PROVIDER NO. 14-0281 NORTHWESTERN MEMORIAL HOSPITAL
PERIOD FROM 09/01/2009 TO 08/31/2010

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VERSION: 2010.09
01/27/2011 13:37

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

WORKSHEET S
PARTS I & II

INTERMEDIARY USE ONLY: [ ] AUDITED [ ] DESK REVIEWED

DATE RECEIVED _____ [ ] INITIAL [ ] RE-OPENING
INTERMEDIARY NO. _____ [ ] FINAL [ ] MCR CODE

PART I - CERTIFICATION

CHECK APPLICABLE BOX

XX ELECTRONICALLY FILED COST REPORT
__ MANUALLY SUBMITTED COST REPORT

DATE: 01/27/2011
TIME: 13:37

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY NORTHWESTERN MEMORIAL HOSPITAL (14-0281) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 09/01/2009 AND ENDING 08/31/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR Encryption: 01/27/2011 13:37
JEQnJ2V:j9YGPfZmsxsWAGeWUWkDX0
JbDQy0PzkpC0FEOWqd9ubNMDJmzD.I
jeHml6elIu0cfW47

PI Encryption: 01/27/2011 13:37
It57treZWo6LUbyQrAhhOUqCXxXTY0
j0TIv0ZZtBJndN:cZiEp:zKhYmYDAn
jcgFdkOGZU0hWuwe

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

TITLE Executive Vice President Administration And CFO

DATE _____

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII PART A	TITLE XVIII PART B	TITLE XIX	
		1	2	3	4	
1	HOSPITAL		3705556	257438		1
2	SUBPROVIDER I		30944	1		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		3736500	257439		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: 251 E. HURON P.O.BOX: 1
1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60611- COUNTY: COOK 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	NORTHWESTERN MEMORIAL HOSPITAL	14-0281	09/01/1972	N	P	O	2
3	SUBPROVIDER I	NORTHWESTERN MEM HOSP PSYCH UNIT	14-S281	09/01/1984	N	P	O	3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE	NORTHWESTERN MEM HOSP HOSPICE	14-1550	01/21/1996				12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 09/01/2009	TO: 08/31/2010	17
		1	2	
18	TYPE OF CONTROL	2		18

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1	19
20	SUBPROVIDER I	4	20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.				21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.	YES			21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.				21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	1	N	N	N	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1			21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1			21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.	NO			21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS).	NO	NO		21.07
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.				21.08
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	NO			22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW	YES			23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		07/01/1973		23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		09/29/2006		23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		02/02/1996		23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.		07/01/1999		23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.				24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.				24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	YES		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	YES		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	YES		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	YES	NO	25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) If YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02
	A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)			
28.03	STAFFING	0.00	NO	28.03
28.04	RECRUITMENT	0.00	NO	28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO	28.05
28.06	TRAINING	0.00	NO	28.06
28.07	OTHER (SPECIFY)		NO	28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO	32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO	33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO	34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXLUDED 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	YES	NO	36
36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	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

TITLE XIX INPATIENT HOSPITAL SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO	38.01
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO	38.02
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO	38.03
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO	38.04
40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.	YES	40

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

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	41
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES	42
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.01
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.02
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO	43
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO	44
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO	45
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?		45.01
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		45.02
45.03 WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		45.03
46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.		46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47 HOSPITAL	N	N	N	N	N	47
48 SUBPROVIDER I	N	N	N	N	N	48
49 SKILLED NURSING FACILITY	N	N				49
50 HOME HEALTH AGENCY	N	N				50

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?	NO	52
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.	YES	52.01
53 IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.		53
53.01 MDH PERIOD: BEGINNING: ENDING:		53.01
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE:		54
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	NO	54.01
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.	NO	55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

		DATE 0	Y/N 1	LIMIT 2	Y/N 3	FEES 4	
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		YES				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		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
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		YES				60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		YES	NO			60.01

MULTICAMPUS

		COUNTY: 1	STATE: 2	ZIP CODE 3	CBSA 4	FTE/ CAMPUS 5	
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

SETTLEMENT DATA

63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)			NO			63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	I/P DAYS / O/P VISITS / TRIPS: TITLE V 3	TITLE XVIII 4	LTCH NONCOVERED DAYS 4.01	TITLE XIX 5	OBS. BEDS ADMITTED 5.01	
1	HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	634	231465			56408		24594		1
2	HMO									2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF									3
4	HOSPITAL ADULTS & PEDS - SWING BED NF									4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	634	231465			56408		24594		5
6	INTENSIVE CARE UNIT	92	33580			13094		7121		6
7	CORONARY CARE UNIT									7
8	BURN INTENSIVE CARE UNIT									8
9	SURGICAL INTENSIVE CARE UNIT									9
10	SPECIAL CARE NURSERY	86	31390					7484		10
11	NURSERY							3820		11
12	TOTAL HOSPITAL	812	296435			69502		43019		12
13	RPCH VISITS									13
14	SUBPROVIDER I	36	13140			3462		4781		14
15	SKILLED NURSING FACILITY									15
16	NURSING FACILITY									16
17	OTHER LONG TERM CARE									17
18	HOME HEALTH AGENCY									18
20	ASC (DISTINCT PART)									20
21	HOSPICE (DISTINCT PART)	2	772			733				21
23	O/P REHAB PROVIDER									23
24	RHC I									24
25	TOTAL	850								25
26	OBSERVATION BED DAYS									26
27	AMBULANCE TRIPS									27
28	EMPLOYEE DISCOUNT DAYS									28
29	LABOR & DELIVERY DAYS									29

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

	COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS---- OBS. BEDS NOT ADMITTED 5.02	TOTAL ALL PATIENTS 6	OBS. BEDS ADMITTED 6.01	OBS. BEDS NOT ADMITTED 6.02	---INTERNS & RES FTES---- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8	NET 9	--FULL TIME EQUIV-- EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		181090								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		181090								5
6	INTENSIVE CARE UNIT		26437								6
7	CORONARY CARE UNIT										7
8	BURN INTENSIVE CARE UNIT										8
9	SURGICAL INTENSIVE CARE UNIT										9
10	SPECIAL CARE NURSERY		9830								10
11	NURSERY		41459								11
12	TOTAL HOSPITAL		258816			470.00		470.00	6343.53		12
13	RPCH VISITS										13
14	SUBPROVIDER I		12011			2.92		2.92	55.13		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)		772						30.98		21
23	O/P REHAB PROVIDER										23
24	RHC I										24
25	TOTAL					472.92		472.92	6429.64		25
26	OBSERVATION BED DAYS		6140		6140						26
27	AMBULANCE TRIPS										27
28	EMPLOYEE DISCOUNT DAYS		2903								28
29	LABOR & DELIVERY DAYS										29

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

	COMPONENT	DISCHARGES TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		13326	7748	47552	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	SPECIAL CARE NURSERY					10
11	NURSERY					11
12	TOTAL HOSPITAL		13326	7748	47552	12
13	RPCH VISITS					13
14	SUBPROVIDER I		302	607	1400	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

WORKSHEET S-3
PART II

	PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS. OF SALARIES FROM WKST. A-6 2	ADJUSTED SALARIES (COL.1 + COL.2) 3	PAID HOURS RELATED TO SALARY IN COL.3 4	AVERAGE HOURLY WAGE (COL.3 / COL.4) 5	DATA SOURCE 6	
	SALARIES							
1	TOTAL SALARIES	471571008	8231283	479802291	13398360.00	35.81		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	10845449		10845449	67622.00	160.38		4
4.01	TEACHING PHYSICIAN SALARIES	6533828		6533828	40739.00	160.38		4.01
5	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)	34055776	-9581107	24474669	983685.00	24.88		6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	15981435	1790803	17772238	489152.00	36.33		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	2700211		2700211	44443.00	60.76		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	289706		289706	7872.00	36.80		11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	100303054		100303054			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	4206610		4206610			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	1116209		1116209			CMS 339	18
18.01	PART A TEACHING PHYSICIANS	672459		672459			CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20	INTERNS & RESIDENTS (IN APPR PGM)	5534988		5534988			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	3945428		3945428	104660.00	37.70		21
22	ADMINISTRATIVE & GENERAL	89229065	329446	89558511	2062278.00	43.43		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	9377774		9377774	268430.00	34.94		24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	11561456		11561456	639163.00	18.09		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	8423258	-2472778	5950480	324013.00	18.36		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		2472778	2472778	135571.00	18.24		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	4753021	74494	4827515	101198.00	47.70		30
31	CENTRAL SERVICES AND SUPPLY	8141802		8141802	337362.00	24.13		31
32	PHARMACY	12172373	23889	12196262	311937.00	39.10		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	2446267	68997	2515264	88121.00	28.54		33
34	SOCIAL SERVICE	4077492		4077492	108832.00	37.47		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART III

	PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED 1	RECLASS. OF SALARIES FROM WKST. A-6 2	ADJUSTED SALARIES (COL.1 + COL.2) 3	PAID HOURS RELATED TO SALARY IN COL.3 4	AVERAGE HOURLY WAGE (COL.3 / COL.4) 5	
1	NET SALARIES	430981404	17812390	448793794	12373936.00	36.27	1
2	EXCLUDED AREA SALARIES	15981435	1790803	17772238	489152.00	36.33	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	414999969	16021587	431021556	11884784.00	36.27	3
4	SUBTOTAL OTHER WAGES & REL COSTS	2989917		2989917	52315.00	57.15	4
5	SUBTOTAL WAGE-RELATED COSTS	101419263		101419263		23.53%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	519409149	16021587	535430736	11937099.00	44.85	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	154127936	496826	154624762	4481565.00	34.50	13

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA COMPONENT NO: - WORKSHEET S-5

RENAL DIALYSIS STATISTICS

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

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE		17
17.01	GROSS MEDICAID REVENUES		17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS		18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)		19
20	RESTRICTED GRANTS		20
21	NON-RESTRICTED GRANTS		21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES		22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.255138	24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST		25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS		26
27	TOTAL SCHIP COST		27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS		28
29	TOTAL GROSS MEDICAID COST		29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)		30
31	UNCOMPENSATED CARE COST		31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL		32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI-FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST-MENTS 6	NET EXP FOR ALLOCATION 7	
		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		81820939	81820939		81820939		81820939	3
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		48388301	48388301		48388301		48388301	4
5	0500	EMPLOYEE BENEFITS	3945428	133103741	137049169	-8231283	128817886	-1188694	127629192	5
6.01	0610	NON PATIENT TELEPHONES	2490258	3845648	6335906		6335906	-2102007	4233899	6.01
6.02	0620	DATA PROCESSING	16799694	22952938	39752632	99754	39852386	-795466	39056920	6.02
6.03	0630	PURCHASING, RECEIVING AND STORE	1795286	1178433	2973719		2973719	-31094	2942625	6.03
6.04	0640	ADMITTING	13324301	5178729	18503030		18503030	-275462	18227568	6.04
6.05	0660	ADMINISTRATIVE AND GENERAL	54819526	112995942	167815468	137790	167953258	-7713196	160240062	6.05
7	0700	MAINTENANCE & REPAIRS								7
8	0800	OPERATION OF PLANT	9377774	50835449	60213223		60213223	-7249355	52963868	8
9	0900	LAUNDRY & LINEN SERVICE		3906621	3906621		3906621		3906621	9
10	1000	HOUSEKEEPING	11561456	4551505	16112961		16112961	-248281	15864680	10
11	1100	DIETARY	8423258	7146951	15570209	-6982644	8587565	-9426	8578139	11
12	1200	CAFETERIA				6982644	6982644	-6353434	629210	12
13	1300	MAINTENANCE OF PERSONNEL								13
14	1400	NURSING ADMINISTRATION	4753021	1323681	6076702	74494	6151196	-269896	5881300	14
15	1500	CENTRAL SERVICES & SUPPLY	8141802	5994922	14136724		14136724	-145982	13990742	15
16	1600	PHARMACY	12172373	11435244	23607617	23889	23631506	-2438759	21192747	16
17	1700	MEDICAL RECORDS & LIBRARY	2446267	1151403	3597670	68997	3666667	-160526	3506141	17
18	1800	SOCIAL SERVICE	4077492	4999	4082491		4082491	-23272	4059219	18
20	2000	NONPHYSICIAN ANESTHETISTS								20
21	2100	NURSING SCHOOL								21
22	2200	I&R SERVICES-SALARY & FRINGES A	34055776	10146700	44202476	-9581107	34621369		34621369	22
23	2300	I&R SERVICES-OTHER PRGM COSTS A	684870	468274	1153144	13060332	14213476	-3973530	10239946	23
24	2400	PARAMED ED PRGM-PHARMACY				160581	160581		160581	24
24.01	2401	PARAMED ED PROGRAM-CHAPLAINCY		15209	15209	104576	119785		119785	24.01
24.02	2402	PARAMED ED PRGM-NM SCHOOLS	537515	47982	585497	139802	725299	-215451	509848	24.02
		INPATIENT ROUTINE SERV COST CENTERS								
25	2500	ADULTS & PEDIATRICS	75350916	10932282	86283198	-853738	85429460	-986250	84443210	25
26	2600	INTENSIVE CARE UNIT	22175070	4668240	26843310	243542	27086852	-477340	26609512	26
30	2060	SPECIAL CARE NURSERY	16267952	457557	16725509	-8286952	8438557	-156226	8282331	30
31	3100	SUBPROVIDER I	4157923	144045	4301968	85759	4387727	-41716	4346011	31
33	3300	NURSERY				12005001	12005001		12005001	33
		ANCILLARY SERVICE COST CENTERS								
37	3700	OPERATING ROOM	30242099	7060280	37302379	210301	37512680	-201708	37310972	37
38	3800	RECOVERY ROOM	3797944	228134	4026078	36139	4062217	-224632	3837585	38
39	3900	DELIVERY ROOM & LABOR ROOM	13571837	367380	13939217	-41096	13898121	-151533	13746588	39
40	4000	ANESTHESIOLOGY	1095192	474945	1570137	117852	1687989	-90920	1597069	40
41	4100	RADIOLOGY-DIAGNOSTIC	24594949	7185240	31780189	110325	31890514	-195723	31694791	41
42	4200	RADIOLOGY-THERAPEUTIC	4428756	932273	5361029	15431	5376460	-52389	5324071	42
43	4300	RADIOISOTOPE	2122160	712245	2834405	23849	2858254	-67836	2790418	43
44	4400	LABORATORY	17022414	19960680	36983094	1394125	38377219	-118703	38258516	44
46.30	4650	BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	4700	BLOOD STORING, PROCESSING & TRA	2026911	13908055	15934966	27587	15962553	-143837	15818716	47
49	4900	RESPIRATORY THERAPY	7086314	855259	7941573		7941573	-1780709	6160864	49
50	5000	PHYSICAL THERAPY	1991234	411189	2402423	18249	2420672	-27207	2393465	50
51	5100	OCCUPATIONAL THERAPY	961087	10385	971472		971472	-21630	949842	51
53	5300	ELECTROCARDIOLOGY	1135689	564430	1700119	22665	1722784	-68488	1654296	53
53.01	3140	CATHERIZATION LAB	3453169	-55737	3397432	115234	3512666	-87161	3425505	53.01
53.02	3141	CARDIAC REHAB	343580	62564	406144	23429	429573	-66207	363366	53.02
53.03	3142	CARDIOLOGY GRAPHICS	2386511	440650	2827161	17912	2845073	-59722	2785351	53.03
54	5400	ELECTROENCEPHALOGRAPHY	1987400	954101	2941501	101098	3042599	-31348	3011251	54
54.01	3560	PULMONARY FUNC TESTING	328593	78529	407122	14619	421741	-2406	419335	54.01
54.02	3250	DENTAL SERVICES								54.02
54.03	3430	MAG RESONANCE IMAGING	4477757	3200470	7678227	20220	7698447	-18734	7679713	54.03
55	5500	MEDICAL SUPPLIES CHARGED TO PAT		51797495	51797495		51797495		51797495	55
55.30	5530	IMPL. DEV. CHARGED TO PATIENT		55879727	55879727		55879727		55879727	55.30
56	5600	DRUGS CHARGED TO PATIENTS		37115555	37115555		37115555	-11	37115544	56
59	3950	BLOOD FLOW LAB	1027856	51269	1079125	7512	1086637	-43071	1043566	59
59.01	3951	CELLTRIFUGE	796228	594912	1391140		1391140	30	1391170	59.01
59.02	3952	URODYNAMICS								59.02
59.03	3953	LITHOTRIPSY SVC								59.03
59.04	3954	CAST ROOM								59.04
		OUTPATIENT SERVICE COST CENTERS								
60	6000	CLINIC	4755162	885789	5640951	161198	5802149	-742537	5059612	60
60.01	6001	STD/AIDS CLINIC	1671277	196442	1867719	14346	1882065	-29	1882036	60.01
60.02	6002	GERIATRIC CLINIC								60.02
60.03	6003	SOLID ORGAN TRANSP	4319972	2213446	6533418	-3693783	2839635	-437686	2401949	60.03
61	6100	EMERGENCY	9681047	2340326	12021373	154006	12175379	-2522	12172857	61
62	6200	OBSERVATION BEDS (NON-DISTINCT								62
62.01	6201	OBSERVATION BEDS-DISTINCT	204549	37000	241549		241549		241549	62.01
63	4950	OB CLINIC SERVICES	3242452	729991	3972443	59354	4031797	-881366	3150431	63

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI-FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST-MENTS 6	NET EXP FOR ALLOCATION 7	
63.01	4951	GI LABORATORY	4174914	2107169	6282083	43888	6325971	-70241	6255730	63.01
63.02	4952	OUTSIDE HEALTH SVCES								63.02
63.03	4953	STAFF OFFICES								63.03
63.50	6310	RHC								63.50
63.60	6320	FQHC								63.60
		OTHER REIMBURSABLE COST CENTERS								
69.10	6910	CMHC								69.10
69.20	6920	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930	OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940	OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100	HOME HEALTH AGENCY								71
		SPECIAL PURPOSE COST CENTERS								
83	8300	KIDNEY ACQUISITION	1063637	8250882	9314519	1168450	10482969	-466703	10016266	83
84	8400	LIVER ACQUISITION	1020731	3793020	4813751	306714	5120465	-535619	4584846	84
85	8500	HEART ACQUISITION	462538	892628	1355166	100648	1455814	-65962	1389852	85
85.01	8510	PANCREAS ACQUISITION	30609	1338849	1369458	51064	1420522	-6554	1413968	85.01
85.02	8520	INTESTINAL ACQUISITION								85.02
85.03	8530	ISLET CELL ACQUISITION								85.03
86.01	8601	HEART TRASNPLANT NOT CERT								86.01
93	9300	HOSPICE	2336129	837795	3173924	41417	3215341	-33302	3182039	93
95		SUBTOTALS	465198655	749109102	1214307757	-105810	1214201947	-41551829	1172650118	95
		NONREIMBURSABLE COST CENTERS								
96	9600	GIFT, FLOWER, COFFEE SHOP & CAN	51017	53259	104276		104276	-1100	103176	96
97	9700	RESEARCH	1245964	342755	1588719		1588719	-137097	1451622	97
97.02	9702	SPONSORED PROJECT	1950527	3697944	5648471	105810	5754281	6194	5760475	97.02
100	7950	EMERGENCY HOUSING								100
100.03	7953	OTHER REAL ESTATE / OPERATIONS	1021572	14383231	15404803		15404803	-15404803		100.03
100.06	7956	MARKETING,OTH NON-REIM	2103273	4536640	6639913		6639913	-818670	5821243	100.06
101		TOTAL	471571008	772122931	1243693939		1243693939	-57907305	1185786634	101

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	KIDNEY ACQUISITION	A	KIDNEY ACQUISITION	83	838958	240346	1
2	HEART ACQUISITION	A	HEART ACQUISITION	85	59735	21369	2
3	PANCREAS ACQUISITION	A	PANCREAS ACQUISITION	85.01	31736	16578	3
4	ADULTS AND PEDIATRICS	A	ADULTS & PEDIATRICS	25	1624175	798144	4
5	INTERNS AND RESIDENTS	A	I&R SERVICES-OTHER PRGM COSTS	23	26787		5
6	LIVER ACQUISITION	A	LIVER ACQUISITION	84	115232	103823	6
7	SOLID ORGAN TRANSPLANT CLINIC	A					7
8	EMPLOYEE BENEFITS	A					8
9	MD LIABILITY	A					9
10	MD LIABILITY	A	DATA PROCESSING	6.02	28883		10
11	MD LIABILITY	A	ADMINISTRATIVE AND GENERAL	6.05	252208		11
12	MD LIABILITY	A	NURSING ADMINISTRATION	14	28410		12
13	MD LIABILITY	A	PHARMACY	16	11534		13
14	MD LIABILITY	A	MEDICAL RECORDS & LIBRARY	17	30810		14
15	MD LIABILITY	A	I&R SERVICES-OTHER PRGM COSTS	23	1693128		15
16	MD LIABILITY	A	ADULTS & PEDIATRICS	25	104626		16
17	MD LIABILITY	A	INTENSIVE CARE UNIT	26	99027		17
18	MD LIABILITY	A	SPECIAL CARE NURSERY	30	11874		18
19	MD LIABILITY	A	OPERATING ROOM	37	105261		19
20	MD LIABILITY	A	RECOVERY ROOM	38	19669		20
21	MD LIABILITY	A	DELIVERY ROOM & LABOR ROOM	39	32993		21
22	MD LIABILITY	A	ANESTHESIOLOGY	40	60754		22
23	MD LIABILITY	A	RADIOLOGY-DIAGNOSTIC	41	73939		23
24	MD LIABILITY	A	RADIOLOGY-THERAPEUTIC	42	4003		24
25	MD LIABILITY	A	RADIOISOTOPE	43	6841		25
26	MD LIABILITY	A	LABORATORY	44	966783		26
27	MD LIABILITY	A	BLOOD STORING, PROCESSING & T	47	1616		27
28	MD LIABILITY	A	PHYSICAL THERAPY	50	9834		28
29	MD LIABILITY	A	ELECTROCARDIOLOGY	53	7334		29
30	MD LIABILITY	A	CATHERIZATION LAB	53.01	62672		30
31	MD LIABILITY	A	CARDIAC REHAB	53.02	19049		31
32	MD LIABILITY	A	CARDIOLOGY GRAPHICS	53.03	4771		32
33	MD LIABILITY	A	ELECTROENCEPHALOGRAPHY	54	70042		33
34	MD LIABILITY	A	PULMONARY FUNC TESTING	54.01	9033		34
35	MD LIABILITY	A	MAG RESONANCE IMAGING	54.03	10672		35
36	SUBTOTAL				6422389	1180260	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE COST CENTER	DECREASE LINE #	DECREASE SALARY	DECREASE OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1	KIDNEY ACQUISITION	A					1
2	HEART ACQUISITION	A					2
3	PANCREAS ACQUISITION	A					3
4	ADULTS AND PEDIATRICS	A					4
5	INTERNS AND RESIDENTS	A					5
6	LIVER ACQUISITION	A					6
7	SOLID ORGAN TRANSPLANT CLINIC	A	SOLID ORGAN TRANSP	60.03	2580613	1180260	7
8	EMPLOYEE BENEFITS	A	EMPLOYEE BENEFITS	5		116010	8
9	MD LIABILITY	A					9
10	MD LIABILITY	A					10
11	MD LIABILITY	A					11
12	MD LIABILITY	A					12
13	MD LIABILITY	A					13
14	MD LIABILITY	A					14
15	MD LIABILITY	A					15
16	MD LIABILITY	A					16
17	MD LIABILITY	A					17
18	MD LIABILITY	A					18
19	MD LIABILITY	A					19
20	MD LIABILITY	A					20
21	MD LIABILITY	A					21
22	MD LIABILITY	A					22
23	MD LIABILITY	A					23
24	MD LIABILITY	A					24
25	MD LIABILITY	A					25
26	MD LIABILITY	A					26
27	MD LIABILITY	A					27
28	MD LIABILITY	A					28
29	MD LIABILITY	A					29
30	MD LIABILITY	A					30
31	MD LIABILITY	A					31
32	MD LIABILITY	A					32
33	MD LIABILITY	A					33
34	MD LIABILITY	A					34
35	MD LIABILITY	A					35
36	SUBTOTAL				2580613	1296270	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	MD LIABILITY	A	BLOOD FLOW LAB	59	1616		1
2	MD LIABILITY	A	CLINIC	60	32336		2
3	MD LIABILITY	A	STD/AIDS CLINIC	60.01	11947		3
4	MD LIABILITY	A	SOLID ORGAN TRANSP	60.03	13783		4
5	MD LIABILITY	A	EMERGENCY	61	107071		5
6	MD LIABILITY	A	OB CLINIC SERVICES	63	33789		6
7	MD LIABILITY	A	GI LABORATORY	63.01	20543		7
8	MD LIABILITY	A	SUBPROVIDER I	31	50009		8
9	MD LIABILITY	A	KIDNEY ACQUISITION	83	6306		9
10	MD LIABILITY	A	LIVER ACQUISITION	84	3712		10
11	MD LIABILITY	A	HEART ACQUISITION	85	4398		11
12	MD LIABILITY	A	PANCREAS ACQUISITION	85.01	918		12
13	MD LIABILITY	A	HOSPICE	93	23821		13
14	MD LIABILITY	A	SPONSORED PROJECT	97.02	41264		14
15	MD LIABILITY	A					15
16	CHAPLAINCY SALARY RECLASS TO PARA	A	PARAMED ED PROGRAM-CHAPLAINCY	24.01	104576		16
17	PHARMACY SALARY RECLASS TO PARA	A	PARAMED ED PRGM-PHARMACY	24	160581		17
18	CAFETERIA	P	CAFETERIA	12	2472778	4509866	18
19	NORMAL NURSERY	S	NURSERY	33	9942471	2062530	19
20	NORMAL NURSERY	S					20
21	NORMAL NURSERY	S					21
22	I &R SERVICES	V	I&R SERVICES-OTHER PRGM COSTS	23	9581107		22
23	NMH SCHOOLS SALARY RECLASS EST	W	PARAMED ED PRGM-NM SCHOOLS	24.02	47900		23
24	OLSON BLDG RECLASS	X					24
25	676 BLDG RECLASS	Y					25
26	FRINGE BENEFITS PART A	AB	DATA PROCESSING	6.02	70871		26
27	FRINGE BENEFITS PART A	AB	ADMINISTRATIVE AND GENERAL	6.05	242641		27
28	FRINGE BENEFITS PART A	AB	NURSING ADMINISTRATION	14	46084		28
29	FRINGE BENEFITS PART A	AB	PHARMACY	16	12355		29
30	FRINGE BENEFITS PART A	AB	MEDICAL RECORDS & LIBRARY	17	38187		30
31	FRINGE BENEFITS PART A	AB	I&R SERVICES-OTHER PRGM COSTS	23	1759310		31
32	FRINGE BENEFITS PART A	AB	ADULTS & PEDIATRICS	25	175066		32
33	FRINGE BENEFITS PART A	AB	INTENSIVE CARE UNIT	26	144515		33
34	FRINGE BENEFITS PART A	AB	SPECIAL CARE NURSERY	30	27069		34
35	FRINGE BENEFITS PART A	AB	OPERATING ROOM	37	105040		35
36	SUBTOTAL				31704453	7752656	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE COST CENTER	DECREASE LINE #	DECREASE SALARY	DECREASE OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1	MD LIABILITY	A					1
2	MD LIABILITY	A					2
3	MD LIABILITY	A					3
4	MD LIABILITY	A					4
5	MD LIABILITY	A					5
6	MD LIABILITY	A					6
7	MD LIABILITY	A					7
8	MD LIABILITY	A					8
9	MD LIABILITY	A					9
10	MD LIABILITY	A					10
11	MD LIABILITY	A					11
12	MD LIABILITY	A					12
13	MD LIABILITY	A					13
14	MD LIABILITY	A					14
15	MD LIABILITY	A	EMPLOYEE BENEFITS	5		4077277	15
16	CHAPLAINCY SALARY RECLASS TO PARA	A	ADMINISTRATIVE AND GENERAL	6.05	104576		16
17	PHARMACY SALARY RECLASS TO PARA	A	ADMINISTRATIVE AND GENERAL	6.05	160581		17
18	CAFETERIA	P	DIETARY	11	2472778	4509866	18
19	NORMAL NURSERY	S	ADULTS & PEDIATRICS	25	2836304	719445	19
20	NORMAL NURSERY	S	SPECIAL CARE NURSERY	30	7025610	1300285	20
21	NORMAL NURSERY	S	DELIVERY ROOM & LABOR ROOM	39	80557	42800	21
22	I &R SERVICES	V	I&R SERVICES-SALARY & FRINGES	22	9581107		22
23	NMH SCHOOLS SALARY RECLASS EST	W	RADIOLOGY-DIAGNOSTIC	41	47900		23
24	OLSON BLDG RECLASS	X					24
25	676 BLDG RECLASS	Y					25
26	FRINGE BENEFITS PART A	AB					26
27	FRINGE BENEFITS PART A	AB					27
28	FRINGE BENEFITS PART A	AB					28
29	FRINGE BENEFITS PART A	AB					29
30	FRINGE BENEFITS PART A	AB					30
31	FRINGE BENEFITS PART A	AB					31
32	FRINGE BENEFITS PART A	AB					32
33	FRINGE BENEFITS PART A	AB					33
34	FRINGE BENEFITS PART A	AB					34
35	FRINGE BENEFITS PART A	AB					35
36	SUBTOTAL				24890026	11945943	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	FRINGE BENEFITS PART A	AB	RECOVERY ROOM	38	16470		1
2	FRINGE BENEFITS PART A	AB	DELIVERY ROOM & LABOR ROOM	39	49268		2
3	FRINGE BENEFITS PART A	AB	ANESTHESIOLOGY	40	57098		3
4	FRINGE BENEFITS PART A	AB	RADIOLOGY-DIAGNOSTIC	41	84286		4
5	FRINGE BENEFITS PART A	AB	RADIOLOGY-THERAPEUTIC	42	11428		5
6	FRINGE BENEFITS PART A	AB	RADIOISOTOPE	43	17008		6
7	FRINGE BENEFITS PART A	AB	LABORATORY	44	427342		7
8	FRINGE BENEFITS PART A	AB	BLOOD STORING, PROCESSING & T	47	25971		8
9	FRINGE BENEFITS PART A	AB	PHYSICAL THERAPY	50	8415		9
10	FRINGE BENEFITS PART A	AB	ELECTROCARDIOLOGY	53	15331		10
11	FRINGE BENEFITS PART A	AB	CATHERIZATION LAB	53.01	52562		11
12	FRINGE BENEFITS PART A	AB	CARDIAC REHAB	53.02	4380		12
13	FRINGE BENEFITS PART A	AB	CARDIOLOGY GRAPHICS	53.03	13141		13
14	FRINGE BENEFITS PART A	AB	ELECTROENCEPHALOGRAPHY	54	31056		14
15	FRINGE BENEFITS PART A	AB	PULMONARY FUNC TESTING	54.01	5586		15
16	FRINGE BENEFITS PART A	AB	MAG RESONANCE IMAGING	54.03	9548		16
17	FRINGE BENEFITS PART A	AB	BLOOD FLOW LAB	59	5896		17
18	FRINGE BENEFITS PART A	AB	CLINIC	60	128862		18
19	FRINGE BENEFITS PART A	AB	STD/AIDS CLINIC	60.01	2399		19
20	FRINGE BENEFITS PART A	AB	SOLID ORGAN TRANSP	60.03	53307		20
21	FRINGE BENEFITS PART A	AB	EMERGENCY	61	46935		21
22	FRINGE BENEFITS PART A	AB	OB CLINIC SERVICES	63	25565		22
23	FRINGE BENEFITS PART A	AB	GI LABORATORY	63.01	23345		23
24	FRINGE BENEFITS PART A	AB	SUBPROVIDER I	31	35750		24
25	FRINGE BENEFITS PART A	AB	KIDNEY ACQUISITION	83	82840		25
26	FRINGE BENEFITS PART A	AB	LIVER ACQUISITION	84	83947		26
27	FRINGE BENEFITS PART A	AB	HEART ACQUISITION	85	15146		27
28	FRINGE BENEFITS PART A	AB	PANCREAS ACQUISITION	85.01	1832		28
29	FRINGE BENEFITS PART A	AB	HOSPICE	93	17596		29
30	FRINGE BENEFITS PART A	AB	SPONSORED PROJECT	97.02	64546		30
31	RECLASS 541 LEASE EXP TO NM SCHOOLS	AC	PARAMED ED PRGM-NM SCHOOLS	24.02		91902	31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				33121309	7844558	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE COST CENTER	DECREASE LINE #	DECREASE SALARY	DECREASE OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1	FRINGE BENEFITS PART A	AB					1
2	FRINGE BENEFITS PART A	AB					2
3	FRINGE BENEFITS PART A	AB					3
4	FRINGE BENEFITS PART A	AB					4
5	FRINGE BENEFITS PART A	AB					5
6	FRINGE BENEFITS PART A	AB					6
7	FRINGE BENEFITS PART A	AB					7
8	FRINGE BENEFITS PART A	AB					8
9	FRINGE BENEFITS PART A	AB					9
10	FRINGE BENEFITS PART A	AB					10
11	FRINGE BENEFITS PART A	AB					11
12	FRINGE BENEFITS PART A	AB					12
13	FRINGE BENEFITS PART A	AB					13
14	FRINGE BENEFITS PART A	AB					14
15	FRINGE BENEFITS PART A	AB					15
16	FRINGE BENEFITS PART A	AB					16
17	FRINGE BENEFITS PART A	AB					17
18	FRINGE BENEFITS PART A	AB					18
19	FRINGE BENEFITS PART A	AB					19
20	FRINGE BENEFITS PART A	AB					20
21	FRINGE BENEFITS PART A	AB					21
22	FRINGE BENEFITS PART A	AB					22
23	FRINGE BENEFITS PART A	AB					23
24	FRINGE BENEFITS PART A	AB					24
25	FRINGE BENEFITS PART A	AB					25
26	FRINGE BENEFITS PART A	AB					26
27	FRINGE BENEFITS PART A	AB					27
28	FRINGE BENEFITS PART A	AB					28
29	FRINGE BENEFITS PART A	AB					29
30	FRINGE BENEFITS PART A	AB	EMPLOYEE BENEFITS	5		4037996	30
31	RECLASS 541 LEASE EXP TO NM SCHOO	AC	ADMINISTRATIVE AND GENERAL	6.05		91902	31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				24890026	16075841	36

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

WORKSHEET A-7
PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS PURCHASE 2	ACQUISITIONS DONATION 3	ACQUISITIONS TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
1	LAND	146516953	9381969		9381969		155898922		1
2	LAND IMPROVEMENTS	13101059					13101059		2
3	BUILDINGS AND FIXTURES	1034716247	47007683		47007683	6862750	1074861180		3
4	BUILDING IMPROVEMENTS	368894175					368894175		4
5	FIXED EQUIPMENT								5
6	MOVABLE EQUIPMENT	442322724	42898790		42898790	26033319	459188195		6
7	SUBTOTAL	2005551158	99288442		99288442	32896069	2071943531		7
8	RECONCILING ITEMS								8
9	TOTAL	2005551158	99288442		99288442	32896069	2071943531		9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS PURCHASE 2	ACQUISITIONS DONATION 3	ACQUISITIONS TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
1	LAND	146516953	9381969		9381969		155898922		1
2	LAND IMPROVEMENTS	13101059					13101059		2
3	BUILDINGS AND FIXTURES	1034716247	47007683		47007683	6862750	1074861180		3
4	BUILDING IMPROVEMENTS	368894175					368894175		4
5	FIXED EQUIPMENT								5
6	MOVABLE EQUIPMENT	442322724	42898790		42898790	26033319	459188195		6
7	SUBTOTAL	2005551158	99288442		99288442	32896069	2071943531		7
8	RECONCILING ITEMS								8
9	TOTAL	2005551158	99288442		99288442	32896069	2071943531		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
PARTS III & IV

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

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL: DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
		9	10	11	12	13	14	15	
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT	81820939						81820939	3
4	NEW CAP REL COSTS-MVBLE EQUIP	48388301						48388301	4
5	TOTAL	130209240						130209240	5

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

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL: DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
		9	10	11	12	13	14	15	
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT	81820939						81820939	3
4	NEW CAP REL COSTS-MVBLE EQUIP	48388301						48388301	4
5	TOTAL	130209240						130209240	5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO. 4	WKST A-7 REF 5
1	INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2	INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3	INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4	INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5	INVESTMENT INCOME-OTHER					5
6	TRADE, QUANTITY, AND TIME DISCOUNTS					6
7	REFUNDS AND REBATES OF EXPENSES					7
8	RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9	TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10	TELEVISION AND RADIO SERVICE					10
11	PARKING LOT					11
12	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-9148341			12
13	SALE OF SCRAP, WASTE, ETC.					13
14	RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	-5000			14
15	LAUNDRY AND LINEN SERVICE					15
16	CAFETERIA - EMPLOYEES AND GUESTS					16
17	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19	SALE OF DRUGS TO OTHER THAN PATIENTS					19
20	SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22	VENDING MACHINES					22
23	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST 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	A		NEW CAP REL COSTS-BLDG & FIXT	3	11 31
32	DEPRECIATION--NEW MOVABLE EQUIPMENT	A		NEW CAP REL COSTS-MVBLE EQUIP	4	11 32
33	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34	PHYSICIANS' ASSISTANT					34
35	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				35
36	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
37						37
37.06	BUILDING RENTAL	B	-168381	EMPLOYEE BENEFITS	5	37.06
37.07	BUILDING RENTAL	B	-302707	ADMINISTRATIVE AND GENERAL	6.05	37.07
37.08	BUILDING RENTAL	B	-4651493	OPERATION OF PLANT	8	37.08
37.11	BUILDING RENTAL	B	-216098	HOUSEKEEPING	10	37.11
37.12	BUILDING RENTAL	B	-22803	ELECTROENCEPHALOGRAPHY	54	37.12
37.13	BUILDING RENTAL	A	-14684960	OTHER REAL ESTATE / OPERATIONS	100.03	37.13
37.14	FOOD SERVICE REV	B	-150000	OPERATION OF PLANT	8	37.14
37.15	FOOD SERVICE REVENUE	B	-5821376	CAFETERIA	12	37.15
37.16	MISC INCOME	B	-365818	EMPLOYEE BENEFITS	5	37.16
37.17	MISC INCOME	B	-2068477	NON PATIENT TELEPHONES	6.01	37.17
37.18	MISC INCOME	B	-1140	DATA PROCESSING	6.02	37.18
37.22	MISC INCOME	B	-14404	PURCHASING, RECEIVING AND STORE	6.03	37.22
37.24	MISC INCOME	B	-11746	ADMITTING	6.04	37.24
37.26	MISC INCOME	B	-3072824	ADMINISTRATIVE AND GENERAL	6.05	37.26
37.27	MISC INCOME	B	-1478608	OPERATION OF PLANT	8	37.27
37.28	MISC INCOME	B	-1028	HOUSEKEEPING	10	37.28
37.29	MISC INCOME	B	-532058	CAFETERIA	12	37.29
37.38	MISC INCOME	B	-33863	NURSING ADMINISTRATION	14	37.38
37.46	MISC INCOME	B	-9948	CENTRAL SERVICES & SUPPLY	15	37.46
37.47	MISC INCOME	B	-2329737	PHARMACY	16	37.47
37.48	MISC INCOME	B	-3375	MEDICAL RECORDS & LIBRARY	17	37.48
38	MISC INCOME	B	-23259	SOCIAL SERVICE	18	38
38.01	MISC INCOME	B	-211663	PARAMED ED PRGM-NM SCHOOLS	24.02	38.01
38.02	MISC INCOME	B	-451846	ADULTS & PEDIATRICS	25	38.02
38.03	MISC INCOME	B	-36630	SPECIAL CARE NURSERY	30	38.03
38.04	MISC INCOME	B	-200460	RECOVERY ROOM	38	38.04
38.05	MISC INCOME	B	-954	ANESTHESIOLOGY	40	38.05
38.07	MISC INCOME	B	-22860	RADIOLOGY-DIAGNOSTIC	41	38.07
38.08	MISC INCOME	B	-1200	RADIOLOGY-THERAPEUTIC	42	38.08

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO. 4	WKST A-7 REF 5
38.09	MISC INCOME	B	-100495	LABORATORY	44	38.09
38.10	MISC INCOME	B	-1761281	RESPIRATORY THERAPY	49	38.10
38.11	MISC INCOME	B	-14244	PHYSICAL THERAPY	50	38.11
38.13	MISC INCOME	B	-21358	OCCUPATIONAL THERAPY	51	38.13
38.14	MISC INCOME	B	-5775	ELECTROCARDIOLOGY	53	38.14
38.15	MISC INCOME	B	-66188	CARDIAC REHAB	53.02	38.15
38.16	MISC INCOME	B	-16850	BLOOD FLOW LAB	59	38.16
38.17	MISC INCOME	B	-119411	CLINIC	60	38.17
38.18	MISC INCOME	B	-98961	SOLID ORGAN TRANSP	60.03	38.18
38.24	MISC INCOME	B	-1000	EMERGENCY	61	38.24
38.25	MISC INCOME	B	-92202	LIVER ACQUISITION	84	38.25
38.26	MISC INCOME	B	-692081	OTHER REAL ESTATE / OPERATIONS	100.03	38.26
38.50	TUITION & FEES	B	-22340	ADMINISTRATIVE AND GENERAL	6.05	38.50
38.51	TUITION & FEES	B	-7550	NURSING ADMINISTRATION	14	38.51
38.52	TUITION & FEES	B	-8590	RESPIRATORY THERAPY	49	38.52
38.53	TUITION & FEES	B	-60	OCCUPATIONAL THERAPY	51	38.53
38.54	TUITION & FEES	B	-801133	OB CLINIC SERVICES	63	38.54
39						39
39.01	OIG HEW	A	-654495	EMPLOYEE BENEFITS	5	39.01
39.02	OIG NONPATIENT PHONES	A	-33530	NON PATIENT TELEPHONES	6.01	39.02
39.03	OIG DATA PROCESSING	A	-504915	DATA PROCESSING	6.02	39.03
39.04	OIG PURCHASING RECVNG STORES	A	-16690	PURCHASING, RECEIVING AND STORE	6.03	39.04
39.05	OIG ADMITTING PAT IFN SVC	A	-263716	ADMITTING	6.04	39.05
39.06	OIG ADMIN & GENERAL	A	-3829032	ADMINISTRATIVE AND GENERAL	6.05	39.06
39.07	OIG PLANT OP	A	-969254	OPERATION OF PLANT	8	39.07
39.09	OIG HOUSEKEEPING	A	-31155	HOUSEKEEPING	10	39.09
39.10	OIG DIETARY FOOD SVC	A	-9426	DIETARY	11	39.10
39.13	OIG NURSING ADMINISTRATION	A	-89162	NURSING ADMINISTRATION	14	39.13
39.14	OIG CENTRAL SERVICES & SUPPLY	A	-136034	CENTRAL SERVICES & SUPPLY	15	39.14
39.15	OIG PHARMACY	A	-80294	PHARMACY	16	39.15
39.16	OIG MEDICAL RECORDS & LIBRARY	A	-52127	MEDICAL RECORDS & LIBRARY	17	39.16
39.17	OIG SOCIAL SERVICE	A	-13	SOCIAL SERVICE	18	39.17
39.18	OIG INTERN RESIDENT SERVICE	A	-58438	I&R SERVICES-OTHER PRGM COSTS A	23	39.18
39.19	OIG ADULTS & PEDIATRICS	A	-15969	ADULTS & PEDIATRICS	25	39.19
39.20	OIG INTENSIVE CARE UNIT	A	-1985	INTENSIVE CARE UNIT	26	39.20
39.21	OIG SPECIAL CARE NURSERY	A	-6131	SPECIAL CARE NURSERY	30	39.21
39.22	OIG SUBPROVIDER I	A	-1012	SUBPROVIDER I	31	39.22
39.23	OIG OPERATING ROOM	A	-24085	OPERATING ROOM	37	39.23
39.24	OIG RECOVERY ROOM	A	-172	RECOVERY ROOM	38	39.24
39.25	OIG DELIVERY & LABOR ROOMS	A	-1835	DELIVERY ROOM & LABOR ROOM	39	39.25
39.27	OIG ANESTHESIOLOGY	A	-480	ANESTHESIOLOGY	40	39.27
39.28	OIG RADIOLOGY - DIAGNOSTIC	A	-7796	RADIOLOGY-DIAGNOSTIC	41	39.28
39.29	OIG RADIOLOGY - THERAPEUTIC	A	-4889	RADIOLOGY-THERAPEUTIC	42	39.29
39.30	OIG RADIOISOTOPE	A	-2444	RADIOISOTOPE	43	39.30
39.31	OIG LABORATORY	A	-18208	LABORATORY	44	39.31
39.32	OIG BLOOD STOR, PROC & ADM	A	-8619	BLOOD STORING, PROCESSING & TRA	47	39.32
39.33	OIG RESPIRATORY THERAPY	A	-10838	RESPIRATORY THERAPY	49	39.33
39.35	OIG PHYSICAL THERAPY	A	-359	PHYSICAL THERAPY	50	39.35
39.37	OIG ELECTROCARDIOLOGY	A	-2583	ELECTROCARDIOLOGY	53	39.37
39.38	OIG CATHERIZATION LAB	A	-678	CATHERIZATION LAB	53.01	39.38
39.39	OIG CARDIAC REHABILITATION	A	-19	CARDIAC REHAB	53.02	39.39
39.40	OIG CARDIOLOGY GRAPHICS	A	-3380	CARDIOLOGY GRAPHICS	53.03	39.40
39.41	OIG ELECTROENCEPHALOGRAPHY	A	-8545	ELECTROENCEPHALOGRAPHY	54	39.41
39.42	OIG MRI	A	-9159	MAG RESONANCE IMAGING	54.03	39.42
39.43	OIG DRUGS CHARGED TO PATIENTS	A	-11	DRUGS CHARGED TO PATIENTS	56	39.43
40	OIG BLOOD FLOW LAB	A	-294	BLOOD FLOW LAB	59	40
41	OIG CELLTRIFUGE	A	30	CELLTRIFUGE	59.01	41
42	OIG CLINIC PSYCH	A	-37615	CLINIC	60	42
43	OIG SOLID ORGAN TRANSPLANT	A	-49732	SOLID ORGAN TRANSP	60.03	43
44	OIG EMERGENCY	A	-1522	EMERGENCY	61	44
45	OIG OB CLINIC	A	-20276	OB CLINIC SERVICES	63	45
46	OIG GI LABORATORY	A	-11731	GI LABORATORY	63.01	46
47	OIG SPONSORED PROJECT	A	6194	SPONSORED PROJECT	97.02	47
48	OIG KIDNEY ACQUISITION	A	-39292	KIDNEY ACQUISITION	83	48
49	OIG LIVER ACQUISITION	A	-280	LIVER ACQUISITION	84	49
49.03	OIG PULMONARY FUNCTION	A	-773	PULMONARY FUNC TESTING	54.01	49.03
49.04	OIG NMH SCHOOLS	A	-3788	PARAMED ED PRGM-NM SCHOOLS	24.02	49.04
49.05	OIG STD CLINIC	A	-29	STD/AIDS CLINIC	60.01	49.05
49.06	OIG OUTPATIENT HOSPICE	A	-33302	HOSPICE	93	49.06
49.07	OIG GIFT SHOP	A	-1100	GIFT, FLOWER, COFFEE SHOP & CAN	96	49.07
49.08	OIG CRC	A	-137097	RESEARCH	97	49.08
49.09	OIG REAL ESTATE	A	-27762	OTHER REAL ESTATE / OPERATIONS	100.03	49.09
49.11	OIG MARKETING, OTHER NON-REIMBURS	A	-818670	MARKETING,OTH NON-REIM	100.06	49.11
49.12	OIG OCCUPATION THERAPY	A	-212	OCCUPATIONAL THERAPY	51	49.12
50	TOTAL		-57907305			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. 1	COST CENTER 2	EXPENSE ITEMS 3	AMOUNT OF ALLOWABLE COST 4	AMOUNT (INCL IN WKST A, COL 5) 5	NET ADJ-USTMENTS 6	WKST A-7 REF 7	
1	6.05	ADMINISTRATIVE AND GENERAL	MGMT FEES	19254472	19254472			1
2	6.05	ADMINISTRATIVE AND GENERAL	NHC POS MGMT FEES	442225	442225			2
3	5	EMPLOYEE BENEFITS	CHG FROM NMPG - CORP HEAL	1306156	1306156			3
4	5	EMPLOYEE BENEFITS	CHG FROM NMPG - WORK COMP	205252	205252			4
4.02	6.05	ADMINISTRATIVE AND GENERAL	CHG FROM NMPG - FAC DEV	358750	363750	-5000		4.02
4.03	5	EMPLOYEE BENEFITS	CHG FROM NMIC - LIAB INSU	36939757	36939757			4.03
5		TOTALS		58506612	58511612	-5000		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) 1	NAME 2	PERCENT OF OWNERSHIP 3	RELATED ORGANIZATION(S) AND/OR HOME OFFICE: NAME 4	PERCENT OF OWNERSHIP 5	TYPE OF BUSINESS 6	
1	B	NW MEMORIAL HOSP		NW MEM HEALTH CARE INC		HEALTH CARE	1
2	B	NW MEMORIAL HOSP		NW MEM HEALTHCARE CORP		MD CONTRACTING	2
3	B	NW MEMORIAL HOSP		NW MEM INSURANCE CO		LIAB & MALPR INSUR	3
4	B	NW MEMORIAL HOSP		NW MEM PHYSICIAN GROUP		HEALTHCARE	4
5	B	NW MEMORIAL HOSP		NW MEM HOME HEALTH CARE		HOME HEALTH, PT	5

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2		TOTAL REMUNERATION INCL FRINGES 3	PROFESSIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	PERCENT OF UNADJUSTED RCE LIMIT 9
1	6.02	DATA PROCESSING	DATA PROCESSING	385852		385852	177200	793	67558	3378
2	6.02	DATA PROCESSING	AGGREGATE							
3	6.05	ADMINISTRATIVE AND GENER	ADMINISTRATIVE AND	1323373		1323373	177200	6924	589872	29494
4	6.05	ADMINISTRATIVE AND GENER	AGGREGATE							
5	14	NURSING ADMINISTRATION	NURSING ADMINISTRAT	234181		234181	177200	780	66450	3323
6	14	NURSING ADMINISTRATION	AGGREGATE							
7	16	PHARMACY	PHARMACY	67268		67268	177200	317	27006	1350
8	16	PHARMACY	AGGREGATE							
9	23	I&R SERVICES-OTHER PRGM	I&R SERVICES-OTHER	9568384		9568384	177200	46485	3960164	198008
10	23	I&R SERVICES-OTHER PRGM	AGGREGATE							
11	25	ADULTS & PEDIATRICS	ADULTS & PEDIATRICS	894339		894339	196400	2873	271278	13564
12	25	ADULTS & PEDIATRICS	AGGREGATE							
13	26	INTENSIVE CARE UNIT	INTENSIVE CARE UNIT	790856		790856	165600	2719	216474	10824
14	26	INTENSIVE CARE UNIT	AGGREGATE							
15	30	SPECIAL CARE NURSERY	SPECIAL CARE NURSER	147375		147375	140600	326	22036	1102
16	30	SPECIAL CARE NURSERY	AGGREGATE							
17	37	OPERATING ROOM	OPERATING ROOM	571884		571884	208000	2890	289000	14450
18	37	OPERATING ROOM	AGGREGATE							
19	38	RECOVERY ROOM	RECOVERY ROOM	89673		89673	177200	540	46004	2300
20	38	RECOVERY ROOM	AGGREGATE							
21	39	DELIVERY ROOM & LABOR RO	DELIVERY ROOM & LAB	268238		268238	196400	906	85547	4277
22	39	DELIVERY ROOM & LABOR RO	AGGREGATE							
23	40	ANESTHESIOLOGY	ANESTHESIOLOGY	310865		310865	200300	1668	160625	8031
24	40	ANESTHESIOLOGY	AGGREGATE							
25	41	RADIOLOGY-DIAGNOSTIC	RADIOLOGY-DIAGNOSTI	458890		458890	225300	2030	219884	10994
26	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE							
27	42	RADIOLOGY-THERAPEUTIC	RADIOLOGY - THERAPE	62218		62218	225300	110	11915	596
28	42	RADIOLOGY-THERAPEUTIC	AGGREGATE							
29	43	RADIOISOTOPE	RADIOISOTOPE	92597		92597	225300	188	20364	1018
30	43	RADIOISOTOPE	AGGREGATE							
31	44	LABORATORY	LABORATORY	2326639		2326639	215700	26543	2752560	137628
32	44	LABORATORY	AGGREGATE							
33	47	BLOOD STORING, PROCESSIN	BLOOD STORING, PROC	141397		141397	215700	44	4563	228
34	47	BLOOD STORING, PROCESSIN	AGGREGATE							
35	17	MEDICAL RECORDS & LIBRAR	MEDICAL RECORDS & L	207907		207907	177200	846	72073	3604
36	17	MEDICAL RECORDS & LIBRAR	AGGREGATE							
37	50	PHYSICAL THERAPY	PHYSICAL THERAPY	45440		45440	177200	270	23002	1150
38	50	PHYSICAL THERAPY	AGGREGATE							
39	53	ELECTROCARDIOLOGY	ELECTROCARDIOLOGY	83467		83467	165600	201	16003	800
40	53	ELECTROCARDIOLOGY	AGGREGATE							
41	53.01	CATHERIZATION LAB	CATHERIZATION LAB	286173		286173	165600	1721	137018	6851
42	53.01	CATHERIZATION LAB	AGGREGATE							
43	53.02	CARDIAC REHAB	CARDIAC REHAB	23848		23848	165600	523	41639	2082
44	53.02	CARDIAC REHAB	AGGREGATE							
45	53.03	CARDIOLOGY GRAPHICS	CARDIOLOGY GRAPHICS	71543		71543	165600	131	10430	522
46	53.03	CARDIOLOGY GRAPHICS	AGGREGATE							
47	54	ELECTROENCEPHALOGRAPHY	ELECTROENCEPHALOGRA	169082		169082	165600	1923	153100	7655
48	54	ELECTROENCEPHALOGRAPHY	AGGREGATE							
49	54.01	PULMONARY FUNC TESTING	PULMONARY FUNC TEST	30411		30411	165600	248	19745	987
50	54.01	PULMONARY FUNC TESTING	AGGREGATE							
51	54.03	MAG RESONANCE IMAGING	MAG RESONANCE IMAGI	51984		51984	225300	293	31737	1587
52	54.03	MAG RESONANCE IMAGING	AGGREGATE							
53	59	BLOOD FLOW LAB	BLOOD FLOW LAB	32100		32100	215400	44	4557	228
54	59	BLOOD FLOW LAB	AGGREGATE							
55	59.01	CELLTRIFUGE	CELLTRIFUGE							
56	59.01	CELLTRIFUGE	AGGREGATE							
57	60	CLINIC	CLINIC	683636		683636	154100	888	65789	3289
58	60	CLINIC	AGGREGATE							
59	60.01	STD/AIDS CLINIC	STD/AIDS CLINIC	13061		13061	177200	328	27943	1397
60	60.01	STD/AIDS CLINIC	AGGREGATE							
61	60.03	SOLID ORGAN TRANSP	SOLID ORGAN TRANSP	334979		334979	177200	378	32203	1610
62	60.03	SOLID ORGAN TRANSP	AGGREGATE							
63	61	EMERGENCY	EMERGENCY	271536		271536	177200	2940	250465	12523
64	61	EMERGENCY	AGGREGATE							
65	62.01	OBSERVATION BEDS-DISTINC	OBSERVATION BEDS-DI							
66	62.01	OBSERVATION BEDS-DISTINC	AGGREGATE							
67	63	OB CLINIC SERVICES	OB CLINIC SERVICES	167629		167629	165600	928	73883	3694
68	63	OB CLINIC SERVICES	AGGREGATE							
69	63.01	GI LABORATORY	GI LABORATORY	127101		127101	177200	564	48048	2402
70	63.01	GI LABORATORY	AGGREGATE							
71	31	SUBPROVIDER I	SUBPROVIDER	192434		192434	154100	1373	101721	5086
72	31	SUBPROVIDER I	AGGREGATE							
73	83	KIDNEY ACQUISITION	KIDNEY ACQUISITION	451017		451017	208000	173	17300	865
74	83	KIDNEY ACQUISITION	AGGREGATE							
75	84	LIVER ACQUISITION	LIVER ACQUISITION	457049		457049	208000	102	10200	510
76	84	LIVER ACQUISITION	AGGREGATE							
77	85	HEART ACQUISITION	HEART ACQUISITION	82460		82460	208000	121	12100	605
78	85	HEART ACQUISITION	AGGREGATE							
79	85.01	PANCREAS ACQUISITION	PANCREAS ACQUISITIO	9972		9972	208000	25	2500	125
80	85.01	PANCREAS ACQUISITION	AGGREGATE							
101		TOTAL		21526858		21526858		110156	9962756	498137

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11		COST OF MEMBERSHIP & CONTIN. EDUCATION 12	PROVIDER COMPONENT SHARE OF COLUMN 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COLUMN 14 15	ADJUSTED RCE LIMIT 16	RCE DIS-ALLOWANCE 17	ADJUST-MENT 18
1	6.02	DATA PROCESSING	DATA PROCESSING			28883	28883	96441	289411	289411
2	6.02	DATA PROCESSING	AGGREGATE							
3	6.05	ADMINISTRATIVE AND GENER	ADMINISTRATIVE AND			252208	252208	842080	481293	481293
4	6.05	ADMINISTRATIVE AND GENER	AGGREGATE							
5	14	NURSING ADMINISTRATION	NURSING ADMINISTRAT			28410	28410	94860	139321	139321
6	14	NURSING ADMINISTRATION	AGGREGATE							
7	16	PHARMACY	PHARMACY			11534	11534	38540	28728	28728
8	16	PHARMACY	AGGREGATE							
9	23	I&R SERVICES-OTHER PRGM	I&R SERVICES-OTHER			1693128	1693128	5653292	3915092	3915092
10	23	I&R SERVICES-OTHER PRGM	AGGREGATE							
11	25	ADULTS & PEDIATRICS	ADULTS & PEDIATRICS			104626	104626	375904	518435	518435
12	25	ADULTS & PEDIATRICS	AGGREGATE							
13	26	INTENSIVE CARE UNIT	INTENSIVE CARE UNIT			99027	99027	315501	475355	475355
14	26	INTENSIVE CARE UNIT	AGGREGATE							
15	30	SPECIAL CARE NURSERY	SPECIAL CARE NURSER			11874	11874	33910	113465	113465
16	30	SPECIAL CARE NURSERY	AGGREGATE							
17	37	OPERATING ROOM	OPERATING ROOM			105261	105261	394261	177623	177623
18	37	OPERATING ROOM	AGGREGATE							
19	38	RECOVERY ROOM	RECOVERY ROOM			19669	19669	65673	24000	24000
20	38	RECOVERY ROOM	AGGREGATE							
21	39	DELIVERY ROOM & LABOR RO	DELIVERY ROOM & LAB			32993	32993	118540	149698	149698
22	39	DELIVERY ROOM & LABOR RO	AGGREGATE							
23	40	ANESTHESIOLOGY	ANESTHESIOLOGY			60754	60754	221379	89486	89486
24	40	ANESTHESIOLOGY	AGGREGATE							
25	41	RADIOLOGY-DIAGNOSTIC	RADIOLOGY-DIAGNOSTI			73939	73939	293823	165067	165067
26	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE							
27	42	RADIOLOGY-THERAPEUTIC	RADIOLOGY - THERAPE			4003	4003	15918	46300	46300
28	42	RADIOLOGY-THERAPEUTIC	AGGREGATE							
29	43	RADIOISOTOPE	RADIOISOTOPE			6841	6841	27205	65392	65392
30	43	RADIOISOTOPE	AGGREGATE							
31	44	LABORATORY	LABORATORY			966783	966783	3719343		
32	44	LABORATORY	AGGREGATE							
33	47	BLOOD STORING, PROCESSIN	BLOOD STORING, PROC			1616	1616	6179	135218	135218
34	47	BLOOD STORING, PROCESSIN	AGGREGATE							
35	17	MEDICAL RECORDS & LIBRAR	MEDICAL RECORDS & L			30810	30810	102883	105024	105024
36	17	MEDICAL RECORDS & LIBRAR	AGGREGATE							
37	50	PHYSICAL THERAPY	PHYSICAL THERAPY			9834	9834	32836	12604	12604
38	50	PHYSICAL THERAPY	AGGREGATE							
39	53	ELECTROCARDIOLOGY	ELECTROCARDIOLOGY			7334	7334	23337	60130	60130
40	53	ELECTROCARDIOLOGY	AGGREGATE							
41	53.01	CATHERIZATION LAB	CATHERIZATION LAB			62672	62672	199690	86483	86483
42	53.01	CATHERIZATION LAB	AGGREGATE							
43	53.02	CARDIAC REHAB	CARDIAC REHAB			19049	19049	60688		
44	53.02	CARDIAC REHAB	AGGREGATE							
45	53.03	CARDIOLOGY GRAPHICS	CARDIOLOGY GRAPHICS			4771	4771	15201	56342	56342
46	53.03	CARDIOLOGY GRAPHICS	AGGREGATE							
47	54	ELECTROENCEPHALOGRAPHY	ELECTROENCEPHALOGRA			70042	70042	223142		
48	54	ELECTROENCEPHALOGRAPHY	AGGREGATE							
49	54.01	PULMONARY FUNC TESTING	PULMONARY FUNC TEST			9033	9033	28778	1633	1633
50	54.01	PULMONARY FUNC TESTING	AGGREGATE							
51	54.03	MAG RESONANCE IMAGING	MAG RESONANCE IMAGI			10672	10672	42409	9575	9575
52	54.03	MAG RESONANCE IMAGING	AGGREGATE							
53	59	BLOOD FLOW LAB	BLOOD FLOW LAB			1616	1616	6173	25927	25927
54	59	BLOOD FLOW LAB	AGGREGATE							
55	59.01	CELLTRIFUGE	CELLTRIFUGE							
56	59.01	CELLTRIFUGE	AGGREGATE							
57	60	CLINIC	CLINIC			32336	32336	98125	585511	585511
58	60	CLINIC	AGGREGATE							
59	60.01	STD/AIDS CLINIC	STD/AIDS CLINIC			11947	11947	39890		
60	60.01	STD/AIDS CLINIC	AGGREGATE							
61	60.03	SOLID ORGAN TRANSP	SOLID ORGAN TRANSP			13783	13783	45986	288993	288993
62	60.03	SOLID ORGAN TRANSP	AGGREGATE							
63	61	EMERGENCY	EMERGENCY			107071	107071	357536		
64	61	EMERGENCY	AGGREGATE							
65	62.01	OBSERVATION BEDS-DISTINC	OBSERVATION BEDS-DI							
66	62.01	OBSERVATION BEDS-DISTINC	AGGREGATE							
67	63	OB CLINIC SERVICES	OB CLINIC SERVICES			33789	33789	107672	59957	59957
68	63	OB CLINIC SERVICES	AGGREGATE							
69	63.01	GI LABORATORY	GI LABORATORY			20543	20543	68591	58510	58510
70	63.01	GI LABORATORY	AGGREGATE							
71	31	SUBPROVIDER I	SUBPROVIDER			50009	50009	151730	40704	40704
72	31	SUBPROVIDER I	AGGREGATE							
73	83	KIDNEY ACQUISITION	KIDNEY ACQUISITION			6306	6306	23606	427411	427411
74	83	KIDNEY ACQUISITION	AGGREGATE							
75	84	LIVER ACQUISITION	LIVER ACQUISITION			3712	3712	13912	443137	443137
76	84	LIVER ACQUISITION	AGGREGATE							
77	85	HEART ACQUISITION	HEART ACQUISITION			4398	4398	16498	65962	65962
78	85	HEART ACQUISITION	AGGREGATE							
79	85.01	PANCREAS ACQUISITION	PANCREAS ACQUISITIO			918	918	3418	6554	6554
80	85.01	PANCREAS ACQUISITION	AGGREGATE							
101		TOTAL				4012194	4012194	13974950	9148341	9148341

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	NONPATIENT TELEPHONES 6.01	SUBTOTAL 5A	DATA PROCESSING 6.02	SUBTOTAL	
	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	81820939	81820939							3
4	NEW CAP REL COSTS-MVBLE EQUIP	48388301		48388301						4
5	EMPLOYEE BENEFITS	127629192	1439965	93663	129162820					5
6.01	NON PATIENT TELEPHONES	4233899	825429	2970557	730146	8760031				6.01
6.02	DATA PROCESSING	39056920	2472952	10515996	4954935	293479	57294282	57294282		6.02
6.03	PURCHASING, RECEIVING AND STORE	2942625		17493	526380	24075	3510573	178235	3688808	6.03
6.04	ADMITTING	18227568	248717	104716	3906698	175758	22663457	1150646	23814103	6.04
6.05	ADMINISTRATIVE AND GENERAL	160240062	4314322	995762	16140486	3812341	185502973	9417768	194920741	6.05
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT	52963868	28139884	692243	2749573	248670	84794238	4305088	89099326	8
9	LAUNDRY & LINEN SERVICE	3906621	9079	33484			3949184	200504	4149688	9
10	HOUSEKEEPING	15864680	928321	1134162	3389830	94378	21411371	1087077	22498448	10
11	DIETARY	8578139	1914958	761613	1744687	49912	13049309	662526	13711835	11
12	CAFETERIA	629210			725021		1354231	68756	1422987	12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION	5881300	224662	49539	1415432	333459	7904392	401314	8305706	14
15	CENTRAL SERVICES & SUPPLY	13990742	764730	2025596	2387184	148044	19316296	980708	20297004	15
16	PHARMACY	21192747	300436	467687	3575956	1327	25538153	1296598	26834751	16
17	MEDICAL RECORDS & LIBRARY	3506141	49779	34514	737478	42772	4370684	221904	4592588	17
18	SOCIAL SERVICE	4059219	139116	7836	1195525	13113	5414809	274915	5689724	18
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A	34621369	715995	78087	286948	39271	35741670	1814640	37556310	22
23	I&R SERVICES-OTHER PRGM COSTS A	10239946					10239946	519892	10759838	23
24	PARAMED ED PRGM-PHARMACY	160581	2618	1267	47083		211549	10741	222290	24
24.01	PARAMED ED PROGRAM-CHAPLAINCY	119785	10408		30662		160855	8167	169022	24.01
24.02	PARAMED ED PRGM-NM SCHOOLS	509848	14432		157600	11740	693620	35216	728836	24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	84443210	9263340	2034723	21819550	323229	117884052	5985091	123869143	25
26	INTENSIVE CARE UNIT	26609512	1004807	412496	6573159	59707	34659681	1759707	36419388	26
30	SPECIAL CARE NURSERY	8282331	1180872	923193	2721282	124106	13231784	671791	13903575	30
31	SUBPROVIDER I	4346011	281314	17054	1273572	11534	5929485	301046	6230531	31
33	NURSERY	12005001			2915142		14920143	757511	15677654	33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	37310972	2645844	5468249	8919878	208529	54553472	2769734	57323206	37
38	RECOVERY ROOM	3837585	147824	19565	1124157		5129131	260411	5389542	38
39	DELIVERY ROOM & LABOR ROOM	13746588	1508429	1142413	3979776	23801	20401007	1035780	21436787	39
40	ANESTHESIOLOGY	1597069	32193	677524	355666	20345	2682797	136208	2819005	40
41	RADIOLOGY-DIAGNOSTIC	31694791	2034119	5463869	7257655	132093	46582527	2365041	48947568	41
42	RADIOLOGY-THERAPEUTIC	5324071	658294	1507322	1303040	12861	8805588	447069	9252657	42
43	RADIOISOTOPE	2790418	287425	929093	629212	14463	4650611	236116	4886727	43
44	LABORATORY	38258516	686391	1965329	5399748	189351	46499335	2360818	48860153	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA	15818716	92180	155816	602381	43619	16712712	848521	17561233	47
49	RESPIRATORY THERAPY	6160864	88292	288205	2077714	15173	8630248	438166	9068414	49
50	PHYSICAL THERAPY	2393465	100753	10132	589182	11214	3104746	157631	3262377	50
51	OCCUPATIONAL THERAPY	949842	26311	3465	281792		1261410	64043	1325453	51
53	ELECTROCARDIOLOGY	1654296	125725	122684	339631		2242336	113846	2356182	53
53.01	CATHERIZATION LAB	3425505	276068	2046552	1046259	38744	6833128	346925	7180053	53.01
53.02	CARDIAC REHAB	363366		20292	107607	11511	502776	25526	528302	53.02
53.03	CARDIOLOGY GRAPHICS	2785351	62577	440636	704979	8788	4002331	203202	4205533	53.03
54	ELECTROENCEPHALOGRAPHY	3011251	121040	157075	612350	11465	3913181	198676	4111857	54
54.01	PULMONARY FUNC TESTING	419335	36274	30457	100630		586696	29787	616483	54.01
54.02	DENTAL SERVICES									54.02
54.03	MAG RESONANCE IMAGING	7679713	556115	2596696	1318811	23183	12174518	618112	12792630	54.03
55	MEDICAL SUPPLIES CHARGED TO PAT	51797495					51797495	2629811	54427306	55
55.30	IMPL. DEV. CHARGED TO PATIENT	55879727					55879727	2837070	58716797	55.30
56	DRUGS CHARGED TO PATIENTS	37115544					37115544	1884393	38999937	56
59	BLOOD FLOW LAB	1043566	57985	104322	303571		1509444	76636	1586080	59
59.01	CELLTRIFUGE	1391170	52181	20586	233455		1697392	86178	1783570	59.01
59.02	URODYNAMICS									59.02
59.03	LITHOTRIPSY SVC									59.03
59.04	CAST ROOM									59.04
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	5059612	9882	10465	1441482	114151	6635592	336896	6972488	60
60.01	STD/AIDS CLINIC	1882036	151781	21068	494226		2549111	129421	2678532	60.01
60.02	GERIATRIC CLINIC									60.02
60.03	SOLID ORGAN TRANSP	2401949	233680	85040	529653	592038	3842360	195080	4037440	60.03
61	EMERGENCY	12172857	658369	309093	2883647	34717	16058683	815315	16873998	61
62	OBSERVATION BEDS (NON-DISTINCT									62
62.01	OBSERVATION BEDS-DISTINCT	241549		40755	599742	938	882984	44830	927814	62.01
63	OB CLINIC SERVICES	3150431	396577	326573	968093	15013	4856687	246579	5103266	63

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	NONPATIENT TELEPHONES 6.01	SUBTOTAL 5A	DATA PROCESSING 6.02	SUBTOTAL	
63.01	GI LABORATORY	6255730	240569	993019	1236957	12289	8738564	443666	9182230	63.01
63.02	OUTSIDE HEALTH SVCES									63.02
63.03	STAFF OFFICES									63.03
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY									71
	SPECIAL PURPOSE COST CENTERS									
83	KIDNEY ACQUISITION	10016266	10185	558	583980	124426	10735415	545048	11280463	83
84	LIVER ACQUISITION	4584846	3629	591	358767	78267	5026100	255180	5281280	84
85	HEART ACQUISITION	1389852	773		158861	1877	1551363	78764	1630127	85
85.01	PANCREAS ACQUISITION	1413968	386		19086		1433440	72777	1506217	85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
86.01	HEART TRASNPLANT NOT CERT									86.01
93	HOSPICE	3182039	44490	6015	697099	949709	4879352	247730	5127082	93
95	SUBTOTALS	1172650118	65592477	48335140	127263416	8495480	1154204540	55690827	1152601085	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN	103176	53799	2615	14958	12152	186700	9479	196179	96
97	RESEARCH	1451622	55288	10025	365318	1602	1883855	95645	1979500	97
97.02	SPONSORED PROJECT	5760475	39357	1542	602920	12312	6416606	325778	6742384	97.02
100	EMERGENCY HOUSING									100
100.03	OTHER REAL ESTATE / OPERATIONS		15855279	26439	299526	87398	16268642	825975	17094617	100.03
100.06	MARKETING,OTH NON-REIM	5821243	224739	12540	616682	151087	6826291	346578	7172869	100.06
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	1185786634	81820939	48388301	129162820	8760031	1185786634	57294282	1185786634	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	PURCHASING, RECEIVING AND STORE 6.03	ADMITTING 6.04	SUBTOTAL	ADMINISTRATIVE AND GENERAL 6.05	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	NON PATIENT TELEPHONES									6.01
6.02	DATA PROCESSING									6.02
6.03	PURCHASING, RECEIVING AND STORE	3688808								6.03
6.04	ADMITTING	74324	23888427							6.04
6.05	ADMINISTRATIVE AND GENERAL	607824		195528565	195528565					6.05
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT	278079		89377405	17647747	107025152				8
9	LAUNDRY & LINEN SERVICE	12951		4162639	821921	43945	5028505			9
10	HOUSEKEEPING	70218		22568666	4456228	2995192	140785	30160871		10
11	DIETARY	42795		13754630	2715879	6949651	326659	2015728	25762547	11
12	CAFETERIA	4441		1427428	281849					12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION	25922		8331628	1645097	670703	31525	194536		14
15	CENTRAL SERVICES & SUPPLY	63347		20360351	4020192	3007485	141363	872313		15
16	PHARMACY	83751		26918502	5315112	1187982	55839	344571		16
17	MEDICAL RECORDS & LIBRARY	14333		4606921	909646	241007	11328	69904		17
18	SOCIAL SERVICE	17758		5707482	1126954	912940	42911	264796		18
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A	117213		37673523	7438712	2957777	139026	857896		22
23	I&R SERVICES-OTHER PRGM COSTS A	33581		10793419	2131182					23
24	PARAMED ED PRGM-PHARMACY	694		222984	44029	12677	596	3677		24
24.01	PARAMED ED PROGRAM-CHAPLAINCY	528		169550	33478	50399	2369	14618		24.01
24.02	PARAMED ED PRGM-NM SCHOOLS	2275		731111	144359	69913	3286	20278		24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	386596	2489877	126745616	25026302	32350935	1520615	9383305	21182001	25
26	INTENSIVE CARE UNIT	113665	610085	37143138	7333987	4865632	228702	1411264	3091585	26
30	SPECIAL CARE NURSERY	43393	261395	14208363	2805470	3155377	148314	915209		30
31	SUBPROVIDER I	19445	132922	6382898	1260316	1149338	54023	333362	1404532	31
33	NURSERY	48930	437670	16164254	3191664					33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	178906	3244337	60746449	11994508	11825808	555856	3430045		37
38	RECOVERY ROOM	16821	148588	5554951	1096836	715801	33645	207616		38
39	DELIVERY ROOM & LABOR ROOM	66904	741774	22245465	4392412	4030672	189456	1169086		39
40	ANESTHESIOLOGY	8798	256448	3084251	608992	96265	4525	27921		40
41	RADIOLOGY-DIAGNOSTIC	152765	3106254	52206587	10308295	7460861	350688	2164003		41
42	RADIOLOGY-THERAPEUTIC	28878	691904	9973439	1969275	2638713	124029	765352		42
43	RADIOISOTOPE	15251	390645	5292623	1045039	1391805	65420	403689		43
44	LABORATORY	152493	3084469	52097115	10286680	4295188	201889	1245808		44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA	54809	484368	18100410	3573962	534565	25126	155049		47
49	RESPIRATORY THERAPY	28303	746253	9842970	1943514	348796	16395	101167		49
50	PHYSICAL THERAPY	10182	69229	3341788	659843	460811	21660	133657		50
51	OCCUPATIONAL THERAPY	4137	50809	1380399	272563	127380	5987	36946		51
53	ELECTROCARDIOLOGY	7354	171191	2534727	500487	608780	28615	176575		53
53.01	CATHERIZATION LAB	22409	409280	7611742	1502954	1339870	62979	388626		53.01
53.02	CARDIAC REHAB	1649	15253	545204	107652					53.02
53.03	CARDIOLOGY GRAPHICS	13125	353251	4571909	902733	303007	14242	87886		53.03
54	ELECTROENCEPHALOGRAPHY	12833	146504	4271194	843356	586116	27550	170001		54
54.01	PULMONARY FUNC TESTING	1924	55344	673751	133033	175627	8255	50940		54.01
54.02	DENTAL SERVICES									54.02
54.03	MAG RESONANCE IMAGING	39926	954016	13786572	2722186	655568	30814	190146		54.03
55	MEDICAL SUPPLIES CHARGED TO PAT	169868	827250	55424424	10943663					55
55.30	IMPL. DEV. CHARGED TO PATIENT	183255	875392	59775444	11802781					55.30
56	DRUGS CHARGED TO PATIENTS	121719	1368275	40489931	7994818					56
59	BLOOD FLOW LAB	4950	137505	1728535	341303	280727	13195	81424		59
59.01	CELLTRIFUGE	5567	35136	1824273	360206	252608	11874	73268		59.01
59.02	URODYNAMICS									59.02
59.03	LITHOTRIPSY SVC									59.03
59.04	CAST ROOM									59.04
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	21761	65321	7059570	1393926	47787	2246	13860		60
60.01	STD/AIDS CLINIC	8360	19384	2706276	534360	734931	34544	213165		60.01
60.02	GERIATRIC CLINIC									60.02
60.03	SOLID ORGAN TRANSP	12601	45095	4095136	808593	1260046	59227	365473		60.03
61	EMERGENCY	52664	955915	17882577	3530951	3188029	149849	924679		61
62	OBSERVATION BEDS (NON-DISTINCT									62
62.01	OBSERVATION BEDS-DISTINCT	2896	4662	935372	184691					62.01
63	OB CLINIC SERVICES	15927	94311	5213504	1029417	889123	41792	257888		63

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	PURCHASING , RECEIVIN G AND STOR 6.03	ADMITTING 6.04	SUBTOTAL	ADMINISTRA TIVE AND G ENERAL 6.05	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	
63.01	GI LABORATORY	28658	408315	9619203	1899331	1164857	54752	337864		63.01
63.02	OUTSIDE HEALTH SVCES									63.02
63.03	STAFF OFFICES									63.03
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY									71
	SPECIAL PURPOSE COST CENTERS									
83	KIDNEY ACQUISITION	35206		11315669	2234301	66840	3142	19387		83
84	LIVER ACQUISITION	16483		5297763	1046054	23816	1119	6908		84
85	HEART ACQUISITION	5088		1635215	322876	5071	238	1471		85
85.01	PANCREAS ACQUISITION	4701		1510918	298334	2535	119	735		85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
86.01	HEART TRASNPLANT NOT CERT									86.01
93	HOSPICE	16002		5143084	1015512	291944	13722	84678	84429	93
95	SUBTOTALS	3585236	23888427	1152497513	188955561	106424900	5000291	29986770	25762547	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN	612		196791	38857	250380	11769	72622		96
97	RESEARCH	6178		1985678	392076	267667	12581	77636		97
97.02	SPONSORED PROJECT	21043		6763427	1335452	82205	3864	23843		97.02
100	EMERGENCY HOUSING									100
100.03	OTHER REAL ESTATE / OPERATIONS	53352		17147969	3385901					100.03
100.06	MARKETING,OTH NON-REIM	22387		7195256	1420718					100.06
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	3688808	23888427	1185786634	195528565	107025152	5028505	30160871	25762547	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	NON PATIENT TELEPHONES									6.01
6.02	DATA PROCESSING									6.02
6.03	PURCHASING, RECEIVING AND STORE									6.03
6.04	ADMITTING									6.04
6.05	ADMINISTRATIVE AND GENERAL									6.05
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT									8
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING									10
11	DIETARY									11
12	CAFETERIA	1709277								12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION	19856	10893345							14
15	CENTRAL SERVICES & SUPPLY	66601		28468305						15
16	PHARMACY	59982		77591	33959579					16
17	MEDICAL RECORDS & LIBRARY	17374		12		5856192				17
18	SOCIAL SERVICE	21511	26728				8103322			18
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A	10755	11464					49089153		22
23	I&R SERVICES-OTHER PRGM COSTS A								12924601	23
24	PARAMED ED PRGM-PHARMACY	1655								24
24.01	PARAMED ED PROGRAM-CHAPLAINCY	1241								24.01
24.02	PARAMED ED PRGM-NM SCHOOLS	2482								24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	452553	4336804	4093923	5767524	610239	4776908	12748709	3356587	25
26	INTENSIVE CARE UNIT	119964	1557832	2387102	3120570	149524	704989	5407706	1423786	26
30	SPECIAL CARE NURSERY	71565	789053	630842	35655	64065	649076	298280	78534	30
31	SUBPROVIDER I	22752	114632	11259	3446	32577		1496924	394123	31
33	NURSERY					107268	810			33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	131960	1027785	495012	3786728	796575		12279193	3232968	37
38	RECOVERY ROOM	16960	192528	78212	601138	36417	4052	568941	149796	38
39	DELIVERY ROOM & LABOR ROOM	74460	799867	122725	1489418	181800	79413	2027199	533738	39
40	ANESTHESIOLOGY	7860	11	22418	2544358	62852		82856	21815	40
41	RADIOLOGY-DIAGNOSTIC	150989	457854	1289788	2397155	761305		3722976	980216	41
42	RADIOLOGY-THERAPEUTIC	19856	54643	25071	49365	169577	324133	1187596	312680	42
43	RADIOISOTOPE	10342	1939	48602	24451	95742		160187	42175	43
44	LABORATORY	107140	11	7144241	202056	755966		3032513	798425	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA	13237		7907846	772424	118713		231996	61082	47
49	RESPIRATORY THERAPY	44676	5615	360766	307906	182898		160187	42175	49
50	PHYSICAL THERAPY	10755		44337	7753	16967		16571	4363	50
51	OCCUPATIONAL THERAPY	6205				12453		16571	4363	51
53	ELECTROCARDIOLOGY	7860	16103	74401	2369837	41957				53
53.01	CATHERIZATION LAB	14065	156914	9772	155896	100310		320375	84351	53.01
53.02	CARDIAC REHAB	1241	16305	1750	114	3738		5524	1454	53.02
53.03	CARDIOLOGY GRAPHICS	11996	37833	34192	2687821	86578		491610	129435	53.03
54	ELECTROENCEPHALOGRAPHY	11996	23	89162		35906		132569	34904	54
54.01	PULMONARY FUNC TESTING	1655	6455	28348	30884	13564		160187	42175	54.01
54.02	DENTAL SERVICES									54.02
54.03	MAG RESONANCE IMAGING	20270	124	746180	2395390	233818				54.03
55	MEDICAL SUPPLIES CHARGED TO PAT					202749				55
55.30	IMPL. DEV. CHARGED TO PATIENT					214548				55.30
56	DRUGS CHARGED TO PATIENTS		6107			335348				56
59	BLOOD FLOW LAB	4550		3832	3771	33701		16571	4363	59
59.01	CELLTRIFUGE	3723	36220	305395	192556	8612				59.01
59.02	URODYNAMICS									59.02
59.03	LITHOTRIPSY SVC									59.03
59.04	CAST ROOM									59.04
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	27302	77930	1477	442869	16009	607749	1414068	372308	60
60.01	STD/AIDS CLINIC	9514	25741	18546	694856	4751	162066			60.01
60.02	GERIATRIC CLINIC									60.02
60.03	SOLID ORGAN TRANSP	20683	85764	74803	102766	11052				60.03
61	EMERGENCY	52536	576464	1100792	1706479	234283	648266	1690253	445024	61
62	OBSERVATION BEDS (NON-DISTINCT									62
62.01	OBSERVATION BEDS-DISTINCT	1241	5401	7043	14475	1143	21069			62.01
63	OB CLINIC SERVICES	12410	67945	36687	13150	23114	81033	950077	250144	63

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	
63.01	GI LABORATORY	21511	213372	1145189	168961	100073		309327	81442	63.01
63.02	OUTSIDE HEALTH SVCES									63.02
63.03	STAFF OFFICES									63.03
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY									71
	SPECIAL PURPOSE COST CENTERS									
83	KIDNEY ACQUISITION	4137	42450		16481					83
84	LIVER ACQUISITION	3309	43874		22914					84
85	HEART ACQUISITION	1655	18827							85
85.01	PANCREAS ACQUISITION		11							85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
86.01	HEART TRASNPLANT NOT CERT									86.01
93	HOSPICE	12410	82559	46122	1822467					93
95	SUBTOTALS	1706795	10893188	28463438	33951634	5856192	8059564	48928966	12882426	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN	414								96
97	RESEARCH		157	3969	7945		43758	160187	42175	97
97.02	SPONSORED PROJECT	2068								97.02
100	EMERGENCY HOUSING									100
100.03	OTHER REAL ESTATE / OPERATIONS			875						100.03
100.06	MARKETING,OTH NON-REIM			23						100.06
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	1709277	10893345	28468305	33959579	5856192	8103322	49089153	12924601	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	PARAMED EDUCATION 24	PARAMED ED PROGRAM-C HAPLAINCY 24.01	24.02	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
	GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT							3
4	NEW CAP REL COSTS-MVBLE EQUIP							4
5	EMPLOYEE BENEFITS							5
6.01	NON PATIENT TELEPHONES							6.01
6.02	DATA PROCESSING							6.02
6.03	PURCHASING, RECEIVING AND STORE							6.03
6.04	ADMITTING							6.04
6.05	ADMINISTRATIVE AND GENERAL							6.05
7	MAINTENANCE & REPAIRS							7
8	OPERATION OF PLANT							8
9	LAUNDRY & LINEN SERVICE							9
10	HOUSEKEEPING							10
11	DIETARY							11
12	CAFETERIA							12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION							14
15	CENTRAL SERVICES & SUPPLY							15
16	PHARMACY							16
17	MEDICAL RECORDS & LIBRARY							17
18	SOCIAL SERVICE							18
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL							21
22	I&R SERVICES-SALARY & FRINGES A							22
23	I&R SERVICES-OTHER PRGM COSTS A							23
24	PARAMED ED PRGM-PHARMACY	285618						24
24.01	PARAMED ED PROGRAM-CHAPLAINCY		271655					24.01
24.02	PARAMED ED PRGM-NM SCHOOLS			971429				24.02
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	249241	237056	847704	253686022	-16105296	237580726	25
26	INTENSIVE CARE UNIT	36377	34599	123725	69140482	-6831492	62308990	26
30	SPECIAL CARE NURSERY				23849803	-376814	23472989	30
31	SUBPROVIDER I				12660182	-1891047	10769135	31
33	NURSERY				19463996		19463996	33
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM				110302887	-15512161	94790726	37
38	RECOVERY ROOM				9256893	-718737	8538156	38
39	DELIVERY ROOM & LABOR ROOM				37335711	-2560937	34774774	39
40	ANESTHESIOLOGY				6564124	-104671	6459453	40
41	RADIOLOGY-DIAGNOSTIC				82250717	-4703192	77547525	41
42	RADIOLOGY-THERAPEUTIC				17613729	-1500276	16113453	42
43	RADIOISOTOPE				8582014	-202362	8379652	43
44	LABORATORY				80167032	-3830938	76336094	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
47	BLOOD STORING, PROCESSING & TRA				31494410	-293078	31201332	47
49	RESPIRATORY THERAPY				13357065	-202362	13154703	49
50	PHYSICAL THERAPY				4718505	-20934	4697571	50
51	OCCUPATIONAL THERAPY				1862867	-20934	1841933	51
53	ELECTROCARDIOLOGY				6359342		6359342	53
53.01	CATHERIZATION LAB				11747854	-404726	11343128	53.01
53.02	CARDIAC REHAB				682982	-6978	676004	53.02
53.03	CARDIOLOGY GRAPHICS				9359242	-621045	8738197	53.03
54	ELECTROENCEPHALOGRAPHY				6202777	-167473	6035304	54
54.01	PULMONARY FUNC TESTING				1324874	-202362	1122512	54.01
54.02	DENTAL SERVICES							54.02
54.03	MAG RESONANCE IMAGING				20781068		20781068	54.03
55	MEDICAL SUPPLIES CHARGED TO PAT				66570836		66570836	55
55.30	IMPL. DEV. CHARGED TO PATIENT				71792773		71792773	55.30
56	DRUGS CHARGED TO PATIENTS				48826204		48826204	56
59	BLOOD FLOW LAB				2511972	-20934	2491038	59
59.01	CELLTRIFUGE				3068735		3068735	59.01
59.02	URODYNAMICS							59.02
59.03	LITHOTRIPSY SVC							59.03
59.04	CAST ROOM							59.04
	OUTPATIENT SERVICE COST CENTERS							
60	CLINIC				11477101	-1786376	9690725	60
60.01	STD/AIDS CLINIC				5138750		5138750	60.01
60.02	GERIATRIC CLINIC							60.02
60.03	SOLID ORGAN TRANSP				6883543		6883543	60.03
61	EMERGENCY				32130182	-2135277	29994905	61
62	OBSERVATION BEDS (NON-DISTINCT							62
62.01	OBSERVATION BEDS-DISTINCT				1170435		1170435	62.01
63	OB CLINIC SERVICES				8866284	-1200221	7666063	63

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	PARAMED EDUCATION	PARAMED ED PROGRAM-C HAPLAINCY		SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		24	24.01	24.02	25	26	27	
63.01	GI LABORATORY				15115882	-390769	14725113	63.01
63.02	OUTSIDE HEALTH SVCES							63.02
63.03	STAFF OFFICES							63.03
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
69.10	CMHC							69.10
69.20	OUTPATIENT PHYSICAL THERAPY							69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40	OUTPATIENT SPEECH PATHOLOGY							69.40
71	HOME HEALTH AGENCY							71
	SPECIAL PURPOSE COST CENTERS							
83	KIDNEY ACQUISITION				13702407		13702407	83
84	LIVER ACQUISITION				6445757		6445757	84
85	HEART ACQUISITION				1985353		1985353	85
85.01	PANCREAS ACQUISITION				1812652		1812652	85.01
85.02	INTESTINAL ACQUISITION							85.02
85.03	ISLET CELL ACQUISITION							85.03
86.01	HEART TRASNPLANT NOT CERT							86.01
93	HOSPICE				8596927		8596927	93
95	SUBTOTALS	285618	271655	971429	1144860371	-61811392	1083048979	95
	NONREIMBURSABLE COST CENTERS							
96	GIFT, FLOWER, COFFEE SHOP & CAN				570833		570833	96
97	RESEARCH				2993829	-202362	2791467	97
97.02	SPONSORED PROJECT				8210859		8210859	97.02
100	EMERGENCY HOUSING							100
100.03	OTHER REAL ESTATE / OPERATIONS				20534745		20534745	100.03
100.06	MARKETING,OTH NON-REIM				8615997		8615997	100.06
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	285618	271655	971429	1185786634	-62013754	1123772880	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	NONPATIENT TELEPHONES 6.01	DATA PROCESSING 6.02	PURCHASING, RECEIVING AND STORAGE 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									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS		1439965	93663	1533628	1533628				5
6.01	NON PATIENT TELEPHONES		825429	2970557	3795986	8669	3804655			6.01
6.02	DATA PROCESSING		2472952	10515996	12988948	58827	127464	13175239		6.02
6.03	PURCHASING, RECEIVING AND STORE			17493	17493	6249	10456	40986	75184	6.03
6.04	ADMITTING		248717	104716	353433	46382	76335	264596	1524	6.04
6.05	ADMINISTRATIVE AND GENERAL		4314322	995762	5310084	191626	1655773	2165833	12002	6.05
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT		28139884	692243	28832127	32644	108002	989973	5702	8
9	LAUNDRY & LINEN SERVICE		9079	33484	42563			46107	266	9
10	HOUSEKEEPING		928321	1134162	2062483	40245	40990	249978	1440	10
11	DIETARY		1914958	761613	2676571	20714	21678	152351	878	11
12	CAFETERIA					8608		15811	91	12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION		224662	49539	274201	16805	144828	92284	532	14
15	CENTRAL SERVICES & SUPPLY		764730	2025596	2790326	28342	64298	225518	1299	15
16	PHARMACY		300436	467687	768123	42455	576	298158	1717	16
17	MEDICAL RECORDS & LIBRARY		49779	34514	84293	8756	18577	51028	294	17
18	SOCIAL SERVICE		139116	7836	146952	14194	5695	63218	364	18
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A		715995	78087	794082	3407	17056	417284	2404	22
23	I&R SERVICES-OTHER PRGM COSTS A							119551	689	23
24	PARAMED ED PRGM-PHARMACY		2618	1267	3885	559		2470	14	24
24.01	PARAMED ED PROGRAM-CHAPLAINCY		10408		10408	364		1878	11	24.01
24.02	PARAMED ED PRGM-NM SCHOOLS		14432		14432	1871	5099	8098	47	24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS		9263340	2034723	11298063	259205	140385	1376296	7928	25
26	INTENSIVE CARE UNIT		1004807	412496	1417303	78039	25932	404652	2331	26
30	SPECIAL CARE NURSERY		1180872	923193	2104065	32308	53902	154481	890	30
31	SUBPROVIDER I		281314	17054	298368	15120	5009	69227	399	31
33	NURSERY					34610		174193	1003	33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		2645844	5468249	8114093	105900	90568	636912	3669	37
38	RECOVERY ROOM		147824	19565	167389	13346		59883	345	38
39	DELIVERY ROOM & LABOR ROOM		1508429	1142413	2650842	47249	10337	238182	1372	39
40	ANESTHESIOLOGY		32193	677524	709717	4223	8836	31322	180	40
41	RADIOLOGY-DIAGNOSTIC		2034119	5463869	7497988	86166	57371	543851	3133	41
42	RADIOLOGY-THERAPEUTIC		658294	1507322	2165616	15470	5586	102805	592	42
43	RADIOISOTOPE		287425	929093	1216518	7470	6282	54296	313	43
44	LABORATORY		686391	1965329	2651720	64108	82239	542880	3127	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA		92180	155816	247996	7152	18945	195121	1124	47
49	RESPIRATORY THERAPY		88292	288205	376497	24667	6590	100758	580	49
50	PHYSICAL THERAPY		100753	10132	110885	6995	4870	36248	209	50
51	OCCUPATIONAL THERAPY		26311	3465	29776	3346		14727	85	51
53	ELECTROCARDIOLOGY		125725	122684	248409	4032		26179	151	53
53.01	CATHERIZATION LAB		276068	2046552	2322620	12422	16828	79777	460	53.01
53.02	CARDIAC REHAB			20292	20292	1278	5000	5870	34	53.02
53.03	CARDIOLOGY GRAPHICS		62577	440636	503213	8370	3817	46727	269	53.03
54	ELECTROENCEPHALOGRAPHY		121040	157075	278115	7270	4980	45686	263	54
54.01	PULMONARY FUNC TESTING		36274	30457	66731	1195		6850	39	54.01
54.02	DENTAL SERVICES									54.02
54.03	MAG RESONANCE IMAGING		556115	2596696	3152811	15657	10069	142137	819	54.03
55	MEDICAL SUPPLIES CHARGED TO PAT							604736	3483	55
55.30	IMPL. DEV. CHARGED TO PATIENT							652396	3758	55.30
56	DRUGS CHARGED TO PATIENTS							433324	2496	56
59	BLOOD FLOW LAB		57985	104322	162307	3604		17623	102	59
59.01	CELLTRIFUGE		52181	20586	72767	2772		19817	114	59.01
59.02	URODYNAMICS									59.02
59.03	LITHOTRIPSY SVC									59.03
59.04	CAST ROOM									59.04
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		9882	10465	20347	17114	49578	77471	446	60
60.01	STD/AIDS CLINIC		151781	21068	172849	5868		29761	171	60.01
60.02	GERIATRIC CLINIC									60.02
60.03	SOLID ORGAN TRANSP		233680	85040	318720	6288	257134	44860	258	60.03
61	EMERGENCY		658369	309093	967462	34236	15078	187485	1080	61
62	OBSERVATION BEDS (NON-DISTINCT									62
62.01	OBSERVATION BEDS-DISTINCT			40755	40755	7120	408	10309	59	62.01
63	OB CLINIC SERVICES		396577	326573	723150	11494	6520	56702	327	63

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	NONPATIENT TELEPHONES 6.01	DATA PROCESSING 6.02	PURCHASING, RECEIVING AND STOR 6.03	
63.01	GI LABORATORY		240569	993019	1233588	14686	5337	102023	588	63.01
63.02	OUTSIDE HEALTH SVCES									63.02
63.03	STAFF OFFICES									63.03
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY									71
	SPECIAL PURPOSE COST CENTERS									
83	KIDNEY ACQUISITION		10185	558	10743	6933	54041	125336	722	83
84	LIVER ACQUISITION		3629	591	4220	4259	33993	58680	338	84
85	HEART ACQUISITION		773		773	1886	815	18112	104	85
85.01	PANCREAS ACQUISITION		386		386	227		16735	96	85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
86.01	HEART TRASNPLANT NOT CERT									86.01
93	HOSPICE		44490	6015	50505	8276	412478	56966	328	93
95	SUBTOTALS		65592477	48335140	113927617	1511078	3689755	12806518	73059	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN		53799	2615	56414	178	5278	2180	13	96
97	RESEARCH		55288	10025	65313	4337	696	21994	127	97
97.02	SPONSORED PROJECT		39357	1542	40899	7158	5347	74914	432	97.02
100	EMERGENCY HOUSING									100
100.03	OTHER REAL ESTATE / OPERATIONS		15855279	26439	15881718	3556	37959	189936	1094	100.03
100.06	MARKETING,OTH NON-REIM		224739	12540	237279	7321	65620	79697	459	100.06
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL		81820939	48388301	130209240	1533628	3804655	13175239	75184	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	ADMITTING 6.04	ADMINISTRATIVE AND GENERAL 6.05	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	NON PATIENT TELEPHONES									6.01
6.02	DATA PROCESSING									6.02
6.03	PURCHASING, RECEIVING AND STORE									6.03
6.04	ADMITTING	742270								6.04
6.05	ADMINISTRATIVE AND GENERAL		9335318							6.05
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT		842561	30811009						8
9	LAUNDRY & LINEN SERVICE		39241	12651	140828					9
10	HOUSEKEEPING		212755	862273	3943	3474107				10
11	DIETARY		129665	2000705	9148	232183	5243893			11
12	CAFETERIA		13456					37966		12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION		78542	193086	883	22408		441	824010	14
15	CENTRAL SERVICES & SUPPLY		191937	865812	3959	100478		1479		15
16	PHARMACY		253761	342003	1564	39690		1332		16
17	MEDICAL RECORDS & LIBRARY		43429	69383	317	8052		386		17
18	SOCIAL SERVICE		53804	262822	1202	30501		478	2022	18
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A		355148	851502	3894	98817		239	867	22
23	I&R SERVICES-OTHER PRGM COSTS A		101750							23
24	PARAMED ED PRGM-PHARMACY		2102	3649	17	424		37		24
24.01	PARAMED ED PROGRAM-CHAPLAINCY		1598	14509	66	1684		28		24.01
24.02	PARAMED ED PRGM-NM SCHOOLS		6892	20127	92	2336		55		24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	77245	1194985	9313370	42585	1080823	4311536	10049	328048	25
26	INTENSIVE CARE UNIT	18927	350148	1400746	6405	162558	629283	2665	117840	26
30	SPECIAL CARE NURSERY	8109	133942	908388	4154	105419		1590	59687	30
31	SUBPROVIDER I	4124	60172	330878	1513	38399	285889	505	8671	31
33	NURSERY	13578	152380							33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	101814	572657	3404481	15567	395093		2931	77745	37
38	RECOVERY ROOM	4610	52367	206069	942	23914		377	14564	38
39	DELIVERY ROOM & LABOR ROOM	23013	209708	1160373	5306	134662		1654	60505	39
40	ANESTHESIOLOGY	7956	29075	27713	127	3216		175	1	40
41	RADIOLOGY-DIAGNOSTIC	96368	492151	2147875	9821	249263		3354	34634	41
42	RADIOLOGY-THERAPEUTIC	21465	94020	759648	3474	88158		441	4133	42
43	RADIOISOTOPE	12119	49894	400681	1832	46499		230	147	43
44	LABORATORY	95692	491120	1236523	5654	143500		2380	1	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA	15027	170633	153894	704	17859		294		47
49	RESPIRATORY THERAPY	23152	92790	100413	459	11653		992	425	49
50	PHYSICAL THERAPY	2148	31503	132661	607	15395		239		50
51	OCCUPATIONAL THERAPY	1576	13013	36671	168	4256		138		51
53	ELECTROCARDIOLOGY	5311	23895	175259	801	20339		175	1218	53
53.01	CATHERIZATION LAB	12697	71756	385729	1764	44764		312	11870	53.01
53.02	CARDIAC REHAB	473	5140					28	1233	53.02
53.03	CARDIOLOGY GRAPHICS	10959	43099	87231	399	10123		266	2862	53.03
54	ELECTROENCEPHALOGRAPHY	4545	40265	168734	772	19582		266	2	54
54.01	PULMONARY FUNC TESTING	1717	6351	50561	231	5868		37	488	54.01
54.02	DENTAL SERVICES									54.02
54.03	MAG RESONANCE IMAGING	29597	129966	188729	863	21902		450	9	54.03
55	MEDICAL SUPPLIES CHARGED TO PAT	25664	522486							55
55.30	IMPL. DEV. CHARGED TO PATIENT	27158	563503							55.30
56	DRUGS CHARGED TO PATIENTS	42449	381699						462	56
59	BLOOD FLOW LAB	4266	16295	80817	370	9379		101		59
59.01	CELLTRIFUGE	1090	17197	72722	333	8439		83	2740	59.01
59.02	URODYNAMICS									59.02
59.03	LITHOTRIPSY SVC									59.03
59.04	CAST ROOM									59.04
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	2027	66551	13757	63	1597		606	5895	60
60.01	STD/AIDS CLINIC	601	25512	211576	967	24554		211	1947	60.01
60.02	GERIATRIC CLINIC									60.02
60.03	SOLID ORGAN TRANSP	1399	38605	362749	1659	42097		459	6487	60.03
61	EMERGENCY	29656	168579	917788	4197	106510		1167	43606	61
62	OBSERVATION BEDS (NON-DISTINCT									62
62.01	OBSERVATION BEDS-DISTINCT	145	8818					28	409	62.01
63	OB CLINIC SERVICES	2926	49148	255966	1170	29705		276	5140	63

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	ADMITTING 6.04	ADMINISTRATIVE AND GENERAL 6.05	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	
63.01	GI LABORATORY	12667	90680	335346	1533	38917		478	16140	63.01
63.02	OUTSIDE HEALTH SVCES									63.02
63.03	STAFF OFFICES									63.03
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY									71
	SPECIAL PURPOSE COST CENTERS									
83	KIDNEY ACQUISITION		106673	19242	88	2233		92	3211	83
84	LIVER ACQUISITION		49942	6856	31	796		74	3319	84
85	HEART ACQUISITION		15415	1460	7	169		37	1424	85
85.01	PANCREAS ACQUISITION		14243	730	3	85			1	85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
86.01	HEART TRASNPLANT NOT CERT									86.01
93	HOSPICE		48484	84047	384	9754	17185	276	6245	93
95	SUBTOTALS	742270	9021501	30638205	140038	3454053	5243893	37911	823998	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN		1855	72081	330	8365		9		96
97	RESEARCH		18719	77057	352	8943			12	97
97.02	SPONSORED PROJECT		63759	23666	108	2746		46		97.02
100	EMERGENCY HOUSING									100
100.03	OTHER REAL ESTATE / OPERATIONS		161654							100.03
100.06	MARKETING,OTH NON-REIM		67830							100.06
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	742270	9335318	30811009	140828	3474107	5243893	37966	824010	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	PARAMED EDUCATION 24	PARAMED ED PROGRAM-C HAPLAINCY 24.01	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	NON PATIENT TELEPHONES									6.01
6.02	DATA PROCESSING									6.02
6.03	PURCHASING, RECEIVING AND STORE									6.03
6.04	ADMITTING									6.04
6.05	ADMINISTRATIVE AND GENERAL									6.05
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT									8
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING									10
11	DIETARY									11
12	CAFETERIA									12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION									14
15	CENTRAL SERVICES & SUPPLY	4273448								15
16	PHARMACY	11647	1761026							16
17	MEDICAL RECORDS & LIBRARY	2		284517						17
18	SOCIAL SERVICE				581252					18
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A					2544700				22
23	I&R SERVICES-OTHER PRGM COSTS A						221990			23
24	PARAMED ED PRGM-PHARMACY							13157		24
24.01	PARAMED ED PROGRAM-CHAPLAINCY								30546	24.01
24.02	PARAMED ED PRGM-NM SCHOOLS									24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	614547	299080	29611	342648					25
26	INTENSIVE CARE UNIT	358333	161822	7255	50569					26
30	SPECIAL CARE NURSERY	94697	1849	3109	46558					30
31	SUBPROVIDER I	1690	179	1581						31
33	NURSERY			5205	58					33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	74307	196367	39008						37
38	RECOVERY ROOM	11741	31173	1767	291					38
39	DELIVERY ROOM & LABOR ROOM	18423	77236	8822	5696					39
40	ANESTHESIOLOGY	3365	131942	3050						40
41	RADIOLOGY-DIAGNOSTIC	193613	124308	36941						41
42	RADIOLOGY-THERAPEUTIC	3763	2560	8228	23250					42
43	RADIOISOTOPE	7296	1268	4646						43
44	LABORATORY	1072437	10478	36682						44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA	1187074	40055	5760						47
49	RESPIRATORY THERAPY	54155	15967	8875						49
50	PHYSICAL THERAPY	6656	402	823						50
51	OCCUPATIONAL THERAPY			604						51
53	ELECTROCARDIOLOGY	11169	122892	2036						53
53.01	CATHERIZATION LAB	1467	8084	4867						53.01
53.02	CARDIAC REHAB	263	6	181						53.02
53.03	CARDIOLOGY GRAPHICS	5133	139381	4201						53.03
54	ELECTROENCEPHALOGRAPHY	13384		1742						54
54.01	PULMONARY FUNC TESTING	4255	1602	658						54.01
54.02	DENTAL SERVICES									54.02
54.03	MAG RESONANCE IMAGING	112011	124217	11346						54.03
55	MEDICAL SUPPLIES CHARGED TO PAT			9838						55
55.30	IMPL. DEV. CHARGED TO PATIENT			10411						55.30
56	DRUGS CHARGED TO PATIENTS			16272						56
59	BLOOD FLOW LAB	575	196	1635						59
59.01	CELLTRIFUGE	45843	9985	418						59.01
59.02	URODYNAMICS									59.02
59.03	LITHOTRIPSY SVC									59.03
59.04	CAST ROOM									59.04
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	222	22966	777	43594					60
60.01	STD/AIDS CLINIC	2784	36033	231	11625					60.01
60.02	GERIATRIC CLINIC									60.02
60.03	SOLID ORGAN TRANSP	11229	5329	536						60.03
61	EMERGENCY	165242	88492	11368	46500					61
62	OBSERVATION BEDS (NON-DISTINCT									62
62.01	OBSERVATION BEDS-DISTINCT	1057	751	55	1511					62.01
63	OB CLINIC SERVICES	5507	682	1122	5813					63

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	PARAMED EDUCATION 24	PARAMED ED PROGRAM-C HAPLAINCY 24.01	
63.01 GI LABORATORY	171907	8762	4856						63.01
63.02 OUTSIDE HEALTH SVCES									63.02
63.03 STAFF OFFICES									63.03
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
83 KIDNEY ACQUISITION									83
84 LIVER ACQUISITION		855							84
85 HEART ACQUISITION		1188							85
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
86.01 HEART TRASNPLANT NOT CERT									86.01
93 HOSPICE									93
95 SUBTOTALS	6923	94507							95
NONREIMBURSABLE COST CENTERS	4272717	1760614	284517	578113					
96 GIFT, FLOWER, COFFEE SHOP & CAN									96
97 RESEARCH									97
97.02 SPONSORED PROJECT	596	412		3139					97.02
100 EMERGENCY HOUSING									100
100.03OTHER REAL ESTATE / OPERATIONS	131								100.03
100.06MARKETING,OTH NON-REIM	4								100.06
101 CROSS FOOT ADJUSTMENTS					2544700	221990	13157	30546	101
102 NEGATIVE COST CENTER									102
103 TOTAL	4273448	1761026	284517	581252	2544700	221990	13157	30546	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	24.02	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
	GENERAL SERVICE COST CENTERS					
1	OLD CAP REL COSTS-BLDG & FIXT					1
2	OLD CAP REL COSTS-MVBLE EQUIP					2
3	NEW CAP REL COSTS-BLDG & FIXT					3
4	NEW CAP REL COSTS-MVBLE EQUIP					4
5	EMPLOYEE BENEFITS					5
6.01	NON PATIENT TELEPHONES					6.01
6.02	DATA PROCESSING					6.02
6.03	PURCHASING, RECEIVING AND STORE					6.03
6.04	ADMITTING					6.04
6.05	ADMINISTRATIVE AND GENERAL					6.05
7	MAINTENANCE & REPAIRS					7
8	OPERATION OF PLANT					8
9	LAUNDRY & LINEN SERVICE					9
10	HOUSEKEEPING					10
11	DIETARY					11
12	CAFETERIA					12
13	MAINTENANCE OF PERSONNEL					13
14	NURSING ADMINISTRATION					14
15	CENTRAL SERVICES & SUPPLY					15
16	PHARMACY					16
17	MEDICAL RECORDS & LIBRARY					17
18	SOCIAL SERVICE					18
20	NONPHYSICIAN ANESTHETISTS					20
21	NURSING SCHOOL					21
22	I&R SERVICES-SALARY & FRINGES A					22
23	I&R SERVICES-OTHER PRGM COSTS A					23
24	PARAMED ED PRGM-PHARMACY					24
24.01	PARAMED ED PROGRAM-CHAPLAINCY					24.01
24.02	PARAMED ED PRGM-NM SCHOOLS	59049				24.02
	INPATIENT ROUTINE SERV COST CENTERS					
25	ADULTS & PEDIATRICS		30726404	30726404		25
26	INTENSIVE CARE UNIT		5194808	5194808		26
30	SPECIAL CARE NURSERY		3713148	3713148		30
31	SUBPROVIDER I		1121724	1121724		31
33	NURSERY		381027	381027		33
	ANCILLARY SERVICE COST CENTERS					
37	OPERATING ROOM		13831112	13831112		37
38	RECOVERY ROOM		588778	588778		38
39	DELIVERY ROOM & LABOR ROOM		4653380	4653380		39
40	ANESTHESIOLOGY		960898	960898		40
41	RADIOLOGY-DIAGNOSTIC		11576837	11576837		41
42	RADIOLOGY-THERAPEUTIC		3299209	3299209		42
43	RADIOISOTOPE		1809491	1809491		43
44	LABORATORY		6438541	6438541		44
46.30	BLOOD CLOTTING FACTORS ADMIN CO					46.30
47	BLOOD STORING, PROCESSING & TRA		2061638	2061638		47
49	RESPIRATORY THERAPY		817973	817973		49
50	PHYSICAL THERAPY		349641	349641		50
51	OCCUPATIONAL THERAPY		104360	104360		51
53	ELECTROCARDIOLOGY		641866	641866		53
53.01	CATHERIZATION LAB		2975417	2975417		53.01
53.02	CARDIAC REHAB		39798	39798		53.02
53.03	CARDIOLOGY GRAPHICS		866050	866050		53.03
54	ELECTROENCEPHALOGRAPHY		585606	585606		54
54.01	PULMONARY FUNC TESTING		146583	146583		54.01
54.02	DENTAL SERVICES					54.02
54.03	MAG RESONANCE IMAGING		3940583	3940583		54.03
55	MEDICAL SUPPLIES CHARGED TO PAT		1166207	1166207		55
55.30	IMPL. DEV. CHARGED TO PATIENT		1257226	1257226		55.30
56	DRUGS CHARGED TO PATIENTS		876702	876702		56
59	BLOOD FLOW LAB		297270	297270		59
59.01	CELLTRIFUGE		254320	254320		59.01
59.02	URODYNAMICS					59.02
59.03	LITHOTRIPSY SVC					59.03
59.04	CAST ROOM					59.04
	OUTPATIENT SERVICE COST CENTERS					
60	CLINIC		323011	323011		60
60.01	STD/AIDS CLINIC		524690	524690		60.01
60.02	GERIATRIC CLINIC					60.02
60.03	SOLID ORGAN TRANSP		1097809	1097809		60.03
61	EMERGENCY		2788446	2788446		61
62	OBSERVATION BEDS (NON-DISTINCT					62
62.01	OBSERVATION BEDS-DISTINCT		71425	71425		62.01
63	OB CLINIC SERVICES		1155648	1155648		63

PROVIDER NO. 14-0281 NORTHWESTERN MEMORIAL HOSPITAL
PERIOD FROM 09/01/2009 TO 08/31/2010

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

VERSION: 2010.09
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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION	24.02	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
63.01 GI LABORATORY					63.01
63.02 OUTSIDE HEALTH SVCES		2037508		2037508	63.02
63.03 STAFF OFFICES					63.03
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
83 KIDNEY ACQUISITION		330169		330169	83
84 LIVER ACQUISITION		163696		163696	84
85 HEART ACQUISITION		40202		40202	85
85.01 PANCREAS ACQUISITION		32506		32506	85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
86.01 HEART TRASNPLANT NOT CERT					86.01
93 HOSPICE		796358		796358	93
95 SUBTOTALS		110038065		110038065	95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN		146703		146703	96
97 RESEARCH		201697		201697	97
97.02 SPONSORED PROJECT		219075		219075	97.02
100 EMERGENCY HOUSING					100
100.03OTHER REAL ESTATE / OPERATIONS		16276048		16276048	100.03
100.06MARKETING,OTH NON-REIM		458210		458210	100.06
101 CROSS FOOT ADJUSTMENTS	59049	2869442		2869442	101
102 NEGATIVE COST CENTER					102
103 TOTAL	59049	130209240		130209240	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	NONPATIENT TELEPHONES ACTUAL PHO CHAR 6.01	RECON-CILIATION 6A.02	DATA PROCESSING ACCUM COST 6.02	RECON-CILIATION	
	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	81820938							3
4	NEW CAP REL COSTS-MVBLE EQUIP		48388274						4
5	EMPLOYEE BENEFITS	1439965	93663	440526615					5
6.01	NON PATIENT TELEPHONES	825429	2970554	2490258	382783				6.01
6.02	DATA PROCESSING	2472952	10516004	16899448	12824	-57294282	1128492352		6.02
6.03	PURCHASING, RECEIVING AND STO		17493	1795286	1052		3510573	-3688808	6.03
6.04	ADMITTING	248717	104716	13324301	7680		22663457		6.04
6.05	ADMINISTRATIVE AND GENERAL	4314322	995761	55049218	166586		185502973		6.05
7	MAINTENANCE & REPAIRS								7
8	OPERATION OF PLANT	28139883	692242	9377774	10866		84794238		8
9	LAUNDRY & LINEN SERVICE	9079	33484				3949184		9
10	HOUSEKEEPING	928321	1134161	11561456	4124		21411371		10
11	DIETARY	1914958	761612	5950480	2181		13049309		11
12	CAFETERIA			2472778			1354231		12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION	224662	49539	4827515	14571		7904392		14
15	CENTRAL SERVICES & SUPPLY	764730	2025594	8141802	6469		19316296		15
16	PHARMACY	300436	467687	12196262	58		25538153		16
17	MEDICAL RECORDS & LIBRARY	49779	34514	2515264	1869		4370684		17
18	SOCIAL SERVICE	139116	7836	4077492	573		5414809		18
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES	715995	78087	978673	1716		35741670		22
23	I&R SERVICES-OTHER PRGM COSTS						10239946		23
24	PARAMED ED PRGM-PHARMACY	2618	1267	160581			211549		24
24.01	PARAMED ED PROGRAM-CHAPLAINCY	10408		104576			160855		24.01
24.02	PARAMED ED PRGM-NM SCHOOLS	14432		537515	513		693620		24.02
	INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	9263340	2034721	74418479	14124		117884052		25
26	INTENSIVE CARE UNIT	1004807	412496	22418612	2609		34659681		26
30	SPECIAL CARE NURSERY	1180872	923192	9281285	5423		13231784		30
31	SUBPROVIDER I	281314	17054	4343682	504		5929485		31
33	NURSERY			9942471			14920143		33
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	2645844	5468244	30422400	9112		54553472		37
38	RECOVERY ROOM	147824	19565	3834083			5129131		38
39	DELIVERY ROOM & LABOR ROOM	1508429	1142412	13573541	1040		20401007		39
40	ANESTHESIOLOGY	32193	677523	1213044	889		2682797		40
41	RADIOLOGY-DIAGNOSTIC	2034119	5463864	24753174	5772		46582527		41
42	RADIOLOGY-THERAPEUTIC	658294	1507320	4444187	562		8805588		42
43	RADIOISOTOPE	287425	929092	2146009	632		4650611		43
44	LABORATORY	686391	1965327	18416539	8274		46499335		44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T	92180	155816	2054498	1906		16712712		47
49	RESPIRATORY THERAPY	88292	288205	7086314	663		8630248		49
50	PHYSICAL THERAPY	100753	10132	2009483	490		3104746		50
51	OCCUPATIONAL THERAPY	26311	3465	961087			1261410		51
53	ELECTROCARDIOLOGY	125725	122684	1158354			2242336		53
53.01	CATHERIZATION LAB	276068	2046550	3568403	1693		6833128		53.01
53.02	CARDIAC REHAB		20292	367009	503		502776		53.02
53.03	CARDIOLOGY GRAPHICS	62577	440636	2404423	384		4002331		53.03
54	ELECTROENCEPHALOGRAPHY	121040	157075	2088498	501		3913181		54
54.01	PULMONARY FUNC TESTING	36274	30457	343212			586696		54.01
54.02	DENTAL SERVICES								54.02
54.03	MAG RESONANCE IMAGING	556115	2596693	4497977	1013		12174518		54.03
55	MEDICAL SUPPLIES CHARGED TO P						51797495		55
55.30	IMPL. DEV. CHARGED TO PATIENT						55879727		55.30
56	DRUGS CHARGED TO PATIENTS						37115544		56
59	BLOOD FLOW LAB	57985	104322	1035368			1509444		59
59.01	CELLTRIFUGE	52181	20586	796228			1697392		59.01
59.02	URODYNAMICS								59.02
59.03	LITHOTRIPSY SVC								59.03
59.04	CAST ROOM								59.04
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC	9882	10465	4916360	4988		6635592		60
60.01	STD/AIDS CLINIC	151781	21068	1685623			2549111		60.01
60.02	GERIATRIC CLINIC								60.02
60.03	SOLID ORGAN TRANSP	233680	85040	1806449	25870		3842360		60.03
61	EMERGENCY	658369	309093	9835053	1517		16058683		61
62	OBSERVATION BEDS (NON-DISTINC								62

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	NONPATIENT TELEPHONES ACTUAL PHO CHAR 6.01	RECON-CILIATION 6A.02	DATA PROCESSING ACCUM COST 6.02	RECON-CILIATION	
62.01	OBSERVATION BEDS-DISTINCT								62.01
63	OB CLINIC SERVICES		40755	2045499	41		882984		63
63.01	GI LABORATORY	396577	326573	3301806	656		4856687		63.01
63.02	OUTSIDE HEALTH SVCES	240569	993018	4218802	537		8738564		63.02
63.03	STAFF OFFICES								63.03
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
69.10	CMHC								69.10
69.20	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	OUTPATIENT OCCUPATIONAL THERA								69.30
69.40	OUTPATIENT SPEECH PATHOLOGY								69.40
71	HOME HEALTH AGENCY								71
	SPECIAL PURPOSE COST CENTERS								
83	KIDNEY ACQUISITION	10185	558	1991741	5437		10735415		83
84	LIVER ACQUISITION	3629	591	1223622	3420		5026100		84
85	HEART ACQUISITION	773		541817	82		1551363		85
85.01	PANCREAS ACQUISITION	386		65095			1433440		85.01
85.02	INTESTINAL ACQUISITION								85.02
85.03	ISLET CELL ACQUISITION								85.03
86.01	HEART TRASNPLANT NOT CERT								86.01
93	HOSPICE	44490	6015	2377546	41499		4879352		93
95	SUBTOTALS	65592476	48335113	434048452	371223	-57294282	1096910258	-3688808	95
	NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & C	53799	2615	51017	531		186700		96
97	RESEARCH	55288	10025	1245964	70		1883855		97
97.02	SPONSORED PROJECT	39357	1542	2056337	538		6416606		97.02
100	EMERGENCY HOUSING	15855279	26439	1021572	3819		16268642		100
100.03	OTHER REAL ESTATE / OPERATION	224739	12540	2103273	6602		6826291		100.03
100.06	MARKETING,OTH NON-REIM								100.06
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	81820939	48388301	129162820	8760031		57294282		103
104	UNIT COST MULT-WS B PT I		1.000001		22.885110		.050771		104
104	UNIT COST MULT-WS B PT I	1.000000		.293201					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			1533628	3804655		13175239		107
108	UNIT COST MULT-WS B PT III				9.939457		.011675		108
108	UNIT COST MULT-WS B PT III			.003481					108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	PURCHASING, RECEIVING AND STOR ACCUM COST 6.03	ADMITTING GROSS REVENUE 6.04	RECON-CILIATION	ADMINISTRATIVE AND GENERAL ACCUM COST 6.05	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY & LINEN SERVICE SQUARE FEET 9	HOUSE-KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	NON PATIENT TELEPHONES									6.01
6.02	DATA PROCESSING									6.02
6.03	PURCHASING, RECEIVING AND STO	1182097826								6.03
6.04	ADMITTING	23814103	4117402690							6.04
6.05	ADMINISTRATIVE AND GENERAL	194920741		-195528565	990258069					6.05
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT	89099326			89377405	1393060				8
9	LAUNDRY & LINEN SERVICE	4149688			4162639	572	1392488			9
10	HOUSEKEEPING	22498448			22568666	38986	38986	1353502		10
11	DIETARY	13711835			13754630	90458	90458	90458	220311	11
12	CAFETERIA	1422987			1427428					12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION	8305706			8331628	8730	8730	8730		14
15	CENTRAL SERVICES & SUPPLY	20297004			20360351	39146	39146	39146		15
16	PHARMACY	26834751			26918502	15463	15463	15463		16
17	MEDICAL RECORDS & LIBRARY	4592588			4606921	3137	3137	3137		17
18	SOCIAL SERVICE	5689724			5707482	11883	11883	11883		18
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES	37556310			37673523	38499	38499	38499		22
23	I&R SERVICES-OTHER PRGM COSTS	10759838			10793419					23
24	PARAMED ED PRGM-PHARMACY	222290			222984	165	165	165		24
24.01	PARAMED ED PROGRAM-CHAPLAINCY	169022			169550	656	656	656		24.01
24.02	PARAMED ED PRGM-NM SCHOOLS	728836			731111	910	910	910		24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	123869143	429141175		126745616	421086	421086	421086	181140	25
26	INTENSIVE CARE UNIT	36419388	105150800		37143138	63332	63332	63332	26438	26
30	SPECIAL CARE NURSERY	13903575	45052487		14208363	41071	41071	41071		30
31	SUBPROVIDER I	6230531	22909616		6382898	14960	14960	14960	12011	31
33	NURSERY	15677654	75434388		16164254					33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	57323206	559303935		60746449	153927	153927	153927		37
38	RECOVERY ROOM	5389542	25609757		5554951	9317	9317	9317		38
39	DELIVERY ROOM & LABOR ROOM	21436787	127848005		22245465	52464	52464	52464		39
40	ANESTHESIOLOGY	2819005	44199919		3084251	1253	1253	1253		40
41	RADIOLOGY-DIAGNOSTIC	48947568	535376459		52206587	97112	97112	97112		41
42	RADIOLOGY-THERAPEUTIC	9252657	119252659		9973439	34346	34346	34346		42
43	RADIOISOTOPE	4886727	67329401		5292623	18116	18116	18116		43
44	LABORATORY	48860153	531621601		52097115	55907	55907	55907		44
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
47	BLOOD STORING, PROCESSING & T	17561233	83482908		18100410	6958	6958	6958		47
49	RESPIRATORY THERAPY	9068414	128619928		9842970	4540	4540	4540		49
50	PHYSICAL THERAPY	3262377	11931982		3341788	5998	5998	5998		50
51	OCCUPATIONAL THERAPY	1325453	8757155		1380399	1658	1658	1658		51
53	ELECTROCARDIOLOGY	2356182	29505590		2534727	7924	7924	7924		53
53.01	CATHERIZATION LAB	7180053	70541145		7611742	17440	17440	17440		53.01
53.02	CARDIAC REHAB	528302	2628932		545204					53.02
53.03	CARDIOLOGY GRAPHICS	4205533	60884424		4571909	3944	3944	3944		53.03
54	ELECTROENCEPHALOGRAPHY	4111857	25250594		4271194	7629	7629	7629		54
54.01	PULMONARY FUNC TESTING	616483	9538754		673751	2286	2286	2286		54.01
54.02	DENTAL SERVICES									54.02
54.03	MAG RESONANCE IMAGING	12792630	164428751		13786572	8533	8533	8533		54.03
55	MEDICAL SUPPLIES CHARGED TO P	54427306	142580136		55424424					55
55.30	IMPL. DEV. CHARGED TO PATIENT	58716797	150877544		59775444					55.30
56	DRUGS CHARGED TO PATIENTS	38999937	235828176		40489931					56
59	BLOOD FLOW LAB	1586080	23699527		1728535	3654	3654	3654		59
59.01	CELLTRIFUGE	1783570	6055921		1824273	3288	3288	3288		59.01
59.02	URODYNAMICS									59.02
59.03	LITHOTRIPSY SVC									59.03
59.04	CAST ROOM									59.04
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	6972488	11258415		7059570	622	622	622		60
60.01	STD/AIDS CLINIC	2678532	3340909		2706276	9566	9566	9566		60.01
60.02	GERIATRIC CLINIC									60.02
60.03	SOLID ORGAN TRANSP	4037440	7772373		4095136	16401	16401	16401		60.03
61	EMERGENCY	16873998	164756059		17882577	41496	41496	41496		61
62	OBSERVATION BEDS (NON-DISTINC									62

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	PURCHASING, RECEIVING AND STOR ACCUM COST 6.03	ADMITTING GROSS REVENUE 6.04	RECON-CILIATION	ADMINISTRATIVE AND GENERAL ACCUM COST 6.05	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY & LINEN SERVICE SQUARE FEET 9	HOUSE-KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11	
62.01	OBSERVATION BEDS-DISTINCT	927814	803547		935372					62.01
63	OB CLINIC SERVICES	5103266	16254831		5213504	11573	11573	11573		63
63.01	GI LABORATORY	9182230	70374887		9619203	15162	15162	15162		63.01
63.02	OUTSIDE HEALTH SVCES									63.02
63.03	STAFF OFFICES									63.03
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERA									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY									71
	SPECIAL PURPOSE COST CENTERS									
83	KIDNEY ACQUISITION	11280463			11315669	870	870	870		83
84	LIVER ACQUISITION	5281280			5297763	310	310	310		84
85	HEART ACQUISITION	1630127			1635215	66	66	66		85
85.01	PANCREAS ACQUISITION	1506217			1510918	33	33	33		85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
86.01	HEART TRASNPLANT NOT CERT									86.01
93	HOSPICE	5127082			5143084	3800	3800	3800	722	93
95	SUBTOTALS	1148912277	4117402690	-195528565	956968948	1385247	1384675	1345689	220311	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & C	196179			196791	3259	3259	3259		96
97	RESEARCH	1979500			1985678	3484	3484	3484		97
97.02	SPONSORED PROJECT	6742384			6763427	1070	1070	1070		97.02
100	EMERGENCY HOUSING									100
100.03	OTHER REAL ESTATE / OPERATION	17094617			17147969					100.03
100.06	MARKETING,OTH NON-REIM	7172869			7195256					100.06
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	COST TO BE ALLOC PER B PT I	3688808	23888427		195528565	107025152	5028505	30160871	25762547	103
104	UNIT COST MULT-WS B PT I	.003121				76.827381		22.283581		104
104	UNIT COST MULT-WS B PT I		.005802		.197452		3.611166		116.937180	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	75184	742270		9335318	30811009	140828	3474107	5243893	107
108	UNIT COST MULT-WS B PT III	.000064				22.117503		2.566754		108
108	UNIT COST MULT-WS B PT III		.000180		.009427		.101134		23.802230	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	CAFETERIA FTES 12	NURSING ADMINIS-TRATION DIRECT NU HOURS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS 15	PHARMACY COSTED REQUIS 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	SOCIAL SERVICE TIME SPENT 18	I&R SALARY & FRINGES ASSIGNED TIME 22	I&R PROGRAM COSTS ASSIGNED TIME 23	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	NON PATIENT TELEPHONES									6.01
6.02	DATA PROCESSING									6.02
6.03	PURCHASING, RECEIVING AND STO									6.03
6.04	ADMITTING									6.04
6.05	ADMINISTRATIVE AND GENERAL									6.05
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT									8
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING									10
11	DIETARY									11
12	CAFETERIA	4132								12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION	48	12078925							14
15	CENTRAL SERVICES & SUPPLY	161		48580573						15
16	PHARMACY	145		132408	5637578					16
17	MEDICAL RECORDS & LIBRARY	42		20		4117402690				17
18	SOCIAL SERVICE	52	29637				10000			18
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES	26	12712					8887		22
23	I&R SERVICES-OTHER PRGM COSTS								8887	23
24	PARAMED ED PRGM-PHARMACY	4								24
24.01	PARAMED ED PROGRAM-CHAPLAINCY	3								24.01
24.02	PARAMED ED PRGM-NM SCHOOLS	6								24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	1094	4808797	6986193	957458	429141175	5895	2308	2308	25
26	INTENSIVE CARE UNIT	290	1727380	4073539	518041	105150800	870	979	979	26
30	SPECIAL CARE NURSERY	173	874930	1076519	5919	45052487	801	54	54	30
31	SUBPROVIDER I	55	127108	19214	572	22909616		271	271	31
33	NURSERY					75434388	1			33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	319	1139645	844727	628629	559303935		2223	2223	37
38	RECOVERY ROOM	41	213482	133467	99794	25609757	5	103	103	38
39	DELIVERY ROOM & LABOR ROOM	180	886921	209428	247256	127848005	98	367	367	39
40	ANESTHESIOLOGY	19	12	38256	422385	44199919		15	15	40
41	RADIOLOGY-DIAGNOSTIC	365	507685	2200996	397948	535376459		674	674	41
42	RADIOLOGY-THERAPEUTIC	48	60590	42783	8195	119252659	400	215	215	42
43	RADIOISOTOPE	25	2150	82939	4059	67329401		29	29	43
44	LABORATORY	259	12	12191496	33543	531621601		549	549	44
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
47	BLOOD STORING, PROCESSING & T	32		13494585	128229	83482908		42	42	47
49	RESPIRATORY THERAPY	108	6226	615639	51115	128619928		29	29	49
50	PHYSICAL THERAPY	26		75660	1287	11931982		3	3	50
51	OCCUPATIONAL THERAPY	15				8757155		3	3	51
53	ELECTROCARDIOLOGY	19	17856	126964	393413	29505590				53
53.01	CATHERIZATION LAB	34	173992	16675	25880	70541145		58	58	53.01
53.02	CARDIAC REHAB	3	18080	2986	19	2628932		1	1	53.02
53.03	CARDIOLOGY GRAPHICS	29	41951	58348	446201	60884424		89	89	53.03
54	ELECTROENCEPHALOGRAPHY	29	25	152153		25250594		24	24	54
54.01	PULMONARY FUNC TESTING	4	7157	48376	5127	9538754		29	29	54.01
54.02	DENTAL SERVICES									54.02
54.03	MAG RESONANCE IMAGING	49	137	1273340	397655	164428751				54.03
55	MEDICAL SUPPLIES CHARGED TO P					142580136				55
55.30	IMPL. DEV. CHARGED TO PATIENT					150877544				55.30
56	DRUGS CHARGED TO PATIENTS		6772			235828176				56
59	BLOOD FLOW LAB	11		6540	626	23699527		3	3	59
59.01	CELLTRIFUGE	9	40162	521150	31966	6055921				59.01
59.02	URODYNAMICS									59.02
59.03	LITHOTRIPSY SVC									59.03
59.04	CAST ROOM									59.04
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	66	86412	2520	73520	11258415	750	256	256	60
60.01	STD/AIDS CLINIC	23	28543	31648	115352	3340909	200			60.01
60.02	GERIATRIC CLINIC									60.02
60.03	SOLID ORGAN TRANSP	50	95098	127649	17060	7772373				60.03
61	EMERGENCY	127	639204	1878479	283290	164756059	800	306	306	61
62	OBSERVATION BEDS (NON-DISTINC									62

PROVIDER NO. 14-0281 NORTHWESTERN MEMORIAL HOSPITAL
PERIOD FROM 09/01/2009 TO 08/31/2010

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

VERSION: 2010.09
01/27/2011 13:37

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	CAFETERIA FTES 12	NURSING ADMINIS-TRATION DIRECT NU HOURS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS 15	PHARMACY COSTED REQUIS 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	SOCIAL SERVICE TIME SPENT 18	I&R SALARY & FRINGES ASSIGNED TIME 22	I&R PROGRAM COSTS ASSIGNED TIME 23	
62.01	OBSERVATION BEDS-DISTINCT	3	5989	12018	2403	803547	26			62.01
63	OB CLINIC SERVICES	30	75340	62605	2183	16254831	100	172	172	63
63.01	GI LABORATORY	52	236595	1954240	28049	70374887		56	56	63.01
63.02	OUTSIDE HEALTH SVCES									63.02
63.03	STAFF OFFICES									63.03
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERA									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY									71
	SPECIAL PURPOSE COST CENTERS									
83	KIDNEY ACQUISITION	10	47070		2736					83
84	LIVER ACQUISITION	8	48649		3804					84
85	HEART ACQUISITION	4	20876							85
85.01	PANCREAS ACQUISITION		12							85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
86.01	HEART TRASNPLANT NOT CERT									86.01
93	HOSPICE	30	91544	78706	302545					93
95	SUBTOTALS	4126	12078751	48572266	5636259	4117402690	9946	8858	8858	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & C	1								96
97	RESEARCH		174	6773	1319		54	29	29	97
97.02	SPONSORED PROJECT	5								97.02
100	EMERGENCY HOUSING									100
100.03	OTHER REAL ESTATE / OPERATION			1494						100.03
100.06	MARKETING,OTH NON-REIM			40						100.06
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	COST TO BE ALLOC PER B PT I	1709277	10893345	28468305	33959579	5856192	8103322	49089153	12924601	103
104	UNIT COST MULT-WS B PT I	413.668199		.586002		.001422		5523.703499		104
104	UNIT COST MULT-WS B PT I		.901847		6.023789		810.332200		1454.326657	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	37966	824010	4273448	1761026	284517	581252	2544700	221990	107
108	UNIT COST MULT-WS B PT III	9.188287		.087966		.000069		286.339597		108
108	UNIT COST MULT-WS B PT III		.068219		.312373		58.125200		24.979183	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	PARAMED EDUCATION MEALS SERVED 24	PARAMED ED PROGRAM-C HAPLAINCY MEALS SERVED 24.01	MEALS SERVED 24.02	
	GENERAL SERVICE COST CENTERS				
1	OLD CAP REL COSTS-BLDG & FIXT				1
2	OLD CAP REL COSTS-MVBLE EQUIP				2
3	NEW CAP REL COSTS-BLDG & FIXT				3
4	NEW CAP REL COSTS-MVBLE EQUIP				4
5	EMPLOYEE BENEFITS				5
6.01	NON PATIENT TELEPHONES				6.01
6.02	DATA PROCESSING				6.02
6.03	PURCHASING, RECEIVING AND STO				6.03
6.04	ADMITTING				6.04
6.05	ADMINISTRATIVE AND GENERAL				6.05
7	MAINTENANCE & REPAIRS				7
8	OPERATION OF PLANT				8
9	LAUNDRY & LINEN SERVICE				9
10	HOUSEKEEPING				10
11	DIETARY				11
12	CAFETERIA				12
13	MAINTENANCE OF PERSONNEL				13
14	NURSING ADMINISTRATION				14
15	CENTRAL SERVICES & SUPPLY				15
16	PHARMACY				16
17	MEDICAL RECORDS & LIBRARY				17
18	SOCIAL SERVICE				18
20	NONPHYSICIAN ANESTHETISTS				20
21	NURSING SCHOOL				21
22	I&R SERVICES-SALARY & FRINGES				22
23	I&R SERVICES-OTHER PRGM COSTS				23
24	PARAMED ED PRGM-PHARMACY	207578			24
24.01	PARAMED ED PROGRAM-CHAPLAINCY		207578		24.01
24.02	PARAMED ED PRGM-NM SCHOOLS			207578	24.02
	INPATIENT ROUTINE SERV COST CENTERS				
25	ADULTS & PEDIATRICS	181140	181140	181140	25
26	INTENSIVE CARE UNIT	26438	26438	26438	26
30	SPECIAL CARE NURSERY				30
31	SUBPROVIDER I				31
33	NURSERY				33
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM				37
38	RECOVERY ROOM				38
39	DELIVERY ROOM & LABOR ROOM				39
40	ANESTHESIOLOGY				40
41	RADIOLOGY-DIAGNOSTIC				41
42	RADIOLOGY-THERAPEUTIC				42
43	RADIOISOTOPE				43
44	LABORATORY				44
46.30	BLOOD CLOTTING FACTORS ADMIN				46.30
47	BLOOD STORING, PROCESSING & T				47
49	RESPIRATORY THERAPY				49
50	PHYSICAL THERAPY				50
51	OCCUPATIONAL THERAPY				51
53	ELECTROCARDIOLOGY				53
53.01	CATHERIZATION LAB				53.01
53.02	CARDIAC REHAB				53.02
53.03	CARDIOLOGY GRAPHICS				53.03
54	ELECTROENCEPHALOGRAPHY				54
54.01	PULMONARY FUNC TESTING				54.01
54.02	DENTAL SERVICES				54.02
54.03	MAG RESONANCE IMAGING				54.03
55	MEDICAL SUPPLIES CHARGED TO P				55
55.30	IMPL. DEV. CHARGED TO PATIENT				55.30
56	DRUGS CHARGED TO PATIENTS				56
59	BLOOD FLOW LAB				59
59.01	CELLTRIFUGE				59.01
59.02	URODYNAMICS				59.02
59.03	LITHOTRIPSY SVC				59.03
59.04	CAST ROOM				59.04
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC				60
60.01	STD/AIDS CLINIC				60.01
60.02	GERIATRIC CLINIC				60.02
60.03	SOLID ORGAN TRANSP				60.03
61	EMERGENCY				61
62	OBSERVATION BEDS (NON-DISTINC				62

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	PARAMED EDUCATION MEALS SERVED 24	PARAMED ED PROGRAM-C HAPLAINCY MEALS SERVED 24.01	MEALS SERVED 24.02	
62.01	OBSERVATION BEDS-DISTINCT				62.01
63	OB CLINIC SERVICES				63
63.01	GI LABORATORY				63.01
63.02	OUTSIDE HEALTH SVCES				63.02
63.03	STAFF OFFICES				63.03
63.50	RHC				63.50
63.60	FQHC				63.60
	OTHER REIMBURSABLE COST CENTERS				
69.10	CMHC				69.10
69.20	OUTPATIENT PHYSICAL THERAPY				69.20
69.30	OUTPATIENT OCCUPATIONAL THERA				69.30
69.40	OUTPATIENT SPEECH PATHOLOGY				69.40
71	HOME HEALTH AGENCY				71
	SPECIAL PURPOSE COST CENTERS				
83	KIDNEY ACQUISITION				83
84	LIVER ACQUISITION				84
85	HEART ACQUISITION				85
85.01	PANCREAS ACQUISITION				85.01
85.02	INTESTINAL ACQUISITION				85.02
85.03	ISLET CELL ACQUISITION				85.03
86.01	HEART TRASNPLANT NOT CERT				86.01
93	HOSPICE				93
95	SUBTOTALS	207578	207578	207578	95
	NONREIMBURSABLE COST CENTERS				
96	GIFT, FLOWER, COFFEE SHOP & C				96
97	RESEARCH				97
97.02	SPONSORED PROJECT				97.02
100	EMERGENCY HOUSING				100
100.03	OTHER REAL ESTATE / OPERATION				100.03
100.06	MARKETING,OTH NON-REIM				100.06
101	CROSS FOOT ADJUSTMENTS				101
102	NEGATIVE COST CENTER				102
103	COST TO BE ALLOC PER B PT I	285618	271655	971429	103
104	UNIT COST MULT-WS B PT I	1.375955		4.679826	104
104	UNIT COST MULT-WS B PT I		1.308689		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	13157	30546	59049	107
108	UNIT COST MULT-WS B PT III	.063383		.284467	108
108	UNIT COST MULT-WS B PT III		.147154		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS	237580726		237580726	518435	238099161	25
26	INTENSIVE CARE UNIT	62308990		62308990	475355	62784345	26
30	SPECIAL CARE NURSERY	23472989		23472989	113465	23586454	30
31	SUBPROVIDER I	10769135		10769135	40704	10809839	31
33	NURSERY	19463996		19463996		19463996	33
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	94790726		94790726	177623	94968349	37
38	RECOVERY ROOM	8538156		8538156	24000	8562156	38
39	DELIVERY ROOM & LABOR ROOM	34774774		34774774	149698	34924472	39
40	ANESTHESIOLOGY	6459453		6459453	89486	6548939	40
41	RADIOLOGY-DIAGNOSTIC	77547525		77547525	165067	77712592	41
42	RADIOLOGY-THERAPEUTIC	16113453		16113453	46300	16159753	42
43	RADIOISOTOPE	8379652		8379652	65392	8445044	43
44	LABORATORY	76336094		76336094		76336094	44
46.30	BLOOD CLOTTING FACTORS ADMI						46.30
47	BLOOD STORING, PROCESSING &	31201332		31201332	135218	31336550	47
49	RESPIRATORY THERAPY	13154703		13154703		13154703	49
50	PHYSICAL THERAPY	4697571		4697571	12604	4710175	50
51	OCCUPATIONAL THERAPY	1841933		1841933		1841933	51
53	ELECTROCARDIOLOGY	6359342		6359342	60130	6419472	53
53.01	CATHERIZATION LAB	11343128		11343128	86483	11429611	53.01
53.02	CARDIAC REHAB	676004		676004		676004	53.02
53.03	CARDIOLOGY GRAPHICS	8738197		8738197	56342	8794539	53.03
54	ELECTROENCEPHALOGRAPHY	6035304		6035304		6035304	54
54.01	PULMONARY FUNC TESTING	1122512		1122512	1633	1124145	54.01
54.02	DENTAL SERVICES						54.02
54.03	MAG RESONANCE IMAGING	20781068		20781068	9575	20790643	54.03
55	MEDICAL SUPPLIES CHARGED TO	66570836		66570836		66570836	55
55.30	IMPL. DEV. CHARGED TO PATIE	71792773		71792773		71792773	55.30
56	DRUGS CHARGED TO PATIENTS	48826204		48826204		48826204	56
59	BLOOD FLOW LAB	2491038		2491038	25927	2516965	59
59.01	CELLTRIFUGE	3068735		3068735		3068735	59.01
59.02	URODYNAMICS						59.02
59.03	LITHOTRIPSY SVC						59.03
59.04	CAST ROOM						59.04
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC	9690725		9690725	585511	10276236	60
60.01	STD/AIDS CLINIC	5138750		5138750		5138750	60.01
60.02	GERIATRIC CLINIC						60.02
60.03	SOLID ORGAN TRANSP	6883543		6883543	288993	7172536	60.03
61	EMERGENCY	29994905		29994905		29994905	61
62	OBSERVATION BEDS (NON-DISTI	7808177		7808177		7808177	62
62.01	OBSERVATION BEDS-DISTINCT	1170435		1170435		1170435	62.01
63	OB CLINIC SERVICES	7666063		7666063	59957	7726020	63
63.01	GI LABORATORY	14725113		14725113	58510	14783623	63.01
63.02	OUTSIDE HEALTH SVCES						63.02
63.03	STAFF OFFICES						63.03
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
101	SUBTOTAL	1058314060		1058314060	3246408	1061560468	101
102	LESS OBSERVATION BEDS	7808177		7808177		7808177	102
103	TOTAL	1050505883		1050505883	3246408	1053752291	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I (CONT)

	COST CENTER DESCRIPTION	CHARGES INPATIENT 6	CHARGES OUTPATIENT 7	CHARGES TOTAL 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11	
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	429141175		429141175				25
26	INTENSIVE CARE UNIT	105150800		105150800				26
30	SPECIAL CARE NURSERY	45052487		45052487				30
31	SUBPROVIDER I	22909616		22909616				31
33	NURSERY	75434388		75434388				33
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	340706100	218597835	559303935	.169480	.169480	.169797	37
38	RECOVERY ROOM	17310330	8299427	25609757	.333395	.333395	.334332	38
39	DELIVERY ROOM & LABOR ROOM	118407569	9440436	127848005	.272001	.272001	.273172	39
40	ANESTHESIOLOGY	27683011	16516908	44199919	.146142	.146142	.148166	40
41	RADIOLOGY-DIAGNOSTIC	183349671	352026788	535376459	.144847	.144847	.145155	41
42	RADIOLOGY-THERAPEUTIC	7067019	112185640	119252659	.135120	.135120	.135509	42
43	RADIOISOTOPE	11225658	56103743	67329401	.124458	.124458	.125429	43
44	LABORATORY	282929699	248691902	531621601	.143591	.143591	.143591	44
46.30	BLOOD CLOTTING FACTORS ADMI							46.30
47	BLOOD STORING, PROCESSING &	71742874	11740034	83482908	.373745	.373745	.375365	47
49	RESPIRATORY THERAPY	127104619	1515309	128619928	.102276	.102276	.102276	49
50	PHYSICAL THERAPY	11308873	623109	11931982	.393696	.393696	.394752	50
51	OCCUPATIONAL THERAPY	8412170	344985	8757155	.210335	.210335	.210335	51
53	ELECTROCARDIOLOGY	13224189	16281401	29505590	.215530	.215530	.217568	53
53.01	CATHERIZATION LAB	31212221	39328924	70541145	.160802	.160802	.162028	53.01
53.02	CARDIAC REHAB	5303	2623629	2628932	.257140	.257140	.257140	53.02
53.03	CARDIOLOGY GRAPHICS	29879905	31004519	60884424	.143521	.143521	.144446	53.03
54	ELECTROENCEPHALOGRAPHY	11610042	13640552	25250594	.239016	.239016	.239016	54
54.01	PULMONARY FUNC TESTING	1588084	7950670	9538754	.117679	.117679	.117850	54.01
54.02	DENTAL SERVICES							54.02
54.03	MAG RESONANCE IMAGING	32756834	131671917	164428751	.126383	.126383	.126442	54.03
55	MEDICAL SUPPLIES CHARGED TO	87090185	55489951	142580136	.466901	.466901	.466901	55
55.30	IMPL. DEV. CHARGED TO PATIE	106265072	44612472	150877544	.475835	.475835	.475835	55.30
56	DRUGS CHARGED TO PATIENTS	201583782	34244394	235828176	.207041	.207041	.207041	56
59	BLOOD FLOW LAB	12006153	11693374	23699527	.105109	.105109	.106203	59
59.01	CELLTRIFUGE	1368420	4687501	6055921	.506733	.506733	.506733	59.01
59.02	URODYNAMICS							59.02
59.03	LITHOTRIPSY SVC							59.03
59.04	CAST ROOM							59.04
	OUTPATIENT SERVICE COST CENTERS							
60	CLINIC	965458	10292957	11258415	.860754	.860754	.912760	60
60.01	STD/AIDS CLINIC		3340909	3340909	1.538129	1.538129	1.538129	60.01
60.02	GERIATRIC CLINIC							60.02
60.03	SOLID ORGAN TRANSP	678699	7093674	7772373	.885642	.885642	.922824	60.03
61	EMERGENCY	58808903	105947156	164756059	.182056	.182056	.182056	61
62	OBSERVATION BEDS (NON-DISTI							62
62.01	OBSERVATION BEDS-DISTINCT	108446	695101	803547	1.456586	1.456586	1.456586	62.01
63	OB CLINIC SERVICES	905376	15349455	16254831	.471618	.471618	.475306	63
63.01	GI LABORATORY	9852281	60522606	70374887	.209238	.209238	.210070	63.01
63.02	OUTSIDE HEALTH SVCES							63.02
63.03	STAFF OFFICES							63.03
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
101	SUBTOTAL	2484845412	1632557278	4117402690				101
102	LESS OBSERVATION BEDS							102
103	TOTAL	2484845412	1632557278	4117402690				103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

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	COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL RELATED COST 1	OLD CAPITAL SWING-BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAPITAL RELATED COST 3	NEW CAPITAL CAPITAL RELATED COST 4	NEW CAPITAL SWING-BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAPITAL RELATED COST 6	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS				30726404		30726404	25
26	INTENSIVE CARE UNIT				5194808		5194808	26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	SPECIAL CARE NURSERY				3713148		3713148	30
31	SUBPROVIDER I				1121724		1121724	31
33	NURSERY				381027		381027	33
101	TOTAL				41137111		41137111	101

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	OLD CAPITAL INPATIENT PROGRAM CAPITAL COST 10	NEW CAPITAL PER DIEM 11	NEW CAPITAL INPATIENT PROGRAM CAPITAL COST 12	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS	187230	56408			164.11	9257117	25
26	INTENSIVE CARE UNIT	26437	13094			196.50	2572971	26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	SPECIAL CARE NURSERY	9830				377.74		30
31	SUBPROVIDER I	12011	3462			93.39	323316	31
33	NURSERY	41459				9.19		33
101	TOTAL	276967	72964				12153404	101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

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	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	13831112	559303935	117555548				.024729	2907031	37
38	RECOVERY ROOM	588778	25609757	6347684				.022990	145933	38
39	DELIVERY ROOM & LABOR ROOM	4653380	127848005	148819				.036398	5417	39
40	ANESTHESIOLOGY	960898	44199919	9554982				.021740	207725	40
41	RADIOLOGY-DIAGNOSTIC	11576837	535376459	67256739				.021624	1454360	41
42	RADIOLOGY-THERAPEUTIC	3299209	119252659	2118915				.027666	58622	42
43	RADIOISOTOPE	1809491	67329401	4895171				.026875	131558	43
44	LABORATORY	6438541	531621601	105854312				.012111	1282002	44
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
47	BLOOD STORING, PROCESSING & T	2061638	83482908	24867582				.024695	614105	47
49	RESPIRATORY THERAPY	817973	128619928	40230016				.006360	255863	49
50	PHYSICAL THERAPY	349641	11931982	4845916				.029303	142000	50
51	OCCUPATIONAL THERAPY	104360	8757155	4022152				.011917	47932	51
53	ELECTROCARDIOLOGY	641866	29505590	5820619				.021754	126622	53
53.01	CATHERIZATION LAB	2975417	70541145	13452142				.042180	567411	53.01
53.02	CARDIAC REHAB	39798	2628932	2275				.015138	34	53.02
53.03	CARDIOLOGY GRAPHICS	866050	60884424	12812444				.014224	182244	53.03
54	ELECTROENCEPHALOGRAPHY	585606	25250594	3854740				.023192	89399	54
54.01	PULMONARY FUNC TESTING	146583	9538754	1112779				.015367	17100	54.01
54.02	DENTAL SERVICES									54.02
54.03	MAG RESONANCE IMAGING	3940583	164428751	11811252				.023965	283057	54.03
55	MEDICAL SUPPLIES CHARGED TO P	1166207	142580136	29343900				.008179	240004	55
55.30	IMPL. DEV. CHARGED TO PATIENT	1257226	150877544	45783186				.008333	381511	55.30
56	DRUGS CHARGED TO PATIENTS	876702	235828176	68426186				.003718	254409	56
59	BLOOD FLOW LAB	297270	23699527	5214801				.012543	65409	59
59.01	CELLTRIFUGE	254320	6055921	501245				.041995	21050	59.01
59.02	URODYNAMICS									59.02
59.03	LITHOTRIPSY SVC									59.03
59.04	CAST ROOM									59.04
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	323011	11258415	39400				.028691	1130	60
60.01	STD/AIDS CLINIC	524690	3340909					.157050		60.01
60.02	GERIATRIC CLINIC									60.02
60.03	SOLID ORGAN TRANSP	1097809	7772373	439852				.141245	62127	60.03
61	EMERGENCY	2788446	164756059	22532791				.016925	381367	61
62	OBSERVATION BEDS (NON-DISTINC	1007637								62
62.01	OBSERVATION BEDS-DISTINCT	71425	803547					.088887		62.01
63	OB CLINIC SERVICES	1155648	16254831	30513				.071096	2169	63
63.01	GI LABORATORY	2037508	70374887	3707771				.028952	107347	63.01
63.02	OUTSIDE HEALTH SVCES									63.02
63.03	STAFF OFFICES									63.03
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
101	TOTAL	68545660	3439714224	612583732					10034938	101

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

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PART III

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	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS							25
26	INTENSIVE CARE UNIT			1334001			1334001	26
27	CORONARY CARE UNIT			194701			194701	27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	SPECIAL CARE NURSERY							30
31	SUBPROVIDER I							31
33	NURSERY							33
34	SKILLED NURSING FACILITY							34
35	NURSING FACILITY							35
101	TOTAL			1528702			1528702	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

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PART III

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	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
	INPAT ROUTINE SERV COST CTRS					
25	ADULTS & PEDIATRICS	187230	7.12	56408	401625	25
26	INTENSIVE CARE UNIT	26437	7.36	13094	96372	26
27	CORONARY CARE UNIT					27
28	BURN INTENSIVE CARE UNIT					28
29	SURGICAL INTENSIVE CARE UNIT					29
30	SPECIAL CARE NURSERY	9830				30
31	SUBPROVIDER I	12011		3462		31
33	NURSERY	41459				33
34	SKILLED NURSING FACILITY					34
35	NURSING FACILITY					35
101	TOTAL	276967		72964	497997	101

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PART IV

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[XX] HOSPITAL (14-0281)
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	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	ADMINISTERING BLOOD CLOTTING FACTORS COST 2.03	TOTAL COSTS 3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM								37
38	RECOVERY ROOM								38
39	DELIVERY ROOM & LABOR ROOM								39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC								41
42	RADIOLOGY-THERAPEUTIC								42
43	RADIOISOTOPE								43
44	LABORATORY								44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T								47
49	RESPIRATORY THERAPY								49
50	PHYSICAL THERAPY								50
51	OCCUPATIONAL THERAPY								51
53	ELECTROCARDIOLOGY								53
53.01	CATHERIZATION LAB								53.01
53.02	CARDIAC REHAB								53.02
53.03	CARDIOLOGY GRAPHICS								53.03
54	ELECTROENCEPHALOGRAPHY								54
54.01	PULMONARY FUNC TESTING								54.01
54.02	DENTAL SERVICES								54.02
54.03	MAG RESONANCE IMAGING								54.03
55	MEDICAL SUPPLIES CHARGED TO P								55
55.30	IMPL. DEV. CHARGED TO PATIENT								55.30
56	DRUGS CHARGED TO PATIENTS								56
59	BLOOD FLOW LAB								59
59.01	CELLTRIFUGE								59.01
59.02	URODYNAMICS								59.02
59.03	LITHOTRIPSY SVC								59.03
59.04	CAST ROOM								59.04
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC								60
60.01	STD/AIDS CLINIC								60.01
60.02	GERIATRIC CLINIC								60.02
60.03	SOLID ORGAN TRANSP								60.03
61	EMERGENCY								61
62	OBSERVATION BEDS (NON-DISTINC								62
62.01	OBSERVATION BEDS-DISTINCT				43749			43749	62.01
63	OB CLINIC SERVICES								63
63.01	GI LABORATORY								63.01
63.02	OUTSIDE HEALTH SVCES								63.02
63.03	STAFF OFFICES								63.03
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL				43749			43749	101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

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	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		559303935			117555548		34714223	37
38	RECOVERY ROOM		25609757			6347684		2017056	38
39	DELIVERY ROOM & LABOR ROOM		127848005			148819		31743	39
40	ANESTHESIOLOGY		44199919			9554982		2995155	40
41	RADIOLOGY-DIAGNOSTIC		535376459			67256739		88089368	41
42	RADIOLOGY-THERAPEUTIC		119252659			2118915		32338468	42
43	RADIOISOTOPE		67329401			4895171		20184376	43
44	LABORATORY		531621601			105854312		12251560	44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T		83482908			24867582		2424166	47
49	RESPIRATORY THERAPY		128619928			40230016		175086	49
50	PHYSICAL THERAPY		11931982			4845916			50
51	OCCUPATIONAL THERAPY		8757155			4022152			51
53	ELECTROCARDIOLOGY		29505590			5820619		4173146	53
53.01	CATHERIZATION LAB		70541145			13452142		15006568	53.01
53.02	CARDIAC REHAB		2628932			2275		952804	53.02
53.03	CARDIOLOGY GRAPHICS		60884424			12812444		7407548	53.03
54	ELECTROENCEPHALOGRAPHY		25250594			3854740		3012730	54
54.01	PULMONARY FUNC TESTING		9538754			1112779		2635479	54.01
54.02	DENTAL SERVICES								54.02
54.03	MAG RESONANCE IMAGING		164428751			11811252		30911753	54.03
55	MEDICAL SUPPLIES CHARGED TO P		142580136			29343900		12282713	55
55.30	IMPL. DEV. CHARGED TO PATIENT		150877544			45783186		17684005	55.30
56	DRUGS CHARGED TO PATIENTS		235828176			68426186		9542514	56
59	BLOOD FLOW LAB		23699527			5214801		4114936	59
59.01	CELLTRIFUGE		6055921			501245		1441186	59.01
59.02	URODYNAMICS								59.02
59.03	LITHOTRIPSY SVC								59.03
59.04	CAST ROOM								59.04
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC		11258415			39400		2148475	60
60.01	STD/AIDS CLINIC		3340909					848954	60.01
60.02	GERIATRIC CLINIC								60.02
60.03	SOLID ORGAN TRANSP		7772373			439852		2067807	60.03
61	EMERGENCY		164756059			22532791		14429038	61
62	OBSERVATION BEDS (NON-DISTINC	43749							62
62.01	OBSERVATION BEDS-DISTINCT		803547					108474	62.01
63	OB CLINIC SERVICES		16254831			30513		249845	63
63.01	GI LABORATORY		70374887			3707771		14244103	63.01
63.02	OUTSIDE HEALTH SVCES								63.02
63.03	STAFF OFFICES								63.03
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL	43749	3439714224			612583732		338483279	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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	COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
42	RADIOLOGY-THERAPEUTIC						42
43	RADIOISOTOPE						43
44	LABORATORY						44
46.30	BLOOD CLOTTING FACTORS ADMIN						46.30
47	BLOOD STORING, PROCESSING & T						47
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY						50
51	OCCUPATIONAL THERAPY						51
53	ELECTROCARDIOLOGY						53
53.01	CATHERIZATION LAB						53.01
53.02	CARDIAC REHAB						53.02
53.03	CARDIOLOGY GRAPHICS						53.03
54	ELECTROENCEPHALOGRAPHY						54
54.01	PULMONARY FUNC TESTING						54.01
54.02	DENTAL SERVICES						54.02
54.03	MAG RESONANCE IMAGING						54.03
55	MEDICAL SUPPLIES CHARGED TO P						55
55.30	IMPL. DEV. CHARGED TO PATIENT						55.30
56	DRUGS CHARGED TO PATIENTS						56
59	BLOOD FLOW LAB						59
59.01	CELLTRIFUGE						59.01
59.02	URODYNAMICS						59.02
59.03	LITHOTRIPSY SVC						59.03
59.04	CAST ROOM						59.04
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC						60
60.01	STD/AIDS CLINIC						60.01
60.02	GERIATRIC CLINIC						60.02
60.03	SOLID ORGAN TRANSP						60.03
61	EMERGENCY						61
62	OBSERVATION BEDS (NON-DISTINC						62
62.01	OBSERVATION BEDS-DISTINCT						62.01
63	OB CLINIC SERVICES						63
63.01	GI LABORATORY						63.01
63.02	OUTSIDE HEALTH SVCES						63.02
63.03	STAFF OFFICES						63.03
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
101	TOTAL						101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

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	COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C, PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	PROGRAM CHARGES: OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4	
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	.169480	.169480	.169480				37
38	RECOVERY ROOM	.333395	.333395	.333395				38
39	DELIVERY ROOM & LABOR ROOM	.272001	.272001	.272001				39
40	ANESTHESIOLOGY	.146142	.146142	.146142				40
41	RADIOLOGY-DIAGNOSTIC	.144847	.144847	.144847				41
42	RADIOLOGY-THERAPEUTIC	.135120	.135120	.135120				42
43	RADIOISOTOPE	.124458	.124458	.124458				43
44	LABORATORY	.143591	.143591	.143591				44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
47	BLOOD STORING, PROCESSING & TRA	.373745	.373745	.373745				47
49	RESPIRATORY THERAPY	.102276	.102276	.102276				49
50	PHYSICAL THERAPY	.393696	.393696	.393696				50
51	OCCUPATIONAL THERAPY	.210335	.210335	.210335				51
53	ELECTROCARDIOLOGY	.215530	.215530	.215530				53
53.01	CATHERIZATION LAB	.160802	.160802	.160802				53.01
53.02	CARDIAC REHAB	.257140	.257140	.257140				53.02
53.03	CARDIOLOGY GRAPHICS	.143521	.143521	.143521				53.03
54	ELECTROENCEPHALOGRAPHY	.239016	.239016	.239016				54
54.01	PULMONARY FUNC TESTING	.117679	.117679	.117679				54.01
54.02	DENTAL SERVICES							54.02
54.03	MAG RESONANCE IMAGING	.126383	.126383	.126383				54.03
55	MEDICAL SUPPLIES CHARGED TO PAT	.466901	.466901	.466901				55
55.30	IMPL. DEV. CHARGED TO PATIENT	.475835	.475835	.475835				55.30
56	DRUGS CHARGED TO PATIENTS	.207041	.207041	.207041				56
59	BLOOD FLOW LAB	.105109	.105109	.105109				59
59.01	CELLTRIFUGE	.506733	.506733	.506733				59.01
59.02	URODYNAMICS							59.02
59.03	LITHOTRIPSY SVC							59.03
59.04	CAST ROOM							59.04
	OUTPATIENT SERVICE COST CENTERS							
60	CLINIC	.860754	.860754	.860754				60
60.01	STD/AIDS CLINIC	1.538129	1.538129	1.538129				60.01
60.02	GERIATRIC CLINIC							60.02
60.03	SOLID ORGAN TRANSP	.885642	.885642	.885642				60.03
61	EMERGENCY	.182056	.182056	.182056				61
62	OBSERVATION BEDS (NON-DISTINCT							62
62.01	OBSERVATION BEDS-DISTINCT	1.456586	1.456586	1.456586				62.01
63	OB CLINIC SERVICES	.471618	.471618	.471618				63
63.01	GI LABORATORY	.209238	.209238	.209238				63.01
63.02	OUTSIDE HEALTH SVCES							63.02
63.03	STAFF OFFICES							63.03
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
65.01	AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02	AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03	AMBULANCE SERVICES (4TH PERIOD)							65.03
101	SUBTOTAL							101
102	CRNA CHARGES							102
103	LESS PEP CLINIC LAB SERV-PGM ONLY CHRGS							103
104	NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

		1	
1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.207041	1
2	PROGRAM VACCINE CHARGES		2
2.01	PROGRAM VACCINE CHARGES		2.01
3	PROGRAM COSTS		3
3.01	PROGRAM COSTS		3.01

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PERIOD FROM 09/01/2009 TO 08/31/2010

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

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	COST CENTER DESCRIPTION	PROGRAM CHARGES: ALL OTHER (1) (SEE INSTRU.) 5	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.01	PROGRAM CHARGES: ALL OTHER (SEE INSTRU.) 5.02	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.03	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.04	PROGRAM COST: OUTPATIENT AMBULATORY SURGICAL CENTER 6	PROGRAM COST: OUTPATIENT RADIOLOGY 7	PROGRAM COST: OTHER OUTPATIENT DIAGNOSTIC 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		34714223							37
38	RECOVERY ROOM		2017056							38
39	DELIVERY ROOM & LABOR ROOM		31743							39
40	ANESTHESIOLOGY		2995155							40
41	RADIOLOGY-DIAGNOSTIC		88089368							41
42	RADIOLOGY-THERAPEUTIC		32338468							42
43	RADIOISOTOPE		20184376							43
44	LABORATORY		12251560							44
46.30	BLOOD CLOTTING FACTORS ADMIN C									46.30
47	BLOOD STORING, PROCESSING & TR		2424166							47
49	RESPIRATORY THERAPY		175086							49
50	PHYSICAL THERAPY									50
51	OCCUPATIONAL THERAPY									51
53	ELECTROCARDIOLOGY		4173146							53
53.01	CATHERIZATION LAB		15006568							53.01
53.02	CARDIAC REHAB		952804							53.02
53.03	CARDIOLOGY GRAPHICS		7407548							53.03
54	ELECTROENCEPHALOGRAPHY		3012730							54
54.01	PULMONARY FUNC TESTING		2635479							54.01
54.02	DENTAL SERVICES									54.02
54.03	MAG RESONANCE IMAGING		30911753							54.03
55	MEDICAL SUPPLIES CHARGED TO PA		12282713							55
55.30	IMPL. DEV. CHARGED TO PATIENT		17684005							55.30
56	DRUGS CHARGED TO PATIENTS		9542514							56
59	BLOOD FLOW LAB		4114936							59
59.01	CELLTRIFUGE		1441186							59.01
59.02	URODYNAMICS									59.02
59.03	LITHOTRIPSY SVC									59.03
59.04	CAST ROOM									59.04
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		2148475							60
60.01	STD/AIDS CLINIC		848954							60.01
60.02	GERIATRIC CLINIC									60.02
60.03	SOLID ORGAN TRANSP		2067807							60.03
61	EMERGENCY		14429038							61
62	OBSERVATION BEDS (NON-DISTINCT									62
62.01	OBSERVATION BEDS-DISTINCT		108474							62.01
63	OB CLINIC SERVICES		249845							63
63.01	GI LABORATORY		14244103							63.01
63.02	OUTSIDE HEALTH SVCES									63.02
63.03	STAFF OFFICES									63.03
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65.01	AMBULANCE SERVICES (2ND PERIOD									65.01
65.02	AMBULANCE SERVICES (3RD PERIOD									65.02
65.03	AMBULANCE SERVICES (4TH PERIOD									65.03
101	SUBTOTAL		338483279							101
102	CRNA CHARGES									102
103	PBP CLINIC LAB									103
104	NET CHARGES		338483279							104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

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	COST CENTER DESCRIPTION	PROGRAM COST: ALL OTHER (COLS 1x5) 9	PROGRAM COST: PPS SERVICES (COLUMNS 1.01x5.01) 9.01	PROGRAM COST: ALL OTHER (COLUMNS 1.01x5.02) 9.02	PROGRAM COST: PPS SERVICES (COLUMNS 1.01x5.03 9.03	PROGRAM COST: PPS SERVICES (COLUMNS 1.01x5.04 9.04	HOSPITAL I/P PART B CHARGES (SEE INSTRU.) 10	HOSPITAL I/P PART B COST (COLUMNS 1.02x10) 11	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		5883367						37
38	RECOVERY ROOM		672476						38
39	DELIVERY ROOM & LABOR ROOM		8634						39
40	ANESTHESIOLOGY		437718						40
41	RADIOLOGY-DIAGNOSTIC		12759481						41
42	RADIOLOGY-THERAPEUTIC		4369574						42
43	RADIOISOTOPE		2512107						43
44	LABORATORY		1759214						44
46.30	BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	BLOOD STORING, PROCESSING & TRA		906020						47
49	RESPIRATORY THERAPY		17907						49
50	PHYSICAL THERAPY								50
51	OCCUPATIONAL THERAPY								51
53	ELECTROCARDIOLOGY		899438						53
53.01	CATHERIZATION LAB		2413086						53.01
53.02	CARDIAC REHAB		245004						53.02
53.03	CARDIOLOGY GRAPHICS		1063139						53.03
54	ELECTROENCEPHALOGRAPHY		720091						54
54.01	PULMONARY FUNC TESTING		310141						54.01
54.02	DENTAL SERVICES								54.02
54.03	MAG RESONANCE IMAGING		3906720						54.03
55	MEDICAL SUPPLIES CHARGED TO PAT		5734811						55
55.30	IMPL. DEV. CHARGED TO PATIENT		8414669						55.30
56	DRUGS CHARGED TO PATIENTS		1975692						56
59	BLOOD FLOW LAB		432517						59
59.01	CELLTRIFUGE		730297						59.01
59.02	URODYNAMICS								59.02
59.03	LITHOTRIPSY SVC								59.03
59.04	CAST ROOM								59.04
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC		1849308						60
60.01	STD/AIDS CLINIC		1305801						60.01
60.02	GERIATRIC CLINIC								60.02
60.03	SOLID ORGAN TRANSP		1831337						60.03
61	EMERGENCY		2626893						61
62	OBSERVATION BEDS (NON-DISTINCT								62
62.01	OBSERVATION BEDS-DISTINCT		158002						62.01
63	OB CLINIC SERVICES		117831						63
63.01	GI LABORATORY		2980408						63.01
63.02	OUTSIDE HEALTH SVCES								63.02
63.03	STAFF OFFICES								63.03
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65.01	AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02	AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03	AMBULANCE SERVICES (4TH PERIOD)								65.03
101	SUBTOTAL		67041683						101
102	CRNA CHARGES								102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS								103
104	NET CHARGES		67041683						104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

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	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	13831112	559303935	12904				.024729	319	37
38	RECOVERY ROOM	588778	25609757	225969				.022990	5195	38
39	DELIVERY ROOM & LABOR ROOM	4653380	127848005					.036398		39
40	ANESTHESIOLOGY	960898	44199919	14708				.021740	320	40
41	RADIOLOGY-DIAGNOSTIC	11576837	535376459	154058				.021624	3331	41
42	RADIOLOGY-THERAPEUTIC	3299209	119252659					.027666		42
43	RADIOISOTOPE	1809491	67329401	3265				.026875	88	43
44	LABORATORY	6438541	531621601	786931				.012111	9531	44
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
47	BLOOD STORING, PROCESSING & T	2061638	83482908	3649				.024695	90	47
49	RESPIRATORY THERAPY	817973	128619928	149295				.006360	950	49
50	PHYSICAL THERAPY	349641	11931982	12928				.029303	379	50
51	OCCUPATIONAL THERAPY	104360	8757155					.011917		51
53	ELECTROCARDIOLOGY	641866	29505590	78833				.021754	1715	53
53.01	CATHERIZATION LAB	2975417	70541145	1759				.042180	74	53.01
53.02	CARDIAC REHAB	39798	2628932					.015138		53.02
53.03	CARDIOLOGY GRAPHICS	866050	60884424	18784				.014224	267	53.03
54	ELECTROENCEPHALOGRAPHY	585606	25250594	22402				.023192	520	54
54.01	PULMONARY FUNC TESTING	146583	9538754	1691				.015367	26	54.01
54.02	DENTAL SERVICES									54.02
54.03	MAG RESONANCE IMAGING	3940583	164428751	88909				.023965	2131	54.03
55	MEDICAL SUPPLIES CHARGED TO P	1166207	142580136					.008179		55
55.30	IMPL. DEV. CHARGED TO PATIENT	1257226	150877544					.008333		55.30
56	DRUGS CHARGED TO PATIENTS	876702	235828176	634225				.003718	2358	56
59	BLOOD FLOW LAB	297270	23699527	13679				.012543	172	59
59.01	CELLTRIFUGE	254320	6055921					.041995		59.01
59.02	URODYNAMICS									59.02
59.03	LITHOTRIPSY SVC									59.03
59.04	CAST ROOM									59.04
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	323011	11258415	103489				.028691	2969	60
60.01	STD/AIDS CLINIC	524690	3340909					.157050		60.01
60.02	GERIATRIC CLINIC									60.02
60.03	SOLID ORGAN TRANSP	1097809	7772373					.141245		60.03
61	EMERGENCY	2788446	164756059	584681				.016925	9896	61
62	OBSERVATION BEDS (NON-DISTINC	1007637								62
62.01	OBSERVATION BEDS-DISTINCT	71425	803547					.088887		62.01
63	OB CLINIC SERVICES	1155648	16254831	96				.071096	7	63
63.01	GI LABORATORY	2037508	70374887	2260				.028952	65	63.01
63.02	OUTSIDE HEALTH SVCES									63.02
63.03	STAFF OFFICES									63.03
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
101	TOTAL	68545660	3439714224	2914515					40403	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	ADMINISTERING BLOOD CLOTTING FACTORS COST 2.03	TOTAL COSTS 3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM								37
38	RECOVERY ROOM								38
39	DELIVERY ROOM & LABOR ROOM								39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC								41
42	RADIOLOGY-THERAPEUTIC								42
43	RADIOISOTOPE								43
44	LABORATORY								44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T								47
49	RESPIRATORY THERAPY								49
50	PHYSICAL THERAPY								50
51	OCCUPATIONAL THERAPY								51
53	ELECTROCARDIOLOGY								53
53.01	CATHERIZATION LAB								53.01
53.02	CARDIAC REHAB								53.02
53.03	CARDIOLOGY GRAPHICS								53.03
54	ELECTROENCEPHALOGRAPHY								54
54.01	PULMONARY FUNC TESTING								54.01
54.02	DENTAL SERVICES								54.02
54.03	MAG RESONANCE IMAGING								54.03
55	MEDICAL SUPPLIES CHARGED TO P								55
55.30	IMPL. DEV. CHARGED TO PATIENT								55.30
56	DRUGS CHARGED TO PATIENTS								56
59	BLOOD FLOW LAB								59
59.01	CELLTRIFUGE								59.01
59.02	URODYNAMICS								59.02
59.03	LITHOTRIPSY SVC								59.03
59.04	CAST ROOM								59.04
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC								60
60.01	STD/AIDS CLINIC								60.01
60.02	GERIATRIC CLINIC								60.02
60.03	SOLID ORGAN TRANSP								60.03
61	EMERGENCY								61
62	OBSERVATION BEDS (NON-DISTINC								62
62.01	OBSERVATION BEDS-DISTINCT				43749			43749	62.01
63	OB CLINIC SERVICES								63
63.01	GI LABORATORY								63.01
63.02	OUTSIDE HEALTH SVCES								63.02
63.03	STAFF OFFICES								63.03
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL				43749			43749	101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		559303935			12904			37
38	RECOVERY ROOM		25609757			225969			38
39	DELIVERY ROOM & LABOR ROOM		127848005						39
40	ANESTHESIOLOGY		44199919			14708			40
41	RADIOLOGY-DIAGNOSTIC		535376459			154058		4486	41
42	RADIOLOGY-THERAPEUTIC		119252659						42
43	RADIOISOTOPE		67329401			3265			43
44	LABORATORY		531621601			786931			44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T		83482908			3649			47
49	RESPIRATORY THERAPY		128619928			149295			49
50	PHYSICAL THERAPY		11931982			12928			50
51	OCCUPATIONAL THERAPY		8757155						51
53	ELECTROCARDIOLOGY		29505590			78833		4470	53
53.01	CATHERIZATION LAB		70541145			1759			53.01
53.02	CARDIAC REHAB		2628932						53.02
53.03	CARDIOLOGY GRAPHICS		60884424			18784			53.03
54	ELECTROENCEPHALOGRAPHY		25250594			22402		7494	54
54.01	PULMONARY FUNC TESTING		9538754			1691		412	54.01
54.02	DENTAL SERVICES								54.02
54.03	MAG RESONANCE IMAGING		164428751			88909			54.03
55	MEDICAL SUPPLIES CHARGED TO P		142580136						55
55.30	IMPL. DEV. CHARGED TO PATIENT		150877544						55.30
56	DRUGS CHARGED TO PATIENTS		235828176			634225			56
59	BLOOD FLOW LAB		23699527			13679			59
59.01	CELLTRIFUGE		6055921						59.01
59.02	URODYNAMICS								59.02
59.03	LITHOTRIPSY SVC								59.03
59.04	CAST ROOM								59.04
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC		11258415			103489			60
60.01	STD/AIDS CLINIC		3340909						60.01
60.02	GERIATRIC CLINIC								60.02
60.03	SOLID ORGAN TRANSP		7772373						60.03
61	EMERGENCY		164756059			584681		1124	61
62	OBSERVATION BEDS (NON-DISTINC	43749							62
62.01	OBSERVATION BEDS-DISTINCT		803547						62.01
63	OB CLINIC SERVICES		16254831			96			63
63.01	GI LABORATORY		70374887			2260			63.01
63.02	OUTSIDE HEALTH SVCES								63.02
63.03	STAFF OFFICES								63.03
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL	43749	3439714224			2914515		17986	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES

[ ] TITLE V
[XX] TITLE XVIII-PT A
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[ ] HOSPITAL
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[ ] NF
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[ ] PPS
[ ] TEFRA

	COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
42	RADIOLOGY-THERAPEUTIC						42
43	RADIOISOTOPE						43
44	LABORATORY						44
46.30	BLOOD CLOTTING FACTORS ADMIN						46.30
47	BLOOD STORING, PROCESSING & T						47
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY						50
51	OCCUPATIONAL THERAPY						51
53	ELECTROCARDIOLOGY						53
53.01	CATHERIZATION LAB						53.01
53.02	CARDIAC REHAB						53.02
53.03	CARDIOLOGY GRAPHICS						53.03
54	ELECTROENCEPHALOGRAPHY						54
54.01	PULMONARY FUNC TESTING						54.01
54.02	DENTAL SERVICES						54.02
54.03	MAG RESONANCE IMAGING						54.03
55	MEDICAL SUPPLIES CHARGED TO P						55
55.30	IMPL. DEV. CHARGED TO PATIENT						55.30
56	DRUGS CHARGED TO PATIENTS						56
59	BLOOD FLOW LAB						59
59.01	CELLTRIFUGE						59.01
59.02	URODYNAMICS						59.02
59.03	LITHOTRIPSY SVC						59.03
59.04	CAST ROOM						59.04
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC						60
60.01	STD/AIDS CLINIC						60.01
60.02	GERIATRIC CLINIC						60.02
60.03	SOLID ORGAN TRANSP						60.03
61	EMERGENCY						61
62	OBSERVATION BEDS (NON-DISTINC						62
62.01	OBSERVATION BEDS-DISTINCT						62.01
63	OB CLINIC SERVICES						63
63.01	GI LABORATORY						63.01
63.02	OUTSIDE HEALTH SVCES						63.02
63.03	STAFF OFFICES						63.03
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
101	TOTAL						101

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES

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[XX] SUB I (14-S281)
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	COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C, PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	PROGRAM CHARGES: OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4	
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	.169480	.169480	.169480				37
38	RECOVERY ROOM	.333395	.333395	.333395				38
39	DELIVERY ROOM & LABOR ROOM	.272001	.272001	.272001				39
40	ANESTHESIOLOGY	.146142	.146142	.146142				40
41	RADIOLOGY-DIAGNOSTIC	.144847	.144847	.144847				41
42	RADIOLOGY-THERAPEUTIC	.135120	.135120	.135120				42
43	RADIOISOTOPE	.124458	.124458	.124458				43
44	LABORATORY	.143591	.143591	.143591				44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
47	BLOOD STORING, PROCESSING & TRA	.373745	.373745	.373745				47
49	RESPIRATORY THERAPY	.102276	.102276	.102276				49
50	PHYSICAL THERAPY	.393696	.393696	.393696				50
51	OCCUPATIONAL THERAPY	.210335	.210335	.210335				51
53	ELECTROCARDIOLOGY	.215530	.215530	.215530				53
53.01	CATHERIZATION LAB	.160802	.160802	.160802				53.01
53.02	CARDIAC REHAB	.257140	.257140	.257140				53.02
53.03	CARDIOLOGY GRAPHICS	.143521	.143521	.143521				53.03
54	ELECTROENCEPHALOGRAPHY	.239016	.239016	.239016				54
54.01	PULMONARY FUNC TESTING	.117679	.117679	.117679				54.01
54.02	DENTAL SERVICES							54.02
54.03	MAG RESONANCE IMAGING	.126383	.126383	.126383				54.03
55	MEDICAL SUPPLIES CHARGED TO PAT	.466901	.466901	.466901				55
55.30	IMPL. DEV. CHARGED TO PATIENT	.475835	.475835	.475835				55.30
56	DRUGS CHARGED TO PATIENTS	.207041	.207041	.207041				56
59	BLOOD FLOW LAB	.105109	.105109	.105109				59
59.01	CELLTRIFUGE	.506733	.506733	.506733				59.01
59.02	URODYNAMICS							59.02
59.03	LITHOTRIPSY SVC							59.03
59.04	CAST ROOM							59.04
	OUTPATIENT SERVICE COST CENTERS							
60	CLINIC	.860754	.860754	.860754				60
60.01	STD/AIDS CLINIC	1.538129	1.538129	1.538129				60.01
60.02	GERIATRIC CLINIC							60.02
60.03	SOLID ORGAN TRANSP	.885642	.885642	.885642				60.03
61	EMERGENCY	.182056	.182056	.182056				61
62	OBSERVATION BEDS (NON-DISTINCT							62
62.01	OBSERVATION BEDS-DISTINCT	1.456586	1.456586	1.456586				62.01
63	OB CLINIC SERVICES	.471618	.471618	.471618				63
63.01	GI LABORATORY	.209238	.209238	.209238				63.01
63.02	OUTSIDE HEALTH SVCES							63.02
63.03	STAFF OFFICES							63.03
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
65.01	AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02	AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03	AMBULANCE SERVICES (4TH PERIOD)							65.03
101	SUBTOTAL							101
102	CRNA CHARGES							102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							
104	NET CHARGES							103
								104

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1		
2	PROGRAM VACCINE CHARGES	.207041	1	2
2.01	PROGRAM VACCINE CHARGES			2.01
3	PROGRAM COSTS			3
3.01	PROGRAM COSTS			3.01

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

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[XX] TITLE XVIII-PT B
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[XX] SUB I (14-S281)
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[ ] SNF
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[ ] ICF/MR

	COST CENTER DESCRIPTION	PROGRAM CHARGES: ALL OTHER (1) (SEE INSTRU.) 5	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.01	PROGRAM CHARGES: ALL OTHER (SEE INSTRU.) 5.02	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.03	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.04	PROGRAM COST: OUTPATIENT AMBULATORY SURGICAL CENTER 6	PROGRAM COST: OUTPATIENT RADIOLOGY 7	PROGRAM COST: OTHER OUTPATIENT DIAGNOSTIC 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM									37
38	RECOVERY ROOM									38
39	DELIVERY ROOM & LABOR ROOM									39
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC		4486							41
42	RADIOLOGY-THERAPEUTIC									42
43	RADIOISOTOPE									43
44	LABORATORY									44
46.30	BLOOD CLOTTING FACTORS ADMIN C									46.30
47	BLOOD STORING, PROCESSING & TR									47
49	RESPIRATORY THERAPY									49
50	PHYSICAL THERAPY									50
51	OCCUPATIONAL THERAPY									51
53	ELECTROCARDIOLOGY		4470							53
53.01	CATHERIZATION LAB									53.01
53.02	CARDIAC REHAB									53.02
53.03	CARDIOLOGY GRAPHICS									53.03
54	ELECTROENCEPHALOGRAPHY		7494							54
54.01	PULMONARY FUNC TESTING		412							54.01
54.02	DENTAL SERVICES									54.02
54.03	MAG RESONANCE IMAGING									54.03
55	MEDICAL SUPPLIES CHARGED TO PA									55
55.30	IMPL. DEV. CHARGED TO PATIENT									55.30
56	DRUGS CHARGED TO PATIENTS									56
59	BLOOD FLOW LAB									59
59.01	CELLTRIFUGE									59.01
59.02	URODYNAMICS									59.02
59.03	LITHOTRIPSY SVC									59.03
59.04	CAST ROOM									59.04
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC									60
60.01	STD/AIDS CLINIC									60.01
60.02	GERIATRIC CLINIC									60.02
60.03	SOLID ORGAN TRANSP									60.03
61	EMERGENCY		1124							61
62	OBSERVATION BEDS (NON-DISTINCT									62
62.01	OBSERVATION BEDS-DISTINCT									62.01
63	OB CLINIC SERVICES									63
63.01	GI LABORATORY									63.01
63.02	OUTSIDE HEALTH SVCES									63.02
63.03	STAFF OFFICES									63.03
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65.01	AMBULANCE SERVICES (2ND PERIOD									65.01
65.02	AMBULANCE SERVICES (3RD PERIOD									65.02
65.03	AMBULANCE SERVICES (4TH PERIOD									65.03
101	SUBTOTAL		17986							101
102	CRNA CHARGES									102
103	PBP CLINIC LAB									103
104	NET CHARGES		17986							104

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

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[XX] TITLE XVIII-PT B
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[ ] HOSPITAL
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	COST CENTER DESCRIPTION	PROGRAM COST ALL OTHER (COLS 1x5) 9	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.01) 9.01	PROGRAM COST ALL OTHER (COLUMNS 1.01x5.02) 9.02	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.03 9.03	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.04 9.04	HOSPITAL I/P PART B CHARGES (SEE INSTRU.) 10	HOSPITAL I/P PART B COST (COLUMNS 1.02x10) 11	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM								37
38	RECOVERY ROOM								38
39	DELIVERY ROOM & LABOR ROOM								39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC		650						41
42	RADIOLOGY-THERAPEUTIC								42
43	RADIOISOTOPE								43
44	LABORATORY								44
46.30	BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	BLOOD STORING, PROCESSING & TRA								47
49	RESPIRATORY THERAPY								49
50	PHYSICAL THERAPY								50
51	OCCUPATIONAL THERAPY								51
53	ELECTROCARDIOLOGY		963						53
53.01	CATHERIZATION LAB								53.01
53.02	CARDIAC REHAB								53.02
53.03	CARDIOLOGY GRAPHICS								53.03
54	ELECTROENCEPHALOGRAPHY		1791						54
54.01	PULMONARY FUNC TESTING		48						54.01
54.02	DENTAL SERVICES								54.02
54.03	MAG RESONANCE IMAGING								54.03
55	MEDICAL SUPPLIES CHARGED TO PAT								55
55.30	IMPL. DEV. CHARGED TO PATIENT								55.30
56	DRUGS CHARGED TO PATIENTS								56
59	BLOOD FLOW LAB								59
59.01	CELLTRIFUGE								59.01
59.02	URODYNAMICS								59.02
59.03	LITHOTRIPSY SVC								59.03
59.04	CAST ROOM								59.04
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC								60
60.01	STD/AIDS CLINIC								60.01
60.02	GERIATRIC CLINIC								60.02
60.03	SOLID ORGAN TRANSP								60.03
61	EMERGENCY		205						61
62	OBSERVATION BEDS (NON-DISTINCT								62
62.01	OBSERVATION BEDS-DISTINCT								62.01
63	OB CLINIC SERVICES								63
63.01	GI LABORATORY								63.01
63.02	OUTSIDE HEALTH SVCES								63.02
63.03	STAFF OFFICES								63.03
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65.01	AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02	AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03	AMBULANCE SERVICES (4TH PERIOD)								65.03
101	SUBTOTAL		3657						101
102	CRNA CHARGES								102
103	LESS PBF CLINIC LAB SERV-PGM ONLY CHRGS								103
104	NET CHARGES		3657						104

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

CHECK APPLICABLE BOXES
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	COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL RELATED COST 1	OLD CAPITAL SWING-BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAPITAL RELATED COST 3	NEW CAPITAL CAPITAL RELATED COST 4	NEW CAPITAL SWING-BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAPITAL RELATED COST 6	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS				30726404		30726404	25
26	INTENSIVE CARE UNIT				5194808		5194808	26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	SPECIAL CARE NURSERY				3713148		3713148	30
31	SUBPROVIDER I				1121724		1121724	31
33	NURSERY				381027		381027	33
101	TOTAL				41137111		41137111	101

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	OLD CAPITAL INPATIENT PROGRAM CAPITAL COST 10	NEW CAPITAL PER DIEM 11	NEW CAPITAL INPATIENT PROGRAM CAPITAL COST 12	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS	187230	24594			164.11	4036121	25
26	INTENSIVE CARE UNIT	26437	7121			196.50	1399277	26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	SPECIAL CARE NURSERY	9830	7484			377.74	2827006	30
31	SUBPROVIDER I	12011	4781			93.39	446498	31
33	NURSERY	41459	3820			9.19	35106	33
101	TOTAL	276967	47800				8744008	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

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

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	13831112	559303935					.024729		37
38	RECOVERY ROOM	588778	25609757					.022990		38
39	DELIVERY ROOM & LABOR ROOM	4653380	127848005					.036398		39
40	ANESTHESIOLOGY	960898	44199919					.021740		40
41	RADIOLOGY-DIAGNOSTIC	11576837	535376459					.021624		41
42	RADIOLOGY-THERAPEUTIC	3299209	119252659					.027666		42
43	RADIOISOTOPE	1809491	67329401					.026875		43
44	LABORATORY	6438541	531621601					.012111		44
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
47	BLOOD STORING, PROCESSING & T	2061638	83482908					.024695		47
49	RESPIRATORY THERAPY	817973	128619928					.006360		49
50	PHYSICAL THERAPY	349641	11931982					.029303		50
51	OCCUPATIONAL THERAPY	104360	8757155					.011917		51
53	ELECTROCARDIOLOGY	641866	29505590					.021754		53
53.01	CATHERIZATION LAB	2975417	70541145					.042180		53.01
53.02	CARDIAC REHAB	39798	2628932					.015138		53.02
53.03	CARDIOLOGY GRAPHICS	866050	60884424					.014224		53.03
54	ELECTROENCEPHALOGRAPHY	585606	25250594					.023192		54
54.01	PULMONARY FUNC TESTING	146583	9538754					.015367		54.01
54.02	DENTAL SERVICES									54.02
54.03	MAG RESONANCE IMAGING	3940583	164428751					.023965		54.03
55	MEDICAL SUPPLIES CHARGED TO P	1166207	142580136					.008179		55
55.30	IMPL. DEV. CHARGED TO PATIENT	1257226	150877544					.008333		55.30
56	DRUGS CHARGED TO PATIENTS	876702	235828176					.003718		56
59	BLOOD FLOW LAB	297270	23699527					.012543		59
59.01	CELLTRIFUGE	254320	6055921					.041995		59.01
59.02	URODYNAMICS									59.02
59.03	LITHOTRIPSY SVC									59.03
59.04	CAST ROOM									59.04
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	323011	11258415					.028691		60
60.01	STD/AIDS CLINIC	524690	3340909					.157050		60.01
60.02	GERIATRIC CLINIC									60.02
60.03	SOLID ORGAN TRANSP	1097809	7772373					.141245		60.03
61	EMERGENCY	2788446	164756059					.016925		61
62	OBSERVATION BEDS (NON-DISTINC	1007637								62
62.01	OBSERVATION BEDS-DISTINCT	71425	803547					.088887		62.01
63	OB CLINIC SERVICES	1155648	16254831					.071096		63
63.01	GI LABORATORY	2037508	70374887					.028952		63.01
63.02	OUTSIDE HEALTH SVCES									63.02
63.03	STAFF OFFICES									63.03
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
101	TOTAL	68545660	3439714224							101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS			1334001			1334001	25
26	INTENSIVE CARE UNIT			194701			194701	26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	SPECIAL CARE NURSERY							30
31	SUBPROVIDER I							31
33	NURSERY							33
34	SKILLED NURSING FACILITY							34
35	NURSING FACILITY							35
101	TOTAL			1528702			1528702	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	ADMINISTERING BLOOD CLOTTING FACTORS COST 2.03	TOTAL COSTS 3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM								37
38	RECOVERY ROOM								38
39	DELIVERY ROOM & LABOR ROOM								39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC								41
42	RADIOLOGY-THERAPEUTIC								42
43	RADIOISOTOPE								43
44	LABORATORY								44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T								47
49	RESPIRATORY THERAPY								49
50	PHYSICAL THERAPY								50
51	OCCUPATIONAL THERAPY								51
53	ELECTROCARDIOLOGY								53
53.01	CATHERIZATION LAB								53.01
53.02	CARDIAC REHAB								53.02
53.03	CARDIOLOGY GRAPHICS								53.03
54	ELECTROENCEPHALOGRAPHY								54
54.01	PULMONARY FUNC TESTING								54.01
54.02	DENTAL SERVICES								54.02
54.03	MAG RESONANCE IMAGING								54.03
55	MEDICAL SUPPLIES CHARGED TO P								55
55.30	IMPL. DEV. CHARGED TO PATIENT								55.30
56	DRUGS CHARGED TO PATIENTS								56
59	BLOOD FLOW LAB								59
59.01	CELLTRIFUGE								59.01
59.02	URODYNAMICS								59.02
59.03	LITHOTRIPSY SVC								59.03
59.04	CAST ROOM								59.04
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC								60
60.01	STD/AIDS CLINIC								60.01
60.02	GERIATRIC CLINIC								60.02
60.03	SOLID ORGAN TRANSP								60.03
61	EMERGENCY								61
62	OBSERVATION BEDS (NON-DISTINC								62
62.01	OBSERVATION BEDS-DISTINCT								62.01
63	OB CLINIC SERVICES								63
63.01	GI LABORATORY								63.01
63.02	OUTSIDE HEALTH SVCES								63.02
63.03	STAFF OFFICES								63.03
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL								101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		559303935						37
38	RECOVERY ROOM		25609757						38
39	DELIVERY ROOM & LABOR ROOM		127848005						39
40	ANESTHESIOLOGY		44199919						40
41	RADIOLOGY-DIAGNOSTIC		535376459						41
42	RADIOLOGY-THERAPEUTIC		119252659						42
43	RADIOISOTOPE		67329401						43
44	LABORATORY		531621601						44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T		83482908						47
49	RESPIRATORY THERAPY		128619928						49
50	PHYSICAL THERAPY		11931982						50
51	OCCUPATIONAL THERAPY		8757155						51
53	ELECTROCARDIOLOGY		29505590						53
53.01	CATHERIZATION LAB		70541145						53.01
53.02	CARDIAC REHAB		2628932						53.02
53.03	CARDIOLOGY GRAPHICS		60884424						53.03
54	ELECTROENCEPHALOGRAPHY		25250594						54
54.01	PULMONARY FUNC TESTING		9538754						54.01
54.02	DENTAL SERVICES								54.02
54.03	MAG RESONANCE IMAGING		164428751						54.03
55	MEDICAL SUPPLIES CHARGED TO P		142580136						55
55.30	IMPL. DEV. CHARGED TO PATIENT		150877544						55.30
56	DRUGS CHARGED TO PATIENTS		235828176						56
59	BLOOD FLOW LAB		23699527						59
59.01	CELLTRIFUGE		6055921						59.01
59.02	URODYNAMICS								59.02
59.03	LITHOTRIPSY SVC								59.03
59.04	CAST ROOM								59.04
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC		11258415						60
60.01	STD/AIDS CLINIC		3340909						60.01
60.02	GERIATRIC CLINIC								60.02
60.03	SOLID ORGAN TRANSP		7772373						60.03
61	EMERGENCY		164756059						61
62	OBSERVATION BEDS (NON-DISTINC								62
62.01	OBSERVATION BEDS-DISTINCT		803547						62.01
63	OB CLINIC SERVICES		16254831						63
63.01	GI LABORATORY		70374887						63.01
63.02	OUTSIDE HEALTH SVCES								63.02
63.03	STAFF OFFICES								63.03
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL		3439714224						101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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

	COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
42	RADIOLOGY-THERAPEUTIC						42
43	RADIOISOTOPE						43
44	LABORATORY						44
46.30	BLOOD CLOTTING FACTORS ADMIN						46.30
47	BLOOD STORING, PROCESSING & T						47
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY						50
51	OCCUPATIONAL THERAPY						51
53	ELECTROCARDIOLOGY						53
53.01	CATHERIZATION LAB						53.01
53.02	CARDIAC REHAB						53.02
53.03	CARDIOLOGY GRAPHICS						53.03
54	ELECTROENCEPHALOGRAPHY						54
54.01	PULMONARY FUNC TESTING						54.01
54.02	DENTAL SERVICES						54.02
54.03	MAG RESONANCE IMAGING						54.03
55	MEDICAL SUPPLIES CHARGED TO P						55
55.30	IMPL. DEV. CHARGED TO PATIENT						55.30
56	DRUGS CHARGED TO PATIENTS						56
59	BLOOD FLOW LAB						59
59.01	CELLTRIFUGE						59.01
59.02	URODYNAMICS						59.02
59.03	LITHOTRIPSY SVC						59.03
59.04	CAST ROOM						59.04
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC						60
60.01	STD/AIDS CLINIC						60.01
60.02	GERIATRIC CLINIC						60.02
60.03	SOLID ORGAN TRANSP						60.03
61	EMERGENCY						61
62	OBSERVATION BEDS (NON-DISTINC						62
62.01	OBSERVATION BEDS-DISTINCT						62.01
63	OB CLINIC SERVICES						63
63.01	GI LABORATORY						63.01
63.02	OUTSIDE HEALTH SVCES						63.02
63.03	STAFF OFFICES						63.03
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
101	TOTAL						101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

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

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		13831112	559303935				.024729		37
38	RECOVERY ROOM		588778	25609757				.022990		38
39	DELIVERY ROOM & LABOR ROOM		4653380	127848005				.036398		39
40	ANESTHESIOLOGY		960898	44199919				.021740		40
41	RADIOLOGY-DIAGNOSTIC		11576837	535376459				.021624		41
42	RADIOLOGY-THERAPEUTIC		3299209	119252659				.027666		42
43	RADIOISOTOPE		1809491	67329401				.026875		43
44	LABORATORY		6438541	531621601				.012111		44
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
47	BLOOD STORING, PROCESSING & T		2061638	83482908				.024695		47
49	RESPIRATORY THERAPY		817973	128619928				.006360		49
50	PHYSICAL THERAPY		349641	11931982				.029303		50
51	OCCUPATIONAL THERAPY		104360	8757155				.011917		51
53	ELECTROCARDIOLOGY		641866	29505590				.021754		53
53.01	CATHERIZATION LAB		2975417	70541145				.042180		53.01
53.02	CARDIAC REHAB		39798	2628932				.015138		53.02
53.03	CARDIOLOGY GRAPHICS		866050	60884424				.014224		53.03
54	ELECTROENCEPHALOGRAPHY		585606	25250594				.023192		54
54.01	PULMONARY FUNC TESTING		146583	9538754				.015367		54.01
54.02	DENTAL SERVICES									54.02
54.03	MAG RESONANCE IMAGING		3940583	164428751				.023965		54.03
55	MEDICAL SUPPLIES CHARGED TO P		1166207	142580136				.008179		55
55.30	IMPL. DEV. CHARGED TO PATIENT		1257226	150877544				.008333		55.30
56	DRUGS CHARGED TO PATIENTS		876702	235828176				.003718		56
59	BLOOD FLOW LAB		297270	23699527				.012543		59
59.01	CELLTRIFUGE		254320	6055921				.041995		59.01
59.02	URODYNAMICS									59.02
59.03	LITHOTRIPSY SVC									59.03
59.04	CAST ROOM									59.04
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		323011	11258415				.028691		60
60.01	STD/AIDS CLINIC		524690	3340909				.157050		60.01
60.02	GERIATRIC CLINIC									60.02
60.03	SOLID ORGAN TRANSP		1097809	7772373				.141245		60.03
61	EMERGENCY		2788446	164756059				.016925		61
62	OBSERVATION BEDS (NON-DISTINC		1007637							62
62.01	OBSERVATION BEDS-DISTINCT		71425	803547				.088887		62.01
63	OB CLINIC SERVICES		1155648	16254831				.071096		63
63.01	GI LABORATORY		2037508	70374887				.028952		63.01
63.02	OUTSIDE HEALTH SVCES									63.02
63.03	STAFF OFFICES									63.03
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
101	TOTAL		68545660	3439714224						101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	ADMINISTERING BLOOD CLOTTING FACTORS COST 2.03	TOTAL COSTS 3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM								37
38	RECOVERY ROOM								38
39	DELIVERY ROOM & LABOR ROOM								39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC								41
42	RADIOLOGY-THERAPEUTIC								42
43	RADIOISOTOPE								43
44	LABORATORY								44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T								47
49	RESPIRATORY THERAPY								49
50	PHYSICAL THERAPY								50
51	OCCUPATIONAL THERAPY								51
53	ELECTROCARDIOLOGY								53
53.01	CATHERIZATION LAB								53.01
53.02	CARDIAC REHAB								53.02
53.03	CARDIOLOGY GRAPHICS								53.03
54	ELECTROENCEPHALOGRAPHY								54
54.01	PULMONARY FUNC TESTING								54.01
54.02	DENTAL SERVICES								54.02
54.03	MAG RESONANCE IMAGING								54.03
55	MEDICAL SUPPLIES CHARGED TO P								55
55.30	IMPL. DEV. CHARGED TO PATIENT								55.30
56	DRUGS CHARGED TO PATIENTS								56
59	BLOOD FLOW LAB								59
59.01	CELLTRIFUGE								59.01
59.02	URODYNAMICS								59.02
59.03	LITHOTRIPSY SVC								59.03
59.04	CAST ROOM								59.04
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC								60
60.01	STD/AIDS CLINIC								60.01
60.02	GERIATRIC CLINIC								60.02
60.03	SOLID ORGAN TRANSP								60.03
61	EMERGENCY								61
62	OBSERVATION BEDS (NON-DISTINC								62
62.01	OBSERVATION BEDS-DISTINCT								62.01
63	OB CLINIC SERVICES								63
63.01	GI LABORATORY								63.01
63.02	OUTSIDE HEALTH SVCES								63.02
63.03	STAFF OFFICES								63.03
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL								101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		559303935						37
38	RECOVERY ROOM		25609757						38
39	DELIVERY ROOM & LABOR ROOM		127848005						39
40	ANESTHESIOLOGY		44199919						40
41	RADIOLOGY-DIAGNOSTIC		535376459						41
42	RADIOLOGY-THERAPEUTIC		119252659						42
43	RADIOISOTOPE		67329401						43
44	LABORATORY		531621601						44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T		83482908						47
49	RESPIRATORY THERAPY		128619928						49
50	PHYSICAL THERAPY		11931982						50
51	OCCUPATIONAL THERAPY		8757155						51
53	ELECTROCARDIOLOGY		29505590						53
53.01	CATHERIZATION LAB		70541145						53.01
53.02	CARDIAC REHAB		2628932						53.02
53.03	CARDIOLOGY GRAPHICS		60884424						53.03
54	ELECTROENCEPHALOGRAPHY		25250594						54
54.01	PULMONARY FUNC TESTING		9538754						54.01
54.02	DENTAL SERVICES								54.02
54.03	MAG RESONANCE IMAGING		164428751						54.03
55	MEDICAL SUPPLIES CHARGED TO P		142580136						55
55.30	IMPL. DEV. CHARGED TO PATIENT		150877544						55.30
56	DRUGS CHARGED TO PATIENTS		235828176						56
59	BLOOD FLOW LAB		23699527						59
59.01	CELLTRIFUGE		6055921						59.01
59.02	URODYNAMICS								59.02
59.03	LITHOTRIPSY SVC								59.03
59.04	CAST ROOM								59.04
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC		11258415						60
60.01	STD/AIDS CLINIC		3340909						60.01
60.02	GERIATRIC CLINIC								60.02
60.03	SOLID ORGAN TRANSP		7772373						60.03
61	EMERGENCY		164756059						61
62	OBSERVATION BEDS (NON-DISTINC								62
62.01	OBSERVATION BEDS-DISTINCT		803547						62.01
63	OB CLINIC SERVICES		16254831						63
63.01	GI LABORATORY		70374887						63.01
63.02	OUTSIDE HEALTH SVCES								63.02
63.03	STAFF OFFICES								63.03
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL		3439714224						101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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

	COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
42	RADIOLOGY-THERAPEUTIC						42
43	RADIOISOTOPE						43
44	LABORATORY						44
46.30	BLOOD CLOTTING FACTORS ADMIN						46.30
47	BLOOD STORING, PROCESSING & T						47
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY						50
51	OCCUPATIONAL THERAPY						51
53	ELECTROCARDIOLOGY						53
53.01	CATHERIZATION LAB						53.01
53.02	CARDIAC REHAB						53.02
53.03	CARDIOLOGY GRAPHICS						53.03
54	ELECTROENCEPHALOGRAPHY						54
54.01	PULMONARY FUNC TESTING						54.01
54.02	DENTAL SERVICES						54.02
54.03	MAG RESONANCE IMAGING						54.03
55	MEDICAL SUPPLIES CHARGED TO P						55
55.30	IMPL. DEV. CHARGED TO PATIENT						55.30
56	DRUGS CHARGED TO PATIENTS						56
59	BLOOD FLOW LAB						59
59.01	CELLTRIFUGE						59.01
59.02	URODYNAMICS						59.02
59.03	LITHOTRIPSY SVC						59.03
59.04	CAST ROOM						59.04
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC						60
60.01	STD/AIDS CLINIC						60.01
60.02	GERIATRIC CLINIC						60.02
60.03	SOLID ORGAN TRANSP						60.03
61	EMERGENCY						61
62	OBSERVATION BEDS (NON-DISTINC						62
62.01	OBSERVATION BEDS-DISTINCT						62.01
63	OB CLINIC SERVICES						63
63.01	GI LABORATORY						63.01
63.02	OUTSIDE HEALTH SVCES						63.02
63.03	STAFF OFFICES						63.03
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
101	TOTAL						101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

		HOSPITAL (PPS) (14-0281)	SUB I (PPS) (14-S281)	SUB II	SUB III	SUB IV	SNF	
	INPATIENT DAYS	1	1	1	1	1	1	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	187230	12011					1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	187230	12011					2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	187230	12011					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)	56408	3462					9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15	TOTAL NURSERY DAYS							15
16	TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0281)	SUB I (PPS) (14-S281)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	238099161	10809839					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	238099161	10809839					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	433752910	23132264					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	433752910	23132264					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.548928	.467306					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2316.68	1925.92					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	238099161	10809839					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (14-0281)	SUB I (PPS) (14-S281)	SUB II	SUB III	SUB IV	
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1271.69	899.99				38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	71733490	3115765				39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	71733490	3115765				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	62784345	26437	2374.87	13094	31096548	43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	SPECIAL CARE NURSERY	23586454	9830	2399.44			47

		HOSPITAL (PPS) (14-0281)	SUB I (PPS) (14-S281)	SUB II	SUB III	SUB IV	
		1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	129252116	608565				48
49	TOTAL PROGRAM INPATIENT COSTS	232082154	3724330				49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	12328085	323316				50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	10034938	40403				51
52	TOTAL PROGRAM EXCLUDABLE COST	22363023	363719				52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	209719131	3360611				53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (14-0281)	SUB I (PPS) (14-S281)	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 [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 (PPS) (14-0281)	SUB I (PPS) (14-S281)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
PART IV - COMPUTATION OF OBSERVATION BED COST						
83 TOTAL OBSERVATION BEDS	6140					83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1271.69					84
85 OBSERVATION BED COST	7808177					85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		238099161		7808177		86
87 NEW CAPITAL-RELATED COST	30726404	238099161	.129049	7808177	1007637	87
88 NON PHYSICIAN ANESTHETIST		238099161		7808177		88
89 NURSING SCHOOL		238099161		7808177		89
89.01 ALLIED HEALTH	1334001	238099161	.005603	7808177	43749	89.01
89.02 ALL OTHER		238099161		7808177		89.02

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

		HOSPITAL (OTHER) (14-0281)	SUB I (OTHER) (14-S281)	SUB II	SUB III	SUB IV	NF	
	INPATIENT DAYS	1	1	1	1	1	1	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	187230	12011					1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	187230	12011					2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	187230	12011					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)	24594	4781					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	41459						15
16	TITLE V OR XIX NURSERY DAYS	3820						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0281)	SUB I (OTHER) (14-S281)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	237580726	10769135					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	237580726	10769135					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	433752910	23132264					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	433752910	23132264					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.547733	.465546					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2316.68	1925.92					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	237580726	10769135					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (OTHER) (14-0281)	SUB I (OTHER) (14-S281)	SUB II	SUB III	SUB IV	
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1268.92	896.61				38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	31207818	4286692				39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	31207818	4286692				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)	19463996	41459	469.48	3820	1793414	42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	62308990	26437	2356.89	7121	16783414	43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	SPECIAL CARE NURSERY	23472989	9830	2387.89	7484	17870969	47

		HOSPITAL (OTHER) (14-0281)	SUB I (OTHER) (14-S281)	SUB II	SUB III	SUB IV	
		1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49	TOTAL PROGRAM INPATIENT COSTS	67655615	4286692				49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	8525030	446498				50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52	TOTAL PROGRAM EXCLUDABLE COST	8525030	446498				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) (14-0281)	SUB I (OTHER) (14-S281)	SUB II	SUB III	SUB IV	
	TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54	PROGRAM DISCHARGES		607				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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

	HOSPITAL (OTHER) (14-0281)	SUB I (OTHER) (14-S281)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
PART IV - COMPUTATION OF OBSERVATION BED COST						
83 TOTAL OBSERVATION BEDS	6140					83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1271.69					84
85 OBSERVATION BED COST	7808177					85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

[XX] HOSPITAL (14-0281)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

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

[XX] PPS
[ ] TEFRA
[ ] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS		139808156		25
26	INTENSIVE CARE UNIT		46912619		26
30	SPECIAL CARE NURSERY				30
31	SUBPROVIDER I				31
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.169797	117555548	19960579	37
38	RECOVERY ROOM	.334332	6347684	2122234	38
39	DELIVERY ROOM & LABOR ROOM	.273172	148819	40653	39
40	ANESTHESIOLOGY	.148166	9554982	1415723	40
41	RADIOLOGY-DIAGNOSTIC	.145155	67256739	9762652	41
42	RADIOLOGY-THERAPEUTIC	.135509	2118915	287132	42
43	RADIOISOTOPE	.125429	4895171	613996	43
44	LABORATORY	.143591	105854312	15199727	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
47	BLOOD STORING, PROCESSING & TRA	.375365	24867582	9334420	47
49	RESPIRATORY THERAPY	.102276	40230016	4114565	49
50	PHYSICAL THERAPY	.394752	4845916	1912935	50
51	OCCUPATIONAL THERAPY	.210335	4022152	845999	51
53	ELECTROCARDIOLOGY	.217568	5820619	1266380	53
53.01	CATHERIZATION LAB	.162028	13452142	2179624	53.01
53.02	CARDIAC REHAB	.257140	2275	585	53.02
53.03	CARDIOLOGY GRAPHICS	.144446	12812444	1850706	53.03
54	ELECTROENCEPHALOGRAPHY	.239016	3854740	921345	54
54.01	PULMONARY FUNC TESTING	.117850	1112779	131141	54.01
54.02	DENTAL SERVICES				54.02
54.03	MAG RESONANCE IMAGING	.126442	11811252	1493438	54.03
55	MEDICAL SUPPLIES CHARGED TO PAT	.466901	29343900	13700696	55
55.30	IMPL. DEV. CHARGED TO PATIENT	.475835	45783186	21785242	55.30
56	DRUGS CHARGED TO PATIENTS	.207041	68426186	14167026	56
59	BLOOD FLOW LAB	.106203	5214801	553828	59
59.01	CELLTRIFUGE	.506733	501245	253997	59.01
59.02	URODYNAMICS				59.02
59.03	LITHOTRIPSY SVC				59.03
59.04	CAST ROOM				59.04
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	.912760	39400	35963	60
60.01	STD/AIDS CLINIC	1.538129			60.01
60.02	GERIATRIC CLINIC				60.02
60.03	SOLID ORGAN TRANSP	.922824	439852	405906	60.03
61	EMERGENCY	.182056	22532791	4102230	61
62	OBSERVATION BEDS (NON-DISTINCT				62
62.01	OBSERVATION BEDS-DISTINCT	1.456586			62.01
	OTHER REIMBURSABLE COST CENTERS				
63	OB CLINIC SERVICES	.475306	30513	14503	63
63.01	GI LABORATORY	.210070	3707771	778891	63.01
63.02	OUTSIDE HEALTH SVCES				63.02
63.03	STAFF OFFICES				63.03
63.50	RHC				63.50
63.60	FQHC				63.60
101	TOTAL		612583732	129252116	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		612583732		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

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

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

[XX] PPS
[ ] TEFRA
[ ] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS				25
26	INTENSIVE CARE UNIT				26
30	SPECIAL CARE NURSERY				30
31	SUBPROVIDER I		6879701		31
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.169797	12904	2191	37
38	RECOVERY ROOM	.334332	225969	75549	38
39	DELIVERY ROOM & LABOR ROOM	.273172			39
40	ANESTHESIOLOGY	.148166	14708	2179	40
41	RADIOLOGY-DIAGNOSTIC	.145155	154058	22362	41
42	RADIOLOGY-THERAPEUTIC	.135509			42
43	RADIOISOTOPE	.125429	3265	410	43
44	LABORATORY	.143591	786931	112996	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
47	BLOOD STORING, PROCESSING & TRA	.375365	3649	1370	47
49	RESPIRATORY THERAPY	.102276	149295	15269	49
50	PHYSICAL THERAPY	.394752	12928	5103	50
51	OCCUPATIONAL THERAPY	.210335			51
53	ELECTROCARDIOLOGY	.217568	78833	17152	53
53.01	CATHERIZATION LAB	.162028	1759	285	53.01
53.02	CARDIAC REHAB	.257140			53.02
53.03	CARDIOLOGY GRAPHICS	.144446	18784	2713	53.03
54	ELECTROENCEPHALOGRAPHY	.239016	22402	5354	54
54.01	PULMONARY FUNC TESTING	.117850	1691	199	54.01
54.02	DENTAL SERVICES				54.02
54.03	MAG RESONANCE IMAGING	.126442	88909	11242	54.03
55	MEDICAL SUPPLIES CHARGED TO PAT	.466901			55
55.30	IMPL. DEV. CHARGED TO PATIENT	.475835			55.30
56	DRUGS CHARGED TO PATIENTS	.207041	634225	131311	56
59	BLOOD FLOW LAB	.106203	13679	1453	59
59.01	CELLTRIFUGE	.506733			59.01
59.02	URODYNAMICS				59.02
59.03	LITHOTRIPSY SVC				59.03
59.04	CAST ROOM				59.04
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	.912760	103489	94461	60
60.01	STD/AIDS CLINIC	1.538129			60.01
60.02	GERIATRIC CLINIC				60.02
60.03	SOLID ORGAN TRANSP	.922824			60.03
61	EMERGENCY	.182056	584681	106445	61
62	OBSERVATION BEDS (NON-DISTINCT				62
62.01	OBSERVATION BEDS-DISTINCT	1.456586			62.01
	OTHER REIMBURSABLE COST CENTERS				
63	OB CLINIC SERVICES	.475306	96	46	63
63.01	GI LABORATORY	.210070	2260	475	63.01
63.02	OUTSIDE HEALTH SVCES				63.02
63.03	STAFF OFFICES				63.03
63.50	RHC				63.50
63.60	FQHC				63.60
101	TOTAL		2914515	608565	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		2914515		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

[XX] HOSPITAL (14-0281)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

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

[ ] PPS
[ ] TEFRA
[XX] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS				25
26	INTENSIVE CARE UNIT				26
30	SPECIAL CARE NURSERY				30
31	SUBPROVIDER I				31
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.169480			37
38	RECOVERY ROOM	.333395			38
39	DELIVERY ROOM & LABOR ROOM	.272001			39
40	ANESTHESIOLOGY	.146142			40
41	RADIOLOGY-DIAGNOSTIC	.144847			41
42	RADIOLOGY-THERAPEUTIC	.135120			42
43	RADIOISOTOPE	.124458			43
44	LABORATORY	.143591			44
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
47	BLOOD STORING, PROCESSING & TRA	.373745			47
49	RESPIRATORY THERAPY	.102276			49
50	PHYSICAL THERAPY	.393696			50
51	OCCUPATIONAL THERAPY	.210335			51
53	ELECTROCARDIOLOGY	.215530			53
53.01	CATHERIZATION LAB	.160802			53.01
53.02	CARDIAC REHAB	.257140			53.02
53.03	CARDIOLOGY GRAPHICS	.143521			53.03
54	ELECTROENCEPHALOGRAPHY	.239016			54
54.01	PULMONARY FUNC TESTING	.117679			54.01
54.02	DENTAL SERVICES				54.02
54.03	MAG RESONANCE IMAGING	.126383			54.03
55	MEDICAL SUPPLIES CHARGED TO PAT	.466901			55
55.30	IMPL. DEV. CHARGED TO PATIENT	.475835			55.30
56	DRUGS CHARGED TO PATIENTS	.207041			56
59	BLOOD FLOW LAB	.105109			59
59.01	CELLTRIFUGE	.506733			59.01
59.02	URODYNAMICS				59.02
59.03	LITHOTRIPSY SVC				59.03
59.04	CAST ROOM				59.04
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	.860754			60
60.01	STD/AIDS CLINIC	1.538129			60.01
60.02	GERIATRIC CLINIC				60.02
60.03	SOLID ORGAN TRANSP	.885642			60.03
61	EMERGENCY	.182056			61
62	OBSERVATION BEDS (NON-DISTINCT				62
62.01	OBSERVATION BEDS-DISTINCT	1.456586			62.01
	OTHER REIMBURSABLE COST CENTERS				
63	OB CLINIC SERVICES	.471618			63
63.01	GI LABORATORY	.209238			63.01
63.02	OUTSIDE HEALTH SVCES				63.02
63.03	STAFF OFFICES				63.03
63.50	RHC				63.50
63.60	FQHC				63.60
101	TOTAL				101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES				103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

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

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

[ ] PPS
[ ] TEFRA
[XX] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS				25
26	INTENSIVE CARE UNIT				26
30	SPECIAL CARE NURSERY				30
31	SUBPROVIDER I				31
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.169480			37
38	RECOVERY ROOM	.333395			38
39	DELIVERY ROOM & LABOR ROOM	.272001			39
40	ANESTHESIOLOGY	.146142			40
41	RADIOLOGY-DIAGNOSTIC	.144847			41
42	RADIOLOGY-THERAPEUTIC	.135120			42
43	RADIOISOTOPE	.124458			43
44	LABORATORY	.143591			44
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
47	BLOOD STORING, PROCESSING & TRA	.373745			47
49	RESPIRATORY THERAPY	.102276			49
50	PHYSICAL THERAPY	.393696			50
51	OCCUPATIONAL THERAPY	.210335			51
53	ELECTROCARDIOLOGY	.215530			53
53.01	CATHERIZATION LAB	.160802			53.01
53.02	CARDIAC REHAB	.257140			53.02
53.03	CARDIOLOGY GRAPHICS	.143521			53.03
54	ELECTROENCEPHALOGRAPHY	.239016			54
54.01	PULMONARY FUNC TESTING	.117679			54.01
54.02	DENTAL SERVICES				54.02
54.03	MAG RESONANCE IMAGING	.126383			54.03
55	MEDICAL SUPPLIES CHARGED TO PAT	.466901			55
55.30	IMPL. DEV. CHARGED TO PATIENT	.475835			55.30
56	DRUGS CHARGED TO PATIENTS	.207041			56
59	BLOOD FLOW LAB	.105109			59
59.01	CELLTRIFUGE	.506733			59.01
59.02	URODYNAMICS				59.02
59.03	LITHOTRIPSY SVC				59.03
59.04	CAST ROOM				59.04
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	.860754			60
60.01	STD/AIDS CLINIC	1.538129			60.01
60.02	GERIATRIC CLINIC				60.02
60.03	SOLID ORGAN TRANSP	.885642			60.03
61	EMERGENCY	.182056			61
62	OBSERVATION BEDS (NON-DISTINCT				62
62.01	OBSERVATION BEDS-DISTINCT	1.456586			62.01
	OTHER REIMBURSABLE COST CENTERS				
63	OB CLINIC SERVICES	.471618			63
63.01	GI LABORATORY	.209238			63.01
63.02	OUTSIDE HEALTH SVCES				63.02
63.03	STAFF OFFICES				63.03
63.50	RHC				63.50
63.60	FQHC				63.60
101	TOTAL				101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES				103

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
PART I

CHECK 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 1	D	PER DIEM COST FROM WKST D-1 2	ORGAN ACQUISITION DAYS 3	COST 4	
1	ADULTS & PEDIATRICS	341967	38	1271.69	186	236534	1
2	INTENSIVE CARE UNIT	10400	43	2374.87	3	7125	2
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	SPECIAL CARE NURSERY		47	2399.44			6
7	TOTAL	352367			189	243659	7

	COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES 1	ORGAN ACQUISITION ANCILLARY CHARGES 2	ORGAN ACQUISITION ANCILLARY COSTS 3	
8	OPERATING ROOM	37	.169480	4530498	767829	8
9	RECOVERY ROOM	38	.333395	358865	119644	9
10	DELIVERY ROOM & LABOR ROOM	39	.272001			10
11	ANESTHESIOLOGY	40	.146142	327950	47927	11
12	RADIOLOGY-DIAGNOSTIC	41	.144847	1080102	156450	12
13	RADIOLOGY-THERAPEUTIC	42	.135120			13
14	RADIOISOTOPE	43	.124458	67255	8370	14
15	LABORATORY	44	.143591	1567097	225021	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	.373745	106176	39683	18
19	INTRAVENOUS THERAPY	48				19
20	RESPIRATORY THERAPY	49	.102276	21428	2192	20
21	PHYSICAL THERAPY	50	.393696			21
22	OCCUPATIONAL THERAPY	51	.210335			22
23	SPEECH PATHOLOGY	52				23
24	ELECTROCARDIOLOGY	53	.215530	117594	25345	24
24.01	CATHERIZATION LAB	53.01	.160802	14371	2311	24.01
24.02	CARDIAC REHAB	53.02	.257140			24.02
24.03	CARDIOLOGY GRAPHICS	53.03	.143521	32954	4730	24.03
25	ELECTROENCEPHALOGRAPHY	54	.239016			25
25.01	PULMONARY FUNC TESTING	54.01	.117679			25.01
25.02	DENTAL SERVICES	54.02				25.02
25.03	MAG RESONANCE IMAGING	54.03	.126383	13679	1729	25.03
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.466901			26
26.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.475835			26.30
27	DRUGS CHARGED TO PATIENTS	56	.207041	151711	31410	27
28	RENAL DIALYSIS	57				28
29	ASC (NON-DISTINCT PART)	58				29
30	BLOOD FLOW LAB	59	.105109	1569	165	30
30.01	CELLTRIFUGE	59.01	.506733	391	198	30.01
30.02	URODYNAMICS	59.02				30.02
30.03	LITHOTRIPSY SVC	59.03				30.03
30.04	CAST ROOM	59.04				30.04
31	CLINIC	60	.860754			31
31.01	STD/AIDS CLINIC	60.01	1.538129	568	874	31.01
31.02	GERIATRIC CLINIC	60.02				31.02
31.03	SOLID ORGAN TRANSP	60.03	.885642	110113	97521	31.03
32	EMERGENCY	61	.182056	15903	2895	32
33	OBSERVATION BEDS (NON-DISTINCT	62				33
33.01	OBSERVATION BEDS-DISTINCT	62.01	1.456586			33.01
34	OB CLINIC SERVICES	63	.471618			34
34.01	GI LABORATORY	63.01	.209238	4443	930	34.01
34.02	OUTSIDE HEALTH SVCES	63.02				34.02
34.03	STAFF OFFICES	63.03				34.03
34.50	RHC	63.50				34.50
34.60	FQHC	63.60				34.60
35	TOTAL			8522667	1535224	35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES OPO NO:

WORKSHEET D-6
PART II

CHECK APPLICABLE BOX [ ] HEART [ ] LIVER [ ] PANCREAS [ ] ISLET
[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	D	AVERAGE COST PER DAY 1	ORGAN ACQUISITION DAYS 2	ORGAN ACQUISITION COSTS 3	
36	ADULTS & PEDIATRICS	2		186		36
37	INTENSIVE CARE UNIT	3		3		37
38	CORONARY CARE UNIT	4				38
39	BURN INTENSIVE CARE UNIT	5				39
40	SURGICAL INTENSIVE CARE UNIT	6				40
41	SPECIAL CARE NURSERY	7				41
42	SUBTOTAL			189		42

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	ORGAN ACQUISITION CHARGES 1	D	RATIO OF COST TO CHARGES 2	ORGAN ACQUISITION COSTS 3	
43	CLINIC		20			43
43.01	STD/AIDS CLINIC	568	20.01			43.01
43.02	GERIATRIC CLINIC		20.02			43.02
43.03	SOLID ORGAN TRANSP	110113	20.03			43.03
44	EMERGENCY	15903	21			44
45	OBSERVATION BEDS (NON-DISTINCT		22			45
45.01	OBSERVATION BEDS-DISTINCT		22.01			45.01
46	OB CLINIC SERVICES		23			46
46.01	GI LABORATORY	4443	23.01			46.01
46.02	OUTSIDE HEALTH SVCES		23.02			46.02
46.03	STAFF OFFICES		23.03			46.03
46.50	RHC		23.50			46.50
46.60	FQHC		23.60			46.60
47	TOTAL	131027				47

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
PARTS III & IV

CHECK APPLICABLE BOX

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

PART III - SUMMARY OF COSTS AND CHARGES

		COST PART A 1	COST PART B 2	CHARGES PART A 3	CHARGES PART B 4	
48	ROUTINE & ANCILLARY FROM PART I	1778883		8875034		48
49	INTERNS & RESIDENTS (INPATIENT)					49
50	INTERNS & RESIDENTS (OUTPATIENT)					50
51	DIRECT ORGAN ACQUISITION	13702407		13702407		51
52	COST OF SERVICES OF TEACHING PHYSICIANS					52
53	TOTAL	15481290		22577441		53
54	TOTAL USABLE ORGANS		318			54
55	MEDICARE USABLE ORGANS		216			55
56	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.679245			56
57	MEDICARE COST/CHARGES	10515589		15335614		57
58	REVENUE FOR ORGANS SOLD	1453174				58
59	SUBTOTAL	9062415		15335614		59
60	ORGANS FURNISHED PART B					60
61	NET ORGAN ACQUISITION COST & CHARGES	9062415		15335614		61

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3	
62	ORGANS EXCISED IN PROVIDER	167	14		62
63	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65	ORGANS PURCHASED FROM OPO'S		141		65
66	TOTAL	167	155		66
67	ORGANS TRANSPLANTED	167	141		67
68	ORGANS SOLD TO OTHER HOSPITALS				68
69	ORGANS SOLD TO OPO'S		10		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		4		75
76	TOTAL	167	155		76

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES OPO NO:

WORKSHEET D-6
PART I

CHECK APPLICABLE BOX [ ] HEART [XX] LIVER [ ] PANCREAS [ ] ISLET
[ ] 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 1	D	PER DIEM COST FROM WKST D-1 2	ORGAN ACQUISITION DAYS 3	COST 4	
1	ADULTS & PEDIATRICS	85775	38	1271.69	47	59769	1
2	INTENSIVE CARE UNIT	73450	43	2374.87	19	45123	2
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	SPECIAL CARE NURSERY		47	2399.44			6
7	TOTAL	159225			66	104892	7

	COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES 1	ORGAN ACQUISITION ANCILLARY CHARGES 2	ORGAN ACQUISITION ANCILLARY COSTS 3	
8	OPERATING ROOM	37	.169480	1159402	196495	8
9	RECOVERY ROOM	38	.333395	8570	2857	9
10	DELIVERY ROOM & LABOR ROOM	39	.272001			10
11	ANESTHESIOLOGY	40	.146142	83460	12197	11
12	RADIOLOGY-DIAGNOSTIC	41	.144847	271958	39392	12
13	RADIOLOGY-THERAPEUTIC	42	.135120			13
14	RADIOISOTOPE	43	.124458			14
15	LABORATORY	44	.143591	599154	86033	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	.373745	25914	9685	18
19	INTRAVENOUS THERAPY	48				19
20	RESPIRATORY THERAPY	49	.102276	59228	6058	20
21	PHYSICAL THERAPY	50	.393696			21
22	OCCUPATIONAL THERAPY	51	.210335			22
23	SPEECH PATHOLOGY	52				23
24	ELECTROCARDIOLOGY	53	.215530	8010	1726	24
24.01	CATHERIZATION LAB	53.01	.160802	7186	1156	24.01
24.02	CARDIAC REHAB	53.02	.257140			24.02
24.03	CARDIOLOGY GRAPHICS	53.03	.143521	9090	1305	24.03
25	ELECTROENCEPHALOGRAPHY	54	.239016			25
25.01	PULMONARY FUNC TESTING	54.01	.117679			25.01
25.02	DENTAL SERVICES	54.02				25.02
25.03	MAG RESONANCE IMAGING	54.03	.126383	347596	43930	25.03
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.466901			26
26.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.475835			26.30
27	DRUGS CHARGED TO PATIENTS	56	.207041	53820	11143	27
28	RENAL DIALYSIS	57				28
29	ASC (NON-DISTINCT PART)	58				29
30	BLOOD FLOW LAB	59	.105109			30
30.01	CELLTRIFUGE	59.01	.506733			30.01
30.02	URODYNAMICS	59.02				30.02
30.03	LITHOTRIPSY SVC	59.03				30.03
30.04	CAST ROOM	59.04				30.04
31	CLINIC	60	.860754			31
31.01	STD/AIDS CLINIC	60.01	1.538129	664	1021	31.01
31.02	GERIATRIC CLINIC	60.02				31.02
31.03	SOLID ORGAN TRANSP	60.03	.885642	34652	30689	31.03
32	EMERGENCY	61	.182056	9760	1777	32
33	OBSERVATION BEDS (NON-DISTINCT	62				33
33.01	OBSERVATION BEDS-DISTINCT	62.01	1.456586			33.01
34	OB CLINIC SERVICES	63	.471618			34
34.01	GI LABORATORY	63.01	.209238	16932	3543	34.01
34.02	OUTSIDE HEALTH SVCES	63.02				34.02
34.03	STAFF OFFICES	63.03				34.03
34.50	RHC	63.50				34.50
34.60	FQHC	63.60				34.60
35	TOTAL			2695396	449007	35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES OPO NO:

WORKSHEET D-6
PART II

CHECK APPLICABLE BOX

[ ] HEART [XX] LIVER [ ] PANCREAS [ ] ISLET
[ ] 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	D	AVERAGE COST PER DAY 1	ORGAN ACQUISITION DAYS 2	ORGAN ACQUISITION COSTS 3	
36	ADULTS & PEDIATRICS	2		47		36
37	INTENSIVE CARE UNIT	3		19		37
38	CORONARY CARE UNIT	4				38
39	BURN INTENSIVE CARE UNIT	5				39
40	SURGICAL INTENSIVE CARE UNIT	6				40
41	SPECIAL CARE NURSERY	7				41
42	SUBTOTAL			66		42

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	ORGAN ACQUISITION CHARGES 1	D	RATIO OF COST TO CHARGES 2	ORGAN ACQUISITION COSTS 3	
43	CLINIC		20			43
43.01	STD/AIDS CLINIC	664	20.01			43.01
43.02	GERIATRIC CLINIC		20.02			43.02
43.03	SOLID ORGAN TRANSP	34652	20.03			43.03
44	EMERGENCY	9760	21			44
45	OBSERVATION BEDS (NON-DISTINCT		22			45
45.01	OBSERVATION BEDS-DISTINCT		22.01			45.01
46	OB CLINIC SERVICES		23			46
46.01	GI LABORATORY	16932	23.01			46.01
46.02	OUTSIDE HEALTH SVCES		23.02			46.02
46.03	STAFF OFFICES		23.03			46.03
46.50	RHC		23.50			46.50
46.60	FQHC		23.60			46.60
47	TOTAL	62008				47

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
PARTS III & IV

CHECK APPLICABLE BOX

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

PART III - SUMMARY OF COSTS AND CHARGES

		COST PART A 1	COST PART B 2	CHARGES PART A 3	CHARGES PART B 4	
48	ROUTINE & ANCILLARY FROM PART I	553899		2854621		48
49	INTERNS & RESIDENTS (INPATIENT)					49
50	INTERNS & RESIDENTS (OUTPATIENT)					50
51	DIRECT ORGAN ACQUISITION	6445757		6445757		51
52	COST OF SERVICES OF TEACHING PHYSICIANS					52
53	TOTAL	6999656		9300378		53
54	TOTAL USABLE ORGANS		114			54
55	MEDICARE USABLE ORGANS		42			55
56	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.368421			56
57	MEDICARE COST/CHARGES	2578820		3426455		57
58	REVENUE FOR ORGANS SOLD	298817				58
59	SUBTOTAL	2280003		3426455		59
60	ORGANS FURNISHED PART B					60
61	NET ORGAN ACQUISITION COST & CHARGES	2280003		3426455		61

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3	
62	ORGANS EXCISED IN PROVIDER	18	5		62
63	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65	ORGANS PURCHASED FROM OPO'S		91		65
66	TOTAL	18	96		66
67	ORGANS TRANSPLANTED	17	90		67
68	ORGANS SOLD TO OTHER HOSPITALS				68
69	ORGANS SOLD TO OPO'S		5		69
70	ORGANS SOLD TO TRANSPLANT HOSPITALS				70
71	ORGANS SOLD TO MILITARY OR VA HOSPITALS				71
72	ORGANS SOLD OUTSIDE THE U.S.				72
73	ORGANS SENT OUTSIDE THE U.S.(NO REVENUE RECVD)				73
74	ORGANS USED FOR RESEARCH				74
75	UNUSABLE/DISCARDED ORGANS	1	1		75
76	TOTAL	18	96		76

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES OPO NO:

WORKSHEET D-6
PART I

CHECK APPLICABLE BOX: [XX] HEART [ ] 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 1	D	PER DIEM COST FROM WKST D-1 2	ORGAN ACQUISITION DAYS 3	COST 4	
1	ADULTS & PEDIATRICS		38	1271.69			1
2	INTENSIVE CARE UNIT	650	43	2374.87			2
3	CORONARY CARE UNIT	1099	44				3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	SPECIAL CARE NURSERY		47	2399.44			6
7	TOTAL	1749					7

	COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES 1	ORGAN ACQUISITION ANCILLARY CHARGES 2	ORGAN ACQUISITION ANCILLARY COSTS 3	
8	OPERATING ROOM	37	.169480	19099	3237	8
9	RECOVERY ROOM	38	.333395			9
10	DELIVERY ROOM & LABOR ROOM	39	.272001			10
11	ANESTHESIOLOGY	40	.146142	919	134	11
12	RADIOLOGY-DIAGNOSTIC	41	.144847	288	42	12
13	RADIOLOGY-THERAPEUTIC	42	.135120			13
14	RADIOISOTOPE	43	.124458			14
15	LABORATORY	44	.143591	3482	500	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	.373745			18
19	INTRAVENOUS THERAPY	48				19
20	RESPIRATORY THERAPY	49	.102276	1549	158	20
21	PHYSICAL THERAPY	50	.393696			21
22	OCCUPATIONAL THERAPY	51	.210335			22
23	SPEECH PATHOLOGY	52				23
24	ELECTROCARDIOLOGY	53	.215530	107	23	24
24.01	CATHERIZATION LAB	53.01	.160802	1437	231	24.01
24.02	CARDIAC REHAB	53.02	.257140			24.02
24.03	CARDIOLOGY GRAPHICS	53.03	.143521	942	135	24.03
25	ELECTROENCEPHALOGRAPHY	54	.239016			25
25.01	PULMONARY FUNC TESTING	54.01	.117679			25.01
25.02	DENTAL SERVICES	54.02				25.02
25.03	MAG RESONANCE IMAGING	54.03	.126383			25.03
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.466901			26
26.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.475835			26.30
27	DRUGS CHARGED TO PATIENTS	56	.207041			27
28	RENAL DIALYSIS	57				28
29	ASC (NON-DISTINCT PART)	58				29
30	BLOOD FLOW LAB	59	.105109			30
30.01	CELLTRIFUGE	59.01	.506733			30.01
30.02	URODYNAMICS	59.02				30.02
30.03	LITHOTRIPSY SVC	59.03				30.03
30.04	CAST ROOM	59.04				30.04
31	CLINIC	60	.860754			31
31.01	STD/AIDS CLINIC	60.01	1.538129			31.01
31.02	GERIATRIC CLINIC	60.02				31.02
31.03	SOLID ORGAN TRANSP	60.03	.885642			31.03
32	EMERGENCY	61	.182056			32
33	OBSERVATION BEDS (NON-DISTINCT	62				33
33.01	OBSERVATION BEDS-DISTINCT	62.01	1.456586			33.01
34	OB CLINIC SERVICES	63	.471618			34
34.01	GI LABORATORY	63.01	.209238			34.01
34.02	OUTSIDE HEALTH SVCES	63.02				34.02
34.03	STAFF OFFICES	63.03				34.03
34.50	RHC	63.50				34.50
34.60	FQHC	63.60				34.60
35	TOTAL			27823	4460	35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES OPO NO:

WORKSHEET D-6
PART II

CHECK APPLICABLE BOX

[XX] HEART [ ] LIVER [ ] PANCREAS [ ] ISLET
[ ] 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	D	AVERAGE COST PER DAY 1	ORGAN ACQUISITION DAYS 2	ORGAN ACQUISITION COSTS 3	
36	ADULTS & PEDIATRICS	2				36
37	INTENSIVE CARE UNIT	3				37
38	CORONARY CARE UNIT	4				38
39	BURN INTENSIVE CARE UNIT	5				39
40	SURGICAL INTENSIVE CARE UNIT	6				40
41	SPECIAL CARE NURSERY	7				41
42	SUBTOTAL					42

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	ORGAN ACQUISITION CHARGES 1	D	RATIO OF COST TO CHARGES 2	ORGAN ACQUISITION COSTS 3	
43	CLINIC		20			43
43.01	STD/AIDS CLINIC		20.01			43.01
43.02	GERIATRIC CLINIC		20.02			43.02
43.03	SOLID ORGAN TRANSP		20.03			43.03
44	EMERGENCY		21			44
45	OBSERVATION BEDS (NON-DISTINCT		22			45
45.01	OBSERVATION BEDS-DISTINCT		22.01			45.01
46	OB CLINIC SERVICES		23			46
46.01	GI LABORATORY		23.01			46.01
46.02	OUTSIDE HEALTH SVCES		23.02			46.02
46.03	STAFF OFFICES		23.03			46.03
46.50	RHC		23.50			46.50
46.60	FQHC		23.60			46.60
47	TOTAL					47

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
PARTS III & IV

CHECK APPLICABLE BOX

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

PART III - SUMMARY OF COSTS AND CHARGES

		COST PART A 1	COST PART B 2	CHARGES PART A 3	CHARGES PART B 4	
48	ROUTINE & ANCILLARY FROM PART I	4460		29572		48
49	INTERNS & RESIDENTS (INPATIENT)					49
50	INTERNS & RESIDENTS (OUTPATIENT)					50
51	DIRECT ORGAN ACQUISITION	1985353		1985353		51
52	COST OF SERVICES OF TEACHING PHYSICIANS					52
53	TOTAL	1989813		2014925		53
54	TOTAL USABLE ORGANS		19			54
55	MEDICARE USABLE ORGANS		5			55
56	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.263158			56
57	MEDICARE COST/CHARGES	523635		530244		57
58	REVENUE FOR ORGANS SOLD	7694				58
59	SUBTOTAL	515941		530244		59
60	ORGANS FURNISHED PART B					60
61	NET ORGAN ACQUISITION COST & CHARGES	515941		530244		61

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3	
62	ORGANS EXCISED IN PROVIDER		1		62
63	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65	ORGANS PURCHASED FROM OPO'S		18		65
66	TOTAL		19		66
67	ORGANS TRANSPLANTED		18		67
68	ORGANS SOLD TO OTHER HOSPITALS				68
69	ORGANS SOLD TO OPO'S		1		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		19		76

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES OPO NO:

WORKSHEET D-6
PART I

CHECK APPLICABLE BOX [ ] HEART [ ] LIVER [XX] PANCREAS [ ] ISLET
[ ] 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 1	D	PER DIEM COST FROM WKST D-1 2	ORGAN ACQUISITION DAYS 3	COST 4	
1	ADULTS & PEDIATRICS		38	1271.69			1
2	INTENSIVE CARE UNIT	1300	43	2374.87			2
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	SPECIAL CARE NURSERY		47	2399.44			6
7	TOTAL	1300					7

	COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES 1	ORGAN ACQUISITION ANCILLARY CHARGES 2	ORGAN ACQUISITION ANCILLARY COSTS 3	
8	OPERATING ROOM	37	.169480	38197	6474	8
9	RECOVERY ROOM	38	.333395			9
10	DELIVERY ROOM & LABOR ROOM	39	.272001			10
11	ANESTHESIOLOGY	40	.146142	1837	268	11
12	RADIOLOGY-DIAGNOSTIC	41	.144847	577	84	12
13	RADIOLOGY-THERAPEUTIC	42	.135120			13
14	RADIOISOTOPE	43	.124458			14
15	LABORATORY	44	.143591	6964	1000	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	.373745	934	349	18
19	INTRAVENOUS THERAPY	48				19
20	RESPIRATORY THERAPY	49	.102276	1549	158	20
21	PHYSICAL THERAPY	50	.393696			21
22	OCCUPATIONAL THERAPY	51	.210335			22
23	SPEECH PATHOLOGY	52				23
24	ELECTROCARDIOLOGY	53	.215530	214	46	24
24.01	CATHERIZATION LAB	53.01	.160802	1437	231	24.01
24.02	CARDIAC REHAB	53.02	.257140			24.02
24.03	CARDIOLOGY GRAPHICS	53.03	.143521	942	135	24.03
25	ELECTROENCEPHALOGRAPHY	54	.239016			25
25.01	PULMONARY FUNC TESTING	54.01	.117679			25.01
25.02	DENTAL SERVICES	54.02				25.02
25.03	MAG RESONANCE IMAGING	54.03	.126383			25.03
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.466901			26
26.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.475835			26.30
27	DRUGS CHARGED TO PATIENTS	56	.207041			27
28	RENAL DIALYSIS	57				28
29	ASC (NON-DISTINCT PART)	58				29
30	BLOOD FLOW LAB	59	.105109			30
30.01	CELLTRIFUGE	59.01	.506733			30.01
30.02	URODYNAMICS	59.02				30.02
30.03	LITHOTRIPSY SVC	59.03				30.03
30.04	CAST ROOM	59.04				30.04
31	CLINIC	60	.860754			31
31.01	STD/AIDS CLINIC	60.01	1.538129			31.01
31.02	GERIATRIC CLINIC	60.02				31.02
31.03	SOLID ORGAN TRANSP	60.03	.885642			31.03
32	EMERGENCY	61	.182056			32
33	OBSERVATION BEDS (NON-DISTINCT	62				33
33.01	OBSERVATION BEDS-DISTINCT	62.01	1.456586			33.01
34	OB CLINIC SERVICES	63	.471618			34
34.01	GI LABORATORY	63.01	.209238			34.01
34.02	OUTSIDE HEALTH SVCES	63.02				34.02
34.03	STAFF OFFICES	63.03				34.03
34.50	RHC	63.50				34.50
34.60	FQHC	63.60				34.60
35	TOTAL			52651	8745	35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES OPO NO:

WORKSHEET D-6
PART II

CHECK APPLICABLE BOX

[ ] HEART [ ] LIVER [XX] PANCREAS [ ] ISLET
[ ] 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	D	AVERAGE COST PER DAY 1	ORGAN ACQUISITION DAYS 2	ORGAN ACQUISITION COSTS 3	
36	ADULTS & PEDIATRICS	2				36
37	INTENSIVE CARE UNIT	3				37
38	CORONARY CARE UNIT	4				38
39	BURN INTENSIVE CARE UNIT	5				39
40	SURGICAL INTENSIVE CARE UNIT	6				40
41	SPECIAL CARE NURSERY	7				41
42	SUBTOTAL					42

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	ORGAN ACQUISITION CHARGES 1	D	RATIO OF COST TO CHARGES 2	ORGAN ACQUISITION COSTS 3	
43	CLINIC		20			43
43.01	STD/AIDS CLINIC		20.01			43.01
43.02	GERIATRIC CLINIC		20.02			43.02
43.03	SOLID ORGAN TRANSP		20.03			43.03
44	EMERGENCY		21			44
45	OBSERVATION BEDS (NON-DISTINCT		22			45
45.01	OBSERVATION BEDS-DISTINCT		22.01			45.01
46	OB CLINIC SERVICES		23			46
46.01	GI LABORATORY		23.01			46.01
46.02	OUTSIDE HEALTH SVCES		23.02			46.02
46.03	STAFF OFFICES		23.03			46.03
46.50	RHC		23.50			46.50
46.60	FQHC		23.60			46.60
47	TOTAL					47

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
PARTS III & IV

CHECK APPLICABLE BOX

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

PART III - SUMMARY OF COSTS AND CHARGES

		COST PART A 1	COST PART B 2	CHARGES PART A 3	CHARGES PART B 4	
48	ROUTINE & ANCILLARY FROM PART I	8745		53951		48
49	INTERNS & RESIDENTS (INPATIENT)					49
50	INTERNS & RESIDENTS (OUTPATIENT)					50
51	DIRECT ORGAN ACQUISITION	1812652		1812652		51
52	COST OF SERVICES OF TEACHING PHYSICIANS					52
53	TOTAL	1821397		1866603		53
54	TOTAL USABLE ORGANS		31			54
55	MEDICARE USABLE ORGANS		23			55
56	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.741935			56
57	MEDICARE COST/CHARGES	1351358		1384898		57
58	REVENUE FOR ORGANS SOLD	205039				58
59	SUBTOTAL	1146319		1384898		59
60	ORGANS FURNISHED PART B					60
61	NET ORGAN ACQUISITION COST & CHARGES	1146319		1384898		61

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3	
62	ORGANS EXCISED IN PROVIDER		2		62
63	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65	ORGANS PURCHASED FROM OPO'S		29		65
66	TOTAL		31		66
67	ORGANS TRANSPLANTED		30		67
68	ORGANS SOLD TO OTHER HOSPITALS				68
69	ORGANS SOLD TO OPO'S		1		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		31		76

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (14-0281)	SUB I	SUB II	SUB III	SUB IV	
	DRG AMOUNT						
1	OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	10540611					1
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	31621833					1.01
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	84324889					1.02
1.03	PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	270719					1.03
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	812157					1.04
1.05	PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	2165754					1.05
1.06	ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07	PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08	SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2	OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01	OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997	19630238					2.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT						
3	BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	795.33					3
3.01	NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02	INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996	296.56					3.04
3.05	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07	SUM OF LINES 3.04-3.06 0.00 0.00	296.56					3.07
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	467.21					3.08
3.09	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13	FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS	2.79					3.13
3.14	CURRENT YEAR ALLOWABLE FTE	299.35					3.14
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	298.72					3.15
3.16	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..	298.56					3.16
3.17	SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO RES. IN INIT YRS 0.00	298.88					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

WORKSHEET E
PART A
(CONT)

		HOSPITAL (14-0281)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.375794					3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.370907					3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.370907					3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	1989166					3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	5967497					3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23]	15913327					3.23
3.24	SUM OF LINES 3.21-3.23 23869990 0	23869990					3.24
	DISPROPORTIONATE SHARE ADJUSTMENT						
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0624					4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.1644					4.01
4.02	SUM OF 4 AND 4.01	0.2268					4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0939					4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT	11877161					4.04
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES						
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317						5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317						5.01
5.02	DIVIDE LINE 5.01 BY LINE 5						5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317						5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK						5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS						5.05
5.06	TOTAL ADDITIONAL PAYMENT						5.06
6	SUBTOTAL	181864722					6
7	HOSPITAL SPECIFIC PAYMENTS						7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)						7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	181864722					8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	15889431					9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL						10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	6847571					11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE						11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES						11.02
12	NET ORGAN ACQUISITION COST	13004678					12
13	COST OF TEACHING PHYSICIANS						13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	497997					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						15
16	TOTAL	218104399					16
17	PRIMARY PAYER PAYMENTS	236593					17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	217867806					18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	9210140					19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	1249493					20
21	REIMBURSABLE BAD DEBTS	1910024					21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	1337017					21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES						21.02
22	SUBTOTAL	208745190					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

WORKSHEET E
PART A
(CONT)

		HOSPITAL (14-0281)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						23
24	OTHER ADJUSTMENTS						24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						25
26	AMOUNT DUE PROVIDER	208745190					26
27	SEQUESTRATION ADJUSTMENT						27
28	INTERIM PAYMENTS	205039634					28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						28.01
29	BALANCE DUE PROVIDER (PROGRAM)	3705556					29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						30
	TO BE COMPLETED BY INTERMEDIARY						
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01						50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01						51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)						52
53	CAPITAL OUTLIER RECONILIATION AMOUNT (SEE INSTRUCTIONS)						53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)						55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL (14-0281) 1	HOSPITAL (14-0281) 1.01	HOSPITAL (14-0281) 1.02	
1	MEDICAL AND OTHER SERVICES				1
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	67041683			1.01
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	51686687			1.02
1.03	1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.820			1.03
1.04	LINE 1.01 TIMES LINE 1.03	54974180			1.04
1.05	LINE 1.02 DIVIDED BY LINE 1.04	94.02			1.05
1.06	TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07	AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2	INTERNS AND RESIDENTS				2
3	ORGAN ACQUISITIONS				3
4	COST OF TEACHING PHYSICIANS				4
5	TOTAL COST				5
	COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6	ANCILLARY SERVICE CHARGES				6
7	INTERNS AND RESIDENTS SERVICE CHARGES				7
8	ORGAN ACQUISITION CHARGES				8
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10	TOTAL REASONABLE CHARGES				10
	CUSTOMARY CHARGES				
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13	RATIO OF LINE 11 TO LINE 12				13
14	TOTAL CUSTOMARY CHARGES				14
15	EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17	LESSER OF COST OR CHARGES				17
17.01	TOTAL PPS PAYMENTS	51686687			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL (14-0281) 1	HOSPITAL (14-0281) 1.01	HOSPITAL (14-0281) 1.02	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18	DEDUCTIBLES AND COINSURANCE				18
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	11906169			18.01
19	SUBTOTAL	39780518			19
20	SUM OF AMOUNTS FROM WKST E, PARTS C,D & E				20
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	1846764			21
22	ESRD DIRECT MEDICAL EDUCATION COSTS				22
23	SUBTOTAL	41627282			23
24	PRIMARY PAYER PAYMENTS	5621			24
25	SUBTOTAL	41621661			25
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26	COMPOSITE RATE ESRD				26
27	BAD DEBTS	1960164			27
27.01	REDUCED REIMBURSABLE BAD DEBTS	1372115			27.01
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				27.02
28	SUBTOTAL	42993776			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	42993776			32
33	SEQUESTRATION ADJUSTMENT				33
34	INTERIM PAYMENTS	42736338			34
34.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35	BALANCE DUE PROVIDER/PROGRAM	257438			35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36
	TO BE COMPLETED BY CONTRACTOR				
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)				50
51	OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT				51
52	THE RATE USED TO CALCULATE THE TIME VALUE				52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)				53
54	TOTAL (SUM OF LINES 51 AND 53)				54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		SUB I (14-S281) 1	SUB I (14-S281) 1.01	SUB I (14-S281) 1.02	
1	MEDICAL AND OTHER SERVICES				1
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	3657			1.01
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	3488			1.02
1.03	1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04	LINE 1.01 TIMES LINE 1.03				1.04
1.05	LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06	TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07	AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2	INTERNS AND RESIDENTS				2
3	ORGAN ACQUISITIONS				3
4	COST OF TEACHING PHYSICIANS				4
5	TOTAL COST				5
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
6	ANCILLARY SERVICE CHARGES				6
7	INTERNS AND RESIDENTS SERVICE CHARGES				7
8	ORGAN ACQUISITION CHARGES				8
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10	TOTAL REASONABLE CHARGES				10
	CUSTOMARY CHARGES				
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13	RATIO OF LINE 11 TO LINE 12				13
14	TOTAL CUSTOMARY CHARGES				14
15	EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17	LESSER OF COST OR CHARGES				17
17.01	TOTAL PPS PAYMENTS	3488			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		SUB I (14-S281) 1	SUB I (14-S281) 1.01	SUB I (14-S281) 1.02	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18	DEDUCTIBLES AND COINSURANCE				18
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	1222			18.01
19	SUBTOTAL	2266			19
20	SUM OF AMOUNTS FROM WKST E, PARTS C,D & E				20
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				21
22	ESRD DIRECT MEDICAL EDUCATION COSTS				22
23	SUBTOTAL	2266			23
24	PRIMARY PAYER PAYMENTS				24
25	SUBTOTAL	2266			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	2266			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	2266			32
33	SEQUESTRATION ADJUSTMENT				33
34	INTERIM PAYMENTS	2265			34
34.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35	BALANCE DUE PROVIDER/PROGRAM	1			35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36
	TO BE COMPLETED BY CONTRACTOR				
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)				50
51	OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT				51
52	THE RATE USED TO CALCULATE THE TIME VALUE				52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)				53
54	TOTAL (SUM OF LINES 51 AND 53)				54

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

WORKSHEET E-1

DESCRIPTION		INPATIENT PART A MM/DD/YYYY 1	AMOUNT 2	PART B MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER			17410233		2961442	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.			185666787		39774896	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 TO PROVIDER .01 .02 .03 .04 .05 .50	03/05/2010	1962614		NONE	3.01 3.02 3.03 3.04 3.05 3.50
	PROVIDER TO PROGRAM .51 .52 .53 .54		NONE		NONE	3.51 3.52 3.53 3.54
SUBTOTAL	.99		1962614			3.99
4 TOTAL INTERIM PAYMENTS			205039634		42736338	4
	TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM TO PROVIDER .01 .02 .03		NONE		NONE	5.01 5.02 5.03
	PROVIDER TO PROGRAM .50 .51 .52		NONE		NONE	5.50 5.51 5.52
SUBTOTAL	.99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO PROGRAM .02		3705556		257438	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY			208745190		42993776	7

NAME OF INTERMEDIARY:

INTERMEDIARY NUMBER:

SIGNATURE OF AUTHORIZED PERSON:

DATE (MO/DAY/YR):

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

WORKSHEET E-1

DESCRIPTION		INPATIENT PART A MM/DD/YYYY 1	AMOUNT 2	PART B MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER						1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.			2537595		2265	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 TO PROVIDER .01 .02 .03 .04 .05 .50		NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.50
	PROVIDER TO PROGRAM .51 .52 .53 .54		NONE		NONE	3.51 3.52 3.53 3.54
SUBTOTAL	.99					3.99
4 TOTAL INTERIM PAYMENTS			2537595		2265	4
	TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM TO PROVIDER .01 .02 .03		NONE		NONE	5.01 5.02 5.03
	PROVIDER TO PROGRAM .50 .51 .52		NONE		NONE	5.50 5.51 5.52
SUBTOTAL	.99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO PROGRAM .02		30944		1	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY			2568539		2266	7

NAME OF INTERMEDIARY:

INTERMEDIARY NUMBER:

SIGNATURE OF AUTHORIZED PERSON:

DATE (MO/DAY/YR):

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

		HOSPITAL	SUB I (14-S281)	SUB II	SUB III	SUB IV	
1	INPATIENT HOSPITAL SERVICES						1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)						1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)						1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)						1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)						1.04
1.05	OUTLIER PAYMENTS						1.05
1.06	TOTAL PPS PAYMENTS						1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT						1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)						
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)		2567980				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS		154947				1.09
1.10	NET IPF PPS ECT PAYMENTS		29199				1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)		2.74				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.)		2.79				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)		2.74				1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		32.906849				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR		0.042050				1.17
1.18	MEDICAL EDUCATION ADJUSTMENT		107984				1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS		2860110				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		2860110				1.23
	INPATIENT REHABILITATION FACILITY (IRF)						
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)						1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)						1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)						1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)						1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)						1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)						1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR						1.41
1.42	MEDICAL EDUCATION ADJUSTMENT						1.42
2	ORGAN ACQUISITION						2
3	COST OF TEACHING PHYSICIANS						3
4	SUBTOTAL		2860110				4
5	PRIMARY PAYER PAYMENTS						5
6	SUBTOTAL		2860110				6
7	DEDUCTIBLES		168452				7
8	SUBTOTAL		2691658				8
9	COINSURANCE		123119				9
10	SUBTOTAL		2568539				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		2568539				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

		HOSPITAL	SUB I (14-S281)	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		2568539				17
18	SEQUESTRATION ADJUSTMENT						18
19	INTERIM PAYMENTS		2537595				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20	BALANCE DUE PROVIDER/PROGRAM		30944				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
	TO BE COMPLETED BY INTERMEDIARY						
50	ORIGINAL OUTLIER AMOUNT						50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

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

WORKSHEET E-3
PART III

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

		HOSPITAL (14-0281) (OTHER)	SUB I (14-S281) (OTHER)	SUB II	SUB III	SUB IV	NF I	
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES	67655615	4286692					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	67655615	4286692					6
7	INPATIENT PRIMARY PAYER PAYMENTS							7
8	OUTPATIENT PRIMARY PAYER PAYMENTS							8
9	SUBTOTAL	67655615	4286692					9
	COMPUTATION OF LESSER OF COST OR CHARGES							
10	ROUTINE SERVICE CHARGES							10
11	ANCILLARY SERVICE CHARGES							11
12	INTERNS AND RESIDENTS SERVICE CHARGES							12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE							13
14	TEACHING PHYSICIANS							14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION							15
16	TOTAL REASONABLE CHARGES							16
	CUSTOMARY CHARGES							
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE							17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)							18
19	RATIO OF LINE 17 TO LINE 18							19
20	TOTAL CUSTOMARY CHARGES							20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST							21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	67655615	4286692					22
23	COST OF COVERED SERVICES	67655615	4286692					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	67655615	4286692					30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED							31
32	LESSER OF LINES 30 OR 31	67655615	4286692					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

		HOSPITAL (14-0281) (OTHER) 1	SUB I (14-S281) (OTHER) 1	SUB II 1	SUB III 1	SUB IV 1	NF I 1	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT							
34	EXCESS OF REASONABLE COST	67655615	4286692					34
35	SUBTOTAL							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							40
41	INPATIENT ROUTINE SERVICE COST							41
42	MEDICARE INPATIENT ROUTINE CHARGES							42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE							43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)							44
45	RATIO OF LINE 43 TO LINE 44							45
46	TOTAL CUSTOMARY CHARGES							46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST							47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES							48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION							49
50	OTHER ADJUSTMENTS							50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS							51
52	SUBTOTAL							52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT							53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS							54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER							55
56	SEQUESTRATION ADJUSTMENT							56
57	INTERIM PAYMENTS							57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)							57.01
58	BALANCE DUE PROVIDER/PROGRAM							58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2							59

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

WORKSHEET E-3
PART IV

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

	COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS		1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE		2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS		2.01
3	AGGREGATE APPROVED AMOUNT		3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	318.27	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]		3.03
3.04	FTE ADJUSTMENT CAP	318.27	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	470.13	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	318.27	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	131.18	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	311.64	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	442.82	3.09
3.10	SEE INSTRUCTIONS	299.78	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	2.79	3.11
3.12	SEE INSTRUCTIONS	213.76	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	206.87	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	201.79	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	207.47	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	207.47	3.16
3.17	SEE INSTRUCTIONS	88666.81	3.17
3.18	SEE INSTRUCTIONS	18395703	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	98.01	3.19
3.20	SEE INSTRUCTIONS	93.70	3.20
3.21	SEE INSTRUCTIONS	93.51	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	93.51	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	92899.86	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	8687066	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	27082769	3.25

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS	72964	4
5	TOTAL INPATIENT DAYS	229368	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x] [E-3,PART 6] [LINE 3.25] [LINE 11]	.318109	6
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 8615273 78546	8693819	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD	5	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE	229368	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	512	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
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD [PRIOR TO] [E-3,PART 6] [422] [LINE 12] 0 4	4	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

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	235806484	12
13	ORGAN ACQUISITION COSTS	13004678	13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	236593	15
16	TOTAL PART A REASONABLE COST	248574569	16
	PART B REASONABLE COST		
17	REASONABLE COST	67045340	17
18	PRIMARY PAYER PAYMENTS	5621	18
19	TOTAL PART B REASONABLE COST	67039719	19
20	TOTAL REASONABLE COST	315614288	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.787590	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.212410	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	8694335	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	6847571	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	1846764	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	43980	4
5	TOTAL INPATIENT DAYS	229368	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS	.191744	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	229368	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

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

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

WORKSHEET E-3
PART VI

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

	CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA		
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD	1.000000	1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		2
3	UNADJUSTED DIRECT GME FTE CAP		3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		4
	CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA		
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)	2.61	5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS		5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	151.86	6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	2.46	7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	100372.30	8
9	LINE 7 TIMES LINE 8	246916	9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6	.318109	10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS	78546	11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS	4	12
	CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA		
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)		13
14	UNADJUSTED IME FTE CAP		14
15	PRORATED REDUCED ALLOWABLE FTE CAP		15
	CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)		16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		17
18	SEE INSTRUCTIONS		18
19	RESIDENT TO BED COUNT		19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)		20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005		21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005		22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		23

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

WORKSHEET E-3
PART VI

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

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

BALANCE SHEET

WORKSHEET G

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
	CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	29901293				1
2	TEMPORARY INVESTMENTS	127715728				2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	217836872				4
5	OTHER RECEIVABLES	12837603				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-24386310				6
7	INVENTORY	28141857				7
8	PREPAID EXPENSES	22108478				8
9	OTHER CURRENT ASSETS	16986607				9
10	DUE FROM OTHER FUNDS	22578094				10
11	TOTAL CURRENT ASSETS	453720222				11
	FIXED ASSETS					
12	LAND	155898921				12
12.01	ACCUMULATED DEPRECIATION					12.01
13	LAND IMPROVEMENTS					13
13.01	ACCUMULATED DEPRECIATION					13.01
14	BUILDINGS	1456856418	19807761	170642468		14
14.01	ACCUMULATED DEPRECIATION	-687858013				14.01
15	LEASEHOLD IMPROVEMENTS					15
15.01	ACCUMULATED AMORTIZATION					15.01
16	FIXED EQUIPMENT					16
16.01	ACCUMULATED DEPRECIATION					16.01
17	AUTOMOBILES AND TRUCKS					17
17.01	ACCUMULATED DEPRECIATION					17.01
18	MAJOR MOVABLE EQUIPMENT	458255290				18
18.01	ACCUMULATED DEPRECIATION	-311161390				18.01
19	MINOR EQUIPMENT DEPRECIABLE					19
19.01	ACCUMULATED DEPRECIATION					19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE					20
21	TOTAL FIXED ASSETS	1071991226	19807761	170642468		21
	OTHER ASSETS					
22	INVESTMENTS	922607795				22
23	DEPOSITS ON LEASES					23
24	DUE FROM OWNERS/OFFICERS					24
25	OTHER ASSETS	379813707				25
26	TOTAL OTHER ASSETS	1302421502				26
27	TOTAL ASSETS	2828132950	19807761	170642468		27

	LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
	CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	57817749				28
29	SALARIES, WAGES & FEES PAYABLE	51814328				29
30	PAYROLL TAXES PAYABLE					30
31	NOTES & LOANS PAYABLE (SHORT TERM)	87968766				31
32	DEFERRED INCOME					32
33	ACCELERATED PAYMENTS					33
34	DUE TO OTHER FUNDS	1505884				34
35	OTHER CURRENT LIABILITIES	169405730				35
36	TOTAL CURRENT LIABILITIES	368512457				36
	LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE					37
38	NOTES PAYABLE	766962512				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	235830073				41
42	TOTAL LONG TERM LIABILITIES	1002792585				42
43	TOTAL LIABILITIES	1371305042				43
	CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	1456827908				44
45	SPECIFIC PURPOSE FUND BALANCE		19807761			45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED			170642468		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	1456827908	19807761	170642468		51
52	TOTAL LIABILITIES AND FUND BALANCES	2828132950	19807761	170642468		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	1425958973	14662565	163880636		1
2	NET INCOME (LOSS)	64223362				2
3	TOTAL	1490182335	14662565	163880636		3
4	ADDITIONS (CREDIT ADJUSTMENTS)					4
5	TRANSFER FROM NMF/OTHER			-18341639		5
6	TRANSFERS FOR PPE	2361928		-2361928		6
7	PENSION RELATED CHANGES	-31565560		14803612		7
8	HRSA/OTHER GRANT					8
9	GIFTS			8068454		9
10	TOTAL ADDITIONS	-29203632		2168499		10
11	SUBTOTAL	1460978703	14662565	166049135		11
12	DEDUCTIONS (DEBIT ADJUSTMENTS)					12
13	TRANSFER NMPG	4256075				13
14	W/O NMPG INV					14
15	UNREALIZED LOSS					15
16	CHANGE IN SWAPS	123862		4817018		16
17	DECREASE NMF ASSETS		-5145196	-9410351		17
18	TOTAL DEDUCTIONS	4379937	-5145196	-4593333		18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	1456598766	19807761	170642468		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	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	HOSPITAL	619771248		619771248	1
2	SUBPROVIDER I	21549610		21549610	2
4	SWING BED - SNF				4
5	SWING BED - NF				5
6	SKILLED NURSING FACILITY				6
7	NURSING FACILITY				7
8	OTHER LONG TERM CARE				8
9	TOTAL GENERAL INPATIENT CARE SERVICES	641320858		641320858	9
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10	INTENSIVE CARE UNIT				10
11	CORONARY CARE UNIT				11
12	BURN INTENSIVE CARE UNIT				12
13	SURGICAL INTENSIVE CARE UNIT				13
14	SPECIAL CARE NURSERY				14
15	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE				15
16	TOTAL INPATIENT ROUTINE CARE SERVICES	641320858		641320858	16
17	ANCILLARY SERVICES	1883079882		1883079882	17
18	OUTPATIENT SERVICES		1614631378	1614631378	18
18.01	GI LABORATORY				18.01
18.02	OUTSIDE HEALTH SVCES				18.02
18.03	STAFF OFFICES				18.03
18.50	RHC				18.50
18.60	FQHC				18.60
19	HOME HEALTH AGENCY				19
20	AMBULANCE				20
21	CORF				21
22	ASC				22
23	HOSPICE				23
24	HOSPICE		11887481	11887481	24
25	TOTAL PATIENT REVENUES	2524400740	1626518859	4150919599	25

PART II - OPERATING EXPENSES

		1	2	
26	OPERATING EXPENSES		1243693939	26
27	ADD (SPECIFY)			27
28	BAD DEBT	26928352		28
29				29
30				30
31				31
32				32
33	TOTAL ADDITIONS		26928352	33
34	DEDUCT (SPECIFY)			34
35	FUNDS INCLUDING FRINGES	-11786077		35
36				36
37	OLSON FRINGES			37
38				38
39	TOTAL DEDUCTIONS	-11786077		39
40	TOTAL OPERATING EXPENSES		1258836214	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES	4150919599	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	2926629770	2
3	NET PATIENT REVENUES	1224289829	3
4	LESS - TOTAL OPERATING EXPENSES	1258836214	4
5	NET INCOME FROM SERVICE TO PATIENTS	-34546385	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	-41404418	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	1430921	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS	2778587	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	5518486	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS	2146972	15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	839673	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	23617682	22
23	GOVERNMENTAL APPROPRIATIONS	3900718	23
24	SHARED, TELECOM, OTHER	99941126	24
25	TOTAL OTHER INCOME	98769747	25
26	TOTAL	64223362	26
27	FUND EXPENSES		27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	64223362	31