

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1. ELECTRONICALLY FILED COST REPORT DATE: 01/27/2012 TIME: 17:53
 2. MANUALLY SUBMITTED COST REPORT
 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

CONTRACTOR USE ONLY 5. COST REPORT STATUS 6. DATE RECEIVED: _____ 10. NPR DATE: _____
 1 - AS SUBMITTED 7. CONTRACTOR NO: _____ 11. CONTRACTOR'S VENDOR CODE: _____
 2 - SETTLED WITHOUT AUDIT 8. INITIAL REPORT FOR THIS PROVIDER CCN 12. IF LINE 5, COLUMN 1 IS 4: ENTER
 3 - SETTLED WITH AUDIT 9. FINAL REPORT FOR THIS PROVIDER CCN NUMBER OF TIMES REOPENED - 0-9.
 4 - REOPENED
 5 - AMENDED

PART II - CERTIFICATION

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 UNIVERSITY OF CHICAGO HOSPITALS (14-0088) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2010 AND ENDING 06/30/2011, AND 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 IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR Encryption: 01/27/2012 17:53
 ysJWnGbaZi1XMOd9Bv14kG0hjG0c0
 bBLct03R6OsEdwKCBEKmlJ2nLuwRkD
 ZUPF2pxGWF0G1gqj

(SIGNED) DM Brill
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)
 Vice President for Finance
 TITLE
 January 30, 2012
 DATE

PI Encryption: 01/27/2012 17:53
 MxD8ZBbKcNoHwP7qZDSGvbY0dG6zU0
 fpp+t0LFP2mN85v9hJBPMLaOrTLmf
 m7Wa0jCQBR0e6TMD

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1 HOSPITAL		5,331,739	1,865,485		1
2 SUBPROVIDER - IPF					2
3 SUBPROVIDER - IRF					3
4 SUBPROVIDER (OTHER)					4
5 SWING BED - SNF					5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY					7
8 NURSING FACILITY					8
9 HOME HEALTH AGENCY					9
10 HEALTH CLINIC - RHC					10
11 HEALTH CLINIC - FQHC					11
12 OUTPATIENT REHABILITATION PROVIDER					12
200 TOTAL		5,331,739	1,865,485		200

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 673 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: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

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

WORKSHEET S
 PARTS I, II & III

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

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1 HOSPITAL		5,331,739	1,865,485		1
2 SUBPROVIDER - IPF					2
3 SUBPROVIDER - IRF					3
4 SUBPROVIDER (OTHER)					4
5 SWING BED - SNF					5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY					7
8 NURSING FACILITY					8
9 HOME HEALTH AGENCY					9
10 HEALTH CLINIC - RHC					10
11 HEALTH CLINIC - FQHC					11
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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 5841 SOUTH MARYLAND AVENUE
 2 CITY: CHICAGO

STATE: IL

P.O.BOX:
 ZIP CODE: 60637

COUNTY: COOK

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)				
						V 6	XVIII 7	XIX 8		
3	HOSPITAL	UNIVERSITY OF CHICAGO HOSPITA	14-0088	16974	1	07/01/1996	N	P	O	3
4	SUBPROVIDER - IPF									4
5	SUBPROVIDER - IRF									5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF									9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTC									11
12	HOSPITAL-BASED HHA									12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE									14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS	U OF C RENAL DIALYSIS CENTER	14-2310	16974		07/01/1984				18
18.01	RENAL DIALYSIS II	U OF C RENAL DIALYSIS CENTER	14-3523	16974		07/01/1984				18.01
18.02	RENAL DIALYSIS III	U OF C RENAL DIALYSIS CENTER	14-3524	16974		07/01/1984				18.02
18.03	RENAL DIALYSIS IV	U OF C RENAL DIALYSIS CENTER	14-3527	16974		07/01/1984				18.03
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2010			TO: 06/30/2011					20
21	TYPE OF CONTROL									21

INPATIENT PPS INFORMATION

22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND 'N' FOR NO. IS THIS FACILITY SUBJECT TO 42 CFR §412.06(c)(2)(PICKLE AMENDMENT HOSPITAL)? IN COLUMN 2, ENTER 'Y', FOR YES OR 'N' FOR NO.								1	2
23	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON LINES 24 AND/OR 25 BELOW? IN COLUMN 1, ENTER 1 IF DATE OF ADMISSION, 2 IF CENSUS DAYS, OR 3 IF DATE OF DISCHARGE. IS THE METHOD OF IDENTIFYING THE DAYS IN THIS COST REPORTING PERIOD DIFFERENT FROM THE METHOD USED IN THE PRIOR COST REPORTING PERIOD? IN COLUMN 2, ENTER 'Y' FOR YES OR 'N' FOR NO.								3	N 23

	IN-STATE MEDICAID PAID DAYS 1	IN-STATE MEDICAID ELIGIBLE DAYS 2	OUT-OF- STATE MEDICAID PAID DAYS 3	OUT-OF- STATE MEDICAID ELIGIBLE DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6	
24	41,418	1,722	3,271	65	5,615		24
25							25
26				1			26
27				1			27
35							35
36			BEGINNING:		ENDING:		36
37							37
38			BEGINNING:		ENDING:		38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

	V 1	XVIII 2	XIX 3		
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	N	45
46	IS THIS FACILITY ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR §412.348(g)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N		N	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		N	48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	Y	Y		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 21248? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	Y			60
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	61
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01
TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS					
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	Y			63
SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS					
THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.					
64	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	64
		4.09	568.46	0.007143	
ENTER IN LINES 65-65.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE INSTRUCTIONS)					
		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))	
PROGRAM NAME	PROGRAM CODE	3	4	5	
65	GERIATRIC MEDICINE	1408	0.75	0.038462	65
65.01	PATHOLOGY	1950	22.56	0.022107	65.01
65.02	PEDIATRICS	2000	44.23	0.071968	65.02
65.03	DEVELOPMENTAL BEHAVIORAL PEDIATRICS	2015	3.35	0.034582	65.03
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS					
EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010					
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1+COL.2))	66
		5.25	592.87	0.008778	

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

ENTER IN LINES 67-67.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 ÷ COLUMN 4)). (SEE INSTRUCTIONS)

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/(COL.3+COL.4))	
1	2	3	4	5	
67 HOSPICE AND PALLIATIVE CARE MEDICINE	1422	0.15	0.31	0.326087	67
67.01 PATHOLOGY	1950	0.50	21.84	0.022381	67.01
67.02 PEDIATRICS	2000	4.59	48.41	0.086604	67.02

INPATIENT PSYCHIATRIC FACILITY PPS

70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.		71

INPATIENT REHABILITATION FACILITY PPS

75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	75
76	IF LINE 75 YES: COLUMN 1: DID 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. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.		76

LONG TERM CARE HOSPITAL PPS

80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	80
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TEFRA PROVIDERS

85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.	N	86

TITLE V AND XIX INPATIENT SERVICES

90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.	V	XIX	
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.	1	2	90
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	Y	Y	
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	91
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	92
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.	N	N	93
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	94
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.	N	N	95
				96
				97

RURAL PROVIDERS

105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?	1	2	
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.	N		105
107	COLUMN 1: 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 IN COLUMN 1. 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, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.			106
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.	N		107

109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.	PHY-	OCCUP-	RESPI-	
		SICAL	ATIONAL	SPEECH	RATORY
		N	N	N	N
					109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	N	115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.		118
119	WHAT IS THE LIABILITY LIMIT FOR THE MALPRACTICE INSURANCE POLICY? ENTER IN COLUMN 1 THE MONETARY LIMIT PER LAWSUIT. ENTER IN COLUMN 2 THE MONETARY LIMIT PER POLICY YEAR.		119
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N 120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	121

TRANSPLANT CENTER INFORMATION

125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.	Y	125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.	09/01/1977	126
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.	05/01/2000	127
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.	03/08/1990	128
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.	03/28/2008	129
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.	07/01/1999	130
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		131
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		132
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		134

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	Y	2 140
IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.			
141	NAME:	CONTRACTOR'S NAME:	CONTRACTOR'S NUMBER:
142	STREET:	P.O. BOX:	
143	CITY:	STATE:	ZIP CODE:
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y	144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	N	145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	Y	146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	149

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B.
 SEE 42 CFR §413.13)

155	HOSPITAL	1	2
156	SUBPROVIDER - IPF	N	N 155
157	SUBPROVIDER - IRF	N	N 156
158	SUBPROVIDER - (OTHER)	N	N 157
159	SNF	N	N 158
160	HHA	N	N 159
161	CMHC	N	N 160

MULTICAMPUS

165	IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	165
166	IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.		
	NAME	COUNTY	STATE
	0	1	2
			ZIP CODE
			3
			CBSA
			4
			FTE/CAMPUS
			5

HEALTH INFORMATION TECHNOLOGY (HIT) INCENTIVE IN THE AMERICAN RECOVERY AND REINVESTMENT ACT

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(m)? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.		168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.		169

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
 ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY ALL HOSPITALS

PROVIDER ORGANIZATION AND OPERATION		Y/N	DATE			
1	2					
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N		1		
FINANCIAL DATA AND REPORTS		Y/N	DATE	V/I		
1	2			3		
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N		2		
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	Y		3		
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE		
1	2			3		
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	N		4		
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y		5		
APPROVED EDUCATIONAL ACTIVITIES		Y/N	Y/N			
1	2					
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		6		
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y		7		
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8		
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y		9		
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10		
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11		
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y 12		
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13		
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14		
BED COMPLEMENT						
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15		
PS&R REPORT DATA		PART A		PART B		
Y/N	DATE	Y/N	DATE	Y/N	DATE	
1	2	3	4	3	4	
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N		16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	12/23/2011	Y	12/23/2011	17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N		18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N		19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N		20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N		21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

CAPITAL RELATED COST

- | | | |
|----|---|----|
| 22 | HAVE ASSETS BEEN RELIEFED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS. | 22 |
| 23 | HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 23 |
| 24 | WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 24 |
| 25 | HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 25 |
| 26 | WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 26 |
| 27 | HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 27 |

INTEREST EXPENSE

- | | | |
|----|---|----|
| 28 | WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 28 |
| 29 | DID THE PROVIDER HAVE A FUNDED DEPRECIATION ACCOUNT AND/OR BOND FUNDS (DEBT SERVICE RESERVE FUND) TREATED AS A FUNDED DEPRECIATION ACCOUNT? IF YES, SEE INSTRUCTIONS. | 29 |
| 30 | HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS. | 30 |
| 31 | HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS. | 31 |

PURCHASED SERVICES

- | | | |
|----|---|----|
| 32 | HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS. | 32 |
| 33 | IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS. | 33 |

PROVIDER-BASED PHYSICIANS

- | | | |
|----|--|----|
| 34 | ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS. | 34 |
| 35 | IF LINE 34 IS YES, WERE THERE NEW AGREEMENTS OR AMENDED EXISTING AGREEMENTS WITH THE PROVIDER-BASED PHYSICIANS DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 35 |

HOME OFFICE COSTS

- | | | Y/N | DATE | |
|----|--|-----|------|----|
| | | 1 | 2 | |
| 36 | WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT? | | | 36 |
| 37 | IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. | | | 37 |
| 38 | IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE. | | | 38 |
| 39 | IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS. | | | 39 |
| 40 | IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. | | | 40 |

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

LINE	DESCRIPTION	WKST A NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
1		1	2	3	4	5	6	
SALARIES								
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	383,498,088	-798,136	382,699,952	11,691,208.00	32.73	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B		4,155,885		4,155,885	58,361.00	71.21	3
4	PHYSICIAN-PART A		7,780,063		7,780,063	47,207.00	164.81	4
4.01	PHYSICIANS-PART A - DIRECT TEACHING		14,463,129		14,463,129	103,638.00	139.55	4.01
5	PHYSICIAN-PART B							5
6	NON-PHYSICIAN-PART B							6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21	27,943,292		27,943,292	1,606,176.00	17.40	7
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)							7.01
8	HOME OFFICE PERSONNEL							8
9	SNF	44						9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		4,650,180	-90,103	4,560,077	98,352.00	46.36	10
OTHER WAGES & RELATED COSTS								
11	CONTRACT LABOR (SEE INSTRUCTIONS)		8,201,738		8,201,738	202,118.00	40.58	11
12	MANAGEMENT AND ADMINISTRATIVE SERVICES							12
13	CONTRACT LABOR: PHYSICIAN-PART A							13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS							14
15	HOME OFFICE: PHYSICIAN-PART A							15
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)							16
WAGE-RELATED COSTS								
17	WAGE-RELATED COSTS (CORE)		109,421,097		109,421,097			17
18	WAGE-RELATED COSTS (OTHER)							18
19	EXCLUDED AREAS		1,545,180		1,545,180			19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B		1,380,933		1,380,933			21
22	PHYSICIAN PART A		4,960,232		4,960,232			22
23	PHYSICIAN PART B							23
24	WAGE-RELATED COSTS (RHC/FQHC)							24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)		9,858,344		9,858,344			25
OVERHEAD COSTS - DIRECT SALARIES								
26	EMPLOYEE BENEFITS		3,540,753	-1,831	3,538,922	59,471.00	59.51	26
27	ADMINISTRATIVE & GENERAL		63,042,298	-250,240	62,792,058	1,508,048.00	41.64	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		848,302		848,302	4,032.23	210.38	28
29	MAINTENANCE & REPAIRS							29
30	OPERATION OF PLANT		3,032,263	-2,526	3,029,737	221,825.00	13.66	30
31	LAUNDRY & LINEN SERVICE		309,161		309,161			31
32	HOUSEKEEPING		10,223,599	-40,238	10,183,361	701,198.00	14.52	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)							33
34	DIETARY		2,841,263	-25,473	2,815,790	152,229.00	18.50	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)		3,213,154		3,213,154	139,533.00	23.03	35
36	CAFETERIA		1,407,778	-3,012	1,404,766	87,239.00	16.10	36
37	MAINTENANCE OF PERSONNEL							37
38	NURSING ADMINISTRATION		6,297,722	-7,045	6,290,677	166,227.00	37.84	38
39	CENTRAL SERVICES AND SUPPLY		2,458,853	-7,950	2,450,903	121,349.00	20.20	39
40	PHARMACY		14,051,313	-856,296	13,195,017	349,247.00	37.78	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		2,887,344	-3,243	2,884,101	105,665.00	27.29	41
42	SOCIAL SERVICE		621,719		621,719	27,016.00	23.01	42
43	OTHER GENERAL SERVICE		3,799,503	-10,420	3,789,083			43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)		340,997,238	-798,136	340,199,102	10,066,598.	33.79	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		4,650,180	-90,103	4,560,077	98,352.00	46.36	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)		336,347,058	-708,033	335,639,025	9,968,246.2	33.67	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)		8,201,738		8,201,738	202,118.00	40.58	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)		114,381,329		114,381,329		34.08%	5
6	TOTAL (SUM OF LINES 3 THRU 5)		458,930,125	-708,033	458,222,092	10,170,364.	45.05	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)		118,575,025	-1,208,274	117,366,751	3,643,079.2	32.22	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS		1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION	38,916,281	2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST		3
4 PRIOR YEAR PENSION SERVICE COST		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES	719,614	7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	44,168,589	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	653,622	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	203,012	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	1,186,922	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	3,493,190	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	28,183,951	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	447,090	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES	69,895	20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION	635,296	21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	3,528,093	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	122,205,555	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT
0		LABOR	COST
		1	2
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST		1
2	HOSPITAL		2
3	SUBPROVIDER - IPF		3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTC		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 14-2310

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

DESCRIPTION	---- OUTPATIENT ---		---- TRAINING ----		----- HOME -----		
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6	
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD	405			1	8	35	1
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00						2
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	3.70						3
4 CAPD EXCHANGES PER DAY				4		5	4
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	27						5
6 NUMBER OF STATIONS	62		1	2			6
7 TREATMENT CAPACITY PER DAY PER STATION	4						7
8 UTILIZATION (SEE INSTRUCTIONS)	0.80						8
9 AVERAGE TIMES DIALYZERS RE-USED							9
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS							10
TRANSPLANT INFORMATION							
11 NUMBER OF PATIENTS ON TRANSPLANT LIST						284	11
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD						1	12
EPOETIN							
13 NET COSTS OF EPOETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							13
14 EPOETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							14
15 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							15
16 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							16
ARANESP							
17 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						156,114	17
18 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						11,507	18
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						73,207	19
20 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						5,396	20
PHYSICIAN PAYMENT METHOD (ENTER 'X' FOR APPLICABLE METHOD(S))							
21 MCP X INITIAL METHOD X							21

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 200, COL. 3 DIVIDED BY LINE 200, COL. 8)				0.235543	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				127,671,444	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				N	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID				66,675,980	5
6	MEDICAID CHARGES				798,920,841	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				188,180,212	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)					8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9)					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13)					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS					18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)					19

		UNINSURED PATIENTS 1	INSURED PATIENTS 2	TOTAL 3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FAMILY	25,048,747	25,449,361	50,498,108	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	5,900,057	5,994,419	11,894,476	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	6,193	337,351	343,544	22
23	COST OF CHARITY CARE	5,893,864	5,657,068	11,550,932	23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM				24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)				25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			35,775,333	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			4,571,907	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			31,203,426	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			7,349,749	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			18,900,681	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			18,900,681	31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS
		1	2	3	4
GENERAL SERVICE COST CENTERS					
1	00100		18,354,539	18,354,539	1
1.01	00101		5,242,203	5,242,203	1.01
2	00200		47,374,510	47,374,510	2
3	00300				-83,790
4	00400				3
5.01	00540	3,540,753	2,624,775	6,165,528	4
5.02	00550	1,167,257	-369,053	798,204	5.01
5.02	00550	16,091,730	17,633,854	33,725,584	5.02
5.03	00560	2,596,996	1,015,970	3,612,966	5.03
5.04	00570	1,992,109	681,664	2,673,773	-159,100
5.05	00580	4,247,789	6,513,306	10,761,095	5.05
5.06	00590	36,946,417	52,185,268	89,131,685	-241,290
6	00600				5.06
7	00700				6
8	00800	3,032,263	24,583,130	27,615,393	7
9	00900	309,161	1,804,020	2,113,181	8
10	01000	10,223,599	7,211,922	17,435,521	9
11	01100	2,841,263	3,300,927	6,142,190	-47,666
12	01200	1,407,778	6,474,141	7,881,919	10
13	01300				11
14	01400	6,297,722	2,796,174	9,093,896	12
15	01500	2,458,853	1,858,650	4,317,503	13
16	01600	14,051,313	56,763,727	70,815,040	-37,977,495
17	01700	2,887,344	5,620,138	8,507,482	14
18	01850	621,719	273,982	895,701	15
18.01	01851				16
18.02	01852	211,511	206,174	417,685	17
18.03	01853	2,723,429	1,478,442	4,201,871	18.01
19	01900	864,563	386,143	1,250,706	18.02
20	02000				18.03
21	02100				19
22	02200	27,943,292		27,943,292	20
23	02300	17,448,581	28,049,755	45,498,336	21
23.01	02301				123,492
		570,729	218,456	789,185	1,037,407
					23
					23.01
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	51,535,415	25,153,323	76,688,738	-714,655
31	03100	12,753,008	6,318,765	19,071,773	30
32	03200	4,816,796	1,798,032	6,614,828	31
33	03300	1,943,371	986,542	2,929,913	-1,555,504
34.01	02060	1,736,653	653,969	2,390,622	44,802
35	02061	12,490,965	4,308,750	16,799,715	-2,535
43	04300	57,158	79,845	137,003	-9,185
					34.01
					35
					43
ANCILLARY SERVICE COST CENTERS					
50	05000	20,639,140	48,253,366	68,892,506	-23,640,323
52	05200	3,911,881	1,697,824	5,609,705	50
53	05300	5,340,329	4,134,472	9,474,801	-118,596
54	05400	13,077,069	13,694,759	26,771,828	-511,905
55	05500	3,590,124	2,867,595	6,457,719	-4,434,121
57	05700	2,328,474	1,405,495	3,733,969	192,401
58	05800	1,643,457	1,062,220	2,705,677	467,399
59	05900	1,362,121	5,495,765	6,857,886	280,860
60	06000	15,341,173	16,784,933	32,126,106	-3,874,437
62.30	06250				-34,508
63	06300	2,629,352	11,308,311	13,937,663	60
65	06500	5,749,282	5,118,301	10,867,583	-29,647
66	06600	3,998,857	1,970,061	5,968,918	-8,595
69	06900	5,924,048	9,882,691	15,806,739	-179,954
70	07000	2,001,813	807,693	2,809,506	-6,063,405
70.01	03950	97,514	139,474	236,988	-44,627
71	07100		75	96	-165,208
72	07200				10,307,137
73	07300				28,871,968
74	07400	1,894,988	2,123,516	4,018,504	36,898,315
76.97	07697				-31,767
76.98	07698				76.97
76.99	07699				76.98
					76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	30,877,193	28,789,369	59,666,562	-615,341
90.01	09001				90
90.02	09002				90.01
91	09100	13,202,210	6,296,233	19,498,443	1,672,585
92	09200				90.02
OTHER REIMBURSABLE COST CENTERS					
94	09400	56,260	136,753	193,013	94
95	09500	998,563	1,867,859	2,866,422	95
99.10	09910				99.10
99.20	09920				99.20

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
GENERAL SERVICE COST CENTERS					
1	00100	18,354,539		18,354,539	1
1.01	00101	5,242,203		5,242,203	1.01
2	00200	47,290,720	-332,614	46,958,106	2
3	00300				3
4	00400	6,165,528		6,165,528	4
5.01	00540	798,204		798,204	5.01
5.02	00550	33,725,584		33,725,584	5.02
5.03	00560	3,612,966		3,612,966	5.03
5.04	00570	2,514,673		2,514,673	5.04
5.05	00580	10,761,095		10,761,095	5.05
5.06	00590	88,890,395	10,212	88,900,607	5.06
6	00600				6
7	00700	27,615,393	-13,310	27,602,083	7
8	00800	2,113,181		2,113,181	8
9	00900	17,435,521	-13,712	17,421,809	9
10	01000	6,094,524	-1,807	6,092,717	10
11	01100	7,881,919	-5,959,962	1,921,957	11
12	01200				12
13	01300	9,093,896		9,093,896	13
14	01400	4,317,503		4,317,503	14
15	01500	32,837,545	-7,173,257	25,664,288	15
16	01600	8,507,482		8,507,482	16
17	01700	895,701	-35,763	859,938	17
18	01850				18
18.01	01851	417,685		417,685	18.01
18.02	01852	4,201,871		4,201,871	18.02
18.03	01853	1,250,706		1,250,706	18.03
19	01900				19
20	02000				20
21	02100	27,943,292	-2,148,930	25,794,362	21
22	02200	45,498,336	-8,402,215	37,096,121	22
23	02300	123,492		123,492	23
23.01	02301	1,826,592	-238,983	1,587,609	23.01
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	75,974,083	-441,720	75,532,363	30
31	03100	20,302,585		20,302,585	31
32	03200	5,059,324		5,059,324	32
33	03300	2,974,715		2,974,715	33
34.01	02060	2,388,087		2,388,087	34.01
35	02061	16,790,530		16,790,530	35
43	04300	655,253		655,253	43
ANCILLARY SERVICE COST CENTERS					
50	05000	45,252,183	-20,948	45,231,235	50
52	05200	5,491,109		5,491,109	52
53	05300	8,962,896	-4,155,885	4,807,011	53
54	05400	22,337,707	-345,831	21,991,876	54
55	05500	6,650,120	-116,514	6,533,606	55
57	05700	4,201,368		4,201,368	57
58	05800	2,986,537		2,986,537	58
59	05900	2,983,449		2,983,449	59
60	06000	32,091,598	-1,651,899	30,439,699	60
62.30	06250				62.30
63	06300	13,908,016	-1,621,131	12,286,885	63
65	06500	10,858,988	-375	10,858,613	65
66	06600	5,788,964	-111,477	5,677,487	66
69	06900	9,743,334	-271,227	9,472,107	69
70	07000	2,764,879	-13,937	2,750,942	70
70.01	03950	71,780		71,780	70.01
71	07100	10,307,233		10,307,233	71
72	07200	28,871,968		28,871,968	72
73	07300	37,265,201	-790,129	36,475,072	73
74	07400	3,986,737	34,541	4,021,278	74
76.97	07697				76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	59,051,221	-5,266,853	53,784,368	90
90.01	09001				90.01
90.02	09002	1,672,585		1,672,585	90.02
91	09100	19,498,443	-96,221	19,402,222	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
94	09400	196,193	8,635	204,828	94
95	09500	2,866,422		2,866,422	95
99.10	09910				99.10
99.20	09920				99.20

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
99.30	09930				99.30
99.40	09940				99.40
105	10500	2,810,834	419,071	3,229,905	105
106	10600	1,466,567	137,788	1,604,355	106
107	10700	2,262,430	660,248	2,922,678	107
108	10800	861,649	251,720	1,113,369	108
109	10900	323,223	30,630	353,853	109
118					118
		885,088,757	-37,671,855	847,416,902	
190	19000	2,093	-52,500	-50,407	190
191.01	19101	5,390,942	4,063,804	9,454,746	191.01
191.02	19102				191.02
200		890,481,792	-33,660,551	856,821,241	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
	1	2	3		4	5
1 NRCC DIETARY	A	OTHER NONREIMBURSABLE	191.01		22,628	1
2 NRCC DIETARY	A					2
3 NRCC DIETARY	A	OTHER NONREIMBURSABLE	191.01			25,038
4 NRCC DIETARY	A					4
500 TOTAL RECLASSIFICATIONS					22,628	25,038
CODE LETTER - A						500
1 CRITICAL CARE CENTER	B	BURN INTENSIVE CARE UNIT	33		245,863	1
2 CRITICAL CARE CENTER	B	INTENSIVE CARE UNIT	31		983,450	2
3 CRITICAL CARE CENTER	B	BURN INTENSIVE CARE UNIT	33			64,554
4 CRITICAL CARE CENTER	B	INTENSIVE CARE UNIT	31			258,217
500 TOTAL RECLASSIFICATIONS					1,229,313	322,771
CODE LETTER - B						500
1 PHARMACY DISCOUNTS	C	PHARMACY	15			4,461
2 PHARMACY DISCOUNTS	C					2
500 TOTAL RECLASSIFICATIONS						4,461
CODE LETTER - C						500
1 DRUGS CHARGED	D	DRUGS CHARGED TO PATIENTS	73			36,898,315
2 DRUGS CHARGED	D					2
500 TOTAL RECLASSIFICATIONS						36,898,315
CODE LETTER - D						500
1 RENAL	E	RENAL DIALYSIS	74		10,400	1
2 RENAL	E	HOME PROGRAM DIALYSIS	94		2,600	2
3 RENAL	E					3
4 RENAL	E	RENAL DIALYSIS	74			2,319
5 RENAL	E	HOME PROGRAM DIALYSIS	94			580
6 RENAL	E					6
500 TOTAL RECLASSIFICATIONS					13,000	2,899
CODE LETTER - E						500
1 NURSERY	F	NURSERY	43		388,650	1
2 NURSERY	F					2
3 NURSERY	F	NURSERY	43			129,600
4 NURSERY	F					4
500 TOTAL RECLASSIFICATIONS					388,650	129,600
CODE LETTER - F						500
1 MED SUPP & IMPLANTS CHARGED	G	MEDICAL SUPPLIES CHRGED TO PA	71			10,307,137
2 MED SUPP & IMPLANTS CHARGED	G	IMPL. DEV. CHARGED TO PATIENT	72			28,871,968
3 MED SUPP & IMPLANTS CHARGED	G					3
4 MED SUPP & IMPLANTS CHARGED	G					4
5 MED SUPP & IMPLANTS CHARGED	G					5
6 MED SUPP & IMPLANTS CHARGED	G					6
7 MED SUPP & IMPLANTS CHARGED	G					7
8 MED SUPP & IMPLANTS CHARGED	G					8
9 MED SUPP & IMPLANTS CHARGED	G					9
10 MED SUPP & IMPLANTS CHARGED	G					10
11 MED SUPP & IMPLANTS CHARGED	G					11
12 MED SUPP & IMPLANTS CHARGED	G					12
13 MED SUPP & IMPLANTS CHARGED	G					13
14 MED SUPP & IMPLANTS CHARGED	G					14
15 MED SUPP & IMPLANTS CHARGED	G					15
16 MED SUPP & IMPLANTS CHARGED	G					16
17 MED SUPP & IMPLANTS CHARGED	G					17
18 MED SUPP & IMPLANTS CHARGED	G					18
19 MED SUPP & IMPLANTS CHARGED	G					19
20 MED SUPP & IMPLANTS CHARGED	G					20
21 MED SUPP & IMPLANTS CHARGED	G					21
22 MED SUPP & IMPLANTS CHARGED	G					22
23 MED SUPP & IMPLANTS CHARGED	G					23
24 MED SUPP & IMPLANTS CHARGED	G					24
25 MED SUPP & IMPLANTS CHARGED	G					25
26 MED SUPP & IMPLANTS CHARGED	G					26
500 TOTAL RECLASSIFICATIONS						39,179,105
CODE LETTER - G						500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	-----		INCREASE		-----	
		COST	CENTER	LINE #	SALARY	OTHER	
	1	2		3	4	5	
1 ENDOSCOPY OPERATING AGREEMENT	H	CLINIC		90		83,790	1
2 ENDOSCOPY OPERATING AGREEMENT	H						2
500 TOTAL RECLASSIFICATIONS						83,790	500
CODE LETTER - H							
1 MEDICAL PHYSICS	I	PARAMED ED PRGM-(SPECIFY)		23	97,817	25,675	1
2 MEDICAL PHYSICS	I						2
500 TOTAL RECLASSIFICATIONS					97,817	25,675	500
CODE LETTER - I							
1 ORGAN ACQ - ADMITTING	J	TRANSPLANT CLINIC		90.02	1,209,269		1
2 ORGAN ACQ - ADMITTING	J	HEART ACQUISITION		106	142,990		2
3 ORGAN ACQ - ADMITTING	J	PANCREAS ACQUISITION		109	44,557		3
4 ORGAN ACQ - ADMITTING	J						4
5 ORGAN ACQ - ADMITTING	J						5
6 ORGAN ACQ - ADMITTING	J						6
7 ORGAN ACQ - ADMITTING	J						7
8 ORGAN ACQ - ADMITTING	J						8
9 ORGAN ACQ - ADMITTING	J						9
10 ORGAN ACQ - ADMITTING	J						10
11 ORGAN ACQ - ADMITTING	J						11
12 ORGAN ACQ - ADMITTING	J	TRANSPLANT CLINIC		90.02		463,316	12
13 ORGAN ACQ - ADMITTING	J	HEART ACQUISITION		106		22,729	13
14 ORGAN ACQ - ADMITTING	J	PANCREAS ACQUISITION		109		278,666	14
15 ORGAN ACQ - ADMITTING	J						15
16 ORGAN ACQ - ADMITTING	J						16
17 ORGAN ACQ - ADMITTING	J						17
18 ORGAN ACQ - ADMITTING	J						18
19 ORGAN ACQ - ADMITTING	J						19
20 ORGAN ACQ - ADMITTING	J						20
21 ORGAN ACQ - ADMITTING	J						21
22 ORGAN ACQ - ADMITTING	J						22
500 TOTAL RECLASSIFICATIONS					1,396,816	764,711	500
CODE LETTER - J							
1 PHARMACY RESIDENT COST	K	PARAMED ED PRGM - PHARMACY		23.01	841,287		1
2 PHARMACY RESIDENT COST	K						2
3 PHARMACY RESIDENT COST	K	PARAMED ED PRGM - PHARMACY		23.01		196,120	3
4 PHARMACY RESIDENT COST	K						4
500 TOTAL RECLASSIFICATIONS					841,287	196,120	500
CODE LETTER - K							
1 WAGE INDEX SALARY - PDP	L	CLINIC		90		77,153	1
2 WAGE INDEX SALARY - PGY2 PHARM RES	L	PARAMED ED PRGM - PHARMACY		23.01		207,442	2
3 WAGE INDEX SALARY - IS CAP PROJ	L	OTHER ADMIN & GENERAL		5.06		1,879,715	3
4 WAGE INDEX SALARY - SMG	L	OTHER ADMIN & GENERAL		5.06	1,914,864		4
5 WAGE INDEX SALARY - OCC MED	L	PHYSICAL THERAPY		66		111,374	5
500 TOTAL RECLASSIFICATIONS					1,914,864	2,275,684	500
CODE LETTER - L							
1 RADIOLOGY SUPPORT RECLASS	M	RADIOLOGY-THERAPEUTIC		55	187,448		1
2 RADIOLOGY SUPPORT RECLASS	M	COMPUTED TOMOGRAPHY (CT) SCAN		57	344,627		2
3 RADIOLOGY SUPPORT RECLASS	M	MAGNETIC RESONANCE IMAGING (M		58	178,376		3
4 RADIOLOGY SUPPORT RECLASS	M						4
5 RADIOLOGY SUPPORT RECLASS	M	RADIOLOGY-THERAPEUTIC		55		167,580	5
6 RADIOLOGY SUPPORT RECLASS	M	COMPUTED TOMOGRAPHY (CT) SCAN		57		308,099	6
7 RADIOLOGY SUPPORT RECLASS	M	MAGNETIC RESONANCE IMAGING (M		58		159,470	7
8 RADIOLOGY SUPPORT RECLASS	M						8
500 TOTAL RECLASSIFICATIONS					710,451	635,149	500
CODE LETTER - M							

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1 WAGE INDEX SHORT TERM DISABILITY	N	EMPLOYEE BENEFITS	4		1,831 1
2 WAGE INDEX SHORT TERM DISABILITY	N	NON-PATIENT PHONES	5.01		359 2
3 WAGE INDEX SHORT TERM DISABILITY	N	DATA PROCESSING	5.02		452 3
4 WAGE INDEX SHORT TERM DISABILITY	N	PURCHASING	5.03		2,053 4
5 WAGE INDEX SHORT TERM DISABILITY	N	ADMITTING	5.04		3,177 5
6 WAGE INDEX SHORT TERM DISABILITY	N	CASHIERING/ACCOUNTS RECEIVABL	5.05		7,179 6
7 WAGE INDEX SHORT TERM DISABILITY	N	OTHER ADMIN & GENERAL	5.06		7,133 7
8 WAGE INDEX SHORT TERM DISABILITY	N	OPERATION OF PLANT	7		2,526 8
9 WAGE INDEX SHORT TERM DISABILITY	N	HOUSEKEEPING	9		40,238 9
10 WAGE INDEX SHORT TERM DISABILITY	N	DIETARY	10		2,845 10
11 WAGE INDEX SHORT TERM DISABILITY	N	CAFETERIA	11		3,012 11
12 WAGE INDEX SHORT TERM DISABILITY	N	NURSING ADMINISTRATION	13		7,045 12
13 WAGE INDEX SHORT TERM DISABILITY	N	CENTRAL SERVICES & SUPPLY	14		7,950 13
14 WAGE INDEX SHORT TERM DISABILITY	N	PHARMACY	15		8,807 14
15 WAGE INDEX SHORT TERM DISABILITY	N	MEDICAL RECORDS & LIBRARY	16		3,243 15
16 WAGE INDEX SHORT TERM DISABILITY	N	PATIENT TRANSPORT	18.02		10,420 16
17 WAGE INDEX SHORT TERM DISABILITY	N	ADULTS & PEDIATRICS	30		107,967 17
18 WAGE INDEX SHORT TERM DISABILITY	N	INTENSIVE CARE UNIT	31		27,619 18
19 WAGE INDEX SHORT TERM DISABILITY	N	CORONARY CARE UNIT	32		17,766 19
20 WAGE INDEX SHORT TERM DISABILITY	N	BURN INTENSIVE CARE UNIT	33		9,017 20
21 WAGE INDEX SHORT TERM DISABILITY	N	NURSERY ICU	35		18,370 21
22 WAGE INDEX SHORT TERM DISABILITY	N	OPERATING ROOM	50		21,293 22
23 WAGE INDEX SHORT TERM DISABILITY	N	DELIVERY ROOM & LABOR ROOM	52		3,716 23
24 WAGE INDEX SHORT TERM DISABILITY	N	ANESTHESIOLOGY	53		3,072 24
25 WAGE INDEX SHORT TERM DISABILITY	N	RADIOLOGY-DIAGNOSTIC	54		18,806 25
26 WAGE INDEX SHORT TERM DISABILITY	N	RADIOLOGY-THERAPEUTIC	55		8,636 26
27 WAGE INDEX SHORT TERM DISABILITY	N	LABORATORY	60		4,526 27
28 WAGE INDEX SHORT TERM DISABILITY	N	BLOOD STORING, PROCESSING & T	63		1,054 28
29 WAGE INDEX SHORT TERM DISABILITY	N	RESPIRATORY THERAPY	65		5,794 29
30 WAGE INDEX SHORT TERM DISABILITY	N	PHYSICAL THERAPY	66		300 30
31 WAGE INDEX SHORT TERM DISABILITY	N	ELECTROCARDIOLOGY	69		11,052 31
32 WAGE INDEX SHORT TERM DISABILITY	N	ELECTROENCEPHALOGRAPHY	70		6,456 32
33 WAGE INDEX SHORT TERM DISABILITY	N	RENAL DIALYSIS	74		693 33
34 WAGE INDEX SHORT TERM DISABILITY	N	CLINIC	90		49,545 34
35 WAGE INDEX SHORT TERM DISABILITY	N	EMERGENCY	91		9,164 35
36 WAGE INDEX SHORT TERM DISABILITY	N	OTHER NONREIMBURSABLE	191.01		4,200 36
500 TOTAL RECLASSIFICATIONS					437,316 500
CODE LETTER - N					
GRAND TOTAL (INCREASES)				6,614,826	80,980,634

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 NRCC DIETARY	A					1
2 NRCC DIETARY	A	DIETARY	10	22,628		2
3 NRCC DIETARY	A					3
4 NRCC DIETARY	A	DIETARY	10		25,038	4
500 TOTAL RECLASSIFICATIONS CODE LETTER - A				22,628	25,038	500
1 CRITICAL CARE CENTER	B					1
2 CRITICAL CARE CENTER	B	CORONARY CARE UNIT	32	1,229,313		2
3 CRITICAL CARE CENTER	B					3
4 CRITICAL CARE CENTER	B	CORONARY CARE UNIT	32		322,771	4
500 TOTAL RECLASSIFICATIONS CODE LETTER - B				1,229,313	322,771	500
1 PHARMACY DISCOUNTS	C					1
2 PHARMACY DISCOUNTS	C	OTHER ADMIN & GENERAL	5.06		4,461	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - C					4,461	500
1 DRUGS CHARGED	D					1
2 DRUGS CHARGED	D	PHARMACY	15		36,898,315	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - D					36,898,315	500
1 RENAL	E					1
2 RENAL	E					2
3 RENAL	E	ADULTS & PEDIATRICS	30	13,000		3
4 RENAL	E					4
5 RENAL	E					5
6 RENAL	E	ADULTS & PEDIATRICS	30		2,899	6
500 TOTAL RECLASSIFICATIONS CODE LETTER - E				13,000	2,899	500
1 NURSERY	F					1
2 NURSERY	F	ADULTS & PEDIATRICS	30	388,650		2
3 NURSERY	F					3
4 NURSERY	F	ADULTS & PEDIATRICS	30		129,600	4
500 TOTAL RECLASSIFICATIONS CODE LETTER - F				388,650	129,600	500
1 MED SUPP & IMPLANTS CHARGED	G					1
2 MED SUPP & IMPLANTS CHARGED	G					2
3 MED SUPP & IMPLANTS CHARGED	G	PHARMACY	15		38,649	3
4 MED SUPP & IMPLANTS CHARGED	G	ADULTS & PEDIATRICS	30		180,506	4
5 MED SUPP & IMPLANTS CHARGED	G	INTENSIVE CARE UNIT	31		10,855	5
6 MED SUPP & IMPLANTS CHARGED	G	CORONARY CARE UNIT	32		3,420	6
7 MED SUPP & IMPLANTS CHARGED	G	BURN INTENSIVE CARE UNIT	33		265,615	7
8 MED SUPP & IMPLANTS CHARGED	G	NURSERY SPECIAL CARE	34.01		2,535	8
9 MED SUPP & IMPLANTS CHARGED	G	NURSERY ICU	35		9,185	9
10 MED SUPP & IMPLANTS CHARGED	G	OPERATING ROOM	50		23,640,323	10
11 MED SUPP & IMPLANTS CHARGED	G	DELIVERY ROOM & LABOR ROOM	52		118,596	11
12 MED SUPP & IMPLANTS CHARGED	G	ANESTHESIOLOGY	53		511,905	12
13 MED SUPP & IMPLANTS CHARGED	G	RADIOLOGY-DIAGNOSTIC	54		3,088,521	13
14 MED SUPP & IMPLANTS CHARGED	G	RADIOLOGY-THERAPEUTIC	55		39,135	14
15 MED SUPP & IMPLANTS CHARGED	G	COMPUTED TOMOGRAPHY (CT) SCAN	57		185,327	15
16 MED SUPP & IMPLANTS CHARGED	G	MAGNETIC RESONANCE IMAGING (M	58		56,986	16
17 MED SUPP & IMPLANTS CHARGED	G	CARDIAC CATHETERIZATION	59		3,874,437	17
18 MED SUPP & IMPLANTS CHARGED	G	BLOOD STORING, PROCESSING & T	63		29,647	18
19 MED SUPP & IMPLANTS CHARGED	G	RESPIRATORY THERAPY	65		8,595	19
20 MED SUPP & IMPLANTS CHARGED	G	PHYSICAL THERAPY	66		179,954	20
21 MED SUPP & IMPLANTS CHARGED	G	ELECTROCARDIOLOGY	69		5,981,437	21
22 MED SUPP & IMPLANTS CHARGED	G	ELECTROENCEPHALOGRAPHY	70		44,627	22
23 MED SUPP & IMPLANTS CHARGED	G	RENAL DIALYSIS	74		44,486	23
24 MED SUPP & IMPLANTS CHARGED	G	BRACE & PLASTER ROOM	70.01		165,208	24
25 MED SUPP & IMPLANTS CHARGED	G	CLINIC	90		699,131	25
26 MED SUPP & IMPLANTS CHARGED	G	KIDNEY ACQUISITION	105		25	26
500 TOTAL RECLASSIFICATIONS CODE LETTER - G					39,179,105	500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 ENDOSCOPY OPERATING AGREEMENT	H					1
2 ENDOSCOPY OPERATING AGREEMENT	H	CAP REL COSTS-MVBLE EQUIP	2		83,790	9 2
500 TOTAL RECLASSIFICATIONS					83,790	500
CODE LETTER - H						
1 MEDICAL PHYSICS	I					1
2 MEDICAL PHYSICS	I	RADIOLOGY-THERAPEUTIC	55	97,817	25,675	2
500 TOTAL RECLASSIFICATIONS				97,817	25,675	500
CODE LETTER - I						
1 ORGAN ACQ - ADMITTING	J					1
2 ORGAN ACQ - ADMITTING	J					2
3 ORGAN ACQ - ADMITTING	J					3
4 ORGAN ACQ - ADMITTING	J	ADMITTING	5.04	130,090		4
5 ORGAN ACQ - ADMITTING	J	OTHER ADMIN & GENERAL	5.06	134,946		5
6 ORGAN ACQ - ADMITTING	J	PHARMACY	15	6,202		6
7 ORGAN ACQ - ADMITTING	J	LABORATORY	60	28,216		7
8 ORGAN ACQ - ADMITTING	J	ELECTROCARDIOLOGY	69	67,022		8
9 ORGAN ACQ - ADMITTING	J	KIDNEY ACQUISITION	105	366,953		9
10 ORGAN ACQ - ADMITTING	J	LIVER ACQUISITION	107	378,779		10
11 ORGAN ACQ - ADMITTING	J	LUNG ACQUISITION	108	284,608		11
12 ORGAN ACQ - ADMITTING	J					12
13 ORGAN ACQ - ADMITTING	J					13
14 ORGAN ACQ - ADMITTING	J					14
15 ORGAN ACQ - ADMITTING	J	ADMITTING	5.04		29,010	15
16 ORGAN ACQ - ADMITTING	J	PHARMACY	15		1,383	16
17 ORGAN ACQ - ADMITTING	J	LABORATORY	60		6,292	17
18 ORGAN ACQ - ADMITTING	J	ELECTROCARDIOLOGY	69		14,946	18
19 ORGAN ACQ - ADMITTING	J	KIDNEY ACQUISITION	105		393,173	19
20 ORGAN ACQ - ADMITTING	J	LIVER ACQUISITION	107		117,076	20
21 ORGAN ACQ - ADMITTING	J	LUNG ACQUISITION	108		100,948	21
22 ORGAN ACQ - ADMITTING	J	OTHER ADMIN & GENERAL	5.06		101,883	22
500 TOTAL RECLASSIFICATIONS				1,396,816	764,711	500
CODE LETTER - J						
1 PHARMACY RESIDENT COST	K					1
2 PHARMACY RESIDENT COST	K	PHARMACY	15	841,287		2
3 PHARMACY RESIDENT COST	K					3
4 PHARMACY RESIDENT COST	K	PHARMACY	15		196,120	4
500 TOTAL RECLASSIFICATIONS				841,287	196,120	500
CODE LETTER - K						
1 WAGE INDEX SALARY - PDP	L	CLINIC	90	77,153		1
2 WAGE INDEX SALARY - PGY2 PHARM RES	L	PARAMED ED PRGM - PHARMACY	23.01	207,442		2
3 WAGE INDEX SALARY - IS CAP PROJ	L	OTHER ADMIN & GENERAL	5.06	1,879,715		3
4 WAGE INDEX SALARY - SMG	L	OTHER ADMIN & GENERAL	5.06		1,914,864	4
5 WAGE INDEX SALARY - OCC MED	L	PHYSICAL THERAPY	66	111,374		5
500 TOTAL RECLASSIFICATIONS				2,275,684	1,914,864	500
CODE LETTER - L						
1 RADIOLOGY SUPPORT RECLASS	M					1
2 RADIOLOGY SUPPORT RECLASS	M					2
3 RADIOLOGY SUPPORT RECLASS	M					3
4 RADIOLOGY SUPPORT RECLASS	M	RADIOLOGY-DIAGNOSTIC	54	710,451		4
5 RADIOLOGY SUPPORT RECLASS	M					5
6 RADIOLOGY SUPPORT RECLASS	M					6
7 RADIOLOGY SUPPORT RECLASS	M					7
8 RADIOLOGY SUPPORT RECLASS	M	RADIOLOGY-DIAGNOSTIC	54		635,149	8
500 TOTAL RECLASSIFICATIONS				710,451	635,149	500
CODE LETTER - M						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY				CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
				1	6	7	8	9	10
1	WAGE INDEX SHORT TERM DISABILITY	N	EMPLOYEE BENEFITS			4	1,831		1
2	WAGE INDEX SHORT TERM DISABILITY	N	NON-PATIENT PHONES			5.01	359		2
3	WAGE INDEX SHORT TERM DISABILITY	N	DATA PROCESSING			5.02	452		3
4	WAGE INDEX SHORT TERM DISABILITY	N	PURCHASING			5.03	2,053		4
5	WAGE INDEX SHORT TERM DISABILITY	N	ADMITTING			5.04	3,177		5
6	WAGE INDEX SHORT TERM DISABILITY	N	CASHIERING/ACCOUNTS RECEIVABL			5.05	7,179		6
7	WAGE INDEX SHORT TERM DISABILITY	N	OTHER ADMIN & GENERAL			5.06	7,133		7
8	WAGE INDEX SHORT TERM DISABILITY	N	OPERATION OF PLANT			7	2,526		8
9	WAGE INDEX SHORT TERM DISABILITY	N	HOUSEKEEPING			9	40,238		9
10	WAGE INDEX SHORT TERM DISABILITY	N	DIETARY			10	2,845		10
11	WAGE INDEX SHORT TERM DISABILITY	N	CAFETERIA			11	3,012		11
12	WAGE INDEX SHORT TERM DISABILITY	N	NURSING ADMINISTRATION			13	7,045		12
13	WAGE INDEX SHORT TERM DISABILITY	N	CENTRAL SERVICES & SUPPLY			14	7,950		13
14	WAGE INDEX SHORT TERM DISABILITY	N	PHARMACY			15	8,807		14
15	WAGE INDEX SHORT TERM DISABILITY	N	MEDICAL RECORDS & LIBRARY			16	3,243		15
16	WAGE INDEX SHORT TERM DISABILITY	N	PATIENT TRANSPORT			18.02	10,420		16
17	WAGE INDEX SHORT TERM DISABILITY	N	ADULTS & PEDIATRICS			30	107,967		17
18	WAGE INDEX SHORT TERM DISABILITY	N	INTENSIVE CARE UNIT			31	27,619		18
19	WAGE INDEX SHORT TERM DISABILITY	N	CORONARY CARE UNIT			32	17,766		19
20	WAGE INDEX SHORT TERM DISABILITY	N	BURN INTENSIVE CARE UNIT			33	9,017		20
21	WAGE INDEX SHORT TERM DISABILITY	N	NURSERY ICU			35	18,370		21
22	WAGE INDEX SHORT TERM DISABILITY	N	OPERATING ROOM			50	21,293		22
23	WAGE INDEX SHORT TERM DISABILITY	N	DELIVERY ROOM & LABOR ROOM			52	3,716		23
24	WAGE INDEX SHORT TERM DISABILITY	N	ANESTHESIOLOGY			53	3,072		24
25	WAGE INDEX SHORT TERM DISABILITY	N	RADIOLOGY-DIAGNOSTIC			54	18,806		25
26	WAGE INDEX SHORT TERM DISABILITY	N	RADIOLOGY-THERAPEUTIC			55	8,636		26
27	WAGE INDEX SHORT TERM DISABILITY	N	LABORATORY			60	4,526		27
28	WAGE INDEX SHORT TERM DISABILITY	N	BLOOD STORING, PROCESSING & T			63	1,054		28
29	WAGE INDEX SHORT TERM DISABILITY	N	RESPIRATORY THERAPY			65	5,794		29
30	WAGE INDEX SHORT TERM DISABILITY	N	PHYSICAL THERAPY			66	300		30
31	WAGE INDEX SHORT TERM DISABILITY	N	ELECTROCARDIOLOGY			69	11,052		31
32	WAGE INDEX SHORT TERM DISABILITY	N	ELECTROENCEPHALOGRAPHY			70	6,456		32
33	WAGE INDEX SHORT TERM DISABILITY	N	RENAL DIALYSIS			74	693		33
34	WAGE INDEX SHORT TERM DISABILITY	N	CLINIC			90	49,545		34
35	WAGE INDEX SHORT TERM DISABILITY	N	EMERGENCY			91	9,164		35
36	WAGE INDEX SHORT TERM DISABILITY	N	OTHER NONREIMBURSABLE			191.01	4,200		36
500	TOTAL RECLASSIFICATIONS						437,316		500
	CODE LETTER - N								
	GRAND TOTAL (DECREASES)						7,412,962	80,182,498	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN 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	36,008,345					36,008,345	1
2 LAND IMPROVEMENTS							2
3 BUILDINGS AND FIXTURES	859,258,591	251,526,912		251,526,912	43,218,576	1,067,566,927	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	425,704,842				10,365,015	415,339,827	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	1,320,971,778	251,526,912		251,526,912	53,583,591	1,518,915,099	8
9 RECONCILING ITEMS	230,330,556	251,526,912		251,526,912	50,403,142	431,454,326	9
10 TOTAL (LINE 7 MINUS LINE 9)	1,090,641,222				3,180,449	1,087,460,773	10

PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 AND 2

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1)
							(SUM OF COLS. 9-14)
1 CAP REL COSTS-BLDG & FIXT	18,354,539						18,354,539 1
1.01 DCAM CAPITAL	5,242,203						5,242,203 1.01
2 CAP REL COSTS-MVBLE EQUIP	47,374,510						47,374,510 2
3 TOTAL (SUM OF LINES 1-2)	70,971,252						70,971,252 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3		RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL
			(SUM OF COLS. 5-7)						
1 CAP REL COSTS-BLDG & FIXT	917,446,454		917,446,454	0.610152				1	
1.01 DCAM CAPITAL	150,120,473		150,120,473	0.099838				1.01	
2 CAP REL COSTS-MVBLE EQUIP	436,069,857		436,069,857	0.290010				2	
3 TOTAL (SUM OF LINES 1-2)	1,503,636,784		1,503,636,784	1.000000				3	

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)
							(SUM OF COLS. 9-14)
1 CAP REL COSTS-BLDG & FIXT	18,354,539						18,354,539 1
1.01 DCAM CAPITAL	5,242,203						5,242,203 1.01
2 CAP REL COSTS-MVBLE EQUIP	46,958,106						46,958,106 2
3 TOTAL	70,554,848						70,554,848 3

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-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)	A	4,063,804	OTHER NONREIMBURSABLE	191.01	9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-1,736,023			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1				12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-4,458,577	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS					18
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					19
20 VENDING MACHINES					20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 OTHER OPERATING	B	-1,501,385	CAFETERIA	11	33
33.01 OTHER OPERATING	B	-15,505	OTHER ADMIN & GENERAL	5.06	33.01
33.02 OTHER OPERATING	B	-13,310	OPERATION OF PLANT	7	33.02
33.03 OTHER OPERATING	B	-7,172,893	PHARMACY	15	33.03
33.04 OTHER OPERATING	B	-35,763	SOCIAL SERVICE	17	33.04
33.05 OTHER OPERATING	B	-11,392	ADULTS & PEDIATRICS	30	33.05
33.06 OTHER OPERATING	B	-93	OPERATING ROOM	50	33.06
33.07 OTHER OPERATING	B	-75,735	RADIOLOGY-THERAPEUTIC	55	33.07
33.08 OTHER OPERATING	B	-187,580	CLINIC	90	33.08
33.09 OTHER OPERATING	B	-36,927	EMERGENCY	91	33.09
33.10 OTHER OPERATING	B	-52,500	GIFT, FLOWER, COFFEE SHOP & CAN	190	33.10
34 NON PATIENT TESTING	B	-13,937,918	LABORATORY	60	34
34.01 NON PATIENT TESTING	B	-2,771	ELECTROCARDIOLOGY	69	34.01
34.02 NON PATIENT TESTING	B	-1,586,360	BLOOD STORING, PROCESSING & TRA	63	34.02
34.03 NON PATIENT TESTING	B	-16,328	RADIOLOGY-DIAGNOSTIC	54	34.03
34.04 NON PATIENT TESTING	B	-364	PHARMACY	15	34.04
34.05 NON PATIENT TESTING	B	-3,124	CLINIC	90	34.05
34.06 NON PATIENT TESTING	B	-9,209	EMERGENCY	91	34.06
34.07 NON PATIENT TESTING	B	-103	PHYSICAL THERAPY	66	34.07
35 CAPITATION REVENUE	B	-3,638,544	CLINIC	90	35
35.01 SERVICE DISCOUNT	B	12,357,087	LABORATORY	60	35.01
36 ADVERTISING EXPENSE	A	-1,521,567	OTHER ADMIN & GENERAL	5.06	36
36.01 NON PATIENT CARE RELATED EXPENSE	A	-205,784	OTHER ADMIN & GENERAL	5.06	36.01
36.02 CRNA EXPENSE	A	-4,155,885	ANESTHESIOLOGY	53	36.02
36.03 PSYCH PDP COSTS	A	-206,153	CLINIC	90	36.03
36.04 PATIENT TV AND PHONE OFFSET	A	-398,450	OTHER ADMIN & GENERAL	5.06	36.04
37 RENAL PHYSICIAN SALARY	A	34,541	RENAL DIALYSIS	74	37
37.01 HOME PRG DIALYSIS PHYSICIAN SALARY	A	8,635	HOME PROGRAM DIALYSIS	94	37.01
38 NON ALLOWABLE EXPENSE	A	-186	OTHER ADMIN & GENERAL	5.06	38

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
38.01 AHA & IHA DUES	A	-222,873	OTHER ADMIN & GENERAL	5.06	38.01
38.02 NON EMERGENCY PATIENT TRANSPORT	A	-80,000	CLINIC	90	38.02
38.03 FICA REFUND	B	-2,137,662	I&R SRVCES-OTHER PRGM COSTS APP	22	38.03
38.04 FICA REFUND	B	-2,148,930	I&R SRVCES-SALARY & FRINGES APP	21	38.04
38.05 DISCOUNTS	A	-4,461	OTHER ADMIN & GENERAL	5.06	38.05
39 ORGAN ACQUISITION S&B	A	557,572	KIDNEY ACQUISITION	105	39
39.01 ORGAN ACQUISITION S&B	A	660,248	LIVER ACQUISITION	107	39.01
39.02 ORGAN ACQUISITION S&B	A	137,788	HEART ACQUISITION	106	39.02
39.03 ORGAN ACQUISITION S&B	A	30,630	PANCREAS ACQUISITION	109	39.03
39.04 ORGAN ACQUISITION S&B	A	226,220	LUNG ACQUISITION	108	39.04
39.05 CORRECT ACCRUAL - GOH	A	64,600	KIDNEY ACQUISITION	105	39.05
39.06 CORRECT ACCRUAL GOH	A	25,500	LUNG ACQUISITION	108	39.06
39.07 NON-ALLOWABLE KIDNEY S&B	A	-203,101	KIDNEY ACQUISITION	105	39.07
40 BSD OCC MED	A	-111,374	PHYSICAL THERAPY	66	40
40.01 SMG SALARY & BENEFITS	A	2,341,879	OTHER ADMIN & GENERAL	5.06	40.01
41 NORTHSORE REVENUE	B	-551,250	I&R SRVCES-OTHER PRGM COSTS APP	22	41
42 PHARMACY RESIDENTS TRAVEL	A	14,719	PARAMED ED PRGM - PHARMACY	23.01	42
42.01 PHARMACY RESIDENTS PG2	A	-253,702	PARAMED ED PRGM - PHARMACY	23.01	42.01
43 UHS CONSORTIUM	B	-332,614	CAP REL COSTS-MVBLE EQUIP	2	9 43
43.01 UHS CONSORTIUM	B	-125,436	OTHER ADMIN & GENERAL	5.06	43.01
43.02 UHS CONSORTIUM	B	-13,712	HOUSEKEEPING	9	43.02
43.03 UHS CONSORTIUM	B	-1,807	DIETARY	10	43.03
43.04 UHS CONSORTIUM	B	-430,328	ADULTS & PEDIATRICS	30	43.04
43.05 UHS CONSORTIUM	B	-204,525	RADIOLOGY-DIAGNOSTIC	54	43.05
43.06 UHS CONSORTIUM	B	-5,421	LABORATORY	60	43.06
43.07 UHS CONSORTIUM	B	-34,771	BLOOD STORING, PROCESSING & TRA	63	43.07
43.08 UHS CONSORTIUM	B	-375	RESPIRATORY THERAPY	65	43.08
43.09 UHS CONSORTIUM	B	-790,129	DRUGS CHARGED TO PATIENTS	73	43.09
44 UHS CONSORTIUM	B	-166	CLINIC	90	44
44.01 UHS CONSORTIUM	B	162,595	OTHER ADMIN & GENERAL	5.06	44.01
45 MEDICAL STUDENT OFFSET	A	-2,985,452	I&R SRVCES-OTHER PRGM COSTS APP	22	45
45.01 MEDICAL STUDENT OFFSET	A	-2,727,851	I&R SRVCES-OTHER PRGM COSTS APP	22	45.01
46					46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-33,660,551			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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 (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1	2	CAP REL COSTS-MVBLE EQUIP	PBP DIRECTS & INDIRECT	1,253,843	1,253,843	9 1
2	5.06	OTHER ADMIN & GENERAL	UNIVERSITY OVERHEAD	6,990,169	6,990,169	2
3	5.06	OTHER ADMIN & GENERAL	PBP DIRECTS & INDIRECTS	10,358,475	10,358,475	3
4	5.06	OTHER ADMIN & GENERAL	MALPRACTICE	-123,793	-123,793	4
4.01	7	OPERATION OF PLANT	STEAM & ELECTRCITY	10,955,660	10,955,660	4.01
4.02	7	OPERATION OF PLANT	PBP DIRECTS & INDIRECTS	2,212,064	2,212,064	4.02
4.03	21	I&R SRVCES-SALARY & FRINGES APP	PBP DIRECTS & INDIRECTS	33,391,603	33,391,603	4.03
4.04	30	ADULTS & PEDIATRICS	PBP DIRECTS & INDIRECTS	34,945	34,945	4.04
4.05	50	OPERATING ROOM	PBP DIRECTS & INDIRECTS	37,134	37,134	4.05
4.06	54	RADIOLOGY-DIAGNOSTIC	PBP DIRECTS & INDIRECTS	578,763	578,763	4.06
4.07	55	RADIOLOGY-THERAPEUTIC	PBP DIRECTS & INDIRECTS	191,351	191,351	4.07
4.08	60	LABORATORY	PBP DIRECTS & INDIRECTS	795,369	795,369	4.08
4.09	69	ELECTROCARDIOLOGY	PBP DIRECTS & INDIRECTS	1,399,604	1,399,604	4.09
4.10	70	ELECTROENCEPHALOGRAPHY	PBP DIRECTS & INDIRECTS	52,566	52,566	4.10
4.11	90	CLINIC	PBP DIRECTS & INDIRECTS	4,828,385	4,828,385	4.11
4.12	91	EMERGENCY	PBP DIRECTS & INDIRECTS	467,410	467,410	4.12
5	TOTALS (SUM OF LINES 1-4)			73,423,548	73,423,548	5
	TRANSFER COL. 6, LINE 5 TO					
	WKST A-8, COL. 2, LINE 12.					

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

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

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

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----

SYMBOL (1)	NAME (2)	PERCENT OF OWNERSHIP (3)	NAME (4)	PERCENT OF OWNERSHIP (5)	TYPE OF BUSINESS (6)	
1	2	3	4	5	6	
6	B U OF C MEDICAL CENTER	100.00	UNIVERSITY OF CHICAGO		UNIVERSITY/MEDICAL SCHOOL	6
7						7
8						8
9						9
10						10

(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	5 PERCENT OF UNAD- JUSTED RCE LIMIT		
LINE NO.	1	2	3	4	5	6	7	8	9		
1	50	OPERATING ROOM	AGGREGATE	29,555		29,555	208,000	87	8,700	435	1
2	54	RADIOLOGY-DIAGNOSTIC	AGGREGATE	285,721		285,721	225,300	1,484	160,743	8,037	2
3	55	RADIOLOGY-THERAPEUTIC	AGGREGATE	93,096		93,096	225,300	483	52,317	2,616	3
4	60	LABORATORY	AGGREGATE	598,571		598,571	215,700	5,139	532,924	26,646	4
5	69	ELECTROCARDIOLOGY	AGGREGATE	843,589		843,589	177,200	6,751	575,133	28,757	5
6	70	ELECTROENCEPHALOGRAPHY	AGGREGATE	43,499		43,499	177,200	347	29,562	1,478	6
7	90	CLINIC	AGGREGATE	2,455,154		2,455,154	177,200	15,305	1,303,868	65,193	7
8	91	EMERGENCY	AGGREGATE	89,614		89,614	177,200	464	39,529	1,976	8
200		TOTAL		4,438,799		4,438,799		30,060	2,702,776	135,138	200

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	50	OPERATING ROOM	AGGREGATE				8,700	20,855	20,855	1
2	54	RADIOLOGY-DIAGNOSTIC	AGGREGATE				160,743	124,978	124,978	2
3	55	RADIOLOGY-THERAPEUTIC	AGGREGATE				52,317	40,779	40,779	3
4	60	LABORATORY	AGGREGATE				532,924	65,647	65,647	4
5	69	ELECTROCARDIOLOGY	AGGREGATE				575,133	268,456	268,456	5
6	70	ELECTROENCEPHALOGRAPHY	AGGREGATE				29,562	13,937	13,937	6
7	90	CLINIC	AGGREGATE				1,303,868	1,151,286	1,151,286	7
8	91	EMERGENCY	AGGREGATE				39,529	50,085	50,085	8
200		TOTAL					2,702,776	1,736,023	1,736,023	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	DCAM 1.01	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	18,354,539	18,354,539				1
1.01	DCAM CAPITAL	5,242,203		5,242,203			1.01
2	CAP REL COSTS-MVBLE EQUIP	46,958,106			46,958,106		2
4	EMPLOYEE BENEFITS	6,165,528	389,936		86,759	6,642,223	4
5.01	NON-PATIENT PHONES	798,204			3,927	20,442	5.01
5.02	DATA PROCESSING	33,725,584	1,206,736	69,285	24,959,393	281,887	5.02
5.03	PURCHASING	3,612,966	412,718		284,350	45,458	5.03
5.04	ADMITTING	2,514,673	96,546	66,256	5,723	32,563	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	10,761,095	262,134		713	74,287	5.05
5.06	OTHER ADMIN & GENERAL	88,900,607	1,411,914	70,869	3,807,696	645,354	5.06
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT	27,602,083	115,277	9,418	450,558	53,075	7
8	LAUNDRY & LINEN SERVICE	2,113,181	26,232		265	5,416	8
9	HOUSEKEEPING	17,421,809	513,270	105,686	62,459	178,392	9
10	DIETARY	6,092,717	80,085		4,664	49,327	10
11	CAFETERIA	1,921,957	491,090	191,056	186,475	24,609	11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	9,093,896	71,981		7,132	110,200	13
14	CENTRAL SERVICES & SUPPLY	4,317,503	307,675	91,777	94,799	42,935	14
15	PHARMACY	25,664,288	243,403	37,498	180,929	231,150	15
16	MEDICAL RECORDS & LIBRARY	8,507,482	341,292		13,141	50,524	16
17	SOCIAL SERVICE	859,938	60,799			10,891	17
18	OCCUPATIONAL THERAPY						18
18.01	VOLUNTEERS	417,685	27,181		2,010	3,705	18.01
18.02	PATIENT TRANSPORT	4,201,871	106,432		3,481	47,526	18.02
18.03	MEDICAL ELECTRONICS	1,250,706	217,264		482,393	15,145	18.03
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APPRVD	25,794,362	500,304		1,710	489,511	21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD	37,096,121				305,664	22
23	PARAMED ED PRGM-(SPECIFY)	123,492				1,714	23
23.01	PARAMED ED PRGM - PHARMACY	1,587,609	43,411			21,102	23.01
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	75,532,363	3,182,555		839,779	893,951	30
31	INTENSIVE CARE UNIT	20,302,585	626,370		210,612	240,151	31
32	CORONARY CARE UNIT	5,059,324	110,137		201,593	62,534	32
33	BURN INTENSIVE CARE UNIT	2,974,715	116,203		1,732	38,193	33
34.01	NURSERY SPECIAL CARE	2,388,087	167,000		32,004	30,423	34.01
35	NURSERY ICU	16,790,530	479,351		54,414	218,495	35
43	NURSERY	655,253	33,525			7,810	43
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	45,231,235	1,080,693	341,186	3,503,144	361,183	50
52	DELIVERY ROOM & LABOR ROOM	5,491,109	394,289		5,617	68,463	52
53	ANESTHESIOLOGY	4,807,011	25,167	17,165	615,550	93,498	53
54	RADIOLOGY-DIAGNOSTIC	21,991,876	895,357	563,542	3,282,431	216,309	54
55	RADIOLOGY-THERAPEUTIC	6,533,606		411,985	1,629,017	64,311	55
57	COMPUTED TOMOGRAPHY (CT) SCAN	4,201,368	46,236		172,538	46,827	57
58	MAGNETIC RESONANCE IMAGING (MRI)	2,986,537	39,637	70,156	233,151	31,915	58
59	CARDIAC CATHETERIZATION	2,983,449	181,933		310,472	23,862	59
60	LABORATORY	30,439,699	1,137,602	72,662	1,308,393	268,173	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	12,286,885	69,666	57,691	118,550	46,043	63
65	RESPIRATORY THERAPY	10,858,613	97,056	61,451	188,330	100,614	65
66	PHYSICAL THERAPY	5,677,487	210,364	15,963	25,676	68,096	66
69	ELECTROCARDIOLOGY	9,472,107	97,773	180,176	1,465,250	102,410	69
70	ELECTROENCEPHALOGRAPHY	2,750,942	106,919	62,357	211,268	34,955	70
70.01	BRACE & PLASTER ROOM	71,780		11,072		1,708	70.01
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	10,307,233				1	71
72	IMPL. DEV. CHARGED TO PATIENT	28,871,968					72
73	DRUGS CHARGED TO PATIENTS	36,475,072			2,793		73
74	RENAL DIALYSIS	4,021,278	78,557		3,762	33,366	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	53,784,368	544,433	2,654,943	1,345,193	538,687	90
90.01	DENTAL CLINIC						90.01
90.02	TRANSPLANT CLINIC	1,672,585	11,298	10,358	3,655	21,184	90.02
91	EMERGENCY	19,402,222	553,833		237,076	231,116	91
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS	204,828	38,549			1,031	94

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	DCAM 1.01	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	
95 AMBULANCE SERVICES	2,866,422	29,797		238,171	17,493	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
105 KIDNEY ACQUISITION	3,229,905	6,946	30,430	537	15,224	105
106 HEART ACQUISITION	1,604,355		15,493		2,938	106
107 LIVER ACQUISITION	2,922,678		19,428		7,708	107
108 LUNG ACQUISITION	1,113,369	26,973	3,464	9,670	5,290	108
109 PANCREAS ACQUISITION	353,853	787			781	109
118 SUBTOTALS (SUM OF LINES 1-117)	847,416,902	17,314,686	5,241,367	46,888,955	6,635,620	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	-50,407	112,522				190
191.01 OTHER NONREIMBURSABLE	9,454,746	927,331	836	69,151	6,603	191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	856,821,241	18,354,539	5,242,203	46,958,106	6,642,223	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NON PATIENT PHONES 5.01	SUBTOTAL (COLS. 0-4) 4A	DATA PROCESSING 5.02	PURCHASING ADMIT, REC AND STORES 5.03	ADMITTING 5.04	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT PHONES	822,573					5.01
5.02 DATA PROCESSING	5,376	60,248,261	60,248,261			5.02
5.03 PURCHASING	5,376	4,360,868	329,830	4,690,698		5.03
5.04 ADMITTING	5,376	2,721,137	205,810	272	2,927,219	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	5,376	11,103,605	839,810	1,174		5.05
5.06 OTHER ADMIN & GENERAL	537,644	95,374,084	7,213,785	4,424		5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	5,376	28,235,787	2,135,586	21,356		7
8 LAUNDRY & LINEN SERVICE	5,376	2,150,470	162,649	11,224		8
9 HOUSEKEEPING	5,376	18,286,992	1,383,118	27,985		9
10 DIETARY	5,376	6,232,169	471,364	34,622		10
11 CAFETERIA	5,376	2,820,563	213,330	65,345		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	5,376	9,288,585	702,533	720		13
14 CENTRAL SERVICES & SUPPLY	5,376	4,860,065	367,586	24,042		14
15 PHARMACY	5,376	26,362,644	1,993,912	1,501,232		15
16 MEDICAL RECORDS & LIBRARY	5,376	8,917,815	674,490	1,642		16
17 SOCIAL SERVICE	5,376	937,004	70,869	40		17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS	5,376	455,957	34,486	554		18.01
18.02 PATIENT TRANSPORT	5,376	4,364,686	330,119	696		18.02
18.03 MEDICAL ELECTRONICS	5,376	1,970,884	149,066	134		18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		26,785,887	2,025,924			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	5,376	37,407,161	2,829,253	776		22
23 PARAMED ED PRGM-(SPECIFY)		125,206	9,470			23
23.01 PARAMED ED PRGM - PHARMACY	5,376	1,657,498	125,363	72		23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	5,376	80,454,024	6,085,060	156,445	472,471	30
31 INTENSIVE CARE UNIT	5,376	21,385,094	1,617,440	72,839	155,641	31
32 CORONARY CARE UNIT	5,376	5,438,964	411,371	12,738	42,146	32
33 BURN INTENSIVE CARE UNIT	5,376	3,136,219	237,205	4,980	26,949	33
34.01 NURSERY SPECIAL CARE	5,376	2,622,890	198,380	2,822	18,952	34.01
35 NURSERY ICU	5,376	17,548,166	1,327,238	27,958	87,594	35
43 NURSERY	5,376	701,964	53,092	1,627	7,300	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	10,753	50,528,194	3,821,649	459,990	289,497	50
52 DELIVERY ROOM & LABOR ROOM	5,376	5,964,854	451,146	11,217	26,663	52
53 ANESTHESIOLOGY	5,376	5,563,767	420,810	48,633	88,656	53
54 RADIOLOGY-DIAGNOSTIC	5,376	26,954,891	2,038,706	63,664	74,483	54
55 RADIOLOGY-THERAPEUTIC	5,376	8,644,295	653,803	9,362	35,281	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	5,376	4,472,345	338,261	15,751	55,457	57
58 MAGNETIC RESONANCE IMAGING (MRI)	5,376	3,366,772	254,642	14,725	27,199	58
59 CARDIAC CATHETERIZATION	5,376	3,505,092	265,104	20,299	40,691	59
60 LABORATORY	5,376	33,231,905	2,513,462	224,943	261,699	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	5,376	12,584,211	951,794	281,473	137,753	63
65 RESPIRATORY THERAPY	5,376	11,311,440	855,529	74,202	195,027	65
66 PHYSICAL THERAPY	5,376	6,002,962	454,028	3,154	17,737	66
69 ELECTROCARDIOLOGY	5,376	11,323,092	856,411	16,446	64,295	69
70 ELECTROENCEPHALOGRAPHY	5,376	3,171,817	239,897	1,621	8,223	70
70.01 BRACE & PLASTER ROOM	5,376	89,936	6,802		51	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		10,307,234	779,577	296,825	44,109	71
72 IMPL. DEV. CHARGED TO PATIENT		28,871,968	2,183,702	831,455	144,415	72
73 DRUGS CHARGED TO PATIENTS		36,477,865	2,758,967	11,699	412,602	73
74 RENAL DIALYSIS	5,376	4,142,339	313,302	34,330	31,535	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	5,376	58,873,000	4,452,800	236,518	39,799	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC	5,376	1,724,456	130,428	384	3,185	90.02
91 EMERGENCY	5,376	20,429,623	1,545,174	50,345	96,186	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS	5,376	249,784	18,892	2,494	28	94
95 AMBULANCE SERVICES	5,376	3,157,259	238,796	3,094	1,419	95
99.10 CORF						99.10

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NON PATIENT PHONES 5.01	SUBTOTAL (COLS.0-4) 4A	DATA PROCESSING 5.02	PURCHASING ADMIT, REC AND STORES 5.03	ADMITTING 5.04	
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	5,376	3,288,418	248,716	660	6,423	105
106 HEART ACQUISITION	5,376	1,628,162	123,144	778	5,286	106
107 LIVER ACQUISITION	5,376	2,955,190	223,513	448	6,413	107
108 LUNG ACQUISITION	5,376	1,164,142	88,049	394	1,364	108
109 PANCREAS ACQUISITION	5,376	360,797	27,289	75	690	109
118 SUBTOTALS (SUM OF LINES 1-117)	822,573	846,300,459	59,452,532	4,690,698	2,927,219	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		62,115	4,698			190
191.01 OTHER NONREIMBURSABLE		10,458,667	791,031			191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	822,573	856,821,241	60,248,261	4,690,698	2,927,219	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CASHIERING ACCOUNTS RECEIVABLE 5.05	SUBTOTAL (COLS.0-4)	OTHER ADMIN & GERAL 5.06	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	11,944,589					5.05
5.06 OTHER ADMIN & GENERAL		102,592,293	102,592,293			5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		30,392,729	4,134,110	34,526,839		7
8 LAUNDRY & LINEN SERVICE		2,324,343	316,164	42,835	2,683,342	8
9 HOUSEKEEPING		19,698,095	2,679,394	1,067,651		9
10 DIETARY		6,738,155	916,544	130,772		10
11 CAFETERIA		3,099,238	421,568	1,216,835		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		9,991,838	1,359,120	117,540		13
14 CENTRAL SERVICES & SUPPLY		5,251,693	714,351	701,724		14
15 PHARMACY		29,857,788	4,061,346	478,893		15
16 MEDICAL RECORDS & LIBRARY		9,593,947	1,304,997	557,303		16
17 SOCIAL SERVICE		1,007,913	137,099	99,279		17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS		490,997	66,787	44,385		18.01
18.02 PATIENT TRANSPORT		4,695,501	638,696	173,796		18.02
18.03 MEDICAL ELECTRONICS		2,120,084	288,380	354,775		18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		28,811,811	3,919,069			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		40,237,190	5,473,183	816,957		22
23 PARAMED ED PRGM-(SPECIFY)		134,676	18,319			23
23.01 PARAMED ED PRGM - PHARMACY		1,782,933	242,520	70,887		23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,165,842	88,333,842	12,015,245	5,196,861	1,809,347	30
31 INTENSIVE CARE UNIT	375,945	23,606,959	3,211,089	1,022,813	361,597	31
32 CORONARY CARE UNIT	101,803	6,007,022	817,093	179,845	80,950	32
33 BURN INTENSIVE CARE UNIT	65,095	3,470,448	472,061	189,750	51,460	33
34.01 NURSERY SPECIAL CARE	45,779	2,888,823	392,946	272,697	92,222	34.01
35 NURSERY ICU	211,580	19,202,536	2,611,987	782,743	244,765	35
43 NURSERY	17,634	781,617	106,318	54,744	43,001	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,065,370	56,164,700	7,639,691	2,505,654		50
52 DELIVERY ROOM & LABOR ROOM	69,853	6,523,733	887,378	643,842		52
53 ANESTHESIOLOGY	348,452	6,470,318	880,112	78,373		53
54 RADIOLOGY-DIAGNOSTIC	465,320	29,597,064	4,025,881	2,685,914		54
55 RADIOLOGY-THERAPEUTIC	257,966	9,600,707	1,305,917	894,725		55
57 COMPUTED TOMOGRAPHY (CT) SCAN	474,277	5,356,091	728,552	75,499		57
58 MAGNETIC RESONANCE IMAGING (MRI)	245,483	3,908,821	531,690	217,084		58
59 CARDIAC CATHETERIZATION	191,193	4,022,379	547,136	297,082		59
60 LABORATORY	1,306,224	37,538,233	5,106,063	2,015,419		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	383,707	14,338,938	1,950,425	239,050		63
65 RESPIRATORY THERAPY	497,091	12,933,289	1,759,225	291,941		65
66 PHYSICAL THERAPY	81,576	6,559,457	892,237	378,177		66
69 ELECTROCARDIOLOGY	334,813	12,595,057	1,713,217	550,952		69
70 ELECTROENCEPHALOGRAPHY	41,715	3,463,273	471,085	310,012		70
70.01 BRACE & PLASTER ROOM	2,424	99,213	13,495	24,045		70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	237,201	11,664,946	1,586,701			71
72 IMPL. DEV. CHARGED TO PATIENT	423,260	32,454,800	4,414,599			72
73 DRUGS CHARGED TO PATIENTS	1,888,179	41,549,312	5,651,662			73
74 RENAL DIALYSIS	119,299	4,640,805	631,256	128,277		74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	703,537	64,305,654	8,747,048	6,654,862		90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC	7,945	1,866,398	253,873	40,944		90.02
91 EMERGENCY	745,943	22,867,271	3,110,475	904,366		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS	4,828	276,026	37,546	62,948		94
95 AMBULANCE SERVICES	15,279	3,415,847	464,634	48,657		95
99.10 CORF						99.10

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CASHIERING ACCOUNTS RECEIVABLE 5.05	SUBTOTAL (COLS.0-4)	OTHER ADMIN & GEERAL 5.06	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	16,757	3,560,974	484,374	77,427		105
106 HEART ACQUISITION	12,768	1,770,138	240,779	33,648		106
107 LIVER ACQUISITION	15,490	3,201,054	435,417	42,192		107
108 LUNG ACQUISITION	3,294	1,257,243	171,014	44,044		108
109 PANCREAS ACQUISITION	1,667	390,518	53,119	8,809		109
118 SUBTOTALS (SUM OF LINES 1-117)	11,944,589	845,504,730	101,052,987	32,827,028	2,683,342	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		66,813	9,088	183,739		190
191.01 OTHER NONREIMBURSABLE		11,249,698	1,530,218	1,516,072		191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	11,944,589	856,821,241	102,592,293	34,526,839	2,683,342	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING 9	DIETARY 10	CAFETERIA 11	NURSING ADMINIS-TRATION 13	CENTRAL SERVICES & SUPPLY 14	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMIN & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	23,445,140					9
10 DIETARY	91,751	7,877,222				10
11 CAFETERIA	853,743		5,591,384			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	82,467		106,549	11,657,514		13
14 CENTRAL SERVICES & SUPPLY	492,336		75,630		7,235,734	14
15 PHARMACY	335,996		217,673	17,580	2,414,063	15
16 MEDICAL RECORDS & LIBRARY	391,009		65,856		2,641	16
17 SOCIAL SERVICE	69,655		16,840		64	17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS	31,141		5,484		891	18.01
18.02 PATIENT TRANSPORT	121,937		101,376		1,119	18.02
18.03 MEDICAL ELECTRONICS	248,913		16,905		216	18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			1,001,057			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	573,185				1,248	22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM - PHARMACY	49,735		19,523	125,476	116	23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,646,165	5,311,517	921,524	3,768,443	251,585	30
31 INTENSIVE CARE UNIT	717,615	1,061,506	179,055	1,117,702	117,134	31
32 CORONARY CARE UNIT	126,101	237,638	78,054	293,194	20,484	32
33 BURN INTENSIVE CARE UNIT	133,130	151,066	28,779	179,382	8,008	33
34.01 NURSERY SPECIAL CARE	191,327	270,728	23,931	153,554	4,539	34.01
35 NURSERY ICU	549,179	718,532	187,338	1,019,888	44,960	35
43 NURSERY	38,409	126,235			2,616	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,757,990		327,009	1,271,339	739,725	50
52 DELIVERY ROOM & LABOR ROOM	451,726		56,742	282,862	18,039	52
53 ANESTHESIOLOGY	54,987		62,070	217,125	78,209	53
54 RADIOLOGY-DIAGNOSTIC	1,884,462		222,029	175,800	102,381	54
55 RADIOLOGY-THERAPEUTIC	627,747		64,274	33,494	15,056	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	52,971		38,035		25,330	57
58 MAGNETIC RESONANCE IMAGING (MRI)	152,308		27,690		23,680	58
59 CARDIAC CATHETERIZATION	208,436		19,796	56,572	32,643	59
60 LABORATORY	1,414,036		340,478	167	361,739	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	167,719		52,931	4,333	452,646	63
65 RESPIRATORY THERAPY	204,828		116,621		119,327	65
66 PHYSICAL THERAPY	265,332		81,671	15,664	5,072	66
69 ELECTROCARDIOLOGY	386,553		99,795	109,479	26,448	69
70 ELECTROENCEPHALOGRAPHY	217,507		51,518	29,078	2,607	70
70.01 BRACE & PLASTER ROOM	16,870		2,956			70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					477,334	71
72 IMPL. DEV. CHARGED TO PATIENT					1,337,090	72
73 DRUGS CHARGED TO PATIENTS					18,813	73
74 RENAL DIALYSIS	90,000		39,008	104,730	55,207	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	4,669,114		645,877	1,596,194	380,352	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC	28,727		7,558	27,078	617	90.02
91 EMERGENCY	634,511		236,600	887,663	80,962	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS	44,165		1,361	3,583	4,010	94
95 AMBULANCE SERVICES	34,138		15,699	48,324	4,975	95
99.10 CORF						99.10

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	
	9	10	11	13	14	
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	54,324		15,090	90,149	1,062	105
106 HEART ACQUISITION	23,608		311		1,251	106
107 LIVER ACQUISITION	29,602		11,149	10,331	720	107
108 LUNG ACQUISITION	30,902		6,236	18,330	634	108
109 PANCREAS ACQUISITION	6,180		1,711		121	109
118 SUBTOTALS (SUM OF LINES 1-117)	22,252,537	7,877,222	5,589,789	11,657,514	7,235,734	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	128,913					190
191.01 OTHER NONREIMBURSABLE	1,063,690		1,595			191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	23,445,140	7,877,222	5,591,384	11,657,514	7,235,734	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	VOLUNTEERS 18.01	PATIENT TRANSPORT 18.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMIN & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	37,383,339					15
16 MEDICAL RECORDS & LIBRARY		11,915,753				16
17 SOCIAL SERVICE			1,330,850			17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS				639,685		18.01
18.02 PATIENT TRANSPORT					5,732,425	18.02
18.03 MEDICAL ELECTRONICS						18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM - PHARMACY						23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	12,233	1,923,034	897,377	214,514	2,238,206	30
31 INTENSIVE CARE UNIT	13,203	633,579	179,341		58,582	31
32 CORONARY CARE UNIT	6,058	171,568	40,149		13,115	32
33 BURN INTENSIVE CARE UNIT	1,439	109,704	25,522		17,196	33
34.01 NURSERY SPECIAL CARE		77,151	45,739		2,477	34.01
35 NURSERY ICU		356,576	121,395	43,143	82,044	35
43 NURSERY	255	29,718	21,327	1,917		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	58,953	1,178,475		45,539	13,844	50
52 DELIVERY ROOM & LABOR ROOM	18,159	108,539			103,465	52
53 ANESTHESIOLOGY	467,898	360,899				53
54 RADIOLOGY-DIAGNOSTIC	289,454	303,202		8,461	628,079	54
55 RADIOLOGY-THERAPEUTIC	49,925	143,620		14,381	27,688	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	247,550	225,752		8,629	640,174	57
58 MAGNETIC RESONANCE IMAGING (MRI)	319,331	110,721		4,458	331,381	58
59 CARDIAC CATHETERIZATION	343,612	165,644		1,989	18,944	59
60 LABORATORY	3,285	1,065,318		179,761	61,934	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	82,285	560,762				63
65 RESPIRATORY THERAPY	1,552,674	793,912				65
66 PHYSICAL THERAPY	112,462	72,203			124,013	66
69 ELECTROCARDIOLOGY	3,351	261,732		1,127	10,784	69
70 ELECTROENCEPHALOGRAPHY		33,475		719		70
70.01 BRACE & PLASTER ROOM		206				70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		179,556				71
72 IMPL. DEV. CHARGED TO PATIENT		587,879				72
73 DRUGS CHARGED TO PATIENTS	30,883,685	1,679,611				73
74 RENAL DIALYSIS	318,241	128,370			40,366	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,340,225	162,013			671,506	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC	3,832	12,964				90.02
91 EMERGENCY	214,204	391,550		115,047	629,391	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS	15,149	113				94
95 AMBULANCE SERVICES	5,775	5,777				95
99.10 CORF						99.10

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COST ALLOCATION - GENERAL SERVICE COSTS

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 PART I

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	VOLUNTEERS	PATIENT TRANSPORT	
	15	16	17	18.01	18.02	
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	10,015	26,145				105
106 HEART ACQUISITION		21,518				106
107 LIVER ACQUISITION	8,753	26,106				107
108 LUNG ACQUISITION	193	5,551				108
109 PANCREAS ACQUISITION	1,140	2,810				109
118 SUBTOTALS (SUM OF LINES 1-117)	37,383,339	11,915,753	1,330,850	639,685	5,713,189	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191.01 OTHER NONREIMBURSABLE					19,236	191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	37,383,339	11,915,753	1,330,850	639,685	5,732,425	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL ELECTRONIC 18.03	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION 23	PARAMED ED PRGM PHARMACY 23.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMIN & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS						18.01
18.02 PATIENT TRANSPORT						18.02
18.03 MEDICAL ELECTRONICS	3,029,273					18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		33,731,937				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			47,101,763			22
23 PARAMED ED PRGM-(SPECIFY)				152,995		23
23.01 PARAMED ED PRGM - PHARMACY					2,291,190	23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	557,985	14,460,562	20,192,075			30
31 INTENSIVE CARE UNIT	214,832	1,168,571	1,631,740			31
32 CORONARY CARE UNIT	69,928	112,440	157,006			32
33 BURN INTENSIVE CARE UNIT	28,116	24,094	33,644			33
34.01 NURSERY SPECIAL CARE	46,859	192,754	269,153			34.01
35 NURSERY ICU	312,876	726,843	1,014,931			35
43 NURSERY	1,442	220,864	308,404			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	289,086	1,433,607	2,001,825			50
52 DELIVERY ROOM & LABOR ROOM	67,766	542,120	756,993			52
53 ANESTHESIOLOGY	3,605	405,586	566,343			53
54 RADIOLOGY-DIAGNOSTIC	18,023	518,026	723,349	152,995		54
55 RADIOLOGY-THERAPEUTIC	5,767	361,414	504,662			55
57 COMPUTED TOMOGRAPHY (CT) SCAN	18,023	526,058	734,563			57
58 MAGNETIC RESONANCE IMAGING (MRI)	9,372	273,068	381,300			58
59 CARDIAC CATHETERIZATION	39,650	64,251				59
60 LABORATORY	131,206	1,256,916	1,755,101			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	10,093	112,440	157,006			63
65 RESPIRATORY THERAPY	511,127					65
66 PHYSICAL THERAPY	28,836					66
69 ELECTROCARDIOLOGY	22,348	36,141	140,184			69
70 ELECTROENCEPHALOGRAPHY		385,508	538,306			70
70.01 BRACE & PLASTER ROOM						70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS					2,291,190	73
74 RENAL DIALYSIS	22,348	116,455	162,613			74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	289,086	5,630,021	7,861,509			90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC						90.02
91 EMERGENCY	156,438	1,911,476	2,669,100			91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	88,672					95
99.10 CORF						99.10

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 PART I

COST CENTER DESCRIPTION	MEDICAL ELECTRONIC	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	PARAMED ED PRGM PHARMACY	
	18.03	21	22	23	23.01	
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	2,163					105
106 HEART ACQUISITION						106
107 LIVER ACQUISITION						107
108 LUNG ACQUISITION						108
109 PANCREAS ACQUISITION						109
118 SUBTOTALS (SUM OF LINES 1-117)	2,945,647	30,479,215	42,559,807	152,995	2,291,190	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191.01 OTHER NONREIMBURSABLE	83,626	3,252,722	4,541,956			191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,029,273	33,731,937	47,101,763	152,995	2,291,190	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
1.01 DCAM CAPITAL				1.01
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5.01 NON-PATIENT PHONES				5.01
5.02 DATA PROCESSING				5.02
5.03 PURCHASING				5.03
5.04 ADMITTING				5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06 OTHER ADMIN & GENERAL				5.06
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE				17
18 OCCUPATIONAL THERAPY				18
18.01 VOLUNTEERS				18.01
18.02 PATIENT TRANSPORT				18.02
18.03 MEDICAL ELECTRONICS				18.03
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SRVCES-SALARY & FRINGES APPRVD				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED PRGM-(SPECIFY)				23
23.01 PARAMED ED PRGM - PHARMACY				23.01
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	161,750,515	-34,652,637	127,097,878	30
31 INTENSIVE CARE UNIT	35,295,318	-2,800,311	32,495,007	31
32 CORONARY CARE UNIT	8,410,645	-269,446	8,141,199	32
33 BURN INTENSIVE CARE UNIT	4,923,799	-57,738	4,866,061	33
34.01 NURSERY SPECIAL CARE	4,924,900	-461,907	4,462,993	34.01
35 NURSERY ICU	28,019,736	-1,741,774	26,277,962	35
43 NURSERY	1,736,867	-529,268	1,207,599	43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	75,427,437	-3,435,432	71,992,005	50
52 DELIVERY ROOM & LABOR ROOM	10,461,364	-1,299,113	9,162,251	52
53 ANESTHESIOLOGY	9,645,525	-971,929	8,673,596	53
54 RADIOLOGY-DIAGNOSTIC	41,335,120	-1,241,375	40,093,745	54
55 RADIOLOGY-THERAPEUTIC	13,649,377	-866,076	12,783,301	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	8,677,227	-1,260,621	7,416,606	57
58 MAGNETIC RESONANCE IMAGING (MRI)	6,290,904	-654,368	5,636,536	58
59 CARDIAC CATHETERIZATION	5,818,134	-64,251	5,753,883	59
60 LABORATORY	51,229,656	-3,012,017	48,217,639	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRANS.	18,128,628	-269,446	17,859,182	63
65 RESPIRATORY THERAPY	18,282,944		18,282,944	65
66 PHYSICAL THERAPY	8,535,124		8,535,124	66
69 ELECTROCARDIOLOGY	15,957,168	-176,325	15,780,843	69
70 ELECTROENCEPHALOGRAPHY	5,503,088	-923,814	4,579,274	70
70.01 BRACE & PLASTER ROOM	156,785		156,785	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	13,908,537		13,908,537	71
72 IMPL. DEV. CHARGED TO PATIENT	38,794,368		38,794,368	72
73 DRUGS CHARGED TO PATIENTS	82,074,273		82,074,273	73
74 RENAL DIALYSIS	6,477,676	-435,182	6,042,494	74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	103,953,461	-13,491,530	90,461,931	90
90.01 DENTAL CLINIC				90.01
90.02 TRANSPLANT CLINIC	2,241,991		2,241,991	90.02
91 EMERGENCY	34,809,054	-4,580,576	30,228,478	91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS	444,901	-11,507	433,394	94
95 AMBULANCE SERVICES	4,132,498		4,132,498	95
99.10 CORF				99.10

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COST ALLOCATION - GENERAL SERVICE COSTS

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 PART I

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
99.20 OUTPATIENT PHYSICAL THERAPY				99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40 OUTPATIENT SPEECH PATHOLOGY				99.40
SPECIAL PURPOSE COST CENTERS				
105 KIDNEY ACQUISITION	4,321,723		4,321,723	105
106 HEART ACQUISITION	2,091,253		2,091,253	106
107 LIVER ACQUISITION	3,765,324		3,765,324	107
108 LUNG ACQUISITION	1,534,147		1,534,147	108
109 PANCREAS ACQUISITION	464,408		464,408	109
118 SUBTOTALS (SUM OF LINES 1-117)	833,173,875	-73,206,643	759,967,232	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	388,553		388,553	190
191.01 OTHER NONREIMBURSABLE	23,258,813	-7,794,678	15,464,135	191.01
191.02 MEDICAL SCHOOL				191.02
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 TOTAL (SUM OF LINES 118-201)	856,821,241	-81,001,321	775,819,920	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	DCAM 1.01	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS		389,936		86,759	476,695	4
5.01 NON-PATIENT PHONES				3,927	3,927	5.01
5.02 DATA PROCESSING		1,206,736	69,285	24,959,393	26,235,414	5.02
5.03 PURCHASING		412,718		284,350	697,068	5.03
5.04 ADMITTING		96,546	66,256	5,723	168,525	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE		262,134		713	262,847	5.05
5.06 OTHER ADMIN & GENERAL		1,411,914	70,869	3,807,696	5,290,479	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		115,277	9,418	450,558	575,253	7
8 LAUNDRY & LINEN SERVICE		26,232		265	26,497	8
9 HOUSEKEEPING		513,270	105,686	62,459	681,415	9
10 DIETARY		80,085		4,664	84,749	10
11 CAFETERIA		491,090	191,056	186,475	868,621	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		71,981		7,132	79,113	13
14 CENTRAL SERVICES & SUPPLY		307,675	91,777	94,799	494,251	14
15 PHARMACY		243,403	37,498	180,929	461,830	15
16 MEDICAL RECORDS & LIBRARY		341,292		13,141	354,433	16
17 SOCIAL SERVICE		60,799			60,799	17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS		27,181		2,010	29,191	18.01
18.02 PATIENT TRANSPORT		106,432		3,481	109,913	18.02
18.03 MEDICAL ELECTRONICS		217,264		482,393	699,657	18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		500,304		1,710	502,014	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM - PHARMACY		43,411			43,411	23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		3,182,555		839,779	4,022,334	30
31 INTENSIVE CARE UNIT		626,370		210,612	836,982	31
32 CORONARY CARE UNIT		110,137		201,593	311,730	32
33 BURN INTENSIVE CARE UNIT		116,203		1,732	117,935	33
34.01 NURSERY SPECIAL CARE		167,000		32,004	199,004	34.01
35 NURSERY ICU		479,351		54,414	533,765	35
43 NURSERY		33,525			33,525	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		1,080,693	341,186	3,503,144	4,925,023	50
52 DELIVERY ROOM & LABOR ROOM		394,289		5,617	399,906	52
53 ANESTHESIOLOGY		25,167	17,165	615,550	657,882	53
54 RADIOLOGY-DIAGNOSTIC		895,357	563,542	3,282,431	4,741,330	54
55 RADIOLOGY-THERAPEUTIC			411,985	1,629,017	2,041,002	55
57 COMPUTED TOMOGRAPHY (CT) SCAN		46,236		172,538	218,774	57
58 MAGNETIC RESONANCE IMAGING (MRI)		39,637	70,156	233,151	342,944	58
59 CARDIAC CATHETERIZATION		181,933		310,472	492,405	59
60 LABORATORY		1,137,602	72,662	1,308,393	2,518,657	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		69,666	57,691	118,550	245,907	63
65 RESPIRATORY THERAPY		97,056	61,451	188,330	346,837	65
66 PHYSICAL THERAPY		210,364	15,963	25,676	252,003	66
69 ELECTROCARDIOLOGY		97,773	180,176	1,465,250	1,743,199	69
70 ELECTROENCEPHALOGRAPHY		106,919	62,357	211,268	380,544	70
70.01 BRACE & PLASTER ROOM			11,072		11,072	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS				2,793	2,793	73
74 RENAL DIALYSIS		78,557		3,762	82,319	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		544,433	2,654,943	1,345,193	4,544,569	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC		11,298	10,358	3,655	25,311	90.02
91 EMERGENCY		553,833		237,076	790,909	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS		38,549			38,549	94
95 AMBULANCE SERVICES		29,797		238,171	267,968	95
99.10 CORF						99.10

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	DCAM 1.01	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		6,946	30,430	537	37,913	105
106 HEART ACQUISITION			15,493		15,493	106
107 LIVER ACQUISITION			19,428		19,428	107
108 LUNG ACQUISITION		26,973	3,464	9,670	40,107	108
109 PANCREAS ACQUISITION		787			787	109
118 SUBTOTALS (SUM OF LINES 1-117)		17,314,686	5,241,367	46,888,955	69,445,008	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		112,522			112,522	190
191.01 OTHER NONREIMBURSABLE		927,331	836	69,151	997,318	191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		18,354,539	5,242,203	46,958,106	70,554,848	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS 4	NON PATIENT PHONES 5.01	DATA PROCESSING 5.02	PURCHASING ADMIT, REC AND STORES 5.03	ADMITTING 5.04	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	476,695					4
5.01 NON-PATIENT PHONES	1,467	5,394				5.01
5.02 DATA PROCESSING	20,227	35	26,255,676			5.02
5.03 PURCHASING	3,262	35	143,739	844,104		5.03
5.04 ADMITTING	2,337	35	89,691	49	260,637	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	5,330	35	365,986	211		5.05
5.06 OTHER ADMIN & GENERAL	46,307	3,538	3,143,458	796		5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	3,808	35	930,680	3,843		7
8 LAUNDRY & LINEN SERVICE	389	35	70,882	2,020		8
9 HOUSEKEEPING	12,800	35	602,758	5,036		9
10 DIETARY	3,539	35	205,419	6,230		10
11 CAFETERIA	1,766	35	92,969	11,758		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	7,907	35	306,161	130		13
14 CENTRAL SERVICES & SUPPLY	3,081	35	160,193	4,326		14
15 PHARMACY	16,586	35	868,939	270,178		15
16 MEDICAL RECORDS & LIBRARY	3,625	35	293,940	296		16
17 SOCIAL SERVICE	782	35	30,885	7		17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS	266	35	15,029	100		18.01
18.02 PATIENT TRANSPORT	3,410	35	143,864	125		18.02
18.03 MEDICAL ELECTRONICS	1,087	35	64,962	24		18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	35,125		882,890			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	21,933	35	1,232,977	140		22
23 PARAMED ED PRGM-(SPECIFY)	123		4,127			23
23.01 PARAMED ED PRGM - PHARMACY	1,514	35	54,633	13		23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	64,228	35	2,651,845	28,151	41,867	30
31 INTENSIVE CARE UNIT	17,232	35	704,874	13,107	13,871	31
32 CORONARY CARE UNIT	4,487	35	179,274	2,292	3,756	32
33 BURN INTENSIVE CARE UNIT	2,741	35	103,373	896	2,402	33
34.01 NURSERY SPECIAL CARE	2,183	35	86,453	508	1,689	34.01
35 NURSERY ICU	15,678	35	578,405	5,031	7,807	35
43 NURSERY	560	35	23,137	293	651	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	25,917	71	1,665,460	82,772	25,800	50
52 DELIVERY ROOM & LABOR ROOM	4,913	35	196,608	2,018	2,376	52
53 ANESTHESIOLOGY	6,709	35	183,387	8,751	7,901	53
54 RADIOLOGY-DIAGNOSTIC	15,521	35	888,460	11,456	6,638	54
55 RADIOLOGY-THERAPEUTIC	4,615	35	284,925	1,685	3,144	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	3,360	35	147,413	2,834	4,942	57
58 MAGNETIC RESONANCE IMAGING (MRI)	2,290	35	110,972	2,650	2,424	58
59 CARDIAC CATHETERIZATION	1,712	35	115,531	3,653	3,626	59
60 LABORATORY	19,243	35	1,095,357	40,477	23,323	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	3,304	35	414,788	50,649	12,277	63
65 RESPIRATORY THERAPY	7,220	35	372,836	13,352	17,381	65
66 PHYSICAL THERAPY	4,886	35	197,864	568	1,581	66
69 ELECTROCARDIOLOGY	7,348	35	373,220	2,959	5,730	69
70 ELECTROENCEPHALOGRAPHY	2,508	35	104,546	292	733	70
70.01 BRACE & PLASTER ROOM	123	35	2,964		5	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			339,737	53,412	3,931	71
72 IMPL. DEV. CHARGED TO PATIENT			951,649	149,615	12,870	72
73 DRUGS CHARGED TO PATIENTS			1,202,347	2,105	36,772	73
74 RENAL DIALYSIS	2,394	35	136,536	6,177	2,810	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	38,653	35	1,940,513	42,560	3,547	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC	1,520	35	56,840	69	284	90.02
91 EMERGENCY	16,584	35	673,381	9,059	8,572	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS	74	35	8,233	449	2	94
95 AMBULANCE SERVICES	1,255	35	104,066	557	126	95
99.10 CORF						99.10

PROVIDER CCN: 14-0088 UNIVERSITY OF CHICAGO HOSPITAL
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	NON PATIENT PHONES	DATA PROCESSING	PURCHASING ADMIT, REC AND STORES	ADMITTING	
	4	5.01	5.02	5.03	5.04	
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	1,092	35	108,390	119	572	105
106 HEART ACQUISITION	211	35	53,666	140	471	106
107 LIVER ACQUISITION	553	35	97,406	81	572	107
108 LUNG ACQUISITION	380	35	38,371	71	122	108
109 PANCREAS ACQUISITION	56	35	11,892	14	62	109
118 SUBTOTALS (SUM OF LINES 1-117)	476,221	5,394	25,908,901	844,104	260,637	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			2,047			190
191.01 OTHER NONREIMBURSABLE	474		344,728			191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	476,695	5,394	26,255,676	844,104	260,637	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CASHIERING ACCOUNTS RECEIVABLE 5.05	OTHER ADMIN & GENERAL 5.06	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	634,409					5.05
5.06 OTHER ADMIN & GENERAL		8,484,578				5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		341,888	1,855,507			7
8 LAUNDRY & LINEN SERVICE		26,147	2,302	128,272		8
9 HOUSEKEEPING		221,584	57,377		1,581,005	9
10 DIETARY		75,798	7,028		6,187	10
11 CAFETERIA		34,863	65,394		57,571	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		112,398	6,317		5,561	13
14 CENTRAL SERVICES & SUPPLY		59,076	37,711		33,200	14
15 PHARMACY		335,870	25,736		22,658	15
16 MEDICAL RECORDS & LIBRARY		107,922	29,950		26,367	16
17 SOCIAL SERVICE		11,338	5,335		4,697	17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS		5,523	2,385		2,100	18.01
18.02 PATIENT TRANSPORT		52,820	9,340		8,223	18.02
18.03 MEDICAL ELECTRONICS		23,849	19,066		16,785	18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		324,104				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		452,628	43,904		38,652	22
23 PARAMED ED PRGM-(SPECIFY)		1,515				23
23.01 PARAMED ED PRGM - PHARMACY		20,056	3,810		3,354	23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	61,993	993,925	279,284	86,491	245,876	30
31 INTENSIVE CARE UNIT	19,991	265,555	54,967	17,285	48,392	31
32 CORONARY CARE UNIT	5,413	67,573	9,665	3,870	8,504	32
33 BURN INTENSIVE CARE UNIT	3,461	39,039	10,197	2,460	8,978	33
34.01 NURSERY SPECIAL CARE	2,434	32,496	14,655	4,409	12,902	34.01
35 NURSERY ICU	11,251	216,009	42,065	11,701	37,033	35
43 NURSERY	938	8,792	2,942	2,056	2,590	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	56,650	631,797	134,656		118,549	50
52 DELIVERY ROOM & LABOR ROOM	3,714	73,385	34,601		30,462	52
53 ANESTHESIOLOGY	18,529	72,785	4,212		3,708	53
54 RADIOLOGY-DIAGNOSTIC	24,743	332,937	144,344		127,077	54
55 RADIOLOGY-THERAPEUTIC	13,717	107,998	48,083		42,332	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	25,219	60,251	4,057		3,572	57
58 MAGNETIC RESONANCE IMAGING (MRI)	13,053	43,970	11,666		10,271	58
59 CARDIAC CATHETERIZATION	10,167	45,248	15,965		14,056	59
60 LABORATORY	69,457	422,268	108,311		95,354	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	20,403	161,299	12,847		11,310	63
65 RESPIRATORY THERAPY	26,432	145,487	15,689		13,812	65
66 PHYSICAL THERAPY	4,338	73,787	20,324		17,892	66
69 ELECTROCARDIOLOGY	17,803	141,682	29,609		26,067	69
70 ELECTROENCEPHALOGRAPHY	2,218	38,958	16,660		14,667	70
70.01 BRACE & PLASTER ROOM	129	1,116	1,292		1,138	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	12,613	131,219				71
72 IMPL. DEV. CHARGED TO PATIENT	22,507	365,084				72
73 DRUGS CHARGED TO PATIENTS	99,668	467,388				73
74 RENAL DIALYSIS	6,344	52,204	6,894		6,069	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	37,410	723,374	357,642		314,860	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC	422	20,995	2,200		1,937	90.02
91 EMERGENCY	39,665	257,234	48,602		42,788	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS	257	3,105	3,383		2,978	94
95 AMBULANCE SERVICES	812	38,425	2,615		2,302	95
99.10 CORF						99.10

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CASHIERING ACCOUNTS RECEIVABLE 5.05	OTHER ADMIN & GEEERAL 5.06	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	891	40,057	4,161		3,663	105
106 HEART ACQUISITION	679	19,912	1,808		1,592	106
107 LIVER ACQUISITION	824	36,009	2,267		1,996	107
108 LUNG ACQUISITION	175	14,143	2,367		2,084	108
109 PANCREAS ACQUISITION	89	4,393	473		417	109
118 SUBTOTALS (SUM OF LINES 1-117)	634,409	8,357,278	1,764,158	128,272	1,500,583	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		752	9,874		8,693	190
191.01 OTHER NONREIMBURSABLE		126,548	81,475		71,729	191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	634,409	8,484,578	1,855,507	128,272	1,581,005	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMIN & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	388,985					10
11 CAFETERIA		1,132,977				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		21,590	539,212			13
14 CENTRAL SERVICES & SUPPLY		15,325		807,198		14
15 PHARMACY		44,107	813	269,342	2,316,094	15
16 MEDICAL RECORDS & LIBRARY		13,344		295		16
17 SOCIAL SERVICE		3,412		7		17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS		1,111		99		18.01
18.02 PATIENT TRANSPORT		20,542		125		18.02
18.03 MEDICAL ELECTRONICS		3,425		24		18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		202,842				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				139		22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM - PHARMACY		3,956	5,804	13		23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	262,287	186,728	174,306	28,064	758	30
31 INTENSIVE CARE UNIT	52,418	36,282	51,699	13,066	818	31
32 CORONARY CARE UNIT	11,735	15,816	13,562	2,285	375	32
33 BURN INTENSIVE CARE UNIT	7,460	5,832	8,297	893	89	33
34.01 NURSERY SPECIAL CARE	13,369	4,849	7,103	506		34.01
35 NURSERY ICU	35,482	37,960	47,174	5,015		35
43 NURSERY	6,234			292	16	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		66,262	58,805	82,516	3,652	50
52 DELIVERY ROOM & LABOR ROOM		11,498	13,084	2,012	1,125	52
53 ANESTHESIOLOGY		12,577	10,043	8,724	28,989	53
54 RADIOLOGY-DIAGNOSTIC		44,990	8,132	11,421	17,933	54
55 RADIOLOGY-THERAPEUTIC		13,024	1,549	1,679	3,093	55
57 COMPUTED TOMOGRAPHY (CT) SCAN		7,707		2,826	15,337	57
58 MAGNETIC RESONANCE IMAGING (MRI)		5,611		2,642	19,784	58
59 CARDIAC CATHETERIZATION		4,011	2,617	3,641	21,288	59
60 LABORATORY		68,991	8	40,352	204	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		10,725	200	50,493	5,098	63
65 RESPIRATORY THERAPY		23,631		13,311	96,196	65
66 PHYSICAL THERAPY		16,549	725	566	6,968	66
69 ELECTROCARDIOLOGY		20,221	5,064	2,950	208	69
70 ELECTROENCEPHALOGRAPHY		10,439	1,345	291		70
70.01 BRACE & PLASTER ROOM		599				70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				53,247		71
72 IMPL. DEV. CHARGED TO PATIENT				149,153		72
73 DRUGS CHARGED TO PATIENTS				2,099	1,913,408	73
74 RENAL DIALYSIS		7,904	4,844	6,158	19,717	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		130,873	73,831	42,428	144,988	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC		1,531	1,252	69	237	90.02
91 EMERGENCY		47,942	41,058	9,031	13,271	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS		276	166	447	939	94
95 AMBULANCE SERVICES		3,181	2,235	555	358	95
99.10 CORF						99.10

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		3,058	4,170	118	620	105
106 HEART ACQUISITION		63		140		106
107 LIVER ACQUISITION		2,259	478	80	542	107
108 LUNG ACQUISITION		1,264	848	71	12	108
109 PANCREAS ACQUISITION		347		13	71	109
118 SUBTOTALS (SUM OF LINES 1-117)	388,985	1,132,654	539,212	807,198	2,316,094	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191.01 OTHER NONREIMBURSABLE		323				191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	388,985	1,132,977	539,212	807,198	2,316,094	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	VOLUNTEERS 18.01	PATIENT TRANSPORT 18.02	MEDICAL ELECTRONIC 18.03	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMIN & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	830,207					16
17 SOCIAL SERVICE		117,297				17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS			55,839			18.01
18.02 PATIENT TRANSPORT				348,397		18.02
18.03 MEDICAL ELECTRONICS					828,914	18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM - PHARMACY						23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	133,675	79,092	18,725	136,033	152,683	30
31 INTENSIVE CARE UNIT	44,163	15,807		3,560	58,785	31
32 CORONARY CARE UNIT	11,959	3,539		797	19,135	32
33 BURN INTENSIVE CARE UNIT	7,647	2,249		1,045	7,693	33
34.01 NURSERY SPECIAL CARE	5,378	4,031		151	12,822	34.01
35 NURSERY ICU	24,855	10,699	3,766	4,986	85,614	35
43 NURSERY	2,071	1,880	167		395	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	82,144		3,975	841	79,104	50
52 DELIVERY ROOM & LABOR ROOM	7,566			6,288	18,543	52
53 ANESTHESIOLOGY	25,156				986	53
54 RADIOLOGY-DIAGNOSTIC	21,134		739	38,172	4,932	54
55 RADIOLOGY-THERAPEUTIC	10,011		1,255	1,683	1,578	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	15,736		753	38,908	4,932	57
58 MAGNETIC RESONANCE IMAGING (MRI)	7,718		389	20,140	2,564	58
59 CARDIAC CATHETERIZATION	11,546		174	1,151	10,850	59
60 LABORATORY	74,257		15,692	3,764	35,903	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	39,087				2,762	63
65 RESPIRATORY THERAPY	55,339				139,862	65
66 PHYSICAL THERAPY	5,033			7,537	7,891	66
69 ELECTROCARDIOLOGY	18,244		98	655	6,115	69
70 ELECTROENCEPHALOGRAPHY	2,333		63			70
70.01 BRACE & PLASTER ROOM	14					70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	12,516					71
72 IMPL. DEV. CHARGED TO PATIENT	40,977					72
73 DRUGS CHARGED TO PATIENTS	117,075					73
74 RENAL DIALYSIS	8,948			2,453	6,115	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	11,293			40,812	79,104	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC	904					90.02
91 EMERGENCY	27,292		10,043	38,252	42,807	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS	8					94
95 AMBULANCE SERVICES	403				24,264	95
99.10 CORF						99.10

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	VOLUNTEERS	PATIENT TRANSPORT	MEDICAL ELECTRONIC	
	16	17	18.01	18.02	18.03	
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	1,822				592	105
106 HEART ACQUISITION	1,500					106
107 LIVER ACQUISITION	1,820					107
108 LUNG ACQUISITION	387					108
109 PANCREAS ACQUISITION	196					109
118 SUBTOTALS (SUM OF LINES 1-117)	830,207	117,297	55,839	347,228	806,031	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191.01 OTHER NONREIMBURSABLE				1,169	22,883	191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	830,207	117,297	55,839	348,397	828,914	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION 23	PARAMED ED PRGM PHARMACY 23.01	SUBTOTAL 24
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 DCAM CAPITAL					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 NON-PATIENT PHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 OTHER ADMIN & GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
18 OCCUPATIONAL THERAPY					18
18.01 VOLUNTEERS					18.01
18.02 PATIENT TRANSPORT					18.02
18.03 MEDICAL ELECTRONICS					18.03
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD	1,946,975				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		1,790,408			22
23 PARAMED ED PRGM-(SPECIFY)			5,765		23
23.01 PARAMED ED PRGM - PHARMACY				136,599	23.01
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					9,648,380 30
31 INTENSIVE CARE UNIT					2,268,889 31
32 CORONARY CARE UNIT					675,802 32
33 BURN INTENSIVE CARE UNIT					332,722 33
34.01 NURSERY SPECIAL CARE					404,977 34.01
35 NURSERY ICU					1,714,331 35
43 NURSERY					86,574 43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					8,043,994 50
52 DELIVERY ROOM & LABOR ROOM					808,134 52
53 ANESTHESIOLOGY					1,050,374 53
54 RADIOLOGY-DIAGNOSTIC					6,439,994 54
55 RADIOLOGY-THERAPEUTIC					2,581,408 55
57 COMPUTED TOMOGRAPHY (CT) SCAN					556,656 57
58 MAGNETIC RESONANCE IMAGING (MRI)					599,123 58
59 CARDIAC CATHETERIZATION					757,676 59
60 LABORATORY					4,631,653 60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.					1,041,184 63
65 RESPIRATORY THERAPY					1,287,420 65
66 PHYSICAL THERAPY					618,547 66
69 ELECTROCARDIOLOGY					2,401,207 69
70 ELECTROENCEPHALOGRAPHY					575,632 70
70.01 BRACE & PLASTER ROOM					18,487 70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					606,675 71
72 IMPL. DEV. CHARGED TO PATIENT					1,691,855 72
73 DRUGS CHARGED TO PATIENTS					3,843,655 73
74 RENAL DIALYSIS					357,921 74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					8,526,492 90
90.01 DENTAL CLINIC					90.01
90.02 TRANSPLANT CLINIC					113,606 90.02
91 EMERGENCY					2,116,525 91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					58,901 94
95 AMBULANCE SERVICES					449,157 95
99.10 CORF					99.10

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION 23	PARAMED ED PRGM PHARMACY 23.01	SUBTOTAL 24	
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
105 KIDNEY ACQUISITION					207,273	105
106 HEART ACQUISITION					95,710	106
107 LIVER ACQUISITION					164,350	107
108 LUNG ACQUISITION					100,437	108
109 PANCREAS ACQUISITION					18,845	109
118 SUBTOTALS (SUM OF LINES 1-117)					64,894,566	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					133,888	190
191.01 OTHER NONREIMBURSABLE					1,646,647	191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS	1,946,975	1,790,408	5,765	136,599	3,879,747	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,946,975	1,790,408	5,765	136,599	70,554,848	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
1.01 DCAM CAPITAL			1.01
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			4
5.01 NON-PATIENT PHONES			5.01
5.02 DATA PROCESSING			5.02
5.03 PURCHASING			5.03
5.04 ADMITTING			5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06 OTHER ADMIN & GENERAL			5.06
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE			17
18 OCCUPATIONAL THERAPY			18
18.01 VOLUNTEERS			18.01
18.02 PATIENT TRANSPORT			18.02
18.03 MEDICAL ELECTRONICS			18.03
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SRVCES-SALARY & FRINGES APPRVD			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED PRGM-(SPECIFY)			23
23.01 PARAMED ED PRGM - PHARMACY			23.01
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	9,648,380		30
31 INTENSIVE CARE UNIT	2,268,889		31
32 CORONARY CARE UNIT	675,802		32
33 BURN INTENSIVE CARE UNIT	332,722		33
34.01 NURSERY SPECIAL CARE	404,977		34.01
35 NURSERY ICU	1,714,331		35
43 NURSERY	86,574		43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	8,043,994		50
52 DELIVERY ROOM & LABOR ROOM	808,134		52
53 ANESTHESIOLOGY	1,050,374		53
54 RADIOLOGY-DIAGNOSTIC	6,439,994		54
55 RADIOLOGY-THERAPEUTIC	2,581,408		55
57 COMPUTED TOMOGRAPHY (CT) SCAN	556,656		57
58 MAGNETIC RESONANCE IMAGING (MRI)	599,123		58
59 CARDIAC CATHETERIZATION	757,676		59
60 LABORATORY	4,631,653		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,041,184		63
65 RESPIRATORY THERAPY	1,287,420		65
66 PHYSICAL THERAPY	618,547		66
69 ELECTROCARDIOLOGY	2,401,207		69
70 ELECTROENCEPHALOGRAPHY	575,632		70
70.01 BRACE & PLASTER ROOM	18,487		70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	606,675		71
72 IMPL. DEV. CHARGED TO PATIENT	1,691,855		72
73 DRUGS CHARGED TO PATIENTS	3,843,655		73
74 RENAL DIALYSIS	357,921		74
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	8,526,492		90
90.01 DENTAL CLINIC			90.01
90.02 TRANSPLANT CLINIC	113,606		90.02
91 EMERGENCY	2,116,525		91
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
94 HOME PROGRAM DIALYSIS	58,901		94
95 AMBULANCE SERVICES	449,157		95
99.10 CORF			99.10

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
99.20 OUTPATIENT PHYSICAL THERAPY			99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS			99.40
105 KIDNEY ACQUISITION		207,273	105
106 HEART ACQUISITION		95,710	106
107 LIVER ACQUISITION		164,350	107
108 LUNG ACQUISITION		100,437	108
109 PANCREAS ACQUISITION		18,845	109
118 SUBTOTALS (SUM OF LINES 1-117)		64,894,566	118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		133,888	190
191.01 OTHER NONREIMBURSABLE		1,646,647	191.01
191.02 MEDICAL SCHOOL			191.02
200 CROSS FOOT ADJUSTMENTS		3,879,747	200
201 NEGATIVE COST CENTER			201
202 TOTAL (SUM OF LINES 118-201)		70,554,848	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	DCAM SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	NON PATIENT PHONES NUMBER OF PHONES
	1	1.01	2	4	5.01
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT	792,764				1
1.01 DCAM CAPITAL		301,132			1.01
2 CAP REL COSTS-MVBLE EQUIP			41,935,253		2
4 EMPLOYEE BENEFITS	16,842		77,479	379,161,030	4
5.01 NON-PATIENT PHONES			3,507	1,166,898	153
5.02 DATA PROCESSING	52,121	3,980	22,289,614	16,091,278	1
5.03 PURCHASING	17,826		253,935	2,594,943	1
5.04 ADMITTING	4,170	3,806	5,111	1,858,842	1
5.05 CASHIERING/ACCOUNTS RECEIVABLE	11,322		637	4,240,610	1
5.06 OTHER ADMIN & GENERAL	60,983	4,071	3,400,409	36,839,487	100
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT	4,979	541	402,364	3,029,737	1
8 LAUNDRY & LINEN SERVICE	1,133		237	309,161	1
9 HOUSEKEEPING	22,169	6,071	55,778	10,183,361	1
10 DIETARY	3,459		4,165	2,815,790	1
11 CAFETERIA	21,211	10,975	166,529	1,404,766	1
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	3,109		6,369	6,290,677	1
14 CENTRAL SERVICES & SUPPLY	13,289	5,272	84,659	2,450,903	1
15 PHARMACY	10,513	2,154	161,576	13,195,017	1
16 MEDICAL RECORDS & LIBRARY	14,741		11,735	2,884,101	1
17 SOCIAL SERVICE	2,626			621,719	1
18 OCCUPATIONAL THERAPY					18
18.01 VOLUNTEERS	1,174		1,795	211,511	1
18.02 PATIENT TRANSPORT	4,597		3,109	2,713,009	1
18.03 MEDICAL ELECTRONICS	9,384		430,794	864,563	1
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD	21,609		1,527	27,943,292	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				17,448,581	1
23 PARAMED ED PRGM-(SPECIFY)				97,817	23
23.01 PARAMED ED PRGM - PHARMACY	1,875			1,204,574	1
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	137,460		749,953	51,025,798	1
31 INTENSIVE CARE UNIT	27,054		188,084	13,708,839	1
32 CORONARY CARE UNIT	4,757		180,030	3,569,717	1
33 BURN INTENSIVE CARE UNIT	5,019		1,547	2,180,217	1
34.01 NURSERY SPECIAL CARE	7,213		28,581	1,736,653	1
35 NURSERY ICU	20,704		48,594	12,472,595	1
43 NURSERY	1,448			445,808	1
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	46,677	19,599	3,128,433	20,617,847	2
52 DELIVERY ROOM & LABOR ROOM	17,030		5,016	3,908,165	1
53 ANESTHESIOLOGY	1,087	986	549,708	5,337,257	1
54 RADIOLOGY-DIAGNOSTIC	38,672	32,372	2,931,328	12,347,812	1
55 RADIOLOGY-THERAPEUTIC		23,666	1,454,770	3,671,119	1
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,997		154,083	2,673,101	1
58 MAGNETIC RESONANCE IMAGING (MRI)	1,712	4,030	208,212	1,821,833	1
59 CARDIAC CATHETERIZATION	7,858		277,263	1,362,121	1
60 LABORATORY	49,135	4,174	1,168,442	15,308,431	1
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	3,009	3,314	105,869	2,628,298	1
65 RESPIRATORY THERAPY	4,192	3,530	168,185	5,743,488	1
66 PHYSICAL THERAPY	9,086	917	22,930	3,887,183	1
69 ELECTROCARDIOLOGY	4,223	10,350	1,308,521	5,845,974	1
70 ELECTROENCEPHALOGRAPHY	4,618	3,582	188,670	1,995,357	1
70.01 BRACE & PLASTER ROOM		636		97,514	1
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				75	71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS			2,494		73
74 RENAL DIALYSIS	3,393		3,360	1,904,695	1
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	23,515	152,510	1,201,305	30,750,495	1
90.01 DENTAL CLINIC					90.01
90.02 TRANSPLANT CLINIC	488	595	3,264	1,209,269	1
91 EMERGENCY	23,921		211,717	13,193,046	1
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS	1,665			58,860	1
95 AMBULANCE SERVICES	1,287		212,695	998,563	1

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	DCAM SQUARE FEET 1.01	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	NON PATIENT PHONES NUMBER OF PHONES 5.01	
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	300	1,748	480	869,057	1	105
106 HEART ACQUISITION		890		167,727	1	106
107 LIVER ACQUISITION		1,116		440,028	1	107
108 LUNG ACQUISITION	1,165	199	8,636	301,949	1	108
109 PANCREAS ACQUISITION	34			44,557	1	109
118 SUBTOTALS (SUM OF LINES 1-117)	747,851	301,084	41,873,499	378,784,085	153	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,860					190
191.01 OTHER NONREIMBURSABLE	40,053	48	61,754	376,945		191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	18,354,539	5,242,203	46,958,106	6,642,223	822,573	202
203 UNIT COST MULT-WS B PT I	23.152589	17.408323	1.119776	0.017518	5,376.294118	203
204 COST TO BE ALLOC PER B PT II				476,695	5,394	204
205 UNIT COST MULT-WS B PT II				0.001257	35.254902	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	DATA	PURCHASING	ADMITTING	CASHIERING	
		PROCESSING	ADMIT, REC AND STORES	INPATIENT	ACCOUNTS RECEIVABLE	
	5A.02	ACCUM COST 5.02	REQUIS 5.03	REVENUE 5.04	GROSS REVENUE 5.05	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT PHONES						5.01
5.02 DATA PROCESSING	-60,248,261	796,572,980				5.02
5.03 PURCHASING		4,360,868	162,880,990			5.03
5.04 ADMITTING		2,721,137	9,430	1,918,301,212		5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE		11,103,605	40,766		3,240,762,608	5.05
5.06 OTHER ADMIN & GENERAL		95,374,084	153,633			5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		28,235,787	741,582			7
8 LAUNDRY & LINEN SERVICE		2,150,470	389,761			8
9 HOUSEKEEPING		18,286,992	971,767			9
10 DIETARY		6,232,169	1,202,243			10
11 CAFETERIA		2,820,563	2,269,090			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		9,288,585	25,016			13
14 CENTRAL SERVICES & SUPPLY		4,860,065	834,835			14
15 PHARMACY		26,362,644	52,127,861			15
16 MEDICAL RECORDS & LIBRARY		8,917,815	57,028			16
17 SOCIAL SERVICE		937,004	1,382			17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS		455,957	19,229			18.01
18.02 PATIENT TRANSPORT		4,364,686	24,169			18.02
18.03 MEDICAL ELECTRONICS		1,970,884	4,665			18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		26,785,887				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		37,407,161	26,954			22
23 PARAMED ED PRGM-(SPECIFY)		125,206				23
23.01 PARAMED ED PRGM - PHARMACY		1,657,498	2,509			23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		80,454,024	5,432,505	309,686,176	316,289,192	30
31 INTENSIVE CARE UNIT		21,385,094	2,529,294	101,992,793	101,992,793	31
32 CORONARY CARE UNIT		5,438,964	442,311	27,618,859	27,618,859	32
33 BURN INTENSIVE CARE UNIT		3,136,219	172,923	17,660,005	17,660,005	33
34.01 NURSERY SPECIAL CARE		2,622,890	98,007	12,419,721	12,419,721	34.01
35 NURSERY ICU		17,548,166	970,827	57,401,102	57,401,102	35
43 NURSERY		701,964	56,488	4,783,950	4,783,950	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		50,528,194	15,972,992	189,709,434	289,031,548	50
52 DELIVERY ROOM & LABOR ROOM		5,964,854	389,517	17,472,431	18,950,815	52
53 ANESTHESIOLOGY		5,563,767	1,688,776	58,097,041	94,533,811	53
54 RADIOLOGY-DIAGNOSTIC		26,954,891	2,210,721	48,809,115	126,239,920	54
55 RADIOLOGY-THERAPEUTIC		8,644,295	325,105	23,119,807	69,985,476	55
57 COMPUTED TOMOGRAPHY (CT) SCAN		4,472,345	546,964	36,341,242	128,669,791	57
58 MAGNETIC RESONANCE IMAGING (MRI)		3,366,772	511,334	17,823,684	66,598,643	58
59 CARDIAC CATHETERIZATION		3,505,092	704,864	26,665,147	51,869,980	59
60 LABORATORY		33,231,905	7,811,075	171,493,571	354,374,434	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		12,584,211	9,774,052	90,270,833	104,098,492	63
65 RESPIRATORY THERAPY		11,311,440	2,576,654	127,802,885	134,859,079	65
66 PHYSICAL THERAPY		6,002,962	109,518	11,623,076	22,131,279	66
69 ELECTROCARDIOLOGY		11,323,092	571,089	42,133,241	90,833,618	69
70 ELECTROENCEPHALOGRAPHY		3,171,817	56,288	5,388,764	11,317,178	70
70.01 BRACE & PLASTER ROOM		89,936		33,135	657,544	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		10,307,234	10,307,137	28,904,723	64,351,949	71
72 IMPL. DEV. CHARGED TO PATIENT		28,871,968	28,871,968	94,636,014	114,829,169	72
73 DRUGS CHARGED TO PATIENTS		36,477,865	406,240	270,381,665	512,490,709	73
74 RENAL DIALYSIS		4,142,339	1,192,092	20,664,868	32,365,454	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		58,873,000	8,212,988	26,080,687	190,867,311	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC		1,724,456	13,329	2,086,877	2,155,366	90.02
91 EMERGENCY		20,429,623	1,748,214	63,031,152	202,371,917	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS		249,784	86,587	18,166	1,309,904	94
95 AMBULANCE SERVICES		3,157,259	107,425	930,048	4,145,272	95

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	DATA	PURCHASING	ADMITTING	CASHIERING	
		PROCESSING	ADMIT, REC AND STORES		ACCOUNTS	
		ACCUM	COSTED	INPATIENT	RECEIVABLE	
	5A.02	COST	REQUIS	REVENUE	GROSS	
		5.02	5.03	5.04	REVENUE	5.05
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		3,288,418	22,929	4,208,716	4,546,043	105
106 HEART ACQUISITION		1,628,162	27,011	3,463,978	3,463,978	106
107 LIVER ACQUISITION		2,955,190	15,556	4,202,453	4,202,453	107
108 LUNG ACQUISITION		1,164,142	13,681	893,582	893,582	108
109 PANCREAS ACQUISITION		360,797	2,609	452,271	452,271	109
118 SUBTOTALS (SUM OF LINES 1-117)	-60,248,261	786,052,198	162,880,990	1,918,301,212	3,240,762,608	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		62,115				190
191.01 OTHER NONREIMBURSABLE		10,458,667				191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I		60,248,261	4,690,698	2,927,219	11,944,589	202
203 UNIT COST MULT-WS B PT I		0.075634	0.028798	0.001526	0.003686	203
204 COST TO BE ALLOC PER B PT II		26,255,676	844,104	260,637	634,409	204
205 UNIT COST MULT-WS B PT II		0.032961	0.005182	0.000136	0.000196	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	OTHER ADMIN & GENERAL ACCUM COST 5.06	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE PATIENT DAYS 8	HOUSE- KEEPING HOURS OF SERVICE 9
GENERAL SERVICE COST CENTERS					
1					1
1.01					1.01
2					2
4					4
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
5.05					5.05
5.06					5.06
6	-102,592,293	754,228,948			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
18.01					18.01
18.02					18.02
18.03					18.03
19					19
20					20
21					21
22					22
23					23
23.01					23.01
INPATIENT ROUTINE SERV COST CENTERS					
30					30
31					31
32					32
33					33
34.01					34.01
35					35
43					43
ANCILLARY SERVICE COST CENTERS					
50					50
52					52
53					53
54					54
55					55
57					57
58					58
59					59
60					60
62.30					62.30
63					63
65					65
66					66
69					69
70					70
70.01					70.01
71					71
72					72
73					73
74					74
76.97					76.97
76.98					76.98
76.99					76.99
OUTPATIENT SERVICE COST CENTERS					
90					90
90.01					90.01
90.02					90.02
91					91
92					92
OTHER REIMBURSABLE COST CENTERS					
94					94
95					95

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	OTHER ADMIN & GEERAL ACCUM COST 5.06	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE PATIENT DAYS 8	HOUSE- KEEPING HOURS OF SERVICE 9	
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		3,560,974	2,048		2,048	105
106 HEART ACQUISITION		1,770,138	890		890	106
107 LIVER ACQUISITION		3,201,054	1,116		1,116	107
108 LUNG ACQUISITION		1,257,243	1,165		1,165	108
109 PANCREAS ACQUISITION		390,518	233		233	109
118 SUBTOTALS (SUM OF LINES 1-117)	-102,592,293	742,912,437	868,294	140,216	838,918	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		66,813	4,860		4,860	190
191.01 OTHER NONREIMBURSABLE		11,249,698	40,101		40,101	191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I		102,592,293	34,526,839	2,683,342	23,445,140	202
203 UNIT COST MULT-WS B PT I		0.136023	37.806351	19.137203	26.525282	203
204 COST TO BE ALLOC PER B PT II		8,484,578	1,855,507	128,272	1,581,005	204
205 UNIT COST MULT-WS B PT II		0.011249	2.031751	0.914817	1.788712	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY
	PATIENT DAYS	FTES	ADMINIS- TRATION DIRECT NRSNG HRS	SERVICES & SUPPLY COSTED REQUIS.	COSTED REQUIS.
	10	11	13	14	15
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 DCAM CAPITAL					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 NON-PATIENT PHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 OTHER ADMIN & GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY	140,216				10
11 CAFETERIA		431,311			11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION		8,219	139,917		13
14 CENTRAL SERVICES & SUPPLY		5,834		156,242,867	14
15 PHARMACY		16,791	211	52,127,861	45,202,306
16 MEDICAL RECORDS & LIBRARY		5,080		57,028	16
17 SOCIAL SERVICE		1,299		1,382	17
18 OCCUPATIONAL THERAPY					18
18.01 VOLUNTEERS		423		19,229	18.01
18.02 PATIENT TRANSPORT		7,820		24,169	18.02
18.03 MEDICAL ELECTRONICS		1,304		4,665	18.03
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD		77,220			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				26,954	22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMED ED PRGM - PHARMACY		1,506	1,506	2,509	23.01
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	94,546	71,085	45,230	5,432,505	14,792
31 INTENSIVE CARE UNIT	18,895	13,812	13,415	2,529,294	15,964
32 CORONARY CARE UNIT	4,230	6,021	3,519	442,311	7,325
33 BURN INTENSIVE CARE UNIT	2,689	2,220	2,153	172,923	1,740
34.01 NURSERY SPECIAL CARE	4,819	1,846	1,843	98,007	
35 NURSERY ICU	12,790	14,451	12,241	970,827	
43 NURSERY	2,247			56,488	308
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		25,225	15,259	15,972,992	71,283
52 DELIVERY ROOM & LABOR ROOM		4,377	3,395	389,517	21,957
53 ANESTHESIOLOGY		4,788	2,606	1,688,776	565,762
54 RADIOLOGY-DIAGNOSTIC		17,127	2,110	2,210,721	349,995
55 RADIOLOGY-THERAPEUTIC		4,958	402	325,105	60,367
57 COMPUTED TOMOGRAPHY (CT) SCAN		2,934		546,964	299,327
58 MAGNETIC RESONANCE IMAGING (MRI)		2,136		511,334	386,121
59 CARDIAC CATHETERIZATION		1,527	679	704,864	415,481
60 LABORATORY		26,264	2	7,811,075	3,972
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					
63 BLOOD STORING, PROCESSING & TRANS.		4,083	52	9,774,052	99,496
65 RESPIRATORY THERAPY		8,996		2,576,654	1,877,426
66 PHYSICAL THERAPY		6,300	188	109,518	135,984
69 ELECTROCARDIOLOGY		7,698	1,314	571,089	4,052
70 ELECTROENCEPHALOGRAPHY		3,974	349	56,288	
70.01 BRACE & PLASTER ROOM		228			
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				10,307,137	
72 IMPL. DEV. CHARGED TO PATIENT				28,871,968	
73 DRUGS CHARGED TO PATIENTS				406,240	37,343,209
74 RENAL DIALYSIS		3,009	1,257	1,192,092	384,803
76.97 CARDIAC REHABILITATION					
76.98 HYPERBARIC OXYGEN THERAPY					
76.99 LITHOTRIPSY					
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		49,822	19,158	8,212,988	2,829,698
90.01 DENTAL CLINIC					
90.02 TRANSPLANT CLINIC		583	325	13,329	4,633
91 EMERGENCY		18,251	10,654	1,748,214	259,006
92 OBSERVATION BEDS					
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS		105	43	86,586	18,317
95 AMBULANCE SERVICES		1,211	580	107,426	6,983

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY
	PATIENT DAYS	FTES	ADMINIS- TRATION DIRECT NRSING HRS	SERVICES & SUPPLY COSTED REQUIS.	COSTED REQUIS.
	10	11	13	14	15
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
105 KIDNEY ACQUISITION		1,164	1,082	22,929	12,110 105
106 HEART ACQUISITION		24		27,011	106
107 LIVER ACQUISITION		860	124	15,556	10,584 107
108 LUNG ACQUISITION		481	220	13,681	233 108
109 PANCREAS ACQUISITION		132		2,609	1,378 109
118 SUBTOTALS (SUM OF LINES 1-117)	140,216	431,188	139,917	156,242,867	45,202,306 118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					190
191.01 OTHER NONREIMBURSABLE		123			191.01
191.02 MEDICAL SCHOOL					191.02
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	7,877,222	5,591,384	11,657,514	7,235,734	37,383,339 202
203 UNIT COST MULT-WS B PT I	56.179195	12.963694	83.317352	0.046311	0.827023 203
204 COST TO BE ALLOC PER B PT II	388,985	1,132,977	539,212	807,198	2,316,094 204
205 UNIT COST MULT-WS B PT II	2.774184	2.626821	3.853799	0.005166	0.051238 205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY INPATIENT REVENUE	SOCIAL SERVICE PATIENT DAYS	VOLUNTEERS VOLUNTEER HOURS	PATIENT TRANSPORT NUMBER OF TRANSPORTS	MEDICAL ELECTRONIC HOURS WORKED
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 DCAM CAPITAL					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 NON-PATIENT PHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 OTHER ADMIN & GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY	1,918,301,212				16
17 SOCIAL SERVICE		140,216			17
18 OCCUPATIONAL THERAPY					18
18.01 VOLUNTEERS			26,689		18.01
18.02 PATIENT TRANSPORT				39,337	18.02
18.03 MEDICAL ELECTRONICS					4,202
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMED ED PRGM - PHARMACY					23.01
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	309,686,176	94,546	8,950	15,359	774
31 INTENSIVE CARE UNIT	101,992,793	18,895		402	298
32 CORONARY CARE UNIT	27,618,859	4,230		90	97
33 BURN INTENSIVE CARE UNIT	17,660,005	2,689		118	39
34.01 NURSERY SPECIAL CARE	12,419,721	4,819		17	65
35 NURSERY ICU	57,401,102	12,790	1,800	563	434
43 NURSERY	4,783,950	2,247	80		2
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	189,709,434		1,900	95	401
52 DELIVERY ROOM & LABOR ROOM	17,472,431			710	94
53 ANESTHESIOLOGY	58,097,041				5
54 RADIOLOGY-DIAGNOSTIC	48,809,115		353	4,310	25
55 RADIOLOGY-THERAPEUTIC	23,119,807		600	190	8
57 COMPUTED TOMOGRAPHY (CT) SCAN	36,341,242		360	4,393	25
58 MAGNETIC RESONANCE IMAGING (MRI)	17,823,684		186	2,274	13
59 CARDIAC CATHETERIZATION	26,665,147		83	130	55
60 LABORATORY	171,493,571		7,500	425	182
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					
63 BLOOD STORING, PROCESSING & TRANS.	90,270,833				14
65 RESPIRATORY THERAPY	127,802,885				709
66 PHYSICAL THERAPY	11,623,076			851	40
69 ELECTROCARDIOLOGY	42,133,241		47	74	31
70 ELECTROENCEPHALOGRAPHY	5,388,764		30		70
70.01 BRACE & PLASTER ROOM	33,135				70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	28,904,723				71
72 IMPL. DEV. CHARGED TO PATIENT	94,636,014				72
73 DRUGS CHARGED TO PATIENTS	270,381,665				73
74 RENAL DIALYSIS	20,664,868			277	31
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	26,080,687			4,608	401
90.01 DENTAL CLINIC					90.01
90.02 TRANSPLANT CLINIC	2,086,877				90.02
91 EMERGENCY	63,031,152		4,800	4,319	217
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS	18,166				94
95 AMBULANCE SERVICES	930,048				123

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY INPATIENT REVENUE	SOCIAL SERVICE PATIENT DAYS	VOLUNTEERS VOLUNTEER HOURS	PATIENT TRANSPORT NUMBER OF TRANSPORTS	MEDICAL ELECTRONIC HOURS WORKED	
	16	17	18.01	18.02	18.03	
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	4,208,716				3	105
106 HEART ACQUISITION	3,463,978					106
107 LIVER ACQUISITION	4,202,453					107
108 LUNG ACQUISITION	893,582					108
109 PANCREAS ACQUISITION	452,271					109
118 SUBTOTALS (SUM OF LINES 1-117)	1,918,301,212	140,216	26,689	39,205	4,086	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191.01 OTHER NONREIMBURSABLE				132	116	191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	11,915,753	1,330,850	639,685	5,732,425	3,029,273	202
203 UNIT COST MULT-WS B PT I	0.006212	9.491428	23.968114	145.726034	720.912185	203
204 COST TO BE ALLOC PER B PT II	830,207	117,297	55,839	348,397	828,914	204
205 UNIT COST MULT-WS B PT II	0.000433	0.836545	2.092210	8.856725	197.266540	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SALARY & FRINGES ASSIGNED TIME 21	I&R PROGRAM COSTS ASSIGNED TIME 22	PARAMED EDUCATION ASSIGNED TIME 23	PARAMED ED PRGM PHARMACY TIME SPENT 23.01	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 DCAM CAPITAL					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 NON-PATIENT PHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 OTHER ADMIN & GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
18 OCCUPATIONAL THERAPY					18
18.01 VOLUNTEERS					18.01
18.02 PATIENT TRANSPORT					18.02
18.03 MEDICAL ELECTRONICS					18.03
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD	8,400				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		8,400			22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMED ED PRGM - PHARMACY			100	100	23.01
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	3,601	3,601			30
31 INTENSIVE CARE UNIT	291	291			31
32 CORONARY CARE UNIT	28	28			32
33 BURN INTENSIVE CARE UNIT	6	6			33
34.01 NURSERY SPECIAL CARE	48	48			34.01
35 NURSERY ICU	181	181			35
43 NURSERY	55	55			43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	357	357			50
52 DELIVERY ROOM & LABOR ROOM	135	135			52
53 ANESTHESIOLOGY	101	101			53
54 RADIOLOGY-DIAGNOSTIC	129	129	100		54
55 RADIOLOGY-THERAPEUTIC	90	90			55
57 COMPUTED TOMOGRAPHY (CT) SCAN	131	131			57
58 MAGNETIC RESONANCE IMAGING (MRI)	68	68			58
59 CARDIAC CATHETERIZATION	16				59
60 LABORATORY	313	313			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	28	28			63
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
69 ELECTROCARDIOLOGY	9	25			69
70 ELECTROENCEPHALOGRAPHY	96	96			70
70.01 BRACE & PLASTER ROOM					70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS				100	73
74 RENAL DIALYSIS	29	29			74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	1,402	1,402			90
90.01 DENTAL CLINIC					90.01
90.02 TRANSPLANT CLINIC					90.02
91 EMERGENCY	476	476			91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
95 AMBULANCE SERVICES					95

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SALARY & FRINGES ASSIGNED TIME 21	I&R PROGRAM COSTS ASSIGNED TIME 22	PARAMED EDUCATION ASSIGNED TIME 23	PARAMED ED PRGM PHARMACY TIME SPENT 23.01	
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
105 KIDNEY ACQUISITION					105
106 HEART ACQUISITION					106
107 LIVER ACQUISITION					107
108 LUNG ACQUISITION					108
109 PANCREAS ACQUISITION					109
118 SUBTOTALS (SUM OF LINES 1-117)	7,590	7,590	100	100	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					190
191.01 OTHER NONREIMBURSABLE	810	810			191.01
191.02 MEDICAL SCHOOL					191.02
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	33,731,937	47,101,763	152,995	2,291,190	202
203 UNIT COST MULT-WS B PT I	4,015.706786	5,607.352738	1,529.950000	22,911.900000	203
204 COST TO BE ALLOC PER B PT II	1,946,975	1,790,408	5,765	136,599	204
205 UNIT COST MULT-WS B PT II	231.782738	213.143810	57.650000	1,365.990000	205

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POST STEP DOWN ADJUSTMENTS

WORKSHEET B-2

DESCRIPTION 1	----- PART 2	WORKSHEET B LINE NO. 3	AMOUNT 4	
1				1
2				2
3 EXCLUDE ARANESP FROM RENAL FACILITY	1	74	-156,114	3
4 EXCLUDE ARANESP FROM HOME PROGRAM FA	1	94	-11,507	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

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	127,097,878		127,097,878		127,097,878	30
31 INTENSIVE CARE UNIT	32,495,007		32,495,007		32,495,007	31
32 CORONARY CARE UNIT	8,141,199		8,141,199		8,141,199	32
33 BURN INTENSIVE CARE UNIT	4,866,061		4,866,061		4,866,061	33
34.01 NURSERY SPECIAL CARE	4,462,993		4,462,993		4,462,993	34.01
35 NURSERY ICU	26,277,962		26,277,962		26,277,962	35
43 NURSERY	1,207,599		1,207,599		1,207,599	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	71,992,005		71,992,005	20,855	72,012,860	50
52 DELIVERY ROOM & LABOR ROOM	9,162,251		9,162,251		9,162,251	52
53 ANESTHESIOLOGY	8,673,596		8,673,596		8,673,596	53
54 RADIOLOGY-DIAGNOSTIC	40,093,745		40,093,745	124,978	40,218,723	54
55 RADIOLOGY-THERAPEUTIC	12,783,301		12,783,301	40,779	12,824,080	55
57 COMPUTED TOMOGRAPHY (CT) SC	7,416,606		7,416,606		7,416,606	57
58 MAGNETIC RESONANCE IMAGING	5,636,536		5,636,536		5,636,536	58
59 CARDIAC CATHETERIZATION	5,753,883		5,753,883		5,753,883	59
60 LABORATORY	48,217,639		48,217,639	65,647	48,283,286	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	17,859,182		17,859,182		17,859,182	63
65 RESPIRATORY THERAPY	18,282,944		18,282,944		18,282,944	65
66 PHYSICAL THERAPY	8,535,124		8,535,124		8,535,124	66
69 ELECTROCARDIOLOGY	15,780,843		15,780,843	268,456	16,049,299	69
70 ELECTROENCEPHALOGRAPHY	4,579,274		4,579,274	13,937	4,593,211	70
70.01 BRACE & PLASTER ROOM	156,785		156,785		156,785	70.01
71 MEDICAL SUPPLIES CHRGED TO	13,908,537		13,908,537		13,908,537	71
72 IMPL. DEV. CHARGED TO PATIE	38,794,368		38,794,368		38,794,368	72
73 DRUGS CHARGED TO PATIENTS	82,074,273		82,074,273		82,074,273	73
74 RENAL DIALYSIS	6,042,494		6,042,494		6,042,494	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	90,461,931		90,461,931	1,151,286	91,613,217	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC	2,241,991		2,241,991		2,241,991	90.02
91 EMERGENCY	30,228,478		30,228,478	50,085	30,278,563	91
92 OBSERVATION BEDS	3,371,057		3,371,057		3,371,057	92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS	433,394		433,394		433,394	94
95 AMBULANCE SERVICES	4,132,498		4,132,498		4,132,498	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
105 KIDNEY ACQUISITION	4,321,723		4,321,723		4,321,723	105
106 HEART ACQUISITION	2,091,253		2,091,253		2,091,253	106
107 LIVER ACQUISITION	3,765,324		3,765,324		3,765,324	107
108 LUNG ACQUISITION	1,534,147		1,534,147		1,534,147	108
109 PANCREAS ACQUISITION	464,408		464,408		464,408	109
200 SUBTOTAL (SEE INSTRUCTIONS)	763,338,289		763,338,289	1,736,023	765,074,312	200
201 LESS OBSERVATION BEDS	3,371,057		3,371,057		3,371,057	201
202 TOTAL (SEE INSTRUCTIONS)	759,967,232		759,967,232	1,736,023	761,703,255	202

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 (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	309,686,176		309,686,176			30
31 INTENSIVE CARE UNIT	101,992,793		101,992,793			31
32 CORONARY CARE UNIT	27,618,859		27,618,859			32
33 BURN INTENSIVE CARE UNIT	17,660,005		17,660,005			33
34.01 NURSERY SPECIAL CARE	12,419,721		12,419,721			34.01
35 NURSERY ICU	57,401,102		57,401,102			35
43 NURSERY	4,783,950		4,783,950			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	189,709,434	99,322,114	289,031,548	0.249080	0.249080	0.249152 50
52 DELIVERY ROOM & LABOR ROOM	17,472,431	1,478,384	18,950,815	0.483475	0.483475	0.483475 52
53 ANESTHESIOLOGY	58,097,041	36,436,770	94,533,811	0.091751	0.091751	0.091751 53
54 RADIOLOGY-DIAGNOSTIC	48,809,115	77,430,805	126,239,920	0.317600	0.317600	0.318590 54
55 RADIOLOGY-THERAPEUTIC	23,119,807	46,865,669	69,985,476	0.182656	0.182656	0.183239 55
57 COMPUTED TOMOGRAPHY (CT) SC	36,341,242	92,328,549	128,669,791	0.057641	0.057641	0.057641 57
58 MAGNETIC RESONANCE IMAGING	17,823,684	48,774,959	66,598,643	0.084634	0.084634	0.084634 58
59 CARDIAC CATHETERIZATION	26,665,147	25,204,833	51,869,980	0.110929	0.110929	0.110929 59
60 LABORATORY	171,493,571	182,880,863	354,374,434	0.136064	0.136064	0.136249 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	90,270,833	13,827,659	104,098,492	0.171560	0.171560	0.171560 63
65 RESPIRATORY THERAPY	127,802,885	7,056,194	134,859,079	0.135571	0.135571	0.135571 65
66 PHYSICAL THERAPY	11,623,076	10,508,203	22,131,279	0.385659	0.385659	0.385659 66
69 ELECTROCARDIOLOGY	42,133,241	48,700,377	90,833,618	0.173734	0.173734	0.176689 69
70 ELECTROENCEPHALOGRAPHY	5,388,764	5,928,414	11,317,178	0.404630	0.404630	0.405862 70
70.01 BRACE & PLASTER ROOM	33,135	624,409	657,544	0.238440	0.238440	0.238440 70.01
71 MEDICAL SUPPLIES CHRGED TO	28,904,723	35,447,226	64,351,949	0.216132	0.216132	0.216132 71
72 IMPL. DEV. CHARGED TO PATIE	94,636,014	20,193,155	114,829,169	0.337844	0.337844	0.337844 72
73 DRUGS CHARGED TO PATIENTS	270,381,665	242,109,044	512,490,709	0.160148	0.160148	0.160148 73
74 RENAL DIALYSIS	20,664,868	11,700,586	32,365,454	0.186696	0.186696	0.186696 74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	26,080,687	164,786,624	190,867,311	0.473952	0.473952	0.479984 90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC	2,086,877	68,489	2,155,366	1.040190	1.040190	1.040190 90.02
91 EMERGENCY	63,031,152	139,340,765	202,371,917	0.149371	0.149371	0.149618 91
92 OBSERVATION BEDS	610,420	5,992,596	6,603,016	0.510533	0.510533	0.510533 92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS	18,166	1,291,738	1,309,904	0.330859	0.330859	0.330859 94
95 AMBULANCE SERVICES	930,048	3,215,224	4,145,272	0.996918	0.996918	0.996918 95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
105 KIDNEY ACQUISITION	4,208,716	337,327	4,546,043			105
106 HEART ACQUISITION	3,463,978		3,463,978			106
107 LIVER ACQUISITION	4,202,453		4,202,453			107
108 LUNG ACQUISITION	893,582		893,582			108
109 PANCREAS ACQUISITION	452,271		452,271			109
200 SUBTOTAL (SEE INSTRUCTIONS)	1,918,911,632	1,321,850,976	3,240,762,608			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	1,918,911,632	1,321,850,976	3,240,762,608			202

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	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM (COL. 3 + COL. 4)	INPAT PGM DAYS	INPAT PGM CAP COST (COL. 5 x COL. 6)	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL. 1 MINUS COL. 2)	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	9,648,380		9,648,380	97,122	99.34	30,994	3,078,944	30
31 INTENSIVE CARE UNIT	2,268,889		2,268,889	18,895	120.08	6,426	771,634	31
32 CORONARY CARE UNIT	675,802		675,802	4,230	159.76	1,985	317,124	32
33 BURN INTENSIVE CARE UNIT	332,722		332,722	2,689	123.73	530	65,577	33
34 SURGICAL INTENSIVE CARE UNIT								34
34.01 NURSERY SPECIAL CARE	404,977		404,977	4,819	84.04			34.01
35 NURSERY ICU	1,714,331		1,714,331	12,790	134.04			35
40 SUBPROVIDER - IPF								40
41 SUBPROVIDER - IRF								41
42 SUBPROVIDER I								42
43 NURSERY	86,574		86,574	2,247	38.53			43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	15,131,675		15,131,675	142,792		39,935	4,233,279	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0088) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX [] IRF

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	8,043,994	289,031,548	0.027831	58,370,063	1,624,497	50
52 DELIVERY ROOM & LABOR ROOM	808,134	18,950,815	0.042644	393,058	16,762	52
53 ANESTHESIOLOGY	1,050,374	94,533,811	0.011111	17,285,291	192,057	53
54 RADIOLOGY-DIAGNOSTIC	6,439,994	126,239,920	0.051014	19,373,405	988,315	54
55 RADIOLOGY-THERAPEUTIC	2,581,408	69,985,476	0.036885	6,984,345	257,618	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	556,656	128,669,791	0.004326	13,535,931	58,556	57
58 MAGNETIC RESONANCE IMAGING (M	599,123	66,598,643	0.008996	4,957,210	44,595	58
59 CARDIAC CATHETERIZATION	757,676	51,869,980	0.014607	13,412,233	195,912	59
60 LABORATORY	4,631,653	354,374,434	0.013070	63,148,620	825,352	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	1,041,184	104,098,492	0.010002	29,777,729	297,837	63
65 RESPIRATORY THERAPY	1,287,420	134,859,079	0.009546	29,540,856	281,997	65
66 PHYSICAL THERAPY	618,547	22,131,279	0.027949	4,708,089	131,586	66
69 ELECTROCARDIOLOGY	2,401,207	90,833,618	0.026435	20,687,573	546,876	69
70 ELECTROENCEPHALOGRAPHY	575,632	11,317,178	0.050864	1,217,726	61,938	70
70.01 BRACE & PLASTER ROOM	18,487	657,544	0.028115	10,070	283	70.01
71 MEDICAL SUPPLIES CHRGD TO PA	606,675	64,351,949	0.009427	11,262,239	106,169	71
72 IMPL. DEV. CHARGED TO PATIENT	1,691,855	114,829,169	0.014734	42,508,049	626,314	72
73 DRUGS CHARGED TO PATIENTS	3,843,655	512,490,709	0.007500	81,832,570	613,744	73
74 RENAL DIALYSIS	357,921	32,365,454	0.011059	10,155,651	112,311	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	8,526,492	190,867,311	0.044672	5,228,880	233,585	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC	113,606	2,155,366	0.052708			90.02
91 EMERGENCY	2,116,525	202,371,917	0.010459	21,278,256	222,549	91
92 OBSERVATION BEDS	255,907	6,603,016	0.038756	242,676	9,405	92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS	58,901	1,309,904	0.044966	14,051	632	94
95 AMBULANCE SERVICES						95
200 TOTAL (SUM OF LINES 50-199)	48,983,026	2,691,496,403	2,691,496,403	455,924,571	7,448,890	200

PROVIDER CCN: 14-0088 UNIVERSITY OF CHICAGO HOSPITAL
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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	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
34.01 NURSERY SPECIAL CARE					34.01
35 NURSERY ICU					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 + COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	97,122		30,994		30
31 INTENSIVE CARE UNIT	18,895		6,426		31
32 CORONARY CARE UNIT	4,230		1,985		32
33 BURN INTENSIVE CARE UNIT	2,689		530		33
34 SURGICAL INTENSIVE CARE UNIT					34
34.01 NURSERY SPECIAL CARE	4,819				34.01
35 NURSERY ICU	12,790				35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	2,247				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	142,792		39,935		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0088) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC			152,995		152,995	152,995	54
55 RADIOLOGY-THERAPEUTIC							55
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
69 ELECTROCARDIOLOGY							69
70 ELECTROENCEPHALOGRAPHY							70
70.01 BRACE & PLASTER ROOM							70.01
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS			2,291,190		2,291,190	2,291,190	73
74 RENAL DIALYSIS							74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.01 DENTAL CLINIC							90.01
90.02 TRANSPLANT CLINIC							90.02
91 EMERGENCY							91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
95 AMBULANCE SERVICES							95
200 TOTAL (SUM OF LINES 50-199)			2,444,185		2,444,185	2,444,185	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0088)	[] SUB (OTHER)	[] ICF/MR	[] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[] IRF	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	289,031,548			58,370,063		21,676,611	50
52 DELIVERY ROOM & LABOR ROOM	18,950,815			393,058		81,690	52
53 ANESTHESIOLOGY	94,533,811			17,285,291		8,433,121	53
54 RADIOLOGY-DIAGNOSTIC	126,239,920	0.001212	0.001212	19,373,405	23,481	25,839,040	31,317 54
55 RADIOLOGY-THERAPEUTIC	69,985,476			6,984,345		18,559,575	55
57 COMPUTED TOMOGRAPHY (CT) SCA	128,669,791			13,535,931		34,204,970	57
58 MAGNETIC RESONANCE IMAGING (66,598,643			4,957,210		11,577,497	58
59 CARDIAC CATHETERIZATION	51,869,980			13,412,233		16,244,638	59
60 LABORATORY	354,374,434			63,148,620		7,767,331	60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
63 BLOOD STORING, PROCESSING &	104,098,492			29,777,729		3,102,247	63
65 RESPIRATORY THERAPY	134,859,079			29,540,856		2,395,347	65
66 PHYSICAL THERAPY	22,131,279			4,708,089		24,643	66
69 ELECTROCARDIOLOGY	90,833,618			20,687,573		14,871,289	69
70 ELECTROENCEPHALOGRAPHY	11,317,178			1,217,726		1,551,672	70
70.01 BRACE & PLASTER ROOM	657,544			10,070		48,948	70.01
71 MEDICAL SUPPLIES CHRGED TO P	64,351,949			11,262,239		7,836,054	71
72 IMPL. DEV. CHARGED TO PATIEN	114,829,169			42,508,049		17,468,136	72
73 DRUGS CHARGED TO PATIENTS	512,490,709	0.004471	0.004471	81,832,570	365,873	80,931,733	361,846 73
74 RENAL DIALYSIS	32,365,454			10,155,651		1,536,786	74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	190,867,311			5,228,880		64,839,404	90
90.01 DENTAL CLINIC							90.01
90.02 TRANSPLANT CLINIC	2,155,366						90.02
91 EMERGENCY	202,371,917			21,278,256		22,174,656	91
92 OBSERVATION BEDS	6,603,016			242,676		1,524,617	92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS	1,309,904			14,051			94
95 AMBULANCE SERVICES							95
200 TOTAL (SUM OF LINES 50-199)	2,691,496,403			455,924,571	389,354	362,690,005	393,163 200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0088) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE FROM WKST C, PT I, COL. 9 1	RATIO PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	COST SERVICES SUBJECT TO DED & COINS 5	COST SVCES NOT SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.249080	21,676,611	-1,199		5,399,210	-299		50
52 DELIVERY ROOM & LABOR ROOM	0.483475	81,690			39,495			52
53 ANESTHESIOLOGY	0.091751	8,433,121	-1		773,747			53
54 RADIOLOGY-DIAGNOSTIC	0.317600	25,839,040	-92		8,206,479	-29		54
55 RADIOLOGY-THERAPEUTIC	0.182656	18,559,575	-18,373		3,390,018	-3,356		55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.057641	34,204,970			1,971,609			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.084634	11,577,497	-372		979,850	-31		58
59 CARDIAC CATHETERIZATION	0.110929	16,244,638	-397		1,802,001	-44		59
60 LABORATORY	0.136064	7,767,331	-50,642		1,056,854	-6,891		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63 BLOOD STORING, PROCESSING & TRA	0.171560	3,102,247	6,010		532,221	1,031		63
65 RESPIRATORY THERAPY	0.135571	2,395,347	-1,568		324,740	-213		65
66 PHYSICAL THERAPY	0.385659	24,643	-171		9,504	-66		66
69 ELECTROCARDIOLOGY	0.173734	14,871,289	-999		2,583,649	-174		69
70 ELECTROENCEPHALOGRAPHY	0.404630	1,551,672			627,853			70
70.01 BRACE & PLASTER ROOM	0.238440	48,948			11,671			70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.216132	7,836,054	5,809		1,693,622	1,256		71
72 IMPL. DEV. CHARGED TO PATIENT	0.337844	17,468,136			5,901,505			72
73 DRUGS CHARGED TO PATIENTS	0.160148	80,931,733	-81,478	661,761	12,961,055	-13,049	105,980	73
74 RENAL DIALYSIS	0.186696	1,536,786	-76		286,912	-14		74
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.473952	64,839,404	-4,924		30,730,765	-2,334		90
90.01 DENTAL CLINIC								90.01
90.02 TRANSPLANT CLINIC	1.040190							90.02
91 EMERGENCY	0.149371	22,174,656	-5,681		3,312,251	-849		91
92 OBSERVATION BEDS	0.510533	1,524,617			778,367			92
OTHER REIMBURSABLE COST CENTERS								
94 HOME PROGRAM DIALYSIS	0.330859		-87			-29		94
95 AMBULANCE SERVICES	0.996918		-1			-1		95
200 SUBTOTAL (SEE INSTRUCTIONS)		362,690,005	-154,242	661,761	83,373,378	-25,092	105,980	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		362,690,005	-154,242	661,761	83,373,378	-25,092	105,980	202

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0088) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	97,122	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	97,122	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	97,122	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	30,994	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 (SEE INSTRUCTIONS)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
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 (SEE INSTRUCTIONS)	127,097,878	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	127,097,878	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	127,097,878	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0088) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,308.64 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 40,559,988 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 40,559,988 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	32,495,007	18,895	1,719.77	6,426	11,051,242	43
44 CORONARY CARE UNIT	8,141,199	4,230	1,924.63	1,985	3,820,391	44
45 BURN INTENSIVE CARE UNIT	4,866,061	2,689	1,809.62	530	959,099	45
46 SURGICAL INTENSIVE CARE UNIT						46
46.01 NURSERY SPECIAL CARE	4,462,993	4,819	926.12			46.01
47 NURSERY ICU	26,277,962	12,790	2,054.57			47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					87,762,144	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					144,152,864	49
PASS-THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)					4,233,279	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)					7,838,244	51
52 TOTAL PROGRAM EXCLUDABLE COST					12,071,523	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)					132,081,341	53

TARGET AMOUNT AND LIMIT COMPUTATION
 54 PROGRAM DISCHARGES 54
 55 TARGET AMOUNT PER DISCHARGE 55
 56 TARGET AMOUNT (LINE 54 x LINE 55) 56
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57
 58 BONUS PAYMENT (SEE INSTRUCTIONS) 58
 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET 59
 60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60
 61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E 61
 62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62
 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63

PROGRAM INPATIENT ROUTINE SWING BED COST
 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY) 65
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66
 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67
 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68
 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 2,576 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 1,308.64 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 3,371,057 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	9,648,380	127,097,878	0.075913	3,371,057	255,907	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0088) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		88,100,253			30
31 INTENSIVE CARE UNIT		44,620,877			31
32 CORONARY CARE UNIT		12,197,950			32
33 BURN INTENSIVE CARE UNIT		3,309,939			33
34.01 NURSERY SPECIAL CARE					34.01
35 NURSERY ICU					35
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.249152	58,370,063	14,543,018		50
52 DELIVERY ROOM & LABOR ROOM	0.483475	393,058	190,034		52
53 ANESTHESIOLOGY	0.091751	17,285,291	1,585,943		53
54 RADIOLOGY-DIAGNOSTIC	0.318590	19,373,405	6,172,173		54
55 RADIOLOGY-THERAPEUTIC	0.183239	6,984,345	1,279,804		55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.057641	13,535,931	780,225		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.084634	4,957,210	419,549		58
59 CARDIAC CATHETERIZATION	0.110929	13,412,233	1,487,806		59
60 LABORATORY	0.136249	63,148,620	8,603,936		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.171560	29,777,729	5,108,667		63
65 RESPIRATORY THERAPY	0.135571	29,540,856	4,004,883		65
66 PHYSICAL THERAPY	0.385659	4,708,089	1,815,717		66
69 ELECTROCARDIOLOGY	0.176689	20,687,573	3,655,267		69
70 ELECTROENCEPHALOGRAPHY	0.405862	1,217,726	494,229		70
70.01 BRACE & PLASTER ROOM	0.238440	10,070	2,401		70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.216132	11,262,239	2,434,130		71
72 IMPL. DEV. CHARGED TO PATIENT	0.337844	42,508,049	14,361,089		72
73 DRUGS CHARGED TO PATIENTS	0.160148	81,832,570	13,105,322		73
74 RENAL DIALYSIS	0.186696	10,155,651	1,896,019		74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.479984	5,228,880	2,509,779		90
90.01 DENTAL CLINIC					90.01
90.02 TRANSPLANT CLINIC	1.040190				90.02
91 EMERGENCY	0.149618	21,278,256	3,183,610		91
92 OBSERVATION BEDS	0.510533	242,676	123,894		92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS	0.330859	14,051	4,649		94
95 AMBULANCE SERVICES					95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		455,924,571	87,762,144		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		455,924,571			202

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 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 COSTS (FROM WKST D-1, PT. II)	ORGAN ACQUISITION DAYS	COST (COL. 2 x COL. 3)	
	1	D				
1 ADULTS & PEDIATRICS	210,499	38	1,308.64	76	99,457	1
2 INTENSIVE CARE UNIT	10,735	43	1,719.77	2	3,440	2
3 CORONARY CARE UNIT		44	1,924.63			3
4 BURN INTENSIVE CARE UNIT		45	1,809.62			4
5 SURGICAL INTENSIVE CARE UNIT		46				5
5.01 NURSERY SPECIAL CARE		46.01	926.12			5.01
6 NURSERY ICU		47	2,054.57			6
7 TOTAL (SUM OF LINES 1-6)	221,234			78	102,897	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	RATIO OF COST TO CHARGES (FROM WKST C)		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS		
	C	1				
8 OPERATING ROOM	50	0.249080	782,539	194,915	8	
9 RECOVERY ROOM	51				9	
10 DELIVERY ROOM & LABOR ROOM	52	0.483475			10	
11 ANESTHESIOLOGY	53	0.091751	181,629	16,665	11	
12 RADIOLOGY-DIAGNOSTIC	54	0.317600	498,606	158,357	12	
13 RADIOLOGY-THERAPEUTIC	55	0.182656			13	
14 RADIOISOTOPE	56				14	
15 COMPUTED TOMOGRAPHY (CT) SCAN	57	0.057641	291,764	16,818	15	
16 MAGNETIC RESONANCE IMAGING (MRI)	58	0.084634	13,437	1,137	16	
17 CARDIAC CATHETERIZATION	59	0.110929	64,977	7,208	17	
18 LABORATORY	60	0.136064	4,487,387	610,572	18	
19 PBP CLINICAL LAB SERVICES-PRGM	61				19	
20 WHOLE BLOOD & PACKED RED BLOOD	62				20	
20.30 BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30	
21 BLOOD STORING, PROCESSING & TRA	63	0.171560	582,371	99,912	21	
22 INTRAVENOUS THERAPY	64				22	
23 RESPIRATORY THERAPY	65	0.135571	17,741	2,405	23	
24 PHYSICAL THERAPY	66	0.385659	2,819	1,087	24	
25 OCCUPATIONAL THERAPY	67				25	
26 SPEECH PATHOLOGY	68				26	
27 ELECTROCARDIOLOGY	69	0.173734	1,152,778	200,277	27	
28 ELECTROENCEPHALOGRAPHY	70	0.404630			28	
28.01 BRACE & PLASTER ROOM	70.01	0.238440			28.01	
29 MEDICAL SUPPLIES CHRGD TO PATI	71	0.216132			29	
30 IMPL. DEV. CHARGED TO PATIENT	72	0.337844			30	
31 DRUGS CHARGED TO PATIENTS	73	0.160148	91,259	14,615	31	
32 RENAL DIALYSIS	74	0.186696	1,226	229	32	
33 ASC (NON-DISTINCT PART)	75				33	
34 OTHER ANCILLARY (SPECIFY)	76				34	
34.97 CARDIAC REHABILITATION	76.97				34.97	
34.98 HYPERBARIC OXYGEN THERAPY	76.98				34.98	
34.99 LITHOTRIPSY	76.99				34.99	
35 RURAL HEALTH CLINIC (RHC)	88				35	
36 FEDERALLY QUALIFIED HLTH CTR (F	89				36	
37 CLINIC	90	0.473952	303,512	143,850	37	
37.01 DENTAL CLINIC	90.01				37.01	
37.02 TRANSPLANT CLINIC	90.02	1.040190			37.02	
38 EMERGENCY	91	0.149371			38	
39 OBSERVATION BEDS	92	0.510533			39	
40 OTHER OUTPATIENT SERV (SPECIFY)	93				40	
41 TOTAL (SUM OF LINES 8-40)			8,472,045	1,468,047	41	

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 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 (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
D		1	2	3	
42	ADULTS & PEDIATRICS	2	76		42
43	INTENSIVE CARE UNIT	3	2		43
44	CORONARY CARE UNIT	4			44
45	BURN INTENSIVE CARE UNIT	5			45
46	SURGICAL INTENSIVE CARE UNIT	6			46
46.01	NURSERY SPECIAL CARE	6.01			46.01
47	NURSERY ICU	7			47
48	TOTAL (SUM OF LINES 42-47)		78		48

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
1	D	2	3		
49	RURAL HEALTH CLINIC (RHC)		21		49
50	FEDERALLY QUALIFIED HLTH CTR (F)		22		50
51	CLINIC	303,512	23		51
51.01	DENTAL CLINIC		23.01		51.01
51.02	TRANSPLANT CLINIC		23.02		51.02
52	EMERGENCY		24		52
53	OBSERVATION BEDS		25		53
54	OTHER OUTPATIENT SERV (SPECIFY)		26		54
55	TOTAL (SUM OF LINES 49-54)	303,512			55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 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	
56 ROUTINE & ANCILLARY FROM PART I	1,570,944		8,693,279		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	4,321,723		4,321,723		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	5,892,667		13,015,002		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		74			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		47			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.635135			64
65 MEDICARE COST/CHARGES	3,742,639		8,266,283		65
66 REVENUE FOR ORGANS SOLD		83,673			66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	3,658,966		8,266,283		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	3,658,966		8,266,283		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER	19	16		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS	2			71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		37		73
74 TOTAL (SUM OF LINES 70-73)	21	53		74
75 ORGANS TRANSPLANTED	19	41		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		12	56,673	77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS	2		26,351	78
79 ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80 ORGANS SOLD OUTSIDE THE U.S.				80
81 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				81
82 ORGANS USED FOR RESEARCH				82
83 UNUSABLE/DISCARDED ORGANS				83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)	21	53		84

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART I

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

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES		PER DIEM COSTS (FROM WKST D-1, PT. II)		ORGAN ACQUISITION DAYS	COST (COL. 2 x COL. 3)	
		1	D	2		3	4	
1	ADULTS & PEDIATRICS	49,590	38	1,308.64		15	19,630	1
2	INTENSIVE CARE UNIT	8,682	43	1,719.77		1	1,720	2
3	CORONARY CARE UNIT	27,945	44	1,924.63		5	9,623	3
4	BURN INTENSIVE CARE UNIT		45	1,809.62				4
5	SURGICAL INTENSIVE CARE UNIT		46					5
5.01	NURSERY SPECIAL CARE		46.01	926.12				5.01
6	NURSERY ICU		47	2,054.57				6
7	TOTAL (SUM OF LINES 1-6)	86,217				21	30,973	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST TO CHARGES (FROM WKST C)		ORGAN ACQUISITION ANCILLARY CHARGES			ORGAN ACQUISITION ANCILLARY COSTS	
		C	1	2			3	
8	OPERATING ROOM	50	0.249080	107,753			26,839	8
9	RECOVERY ROOM	51						9
10	DELIVERY ROOM & LABOR ROOM	52	0.483475					10
11	ANESTHESIOLOGY	53	0.091751	30,209			2,772	11
12	RADIOLOGY-DIAGNOSTIC	54	0.317600	27,003			8,576	12
13	RADIOLOGY-THERAPEUTIC	55	0.182656					13
14	RADIOISOTOPE	56						14
15	COMPUTED TOMOGRAPHY (CT) SCAN	57	0.057641	12,449			718	15
16	MAGNETIC RESONANCE IMAGING (MRI)	58	0.084634	1,554			132	16
17	CARDIAC CATHETERIZATION	59	0.110929	274,637			30,465	17
18	LABORATORY	60	0.136064	510,794			69,501	18
19	PBP CLINICAL LAB SERVICES-PRGM	61						19
20	WHOLE BLOOD & PACKED RED BLOOD	62						20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30						20.30
21	BLOOD STORING, PROCESSING & TRA	63	0.171560	12,722			2,183	21
22	INTRAVENOUS THERAPY	64						22
23	RESPIRATORY THERAPY	65	0.135571	30,923			4,192	23
24	PHYSICAL THERAPY	66	0.385659	2,555			985	24
25	OCCUPATIONAL THERAPY	67						25
26	SPEECH PATHOLOGY	68						26
27	ELECTROCARDIOLOGY	69	0.173734	131,372			22,824	27
28	ELECTROENCEPHALOGRAPHY	70	0.404630					28
28.01	BRACE & PLASTER ROOM	70.01	0.238440					28.01
29	MEDICAL SUPPLIES CHRGD TO PATI	71	0.216132					29
30	IMPL. DEV. CHARGED TO PATIENT	72	0.337844					30
31	DRUGS CHARGED TO PATIENTS	73	0.160148	69,159			11,076	31
32	RENAL DIALYSIS	74	0.186696					32
33	ASC (NON-DISTINCT PART)	75						33
34	OTHER ANCILLARY (SPECIFY)	76						34
34.97	CARDIAC REHABILITATION	76.97						34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98						34.98
34.99	LITHOTRIPSY	76.99						34.99
35	RURAL HEALTH CLINIC (RHC)	88						35
36	FEDERALLY QUALIFIED HLTH CTR (F	89						36
37	CLINIC	90	0.473952	90,908			43,086	37
37.01	DENTAL CLINIC	90.01						37.01
37.02	TRANSPLANT CLINIC	90.02	1.040190					37.02
38	EMERGENCY	91	0.149371					38
39	OBSERVATION BEDS	92	0.510533					39
40	OTHER OUTPATIENT SERV (SPECIFY)	93						40
41	TOTAL (SUM OF LINES 8-40)			1,302,038			223,349	41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
D		1	2	3	
42	ADULTS & PEDIATRICS	2	15		42
43	INTENSIVE CARE UNIT	3	1		43
44	CORONARY CARE UNIT	4	5		44
45	BURN INTENSIVE CARE UNIT	5			45
46	SURGICAL INTENSIVE CARE UNIT	6			46
46.01	NURSERY SPECIAL CARE	6.01			46.01
47	NURSERY ICU	7			47
48	TOTAL (SUM OF LINES 42-47)		21		48

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
1		D	2	3	
49	RURAL HEALTH CLINIC (RHC)		21		49
50	FEDERALLY QUALIFIED HLTH CTR (F		22		50
51	CLINIC	90,908	23		51
51.01	DENTAL CLINIC		23.01		51.01
51.02	TRANSPLANT CLINIC		23.02		51.02
52	EMERGENCY		24		52
53	OBSERVATION BEDS		25		53
54	OTHER OUTPATIENT SERV (SPECIFY)		26		54
55	TOTAL (SUM OF LINES 49-54)	90,908			55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
56 ROUTINE & ANCILLARY FROM PART I	254,322		1,388,255		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	2,091,253		2,091,253		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	2,345,575		3,479,508		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		32			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		9			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.281250			64
65 MEDICARE COST/CHARGES	659,693		978,612		65
66 REVENUE FOR ORGANS SOLD	9,445				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	650,248		978,612		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	650,248		978,612		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER		2		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		30		73
74 TOTAL (SUM OF LINES 70-73)		32		74
75 ORGANS TRANSPLANTED		30		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		2	9,445	77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS				78
79 ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80 ORGANS SOLD OUTSIDE THE U.S.				80
81 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				81
82 ORGANS USED FOR RESEARCH				82
83 UNUSABLE/DISCARDED ORGANS				83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)		32		84

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 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 COSTS (FROM WKST D-1, PT. II)		ORGAN ACQUISITION DAYS		COST (COL. 2 x COL. 3)	
		1	D	2		3		4	
1	ADULTS & PEDIATRICS	440,598	38	1,308.64		103		134,790	
2	INTENSIVE CARE UNIT	119,224	43	1,719.77		31		53,313	
3	CORONARY CARE UNIT		44	1,924.63					
4	BURN INTENSIVE CARE UNIT		45	1,809.62					
5	SURGICAL INTENSIVE CARE UNIT		46						
5.01	NURSERY SPECIAL CARE		46.01	926.12				5.01	
6	NURSERY ICU		47	2,054.57				6	
7	TOTAL (SUM OF LINES 1-6)	559,822				134		188,103	
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST TO CHARGES (FROM WKST C)		ORGAN ACQUISITION ANCILLARY CHARGES		ORGAN ACQUISITION ANCILLARY COSTS			
		C	1	2		3			
8	OPERATING ROOM	50	0.249080	327,986		81,695		8	
9	RECOVERY ROOM	51						9	
10	DELIVERY ROOM & LABOR ROOM	52	0.483475					10	
11	ANESTHESIOLOGY	53	0.091751	102,713		9,424		11	
12	RADIOLOGY-DIAGNOSTIC	54	0.317600	173,645		55,150		12	
13	RADIOLOGY-THERAPEUTIC	55	0.182656					13	
14	RADIOISOTOPE	56						14	
15	COMPUTED TOMOGRAPHY (CT) SCAN	57	0.057641	84,690		4,882		15	
16	MAGNETIC RESONANCE IMAGING (MRI)	58	0.084634	46,516		3,937		16	
17	CARDIAC CATHETERIZATION	59	0.110929	26,824		2,976		17	
18	LABORATORY	60	0.136064	535,731		72,894		18	
19	PBP CLINICAL LAB SERVICES-PRGM	61						19	
20	WHOLE BLOOD & PACKED RED BLOOD	62						20	
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30						20.30	
21	BLOOD STORING, PROCESSING & TRA	63	0.171560	102,251		17,542		21	
22	INTRAVENOUS THERAPY	64						22	
23	RESPIRATORY THERAPY	65	0.135571	195,955		26,566		23	
24	PHYSICAL THERAPY	66	0.385659	18,129		6,992		24	
25	OCCUPATIONAL THERAPY	67						25	
26	SPEECH PATHOLOGY	68						26	
27	ELECTROCARDIOLOGY	69	0.173734	177,246		30,794		27	
28	ELECTROENCEPHALOGRAPHY	70	0.404630					28	
28.01	BRACE & PLASTER ROOM	70.01	0.238440	93		22		28.01	
29	MEDICAL SUPPLIES CHRGD TO PATI	71	0.216132					29	
30	IMPL. DEV. CHARGED TO PATIENT	72	0.337844					30	
31	DRUGS CHARGED TO PATIENTS	73	0.160148	160,036		25,629		31	
32	RENAL DIALYSIS	74	0.186696					32	
33	ASC (NON-DISTINCT PART)	75						33	
34	OTHER ANCILLARY (SPECIFY)	76						34	
34.97	CARDIAC REHABILITATION	76.97						34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98						34.98	
34.99	LITHOTRIPSY	76.99						34.99	
35	RURAL HEALTH CLINIC (RHC)	88						35	
36	FEDERALLY QUALIFIED HLTH CTR (F	89						36	
37	CLINIC	90	0.473952	123,907		58,726		37	
37.01	DENTAL CLINIC	90.01						37.01	
37.02	TRANSPLANT CLINIC	90.02	1.040190					37.02	
38	EMERGENCY	91	0.149371	26,947		4,025		38	
39	OBSERVATION BEDS	92	0.510533					39	
40	OTHER OUTPATIENT SERV (SPECIFY)	93						40	
41	TOTAL (SUM OF LINES 8-40)			2,102,669		401,254		41	

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 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 (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
D		1	2	3	
42	ADULTS & PEDIATRICS	2	103		42
43	INTENSIVE CARE UNIT	3	31		43
44	CORONARY CARE UNIT	4			44
45	BURN INTENSIVE CARE UNIT	5			45
46	SURGICAL INTENSIVE CARE UNIT	6			46
46.01	NURSERY SPECIAL CARE	6.01			46.01
47	NURSERY ICU	7			47
48	TOTAL (SUM OF LINES 42-47)		134		48

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
1		D	2	3	
49	RURAL HEALTH CLINIC (RHC)		21		49
50	FEDERALLY QUALIFIED HLTH CTR (F CLINIC		22		50
51		123,907	23		51
51.01	DENTAL CLINIC		23.01		51.01
51.02	TRANSPLANT CLINIC		23.02		51.02
52	EMERGENCY	26,947	24		52
53	OBSERVATION BEDS		25		53
54	OTHER OUTPATIENT SERV (SPECIFY)		26		54
55	TOTAL (SUM OF LINES 49-54)	150,854			55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 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	
56 ROUTINE & ANCILLARY FROM PART I	589,357		2,662,491		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	3,765,324		3,765,324		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	4,354,681		6,427,815		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		47			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		15			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.319149			64
65 MEDICARE COST/CHARGES	1,389,792		2,051,431		65
66 REVENUE FOR ORGANS SOLD	23,614				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	1,366,178		2,051,431		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	1,366,178		2,051,431		69

PART IV - STATISTICS

	LIVING RELATED		CADAVERIC 2	REVENUE 3	
	1	5			
70 ORGANS EXCISED IN PROVIDER		5	5		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS					71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS					72
73 ORGANS PURCHASED FROM OPO'S			37		73
74 TOTAL (SUM OF LINES 70-73)		5	42		74
75 ORGANS TRANSPLANTED		5	37		75
76 ORGANS SOLD TO OTHER HOSPITALS					76
77 ORGANS SOLD TO OPO'S			5	23,614	77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS					78
79 ORGANS SOLD TO MILITARY OR VA HOSPITALS					79
80 ORGANS SOLD OUTSIDE THE U.S.					80
81 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)					81
82 ORGANS USED FOR RESEARCH					82
83 UNUSABLE/DISCARDED ORGANS					83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)		5	42		84

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART I

CHECK [] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [] KIDNEY [XX] 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 COSTS (FROM WKST D-1, PT. II)		ORGAN ACQUISITION DAYS	COST (COL. 2 x COL. 3)	
		1	D	2		3	4	
1	ADULTS & PEDIATRICS	9,800	38	1,308.64		1	1,309	1
2	INTENSIVE CARE UNIT	8,682	43	1,719.77		1	1,720	2
3	CORONARY CARE UNIT		44	1,924.63				3
4	BURN INTENSIVE CARE UNIT		45	1,809.62				4
5	SURGICAL INTENSIVE CARE UNIT		46					5
5.01	NURSERY SPECIAL CARE		46.01	926.12				5.01
6	NURSERY ICU		47	2,054.57				6
7	TOTAL (SUM OF LINES 1-6)	18,482				2	3,029	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST TO CHARGES (FROM WKST C)		ORGAN ACQUISITION ANCILLARY CHARGES		ORGAN ACQUISITION ANCILLARY COSTS		
		C	1	2		3		
8	OPERATING ROOM	50	0.249080	28,351		7,062		8
9	RECOVERY ROOM	51						9
10	DELIVERY ROOM & LABOR ROOM	52	0.483475					10
11	ANESTHESIOLOGY	53	0.091751	6,449		592		11
12	RADIOLOGY-DIAGNOSTIC	54	0.317600	70,115		22,269		12
13	RADIOLOGY-THERAPEUTIC	55	0.182656					13
14	RADIOISOTOPE	56						14
15	COMPUTED TOMOGRAPHY (CT) SCAN	57	0.057641	38,289		2,207		15
16	MAGNETIC RESONANCE IMAGING (MRI)	58	0.084634	4,065		344		16
17	CARDIAC CATHETERIZATION	59	0.110929	335,817		37,252		17
18	LABORATORY	60	0.136064	222,836		30,320		18
19	PBP CLINICAL LAB SERVICES-PRGM	61						19
20	WHOLE BLOOD & PACKED RED BLOOD	62						20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30						20.30
21	BLOOD STORING, PROCESSING & TRA	63	0.171560	12,672		2,174		21
22	INTRAVENOUS THERAPY	64						22
23	RESPIRATORY THERAPY	65	0.135571	36,041		4,886		23
24	PHYSICAL THERAPY	66	0.385659					24
25	OCCUPATIONAL THERAPY	67						25
26	SPEECH PATHOLOGY	68						26
27	ELECTROCARDIOLOGY	69	0.173734	24,106		4,188		27
28	ELECTROENCEPHALOGRAPHY	70	0.404630					28
28.01	BRACE & PLASTER ROOM	70.01	0.238440					28.01
29	MEDICAL SUPPLIES CHRGD TO PATI	71	0.216132					29
30	IMPL. DEV. CHARGED TO PATIENT	72	0.337844					30
31	DRUGS CHARGED TO PATIENTS	73	0.160148	9,936		1,591		31
32	RENAL DIALYSIS	74	0.186696					32
33	ASC (NON-DISTINCT PART)	75						33
34	OTHER ANCILLARY (SPECIFY)	76						34
34.97	CARDIAC REHABILITATION	76.97						34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98						34.98
34.99	LITHOTRIPSY	76.99						34.99
35	RURAL HEALTH CLINIC (RHC)	88						35
36	FEDERALLY QUALIFIED HLTH CTR (F	89						36
37	CLINIC	90	0.473952	211,597		100,287		37
37.01	DENTAL CLINIC	90.01						37.01
37.02	TRANSPLANT CLINIC	90.02	1.040190					37.02
38	EMERGENCY	91	0.149371	1,864		278		38
39	OBSERVATION BEDS	92	0.510533					39
40	OTHER OUTPATIENT SERV (SPECIFY)	93						40
41	TOTAL (SUM OF LINES 8-40)			1,002,138		213,450		41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART II

CHECK [] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [] KIDNEY [XX] 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 (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
D		1	2	3	
42	ADULTS & PEDIATRICS	2	1		42
43	INTENSIVE CARE UNIT	3	1		43
44	CORONARY CARE UNIT	4			44
45	BURN INTENSIVE CARE UNIT	5			45
46	SURGICAL INTENSIVE CARE UNIT	6			46
46.01	NURSERY SPECIAL CARE	6.01			46.01
47	NURSERY ICU	7			47
48	TOTAL (SUM OF LINES 42-47)		2		48

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
1	D	2	3		
49	RURAL HEALTH CLINIC (RHC)		21		49
50	FEDERALLY QUALIFIED HLTH CTR (F)		22		50
51	CLINIC	211,597	23		51
51.01	DENTAL CLINIC		23.01		51.01
51.02	TRANSPLANT CLINIC		23.02		51.02
52	EMERGENCY	1,864	24		52
53	OBSERVATION BEDS		25		53
54	OTHER OUTPATIENT SERV (SPECIFY)		26		54
55	TOTAL (SUM OF LINES 49-54)	213,461			55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PARTS III & IV

CHECK [] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [] KIDNEY [XX] 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	
56 ROUTINE & ANCILLARY FROM PART I	216,479		1,020,620		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	1,534,147		1,534,147		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	1,750,626		2,554,767		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		20			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		11			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.550000			64
65 MEDICARE COST/CHARGES	962,844		1,405,122		65
66 REVENUE FOR ORGANS SOLD	28,336				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	934,508		1,405,122		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	934,508		1,405,122		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER		6		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		14		73
74 TOTAL (SUM OF LINES 70-73)		20		74
75 ORGANS TRANSPLANTED		14		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		6	28,336	77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS				78
79 ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80 ORGANS SOLD OUTSIDE THE U.S.				80
81 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				81
82 ORGANS USED FOR RESEARCH				82
83 UNUSABLE/DISCARDED ORGANS				83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)		20		84

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART I

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

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES	PER DIEM COSTS (FROM WKST D-1, PT. II)	ORGAN ACQUISITION DAYS	COST (COL. 2 x COL. 3)	
		1	2	3	4	
1	ADULTS & PEDIATRICS	38	1,308.64			1
2	INTENSIVE CARE UNIT	43	1,719.77			2
3	CORONARY CARE UNIT	44	1,924.63			3
4	BURN INTENSIVE CARE UNIT	45	1,809.62			4
5	SURGICAL INTENSIVE CARE UNIT	46				5
5.01	NURSERY SPECIAL CARE	46.01	926.12			5.01
6	NURSERY ICU	47	2,054.57			6
7	TOTAL (SUM OF LINES 1-6)					7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST TO CHARGES (FROM WKST C)	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS		
		1	2	3		
8	OPERATING ROOM	50	0.249080	6,484	1,615	8
9	RECOVERY ROOM	51				9
10	DELIVERY ROOM & LABOR ROOM	52	0.483475			10
11	ANESTHESIOLOGY	53	0.091751	1,110	102	11
12	RADIOLOGY-DIAGNOSTIC	54	0.317600	4,019	1,276	12
13	RADIOLOGY-THERAPEUTIC	55	0.182656			13
14	RADIOISOTOPE	56				14
15	COMPUTED TOMOGRAPHY (CT) SCAN	57	0.057641	5,317	306	15
16	MAGNETIC RESONANCE IMAGING (MRI)	58	0.084634			16
17	CARDIAC CATHETERIZATION	59	0.110929			17
18	LABORATORY	60	0.136064	108,110	14,710	18
19	PBP CLINICAL LAB SERVICES-PRGM	61				19
20	WHOLE BLOOD & PACKED RED BLOOD	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	BLOOD STORING, PROCESSING & TRA	63	0.171560	1,873	321	21
22	INTRAVENOUS THERAPY	64				22
23	RESPIRATORY THERAPY	65	0.135571	87	12	23
24	PHYSICAL THERAPY	66	0.385659			24
25	OCCUPATIONAL THERAPY	67				25
26	SPEECH PATHOLOGY	68				26
27	ELECTROCARDIOLOGY	69	0.173734	30,546	5,307	27
28	ELECTROENCEPHALOGRAPHY	70	0.404630			28
28.01	BRACE & PLASTER ROOM	70.01	0.238440			28.01
29	MEDICAL SUPPLIES CHRGED TO PATI	71	0.216132			29
30	IMPL. DEV. CHARGED TO PATIENT	72	0.337844			30
31	DRUGS CHARGED TO PATIENTS	73	0.160148			31
32	RENAL DIALYSIS	74	0.186696			32
33	ASC (NON-DISTINCT PART)	75				33
34	OTHER ANCILLARY (SPECIFY)	76				34
34.97	CARDIAC REHABILITATION	76.97				34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98				34.98
34.99	LITHOTRIPSY	76.99				34.99
35	RURAL HEALTH CLINIC (RHC)	88				35
36	FEDERALLY QUALIFIED HLTH CTR (F	89				36
37	CLINIC	90	0.473952	8,100	3,839	37
37.01	DENTAL CLINIC	90.01				37.01
37.02	TRANSPLANT CLINIC	90.02	1.040190			37.02
38	EMERGENCY	91	0.149371			38
39	OBSERVATION BEDS	92	0.510533			39
40	OTHER OUTPATIENT SERV (SPECIFY)	93				40
41	TOTAL (SUM OF LINES 8-40)			165,646	27,488	41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 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 (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		D	2	3	
42	ADULTS & PEDIATRICS	2			42
43	INTENSIVE CARE UNIT	3			43
44	CORONARY CARE UNIT	4			44
45	BURN INTENSIVE CARE UNIT	5			45
46	SURGICAL INTENSIVE CARE UNIT	6			46
46.01	NURSERY SPECIAL CARE	6.01			46.01
47	NURSERY ICU	7			47
48	TOTAL (SUM OF LINES 42-47)				48

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN CHARGES (SEE INSTR.)	D	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		1	D	2	3	
49	RURAL HEALTH CLINIC (RHC)		21			49
50	FEDERALLY QUALIFIED HLTH CTR (F		22			50
51	CLINIC	8,100	23			51
51.01	DENTAL CLINIC		23.01			51.01
51.02	TRANSPLANT CLINIC		23.02			51.02
52	EMERGENCY		24			52
53	OBSERVATION BEDS		25			53
54	OTHER OUTPATIENT SERV (SPECIFY)		26			54
55	TOTAL (SUM OF LINES 49-54)	8,100				55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 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	
56 ROUTINE & ANCILLARY FROM PART I	27,488		165,646		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	464,408		464,408		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	491,896		630,054		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		7			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		3			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.428571			64
65 MEDICARE COST/CHARGES	210,812		270,023		65
66 REVENUE FOR ORGANS SOLD	14,168				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	196,644		270,023		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	196,644		270,023		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER		3		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		4		73
74 TOTAL (SUM OF LINES 70-73)		7		74
75 ORGANS TRANSPLANTED		4		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		3	14,168	77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS				78
79 ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80 ORGANS SOLD OUTSIDE THE U.S.				80
81 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				81
82 ORGANS USED FOR RESEARCH				82
83 UNUSABLE/DISCARDED ORGANS				83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)		7		84

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0088)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	74,225,290	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	9,216,677	2
3	MANAGED CARE SIMULATED PAYMENTS	3,606,459	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	563.94	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)	491.27	5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)	1.66	6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)	492.93	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	550.74	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	492.93	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	492.93	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	480.47	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	488.78	15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT	488.78	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.866723	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.852420	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.852420	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	29,800,142	22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	57.81	24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)	29,800,142	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.1005	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.3651	31
32	SUM OF LINES 30 AND 31	0.4656	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.2763	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	20,508,448	34
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	133,750,557	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	133,750,557	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	10,152,699	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0088)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	7,465,745	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)	6,806,544	55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	389,354	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	158,564,899	59
60	PRIMARY PAYER PAYMENTS	52,275	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	158,512,624	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,197,164	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	692,332	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,945,008	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,361,506	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	154,984,634	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	154,984,634	71
72	INTERIM PAYMENTS	149,652,895	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	5,331,739	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	3,606,825	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [XX] HOSPITAL (14-0088) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A PART B

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		145,395,473		55,072,910	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 03/01/2011	494,713	06/01/2011	3,500	3.01
	.02 06/01/2011	3,762,709			3.02
	PROGRAM .03				3.03
	TO .04				3.04
	PROVIDER .05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50	NONE	03/01/2011	20,295	3.50
	.51				3.51
	PROVIDER .52				3.52
	TO .53				3.53
	PROGRAM .54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
	.99	4,257,422		-16,795	3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		149,652,895		55,056,115	4

TO BE COMPLETED BY CONTRACTOR

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	NONE		NONE	5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50	NONE		NONE	5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
	.99				5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01			1,865,485	6.01
	TO .01				
	PROVIDER .02				
	TO .02	-149,652,895			6.02
	PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				56,921,600	7

8 NAME OF CONTRACTOR: _____ CONTRACTOR NUMBER: _____ DATE: _____

PROVIDER CCN: 14-0088 UNIVERSITY OF CHICAGO HOSPITAL
PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
01/27/2012 17:53

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK
APPLICABLE BOX

HOSPITAL (14-0088) CAH

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION			
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	22,006	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	39,935	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	1,941	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	137,969	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	3,240,762,608	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	50,498,108	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)		8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30	INITIAL/INTERIM HIT PAYMENT(S)		30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)		32

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

WORKSHEET E-4

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII
 BOX: [] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			479.65 1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		1.66	2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))			4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.02
5	FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)		481.31	5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)		598.11	6
7	ENTER THE LESSER OF LINE 5 OR LINE 6		481.31	7
		PRIMARY CARE	OTHER	TOTAL
		1	2	3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	178.21	338.26	516.47 8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	143.41	272.20	415.61 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT	143.41	272.20	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	137.42	271.88	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	146.80	265.78	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	142.54	269.95	14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	142.54	269.95	17
18	PER RESIDENT AMOUNT	96,574.59	91,447.63	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	13,765,742	24,686,288	38,452,030 19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			116.80 21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			38,452,030 25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED	
		PART A	CARE	
26	INPATIENT DAYS	39,935	1,941	26
27	TOTAL INPATIENT DAYS	137,969	137,969	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.289449	0.014068	28
29	PROGRAM DIRECT GME AMOUNT	11,129,902	540,943	29
30	REDUCTION FOR NURSING/ALLIED HEALTH		76,435	30
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
31	NET PROGRAM DIRECT GME AMOUNT			11,594,410 31
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			33,675,358 33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			144,152,864 37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			6,806,544 38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			52,275 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			150,907,133 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			83,454,266 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			490 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			83,453,776 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			234,360,909 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.643909 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.356091 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			11,594,410 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			7,465,745 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			4,128,665 50

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	148,207,000			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	138,601,000			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY				7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	50,273,000			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	337,081,000			11
FIXED ASSETS					
12	LAND				12
13	LAND IMPROVEMENTS				13
14	ACCUMULATED DEPRECIATION				14
15	BUILDINGS				15
16	ACCUMULATED DEPRECIATION				16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT	1,542,902,000			19
20	ACCUMULATED DEPRECIATION	-649,135,000			20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT				23
24	ACCUMULATED DEPRECIATION				24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	893,767,000			30
OTHER ASSETS					
31	INVESTMENTS	1,035,070,000			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	35,391,000			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	1,070,461,000			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	2,301,309,000			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	105,728,000			37
38	SALARIES, WAGES & FEES PAYABLE				38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	10,263,000			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	48,936,000			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	164,927,000			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	843,944,000			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	127,463,000			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	971,407,000			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	1,136,334,000			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	1,164,975,000			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	1,164,975,000			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	2,301,309,000			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		940,592,000							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		231,357,937							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		1,171,949,937							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 TEMPORARILY RESTRICTED CONT	8,844,000								5
6 PERMANENTLY RESTRICTED CONT	9,000								6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		8,853,000							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		1,180,802,937							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 MINIMUM PENSION LIABILITY-WE	-3,381,000								13
14 CHANGE IN VALUATION OF DERIV	4,014,000								14
15 NET TRANSFER TO U OF C	23,000,000								15
16 EXPENDED FOR OPERATING PURPO	4,882,000								16
17 OTHER	-12,656,000								17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		15,859,000							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		1,164,943,937							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	314,380,292		314,380,292	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	314,380,292		314,380,292	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	102,928,166		102,928,166	11
13 CORONARY CARE UNIT	27,804,806		27,804,806	12
14 BURN INTENSIVE CARE UNIT	20,788,187		20,788,187	13
14.01 SURGICAL INTENSIVE CARE UNIT				14
15 NURSERY SPECIAL CARE	12,788,687		12,788,687	14.01
15 NURSERY ICU	59,139,088		59,139,088	15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	223,448,934		223,448,934	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	537,829,226		537,829,226	17
18 ANCILLARY SERVICES	1,417,779,074		1,417,779,074	18
19 OUTPATIENT SERVICES		1,511,284,676	1,511,284,676	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE	941,814	3,215,224	4,157,038	23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	1,956,550,114	1,514,499,900	3,471,050,014	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		890,481,792	29
30 ADD (SPECIFY)			30
31 BAD DEBTS AND EXCLUDED AREAS	262,435,271		31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		262,435,271	36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		1,152,917,063	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	3,471,050,014	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	2,312,060,014	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	1,158,990,000	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	1,152,917,063	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	6,072,937	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS	6,798,341	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	5,959,963	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	95,923	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24			24
24.01	OTHER (CAPITATION REVENUE)	28,301,418	24.01
24.02	OTHER (OTHER MISC REVENUE)	27,620,355	24.02
24.03	OTHER (UNRESTRICTED GIFTS)	1,018,400	24.03
24.04	OTHER (INVESTMENT INCOME)	124,154,600	24.04
24.05	OTHER (DERIVATIVE INEFFECTIVENESS)	7,803,000	24.05
24.06	OTHER (OTHER)	23,533,000	24.06
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	225,285,000	25
26	TOTAL (LINE 5 PLUS LINE 25)	231,357,937	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	231,357,937	29

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 14-2310

WORKSHEET I-1

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4	
1 REGISTERED NURSES	521,518	HOURS OF SERVICE	6,238.00	3.00	1
2 LICENSED PRACTICAL NURSES		HOURS OF SERVICE			2
3 NURSES AIDES		HOURS OF SERVICE			3
4 TECHNICIANS	569,563	HOURS OF SERVICE	10,020.00	4.82	4
5 SOCIAL WORKERS	14,921	HOURS OF SERVICE	494.00	0.24	5
6 DIETICIANS	14,921	HOURS OF SERVICE	494.00	0.24	6
7 PHYSICIANS	28,243	ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	800,262	ACCUMULATED COST			8
9 SUBTOTAL (SUM OF LINES 1-8)	1,949,428				9
10 EMPLOYEE BENEFITS	605,591	SALARY			10
11 CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11
12 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME			13
14 SUPPLIES	758,576	REQUISITIONS			14
15 DRUGS	384,803	REQUISITIONS			15
16 OTHER	322,880	ACCUMULATED COST			16
17 SUBTOTAL (SUM OF LINES 9-16)	4,021,278				17
18 CAPITAL RELATED COSTS-BLDGS. & FIXTURES	78,557	SQUARE FEET			18
19 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT	3,762	PERCENTAGE OF TIME			19
20 EMPLOYEE BENEFITS	33,366	SALARY			20
21 ADMINISTRATIVE AND GENERAL	1,135,098	ACCUMULATED COST			21
22 MAINT./REPAIRS-OPERATION-HOUSEKEEPING	218,277	SQUARE FEET			22
23 MEDICAL EDUCATION PROGRAM COSTS					23
24 CENTRAL SERVICES & SUPPLIES	55,207	REQUISITIONS			24
25 PHARMACY	162,127	REQUISITIONS			25
26 OTHER ALLOCATED COSTS	334,822	ACCUMULATED COST			26
27 SUBTOTAL (SUM OF LINES 17-26)	6,042,494				27
28 LABORATORY		CHARGES			28
29 RESPIRATORY THERAPY		CHARGES			29
30 OTHER ANCILLARY (SPECIFY)		CHARGES			30
30.97 CARDIAC REHABILITATION		CHARGES			30.97
30.98 HYPERBARIC OXYGEN THERAPY		CHARGES			30.98
30.99 LITHOTRIPSY		CHARGES			30.99
31 TOTAL COSTS (SUM OF LINES 27-30)	6,042,494				31

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2310

WORKSHEET I-2

CHECK APPLICABLE BOX:

[XX] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	CAPITAL AND RELATED COSTS		DIRECT RNS	PATIENT CARE	SALARY OTHER	EMPLOYEE BENEFITS	DRUGS	
	BUILDING	EQUIPMENT						
	1	2	3	4	5	6		
1 TOTAL RENAL DEPT COSTS	296,834	3,762	521,518	599,405	638,957	546,930	1	
2 MAINTENANCE								
3 HEMODIALYSIS	264,465	3,565	260,417	534,286	510,547	546,100	2	
4 INTERMITTENT PERITONEAL TRAINING							3	
5 HEMODIALYSIS							4	
6 INTERMITTENT PERITONEAL							5	
7 CAPD							6	
8 CCPD	350	4	342	651	619	662	7	
9 HOME								
10 HEMODIALYSIS							8	
11 INTERMITTENT PERITONEAL							9	
12 CAPD							10	
13 CCPD							11	
14 OTHER BILLABLE SERVICES								
15 INPATIENT DIALYSIS	32,019	193	260,759	64,468	127,791	168	12	
16 METHOD II HOME PATIENT							13	
17 EPO (INCL IN RENAL DEPT)							14	
18 ARANESP (INCL IN RENAL DEPT)						156,114	15	
19 OTHER							16	
TOTAL (SUM OF LINES 2-16)	296,834	3,762	521,518	599,405	638,957	546,930	17	
MEDICAL EDUC PGM COSTS							18	
TOTAL RENAL COSTS (LINES 17+18)							19	

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2310

WORKSHEET I-2
 (CONTINUED)

CHECK APPLICABLE BOX:

RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	MEDICAL SUPPLIES 7	ROUTINE ANCILLARY SERVICES 8	SUBTOTAL (SUM OF COLS.1-8) 9	OVERHEAD 10	TOTAL (COL.9 + COL.10) 11	
1 TOTAL RENAL DEPT COSTS MAINTENANCE	813,783		3,421,189	2,621,305	6,042,494	1
2 HEMODIALYSIS	700,671		2,820,051	2,160,715	4,980,766	2
3 INTERMITTENT PERITONEAL TRAINING						3
4 HEMODIALYSIS						4
5 INTERMITTENT PERITONEAL						5
6 CAPD						6
7 CCPD	849		3,477	2,664	6,141	7
8 HOME HEMODIALYSIS						8
9 INTERMITTENT PERITONEAL						9
10 CAPD						10
11 CCPD						11
OTHER BILLABLE SERVICES						
12 INPATIENT DIALYSIS	112,263		597,661	457,926	1,055,587	12
13 METHOD II HOME PATIENT						13
14 EPO (INCL IN RENAL DEPT)						14
15 ARANESP (INCL IN RENAL DEPT)						15
16 OTHER						16
17 TOTAL (SUM OF LINES 2-16)	813,783		3,421,189	2,621,305	6,042,494	17
18 MEDICAL EDUC PGM COSTS						18
19 TOTAL RENAL COSTS (LINES 17+18)					6,042,494	19

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 14-2310

WORKSHEET I-3

CHECK APPLICABLE BOX: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE	SALARY	EMPLOYEE	
		BUILDING	EQUIPMENT	RNs	OTHER	BENEFITS	
		(SQUARE	(% OF	(HOURS)	(HOURS)	(SALARY)	
		FEET)	TIME)				
		1	2	3	4	5	
1	TOTAL RENAL DEPT COSTS	296,834	3,762	521,518	599,405	638,957	1
	MAINTENANCE						
2	HEMODIALYSIS	3,023	3,184.00	4,570.00	11,495.00	1,521,910	2
3	INTERMITTENT PERITONEAL						3
	TRAINING						
4	HEMODIALYSIS						4
5	INTERMITTENT PERITONEAL						5
6	CAPD						6
7	CCPD	4	4.00	6.00	14.00	1,845	7
	HOME						
8	HEMODIALYSIS						8
9	INTERMITTENT PERITONEAL						9
10	CAPD						10
11	CCPD						11
	OTHER BILLABLE SERVICES						
12	INPT DIAL TRIMNTS 6	366	172.00	4,576.00	1,387.00	380,939	
13	METHOD II HOME PATIENT						13
14	EPO						14
15	ARANESP						15
16	OTHER						16
17	TOTAL STATISTICAL BASIS	3,393	3,360.00	9,152.00	12,896.00	1,904,694	17
18	UNIT COST MULTIPLIER	87.484232	1.119643	56.984047	46.479916	0.335464	18
	(LINE 1 ÷ LINE 17)						

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 14-2310

WORKSHEET I-3
 (CONTINUED)

CHECK APPLICABLE BOX: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

		DRUGS (REQUIST.) 6	MEDICAL SUPPLIES (REQUIST.) 7	ROUTINE ANCILLARY SERVICES (CHARGES) 8	SUBTOTAL 9	OVERHEAD (ACCUM. COST) 10	
1	TOTAL RENAL DEPT COSTS MAINTENANCE	546,930	813,783		3,421,189	2,621,305	1
2	HEMODIALYSIS	384,220	4,458,883				2
3	INTERMITTENT PERITONEAL TRAINING						3
4	HEMODIALYSIS						4
5	INTERMITTENT PERITONEAL						5
6	CAPD						6
7	CCPD	466	5,406				7
8	HOME HEMODIALYSIS						8
9	INTERMITTENT PERITONEAL						9
10	CAPD						10
11	CCPD						11
	OTHER BILLABLE SERVICES						
12	INPT DIAL TRTMNTS 6	118	714,416				13
13	METHOD II HOME PATIENT						14
14	EPO						15
15	ARANESP						16
16	OTHER						17
17	TOTAL STATISTICAL BASIS	384,804	5,178,705			3,421,189	18
18	UNIT COST MULTIPLIER (LINE 1 ÷ LINE 17)	1.421321	0.157140			0.766197	

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS COMPONENT NO: 14-2310 WORKSHEET I-4

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS 1	TOTAL COST (FROM WKST I-2, COL. 11) 2	AVG COST OF PROGRAM TREATMENTS (COL. 2 ÷ COL. 1) 3	NUMBER OF PROGRAM TREATMENTS 4	TOTAL PROGRAM EXPENSES (COL. 4 × COL. 3) 5	TOTAL PROGRAM PAYMENT 6	AVERAGE PAYMENT RATE (COL. 6 ÷ COL. 4) 7	
1 MAINTENANCE - HEMODIALYSIS	4,949	4,980,766	1,006.42	4,135	4,161,547	675,039	163.25	1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD								5
6 TRAINING - CCPD	6	6,141	1,023.50					6
7 HOME PROGRAM - HEMODIALYSIS								7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
	PATIENT WEEKS			PATIENT WEEKS				
9 HOME PROGRAM - CAPD	197			56		9,641	172.16	9
10 HOME PROGRAM - CCPD	999			666		46,685	70.10	10
11 TOTALS (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 7)	4,955	4,986,907		4,135	4,161,547	731,365		11

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 14-2310

WORKSHEET I-1

CHECK APPLICABLE BOX: [] RENAL DIALYSIS DEPARTMENT [XX] HOME PROGRAM DIALYSIS

	TOTAL COSTS	BASIS	STATISTICS	FTEs PER 2080 HOURS	
	1	2	3	4	
1 REGISTERED NURSES	25,399	HOURS OF SERVICE	5,200.00	2.50	1
2 LICENSED PRACTICAL NURSES	3,489	HOURS OF SERVICE	2,080.00	1.00	2
3 NURSES AIDES		HOURS OF SERVICE			3
4 TECHNICIANS	7,239	HOURS OF SERVICE	1,872.00	0.90	4
5 SOCIAL WORKERS	1,969	HOURS OF SERVICE	1,248.00	0.60	5
6 DIETICIANS	2,621	HOURS OF SERVICE	1,040.00	0.50	6
7 PHYSICIANS	7,061	ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	18,143	ACCUMULATED COST			8
9 SUBTOTAL (SUM OF LINES 1-8)	65,921				9
10 EMPLOYEE BENEFITS	20,641	SALARY			10
11 CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11
12 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME			13
14 SUPPLIES	63,149	REQUISITIONS			14
15 DRUGS	18,317	REQUISITIONS			15
16 OTHER	36,800	ACCUMULATED COST			16
17 SUBTOTAL (SUM OF LINES 9-16)	204,828				17
18 CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			18
19 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME			19
20 EMPLOYEE BENEFITS	1,031	SALARY			20
21 ADMINISTRATIVE AND GENERAL	69,164	ACCUMULATED COST			21
22 MAINT./REPAIRS-OPERATION-HOUSEKEEPING	107,113	SQUARE FEET			22
23 MEDICAL EDUCATION PROGRAM COSTS					23
24 CENTRAL SERVICES & SUPPLIES	4,010	REQUISITIONS			24
25 PHARMACY	3,642	REQUISITIONS			25
26 OTHER ALLOCATED COSTS	5,057	ACCUMULATED COST			26
27 SUBTOTAL (SUM OF LINES 17-26)	433,394				27
28 LABORATORY		CHARGES			28
29 RESPIRATORY THERAPY		CHARGES			29
30 OTHER ANCILLARY (SPECIFY)		CHARGES			30
30.97 CARDIAC REHABILITATION		CHARGES			30.97
30.98 HYPERBARIC OXYGEN THERAPY		CHARGES			30.98
30.99 LITHOTRIPSY		CHARGES			30.99
31 TOTAL COSTS (SUM OF LINES 27-30)	433,394				31

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2310

WORKSHEET I-2

CHECK APPLICABLE BOX:

[] RENAL DIALYSIS DEPARTMENT

[XX] HOME PROGRAM DIALYSIS

	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE RNS	SALARY OTHER	EMPLOYEE BENEFITS	DRUGS	
	BUILDING	EQUIPMENT					
	1	2	3	4	5	6	
1 TOTAL RENAL DEPT COSTS	145,662		25,399	15,318	21,672	21,959	1
2 MAINTENANCE							2
3 HEMODIALYSIS							3
4 INTERMITTENT PERITONEAL TRAINING							4
5 HEMODIALYSIS							5
6 INTERMITTENT PERITONEAL							6
7 CAPD							7
8 CCPD							8
9 HOME							9
10 HEMODIALYSIS							10
11 INTERMITTENT PERITONEAL							11
12 CAPD	23,971		4,177	2,522	3,570	3,617	12
13 CCPD	121,691		21,222	12,796	18,102	18,342	13
14 OTHER BILLABLE SERVICES							14
15 INPATIENT DIALYSIS							15
16 METHOD II HOME PATIENT							16
17 EPO (INCL IN RENAL DEPT)							17
18 ARANESP (INCL IN RENAL DEPT)						11,507	18
19 OTHER							19
20 TOTAL (SUM OF LINES 2-16)	145,662		25,399	15,318	21,672	21,959	20
21 MEDICAL EDUC PGM COSTS							21
22 TOTAL RENAL COSTS (LINES 17+18)							22

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2310

WORKSHEET I-2
 (CONTINUED)

CHECK APPLICABLE BOX: [] RENAL DIALYSIS DEPARTMENT

[XX] HOME PROGRAM DIALYSIS

	MEDICAL SUPPLIES 7	ROUTINE ANCILLARY SERVICES 8	SUBTOTAL (SUM OF COLS.1-8) 9	OVERHEAD 10	TOTAL (COL.9 + COL.10) 11	
1 TOTAL RENAL DEPT COSTS	67,159		297,169	136,225	433,394	1
2 MAINTENANCE						2
3 HEMODIALYSIS						3
4 INTERMITTENT PERITONEAL TRAINING						4
5 HEMODIALYSIS						5
6 INTERMITTENT PERITONEAL						6
7 CAPD						7
8 CCPD						8
9 HOME						9
10 HEMODIALYSIS	11,062		48,919	22,425	71,344	10
11 INTERMITTENT PERITONEAL	56,097		248,250	113,800	362,050	11
12 CAPD						12
13 CCPD						13
14 OTHER BILLABLE SERVICES						14
15 INPATIENT DIALYSIS						15
16 METHOD II HOME PATIENT						16
17 EPO (INCL IN RENAL DEPT)						17
18 ARANESP (INCL IN RENAL DEPT)						18
19 OTHER						19
20 TOTAL (SUM OF LINES 2-16)	67,159		297,169	136,225	433,394	20
21 MEDICAL EDUC PGM COSTS						21
22 TOTAL RENAL COSTS (LINES 17+18)					433,394	22

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 14-2310

WORKSHEET I-3

CHECK APPLICABLE BOX: [] RENAL DIALYSIS DEPARTMENT [XX] HOME PROGRAM DIALYSIS

		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE	SALARY	EMPLOYEE	
		BUILDING	EQUIPMENT	RNs	OTHER	BENEFITS	
		(SQUARE	(% OF	(HOURS)	(HOURS)	(SALARY)	
		FEET)	TIME)	3	4	5	
		1	2				
1	TOTAL RENAL DEPT COSTS	145,662		25,399	15,318	21,672	1
	MAINTENANCE						
2	HEMODIALYSIS						2
3	INTERMITTENT PERITONEAL						3
	TRAINING						
4	HEMODIALYSIS						4
5	INTERMITTENT PERITONEAL						5
6	CAPD						6
7	CCPD						7
	HOME						
8	HEMODIALYSIS						8
9	INTERMITTENT PERITONEAL						9
10	CAPD	274	1.00	74.00	134.00	9,695	10
11	CCPD	1,391	1.00	376.00	680.00	49,165	11
	OTHER BILLABLE SERVICES						
12	INPT DIAL TRIMNTS						
13	METHOD II HOME PATIENT						13
14	EPO						14
15	ARANESP						15
16	OTHER						16
17	TOTAL STATISTICAL BASIS	1,665	2.00	450.00	814.00	58,860	17
18	UNIT COST MULTIPLIER	87.484685		56.442222	18.818182	0.368196	18
	(LINE 1 ÷ LINE 17)						

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 14-2310

WORKSHEET I-3
 (CONTINUED)

CHECK APPLICABLE BOX: [] RENAL DIALYSIS DEPARTMENT [XX] HOME PROGRAM DIALYSIS

	DRUGS (REQUIST.) 6	MEDICAL SUPPLIES (REQUIST.) 7	ROUTINE ANCILLARY SERVICES (CHARGES) 8	SUBTOTAL 9	OVERHEAD (ACCUM. COST) 10	
1 TOTAL RENAL DEPT COSTS MAINTENANCE	21,959	67,159		297,169	136,225	1
2 HEMODIALYSIS						2
3 INTERMITTENT PERITONEAL TRAINING						3
4 HEMODIALYSIS						4
5 INTERMITTENT PERITONEAL						5
6 CAPD						6
7 CCPD						7
8 HOME HEMODIALYSIS						8
9 INTERMITTENT PERITONEAL						9
10 CAPD	3,017	148,866				10
11 CCPD	15,300	754,908				11
12 OTHER BILLABLE SERVICES INPT DIAL TRTMNTS						13
13 METHOD II HOME PATIENT						14
14 EPO						15
15 ARANESP						16
16 OTHER						17
17 TOTAL STATISTICAL BASIS	18,317	903,774			297,169	18
18 UNIT COST MULTIPLIER (LINE 1 ÷ LINE 17)	1.198832	0.074310			0.458409	

PROVIDER CCN: 14-0088 UNIVERSITY OF CHICAGO HOSPITAL
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 01/27/2012 17:53

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 14-2310

WORKSHEET I-4

CHECK APPLICABLE BOX: [] RENAL DIALYSIS DEPARTMENT [XX] HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS	TOTAL COST (FROM WKST I-2, COL. 11)	AVG COST OF PROGRAM TREATMENTS (COL. 2 ÷ COL. 1)	NUMBER OF PROGRAM TREATMENTS	TOTAL PROGRAM EXPENSES (COL. 4 × COL. 3)	TOTAL PROGRAM PAYMENT	AVERAGE PAYMENT RATE (COL. 6 ÷ COL. 4)	
	1	2	3	4	5	6	7	
1 MAINTENANCE - HEMODIALYSIS								1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD								5
6 TRAINING - CCPD								6
7 HOME PROGRAM - HEMODIALYSIS								7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
		PATIENT WEEKS		PATIENT WEEKS				
9 HOME PROGRAM - CAPD		1,722	71,344	41.43	445	18,436		9
10 HOME PROGRAM - CCPD		12,519	362,050	28.92	8,542	247,035		10
11 TOTALS (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 7)			433,394			265,471		11

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: 14-2310

WORKSHEET I-5

DESCRIPTION

1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	4,427,018	1
2	TOTAL PAYMENT (FROM I-4, COLUMN 6, LINE 11)	731,365	2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	9,004	3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	1,707,306	4
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES		5
6			6
7	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		7
8	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 AND 4 LESS LINE 5)	1,716,310	8
9	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80 PERCENT)	577,889	9
10	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 8 AND 9) (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 11)	2,132,819	10
11	REIMBURSABLE BAD DEBTS (LESSER OF LINE 10 OR LINE 5) (TRANSFER TO WKST E, PART B, LINE 33)		11

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-008) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
 BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	6,054,889	1
2	CAPITAL DRG OUTLIER PAYMENTS	888,718	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	384.78	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	488.78	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.4311	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	2,610,263	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.1005	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.3651	8
9	SUM OF LINES 7 AND 8	0.4656	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0989	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	598,829	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	10,152,699	12

PART II - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST (SEE INSTRUCTIONS)		1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST (SEE INSTRUCTIONS)		2
3	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 1 PLUS LINE 2)		3
4	CAPITAL COST PAYMENT FACTOR (SEE INSTRUCTIONS)		4
5	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 3 TIMES LINE 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS (SEE INSTRUCTIONS)		1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		2
3	NET PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (LINE 1 MINUS LINE 2)		3
4	APPLICABLE EXCEPTION PERCENTAGE (SEE INSTRUCTIONS)		4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (LINE 3 TIMES LINE 4)		5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 2 TIMES LINE 6)		7
8	CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 5 PLUS LINE 7)		8
9	CURRENT YEAR CAPITAL PAYMENTS (FROM PART I, LINE 12 AS APPLICABLE)		9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 8 LESS LINE 9)		10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (FROM PRIOR YEAR WKST L, PART III, LINE 14)		11
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 10 PLUS LINE 11)		12
13	CURRENT YEAR EXCEPTION PAYMENT (IF LINE 12 IS POSITIVE, ENTER THE AMOUNT ON THIS LINE)		13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (IF LINE 12 IS NEGATIVE, ENTER THE AMOUNT ON THIS LINE)		14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)		15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)		16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS)		17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI-	SUBTOTAL (COLS.0-4)	SUBTOTAL 24	I&R COST &	TOTAL 26
	NARY CAP- REL COSTS 0			POST STEP- DOWN ADJS 25	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 DCAM CAPITAL					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 NON-PATIENT PHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 OTHER ADMIN & GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
18 OCCUPATIONAL THERAPY					18
18.01 VOLUNTEERS					18.01
18.02 PATIENT TRANSPORT					18.02
18.03 MEDICAL ELECTRONICS					18.03
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMED ED PRGM - PHARMACY					23.01
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34.01 NURSERY SPECIAL CARE					34.01
35 NURSERY ICU					35
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
55 RADIOLOGY-THERAPEUTIC					55
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (MR					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
63 BLOOD STORING, PROCESSING & TR					63
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
70.01 BRACE & PLASTER ROOM					70.01
71 MEDICAL SUPPLIES CHRGD TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.01 DENTAL CLINIC					90.01
90.02 TRANSPLANT CLINIC					90.02
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
95 AMBULANCE SERVICES					95
99.10 CORF					99.10

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI-	SUBTOTAL	I&R COST &		TOTAL
	NARY CAP- REL COSTS	(COLS.0-4)	SUBTOTAL	POST STEP- DOWN ADJS	
	0	2A	24	25	26
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAP					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
105 KIDNEY ACQUISITION					105
106 HEART ACQUISITION					106
107 LIVER ACQUISITION					107
SPECIAL PURPOSE COST CENTERS					
108 LUNG ACQUISITION					108
109 PANCREAS ACQUISITION					109
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
191.01 OTHER NONREIMBURSABLE					191.01
191.02 MEDICAL SCHOOL					191.02
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)					202
203 TOTAL STATISTICAL BASIS					203
204 UNIT COST MULTIPLIER					204
204 UNIT COST MULTIPLIER					204