.403856	.403856	.403856			38
39 DELIVERY ROOM & LABOR ROOM	.298911	.298911	.298911			39
40 ANESTHESIOLOGY	.188098	.188098	.188098			40
41 RADIOLOGY-DIAGNOSTIC	.153908	.153908	.153908			41
42 RADIOLOGY-THERAPEUTIC	.144020	.144020	.144020			42
43 RADIOISOTOPE	.166224	.166224	.166224			43
44 LABORATORY	.164152	.164152	.164152			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.339977	.339977	.339977			47
49 RESPIRATORY THERAPY	.138915	.138915	.138915			49
50 PHYSICAL THERAPY	.450353	.450353	.450353			50
51 OCCUPATIONAL THERAPY	.242549	.242549	.242549			51
53 ELECTROCARDIOLOGY	.229422	.229422	.229422			53
53.01 CATHETERIZATION LAB	.159281	.159281	.159281			53.01
53.02 CARDIAC REHAB	.230600	.230600	.230600			53.02
53.03 CARDIOLOGY GRAPHICS	.159084	.159084	.159084			53.03
54 ELECTROENCEPHALOGRAPHY	.232756	.232756	.232756			54
54.01 PULMONARY FUNC TESTING	.128080	.128080	.128080			54.01
54.02 DENTAL SERVICES						54.02
54.03 MAG RESONANCE IMAGING	.143988	.143988	.143988			54.03
55 MEDICAL SUPPLIES CHARGED TO PAT	.419025	.419025	.419025			55
56 DRUGS CHARGED TO PATIENTS	.205749	.205749	.205749			56
59 BLOOD FLOW LAB	.111585	.111585	.111585			59
59.01 CELLTRIFUGE	.517079	.517079	.517079			59.01
59.02 URODYNAMICS						59.02
59.03 LITHOTRIPSY SVC						59.03
59.04 CAST ROOM	.275636	.275636	.275636			59.04
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.828122	.828122	.828122			60
60.01 STD/AIDS CLINIC	1.370173	1.370173	1.370173			60.01
60.02 GERIATRIC CLINIC						60.02
60.03 SOLID ORGAN TRANSP	.824831	.824831	.824831			60.03
61 EMERGENCY	.204846	.204846	.204846			61
62 OBSERVATION BEDS (NON-DISTINCT						62
62.01 OBSERVATION BEDS-DISTINCT	.099451	.099451	.099451			62.01
63 OB CLINIC SERVICES	.544083	.544083	.544083			63
63.01 GI LABORATORY	.232244	.232244	.232244			63.01
63.02 OUTSIDE HEALTH SVCS						63.02
63.03 STAFF OFFICES						63.03
63.50 RHC						63.50
63.60 PQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.205749	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0281) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.) 5	PPS SER-VICES (SEE INSTRU.) 5.01	ALL OTHER (SEE INSTRU.) 5.02	PPS SER-VICES (SEE INSTRU.) 5.03	PPS SER-VICES (SEE INSTRU.) 5.04	OUTPATIENT AMBULATORY SURGICAL CENTER 6	OUTPATIENT RADIOLOGY 7	OTHER OUTPATIENT DIAGNOSTIC 8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		32577882	37895					37
38 RECOVERY ROOM		1445276						38
39 DELIVERY ROOM & LABOR ROOM		13759						39
40 ANESTHESIOLOGY		2553981	4					40
41 RADIOLOGY-DIAGNOSTIC		82779536	16243					41
42 RADIOLOGY-THERAPEUTIC		29823752						42
43 RADIOISOTOPE		14885425	42					43
44 LABORATORY		10812266						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		2008278						47
49 RESPIRATORY THERAPY		86168						49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
53 ELECTROCARDIOLOGY		4679897	1749					53
53.01 CATHETERIZATION LAB		11880379	2679					53.01
53.02 CARDIAC REHAB		888855						53.02
53.03 RADIOLOGY GRAPHICS		4343511	365					53.03
54 ELECTROENCEPHALOGRAPHY		2811054						54
54.01 PULMONARY FUNC TESTING		2024767	578					54.01
54.02 DENTAL SERVICES								54.02
54.03 MAG RESONANCE IMAGING		27410777	5240					54.03
55 MEDICAL SUPPLIES CHARGED TO PA		27954673	4062					55
56 DRUGS CHARGED TO PATIENTS		7704798	14279					56
59 BLOOD FLOW LAB		3080319						59
59.01 CELLTRIFUGE		1115691						59.01
59.02 URODYNAMICS								59.02
59.03 LITHOTRIPSY SVC								59.03
59.04 CAST ROOM								59.04
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		2180025	265					60
60.01 STD/AIDS CLINIC		494070	435					60.01
60.02 GERIATRIC CLINIC								60.02
60.03 SOLID ORGAN TRANSP		1254672	535					60.03
61 EMERGENCY		10794317						61
62 OBSERVATION BEDS (NON-DISTINCT)								62
62.01 OBSERVATION BEDS-DISTINCT								62.01
63 OB CLINIC SERVICES		216147						63
63.01 GI LABORATORY		12453091						63.01
63.02 OUTSIDE HEALTH SVCS								63.02
63.03 STAFF OFFICES								63.03
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)								65.03
101 SUBTOTAL		298273366	84371					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		298273366	84371					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0281) [] 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 CHARGES (SEE INSTRU.)	HOSPITAL I/P PART B COST (COLUMNS 1.02x10)
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)		
	9	9.01	9.02	9.03	9.04	10
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM		5040645	5963			37
38 RECOVERY ROOM		583683				38
39 DELIVERY ROOM & LABOR ROOM		4113				39
40 ANESTHESIOLOGY		480399	1			40
41 RADIOLOGY-DIAGNOSTIC		12740433	2500			41
42 RADIOLOGY-THERAPEUTIC		4295217				42
43 RADIOISOTOPE		2474315	7			43
44 LABORATORY		1774855				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA		682768				47
49 RESPIRATORY THERAPY		11970				49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
53 ELECTROCARDIOLOGY		1073671	401			53
53.01 CATHETERIZATION LAB		1892319	427			53.01
53.02 CARDIAC REHAB		204970				53.02
53.03 CARDIOLOGY GRAPHICS		690983	58			53.03
54 ELECTROENCEPHALOGRAPHY		654290				54
54.01 PULMONARY FUNC TESTING		259332	74			54.01
54.02 DENTAL SERVICES						54.02
54.03 MAG RESONANCE IMAGING		3946823	754			54.03
55 MEDICAL SUPPLIES CHARGED TO PAT		11713707	1702			55
56 DRUGS CHARGED TO PATIENTS		1585254	2938			56
59 BLOOD FLOW LAB		343717				59
59.01 CELLTRIFUGE		576900				59.01
59.02 URODYNAMICS						59.02
59.03 LITHOTRIPSY SVC						59.03
59.04 CAST ROOM						59.04
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC		1805327	219			60
60.01 STD/AIDS CLINIC		676961	596			60.01
60.02 GERIATRIC CLINIC						60.02
60.03 SOLID ORGAN TRANSP		1034892	441			60.03
61 EMERGENCY		2211173				61
62 OBSERVATION BEDS (NON-DISTINCT)						62
62.01 OBSERVATION BEDS-DISTINCT						62.01
63 OB CLINIC SERVICES		117602				63
63.01 GI LABORATORY		2892156				63.01
63.02 OUTSIDE HEALTH SVCES						63.02
63.03 STAFF OFFICES						63.03
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL		59768475	15981			101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES		59768475	15981			104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S281) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	--- OLD CAPITAL ---		--- NEW CAPITAL ---	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		14850324	493995266	7275			.030062	219 37
38 RECOVERY ROOM		690771	20037719	153556			.034474	5294 38
39 DELIVERY ROOM & LABOR ROOM		5055547	107188386				.047165	
40 ANESTHESIOLOGY		1004691	37922564	9390			.026493	249 40
41 RADIOLOGY-DIAGNOSTIC		13050759	528725077	160728			.024683	3967 41
42 RADIOLOGY-THERAPEUTIC		3121154	101701894	10150			.030689	311 42
43 RADIOISOTOPE		1836718	48909058	10844			.037554	407 43
44 LABORATORY		6995010	465819257	901355			.015017	13536 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		1022085	67470997	1902			.015149	29 47
49 RESPIRATORY THERAPY		1062007	108676929	10045			.009772	98 49
50 PHYSICAL THERAPY		332476	10956489	7649			.030345	232 50
51 OCCUPATIONAL THERAPY		226436	8288792	2052			.027318	56 51
53 ELECTROCARDIOLOGY		841237	32400340	79406			.025964	2062 53
53.01 CATHETERIZATION LAB		1872233	59415514				.031511	53.01
53.02 CARDIAC REHAB		35540	2617571				.013577	53.02
53.03 RADIOLOGY GRAPHICS		919097	49490007	4713			.018571	88 53.03
54 ELECTROENCEPHALOGRAPHY		820536	26088774	15771			.031452	496 54
54.01 PULMONARY FUNC TESTING		228302	9001284				.025363	54.01
54.02 DENTAL SERVICES								54.02
54.03 MAG RESONANCE IMAGING		4300511	160250934	64313			.026836	1726 54.03
55 MEDICAL SUPPLIES CHARGED TO P		2642882	303055423	31532			.008721	275 55
56 DRUGS CHARGED TO PATIENTS		983196	222518411	636045			.004418	2810 56
59 BLOOD FLOW LAB		362870	22907535	16092			.015841	255 59
59.01 CELLTRIFUGE		297037	6030747				.049254	59.01
59.02 URODYNAMICS								59.02
59.03 LITHOTRIPSY SVC								59.03
59.04 CAST ROOM		7744	436152				.017755	59.04
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		365630	11313616	155140			.032318	5014 60
60.01 STD/AIDS CLINIC		386139	2099756				.183897	60.01
60.02 GERIATRIC CLINIC								60.02
60.03 SOLID ORGAN TRANSP		1215779	5672523				.214328	60.03
61 EMERGENCY		2216061	139001833	657402			.015943	10481 61
62 OBSERVATION BEDS (NON-DISTINC								62
62.01 OBSERVATION BEDS-DISTINCT		511780	15889431				.032209	62.01
63 OB CLINIC SERVICES		1764619	14805220	2056			.119189	245 63
63.01 GI LABORATORY		1966376	63068415	5536			.031178	173 63.01
63.02 OUTSIDE HEALTH SVCES								63.02
63.03 STAFF OFFICES								63.03
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		70985547	3145755914	2942952				48023 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S281) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF []
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST 2	ALL OTHER			TOTAL COSTS 3
	NONPHYSICIAN ANESTHETIST COST 1	NONPHYSICIAN ANESTHETIST COST 1.01		ALLIED HEALTH COSTS 2.01	MEDICAL EDUCATION COSTS 2.02	ADMINISTERING BLOOD CLOTTING FACTORS COST 2.03	
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
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
51 OCCUPATIONAL THERAPY							51
53 ELECTROCARDIOLOGY							53
53.01 CATHERIZATION LAB							53.01
53.02 CARDIAC REHAB							53.02
53.03 CARDIOLOGY GRAPHICS							53.03
54 ELECTROENCEPHALOGRAPHY							54
54.01 PULMONARY FUNC TESTING							54.01
54.02 DENTAL SERVICES							54.02
54.03 MAG RESONANCE IMAGING							54.03
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 BLOOD FLOW LAB							59
59.01 CELLTRIFUGE							59.01
59.02 URODYNAMICS							59.02
59.03 LITHOTRIPSY SVC							59.03
59.04 CAST ROOM							59.04
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 STD/AIDS CLINIC							60.01
60.02 GERIATRIC CLINIC							60.02
60.03 SOLID ORGAN TRANSP							60.03
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
62.01 OBSERVATION BEDS-DISTINCT							62.01
63 OB CLINIC SERVICES							63
63.01 GI LABORATORY							63.01
63.02 OUTSIDE HEALTH SVCES							63.02
63.03 STAFF OFFICES							63.03
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S281) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF []
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		493995266			7275		37
38 RECOVERY ROOM		20037719			153556		38
39 DELIVERY ROOM & LABOR ROOM		107188386				1939	38
40 ANESTHESIOLOGY		37922564			9390		39
41 RADIOLOGY-DIAGNOSTIC		528725077			160728	120	40
42 RADIOLOGY-THERAPEUTIC		101701894			10150	4023	41
43 RADIOISOTOPE		48909058			10844		42
44 LABORATORY		465819257			901355		43
46.30 BLOOD CLOTTING FACTORS ADMIN						79	44
47 BLOOD STORING, PROCESSING & T		67470997			1902		46.30
49 RESPIRATORY THERAPY		108676929			10045		47
50 PHYSICAL THERAPY		10956489			7649		49
51 OCCUPATIONAL THERAPY		8288792			2052		50
53 ELECTROCARDIOLOGY		32400340			79406		51
53.01 CATHERIZATION LAB		59415514				4500	53
53.02 CARDIAC REHAB		2617571					53.01
53.03 CARDIOLOGY GRAPHICS		49490007			4713		53.02
54 ELECTROENCEPHALOGRAPHY		26088774			15771	2419	53.03
54.01 PULMONARY FUNC TESTING		9001284				1458	54
54.02 DENTAL SERVICES							54.01
54.03 MAG RESONANCE IMAGING		160250934			64313		54.02
55 MEDICAL SUPPLIES CHARGED TO P		303055423			31532	1729	54.03
56 DRUGS CHARGED TO PATIENTS		222518411			636045	399	55
59 BLOOD FLOW LAB		22907535			16092	31	56
59.01 CELLTRIFUGE		6030747					59
59.02 URODYNAMICS							59.01
59.03 LITHOTRIPSY SVC							59.02
59.04 CAST ROOM		436152					59.03
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		11313616			155140		60
60.01 STD/AIDS CLINIC		2099756					60.01
60.02 GERIATRIC CLINIC							60.02
60.03 SOLID ORGAN TRANSP		5672523					60.03
61 EMERGENCY		139001833			657402		61
62 OBSERVATION BEDS (NON-DISTINC							62
62.01 OBSERVATION BEDS-DISTINCT		15889431					62.01
63 OB CLINIC SERVICES		14805220			2056		63
63.01 GI LABORATORY		63068415			5536		63.01
63.02 OUTSIDE HEALTH SVCES							63.02
63.03 STAFF OFFICES							63.03
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		3145755914			2942952	16697	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S281) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
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
51 OCCUPATIONAL THERAPY					51
53 ELECTROCARDIOLOGY					53
53.01 CATHETERIZATION LAB					53.01
53.02 CARDIAC REHAB					53.02
53.03 CARDIOLOGY GRAPHICS					53.03
54 ELECTROENCEPHALOGRAPHY					54
54.01 PULMONARY FUNC TESTING					54.01
54.02 DENTAL SERVICES					54.02
54.03 MAG RESONANCE IMAGING					54.03
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 BLOOD FLOW LAB					59
59.01 CELLTRIFUGE					59.01
59.02 URODYNAMICS					59.02
59.03 LITHOTRIPSY SVC					59.03
59.04 CAST ROOM					59.04
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 STD/AIDS CLINIC					60.01
60.02 GERIATRIC CLINIC					60.02
60.03 SOLID ORGAN TRANSP					60.03
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
62.01 OBSERVATION BEDS-DISTINCT					62.01
63 OB CLINIC SERVICES					63
63.01 GI LABORATORY					63.01
63.02 OUTSIDE HEALTH SVCS					63.02
63.03 STAFF OFFICES					63.03
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S281)
 BOXES [] TITLE XIX - O/P [] SUB II
 [] SUB III
 [] SUB IV

[] SNF
 [] NF
 [] S/B-SNF
 [] S/B-NF
 [] 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
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.154726	.154726	.154726			37
38 RECOVERY ROOM	.403856	.403856	.403856			38
39 DELIVERY ROOM & LABOR ROOM	.298911	.298911	.298911			39
40 ANESTHESIOLOGY	.188098	.188098	.188098			40
41 RADIOLOGY-DIAGNOSTIC	.153908	.153908	.153908			41
42 RADIOLOGY-THERAPEUTIC	.144020	.144020	.144020			42
43 RADIOISOTOPE	.166224	.166224	.166224			43
44 LABORATORY	.164152	.164152	.164152			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.339977	.339977	.339977			47
49 RESPIRATORY THERAPY	.138915	.138915	.138915			49
50 PHYSICAL THERAPY	.450353	.450353	.450353			50
51 OCCUPATIONAL THERAPY	.242549	.242549	.242549			51
53 ELECTROCARDIOLOGY	.229422	.229422	.229422			53
53.01 CATHETERIZATION LAB	.159281	.159281	.159281			53.01
53.02 CARDIAC REHAB	.230600	.230600	.230600			53.02
53.03 RADIOLOGY GRAPHICS	.159084	.159084	.159084			53.03
54 ELECTROENCEPHALOGRAPHY	.232756	.232756	.232756			54
54.01 PULMONARY FUNC TESTING	.128080	.128080	.128080			54.01
54.02 DENTAL SERVICES						54.02
54.03 MAG RESONANCE IMAGING	.143988	.143988	.143988			54.03
55 MEDICAL SUPPLIES CHARGED TO PAT	.419025	.419025	.419025			55
56 DRUGS CHARGED TO PATIENTS	.205749	.205749	.205749			56
59 BLOOD FLOW LAB	.111585	.111585	.111585			59
59.01 CELLTRIFUGE	.517079	.517079	.517079			59.01
59.02 URODYNAMICS						59.02
59.03 LITHOTRIPSY SVC						59.03
59.04 CAST ROOM	.275636	.275636	.275636			59.04
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.828122	.828122	.828122			60
60.01 STD/AIDS CLINIC	1.370173	1.370173	1.370173			60.01
60.02 GERIATRIC CLINIC						60.02
60.03 SOLID ORGAN TRANSP	.824831	.824831	.824831			60.03
61 EMERGENCY	.204846	.204846	.204846			61
62 OBSERVATION BEDS (NON-DISTINCT)						62
62.01 OBSERVATION BEDS-DISTINCT	.099451	.099451	.099451			62.01
63 OB CLINIC SERVICES	.544083	.544083	.544083			63
63.01 GI LABORATORY	.232244	.232244	.232244			63.01
63.02 OUTSIDE HEALTH SVCS						63.02
63.03 STAFF OFFICES						63.03
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.205749 2
2.01	PROGRAM VACCINE CHARGES	2.01
3	PROGRAM COSTS	3
3.01	PROGRAM COSTS	3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S281) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.) 5	PPS SER-VICES (SEE INSTRU.) 5.01	ALL OTHER (SEE INSTRU.) 5.02	PPS SER-VICES (SEE INSTRU.) 5.03	PPS SER-VICES (SEE INSTRU.) 5.04	OUTPATIENT AMBULATORY SURGICAL CENTER 6	OUTPATIENT RADIOLOGY 7	OTHER OUTPATIENT DIAGNOSTIC 8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM		1939						38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY		120						40
41 RADIOLOGY-DIAGNOSTIC		4023						41
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE								43
44 LABORATORY		79						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR								47
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
53 ELECTROCARDIOLOGY		4500						53
53.01 CATHERIZATION LAB								53.01
53.02 CARDIAC REHAB								53.02
53.03 RADIOLOGY GRAPHICS		2419						53.03
54 ELECTROENCEPHALOGRAPHY		1458						54
54.01 PULMONARY FUNC TESTING								54.01
54.02 DENTAL SERVICES								54.02
54.03 MAG RESONANCE IMAGING		1729						54.03
55 MEDICAL SUPPLIES CHARGED TO PA		399						55
56 DRUGS CHARGED TO PATIENTS		31						56
59 BLOOD FLOW LAB								59
59.01 CELLTRIFUGE								59.01
59.02 URODYNAMICS								59.02
59.03 LITHOTRIPSY SVC								59.03
59.04 CAST ROOM								59.04
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 STD/AIDS CLINIC								60.01
60.02 GERIATRIC CLINIC								60.02
60.03 SOLID ORGAN TRANSP								60.03
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINCT)								62
62.01 OBSERVATION BEDS-DISTINCT								62.01
63 OB CLINIC SERVICES								63
63.01 GI LABORATORY								63.01
63.02 OUTSIDE HEALTH SVCES								63.02
63.03 STAFF OFFICES								63.03
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)								65.03
101 SUBTOTAL		16697						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		16697						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	[]	TITLE V - O/P	[]	HOSPITAL	[]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[XX]	SUB I (14-S281)	[]	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 I/P PART B CHARGES (SEE INSTRU.)	HOSPITAL I/P PART B COST (COLUMNS 1.02x10)
	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)		
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM			783				38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY		23					40
41 RADIOLOGY-DIAGNOSTIC		619					41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY		13					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
53 ELECTROCARDIOLOGY		1032					53
53.01 CATHERIZATION LAB							53.01
53.02 CARDIAC REHAB							53.02
53.03 CARDIOLOGY GRAPHICS		385					53.03
54 ELECTROENCEPHALOGRAPHY		339					54
54.01 PULMONARY FUNC TESTING							54.01
54.02 DENTAL SERVICES							54.02
54.03 MAG RESONANCE IMAGING		249					54.03
55 MEDICAL SUPPLIES CHARGED TO PAT		167					55
56 DRUGS CHARGED TO PATIENTS		6					56
59 BLOOD FLOW LAB							59
59.01 CELLTRIFUGE							59.01
59.02 URODYNAMICS							59.02
59.03 LITHOTRIPSY SVC							59.03
59.04 CAST ROOM							59.04
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 STD/AIDS CLINIC							60.01
60.02 GERIATRIC CLINIC							60.02
60.03 SOLID ORGAN TRANSP							60.03
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINCT)							62
62.01 OBSERVATION BEDS-DISTINCT							62.01
63 OB CLINIC SERVICES							63
63.01 GI LABORATORY							63.01
63.02 OUTSIDE HEALTH SVCES							63.02
63.03 STAFF OFFICES							63.03
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		3616					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		3616					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 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
25 INPAT ROUTINE SERV COST CTRS						
26 ADULTS & PEDIATRICS				36911383		36911383
27 INTENSIVE CARE UNIT				5958149		5958149
28 CORONARY CARE UNIT						
29 BURN INTENSIVE CARE UNIT						
30 SURGICAL INTENSIVE CARE UNIT						
31 SPECIAL CARE NURSERY				4084766		4084766
33 SUBPROVIDER I				1173971		1173971
33 NURSERY				344788		344788
101 TOTAL				48473057		48473057

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
25 INPAT ROUTINE SERV COST CTRS						
26 ADULTS & PEDIATRICS	182050	28300			202.75	5737825
27 INTENSIVE CARE UNIT	25857	7314			230.43	1685365
28 CORONARY CARE UNIT						
29 BURN INTENSIVE CARE UNIT						
30 SURGICAL INTENSIVE CARE UNIT						
31 SPECIAL CARE NURSERY	9332	6539			437.72	2862251
33 SUBPROVIDER I	12057	4140			97.37	403112
33 NURSERY	37028	3217			9.31	29950
101 TOTAL	266324	49510				10718503

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0281) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	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		14850324	493995266				.030062	37
38 RECOVERY ROOM		690771	20037719				.034474	38
39 DELIVERY ROOM & LABOR ROOM		5055547	107188386				.047165	39
40 ANESTHESIOLOGY		1004691	37922564				.026493	40
41 RADIOLOGY-DIAGNOSTIC		13050759	528725077				.024683	41
42 RADIOLOGY-THERAPEUTIC		3121154	101701894				.030689	42
43 RADIOISOTOPE		1836718	48909058				.037554	43
44 LABORATORY		6995010	465819257				.015017	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		1022085	67470997				.015149	47
49 RESPIRATORY THERAPY		1062007	108676929				.009772	49
50 PHYSICAL THERAPY		332476	10956489				.030345	50
51 OCCUPATIONAL THERAPY		226436	8288792				.027318	51
53 ELECTROCARDIOLOGY		841237	32400340				.025964	53
53.01 CATHETERIZATION LAB		1872233	59415514				.031511	53.01
53.02 CARDIAC REHAB		35540	2617571				.013577	53.02
53.03 RADIOLOGY GRAPHICS		919097	49490007				.018571	53.03
54 ELECTROENCEPHALOGRAPHY		820536	26088774				.031452	54
54.01 PULMONARY FUNC TESTING		228302	9001284				.025363	54.01
54.02 DENTAL SERVICES								54.02
54.03 MAG RESONANCE IMAGING		4300511	160250934				.026836	54.03
55 MEDICAL SUPPLIES CHARGED TO P		2642882	303055423				.008721	55
56 DRUGS CHARGED TO PATIENTS		983196	222518411				.004418	56
59 BLOOD FLOW LAB		362870	22907535				.015841	59
59.01 CELLTRIFUGE		297037	6030747				.049254	59.01
59.02 URODYNAMICS								59.02
59.03 LITHOTRIPSY SVC								59.03
59.04 CAST ROOM		7744	436152				.017755	59.04
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		365630	11313616				.032318	60
60.01 STD/AIDS CLINIC		386139	2099756				.183897	60.01
60.02 GERIATRIC CLINIC								60.02
60.03 SOLID ORGAN TRANSP		1215779	5672523				.214328	60.03
61 EMERGENCY		2216061	139001833				.015943	61
62 OBSERVATION BEDS (NON-DISTINC								62
62.01 OBSERVATION BEDS-DISTINCT		511780	15889431				.032209	62.01
63 OB CLINIC SERVICES		1764619	14805220				.119189	63
63.01 GI LABORATORY		1966376	63068415				.031178	63.01
63.02 OUTSIDE HEALTH SVCS								63.02
63.03 STAFF OFFICES								63.03
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		70985547	3145755914					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	HEALTH	MEDICAL	ADJUSTMENT		
		COST	COST	COSTS	COSTS	AMOUNT	COSTS	
		1	2	2.01	2.02	3	4	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS			356106			356106	25
26	INTENSIVE CARE UNIT			50578			50578	26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	SPECIAL CARE NURSERY			18201			18201	30
31	SUBPROVIDER I			23584			23584	31
33	NURSERY							33
34	SKILLED NURSING FACILITY							34
35	NURSING FACILITY							35
101	TOTAL			448469			448469	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	182050	1.96	28300	55468	25
26 INTENSIVE CARE UNIT	25857	1.96	7314	14335	26
27 CORONARY CARE UNIT					27
28 BURN INTENSIVE CARE UNIT					28
29 SURGICAL INTENSIVE CARE UNIT					29
30 SPECIAL CARE NURSERY	9332	1.95	6539	12751	30
31 SUBPROVIDER I	12057	1.96	4140	8114	31
33 NURSERY	37028		3217		33
34 SKILLED NURSING FACILITY					34
35 NURSING FACILITY					35
101 TOTAL	266324		49510	90668	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V (XX) HOSPITAL (14-0281) [] 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 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	ADMINISTERING BLOOD CLOTTING FACTORS COST 2.03	TOTAL COSTS 3
	NONPHYSICIAN ANESTHETIST COST 1	NONPHYSICIAN ANESTHETIST COST 1.01					
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
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
51 OCCUPATIONAL THERAPY							51
53 ELECTROCARDIOLOGY							53
53.01 CATHERIZATION LAB							53.01
53.02 CARDIAC REHAB							53.02
53.03 CARDIOLOGY GRAPHICS							53.03
54 ELECTROENCEPHALOGRAPHY							54
54.01 PULMONARY FUNC TESTING							54.01
54.02 DENTAL SERVICES							54.02
54.03 MAG RESONANCE IMAGING							54.03
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 BLOOD FLOW LAB							59
59.01 CELLTRIFUGE							59.01
59.02 URODYNAMICS							59.02
59.03 LITHOTRIPSY SVC							59.03
59.04 CAST ROOM							59.04
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 STD/AIDS CLINIC							60.01
60.02 GERIATRIC CLINIC							60.02
60.03 SOLID ORGAN TRANSP							60.03
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
62.01 OBSERVATION BEDS-DISTINCT							62.01
63 OB CLINIC SERVICES							63
63.01 GI LABORATORY							63.01
63.02 OUTSIDE HEALTH SVCES							63.02
63.03 STAFF OFFICES							63.03
63.50 RHC							63.50
63.60 FOHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0281) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		493995266					37
38 RECOVERY ROOM		20037719					38
39 DELIVERY ROOM & LABOR ROOM		107188386					39
40 ANESTHESIOLOGY		37922564					40
41 RADIOLOGY-DIAGNOSTIC		528725077					41
42 RADIOLOGY-THERAPEUTIC		101701894					42
43 RADIOISOTOPE		48909058					43
44 LABORATORY		465819257					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		67470997					47
49 RESPIRATORY THERAPY		108676929					49
50 PHYSICAL THERAPY		10956489					50
51 OCCUPATIONAL THERAPY		8288792					51
53 ELECTROCARDIOLOGY		32400340					53
53.01 CATHETERIZATION LAB		59415514					53.01
53.02 CARDIAC REHAB		2617571					53.02
53.03 CARDIOLOGY GRAPHICS		49490007					53.03
54 ELECTROENCEPHALOGRAPHY		26088774					54
54.01 PULMONARY FUNC TESTING		9001284					54.01
54.02 DENTAL SERVICES							54.02
54.03 MAG RESONANCE IMAGING		160250934					54.03
55 MEDICAL SUPPLIES CHARGED TO P		303055423					55
56 DRUGS CHARGED TO PATIENTS		222518411					56
59 BLOOD FLOW LAB		22907535					59
59.01 CELLTRIFUGE		6030747					59.01
59.02 URODYNAMICS							59.02
59.03 LITHOTRIPSY SVC							59.03
59.04 CAST ROOM		436152					59.04
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		11313616					60
60.01 STD/AIDS CLINIC		2099756					60.01
60.02 GERIATRIC CLINIC							60.02
60.03 SOLID ORGAN TRANSP		5672523					60.03
61 EMERGENCY		139001833					61
62 OBSERVATION BEDS (NON-DISTINC							62
62.01 OBSERVATION BEDS-DISTINCT		15889431					62.01
63 OB CLINIC SERVICES		14805220					63
63.01 GI LABORATORY		63068415					63.01
63.02 OUTSIDE HEALTH SVCES							63.02
63.03 STAFF OFFICES							63.03
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		3145755914					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0281)	[]	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 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
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
51 OCCUPATIONAL THERAPY					51
53 ELECTROCARDIOLOGY					53
53.01 CATHERIZATION LAB					53.01
53.02 CARDIAC REHAB					53.02
53.03 CARDIOLOGY GRAPHICS					53.03
54 ELECTROENCEPHALOGRAPHY					54
54.01 PULMONARY FUNC TESTING					54.01
54.02 DENTAL SERVICES					54.02
54.03 MAG RESONANCE IMAGING					54.03
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 BLOOD FLOW LAB					59
59.01 CELLTRIFUGE					59.01
59.02 URODYNAMICS					59.02
59.03 LITHOTRIPSY SVC					59.03
59.04 CAST ROOM					59.04
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 STD/AIDS CLINIC					60.01
60.02 GERIATRIC CLINIC					60.02
60.03 SOLID ORGAN TRANSP					60.03
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
62.01 OBSERVATION BEDS-DISTINCT					62.01
63 OB CLINIC SERVICES					63
63.01 GI LABORATORY					63.01
63.02 OUTSIDE HEALTH SVCES					63.02
63.03 STAFF OFFICES					63.03
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

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 (14-S281) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	OLD CAPITAL	NEW CAPITAL	CAPITAL COSTS	RATIO OF COST TO CHARGES
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	RATIO OF COST TO CHARGES		
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		14850324	493995266				.030062	37
38 RECOVERY ROOM		690771	20037719				.034474	38
39 DELIVERY ROOM & LABOR ROOM		5055547	107188386				.047165	39
40 ANESTHESIOLOGY		1004691	37922564				.026493	40
41 RADIOLOGY-DIAGNOSTIC		13050759	528725077				.024683	41
42 RADIOLOGY-THERAPEUTIC		3121154	101701894				.030689	42
43 RADIOISOTOPE		1836718	48909058				.037554	43
44 LABORATORY		6995010	465819257				.015017	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		1022085	67470997				.015149	47
49 RESPIRATORY THERAPY		1062007	108676929				.009772	49
50 PHYSICAL THERAPY		332476	10956489				.030345	50
51 OCCUPATIONAL THERAPY		226436	8288792				.027318	51
53 ELECTROCARDIOLOGY		841237	32400340				.025964	53
53.01 CATHERIZATION LAB		1872233	59415514				.031511	53.01
53.02 CARDIAC REHAB		35540	2617571				.013577	53.02
53.03 RADIOLOGY GRAPHICS		919097	49490007				.018571	53.03
54 ELECTROENCEPHALOGRAPHY		820536	26088774				.031452	54
54.01 PULMONARY FUNC TESTING		228302	9001284				.025363	54.01
54.02 DENTAL SERVICES								54.02
54.03 MAG RESONANCE IMAGING		4300511	160250934				.026836	54.03
55 MEDICAL SUPPLIES CHARGED TO P		2642882	303055423				.008721	55
56 DRUGS CHARGED TO PATIENTS		983196	222518411				.004418	56
59 BLOOD FLOW LAB		362870	22907535				.015841	59
59.01 CELLTRIFUGE		297037	6030747				.049254	59.01
59.02 URODYNAMICS								59.02
59.03 LITHOTRIPSY SVC								59.03
59.04 CAST ROOM		7744	436152				.017755	59.04
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		365630	11313616				.032318	60
60.01 STD/AIDS CLINIC		386139	2099756				.183897	60.01
60.02 GERIATRIC CLINIC								60.02
60.03 SOLID ORGAN TRANSP		1215779	5672523				.214328	60.03
61 EMERGENCY		2216061	139001833				.015943	61
62 OBSERVATION BEDS (NON-DISTINC								62
62.01 OBSERVATION BEDS-DISTINCT		511780	15889431				.032209	62.01
63 OB CLINIC SERVICES		1764619	14805220				.119189	63
63.01 GI LABORATORY		1966376	63068415				.031178	63.01
63.02 OUTSIDE HEALTH SVCES								63.02
63.03 STAFF OFFICES								63.03
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		70985547	3145755914					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 (14-S281) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
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
51 OCCUPATIONAL THERAPY							51
53 ELECTROCARDIOLOGY							53
53.01 CATHERIZATION LAB							53.01
53.02 CARDIAC REHAB							53.02
53.03 CARDIOLOGY GRAPHICS							53.03
54 ELECTROENCEPHALOGRAPHY							54
54.01 PULMONARY FUNC TESTING							54.01
54.02 DENTAL SERVICES							54.02
54.03 MAG RESONANCE IMAGING							54.03
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 BLOOD FLOW LAB							59
59.01 CELLTRIFUGE							59.01
59.02 URODYNAMICS							59.02
59.03 LITHOTRIPSY SVC							59.03
59.04 CAST ROOM							59.04
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 STD/AIDS CLINIC							60.01
60.02 GERIATRIC CLINIC							60.02
60.03 SOLID ORGAN TRANSP							60.03
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
62.01 OBSERVATION BEDS-DISTINCT							62.01
63 OB CLINIC SERVICES							63
63.01 GI LABORATORY							63.01
63.02 OUTSIDE HEALTH SVCES							63.02
63.03 STAFF OFFICES							63.03
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							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 (14-S281) [] 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	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		493995266					37
38 RECOVERY ROOM		20037719					38
39 DELIVERY ROOM & LABOR ROOM		107188386					39
40 ANESTHESIOLOGY		37922564					40
41 RADIOLOGY-DIAGNOSTIC		528725077					41
42 RADIOLOGY-THERAPEUTIC		101701894					42
43 RADIOISOTOPE		48909058					43
44 LABORATORY		465819257					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		67470997					47
49 RESPIRATORY THERAPY		108676929					49
50 PHYSICAL THERAPY		10956489					50
51 OCCUPATIONAL THERAPY		8288792					51
53 ELECTROCARDIOLOGY		32400340					53
53.01 CATHORIZATION LAB		59415514					53.01
53.02 CARDIAC REHAB		2617571					53.02
53.03 CARDIOLOGY GRAPHICS		49490007					53.03
54 ELECTROENCEPHALOGRAPHY		26088774					54
54.01 PULMONARY FUNC TESTING		9001284					54.01
54.02 DENTAL SERVICES							54.02
54.03 MAG RESONANCE IMAGING		160250934					54.03
55 MEDICAL SUPPLIES CHARGED TO P		303055423					55
56 DRUGS CHARGED TO PATIENTS		222518411					56
59 BLOOD FLOW LAB		22907535					59
59.01 CELLTRIFUGE		6030747					59.01
59.02 URODYNAMICS							59.02
59.03 LITHOTRIPSY SVC							59.03
59.04 CAST ROOM		436152					59.04
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		11313616					60
60.01 STD/AIDS CLINIC		2099756					60.01
60.02 GERIATRIC CLINIC							60.02
60.03 SOLID ORGAN TRANSP		5672523					60.03
61 EMERGENCY		139001833					61
62 OBSERVATION BEDS (NON-DISTINC							62
62.01 OBSERVATION BEDS-DISTINCT		15889431					62.01
63 OB CLINIC SERVICES		14805220					63
63.01 GI LABORATORY		63068415					63.01
63.02 OUTSIDE HEALTH SVCS							63.02
63.03 STAFF OFFICES							63.03
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		3145755914					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 (14-S281) [] 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
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
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
51 OCCUPATIONAL THERAPY					51
53 ELECTROCARDIOLOGY					53
53.01 CATHETERIZATION LAB					53.01
53.02 CARDIAC REHAB					53.02
53.03 CARDIOLOGY GRAPHICS					53.03
54 ELECTROENCEPHALOGRAPHY					54
54.01 PULMONARY FUNC TESTING					54.01
54.02 DENTAL SERVICES					54.02
54.03 MAG RESONANCE IMAGING					54.03
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 BLOOD FLOW LAB					59
59.01 CELLTRIFUGE					59.01
59.02 URODYNAMICS					59.02
59.03 LITHOTRIPSY SVC					59.03
59.04 CAST ROOM					59.04
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 STD/AIDS CLINIC					60.01
60.02 GERIATRIC CLINIC					60.02
60.03 SOLID ORGAN TRANSP					60.03
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
62.01 OBSERVATION BEDS-DISTINCT					62.01
63 OB CLINIC SERVICES					63
63.01 GI LABORATORY					63.01
63.02 OUTSIDE HEALTH SVCES					63.02
63.03 STAFF OFFICES					63.03
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

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0281)	SUB I (PPS) (14-S281)	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)	182050	12057					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	182050	12057					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	182050	12057					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)	57928	3999					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0281)	SUB I (PPS) (14-S281)	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	225400389	10892724					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	225400389	10892724					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	603139962	22004025					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	603139962	22004025					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.373712	.495033					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	3313.05	1825.00					33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	225400389	10892724					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0281)	SUB I (PPS) (14-S281)	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	1238.12	903.44			38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	71721815	3612857			39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	71721815	3612857			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	61782524	25857	2389.39	12329	29458789 43
44	CORONARY CARE UNIT					44
45	BURN INTENSIVE CARE UNIT					45
46	SURGICAL INTENSIVE CARE UNIT					46
47	SPECIAL CARE NURSERY	21315778	9332	2284.16		47
	HOSPITAL (PPS) (14-0281)	SUB I (PPS) (14-S281)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	117986268	694653			48
49	TOTAL PROGRAM INPATIENT COSTS	219166872	4307510			49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	14723577	397221			50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	10184686	48023			51
52	TOTAL PROGRAM EXCLUDABLE COST	24908263	445244			52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	194258609	3862266			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	SUB I	SUB II	SUB III	SUB IV	
		(PPS)	(PPS)				
		(14-0281)	(14-S281)				
TARGET AMOUNT AND LIMITATION COMPUTATION		1	1	1	1	1	
54	PROGRAM DISCHARGES						54
55	TARGET AMOUNT PER DISCHARGE						55
56	TARGET AMOUNT						56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58	BONUS PAYMENT						58
58.01	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03	IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04	RELIEF PAYMENT						58.04
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03	PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05	REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07	REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST							
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT [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}	{PPS}			
(14-0281)	(14-S281)			
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS		83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1238.12	84
85 OBSERVATION BED COST		85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST	ROUTINE COST	COLUMN 1	TOTAL OBSERVATION	OBSERVATION BED
	1	(FROM LINE 27)	DIVIDED BY	BED COST	PASS-THROUGH COST
		2	COLUMN 2	(FROM LINE 85)	COL 3 TIMES COL 4
			3	4	5
86 OLD CAPITAL-RELATED COST		225400389			86
87 NEW CAPITAL-RELATED COST	36911383	225400389	.163759		87
88 NON PHYSICIAN ANESTHETIST		225400389			88
89 NURSING SCHOOL		225400389			89
89.01 ALLIED HEALTH	356106	225400389	.001580		89.01
89.02 ALL OTHER		225400389			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) (14-0281)	SUB I (OTHER) (14-S281)	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)	182050	12057					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	182050	12057					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	182050	12057					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)	28300	4140					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	37028						15
16 TITLE V OR XIX NURSERY DAYS	3217						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0281)	SUB I (OTHER) (14-S281)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	225242260	10892724					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	225242260	10892724					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	603139962	22004025					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	603139962	22004025					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.373449	.495033					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	3313.05	1825.00					33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	225242260	10892724					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (OTHER) (14-0281)	SUB I (OTHER) (14-S281)	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	1237.25	903.44					38	
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	35014175	3740242					39	
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	35014175	3740242					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)	15241717	37028	411.63	3217	1324214	42		
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS								
43	INTENSIVE CARE UNIT	61597786	25857	2382.25	7314	17423777	43		
44	CORONARY CARE UNIT						44		
45	BURN INTENSIVE CARE UNIT						45		
46	SURGICAL INTENSIVE CARE UNIT						46		
47	SPECIAL CARE NURSERY	21315487	9332	2284.13	6539	14935926	47		
		HOSPITAL (OTHER) (14-0281)	SUB I (OTHER) (14-S281)	SUB II	SUB III	SUB IV			
		1	1	1	1	1			
48	PROGRAM INPATIENT ANCILLARY SERVICE COST							48	
49	TOTAL PROGRAM INPATIENT COSTS	68698092	3740242					49	
		PASS THROUGH COST ADJUSTMENTS							
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	10397945	411226					50	
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES							51	
52	TOTAL PROGRAM EXCLUDABLE COST	10397945	411226					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 (14-0281)	SUB I (OTHER) (14-S281)	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. 14-0281 NORTHWESTERN MEMORIAL HOSPITAL
PERIOD FROM 09/01/2008 TO 08/31/2009

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

VERSION: 2009.08
01/28/2010 14:41

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST		66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		67
68 PROGRAM ROUTINE SERVICE COST		68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS		71
72 PER DIEM CAPITAL RELATED COSTS		72
73 PROGRAM CAPITAL RELATED COSTS		73
74 INPATIENT ROUTINE SERVICE COST		74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT		76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS		79
80 PROGRAM INPATIENT ANCILLARY SERVICES		80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS		82

PROVIDER NO. 14-0281 NORTHWESTERN MEMORIAL HOSPITAL
PERIOD FROM 09/01/2008 TO 08/31/2009

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

VERSION: 2009.08
01/28/2010 14:41

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT

[] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

HOSPITAL (OTHER) (14-0281)	SUB I (OTHER) (14-S281)	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS		83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1238.12	84
85 OBSERVATION BED COST		85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0281)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" 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 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		142030064		25
26 INTENSIVE CARE UNIT		43449548		26
30 SPECIAL CARE NURSERY				30
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.154838	101364387	15695059	37
38 RECOVERY ROOM	.404150	4919854	1988359	38
39 DELIVERY ROOM & LABOR ROOM	.299875	137114	41117	39
40 ANESTHESIOLOGY	.188719	7993343	1508496	40
41 RADIOLOGY-DIAGNOSTIC	.153960	63011026	9701178	41
42 RADIOLOGY-THERAPEUTIC	.144340	2171612	313450	42
43 RADIOISOTOPE	.166224	3122852	519093	43
44 LABORATORY	.164152	95096562	15610291	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.340347	21084492	7176044	47
49 RESPIRATORY THERAPY	.139058	35485925	4934602	49
50 PHYSICAL THERAPY	.450941	4453103	2008087	50
51 OCCUPATIONAL THERAPY	.242549	3649254	885123	51
53 ELECTROCARDIOLOGY	.230263	5519638	1270968	53
53.01 CATHORIZATION LAB	.161142	12333635	1987467	53.01
53.02 CARDIAC REHAB	.230600	3868	892	53.02
53.03 RADIOLOGY GRAPHICS	.159470	10975512	1750265	53.03
54 ELECTROENCEPHALOGRAPHY	.232795	4058151	944717	54
54.01 PULMONARY FUNC TESTING	.128502	700889	90066	54.01
54.02 DENTAL SERVICES				54.02
54.03 MAG RESONANCE IMAGING	.144004	11909151	1714965	54.03
55 MEDICAL SUPPLIES CHARGED TO PAT	.419025	72339997	30312267	55
56 DRUGS CHARGED TO PATIENTS	.205749	66451993	13672431	56
59 BLOOD FLOW LAB	.112449	4947552	556347	59
59.01 CELLTRIFUGE	.517079	352813	182432	59.01
59.02 URODYNAMICS				59.02
59.03 LITHOTRIPSY SVC				59.03
59.04 CAST ROOM	.275636	186990	51541	59.04
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.856004	33229	28444	60
60.01 STD/AIDS CLINIC	1.370173	13244	18147	60.01
60.02 GERIATRIC CLINIC				60.02
60.03 SOLID ORGAN TRANSP	.870803	102541	89293	60.03
61 EMERGENCY	.204846	20103915	4118207	61
62 OBSERVATION BEDS (NON-DISTINCT				62
62.01 OBSERVATION BEDS-DISTINCT	.099451			62.01
OTHER REIMBURSABLE COST CENTERS				
63 OB CLINIC SERVICES	.544714	32664	17793	63
63.01 GI LABORATORY	.232698	3434182	799127	63.01
63.02 OUTSIDE HEALTH SVCS				63.02
63.03 STAFF OFFICES				63.03
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		555989488	117986268	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		555989488		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V
 [XX] TITLE XVIII-PT A
 [] TITLE XIX

[] HOSPITAL
 [XX] SUB I (14-S281)
 [] SUB II
 [] SUB III
 [] SUB IV

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

[XX] PPS
 [] TEFRA
 [] OTHER

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
30 SPECIAL CARE NURSERY				30
31 SUBPROVIDER I		7817049		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.154838	7275	1126	37
38 RECOVERY ROOM	.404150	153556	62060	38
39 DELIVERY ROOM & LABOR ROOM	.299875			39
40 ANESTHESIOLOGY	.188719	9390	1772	40
41 RADIOLOGY-DIAGNOSTIC	.153960	160728	24746	41
42 RADIOLOGY-THERAPEUTIC	.144340	10150	1465	42
43 RADIOISOTOPE	.166224	10844	1803	43
44 LABORATORY	.164152	901355	147959	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.340347	1902	647	47
49 RESPIRATORY THERAPY	.139058	10045	1397	49
50 PHYSICAL THERAPY	.450941	7649	3449	50
51 OCCUPATIONAL THERAPY	.242549	2052	498	51
53 ELECTROCARDIOLOGY	.230263	79406	18284	53
53.01 CATHETERIZATION LAB	.161142			53.01
53.02 CARDIAC REHAB	.230600			53.02
53.03 CARDIOLOGY GRAPHICS	.159470	4713	752	53.03
54 ELECTROENCEPHALOGRAPHY	.232795	15771	3671	54
54.01 PULMONARY FUNC TESTING	.128502			54.01
54.02 DENTAL SERVICES				54.02
54.03 MAG RESONANCE IMAGING	.144004	64313	9261	54.03
55 MEDICAL SUPPLIES CHARGED TO PAT	.419025	31532	13213	55
56 DRUGS CHARGED TO PATIENTS	.205749	636045	130866	56
59 BLOOD FLOW LAB	.112449	16092	1810	59
59.01 CELLTRIFUGE	.517079			59.01
59.02 URODYNAMICS				59.02
59.03 LITHOTRIPSY SVC				59.03
59.04 CAST ROOM	.275636			59.04
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.856004	155140	132800	60
60.01 STD/AIDS CLINIC	1.370173			60.01
60.02 GERIATRIC CLINIC				60.02
60.03 SOLID ORGAN TRANSP	.870803			60.03
61 EMERGENCY	.204846	657402	134666	61
62 OBSERVATION BEDS (NON-DISTINCT				62
62.01 OBSERVATION BEDS-DISTINCT	.099451			62.01
OTHER REIMBURSABLE COST CENTERS				
63 OB CLINIC SERVICES	.544714	2056	1120	63
63.01 GI LABORATORY	.232698	5536	1288	63.01
63.02 OUTSIDE HEALTH SVCS				63.02
63.03 STAFF OFFICES				63.03
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		2942952	694653	101
102 LESS PBP CLINIC LAB SVCS-FGM ONLY CHARGES				102
103 NET CHARGES		2942952		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0281)	<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			25
26 INTENSIVE CARE UNIT			26
30 SPECIAL CARE NURSERY			30
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.154726		37
38 RECOVERY ROOM	.403856		38
39 DELIVERY ROOM & LABOR ROOM	.298911		39
40 ANESTHESIOLOGY	.188098		40
41 RADIOLOGY-DIAGNOSTIC	.153908		41
42 RADIOLOGY-THERAPEUTIC	.144020		42
43 RADIOISOTOPE	.166224		43
44 LABORATORY	.164152		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.339977		47
49 RESPIRATORY THERAPY	.138915		49
50 PHYSICAL THERAPY	.450353		50
51 OCCUPATIONAL THERAPY	.242549		51
53 ELECTROCARDIOLOGY	.229422		53
53.01 CATHETERIZATION LAB	.159281		53.01
53.02 CARDIAC REHAB	.230600		53.02
53.03 RADIOLOGY GRAPHICS	.159084		53.03
54 ELECTROENCEPHALOGRAPHY	.232756		54
54.01 PULMONARY FUNC TESTING	.128080		54.01
54.02 DENTAL SERVICES			54.02
54.03 MAG RESONANCE IMAGING	.143988		54.03
55 MEDICAL SUPPLIES CHARGED TO PAT	.419025		55
56 DRUGS CHARGED TO PATIENTS	.205749		56
59 BLOOD FLOW LAB	.111585		59
59.01 CELLTRIFUGE	.517079		59.01
59.02 URODYNAMICS			59.02
59.03 LITHOTRIPSY SVC			59.03
59.04 CAST ROOM	.275636		59.04
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.828122		60
60.01 STD/AIDS CLINIC	1.370173		60.01
60.02 GERIATRIC CLINIC			60.02
60.03 SOLID ORGAN TRANSP	.824831		60.03
61 EMERGENCY	.204846		61
62 OBSERVATION BEDS (NON-DISTINCT)			62
62.01 OBSERVATION BEDS-DISTINCT	.099451		62.01
OTHER REIMBURSABLE COST CENTERS			
63 OB CLINIC SERVICES	.544083		63
63.01 GI LABORATORY	.232244		63.01
63.02 OUTSIDE HEALTH SVCS			63.02
63.03 STAFF OFFICES			63.03
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

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S281)	<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			25
26 INTENSIVE CARE UNIT			26
30 SPECIAL CARE NURSERY			30
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.154726		37
38 RECOVERY ROOM	.403856		38
39 DELIVERY ROOM & LABOR ROOM	.298911		39
40 ANESTHESIOLOGY	.188098		40
41 RADIOLOGY-DIAGNOSTIC	.153908		41
42 RADIOLOGY-THERAPEUTIC	.144020		42
43 RADIOISOTOPE	.166224		43
44 LABORATORY	.164152		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.339977		47
49 RESPIRATORY THERAPY	.138915		49
50 PHYSICAL THERAPY	.450353		50
51 OCCUPATIONAL THERAPY	.242549		51
53 ELECTROCARDIOLOGY	.229422		53
53.01 CATHETERIZATION LAB	.159281		53.01
53.02 CARDIAC REHAB	.230600		53.02
53.03 RADIOLOGY GRAPHICS	.159084		53.03
54 ELECTROENCEPHALOGRAPHY	.232756		54
54.01 PULMONARY FUNC TESTING	.128080		54.01
54.02 DENTAL SERVICES			54.02
54.03 MAG RESONANCE IMAGING	.143988		54.03
55 MEDICAL SUPPLIES CHARGED TO PAT	.419025		55
56 DRUGS CHARGED TO PATIENTS	.205749		56
59 BLOOD FLOW LAB	.111585		59
59.01 CELLTRIFUGE	.517079		59.01
59.02 URODYNAMICS			59.02
59.03 LITHOTRIPSY SVC			59.03
59.04 CAST ROOM	.275636		59.04
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.828122		60
60.01 STD/AIDS CLINIC	1.370173		60.01
60.02 GERIATRIC CLINIC			60.02
60.03 SOLID ORGAN TRANSP	.824831		60.03
61 EMERGENCY	.204846		61
62 OBSERVATION BEDS (NON-DISTINCT)			62
62.01 OBSERVATION BEDS-DISTINCT	.099451		62.01
OTHER REIMBURSABLE COST CENTERS			
63 OB CLINIC SERVICES	.544083		63
63.01 GI LABORATORY	.232244		63.01
63.02 OUTSIDE HEALTH SVCS			63.02
63.03 STAFF OFFICES			63.03
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	321125	38	1238.12	175	216671	1
2	INTENSIVE CARE UNIT		43	2389.39			2
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	SPECIAL CARE NURSERY		47	2284.16			6
7	TOTAL	321125			175	216671	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	.154726	3791243	586604		8
9	RECOVERY ROOM	38	.403856	242827	98067		9
10	DELIVERY ROOM & LABOR ROOM	39	.298911				10
11	ANESTHESIOLOGY	40	.188098	266677	50161		11
12	RADIOLOGY-DIAGNOSTIC	41	.153908	754438	116114		12
13	RADIOLOGY-THERAPEUTIC	42	.144020				13
14	RADIOISOTOPE	43	.166224	54610	9077		14
15	LABORATORY	44	.164152	1255161	206037		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	.339977	85592	29099		18
19	INTRAVENOUS THERAPY	48					19
20	RESPIRATORY THERAPY	49	.138915	953	132		20
21	PHYSICAL THERAPY	50	.450353				21
22	OCCUPATIONAL THERAPY	51	.242549				22
23	SPEECH PATHOLOGY	52					23
24	ELECTROCARDIOLOGY	53	.229422	67500	15486		24
24.01	CATHERIZATION LAB	53.01	.159281				24.01
24.02	CARDIAC REHAB	53.02	.230600				24.02
24.03	CARDIOLOGY GRAPHICS	53.03	.159084	6882	1095		24.03
25	ELECTROENCEPHALOGRAPHY	54	.232756				25
25.01	PULMONARY FUNC TESTING	54.01	.128080				25.01
25.02	DENTAL SERVICES	54.02					25.02
25.03	MAG RESONANCE IMAGING	54.03	.143988	6689	963		25.03
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.419025				26
27	DRUGS CHARGED TO PATIENTS	56	.205749	229285	47175		27
28	RENAL DIALYSIS	57					28
29	ASC (NON-DISTINCT PART)	58					29
30	BLOOD FLOW LAB	59	.111585	4140	462		30
30.01	CELLTRIFUGE	59.01	.517079	2378	1230		30.01
30.02	URODYNAMICS	59.02					30.02
30.03	LITHOTRIPSY SVC	59.03					30.03
30.04	CAST ROOM	59.04	.275636				30.04
31	CLINIC	60	.828122	48	40		31
31.01	STD/AIDS CLINIC	60.01	1.370173	787	1078		31.01
31.02	GERIATRIC CLINIC	60.02					31.02
31.03	SOLID ORGAN TRANSP	60.03	.824831	82212	67811		31.03
32	EMERGENCY	61	.204846	17375	3559		32
33	OBSERVATION BEDS (NON-DISTINCT	62					33
33.01	OBSERVATION BEDS-DISTINCT	62.01	.099451				33.01
34	OB CLINIC SERVICES	63	.544083				34
34.01	GI LABORATORY	63.01	.232244				34.01
34.02	OUTSIDE HEALTH SVCS	63.02					34.02
34.03	STAFF OFFICES	63.03					34.03
34.50	RHC	63.50					34.50
34.60	FQHC	63.60					34.60
35	TOTAL			6868797	1234190		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		175		36
37 INTENSIVE CARE UNIT	3				37
38 CORONARY CARE UNIT	4				38
39 BURN INTENSIVE CARE UNIT	5				39
40 SURGICAL INTENSIVE CARE UNIT	6				40
41 SPECIAL CARE NURSERY	7				41
42 SUBTOTAL			175		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	48	20			43
43.01 STD/AIDS CLINIC	787	20.01			43.01
43.02 GERIATRIC CLINIC		20.02			43.02
43.03 SOLID ORGAN TRANSP	82212	20.03			43.03
44 EMERGENCY	17375	21			44
45 OBSERVATION BEDS (NON-DISTINCT)		22			45
45.01 OBSERVATION BEDS-DISTINCT		22.01			45.01
46 OB CLINIC SERVICES		23			46
46.01 GI LABORATORY		23.01			46.01
46.02 OUTSIDE HEALTH SVCES		23.02			46.02
46.03 STAFF OFFICES		23.03			46.03
46.50 RHC		23.50			46.50
46.60 FQHC		23.60			46.60
47 TOTAL	100422				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	1450861		7189922		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	11843755		11843755		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	13294616		19033677		53
54 TOTAL USABLE ORGANS		269			54
55 MEDICARE USABLE ORGANS		140			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.520446			56
57 MEDICARE COST/CHARGES	6919130		9906001		57
58 REVENUE FOR ORGANS SOLD					58
59 SUBTOTAL	6919130		9906001		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	6919130		9906001		61

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
62 ORGANS EXCISED IN PROVIDER	158			62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65 ORGANS PURCHASED FROM OPO'S		111		65
66 TOTAL	158	111		66
67 ORGANS TRANSPLANTED	158	111		67
68 ORGANS SOLD TO OTHER HOSPITALS				68
69 ORGANS SOLD TO OPO'S				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	158	111		76

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6

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

PART I

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	D	PER DIEM COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
		1	2	3	4		
1	ADULTS & PEDIATRICS	48014	38	1238.12	25	30953	1
2	INTENSIVE CARE UNIT	61600	43	2389.39	16	38230	2
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	SPECIAL CARE NURSERY		47	2284.16			6
7	TOTAL	109614			41	69183	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		C	1	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS		
		2	3	4	5	6	7
8	OPERATING ROOM	37	.154726	895051	138488		8
9	RECOVERY ROOM	38	.403856	5518	2228		9
10	DELIVERY ROOM & LABOR ROOM	39	.298911				10
11	ANESTHESIOLOGY	40	.188098	58619	11026		11
12	RADIOLOGY-DIAGNOSTIC	41	.153908	376408	57932		12
13	RADIOLOGY-THERAPEUTIC	42	.144020				13
14	RADIOISOTOPE	43	.166224	4833	803		14
15	LABORATORY	44	.164152	519931	85348		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	.339977	19752	6715		18
19	INTRAVENOUS THERAPY	48					19
20	RESPIRATORY THERAPY	49	.138915	45283	6290		20
21	PHYSICAL THERAPY	50	.450353				21
22	OCCUPATIONAL THERAPY	51	.242549				22
23	SPEECH PATHOLOGY	52					23
24	ELECTROCARDIOLOGY	53	.229422	8319	1909		24
24.01	CATHERIZATION LAB	53.01	.159281	3616	576		24.01
24.02	CARDIAC REHAB	53.02	.230600				24.02
24.03	CARDIOLOGY GRAPHICS	53.03	.159084	6561	1044		24.03
25	ELECTROENCEPHALOGRAPHY	54	.232756				25
25.01	PULMONARY FUNC TESTING	54.01	.128080				25.01
25.02	DENTAL SERVICES	54.02					25.02
25.03	MAG RESONANCE IMAGING	54.03	.143988	222207	31995		25.03
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.419025				26
27	DRUGS CHARGED TO PATIENTS	56	.205749	36658	7542		27
28	RENAL DIALYSIS	57					28
29	ASC (NON-DISTINCT PART)	58					29
30	BLOOD FLOW LAB	59	.111585				30
30.01	CELLTRIFUGE	59.01	.517079				30.01
30.02	URODYNAMICS	59.02					30.02
30.03	LITHOTRIPSY SVC	59.03					30.03
30.04	CAST ROOM	59.04	.275636				30.04
31	CLINIC	60	.828122	167	138		31
31.01	STD/AIDS CLINIC	60.01	1.370173	31903	43713		31.01
31.02	GERIATRIC CLINIC	60.02					31.02
31.03	SOLID ORGAN TRANSP	60.03	.824831				31.03
32	EMERGENCY	61	.204846	4746	972		32
33	OBSERVATION BEDS (NON-DISTINCT	62					33
33.01	OBSERVATION BEDS-DISTINCT	62.01	.099451				33.01
34	OB CLINIC SERVICES	63	.544083				34
34.01	GI LABORATORY	63.01	.232244	4400	1022		34.01
34.02	OUTSIDE HEALTH SVCS	63.02					34.02
34.03	STAFF OFFICES	63.03					34.03
34.50	RHC	63.50					34.50
34.60	FQHC	63.60					34.60
35	TOTAL			2243972	397741		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		25		36
37 INTENSIVE CARE UNIT	3		16		37
38 CORONARY CARE UNIT	4				38
39 BURN INTENSIVE CARE UNIT	5				39
40 SURGICAL INTENSIVE CARE UNIT	6				40
41 SPECIAL CARE NURSERY	7				41
42 SUBTOTAL			41		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	167	20			43
43.01 STD/AIDS CLINIC	31903	20.01			43.01
43.02 GERIATRIC CLINIC		20.02			43.02
43.03 SOLID ORGAN TRANSP		20.03			43.03
44 EMERGENCY	4746	21			44
45 OBSERVATION BEDS (NON-DISTINCT)		22			45
45.01 OBSERVATION BEDS-DISTINCT		22.01			45.01
46 OB CLINIC SERVICES		23			46
46.01 GI LABORATORY	4400	23.01			46.01
46.02 OUTSIDE HEALTH SVCES		23.02			46.02
46.03 STAFF OFFICES		23.03			46.03
46.50 RHC		23.50			46.50
46.60 FQHC		23.60			46.60
47 TOTAL	41216				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	466924		2353586		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	6504692		6504692		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	6971616		8858278		53
54 TOTAL USABLE ORGANS		105			54
55 MEDICARE USABLE ORGANS		33			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.314286			56
57 MEDICARE COST/CHARGES	2191081		2784033		57
58 REVENUE FOR ORGANS SOLD					58
59 SUBTOTAL	2191081		2784033		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	2191081		2784033		61

PART IV - STATISTICS

	LIVING RELATED		CADAVERIC 2	REVENUE 3	
	1	15			
62 ORGANS EXCISED IN PROVIDER		15			62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS					63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS					64
65 ORGANS PURCHASED FROM OPO'S			94		65
66 TOTAL		15	94		66
67 ORGANS TRANSPLANTED		13	92		67
68 ORGANS SOLD TO OTHER HOSPITALS					68
69 ORGANS SOLD TO OPO'S					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		2	2		75
76 TOTAL		15	94		76

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6

CHECK
 APPLICABLE BOX

HEART
 KIDNEY

LIVER
 LUNG

PANCREAS
 INTESTINE

ISLET
 OTHER (specify)

PART I

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	2	3	4	
1	ADULTS & PEDIATRICS	38	1238.12			1
2	INTENSIVE CARE UNIT	43	2389.39			2
3	CORONARY CARE UNIT	44				3
4	BURN INTENSIVE CARE UNIT	45				4
5	SURGICAL INTENSIVE CARE UNIT	46				5
6	SPECIAL CARE NURSERY	47	2284.16			6
7	TOTAL					7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/ CHARGES		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
		C	1	2	3	
8	OPERATING ROOM	37	.154726			8
9	RECOVERY ROOM	38	.403856			9
10	DELIVERY ROOM & LABOR ROOM	39	.298911			10
11	ANESTHESIOLOGY	40	.188098			11
12	RADIOLOGY-DIAGNOSTIC	41	.153908			12
13	RADIOLOGY-THERAPEUTIC	42	.144020			13
14	RADIOISOTOPE	43	.166224			14
15	LABORATORY	44	.164152			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	.339977			18
19	INTRAVENOUS THERAPY	48				19
20	RESPIRATORY THERAPY	49	.138915			20
21	PHYSICAL THERAPY	50	.450353			21
22	OCCUPATIONAL THERAPY	51	.242549			22
23	SPEECH PATHOLOGY	52				23
24	ELECTROCARDIOLOGY	53	.229422			24
24.01	CATHERIZATION LAB	53.01	.159281			24.01
24.02	CARDIAC REHAB	53.02	.230600			24.02
24.03	CARDIOLOGY GRAPHICS	53.03	.159084			24.03
25	ELECTROENCEPHALOGRAPHY	54	.232756			25
25.01	PULMONARY FUNC TESTING	54.01	.128080			25.01
25.02	DENTAL SERVICES	54.02				25.02
25.03	MAG RESONANCE IMAGING	54.03	.143988			25.03
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.419025			26
27	DRUGS CHARGED TO PATIENTS	56	.205749			27
28	RENAL DIALYSIS	57				28
29	ASC (NON-DISTINCT PART)	58				29
30	BLOOD FLOW LAB	59	.111585			30
30.01	CELLTRIFUGE	59.01	.517079			30.01
30.02	URODYNAMICS	59.02				30.02
30.03	LITHOTRIPSY SVC	59.03				30.03
30.04	CAST ROOM	59.04	.275636			30.04
31	CLINIC	60	.828122			31
31.01	STD/AIDS CLINIC	60.01	1.370173			31.01
31.02	GERIATRIC CLINIC	60.02				31.02
31.03	SOLID ORGAN TRANSP	60.03	.824831			31.03
32	EMERGENCY	61	.204846			32
33	OBSERVATION BEDS (NON-DISTINCT)	62				33
33.01	OBSERVATION BEDS-DISTINCT	62.01	.099451			33.01
34	OB CLINIC SERVICES	63	.544083			34
34.01	GI LABORATORY	63.01	.232244			34.01
34.02	OUTSIDE HEALTH SVCES	63.02				34.02
34.03	STAFF OFFICES	63.03				34.03
34.50	RHC	63.50				34.50
34.60	FQHC	63.60				34.60
35	TOTAL					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
38	CORONARY CARE UNIT	4			38
39	BURN INTENSIVE CARE UNIT	5			39
40	SURGICAL INTENSIVE CARE UNIT	6			40
41	SPECIAL CARE NURSERY	7			41
42	SUBTOTAL				42
COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
		1	D 2	3	
43	CLINIC		20		43
43.01	STD/AIDS CLINIC		20.01		43.01
43.02	GERIATRIC CLINIC		20.02		43.02
43.03	SOLID ORGAN TRANSP		20.03		43.03
44	EMERGENCY		21		44
45	OBSERVATION BEDS (NON-DISTINCT)		22		45
45.01	OBSERVATION BEDS-DISTINCT		22.01		45.01
46	OB CLINIC SERVICES		23		46
46.01	GI LABORATORY		23.01		46.01
46.02	OUTSIDE HEALTH SVCES		23.02		46.02
46.03	STAFF OFFICES		23.03		46.03
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					48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	2659691		2659691		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	2659691		2659691		53
54 TOTAL USABLE ORGANS		30			54
55 MEDICARE USABLE ORGANS		7			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.233333			56
57 MEDICARE COST/CHARGES	620594		620594		57
58 REVENUE FOR ORGANS SOLD					58
59 SUBTOTAL	620594		620594		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	620594		620594		61

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
62 ORGANS EXCISED IN PROVIDER				62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65 ORGANS PURCHASED FROM OPO'S		30		65
66 TOTAL		30		66
67 ORGANS TRANSPLANTED		30		67
68 ORGANS SOLD TO OTHER HOSPITALS				68
69 ORGANS SOLD TO OPO'S				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		30		76

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART I

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

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES	PER DIEM COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
		1	2	3	4	
1	ADULTS & PEDIATRICS	38	1238.12			1
2	INTENSIVE CARE UNIT	43	2389.39			2
3	CORONARY CARE UNIT	44				3
4	BURN INTENSIVE CARE UNIT	45				4
5	SURGICAL INTENSIVE CARE UNIT	46				5
6	SPECIAL CARE NURSERY	47	2284.16			6
7	TOTAL					7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/ CHARGES		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
		C	1	2	3	
8	OPERATING ROOM	37	.154726			8
9	RECOVERY ROOM	38	.403856			9
10	DELIVERY ROOM & LABOR ROOM	39	.298911			10
11	ANESTHESIOLOGY	40	.188098			11
12	RADIOLOGY-DIAGNOSTIC	41	.153908			12
13	RADIOLOGY-THERAPEUTIC	42	.144020			13
14	RADIOISOTOPE	43	.166224			14
15	LABORATORY	44	.164152			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	.339977			18
19	INTRAVENOUS THERAPY	48				19
20	RESPIRATORY THERAPY	49	.138915			20
21	PHYSICAL THERAPY	50	.450353			21
22	OCCUPATIONAL THERAPY	51	.242549			22
23	SPEECH PATHOLOGY	52				23
24	ELECTROCARDIOLOGY	53	.229422			24
24.01	CATHERIZATION LAB	53.01	.159281			24.01
24.02	CARDIAC REHAB	53.02	.230600			24.02
24.03	CARDIOLOGY GRAPHICS	53.03	.159084			24.03
25	ELECTROENCEPHALOGRAPHY	54	.232756			25
25.01	PULMONARY FUNC TESTING	54.01	.128080			25.01
25.02	DENTAL SERVICES	54.02				25.02
25.03	MAG RESONANCE IMAGING	54.03	.143988			25.03
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.419025			26
27	DRUGS CHARGED TO PATIENTS	56	.205749			27
28	RENAL DIALYSIS	57				28
29	ASC (NON-DISTINCT PART)	58				29
30	BLOOD FLOW LAB	59	.111585			30
30.01	CELLTRIFUGE	59.01	.517079			30.01
30.02	URODYNAMICS	59.02				30.02
30.03	LITHOTRIPSY SVC	59.03				30.03
30.04	CAST ROOM	59.04	.275636			30.04
31	CLINIC	60	.828122			31
31.01	STD/AIDS CLINIC	60.01	1.370173			31.01
31.02	GERIATRIC CLINIC	60.02				31.02
31.03	SOLID ORGAN TRANSP	60.03	.824831			31.03
32	EMERGENCY	61	.204846			32
33	OBSERVATION BEDS (NON-DISTINCT	62				33
33.01	OBSERVATION BEDS-DISTINCT	62.01	.099451			33.01
34	OB CLINIC SERVICES	63	.544083			34
34.01	GI LABORATORY	63.01	.232244			34.01
34.02	OUTSIDE HEALTH SVCES	63.02				34.02
34.03	STAFF OFFICES	63.03				34.03
34.50	RHC	63.50				34.50
34.60	FQHC	63.60				34.60
35	TOTAL					35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS	
	D	1	2	3	
36 ADULTS & PEDIATRICS	2				36
37 INTENSIVE CARE UNIT	3				37
38 CORONARY CARE UNIT	4				38
39 BURN INTENSIVE CARE UNIT	5				39
40 SURGICAL INTENSIVE CARE UNIT	6				40
41 SPECIAL CARE NURSERY	7				41
42 SUBTOTAL					42

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
	1	D	2	3	
43 CLINIC		20			43
43.01 STD/AIDS CLINIC		20.01			43.01
43.02 GERIATRIC CLINIC		20.02			43.02
43.03 SOLID ORGAN TRANSP		20.03			43.03
44 EMERGENCY		21			44
45 OBSERVATION BEDS (NON-DISTINCT)		22			45
45.01 OBSERVATION BEDS-DISTINCT		22.01			45.01
46 OB CLINIC SERVICES		23			46
46.01 GI LABORATORY		23.01			46.01
46.02 OUTSIDE HEALTH SVCS		23.02			46.02
46.03 STAFF OFFICES		23.03			46.03
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					48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	2100659		2100659		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	2100659		2100659		53
54 TOTAL USABLE ORGANS		32			54
55 MEDICARE USABLE ORGANS		10			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.312500			56
57 MEDICARE COST/CHARGES	656456		656456		57
58 REVENUE FOR ORGANS SOLD					58
59 SUBTOTAL	656456		656456		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	656456		656456		61

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
62 ORGANS EXCISED IN PROVIDER				62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65 ORGANS PURCHASED FROM OPO'S		33		65
66 TOTAL		33		66
67 ORGANS TRANSPLANTED		32		67
68 ORGANS SOLD TO OTHER HOSPITALS				68
69 ORGANS SOLD TO OPO'S				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		1		75
76 TOTAL		33		76

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0281)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	9662210					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	28986632					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	77297686					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	113505					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	340516					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	908043					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	24661395					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	805.08					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	296.56					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)						3.06
	[FOR CR PERIODS ENDING]					
	[ON OR AFTER 7/1/2005]					
	[E-3,PT.VI, LN.15](PLUS LN.3.06]					
3.07 SUM OF LINES 3.04-3.06	0.00	0.00	296.56			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS			448.84			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	2.16					3.13
3.14 CURRENT YEAR ALLOWABLE FTE	298.72					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	298.56					3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..	298.56					3.16
	RES. IN					
	INIT YRS					
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	298.61				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0281)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.370907				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.383477				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	0.370907				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	1798624				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	5395873				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]	14388994				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	21583491	0	21583491		3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0624				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.1764				4.01
4.02	SUM OF 4 AND 4.01	0.2388				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0890				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	10319241				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	172510655				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	172510655				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	15431150				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL	1908241				10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	6826578				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST	10387261				12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	137704				14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					15
16	TOTAL	207201589				16
17	PRIMARY PAYER PAYMENTS	154412				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	207047177				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	8285092				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	1322051				20
21	REIMBURSABLE BAD DEBTS	1951089				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	1365762				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES					21.02
22	SUBTOTAL	198805796				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0281)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	198805796				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	192686858				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	6118938				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					30
TO BE COMPLETED BY INTERMEDIARY						
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0281) 1	HOSPITAL (14-0281) 1.01	HOSPITAL (14-0281) 1.02	
1 MEDICAL AND OTHER SERVICES	15981			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	59768475			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	47116016			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.820			1.03
1.04 LINE 1.01 TIMES LINE 1.03	49010150			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	96.14			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	15981			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	84371			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	84371			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	84371			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	68390			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	15981			17
17.01 TOTAL PPS PAYMENTS	47116016			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0281) 1	HOSPITAL (14-0281) 1.01	HOSPITAL (14-0281) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18			18
	13977		
18.01			18.01
	11387436		
19			19
	35730584		
20			20
21			21
	1745648		
22			22
23			23
	37476232		
24			24
	25920		
25			25
	37450312		
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26			26
27			27
	1634421		
27.01			27.01
27.02			27.02
	1144095		
28			28
	38594407		
29			29
30			30
30.99			30.99
31			31
32			32
	38594407		
33			33
34			34
	38800127		
34.01			34.01
35			35
	-205720		
36			36
TO BE COMPLETED BY CONTRACTOR			
50			50
51			51
52			52
53			53
54			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S281) 1	SUB I (14-S281) 1.01	SUB I (14-S281) 1.02	
1				1
1.01				1.01
	3616			
1.02				1.02
1.03	2165			1.03
1.04				1.04
1.05				1.05
1.06				1.06
1.07				1.07
2				2
3				3
4				4
5				5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6				6
7				7
8				8
9				9
10				10
CUSTOMARY CHARGES				
11				11
12				12
13				13
14				14
15				15
16				16
17				17
17.01	2165			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S281) 1	SUB I (14-S281) 1.01	SUB I (14-S281) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	538		18.01
19 SUBTOTAL	1627		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	1627		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	1627		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	1627		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	1627		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	1627		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL
(14-0281)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1 STANDARD OVERHEAD AMOUNTS (ASC FEES)	1
2 DEDUCTIBLES	2
3 SUBTOTAL	3
4 80 PERCENT OF LINE 3	4
5 ASC PORTION OF BLEND	5
6 OUTPATIENT ASC COST	6
COMPUTATION OF LESSER OF COST OR CHARGES	
7 TOTAL CHARGES	7
CUSTOMARY CHARGES	
8 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10 RATIO OF LINE 8 TO LINE 9	10
11 TOTAL CUSTOMARY CHARGES	11
12 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14 LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT	
15 DEDUCTIBLES AND COINSURANCE	15
16 TOTAL	16
17 HOSPITAL SPECIFIC PORTION OF BLEND	17
18 ASC BLENDED AMOUNT	18
19 LESSER OF LINES 16 OR 18	19
20 PART B DEDUCTIBLES AND COINSURANCE	20
21 ASC PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

HOSPITAL
(14-0281)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

	HOSPITAL (14-0281) OCTOBER 1, 1997 PRIOR TO ON OR AFTER	
	1 1.01	
1 PREVAILING CHARGES		1
2 42 PERCENT OF LINE 1		2
3 DEDUCTIBLES		3
4 SUBTOTAL		4
5 BLENDED CHARGE PROPORTION		5
6 COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES		6
COMPUTATION OF LESSER OF COST OR CHARGES		
7 TOTAL CHARGES		7
CUSTOMARY CHARGES		
8 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		8
9 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		9
10 RATIO OF LINE 8 TO LINE 9		10
11 TOTAL CUSTOMARY CHARGES		11
12 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		12
13 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		13
14 LESSER OF COST OR CHARGES		14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15 DEDUCTIBLES AND COINSURANCE		15
16 TOTAL		16
17 COST PROPORTION		17
18 OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT		18
19 LESSER OF LINE 16 OR LINE 18		19
20 PART B DEDUCTIBLES AND COINSURANCE		20
21 DIAGNOSTIC PAYMENT AMOUNT		21

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0281)

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		15921302		2997250	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.		177898401		35715058	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
PROGRAM .01				87819	3.01
TO .02	04/10/2009				3.02
PROVIDER .03		NONE			3.03
TO .04					3.04
PROVIDER .05					3.05
TO .50					3.50
PROVIDER .51	04/10/2009	548259			3.51
TO .52	05/29/2009	584586			3.52
PROVIDER .53				NONE	3.53
PROGRAM .54					3.54
SUBTOTAL	.99	-1132845		87819	3.99
4 TOTAL INTERIM PAYMENTS		192686858		38800127	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
PROGRAM .01					5.01
TO .02		NONE		NONE	5.02
PROVIDER .03					5.03
TO .50					5.50
PROVIDER .51		NONE		NONE	5.51
PROGRAM .52					5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.					
PROGRAM TO PROVIDER .01		6118938			6.01
PROVIDER TO PROGRAM .02				-205720	6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		198805796		38594407	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-S281)

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					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.		3076151		1627	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	NONE NONE		NONE NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		3076151		1627	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	04/10/2009 NONE		NONE NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM		-212022		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		2864129		1627	7
NAME OF INTERMEDIARY:	INTERMEDIARY NUMBER:				
SIGNATURE OF AUTHORIZED PERSON:	DATE (MO/DAY/YR):				

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S281)	SUB II	SUB III	SUB IV	
1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)					1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)					1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)					1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS					1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08		2960648				1.08
	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)					
1.09						1.09
1.10		65216				1.10
1.11		23437				1.11
1.12		2.74				1.12
1.13						1.13
1.14						1.14
1.15						1.15
1.16						1.16
1.17						1.17
1.18						1.18
1.19						1.19
1.20						1.20
1.21						1.21
1.22						1.22
1.23						1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35						1.35
1.36						1.36
1.37						1.37
1.38						1.38
1.39						1.39
1.40						1.40
1.41						1.41
1.42						1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL					4
5		3147917				5
6	PRIMARY PAYER PAYMENTS					6
7	SUBTOTAL					7
8		3147917				8
9	DEDUCTIBLES					9
10		208120				10
11	SUBTOTAL					11
12		2939797				12
13	COINSURANCE					13
14		83506				14
15	SUBTOTAL					15
16		2856291				16
17	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					17
18	REDUCED REIMBURSABLE BAD DEBTS					18
19	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					19
20						20
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S281)	SUB II	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		7838				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		2864129				17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		3076151				19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		-212022				20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
TO BE COMPLETED BY INTERMEDIARY						
50 ORIGINAL OUTLIER AMOUNT						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0281) (OTHER)	SUB I (14-S281) (OTHER)	SUB II	SUB III	SUB IV	NF I
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES	68698092	3740242				1
3	MEDICAL AND OTHER SERVICES						2
4	INTERNS AND RESIDENTS						3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
6	COST OF TEACHING PHYSICIANS						5
7	SUBTOTAL	68698092	3740242				6
8	INPATIENT PRIMARY PAYER PAYMENTS						7
9	OUTPATIENT PRIMARY PAYER PAYMENTS						8
	SUBTOTAL	68698092	3740242				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						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						20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	68698092	3740242				22
23	COST OF COVERED SERVICES	68698092	3740242				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	68698092	3740242				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED						31
32	LESSER OF LINES 30 OR 31	68698092	3740242				32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

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

WORKSHEET E-3
 PART III

	[] TITLE V		[] TITLE XVIII		[XX] TITLE XIX			NF I
	HOSPITAL (14-0281) (OTHER)	SUB I (14-S281) (OTHER)	SUB II	SUB III	SUB IV			
	1	1	1	1	1		1	
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,							37
38	REIMBURSABLE BAD DEBTS							38
38.01	REDUCED REIMBURSABLE BAD DEBTS							38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE							38.02
	BENEFICIARIES (SEE INSTRUCTIONS)							
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							43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)							44
45	RATIO OF LINE 43 TO LINE 44							45
46	TOTAL CUSTOMARY CHARGES							46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST							47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES							48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION							49
50	OTHER ADJUSTMENTS							50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS							51
52	SUBTOTAL							52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT							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 SECTION 115.2)							59

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

WORKSHEET E-3
 PART IV

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS		1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE		2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS		2.01
3	AGGREGATE APPROVED AMOUNT		3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	318.27	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3, PT. VI, LN. 4] (PLUS LINE 3.03)		3.03
3.04	FTE ADJUSTMENT CAP	318.27	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	451.58	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	318.27	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	132.95	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	290.46	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	423.41	3.09
3.10	SEE INSTRUCTIONS	298.41	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	2.16	3.11
3.12	SEE INSTRUCTIONS	206.87	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	201.79	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	197.86	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	202.17	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	202.17	3.16
3.17	SEE INSTRUCTIONS	86724.19	3.17
3.18	SEE INSTRUCTIONS	17533029	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		93.70	3.19
3.20	SEE INSTRUCTIONS		98.01	3.20
3.21	SEE INSTRUCTIONS		95.14	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		95.14	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		90864.50	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		8644849	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		26177878	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		74256	4
5	TOTAL INPATIENT DAYS		229296	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.323843	6
		[LINE 6 x] [E-3, PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 8477523	0	8477523	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		966	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		229296	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		94703	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

PROVIDER NO. 14-0281 NORTHWESTERN MEMORIAL HOSPITAL
PERIOD FROM 09/01/2008 TO 08/31/2009

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

VERSION: 2009.08
01/28/2010 14:41

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY			
PART A REASONABLE COST			
12	REASONABLE COST	223474382	12
13	ORGAN ACQUISITION COSTS	10387261	13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	154412	15
16	TOTAL PART A REASONABLE COST	233707231	16
PART B REASONABLE COST			
17	REASONABLE COST	59788072	17
18	PRIMARY PAYER PAYMENTS	25920	18
19	TOTAL PART B REASONABLE COST	59762152	19
20	TOTAL REASONABLE COST	293469383	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.796360	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.203640	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	8572226	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	6826578	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	1745648	25

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

WORKSHEET E-3
PART IV

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

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

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

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS			3.19
3.20	SEE INSTRUCTIONS			3.20
3.21	SEE INSTRUCTIONS			3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	0.00		3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	0.00		3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		46293	4
5	TOTAL INPATIENT DAYS		229296	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.201892	6
		[LINE 6 x] [E-3, PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	0		6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD	0		6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		229296	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		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

PROVIDER NO. 14-0281 NORTHWESTERN MEMORIAL HOSPITAL
PERIOD FROM 09/01/2008 TO 08/31/2009

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

VERSION: 2009.08
01/28/2010 14:41

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY

12	PART A REASONABLE COST	
	REASONABLE COST	12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	15
16	TOTAL PART A REASONABLE COST	16
	PART B REASONABLE COST	
17	REASONABLE COST	17
18	PRIMARY PAYER PAYMENTS	18
19	TOTAL PART B REASONABLE COST	19
20	TOTAL REASONABLE COST	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	22

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

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

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
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	
3	UNADJUSTED DIRECT GME FTE CAP	
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	
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)	
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS	
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	133.31
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	
9	LINE 7 TIMES LINE 8	
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6	.323843
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS	
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS	
CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA		
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)	
14	UNADJUSTED IME FTE CAP	
15	PRORATED REDUCED ALLOWABLE FTE CAP	
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)	
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	
18	SEE INSTRUCTIONS	
19	RESIDENT TO BED COUNT	
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	

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

WORKSHEET E-3
 PART VI

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

1	CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA		
	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS	1.000000	1
	IN THE COST REPORTING PERIOD		
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		5
	FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)		
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP		5.01
	SLOTS		
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		8
	(SEE INSTRUCTIONS)		
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
	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		16
	RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(c)		
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		21
	JULY 1, 2005		
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON		22
	OR AFTER JULY 1, 2005		
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	48075535			1
2	TEMPORARY INVESTMENTS	51505681			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	211011997			4
5	OTHER RECEIVABLES	8025344			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-22234803			6
7	INVENTORY	31600199			7
8	PREPAID EXPENSES	9213720			8
9	OTHER CURRENT ASSETS	13461594			9
10	DUE FROM OTHER FUNDS	2812782			10
11	TOTAL CURRENT ASSETS	353472049			11
FIXED ASSETS					
12	LAND	146516952	14662565	163880636	12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS				13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	1416711485			14
14.01	ACCUMULATED DEPRECIATION	-612927326			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	441389820			18
18.01	ACCUMULATED DEPRECIATION	-287946980			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	1103743951	14662565	163880636	21
OTHER ASSETS					
22	INVESTMENTS	855493631			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	437325822			25
26	TOTAL OTHER ASSETS	1292819453			26
27	TOTAL ASSETS	2750035453	14662565	163880636	27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	49520594			28
29	SALARIES, WAGES & FEES PAYABLE	50831845			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	64311046			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS	4593501			34
35	OTHER CURRENT LIABILITIES	153237548			35
36	TOTAL CURRENT LIABILITIES	322494534			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	779755822			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	221826124			41
42	TOTAL LONG TERM LIABILITIES	1001581946			42
43	TOTAL LIABILITIES	1324076480			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	1425958973			44
45	SPECIFIC PURPOSE FUND BALANCE		14662565		45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED			163880636	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	1425958973	14662565	163880636	51
52	TOTAL LIABILITIES AND FUND BALANCES	2750035453	14662565	163880636	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	1741595836	12775159	187440964	1
2 NET INCOME (LOSS)	-171717258			2
3 TOTAL	1569878578	12775159	187440964	3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 TRANSFER FROM NMF/OTHER			-19870806	5
6 TRANSFERS FOR PPE	2402624		-2402624	6
7 PENSION RELATED CHANGES	-135341834		13671074	7
8 HRSA/OTHER GRANT				8
9 GIFTS			8411056	9
10 TOTAL ADDITIONS	-132939210		-191300	10
11 SUBTOTAL	1436939368	12775159	187249664	11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 TRANSFER NMPG	3943276			13
14 W/O NMPG INV				14
15 UNREALIZED LOSS			4494718	15
16 CHANGE IN SWAPS	-7318736			16
17 DECREASE NMF ASSETS		-1887406	18874310	17
18 TOTAL DEDUCTIONS	-3375460	-1887406	23369028	18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	1440314828	14662565	163880636	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	603300702		603300702	1
4 SUBPROVIDER I	21843285		21843285	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
TOTAL GENERAL INPATIENT CARE SERVICES	625143987		625143987	9
10 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				10
11 INTENSIVE CARE UNIT				11
12 CORONARY CARE UNIT				12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
15 SPECIAL CARE NURSERY				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	625143987		625143987	16
17 ANCILLARY SERVICES	1732398276		1732398276	17
18 OUTPATIENT SERVICES		1466058821	1466058821	18
18.01 GI LABORATORY				18.01
18.02 OUTSIDE HEALTH SVCS				18.02
18.03 STAFF OFFICES				18.03
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY				19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24 TOTAL PATIENT REVENUES	2357542263	11457923 1477516744	11457923 3835059007	24 25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		1218628968	26
27 ADD (SPECIFY)			27
28 BAD DEBT	13632063		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		13632063	33
34 DEDUCT (SPECIFY)			34
35 FUNDS INCLUDING FRINGES	-11091006		35
36 OLSON FRINGES			36
37			37
38 TOTAL DEDUCTIONS	-11091006		38
39			39
40 TOTAL OPERATING EXPENSES		1221170025	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	3835059007	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	2684040733	2
3	NET PATIENT REVENUES	1151018274	3
4	LESS - TOTAL OPERATING EXPENSES	1221170025	4
5	NET INCOME FROM SERVICE TO PATIENTS	-70151751	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	-265080978	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	1724127	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS	2670676	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	5412221	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS	2126249	15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	903524	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	21680324	22
23	GOVERNMENTAL APPROPRIATIONS	3087489	23
24	SHARED, TELECOM, OTHER	125910861	24
25	TOTAL OTHER INCOME	-101565507	25
26	TOTAL	-171717258	26
27	FUND EXPENSES		27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-171717258	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0281)	HOSPITAL (14-0281)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3	9610405				3
3.01	3904430				3.01
4	603.27				4
4.01	298.61	0.00	298.61		4.01
4.02			14.99		4.02
4.03	1440600				4.03
5			0.0624		5
5.01			0.1764		5.01
5.02			0.2388		5.02
5.03			0.0495		5.03
5.04			475715		5.04
6	15431150				6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	24770559				1
2					2
3	24770559				3
4		.70			4
5	17339391				5
6		.85			6
7					7
8	17339391				8
9	15431150				9
10	1908241				10
11					11
12	1908241				12
13	1908241				13
14					14
15					15
16	219029168				16
17					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
6.01 NON PATIENT TELEPHONES					6.01
6.02 DATA PROCESSING					6.02
6.03 PURCHASING, RECEIVING AND STORE					6.03
6.04 ADMITTING					6.04
6.05 ADMINISTRATIVE AND GENERAL					6.05
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-PHARMACY					24
24.01 PARAMED ED PROGRAM-CHAPLAINCY					24.01
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
30 SPECIAL CARE NURSERY					30
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
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
51 OCCUPATIONAL THERAPY					51
53 ELECTROCARDIOLOGY					53
53.01 CATHERIZATION LAB					53.01
53.02 CARDIAC REHAB					53.02
53.03 CARDIOLOGY GRAPHICS					53.03
54 ELECTROENCEPHALOGRAPHY					54
54.01 PULMONARY FUNC TESTING					54.01
54.02 DENTAL SERVICES					54.02
54.03 MAG RESONANCE IMAGING					54.03
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
59 BLOOD FLOW LAB					59
59.01 CELLTRIFUGE					59.01
59.02 URODYNAMICS					59.02
59.03 LITHOTRIPSY SVC					59.03
59.04 CAST ROOM					59.04
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 STD/AIDS CLINIC					60.01
60.02 GERIATRIC CLINIC					60.02
60.03 SOLID ORGAN TRANSP					60.03
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
62.01 OBSERVATION BEDS-DISTINCT					62.01
63 OB CLINIC SERVICES					63
63.01 GI LABORATORY					63.01
63.02 OUTSIDE HEALTH SVCS					63.02

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
63.03 STAFF OFFICES					63.03
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
83 KIDNEY ACQUISITION					83
84 LIVER ACQUISITION					84
85 HEART ACQUISITION					85
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
86.01 HEART TRANSPLANT NOT CERT					86.01
93 HOSPICE					93
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
97 RESEARCH					97
97.02 SPONSORED PROJECT					97.02
00 EMERGENCY HOUSING					00
00.03 OTHER REAL ESTATE / OPERATIONS					00.03
00.06 MARKETING, OTH NON-REIM					00.06
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS	TOTAL CHARGES	RATIO CAPITAL COST TO CHARGES	INPATIENT PROGRAM CHARGES	MEDICARE INPATIENT PPS CAPITAL COSTS	
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	14850324	493995266	.030062	101364387	3047216	37
38 RECOVERY ROOM	690771	20037719	.034474	4919854	169607	38
39 DELIVERY ROOM & LABOR ROOM	5055547	107188386	.047165	137114	6467	39
40 ANESTHESIOLOGY	1004691	37922564	.026493	7993343	211768	40
41 RADIOLOGY-DIAGNOSTIC	13050759	528725077	.024683	63011026	1555301	41
42 RADIOLOGY-THERAPEUTIC	3121154	101701894	.030689	2171612	66645	42
43 RADIOISOTOPE	1836718	48909058	.037554	3122852	117276	43
44 LABORATORY	6995010	465819257	.015017	95096562	1428065	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	1022085	67470997	.015149	21084492	319409	47
49 RESPIRATORY THERAPY	1062007	108676929	.009772	35485925	346768	49
50 PHYSICAL THERAPY	332476	10956489	.030345	4453103	135129	50
51 OCCUPATIONAL THERAPY	226436	8288792	.027318	3649254	99690	51
53 ELECTROCARDIOLOGY	841237	32400340	.025964	5519638	143312	53
53.01 CATHETERIZATION LAB	1872233	59415514	.031511	12333635	388645	53.01
53.02 CARDIAC REHAB	35540	2617571	.013577	3868	53	53.02
53.03 CARDIOLOGY GRAPHICS	919097	49490007	.018571	10975512	203826	53.03
54 ELECTROENCEPHALOGRAPHY	820536	26088774	.031452	4058151	127637	54
54.01 PULMONARY FUNC TESTING	228302	9001284	.025363	700889	17777	54.01
54.02 DENTAL SERVICES						54.02
54.03 MAG RESONANCE IMAGING	4300511	160250934	.026836	11909151	319594	54.03
55 MEDICAL SUPPLIES CHARGED TO PAT	2642882	303055423	.008721	72339997	630877	55
56 DRUGS CHARGED TO PATIENTS	983196	222518411	.004418	66451993	293585	56
59 BLOOD FLOW LAB	362870	22907535	.015841	4947552	78374	59
59.01 CELLTRIFUGE	297037	6030747	.049254	352813	17377	59.01
59.02 URODYNAMICS						59.02
59.03 LITHOTRIPSY SVC						59.03
59.04 CAST ROOM	7744	436152	.017755	186990	3320	59.04
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	365630	11313616	.032318	33229	1074	60
60.01 STD/AIDS CLINIC	386139	2099756	.183897	13244	2436	60.01
60.02 GERIATRIC CLINIC						60.02
60.03 SOLID ORGAN TRANSP	1215779	5672523	.214328	102541	21977	60.03
61 EMERGENCY	2216061	139001833	.015943	20103915	320517	61
62 OBSERVATION BEDS (NON-DISTINCT)						62
62.01 OBSERVATION BEDS-DISTINCT	511780	15889431	.032209			62.01
OTHER REIMBURSABLE COST CENTERS						
63 OB CLINIC SERVICES	1764619	14805220	.119189	32664	3893	63
63.01 GI LABORATORY	1966376	63068415	.031178	3434182	107071	63.01
63.02 OUTSIDE HEALTH SVCS						63.02
63.03 STAFF OFFICES						63.03
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	70985547	3145755914		555989488	10184686	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	36911383		36911383	182050	202.75	57928	11744902 25
26 INTENSIVE CARE UNIT	5958149		5958149	25857	230.43	12329	2840971 26
30 SPECIAL CARE NURSERY	4084766		4084766	9332	437.72		30
101 TOTAL	46954298		46954298			70257	14585873 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	14585873
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	10184686
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	24770559
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)	12539
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)	70257
PER DISCHARGE CAPITAL COSTS	1975.48
PER DIEM CAPITAL COSTS	352.57

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)	194258609
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	741469100
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.262

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))	4299672
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	10760001
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.400

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)	24770559
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.033

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	59768475
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	298273366
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.200