

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

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY SAINT LOUIS UNIVERSITY HOSPITAL (26-0105) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 06/01/2009 AND ENDING 05/31/2010, 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.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL	2	3	4	1
2	SUBPROVIDER I	-1271589	164017	38009589	2
3	SWING BED - SNF	-84046	-933		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	-1355635	163084	38009589	100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 3635 VISTA AT GRAND BLVD P.O.BOX: 1
 1.01 CITY: ST. LOUIS STATE: MO ZIP CODE: 63110 COUNTY: SAINT LOUIS 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			
				V 4	XVIII 5	XIX 6	
2	HOSPITAL	SAINT LOUIS UNIVERSITY HOSPITAL 26-0105	07/01/1966	O	P	O	2
3	SUBPROVIDER I	SAINT LOUIS UNIVERSITY PSYCHIATRIC 26-S105	07/01/1984	N	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						12
14	HOSP-BASED RHC						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS	SAINT LOUIS UNIV DIALYSIS 26-2310	07/01/1966				16
17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 06/01/2009 TO: 05/31/2010	1 2				17
18	TYPE OF CONTROL		4				18
19	HOSPITAL		1				19
20	SUBPROVIDER I		4				20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.						21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? 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 41180	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1			21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1			21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR 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.					07/06/1977	23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					03/15/1995	23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.					07/01/1999	23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.						24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.						24.01

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	YES	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

		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?		YES		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?	YES			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	YES			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND 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	059111		40
40.01	NAME: TENET HEALTHCARE CORP			FI/CONTRACTOR'S NAME: TRAILBLAZER HEALTH ENTERPRIFI/CONTRACTOR'S NUMBER: 04901	40.01
40.02	STREET: 1445 ROSS AVENUE, STE 1400			P.O. BOX:	40.02
40.03	CITY: DALLAS			STATE: TX ZIP CODE: 75202-2703	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N			49
50	HOME HEALTH AGENCY	N	N			50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO	52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO	52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54
	PREMIUMS: 431725	PAID LOSSES: 1195842	AND/OR SELF INSURANCE:			
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	Y/N	LIMIT	Y/N	FEE\$
		0	1	2	3	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						
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO			61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS	
	1	2	3	4	5	
SETTLEMENT DATA						
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	08/31/2010		63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		4543	2195	13313	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
6.01	6TH ICU					6.01
6.02	7TH ICU					6.02
6.03	8TH ICU					6.03
6.04	5TH ICU					6.04
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		4543	2195	13313	12
13	RPCH VISITS					13
14	SUBPROVIDER I		392	514	1503	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	89092696		89092696	3065929.00	29.06		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)	42406		42406	1681.00	25.23		6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	4426720	-176861	4249859	157819.00	26.93		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	1813506		1813506	31390.00	57.77		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	219750		219750	1466.00	149.90		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	9873017		9873017	162109.00	60.90		11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	17336995		17336995			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	954120		954120			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)	9312		9312			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	551335		551335	19247.00	28.65		21
22	ADMINISTRATIVE & GENERAL	8710476	-108771	8601705	335312.00	25.65		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	1138		1138	13.00	87.54		22.01
23	MAINTENANCE & REPAIRS	404204		404204	14830.00	27.26		23
24	OPERATION OF PLANT							24
25	LAUNDRY & LINEN SERVICE	71488		71488	6511.00	10.98		25
26	HOUSEKEEPING							26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY							27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA							28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1819541		1819541	49045.00	37.10		30
31	CENTRAL SERVICES AND SUPPLY	645233		645233	39471.00	16.35		31
32	PHARMACY	4254207	-216175	4038032	111021.00	36.37		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	2392568		2392568	106078.00	22.55		33
34	SOCIAL SERVICE	2088143		2088143	68357.00	30.55		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
1		1	2	3	4	5	
1	NET SALARIES	89051428		89051428	3064261.00	29.06	1
2	EXCLUDED AREA SALARIES	4426720	-176861	4249859	157819.00	26.93	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	84624708	176861	84801569	2906442.00	29.18	3
4	SUBTOTAL OTHER WAGES & REL COSTS	11906273		11906273	194965.00	61.07	4
5	SUBTOTAL WAGE-RELATED COSTS	17336995		17336995		20.44%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	113867976	176861	114044837	3101407.00	36.77	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	20938333	-324946	20613387	749885.00	27.49	13

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	65593	17
17.01	GROSS MEDICAID REVENUES	77802372	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	77867965	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.193858	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	211708393	28
29	TOTAL GROSS MEDICAID COST	41041366	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	32303137	30
31	UNCOMPENSATED CARE COST	6262222	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	41041366	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	
71	7100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS								71
83	8300 KIDNEY ACQUISITION	1625203	2213573	3838776	1015358	4854134		4854134	83
84	8400 LIVER ACQUISITION		1547629	1547629	544321	2091950		2091950	84
85.01	8510 PANCREAS ACQUISITION		114435	114435	8919	123354		123354	85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
88	8800 INTEREST EXPENSE		24000000	24000000		24000000	-24000000		88
90	9000 OTHER CAPITAL RELATED COSTS		2163360	2163360	-2163360				90
95	SUBTOTALS NONREIMBURSABLE COST CENTERS	89084655	249911708	338996363	-3610768	335385595	-21636681	313748914	95
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	1390	-19349	-17959		-17959	180000	162041	96
100	7950 DOCTORS MEALS				453203	453203		453203	100
100.05	7955 PUBLIC RELATIONS				687957	687957		687957	100.05
100.11	7961 UNIVERSITY SPACE				1338959	1338959		1338959	100.11
100.12	7962 CANCER CENTER				788521	788521		788521	100.12
100.13	7963 MARKET SPACE				229445	229445		229445	100.13
100.14	7964 RENTAL PROPERTIES	6651	179895	186546		186546		186546	100.14
100.15	7965 OP CATH LAB-UNIV				112683	112683		112683	100.15
101	TOTAL	89092696	250072254	339164950		339164950	-21456681	317708269	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1					
2 RECLASS OF RENTAL/LEASE EQUIP	W	NEW CAP REL COSTS-MVBLE EQUIP	4		1576120
3 RECLASS OF RENTAL/LEASE EQUIP	W				
4 RECLASS OF RENTAL/LEASE EQUIP	W				
5 RECLASS OF RENTAL/LEASE EQUIP	W				
6 RECLASS OF RENTAL/LEASE EQUIP	W				
7 RECLASS OF RENTAL/LEASE EQUIP	W				
8 RECLASS OF RENTAL/LEASE EQUIP	W				
9 RECLASS OF RENTAL/LEASE EQUIP	W				
10 RECLASS OF RENTAL/LEASE EQUIP	W				
11 RECLASS OF RENTAL/LEASE EQUIP	W				
12 RECLASS OF RENTAL/LEASE EQUIP	W				
13 RECLASS OF RENTAL/LEASE EQUIP	W				
14 RECLASS OF RENTAL/LEASE EQUIP	W				
15 RECLASS OF RENTAL/LEASE EQUIP	W				
16 RECLASS OF RENTAL/LEASE EQUIP	W				
17 RECLASS OF RENTAL/LEASE EQUIP	W				
18 RECLASS OF RENTAL/LEASE EQUIP	W				
19 RECLASS OF RENTAL/LEASE EQUIP	W				
20 RECLASS OF RENTAL/LEASE EQUIP	W				
21 RECLASS OF RENTAL/LEASE EQUIP	W				
22 RECLASS OF RENTAL/LEASE EQUIP	W				
23 RECLASS OF RENTAL/LEASE EQUIP	W				
24 RECLASS OF RENTAL/LEASE EQUIP	W				
25 RECLASS OF RENTAL/LEASE EQUIP	W				
26 RECLASS OF RENTAL/LEASE EQUIP	W				
27 RECLASS OF RENTAL/LEASE EQUIP	W				
28 RECLASS OF RENTAL/LEASE EQUIP	W				
29 RECLASS OF RENTAL/LEASE EQUIP	W				
30 RECLASS OF RENTAL/LEASE EQUIP	W				
31 RECLASS OF RENTAL/LEASE EQUIP	W				
32					
33					
34					
35					
36 SUBTOTAL					1576120

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1						1
2 RECLASS OF RENTAL/LEASE EQUIP	W	EMPLOYEE BENEFITS	5		171	10 2
3 RECLASS OF RENTAL/LEASE EQUIP	W	ADMINISTRATIVE & GENERAL	6		22987	3
4 RECLASS OF RENTAL/LEASE EQUIP	W	MAINTENANCE & REPAIRS	7		692	4
5 RECLASS OF RENTAL/LEASE EQUIP	W	OPERATION OF PLANT	8		168035	5
6 RECLASS OF RENTAL/LEASE EQUIP	W	DIETARY	11		497	6
7 RECLASS OF RENTAL/LEASE EQUIP	W	NURSING ADMINISTRATION	14		8742	7
8 RECLASS OF RENTAL/LEASE EQUIP	W	CENTRAL SERVICES & SUPPLY	15		1071945	8
9 RECLASS OF RENTAL/LEASE EQUIP	W	PHARMACY	16		23187	9
10 RECLASS OF RENTAL/LEASE EQUIP	W	MEDICAL RECORDS & LIBRARY	17		3743	10
11 RECLASS OF RENTAL/LEASE EQUIP	W	QUALITY ASSURANCE	17.01		153	11
12 RECLASS OF RENTAL/LEASE EQUIP	W	SOCIAL SERVICE	18		2745	12
13 RECLASS OF RENTAL/LEASE EQUIP	W	ADULTS & PEDIATRICS	25		7744	13
14 RECLASS OF RENTAL/LEASE EQUIP	W	INTENSIVE CARE UNIT	26		668	14
15 RECLASS OF RENTAL/LEASE EQUIP	W	6TH ICU	26.01		529	15
16 RECLASS OF RENTAL/LEASE EQUIP	W	7TH ICU	26.02		469	16
17 RECLASS OF RENTAL/LEASE EQUIP	W	8TH ICU	26.03		479	17
18 RECLASS OF RENTAL/LEASE EQUIP	W	5TH ICU	26.04		657	18
19 RECLASS OF RENTAL/LEASE EQUIP	W	SUBPROVIDER I	31		993	19
20 RECLASS OF RENTAL/LEASE EQUIP	W	OPERATING ROOM	37		19025	20
21 RECLASS OF RENTAL/LEASE EQUIP	W	RECOVERY ROOM	38		2426	21
22 RECLASS OF RENTAL/LEASE EQUIP	W	RADIOLOGY-DIAGNOSTIC	41		13519	22
23 RECLASS OF RENTAL/LEASE EQUIP	W	ENDOSCOPY	41.03		77741	23
24 RECLASS OF RENTAL/LEASE EQUIP	W	RADIOLOGY-THERAPEUTIC	42		3132	24
25 RECLASS OF RENTAL/LEASE EQUIP	W	LABORATORY	44		46384	25
26 RECLASS OF RENTAL/LEASE EQUIP	W	BLOOD STORING, PROCESSING & T	47		353	26
27 RECLASS OF RENTAL/LEASE EQUIP	W	RESPIRATORY THERAPY	49		67388	27
28 RECLASS OF RENTAL/LEASE EQUIP	W	PHYSICAL THERAPY	50		2691	28
29 RECLASS OF RENTAL/LEASE EQUIP	W	ELECTROCARDIOLOGY	53		21693	29
30 RECLASS OF RENTAL/LEASE EQUIP	W	ELECTROENCEPHALOGRAPHY	54		39	30
31 RECLASS OF RENTAL/LEASE EQUIP	W	EMERGENCY	61		7293	31
32						32
33						33
34						34
35						35
36 SUBTOTAL					1576120	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 RECLASS OF OTHER COC COSTS	C	ADMINISTRATIVE & GENERAL	6		6258
2					
3					
4 OFFEROR REBATES	D	CENTRAL SERVICES & SUPPLY	15		125347
5 OFFEROR REBATES	D	PHARMACY	16		320687
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36 SUBTOTAL					2028412

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 2

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 RECLASS OF OTHER COC COSTS	C	OTHER CAPITAL RELATED COSTS	90		6258	1
2						2
3						3
4 OFFEROR REBATES	D	MEDICAL SUPPLIES CHARGED TO P	55		125347	4
5 OFFEROR REBATES	D	DRUGS CHARGED TO PATIENTS	56		320687	5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 SUBTOTAL					2028412	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1					1
2					2
3	CHARGEABLE SUPPLIES	X	LAUNDRY & LINEN SERVICE	9	378 3
4	CHARGEABLE SUPPLIES	X	MEDICAL SUPPLIES CHARGED TO P	55	33970842 4
5	CHARGEABLE SUPPLIES	X			5
6	CHARGEABLE SUPPLIES	X			6
7	CHARGEABLE SUPPLIES	X			7
8	CHARGEABLE SUPPLIES	X			8
9	CHARGEABLE SUPPLIES	X			9
10	CHARGEABLE SUPPLIES	X			10
11	CHARGEABLE SUPPLIES	X			11
12	CHARGEABLE SUPPLIES	X			12
13	CHARGEABLE SUPPLIES	X			13
14	CHARGEABLE SUPPLIES	X			14
15	CHARGEABLE SUPPLIES	X			15
16	CHARGEABLE SUPPLIES	X			16
17	CHARGEABLE SUPPLIES	X			17
18	CHARGEABLE SUPPLIES	X			18
19	CHARGEABLE SUPPLIES	X			19
20	CHARGEABLE SUPPLIES	X			20
21	CHARGEABLE SUPPLIES	X			21
22	CHARGEABLE SUPPLIES	X			22
23	CHARGEABLE SUPPLIES	X			23
24	CHARGEABLE SUPPLIES	X			24
25	CHARGEABLE SUPPLIES	X			25
26	CHARGEABLE SUPPLIES	X			26
27	CHARGEABLE SUPPLIES	X			27
28	CHARGEABLE SUPPLIES	X			28
29	CHARGEABLE SUPPLIES	X			29
30	CHARGEABLE SUPPLIES	X			30
31	CHARGEABLE SUPPLIES	X			31
32	CHARGEABLE SUPPLIES	X			32
33	CHARGEABLE SUPPLIES	X			33
34	CHARGEABLE SUPPLIES	X			34
35	CHARGEABLE SUPPLIES	X			35
36	SUBTOTAL				35999632 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1						1
2						2
3 CHARGEABLE SUPPLIES	X	EMPLOYEE BENEFITS	5		1969	3
4 CHARGEABLE SUPPLIES	X	ADMINISTRATIVE & GENERAL	6		31588	4
5 CHARGEABLE SUPPLIES	X	MAINTENANCE & REPAIRS	7		95	5
6 CHARGEABLE SUPPLIES	X	OPERATION OF PLANT	8		34	6
7 CHARGEABLE SUPPLIES	X	NURSING ADMINISTRATION	14		3978	7
8 CHARGEABLE SUPPLIES	X	CENTRAL SERVICES & SUPPLY	15		1155845	8
9 CHARGEABLE SUPPLIES	X	PHARMACY	16		9887	9
10 CHARGEABLE SUPPLIES	X	SOCIAL SERVICE	18		16	10
11 CHARGEABLE SUPPLIES	X	I&R SERVICES-SALARY & FRINGES	22		1262	11
12 CHARGEABLE SUPPLIES	X	ADULTS & PEDIATRICS	25		653270	12
13 CHARGEABLE SUPPLIES	X	INTENSIVE CARE UNIT	26		201405	13
14 CHARGEABLE SUPPLIES	X	6TH ICU	26.01		218698	14
15 CHARGEABLE SUPPLIES	X	7TH ICU	26.02		254877	15
16 CHARGEABLE SUPPLIES	X	8TH ICU	26.03		239153	16
17 CHARGEABLE SUPPLIES	X	5TH ICU	26.04		301716	17
18 CHARGEABLE SUPPLIES	X	SUBPROVIDER I	31		19642	18
19 CHARGEABLE SUPPLIES	X	OPERATING ROOM	37		20198843	19
20 CHARGEABLE SUPPLIES	X	RECOVERY ROOM	38		168576	20
21 CHARGEABLE SUPPLIES	X	ANESTHESIOLOGY	40		602200	21
22 CHARGEABLE SUPPLIES	X	RADIOLOGY-DIAGNOSTIC	41		4151956	22
23 CHARGEABLE SUPPLIES	X	ENDOSCOPY	41.03		522002	23
24 CHARGEABLE SUPPLIES	X	PET IMAGING	41.05		746	24
25 CHARGEABLE SUPPLIES	X	RADIOLOGY-THERAPEUTIC	42		30771	25
26 CHARGEABLE SUPPLIES	X	RADIOISOTOPE	43		3704	26
27 CHARGEABLE SUPPLIES	X	LABORATORY	44		166999	27
28 CHARGEABLE SUPPLIES	X	RESPIRATORY THERAPY	49		701861	28
29 CHARGEABLE SUPPLIES	X	PHYSICAL THERAPY	50		56501	29
30 CHARGEABLE SUPPLIES	X	ELECTROCARDIOLOGY	53		3711275	30
31 CHARGEABLE SUPPLIES	X	CARDIAC CATH	53.05		51817	31
32 CHARGEABLE SUPPLIES	X	ELECTROENCEPHALOGRAPHY	54		22025	32
33 CHARGEABLE SUPPLIES	X	RENAL DIALYSIS	57		19128	33
34 CHARGEABLE SUPPLIES	X	ASC (NON-DISTINCT PART)	58		11024	34
35 CHARGEABLE SUPPLIES	X	CLINIC	60		10099	35
36 SUBTOTAL					35551374	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 CHARGEABLE SUPPLIES	X				
2 CHARGEABLE SUPPLIES	X				
3					
4					
5 CHARGEABLE DRUGS PER G/L	Y	ADMINISTRATIVE & GENERAL	6		270
6 CHARGEABLE DRUGS PER G/L	Y	DRUGS CHARGED TO PATIENTS	56		14338279
7 CHARGEABLE DRUGS PER G/L	Y				
8 CHARGEABLE DRUGS PER G/L	Y				
9 CHARGEABLE DRUGS PER G/L	Y				
10 CHARGEABLE DRUGS PER G/L	Y				
11 CHARGEABLE DRUGS PER G/L	Y				
12 CHARGEABLE DRUGS PER G/L	Y				
13 CHARGEABLE DRUGS PER G/L	Y				
14 CHARGEABLE DRUGS PER G/L	Y				
15 CHARGEABLE DRUGS PER G/L	Y				
16 CHARGEABLE DRUGS PER G/L	Y				
17 CHARGEABLE DRUGS PER G/L	Y				
18 CHARGEABLE DRUGS PER G/L	Y				
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36 SUBTOTAL					50338181

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 CHARGEABLE SUPPLIES	X	EMERGENCY	61		448258	1
2 CHARGEABLE SUPPLIES	X					2
3						3
4						4
5 CHARGEABLE DRUGS PER G/L	Y	CENTRAL SERVICES & SUPPLY	15		1205	5
6 CHARGEABLE DRUGS PER G/L	Y	PHARMACY	16		14322422	6
7 CHARGEABLE DRUGS PER G/L	Y	ADULTS & PEDIATRICS	25		587	7
8 CHARGEABLE DRUGS PER G/L	Y	INTENSIVE CARE UNIT	26		483	8
9 CHARGEABLE DRUGS PER G/L	Y	6TH ICU	26.01		706	9
10 CHARGEABLE DRUGS PER G/L	Y	7TH ICU	26.02		329	10
11 CHARGEABLE DRUGS PER G/L	Y	8TH ICU	26.03		256	11
12 CHARGEABLE DRUGS PER G/L	Y	5TH ICU	26.04		1016	12
13 CHARGEABLE DRUGS PER G/L	Y	OPERATING ROOM	37		2083	13
14 CHARGEABLE DRUGS PER G/L	Y	RADIOLOGY-DIAGNOSTIC	41		8488	14
15 CHARGEABLE DRUGS PER G/L	Y	LABORATORY	44		1	15
16 CHARGEABLE DRUGS PER G/L	Y	RESPIRATORY THERAPY	49		48	16
17 CHARGEABLE DRUGS PER G/L	Y	CLINIC	60		139	17
18 CHARGEABLE DRUGS PER G/L	Y	EMERGENCY	61		786	18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 SUBTOTAL					50338181	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1					1	
2					2	
3					3	
4					4	
5					5	
6					6	
7	CHARGEABLE IV SOLUTIONS PER G/L	Z	DRUGS CHARGED TO PATIENTS	56	1438918	7
8	CHARGEABLE IV SOLUTIONS PER G/L	Z	ADMINISTRATIVE & GENERAL	6	42249	8
9	CHARGEABLE IV SOLUTIONS PER G/L	Z	RADIOLOGY-THERAPEUTIC	42	14	9
10	CHARGEABLE IV SOLUTIONS PER G/L	Z	BLOOD STORING, PROCESSING & T	47	1681	10
11	CHARGEABLE IV SOLUTIONS PER G/L	Z				11
12	CHARGEABLE IV SOLUTIONS PER G/L	Z				12
13	CHARGEABLE IV SOLUTIONS PER G/L	Z				13
14	CHARGEABLE IV SOLUTIONS PER G/L	Z				14
15	CHARGEABLE IV SOLUTIONS PER G/L	Z				15
16	CHARGEABLE IV SOLUTIONS PER G/L	Z				16
17	CHARGEABLE IV SOLUTIONS PER G/L	Z				17
18	CHARGEABLE IV SOLUTIONS PER G/L	Z				18
19	CHARGEABLE IV SOLUTIONS PER G/L	Z				19
20	CHARGEABLE IV SOLUTIONS PER G/L	Z				20
21	CHARGEABLE IV SOLUTIONS PER G/L	Z				21
22	CHARGEABLE IV SOLUTIONS PER G/L	Z				22
23	CHARGEABLE IV SOLUTIONS PER G/L	Z				23
24	CHARGEABLE IV SOLUTIONS PER G/L	Z				24
25	CHARGEABLE IV SOLUTIONS PER G/L	Z				25
26	CHARGEABLE IV SOLUTIONS PER G/L	Z				26
27	CHARGEABLE IV SOLUTIONS PER G/L	Z				27
28	CHARGEABLE IV SOLUTIONS PER G/L	Z				28
29	CHARGEABLE IV SOLUTIONS PER G/L	Z				29
30	CHARGEABLE IV SOLUTIONS PER G/L	Z				30
31	CHARGEABLE IV SOLUTIONS PER G/L	Z				31
32	CHARGEABLE IV SOLUTIONS PER G/L	Z				32
33						33
34						34
35						35
36	SUBTOTAL				51821043	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1						1
2						2
3						3
4						4
5						5
6						6
7	CHARGEABLE IV SOLUTIONS PER G/L Z	MAINTENANCE & REPAIRS	7		2	7
8	CHARGEABLE IV SOLUTIONS PER G/L Z	CENTRAL SERVICES & SUPPLY	15		70492	8
9	CHARGEABLE IV SOLUTIONS PER G/L Z	PHARMACY	16		276061	9
10	CHARGEABLE IV SOLUTIONS PER G/L Z	I&R SERVICES-SALARY & FRINGES	22		31	10
11	CHARGEABLE IV SOLUTIONS PER G/L Z	ADULTS & PEDIATRICS	25		245243	11
12	CHARGEABLE IV SOLUTIONS PER G/L Z	INTENSIVE CARE UNIT	26		33359	12
13	CHARGEABLE IV SOLUTIONS PER G/L Z	6TH ICU	26.01		48798	13
14	CHARGEABLE IV SOLUTIONS PER G/L Z	7TH ICU	26.02		41483	14
15	CHARGEABLE IV SOLUTIONS PER G/L Z	8TH ICU	26.03		37553	15
16	CHARGEABLE IV SOLUTIONS PER G/L Z	5TH ICU	26.04		38810	16
17	CHARGEABLE IV SOLUTIONS PER G/L Z	SUBPROVIDER I	31		3767	17
18	CHARGEABLE IV SOLUTIONS PER G/L Z	OPERATING ROOM	37		80605	18
19	CHARGEABLE IV SOLUTIONS PER G/L Z	RECOVERY ROOM	38		72635	19
20	CHARGEABLE IV SOLUTIONS PER G/L Z	ANESTHESIOLOGY	40		166420	20
21	CHARGEABLE IV SOLUTIONS PER G/L Z	RADIOLOGY-DIAGNOSTIC	41		51410	21
22	CHARGEABLE IV SOLUTIONS PER G/L Z	ENDOSCOPY	41.03		51397	22
23	CHARGEABLE IV SOLUTIONS PER G/L Z	RADIOISOTOPE	43		3702	23
24	CHARGEABLE IV SOLUTIONS PER G/L Z	LABORATORY	44		64310	24
25	CHARGEABLE IV SOLUTIONS PER G/L Z	RESPIRATORY THERAPY	49		10844	25
26	CHARGEABLE IV SOLUTIONS PER G/L Z	PHYSICAL THERAPY	50		22	26
27	CHARGEABLE IV SOLUTIONS PER G/L Z	ELECTROCARDIOLOGY	53		25866	27
28	CHARGEABLE IV SOLUTIONS PER G/L Z	CARDIAC CATH	53.05		3177	28
29	CHARGEABLE IV SOLUTIONS PER G/L Z	RENAL DIALYSIS	57		7207	29
30	CHARGEABLE IV SOLUTIONS PER G/L Z	ASC (NON-DISTINCT PART)	58		26	30
31	CHARGEABLE IV SOLUTIONS PER G/L Z	CLINIC	60		344	31
32	CHARGEABLE IV SOLUTIONS PER G/L Z	EMERGENCY	61		149298	32
33						33
34						34
35						35
36	SUBTOTAL				51821043	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
			COST CENTER	LINE #	SALARY		OTHER
		1	2	3	4	5	
1	PUBLIC RELATIONS	PR	PUBLIC RELATIONS	100.05	108771	579186	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	SUBTOTAL				108771	52400229	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 PUBLIC RELATIONS	PR	ADMINISTRATIVE & GENERAL	6	108771	579186	1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 SUBTOTAL				108771	52400229	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	LINE #	SALARY	OTHER
1	2	3	4	5	
1 DIETARY RECLASS - OTHER COSTS	E	CAFETERIA	12		2097900
2 DIETARY RECLASS - OTHER COSTS	E	DOCTORS MEALS	100		453203
3					3
4					4
5 TENETCARE RECLASS	G	RADIOISOTOPE	43	43334	13731
6 TENETCARE RECLASS	G	ELECTROCARDIOLOGY	53	415714	131726
7 TENETCARE RECLASS	G	ELECTROENCEPHALOGRAPHY	54	31772	10068
8					8
9					9
10 RECLASS FLOAT POOL	I	INTENSIVE CARE UNIT	26	45275	19636
11 RECLASS FLOAT POOL	I	6TH ICU	26.01	46489	20162
12 RECLASS FLOAT POOL	I	7TH ICU	26.02	47836	20747
13 RECLASS FLOAT POOL	I	8TH ICU	26.03	45340	19664
14 RECLASS FLOAT POOL	I	5TH ICU	26.04	59110	25636
15 RECLASS FLOAT POOL	I	SUBPROVIDER I	31	59253	25698
16					16
17					17
18 RECLASS PARAMED ED	H	PARAMED ED PRGM-(SPECIFY)	24	216175	49155
19 RADIOLOGY CLINIC	J	RADIOLOGY-THERAPEUTIC	42	53718	182810
20					20
21					21
22 NUCLEAR MEDICINE	K	PET IMAGING	41.05	70006	7001
23					23
24					24
25 RECLASS OF LEASED HOSPITAL SPACE	L	UNIVERSITY SPACE	100.11		1338959
26 RECLASS OF LEASED HOSPITAL SPACE	L	CANCER CENTER	100.12		475317
27 RECLASS OF LEASED HOSPITAL SPACE	L	MARKET SPACE	100.13		229445
28					28
29					29
30 CARDIAC CATH LAB	M	OP CATH LAB-UNIV	100.15	53478	59205
31					31
32 HIGH COST IMPLANTABLE DEVICES	F	IMPL. DEV. CHARGED TO PATIENT	55.30		16750811
33					33
34					34
35					35
36 SUBTOTAL				1296271	74331103

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 DIETARY RECLASS - OTHER COSTS	E	DIETARY	11		2551103	1
2 DIETARY RECLASS - OTHER COSTS	E					2
3						3
4						4
5 TENETCARE RECLASS	G	RADIOLOGY-DIAGNOSTIC	41	490820	155525	5
6 TENETCARE RECLASS	G					6
7 TENETCARE RECLASS	G					7
8						8
9						9
10 RECLASS FLOAT POOL	I	ADULTS & PEDIATRICS	25	303303	131543	10
11 RECLASS FLOAT POOL	I					11
12 RECLASS FLOAT POOL	I					12
13 RECLASS FLOAT POOL	I					13
14 RECLASS FLOAT POOL	I					14
15 RECLASS FLOAT POOL	I					15
16						16
17						17
18 RECLASS PARAMED ED	H	PHARMACY	16	216175	49155	18
19 RADIOLOGY CLINIC	J	RADIOLOGY-DIAGNOSTIC	41	53718	182810	19
20						20
21						21
22 NUCLEAR MEDICINE	K	RADIOISOTOPE	43	70006	7001	22
23						23
24						24
25 RECLASS OF LEASED HOSPITAL SPACE	L	OPERATION OF PLANT	8		2043721	25
26 RECLASS OF LEASED HOSPITAL SPACE	L					26
27 RECLASS OF LEASED HOSPITAL SPACE	L					27
28						28
29						29
30 CARDIAC CATH LAB	M	CARDIAC CATH	53.05	53478	59205	30
31						31
32 HIGH COST IMPLANTABLE DEVICES	F	MEDICAL SUPPLIES CHARGED TO P	55		16750811	32
33						33
34						34
35						35
36 SUBTOTAL				1296271	74331103	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER
			LINE #	SALARY	
1		2	3	4	5
1 HOSPITAL ADMIN	N	OPERATION OF PLANT	8		67166
2 HOSPITAL ADMIN	N	TRANSPLANT CLINIC	60.02		3764
3 HOSPITAL ADMIN	N	KIDNEY ACQUISITION	83		19821
4 HOSPITAL ADMIN	N	LIVER ACQUISITION	84		22078
5 HOSPITAL ADMIN	N	PANCREAS ACQUISITION	85.01		1406
6					6
7					7
8					8
9					9
10 RECLASS OF DIRECTORSHIP FEES	O	ADULTS & PEDIATRICS	25		61125
11 RECLASS OF DIRECTORSHIP FEES	O	SUBPROVIDER I	31		18000
12 RECLASS OF DIRECTORSHIP FEES	O	OPERATING ROOM	37		59625
13 RECLASS OF DIRECTORSHIP FEES	O	LABORATORY	44		99000
14 RECLASS OF DIRECTORSHIP FEES	O	CANCER CENTER	100.12		313204
15					15
16					16
17 TISSUE TYPING COSTS	P	KIDNEY ACQUISITION	83		2161608
18	P	TRANSPLANT CLINIC	60.02		485318
19	P	LIVER ACQUISITION	84		99290
20	P	BONE MARROW	59.30		62281
21					21
22 POST-TRANSPLANT COSTS	Q	TRANSPLANT CLINIC	60.02	592566	116739
23					23
24 PRE-TRANSPLANT COSTS	R	BONE MARROW	59.30	21972	4328
25	R	LIVER ACQUISITION	84	353342	69611
26	R	PANCREAS ACQUISITION	85.01	6276	1237
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				2270427	77996704

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 HOSPITAL ADMIN	N	ADMINISTRATIVE & GENERAL	6		114235	1
2 HOSPITAL ADMIN	N					2
3 HOSPITAL ADMIN	N					3
4 HOSPITAL ADMIN	N					4
5 HOSPITAL ADMIN	N					5
6						6
7						7
8						8
9						9
10 RECLASS OF DIRECTORSHIP FEES	O	ADMINISTRATIVE & GENERAL	6		550954	10
11 RECLASS OF DIRECTORSHIP FEES	O					11
12 RECLASS OF DIRECTORSHIP FEES	O					12
13 RECLASS OF DIRECTORSHIP FEES	O					13
14 RECLASS OF DIRECTORSHIP FEES	O					14
15						15
16						16
17 TISSUE TYPING COSTS	P	LABORATORY	44		2808497	17
18	P					18
19	P					19
20	P					20
21						21
22 POST-TRANSPLANT COSTS	Q	KIDNEY ACQUISITION	83	592566	116739	22
23						23
24 PRE-TRANSPLANT COSTS	R	KIDNEY ACQUISITION	83	381590	75176	24
25	R					25
26	R					26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				2270427	77996704	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	3763345					3763345	1
2 LAND IMPROVEMENTS	3118858					3118858	2
3 BUILDINGS AND FIXTURES	136113151				338733	135774418	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	789887	1047		1047		790934	5
6 MOVABLE EQUIPMENT	158606810	2037700		2037700		160644510	6
7 SUBTOTAL	302392051	2038747		2038747	338733	304092065	7
8 RECONCILING ITEMS							8
9 TOTAL	302392051	2038747		2038747	338733	304092065	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT	90268662		90268662	.213224	21647	438299		459946 1
2 OLD CAP REL COSTS-MVBLE EQUIP	29073769		29073769	.068675	6972	141167		148139 2
3 NEW CAP REL COSTS-BLDG & FIXT	143447555		143447555	.338838	34400	696508		730908 3
4 NEW CAP REL COSTS-MVBLE EQUIP	160561874		160561874	.379263	38504	779605		818109 4
5 TOTAL	423351860		423351860	1.000000	101523	2055579		2157102 5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT	1102803			21647	438299		1562749 1
2 OLD CAP REL COSTS-MVBLE EQUIP	2817739			6972	141167		2965878 2
3 NEW CAP REL COSTS-BLDG & FIXT	3174367			34400	696508		3905275 3
4 NEW CAP REL COSTS-MVBLE EQUIP	6567305	1576120		38504	779605	-76516	8885018 4
5 TOTAL	13662214	1576120		101523	2055579	-76516	17318920 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT	3676010						3676010 1
2 OLD CAP REL COSTS-MVBLE EQUIP	9392464						9392464 2
3 NEW CAP REL COSTS-BLDG & FIXT							3 3
4 NEW CAP REL COSTS-MVBLE EQUIP							4 4
5 TOTAL	13068474						13068474 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-150164	ADMINISTRATIVE & GENERAL	6	6
7 REFUNDS AND REBATES OF EXPENSES	B	-76516	NEW CAP REL COSTS-MVBLE EQUIP	4	14 7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-48389	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE	A	-14176	OPERATION OF PLANT	8	10
11 PARKING LOT	B	-376973	OPERATION OF PLANT	8	11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-7212362			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-23303804			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS					16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-22673	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-20034	DIETARY	11	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES	A	-2573207	OLD CAP REL COSTS-BLDG & FIXT	1	9 29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT	A	-6574725	OLD CAP REL COSTS-MVBLE EQUIP	2	9 30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES	A	2573207	NEW CAP REL COSTS-BLDG & FIXT	3	9 31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT	A	6567305	NEW CAP REL COSTS-MVBLE EQUIP	4	9 32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37					37
37.03 5270.XXXX OTHER EDUCATIONAL REVEN	B	-65031	EMERGENCY	61	37.03
37.04 5675.XXXX SILVER RECOVERY	A	-14991	RADIOLOGY-DIAGNOSTIC	41	37.04
37.09 8770.XXXX CENSUS DEVELOPMENT	B	-1823050	ADMINISTRATIVE & GENERAL	6	37.09
37.16 5753.XXXX COST RECOVERY ITEMS	B	-119727	DRUGS CHARGED TO PATIENTS	56	37.16
37.17 5753.XXXX COST RECOVERY ITEMS	B	-3920	RADIOLOGY-DIAGNOSTIC	41	37.17
37.18 5753.XXXX COST RECOVERY ITEMS	B	570	EMERGENCY	61	37.18
37.19 5753.XXXX COST RECOVERY ITEMS	B	-390	PHYSICAL THERAPY	50	37.19
37.20 MOB REV. 5140,5141,5142,5143,5144	B	-18000	ADMINISTRATIVE & GENERAL	6	37.20
37.23 8610.6760 8610.6765 CONTRIBUTIO	A	-8705962	ADMINISTRATIVE & GENERAL	6	37.23
37.24 ADMIN COSTS - NON PT CARE	A	-224119	ADMINISTRATIVE & GENERAL	6	37.24
37.26 TELEPHONE DEPRECIATION	A	-250	NEW CAP REL COSTS-BLDG & FIXT	3	9 37.26
37.27 TELEVISION	A	-1375	NURSING ADMINISTRATION	14	37.27
37.28 TELEVISION	A	-29999	ADMINISTRATIVE & GENERAL	6	37.28
38					38
38.01 ASSOCIATION FEES	A	-28173	ADMINISTRATIVE & GENERAL	6	38.01
38.02 LEGAL FEES	A	-123851	ADMINISTRATIVE & GENERAL	6	38.02
38.03 COMPLIMENTARY LOCAL TRANSPORTATIO	A	-107550	SOCIAL SERVICE	18	38.03
38.04 COMPLIMENTARY LOCAL TRANSPORTATIO	A	-8552	ADMINISTRATIVE & GENERAL	6	38.04
38.05 PHYSICIAN ASSISTANT	A	-82102	ASC (NON-DISTINCT PART)	58	38.05
38.06 PHYSICIAN ASSISTANT	A	-79245	ADULTS & PEDIATRICS	25	38.06
38.07 NON-ALLOWABLE PT ASSISTANCE	A	-27208	SOCIAL SERVICE	18	38.07
38.08 CIA	A	-186886	ADMINISTRATIVE & GENERAL	6	38.08
38.09 FRA TAX	A	21806891	ADMINISTRATIVE & GENERAL	6	38.09
38.10 FUSZ PAVILION	A	-19323	ADMINISTRATIVE & GENERAL	6	38.10
38.11 CHAIFEZ ARENA	A	-57337	ADMINISTRATIVE & GENERAL	6	38.11
38.12 5753.XXXX COST RECOVERY ITEMS	B	-2550	MAINTENANCE & REPAIRS	7	38.12
38.13 5753.XXXX COST RECOVERY ITEMS	B	-9680	LAUNDRY & LINEN SERVICE	9	38.13
38.14 5753.XXXX COST RECOVERY ITEMS	B	-549	MEDICAL RECORDS & LIBRARY	17	38.14
38.15 5753.XXXX COST RECOVERY ITEMS	B	-1067	ADMINISTRATIVE & GENERAL	6	38.15

PROVIDER NO. 26-0105 SAINT LOUIS UNIVERSITY HOSPITA
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 11/05/2010 10:31

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		WKST A-7 REF
				COST CENTER 3	LINE NO. 4	
38.16	ER PROFESSIONAL BILLING	A	-209332	EMERGENCY	61	38.16
38.17	GIFT SHOP	A	180000	GIFT, FLOWER, COFFEE SHOP & CAN	96	38.17
39						39
40	FRA RELATED EXPENSES	A	-261412	ADMINISTRATIVE & GENERAL	6	40
41						41
42						42
43						43
44						44
45						45
46						46
47						47
48						48
49						49
50	TOTAL		-21456681			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	88	INTEREST EXPENSE		24000000	-24000000	1
2	6	ADMINISTRATIVE & GENERAL	HOME OFFICE	12042233	11947447	94786
3	3	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE - DIRECT NEW COC	601410	601410	9
4	6	ADMINISTRATIVE & GENERAL	INTERCOMPANY JOURNAL ENTRIES	11715290	11715290	4
5		TOTALS		24358933	47662737	-23303804

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS	
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP			
1	2	3	4	5	6		
1	B						1
2	B	100.00	TENET HEALTHCARE CORPORATION		PARENT COMPANY		2
3	B	100.00	S.O.S.		CREDIT AND COLLECTION		3
4	C	46.00	BROADLANE, INC.		GROUP PURCHASING ORGANIZATIO		4
5							5

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	1	2	3	4	5	6	7	8	9
1	25	ADULTS & PEDIATRICS	61125		61125	177200	408	34758	1738
2	31	SUBPROVIDER I	18000		18000	154100	120	8890	445
3	37	OPERATING ROOM	59625		59625	208000	398	39800	1990
4	44	LABORATORY	99000		99000	215700	660	68443	3422
5	41	RADIOLOGY-DIAGNOSTIC	191885	191885					
6	42	RADIOLOGY-THERAPEUTIC	528342	528342					
7	61	EMERGENCY	5172423	5172423					
8	61	EMERGENCY	1233853	1233853		177200			
101		TOTAL	7364253	7126503	237750		1586	151891	7595

PROVIDER NO. 26-0105 SAINT LOUIS UNIVERSITY HOSPITAL
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 11/05/2010 10:31

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	25 ADULTS & PEDIATRICS					34758	26367	26367
2	31 SUBPROVIDER I					8890	9110	9110
3	37 OPERATING ROOM					39800	19825	19825
4	44 LABORATORY					68443	30557	30557
5	41 RADIOLOGY-DIAGNOSTIC	AGGREGATE						191885
6	42 RADIOLOGY-THERAPEUTIC	AGGREGATE						528342
7	61 EMERGENCY	AGGREGATE						5172423
8	61 EMERGENCY	AGGREGATE						1233853
101	TOTAL					151891	85859	7212362

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP-	OLD CAP-	NEW CAP-	NEW CAP-	EMPLOYEE	SUBTOTAL	ADMINI-	
	FOR COST	REL COSTS	REL COSTS	REL COSTS	REL COSTS	BENEFITS		STRATIVE	
	ALLOCATION	BLDG&FIXT	MOV EQUIP	BLDG&FIXT	MOV EQUIP		5A	& GENERAL	
	0	1	2	3	4	5		6	
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
83 KIDNEY ACQUISITION	4854134	5154	12520	12881	37508	88355	5010552	1404874	83
84 LIVER ACQUISITION	2091950	2796	6792	6988	20348	47953	2176827	610345	84
85.01 PANCREAS ACQUISITION	123354	51	123	127	369	852	124876	35013	85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	313748914	1156626	2838944	2890374	8504758	11993053	311797584	67915597	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	162041	5443	13222	13602	39609	189	234106	65639	96
100 DOCTORS MEALS	453203						453203	127070	100
100.05PUBLIC RELATIONS	687957	198	480	494	1438	14762	705329	197762	100.05
100.11UNIVERSITY SPACE	1338959	261157		652636			2252752	631633	100.11
100.12CANCER CENTER	788521	92710		231680			1112911	312041	100.12
100.13MARKET SPACE	229445	44753	108710	111837	325666		820411	230029	100.13
100.14RENTAL PROPERTIES	186546					903	187449	52558	100.14
100.15OP CATH LAB-UNIV	112683	1862	4522	4652	13547	7258	144524	40522	100.15
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	317708269	1562749	2965878	3905275	8885018	12016165	317708269	69572851	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL
	TENANCE & REPAIRS 7	OF PLANT 8	AND LINEN SERVICE 9	KEEPING 10	11	12	ADMINI- STRATION 14	SERVICES & SUPPLY 15
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION	4997	67640		15024		24768		3 83
84 LIVER ACQUISITION	2711	36695		8150		13443		84
85.01 PANCREAS ACQUISITION	49	665		148		239		85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	918440	12367635	1467093	2728635	2407455	3016625	3453249	2708192 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	5277	71430		15865		53		96
100 DOCTORS MEALS								100
100.05PUBLIC RELATIONS	192	2593		576		4138		100.05
100.11UNIVERSITY SPACE				761227				100.11
100.12CANCER CENTER				270228				100.12
100.13MARKET SPACE				130445				100.13
100.14RENTAL PROPERTIES						253		100.14
100.15OP CATH LAB-UNIV	1805	24430		5426		2035		100.15
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	925714	12466088	1467093	3912402	2407455	3023104	3453249	2708192 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	QUALITY ASSURANCE	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I&R PROGRAM COSTS	PARAMED ED	SUBTOTAL
	16	17	17.01	18	22	23	24	25
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION		38631						6566489 83
84 LIVER ACQUISITION		11836						2860007 84
85.01 PANCREAS ACQUISITION		556						161546 85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	10025510	4754841	1012436	3663627	466732	41205340	390666	308844357 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN								392370 96
100 DOCTORS MEALS								580273 100
100.05PUBLIC RELATIONS								910590 100.05
100.11UNIVERSITY SPACE								3645612 100.11
100.12CANCER CENTER								1695180 100.12
100.13MARKET SPACE								1180885 100.13
100.14RENTAL PROPERTIES								240260 100.14
100.15OP CATH LAB-UNIV								218742 100.15
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	10025510	4754841	1012436	3663627	466732	41205340	390666	317708269 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		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	ADMINISTRATIVE & GENERAL			6
7	MAINTENANCE & REPAIRS			7
8	OPERATION OF PLANT			8
9	LAUNDRY & LINEN SERVICE			9
10	HOUSEKEEPING			10
11	DIETARY			11
12	CAFETERIA			12
13	MAINTENANCE OF PERSONNEL			13
14	NURSING ADMINISTRATION			14
15	CENTRAL SERVICES & SUPPLY			15
16	PHARMACY			16
17	MEDICAL RECORDS & LIBRARY			17
17.01	QUALITY ASSURANCE			17.01
18	SOCIAL SERVICE			18
20	NONPHYSICIAN ANESTHETISTS			20
21	NURSING SCHOOL			21
22	I&R SERVICES-SALARY & FRINGES A			22
23	I&R SERVICES-OTHER PRGM COSTS A			23
24	PARAMED ED PRGM-(SPECIFY)			24
INPATIENT ROUTINE SERV COST CENTERS				
25	ADULTS & PEDIATRICS	-17942960	40680450	25
26	INTENSIVE CARE UNIT	-1406028	5511919	26
26.01	6TH ICU	-1406028	4964938	26.01
26.02	7TH ICU	-1406028	5582701	26.02
26.03	8TH ICU	-1406028	5005718	26.03
26.04	5TH ICU	-1406028	6020676	26.04
31	SUBPROVIDER I	-1034920	7491799	31
ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	-4658010	15485055	37
38	RECOVERY ROOM	-344974	4648669	38
40	ANESTHESIOLOGY	-2898298	512908	40
41	RADIOLOGY-DIAGNOSTIC	-2674414	18863090	41
41.03	ENDOSCOPY		1979688	41.03
41.05	PET IMAGING		1640971	41.05
42	RADIOLOGY-THERAPEUTIC	-517460	2976450	42
43	RADIOISOTOPE		2289243	43
44	LABORATORY	-1897353	18734092	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO			46.30
47	BLOOD STORING, PROCESSING & TRA		4943035	47
49	RESPIRATORY THERAPY		3437479	49
50	PHYSICAL THERAPY		4169160	50
53	ELECTROCARDIOLOGY		6232467	53
53.02	CARDIOVASCULAR LAB			53.02
53.05	CARDIAC CATH		159785	53.05
54	ELECTROENCEPHALOGRAPHY	-862433	1386736	54
55	MEDICAL SUPPLIES CHARGED TO PAT		23587927	55
55.30	IMPL. DEV. CHARGED TO PATIENT		23011540	55.30
56	DRUGS CHARGED TO PATIENTS		30574671	56
57	RENAL DIALYSIS		2436605	57
58	ASC (NON-DISTINCT PART)		735632	58
59	OTHER ANCILLARY SERVICES			59
59.01	PSYCH THERAPY			59.01
59.29	AIR RESCUE			59.29
59.30	BONE MARROW	-258730	732366	59.30
59.97	CARDIAC REHABILITATION			59.97
59.98	HYPERBARIC OXYGEN THERAPY			59.98
59.99	LITHOTRIPSY			59.99
OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	-258730	1722771	60
60.02	TRANSPLANT CLINIC		1829849	60.02
61	EMERGENCY	-1293650	10235853	61
62	OBSERVATION BEDS (NON-DISTINCT)			62
63.50	RHC			63.50
63.60	FQHC			63.60
OTHER REIMBURSABLE COST CENTERS				
69.10	CMHC			69.10
69.20	OPT			69.20
69.30	CMHC			69.30
69.40	OPT			69.40

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
71 HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS			
83 KIDNEY ACQUISITION		6566489	83
84 LIVER ACQUISITION		2860007	84
85.01 PANCREAS ACQUISITION		161546	85.01
85.02 INTESTINAL ACQUISITION			85.02
85.03 ISLET CELL ACQUISITION			85.03
95 SUBTOTALS	-41672072	267172285	95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN		392370	96
100 DOCTORS MEALS		580273	100
100.05PUBLIC RELATIONS		910590	100.05
100.11UNIVERSITY SPACE		3645612	100.11
100.12CANCER CENTER		1695180	100.12
100.13MARKET SPACE		1180885	100.13
100.14RENTAL PROPERTIES		240260	100.14
100.15OP CATH LAB-UNIV		218742	100.15
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL	-41672072	276036197	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP-	OLD CAP-	CAP REL	EMPLOYEE	ADMINI-	MAIN-	OPERATION
	CAP-REL	REL COSTS	REL COSTS	COST TO	BENEFITS	STRATIVE	TENANCE &	OF
	COSTS	BLDG&FIXT	MOV EQUIP	BE ALLOC		& GENERAL	REPAIRS	PLANT
	0	1	2	4A	5	6	7	8
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION		5154	12520	17674	238	13413	140	235 83
84 LIVER ACQUISITION		2796	6792	9588	129	5827	76	127 84
85.01 PANCREAS ACQUISITION		51	123	174	2	334	1	2 85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS		1156626	2838944	3995570	32334	648329	25807	42967 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		5443	13222	18665	1	627	148	248 96
100 DOCTORS MEALS						1213		100
100.05PUBLIC RELATIONS		198	480	678	40	1888	5	9 100.05
100.11UNIVERSITY SPACE		261157		261157		6031		100.11
100.12CANCER CENTER		92710		92710		2979		100.12
100.13MARKET SPACE		44753	108710	153463		2196		100.13
100.14RENTAL PROPERTIES					2	502		100.14
100.15OP CATH LAB-UNIV		1862	4522	6384	20	387	51	85 100.15
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		1562749	2965878	4528627	32397	664152	26011	43309 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL
	AND LINEN SERVICE 9	KEEPING 10	11	12	ADMINI- STRATION 14	SERVICES & SUPPLY 15	16	RECORDS & LIBRARY 17
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION		31		335				473 83
84 LIVER ACQUISITION		17		182				145 84
85.01 PANCREAS ACQUISITION				3				7 85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	24977	5707	152988	40737	48493	82513	84992	58331 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		33		1				96
100 DOCTORS MEALS								100
100.05PUBLIC RELATIONS		1		56				100.05
100.11UNIVERSITY SPACE		1590						100.11
100.12CANCER CENTER		565						100.12
100.13MARKET SPACE		273						100.13
100.14RENTAL PROPERTIES				3				100.14
100.15OP CATH LAB-UNIV				27				100.15
101 CROSS FOOT ADJUSTMENTS		11						101
102 NEGATIVE COST CENTER								102
103 TOTAL	24977	8180	152988	40824	48493	82513	84992	58331 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	QUALITY ASSURANCE	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I&R PROGRAM COSTS	PARAMED ED	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	17.01	18	22	23	24	25	26	27
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION						32539		32539 83
84 LIVER ACQUISITION						16091		16091 84
85.01 PANCREAS ACQUISITION						523		523 85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	20130	28117				3846526		3846526 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN						19723		19723 96
100 DOCTORS MEALS						1213		1213 100
100.05PUBLIC RELATIONS						2677		2677 100.05
100.11UNIVERSITY SPACE						268778		268778 100.11
100.12CANCER CENTER						96254		96254 100.12
100.13MARKET SPACE						155932		155932 100.13
100.14RENTAL PROPERTIES						507		507 100.14
100.15OP CATH LAB-UNIV						6965		6965 100.15
101 CROSS FOOT ADJUSTMENTS			42489	86046	1517	130052		130052 101
102 NEGATIVE COST CENTER								102
103 TOTAL	20130	28117	42489	86046	1517	4528627		4528627 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP-	NEW CAP-	CAP REL	EMPLOYEE	ADMINI-	MAIN-	OPERATION
	CAP-REL	REL COSTS	REL COSTS	COST TO	BENEFITS	STRATIVE	TENANCE &	OF
	COSTS	BLDG&FIXT	MOV EQUIP	BE ALLOC		& GENERAL	REPAIRS	PLANT
	0	3	4	4A	5	6	7	8
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION	19856	12881	37508	70245	679	51068	410	1228 83
84 LIVER ACQUISITION	22078	6988	20348	49414	369	22186	223	666 84
85.01 PANCREAS ACQUISITION	1406	127	369	1902	7	1273	4	12 85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	1348917	2890374	8504758	12744049	92182	2468873	75411	224459 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		13602	39609	53211	1	2386	433	1296 96
100 DOCTORS MEALS						4619		100
100.05PUBLIC RELATIONS		494	1438	1932	113	7189	16	47 100.05
100.11UNIVERSITY SPACE		652636		652636		22960		100.11
100.12CANCER CENTER		231680		231680		11343		100.12
100.13MARKET SPACE		111837	325666	437503		8362		100.13
100.14RENTAL PROPERTIES	38550			38550	7	1910		100.14
100.15OP CATH LAB-UNIV		4652	13547	18199	56	1473	148	443 100.15
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1387467	3905275	8885018	14177760	92359	2529115	76008	226245 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL
	AND LINEN SERVICE 9	KEEPING 10	11	12	ADMINI- STRATION 14	SERVICES & SUPPLY 15	16	RECORDS & LIBRARY 17
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION		120		1010				4354 83
84 LIVER ACQUISITION		65		548				1334 84
85.01 PANCREAS ACQUISITION		1		10				63 85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	74655	21726	444454	122982	146108	242457	263818	536036 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		126		2				96
100 DOCTORS MEALS								100
100.05PUBLIC RELATIONS		5		169				100.05
100.11UNIVERSITY SPACE		6054						100.11
100.12CANCER CENTER		2151						100.12
100.13MARKET SPACE		1038						100.13
100.14RENTAL PROPERTIES				10				100.14
100.15OP CATH LAB-UNIV		43		83				100.15
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	74655	31143	444454	123246	146108	242457	263818	536036 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	QUALITY ASSURANCE	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I&R PROGRAM COSTS	PARAMED ED	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	17.01	18	22	23	24	25	26	27
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION						129114		129114 83
84 LIVER ACQUISITION						74805		74805 84
85.01 PANCREAS ACQUISITION						3272		3272 85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	59831	87951				12215281		12215281 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN						57455		57455 96
100 DOCTORS MEALS						4619		4619 100
100.05PUBLIC RELATIONS						9471		9471 100.05
100.11UNIVERSITY SPACE						681650		681650 100.11
100.12CANCER CENTER						245174		245174 100.12
100.13MARKET SPACE						446903		446903 100.13
100.14RENTAL PROPERTIES						40477		40477 100.14
100.15OP CATH LAB-UNIV						20445		20445 100.15
101 CROSS FOOT ADJUSTMENTS			123041	328122	5122	456285		456285 101
102 NEGATIVE COST CENTER								102
103 TOTAL	59831	87951	123041	328122	5122	14177760		14177760 103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	OLD CAP- REL COSTS MOV EQUIP (SQUARE FEET)	NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET	NEW CAP- REL COSTS MOV EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	
	1	2	3	4	5	6A	6	
69.30 CMHC								69.30
69.40 OPT								69.40
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS								71
83 KIDNEY ACQUISITION	2035	2035	2035	2035	651047		5010552	83
84 LIVER ACQUISITION	1104	1104	1104	1104	353342		2176827	84
85.01 PANCREAS ACQUISITION	20	20	20	20	6276		124876	85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS NONREIMBURSABLE COST CENTERS	456648	461425	456648	461425	88371071	-69572851	242224733	95
96 GIFT, FLOWER, COFFEE SHOP & C	2149	2149	2149	2149	1390		234106	96
100 DOCTORS MEALS							453203	100
100.05 PUBLIC RELATIONS	78	78	78	78	108771		705329	100.05
100.11 UNIVERSITY SPACE	103110		103110				2252752	100.11
100.12 CANCER CENTER	36603		36603				1112911	100.12
100.13 MARKET SPACE	17669	17669	17669	17669			820411	100.13
100.14 RENTAL PROPERTIES					6651		187449	100.14
100.15 OP CATH LAB-UNIV	735	735	735	735	53478		144524	100.15
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	1562749	2965878	3905275	8885018	12016165		69572851	103
104 UNIT COST MULT-WS B PT I		6.152559		18.431506				104
104 UNIT COST MULT-WS B PT I	2.532851		6.329539		.135712		.280383	104
105 COST TO BE ALLOC PER B PT II					32397		664152	105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II					.000366		.002677	106
107 COST TO BE ALLOC PER B PT III					92359		2529115	107
108 UNIT COST MULT-WS B PT III								108
108 UNIT COST MULT-WS B PT III					.001043		.010192	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (PATIENT DAYS)	HOUSE- KEEPING SQUARE FEET	DIETARY (PATIENT DAYS)	CAFETERIA GROSS SALARIES	NURSING ADMINI- STRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
	7	8	9	10	11	12	14	15	
69.30 CMHC									69.30
69.40 OPT									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
83 KIDNEY ACQUISITION	2035	2035		2035		651047		43	83
84 LIVER ACQUISITION	1104	1104		1104		353342			84
85.01 PANCREAS ACQUISITION	20	20		20		6276			85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	374058	372087	85891	369599	85891	79293674	37747869	35033570	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C	2149	2149		2149		1390			96
100 DOCTORS MEALS									100
100.05 PUBLIC RELATIONS	78	78		78		108771			100.05
100.11 UNIVERSITY SPACE				103110					100.11
100.12 CANCER CENTER				36603					100.12
100.13 MARKET SPACE				17669					100.13
100.14 RENTAL PROPERTIES						6651			100.14
100.15 OP CATH LAB-UNIV	735	735		735		53478			100.15
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	925714	12466088	1467093	3912402	2407455	3023104	3453249	2708192	103
104 UNIT COST MULT-WS B PT I	2.455345		17.080870		28.029188		.091482		104
104 UNIT COST MULT-WS B PT I		33.238558		7.382685		.038044		.077303	104
105 COST TO BE ALLOC PER B PT II	26011	43309	24977	8180	152988	40824	48493	82513	105
106 UNIT COST MULT-WS B PT II	.068991		.290799		1.781188		.001285		106
106 UNIT COST MULT-WS B PT II		.115476		.015436		.000514		.002355	106
107 COST TO BE ALLOC PER B PT III	76008	226245	74655	31143	444454	123246	146108	242457	107
108 UNIT COST MULT-WS B PT III	.201602		.869183		5.174628		.003871		108
108 UNIT COST MULT-WS B PT III		.603241		.058767		.001551		.006921	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	QUALITY ASSURANCE	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I&R PROGRAM COSTS	PARAMED ED	
	(COSTED REQUIS) 16	(GROSS REVENUE) 17	(% TIME SPENT) 17.01	(PATIENT DAYS) 18	(ASSIGNED TIME) 22	(ASSIGNED TIME) 23	(ASSIGNED TIME) 24	
69.30 CMHC								69.30
69.40 OPT								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION		10751616						83
84 LIVER ACQUISITION		3294285						84
85.01 PANCREAS ACQUISITION		154788						85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	15951189	1323206858		103	85891	47836	47836	2655
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C								96
100 DOCTORS MEALS								100
100.05 PUBLIC RELATIONS								100.05
100.11 UNIVERSITY SPACE								100.11
100.12 CANCER CENTER								100.12
100.13 MARKET SPACE								100.13
100.14 RENTAL PROPERTIES								100.14
100.15 OP CATH LAB-UNIV								100.15
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	10025510	4754841	1012436	3663627	466732	41205340	390666	103
104 UNIT COST MULT-WS B PT I	.628512		9829.475728		9.756919		147.143503	104
104 UNIT COST MULT-WS B PT I		.003593		42.654376		861.387658		104
105 COST TO BE ALLOC PER B PT II	84992	58331	20130	28117	42489	86046	1517	105
106 UNIT COST MULT-WS B PT II	.005328		195.436893		.888222		.571375	106
106 UNIT COST MULT-WS B PT II		.000044		.327357		1.798771		106
107 COST TO BE ALLOC PER B PT III	263818	536036	59831	87951	123041	328122	5122	107
108 UNIT COST MULT-WS B PT III	.016539		580.883495		2.572142		1.929190	108
108 UNIT COST MULT-WS B PT III		.000405		1.023984		6.859311		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	40680450		40680450	26367	40706817	25
26 INTENSIVE CARE UNIT	5511919		5511919		5511919	26
26.01 6TH ICU	4964938		4964938		4964938	26.01
26.02 7TH ICU	5582701		5582701		5582701	26.02
26.03 8TH ICU	5005718		5005718		5005718	26.03
26.04 5TH ICU	6020676		6020676		6020676	26.04
31 SUBPROVIDER I	7491799		7491799	9110	7500909	31
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	15485055		15485055	19825	15504880	37
38 RECOVERY ROOM	4648669		4648669		4648669	38
40 ANESTHESIOLOGY	512908		512908		512908	40
41 RADIOLOGY-DIAGNOSTIC	18863090		18863090		18863090	41
41.03 ENDOSCOPY	1979688		1979688		1979688	41.03
41.05 PET IMAGING	1640971		1640971		1640971	41.05
42 RADIOLOGY-THERAPEUTIC	2976450		2976450		2976450	42
43 RADIOISOTOPE	2289243		2289243		2289243	43
44 LABORATORY	18734092		18734092	30557	18764649	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	4943035		4943035		4943035	47
49 RESPIRATORY THERAPY	3437479		3437479		3437479	49
50 PHYSICAL THERAPY	4169160		4169160		4169160	50
53 ELECTROCARDIOLOGY	6232467		6232467		6232467	53
53.02 CARDIOVASCULAR LAB						53.02
53.05 CARDIAC CATH	159785		159785		159785	53.05
54 ELECTROENCEPHALOGRAPHY	1386736		1386736		1386736	54
55 MEDICAL SUPPLIES CHARGED TO	23587927		23587927		23587927	55
55.30 IMPL. DEV. CHARGED TO PATIE	23011540		23011540		23011540	55.30
56 DRUGS CHARGED TO PATIENTS	30574671		30574671		30574671	56
57 RENAL DIALYSIS	2436605		2436605		2436605	57
58 ASC (NON-DISTINCT PART)	735632		735632		735632	58
59 OTHER ANCILLARY SERVICES						59
59.01 PSYCH THERAPY						59.01
59.29 AIR RESCUE						59.29
59.30 BONE MARROW	732366		732366		732366	59.30
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1722771		1722771		1722771	60
60.02 TRANSPLANT CLINIC	1829849		1829849		1829849	60.02
61 EMERGENCY	10235853		10235853		10235853	61
62 OBSERVATION BEDS (NON-DISTI	1645399		1645399		1645399	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	259229642		259229642	85859	259315501	101
102 LESS OBSERVATION BEDS	1645399		1645399		1645399	102
103 TOTAL	257584243		257584243	85859	257670102	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	69144298		69144298			25
26 INTENSIVE CARE UNIT	10251042		10251042			26
26.01 6TH ICU	10525801		10525801			26.01
26.02 7TH ICU	10830915		10830915			26.02
26.03 8TH ICU	10265721		10265721			26.03
26.04 5TH ICU	13383405		13383405			26.04
31 SUBPROVIDER I ANCILLARY SERVICE COST CENTERS	13415737		13415737			31
37 OPERATING ROOM	61400615	30597745	91998360	.168319	.168319	.168534 37
38 RECOVERY ROOM	7058350	3381837	10440187	.445267	.445267	.445267 38
40 ANESTHESIOLOGY	10383188	3394630	13777818	.037227	.037227	.037227 40
41 RADIOLOGY-DIAGNOSTIC	97557890	89399703	186957593	.100895	.100895	.100895 41
41.03 ENDOSCOPY	4347694	9876991	14224685	.139173	.139173	.139173 41.03
41.05 PET IMAGING	2466408	14390917	16857325	.097345	.097345	.097345 41.05
42 RADIOLOGY-THERAPEUTIC	956259	25802471	26758730	.111233	.111233	.111233 42
43 RADIOISOTOPE	1332698	2412731	3745429	.611210	.611210	.611210 43
44 LABORATORY	111218458	76278706	187497164	.099917	.099917	.100080 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING & RESPIRATORY THERAPY	21720609	1940931	23661540	.208906	.208906	.208906 47
49 PHYSICAL THERAPY	22880906	734097	23615003	.145563	.145563	.145563 49
50 ELECTROCARDIOLOGY	9113642	2179510	11293152	.369176	.369176	.369176 50
53 CARDIOVASCULAR LAB	28360325	16334463	44694788	.139445	.139445	.139445 53
53.02 CARDIAC CATH		1548365	1548365	.103196	.103196	.103196 53.02
53.05 ELECTROENCEPHALOGRAPHY	3318229	1992381	5310610	.261126	.261126	.261126 54
55 MEDICAL SUPPLIES CHARGED TO IMPL. DEV. CHARGED TO PATIE	77003497	25554772	102558269	.229995	.229995	.229995 55
55.30 DRUGS CHARGED TO PATIENTS	58972892	15949918	74922810	.307137	.307137	.307137 55.30
56 RENAL DIALYSIS	245371812	38689125	284060937	.107634	.107634	.107634 56
57 ASC (NON-DISTINCT PART)	7458981	312590	7771571	.313528	.313528	.313528 57
58 OTHER ANCILLARY SERVICES	3844	867366	871210	.844380	.844380	.844380 58
59.01 PSYCH THERAPY						59.01
59.29 AIR RESCUE						59.29
59.30 BONE MARROW	455390	407979	863369	.848265	.848265	.848265 59.30
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY OUTPATIENT SERVICE COST CENTERS						59.99
60 CLINIC	4790	2286465	2291255	.751890	.751890	.751890 60
60.02 TRANSPLANT CLINIC	305727	1281120	1586847	1.153135	1.153135	1.153135 60.02
61 EMERGENCY	19226087	31084441	50310528	.203453	.203453	.203453 61
62 OBSERVATION BEDS (NON-DISTI	737909	2554001	3291910	.499831	.499831	.499831 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	929473119	399253255	1328726374			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	929473119	399253255	1328726374			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	741696		741696	2230870		2230870
26 INTENSIVE CARE UNIT	79027		79027	240654		240654
26.01 6TH ICU	67953		67953	207832		207832
26.02 7TH ICU	69812		69812	214456		214456
26.03 8TH ICU	67767		67767	207303		207303
26.04 5TH ICU	86602		86602	264270		264270
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	219447		219447	648999		648999
33 NURSERY						
101 TOTAL	1332304		1332304	4014384		4014384

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
	7	8	9	10	11	12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	60464		12.27		36.90	
26 INTENSIVE CARE UNIT	3644		21.69		66.04	
26.01 6TH ICU	3560		19.09		58.38	
26.02 7TH ICU	3620		19.29		59.24	
26.03 8TH ICU	3520		19.25		58.89	
26.04 5TH ICU	4625		18.72		57.14	
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	8902		24.65		72.90	
33 NURSERY						
101 TOTAL	88335					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	OLD CAPITAL		NEW CAPITAL	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	486647	1453966	91998360		.005290		.015804	37
38 RECOVERY ROOM	116324	347146	10440187		.011142		.033251	38
40 ANESTHESIOLOGY	2601	12209	13777818		.000189		.000886	40
41 RADIOLOGY-DIAGNOSTIC	514527	1705873	186957593		.002752		.009124	41
41.03 ENDOSCOPY	33187	103073	14224685		.002333		.007246	41.03
41.05 PET IMAGING	30919	96607	16857325		.001834		.005731	41.05
42 RADIOLOGY-THERAPEUTIC	65348	241389	26758730		.002442		.009021	42
43 RADIOISOTOPE	56451	167703	3745429		.015072		.044775	43
44 LABORATORY	176616	593509	187497164		.000942		.003165	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T	23592	83878	23661540		.000997		.003545	47
49 RESPIRATORY THERAPY	36192	117114	23615003		.001533		.004959	49
50 PHYSICAL THERAPY	96430	288235	11293152		.008539		.025523	50
53 ELECTROCARDIOLOGY	113399	350557	44694788		.002537		.007843	53
53.02 CARDIOVASCULAR LAB								53.02
53.05 CARDIAC CATH	6977	20786	1548365		.004506		.013424	53.05
54 ELECTROENCEPHALOGRAPHY	61139	179888	5310610		.011513		.033873	54
55 MEDICAL SUPPLIES CHARGED TO P	90843	334999	102558269		.000886		.003266	55
55.30 IMPL. DEV. CHARGED TO PATIENT	87587	317000	74922810		.001169		.004231	55.30
56 DRUGS CHARGED TO PATIENTS	137734	532475	284060937		.000485		.001875	56
57 RENAL DIALYSIS	37537	114760	7771571		.004830		.014767	57
58 ASC (NON-DISTINCT PART)	26072	123684	871210		.029926		.141968	58
59 OTHER ANCILLARY SERVICES								59
59.01 PSYCH THERAPY								59.01
59.29 AIR RESCUE								59.29
59.30 BONE MARROW	18769	55612	863369		.021739		.064413	59.30
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	75874	222075	2291255		.033115		.096923	60
60.02 TRANSPLANT CLINIC	20701	67646	1586847		.013045		.042629	60.02
61 EMERGENCY	149603	463522	50310528		.002974		.009213	61
62 OBSERVATION BEDS (NON-DISTINC	29979	90173	3291910		.009107		.027392	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	2495048	8083879	1190909455					101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER		TOTAL	
	ANESTHETIST	SCHOOL		MEDICAL	SWING-BED		
	COST	COST	HEALTH	EDUCATION	ADJUSTMENT	COSTS	
	1	2	COSTS	COSTS	AMOUNT	4	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS			22072			22072	25
26 INTENSIVE CARE UNIT			7357			7357	26
26.01 6TH ICU			7357			7357	26.01
26.02 7TH ICU			7357			7357	26.02
26.03 8TH ICU			7357			7357	26.03
26.04 5TH ICU			7357			7357	26.04
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I			10300			10300	31
33 NURSERY							33
34 SKILLED NURSING FACILITY							34
35 NURSING FACILITY							35
101 TOTAL			69157			69157	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS				
25 ADULTS & PEDIATRICS	60464	.37		25
26 INTENSIVE CARE UNIT	3644	2.02		26
26.01 6TH ICU	3560	2.07		26.01
26.02 7TH ICU	3620	2.03		26.02
26.03 8TH ICU	3520	2.09		26.03
26.04 5TH ICU	4625	1.59		26.04
27 CORONARY CARE UNIT				27
28 BURN INTENSIVE CARE UNIT				28
29 SURGICAL INTENSIVE CARE UNIT				29
30 OTHER SPECIAL CARE (SPECIFY)				30
31 SUBPROVIDER I	8902	1.16		31
33 NURSERY				33
34 SKILLED NURSING FACILITY				34
35 NURSING FACILITY				35
101 TOTAL	88335			101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				141259			141259
41.03 ENDOSCOPY							41.03
41.05 PET IMAGING				20600			20600
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE				20600			20600
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY				13243			13243
50 PHYSICAL THERAPY				55767			55767
53 ELECTROCARDIOLOGY				32960			32960
53.02 CARDIOVASCULAR LAB							53.02
53.05 CARDIAC CATH							53.05
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 OTHER ANCILLARY SERVICES							59
59.01 PSYCH THERAPY							59.01
59.29 AIR RESCUE							59.29
59.30 BONE MARROW							59.30
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.02 TRANSPLANT CLINIC							60.02
61 EMERGENCY				37080			37080
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				321509			321509 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH			COST TO	RATIO OF COST	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		91998360					37
38 RECOVERY ROOM		10440187					38
40 ANESTHESIOLOGY		13777818					40
41 RADIOLOGY-DIAGNOSTIC	141259	186957593	.000756	.000756			41
41.03 ENDOSCOPY		14224685					41.03
41.05 PET IMAGING	20600	16857325	.001222	.001222			41.05
42 RADIOLOGY-THERAPEUTIC		26758730					42
43 RADIOISOTOPE	20600	3745429	.005500	.005500			43
44 LABORATORY		187497164					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		23661540					47
49 RESPIRATORY THERAPY	13243	23615003	.000561	.000561			49
50 PHYSICAL THERAPY	55767	11293152	.004938	.004938			50
53 ELECTROCARDIOLOGY	32960	44694788	.000737	.000737			53
53.02 CARDIOVASCULAR LAB							53.02
53.05 CARDIAC CATH		1548365					53.05
54 ELECTROENCEPHALOGRAPHY		5310610					54
55 MEDICAL SUPPLIES CHARGED TO P		102558269					55
55.30 IMPL. DEV. CHARGED TO PATIENT		74922810					55.30
56 DRUGS CHARGED TO PATIENTS		284060937					56
57 RENAL DIALYSIS		7771571					57
58 ASC (NON-DISTINCT PART)		871210					58
59 OTHER ANCILLARY SERVICES							59
59.01 PSYCH THERAPY							59.01
59.29 AIR RESCUE							59.29
59.30 BONE MARROW		863369					59.30
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		2291255					60
60.02 TRANSPLANT CLINIC		1586847					60.02
61 EMERGENCY	37080	50310528	.000737	.000737			61
62 OBSERVATION BEDS (NON-DISTINC		3291910					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	321509	1190909455					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
41.03 ENDOSCOPY						41.03
41.05 PET IMAGING						41.05
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE						43
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47 BLOOD STORING, PROCESSING & T						47
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
53 ELECTROCARDIOLOGY						53
53.02 CARDIOVASCULAR LAB						53.02
53.05 CARDIAC CATH						53.05
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
58 ASC (NON-DISTINCT PART)						58
59 OTHER ANCILLARY SERVICES						59
59.01 PSYCH THERAPY						59.01
59.29 AIR RESCUE						59.29
59.30 BONE MARROW						59.30
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.02 TRANSPLANT CLINIC						60.02
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	741696		741696	2230870		2230870	25
26 INTENSIVE CARE UNIT	79027		79027	240654		240654	26
26.01 6TH ICU	67953		67953	207832		207832	26.01
26.02 7TH ICU	69812		69812	214456		214456	26.02
26.03 8TH ICU	67767		67767	207303		207303	26.03
26.04 5TH ICU	86602		86602	264270		264270	26.04
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	219447		219447	648999		648999	31
33 NURSERY							33
101 TOTAL	1332304		1332304	4014384		4014384	101

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	60464	19894	12.27	244099	36.90	734089	25
26 INTENSIVE CARE UNIT	3644	1605	21.69	34812	66.04	105994	26
26.01 6TH ICU	3560	741	19.09	14146	58.38	43260	26.01
26.02 7TH ICU	3620	1231	19.29	23746	59.24	72924	26.02
26.03 8TH ICU	3520	1382	19.25	26604	58.89	81386	26.03
26.04 5TH ICU	4625	1421	18.72	26601	57.14	81196	26.04
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	8902	3614	24.65	89085	72.90	263461	31
33 NURSERY							33
101 TOTAL	88335	29888		459093		1382310	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	486647	1453966	91998360	15623573	.005290	82649	.015804	246915 37
38 RECOVERY ROOM	116324	347146	10440187	1986324	.011142	22132	.033251	66047 38
40 ANESTHESIOLOGY	2601	12209	13777818	2640489	.000189	499	.000886	2339 40
41 RADIOLOGY-DIAGNOSTIC	514527	1705873	186957593	28639312	.002752	78815	.009124	261305 41
41.03 ENDOSCOPY	33187	103073	14224685	1571762	.002333	3667	.007246	11389 41.03
41.05 PET IMAGING	30919	96607	16857325	828432	.001834	1519	.005731	4748 41.05
42 RADIOLOGY-THERAPEUTIC	65348	241389	26758730	155584	.002442	380	.009021	1404 42
43 RADIOISOTOPE	56451	167703	3745429	541784	.015072	8166	.044775	24258 43
44 LABORATORY	176616	593509	187497164	38204961	.000942	35989	.003165	120919 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T	23592	83878	23661540	6689833	.000997	6670	.003545	23715 47
49 RESPIRATORY THERAPY	36192	117114	23615003	7498812	.001533	11496	.004959	37187 49
50 PHYSICAL THERAPY	96430	288235	11293152	3270437	.008539	27926	.025523	83471 50
53 ELECTROCARDIOLOGY	113399	350557	44694788	11543229	.002537	29285	.007843	90534 53
53.02 CARDIOVASCULAR LAB								53.02
53.05 CARDIAC CATH	6977	20786	1548365		.004506		.013424	53.05
54 ELECTROENCEPHALOGRAPHY	61139	179888	5310610	897067	.011513	10328	.033873	30386 54
55 MEDICAL SUPPLIES CHARGED TO P	90843	334999	102558269	23410410	.000886	20742	.003266	76458 55
55.30 IMPL. DEV. CHARGED TO PATIENT	87587	317000	74922810	15337780	.001169	17930	.004231	64894 55.30
56 DRUGS CHARGED TO PATIENTS	137734	532475	284060937	74840371	.000485	36298	.001875	140326 56
57 RENAL DIALYSIS	37537	114760	7771571	4141158	.004830	20002	.014767	61152 57
58 ASC (NON-DISTINCT PART)	26072	123684	871210	2787	.029926	83	.141968	396 58
59 OTHER ANCILLARY SERVICES								59
59.01 PSYCH THERAPY								59.01
59.29 AIR RESCUE								59.29
59.30 BONE MARROW	18769	55612	863369	16474	.021739	358	.064413	1061 59.30
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	75874	222075	2291255	3697	.033115	122	.096923	358 60
60.02 TRANSPLANT CLINIC	20701	67646	1586847		.013045		.042629	60.02
61 EMERGENCY	149603	463522	50310528	6160318	.002974	18321	.009213	56755 61
62 OBSERVATION BEDS (NON-DISTINC	29979	90173	3291910	329140	.009107	2997	.027392	9016 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	2495048	8083879	1190909455	244333734		436374		1415033 101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER		TOTAL	
	ANESTHETIST	SCHOOL		MEDICAL	SWING-BED		
	COST	COST	HEALTH	EDUCATION	ADJUSTMENT	COSTS	
	1	2	COSTS	COSTS	AMOUNT	4	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS			22072			22072	25
26 INTENSIVE CARE UNIT			7357			7357	26
26.01 6TH ICU			7357			7357	26.01
26.02 7TH ICU			7357			7357	26.02
26.03 8TH ICU			7357			7357	26.03
26.04 5TH ICU			7357			7357	26.04
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I			10300			10300	31
33 NURSERY							33
34 SKILLED NURSING FACILITY							34
35 NURSING FACILITY							35
101 TOTAL			69157			69157	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL	PER DIEM 6	INPATIENT	INPATIENT	
	PATIENT DAYS 5		PROGRAM DAYS 7	PROGRAM PASS THRU COSTS 8	
INPAT ROUTINE SERV COST CTRS					
25 ADULTS & PEDIATRICS	60464	.37	19894	7361	25
26 INTENSIVE CARE UNIT	3644	2.02	1605	3242	26
26.01 6TH ICU	3560	2.07	741	1534	26.01
26.02 7TH ICU	3620	2.03	1231	2499	26.02
26.03 8TH ICU	3520	2.09	1382	2888	26.03
26.04 5TH ICU	4625	1.59	1421	2259	26.04
27 CORONARY CARE UNIT					27
28 BURN INTENSIVE CARE UNIT					28
29 SURGICAL INTENSIVE CARE UNIT					29
30 OTHER SPECIAL CARE (SPECIFY)					30
31 SUBPROVIDER I	8902	1.16	3614	4192	31
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
35 NURSING FACILITY					35
101 TOTAL	88335		29888	23975	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				141259			141259
41.03 ENDOSCOPY							41.03
41.05 PET IMAGING				20600			20600
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE				20600			20600
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY				13243			13243
50 PHYSICAL THERAPY				55767			55767
53 ELECTROCARDIOLOGY				32960			32960
53.02 CARDIOVASCULAR LAB							53.02
53.05 CARDIAC CATH							53.05
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 OTHER ANCILLARY SERVICES							59
59.01 PSYCH THERAPY							59.01
59.29 AIR RESCUE							59.29
59.30 BONE MARROW							59.30
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.02 TRANSPLANT CLINIC							60.02
61 EMERGENCY				37080			37080
62 OBSERVATION BEDS (NON-DISTINC				892			892
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				322401			322401 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH			COST TO	RATIO OF COST	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		91998360			15623573		7222397 37
38 RECOVERY ROOM		10440187			1986324		783008 38
40 ANESTHESIOLOGY		13777818			2640489		740549 40
41 RADIOLOGY-DIAGNOSTIC	141259	186957593	.000756	.000756	28639312	21651	16870277 41
41.03 ENDOSCOPY		14224685			1571762		2185876 41.03
41.05 PET IMAGING	20600	16857325	.001222	.001222	828432	1012	3620550 41.05
42 RADIOLOGY-THERAPEUTIC		26758730			155584		7772815 42
43 RADIOISOTOPE	20600	3745429	.005500	.005500	541784	2980	652345 43
44 LABORATORY		187497164			38204961		16409758 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		23661540			6689833		273385 47
49 RESPIRATORY THERAPY	13243	23615003	.000561	.000561	7498812	4207	135350 49
50 PHYSICAL THERAPY	55767	11293152	.004938	.004938	3270437	16149	50
53 ELECTROCARDIOLOGY	32960	44694788	.000737	.000737	11543229	8507	3304705 53
53.02 CARDIOVASCULAR LAB							53.02
53.05 CARDIAC CATH		1548365					53.05
54 ELECTROENCEPHALOGRAPHY		5310610			897067		506776 54
55 MEDICAL SUPPLIES CHARGED TO P		102558269			23410410		6494880 55
55.30 IMPL. DEV. CHARGED TO PATIENT		74922810			15337780		4114597 55.30
56 DRUGS CHARGED TO PATIENTS		284060937			74840371		7890668 56
57 RENAL DIALYSIS		7771571			4141158		57
58 ASC (NON-DISTINCT PART)		871210			2787		174016 58
59 OTHER ANCILLARY SERVICES							59
59.01 PSYCH THERAPY							59.01
59.29 AIR RESCUE							59.29
59.30 BONE MARROW		863369			16474		30803 59.30
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		2291255			3697		349745 60
60.02 TRANSPLANT CLINIC		1586847					60.02
61 EMERGENCY	37080	50310528	.000737	.000737	6160318	4540	2878748 61
62 OBSERVATION BEDS (NON-DISTINC	892	3291910	.000271	.000271	329140	89	623445 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	322401	1190909455			244333734	59135	83034693 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC			12754			41
41.03 ENDOSCOPY						41.03
41.05 PET IMAGING			4424			41.05
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE			3588			43
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47 BLOOD STORING, PROCESSING & T						47
49 RESPIRATORY THERAPY			76			49
50 PHYSICAL THERAPY						50
53 ELECTROCARDIOLOGY			2436			53
53.02 CARDIOVASCULAR LAB						53.02
53.05 CARDIAC CATH						53.05
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
58 ASC (NON-DISTINCT PART)						58
59 OTHER ANCILLARY SERVICES						59
59.01 PSYCH THERAPY						59.01
59.29 AIR RESCUE						59.29
59.30 BONE MARROW						59.30
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.02 TRANSPLANT CLINIC						60.02
61 EMERGENCY			2122			61
62 OBSERVATION BEDS (NON-DISTINC			169			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL			25569			101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
38 OPERATING ROOM	.168319	.168319	.168319			37
40 RECOVERY ROOM	.445267	.445267	.445267			38
41 ANESTHESIOLOGY	.037227	.037227	.037227			40
41 RADIOLOGY-DIAGNOSTIC	.100895	.100895	.100895			41
41.03 ENDOSCOPY	.139173	.139173	.139173			41.03
41.05 PET IMAGING	.097345	.097345	.097345			41.05
42 RADIOLOGY-THERAPEUTIC	.111233	.111233	.111233			42
43 RADIOISOTOPE	.611210	.611210	.611210			43
44 LABORATORY	.099917	.099917	.099917			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.208906	.208906	.208906			47
49 RESPIRATORY THERAPY	.145563	.145563	.145563			49
50 PHYSICAL THERAPY	.369176	.369176	.369176			50
53 ELECTROCARDIOLOGY	.139445	.139445	.139445			53
53.02 CARDIOVASCULAR LAB						53.02
53.05 CARDIAC CATH	.103196	.103196	.103196			53.05
54 ELECTROENCEPHALOGRAPHY	.261126	.261126	.261126			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.229995	.229995	.229995			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.307137	.307137	.307137			55.30
56 DRUGS CHARGED TO PATIENTS	.107634	.107634	.107634			56
57 RENAL DIALYSIS	.313528	.313528	.313528			57
58 ASC (NON-DISTINCT PART)	.844380	.844380	.844380			58
59 OTHER ANCILLARY SERVICES						59
59.01 PSYCH THERAPY						59.01
59.29 AIR RESCUE						59.29
59.30 BONE MARROW	.848265	.848265	.848265			59.30
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
60 OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.751890	.751890	.751890			60
60.02 TRANSPLANT CLINIC	1.153135	1.153135	1.153135			60.02
61 EMERGENCY	.203453	.203453	.203453			61
62 OBSERVATION BEDS (NON-DISTINCT	.499831	.499831	.499831			62
63.50 RHC						63.50
63.60 FQHC						63.60
65.01 OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.107634	1
2 PROGRAM VACCINE CHARGES	2	288487	2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3	31051	3
3.01 PROGRAM COSTS	3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS		7222397						37
38 OPERATING ROOM		783008						38
40 ANESTHESIOLOGY		740549						40
41 RADIOLOGY-DIAGNOSTIC		16870277						41
41.03 ENDOSCOPY		2185876						41.03
41.05 PET IMAGING		3620550						41.05
42 RADIOLOGY-THERAPEUTIC		7772815						42
43 RADIOISOTOPE		652345						43
44 LABORATORY		16409758						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		273385						47
49 RESPIRATORY THERAPY		135350						49
50 PHYSICAL THERAPY								50
53 ELECTROCARDIOLOGY		3304705						53
53.02 CARDIOVASCULAR LAB								53.02
53.05 CARDIAC CATH								53.05
54 ELECTROENCEPHALOGRAPHY		506776						54
55 MEDICAL SUPPLIES CHARGED TO PA		6494880						55
55.30 IMPL. DEV. CHARGED TO PATIENT		4114597						55.30
56 DRUGS CHARGED TO PATIENTS		7890668	1218					56
57 RENAL DIALYSIS								57
58 ASC (NON-DISTINCT PART)		174016						58
59 OTHER ANCILLARY SERVICES								59
59.01 PSYCH THERAPY								59.01
59.29 AIR RESCUE								59.29
59.30 BONE MARROW		30803						59.30
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
60 OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		349745						60
60.02 TRANSPLANT CLINIC								60.02
61 EMERGENCY		2878748						61
62 OBSERVATION BEDS (NON-DISTINCT		623445						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		83034693	1218					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		83034693	1218					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1215667					37
38 RECOVERY ROOM		348648					38
40 ANESTHESIOLOGY		27568					40
41 RADIOLOGY-DIAGNOSTIC		1702127					41
41.03 ENDOSCOPY		304215					41.03
41.05 PET IMAGING		352442					41.05
42 RADIOLOGY-THERAPEUTIC		864594					42
43 RADIOISOTOPE		398720					43
44 LABORATORY		1639614					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		57112					47
49 RESPIRATORY THERAPY		19702					49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY		460825					53
53.02 CARDIOVASCULAR LAB							53.02
53.05 CARDIAC CATH							53.05
54 ELECTROENCEPHALOGRAPHY		132332					54
55 MEDICAL SUPPLIES CHARGED TO PAT		1493790					55
55.30 IMPL. DEV. CHARGED TO PATIENT		1263745					55.30
56 DRUGS CHARGED TO PATIENTS		849304	131				56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)		146936					58
59 OTHER ANCILLARY SERVICES							59
59.01 PSYCH THERAPY							59.01
59.29 AIR RESCUE							59.29
59.30 BONE MARROW		26129					59.30
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		262970					60
60.02 TRANSPLANT CLINIC							60.02
61 EMERGENCY		585690					61
62 OBSERVATION BEDS (NON-DISTINCT		311617					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		12463747	131				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		12463747	131				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD CAPITAL		NEW CAPITAL		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST	TOTAL CHARGES			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	486647	1453966	91998360	282559	.005290	1495	.015804	4466	37
38 RECOVERY ROOM	116324	347146	10440187		.011142		.033251		38
40 ANESTHESIOLOGY	2601	12209	13777818	138145	.000189	26	.000886	122	40
41 RADIOLOGY-DIAGNOSTIC	514527	1705873	186957593	391894	.002752	1078	.009124	3576	41
41.03 ENDOSCOPY	33187	103073	14224685	8654	.002333	20	.007246	63	41.03
41.05 PET IMAGING	30919	96607	16857325		.001834		.005731		41.05
42 RADIOLOGY-THERAPEUTIC	65348	241389	26758730		.002442		.009021		42
43 RADIOISOTOPE	56451	167703	3745429		.015072		.044775		43
44 LABORATORY	176616	593509	187497164	751458	.000942	708	.003165	2378	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T	23592	83878	23661540		.000997		.003545		47
49 RESPIRATORY THERAPY	36192	117114	23615003	9067	.001533	14	.004959	45	49
50 PHYSICAL THERAPY	96430	288235	11293152	90932	.008539	776	.025523	2321	50
53 ELECTROCARDIOLOGY	113399	350557	44694788	64346	.002537	163	.007843	505	53
53.02 CARDIOVASCULAR LAB									53.02
53.05 CARDIAC CATH	6977	20786	1548365		.004506		.013424		53.05
54 ELECTROENCEPHALOGRAPHY	61139	179888	5310610	13290	.011513	153	.033873	450	54
55 MEDICAL SUPPLIES CHARGED TO P	90843	334999	102558269	68193	.000886	60	.003266	223	55
55.30 IMPL. DEV. CHARGED TO PATIENT	87587	317000	74922810		.001169		.004231		55.30
56 DRUGS CHARGED TO PATIENTS	137734	532475	284060937	985443	.000485	478	.001875	1848	56
57 RENAL DIALYSIS	37537	114760	7771571	19246	.004830	93	.014767	284	57
58 ASC (NON-DISTINCT PART)	26072	123684	871210		.029926		.141968		58
59 OTHER ANCILLARY SERVICES									59
59.01 PSYCH THERAPY									59.01
59.29 AIR RESCUE									59.29
59.30 BONE MARROW	18769	55612	863369		.021739		.064413		59.30
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	75874	222075	2291255		.033115		.096923		60
60.02 TRANSPLANT CLINIC	20701	67646	1586847		.013045		.042629		60.02
61 EMERGENCY	149603	463522	50310528	309956	.002974	922	.009213	2856	61
62 OBSERVATION BEDS (NON-DISTINC	29979	90173	3291910		.009107		.027392		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL	2495048	8083879	1190909455	3133183		5986		19137	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				141259			141259
41.03 ENDOSCOPY							41.03
41.05 PET IMAGING				20600			20600
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE				20600			20600
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY				13243			13243
50 PHYSICAL THERAPY				55767			55767
53 ELECTROCARDIOLOGY				32960			32960
53.02 CARDIOVASCULAR LAB							53.02
53.05 CARDIAC CATH							53.05
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 OTHER ANCILLARY SERVICES							59
59.01 PSYCH THERAPY							59.01
59.29 AIR RESCUE							59.29
59.30 BONE MARROW							59.30
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.02 TRANSPLANT CLINIC							60.02
61 EMERGENCY				37080			37080
62 OBSERVATION BEDS (NON-DISTINC				892			892
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				322401			322401 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH			COST TO	RATIO OF COST	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		91998360			282559		37
38 RECOVERY ROOM		10440187					38
40 ANESTHESIOLOGY		13777818			138145		40
41 RADIOLOGY-DIAGNOSTIC	141259	186957593	.000756	.000756	391894	296	41
41.03 ENDOSCOPY		14224685			8654		41.03
41.05 PET IMAGING	20600	16857325	.001222	.001222			41.05
42 RADIOLOGY-THERAPEUTIC		26758730					42
43 RADIOISOTOPE	20600	3745429	.005500	.005500			43
44 LABORATORY		187497164			751458		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		23661540					47
49 RESPIRATORY THERAPY	13243	23615003	.000561	.000561	9067	5	49
50 PHYSICAL THERAPY	55767	11293152	.004938	.004938	90932	449	50
53 ELECTROCARDIOLOGY	32960	44694788	.000737	.000737	64346	47	53
53.02 CARDIOVASCULAR LAB							53.02
53.05 CARDIAC CATH		1548365					53.05
54 ELECTROENCEPHALOGRAPHY		5310610			13290		54
55 MEDICAL SUPPLIES CHARGED TO P		102558269			68193		55
55.30 IMPL. DEV. CHARGED TO PATIENT		74922810					55.30
56 DRUGS CHARGED TO PATIENTS		284060937			985443		56
57 RENAL DIALYSIS		7771571			19246		57
58 ASC (NON-DISTINCT PART)		871210					58
59 OTHER ANCILLARY SERVICES							59
59.01 PSYCH THERAPY							59.01
59.29 AIR RESCUE							59.29
59.30 BONE MARROW		863369					59.30
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		2291255					60
60.02 TRANSPLANT CLINIC		1586847					60.02
61 EMERGENCY	37080	50310528	.000737	.000737	309956	228	61
62 OBSERVATION BEDS (NON-DISTINC	892	3291910	.000271	.000271			62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	322401	1190909455			3133183	1025	8033 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC			3		41
41.03 ENDOSCOPY					41.03
41.05 PET IMAGING					41.05
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY			1		53
53.02 CARDIOVASCULAR LAB					53.02
53.05 CARDIAC CATH					53.05
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 OTHER ANCILLARY SERVICES					59
59.01 PSYCH THERAPY					59.01
59.29 AIR RESCUE					59.29
59.30 BONE MARROW					59.30
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.02 TRANSPLANT CLINIC					60.02
61 EMERGENCY			1		61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL			5		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
38 OPERATING ROOM	.168319	.168319	.168319			37
40 RECOVERY ROOM	.445267	.445267	.445267			38
41 ANESTHESIOLOGY	.037227	.037227	.037227			40
41 RADIOLOGY-DIAGNOSTIC	.100895	.100895	.100895			41
41.03 ENDOSCOPY	.139173	.139173	.139173			41.03
41.05 PET IMAGING	.097345	.097345	.097345			41.05
42 RADIOLOGY-THERAPEUTIC	.111233	.111233	.111233			42
43 RADIOISOTOPE	.611210	.611210	.611210			43
44 LABORATORY	.099917	.099917	.099917			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.208906	.208906	.208906			47
49 RESPIRATORY THERAPY	.145563	.145563	.145563			49
50 PHYSICAL THERAPY	.369176	.369176	.369176			50
53 ELECTROCARDIOLOGY	.139445	.139445	.139445			53
53.02 CARDIOVASCULAR LAB						53.02
53.05 CARDIAC CATH	.103196	.103196	.103196			53.05
54 ELECTROENCEPHALOGRAPHY	.261126	.261126	.261126			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.229995	.229995	.229995			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.307137	.307137	.307137			55.30
56 DRUGS CHARGED TO PATIENTS	.107634	.107634	.107634			56
57 RENAL DIALYSIS	.313528	.313528	.313528			57
58 ASC (NON-DISTINCT PART)	.844380	.844380	.844380			58
59 OTHER ANCILLARY SERVICES						59
59.01 PSYCH THERAPY						59.01
59.29 AIR RESCUE						59.29
59.30 BONE MARROW	.848265	.848265	.848265			59.30
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
60 OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.751890	.751890	.751890			60
60.02 TRANSPLANT CLINIC	1.153135	1.153135	1.153135			60.02
61 EMERGENCY	.203453	.203453	.203453			61
62 OBSERVATION BEDS (NON-DISTINCT	.499831	.499831	.499831			62
63.50 RHC						63.50
63.60 FQHC						63.60
65.01 OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES				1		
2 PROGRAM VACCINE CHARGES				.107634	1	
2.01 PROGRAM VACCINE CHARGES				10154	2	
3 PROGRAM COSTS						2.01
3.01 PROGRAM COSTS				1093	3	
						3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								37
38 OPERATING ROOM								38
40 RECOVERY ROOM								40
41 ANESTHESIOLOGY								41
41 RADIOLOGY-DIAGNOSTIC		4579						41.03
41.03 ENDOSCOPY								41.05
41.05 PET IMAGING								42
42 RADIOLOGY-THERAPEUTIC								43
43 RADIOISOTOPE								44
44 LABORATORY								46.30
46.30 BLOOD CLOTTING FACTORS ADMIN C								47
47 BLOOD STORING, PROCESSING & TR								49
49 RESPIRATORY THERAPY								50
50 PHYSICAL THERAPY								53
53 ELECTROCARDIOLOGY		693						53.02
53.02 CARDIOVASCULAR LAB								53.05
53.05 CARDIAC CATH								54
54 ELECTROENCEPHALOGRAPHY								55
55 MEDICAL SUPPLIES CHARGED TO PA		385						55.30
55.30 IMPL. DEV. CHARGED TO PATIENT								56
56 DRUGS CHARGED TO PATIENTS		1288						57
57 RENAL DIALYSIS								58
58 ASC (NON-DISTINCT PART)								59
59 OTHER ANCILLARY SERVICES								59.01
59.01 PSYCH THERAPY								59.29
59.29 AIR RESCUE								59.30
59.30 BONE MARROW								59.97
59.97 CARDIAC REHABILITATION								59.98
59.98 HYPERBARIC OXYGEN THERAPY								59.99
59.99 LITHOTRIPSY								60
60 OUTPATIENT SERVICE COST CENTERS								60.02
60 CLINIC								61
60.02 TRANSPLANT CLINIC								62
61 EMERGENCY		1088						63.50
62 OBSERVATION BEDS (NON-DISTINCT								63.60
63.50 RHC								65.01
63.60 FQHC								65.02
OTHER REIMBURSABLE COST CENTERS								65.03
65.01 AMBULANCE CHARGES (S-2 LINE 56								101
65.02 AMBULANCE CHARGES (S-2 LINE 56								102
65.03 AMBULANCE CHARGES (S-2 LINE 56								103
101 SUBTOTAL		8033						104
102 CRNA CHARGES								
103 PBP CLINIC LAB								
104 NET CHARGES		8033						

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		462					41
41.03 ENDOSCOPY							41.03
41.05 PET IMAGING							41.05
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY		97					53
53.02 CARDIOVASCULAR LAB							53.02
53.05 CARDIAC CATH							53.05
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO PAT		89					55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		139					56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 OTHER ANCILLARY SERVICES							59
59.01 PSYCH THERAPY							59.01
59.29 AIR RESCUE							59.29
59.30 BONE MARROW							59.30
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.02 TRANSPLANT CLINIC							60.02
61 EMERGENCY		221					61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		1008					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		1008					104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	741696		741696	2230870		2230870	25
26 INTENSIVE CARE UNIT	79027		79027	240654		240654	26
26.01 6TH ICU	67953		67953	207832		207832	26.01
26.02 7TH ICU	69812		69812	214456		214456	26.02
26.03 8TH ICU	67767		67767	207303		207303	26.03
26.04 5TH ICU	86602		86602	264270		264270	26.04
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	219447		219447	648999		648999	31
33 NURSERY							33
101 TOTAL	1332304		1332304	4014384		4014384	101

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	60464	11584	12.27	142136	36.90	427450	25
26 INTENSIVE CARE UNIT	3644	576	21.69	12493	66.04	38039	26
26.01 6TH ICU	3560	1073	19.09	20484	58.38	62642	26.01
26.02 7TH ICU	3620	467	19.29	9008	59.24	27665	26.02
26.03 8TH ICU	3520	894	19.25	17210	58.89	52648	26.03
26.04 5TH ICU	4625	949	18.72	17765	57.14	54226	26.04
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	8902	2702	24.65	66604	72.90	196976	31
33 NURSERY							33
101 TOTAL	88335	18245		285700		859646	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	OLD CAPITAL		NEW CAPITAL	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	486647	1453966	91998360	9070192	.005290	47981	.015804	143345 37
38 RECOVERY ROOM	116324	347146	10440187	988808	.011142	11017	.033251	32879 38
40 ANESTHESIOLOGY	2601	12209	13777818	1546394	.000189	292	.000886	1370 40
41 RADIOLOGY-DIAGNOSTIC	514527	1705873	186957593	13390543	.002752	36851	.009124	122175 41
41.03 ENDOSCOPY	33187	103073	14224685	823572	.002333	1921	.007246	5968 41.03
41.05 PET IMAGING	30919	96607	16857325	634071	.001834	1163	.005731	3634 41.05
42 RADIOLOGY-THERAPEUTIC	65348	241389	26758730	219223	.002442	535	.009021	1978 42
43 RADIOISOTOPE	56451	167703	3745429	251614	.015072	3792	.044775	11266 43
44 LABORATORY	176616	593509	187497164	19029593	.000942	17926	.003165	60229 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T	23592	83878	23661540	3897089	.000997	3885	.003545	13815 47
49 RESPIRATORY THERAPY	36192	117114	23615003	4942057	.001533	7576	.004959	24508 49
50 PHYSICAL THERAPY	96430	288235	11293152	1529871	.008539	13064	.025523	39047 50
53 ELECTROCARDIOLOGY	113399	350557	44694788	4329677	.002537	10984	.007843	33958 53
53.02 CARDIOVASCULAR LAB								53.02
53.05 CARDIAC CATH	6977	20786	1548365		.004506		.013424	53.05
54 ELECTROENCEPHALOGRAPHY	61139	179888	5310610	605234	.011513	6968	.033873	20501 54
55 MEDICAL SUPPLIES CHARGED TO P	90843	334999	102558269	15085299	.000886	13366	.003266	49269 55
55.30 IMPL. DEV. CHARGED TO PATIENT	87587	317000	74922810	4353582	.001169	5089	.004231	18420 55.30
56 DRUGS CHARGED TO PATIENTS	137734	532475	284060937	45187466	.000485	21916	.001875	84726 56
57 RENAL DIALYSIS	37537	114760	7771571	1285061	.004830	6207	.014767	18976 57
58 ASC (NON-DISTINCT PART)	26072	123684	871210		.029926		.141968	58
59 OTHER ANCILLARY SERVICES								59
59.01 PSYCH THERAPY								59.01
59.29 AIR RESCUE								59.29
59.30 BONE MARROW	18769	55612	863369	101843	.021739	2214	.064413	6560 59.30
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	75874	222075	2291255		.033115		.096923	60
60.02 TRANSPLANT CLINIC	20701	67646	1586847		.013045		.042629	60.02
61 EMERGENCY	149603	463522	50310528	743308	.002974	2211	.009213	6848 61
62 OBSERVATION BEDS (NON-DISTINC	29979	90173	3291910	19229	.009107	175	.027392	527 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	2495048	8083879	1190909455	128033726		215133		699999 101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER		TOTAL	
	ANESTHETIST	SCHOOL		MEDICAL	SWING-BED		
	COST	COST	HEALTH	EDUCATION	ADJUSTMENT	COSTS	
	1	2	COSTS	COSTS	AMOUNT	4	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS			22072			22072	25
26 INTENSIVE CARE UNIT			7357			7357	26
26.01 6TH ICU			7357			7357	26.01
26.02 7TH ICU			7357			7357	26.02
26.03 8TH ICU			7357			7357	26.03
26.04 5TH ICU			7357			7357	26.04
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I			10300			10300	31
33 NURSERY							33
34 SKILLED NURSING FACILITY							34
35 NURSING FACILITY							35
101 TOTAL			69157			69157	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
INPAT ROUTINE SERV COST CTRS					
25 ADULTS & PEDIATRICS	60464	.37	11584	4286	25
26 INTENSIVE CARE UNIT	3644	2.02	576	1164	26
26.01 6TH ICU	3560	2.07	1073	2221	26.01
26.02 7TH ICU	3620	2.03	467	948	26.02
26.03 8TH ICU	3520	2.09	894	1868	26.03
26.04 5TH ICU	4625	1.59	949	1509	26.04
27 CORONARY CARE UNIT					27
28 BURN INTENSIVE CARE UNIT					28
29 SURGICAL INTENSIVE CARE UNIT					29
30 OTHER SPECIAL CARE (SPECIFY)					30
31 SUBPROVIDER I	8902	1.16	2702	3134	31
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
35 NURSING FACILITY					35
101 TOTAL	88335		18245	15130	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				141259			141259
41.03 ENDOSCOPY							41.03
41.05 PET IMAGING				20600			20600
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE				20600			20600
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY				13243			13243
50 PHYSICAL THERAPY				55767			55767
53 ELECTROCARDIOLOGY				32960			32960
53.02 CARDIOVASCULAR LAB							53.02
53.05 CARDIAC CATH							53.05
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 OTHER ANCILLARY SERVICES							59
59.01 PSYCH THERAPY							59.01
59.29 AIR RESCUE							59.29
59.30 BONE MARROW							59.30
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.02 TRANSPLANT CLINIC							60.02
61 EMERGENCY				37080			37080
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				321509			321509 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH			COST TO	RATIO OF COST	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		91998360			9070192		37
38 RECOVERY ROOM		10440187			988808		38
40 ANESTHESIOLOGY		13777818			1546394		40
41 RADIOLOGY-DIAGNOSTIC	141259	186957593	.000756	.000756	13390543	10123	41
41.03 ENDOSCOPY		14224685			823572		41.03
41.05 PET IMAGING	20600	16857325	.001222	.001222	634071	775	41.05
42 RADIOLOGY-THERAPEUTIC		26758730			219223		42
43 RADIOISOTOPE	20600	3745429	.005500	.005500	251614	1384	43
44 LABORATORY		187497164			19029593		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		23661540			3897089		47
49 RESPIRATORY THERAPY	13243	23615003	.000561	.000561	4942057	2772	49
50 PHYSICAL THERAPY	55767	11293152	.004938	.004938	1529871	7555	50
53 ELECTROCARDIOLOGY	32960	44694788	.000737	.000737	4329677	3191	53
53.02 CARDIOVASCULAR LAB							53.02
53.05 CARDIAC CATH		1548365					53.05
54 ELECTROENCEPHALOGRAPHY		5310610			605234		54
55 MEDICAL SUPPLIES CHARGED TO P		102558269			15085299		55
55.30 IMPL. DEV. CHARGED TO PATIENT		74922810			4353582		55.30
56 DRUGS CHARGED TO PATIENTS		284060937			45187466		56
57 RENAL DIALYSIS		7771571			1285061		57
58 ASC (NON-DISTINCT PART)		871210					58
59 OTHER ANCILLARY SERVICES							59
59.01 PSYCH THERAPY							59.01
59.29 AIR RESCUE							59.29
59.30 BONE MARROW		863369			101843		59.30
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		2291255					60
60.02 TRANSPLANT CLINIC		1586847					60.02
61 EMERGENCY	37080	50310528	.000737	.000737	743308	548	61
62 OBSERVATION BEDS (NON-DISTINC		3291910			19229		62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	321509	1190909455			128033726	26348	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
41.03 ENDOSCOPY						41.03
41.05 PET IMAGING						41.05
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE						43
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47 BLOOD STORING, PROCESSING & T						47
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
53 ELECTROCARDIOLOGY						53
53.02 CARDIOVASCULAR LAB						53.02
53.05 CARDIAC CATH						53.05
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
58 ASC (NON-DISTINCT PART)						58
59 OTHER ANCILLARY SERVICES						59
59.01 PSYCH THERAPY						59.01
59.29 AIR RESCUE						59.29
59.30 BONE MARROW						59.30
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.02 TRANSPLANT CLINIC						60.02
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
38 OPERATING ROOM	.168319	.168319	.168319			37
40 RECOVERY ROOM	.445267	.445267	.445267			38
41 ANESTHESIOLOGY	.037227	.037227	.037227			40
41 RADIOLOGY-DIAGNOSTIC	.100895	.100895	.100895			41
41.03 ENDOSCOPY	.139173	.139173	.139173			41.03
41.05 PET IMAGING	.097345	.097345	.097345			41.05
42 RADIOLOGY-THERAPEUTIC	.111233	.111233	.111233			42
43 RADIOISOTOPE	.611210	.611210	.611210			43
44 LABORATORY	.099917	.099917	.099917			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.208906	.208906	.208906			47
49 RESPIRATORY THERAPY	.145563	.145563	.145563			49
50 PHYSICAL THERAPY	.369176	.369176	.369176			50
53 ELECTROCARDIOLOGY	.139445	.139445	.139445			53
53.02 CARDIOVASCULAR LAB						53.02
53.05 CARDIAC CATH	.103196	.103196	.103196			53.05
54 ELECTROENCEPHALOGRAPHY	.261126	.261126	.261126			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.229995	.229995	.229995			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.307137	.307137	.307137			55.30
56 DRUGS CHARGED TO PATIENTS	.107634	.107634	.107634			56
57 RENAL DIALYSIS	.313528	.313528	.313528			57
58 ASC (NON-DISTINCT PART)	.844380	.844380	.844380			58
59 OTHER ANCILLARY SERVICES						59
59.01 PSYCH THERAPY						59.01
59.29 AIR RESCUE						59.29
59.30 BONE MARROW	.848265	.848265	.848265			59.30
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
60 OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.751890	.751890	.751890			60
60.02 TRANSPLANT CLINIC	1.153135	1.153135	1.153135			60.02
61 EMERGENCY	.203453	.203453	.203453			61
62 OBSERVATION BEDS (NON-DISTINCT	.499831	.499831	.499831			62
63.50 RHC						63.50
63.60 FQHC						63.60
65.01 OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.107634	1
2 PROGRAM VACCINE CHARGES	2		
2.01 PROGRAM VACCINE CHARGES	2.01		
3 PROGRAM COSTS	3		
3.01 PROGRAM COSTS	3.01		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	3688630							37
38 RECOVERY ROOM	393782							38
40 ANESTHESIOLOGY	348927							40
41 RADIOLOGY-DIAGNOSTIC	12054493							41
41.03 ENDOSCOPY	664991							41.03
41.05 PET IMAGING	1422562							41.05
42 RADIOLOGY-THERAPEUTIC	2108232							42
43 RADIOISOTOPE	297406							43
44 LABORATORY	7001602							44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR	313869							47
49 RESPIRATORY THERAPY	158238							49
50 PHYSICAL THERAPY	83170							50
53 ELECTROCARDIOLOGY	2003211							53
53.02 CARDIOVASCULAR LAB								53.02
53.05 CARDIAC CATH								53.05
54 ELECTROENCEPHALOGRAPHY	248186							54
55 MEDICAL SUPPLIES CHARGED TO PA	2609316							55
55.30 IMPL. DEV. CHARGED TO PATIENT	2297374							55.30
56 DRUGS CHARGED TO PATIENTS	5882639							56
57 RENAL DIALYSIS	44355							57
58 ASC (NON-DISTINCT PART)	50243							58
59 OTHER ANCILLARY SERVICES								59
59.01 PSYCH THERAPY								59.01
59.29 AIR RESCUE								59.29
59.30 BONE MARROW	52481							59.30
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	273598							60
60.02 TRANSPLANT CLINIC								60.02
61 EMERGENCY	7355734							61
62 OBSERVATION BEDS (NON-DISTINCT	422811							62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL	49775850							101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES	49775850							104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	620867						37
38 RECOVERY ROOM	175338						38
40 ANESTHESIOLOGY	12990						40
41 RADIOLOGY-DIAGNOSTIC	1216238						41
41.03 ENDOSCOPY	92549						41.03
41.05 PET IMAGING	138479						41.05
42 RADIOLOGY-THERAPEUTIC	234505						42
43 RADIOISOTOPE	181778						43
44 LABORATORY	699579						44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA	65569						47
49 RESPIRATORY THERAPY	23034						49
50 PHYSICAL THERAPY	30704						50
53 ELECTROCARDIOLOGY	279338						53
53.02 CARDIOVASCULAR LAB							53.02
53.05 CARDIAC CATH							53.05
54 ELECTROENCEPHALOGRAPHY	64808						54
55 MEDICAL SUPPLIES CHARGED TO PAT	600130						55
55.30 IMPL. DEV. CHARGED TO PATIENT	705609						55.30
56 DRUGS CHARGED TO PATIENTS	633172						56
57 RENAL DIALYSIS	13907						57
58 ASC (NON-DISTINCT PART)	42424						58
59 OTHER ANCILLARY SERVICES							59
59.01 PSYCH THERAPY							59.01
59.29 AIR RESCUE							59.29
59.30 BONE MARROW	44518						59.30
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	205716						60
60.02 TRANSPLANT CLINIC							60.02
61 EMERGENCY	1496546						61
62 OBSERVATION BEDS (NON-DISTINCT	211334						62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL	7789132						101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES	7789132						104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST		NEW CAPITAL RELATED COST		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	1	2	3	4		RATIO OF COST TO CHARGES	5	6	RATIO OF COST TO CHARGES	7
ANCILLARY SERVICE COST CENTERS										
37 OPERATING ROOM	486647	1453966	91998360			.005290		.015804		37
38 RECOVERY ROOM	116324	347146	10440187			.011142		.033251		38
40 ANESTHESIOLOGY	2601	12209	13777818			.000189		.000886		40
41 RADIOLOGY-DIAGNOSTIC	514527	1705873	186957593			.002752		.009124		41
41.03 ENDOSCOPY	33187	103073	14224685			.002333		.007246		41.03
41.05 PET IMAGING	30919	96607	16857325			.001834		.005731		41.05
42 RADIOLOGY-THERAPEUTIC	65348	241389	26758730			.002442		.009021		42
43 RADIOISOTOPE	56451	167703	3745429			.015072		.044775		43
44 LABORATORY	176616	593509	187497164			.000942		.003165		44
46.30 BLOOD CLOTTING FACTORS ADMIN										46.30
47 BLOOD STORING, PROCESSING & T	23592	83878	23661540			.000997		.003545		47
49 RESPIRATORY THERAPY	36192	117114	23615003			.001533		.004959		49
50 PHYSICAL THERAPY	96430	288235	11293152			.008539		.025523		50
53 ELECTROCARDIOLOGY	113399	350557	44694788			.002537		.007843		53
53.02 CARDIOVASCULAR LAB										53.02
53.05 CARDIAC CATH	6977	20786	1548365			.004506		.013424		53.05
54 ELECTROENCEPHALOGRAPHY	61139	179888	5310610			.011513		.033873		54
55 MEDICAL SUPPLIES CHARGED TO P	90843	334999	102558269			.000886		.003266		55
55.30 IMPL. DEV. CHARGED TO PATIENT	87587	317000	74922810			.001169		.004231		55.30
56 DRUGS CHARGED TO PATIENTS	137734	532475	284060937			.000485		.001875		56
57 RENAL DIALYSIS	37537	114760	7771571			.004830		.014767		57
58 ASC (NON-DISTINCT PART)	26072	123684	871210			.029926		.141968		58
59 OTHER ANCILLARY SERVICES										59
59.01 PSYCH THERAPY										59.01
59.29 AIR RESCUE										59.29
59.30 BONE MARROW	18769	55612	863369			.021739		.064413		59.30
59.97 CARDIAC REHABILITATION										59.97
59.98 HYPERBARIC OXYGEN THERAPY										59.98
59.99 LITHOTRIPSY										59.99
OUTPATIENT SERVICE COST CENTERS										
60 CLINIC	75874	222075	2291255			.033115		.096923		60
60.02 TRANSPLANT CLINIC	20701	67646	1586847			.013045		.042629		60.02
61 EMERGENCY	149603	463522	50310528			.002974		.009213		61
62 OBSERVATION BEDS (NON-DISTINC	29979	90173	3291910			.009107		.027392		62
63.50 RHC										63.50
63.60 FQHC										63.60
OTHER REIMBURSABLE COST CENTERS										
101 TOTAL	2495048	8083879	1190909455							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				141259			141259
41.03 ENDOSCOPY							41.03
41.05 PET IMAGING				20600			20600
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE				20600			20600
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY				13243			13243
50 PHYSICAL THERAPY				55767			55767
53 ELECTROCARDIOLOGY				32960			32960
53.02 CARDIOVASCULAR LAB							53.02
53.05 CARDIAC CATH							53.05
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 OTHER ANCILLARY SERVICES							59
59.01 PSYCH THERAPY							59.01
59.29 AIR RESCUE							59.29
59.30 BONE MARROW							59.30
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.02 TRANSPLANT CLINIC							60.02
61 EMERGENCY				37080			37080
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				321509			321509 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH			COST TO	RATIO OF COST	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		91998360					37
38 RECOVERY ROOM		10440187					38
40 ANESTHESIOLOGY		13777818					40
41 RADIOLOGY-DIAGNOSTIC	141259	186957593	.000756	.000756			41
41.03 ENDOSCOPY		14224685					41.03
41.05 PET IMAGING	20600	16857325	.001222	.001222			41.05
42 RADIOLOGY-THERAPEUTIC		26758730					42
43 RADIOISOTOPE	20600	3745429	.005500	.005500			43
44 LABORATORY		187497164					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		23661540					47
49 RESPIRATORY THERAPY	13243	23615003	.000561	.000561			49
50 PHYSICAL THERAPY	55767	11293152	.004938	.004938			50
53 ELECTROCARDIOLOGY	32960	44694788	.000737	.000737			53
53.02 CARDIOVASCULAR LAB							53.02
53.05 CARDIAC CATH		1548365					53.05
54 ELECTROENCEPHALOGRAPHY		5310610					54
55 MEDICAL SUPPLIES CHARGED TO P		102558269					55
55.30 IMPL. DEV. CHARGED TO PATIENT		74922810					55.30
56 DRUGS CHARGED TO PATIENTS		284060937					56
57 RENAL DIALYSIS		7771571					57
58 ASC (NON-DISTINCT PART)		871210					58
59 OTHER ANCILLARY SERVICES							59
59.01 PSYCH THERAPY							59.01
59.29 AIR RESCUE							59.29
59.30 BONE MARROW		863369					59.30
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		2291255					60
60.02 TRANSPLANT CLINIC		1586847					60.02
61 EMERGENCY	37080	50310528	.000737	.000737			61
62 OBSERVATION BEDS (NON-DISTINC		3291910					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	321509	1190909455					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
41.03 ENDOSCOPY						41.03
41.05 PET IMAGING						41.05
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE						43
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47 BLOOD STORING, PROCESSING & T						47
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
53 ELECTROCARDIOLOGY						53
53.02 CARDIOVASCULAR LAB						53.02
53.05 CARDIAC CATH						53.05
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
58 ASC (NON-DISTINCT PART)						58
59 OTHER ANCILLARY SERVICES						59
59.01 PSYCH THERAPY						59.01
59.29 AIR RESCUE						59.29
59.30 BONE MARROW						59.30
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.02 TRANSPLANT CLINIC						60.02
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (26-0105)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	60464						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	60464						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	30804						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	29660						4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)							9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (26-0105)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	40680450						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	40680450						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	69144298						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	40940492						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	28203806						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.588341						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	1329.06						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	950.90						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	378.16						34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	222.49						35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	6853582						36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	33826868						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (26-0105)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	559.45					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST						39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST						41

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLES V AND XIX ONLY)					42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	5511919	3644	1512.60		43
43.01 6TH ICU	4964938	3560	1394.65		43.01
43.02 7TH ICU	5582701	3620	1542.18		43.02
43.03 8TH ICU	5005718	3520	1422.08		43.03
43.04 5TH ICU	6020676	4625	1301.77		43.04
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 OTHER SPECIAL CARE (SPECIFY)					47

	HOSPITAL (OTHER) (26-0105)	SUB I	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	1	1	1	1	1	48
49 TOTAL PROGRAM INPATIENT COSTS						49

PASS THROUGH COST ADJUSTMENTS

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (26-0105)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						54
55						55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT TITLE XVIII-PART A TITLE XIX-INPT

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

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

PROVIDER NO. 26-0105 SAINT LOUIS UNIVERSITY HOSPITA
PERIOD FROM 06/01/2009 TO 05/31/2010

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

VERSION: 2010.09
11/05/2010 10:31

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2444	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	673.24	84
85 OBSERVATION BED COST	1645399	85

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (26-0105)	SUB I (PPS) (26-S105)	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	60464	8902					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	60464	8902					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	30804	1970					3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	29660	6932					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)	19894	3614					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)	9967	1257					14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (26-0105)	SUB I (PPS) (26-S105)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	40706817	7500909					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	40706817	7500909					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	69144298	13415737					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	40940492	3238984					29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	28203806	10176753					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.588723	.559113					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	1329.06	1644.15					32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	950.90	1468.08					33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	378.16	176.07					34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	222.63	98.44					35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	6857895	193927					36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	33848922	7306982					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (26-0105)	SUB I (PPS) (26-S105)	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	673.24	842.61				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	13393437	3045193				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	13393437	3045193				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	5511919	3644	1512.60	1605	2427723	43
43.01 6TH ICU	4964938	3560	1394.65	741	1033436	43.01
43.02 7TH ICU	5582701	3620	1542.18	1231	1898424	43.02
43.03 8TH ICU	5005718	3520	1422.08	1382	1965315	43.03
43.04 5TH ICU	6020676	4625	1301.77	1421	1849815	43.04
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47

	HOSPITAL (PPS) (26-0105)	SUB I (PPS) (26-S105)	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	37402928	406893				48
49 TOTAL PROGRAM INPATIENT COSTS	59971078	3452086				49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1508640	356738				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1910542	26148				51
52 TOTAL PROGRAM EXCLUDABLE COST	3419182	382886				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	56551896	3069200				53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2444	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	673.24	84
85 OBSERVATION BED COST	1645399	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST	741696	40706817	.018220	1645399	29979	86
87 NEW CAPITAL-RELATED COST	2230870	40706817	.054803	1645399	90173	87
88 NON PHYSICIAN ANESTHETIST		40706817		1645399		88
89 NURSING SCHOOL		40706817		1645399		89
89.01 ALLIED HEALTH	22072	40706817	.000542	1645399	892	89.01
89.02 ALL OTHER		40706817		1645399		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

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	NF
	(OTHER) (26-0105)	(OTHER) (26-S105)				
	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	60464	8902				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	60464	8902				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	30804	1970				3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	29660	6932				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)	11584	2702				9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)						14
15 TOTAL NURSERY DAYS						15
16 TITLE V OR XIX NURSERY DAYS						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (26-0105)	SUB I (OTHER) (26-S105)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 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	40680450	7491799					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	40680450	7491799					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	69144298	13415737					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	40940492	3238984					29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	28203806	10176753					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.588341	.558434					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	1329.06	1644.15					32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	950.90	1468.08					33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	378.16	176.07					34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	222.49	98.32					35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	6853582	193690					36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	33826868	7298109					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) (26-0105)	SUB I (OTHER) (26-S105)	SUB II	SUB III	SUB IV		
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		1	1	1	1	1		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	559.45	819.83					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6480669	2215181					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6480669	2215181					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
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	INTENSIVE CARE UNIT	5511919	3644	1512.60	576	871258	43	
43.01	6TH ICU	4964938	3560	1394.65	1073	1496459	43.01	
43.02	7TH ICU	5582701	3620	1542.18	467	720198	43.02	
43.03	8TH ICU	5005718	3520	1422.08	894	1271340	43.03	
43.04	5TH ICU	6020676	4625	1301.77	949	1235380	43.04	
44	CORONARY CARE UNIT							44
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT							46
47	OTHER SPECIAL CARE (SPECIFY)							47
		HOSPITAL (OTHER) (26-0105)	SUB I (OTHER) (26-S105)	SUB II	SUB III	SUB IV		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	18812095						48
49	TOTAL PROGRAM INPATIENT COSTS	30887399	2215181					49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	893762	266714					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	941480						51
52	TOTAL PROGRAM EXCLUDABLE COST	1835242	266714					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS							53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (26-0105)	SUB I (OTHER) (26-S105)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54		514				55
55						56
56						57
57						58
58						58.01
58.01						58.02
58.02						58.03
58.03						58.04
58.04						59
59						59.01
59.01						59.02
59.02						59.03
59.03						59.04
59.04						59.05
59.05						59.06
59.06						59.07
59.07						59.08
59.08						
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

PROVIDER NO. 26-0105 SAINT LOUIS UNIVERSITY HOSPITA
PERIOD FROM 06/01/2009 TO 05/31/2010

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

VERSION: 2010.09
11/05/2010 10:31

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2444	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	673.24	84
85 OBSERVATION BED COST	1645399	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input checked="" type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (26-0105)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
26.01 6TH ICU			26.01
26.02 7TH ICU			26.02
26.03 8TH ICU			26.03
26.04 5TH ICU			26.04
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.168319		37
38 RECOVERY ROOM	.445267		38
40 ANESTHESIOLOGY	.037227		40
41 RADIOLOGY-DIAGNOSTIC	.100895		41
41.03 ENDOSCOPY	.139173		41.03
41.05 PET IMAGING	.097345		41.05
42 RADIOLOGY-THERAPEUTIC	.111233		42
43 RADIOISOTOPE	.611210		43
44 LABORATORY	.099917		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.208906		47
49 RESPIRATORY THERAPY	.145563		49
50 PHYSICAL THERAPY	.369176		50
53 ELECTROCARDIOLOGY	.139445		53
53.02 CARDIOVASCULAR LAB			53.02
53.05 CARDIAC CATH	.103196		53.05
54 ELECTROENCEPHALOGRAPHY	.261126		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.229995		55
55.30 IMPL. DEV. CHARGED TO PATIENT	.307137		55.30
56 DRUGS CHARGED TO PATIENTS	.107634		56
57 RENAL DIALYSIS	.313528		57
58 ASC (NON-DISTINCT PART)	.844380		58
59 OTHER ANCILLARY SERVICES			59
59.01 PSYCH THERAPY			59.01
59.29 AIR RESCUE			59.29
59.30 BONE MARROW	.848265		59.30
59.97 CARDIAC REHABILITATION			59.97
59.98 HYPERBARIC OXYGEN THERAPY			59.98
59.99 LITHOTRIPSY			59.99
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.751890		60
60.02 TRANSPLANT CLINIC	1.153135		60.02
61 EMERGENCY	.203453		61
62 OBSERVATION BEDS (NON-DISTINCT	.499831		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		24317718		25
26 INTENSIVE CARE UNIT		4536879		26
26.01 6TH ICU		1998104		26.01
26.02 7TH ICU		3671658		26.02
26.03 8TH ICU		3984432		26.03
26.04 5TH ICU		3928580		26.04
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.168534	15623573	2633103	37
38 RECOVERY ROOM	.445267	1986324	884445	38
40 ANESTHESIOLOGY	.037227	2640489	98297	40
41 RADIOLOGY-DIAGNOSTIC	.100895	28639312	2889563	41
41.03 ENDOSCOPY	.139173	1571762	218747	41.03
41.05 PET IMAGING	.097345	828432	80644	41.05
42 RADIOLOGY-THERAPEUTIC	.111233	155584	17306	42
43 RADIOISOTOPE	.611210	541784	331144	43
44 LABORATORY	.100080	38204961	3823552	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.208906	6689833	1397546	47
49 RESPIRATORY THERAPY	.145563	7498812	1091550	49
50 PHYSICAL THERAPY	.369176	3270437	1207367	50
53 ELECTROCARDIOLOGY	.139445	11543229	1609646	53
53.02 CARDIOVASCULAR LAB				53.02
53.05 CARDIAC CATH	.103196			53.05
54 ELECTROENCEPHALOGRAPHY	.261126	897067	234248	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.229995	23410410	5384277	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.307137	15337780	4710800	55.30
56 DRUGS CHARGED TO PATIENTS	.107634	74840371	8055368	56
57 RENAL DIALYSIS	.313528	4141158	1298369	57
58 ASC (NON-DISTINCT PART)	.844380	2787	2353	58
59 OTHER ANCILLARY SERVICES				59
59.01 PSYCH THERAPY				59.01
59.29 AIR RESCUE				59.29
59.30 BONE MARROW	.848265	16474	13974	59.30
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.751890	3697	2780	60
60.02 TRANSPLANT CLINIC	1.153135			60.02
61 EMERGENCY	.203453	6160318	1253335	61
62 OBSERVATION BEDS (NON-DISTINCT)	.499831	329140	164514	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		244333734	37402928	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		244333734		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
26.01 6TH ICU				26.01
26.02 7TH ICU				26.02
26.03 8TH ICU				26.03
26.04 5TH ICU				26.04
31 SUBPROVIDER I		5459471		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.168534	282559	47621	37
38 RECOVERY ROOM	.445267			38
40 ANESTHESIOLOGY	.037227	138145	5143	40
41 RADIOLOGY-DIAGNOSTIC	.100895	391894	39540	41
41.03 ENDOSCOPY	.139173	8654	1204	41.03
41.05 PET IMAGING	.097345			41.05
42 RADIOLOGY-THERAPEUTIC	.111233			42
43 RADIOISOTOPE	.611210			43
44 LABORATORY	.100080	751458	75206	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.208906			47
49 RESPIRATORY THERAPY	.145563	9067	1320	49
50 PHYSICAL THERAPY	.369176	90932	33570	50
53 ELECTROCARDIOLOGY	.139445	64346	8973	53
53.02 CARDIOVASCULAR LAB				53.02
53.05 CARDIAC CATH	.103196			53.05
54 ELECTROENCEPHALOGRAPHY	.261126	13290	3470	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.229995	68193	15684	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.307137			55.30
56 DRUGS CHARGED TO PATIENTS	.107634	985443	106067	56
57 RENAL DIALYSIS	.313528	19246	6034	57
58 ASC (NON-DISTINCT PART)	.844380			58
59 OTHER ANCILLARY SERVICES				59
59.01 PSYCH THERAPY				59.01
59.29 AIR RESCUE				59.29
59.30 BONE MARROW	.848265			59.30
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.751890			60
60.02 TRANSPLANT CLINIC	1.153135			60.02
61 EMERGENCY	.203453	309956	63061	61
62 OBSERVATION BEDS (NON-DISTINCT)	.499831			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		3133183	406893	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		3133183		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		13611508		25
26 INTENSIVE CARE UNIT		1637063		26
26.01 6TH ICU		2732542		26.01
26.02 7TH ICU		1362537		26.02
26.03 8TH ICU		2798718		26.03
26.04 5TH ICU		2799481		26.04
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.168319	9070192	1526686	37
38 RECOVERY ROOM	.445267	988808	440284	38
40 ANESTHESIOLOGY	.037227	1546394	57568	40
41 RADIOLOGY-DIAGNOSTIC	.100895	13390543	1351039	41
41.03 ENDOSCOPY	.139173	823572	114619	41.03
41.05 PET IMAGING	.097345	634071	61724	41.05
42 RADIOLOGY-THERAPEUTIC	.111233	219223	24385	42
43 RADIOISOTOPE	.611210	251614	153789	43
44 LABORATORY	.099917	19029593	1901380	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.208906	3897089	814125	47
49 RESPIRATORY THERAPY	.145563	4942057	719381	49
50 PHYSICAL THERAPY	.369176	1529871	564792	50
53 ELECTROCARDIOLOGY	.139445	4329677	603752	53
53.02 CARDIOVASCULAR LAB				53.02
53.05 CARDIAC CATH	.103196			53.05
54 ELECTROENCEPHALOGRAPHY	.261126	605234	158042	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.229995	15085299	3469543	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.307137	4353582	1337146	55.30
56 DRUGS CHARGED TO PATIENTS	.107634	45187466	4863708	56
57 RENAL DIALYSIS	.313528	1285061	402903	57
58 ASC (NON-DISTINCT PART)	.844380			58
59 OTHER ANCILLARY SERVICES				59
59.01 PSYCH THERAPY				59.01
59.29 AIR RESCUE				59.29
59.30 BONE MARROW	.848265	101843	86390	59.30
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.751890			60
60.02 TRANSPLANT CLINIC	1.153135			60.02
61 EMERGENCY	.203453	743308	151228	61
62 OBSERVATION BEDS (NON-DISTINCT	.499831	19229	9611	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		128033726	18812095	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		128033726		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
26.01 6TH ICU			26.01
26.02 7TH ICU			26.02
26.03 8TH ICU			26.03
26.04 5TH ICU			26.04
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.168319		37
38 RECOVERY ROOM	.445267		38
40 ANESTHESIOLOGY	.037227		40
41 RADIOLOGY-DIAGNOSTIC	.100895		41
41.03 ENDOSCOPY	.139173		41.03
41.05 PET IMAGING	.097345		41.05
42 RADIOLOGY-THERAPEUTIC	.111233		42
43 RADIOISOTOPE	.611210		43
44 LABORATORY	.099917		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.208906		47
49 RESPIRATORY THERAPY	.145563		49
50 PHYSICAL THERAPY	.369176		50
53 ELECTROCARDIOLOGY	.139445		53
53.02 CARDIOVASCULAR LAB			53.02
53.05 CARDIAC CATH	.103196		53.05
54 ELECTROENCEPHALOGRAPHY	.261126		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.229995		55
55.30 IMPL. DEV. CHARGED TO PATIENT	.307137		55.30
56 DRUGS CHARGED TO PATIENTS	.107634		56
57 RENAL DIALYSIS	.313528		57
58 ASC (NON-DISTINCT PART)	.844380		58
59 OTHER ANCILLARY SERVICES			59
59.01 PSYCH THERAPY			59.01
59.29 AIR RESCUE			59.29
59.30 BONE MARROW	.848265		59.30
59.97 CARDIAC REHABILITATION			59.97
59.98 HYPERBARIC OXYGEN THERAPY			59.98
59.99 LITHOTRIPSY			59.99
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.751890		60
60.02 TRANSPLANT CLINIC	1.153135		60.02
61 EMERGENCY	.203453		61
62 OBSERVATION BEDS (NON-DISTINCT	.499831		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART I

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

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES		PER DIEM COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
		1	D	2	3	4	
1	ADULTS & PEDIATRICS	51023	38	673.24	38	25583	1
2	INTENSIVE CARE UNIT	10631	43	1512.60	6	9076	2
2.01	6TH ICU	1307	43.01	1394.65	1	1395	2.01
2.02	7TH ICU		43.02	1542.18			2.02
2.03	8TH ICU		43.03	1422.08			2.03
2.04	5TH ICU	1154	43.04	1301.77			2.04
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	OTHER SPECIAL CARE (SPECIFY)		47				6
7	TOTAL	64115			45	36054	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/ CHARGES		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS		
		C	1	2	3		
8	OPERATING ROOM	37	.168319	295777	49785	8	
9	RECOVERY ROOM	38	.445267	24458	10890	9	
10	DELIVERY ROOM & LABOR ROOM	39				10	
11	ANESTHESIOLOGY	40	.037227			11	
12	RADIOLOGY-DIAGNOSTIC	41	.100895	429921	43377	12	
12.03	ENDOSCOPY	41.03	.139173			12.03	
12.05	PET IMAGING	41.05	.097345	15674	1526	12.05	
13	RADIOLOGY-THERAPEUTIC	42	.111233			13	
14	RADIOISOTOPE	43	.611210	155823	95241	14	
15	LABORATORY	44	.099917	908278	90752	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	.208906	20233	4227	18	
19	INTRAVENOUS THERAPY	48				19	
20	RESPIRATORY THERAPY	49	.145563	7474	1088	20	
21	PHYSICAL THERAPY	50	.369176	4774	1762	21	
22	OCCUPATIONAL THERAPY	51				22	
23	SPEECH PATHOLOGY	52				23	
24	ELECTROCARDIOLOGY	53	.139445	648487	90428	24	
24.02	CARDIOVASCULAR LAB	53.02				24.02	
24.05	CARDIAC CATH	53.05	.103196			24.05	
25	ELECTROENCEPHALOGRAPHY	54	.261126			25	
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.229995	225285	51814	26	
26.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.307137			26.30	
27	DRUGS CHARGED TO PATIENTS	56	.107634	532581	57324	27	
28	RENAL DIALYSIS	57	.313528	6784	2127	28	
29	ASC (NON-DISTINCT PART)	58	.844380	716	605	29	
30	OTHER ANCILLARY SERVICES	59				30	
30.01	PSYCH THERAPY	59.01				30.01	
30.29	AIR RESCUE	59.29				30.29	
30.30	BONE MARROW	59.30	.848265			30.30	
30.97	CARDIAC REHABILITATION	59.97				30.97	
30.98	HYPERBARIC OXYGEN THERAPY	59.98				30.98	
30.99	LITHOTRIPSY	59.99				30.99	
31	CLINIC	60	.751890			31	
31.02	TRANSPLANT CLINIC	60.02	1.153135			31.02	
32	EMERGENCY	61	.203453	4202	855	32	
33	OBSERVATION BEDS (NON-DISTINCT	62	.499831	3100	1549	33	
34	OTHER OUTPATIENT SERV (SPECIFY)	63				34	
34.50	RHC	63.50				34.50	
34.60	FQHC	63.60				34.60	
35	TOTAL			3283567	503350	35	

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS	
		D	1	2	3
36	ADULTS & PEDIATRICS	2		38	36
37	INTENSIVE CARE UNIT	3		6	37
37.01	6TH ICU	3.01		1	37.01
37.02	7TH ICU	3.02			37.02
37.03	8TH ICU	3.03			37.03
37.04	5TH ICU	3.04			37.04
38	CORONARY CARE UNIT	4			38
39	BURN INTENSIVE CARE UNIT	5			39
40	SURGICAL INTENSIVE CARE UNIT	6			40
41	OTHER SPECIAL CARE (SPECIFY)	7			41
42	SUBTOTAL			45	42
COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
		1	D	2	3
43	CLINIC		20		43
43.02	TRANSPLANT CLINIC		20.02		43.02
44	EMERGENCY	4202	21		44
45	OBSERVATION BEDS (NON-DISTINCT)	3100	22		45
46	OTHER OUTPATIENT SERV (SPECIFY)		23		46
46.50	RHC		23.50		46.50
46.60	FQHC		23.60		46.60
47	TOTAL	7302			47

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
48 ROUTINE & ANCILLARY FROM PART I	539404		3347682		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	6566489		6566489		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	7105893		9914171		53
54 TOTAL USABLE ORGANS		69			54
55 MEDICARE USABLE ORGANS		44			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.637681			56
57 MEDICARE COST/CHARGES	4531293		6322078		57
58 REVENUE FOR ORGANS SOLD					58
59 SUBTOTAL	4531293		6322078		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	4531293		6322078		61

PART IV - STATISTICS

	LIVING RELATED		CADAVERIC 2	REVENUE 3	
	1				
62 ORGANS EXCISED IN PROVIDER		14			62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS					63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS					64
65 ORGANS PURCHASED FROM OPO'S			55		65
66 TOTAL		14	55		66
67 ORGANS TRANSPLANTED		14	55	6462040	67
68 ORGANS SOLD TO OTHER HOSPITALS					68
69 ORGANS SOLD TO OPO'S					69
70 ORGANS SOLD TO TRANSPLANT HOSPITALS					70
71 ORGANS SOLD TO MILITARY OR VA HOSPITALS					71
72 ORGANS SOLD OUTSIDE THE U.S.					72
73 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)					73
74 ORGANS USED FOR RESEARCH					74
75 UNUSABLE/DISCARDED ORGANS					75
76 TOTAL		14	55		76

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART I

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

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES		PER DIEM COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
		1	D	2	3	4	
1	ADULTS & PEDIATRICS		38	673.24			1
2	INTENSIVE CARE UNIT	3513	43	1512.60	2	3025	2
2.01	6TH ICU	1134	43.01	1394.65	1	1395	2.01
2.02	7TH ICU		43.02	1542.18			2.02
2.03	8TH ICU		43.03	1422.08			2.03
2.04	5TH ICU	577	43.04	1301.77			2.04
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	OTHER SPECIAL CARE (SPECIFY)		47				6
7	TOTAL	5224			3	4420	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION			RATIO OF COST/CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES		ORGAN ACQUISITION ANCILLARY COSTS	
		C	1	2		3	
8	OPERATING ROOM	37	.168319				8
9	RECOVERY ROOM	38	.445267				9
10	DELIVERY ROOM & LABOR ROOM	39					10
11	ANESTHESIOLOGY	40	.037227				11
12	RADIOLOGY-DIAGNOSTIC	41	.100895	527896		53262	12
12.03	ENDOSCOPY	41.03	.139173				12.03
12.05	PET IMAGING	41.05	.097345	21139		2058	12.05
13	RADIOLOGY-THERAPEUTIC	42	.111233				13
14	RADIOISOTOPE	43	.611210	23523		14377	14
15	LABORATORY	44	.099917	270247		27002	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	.208906	15124		3159	18
19	INTRAVENOUS THERAPY	48					19
20	RESPIRATORY THERAPY	49	.145563	3237		471	20
21	PHYSICAL THERAPY	50	.369176				21
22	OCCUPATIONAL THERAPY	51					22
23	SPEECH PATHOLOGY	52					23
24	ELECTROCARDIOLOGY	53	.139445	313889		43770	24
24.02	CARDIOVASCULAR LAB	53.02					24.02
24.05	CARDIAC CATH	53.05	.103196				24.05
25	ELECTROENCEPHALOGRAPHY	54	.261126				25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.229995	37014		8513	26
26.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.307137				26.30
27	DRUGS CHARGED TO PATIENTS	56	.107634	267959		28841	27
28	RENAL DIALYSIS	57	.313528				28
29	ASC (NON-DISTINCT PART)	58	.844380	1463		1235	29
30	OTHER ANCILLARY SERVICES	59					30
30.01	PSYCH THERAPY	59.01					30.01
30.29	AIR RESCUE	59.29					30.29
30.30	BONE MARROW	59.30	.848265				30.30
30.97	CARDIAC REHABILITATION	59.97					30.97
30.98	HYPERBARIC OXYGEN THERAPY	59.98					30.98
30.99	LITHOTRIPSY	59.99					30.99
31	CLINIC	60	.751890				31
31.02	TRANSPLANT CLINIC	60.02	1.153135				31.02
32	EMERGENCY	61	.203453				32
33	OBSERVATION BEDS (NON-DISTINCT	62	.499831	3382		1690	33
34	OTHER OUTPATIENT SERV (SPECIFY)	63					34
34.50	RHC	63.50					34.50
34.60	FQHC	63.60					34.60
35	TOTAL			1484873		184378	35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS	
	D	1	2	3	
36 ADULTS & PEDIATRICS	2				36
37 INTENSIVE CARE UNIT	3		2		37
37.01 6TH ICU	3.01		1		37.01
37.02 7TH ICU	3.02				37.02
37.03 8TH ICU	3.03				37.03
37.04 5TH ICU	3.04				37.04
38 CORONARY CARE UNIT	4				38
39 BURN INTENSIVE CARE UNIT	5				39
40 SURGICAL INTENSIVE CARE UNIT	6				40
41 OTHER SPECIAL CARE (SPECIFY)	7				41
42 SUBTOTAL			3		42
COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
	D	1	2	3	
43 CLINIC	20				43
43.02 TRANSPLANT CLINIC	20.02				43.02
44 EMERGENCY	21				44
45 OBSERVATION BEDS (NON-DISTINCT)	22	3382			45
46 OTHER OUTPATIENT SERV (SPECIFY)	23				46
46.50 RHC	23.50				46.50
46.60 FQHC	23.60				46.60
47 TOTAL		3382			47

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
48 ROUTINE & ANCILLARY FROM PART I	188798		1490097		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	2860007		2860007		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	3048805		4350104		53
54 TOTAL USABLE ORGANS		42			54
55 MEDICARE USABLE ORGANS		13			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.309524			56
57 MEDICARE COST/CHARGES	943678		1346462		57
58 REVENUE FOR ORGANS SOLD					58
59 SUBTOTAL	943678		1346462		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	943678		1346462		61

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
62 ORGANS EXCISED IN PROVIDER				62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65 ORGANS PURCHASED FROM OPO'S		42		65
66 TOTAL		42		66
67 ORGANS TRANSPLANTED		42	16125388	67
68 ORGANS SOLD TO OTHER HOSPITALS				68
69 ORGANS SOLD TO OPO'S				69
70 ORGANS SOLD TO TRANSPLANT HOSPITALS				70
71 ORGANS SOLD TO MILITARY OR VA HOSPITALS				71
72 ORGANS SOLD OUTSIDE THE U.S.				72
73 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				73
74 ORGANS USED FOR RESEARCH				74
75 UNUSABLE/DISCARDED ORGANS				75
76 TOTAL		42		76

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART I

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

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES		PER DIEM COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
		1	D	2	3	4	
1	ADULTS & PEDIATRICS		38	673.24			1
2	INTENSIVE CARE UNIT	1071	43	1512.60			2
2.01	6TH ICU		43.01	1394.65	1	1395	2.01
2.02	7TH ICU		43.02	1542.18			2.02
2.03	8TH ICU		43.03	1422.08			2.03
2.04	5TH ICU		43.04	1301.77			2.04
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	OTHER SPECIAL CARE (SPECIFY)		47				6
7	TOTAL	1071			1	1395	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION			RATIO OF COST/CHARGES		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
		C	1		2	3	
8	OPERATING ROOM	37	.168319				8
9	RECOVERY ROOM	38	.445267		602	268	9
10	DELIVERY ROOM & LABOR ROOM	39					10
11	ANESTHESIOLOGY	40	.037227				11
12	RADIOLOGY-DIAGNOSTIC	41	.100895		5173	522	12
12.03	ENDOSCOPY	41.03	.139173				12.03
12.05	PET IMAGING	41.05	.097345				12.05
13	RADIOLOGY-THERAPEUTIC	42	.111233				13
14	RADIOISOTOPE	43	.611210		6311	3857	14
15	LABORATORY	44	.099917		14948	1494	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	.208906		480	100	18
19	INTRAVENOUS THERAPY	48					19
20	RESPIRATORY THERAPY	49	.145563		573	83	20
21	PHYSICAL THERAPY	50	.369176				21
22	OCCUPATIONAL THERAPY	51					22
23	SPEECH PATHOLOGY	52					23
24	ELECTROCARDIOLOGY	53	.139445		15162	2114	24
24.02	CARDIOVASCULAR LAB	53.02					24.02
24.05	CARDIAC CATH	53.05	.103196				24.05
25	ELECTROENCEPHALOGRAPHY	54	.261126				25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.229995		4495	1034	26
26.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.307137				26.30
27	DRUGS CHARGED TO PATIENTS	56	.107634		11872	1278	27
28	RENAL DIALYSIS	57	.313528				28
29	ASC (NON-DISTINCT PART)	58	.844380				29
30	OTHER ANCILLARY SERVICES	59					30
30.01	PSYCH THERAPY	59.01					30.01
30.29	AIR RESCUE	59.29					30.29
30.30	BONE MARROW	59.30	.848265				30.30
30.97	CARDIAC REHABILITATION	59.97					30.97
30.98	HYPERBARIC OXYGEN THERAPY	59.98					30.98
30.99	LITHOTRIPSY	59.99					30.99
31	CLINIC	60	.751890				31
31.02	TRANSPLANT CLINIC	60.02	1.153135				31.02
32	EMERGENCY	61	.203453				32
33	OBSERVATION BEDS (NON-DISTINCT	62	.499831				33
34	OTHER OUTPATIENT SERV (SPECIFY)	63					34
34.50	RHC	63.50					34.50
34.60	FQHC	63.60					34.60
35	TOTAL				59616	10750	35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS	
		D	1	2	3
36	ADULTS & PEDIATRICS	2			36
37	INTENSIVE CARE UNIT	3			37
37.01	6TH ICU	3.01	1		37.01
37.02	7TH ICU	3.02			37.02
37.03	8TH ICU	3.03			37.03
37.04	5TH ICU	3.04			37.04
38	CORONARY CARE UNIT	4			38
39	BURN INTENSIVE CARE UNIT	5			39
40	SURGICAL INTENSIVE CARE UNIT	6			40
41	OTHER SPECIAL CARE (SPECIFY)	7			41
42	SUBTOTAL		1		42
COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
		1	D	2	3
43	CLINIC		20		43
43.02	TRANSPLANT CLINIC		20.02		43.02
44	EMERGENCY		21		44
45	OBSERVATION BEDS (NON-DISTINCT)		22		45
46	OTHER OUTPATIENT SERV (SPECIFY)		23		46
46.50	RHC		23.50		46.50
46.60	FQHC		23.60		46.60
47	TOTAL				47

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
48 ROUTINE & ANCILLARY FROM PART I	12145		60687		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	161546		161546		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	173691		222233		53
54 TOTAL USABLE ORGANS		3			54
55 MEDICARE USABLE ORGANS		2			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.666667			56
57 MEDICARE COST/CHARGES	115794		148155		57
58 REVENUE FOR ORGANS SOLD					58
59 SUBTOTAL	115794		148155		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	115794		148155		61

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
62 ORGANS EXCISED IN PROVIDER				62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65 ORGANS PURCHASED FROM OPO'S		3		65
66 TOTAL		3		66
67 ORGANS TRANSPLANTED		3	314100	67
68 ORGANS SOLD TO OTHER HOSPITALS				68
69 ORGANS SOLD TO OPO'S				69
70 ORGANS SOLD TO TRANSPLANT HOSPITALS				70
71 ORGANS SOLD TO MILITARY OR VA HOSPITALS				71
72 ORGANS SOLD OUTSIDE THE U.S.				72
73 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				73
74 ORGANS USED FOR RESEARCH				74
75 UNUSABLE/DISCARDED ORGANS				75
76 TOTAL		3		76

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (26-0105)	SUB I	SUB II	SUB III	SUB IV
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	12768071				1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	6529105				1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	19587314				1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	2463105				1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	2624788				1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	3280986				1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED					1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001					1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001					1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997					2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	2194279				2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	278.74				3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I					3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE					3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT					3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996	223.45				3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)					3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI, LN.15][PLUS LN.3.06]	25.00				3.06
3.07 SUM OF LINES 3.04-3.06	0.00 25.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	248.45				3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1					3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1					3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09					3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10					3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS					3.13
3.14 CURRENT YEAR ALLOWABLE FTE	248.45				3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	248.45				3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS	246.11				3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	247.67			3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (26-0105)	COL 1.01	SUB I	SUB II	SUB III	SUB IV
3.18 CURRENT YEAR RESIDENT TO BED RATIO	0.888534					3.18
3.19 PRIOR YEAR RESIDENT TO BED RATIO	0.852199					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	0.852199					3.20
3.21 IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	5830418					3.21
3.22 IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	3504064					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]	8753871					3.23
3.24 SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	18088353 78252 18166605					3.24
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.1153					4
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.2173					4.01
4.02 SUM OF 4 AND 4.01	0.3326					4.02
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1665					4.03
4.04 DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	6474268					4.04
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317	4381					5
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317	278	186				5.01
5.02 DIVIDE LINE 5.01 BY LINE 5	10.59					5.02
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317	2801					5.03
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK	0.862377					5.04
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS	401.43	405.45				5.05
5.06 TOTAL ADDITIONAL PAYMENT	161273					5.06
6 SUBTOTAL	65880915					6
7 HOSPITAL SPECIFIC PAYMENTS						7
7.01 HOSPITAL SPECIFIC PAYMENTS (1996 HSR)						7.01
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	65880915					8
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	4802438					9
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL						10
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	10068337					11
11.01 NURSING AND ALLIED HEALTH MANAGED CARE	67048					11.01
11.02 ADD-ON PAYMENT FOR NEW TECHNOLOGIES						11.02
12 NET ORGAN ACQUISITION COST	5590765					12
13 COST OF TEACHING PHYSICIANS						13
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS	19783					14
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	59135					15
16 TOTAL	86488421					16
17 PRIMARY PAYER PAYMENTS	96417					17
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	86392004					18
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3028664					19
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	436934					20
21 REIMBURSABLE BAD DEBTS	1783006					21
21.01 REDUCED PROGRAM REIMBURSABLE BAD DEBTS	1248104					21.01
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1138277					21.02
22 SUBTOTAL	84174510					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (26-0105)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	84174510					26
27						27
28	85446099					28
28.01						28.01
29	-1271589					29
30	1343114					30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (26-0105) 1	HOSPITAL (26-0105) 1.01	HOSPITAL (26-0105) 1.02	
1 MEDICAL AND OTHER SERVICES	31182			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	12438178			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	10875306			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.834			1.03
1.04 LINE 1.01 TIMES LINE 1.03	10373440			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	25569			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	31182			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	289705			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	289705			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	289705			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	258523			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	31182			17
17.01 TOTAL PPS PAYMENTS	10900875			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (26-0105) 1	HOSPITAL (26-0105) 1.01	HOSPITAL (26-0105) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	244		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	2581198		18.01
19 SUBTOTAL	8350615		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	1823985		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	10174600		23
24 PRIMARY PAYER PAYMENTS	12159		24
25 SUBTOTAL	10162441		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	431932		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	302352		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	90747		27.02
28 SUBTOTAL	10464793		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	10464793		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	10300776		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	164017		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	60062		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 (26-S105) 1	SUB I (26-S105) 1.01	SUB I (26-S105) 1.02	
1 MEDICAL AND OTHER SERVICES	1093			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	1003			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	2387			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.834			1.03
1.04 LINE 1.01 TIMES LINE 1.03	837			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	5			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	1093			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	10154			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	10154			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	10154			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	9061			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	1093			17
17.01 TOTAL PPS PAYMENTS	2392			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (26-S105) 1	SUB I (26-S105) 1.01	SUB I (26-S105) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	304		18.01
19 SUBTOTAL	3181		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	3181		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	3181		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	3181		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	3181		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	4114		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-933		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 (26-0105)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A				
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		84931199		10188276	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	12/10/2009 514900	12/10/2009	112500	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	514900		112500	3.99
4 TOTAL INTERIM PAYMENTS		85446099		10300776	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52				5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

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

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2660087		4114	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		2660087		4114	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52				5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (26-S105)	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)	2518186				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	50421				1.09
1.10	NET IPF PPS ECT PAYMENTS	61550				1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)	12.24				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.)	4.91				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)	4.91				1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	24.389041				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR	0.099067				1.17
1.18	MEDICAL EDUCATION ADJUSTMENT	249469				1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	2879626				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	2879626				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	2879626				4
5	PRIMARY PAYER PAYMENTS	1202				5
6	SUBTOTAL	2878424				6
7	DEDUCTIBLES	194416				7
8	SUBTOTAL	2684008				8
9	COINSURANCE	154649				9
10	SUBTOTAL	2529359				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	59235				11
11.01	REDUCED REIMBURSABLE BAD DEBTS	41465				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	17122				11.02
12	SUBTOTAL	2570824				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (26-S105)	SUB II	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	5217				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	2576041				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	2660087				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	-84046				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
	TO BE COMPLETED BY INTERMEDIARY					
50	ORIGINAL OUTLIER AMOUNT					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

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

WORKSHEET E-3
 PART III

	[XX] TITLE V	[] TITLE XVIII	[] TITLE XIX			
		HOSPITAL (26-0105) (OTHER)	SUB I (26-S105)	SUB II		
			SUB III	SUB IV		
				NF I		
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES					1
2	MEDICAL AND OTHER SERVICES					2
3	INTERNS AND RESIDENTS					3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O					4
5	COST OF TEACHING PHYSICIANS					5
6	SUBTOTAL					6
7	INPATIENT PRIMARY PAYER PAYMENTS					7
8	OUTPATIENT PRIMARY PAYER PAYMENTS					8
9	SUBTOTAL					9
	COMPUTATION OF LESSER OF COST OR CHARGES					
10	ROUTINE SERVICE CHARGES					10
11	ANCILLARY SERVICE CHARGES					11
12	INTERNS AND RESIDENTS SERVICE CHARGES					12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE					13
14	TEACHING PHYSICIANS					14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION					15
16	TOTAL REASONABLE CHARGES					16
	CUSTOMARY CHARGES					
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS					17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)					18
19	RATIO OF LINE 17 TO LINE 18					19
20	TOTAL CUSTOMARY CHARGES					20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					22
23	COST OF COVERED SERVICES					23
	PROSPECTIVE PAYMENT AMOUNT					
24	OTHER THAN OUTLIER PAYMENTS					24
25	OUTLIER PAYMENTS					25
26	PROGRAM CAPITAL PAYMENTS					26
27	CAPITAL EXCEPTION PAYMENTS					27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS					28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					29
30	SUBTOTAL					30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)					31
32	LESSER OF LINE 30 OR 31					32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)					33

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

WORKSHEET E-3
 PART III

	[XX] TITLE V	[] TITLE XVIII	[] TITLE XIX		
	HOSPITAL (26-0105) (OTHER)	SUB I	SUB II	SUB III	
	1	1	1	1	
				SUB IV	
				1	
				NF I	
				1	
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
35	EXCESS OF REASONABLE COST				34
36	SUBTOTAL				35
37	COINSURANCE				36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19				37
38	REIMBURSABLE BAD DEBTS				38
38.01	REDUCED REIMBURSABLE BAD DEBTS				38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				38.02
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)				38.03
39	UTILIZATION REVIEW				39
40	SUBTOTAL				40
41	INPATIENT ROUTINE SERVICE COST				41
42	MEDICARE INPATIENT ROUTINE CHARGES				42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				44
45	RATIO OF LINE 43 TO LINE 44				45
46	TOTAL CUSTOMARY CHARGES				46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST				47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION				49
50	OTHER ADJUSTMENTS				50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				51
52	SUBTOTAL				52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)				53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER				55
56	SEQUESTRATION ADJUSTMENT				56
57	INTERIM PAYMENTS				57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				57.01
58	BALANCE DUE PROVIDER/PROGRAM				58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				59

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (26-0105) (OTHER)	SUB I (26-S105) (OTHER)	SUB II	SUB III	SUB IV	NF I
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES	30887399	2215181				1
2	MEDICAL AND OTHER SERVICES	7789132					2
3	INTERNS AND RESIDENTS						3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
5	COST OF TEACHING PHYSICIANS						5
6	SUBTOTAL	38676531	2215181				6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL	38676531	2215181				9
	COMPUTATION OF LESSER OF COST OR CHARGES						
10	ROUTINE SERVICE CHARGES	30497142					10
11	ANCILLARY SERVICE CHARGES	177809576					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	208306718					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	208306718					20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	169630187					21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		2215181				22
23	COST OF COVERED SERVICES	38676531	2215181				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	38676531	2215181				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED						31
32	LESSER OF LINES 30 OR 31	38676531	2215181				32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			NF I
	HOSPITAL (26-0105) (OTHER)	SUB I (26-S105) (OTHER)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
35						34
36						35
37						36
38						37
38.01						38
38.02						38.01
39						38.02
40						39
41						40
42						41
43						42
44						43
45						44
46						45
47						46
48						47
49						48
50						49
51						50
52						51
53						52
54						53
55						54
56						55
57						56
57.01						57
58						57.01
59						58
						59

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

WORKSHEET E-3
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	229.61 3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	18.51 3.03
3.04	FTE ADJUSTMENT CAP 18.51	248.12 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	278.59 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	248.12 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	71.10 3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	170.73 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	241.83 3.09
3.10	SEE INSTRUCTIONS	215.38 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	152.06 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	147.93 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	145.06 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	148.35 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	148.35 3.16
3.17	SEE INSTRUCTIONS	128473.48 3.17
3.18	SEE INSTRUCTIONS	19059041 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		61.67	3.19
3.20	SEE INSTRUCTIONS		59.82	3.20
3.21	SEE INSTRUCTIONS		61.60	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.12]		61.72	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		128065.25	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		7904187	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		26963228	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		29888	4
5	TOTAL INPATIENT DAYS		85891	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.347976	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	9382556 666356	10048912	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		6385	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		85891	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		1721171	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 122239	122239	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		7771571	8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

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

12	REASONABLE COST	63423164	12
13	ORGAN ACQUISITION COSTS	5590765	13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	97619	15
16	TOTAL PART A REASONABLE COST	68916310	16
PART B REASONABLE COST			
17	REASONABLE COST	12497030	17
18	PRIMARY PAYER PAYMENTS	12159	18
19	TOTAL PART B REASONABLE COST	12484871	19
20	TOTAL REASONABLE COST	81401181	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.846625	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.153375	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	11892322	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	10068337	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	1823985	25

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

WORKSHEET E-3
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS		1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE		2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS		2.01
3	AGGREGATE APPROVED AMOUNT		3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	229.61	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	18.51	3.03
3.04	FTE ADJUSTMENT CAP	18.51	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	248.12	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	248.12	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	71.10	3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	170.73	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	241.83	3.09
3.10	SEE INSTRUCTIONS	215.38	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	152.06	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	147.93	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	145.06	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	148.35	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	148.35	3.16
3.17	SEE INSTRUCTIONS	128473.48	3.17
3.18	SEE INSTRUCTIONS	19059041	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		61.67	3.19
3.20	SEE INSTRUCTIONS		59.82	3.20
3.21	SEE INSTRUCTIONS		61.60	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.12]		61.72	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		128065.25	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		7904187	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		26963228	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		18245	4
5	TOTAL INPATIENT DAYS		85891	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.212420	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	5727529 406773	6134302	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		85891	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD			6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3,PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0 0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

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

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

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

23	TOTAL PROGRAM GME PAYMENT	23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	6134302 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)	23.85	5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS		5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	30.47	6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	20.70	7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	92509.63	8
9	LINE 7 TIMES LINE 8	1914949	9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6	.347976	10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS	666356	11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS	122239	12
CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA			
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)		13
14	UNADJUSTED IME FTE CAP		14
15	PRORATED REDUCED ALLOWABLE FTE CAP		15
CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA			
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)	1.73	16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	13.06	17
18	SEE INSTRUCTIONS	1.73	18
19	RESIDENT TO BED COUNT	.006207	19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.001656	20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	38884490	21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	8368879	22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	78252	23

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

WORKSHEET E-3
 PART VI

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX	
	CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA			
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD		1.000000	1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)			2
3	UNADJUSTED DIRECT GME FTE CAP			3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)			4
	CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA			
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)		23.85	5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS			5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		30.47	6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		20.70	7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)		92509.63	8
9	LINE 7 TIMES LINE 8		1914949	9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6		.212420	10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS		406773	11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS			12
	CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA			
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)			13
14	UNADJUSTED IME FTE CAP			14
15	PRORATED REDUCED ALLOWABLE FTE CAP			15
	CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA			
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)		1.73	16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			17
18	SEE INSTRUCTIONS			18
19	RESIDENT TO BED COUNT			19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)			20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005			21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005			22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA			23

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	1000			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	135152244			4
5 OTHER RECEIVABLES	9998597			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-75309862			6
7 INVENTORY	8450312			7
8 PREPAID EXPENSES	1787789			8
9 OTHER CURRENT ASSETS				9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	80080080			11
FIXED ASSETS				
12 LAND	3210387			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	3118858			13
13.01 ACCUMULATED DEPRECIATION	-2186214			13.01
14 BUILDINGS	137402621			14
14.01 ACCUMULATED DEPRECIATION	-40369630			14.01
15 LEASEHOLD IMPROVEMENTS				15
15.01 ACCUMULATED AMORTIZATION				15.01
16 FIXED EQUIPMENT	790935			16
16.01 ACCUMULATED DEPRECIATION	-204586			16.01
17 AUTOMOBILES AND TRUCKS				17
17.01 ACCUMULATED DEPRECIATION				17.01
18 MAJOR MOVABLE EQUIPMENT	111718939			18
18.01 ACCUMULATED DEPRECIATION	-75317022			18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE	22979			20
21 TOTAL FIXED ASSETS	138187267			21
OTHER ASSETS				
22 INVESTMENTS				22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	174393499			25
26 TOTAL OTHER ASSETS	174393499			26
27 TOTAL ASSETS	392660846			27
LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	25958331			28
29 SALARIES, WAGES & FEES PAYABLE	7533130			29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)				31
32 DEFERRED INCOME				32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS				34
35 OTHER CURRENT LIABILITIES	2487530			35
36 TOTAL CURRENT LIABILITIES	35978991			36
LONG-TERM LIABILITIES				
37 MORTGAGE PAYABLE				37
38 NOTES PAYABLE	240701179			38
39 UNSECURED LOANS				39
40 LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41 OTHER LONG TERM LIABILITIES				41
42 TOTAL LONG TERM LIABILITIES	240701179			42
43 TOTAL LIABILITIES	276680170			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	115980676			44
45 SPECIFIC PURPOSE FUND BALANCE				45
46 DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47 DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48 GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49 PLANT FUND BALANCE - INVESTED IN PLANT				49
50 PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51 TOTAL FUND BALANCES	115980676			51
52 TOTAL LIABILITIES AND FUND BALANCES	392660846			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	112757772			1
2 NET INCOME (LOSS)	6050317			2
3 TOTAL	118808089			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7 PAID IN CAPITAL	5515091			7
8 RETAINED EARNINGS	1751883			8
9				9
10 TOTAL ADDITIONS	7266974			10
11 SUBTOTAL	126075063			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 IC ACTIVITY	8342522			13
14 RECONCILING ITEM	1751865			14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	10094387			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	115980676			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	69144298		69144298	1
4 SUBPROVIDER I	13415737		13415737	2
5 SWING BED - SNF				4
6 SWING BED - NF				5
7 SKILLED NURSING FACILITY				6
8 NURSING FACILITY				7
9 OTHER LONG TERM CARE				8
10 TOTAL GENERAL INPATIENT CARE SERVICES	82560035		82560035	9
10.01 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10.02 INTENSIVE CARE UNIT	10251042		10251042	10
10.03 6TH ICU				10.01
10.04 7TH ICU				10.02
11 8TH ICU				10.03
12 5TH ICU				10.04
13 CORONARY CARE UNIT				11
14 BURN INTENSIVE CARE UNIT				12
15 SURGICAL INTENSIVE CARE UNIT				13
16 OTHER SPECIAL CARE (SPECIFY)				14
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	10251042		10251042	15
18 TOTAL INPATIENT ROUTINE CARE SERVICES	92811077		92811077	16
18.50 ANCILLARY SERVICES	836515908	412541476	1249057384	17
18.60 OUTPATIENT SERVICES				18
19 RHC				18.50
20 FQHC				18.60
21 HOME HEALTH AGENCY				19
22 AMBULANCE				20
23 CORF				21
24 ASC				22
25 HOSPICE				23
26 NURSERY				24
27 TOTAL PATIENT REVENUES	929326985	412541476	1341868461	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		339164950	26
27 ADD (SPECIFY)			27
28			28
29 OTHER	371874		29
30			30
31			31
32			32
33 TOTAL ADDITIONS		371874	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		339536824	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	1341868461	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1005416316	2
3	NET PATIENT REVENUES	336452145	3
4	LESS - TOTAL OPERATING EXPENSES	339536824	4
5	NET INCOME FROM SERVICE TO PATIENTS	-3084679	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	13283	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	150164	10
11	REBATES AND REFUNDS OF EXPENSES	76516	11
12	PARKING LOT RECEIPTS	602193	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	42707	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	65031	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	3336950	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	MISCELLANEOUS REVENUE	4848152	24
25	TOTAL OTHER INCOME	9134996	25
26	TOTAL	6050317	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	6050317	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (26-0105)	HOSPITAL (26-0105)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS					
CAPITAL FEDERAL AMOUNT					
2	3177841				2
CAPITAL DRG OTHER THAN OUTLIER					
3					3
CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997					
3.01	144358				3.01
CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997					
INDIRECT MEDICAL EDUCATION ADJUSTMENT					
4	210.93				4
TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI, LN.18]					
4.01	249.40	247.67	1.73		4.01
NO. OF INTERNS & RESIDENTS					
4.02	39.61				4.02
INDIRECT MEDICAL EDUCATION PERCENTAGE					
4.03	1258743				4.03
INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT					
5	0.1153				5
% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS					
5.01	0.2173				5.01
% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I					
5.02	0.3326				5.02
SUM OF LINES 5 AND 5.01					
5.03	0.0697				5.03
ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE					
5.04	221496				5.04
DISPROPORTIONATE SHARE ADJUSTMENT					
6	4802438				6
TOTAL PROSPECTIVE CAPITAL PAYMENTS					
PART II - HOLD HARMLESS METHOD					
1					1
NEW CAPITAL					
2					2
OLD CAPITAL					
3					3
TOTAL CAPITAL					
4					4
RATIO OF NEW CAPITAL TO TOTAL CAPITAL					
5					5
TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE					
6					6
REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT					
7					7
REDUCED OLD CAPITAL AMOUNT					
8					8
HOLD HARMLESS PAYMENT FOR NEW CAPITAL					
9					9
SUBTOTAL					
10					10
PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)					
PART III - PAYMENT UNDER REASONABLE COST					
1					1
PROGRAM INPATIENT ROUTINE CAPITAL COST					
2					2
PROGRAM INPATIENT ANCILLARY CAPITAL COST					
3					3
TOTAL INPATIENT PROGRAM CAPITAL					
4					4
CAPITAL COST PAYMENT FACTOR					
5					5
TOTAL INPATIENT PROGRAM CAPITAL COST					
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
PROGRAM INPATIENT CAPITAL COSTS					
2					2
PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES					
3					3
NET PROGRAM INPATIENT CAPITAL COSTS					
4					4
APPLICABLE EXCEPTION PERCENTAGE					
5					5
CAPITAL COST FOR COMPARISON TO PAYMENTS					
6					6
PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES					
7					7
ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES					
8					8
CAPITAL MINIMUM PAYMENT LEVEL					
9					9
CURRENT YEAR CAPITAL PAYMENTS					
10					10
CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS					
11					11
CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT					
12					12
NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS					
13					13
CURRENT YEAR EXCEPTION PAYMENT					
14					14
CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD					
15					15
CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)					
16					16
CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)					
17					17
CURRENT YEAR EXCEPTION OFFSET AMOUNT					

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	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 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
17.01 QUALITY ASSURANCE					17.01
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
26.01 6TH ICU					26.01
26.02 7TH ICU					26.02
26.03 8TH ICU					26.03
26.04 5TH ICU					26.04
31 SUBPROVIDER I					31
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.03 ENDOSCOPY					41.03
41.05 PET IMAGING					41.05
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
47 BLOOD STORING, PROCESSING & TR					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
53.02 CARDIOVASCULAR LAB					53.02
53.05 CARDIAC CATH					53.05
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PA					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 OTHER ANCILLARY SERVICES					59
59.01 PSYCH THERAPY					59.01
59.29 AIR RESCUE					59.29
59.30 BONE MARROW					59.30
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.02 TRANSPLANT CLINIC					60.02
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OPT					69.20
69.30 CMHC					69.30
69.40 OPT					69.40

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
83 KIDNEY ACQUISITION					83
84 LIVER ACQUISITION					84
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96
100 DOCTORS MEALS					100
100.05 PUBLIC RELATIONS					100.05
100.11 UNIVERSITY SPACE					100.11
100.12 CANCER CENTER					100.12
100.13 MARKET SPACE					100.13
100.14 RENTAL PROPERTIES					100.14
100.15 OP CATH LAB-UNIV					100.15
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105