

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

WORKSHEET S  
 PARTS I & II

INTERMEDIARY [ ] AUDITED  
 USE ONLY: [ ] DESK REVIEWED

DATE RECEIVED \_\_\_\_\_ [ XX ] INITIAL  
 INTERMEDIARY NO. \_\_\_\_\_ [ ] FINAL

[ ] RE-OPENING  
 [ ] MCR CODE

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY CHILDREN'S MEMORIAL HOSPITAL (14-3300) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 09/01/2008 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.

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

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
	1	2	3	4	
1	HOSPITAL	178035	110447	27349424	1
2	SUBPROVIDER I				2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	178035	110447	27349424	100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

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

STATE: IL

P.O.BOX:  
 ZIP CODE: 60614

COUNTY: COOK COUNTY

1  
 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			
				V 4	XVIII 5	XIX 6	
2	HOSPITAL	14-3300	07/01/1973	N	T	O	2
3	SUBPROVIDER I						3
4	SWING BEDS - SNF						4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF						6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA						9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE						12
14	HOSP-BASED RHC						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS						16

17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 09/01/2008	TO: 08/31/2009	17
18	TYPE OF CONTROL	1	2	18

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	7	19
20	SUBPROVIDER I		20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.				21	
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?	NO			21.01	
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.				21.02	
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	1	N	N	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?	YES				22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW	YES				23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.	01/01/1980				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.	03/23/2009				23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.	10/26/2000				23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.					23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL. 2. AND TERMINATION IN COL. 3.					24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.					24.01
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	YES				25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	YES				25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	YES				25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO				25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO				25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO		NO		25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO		NO		25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

OTHER INFORMATION

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
(CONTINUED)

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

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		63	4217	10198	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
6.01	NEONATOLOGY					6.01
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		63	4217	10198	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.	ADJUSTED	PAID HOURS	AVERAGE	DATA SOURCE	WORKSHEET S-3 PART II
		OF SALARIES FROM WKST. A-6	SALARIES (COL.1 + COL.2)	RELATED TO SALARY IN COL.3	HOURLY WAGE (COL.3 / COL.4)		
	1	2	3	4	5	6	
1 SALARIES							
1 TOTAL SALARIES	217849290						1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A							4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B							5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)	10419496	1212					6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	40867614	-3831148					8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR							9
9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES							9.03
10 CONTRACT LABOR: PHYSICIAN PART A							10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS							11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)					CMS 339		13
14 WAGE RELATED COSTS (OTHER)					CMS 339		14
15 EXCLUDED AREAS					CMS 339		15
16 NON-PHYSICIAN ANESTHETIST PART A					CMS 339		16
17 NON-PHYSICIAN ANESTHETIST PART B					CMS 339		17
18 PHYSICIAN PART A					CMS 339		18
18.01 PART A TEACHING PHYSICIANS					CMS 339		18.01
19 PHYSICIAN PART B					CMS 339		19
19.01 WAGE RELATED COSTS (RHC/FQHC)							19.01
20 INTERNS & RESIDENTS (IN APPR PGM)					CMS 339		20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	2119365						21
22 ADMINISTRATIVE & GENERAL	33356913	-946281					22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	6202632						24
25 LAUNDRY & LINEN SERVICE							25
26 HOUSEKEEPING	2314942						26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	1493802	-845064					27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA		1153840					28
29 MAINTENANCE OF PERSONNEL	260247						29
30 NURSING ADMINISTRATION	3503527	22165					30
31 CENTRAL SERVICES AND SUPPLY							31
32 PHARMACY							32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	1605803						33
34 SOCIAL SERVICE	1525845	1892140					34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
PART III

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS.	ADJUSTED	PAID HOURS	AVERAGE	
		OF SALARIES FROM WKST. A-6	SALARIES (COL.1 + COL.2)	RELATED TO SALARY IN COL.3	HOURLY WAGE (COL.3 / COL.4)	
	1	2	3	4	5	
1 NET SALARIES	207429794	-1212	207428582			1
2 EXCLUDED AREA SALARIES	40867614	-3831148	37036466			2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	166562180	3829936	170392116			3
4 SUBTOTAL OTHER WAGES & REL COSTS						4
5 SUBTOTAL WAGE-RELATED COSTS						5
6 TOTAL (SUM OF LINES 3 THRU 5)	166562180	3829936	170392116			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	52383076	1276800	53659876			13

NHCMQ DEMONSTRATION STATISTICAL DATA  
 STATISTICAL DATA

WORKSHEET S-7

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
	GENERAL SERVICE COST CENTERS								
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		25855750	25855750	120195	25975945	20914	25996859	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		32201045	32201045		32201045	-5155177	27045868	4
5	0500 EMPLOYEE BENEFITS	30964	34561868	34592832	-25025471	9567361		9567361	5
5.01	0501 EMPLOYEE BENEFITS FTE BASED	2088401	1081016	3169417	30279609	33449026		33449026	5.01
6.01	0660 ADMINISTRATION & GENERAL	30974347	67310440	98284787	-938143	97346644	-26473276	70873368	6.01
6.02	0661 ADMIN & GENERAL								6.02
6.03	0662 ADMIN & GEN-CMRC	2382566	941053	3323619	234240	3557859		3557859	6.03
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	6202632	13665522	19868154		19868154	-41982	19826172	8
9	0900 LAUNDRY & LINEN SERVICE		1745293	1745293		1745293		1745293	9
10	1000 HOUSEKEEPING	2314942	2162550	4477492		4477492		4477492	10
11	1100 DIETARY	1493802	2427203	3921005	-2825298	1095707	-93326	1002381	11
12	1200 CAFETERIA				3157517	3157517	-1166367	1991150	12
13	1300 MAINTENANCE OF PERSONNEL								13
13.01	1950 VOLUNTEERS	260247	58240	318487		318487		318487	13.01
14	1400 NURSING ADMINISTRATION	3503527	552339	4055866	252754	4308620		4308620	14
15	1500 CENTRAL SERVICES & SUPPLY								15
16	1600 PHARMACY								16
17	1700 MEDICAL RECORDS & LIBRARY	1605803	1173500	2779303	3052	2782355	-7401	2774954	17
18	1800 SOCIAL SERVICE	1525845	597644	2123489	2335842	4459331		4459331	18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A	10419496		10419496	-6184	10413312		10413312	22
23	2300 I&R SERVICES-OTHER PRGM COSTS A		920708	920708		920708		920708	23
24	2400 PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS								24
25	2500 ADULTS & PEDIATRCS	25077140	2846922	27924062	400782	28324844	-8120	28316724	25
26	2600 INTENSIVE CARE UNIT	11622352	2157143	13779495	-2205	13777290		13777290	26
26.01	2060 NEONATOLOGY	9396451	1821075	11217526	253716	11471242	-724314	10746928	26.01
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	12033280	19563769	31597049	466862	32063911	-728180	31335731	37
40	4000 ANESTHESIOLOGY	678738	4147984	4826722	47680	4874402	-1166699	3707703	40
41	4100 RADIOLOGY-DIAGNOSTIC	4409521	2349939	6759460		6759460		6759460	41
44	4400 LABORATORY	10123575	16567693	26691268	1460822	28152090	-1800059	26352031	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	4457330	3361253	7818583	105367	7923950	-69766	7854184	49
50	5000 PHYSICAL THERAPY	3112684	655033	3767717	217099	3984816		3984816	50
52	5200 SPEECH PATHOLOGY	1625152	609168	2234320	220702	2455022		2455022	52
53	5300 ELECTROCARDIOLOGY	867069	280119	1147188	125317	1272505		1272505	53
53.01	3120 CARDIAC CATH & ECHO	1845037	2453308	4298345		4298345		4298345	53.01
54	5400 ELECTROENCEPHALOGRAPHY	972994	216840	1189834	449827	1639661	-37925	1601736	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT	291295	6026741	6318036	110158	6428194		6428194	55
56	5600 DRUGS CHARGED TO PATIENTS	7238015	15923324	23161339	-416304	22745035	-1	22745034	56
56.01	5601 OUTPATIENT PHARMACY								56.01
57	5700 RENAL DIALYSIS	292482	579662	872144		872144		872144	57
58.01	3550 PSYCHIATRY	3017844	1280646	4298490	-26885	4271605	-300673	3970932	58.01
	OUTPATIENT SERVICE COST CENTERS								
60	6000 CLINIC	10813857	1620332	12434189	360743	12794932	-1302829	11492103	60
61	6100 EMERGENCY	6304288	2295505	8599793	71102	8670895	-1080000	7590895	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	6500 AMBULANCE SERVICES	1746880	282909	2029789	195529	2225318	-19685	2205633	65
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	192405	752318	944723	-65417	879306		879306	83
84	8400 LIVER ACQUISITION	383598	568866	952464	-390613	561851		561851	84
85	8500 HEART ACQUISITION	327863	635541	963404	-146858	816546		816546	85
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION	132224	66997	199221	35385	234606		234606	85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
95	SUBTOTALS	179764646	272317258	452081904	11060922	463142826	-40154866	422987960	95
	NONREIMBURSABLE COST CENTERS								
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN		78765	78765		78765		78765	96
97	9700 RESEARCH	4688514	1949247	6637761	35294132	41931893		41931893	97
98.01	9801 OFFSITE FACILITIES	5386072	5003360	10389432	192321	10581753	-1194818	9386935	98.01
99.01	9901 ENDOWMENTS & OTHER SERVICES	24186550	40818791	65005341	-47733905	17271436		17271436	99.01

PROVIDER NO. 14-3300 CHILDREN'S MEMORIAL HOSPITAL  
PERIOD FROM 09/01/2008 TO 08/31/2009

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

VERSION: 2009.08  
01/27/2010 16:35

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI-	RECLASS.	ADJUST-	NET EXP
		1	2	3	FICATIONS	TRIAL	MENTS	FOR
					4	BALANCE	6	ALLOCATION
						5		7
99.02	9902 NON-REIMBURSABLE CLINICS	3823508	491692	4315200	1186530	5501730		5501730 99.02
101	TOTAL	217849290	320659113	538508403		538508403	-41349684	497158719 101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
1		2	3	4	5
1 APPORTION PHYSICIAN TO IP PSYCH	A	ADULTS & PEDIATRICS	25	75928	1
2					2
3 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	ADULTS & PEDIATRICS	25	200051	23243 3
4 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	CLINIC	60	296625	64118 4
5 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	NON-REIMBURSABLE CLINICS	99.02	675055	120804 5
6 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B				6
7 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	INTESTINAL ACQUISITION	85.02	40136	7
8 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	KIDNEY ACQUISITION	83		4956 8
9 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B				9
10 APPORTION REHAB ADMIN-101606 PT/ADM	C	PHYSICAL THERAPY	50	89807	8091 10
11 APPORTION REHAB ADMIN-101608 CLK OT	C	PHYSICAL THERAPY	50	47861	4312 11
12 APPORTION REHAB ADMIN-101628 PT	C	PHYSICAL THERAPY	50	29266	2637 12
13 APPORTION REHAB ADMIN-101629 OT	C	PHYSICAL THERAPY	50	10655	960 13
14 APPORTION REHAB ADMIN-101615 MOT AN	C	PHYSICAL THERAPY	50	12898	1162 14
15 APPORTION REHAB ADMIN-101600 ORTHOT	C	MEDICAL SUPPLIES CHARGED TO P	55	9275	836 15
16 APPORTION REHAB ADMIN-101601 CLK OR	C	MEDICAL SUPPLIES CHARGED TO P	55	91778	8269 16
17 APPORTION REHAB ADMIN-101603 AUDIO	C	SPEECH PATHOLOGY	52	100825	9084 17
18 APPORTION REHAB ADMIN-101604 CLK SP	C	SPEECH PATHOLOGY	52	70523	6354 18
19 APPORTION REHAB ADMIN-101627 SPEECH	C	SPEECH PATHOLOGY	52	31113	2803 19
20 APPORTION REHAB ADMIN-101609 AURAL	C				20
21 APPORTION REHAB ADMIN-101623 GB SP	C	OFFSITE FACILITIES	98.01	4151	374 21
22 APPORTION REHAB ADMIN-101602 GB ORT	C	OFFSITE FACILITIES	98.01	13910	1253 22
23 APPORTION REHAB ADMIN-101620 W AUD	C	OFFSITE FACILITIES	98.01	43292	3901 23
24 APPORTION REHAB ADMIN-101619 WST SP	C	OFFSITE FACILITIES	98.01	25613	2308 24
25 APPORTION REHAB ADMIN-101621 W PT	C	OFFSITE FACILITIES	98.01	26091	2351 25
26 APPORTION REHAB ADMIN-101622 W OT	C	OFFSITE FACILITIES	98.01	14023	1263 26
27 APPORTION REHAB ADMIN-101610 W ORTH	C	OFFSITE FACILITIES	98.01	16104	1451 27
28 APPORTION REHAB ADMIN-101624 G AUD	C	OFFSITE FACILITIES	98.01	15914	1434 28
29 APPORTION REHAB ADMIN-101625 G PT	C	OFFSITE FACILITIES	98.01	17327	1561 29
30					30
31 RECALSS RENTAL-104007 RES & FELLOW	D	NEW CAP REL COSTS-BLDG & FIXT	3		120195 31
32 RECLASS RENTAL-107017 SPEC ID	D				32
33					33
34 RECLASS DIETARY TO CAFETERIA	E	CAFETERIA	12	1153840	2003677 34
35					35
36 SUBTOTAL				3112061	2397397 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 APPORTION PHYSICIAN TO IP PSYCH	A	PSYCHIATRY	58.01	75928		1
2						2
3 APPORTION TRNSPLNT ADMIN ORGAN AC B	B	ADMINISTRATION & GENERAL	6.01	495719	158770	3
4 APPORTION TRNSPLNT ADMIN ORGAN AC B	B	LIVER ACQUISITION	84	373075	17538	4
5 APPORTION TRNSPLNT ADMIN ORGAN AC B	B	SOCIAL SERVICE	18	76368		5
6 APPORTION TRNSPLNT ADMIN ORGAN AC B	B	HEART ACQUISITION	85	114796	32062	6
7 APPORTION TRNSPLNT ADMIN ORGAN AC B	B	KIDNEY ACQUISITION	83	70373		7
8 APPORTION TRNSPLNT ADMIN ORGAN AC B	B	INTESTINAL ACQUISITION	85.02		4751	8
9 APPORTION TRNSPLNT ADMIN ORGAN AC B	B	DRUGS CHARGED TO PATIENTS	56	81536		9
10 APPORTION REHAB ADMIN-101606 PT/A	C	ADMINISTRATION & GENERAL	6.01	670427	60404	10
11 APPORTION REHAB ADMIN-101608 CLK	C					11
12 APPORTION REHAB ADMIN-101628 PT	C					12
13 APPORTION REHAB ADMIN-101629 OT	C					13
14 APPORTION REHAB ADMIN-101615 MOT	C					14
15 APPORTION REHAB ADMIN-101600 ORTH	C					15
16 APPORTION REHAB ADMIN-101601 CLK	C					16
17 APPORTION REHAB ADMIN-101603 AUDI	C					17
18 APPORTION REHAB ADMIN-101604 CLK	C					18
19 APPORTION REHAB ADMIN-101627 SPEE	C					19
20 APPORTION REHAB ADMIN-101609 AURA	C					20
21 APPORTION REHAB ADMIN-101623 GB S	C					21
22 APPORTION REHAB ADMIN-101602 GB O	C					22
23 APPORTION REHAB ADMIN-101620 W AU	C					23
24 APPORTION REHAB ADMIN-101619 WST	C					24
25 APPORTION REHAB ADMIN-101621 W PT	C					25
26 APPORTION REHAB ADMIN-101622 W OT	C					26
27 APPORTION REHAB ADMIN-101610 W OR	C					27
28 APPORTION REHAB ADMIN-101624 G AU	C					28
29 APPORTION REHAB ADMIN-101625 G PT	C					29
30						30
31 RECALSS RENTAL-104007 RES & FELLO	D	I&R SERVICES-SALARY & FRINGES	22		7396	10 31
32 RECLASS RENTAL-107017 SPEC ID	D	LABORATORY	44		112800	32
33						33
34 RECLASS DIETARY TO CAFETERIA	E	DIETARY	11	1153840	2003677	34
35						35
36 SUBTOTAL				3112062	2397398	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY		CODE	COST CENTER	INCREASE	SALARY	OTHER
1	2	3	4	5	6	7
1	RECALSS SPEC NUTR	F	DIETARY	11	308776	23443
2						
3	RECLASS SPEC PURP FNDS-107001	G	LABORATORY	44	77401	36336
4	RECLASS SPEC PURP FNDS-107000	G	ANESTHESIOLOGY	40	32976	14704
5	RECLASS SPEC PURP FNDS-107024	G	OPERATING ROOM	37	40100	84096
6	RECLASS SPEC PURP FNDS-107006	G	ELECTROCARDIOLOGY	53	60549	111748
7	RECLASS SPEC PURP FNDS-104012	G	SOCIAL SERVICE	18	1968508	443702
8	RECLASS SPEC PURP FNDS-101402	G				
9	RECLASS SPEC PURP FNDS-107007	G	NON-REIMBURSABLE CLINICS	99.02	39631	46439
10	RECLASS SPEC PURP FNDS-101615	G				
11	RECLASS SPEC PURP FNDS-107005	G	EMERGENCY	61		82952
12	RECLASS SPEC PURP FNDS-107008	G	LABORATORY	44	171038	20
13	RECLASS SPEC PURP FNDS-107026	G	OPERATING ROOM	37	14766	41938
14	RECLASS SPEC PURP FNDS-107009	G	OPERATING ROOM	37	52067	
15	RECLASS SPEC PURP FNDS-107014	G	NON-REIMBURSABLE CLINICS	99.02	34192	58170
16	RECALSS SPEC PURP FNDS-107013	G	LABORATORY	44	475053	308225
17	RECLASS SPEC PURP FNDS-107011	G	LABORATORY	44	223524	129059
18	RECLASS SPEC PURP FNDS-107016	G	LABORATORY	44	39383	73200
19	RECALSS SPEC PURP FNDS-104022	G	MEDICAL RECORDS & LIBRARY	17		3052
20	RECLASS SPEC PURP FNDS-107003	G	NEONATOLOGY	26.01	136623	128688
21	RECLASS SPEC PURP FNDS-107012	G	LABORATORY	44	79120	60328
22	RECLASS SPEC PURP FNDS-107023	G	ELECTROENCEPHALOGRAPHY	54	258452	217707
23	RECLASS SPEC PURP FNDS-101001	G	NEONATOLOGY	26.01		63
24	RECLASS SPEC PURP FNDS-101003	G	ADULTS & PEDIATRICS	25	11078	90482
25	RECLASS SPEC PURP FNDS-104018	G	NURSING ADMINISTRATION	14		223282
26	RECLASS SPEC PURP FNDS-104008	G	NURSING ADMINISTRATION	14	22165	7307
27	RECLASS SPEC PURP FNDS-107022	G	OPERATING ROOM	37	28621	36974
28	RECLASS SPEC PURP FNDS-104015	G	ADMINISTRATION & GENERAL	6.01	219865	23928
29	RECLASS SPEC PURP FNDS-101116	G	LABORATORY	44	11662	40931
30	RECLASS SPEC PURP FNDS-101801	G				
31	RECLASS SPEC PURP FNDS-103019	G	NON-REIMBURSABLE CLINICS	99.02	259336	
32	RECLASS SPEC PURP FNDS-107029	G	OPERATING ROOM	37	192900	114685
33	RECLASS SPEC PURP FNDS-103048	G	PSYCHIATRY	58.01	36808	12235
34	RECLASS SPEC PURP FNDS-101606	G	PHYSICAL THERAPY	50		9450
35	RECLASS SPEC PURP FNDS-107004	G	RESPIRATORY THERAPY	49	51935	53432
36	SUBTOTAL				7958590	4873973

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 RECALSS SPEC NUTR	F	DRUGS CHARGED TO PATIENTS	56	308776	23443	1
2						2
3 RECLASS SPEC PURP FNDS-107001	G	ENDOWMENTS & OTHER SERVICES	99.01	21320634	26413271	3
4 RECLASS SPEC PURP FNDS-107000	G					4
5 RECLASS SPEC PURP FNDS-107024	G	OPERATING ROOM	37	29435		5
6 RECLASS SPEC PURP FNDS-107006	G					6
7 RECLASS SPEC PURP FNDS-104012	G					7
8 RECLASS SPEC PURP FNDS-101402	G	DRUGS CHARGED TO PATIENTS	56		2472	8
9 RECLASS SPEC PURP FNDS-107007	G	DRUGS CHARGED TO PATIENTS	56		77	9
10 RECLASS SPEC PURP FNDS-101615	G					10
11 RECLASS SPEC PURP FNDS-107005	G	EMERGENCY	61	11850		11
12 RECLASS SPEC PURP FNDS-107008	G					12
13 RECLASS SPEC PURP FNDS-107026	G					13
14 RECLASS SPEC PURP FNDS-107009	G					14
15 RECLASS SPEC PURP FNDS-107014	G					15
16 RECALSS SPEC PURP FNDS-107013	G					16
17 RECLASS SPEC PURP FNDS-107011	G					17
18 RECLASS SPEC PURP FNDS-107016	G					18
19 RECALSS SPEC PURP FNDS-104022	G					19
20 RECLASS SPEC PURP FNDS-107003	G					20
21 RECLASS SPEC PURP FNDS-107012	G					21
22 RECLASS SPEC PURP FNDS-107023	G					22
23 RECLASS SPEC PURP FNDS-101001	G					23
24 RECLASS SPEC PURP FNDS-101003	G					24
25 RECLASS SPEC PURP FNDS-104018	G					25
26 RECLASS SPEC PURP FNDS-104008	G					26
27 RECLASS SPEC PURP FNDS-107022	G					27
28 RECLASS SPEC PURP FNDS-104015	G					28
29 RECLASS SPEC PURP FNDS-101116	G					29
30 RECLASS SPEC PURP FNDS-101801	G					30
31 RECLASS SPEC PURP FNDS-103019	G					31
32 RECLASS SPEC PURP FNDS-107029	G					32
33 RECLASS SPEC PURP FNDS-103048	G					33
34 RECLASS SPEC PURP FNDS-101606	G					34
35 RECLASS SPEC PURP FNDS-107004	G					35
36 SUBTOTAL				24782757	28836661	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	
	1	2	3	4	5
1 RECALSS SPEC PURP FNDS-104007	G	I&R SERVICES-SALARY & FRINGES	22	1212	1
2 RECLASS SPEC PURP FNDS-103302	G	AMBULANCE SERVICES	65	73415	122114 2
3 RECLASS SPEC PURP FNDS-107030	G	OPERATING ROOM	37		41843 3
4 RECLASS SPEC PURP FNDS-100100	G	EMPLOYEE BENEFITS FTE BASED	5.01		5254138 4
5 RECLASS SPEC PURP FNDS-999996	G	RESEARCH	97	16749540	18544592 5
6					6
7 SPACE RECOV-104028	H	ADMINISTRATION & GENERAL	6.01		437624 7
8 SPACE RECOV-107001	H				8
9 SPACE RECOV-107002	H				9
10 SPACE RECOV-107003	H				10
11 SPACE RECOV-107006	H				11
12 SPACE RECOV-107007	H				12
13 SPACE RECOV-107008	H				13
14 SPACE RECOV-107009	H				14
15 SPACE RECOV-107011	H				15
16 SPACE RECOV-107012	H				16
17 SPACE RECOV-107013	H				17
18 SPACE RECOV-107014	H				18
19 SPACE RECOV-107016	H				19
20 SPACE RECOV-107021	H				20
21 SPACE RECOV-107022	H				21
22 SPACE RECOV-107023	H				22
23 SPACE RECOV-107024	H				23
24 SPACE RECOV-107026	H				24
25 SPACE RECOV-107027	H				25
26 SPACE RECOV-107028	H				26
27 SPACE RECOV-107029	H				27
28 SPACE RECOV-107030	H				28
29					29
30 FRINGE BENEFITS FOR FTE ALLOC	I	EMPLOYEE BENEFITS FTE BASED	5.01		25025471 30
31					31
32 RECLASS RESEARCH ACCOUNTANT	J	ADMIN & GEN-CMRC	6.03	189361	44879 32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				24972118	54344634 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 RECALSS SPEC PURP FNDS-104007	G					1
2 RECLASS SPEC PURP FNDS-103302	G					2
3 RECLASS SPEC PURP FNDS-107030	G					3
4 RECLASS SPEC PURP FNDS-100100	G					4
5 RECLASS SPEC PURP FNDS-999996	G					5
6						6
7 SPACE RECOV-104028	H					7
8 SPACE RECOV-107001	H	LABORATORY	44		17632	8
9 SPACE RECOV-107002	H	INTENSIVE CARE UNIT	26		2205	9
10 SPACE RECOV-107003	H	NEONATOLOGY	26.01		11658	10
11 SPACE RECOV-107006	H	ELECTROCARDIOLOGY	53		46980	11
12 SPACE RECOV-107007	H	NON-REIMBURSABLE CLINICS	99.02		13572	12
13 SPACE RECOV-107008	H	LABORATORY	44		13386	13
14 SPACE RECOV-107009	H	OPERATING ROOM	37		21924	14
15 SPACE RECOV-107011	H	LABORATORY	44		18444	15
16 SPACE RECOV-107012	H	LABORATORY	44		19024	16
17 SPACE RECOV-107013	H	LABORATORY	44		65656	17
18 SPACE RECOV-107014	H	NON-REIMBURSABLE CLINICS	99.02		33525	18
19 SPACE RECOV-107016	H	LABORATORY	44		17516	19
20 SPACE RECOV-107021	H	OPERATING ROOM	37		12503	20
21 SPACE RECOV-107022	H	OPERATING ROOM	37		19666	21
22 SPACE RECOV-107023	H	ELECTROENCEPHALOGRAPHY	54		26332	22
23 SPACE RECOV-107024	H	OPERATING ROOM	37		13202	23
24 SPACE RECOV-107026	H	OPERATING ROOM	37		12732	24
25 SPACE RECOV-107027	H	OPERATING ROOM	37		25827	25
26 SPACE RECOV-107028	H	OPERATING ROOM	37		7740	26
27 SPACE RECOV-107029	H	OPERATING ROOM	37		18292	27
28 SPACE RECOV-107030	H	OPERATING ROOM	37		19807	28
29						29
30 FRINGE BENEFITS FOR FTE ALLOC	I	EMPLOYEE BENEFITS	5		25025471	30
31						31
32 RECLASS RESEARCH ACCOUNTANT	J	ADMINISTRATION & GENERAL	6.01	189361	44879	32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				24972118	54344634	36



PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS III & IV

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT							1	
2 OLD CAP REL COSTS-MVBLE EQUIP							2	
3 NEW CAP REL COSTS-BLDG & FIXT	20712107	1463687	3949959	400397		-529291	25996859 3	
4 NEW CAP REL COSTS-MVBLE EQUIP	27045868						27045868 4	
5 TOTAL	47757975	1463687	3949959	400397		-529291	53042727 5	

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT							1	
2 OLD CAP REL COSTS-MVBLE EQUIP							2	
3 NEW CAP REL COSTS-BLDG & FIXT	20712108	1343492	3399753	400397			25855750 3	
4 NEW CAP REL COSTS-MVBLE EQUIP	32201045						32201045 4	
5 TOTAL	52913153	1343492	3399753	400397			58056795 5	

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER	B	-3666120	ADMINISTRATION & GENERAL	6.01	5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS	B	-1302829	CLINIC	60	8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT	B	-1222809	ADMINISTRATION & GENERAL	6.01	11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-4848551			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1				14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-1166367	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS	B	-1194818	OFFSITE FACILITIES	98.01	17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-1	DRUGS CHARGED TO PATIENTS	56	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-7401	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-93326	DIETARY	11	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT	A	16922	NEW CAP REL COSTS-MVBLE EQUIP	4	9 32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
37 MISCELLANEOUS INCOME	B	-803531	ADMINISTRATION & GENERAL	6.01	37
38 BAD DEBT	A	-3279807	ADMINISTRATION & GENERAL	6.01	38
39 ADVERTISING	A	-1246837	ADMINISTRATION & GENERAL	6.01	39
40 TRANSPORT SERVICES	B	-19685	AMBULANCE SERVICES	65	40
41 NON-PATIENT SERVICES LABORATORY	B	-1059065	LABORATORY	44	41
42 BOOKED LOSS ON ADVANCED REFUNDING	A	-1	NEW CAP REL COSTS-BLDG & FIXT	3	11 42
42.01 ADD LOSS ON ADV REFUNDING 1 OF 20	A	550205	NEW CAP REL COSTS-BLDG & FIXT	3	11 42.01
43 LOSS ON ADVANCE REFUNDING 2 OF 19	A	1	NEW CAP REL COSTS-BLDG & FIXT	3	11 43
44 93 INTEREST & FEES	A	1	NEW CAP REL COSTS-BLDG & FIXT	3	11 44
45 NON-PATIENT CARE COSTS	A	-236872	ADMINISTRATION & GENERAL	6.01	45
46 RENTAL INCOME PROPERTIES	B	-529291	NEW CAP REL COSTS-BLDG & FIXT	3	14 46
47 SHUTTLE BUS RECOVERY	B	-41982	OPERATION OF PLANT	8	47
48 FUNDED DEPRECIATION OFFSET	A	-1	NEW CAP REL COSTS-BLDG & FIXT	3	9 48
49 TAX ASSESSMENT	A	-16017300	ADMINISTRATION & GENERAL	6.01	49
49.01 NON PATIENT PSYCH	A	-8120	ADULTS & PEDIATRICS	25	9 49.01
49.02 ACCELERATED DEPRECIATION 100100-5	A	-5172099	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.02
50 TOTAL		-41349684			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1						1
2						2
3						3
4						4
5	TOTALS					5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1						1
2						2
3						3
4						4
5						5

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT	
1	2		3	4	5	6	7	8	9	
1	26	INTENSIVE CARE UNIT	PEDIATRICIAN	150000		150000	140600	7264	491019	24551
2	26.01	NEONATOLOGY	PEDIATRICIAN	962320	180000	782320	140600	3521	238006	11900
3	37	OPERATING ROOM	SURGEON	2766780		2766780	208000	20386	2038600	101930
4	40	ANESTHESIOLOGY	ANESTHESIOLOGIST	2600000		2600000	200300	14884	1433301	71665
5	41	RADIOLOGY-DIAGNOSTIC	RADIOLOGIST	549996		549996	225300	8574	928713	46436
6	44	LABORATORY	PATHOLOGIST	2583259		2583259	215700	17765	1842265	92113
7	49	RESPIRATORY THERAPY	PEDIATRICIAN	145000		145000	140600	1113	75234	3762
8	53	ELECTROCARDIOLOGY	PEDIATRICIAN	110000		110000	140600	4300	290664	14533
9	54	ELECTROENCEPHALOGRAPHY	PEDIATRICIAN	52925	37925	15000	140600	645	43599	2180
10	58.01	PSYCHIATRY	PSYCHIATRIST	984492	225216	759276	154100	9230	683819	34191
11	60	CLINIC	PEDIATRICIAN	71000		71000	140600	3926	265383	13269
12	61	EMERGENCY	PEDIATRICIAN	1215000	1080000	135000	140600	18090	1222814	61141
13	65	AMBULANCE SERVICES	PEDIATRICIAN	50000		50000	140600	875	59147	2957
14	84	LIVER ACQUISITION	SURGEON	10200		10200	208000	646	64600	3230
15	85	HEART ACQUISITION	SURGEON	50000		50000	208000	1071	107100	5355
101		TOTAL		12300972	1523141	10777831		112290	9784264	489213

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.			12	13	14	15	16	17	18
10	11								
1	26	INTENSIVE CARE UNIT		PEDIATRICIAN			491019		
2	26.01	NEONATOLOGY		PEDIATRICIAN			238006	544314	724314
3	37	OPERATING ROOM		SURGEON			2038600	728180	728180
4	40	ANESTHESIOLOGY		ANESTHESIOLOGIST			1433301	1166699	1166699
5	41	RADIOLOGY-DIAGNOSTIC		RADIOLOGIST			928713		
6	44	LABORATORY		PATHOLOGIST			1842265	740994	740994
7	49	RESPIRATORY THERAPY		PEDIATRICIAN			75234	69766	69766
8	53	ELECTROCARDIOLOGY		PEDIATRICIAN			290664		
9	54	ELECTROENCEPHALOGRAPHY		PEDIATRICIAN			43599		37925
10	58.01	PSYCHIATRY		PSYCHIATRIST			683819	75457	300673
11	60	CLINIC		PEDIATRICIAN			265383		
12	61	EMERGENCY		PEDIATRICIAN			1222814		1080000
13	65	AMBULANCE SERVICES		PEDIATRICIAN			59147		
14	84	LIVER ACQUISITION		SURGEON			64600		
15	85	HEART ACQUISITION		SURGEON			107100		
101		TOTAL					9784264	3325410	4848551

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	EMPLOYEE BENEFITS FTE BASED 5.01	SUBTOTAL 5A	ADMIN + GENERAL 6.01	ADMIN & GEN CMRC 6.03	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT	25996859	25996859							3
4 NEW CAP REL COSTS-MVBLE EQUIP	27045868		27045868						4
5 EMPLOYEE BENEFITS	9567361			9567361					5
5.01 EMPLOYEE BENEFITS FTE BASED	33449026	175734	1079902	91731	34796393				5.01
6.01 ADMINISTRATION & GENERAL	70873368	2241562	12295608	1310546	4391341	91112425	91112425		6.01
6.02 ADMIN & GENERAL									6.02
6.03 ADMIN & GEN-CMRC	3557859	1050027	802597	112969	207458	5730910	1285953	7016863	6.03
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	19826172	503363	2262506	272444	1113884	23978369	5380482		8
9 LAUNDRY & LINEN SERVICE	1745293	79514	1569			1826376	409819		9
10 HOUSEKEEPING	4477492	60324	11136	101682	835686	5486320	1231070		10
11 DIETARY	1002381	425339	76445	28495	113899	1646559	369470		11
12 CAFETERIA	1991150	63394	17437	50681	379000	2501662	561345		12
13 MAINTENANCE OF PERSONNEL									13
13.01 VOLUNTEERS	318487	49623	148	11431	59330	439019	98511		13.01
14 NURSING ADMINISTRATION	4308620	270871	702823	154862	350030	5787206	1298585		14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY	2774954	429944	14870	70533	369575	3659876	821236		17
18 SOCIAL SERVICE	4459331	369259	7411	150132	324333	5310466	1191610		18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	10413312			457719	2364882	13235913	2969993		22
23 I&R SERVICES-OTHER PRGM COSTS A	920708	144489	1268			1066465	239303		23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	28316724	2363609	285841	1114097	3696840	35777111	8027990		25
26 INTENSIVE CARE UNIT	13777290	937190	209907	510500	1704311	17139198	3845848		26
26.01 NEONATOLOGY	10746928	650154	208342	418731	1553504	13577659	3046677		26.01
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	31335731	2198621	1798452	541684	2373216	38247704	8582364		37
40 ANESTHESIOLOGY	3707703	142457	119071	31261	140587	4141079	929213		40
41 RADIOLOGY-DIAGNOSTIC	6759460	937461	2516420	193684	747087	11154112	2502860		41
44 LABORATORY	26352031	2051469	959012	491982	1888056	31742550	7122679		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	7854184	219081	148897	198065	767724	9187951	2061675		49
50 PHYSICAL THERAPY	3984816	510722	17940	145088	485458	5144024	1154262		50
52 SPEECH PATHOLOGY	2455022	155145	34153	80276	255776	2980372	668763		52
53 ELECTROCARDIOLOGY	1272505	176186	318894	40745	215296	2023626	454079		53
53.01 CARDIAC CATH & ECHO	4298345	213211	1686443	81041	250319	6529359	1465116		53.01
54 ELECTROENCEPHALOGRAPHY	1601736	322706	104935	54090	233750	2317217	519958		54
55 MEDICAL SUPPLIES CHARGED TO PAT	6428194	124305	38153	17233	121935	6729820	1510098		55
56 DRUGS CHARGED TO PATIENTS	22745034	261163	73032	300779	918629	24298637	5452347		56
56.01 OUTPATIENT PHARMACY									56.01
57 RENAL DIALYSIS	872144	5012	5389	12847	37206	932598	209265		57
58.01 PSYCHIATRY	3970932	704563	7112	130837	553618	5367062	1204310		58.01
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	11492103	1076531	154758	488017	1840632	15052041	3377512		60
61 EMERGENCY	7590895	565809	59271	276389	925277	9417641	2113215		61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	2205633	11785	45634	79955	190592	2533599	568512		65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
83 KIDNEY ACQUISITION	879306	6863	1473	5360	16172	909174	204009		83
84 LIVER ACQUISITION	561851	4515	1181	462	24605	592614	132976		84
85 HEART ACQUISITION	816546	12101	866	9359	30459	869331	195068		85
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION	234606	1671	318	7571	7342	251508	56436		85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	422987960	19515773	26069214	8043278	29487809	408697553	71262609		95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	78765	985955				1064720	238911		96
97 RESEARCH	41931893	2672589	633097	941645	565425	46744649	10489089	7016863	97
98.01 OFFSITE FACILITIES	9386935	1829724	202619	244327	991552	12655157	2839678		98.01
99.01 ENDOWMENTS & OTHER SERVICES	17271436			125882	2948166	20345484	4565303		99.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	EMPLOYEE BENEFITS FTE BASED 5.01	SUBTOTAL 5A	ADMIN + GENERAL 6.01	ADMIN & GEN CMRC 6.03
99.02 NON-REIMBURSABLE CLINICS	5501730	992818	140938	212229	803441	7651156	1716835	99.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	497158719	25996859	27045868	9567361	34796393	497158719	91112425	7016863 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	VOLUNTEERS 13.01	NURSING ADMINIS- TRATION 14	MEDICAL RECORDS & LIBRARY 17	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
5.01 EMPLOYEE BENEFITS FTE BASED									5.01
6.01 ADMINISTRATION & GENERAL									6.01
6.02 ADMIN & GENERAL									6.02
6.03 ADMIN & GEN-CMRC									6.03
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	29358851								8
9 LAUNDRY & LINEN SERVICE	105985	2342180							9
10 HOUSEKEEPING	80406		6797796						10
11 DIETARY	566937		46732	2629698					11
12 CAFETERIA	84499		63469						12
13 MAINTENANCE OF PERSONNEL					3210975				13
13.01 VOLUNTEERS	66143		6021		6864	616558			13.01
14 NURSING ADMINISTRATION	361046		45478		40495		7532810		14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY	573076		106438		42756		7873	5211255	17
18 SOCIAL SERVICE	492188		139014		37522	230564	12888		18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A					273592		6539		22
23 I&R SERVICES-OTHER PRGM COSTS A	192590		34727						23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	3150473	661990	1678422	2117744	427684	148661	2133395	1560249	25
26 INTENSIVE CARE UNIT	1249187	286703	492374	90688	197171	8534	1083489	470055	26
26.01 NEONATOLOGY	866595	82888	474849	254041	179724	42694	983305	494548	26.01
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	2930559	395275	864548		274556	23663	887501	207929	37
40 ANESTHESIOLOGY	189882		47879		16264		35236		40
41 RADIOLOGY-DIAGNOSTIC	1249548	150709	390595		86430		19046		41
44 LABORATORY	2734418	24653	458113	18425	218428	11910	108565		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	292015		65045		88818		18983		49
50 PHYSICAL THERAPY	680746	173466	115254		56162	17259	635		50
52 SPEECH PATHOLOGY	206794	5185	33687		29591	617			52
53 ELECTROCARDIOLOGY	234840	63322	61318		24907	527	83297		53
53.01 CARDIAC CATH & ECHO	284191	26980	82821		28959		14221		53.01
54 ELECTROENCEPHALOGRAPHY	430138	32194	77875		27042	1480	21332		54
55 MEDICAL SUPPLIES CHARGED TO PAT	165688	47674	76872		14107				55
56 DRUGS CHARGED TO PATIENTS	348107	6180	84756		106276	4441	41267		56
56.01 OUTPATIENT PHARMACY									56.01
57 RENAL DIALYSIS	6680		5340	10214	4304		22602		57
58.01 PSYCHIATRY	939117		190441		64048	20500	64631		58.01
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	1434916	46019	357445	107711	212942	50914	748526	1214744	60
61 EMERGENCY	754171	170462	379915	30875	107045	20556	410007	413774	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	15708		13690		22049		83677		65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
83 KIDNEY ACQUISITION	9148		2043		1871		4952		83
84 LIVER ACQUISITION	6018		1218		2847		4381		84
85 HEART ACQUISITION	16129		4157		3524		8761		85
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION	2227		430		849		1714		85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	20720165	2173700	6400966	2629698	2596827	582320	6806823	4361299	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	1314186		76549			19659			96
97 RESEARCH	3562314		118766		65414	9689		291309	97
98.01 OFFSITE FACILITIES	2438852	168480	609		114712	4890	226208		98.01
99.01 ENDOWMENTS & OTHER SERVICES					341072		109517		99.01

PROVIDER NO. 14-3300 CHILDREN'S MEMORIAL HOSPITAL  
 PERIOD FROM 09/01/2008 TO 08/31/2009

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

VERSION: 2009.08  
 01/27/2010 16:35

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	VOLUNTEERS 13.01	NURSING ADMINIS- TRATION 14	MEDICAL RECORDS & LIBRARY 17	
99.02 NON-REIMBURSABLE CLINICS	1323334		200906		92950		390262	558647	99.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	29358851	2342180	6797796	2629698	3210975	616558	7532810	5211255	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	18	22	23	25	26	27	
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT							3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 EMPLOYEE BENEFITS							5
5.01 EMPLOYEE BENEFITS FTE BASED							5.01
6.01 ADMINISTRATION & GENERAL							6.01
6.02 ADMIN & GENERAL							6.02
6.03 ADMIN & GEN-CMRC							6.03
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT							8
9 LAUNDRY & LINEN SERVICE							9
10 HOUSEKEEPING							10
11 DIETARY							11
12 CAFETERIA							12
13 MAINTENANCE OF PERSONNEL							13
13.01 VOLUNTEERS							13.01
14 NURSING ADMINISTRATION							14
15 CENTRAL SERVICES & SUPPLY							15
16 PHARMACY							16
17 MEDICAL RECORDS & LIBRARY							17
18 SOCIAL SERVICE	7414252						18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES A		16486037					22
23 I&R SERVICES-OTHER PRGM COSTS A			1533085				23
24 PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	2520846	3458600	325311	61988476	-3783911	58204565	25
26 INTENSIVE CARE UNIT	259499	1224096	118585	26465427	-1342681	25122746	26
26.01 NEONATOLOGY	259499	486771	50348	20799598	-537119	20262479	26.01
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1901342	178366	54493807	-2079708	52414099	37
40 ANESTHESIOLOGY		1399552	132180	6891285	-1531732	5359553	40
41 RADIOLOGY-DIAGNOSTIC		716161	76238	16345699	-792399	15553300	41
44 LABORATORY		1396138	138230	43974109	-1534368	42439741	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		188427	7286	11910200	-195713	11714487	49
50 PHYSICAL THERAPY				7341808		7341808	50
52 SPEECH PATHOLOGY				3925009		3925009	52
53 ELECTROCARDIOLOGY		296295	27841	3270052	-324136	2945916	53
53.01 CARDIAC CATH & ECHO		189793	17433	8638873	-207226	8431647	53.01
54 ELECTROENCEPHALOGRAPHY		398019	30313	3855568	-428332	3427236	54
55 MEDICAL SUPPLIES CHARGED TO PAT				8544259		8544259	55
56 DRUGS CHARGED TO PATIENTS				30342011		30342011	56
56.01 OUTPATIENT PHARMACY							56.01
57 RENAL DIALYSIS		185697	18084	1394784	-203781	1191003	57
58.01 PSYCHIATRY		544801	52170	8447080	-596971	7850109	58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	2609816	734594	103819	26050999	-838413	25212586	60
61 EMERGENCY	563483	1747733	166722	16295599	-1914455	14381144	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES				3237235		3237235	65
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
83 KIDNEY ACQUISITION				1131197		1131197	83
84 LIVER ACQUISITION				740054		740054	84
85 HEART ACQUISITION				1096970		1096970	85
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION				313164		313164	85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS	6213143	14868019	1442926	367493263	-16310945	351182318	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN				2714025		2714025	96
97 RESEARCH				68298093		68298093	97
98.01 OFFSITE FACILITIES				18448586		18448586	98.01
99.01 ENDOWMENTS & OTHER SERVICES				25361376		25361376	99.01

PROVIDER NO. 14-3300 CHILDREN'S MEMORIAL HOSPITAL  
PERIOD FROM 09/01/2008 TO 08/31/2009

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

VERSION: 2009.08  
01/27/2010 16:35

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	18	22	23	25	26	27	
99.02 NON-REIMBURSABLE CLINICS	1201109	1618018	90159	14843376	-1708177	13135199	99.02
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	7414252	16486037	1533085	497158719	-18019122	479139597	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS FTE BASED 5.01	ADMIN + GENERAL 6.01	ADMIN & GEN CMRC 6.03	OPERATION OF PLANT 8
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
5.01 EMPLOYEE BENEFITS FTE BASED		175734	1079902	1255636	1255636			5.01
6.01 ADMINISTRATION & GENERAL		2241562	12295608	14537170	158463	14695633		6.01
6.02 ADMIN & GENERAL								6.02
6.03 ADMIN & GEN-CMRC		1050027	802597	1852624	7486	207413	2067523	6.03
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT		503363	2262506	2765869	40195	867825		8
9 LAUNDRY & LINEN SERVICE		79514	1569	81083		66100		9
10 HOUSEKEEPING		60324	11136	71460	30156	198561		10
11 DIETARY		425339	76445	501784	4110	95592		11
12 CAFETERIA		63394	17437	80831	13676	90540		12
13 MAINTENANCE OF PERSONNEL								13
13.01 VOLUNTEERS		49623	148	49771	2141	15889		13.01
14 NURSING ADMINISTRATION		270871	702823	973694	12631	209451		14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY		429944	14870	444814	13336	132458		17
18 SOCIAL SERVICE		369259	7411	376670	11704	192196		18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A					85337	479034		22
23 I&R SERVICES-OTHER PRGM COSTS A		144489	1268	145757		38598		23
24 PARAMED ED PRGM-(SPECIFY)							24100	24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS		2363609	285841	2649450	133401	1294845		25
26 INTENSIVE CARE UNIT		937190	209907	1147097	61500	620302		26
26.01 NEONATOLOGY		650154	208342	858496	56059	491403		26.01
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2198621	1798452	3997073	85638	1384261		37
40 ANESTHESIOLOGY		142457	119071	261528	5073	149874		40
41 RADIOLOGY-DIAGNOSTIC		937461	2516420	3453881	26959	403690		41
44 LABORATORY		2051469	959012	3010481	68131	1148826		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY		219081	148897	367978	27703	332530		49
50 PHYSICAL THERAPY		510722	17940	528662	17518	186173		50
52 SPEECH PATHOLOGY		155145	34153	189298	9230	107866		52
53 ELECTROCARDIOLOGY		176186	318894	495080	7769	73239		53
53.01 CARDIAC CATH & ECHO		213211	1686443	1899654	9033	236311		53.01
54 ELECTROENCEPHALOGRAPHY		322706	104935	427641	8435	83865		54
55 MEDICAL SUPPLIES CHARGED TO PAT		124305	38153	162458	4400	243566		55
56 DRUGS CHARGED TO PATIENTS		261163	73032	334195	33149	879416		56
56.01 OUTPATIENT PHARMACY								56.01
57 RENAL DIALYSIS		5012	5389	10401	1343	33753		57
58.01 PSYCHIATRY		704563	7112	711675	19977	194245		58.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		1076531	154758	1231289	66420	544763		60
61 EMERGENCY		565809	59271	625080	33389	340843		61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES		11785	45634	57419	6878	91696		65
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION		6863	1473	8336	584	32905		83
84 LIVER ACQUISITION		4515	1181	5696	888	21448		84
85 HEART ACQUISITION		12101	866	12967	1099	31463		85
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION		1671	318	1989	265	9103		85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS		19515773	26069214	45584987	1064076	11494043		95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		985955		985955		38534		96
97 RESEARCH		2672589	633097	3305686	20403	1691786		97
98.01 OFFSITE FACILITIES		1829724	202619	2032343	35780	458015	2067523	98.01
99.01 ENDOWMENTS & OTHER SERVICES					106385	736344		99.01

PROVIDER NO. 14-3300 CHILDREN'S MEMORIAL HOSPITAL  
 PERIOD FROM 09/01/2008 TO 08/31/2009

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

VERSION: 2009.08  
 01/27/2010 16:35

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS FTE BASED 5.01	ADMIN + GENERAL 6.01	ADMIN & GEN CMRC 6.03	OPERATION OF PLANT 8	
99.02 NON-REIMBURSABLE CLINICS		992818	140938	1133756	28992	276911		165599	99.02
101 CROSS FOOT ADJUSTMENTS								101	
102 NEGATIVE COST CENTER								102	
103 TOTAL		25996859	27045868	53042727	1255636	14695633	2067523	3673889	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	VOLUNTEERS	NURSING ADMINIS-TRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	9	10	11	12	13.01	14	17	18	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5									5
5.01									5.01
6.01									6.01
6.02									6.02
6.03									6.03
7									7
8									8
9	160446								9
10		310239							10
11		2133	638564						11
12		2897		198518					12
13									13
13.01		275		424	76777				13.01
14		2076		2504		1245536			14
15									15
16									16
17		4858		2643		1302	671124		17
18		6344		2320	28710	2131		681666	18
20									20
21									21
22				16915		1081			22
23		1585							23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25	45350	76599	514248	26442	18512	352754	200935	231766	25
26	19640	22471	22022	12190	1063	179153	60535	23858	26
26.01	5678	21671	61688	11111	5316	162588	63690	23858	26.01
ANCILLARY SERVICE COST CENTERS									
37	27077	39456		16974	2947	146747	26778		37
40		2185		1006		5826			40
41	10324	17826		5344		3149			41
44	1689	20907	4474	13504	1483	17951			44
46.30									46.30
49		2969		5491		3139			49
50	11883	5260		3472	2149	105			50
52	355	1537		1829	77				52
53	4338	2798		1540	66	13773			53
53.01	1848	3780		1790		2351			53.01
54	2205	3554		1672	184	3527			54
55	3266	3508		872					55
56	423	3868		6570	553	6823			56
56.01									56.01
57		244	2480	266		3737			57
58.01		8691		3960	2553	10687			58.01
OUTPATIENT SERVICE COST CENTERS									
60	3152	16313	26155	13165	6340	123767	156439	239947	60
61	11677	17339	7497	6618	2560	67794	53287	51807	61
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
65		625		1363		13836			65
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71									71
SPECIAL PURPOSE COST CENTERS									
83		93		116		819			83
84		56		176		724			84
85		190		218		1449			85
85.01									85.01
85.02		20		53		283			85.02
85.03									85.03
95	148905	292128	638564	160548	72513	1125496	561664	571236	95
NONREIMBURSABLE COST CENTERS									
96		3494			2448				96
97		5420		4044			37516		97
98.01	11541	28		7092	609	37403			98.01
99.01				21087		18108			99.01

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	VOLUNTEERS 13.01	NURSING ADMINIS- TRATION 14	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	
99.02 NON-REIMBURSABLE CLINICS		9169		5747		64529	71944	110430	99.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	160446	310239	638564	198518	76777	1245536	671124	681666	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS						
1	OLD CAP REL COSTS-BLDG & FIXT					1
2	OLD CAP REL COSTS-MVBLE EQUIP					2
3	NEW CAP REL COSTS-BLDG & FIXT					3
4	NEW CAP REL COSTS-MVBLE EQUIP					4
5	EMPLOYEE BENEFITS					5
5.01	EMPLOYEE BENEFITS FTE BASED					5.01
6.01	ADMINISTRATION & GENERAL					6.01
6.02	ADMIN & GENERAL					6.02
6.03	ADMIN & GEN-CMRC					6.03
7	MAINTENANCE & REPAIRS					7
8	OPERATION OF PLANT					8
9	LAUNDRY & LINEN SERVICE					9
10	HOUSEKEEPING					10
11	DIETARY					11
12	CAFETERIA					12
13	MAINTENANCE OF PERSONNEL					13
13.01	VOLUNTEERS					13.01
14	NURSING ADMINISTRATION					14
15	CENTRAL SERVICES & SUPPLY					15
16	PHARMACY					16
17	MEDICAL RECORDS & LIBRARY					17
18	SOCIAL SERVICE					18
20	NONPHYSICIAN ANESTHETISTS					20
21	NURSING SCHOOL					21
22	I&R SERVICES-SALARY & FRINGES A	582367				22
23	I&R SERVICES-OTHER PRGM COSTS A		210040			23
24	PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS		5938544		5938544	25
26	INTENSIVE CARE UNIT		2326151		2326151	26
26.01	NEONATOLOGY		1870001		1870001	26.01
ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM		6093673		6093673	37
40	ANESTHESIOLOGY		449253		449253	40
41	RADIOLOGY-DIAGNOSTIC		4077538		4077538	41
44	LABORATORY		4629624		4629624	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO					46.30
49	RESPIRATORY THERAPY		776352		776352	49
50	PHYSICAL THERAPY		840409		840409	50
52	SPEECH PATHOLOGY		336070		336070	52
53	ELECTROCARDIOLOGY		627990		627990	53
53.01	CARDIAC CATH & ECHO		2190330		2190330	53.01
54	ELECTROENCEPHALOGRAPHY		584909		584909	54
55	MEDICAL SUPPLIES CHARGED TO PAT		438804		438804	55
56	DRUGS CHARGED TO PATIENTS		1308558		1308558	56
56.01	OUTPATIENT PHARMACY					56.01
57	RENAL DIALYSIS		53060		53060	57
58.01	PSYCHIATRY		1069307		1069307	58.01
OUTPATIENT SERVICE COST CENTERS						
60	CLINIC		2607312		2607312	60
61	EMERGENCY		1312266		1312266	61
62	OBSERVATION BEDS (NON-DISTINCT					62
63.50	RHC					63.50
63.60	FQHC					63.60
OTHER REIMBURSABLE COST CENTERS						
65	AMBULANCE SERVICES		173783		173783	65
69.10	CMHC					69.10
69.20	OUTPATIENT PHYSICAL THERAPY					69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40	OUTPATIENT SPEECH PATHOLOGY					69.40
71	HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS						
83	KIDNEY ACQUISITION		43998		43998	83
84	LIVER ACQUISITION		29741		29741	84
85	HEART ACQUISITION		49404		49404	85
85.01	PANCREAS ACQUISITION					85.01
85.02	INTESTINAL ACQUISITION		11992		11992	85.02
85.03	ISLET CELL ACQUISITION					85.03
95	SUBTOTALS		37839069		37839069	95
NONREIMBURSABLE COST CENTERS						
96	GIFT, FLOWER, COFFEE SHOP & CAN		1194885		1194885	96
97	RESEARCH		7579362		7579362	97
98.01	OFFSITE FACILITIES		2888003		2888003	98.01
99.01	ENDOWMENTS & OTHER SERVICES		881924		881924	99.01

PROVIDER NO. 14-3300 CHILDREN'S MEMORIAL HOSPITAL  
PERIOD FROM 09/01/2008 TO 08/31/2009

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

VERSION: 2009.08  
01/27/2010 16:35

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
PART III

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
99.02 NON-REIMBURSABLE CLINICS			1867077		1867077	99.02
101 CROSS FOOT ADJUSTMENTS	582367	210040	792407		792407	101
102 NEGATIVE COST CENTER						102
103 TOTAL	582367	210040	53042727		53042727	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	EMPLOYEE	RECON- CILIATION	ADMIN +	ADMIN
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES	BENEFITS FTE BASED FTES		GENERAL ACCUM COST	& GEN CMRC DIRECT COST
	3	4	5	5.01	6A.01	6.01	6.03
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	575754						3
4 NEW CAP REL COSTS-MVBLE EQUIP		25634634					4
5 EMPLOYEE BENEFITS			217818326				5
5.01 EMPLOYEE BENEFITS FTE BASED	3892	1023553	2088401	350718			5.01
6.01 ADMINISTRATION & GENERAL	49644	11654036	29838705	44261	-91112425	406046294	6.01
6.02 ADMIN & GENERAL							6.02
6.03 ADMIN & GEN-CMRC	23255	760718	2571927	2091		5730910	100 6.03
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT	11148	2144450	6202632	11227		23978369	8
9 LAUNDRY & LINEN SERVICE	1761	1487				1826376	9
10 HOUSEKEEPING	1336	10555	2314942	8423		5486320	10
11 DIETARY	9420	72456	648738	1148		1646559	11
12 CAFETERIA	1404	16527	1153840	3820		2501662	12
13 MAINTENANCE OF PERSONNEL							13
13.01 VOLUNTEERS	1099	140	260247	598		439019	13.01
14 NURSING ADMINISTRATION	5999	666150	3525692	3528		5787206	14
15 CENTRAL SERVICES & SUPPLY							15
16 PHARMACY							16
17 MEDICAL RECORDS & LIBRARY	9522	14094	1605803	3725		3659876	17
18 SOCIAL SERVICE	8178	7024	3417985	3269		5310466	18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES			10420708	23836		13235913	22
23 I&R SERVICES-OTHER PRGM COSTS	3200	1202				1066465	23
24 PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	52347	270926	25364197	37261		35777111	25
26 INTENSIVE CARE UNIT	20756	198954	11622352	17178		17139198	26
26.01 NEONATOLOGY	14399	197471	9533074	15658		13577659	26.01
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	48693	1704610	12332299	23920		38247704	37
40 ANESTHESIOLOGY	3155	112858	711714	1417		4141079	40
41 RADIOLOGY-DIAGNOSTIC	20762	2385115	4409521	7530		11154112	41
44 LABORATORY	45434	908971	11200756	19030		31742550	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY	4852	141128	4509265	7738		9187951	49
50 PHYSICAL THERAPY	11311	17004	3303171	4893		5144024	50
52 SPEECH PATHOLOGY	3436	32371	1827613	2578		2980372	52
53 ELECTROCARDIOLOGY	3902	302254	927618	2170		2023626	53
53.01 CARDIAC CATH & ECHO	4722	1598445	1845037	2523		6529359	53.01
54 ELECTROENCEPHALOGRAPHY	7147	99460	1231446	2356		2317217	54
55 MEDICAL SUPPLIES CHARGED TO P	2753	36162	392348	1229		6729820	55
56 DRUGS CHARGED TO PATIENTS	5784	69221	6847703	9259		24298637	56
56.01 OUTPATIENT PHARMACY							56.01
57 RENAL DIALYSIS	111	5108	292482	375		932598	57
58.01 PSYCHIATRY	15604	6741	2978724	5580		5367062	58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	23842	146683	11110482	18552		15052041	60
61 EMERGENCY	12531	56178	6292438	9326		9417641	61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES	261	43253	1820295	1921		2533599	65
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERA							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
83 KIDNEY ACQUISITION	152	1396	122032	163		909174	83
84 LIVER ACQUISITION	100	1119	10523	248		592614	84
85 HEART ACQUISITION	268	821	213067	307		869331	85
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION	37	301	172360	74		251508	85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS	432217	24708942	183120137	297212	-91112425	317585128	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	21836					1064720	96
97 RESEARCH	59190	600062	21438054	5699		46744649	100 97

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	EMPLOYEE	RECON- CILIATION	ADMIN +	ADMIN
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES	BENEFITS FTE BASED FTES		GENERAL ACCUM COST	& GEN CMRC DIRECT COST
	3	4	5	5.01	6A.01	6.01	6.03
98.01 OFFSITE FACILITIES	40523	192046	5562497	9994		12655157	98.01
99.01 ENDOWMENTS & OTHER SERVICES			2865916	29715		20345484	99.01
99.02 NON-REIMBURSABLE CLINICS	21988	133584	4831722	8098		7651156	99.02
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	25996859	27045868	9567361	34796393		91112425	7016863 103
104 UNIT COST MULT-WS B PT I		1.055052		99.214734		.224389	104
104 UNIT COST MULT-WS B PT I	45.152720		.043924				70168.630000 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				1255636		14695633	2067523 107
108 UNIT COST MULT-WS B PT III				3.580187		.036192	108
108 UNIT COST MULT-WS B PT III							20675.230000 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	VOLUNTEERS	NURSING	MEDICAL	
	OF PLANT	& LINEN	KEEPING				ADMINIS-	RECORDS &	
	SQUARE	SERVICE	HOURS OF	MEALS	FTEs	HOURS OF	TRATION	LIBRARY	
	FEET	POUNDS OF	SERVICE	SERVED		SERVICE	DIRECT	TIME	
	8	LAUNDRY	10	11	12	13.01	NRSING	HRS	17
		9					14	SPENT	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5									5
5.01									5.01
6.01									6.01
6.02									6.02
6.03									6.03
7									7
8	487815								8
9	1761	1625377							9
10	1336		189683						10
11	9420		1304	78785					11
12	1404		1771		279748				12
13									13
13.01	1099		168		598	54978			13.01
14	5999		1269		3528		118649		14
15									15
16									16
17	9522		2970		3725		124	10000	17
18	8178		3879		3269	20559	203		18
20									20
21									21
22					23836		103		22
23	3200		969						23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25	52347	459394	46834	63447	37261	13256	33603	2994	25
26	20756	198960	13739	2717	17178	761	17066	902	26
26.01	14399	57521	13250	7611	15658	3807	15488	949	26.01
ANCILLARY SERVICE COST CENTERS									
37	48693	274305	24124		23920	2110	13979	399	37
40	3155		1336		1417		555		40
41	20762	104586	10899		7530		300		41
44	45434	17108	12783	552	19030	1062	1710		44
46.30									46.30
49	4852		1815		7738		299		49
50	11311	120378	3216		4893	1539	10		50
52	3436	3598	940		2578	55			52
53	3902	43943	1711		2170	47	1312		53
53.01	4722	18723	2311		2523		224		53.01
54	7147	22341	2173		2356	132	336		54
55	2753	33084	2145		1229				55
56	5784	4289	2365		9259	396	650		56
56.01									56.01
57	111		149	306	375		356		57
58.01	15604		5314		5580	1828	1018		58.01
OUTPATIENT SERVICE COST CENTERS									
60	23842	31935	9974	3227	18552	4540	11790	2331	60
61	12531	118294	10601	925	9326	1833	6458	794	61
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
65	261		382		1921		1318		65
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71									71
SPECIAL PURPOSE COST CENTERS									
83	152		57		163		78		83
84	100		34		248		69		84
85	268		116		307		138		85
85.01									85.01
85.02	37		12		74		27		85.02
85.03									85.03
95	344278	1508459	178610	78785	226242	51925	107214	8369	95
NONREIMBURSABLE COST CENTERS									
96	21836		2136			1753			96
97	59190		3314		5699	864		559	97

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	VOLUNTEERS	NURSING	MEDICAL	
	OF PLANT	& LINEN	KEEPING				ADMINIS-	RECORDS &	
	SQUARE	SERVICE	HOURS OF	MEALS	FTES	HOURS OF	TRATION	LIBRARY	
	FEET	POUNDS OF	SERVICE	SERVED		SERVICE	DIRECT	TIME	
	8	LAUNDRY	10	11	12	13.01	NRSNG HRS	SPENT	17
98.01 OFFSITE FACILITIES	40523	116918	17		9994	436	3563		98.01
99.01 ENDOWMENTS & OTHER SERVICES					29715		1725		99.01
99.02 NON-REIMBURSABLE CLINICS	21988		5606		8098		6147	1072	99.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	29358851	2342180	6797796	2629698	3210975	616558	7532810	5211255	103
104 UNIT COST MULT-WS B PT I	60.184396		35.837666		11.478098		63.488188		104
104 UNIT COST MULT-WS B PT I		1.441007		33.378156		11.214631		521.125500	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	3673889	160446	310239	638564	198518	76777	1245536	671124	107
108 UNIT COST MULT-WS B PT III	7.531316		1.635566		.709632		10.497653		108
108 UNIT COST MULT-WS B PT III		.098713		8.105147		1.396504		67.112400	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL	I&R	I&R	
	SERVICE	SALARY & FRINGES	PROGRAM COSTS	
	TIME SPENT	ASSIGNED TIME	ASSIGNED TIME	
	18	22	23	
GENERAL SERVICE COST CENTERS				
1				1
2				2
3				3
4				4
5				5
5.01				5.01
6.01				6.01
6.02				6.02
6.03				6.03
7				7
8				8
9				9
10				10
11				11
12				12
13				13
13.01				13.01
14				14
15				15
16				16
17				17
18	1000			18
20				20
21				21
22		24148		22
23			23568	23
24				24
INPATIENT ROUTINE SERV COST CENTERS				
25	340	5066	5001	25
26	35	1793	1823	26
26.01	35	713	774	26.01
ANCILLARY SERVICE COST CENTERS				
37		2785	2742	37
40		2050	2032	40
41		1049	1172	41
44		2045	2125	44
46.30				46.30
49		276	112	49
50				50
52				52
53		434	428	53
53.01		278	268	53.01
54		583	466	54
55				55
56				56
56.01				56.01
57		272	278	57
58.01		798	802	58.01
OUTPATIENT SERVICE COST CENTERS				
60	352	1076	1596	60
61	76	2560	2563	61
62				62
63.50				63.50
63.60				63.60
OTHER REIMBURSABLE COST CENTERS				
65				65
69.10				69.10
69.20				69.20
69.30				69.30
69.40				69.40
71				71
SPECIAL PURPOSE COST CENTERS				
83				83
84				84
85				85
85.01				85.01
85.02				85.02
85.03				85.03
95	838	21778	22182	95
NONREIMBURSABLE COST CENTERS				
96				96
97				97

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL	I&R	I&R	
	SERVICE	SALARY & FRINGES	PROGRAM COSTS	
	TIME SPENT	ASSIGNED TIME	ASSIGNED TIME	
	18	22	23	
98.01 OFFSITE FACILITIES				98.01
99.01 ENDOWMENTS & OTHER SERVICES				99.01
99.02 NON-REIMBURSABLE CLINICS	162	2370	1386	99.02
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 COST TO BE ALLOC PER B PT I	7414252	16486037	1533085	103
104 UNIT COST MULT-WS B PT I	7414.252000		65.049431	104
104 UNIT COST MULT-WS B PT I		682.708175		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	681666	582367	210040	107
108 UNIT COST MULT-WS B PT III	681.666000		8.912084	108
108 UNIT COST MULT-WS B PT III		24.116573		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT			
	1	2	3	4	5
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS	58204565		58204565		25
26 INTENSIVE CARE UNIT	25122746		25122746		26
26.01 NEONATOLOGY	20262479		20262479		26.01
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	52414099		52414099		37
40 ANESTHESIOLOGY	5359553		5359553		40
41 RADIOLOGY-DIAGNOSTIC	15553300		15553300		41
44 LABORATORY	42439741		42439741		44
46.30 BLOOD CLOTTING FACTORS ADMI					46.30
49 RESPIRATORY THERAPY	11714487		11714487		49
50 PHYSICAL THERAPY	7341808		7341808		50
52 SPEECH PATHOLOGY	3925009		3925009		52
53 ELECTROCARDIOLOGY	2945916		2945916		53
53.01 CARDIAC CATH & ECHO	8431647		8431647		53.01
54 ELECTROENCEPHALOGRAPHY	3427236		3427236		54
55 MEDICAL SUPPLIES CHARGED TO	8544259		8544259		55
56 DRUGS CHARGED TO PATIENTS	30342011		30342011		56
56.01 OUTPATIENT PHARMACY					56.01
57 RENAL DIALYSIS	1191003		1191003		57
58.01 PSYCHIATRY	7850109		7850109		58.01
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC	25212586		25212586		60
61 EMERGENCY	14381144		14381144		61
62 OBSERVATION BEDS (NON-DISTI	5001010		5001010		62
63.50 RHC				5001010	63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES	3237235		3237235		65
101 SUBTOTAL	352901943		352901943		101
102 LESS OBSERVATION BEDS	5001010		5001010		102
103 TOTAL	347900933		347900933		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	101287857		101287857			25
26 INTENSIVE CARE UNIT	60441608		60441608			26
26.01 NEONATOLOGY	64954514		64954514			26.01
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	59389121	69261748	128650869	.407413	.407413	37
40 ANESTHESIOLOGY	7248758	10366629	17615387	.304254	.304254	40
41 RADIOLOGY-DIAGNOSTIC	23655763	53453357	77109120	.201705	.201705	41
44 LABORATORY	58160196	63022677	121182873	.350212	.350212	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	64921304	1111963	66033267	.177403	.177403	49
50 PHYSICAL THERAPY	1365759	9079680	10445439	.702872	.702872	50
52 SPEECH PATHOLOGY	964124	6289785	7253909	.541089	.541089	52
53 ELECTROCARDIOLOGY	6844762	11514174	18358936	.160462	.160462	53
53.01 CARDIAC CATH & ECHO	11240987	15609874	26850861	.314018	.314018	53.01
54 ELECTROENCEPHALOGRAPHY	583585	4266264	4849849	.706669	.706669	54
55 MEDICAL SUPPLIES CHARGED TO	44864274	4295885	49160159	.173805	.173805	55
56 DRUGS CHARGED TO PATIENTS	114142735	21550510	135693245	.223607	.223607	56
56.01 OUTPATIENT PHARMACY						56.01
57 RENAL DIALYSIS	1384021	92652	1476673	.806545	.806545	57
58.01 PSYCHIATRY	213388	5542527	5755915	1.363833	1.363833	58.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1244961	7820978	9065939	2.781023	2.781023	60
61 EMERGENCY	5953128	26998316	32951444	.436434	.436434	61
62 OBSERVATION BEDS (NON-DISTI		16639886	16639886	.300544	.300544	.300544
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	3946365	319011	4265376	.758957	.758957	65
101 SUBTOTAL	632807210	327235916	960043126			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	632807210	327235916	960043126			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				5938544		5938544	25
26 INTENSIVE CARE UNIT				2326151		2326151	26
26.01 NEONATOLOGY				1870001		1870001	26.01
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY							33
101 TOTAL				10134696		10134696	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	42958	317			138.24	43822	25
26 INTENSIVE CARE UNIT	12566	168			185.11	31098	26
26.01 NEONATOLOGY	14713				127.10		26.01
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY							33
101 TOTAL	70237	485				74920	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

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

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	--- OLD CAPITAL ---		--- NEW CAPITAL ---	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		6093673	128650869	925288			.047366	43827 37
40 ANESTHESIOLOGY		449253	17615387	127998			.025503	3264 40
41 RADIOLOGY-DIAGNOSTIC		4077538	77109120	256136			.052880	13544 41
44 LABORATORY		4629624	121182873	654692			.038204	25012 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		776352	66033267	83496			.011757	982 49
50 PHYSICAL THERAPY		840409	10445439	8546			.080457	688 50
52 SPEECH PATHOLOGY		336070	7253909	835			.046330	39 52
53 ELECTROCARDIOLOGY		627990	18358936	20015			.034206	685 53
53.01 CARDIAC CATH & ECHO		2190330	26850861	78189			.081574	6378 53.01
54 ELECTROENCEPHALOGRAPHY		584909	4849849	950			.120604	115 54
55 MEDICAL SUPPLIES CHARGED TO P		438804	49160159	274352			.008926	2449 55
56 DRUGS CHARGED TO PATIENTS		1308558	135693245	924414			.009644	8915 56
56.01 OUTPATIENT PHARMACY								56.01
57 RENAL DIALYSIS		53060	1476673	108438			.035932	3896 57
58.01 PSYCHIATRY		1069307	5755915	2520			.185775	468 58.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		2607312	9065939	6746			.287594	1940 60
61 EMERGENCY		1312266	32951444	24344			.039824	969 61
62 OBSERVATION BEDS (NON-DISTINC		510248	16639886				.030664	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL		27905703	729093771	3496959				113171 101

PROVIDER NO. 14-3300 CHILDREN'S 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  
 01/27/2010 16:35

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					42958		317	25
26	INTENSIVE CARE UNIT					12566		168	26
26.01	NEONATOLOGY					14713			26.01
27	CORONARY CARE UNIT								27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I								31
33	NURSERY								33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					70237		485	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	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		128650869			925288		42206 37
40 ANESTHESIOLOGY		17615387			127998		5549 40
41 RADIOLOGY-DIAGNOSTIC		77109120			256136		46799 41
44 LABORATORY		121182873			654692		55076 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		66033267			83496		3460 49
50 PHYSICAL THERAPY		10445439			8546		686 50
52 SPEECH PATHOLOGY		7253909			835		1167 52
53 ELECTROCARDIOLOGY		18358936			20015		20612 53
53.01 CARDIAC CATH & ECHO		26850861			78189		33097 53.01
54 ELECTROENCEPHALOGRAPHY		4849849			950		2387 54
55 MEDICAL SUPPLIES CHARGED TO P		49160159			274352		9718 55
56 DRUGS CHARGED TO PATIENTS		135693245			924414		31965 56
56.01 OUTPATIENT PHARMACY							56.01
57 RENAL DIALYSIS		1476673			108438		116 57
58.01 PSYCHIATRY		5755915			2520		558 58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		9065939			6746		9658 60
61 EMERGENCY		32951444			24344		10075 61
62 OBSERVATION BEDS (NON-DISTINC		16639886					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL		729093771			3496959		273129 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	84413				37
40 ANESTHESIOLOGY	11099				40
41 RADIOLOGY-DIAGNOSTIC	93598				41
44 LABORATORY	110152				44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY	6921				49
50 PHYSICAL THERAPY	1372				50
52 SPEECH PATHOLOGY	2333				52
53 ELECTROCARDIOLOGY	41223				53
53.01 CARDIAC CATH & ECHO	66194				53.01
54 ELECTROENCEPHALOGRAPHY	4773				54
55 MEDICAL SUPPLIES CHARGED TO P	19437				55
56 DRUGS CHARGED TO PATIENTS	63929				56
56.01 OUTPATIENT PHARMACY					56.01
57 RENAL DIALYSIS	233				57
58.01 PSYCHIATRY	1115				58.01
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC	19317				60
61 EMERGENCY	20150				61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL	546259				101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.407413	.407413	.407413			37
40 ANESTHESIOLOGY	.304254	.304254	.304254			40
41 RADIOLOGY-DIAGNOSTIC	.201705	.201705	.201705			41
44 LABORATORY	.350212	.350212	.350212			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.177403	.177403	.177403			49
50 PHYSICAL THERAPY	.702872	.702872	.702872			50
52 SPEECH PATHOLOGY	.541089	.541089	.541089			52
53 ELECTROCARDIOLOGY	.160462	.160462	.160462			53
53.01 CARDIAC CATH & ECHO	.314018	.314018	.314018			53.01
54 ELECTROENCEPHALOGRAPHY	.706669	.706669	.706669			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.173805	.173805	.173805			55
56 DRUGS CHARGED TO PATIENTS	.223607	.223607	.223607			56
56.01 OUTPATIENT PHARMACY						56.01
57 RENAL DIALYSIS	.806545	.806545	.806545			57
58.01 PSYCHIATRY	1.363833	1.363833	1.363833			58.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	2.781023	2.781023	2.781023			60
61 EMERGENCY	.436434	.436434	.436434			61
62 OBSERVATION BEDS (NON-DISTINCT	.300544	.300544	.300544			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	.758957	.758957	.758957			65
65.01 AMBULANCE CHARGES (S-2 LINE 56.	.758957	.758957	.758957			65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.	.758957	.758957	.758957			65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.	.758957	.758957	.758957			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	.223607	1
2 PROGRAM VACCINE CHARGES	2		2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3		3
3.01 PROGRAM COSTS	3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
	ALL OTHER (1) (SEE INSTRU.) 5	PPS SER-VICES (SEE INSTRU.) 5.01	ALL OTHER (SEE INSTRU.) 5.02	PPS SER-VICES (SEE INSTRU.) 5.03	PPS SER-VICES (SEE INSTRU.) 5.04	OUTPATIENT AMBULATORY CENTER 6	OUTPATIENT RADIOLOGY 7	OTHER OUTPATIENT DIAGNOSTIC 8
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		42206		84413				37
40 ANESTHESIOLOGY		5549		11099				40
41 RADIOLOGY-DIAGNOSTIC		46799	225	93598				41
44 LABORATORY		55076		110152				44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		3460	180	6921				49
50 PHYSICAL THERAPY		686		1372				50
52 SPEECH PATHOLOGY		1167		2333				52
53 ELECTROCARDIOLOGY		20612		41223				53
53.01 CARDIAC CATH & ECHO		33097		66194				53.01
54 ELECTROENCEPHALOGRAPHY		2387		4773				54
55 MEDICAL SUPPLIES CHARGED TO PA		9718		19437				55
56 DRUGS CHARGED TO PATIENTS		31965		63929				56
56.01 OUTPATIENT PHARMACY								56.01
57 RENAL DIALYSIS		116		233				57
58.01 PSYCHIATRY		558		1115				58.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		9658		19317				60
61 EMERGENCY		10075		20150				61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL	273129		405	546259				101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES	273129		405	546259				104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM COST					HOSPITAL	HOSPITAL
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		17195		34391			37
40 ANESTHESIOLOGY		1688		3377			40
41 RADIOLOGY-DIAGNOSTIC		9440	45	18879			41
44 LABORATORY		19288		38577			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		614	32	1228			49
50 PHYSICAL THERAPY		482		964			50
52 SPEECH PATHOLOGY		631		1262			52
53 ELECTROCARDIOLOGY		3307		6615			53
53.01 CARDIAC CATH & ECHO		10393		20786			53.01
54 ELECTROENCEPHALOGRAPHY		1687		3373			54
55 MEDICAL SUPPLIES CHARGED TO PAT		1689		3378			55
56 DRUGS CHARGED TO PATIENTS		7148		14295			56
56.01 OUTPATIENT PHARMACY							56.01
57 RENAL DIALYSIS		94		188			57
58.01 PSYCHIATRY		761		1521			58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		26859		53721			60
61 EMERGENCY		4397		8794			61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		105673	77	211349			101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		105673	77	211349			104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				5938544		5938544	25
26 INTENSIVE CARE UNIT				2326151		2326151	26
26.01 NEONATOLOGY				1870001		1870001	26.01
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY							33
101 TOTAL				10134696		10134696	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	42958	20770			138.24	2871245	25
26 INTENSIVE CARE UNIT	12566	8283			185.11	1533266	26
26.01 NEONATOLOGY	14713	7184			127.10	913086	26.01
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY							33
101 TOTAL	70237	36237				5317597	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	--- OLD CAPITAL ---		--- NEW CAPITAL ---	
	CAPITAL	CAPITAL			RATIO OF	CAPITAL	RATIO OF	CAPITAL
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	COSTS	COST TO	COSTS
	COST	COST		CHARGES	CHARGES		CHARGES	
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		6093673	128650869	23601785			.047366	1117922 37
40 ANESTHESIOLOGY		449253	17615387	3206493			.025503	81775 40
41 RADIOLOGY-DIAGNOSTIC		4077538	77109120	11735923			.052880	620596 41
44 LABORATORY		4629624	121182873	29390240			.038204	1122825 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		776352	66033267	34285442			.011757	403094 49
50 PHYSICAL THERAPY		840409	10445439	677655			.080457	54522 50
52 SPEECH PATHOLOGY		336070	7253909	504681			.046330	23382 52
53 ELECTROCARDIOLOGY		627990	18358936	3217691			.034206	110064 53
53.01 CARDIAC CATH & ECHO		2190330	26850861	5219828			.081574	425802 53.01
54 ELECTROENCEPHALOGRAPHY		584909	4849849	359243			.120604	43326 54
55 MEDICAL SUPPLIES CHARGED TO P		438804	49160159	23453109			.008926	209342 55
56 DRUGS CHARGED TO PATIENTS		1308558	135693245	58880372			.009644	567842 56
56.01 OUTPATIENT PHARMACY								56.01
57 RENAL DIALYSIS		53060	1476673	558092			.035932	20053 57
58.01 PSYCHIATRY		1069307	5755915	92769			.185775	17234 58.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		2607312	9065939	647502			.287594	186218 60
61 EMERGENCY		1312266	32951444	3366972			.039824	134086 61
62 OBSERVATION BEDS (NON-DISTINC		510248	16639886				.030664	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL		27905703	729093771	199197797				5138083 101

PROVIDER NO. 14-3300 CHILDREN'S 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  
 01/27/2010 16:35

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					42958		20770	25
26	INTENSIVE CARE UNIT					12566		8283	26
26.01	NEONATOLOGY					14713		7184	26.01
27	CORONARY CARE UNIT								27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I								31
33	NURSERY								33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					70237		36237	101



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	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		128650869			23601785		37
40 ANESTHESIOLOGY		17615387			3206493		40
41 RADIOLOGY-DIAGNOSTIC		77109120			11735923		41
44 LABORATORY		121182873			29390240		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		66033267			34285442		49
50 PHYSICAL THERAPY		10445439			677655		50
52 SPEECH PATHOLOGY		7253909			504681		52
53 ELECTROCARDIOLOGY		18358936			3217691		53
53.01 CARDIAC CATH & ECHO		26850861			5219828		53.01
54 ELECTROENCEPHALOGRAPHY		4849849			359243		54
55 MEDICAL SUPPLIES CHARGED TO P		49160159			23453109		55
56 DRUGS CHARGED TO PATIENTS		135693245			58880372		56
56.01 OUTPATIENT PHARMACY							56.01
57 RENAL DIALYSIS		1476673			558092		57
58.01 PSYCHIATRY		5755915			92769		58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		9065939			647502		60
61 EMERGENCY		32951444			3366972		61
62 OBSERVATION BEDS (NON-DISTINC		16639886					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL		729093771			199197797		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (TEFRA) (14-3300)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	42958						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	42958						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	42958						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)	317						9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (TEFRA) (14-3300)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	58204565						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	58204565						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	72704498						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	72704498						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.800563						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1692.46						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	58204565						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (TEFRA) (14-3300)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1354.92					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	429510					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	429510					41
	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	25122746	12566	1999.26	168	335876	43
43.01 NEONATOLOGY	20262479	14713	1377.18			43.01
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (TEFRA) (14-3300)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	1121242					48
49 TOTAL PROGRAM INPATIENT COSTS	1886628					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	74920					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	113171					51
52 TOTAL PROGRAM EXCLUDABLE COST	188091					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	1698537					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (TEFRA) (14-3300)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES	63					54
55 TARGET AMOUNT PER DISCHARGE	15232.43					55
56 TARGET AMOUNT	959643					56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	-738894					57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET	13886.00					58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET	14205.94					58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT	95964					58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT	1243698					59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

[ ] TITLE V-INPT	[XX] TITLE XVIII-PART A	[ ] TITLE XIX-INPT			
	HOSPITAL (TEFRA) (14-3300)	SUB I	SUB II	SUB III	SUB IV
	1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3691	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1354.92	84
85 OBSERVATION BED COST	5001010	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		58204565		5001010		86
87 NEW CAPITAL-RELATED COST	5938544	58204565	.102029	5001010	510248	87
88 NON PHYSICIAN ANESTHETIST		58204565		5001010		88
89 MEDICAL EDUCATION		58204565		5001010		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-3300)	SUB I	SUB II	SUB III	SUB IV	NF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	42958						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	42958						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	42958						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)	20770						9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-3300)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	58204565						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	58204565						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	72704498						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	72704498						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.800563						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1692.46						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	58204565						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-3300)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1354.92					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	28141688					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	28141688					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	25122746	12566	1999.26	8283	16559871	43
43.01 NEONATOLOGY	20262479	14713	1377.18	7184	9893661	43.01
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47

	HOSPITAL (OTHER) (14-3300)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	53581453					48
49 TOTAL PROGRAM INPATIENT COSTS	108176673					49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	5317597					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	5138083					51
52 TOTAL PROGRAM EXCLUDABLE COST	10455680					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

[ ] TITLE V-INPT

[ ] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

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

NF

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

PROVIDER NO. 14-3300 CHILDREN'S MEMORIAL HOSPITAL  
PERIOD FROM 09/01/2008 TO 08/31/2009

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

VERSION: 2009.08  
01/27/2010 16:35

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

[ ] TITLE V-INPT

[ ] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3691	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1354.92	84
85 OBSERVATION BED COST	5001010	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-3300)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input checked="" type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		854007		25
26 INTENSIVE CARE UNIT		238944		26
26.01 NEONATOLOGY				26.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.407413	925288	376974	37
40 ANESTHESIOLOGY	.304254	127998	38944	40
41 RADIOLOGY-DIAGNOSTIC	.201705	256136	51664	41
44 LABORATORY	.350212	654692	229281	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.177403	83496	14812	49
50 PHYSICAL THERAPY	.702872	8546	6007	50
52 SPEECH PATHOLOGY	.541089	835	452	52
53 ELECTROCARDIOLOGY	.160462	20015	3212	53
53.01 CARDIAC CATH & ECHO	.314018	78189	24553	53.01
54 ELECTROENCEPHALOGRAPHY	.706669	950	671	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.173805	274352	47684	55
56 DRUGS CHARGED TO PATIENTS	.223607	924414	206705	56
56.01 OUTPATIENT PHARMACY				56.01
57 RENAL DIALYSIS	.806545	108438	87460	57
58.01 PSYCHIATRY	1.363833	2520	3437	58.01
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	2.781023	6746	18761	60
61 EMERGENCY	.436434	24344	10625	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.300544			62
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		3496959	1121242	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		3496959		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-3300)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		55456443		25
26 INTENSIVE CARE UNIT		33832336		26
26.01 NEONATOLOGY		30923951		26.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.407413	23601785	9615674	37
40 ANESTHESIOLOGY	.304254	3206493	975588	40
41 RADIOLOGY-DIAGNOSTIC	.201705	11735923	2367194	41
44 LABORATORY	.350212	29390240	10292815	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.177403	34285442	6082340	49
50 PHYSICAL THERAPY	.702872	677655	476305	50
52 SPEECH PATHOLOGY	.541089	504681	273077	52
53 ELECTROCARDIOLOGY	.160462	3217691	516317	53
53.01 CARDIAC CATH & ECHO	.314018	5219828	1639120	53.01
54 ELECTROENCEPHALOGRAPHY	.706669	359243	253866	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.173805	23453109	4076268	55
56 DRUGS CHARGED TO PATIENTS	.223607	58880372	13166063	56
56.01 OUTPATIENT PHARMACY				56.01
57 RENAL DIALYSIS	.806545	558092	450126	57
58.01 PSYCHIATRY	1.363833	92769	126521	58.01
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	2.781023	647502	1800718	60
61 EMERGENCY	.436434	3366972	1469461	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.300544			62
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		199197797	53581453	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		199197797		103

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 PART I

CHECK  
 APPLICABLE BOX

[ ] HEART  
 [XX] KIDNEY

[ ] LIVER  
 [ ] LUNG

[ ] PANCREAS  
 [ ] INTESTINE

[ ] ISLET  
 [ ] OTHER (specify)

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES		PER DIEM COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
		1	D	2	3	4	
1	ADULTS & PEDIATRICS		38	1354.92			1
2	INTENSIVE CARE UNIT	8964	43	1999.26	2	3999	2
2.01	NEONATOLOGY		43.01	1377.18			2.01
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	OTHER SPECIAL CARE (SPECIFY)		47				6
7	TOTAL	8964			2	3999	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		C	RATIO OF COST/CHARGES	ORGAN ACQUISITION CHARGES	ORGAN ACQUISITION ANCILLARY COSTS		
		1	2	3	4		
8	OPERATING ROOM	37	.407413	33215	13532		8
9	RECOVERY ROOM	38					9
10	DELIVERY ROOM & LABOR ROOM	39					10
11	ANESTHESIOLOGY	40	.304254	6396	1946		11
12	RADIOLOGY-DIAGNOSTIC	41	.201705	2550	514		12
13	RADIOLOGY-THERAPEUTIC	42					13
14	RADIOISOTOPE	43					14
15	LABORATORY	44	.350212	13380	4686		15
16	PBP CLINICAL LAB SERVICES-PRGM	45					16
17	WHOLE BLOOD & PACKED RED BLOOD	46					17
17.30	BLOOD CLOTTING FACTORS ADMIN CO	46.30					17.30
18	BLOOD STORING, PROCESSING & TRA	47					18
19	INTRAVENOUS THERAPY	48					19
20	RESPIRATORY THERAPY	49	.177403	10256	1819		20
21	PHYSICAL THERAPY	50	.702872				21
22	OCCUPATIONAL THERAPY	51					22
23	SPEECH PATHOLOGY	52	.541089				23
24	ELECTROCARDIOLOGY	53	.160462	242	39		24
24.01	CARDIAC CATH & ECHO	53.01	.314018	2623	824		24.01
25	ELECTROENCEPHALOGRAPHY	54	.706669				25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.173805	2378	413		26
27	DRUGS CHARGED TO PATIENTS	56	.223607	10482	2344		27
27.01	OUTPATIENT PHARMACY	56.01					27.01
28	RENAL DIALYSIS	57	.806545				28
29	ASC (NON-DISTINCT PART)	58					29
29.01	PSYCHIATRY	58.01	1.363833				29.01
30	OTHER ANCILLARY (SPECIFY)	59					30
31	CLINIC	60	2.781023				31
32	EMERGENCY	61	.436434				32
33	OBSERVATION BEDS (NON-DISTINCT)	62	.300544				33
34	OTHER OUTPATIENT SERV (SPECIFY)	63					34
34.50	RHC	63.50					34.50
34.60	FQHC	63.60					34.60
35	TOTAL			81522	26117		35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS	
	D	1	2	3	
36	ADULTS & PEDIATRICS	2			36
37	INTENSIVE CARE UNIT	3	2		37
37.01	NEONATOLOGY	3.01			37.01
38	CORONARY CARE UNIT	4			38
39	BURN INTENSIVE CARE UNIT	5			39
40	SURGICAL INTENSIVE CARE UNIT	6			40
41	OTHER SPECIAL CARE (SPECIFY)	7			41
42	SUBTOTAL		2		42

  

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 PARTS III & IV

CHECK [ ] HEART [ ] 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	30116		90486		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	1131197		1131197		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	1161313		1221683		53
54 TOTAL USABLE ORGANS		30			54
55 MEDICARE USABLE ORGANS		14			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.466667			56
57 MEDICARE COST/CHARGES	541946		570119		57
58 REVENUE FOR ORGANS SOLD	71262		71262		58
59 SUBTOTAL	470684		498857		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	470684		498857		61

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
62 ORGANS EXCISED IN PROVIDER		8		62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS	8			63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65 ORGANS PURCHASED FROM OPO'S		14		65
66 TOTAL	8	22		66
67 ORGANS TRANSPLANTED	8	14		67
68 ORGANS SOLD TO OTHER HOSPITALS				68
69 ORGANS SOLD TO OPO'S		8		69
70 ORGANS SOLD TO TRANSPLANT HOSPITALS				70
71 ORGANS SOLD TO MILITARY OR VA HOSPITALS				71
72 ORGANS SOLD OUTSIDE THE U.S.				72
73 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				73
74 ORGANS USED FOR RESEARCH				74
75 UNUSABLE/DISCARDED ORGANS				75
76 TOTAL	8	22		76

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 PART I

CHECK  
 APPLICABLE BOX

[ ] HEART  
 [ ] KIDNEY

[XX] LIVER  
 [ ] LUNG

[ ] PANCREAS  
 [ ] INTESTINE

[ ] ISLET  
 [ ] OTHER (specify)

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES		PER DIEM COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
		1	D	2	3	4	
1	ADULTS & PEDIATRICS		38	1354.92			1
2	INTENSIVE CARE UNIT	2304	43	1999.26	1	1999	2
2.01	NEONATOLOGY		43.01	1377.18			2.01
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	OTHER SPECIAL CARE (SPECIFY)		47				6
7	TOTAL	2304			1	1999	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		C	RATIO OF COST/CHARGES	ORGAN ACQUISITION CHARGES	ORGAN ACQUISITION ANCILLARY COSTS		
			1	2	3		
8	OPERATING ROOM	37	.407413	8245	3359		8
9	RECOVERY ROOM	38					9
10	DELIVERY ROOM & LABOR ROOM	39					10
11	ANESTHESIOLOGY	40	.304254	1722	524		11
12	RADIOLOGY-DIAGNOSTIC	41	.201705	1275	257		12
13	RADIOLOGY-THERAPEUTIC	42					13
14	RADIOISOTOPE	43					14
15	LABORATORY	44	.350212	4795	1679		15
16	PBP CLINICAL LAB SERVICES-PRGM	45					16
17	WHOLE BLOOD & PACKED RED BLOOD	46					17
17.30	BLOOD CLOTTING FACTORS ADMIN CO	46.30					17.30
18	BLOOD STORING, PROCESSING & TRA	47					18
19	INTRAVENOUS THERAPY	48					19
20	RESPIRATORY THERAPY	49	.177403	1819	323		20
21	PHYSICAL THERAPY	50	.702872				21
22	OCCUPATIONAL THERAPY	51					22
23	SPEECH PATHOLOGY	52	.541089				23
24	ELECTROCARDIOLOGY	53	.160462	121	19		24
24.01	CARDIAC CATH & ECHO	53.01	.314018	1311	412		24.01
25	ELECTROENCEPHALOGRAPHY	54	.706669				25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.173805	619	108		26
27	DRUGS CHARGED TO PATIENTS	56	.223607	2169	485		27
27.01	OUTPATIENT PHARMACY	56.01					27.01
28	RENAL DIALYSIS	57	.806545				28
29	ASC (NON-DISTINCT PART)	58					29
29.01	PSYCHIATRY	58.01	1.363833				29.01
30	OTHER ANCILLARY (SPECIFY)	59					30
31	CLINIC	60	2.781023				31
32	EMERGENCY	61	.436434				32
33	OBSERVATION BEDS (NON-DISTINCT)	62	.300544				33
34	OTHER OUTPATIENT SERV (SPECIFY)	63					34
34.50	RHC	63.50					34.50
34.60	FQHC	63.60					34.60
35	TOTAL			22076	7166		35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS	
	D	1	2	3	
36 ADULTS & PEDIATRICS	2				36
37 INTENSIVE CARE UNIT	3		1		37
37.01 NEONATOLOGY	3.01				37.01
38 CORONARY CARE UNIT	4				38
39 BURN INTENSIVE CARE UNIT	5				39
40 SURGICAL INTENSIVE CARE UNIT	6				40
41 OTHER SPECIAL CARE (SPECIFY)	7				41
42 SUBTOTAL			1		42

  

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
48 ROUTINE & ANCILLARY FROM PART I	9165		24380		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	740054		740054		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	749219		764434		53
54 TOTAL USABLE ORGANS		15			54
55 MEDICARE USABLE ORGANS		2			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.133333			56
57 MEDICARE COST/CHARGES	99896		101924		57
58 REVENUE FOR ORGANS SOLD	19201		19201		58
59 SUBTOTAL	80695		82723		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	80695		82723		61

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
62 ORGANS EXCISED IN PROVIDER		2		62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS	3			63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65 ORGANS PURCHASED FROM OPO'S		10		65
66 TOTAL	3	12		66
67 ORGANS TRANSPLANTED	3	10		67
68 ORGANS SOLD TO OTHER HOSPITALS				68
69 ORGANS SOLD TO OPO'S		2		69
70 ORGANS SOLD TO TRANSPLANT HOSPITALS				70
71 ORGANS SOLD TO MILITARY OR VA HOSPITALS				71
72 ORGANS SOLD OUTSIDE THE U.S.				72
73 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				73
74 ORGANS USED FOR RESEARCH				74
75 UNUSABLE/DISCARDED ORGANS				75
76 TOTAL	3	12		76

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 PART I

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

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES		PER DIEM COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
		1	D	2	3	4	
1	ADULTS & PEDIATRICS		38	1354.92			1
2	INTENSIVE CARE UNIT		43	1999.26			2
2.01	NEONATOLOGY		43.01	1377.18			2.01
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	OTHER SPECIAL CARE (SPECIFY)		47				6
7	TOTAL						7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		C	RATIO OF COST/CHARGES		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
			1		2	3	
8	OPERATING ROOM	37	.407413				8
9	RECOVERY ROOM	38					9
10	DELIVERY ROOM & LABOR ROOM	39					10
11	ANESTHESIOLOGY	40	.304254				11
12	RADIOLOGY-DIAGNOSTIC	41	.201705				12
13	RADIOLOGY-THERAPEUTIC	42					13
14	RADIOISOTOPE	43					14
15	LABORATORY	44	.350212				15
16	PBP CLINICAL LAB SERVICES-PRGM	45					16
17	WHOLE BLOOD & PACKED RED BLOOD	46					17
17.30	BLOOD CLOTTING FACTORS ADMIN CO	46.30					17.30
18	BLOOD STORING, PROCESSING & TRA	47					18
19	INTRAVENOUS THERAPY	48					19
20	RESPIRATORY THERAPY	49	.177403				20
21	PHYSICAL THERAPY	50	.702872				21
22	OCCUPATIONAL THERAPY	51					22
23	SPEECH PATHOLOGY	52	.541089				23
24	ELECTROCARDIOLOGY	53	.160462				24
24.01	CARDIAC CATH & ECHO	53.01	.314018				24.01
25	ELECTROENCEPHALOGRAPHY	54	.706669				25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.173805				26
27	DRUGS CHARGED TO PATIENTS	56	.223607				27
27.01	OUTPATIENT PHARMACY	56.01					27.01
28	RENAL DIALYSIS	57	.806545				28
29	ASC (NON-DISTINCT PART)	58					29
29.01	PSYCHIATRY	58.01	1.363833				29.01
30	OTHER ANCILLARY (SPECIFY)	59					30
31	CLINIC	60	2.781023				31
32	EMERGENCY	61	.436434				32
33	OBSERVATION BEDS (NON-DISTINCT)	62	.300544				33
34	OTHER OUTPATIENT SERV (SPECIFY)	63					34
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
37.01	NEONATOLOGY	3.01			37.01
38	CORONARY CARE UNIT	4			38
39	BURN INTENSIVE CARE UNIT	5			39
40	SURGICAL INTENSIVE CARE UNIT	6			40
41	OTHER SPECIAL CARE (SPECIFY)	7			41
42	SUBTOTAL				42

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 PARTS III & IV

CHECK [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	1096970		1096970		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	1096970		1096970		53
54 TOTAL USABLE ORGANS		7			54
55 MEDICARE USABLE ORGANS					55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS					56
57 MEDICARE COST/CHARGES					57
58 REVENUE FOR ORGANS SOLD					58
59 SUBTOTAL					59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES					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		7		65
66 TOTAL		7		66
67 ORGANS TRANSPLANTED		7		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		7		76

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A  
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-3300) 1	HOSPITAL (14-3300) 1.01	HOSPITAL (14-3300) 1.02	
1 MEDICAL AND OTHER SERVICES	77			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	105673	211349		1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	64101	128202		1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.920	0.920		1.03
1.04 LINE 1.01 TIMES LINE 1.03	97219	194441		1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	65.93	65.93		1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT	33118	66239		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	77			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	405			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	405			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	405			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	328			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	77			17
17.01 TOTAL PPS PAYMENTS	291660			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-3300) 1	HOSPITAL (14-3300) 1.01	HOSPITAL (14-3300) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	36048		18.01
19 SUBTOTAL	255689		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	8620		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	264309		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	264309		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	264309		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	264309		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	153862		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	110447		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 RECONCILIATION 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  
(14-3300)  
OCTOBER 1, 1997  
PRIOR TO ON OR AFTER  
1            1.01

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

HOSPITAL  
(14-3300)  
OCTOBER 1, 1997  
PRIOR TO ON OR AFTER  
1 1.01

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

HOSPITAL  
(14-3300)  
OCTOBER 1, 1997  
PRIOR TO ON OR AFTER  
1 1.01

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 HOSPITAL (14-3300)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1263808		153862	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROGRAM .50 PROVIDER .51 TO .52 PROGRAM .53 PROGRAM .54	05/08/2009         08/28/2009	427399         42483	NONE         NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	384916			3.99
4 TOTAL INTERIM PAYMENTS		1648724		153862	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52				5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL (14-3300)	SUB I	SUB II	SUB III	SUB IV	
1	INPATIENT HOSPITAL SERVICES	1243698				1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)					1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)					1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)					1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS					1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)					1.08
1.09	NET IPF PPS OUTLIER PAYMENTS					1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)					1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS					1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS					1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)					1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION	551379				2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	1795077				4
5	PRIMARY PAYER PAYMENTS	3151				5
6	SUBTOTAL	1791926				6
7	DEDUCTIBLES	27264				7
8	SUBTOTAL	1764662				8
9	COINSURANCE	4096				9
10	SUBTOTAL	1760566				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					11
11.01	REDUCED REIMBURSABLE BAD DEBTS					11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL	1760566				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	66193				13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL (14-3300)	SUB I	SUB II	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)						13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15 OTHER ADJUSTMENTS						15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER	1826759					17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS	1648724					19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM	178035					20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
TO BE COMPLETED BY INTERMEDIARY						
50 ORIGINAL OUTLIER AMOUNT						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

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

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX	NF I		
	HOSPITAL (14-3300) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1
1	INPATIENT HOSPITAL/SNF/NF SERVICES	108176673				1
2	MEDICAL AND OTHER SERVICES					2
3	INTERNS AND RESIDENTS					3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O					4
5	COST OF TEACHING PHYSICIANS					5
6	SUBTOTAL	108176673				6
7	INPATIENT PRIMARY PAYER PAYMENTS					7
8	OUTPATIENT PRIMARY PAYER PAYMENTS					8
9	SUBTOTAL	108176673				9
	COMPUTATION OF LESSER OF COST OR CHARGES					
10	ROUTINE SERVICE CHARGES					10
11	ANCILLARY SERVICE CHARGES	199197797				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	199197797				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	199197797				20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	91021124				21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					22
23	COST OF COVERED SERVICES	108176673				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	108176673				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)					31
32	LESSER OF LINES 30 OR 31	108176673				32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)					33

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

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX	NF I		
	HOSPITAL (14-3300) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
	1	1	1	1	1	1
COMPUTATION OF REIMBURSEMENT SETTLEMENT						
34	EXCESS OF REASONABLE COST					34
35	SUBTOTAL	108176673				35
36	COINSURANCE					36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					37
38	REIMBURSABLE BAD DEBTS					38
38.01	REDUCED REIMBURSABLE BAD DEBTS					38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					38.02
39	UTILIZATION REVIEW					39
40	SUBTOTAL	108176673				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	108176673				52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	108176673				55
56	SEQUESTRATION ADJUSTMENT					56
57	INTERIM PAYMENTS	80827249				57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57.01
58	BALANCE DUE PROVIDER/PROGRAM	27349424				58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2					59

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

WORKSHEET E-3  
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS		1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE		2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS		2.01
3	AGGREGATE APPROVED AMOUNT		3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	143.97	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	5.49	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]		3.03
3.04	FTE ADJUSTMENT CAP	149.46	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	229.75	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	149.46	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	85.10	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	103.63	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	188.73	3.09
3.10	SEE INSTRUCTIONS	122.77	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	4.00	3.11
3.12	SEE INSTRUCTIONS	71.41	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	71.66	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	71.05	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	71.37	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	71.37	3.16
3.17	SEE INSTRUCTIONS	82042.95	3.17
3.18	SEE INSTRUCTIONS	5855405	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			52.86	3.19
3.20 SEE INSTRUCTIONS			53.02	3.20
3.21 SEE INSTRUCTIONS			53.75	3.21
3.22 SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]			53.75	3.22
3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			82042.95	3.23
3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			4409809	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			10265214	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4 PROGRAM PART A INPATIENT DAYS			485	4
5 TOTAL INPATIENT DAYS			66546	5
6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS			.007288	6
	[LINE 6 x ] [E-3,PART 6]			
	[LINE 3.25] [ LINE 11 ]			
6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 74813	0		74813	6.01
6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD				6.02
6.03 TOTAL INPATIENT DAYS FROM LINE 5 ABOVE			66546	6.03
6.04 APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS			100.00	6.04
6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD				6.05
6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR				6.06
6.07 APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE			100.00	6.07
	[PRIOR TO ] [E-3,PART 6]			
	[ 422 ] [ LINE 12 ]			
6.08 GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS 0	0			6.08
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			1476673	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. 14-3300 CHILDREN'S 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  
01/27/2010 16:35

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	1886628 12
13	ORGAN ACQUISITION COSTS	551379 13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	3151 15
16	TOTAL PART A REASONABLE COST	2434856 16
PART B REASONABLE COST		
17	REASONABLE COST	317099 17
18	PRIMARY PAYER PAYMENTS	18
19	TOTAL PART B REASONABLE COST	317099 19
20	TOTAL REASONABLE COST	2751955 20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.884773 21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.115227 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	74813 23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	66193 24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	8620 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		36237	4
5	TOTAL INPATIENT DAYS		66546	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.544541	6
		[LINE 6 x ] [E-3,PART 6]		
		[LINE 3.25] [ LINE 11 ]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	0	0	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		66546	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD			6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO ] [E-3,PART 6]		
		[ 422 ] [ LINE 12 ]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0	0	6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

PROVIDER NO. 14-3300 CHILDREN'S 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  
01/27/2010 16:35

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

WORKSHEET E-3  
PART IV  
(CONT)

[ ] TITLE V

[ ] TITLE XVIII

[XX] TITLE XIX

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

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

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

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

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	20244724			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	28077499			4
5	OTHER RECEIVABLES	17565833			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-4266448			6
7	INVENTORY				7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	37411810			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	99033418			11
FIXED ASSETS					
12	LAND	39289353			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	499477			13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	511698836			14
14.01	ACCUMULATED DEPRECIATION	-195468308			14.01
15	LEASEHOLD IMPROVEMENTS	8319648			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	242744377			18
18.01	ACCUMULATED DEPRECIATION	-202006499			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	405076884			21
OTHER ASSETS					
22	INVESTMENTS	661098183	349926999	158880081	22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	169746124			25
26	TOTAL OTHER ASSETS	830844307	349926999	158880081	26
27	TOTAL ASSETS	1334954609	349926999	158880081	27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	90588630			28
29	SALARIES, WAGES & FEES PAYABLE				29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	28356438			35
36	TOTAL CURRENT LIABILITIES	118945068			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	565749303			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	135370611			41
42	TOTAL LONG TERM LIABILITIES	701119914			42
43	TOTAL LIABILITIES	820064982			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	514889627			44
45	SPECIFIC PURPOSE FUND BALANCE		349926999		45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED			158880081	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	514889627	349926999	158880081	51
52	TOTAL LIABILITIES AND FUND BALANCES	1334954609	349926999	158880081	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	586153661	352178793	178520503	1
2 NET INCOME (LOSS)	-45076946			2
3 TOTAL	541076715	352178793	178520503	3
4 ADDITIONS (CREDIT ADJUSTMENTS)	2151282	63499349	-2071612	4
5 GRANTS				5
6 INVESTMENT RETURN		-16558025		6
7 TRANSFER FROM AFFILIATES		17963515		7
8				8
9				9
10 TOTAL ADDITIONS	2151282	64904839	-2071612	10
11 SUBTOTAL	543227997	417083632	176448891	11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)	28338370	65005351	17568810	12
13 TRANSFER TO AFFILIATES				13
14 CAPITAL ASSETS		2151282		14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	28338370	67156633	17568810	18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	514889627	349926999	158880081	19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	78984747		78984747	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	78984747		78984747	10
10.01 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				10.01
11 INTENSIVE CARE UNIT	49061235		49061235	11
12 NEONATOLOGY	53422692		53422692	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	102483927		102483927	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	181468674		181468674	18
18.50 ANCILLARY SERVICES	454204621	362255794	816460415	18.50
18.60 OUTPATIENT SERVICES				18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
25 TOTAL PATIENT REVENUES	635673295	362255794	997929089	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		538508403	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		538508403	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	997929089	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	537366843	2
3	NET PATIENT REVENUES	460562246	3
4	LESS - TOTAL OPERATING EXPENSES	538508403	4
5	NET INCOME FROM SERVICE TO PATIENTS	-77946157	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	65005341	6
7	INCOME FROM INVESTMENTS	-26637547	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES	671229	11
12	PARKING LOT RECEIPTS	1004534	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1164534	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	7401	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	91945	21
22	RENTAL OF HOSPITAL SPACE	3070827	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (SPECIFY)		24
24.01	SELF INSURANCE INCOME	3666120	24.01
24.02	INTEREST INCOME	700288	24.02
24.03	CHANGE IN UNREALIZED INVESTMENT	-46749508	24.03
24.04	SPECIMEN REVENUE	1067185	24.04
24.05	ASSETS RELEASED FROM RESTRICTION	4329267	24.05
24.06	CMRI	17656977	24.06
24.07	INTEREST RATE SWAP		24.07
24.08	CONTRACT REVENUE-70412	106736	24.08
24.09	SHUTTLE REVENUE	41982	24.09
24.10	PRENTICE TRANSPORT	19685	24.10
24.11	PENSION LIABILITY ADJUSTMENT		24.11
24.12	TRUST INCOME	951021	24.12
24.13	CDH REVENUE	4549388	24.13
24.14	INDIRECT COST RECOVERY	1786986	24.14
24.15	ENDOWMENT & SP FUND RECOVERY	381742	24.15
25	TOTAL OTHER INCOME	32886133	25
26	TOTAL	-45060024	26
27			27
27.01	LOSS ON DISPOSAL OF ASSETS	16922	27.01
27.02	OTHER EXPENSE		27.02
27.03	PENSION LIABILITY ADJUSTMENT		27.03
27.04	INTEREST RATE SWAP		27.04
27.05	AFFILIATE TRANSFERS		27.05
28			28
29			29
30	TOTAL OTHER EXPENSES	16922	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-45076946	31

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
5.01 EMPLOYEE BENEFITS FTE BASED						5.01
6.01 ADMINISTRATION & GENERAL						6.01
6.02 ADMIN & GENERAL						6.02
6.03 ADMIN & GEN-CMRC						6.03
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA						12
13 MAINTENANCE OF PERSONNEL						13
13.01 VOLUNTEERS						13.01
14 NURSING ADMINISTRATION						14
15 CENTRAL SERVICES & SUPPLY						15
16 PHARMACY						16
17 MEDICAL RECORDS & LIBRARY						17
18 SOCIAL SERVICE						18
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL						21
22 I&R SERVICES-SALARY & FRINGES						22
23 I&R SERVICES-OTHER PRGM COSTS						23
24 PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS						25
26 INTENSIVE CARE UNIT						26
26.01 NEONATOLOGY						26.01
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN C						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
53.01 CARDIAC CATH & ECHO						53.01
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO PA						55
56 DRUGS CHARGED TO PATIENTS						56
56.01 OUTPATIENT PHARMACY						56.01
57 RENAL DIALYSIS						57
58.01 PSYCHIATRY						58.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINCT						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES						65
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
83 KIDNEY ACQUISITION						83
84 LIVER ACQUISITION						84
85 HEART ACQUISITION						85
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
95 SUBTOTALS						95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CA						96
97 RESEARCH						97
98.01 OFFSITE FACILITIES						98.01
99.01 ENDOWMENTS & OTHER SERVICES						99.01

PROVIDER NO. 14-3300 CHILDREN'S MEMORIAL HOSPITAL  
PERIOD FROM 09/01/2008 TO 08/31/2009

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

VERSION: 2009.08  
01/27/2010 16:35

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
99.02 NON-REIMBURSABLE CLINICS						99.02
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASIS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	0.74		48.35				49.09 25
26 INTENSIVE CARE UNIT	1.34		65.92				67.26 26
26.01 NEONATOLOGY			48.83				48.83 26.01
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.72	0.03	18.35				19.10 37
40 ANESTHESIOLOGY	0.73	0.03	18.20				18.96 40
41 RADIOLOGY-DIAGNOSTIC	0.33	0.06	15.22				15.61 41
44 LABORATORY	0.54	0.05	24.25				24.84 44
49 RESPIRATORY THERAPY	0.13	0.01	51.92				52.06 49
50 PHYSICAL THERAPY	0.08	0.01	6.49				6.58 50
52 SPEECH PATHOLOGY	0.01	0.02	6.96				6.99 52
53 ELECTROCARDIOLOGY	0.11	0.11	17.53				17.75 53
53.01 CARDIAC CATH & ECHO	0.29	0.12	19.44				19.85 53.01
54 ELECTROENCEPHALOGRAPHY	0.02	0.05	7.41				7.48 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.56	0.02	47.71				48.29 55
56 DRUGS CHARGED TO PATIENTS	0.68	0.02	43.39				44.09 56
57 RENAL DIALYSIS	7.34	0.01	37.79				45.14 57
58.01 PSYCHIATRY	0.04	0.01	1.61				1.66 58.01
60 CLINIC	0.07	0.11	7.14				7.32 60
61 EMERGENCY	0.07	0.03	10.22				10.32 61
101 TOTAL CHARGES	0.36	0.03	20.75				21.14 101



COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
57 RENAL DIALYSIS	872144	.18	522640	.23	1394784	.28	57
58.01 PSYCHIATRY	3970932	.80	4476148	2.01	8447080	1.70	58.01
60 CLINIC	11492103	2.31	14558896	6.54	26050999	5.24	60
61 EMERGENCY	7590895	1.53	8704704	3.91	16295599	3.28	61
62 OBSERVATION BEDS (NON-DISTINCT)							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES	2205633	.44	1031602	.46	3237235	.65	65
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
83 KIDNEY ACQUISITION	879306	.18	251891	.11	1131197	.23	83
84 LIVER ACQUISITION	561851	.11	178203	.08	740054	.15	84
85 HEART ACQUISITION	816546	.16	280424	.13	1096970	.22	85
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION	234606	.05	78558	.04	313164	.06	85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	78765	.02	2635260	1.18	2714025	.55	96
97 RESEARCH	41931893	8.43	26366200	11.84	68298093	13.74	97
98.01 OFFSITE FACILITIES	9386935	1.89	9061651	4.07	18448586	3.71	98.01
99.01 ENDOWMENTS & OTHER SERVICES	17271436	3.47	8089940	3.63	25361376	5.10	99.01
99.02 NON-REIMBURSABLE CLINICS	5501730	1.11	9341646	4.19	14843376	2.99	99.02
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	497158719	100.00	0	.00	497158719	100.00	103

\*\*\*\* THIS PROVIDER IS NOT A PPS HOSPITAL

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	313401
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)	813481
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.385