

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: 01-31-2012 TIME: 15:09
 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 BOARD OF TRUSTEES OF THE UNIVERSITY (14-0150) (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 PROVIDE IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(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		-937,238	5,132,384		1
2 SUBPROVIDER - IPF		-201,690	-1		2
3 SUBPROVIDER - IRF		-28,915			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		-1,167,843	5,132,383		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 HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 1740 W TAYLOR ST
 2 CITY: CHICAGO

STATE: IL

P.O.BOX:
 ZIP CODE: 60612

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	14-0150	16974	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF	14-S150	16974	4	07/01/1984	N	P	O	4
5	SUBPROVIDER - IRF	14-T150	16974	5	07/01/1988	N	P	O	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	UIMCC	14-2316	16974	01/01/2004				18
19	OTHER								19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2010			TO: 06/30/2011				20
21	TYPE OF CONTROL			10					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.							1	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	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPFS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	36,953				3,532	2,847 24
25	IF THIS PROVIDER IS AN IRF THEN, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF STATE MEDICAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	1,222				113	108 25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1		26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1		27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.		BEGINNING:		ENDING:		36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.		BEGINNING:		ENDING:		38

	V 1	XVIII 2	XIX 3	
45	PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL			
46	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	45
47	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
48	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	47
49	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.	N	N	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

	Y/N	IME AVERAGE	DIRECT GME AVERAGE	
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)	N		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
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SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ COL.1+COL.2))		
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)	4.01	272.42	0.014506	64

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					
1	2	3	4	5		
65	FAMILY PRACTICE	1350	0.08	15.66	0.005083	65
65.01	INTERNAL MEDICINE	1400		70.30		65.01
65.02	INTERNAL MEDICINE & PEDIATRICS	1450		12.85		65.02
65.03	PEDIATRICS	2000		43.45		65.03

SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ COL.1+COL.2))			
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)	4.56		268.46	0.016702	66

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 FAMILY MEDICINE	1350		15.67	67
67.01 INTERNAL MEDICINE	1400		68.94	67.01
67.02 INTERNAL MEDICINE & PEDIATRICS	1450		15.82	67.02
67.03 PEDIATRICS	2000		40.08	67.03

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.	Y		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.	Y	N	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.	Y		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.	N		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.	N	Y	90
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.	N	N	91
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.	N	N	92
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	93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97

RURAL PROVIDERS

105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?	N		105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			106
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.			107
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		108

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	109
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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.	Y		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.	2		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.		75,000,000	75,000,000 119
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.	N		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.				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.		01/29/1998		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.				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.		10/01/2004		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
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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:	141
142	STREET:	P.O. BOX:		142
143	CITY:	STATE:	ZIP CODE:	143
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.		N	146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	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.		N	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
				161

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	ZIP CODE	CBSA	FTE/CAMPUS
	0	1	2	3	4	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	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	
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)	N		3	
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE	
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.	Y	A	12/16/2011	
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		
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N	2	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.	Y		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	
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		Y	15	
PS&R REPORT DATA		PART A		PART B	
		Y/N	DATE	Y/N	DATE
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	
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	01/26/2012	Y	01/26/2012
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		Y	
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	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

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

	WKST A LINE 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	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	260,222,880	6,424,085	266,646,965	7,455,160.00	35.77
2	NON-PHYSICIAN ANESTHETIST PART A						1
3	NON-PHYSICIAN ANESTHETIST PART B						2
4	PHYSICIAN-PART A		420,425		420,425	6,182.00	68.01
4.01	PHYSICIANS-PART A - DIRECT TEACHING		2,856,279		2,856,279	19,529.00	146.26
5	PHYSICIAN-PART B		2,785,868		2,785,868	23,218.00	119.99
6	NON-PHYSICIAN-PART B		10,814,407		10,814,407	117,933.00	91.70
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)		3,419,136		3,419,136	70,388.00	48.58
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)	21	15,434,100	6,424,085	21,858,185	894,238.00	24.44
8	HOME OFFICE PERSONNEL						7.01
9	SNF	44					8
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		11,468,517	-411,159	11,057,358	307,560.00	35.95
	OTHER WAGES & RELATED COSTS						9
11	CONTRACT LABOR (SEE INSTRUCTIONS)		901,596		901,596	20,540.29	43.89
12	MANAGEMENT AND ADMINISTRATIVE SERVICES						11
13	CONTRACT LABOR: PHYSICIAN-PART A						12
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS						13
15	HOME OFFICE: PHYSICIAN-PART A		699,011		699,011	3,250.00	215.08
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)		12,811,940		12,811,940	88,061.00	145.49
	WAGE-RELATED COSTS						14
17	WAGE-RELATED COSTS (CORE)		103,974,564		103,974,564		17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS		5,254,471		5,254,471		19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B		154,041		154,041		21
22	PHYSICIAN PART A		1,733,490		1,733,490		22
23	PHYSICIAN PART B		3,621,371		3,621,371		23
24	WAGE-RELATED COSTS (RHC/FQHC)		1,419,665		1,419,665		24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)		12,762,681		12,762,681		25
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS		105,675		105,675		26
27	ADMINISTRATIVE & GENERAL		52,130,083	-2,771,840	49,358,243		27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		2,719,510		2,719,510	34,349.32	79.17
29	MAINTENANCE & REPAIRS		632,476		632,476		28
30	OPERATION OF PLANT						29
31	LAUNDRY & LINEN SERVICE						30
32	HOUSEKEEPING		155,685		155,685		31
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)		4,612,507		4,612,507	277,515.00	16.62
34	DIETARY		2,996,364	-45,375	2,950,989		32
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						33
36	CAFETERIA						34
37	MAINTENANCE OF PERSONNEL						35
38	NURSING ADMINISTRATION		4,953,514	-1,842	4,951,672		36
39	CENTRAL SERVICES AND SUPPLY		3,025,122		3,025,122		37
40	PHARMACY		7,365,884	-239,729	7,126,155		38
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		2,488,392		2,488,392		39
42	SOCIAL SERVICE		5,041,441		5,041,441		40
43	OTHER GENERAL SERVICE						41

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	234,680,961		234,680,961	6,655,065.3	35.26	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	11,468,517	-411,159	11,057,358	307,560.00	35.95	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	223,212,444	411,159	223,623,603	6,347,505.3	35.23	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	1,600,607		1,600,607	23,790.29	67.28	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	105,708,054		105,708,054		47.27%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	330,521,105	411,159	330,932,264	6,371,295.6	51.94	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	86,226,653	-3,058,786	83,167,867	311,864.32	266.68	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		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		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	57,932,808	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN		10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)		11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	2,745,018	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	61,038,481	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY	7,203,974	18
19 UNEMPLOYMENT INSURANCE		19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT		23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	128,920,281	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 14-0150 BOARD OF TRUSTEES OF THE UNIVE
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
01/31/2012 15:09

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	3,627,406	2
3	SUBPROVIDER - IPF	3,621,106	3
4	SUBPROVIDER - IRF	6,300	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: 14-2316

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	121				24	27	1
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00						2
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	4.50						3
4 CAPD EXCHANGES PER DAY				4		4	4
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	312						5
6 NUMBER OF STATIONS	26						6
7 TREATMENT CAPACITY PER DAY PER STATION	3						7
8 UTILIZATION (SEE INSTRUCTIONS)	0.76						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						420	11
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD						129	12
EPOETIN							
13 NET COSTS OF EPOETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						1,772	13
14 EPOETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							14
15 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						176	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						534,764	17
18 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							18
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						215,089	19
20 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							20
PHYSICIAN PAYMENT METHOD (ENTER 'X' FOR APPLICABLE METHOD(S))							
21 MCP X INITIAL METHOD							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)				0.343054	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				159,471,554	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?				Y	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID					5
6	MEDICAID CHARGES				476,011,592	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				163,297,681	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)				3,826,127	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP				425,383	9
10	STAND-ALONE SCHIP CHARGES				989,038	10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)				339,293	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)				720,488	13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)				20,435,576	14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)				7,010,506	15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13)				6,290,018	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				45,000,000	18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				10,116,145	19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL		
		1	2	3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FAMILY	43,434,602	6,497,075	49,931,677		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	14,900,414	2,228,848	17,129,262		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	322,306	37,190	359,496		22
23	COST OF CHARITY CARE	14,578,108	2,191,658	16,769,766		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					N 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)				25,847,656	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				2,590,343	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				23,257,313	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				7,978,514	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				24,748,280	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				34,864,425	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				4,821,225	1
2	00200				15,654,870	2
3	00300					3
4	00400	105,675	42,439	148,114	310,749	4
5.01	00590	43,875,244	111,612,872	155,488,116	-30,137,942	5.01
5.02	00591	5,252,163	2,776,782	8,028,945	-11,791	5.02
5.03	00592	3,002,676	5,760,514	8,763,190	-25,059	5.03
6	00600	632,476	15,229,736	15,862,212	-3,173	6
7	00700					7
8	00800					8
9	00900	155,685	5,730,657	5,886,342	-163,610	9
10	01000	2,996,364	3,464,678	6,461,042	-59,592	10
11	01100		1,291	1,291		11
12	01200					12
13	01300	4,953,514	1,222,394	6,175,908	-2,371	13
14	01400	3,025,122	1,785,510	4,810,632	156,750	14
15	01500	7,365,884	25,655,257	33,021,141	-26,566,812	15
16	01600	2,488,392	874,206	3,362,598	-6,265	16
17	01700	5,041,441	166,934	5,208,375	-2,122	17
19	01900					19
20	02000					20
21	02100	15,434,100	-102,986	15,331,114	6,424,016	21
22	02200	811,248	1,739,597	2,550,845	2,784,170	22
23	02300				1,431,401	23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	39,252,884	3,360,723	42,613,607	1,043,651	30
31	03100	6,388,109	719,888	7,107,997	-566,558	31
31.01	02080	4,574,173	418,455	4,992,628	-305,546	31.01
31.02	02060	9,383,142	644,013	10,027,155	-468,007	31.02
32	03200	5,980,985	970,626	6,951,611	-629,496	32
40	04000	5,861,930	239,413	6,101,343	-31,555	40
41	04100	1,420,796	104,958	1,525,754	-13,093	41
43	04300				1,173,279	43
ANCILLARY SERVICE COST CENTERS						
50	05000	9,880,282	29,501,446	39,381,728	-23,398,161	50
51	05100	1,408,903	122,829	1,531,732	-51,897	51
52	05200	10,097,701	1,309,115	11,406,816	-4,993,309	52
53	05300	920,862	1,996,447	2,917,309	-1,688,991	53
54	05400	5,110,094	347,843	5,457,937	-1,552,641	54
54.01	03630	673,593	119,731	793,324	-35,641	54.01
54.02	03650	1,156,259	4,992,535	6,148,794	-4,072,201	54.02
54.03	05401	257,033	327,111	584,144	-18,325	54.03
55	05500	1,635,964	3,216,078	4,852,042	164,781	55
56	05600	375,626	1,564,911	1,940,537	-1,467,395	56
57	05700	933,649	326,746	1,260,395	91,902	57
58	05800	705,500	326,919	1,032,419	-46,621	58
59	05900	657,444	1,735,672	2,393,116	-1,617,250	59
60	06000	11,707,322	13,311,505	25,018,827	-6,057,610	60
60.01	03420	230,958	306,344	537,302	-25,255	60.01
60.02	03421	1,464,302	2,005,200	3,469,502	5,996,963	60.02
62.30	06250					62.30
63	06300	1,024,365	4,597,415	5,621,780	-19,595	63
64	06400		11,129,021	11,129,021		64
65	06500	2,314,118	593,560	2,907,678	-331,107	65
66	06600	2,303,941	162,891	2,466,832	-25,361	66
67	06700	987,534	57,163	1,044,697	-12,386	67
68	06800	362,582	7,954	370,536	-540	68
69	06900	165,366	47,154	212,520	-12,792	69
70	07000	288,799	55,837	344,636	-16,659	70
71	07100				41,582,625	71
73	07300				29,038,893	73
74	07400	3,172,517	2,120,822	5,293,339	-447,786	74
76	03950					76
76.01	03340	1,405,687	782,120	2,187,807	-605,752	76.01
76.02	03951	306,231	380,729	686,960	-1,390	76.02
76.03	03140	1,935,370	1,835,760	3,771,130	-1,950,576	76.03
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	13,719,769	3,809,546	17,529,315	-845,286	90
91	09100	6,674,891	1,001,807	7,676,698	-596,149	91
92	09200					92
93.01	04950	2,170,827	1,360,640	3,531,467	-927,090	93.01
93.02	04952	2,443,694	157,472	2,601,166	-2,205	93.02
93.03	04951	1,543,903	536,067	2,079,970	-208,225	93.03

PROVIDER CCN: 14-0150 BOARD OF TRUSTEES OF THE UNIVE
 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
 01/31/2012 15:09

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	
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105	10500 KIDNEY ACQUISITION	1,871,778	3,524,809	5,396,587	-624,529	105
107	10700 LIVER ACQUISITION	481,014	1,467,796	1,948,810	-133,600	107
109	10900 PANCREAS ACQUISITION	16,854	577,126	593,980	46,941	109
111	11100 ISLET ACQUISITION	66,418	124,333	190,751	34,455	111
112	08600 OTHER ORGAN ACQUISITION (SPECIFY)		4,683	4,683	24,748	112
118	SUBTOTALS (SUM OF LINES 1-117)	258,473,153	278,263,094	536,736,247	2,102	118
NONREIMBURSABLE COST CENTERS						
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	130,537	242,633	373,170	8,915	190
191	19100 RESEARCH	398,672	59,267	457,939	-11,017	191
192	19200 PHYSICIANS' PRIVATE OFFICES	1,220,518	60,341	1,280,859		192
200	TOTAL (SUM OF LINES 118-199)	260,222,880	278,625,335	538,848,215		200

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	4,821,225		4,821,225	1
2	00200	15,654,870	-1,788,360	13,866,510	2
3	00300				3
4	00400	458,863	131,963,682	132,422,545	4
5.01	00590	125,350,174	-49,911,706	75,438,468	5.01
5.02	00591	8,017,154	-602,686	7,414,468	5.02
5.03	00592	8,738,131	-95,094	8,643,037	5.03
6	00600	15,859,039	5,593,529	21,452,568	6
7	00700				7
8	00800				8
9	00900	5,722,732		5,722,732	9
10	01000	6,401,450	-2,307,510	4,093,940	10
11	01100	1,291		1,291	11
12	01200				12
13	01300	6,173,537	-43,356	6,130,181	13
14	01400	4,967,382		4,967,382	14
15	01500	6,454,329		6,454,329	15
16	01600	3,356,333	-39,458	3,316,875	16
17	01700	5,206,253		5,206,253	17
19	01900				19
20	02000				20
21	02100	21,755,130	-2,085	21,753,045	21
22	02200	5,335,015	8,636,782	13,971,797	22
23	02300	1,431,401	-618,204	813,197	23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	43,657,258	-696,832	42,960,426	30
31	03100	6,541,439	-1,795	6,539,644	31
31.01	02080	4,687,082		4,687,082	31.01
31.02	02060	9,559,148		9,559,148	31.02
32	03200	6,322,115		6,322,115	32
40	04000	6,069,788	-2,100	6,067,688	40
41	04100	1,512,661	-110,626	1,402,035	41
43	04300	1,173,279		1,173,279	43
ANCILLARY SERVICE COST CENTERS					
50	05000	15,983,567	-244,720	15,738,847	50
51	05100	1,479,835		1,479,835	51
52	05200	6,413,507	-898,096	5,515,411	52
53	05300	1,228,318	-305,243	923,075	53
54	05400	3,905,296	161	3,905,457	54
54.01	03630	757,683		757,683	54.01
54.02	03650	2,076,593	-140,621	1,935,972	54.02
54.03	05401	565,819	-6,374	559,445	54.03
55	05500	5,016,823	-10,455	5,006,368	55
56	05600	473,142		473,142	56
57	05700	1,352,297		1,352,297	57
58	05800	985,798	-1,240	984,558	58
59	05900	775,866		775,866	59
60	06000	18,961,217	-4,074	18,957,143	60
60.01	03420	512,047	-298	511,749	60.01
60.02	03421	9,466,465	-3,710	9,462,755	60.02
62.30	06250				62.30
63	06300	5,602,185		5,602,185	63
64	06400	11,129,021	-4,038,477	7,090,544	64
65	06500	2,576,571	-7,494	2,569,077	65
66	06600	2,441,471	-24,394	2,417,077	66
67	06700	1,032,311	-13,565	1,018,746	67
68	06800	369,996	-700	369,296	68
69	06900	199,728	-25	199,703	69
70	07000	327,977		327,977	70
71	07100	41,582,625		41,582,625	71
73	07300	29,038,893	-384,228	28,654,665	73
74	07400	4,845,553		4,845,553	74
76	03950				76
76.01	03340	1,582,055	-92,806	1,489,249	76.01
76.02	03951	685,570		685,570	76.02
76.03	03140	1,820,554	-500	1,820,054	76.03
76.97	07697				76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	16,684,029	-760,174	15,923,855	90
91	09100	7,080,549		7,080,549	91
92	09200				92
93.01	04950	2,604,377	-20	2,604,357	93.01
93.02	04952	2,598,961	-150,103	2,448,858	93.02
93.03	04951	1,871,745	-7,592	1,864,153	93.03

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	
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
105	10500 KIDNEY ACQUISITION	4,772,058	-16,896	4,755,162	105
107	10700 LIVER ACQUISITION	1,815,210	-11,162	1,804,048	107
109	10900 PANCREAS ACQUISITION	640,921	-2,940	637,981	109
111	11100 ISLET ACQUISITION	225,206	-50,817	174,389	111
112	08600 OTHER ORGAN ACQUISITION (SPECIFY)	29,431	-833	28,598	112
118	SUBTOTALS (SUM OF LINES 1-117)	536,738,349	82,796,785	619,535,134	118
NONREIMBURSABLE COST CENTERS					
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	382,085	-361,088	20,997	190
191	19100 RESEARCH	446,922		446,922	191
192	19200 PHYSICIANS' PRIVATE OFFICES	1,280,859	-20,808	1,260,051	192
200	TOTAL (SUM OF LINES 118-199)	538,848,215	82,414,889	621,263,104	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER	
		COST	CENTER				LINE #
	1	2	3	4	5	
1 WOMENS HEALTH	A	ADULTS & PEDIATRICS	30	2,936,095	174,314	1
2 WOMENS HEALTH	A	NURSERY	43	1,107,526	65,753	2
500 TOTAL RECLASSIFICATIONS				4,043,621	240,067	500
CODE LETTER - A						
1 CHARGEABLE MED SPLS	B					1
2 CHARGEABLE MED SPLS	B					2
3 CHARGEABLE MED SPLS	B					3
4 CHARGEABLE MED SPLS	B					4
5 CHARGEABLE MED SPLS	B					5
6 CHARGEABLE MED SPLS	B					6
7 CHARGEABLE MED SPLS	B					7
8 CHARGEABLE MED SPLS	B	CENTRAL SERVICES & SUPPLY	14		1,469,873	8
9 CHARGEABLE MED SPLS	B					9
10 CHARGEABLE MED SPLS	B					10
11 CHARGEABLE MED SPLS	B					11
12 CHARGEABLE MED SPLS	B					12
13 CHARGEABLE MED SPLS	B					13
14 CHARGEABLE MED SPLS	B					14
15 CHARGEABLE MED SPLS	B					15
16 CHARGEABLE MED SPLS	B					16
17 CHARGEABLE MED SPLS	B					17
18 CHARGEABLE MED SPLS	B					18
19 CHARGEABLE MED SPLS	B					19
20 CHARGEABLE MED SPLS	B					20
21 CHARGEABLE MED SPLS	B					21
22 CHARGEABLE MED SPLS	B					22
23 CHARGEABLE MED SPLS	B					23
24 CHARGEABLE MED SPLS	B					24
25 CHARGEABLE MED SPLS	B					25
26 CHARGEABLE MED SPLS	B					26
27 CHARGEABLE MED SPLS	B					27
28 CHARGEABLE MED SPLS	B					28
29 CHARGEABLE MED SPLS	B					29
30 CHARGEABLE MED SPLS	B					30
31 CHARGEABLE MED SPLS	B					31
32 CHARGEABLE MED SPLS	B					32
33 CHARGEABLE MED SPLS	B					33
34 CHARGEABLE MED SPLS	B					34
35 CHARGEABLE MED SPLS	B					35
36 CHARGEABLE MED SPLS	B					36
37 CHARGEABLE MED SPLS	B					37
38 CHARGEABLE MED SPLS	B					38
39 CHARGEABLE MED SPLS	B					39
40 CHARGEABLE MED SPLS	B					40
41 CHARGEABLE MED SPLS	B					41
42 CHARGEABLE MED SPLS	B					42
43 CHARGEABLE MED SPLS	B					43
44 CHARGEABLE MED SPLS	B					44
45 CHARGEABLE MED SPLS	B					45
46 CHARGEABLE MED SPLS	B					46
47 CHARGEABLE MED SPLS	B					47
48 CHARGEABLE MED SPLS	B					48
49 CHARGEABLE MED SPLS	B					49
50 CHARGEABLE MED SPLS	B					50
51 CHARGEABLE MED SPLS	B					51
52 CHARGEABLE MED SPLS	B					52
53 CHARGEABLE MED SPLS	B	ISLET ACQUISITION	111			31
54 CHARGEABLE MED SPLS	B	GIFT, FLOWER, COFFEE SHOP & C	190		8,915	54
55 CHARGEABLE MED SPLS	B	MEDICAL SUPPLIES CHRGED TO PA	71		41,582,625	55
56 CHARGEABLE MED SPLS	B					56
57 CHARGEABLE MED SPLS	B					57
500 TOTAL RECLASSIFICATIONS					43,061,444	500
CODE LETTER - B						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1 CHARGEABLE DRUGS	C				1
2 CHARGEABLE DRUGS	C				2
3 CHARGEABLE DRUGS	C				3
4 CHARGEABLE DRUGS	C				4
5 CHARGEABLE DRUGS	C				5
6 CHARGEABLE DRUGS	C				6
7 CHARGEABLE DRUGS	C				7
8 CHARGEABLE DRUGS	C				8
9 CHARGEABLE DRUGS	C				9
10 CHARGEABLE DRUGS	C				10
11 CHARGEABLE DRUGS	C				11
12 CHARGEABLE DRUGS	C				12
13 CHARGEABLE DRUGS	C				13
14 CHARGEABLE DRUGS	C				14
15 CHARGEABLE DRUGS	C				15
16 CHARGEABLE DRUGS	C				16
17 CHARGEABLE DRUGS	C				17
18 CHARGEABLE DRUGS	C				18
19 CHARGEABLE DRUGS	C				19
20 CHARGEABLE DRUGS	C				20
21 CHARGEABLE DRUGS	C				21
22 CHARGEABLE DRUGS	C				22
23 CHARGEABLE DRUGS	C				23
24 CHARGEABLE DRUGS	C				24
25 CHARGEABLE DRUGS	C				25
26 CHARGEABLE DRUGS	C				26
27 CHARGEABLE DRUGS	C				27
28 CHARGEABLE DRUGS	C				28
29 CHARGEABLE DRUGS	C				29
30 CHARGEABLE DRUGS	C				30
31 CHARGEABLE DRUGS	C				31
32 CHARGEABLE DRUGS	C				32
33 CHARGEABLE DRUGS	C				33
34 CHARGEABLE DRUGS	C				34
35 CHARGEABLE DRUGS	C				35
36 CHARGEABLE DRUGS	C				36
37 CHARGEABLE DRUGS	C				37
38 CHARGEABLE DRUGS	C				38
39 CHARGEABLE DRUGS	C				39
40 CHARGEABLE DRUGS	C				40
41 CHARGEABLE DRUGS	C				41
42 CHARGEABLE DRUGS	C				42
43 CHARGEABLE DRUGS	C				43
44 CHARGEABLE DRUGS	C				44
45 CHARGEABLE DRUGS	C				45
46 CHARGEABLE DRUGS	C				46
47 CHARGEABLE DRUGS	C	DRUGS CHARGED TO PATIENTS	73		29,038,893 47
48 CHARGEABLE DRUGS	C	RENAL DIALYSIS	74		749,853 48
500 TOTAL RECLASSIFICATIONS					29,788,746 500
CODE LETTER - C					
1 PHARMACY ALLIED HEALTH	D	PARAMED ED PRGM-(SPECIFY)	23	239,729	1
2 PHARMACY ALLIED HEALTH	D	PARAMED ED PRGM-(SPECIFY)	23		1,191,672 2
500 TOTAL RECLASSIFICATIONS				239,729	1,191,672 500
CODE LETTER - D					
1 RADIOLOGY ADMIN	E	RADIO ULTRASOUND	54.01	59,527	4,402 1
2 RADIOLOGY ADMIN	E	RADIO ANGIOGRAPHY	54.02	507,163	37,507 2
3 RADIOLOGY ADMIN	E	RADIO WEST HARRISON	54.03	34,188	2,528 3
4 RADIOLOGY ADMIN	E	RADIOLOGY-THERAPEUTIC	55	195,082	14,427 4
5 RADIOLOGY ADMIN	E	RADIOISOTOPE	56	59,394	4,392 5
6 RADIOLOGY ADMIN	E	COMPUTED TOMOGRAPHY (CT) SCAN	57	311,148	23,011 6
7 RADIOLOGY ADMIN	E	MAGNETIC RESONANCE IMAGING (M	58	206,259	15,254 7
500 TOTAL RECLASSIFICATIONS				1,372,761	101,521 500
CODE LETTER - E					
1 DEPRECIATION-BLDG	F	CAP REL COSTS-BLDG & FIXT	1		4,821,225 1
2 DEPRECIATION-EQUIP	F	CAP REL COSTS-MVBLE EQUIP	2		13,866,511 2
3 AMORTIZATION EXP	F				3
4 AMORTIZATION BOND DSCT	F	CAP REL COSTS-MVBLE EQUIP	2		273,890 4
5 INTEREST EXPENSE	F	CAP REL COSTS-MVBLE EQUIP	2		1,726,926 5
500 TOTAL RECLASSIFICATIONS					20,688,552 500
CODE LETTER - F					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
1		2	3		4	5
1 BENEFIT EXPENSE	G	EMPLOYEE BENEFITS	4			6,734,834 1
500 TOTAL RECLASSIFICATIONS						6,734,834 500
CODE LETTER - G						
1 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	MEDICAL CENTER ALL OTHER ADMI	5.01		121,087	1
2 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	RENAL DIALYSIS	74		103,751	2
3 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	CLINIC	90		663,161	3
4 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	KIDNEY ACQUISITION	105		132,884	4
5 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	LIVER ACQUISITION	107		101,836	5
6 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	PANCREAS ACQUISITION	109		55,924	6
7 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	ISLET ACQUISITION	111		34,424	7
8 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	OTHER ORGAN ACQUISITION (SPEC	112		24,748	8
500 TOTAL RECLASSIFICATIONS					1,237,815	500
CODE LETTER - H						
1 OUTREACH LAB	K					1
2 OUTREACH LAB	K					2
3 OUTREACH LAB	K	LAB OUTREACH	60.02		2,063,907	3,933,056 3
500 TOTAL RECLASSIFICATIONS					2,063,907	3,933,056 500
CODE LETTER - K						
1 HOSPITAL PART A - TEACHING	L	I&R SRVCES-OTHER PRGM COSTS A	22		2,785,868	1
500 TOTAL RECLASSIFICATIONS					2,785,868	500
CODE LETTER - L						
1 TRANSPLANT DIRECTOR	M	KIDNEY ACQUISITION	105		44,466	1
2 TRANSPLANT DIRECTOR	M	LIVER ACQUISITION	107		55,708	2
3 TRANSPLANT DIRECTOR	M	PANCREAS ACQUISITION	109		6,885	3
500 TOTAL RECLASSIFICATIONS					107,059	500
CODE LETTER - M						
1 RESIDENT BILLING BENEFITS	N	I&R SRVCES-SALARY & FRINGES A	21		6,424,085	1
500 TOTAL RECLASSIFICATIONS					6,424,085	500
CODE LETTER - N						
1 ISLET CELL DATA	O	ISLET ACQUISITION	111			8,000 1
500 TOTAL RECLASSIFICATIONS						8,000 500
CODE LETTER - O						
GRAND TOTAL (INCREASES)					18,274,845	105,747,892

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 WOMENS HEALTH	A	DELIVERY ROOM & LABOR ROOM	52	4,043,621	240,067	1
2 WOMENS HEALTH	A					2
500 TOTAL RECLASSIFICATIONS				4,043,621	240,067	500
CODE LETTER - A						
1 CHARGEABLE MED SPLS	B	MEDICAL CENTER ALL OTHER ADMI	5.01		23,723	1
2 CHARGEABLE MED SPLS	B	HOSPITAL ADMIN & GENERAL	5.02		10,609	2
3 CHARGEABLE MED SPLS	B	AMBULATORY ADMIN & GENERAL	5.03		25,059	3
4 CHARGEABLE MED SPLS	B	MAINTENANCE & REPAIRS	6		3,172	4
5 CHARGEABLE MED SPLS	B	HOUSEKEEPING	9		163,610	5
6 CHARGEABLE MED SPLS	B	DIETARY	10		2,129	6
7 CHARGEABLE MED SPLS	B	NURSING ADMINISTRATION	13		429	7
8 CHARGEABLE MED SPLS	B					8
9 CHARGEABLE MED SPLS	B	PHARMACY	15		823,857	9
10 CHARGEABLE MED SPLS	B	MEDICAL RECORDS & LIBRARY	16		6,265	10
11 CHARGEABLE MED SPLS	B	SOCIAL SERVICE	17		1,861	11
12 CHARGEABLE MED SPLS	B	I&R SRVCES-SALARY & FRINGES A	21		69	12
13 CHARGEABLE MED SPLS	B	I&R SRVCES-OTHER PRGM COSTS A	22		1,698	13
14 CHARGEABLE MED SPLS	B	ADULTS & PEDIATRICS	30		1,563,819	14
15 CHARGEABLE MED SPLS	B	INTENSIVE CARE UNIT	31		496,705	15
16 CHARGEABLE MED SPLS	B	PEDS ICU	31.01		261,619	16
17 CHARGEABLE MED SPLS	B	NEONATAL ICU	31.02		437,507	17
18 CHARGEABLE MED SPLS	B	CORONARY CARE UNIT	32		539,714	18
19 CHARGEABLE MED SPLS	B	SUBPROVIDER - IPF	40		30,275	19
20 CHARGEABLE MED SPLS	B	SUBPROVIDER - IRF	41		11,812	20
21 CHARGEABLE MED SPLS	B	OPERATING ROOM	50		23,326,568	21
22 CHARGEABLE MED SPLS	B	RECOVERY ROOM	51		44,016	22
23 CHARGEABLE MED SPLS	B	DELIVERY ROOM & LABOR ROOM	52		659,203	23
24 CHARGEABLE MED SPLS	B	ANESTHESIOLOGY	53		1,336,816	24
25 CHARGEABLE MED SPLS	B	RADIOLOGY-DIAGNOSTIC	54		57,607	25
26 CHARGEABLE MED SPLS	B	RADIO ULTRASOUND	54.01		83,141	26
27 CHARGEABLE MED SPLS	B	RADIO ANGIOGRAPHY	54.02		4,356,974	27
28 CHARGEABLE MED SPLS	B	RADIO WEST HARRISON	54.03		37,725	28
29 CHARGEABLE MED SPLS	B	RADIOLOGY-THERAPEUTIC	55		37,140	29
30 CHARGEABLE MED SPLS	B	RADIOISOTOPE	56		1,492,694	30
31 CHARGEABLE MED SPLS	B	COMPUTED TOMOGRAPHY (CT) SCAN	57		118,076	31
32 CHARGEABLE MED SPLS	B	MAGNETIC RESONANCE IMAGING (M	58		49,760	32
33 CHARGEABLE MED SPLS	B	CARDIAC CATHETERIZATION	59		1,520,579	33
34 CHARGEABLE MED SPLS	B	LABORATORY	60		88,838	34
35 CHARGEABLE MED SPLS	B	LAB TISSUE TYPING	60.01		80	35
36 CHARGEABLE MED SPLS	B	BLOOD STORING, PROCESSING & T	63		1,560	36
37 CHARGEABLE MED SPLS	B	RESPIRATORY THERAPY	65		330,889	37
38 CHARGEABLE MED SPLS	B	PHYSICAL THERAPY	66		25,151	38
39 CHARGEABLE MED SPLS	B	OCCUPATIONAL THERAPY	67		12,386	39
40 CHARGEABLE MED SPLS	B	SPEECH PATHOLOGY	68		82	40
41 CHARGEABLE MED SPLS	B	ELECTROCARDIOLOGY	69		11,601	41
42 CHARGEABLE MED SPLS	B	ELECTROENCEPHALOGRAPHY	70		16,602	42
43 CHARGEABLE MED SPLS	B	RENAL DIALYSIS	74		1,074,527	43
44 CHARGEABLE MED SPLS	B	GASTROENTROLOGY	76.01		592,394	44
45 CHARGEABLE MED SPLS	B	CARDIAC SERVICES	76.03		1,943,707	45
46 CHARGEABLE MED SPLS	B	CLINIC	90		792,666	46
47 CHARGEABLE MED SPLS	B	EMERGENCY	91		493,875	47
48 CHARGEABLE MED SPLS	B	OCC EEI	93.01		71,150	48
49 CHARGEABLE MED SPLS	B	OCC PSYCH	93.02		2,202	49
50 CHARGEABLE MED SPLS	B	OCC ADOLESCENTS	93.03		68,516	50
51 CHARGEABLE MED SPLS	B	KIDNEY ACQUISITION	105		820	51
52 CHARGEABLE MED SPLS	B	RESEARCH	191		10,167	52
53 CHARGEABLE MED SPLS	B					53
54 CHARGEABLE MED SPLS	B					54
55 CHARGEABLE MED SPLS	B					55
56 CHARGEABLE MED SPLS	B					56
57 CHARGEABLE MED SPLS	B					57
500 TOTAL RECLASSIFICATIONS					43,061,444	500
CODE LETTER - B						

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 CHARGEABLE DRUGS	C	MEDICAL CENTER ALL OTHER ADMI	5.01		131,450	1
2 CHARGEABLE DRUGS	C	HOSPITAL ADMIN & GENERAL	5.02		1,182	2
3 CHARGEABLE DRUGS	C	MAINTENANCE & REPAIRS	6		1	3
4 CHARGEABLE DRUGS	C	DIETARY	10		12,088	4
5 CHARGEABLE DRUGS	C	NURSING ADMINISTRATION	13		100	5
6 CHARGEABLE DRUGS	C	CENTRAL SERVICES & SUPPLY	14		1,313,123	6
7 CHARGEABLE DRUGS	C	PHARMACY	15		24,311,554	7
8 CHARGEABLE DRUGS	C	SOCIAL SERVICE	17		261	8
9 CHARGEABLE DRUGS	C	ADULTS & PEDIATRICS	30		502,939	9
10 CHARGEABLE DRUGS	C	INTENSIVE CARE UNIT	31		69,853	10
11 CHARGEABLE DRUGS	C	PEDS ICU	31.01		43,927	11
12 CHARGEABLE DRUGS	C	NEONATAL ICU	31.02		30,500	12
13 CHARGEABLE DRUGS	C	CORONARY CARE UNIT	32		89,782	13
14 CHARGEABLE DRUGS	C	SUBPROVIDER - IPF	40		1,280	14
15 CHARGEABLE DRUGS	C	SUBPROVIDER - IRF	41		1,281	15
16 CHARGEABLE DRUGS	C	OPERATING ROOM	50		71,593	16
17 CHARGEABLE DRUGS	C	RECOVERY ROOM	51		7,881	17
18 CHARGEABLE DRUGS	C	DELIVERY ROOM & LABOR ROOM	52		50,418	18
19 CHARGEABLE DRUGS	C	ANESTHESIOLOGY	53		352,175	19
20 CHARGEABLE DRUGS	C	RADIOLOGY-DIAGNOSTIC	54		20,752	20
21 CHARGEABLE DRUGS	C	RADIO ULTRASOUND	54.01		16,429	21
22 CHARGEABLE DRUGS	C	RADIO ANGIOGRAPHY	54.02		259,897	22
23 CHARGEABLE DRUGS	C	RADIO WEST HARRISON	54.03		17,316	23
24 CHARGEABLE DRUGS	C	RADIOLOGY-THERAPEUTIC	55		7,588	24
25 CHARGEABLE DRUGS	C	RADIOISOTOPE	56		38,487	25
26 CHARGEABLE DRUGS	C	COMPUTED TOMOGRAPHY (CT) SCAN	57		124,181	26
27 CHARGEABLE DRUGS	C	MAGNETIC RESONANCE IMAGING (M	58		218,374	27
28 CHARGEABLE DRUGS	C	CARDIAC CATHETERIZATION	59		96,671	28
29 CHARGEABLE DRUGS	C	LABORATORY	60		14,903	29
30 CHARGEABLE DRUGS	C	BLOOD STORING, PROCESSING & T	63		116	30
31 CHARGEABLE DRUGS	C					31
32 CHARGEABLE DRUGS	C	RESPIRATORY THERAPY	65		218	32
33 CHARGEABLE DRUGS	C	PHYSICAL THERAPY	66		210	33
34 CHARGEABLE DRUGS	C	SPEECH PATHOLOGY	68		458	34
35 CHARGEABLE DRUGS	C	ELECTROCARDIOLOGY	69		1,191	35
36 CHARGEABLE DRUGS	C	ELECTROENCEPHALOGRAPHY	70		57	36
37 CHARGEABLE DRUGS	C	RENAL DIALYSIS	74		181,592	37
38 CHARGEABLE DRUGS	C	GASTROENTEROLOGY	76.01		13,358	38
39 CHARGEABLE DRUGS	C	BONE MARROW TRANSPLANT	76.02		1,390	39
40 CHARGEABLE DRUGS	C	CARDIAC SERVICES	76.03		6,869	40
41 CHARGEABLE DRUGS	C	CLINIC	90		678,217	41
42 CHARGEABLE DRUGS	C	EMERGENCY	91		102,274	42
43 CHARGEABLE DRUGS	C	OCC EBI	93.01		855,940	43
44 CHARGEABLE DRUGS	C	OCC PSYCH	93.02		3	44
45 CHARGEABLE DRUGS	C	OCC ADOLESCENTS	93.03		139,709	45
46 CHARGEABLE DRUGS	C	KIDNEY ACQUISITION	105		308	46
47 CHARGEABLE DRUGS	C	RESEARCH	191		850	47
48 CHARGEABLE DRUGS	C					48
500 TOTAL RECLASSIFICATIONS					29,788,746	500
CODE LETTER - C						
1 PHARMACY ALLIED HEALTH	D	PHARMACY	15	239,729		1
2 PHARMACY ALLIED HEALTH	D	PHARMACY	15		1,191,672	2
500 TOTAL RECLASSIFICATIONS				239,729	1,191,672	500
CODE LETTER - D						
1 RADIOLOGY ADMIN	E					1
2 RADIOLOGY ADMIN	E					2
3 RADIOLOGY ADMIN	E					3
4 RADIOLOGY ADMIN	E					4
5 RADIOLOGY ADMIN	E					5
6 RADIOLOGY ADMIN	E					6
7 RADIOLOGY ADMIN	E	RADIOLOGY-DIAGNOSTIC	54	1,372,761	101,521	7
500 TOTAL RECLASSIFICATIONS				1,372,761	101,521	500
CODE LETTER - E						
1 DEPRECIATION-BLDG	F	MEDICAL CENTER ALL OTHER ADMI	5.01		20,476,095	9 1
2 DEPRECIATION-EQUIP	F					9 2
3 AMORTIZATION EXP	F	CAP REL COSTS-MVBLE EQUIP	2		212,457	14 3
4 AMORTIZATION BOND DSCT	F					14 4
5 INTEREST EXPENSE	F					11 5
500 TOTAL RECLASSIFICATIONS					20,688,552	500
CODE LETTER - F						

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 BENEFIT EXPENSE	G	MEDICAL CENTER ALL OTHER ADMI	5.01		6,734,834	1
500 TOTAL RECLASSIFICATIONS					6,734,834	500
CODE LETTER - G						
1 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	DIETARY	10	45,375		1
2 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	NURSING ADMINISTRATION	13	1,842		2
3 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	RENAL DIALYSIS	74	45,271		3
4 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	CLINIC	90	37,564		4
5 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	KIDNEY ACQUISITION	105	800,751		5
6 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	LIVER ACQUISITION	107	291,144		6
7 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	PANCREAS ACQUISITION	109	15,868		7
8 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H					8
500 TOTAL RECLASSIFICATIONS				1,237,815		500
CODE LETTER - H						
1 OUTREACH LAB	K	LABORATORY	60	2,048,413	3,905,456	1
2 OUTREACH LAB	K	LAB TISSUE TYPING	60.01	15,494	9,681	2
3 OUTREACH LAB	K	BLOOD STORING, PROCESSING & T	63		17,919	3
500 TOTAL RECLASSIFICATIONS				2,063,907	3,933,056	500
CODE LETTER - K						
1 HOSPITAL PART A - TEACHING	L	MEDICAL CENTER ALL OTHER ADMI	5.01	2,785,868		1
500 TOTAL RECLASSIFICATIONS				2,785,868		500
CODE LETTER - L						
1 TRANSPLANT DIRECTOR	M	MEDICAL CENTER ALL OTHER ADMI	5.01	107,059		1
2 TRANSPLANT DIRECTOR	M					2
3 TRANSPLANT DIRECTOR	M					3
500 TOTAL RECLASSIFICATIONS				107,059		500
CODE LETTER - M						
1 RESIDENT BILLING BENEFITS	N	EMPLOYEE BENEFITS	4		6,424,085	1
500 TOTAL RECLASSIFICATIONS					6,424,085	500
CODE LETTER - N						
1 ISLET CELL DATA	O	ISLET ACQUISITION	111		8,000	1
500 TOTAL RECLASSIFICATIONS					8,000	500
CODE LETTER - O						
GRAND TOTAL (DECREASES)				11,850,760	112,171,977	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	ACQUISITIONS			DISPOSALS	ENDING	FULLY	
	BALANCES	PURCHASE	DONATION	TOTAL	AND	BALANCE	DEPRECIATED	
	1	2	3	4	RETIREMENTS	6	ASSETS	
					5		7	
1 LAND								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT								6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)								8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)								10

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

DESCRIPTION	SUMMARY OF CAPITAL							OTHER CAPITAL- RELATED COSTS (SEE INSTR.)	TOTAL(1) (SUM OF COLS. 9-14)
	DEPREC- IATION	LEASE	INTEREST	INSURANCE (SEE INSTR.)	TAXES (SEE INSTR.)	INSTR.	INSTR.		
	9	10	11	12	13	14	15		
1 CAP REL COSTS-BLDG & FIXT									1
2 CAP REL COSTS-MVBLE EQUIP									2
3 TOTAL (SUM OF LINES 1-2)									3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL					
	GROSS ASSETS	CAPITALIZED LEASES	FOR RATIO (COL. 1 - COL. 2)	RATIO (SEE INSTR.)	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS (SEE INSTR.)	TOTAL (SUM OF COLS. 5-7)	TOTAL (SUM OF COLS. 9-14)	
	1	2	3	4	5	6	7	8		
1 CAP REL COSTS-BLDG & FIXT										1
2 CAP REL COSTS-MVBLE EQUIP										2
3 TOTAL (SUM OF LINES 1-2)										3

DESCRIPTION	SUMMARY OF CAPITAL							OTHER CAPITAL- RELATED COSTS (SEE INSTR.)	TOTAL(2) (SUM OF COLS. 9-14)	
	DEPREC- IATION	LEASE	INTEREST	INSURANCE (SEE INSTR.)	TAXES (SEE INSTR.)	INSTR.	INSTR.			
	9	10	11	12	13	14	15			
1 CAP REL COSTS-BLDG & FIXT	4,821,225								4,821,225	1
2 CAP REL COSTS-MVBLE EQUIP	13,866,511		-61,434				61,433	13,866,510		2
3 TOTAL	18,687,736		-61,434				61,433	18,687,735		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)	B	-1,788,360	CAP REL COSTS-MVBLE EQUIP	2	11 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)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-3,486,396			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	136,941,868			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS					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 BAD DEBT - INPATIENT	A	-12,219,678	MEDICAL CENTER ALL OTHER ADMIN	5.01	33
33.01 BAD DEBT - OUTPATIENT	A	-13,607,157	MEDICAL CENTER ALL OTHER ADMIN	5.01	33.01
33.02 BAD DEBT - OTHER	A	-20,821	PHYSICIANS' PRIVATE OFFICES	192	33.02
34 ORGAN ACQ NON ALLOW	A	-10,563	KIDNEY ACQUISITION	105	34
35 MOONLIGHTING PHYSICIANS	A	-400,040	MEDICAL CENTER ALL OTHER ADMIN	5.01	35
36 ISLET CELL DATA	A	-16,467	ISLET ACQUISITION	111	36
36.01 ISLET CELL DATA	A	-34,350	ISLET ACQUISITION	111	36.01
37 NON PHYSICIAN ANESTHETIST	A	-116,672	MEDICAL CENTER ALL OTHER ADMIN	5.01	37
37.01 NON PHYSICIAN ANESTHETIST	A	-303,753	ANESTHESIOLOGY	53	37.01
38 NURSE PRACTITIONER	A	-1,190,274	MEDICAL CENTER ALL OTHER ADMIN	5.01	38
38.01 NURSE PRACTITIONER	A	-94,432	ADULTS & PEDIATRICS	30	38.01
38.02 NURSE PRACTITIONER	A	-602,400	ADULTS & PEDIATRICS	30	38.02
38.03 NURSE PRACTITIONER	A	-97,200	OPERATING ROOM	50	38.03
38.04 NURSE PRACTITIONER	A	-897,919	DELIVERY ROOM & LABOR ROOM	52	38.04
38.05 NURSE PRACTITIONER	A	-139,766	RADIO ANGIOGRAPHY	54.02	38.05
38.06 NURSE PRACTITIONER	A	-500	CARDIAC SERVICES	76.03	38.06
38.07 NURSE PRACTITIONER	A	-92,806	GASTROENTROLOGY	76.01	38.07
38.08 NURSE PRACTITIONER	A	-116,209	CLINIC	90	38.08
38.09 NURSE PRACTITIONER	A	-32,756	CLINIC	90	38.09
38.10 NURSE PRACTITIONER	A	-7,247	OCC ADOLESCENTS	93.03	38.10
38.11 NURSE PRACTITIONER	A	-147,627	OCC PSYCH	93.02	38.11
39 PHYSICIAN-PART B & NON-ALLOW	A	-10,814,407	MEDICAL CENTER ALL OTHER ADMIN	5.01	39
40 COM - MD SALARIES ADMIN	A	472,203	MEDICAL CENTER ALL OTHER ADMIN	5.01	40
40.01 COM - MD SALARIES TEACHING	A	8,654,854	I&R SRVCS-OTHER PRGM COSTS APP	22	40.01
41 EMPLOYEE HEALTH SVCS	A	-1,026,718	MEDICAL CENTER ALL OTHER ADMIN	5.01	41
42 MISC INCOME	B	-6,040,353	MEDICAL CENTER ALL OTHER ADMIN	5.01	42
42.01 MISC INCOME	B	-592,239	HOSPITAL ADMIN & GENERAL	5.02	42.01
42.02 MISC INOCME	B	-95,716	AMBULATORY ADMIN & GENERAL	5.03	42.02
42.03 MISC INCOME	B	-2,307,510	DIETARY	10	42.03

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.	
42.05 MISC INCOME	B	-23,534	NURSING ADMINISTRATION	13	42.05
42.06 MISC INCOME	B	-37,983	MEDICAL RECORDS & LIBRARY	16	42.06
42.07 MISC INCOME	B	-15,121	I&R SRVCES-OTHER PRGM COSTS APP	22	42.07
42.08 MISC INCOME	B	-110,626	SUBPROVIDER - IRF	41	42.08
42.09 MISC INCOME	B	-147,520	OPERATING ROOM	50	42.09
42.10 MISC INCOME	B	-177	DELIVERY ROOM & LABOR ROOM	52	42.10
42.11 MISC INCOME	B	-1,800	LABORATORY	60	42.11
42.12 MISC INCOME	B	-384,228	DRUGS CHARGED TO PATIENTS	73	42.12
42.13 MISC INCOME	B	-22,519	PHYSICAL THERAPY	66	42.13
42.14 MISC INCOME	B	-9,743	OCCUPATIONAL THERAPY	67	42.14
42.15 MISC INCOME	B	-700	SPEECH PATHOLOGY	68	42.15
42.16 MISC INCOME	B	-151,080	CLINIC	90	42.16
42.17 MISC INCOME	B	-361,088	GIFT, FLOWER, COFFEE SHOP & CAN	190	42.17
43 NON-ALLOWABLE COST	A	-1,482,214	MEDICAL CENTER ALL OTHER ADMIN	5.01	43
43.01 NON-ALLOWABLE COST	A	-10,447	HOSPITAL ADMIN & GENERAL	5.02	43.01
43.02 NON-ALLOWABLE COST	A	622	AMBULATORY ADMIN & GENERAL	5.03	43.02
43.03 NON-ALLOWABLE COST	A	-2,861	MAINTENANCE & REPAIRS	6	43.03
43.04 NON-ALLOWABLE COST	A	-19,822	NURSING ADMINISTRATION	13	43.04
43.05 NON-ALLOWABLE COST	A	-1,475	MEDICAL RECORDS & LIBRARY	16	43.05
43.06 NON-ALLOWABLE COST	A	-2,085	I&R SRVCES-SALARY & FRINGES APP	21	43.06
43.07 NON-ALLOWABLE COST	A	-2,951	I&R SRVCES-OTHER PRGM COSTS APP	22	43.07
43.08 NON-ALLOWABLE COST	A	-1,795	INTENSIVE CARE UNIT	31	43.08
43.09 NON-ALLOWABLE COST	A	-2,100	SUBPROVIDER - IPF	40	43.09
43.10 NON-ALLOWABLE COST	A	-1,490	ANESTHESIOLOGY	53	43.10
43.11 NON-ALLOWABLE COST	A	161	RADIOLOGY-DIAGNOSTIC	54	43.11
43.12 NON-ALLOWABLE COST	A	-855	RADIO ANGIOGRAPHY	54.02	43.12
43.13 NON-ALLOWABLE COST	A	-6,374	RADIO WEST HARRISON	54.03	43.13
43.14 NON-ALLOWABLE COST	A	-10,455	RADIOLOGY-THERAPEUTIC	55	43.14
43.15 NON-ALLOWABLE COST	A	-1,240	MAGNETIC RESONANCE IMAGING (MRI	58	43.15
43.16 NON-ALLOWABLE COST	A	-2,274	LABORATORY	60	43.16
43.17 NON-ALLOWABLE COST	A	-298	LAB TISSUE TYPING	60.01	43.17
43.18 NON-ALLOWABLE COST	A	-3,710	LAB OUTREACH	60.02	43.18
43.19 NON-ALLOWABLE COST	A	-7,494	RESPIRATORY THERAPY	65	43.19
43.20 NON-ALLOWABLE COST	A	-1,875	PHYSICAL THERAPY	66	43.20
43.21 NON-ALLOWABLE COST	A	-3,822	OCCUPATIONAL THERAPY	67	43.21
43.22 NON-ALLOWABLE COST	A	-25	ELECTROCARDIOLOGY	69	43.22
43.23 NON-ALLOWABLE COST	A	-460,129	CLINIC	90	43.23
43.24 NON-ALLOWABLE COST	A	-20	OCC EEI	93.01	43.24
43.25 NON-ALLOWABLE COST	A	-2,476	OCC PSYCH	93.02	43.25
43.26 NON-ALLOWABLE COST	A	-345	OCC ADOLESCENTS	93.03	43.26
43.27 NON-ALLOWABLE COST	A	-6,333	KIDNEY ACQUISITION	105	43.27
43.28 NON-ALLOWABLE COST	A	-11,162	LIVER ACQUISITION	107	43.28
43.29 NON-ALLOWABLE COST	A	-2,940	PANCREAS ACQUISITION	109	43.29
43.30 NON-ALLOWABLE COST	A	-833	OTHER ORGAN ACQUISITION (SPECIF	112	43.30
43.31 NON-ALLOWABLE COST	A	13	PHYSICIANS' PRIVATE OFFICES	192	43.31
44 TIS DRUG COST ADJUSTMENT	A	-4,038,477	INTRAVENOUS THERAPY	64	44
45					45
46					46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		82,414,889			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	4	EMPLOYEE BENEFITS	138,706,554	6,742,872	131,963,682	1
2	6	MAINTENANCE & REPAIRS	5,596,390		5,596,390	2
3	5.01	MEDICAL CENTER ALL OTHER ADMIN	17,164,777	17,164,777		3
4	5.01	MEDICAL CENTER ALL OTHER ADMIN	15,697,277	15,697,277		4
4.01	2	CAP REL COSTS-MVBLE EQUIP	11,338,500	11,338,500		9 4.01
4.02	1	CAP REL COSTS-BLDG & FIXT	4,821,225	4,821,225		9 4.02
4.03	2	CAP REL COSTS-MVBLE EQUIP	2,292,101	2,292,101		9 4.03
4.04	2	CAP REL COSTS-MVBLE EQUIP	235,909	235,909		9 4.04
4.05	2	CAP REL COSTS-MVBLE EQUIP	273,890	273,890		14 4.05
4.06	2	CAP REL COSTS-MVBLE EQUIP	1,514,470	1,514,470		11 4.06
4.07	23	PARAMED ED PRGM-(SPECIFY)	573,468	1,191,672	-618,204	4.07
5		TOTALS (SUM OF LINES 1-4)	198,214,561	61,272,693	136,941,868	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	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
(1)	2	3	4	5	6	
6	A	100.00	STATE OF ILLINOIS	100.00	UNIVERSITY	6
7			BOARD OF TRUSTEES FOR THE U OF			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	5.01	MEDICAL CENTER ALL OTHER ANESTHESIOLOGY	3,022,359		3,022,359	200,300	19,233	1,852,101	92,605	1
2	5.01	MEDICAL CENTER ALL OTHER CARDIOLOGY	82,740		82,740	177,200	584	49,752	2,488	2
3	5.01	MEDICAL CENTER ALL OTHER DERMATOLOGY	308,375		308,375	177,200	2,915	248,336	12,417	3
4	5.01	MEDICAL CENTER ALL OTHER EMERGENCY MEDIC	398,933		398,933	177,200	3,879	330,461	16,523	4
5	5.01	MEDICAL CENTER ALL OTHER ENDOCRINOLOGY	82,577		82,577	177,200	1,158	98,653	4,933	5
6	5.01	MEDICAL CENTER ALL OTHER FAMILY MEDICINE	459,874		459,874	138,700	6,281	418,834	20,942	6
7	5.01	MEDICAL CENTER ALL OTHER GASTROENTEROLOG	209,705		209,705	177,200	2,450	208,721	10,436	7
8	5.01	MEDICAL CENTER ALL OTHER GENERAL SURGERY	2,944,770		2,944,770	208,000	18,811	1,881,100	94,055	8
9	5.01	MEDICAL CENTER ALL OTHER GERIATRIC	17,235		17,235	177,200	62	5,282	264	9
10	5.01	MEDICAL CENTER ALL OTHER HEMATOLOGY/ONCO	151,764		151,764	177,200	1,437	122,421	6,121	10
11	5.01	MEDICAL CENTER ALL OTHER HEPATOLOGY	36,025		36,025	177,200	374	31,862	1,593	11
12	5.01	MEDICAL CENTER ALL OTHER INFECTIOUS DISE	30,492		30,492	177,200	483	41,148	2,057	12
13	5.01	MEDICAL CENTER ALL OTHER INTERNAL MEDICI	228,539		228,539	165,600	2,578	205,248	10,262	13
14	5.01	MEDICAL CENTER ALL OTHER NEONATOLOGY	3,159		3,159	196,400	21	1,983	99	14
15	5.01	MEDICAL CENTER ALL OTHER NEPHROLOGY	207,417		207,417	177,200	2,922	248,932	12,447	15
16	5.01	MEDICAL CENTER ALL OTHER NEUROLOGY	210,085		210,085	177,200	3,075	261,966	13,098	16
17	5.01	MEDICAL CENTER ALL OTHER NEUROSURGERY	346,572		346,572	208,000	2,802	280,200	14,010	17
18	5.01	MEDICAL CENTER ALL OTHER OB/GYN	221,991		221,991	196,400	1,191	112,458	5,623	18
19	5.01	MEDICAL CENTER ALL OTHER OPHTHALMOLOGY	1,447,961		1,447,961	177,200	12,536	1,067,971	53,399	19
20	5.01	MEDICAL CENTER ALL OTHER ORAL AND MAXILL	291,777		291,777	140,600	4,107	277,617	13,881	20
21	5.01	MEDICAL CENTER ALL OTHER ORTHOPAEDICS	485,708		485,708	208,000	6,436	643,600	32,180	21
22	5.01	MEDICAL CENTER ALL OTHER OTOLARYNGOLOGY	484,167		484,167	177,200	4,162	354,570	17,729	22
23	5.01	MEDICAL CENTER ALL OTHER PATHOLOGY	697,082		697,082	215,700	8,952	928,340	46,417	23
24	5.01	MEDICAL CENTER ALL OTHER PEDIATRIC DENTI	360,755		360,755	140,600	7,539	509,607	25,480	24
25	5.01	MEDICAL CENTER ALL OTHER PEDIATRICS	504,545		504,545	140,600	6,270	423,828	21,191	25
26	5.01	MEDICAL CENTER ALL OTHER PSYCHIATRY	255,785		255,785	154,100	2,830	209,665	10,483	26
27	5.01	MEDICAL CENTER ALL OTHER RADIOLOGY	1,013,724		1,013,724	225,300	8,143	882,028	44,101	27
28	5.01	MEDICAL CENTER ALL OTHER RESPIRATORY & C	84,666		84,666	177,200	1,014	86,385	4,319	28
29	5.01	MEDICAL CENTER ALL OTHER RHEUMATOLOGY	2,692		2,692	177,200	58	4,941	247	29
30	5.01	MEDICAL CENTER ALL OTHER SURGICAL ONCOLO	101,009		101,009	208,000	1,099	109,900	5,495	30
31	5.01	MEDICAL CENTER ALL OTHER UROLOGY	76,720		76,720	177,200	656	55,886	2,794	31
200		TOTAL	14,769,203		14,769,203		134,058	11,953,796	597,689	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	5.01 MEDICAL CENTER ALL OTHER ANESTHESIOLOGY					1,852,101	1,170,258	1,170,258	1
2	5.01 MEDICAL CENTER ALL OTHER CARDIOLOGY					49,752	32,988	32,988	2
3	5.01 MEDICAL CENTER ALL OTHER DERMATOLOGY					248,336	60,039	60,039	3
4	5.01 MEDICAL CENTER ALL OTHER EMERGENCY MEDIC					330,461	68,472	68,472	4
5	5.01 MEDICAL CENTER ALL OTHER ENDOCRINOLOGY					98,653			5
6	5.01 MEDICAL CENTER ALL OTHER FAMILY MEDICINE					418,834	41,040	41,040	6
7	5.01 MEDICAL CENTER ALL OTHER GASTROENTEROLOG					208,721	984	984	7
8	5.01 MEDICAL CENTER ALL OTHER GENERAL SURGERY					1,881,100	1,063,670	1,063,670	8
9	5.01 MEDICAL CENTER ALL OTHER GERIATRIC					5,282	11,953	11,953	9
10	5.01 MEDICAL CENTER ALL OTHER HEMATOLOGY/ONCO					122,421	29,343	29,343	10
11	5.01 MEDICAL CENTER ALL OTHER HEPATOLOGY					31,862	4,163	4,163	11
12	5.01 MEDICAL CENTER ALL OTHER INFECTIOUS DISE					41,148			12
13	5.01 MEDICAL CENTER ALL OTHER INTERNAL MEDICI					205,248	23,291	23,291	13
14	5.01 MEDICAL CENTER ALL OTHER NEONATOLOGY					1,983	1,176	1,176	14
15	5.01 MEDICAL CENTER ALL OTHER NEPHROLOGY					248,932			15
16	5.01 MEDICAL CENTER ALL OTHER NEUROLOGY					261,966			16
17	5.01 MEDICAL CENTER ALL OTHER NEUROSURGERY					280,200	66,372	66,372	17
18	5.01 MEDICAL CENTER ALL OTHER OB/GYN					112,458	109,533	109,533	18
19	5.01 MEDICAL CENTER ALL OTHER OPHTHALMOLOGY					1,067,971	379,990	379,990	19
20	5.01 MEDICAL CENTER ALL OTHER ORAL AND MAXILL					277,617	14,160	14,160	20
21	5.01 MEDICAL CENTER ALL OTHER ORTHOPAEDICS					643,600			21
22	5.01 MEDICAL CENTER ALL OTHER OTOLARYNGOLOGY					354,570	129,597	129,597	22
23	5.01 MEDICAL CENTER ALL OTHER PATHOLOGY					928,340			23
24	5.01 MEDICAL CENTER ALL OTHER PEDIATRIC DENTI					509,607			24
25	5.01 MEDICAL CENTER ALL OTHER PEDIATRICS					423,828	80,717	80,717	25
26	5.01 MEDICAL CENTER ALL OTHER PSYCHIATRY					209,665	46,120	46,120	26
27	5.01 MEDICAL CENTER ALL OTHER RADIOLOGY					882,028	131,696	131,696	27
28	5.01 MEDICAL CENTER ALL OTHER RESPIRATORY & C					86,385			28
29	5.01 MEDICAL CENTER ALL OTHER RHEUMATOLOGY					4,941			29
30	5.01 MEDICAL CENTER ALL OTHER SURGICAL ONCOLO					109,900			30
31	5.01 MEDICAL CENTER ALL OTHER UROLOGY					55,886	20,834	20,834	31
200	TOTAL					11,953,796	3,486,396	3,486,396	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS. 0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	4,821,225	4,821,225				1
2 CAP REL COSTS-MVBLE EQUIP	13,866,510		13,866,510			2
4 EMPLOYEE BENEFITS	132,422,545	1,960		132,424,505		4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN	75,438,468	326,150	6,841,868	20,421,199	103,027,685	5.01
5.02 HOSPITAL ADMIN & GENERAL	7,414,468	61,215	104,540	2,609,406	10,189,629	5.02
5.03 AMBULATORY ADMIN & GENERAL	8,643,037	24,937	27,888	1,491,805	10,187,667	5.03
6 MAINTENANCE & REPAIRS	21,452,568	89,683	768,624	314,230	22,625,105	6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	5,722,732	69,261	3,415	77,348	5,872,756	9
10 DIETARY	4,093,940	148,500	16,784	1,466,125	5,725,349	10
11 CAFETERIA	1,291		983		2,274	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	6,130,181	28,203	85,299	2,460,114	8,703,797	13
14 CENTRAL SERVICES & SUPPLY	4,967,382	109,667	199,429	1,502,956	6,779,434	14
15 PHARMACY	6,454,329	67,316	9,437	3,540,452	10,071,534	15
16 MEDICAL RECORDS & LIBRARY	3,316,875	79,375	7,654	1,236,295	4,640,199	16
17 SOCIAL SERVICE	5,206,253	22,841		2,504,714	7,733,808	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	21,753,045			10,859,693	32,612,738	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	13,971,797	10,724		1,787,137	15,769,658	22
23 PARAMED ED PRGM-(SPECIFY)	813,197			119,103	932,300	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	42,960,426	618,384	168,176	20,960,670	64,707,656	30
31 INTENSIVE CARE UNIT	6,539,644	52,852	6,244	3,173,772	9,772,512	31
31.01 PEDS ICU	4,687,082	32,186	10,539	2,272,564	7,002,371	31.01
31.02 NEONATAL ICU	9,559,148	59,793	57,998	4,661,780	14,338,719	31.02
32 CORONARY CARE UNIT	6,322,115	56,721	5,778	2,971,503	9,356,117	32
40 SUBPROVIDER - IPF	6,067,688	124,360	250	2,912,353	9,104,651	40
41 SUBPROVIDER - IRF	1,402,035	48,208	1,889	705,887	2,158,019	41
43 NURSERY	1,173,279	20,615		550,247	1,744,141	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	15,738,847	212,148	1,089,151	4,908,771	21,948,917	50
51 RECOVERY ROOM	1,479,835			699,978	2,179,813	51
52 DELIVERY ROOM & LABOR ROOM	5,515,411	112,696	166,567	3,007,818	8,802,492	52
53 ANESTHESIOLOGY	923,075	27,901	313,085	457,507	1,721,568	53
54 RADIOLOGY-DIAGNOSTIC	3,905,457	24,456	407,479	1,856,800	6,194,192	54
54.01 RADIO ULTRASOUND	757,683	10,911	32,384	364,232	1,165,210	54.01
54.02 RADIO ANGIOGRAPHY	1,935,972	92,935	803,184	826,430	3,658,521	54.02
54.03 RADIO WEST HARRISON	559,445		189,591	144,686	893,722	54.03
55 RADIOLOGY-THERAPEUTIC	5,006,368	107,312	152,964	909,709	6,176,353	55
56 RADIOISOTOPE	473,142	10,882	390,883	216,129	1,091,036	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,352,297	131,208	4,144	618,446	2,106,095	57
58 MAGNETIC RESONANCE IMAGING (MRI)	984,558	37,793	26,885	452,985	1,502,221	58
59 CARDIAC CATHETERIZATION	775,866	22,417	623,625	326,635	1,748,543	59
60 LABORATORY	18,957,143	277,605	457,785	4,798,787	24,491,320	60
60.01 LAB TISSUE TYPING	511,749	5,728	13,855	107,048	638,380	60.01
60.02 LAB OUTREACH	9,462,755	115,172	563	1,752,902	11,331,392	60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	5,602,185	12,117	16,299	508,930	6,139,531	63
64 INTRAVENOUS THERAPY	7,090,544				7,090,544	64
65 RESPIRATORY THERAPY	2,569,077	14,356	153,608	1,149,712	3,886,753	65
66 PHYSICAL THERAPY	2,417,077	94,298	5,468	1,144,655	3,661,498	66
67 OCCUPATIONAL THERAPY	1,018,746	40,922	3,372	490,632	1,553,672	67
68 SPEECH PATHOLOGY	369,296	4,486	4,573	180,140	558,495	68
69 ELECTROCARDIOLOGY	199,703	6,216	17,481	82,158	305,558	69
70 ELECTROENCEPHALOGRAPHY	327,977	5,247	63,421	143,483	540,128	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	41,582,625				41,582,625	71
73 DRUGS CHARGED TO PATIENTS	28,654,665				28,654,665	73
74 RENAL DIALYSIS	4,845,553	86,553	59,194	1,605,240	6,596,540	74
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTEROLOGY	1,489,249	42,401	86,017	698,380	2,316,047	76.01
76.02 BONE MARROW TRANSPLANT	685,570		12,192	152,143	849,905	76.02
76.03 CARDIAC SERVICES	1,820,054		221,040	961,540	3,002,634	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	15,923,855	644,704	151,050	7,127,136	23,846,745	90
91 EMERGENCY	7,080,549	102,209	14,744	3,316,253	10,513,755	91
92 OBSERVATION BEDS						92
93.01 OCC EEI	2,604,357	103,802	8,963	1,078,521	3,795,643	93.01
93.02 OCC PSYCH	2,448,858	291,236	32,975	1,214,088	3,987,157	93.02

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION	CAP	CAP	EMPLOYEE	SUBTOTAL (COLS.0-4) 4A	
	(FROM WKST A, COL.7) 0	BLDGS & FIXTURES 1	MOVABLE EQUIPMENT 2	BENEFITS 4		
93.03 OCC ADOLESCENTS	1,864,153	68,723		767,050	2,699,926	93.03
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	4,755,162	13,423	839	620,225	5,389,649	105
107 LIVER ACQUISITION	1,804,048	2,426		172,604	1,979,078	107
109 PANCREAS ACQUISITION	637,981	345		31,695	670,021	109
111 ISLET ACQUISITION	174,389	1,292	12,993	50,101	238,775	111
112 OTHER ORGAN ACQUISITION (SPECIFY)	28,598	15,627		12,295	56,520	112
118 SUBTOTALS (SUM OF LINES 1-117)	619,535,134	4,792,498	13,853,169	131,555,197	618,623,758	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	20,997	5,929		64,854	91,780	190
191 RESEARCH	446,922	22,798		198,070	667,790	191
192 PHYSICIANS' PRIVATE OFFICES	1,260,051		13,341	606,384	1,879,776	192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	621,263,104	4,821,225	13,866,510	132,424,505	621,263,104	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALL OTHER	SUBTOTAL (COLS. 0-4)	HOSPITAL	SUBTOTAL (COLS. 0-4)	AMBULATORY
	ADMIN		ADMIN		ADMIN
	5.01		5.02		5.03
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN	103,027,685				5.01
5.02 HOSPITAL ADMIN & GENERAL	2,025,749	12,215,378	12,215,378		5.02
5.03 AMBULATORY ADMIN & GENERAL	2,025,359	12,213,026	262,702	12,475,728	5.03
6 MAINTENANCE & REPAIRS	4,497,984	27,123,089	583,418	27,706,507	6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING	1,167,533	7,040,289	151,437	7,191,726	9
10 DIETARY	1,138,228	6,863,577	147,636	7,011,213	10
11 CAFETERIA	452	2,726	59	2,785	11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	1,730,358	10,434,155	224,439	10,658,594	13
14 CENTRAL SERVICES & SUPPLY	1,347,785	8,127,219	174,816	8,302,035	14
15 PHARMACY	2,002,271	12,073,805	259,708	12,333,513	15
16 MEDICAL RECORDS & LIBRARY	922,495	5,562,694	119,654	5,682,348	16
17 SOCIAL SERVICE	1,537,520	9,271,328	199,426	9,470,754	17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD	6,483,575	39,096,313	840,962	39,937,275	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	3,135,087	18,904,745	406,641	19,311,386	22
23 PARAMED ED PRGM-(SPECIFY)	185,346	1,117,646	24,041	1,141,687	23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	12,864,101	77,571,757	1,668,560	79,240,317	30
31 INTENSIVE CARE UNIT	1,942,824	11,715,336	251,997	11,967,333	31
31.01 PEDS ICU	1,392,106	8,394,477	180,565	8,575,042	31.01
31.02 NEONATAL ICU	2,850,609	17,189,328	369,742	17,559,070	31.02
32 CORONARY CARE UNIT	1,860,043	11,216,160	241,260	11,457,420	32
40 SUBPROVIDER - IPF	1,810,050	10,914,701	234,775	11,149,476	40
41 SUBPROVIDER - IRF	429,025	2,587,044	55,647	2,642,691	41
43 NURSERY	346,744	2,090,885	44,975	2,135,860	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	4,363,554	26,312,471	565,981	26,878,452	50
51 RECOVERY ROOM	433,358	2,613,171	56,209	2,669,380	51
52 DELIVERY ROOM & LABOR ROOM	1,749,979	10,552,471	226,984	10,779,455	52
53 ANESTHESIOLOGY	342,256	2,063,824	44,393	2,108,217	53
54 RADIOLOGY-DIAGNOSTIC	1,231,436	7,425,628	159,725	7,585,353	54
54.01 RADIO ULTRASOUND	231,650	1,396,860	30,046	1,426,906	54.01
54.02 RADIO ANGIOGRAPHY	727,332	4,385,853	94,340	4,480,193	54.02
54.03 RADIO WEST HARRISON	177,676	1,071,398	23,046	1,094,444	54.03
55 RADIOLOGY-THERAPEUTIC	1,227,890	7,404,243	159,265	7,563,508	55
56 RADIOISOTOPE	216,903	1,307,939	28,134	1,336,073	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	418,702	2,524,797	54,308	2,579,105	57
58 MAGNETIC RESONANCE IMAGING (MRI)	298,649	1,800,870	38,737	1,839,607	58
59 CARDIAC CATHETERIZATION	347,619	2,096,162	45,088	2,141,250	59
60 LABORATORY	4,868,997	29,360,317	631,540	29,991,857	60
60.01 LAB TISSUE TYPING	126,913	765,293	16,461	781,754	60.01
60.02 LAB OUTREACH	2,252,737	13,584,129	292,195	13,876,324	60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,220,569	7,360,100	158,316	7,518,416	63
64 INTRAVENOUS THERAPY	1,409,636	8,500,180	182,839	8,683,019	64
65 RESPIRATORY THERAPY	772,706	4,659,459	100,225	4,759,684	65
66 PHYSICAL THERAPY	727,924	4,389,422	94,416	4,483,838	66
67 OCCUPATIONAL THERAPY	308,878	1,862,550	40,063	1,902,613	67
68 SPEECH PATHOLOGY	111,032	669,527	14,402	683,929	68
69 ELECTROCARDIOLOGY	60,746	366,304	7,879	374,183	69
70 ELECTROENCEPHALOGRAPHY	107,380	647,508	13,928	661,436	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	8,266,834	49,849,459	1,072,262	50,921,721	71
73 DRUGS CHARGED TO PATIENTS	5,696,691	34,351,356	738,898	35,090,254	73
74 RENAL DIALYSIS	1,311,425	7,907,965	170,100	8,078,065	74
76 OTHER ANCILLARY SVC					76
76.01 GASTROENTEROLOGY	460,442	2,776,489	59,722	2,836,211	76.01
76.02 BONE MARROW TRANSPLANT	168,965	1,018,870	21,916	1,040,786	76.02
76.03 CARDIAC SERVICES	596,939	3,599,573	77,427	3,677,000	76.03
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	4,740,852	28,587,597		28,587,597	90
91 EMERGENCY	2,090,187	12,603,942	271,111	12,875,053	91
92 OBSERVATION BEDS					92
93.01 OCC EEI	754,593	4,550,236		4,550,236	93.01
93.02 OCC PSYCH	792,667	4,779,824		4,779,824	93.02

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALL OTHER ADMIN	SUBTOTAL (COLS. 0-4)	HOSPITAL ADMIN	SUBTOTAL (COLS. 0-4)	AMBULATORY ADMIN	
	5.01		5.02		5.03	
93.03 OCC ADOLESCENTS	536,759	3,236,685		3,236,685	760,890	93.03
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	1,071,489	6,461,138	138,979	6,600,117		105
107 LIVER ACQUISITION	393,451	2,372,529	51,033	2,423,562		107
109 PANCREAS ACQUISITION	133,204	803,225	17,277	820,502		109
111 ISLET ACQUISITION	47,470	286,245	6,157	292,402		111
112 OTHER ORGAN ACQUISITION (SPECIFY)	11,236	67,756	1,457	69,213		112
118 SUBTOTALS (SUM OF LINES 1-117)	102,502,970	618,099,043	12,147,319	618,030,984	11,715,911	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	18,246	110,026	2,367	112,393	26,422	190
191 RESEARCH	132,760	800,550	17,220	817,770	192,244	191
192 PHYSICIANS' PRIVATE OFFICES	373,709	2,253,485	48,472	2,301,957	541,151	192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	103,027,685	621,263,104	12,215,378	621,263,104	12,475,728	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 6	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02 HOSPITAL ADMIN & GENERAL						5.02
5.03 AMBULATORY ADMIN & GENERAL						5.03
6 MAINTENANCE & REPAIRS	27,706,507					6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	444,490	7,636,216				9
10 DIETARY	953,011	266,943	8,231,167			10
11 CAFETERIA			4,545,989	4,548,774		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	180,993	50,697		105,525	10,995,809	13
14 CENTRAL SERVICES & SUPPLY	703,794	197,136		64,468		14
15 PHARMACY	432,006	121,007		151,865	41,528	15
16 MEDICAL RECORDS & LIBRARY	509,396	142,684		53,030		16
17 SOCIAL SERVICE	146,582	41,058		107,438	9,715	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD				465,820		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	68,822	19,277		76,658		22
23 PARAMED ED PRGM-(SPECIFY)				5,109		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,968,529	1,111,603	2,525,661	899,162	3,755,160	30
31 INTENSIVE CARE UNIT	339,183	95,007	206,771	136,137	638,510	31
31.01 PEDS ICU	206,559	57,858	148,759	97,480	433,965	31.01
31.02 NEONATAL ICU	383,729	107,484		199,964	962,516	31.02
32 CORONARY CARE UNIT	364,013	101,962	188,530	127,461	583,531	32
40 SUBPROVIDER - IPF	798,091	223,549	477,495	124,924	417,311	40
41 SUBPROVIDER - IRF	309,378	86,658	137,922	30,279	111,027	41
43 NURSERY	132,301	37,058		23,602	99,070	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,361,477	381,356		210,559	821,598	50
51 RECOVERY ROOM				30,025	127,681	51
52 DELIVERY ROOM & LABOR ROOM	723,234	202,581		129,018	543,177	52
53 ANESTHESIOLOGY	179,058	50,155		19,624	74,196	53
54 RADIOLOGY-DIAGNOSTIC	156,946	43,961		79,646	17,188	54
54.01 RADIO ULTRASOUND	70,020	19,613		15,624	7,686	54.01
54.02 RADIO ANGIOGRAPHY	596,415	167,059		35,449	65,121	54.02
54.03 RADIO WEST HARRISON				6,206		54.03
55 RADIOLOGY-THERAPEUTIC	688,685	192,904		39,021	48,574	55
56 RADIOISOTOPE	69,836	19,561		9,271	7,580	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	842,038	235,859		26,528	39,927	57
58 MAGNETIC RESONANCE IMAGING (MRI)	242,537	67,936		19,430	26,476	58
59 CARDIAC CATHETERIZATION	143,864	40,297		14,011	25,728	59
60 LABORATORY	1,781,552	499,021		205,841	89,782	60
60.01 LAB TISSUE TYPING	36,761	10,297		4,592		60.01
60.02 LAB OUTREACH	739,127	207,033		75,190		60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	77,759	21,781		21,830	1,495	63
64 INTRAVENOUS THERAPY						64
65 RESPIRATORY THERAPY	92,132	25,807		49,316		65
66 PHYSICAL THERAPY	605,167	169,510		49,099		66
67 OCCUPATIONAL THERAPY	262,622	73,562		21,045		67
68 SPEECH PATHOLOGY	28,791	8,065		7,727		68
69 ELECTROCARDIOLOGY	39,893	11,174		3,524		69
70 ELECTROENCEPHALOGRAPHY	33,674	9,432		6,155	1,815	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	555,462	155,588		68,856	157,039	74
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTROLOGY	272,111	76,220		29,957	117,752	76.01
76.02 BONE MARROW TRANSPLANT				6,526	26,796	76.02
76.03 CARDIAC SERVICES				41,245	65,762	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	4,137,456	1,158,918		305,714	716,229	90
91 EMERGENCY	655,932	183,730		142,249	592,498	91
92 OBSERVATION BEDS						92
93.01 OCC EEI	666,159	186,594		46,262	21,245	93.01
93.02 OCC PSYCH	1,869,031	523,524		52,078	37,365	93.02

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 6	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	
93.03 OCC ADOLESCENTS	441,035	123,536		32,902	99,390	93.03
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	86,143	24,129		26,604	57,648	105
107 LIVER ACQUISITION	15,570	4,361		7,404	23,166	107
109 PANCREAS ACQUISITION	2,211	619		1,360	3,416	109
111 ISLET ACQUISITION	8,292	2,323		2,149	11,209	111
112 OTHER ORGAN ACQUISITION (SPECIFY)	100,285	28,090		527	107	112
118 SUBTOTALS (SUM OF LINES 1-117)	27,522,152	7,584,577	8,231,127	4,511,486	10,879,979	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	38,050	10,658		2,782		190
191 RESEARCH	146,305	40,981	40	8,496	50,709	191
192 PHYSICIANS' PRIVATE OFFICES				26,010	65,121	192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	27,706,507	7,636,216	8,231,167	4,548,774	10,995,809	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	I&R SALARY & FRINGES 21	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02 HOSPITAL ADMIN & GENERAL						5.02
5.03 AMBULATORY ADMIN & GENERAL						5.03
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	9,267,433					14
15 PHARMACY	90,446	13,170,365				15
16 MEDICAL RECORDS & LIBRARY	688		6,388,146			16
17 SOCIAL SERVICE	204	61		9,775,812		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	8				40,403,103	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	186					22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	171,682	118,144	520,932	3,491,360	3,884,523	30
31 INTENSIVE CARE UNIT	54,530	16,409	78,068	166,918	618,270	31
31.01 PEDS ICU	28,722	10,319	55,580	111,278	349,810	31.01
31.02 NEONATAL ICU	48,031	7,165	130,221	89,023	1,159,255	31.02
32 CORONARY CARE UNIT	59,252	21,091	72,506	83,459	549,121	32
40 SUBPROVIDER - IPF	3,324	301	78,324	1,390,981	532,851	40
41 SUBPROVIDER - IRF	1,297	301	23,434	278,196		41
43 NURSERY			14,111		89,486	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,560,884	16,818	354,481	19,474	5,267,494	50
51 RECOVERY ROOM	4,832	1,851	26,386			51
52 DELIVERY ROOM & LABOR ROOM	72,370	11,844	94,370	97,369	724,026	52
53 ANESTHESIOLOGY	146,761	82,729	160,324		1,163,323	53
54 RADIOLOGY-DIAGNOSTIC	6,324	4,875	80,693			54
54.01 RADIO ULTRASOUND	9,128	3,859	35,195		150,500	54.01
54.02 RADIO ANGIOGRAPHY	478,326	61,052	214,728		1,208,066	54.02
54.03 RADIO WEST HARRISON	4,142	4,068	20,801			54.03
55 RADIOLOGY-THERAPEUTIC	4,077	1,782	118,364		1,488,728	55
56 RADIOISOTOPE	163,874	9,041	23,780		162,703	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	12,963	29,171	189,057		703,688	57
58 MAGNETIC RESONANCE IMAGING (MRI)	5,463	51,298	125,496		687,418	58
59 CARDIAC CATHETERIZATION	166,935	22,709	40,356		1,480,593	59
60 LABORATORY	9,753	3,501	832,959		4,877,008	60
60.01 LAB TISSUE TYPING	9		7,885			60.01
60.02 LAB OUTREACH			474,815			60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	171	27	101,665		984,350	63
64 INTRAVENOUS THERAPY		2,614,296	121,575			64
65 RESPIRATORY THERAPY	36,326	51	92,947		1,065,701	65
66 PHYSICAL THERAPY	2,761	49	42,743		223,716	66
67 OCCUPATIONAL THERAPY	1,360		18,474		117,959	67
68 SPEECH PATHOLOGY	9	108	5,426		113,892	68
69 ELECTROCARDIOLOGY	1,274	280	15,864		333,540	69
70 ELECTROENCEPHALOGRAPHY	1,823	13	16,645			70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	4,565,086		655,667		1,411,444	71
73 DRUGS CHARGED TO PATIENTS		9,611,913	612,434		6,447,088	73
74 RENAL DIALYSIS	117,966	42,657	112,969		687,418	74
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTROLOGY	65,035	3,138	73,735			76.01
76.02 BONE MARROW TRANSPLANT		327	2,255			76.02
76.03 CARDIAC SERVICES	213,388	1,614	70,708			76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	87,022	159,319	273,827	1,329,778	1,134,850	90
91 EMERGENCY	54,220	24,025	213,017	333,835	1,183,661	91
92 OBSERVATION BEDS						92
93.01 OCC EEI	7,811	201,067	52,035	278,196	235,919	93.01
93.02 OCC PSYCH	242	1	21,926	595,340	305,067	93.02

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	I&R SALARY & FRINGES 21	
93.03 OCC ADOLESCENTS	7,522	32,819	48,588	1,168,424	418,959	93.03
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	90	72	41,153	253,158	195,243	105
107 LIVER ACQUISITION			16,536	89,023	178,973	107
109 PANCREAS ACQUISITION			4,881			109
111 ISLET ACQUISITION			210			111
112 OTHER ORGAN ACQUISITION (SPECIFY)					40,676	112
118 SUBTOTALS (SUM OF LINES 1-117)	9,266,317	13,170,165	6,388,146	9,775,812	40,175,319	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH	1,116	200				191
192 PHYSICIANS' PRIVATE OFFICES					227,784	192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	9,267,433	13,170,365	6,388,146	9,775,812	40,403,103	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R	PARAMED	SUBTOTAL	I&R COST &	TOTAL	
	PROGRAM	EDUCATION		POST STEP-		
	COSTS			DOWN ADJS		
	22	23	24	25	26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02 HOSPITAL ADMIN & GENERAL						5.02
5.03 AMBULATORY ADMIN & GENERAL						5.03
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
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	19,476,329					22
23 PARAMED ED PRGM-(SPECIFY)		1,146,796				23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,594,022	677,095	101,958,190	-5,478,545	96,479,645	30
31 INTENSIVE CARE UNIT	238,883	56,839	14,612,858	-857,153	13,755,705	31
31.01 PEDS ICU	170,070	40,891	10,286,333	-519,880	9,766,453	31.01
31.02 NEONATAL ICU	398,469	109,652	21,154,579	-1,557,724	19,596,855	31.02
32 CORONARY CARE UNIT	221,866	51,823	13,882,035	-770,987	13,111,048	32
40 SUBPROVIDER - IPF	239,666	131,253	15,567,546	-772,517	14,795,029	40
41 SUBPROVIDER - IRF		37,912	3,659,095		3,659,095	41
43 NURSERY	43,178	41,331	2,615,997	-132,664	2,483,333	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,084,691		38,957,284	-6,352,185	32,605,099	50
51 RECOVERY ROOM	80,740		2,940,895	-80,740	2,860,155	51
52 DELIVERY ROOM & LABOR ROOM	288,768		13,666,212	-1,012,794	12,653,418	52
53 ANESTHESIOLOGY	490,583		4,474,970	-1,653,906	2,821,064	53
54 RADIOLOGY-DIAGNOSTIC	246,914		8,221,900	-246,914	7,974,986	54
54.01 RADIO ULTRASOUND	107,696		1,846,227	-258,196	1,588,031	54.01
54.02 RADIO ANGIOGRAPHY	657,055		7,963,464	-1,865,121	6,098,343	54.02
54.03 RADIO WEST HARRISON	63,651		1,193,312	-63,651	1,129,661	54.03
55 RADIOLOGY-THERAPEUTIC	362,188		10,507,831	-1,850,916	8,656,915	55
56 RADIOISOTOPE	72,766		1,874,485	-235,469	1,639,016	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	578,504		5,236,840	-1,282,192	3,954,648	57
58 MAGNETIC RESONANCE IMAGING (MRI)	384,009		3,449,670	-1,071,427	2,378,243	58
59 CARDIAC CATHETERIZATION	123,488		4,199,231	-1,604,081	2,595,150	59
60 LABORATORY	2,549,472		40,840,746	-7,426,480	33,414,266	60
60.01 LAB TISSUE TYPING	24,128		865,426	-24,128	841,298	60.01
60.02 LAB OUTREACH	1,452,908		16,825,397	-1,452,908	15,372,489	60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	311,089		9,038,583	-1,295,439	7,743,144	63
64 INTRAVENOUS THERAPY	372,014		13,832,134	-372,014	13,460,120	64
65 RESPIRATORY THERAPY	284,413		6,406,377	-1,350,114	5,056,263	65
66 PHYSICAL THERAPY	130,792		5,707,675	-354,508	5,353,167	66
67 OCCUPATIONAL THERAPY	56,530		2,454,165	-174,489	2,279,676	67
68 SPEECH PATHOLOGY	16,602		864,549	-130,494	734,055	68
69 ELECTROCARDIOLOGY	48,542		828,274	-382,082	446,192	69
70 ELECTROENCEPHALOGRAPHY	50,934		781,927	-50,934	730,993	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	2,006,304		59,560,222	-3,417,748	56,142,474	71
73 DRUGS CHARGED TO PATIENTS	1,874,015		53,635,704	-8,321,103	45,314,601	73
74 RENAL DIALYSIS	345,679		10,321,699	-1,569,633	8,752,066	74
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTEROLOGY	225,626		3,699,785	-225,626	3,474,159	76.01
76.02 BONE MARROW TRANSPLANT	6,901		1,083,591	-6,901	1,076,690	76.02
76.03 CARDIAC SERVICES	216,362		4,286,079	-216,362	4,069,717	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	837,895		45,449,058	-1,972,745	43,476,313	90
91 EMERGENCY	651,821		16,910,041	-1,835,482	15,074,559	91
92 OBSERVATION BEDS						92
93.01 OCC EEI	159,223		7,474,430	-395,142	7,079,288	93.01
93.02 OCC PSYCH	67,093		9,375,146	-372,160	9,002,986	93.02

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R PROGRAM COSTS 22	PARAMED EDUCATION 23	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
93.03 OCC ADOLESCENTS	148,677		6,519,427	-567,636	5,951,791	93.03
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	125,926		7,410,283	-321,169	7,089,114	105
107 LIVER ACQUISITION	50,600		2,809,195	-229,573	2,579,622	107
109 PANCREAS ACQUISITION	14,935		847,924	-14,935	832,989	109
111 ISLET ACQUISITION	641		317,226	-641	316,585	111
112 OTHER ORGAN ACQUISITION (SPECIFY)			238,898	-40,676	198,222	112
118 SUBTOTALS (SUM OF LINES 1-117)	19,476,329	1,146,796	616,652,915	-60,188,184	556,464,731	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			190,305		190,305	190
191 RESEARCH			1,257,861		1,257,861	191
192 PHYSICIANS' PRIVATE OFFICES			3,162,023	-227,784	2,934,239	192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	19,476,329	1,146,796	621,263,104	-60,415,968	560,847,136	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE
	CAP-REL COSTS 0	BLDGS & FIXTURES 1	MOVABLE EQUIPMENT 2		BENEFITS 4
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS		1,960		1,960	4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN		326,150	6,841,868	7,168,018	288
5.02 HOSPITAL ADMIN & GENERAL		61,215	104,540	165,755	37
5.03 AMBULATORY ADMIN & GENERAL		24,937	27,888	52,825	21
6 MAINTENANCE & REPAIRS		89,683	768,624	858,307	4
7 OPERATION OF PLANT					6
8 LAUNDRY & LINEN SERVICE					7
9 HOUSEKEEPING		69,261	3,415	72,676	1
10 DIETARY		148,500	16,784	165,284	21
11 CAFETERIA			983	983	11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION		28,203	85,299	113,502	35
14 CENTRAL SERVICES & SUPPLY		109,667	199,429	309,096	21
15 PHARMACY		67,316	9,437	76,753	50
16 MEDICAL RECORDS & LIBRARY		79,375	7,654	87,029	17
17 SOCIAL SERVICE		22,841		22,841	35
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					153
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		10,724		10,724	25
23 PARAMED ED PRGM-(SPECIFY)					2
INPATIENT ROUTINE SERV COST CENTERS					23
30 ADULTS & PEDIATRICS		618,384	168,176	786,560	387
31 INTENSIVE CARE UNIT		52,852	6,244	59,096	45
31.01 PEDS ICU		32,186	10,539	42,725	32
31.02 NEONATAL ICU		59,793	57,998	117,791	66
32 CORONARY CARE UNIT		56,721	5,778	62,499	42
40 SUBPROVIDER - IPF		124,360	250	124,610	41
41 SUBPROVIDER - IRF		48,208	1,889	50,097	10
43 NURSERY		20,615		20,615	8
ANCILLARY SERVICE COST CENTERS					43
50 OPERATING ROOM		212,148	1,089,151	1,301,299	69
51 RECOVERY ROOM					10
52 DELIVERY ROOM & LABOR ROOM		112,696	166,567	279,263	42
53 ANESTHESIOLOGY		27,901	313,085	340,986	6
54 RADIOLOGY-DIAGNOSTIC		24,456	407,479	431,935	26
54.01 RADIO ULTRASOUND		10,911	32,384	43,295	5
54.02 RADIO ANGIOGRAPHY		92,935	803,184	896,119	12
54.03 RADIO WEST HARRISON			189,591	189,591	2
55 RADIOLOGY-THERAPEUTIC		107,312	152,964	260,276	13
56 RADIOISOTOPE		10,882	390,883	401,765	3
57 COMPUTED TOMOGRAPHY (CT) SCAN		131,208	4,144	135,352	9
58 MAGNETIC RESONANCE IMAGING (MRI)		37,793	26,885	64,678	6
59 CARDIAC CATHETERIZATION		22,417	623,625	646,042	5
60 LABORATORY		277,605	457,785	735,390	68
60.01 LAB TISSUE TYPING		5,728	13,855	19,583	2
60.02 LAB OUTREACH		115,172	563	115,735	25
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					60.02
63 BLOOD STORING, PROCESSING & TRANS.		12,117	16,299	28,416	7
64 INTRAVENOUS THERAPY					63
65 RESPIRATORY THERAPY		14,356	153,608	167,964	16
66 PHYSICAL THERAPY		94,298	5,468	99,766	16
67 OCCUPATIONAL THERAPY		40,922	3,372	44,294	7
68 SPEECH PATHOLOGY		4,486	4,573	9,059	3
69 ELECTROCARDIOLOGY		6,216	17,481	23,697	1
70 ELECTROENCEPHALOGRAPHY		5,247	63,421	68,668	2
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					71
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS		86,553	59,194	145,747	23
76 OTHER ANCILLARY SVC					74
76.01 GASTROENTROLOGY		42,401	86,017	128,418	10
76.02 BONE MARROW TRANSPLANT			12,192	12,192	2
76.03 CARDIAC SERVICES			221,040	221,040	14
76.97 CARDIAC REHABILITATION					76.03
76.98 HYPERBARIC OXYGEN THERAPY					76.97
76.99 LITHOTRIPSY					76.98
OUTPATIENT SERVICE COST CENTERS					76.99
90 CLINIC		644,704	151,050	795,754	100
91 EMERGENCY		102,209	14,744	116,953	47
92 OBSERVATION BEDS					92
93.01 OCC EEI		103,802	8,963	112,765	15
93.02 OCC PSYCH		291,236	32,975	324,211	17

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS 0	BLDGS & FIXTURES 1	MOVABLE EQUIPMENT 2		2A	BENEFITS 4
93.03 OCC ADOLESCENTS		68,723		68,723	11	93.03
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		13,423	839	14,262	9	105
107 LIVER ACQUISITION		2,426		2,426	2	107
109 PANCREAS ACQUISITION		345		345		109
111 ISLET ACQUISITION		1,292	12,993	14,285	1	111
112 OTHER ORGAN ACQUISITION (SPECIFY)		15,627		15,627		112
118 SUBTOTALS (SUM OF LINES 1-117)		4,792,498	13,853,169	18,645,667	1,947	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		5,929		5,929	1	190
191 RESEARCH		22,798		22,798	3	191
192 PHYSICIANS' PRIVATE OFFICES			13,341	13,341	9	192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		4,821,225	13,866,510	18,687,735	1,960	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ALL OTHER ADMIN	HOSPITAL ADMIN	AMBULATORY ADMIN	MAIN- TENANCE & REPAIRS	HOUSE- KEEPING	
	5.01	5.02	5.03	6	9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN	7,168,306					5.01
5.02 HOSPITAL ADMIN & GENERAL	140,943	306,735				5.02
5.03 AMBULATORY ADMIN & GENERAL	140,916	6,595	200,357			5.03
6 MAINTENANCE & REPAIRS	312,950	14,646		1,185,907		6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	81,232	3,802		19,025	176,736	9
10 DIETARY	79,193	3,706		40,791	6,178	10
11 CAFETERIA	31	1				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	120,391	5,634		7,747	1,173	13
14 CENTRAL SERVICES & SUPPLY	93,773	4,389		30,124	4,563	14
15 PHARMACY	139,309	6,520		18,491	2,801	15
16 MEDICAL RECORDS & LIBRARY	64,183	3,004		21,803	3,302	16
17 SOCIAL SERVICE	106,974	5,007		6,274	950	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	451,099	21,112				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	218,126	10,209		2,946	446	22
23 PARAMED ED PRGM-(SPECIFY)	12,896	604				23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	895,111	41,963		169,863	25,727	30
31 INTENSIVE CARE UNIT	135,173	6,326		14,518	2,199	31
31.01 PEDS ICU	96,857	4,533		8,841	1,339	31.01
31.02 NEONATAL ICU	198,333	9,282		16,425	2,488	31.02
32 CORONARY CARE UNIT	129,414	6,057		15,581	2,360	32
40 SUBPROVIDER - IPF	125,936	5,894		34,160	5,174	40
41 SUBPROVIDER - IRF	29,850	1,397		13,242	2,006	41
43 NURSERY	24,125	1,129		5,663	858	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	303,597	14,209		58,275	8,826	50
51 RECOVERY ROOM	30,151	1,411				51
52 DELIVERY ROOM & LABOR ROOM	121,756	5,698		30,956	4,689	52
53 ANESTHESIOLOGY	23,813	1,114		7,664	1,161	53
54 RADIOLOGY-DIAGNOSTIC	85,678	4,010		6,718	1,017	54
54.01 RADIO ULTRASOUND	16,117	754		2,997	454	54.01
54.02 RADIO ANGIOGRAPHY	50,605	2,368		25,528	3,866	54.02
54.03 RADIO WEST HARRISON	12,362	579				54.03
55 RADIOLOGY-THERAPEUTIC	85,431	3,998		29,477	4,465	55
56 RADIOISOTOPE	15,091	706		2,989	453	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	29,132	1,363		36,041	5,459	57
58 MAGNETIC RESONANCE IMAGING (MRI)	20,779	972		10,381	1,572	58
59 CARDIAC CATHETERIZATION	24,186	1,132		6,158	933	59
60 LABORATORY	338,764	15,855		76,255	11,550	60
60.01 LAB TISSUE TYPING	8,830	413		1,573	238	60.01
60.02 LAB OUTREACH	156,736	7,335		31,636	4,792	60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	84,922	3,974		3,328	504	63
64 INTRAVENOUS THERAPY	98,076	4,590	32,778			64
65 RESPIRATORY THERAPY	53,762	2,516		3,943	597	65
66 PHYSICAL THERAPY	50,646	2,370		25,903	3,923	66
67 OCCUPATIONAL THERAPY	21,490	1,006		11,241	1,703	67
68 SPEECH PATHOLOGY	7,725	362		1,232	187	68
69 ELECTROCARDIOLOGY	4,226	198		1,708	259	69
70 ELECTROENCEPHALOGRAPHY	7,471	350		1,441	218	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	575,171	26,919				71
73 DRUGS CHARGED TO PATIENTS	396,351	18,550				73
74 RENAL DIALYSIS	91,243	4,270		23,775	3,601	74
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTROLOGY	32,036	1,499		11,647	1,764	76.01
76.02 BONE MARROW TRANSPLANT	11,756	550				76.02
76.03 CARDIAC SERVICES	41,532	1,944				76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	329,848		107,939	177,096	26,822	90
91 EMERGENCY	145,426	6,806		28,076	4,252	91
92 OBSERVATION BEDS						92
93.01 OCC EEI	52,501		17,177	28,513	4,319	93.01
93.02 OCC PSYCH	55,150		18,044	79,999	12,117	93.02

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ALL OTHER ADMIN	HOSPITAL ADMIN	AMBULATORY ADMIN	MAIN- TENANCE & REPAIRS 6	HOUSE- KEEPING 9	
93.03 OCC ADOLESCENTS	37,345		12,218	18,877	2,859	93.03
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	74,550	3,489		3,687	558	105
107 LIVER ACQUISITION	27,375	1,281		666	101	107
109 PANCREAS ACQUISITION	9,268	434		95	14	109
111 ISLET ACQUISITION	3,303	155		355	54	111
112 OTHER ORGAN ACQUISITION (SPECIFY)	782	37		4,292	650	112
118 SUBTOTALS (SUM OF LINES 1-117)	7,131,798	305,027	188,156	1,178,016	175,541	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,270	59	424	1,629	247	190
191 RESEARCH	9,237	432	3,087	6,262	948	191
192 PHYSICIANS' PRIVATE OFFICES	26,001	1,217	8,690			192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	7,168,306	306,735	200,357	1,185,907	176,736	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
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02 HOSPITAL ADMIN & GENERAL						5.02
5.03 AMBULATORY ADMIN & GENERAL						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	295,173					10
11 CAFETERIA	163,021	164,036				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		3,808	252,290			13
14 CENTRAL SERVICES & SUPPLY		2,326		444,292		14
15 PHARMACY		5,480	953	4,336	254,693	15
16 MEDICAL RECORDS & LIBRARY		1,914		33		16
17 SOCIAL SERVICE		3,877	223	10	1	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		16,809				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		2,766		9		22
23 PARAMED ED PRGM-(SPECIFY)		184				23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	90,571	32,339	86,163	8,230	2,285	30
31 INTENSIVE CARE UNIT	7,415	4,912	14,650	2,614	317	31
31.01 PEDS ICU	5,335	3,518	9,957	1,377	200	31.01
31.02 NEONATAL ICU		7,216	22,084	2,303	139	31.02
32 CORONARY CARE UNIT	6,761	4,599	13,389	2,841	408	32
40 SUBPROVIDER - IPF	17,123	4,508	9,575	159	6	40
41 SUBPROVIDER - IRF	4,946	1,093	2,547	62	6	41
43 NURSERY		852	2,273			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		7,598	18,851	122,768	325	50
51 RECOVERY ROOM		1,083	2,930	232	36	51
52 DELIVERY ROOM & LABOR ROOM		4,656	12,463	3,469	229	52
53 ANESTHESIOLOGY		708	1,702	7,036	1,600	53
54 RADIOLOGY-DIAGNOSTIC		2,874	394	303	94	54
54.01 RADIO ULTRASOUND		564	176	438	75	54.01
54.02 RADIO ANGIOGRAPHY		1,279	1,494	22,931	1,181	54.02
54.03 RADIO WEST HARRISON		224		199	79	54.03
55 RADIOLOGY-THERAPEUTIC		1,408	1,114	195	34	55
56 RADIOISOTOPE		335	174	7,856	175	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		957	916	621	564	57
58 MAGNETIC RESONANCE IMAGING (MRI)		701	607	262	992	58
59 CARDIAC CATHETERIZATION		506	590	8,003	439	59
60 LABORATORY		7,428	2,060	468	68	60
60.01 LAB TISSUE TYPING		166				60.01
60.02 LAB OUTREACH		2,713				60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		788	34	8	1	63
64 INTRAVENOUS THERAPY					50,559	64
65 RESPIRATORY THERAPY		1,780		1,741	1	65
66 PHYSICAL THERAPY		1,772		132	1	66
67 OCCUPATIONAL THERAPY		759		65		67
68 SPEECH PATHOLOGY		279			2	68
69 ELECTROCARDIOLOGY		127		61	5	69
70 ELECTROENCEPHALOGRAPHY		222	42	87		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				218,864		71
73 DRUGS CHARGED TO PATIENTS					185,873	73
74 RENAL DIALYSIS		2,485	3,603	5,655	825	74
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTROLOGY		1,081	2,702	3,118	61	76.01
76.02 BONE MARROW TRANSPLANT		235	615		6	76.02
76.03 CARDIAC SERVICES		1,488	1,509	10,230	31	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		11,032	16,433	4,172	3,081	90
91 EMERGENCY		5,133	13,594	2,599	465	91
92 OBSERVATION BEDS						92
93.01 OCC EEI		1,669	487	374	3,889	93.01
93.02 OCC PSYCH		1,879	857	12		93.02

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	
93.03 OCC ADOLESCENTS		1,187	2,280	361	635	93.03
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		960	1,323	4	1	105
107 LIVER ACQUISITION		267	532			107
109 PANCREAS ACQUISITION		49	78			109
111 ISLET ACQUISITION		78	257			111
112 OTHER ORGAN ACQUISITION (SPECIFY)		19	2			112
118 SUBTOTALS (SUM OF LINES 1-117)	295,172	162,690	249,633	444,238	254,689	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		100				190
191 RESEARCH	1	307	1,163	54	4	191
192 PHYSICIANS' PRIVATE OFFICES		939	1,494			192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	295,173	164,036	252,290	444,292	254,693	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION 23
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN					5.01
5.02 HOSPITAL ADMIN & GENERAL					5.02
5.03 AMBULATORY ADMIN & GENERAL					5.03
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	181,285				16
17 SOCIAL SERVICE		146,192			17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD			489,173		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				245,251	22
23 PARAMED ED PRGM-(SPECIFY)					13,686
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	14,742	52,214			30
31 INTENSIVE CARE UNIT	2,209	2,496			31
31.01 PEDS ICU	1,573	1,664			31.01
31.02 NEONATAL ICU	3,685	1,331			31.02
32 CORONARY CARE UNIT	2,052	1,248			32
40 SUBPROVIDER - IPF	2,217	20,801			40
41 SUBPROVIDER - IRF	663	4,160			41
43 NURSERY	399				43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	10,032	291			50
51 RECOVERY ROOM	747				51
52 DELIVERY ROOM & LABOR ROOM	2,671	1,456			52
53 ANESTHESIOLOGY	4,537				53
54 RADIOLOGY-DIAGNOSTIC	2,284				54
54.01 RADIO ULTRASOUND	996				54.01
54.02 RADIO ANGIOGRAPHY	6,077				54.02
54.03 RADIO WEST HARRISON	589				54.03
55 RADIOLOGY-THERAPEUTIC	3,350				55
56 RADIOISOTOPE	673				56
57 COMPUTED TOMOGRAPHY (CT) SCAN	5,350				57
58 MAGNETIC RESONANCE IMAGING (MRI)	3,551				58
59 CARDIAC CATHETERIZATION	1,142				59
60 LABORATORY	24,072				60
60.01 LAB TISSUE TYPING	223				60.01
60.02 LAB OUTREACH	13,437				60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	2,877				63
64 INTRAVENOUS THERAPY	3,441				64
65 RESPIRATORY THERAPY	2,630				65
66 PHYSICAL THERAPY	1,210				66
67 OCCUPATIONAL THERAPY	523				67
68 SPEECH PATHOLOGY	154				68
69 ELECTROCARDIOLOGY	449				69
70 ELECTROENCEPHALOGRAPHY	471				70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	18,555				71
73 DRUGS CHARGED TO PATIENTS	17,332				73
74 RENAL DIALYSIS	3,197				74
76 OTHER ANCILLARY SVC					76
76.01 GASTROENTROLOGY	2,087				76.01
76.02 BONE MARROW TRANSPLANT	64				76.02
76.03 CARDIAC SERVICES	2,001				76.03
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	7,749	19,886			90
91 EMERGENCY	6,028	4,992			91
92 OBSERVATION BEDS					92
93.01 OCC EEI	1,473	4,160			93.01
93.02 OCC PSYCH	621	8,903			93.02

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION 23	
93.03 OCC ADOLESCENTS	1,375	17,473				93.03
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	1,165	3,786				105
107 LIVER ACQUISITION	468	1,331				107
109 PANCREAS ACQUISITION	138					109
111 ISLET ACQUISITION	6					111
112 OTHER ORGAN ACQUISITION (SPECIFY)						112
118 SUBTOTALS (SUM OF LINES 1-117)	181,285	146,192				118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH						191
192 PHYSICIANS' PRIVATE OFFICES						192
200 CROSS FOOT ADJUSTMENTS			489,173	245,251	13,686	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	181,285	146,192	489,173	245,251	13,686	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

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
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN				5.01
5.02 HOSPITAL ADMIN & GENERAL				5.02
5.03 AMBULATORY ADMIN & GENERAL				5.03
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
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
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	2,206,155		2,206,155	30
31 INTENSIVE CARE UNIT	251,970		251,970	31
31.01 PEDS ICU	177,951		177,951	31.01
31.02 NEONATAL ICU	381,143		381,143	31.02
32 CORONARY CARE UNIT	247,251		247,251	32
40 SUBPROVIDER - IPF	350,204		350,204	40
41 SUBPROVIDER - IRF	110,079		110,079	41
43 NURSERY	55,922		55,922	43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	1,846,140		1,846,140	50
51 RECOVERY ROOM	36,600		36,600	51
52 DELIVERY ROOM & LABOR ROOM	467,348		467,348	52
53 ANESTHESIOLOGY	390,327		390,327	53
54 RADIOLOGY-DIAGNOSTIC	535,333		535,333	54
54.01 RADIO ULTRASOUND	65,871		65,871	54.01
54.02 RADIO ANGIOGRAPHY	1,011,460		1,011,460	54.02
54.03 RADIO WEST HARRISON	203,625		203,625	54.03
55 RADIOLOGY-THERAPEUTIC	389,761		389,761	55
56 RADIOISOTOPE	430,220		430,220	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	215,764		215,764	57
58 MAGNETIC RESONANCE IMAGING (MRI)	104,501		104,501	58
59 CARDIAC CATHETERIZATION	689,136		689,136	59
60 LABORATORY	1,211,978		1,211,978	60
60.01 LAB TISSUE TYPING	31,028		31,028	60.01
60.02 LAB OUTREACH	332,409		332,409	60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRANS.	124,859		124,859	63
64 INTRAVENOUS THERAPY	189,444		189,444	64
65 RESPIRATORY THERAPY	234,950		234,950	65
66 PHYSICAL THERAPY	185,739		185,739	66
67 OCCUPATIONAL THERAPY	81,088		81,088	67
68 SPEECH PATHOLOGY	19,003		19,003	68
69 ELECTROCARDIOLOGY	30,731		30,731	69
70 ELECTROENCEPHALOGRAPHY	78,972		78,972	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	839,509		839,509	71
73 DRUGS CHARGED TO PATIENTS	618,106		618,106	73
74 RENAL DIALYSIS	284,424		284,424	74
76 OTHER ANCILLARY SVC				76
76.01 GASTROENTROLOGY	184,423		184,423	76.01
76.02 BONE MARROW TRANSPLANT	25,420		25,420	76.02
76.03 CARDIAC SERVICES	279,789		279,789	76.03
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	1,499,912		1,499,912	90
91 EMERGENCY	334,371		334,371	91
92 OBSERVATION BEDS				92
93.01 OCC EEI	227,342		227,342	93.01
93.02 OCC PSYCH	501,810		501,810	93.02

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS	TOTAL 26	
		25		
93.03 OCC ADOLESCENTS	163,344		163,344	93.03
OTHER REIMBURSABLE COST CENTERS				
SPECIAL PURPOSE COST CENTERS				
105 KIDNEY ACQUISITION	103,794		103,794	105
107 LIVER ACQUISITION	34,449		34,449	107
109 PANCREAS ACQUISITION	10,421		10,421	109
111 ISLET ACQUISITION	18,494		18,494	111
112 OTHER ORGAN ACQUISITION (SPECIFY)	21,409		21,409	112
118 SUBTOTALS (SUM OF LINES 1-117)	17,833,979		17,833,979	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,659		9,659	190
191 RESEARCH	44,296		44,296	191
192 PHYSICIANS' PRIVATE OFFICES	51,691		51,691	192
200 CROSS FOOT ADJUSTMENTS	748,110		748,110	200
201 NEGATIVE COST CENTER				201
202 TOTAL (SUM OF LINES 118-201)	18,687,735		18,687,735	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ALL OTHER ADMIN ACCUM COST	
	1	2	4	5A.01	5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	671,660					1
2 CAP REL COSTS-MVBLE EQUIP		13,626,134				2
4 EMPLOYEE BENEFITS	273		266,541,290			4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN	45,437	6,723,264	41,103,404	-103,027,685	518,235,419	5.01
5.02 HOSPITAL ADMIN & GENERAL	8,528	102,728	5,252,163		10,189,629	5.02
5.03 AMBULATORY ADMIN & GENERAL	3,474	27,405	3,002,676		10,187,667	5.03
6 MAINTENANCE & REPAIRS	12,494	755,300	632,476		22,625,105	6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	9,649	3,356	155,685		5,872,756	9
10 DIETARY	20,688	16,493	2,950,989		5,725,349	10
11 CAFETERIA		966			2,274	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,929	83,820	4,951,672		8,703,797	13
14 CENTRAL SERVICES & SUPPLY	15,278	195,972	3,025,122		6,779,434	14
15 PHARMACY	9,378	9,273	7,126,155		10,071,534	15
16 MEDICAL RECORDS & LIBRARY	11,058	7,521	2,488,392		4,640,199	16
17 SOCIAL SERVICE	3,182		5,041,441		7,733,808	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			21,858,185		32,612,738	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	1,494		3,597,116		15,769,658	22
23 PARAMED ED PRGM-(SPECIFY)			239,729		932,300	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	86,149	165,261	42,188,979		64,707,656	30
31 INTENSIVE CARE UNIT	7,363	6,136	6,388,109		9,772,512	31
31.01 PEDS ICU	4,484	10,356	4,574,173		7,002,371	31.01
31.02 NEONATAL ICU	8,330	56,993	9,383,142		14,338,719	31.02
32 CORONARY CARE UNIT	7,902	5,678	5,980,985		9,356,117	32
40 SUBPROVIDER - IPF	17,325	246	5,861,930		9,104,651	40
41 SUBPROVIDER - IRF	6,716	1,856	1,420,796		2,158,019	41
43 NURSERY	2,872		1,107,526		1,744,141	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	29,555	1,070,270	9,880,282		21,948,917	50
51 RECOVERY ROOM			1,408,903		2,179,813	51
52 DELIVERY ROOM & LABOR ROOM	15,700	163,680	6,054,080		8,802,492	52
53 ANESTHESIOLOGY	3,887	307,658	920,862		1,721,568	53
54 RADIOLOGY-DIAGNOSTIC	3,407	400,415	3,737,333		6,194,192	54
54.01 RADIO ULTRASOUND	1,520	31,823	733,120		1,165,210	54.01
54.02 RADIO ANGIOGRAPHY	12,947	789,261	1,663,422		3,658,521	54.02
54.03 RADIO WEST HARRISON		186,304	291,221		893,722	54.03
55 RADIOLOGY-THERAPEUTIC	14,950	150,312	1,831,046		6,176,353	55
56 RADIOISOTOPE	1,516	384,107	435,020		1,091,036	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	18,279	4,072	1,244,797		2,106,095	57
58 MAGNETIC RESONANCE IMAGING (MRI)	5,265	26,419	911,759		1,502,221	58
59 CARDIAC CATHETERIZATION	3,123	612,814	657,444		1,748,543	59
60 LABORATORY	38,674	449,849	9,658,909		24,491,320	60
60.01 LAB TISSUE TYPING	798	13,615	215,464		638,380	60.01
60.02 LAB OUTREACH	16,045	553	3,528,209		11,331,392	60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,688	16,016	1,024,365		6,139,531	63
64 INTRAVENOUS THERAPY					7,090,544	64
65 RESPIRATORY THERAPY	2,000	150,945	2,314,118		3,886,753	65
66 PHYSICAL THERAPY	13,137	5,373	2,303,941		3,661,498	66
67 OCCUPATIONAL THERAPY	5,701	3,314	987,534		1,553,672	67
68 SPEECH PATHOLOGY	625	4,494	362,582		558,495	68
69 ELECTROCARDIOLOGY	866	17,178	165,366		305,558	69
70 ELECTROENCEPHALOGRAPHY	731	62,322	288,799		540,128	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					41,582,625	71
73 DRUGS CHARGED TO PATIENTS					28,654,665	73
74 RENAL DIALYSIS	12,058	58,168	3,230,997		6,596,540	74
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTEROLOGY	5,907	84,526	1,405,687		2,316,047	76.01
76.02 BONE MARROW TRANSPLANT		11,981	306,231		849,905	76.02
76.03 CARDIAC SERVICES		217,208	1,935,370		3,002,634	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	89,816	148,432	14,345,366		23,846,745	90
91 EMERGENCY	14,239	14,488	6,674,891		10,513,755	91
92 OBSERVATION BEDS						92
93.01 OCC EEI	14,461	8,808	2,170,827		3,795,643	93.01

PROVIDER CCN: 14-0150 BOARD OF TRUSTEES OF THE UNIVE
 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
 01/31/2012 15:09

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ALL OTHER ADMIN ACCUM COST	
	1	2	4	5A.01	5.01	
93.02 OCC PSYCH	40,573	32,403	2,443,694		3,987,157	93.02
93.03 OCC ADOLESCENTS	9,574		1,543,903		2,699,926	93.03
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	1,870	824	1,248,377		5,389,649	105
107 LIVER ACQUISITION	338		347,414		1,979,078	107
109 PANCREAS ACQUISITION	48		63,795		670,021	109
111 ISLET ACQUISITION	180	12,768	100,842		238,775	111
112 OTHER ORGAN ACQUISITION (SPECIFY)	2,177		24,748		56,520	112
118 SUBTOTALS (SUM OF LINES 1-117)	667,658	13,613,024	264,791,563	-103,027,685	515,596,073	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	826		130,537		91,780	190
191 RESEARCH	3,176		398,672		667,790	191
192 PHYSICIANS' PRIVATE OFFICES		13,110	1,220,518		1,879,776	192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	4,821,225	13,866,510	132,424,505		103,027,685	202
203 UNIT COST MULT-WS B PT I	7.178074	1.017641	0.496825		0.198805	203
204 COST TO BE ALLOC PER B PT II			1,960		7,168,306	204
205 UNIT COST MULT-WS B PT II			0.000007		0.013832	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	HOSPITAL ADMIN ACCUM COST 5.02	RECON- CILIATION	AMBULATORY ADMIN ACCUM COST 5.03	MAIN- TENANCE & REPAIRS SQUARE FEET 6	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02 HOSPITAL ADMIN & GENERAL	-12,215,378	567,893,384				5.02
5.03 AMBULATORY ADMIN & GENERAL		12,213,026	-12,475,728	53,069,481		5.03
6 MAINTENANCE & REPAIRS		27,123,089	-27,706,507		601,454	6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING		7,040,289	-7,191,726		9,649	9
10 DIETARY		6,863,577	-7,011,213		20,688	10
11 CAFETERIA		2,726	-2,785			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		10,434,155	-10,658,594		3,929	13
14 CENTRAL SERVICES & SUPPLY		8,127,219	-8,302,035		15,278	14
15 PHARMACY		12,073,805	-12,333,513		9,378	15
16 MEDICAL RECORDS & LIBRARY		5,562,694	-5,682,348		11,058	16
17 SOCIAL SERVICE		9,271,328	-9,470,754		3,182	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		39,096,313	-39,937,275			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		18,904,745	-19,311,386		1,494	22
23 PARAMED ED PRGM-(SPECIFY)		1,117,646	-1,141,687			23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		77,571,757	-79,240,317		86,149	30
31 INTENSIVE CARE UNIT		11,715,336	-11,967,333		7,363	31
31.01 PEDS ICU		8,394,477	-8,575,042		4,484	31.01
31.02 NEONATAL ICU		17,189,328	-17,559,070		8,330	31.02
32 CORONARY CARE UNIT		11,216,160	-11,457,420		7,902	32
40 SUBPROVIDER - IPF		10,914,701	-11,149,476		17,325	40
41 SUBPROVIDER - IRF		2,587,044	-2,642,691		6,716	41
43 NURSERY		2,090,885	-2,135,860		2,872	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		26,312,471	-26,878,452		29,555	50
51 RECOVERY ROOM		2,613,171	-2,669,380			51
52 DELIVERY ROOM & LABOR ROOM		10,552,471	-10,779,455		15,700	52
53 ANESTHESIOLOGY		2,063,824	-2,108,217		3,887	53
54 RADIOLOGY-DIAGNOSTIC		7,425,628	-7,585,353		3,407	54
54.01 RADIO ULTRASOUND		1,396,860	-1,426,906		1,520	54.01
54.02 RADIO ANGIOGRAPHY		4,385,853	-4,480,193		12,947	54.02
54.03 RADIO WEST HARRISON		1,071,398	-1,094,444			54.03
55 RADIOLOGY-THERAPEUTIC		7,404,243	-7,563,508		14,950	55
56 RADIOISOTOPE		1,307,939	-1,336,073		1,516	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		2,524,797	-2,579,105		18,279	57
58 MAGNETIC RESONANCE IMAGING (MRI)		1,800,870	-1,839,607		5,265	58
59 CARDIAC CATHETERIZATION		2,096,162	-2,141,250		3,123	59
60 LABORATORY		29,360,317	-29,991,857		38,674	60
60.01 LAB TISSUE TYPING		765,293	-781,754		798	60.01
60.02 LAB OUTREACH		13,584,129	-13,876,324		16,045	60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		7,360,100	-7,518,416		1,688	63
64 INTRAVENOUS THERAPY		8,500,180		8,683,019		64
65 RESPIRATORY THERAPY		4,659,459	-4,759,684		2,000	65
66 PHYSICAL THERAPY		4,389,422	-4,483,838		13,137	66
67 OCCUPATIONAL THERAPY		1,862,550	-1,902,613		5,701	67
68 SPEECH PATHOLOGY		669,527	-683,929		625	68
69 ELECTROCARDIOLOGY		366,304	-374,183		866	69
70 ELECTROENCEPHALOGRAPHY		647,508	-661,436		731	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		49,849,459	-50,921,721			71
73 DRUGS CHARGED TO PATIENTS		34,351,356	-35,090,254			73
74 RENAL DIALYSIS		7,907,965	-8,078,065		12,058	74
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTEROLOGY		2,776,489	-2,836,211		5,907	76.01
76.02 BONE MARROW TRANSPLANT		1,018,870	-1,040,786			76.02
76.03 CARDIAC SERVICES		3,599,573	-3,677,000			76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	-28,587,597			28,587,597		90
91 EMERGENCY		12,603,942	-12,875,053		89,816	91
92 OBSERVATION BEDS					14,239	92
93.01 OCC EEI	-4,550,236			4,550,236	14,461	93.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	HOSPITAL	RECON-	AMBULATORY	MAIN-	
		ADMIN	CILIATION	ADMIN	TENANCE & REPAIRS	SQUARE FEET
		ACCUM COST		ACCUM COST		
		5.02		5.03	6	
93.02 OCC PSYCH	-4,779,824			4,779,824	40,573	93.02
93.03 OCC ADOLESCENTS	-3,236,685			3,236,685	9,574	93.03
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		6,461,138	-6,600,117		1,870	105
107 LIVER ACQUISITION		2,372,529	-2,423,562		338	107
109 PANCREAS ACQUISITION		803,225	-820,502		48	109
111 ISLET ACQUISITION		286,245	-292,402		180	111
112 OTHER ORGAN ACQUISITION (SPECIFY)		67,756	-69,213		2,177	112
118 SUBTOTALS (SUM OF LINES 1-117)	-53,369,720	564,729,323	-568,193,623	49,837,361	597,452	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		110,026		112,393	826	190
191 RESEARCH		800,550		817,770	3,176	191
192 PHYSICIANS' PRIVATE OFFICES		2,253,485		2,301,957		192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I		12,215,378		12,475,728	27,706,507	202
203 UNIT COST MULT-WS B PT I		0.021510		0.235083	46.065879	203
204 COST TO BE ALLOC PER B PT II		306,735		200,357	1,185,907	204
205 UNIT COST MULT-WS B PT II		0.000540		0.003775	1.971733	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
	SQUARE FEET	MEALS SERVED	GROSS SALARIES			
	9	10	11	13	14	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02 HOSPITAL ADMIN & GENERAL						5.02
5.03 AMBULATORY ADMIN & GENERAL						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	591,805					9
10 DIETARY	20,688	623,593				10
11 CAFETERIA		344,404	213,443,897			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,929		4,951,672	102,999		13
14 CENTRAL SERVICES & SUPPLY	15,278		3,025,122		84,415,338	14
15 PHARMACY	9,378		7,126,155	389	823,857	15
16 MEDICAL RECORDS & LIBRARY	11,058		2,488,392		6,265	16
17 SOCIAL SERVICE	3,182		5,041,441	91	1,861	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			21,858,185		69	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	1,494		3,597,116		1,698	22
23 PARAMED ED PRGM-(SPECIFY)			239,729			23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	86,149	191,344	42,188,979	35,175	1,563,819	30
31 INTENSIVE CARE UNIT	7,363	15,665	6,388,109	5,981	496,705	31
31.01 PEDS ICU	4,484	11,270	4,574,173	4,065	261,619	31.01
31.02 NEONATAL ICU	8,330		9,383,142	9,016	437,507	31.02
32 CORONARY CARE UNIT	7,902	14,283	5,980,985	5,466	539,714	32
40 SUBPROVIDER - IPF	17,325	36,175	5,861,930	3,909	30,275	40
41 SUBPROVIDER - IRF	6,716	10,449	1,420,796	1,040	11,812	41
43 NURSERY	2,872		1,107,526	928		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	29,555		9,880,282	7,696	23,326,568	50
51 RECOVERY ROOM			1,408,903	1,196	44,016	51
52 DELIVERY ROOM & LABOR ROOM	15,700		6,054,080	5,088	659,203	52
53 ANESTHESIOLOGY	3,887		920,862	695	1,336,816	53
54 RADIOLOGY-DIAGNOSTIC	3,407		3,737,333	161	57,607	54
54.01 RADIO ULTRASOUND	1,520		733,120	72	83,141	54.01
54.02 RADIO ANGIOGRAPHY	12,947		1,663,422	610	4,356,974	54.02
54.03 RADIO WEST HARRISON			291,221		37,725	54.03
55 RADIOLOGY-THERAPEUTIC	14,950		1,831,046	455	37,140	55
56 RADIOISOTOPE	1,516		435,020	71	1,492,694	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	18,279		1,244,797	374	118,076	57
58 MAGNETIC RESONANCE IMAGING (MRI)	5,265		911,759	248	49,760	58
59 CARDIAC CATHETERIZATION	3,123		657,444	241	1,520,579	59
60 LABORATORY	38,674		9,658,909	841	88,838	60
60.01 LAB TISSUE TYPING	798		215,464		80	60.01
60.02 LAB OUTREACH	16,045		3,528,209			60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,688		1,024,365	14	1,560	63
64 INTRAVENOUS THERAPY						64
65 RESPIRATORY THERAPY	2,000		2,314,118		330,889	65
66 PHYSICAL THERAPY	13,137		2,303,941		25,151	66
67 OCCUPATIONAL THERAPY	5,701		987,534		12,386	67
68 SPEECH PATHOLOGY	625		362,582		82	68
69 ELECTROCARDIOLOGY	866		165,366		11,601	69
70 ELECTROENCEPHALOGRAPHY	731		288,799	17	16,602	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS					41,582,625	71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	12,058		3,230,997	1,471	1,074,527	74
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTEROLOGY	5,907		1,405,687	1,103	592,394	76.01
76.02 BONE MARROW TRANSPLANT			306,231	251		76.02
76.03 CARDIAC SERVICES			1,935,370	616	1,943,707	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	89,816		14,345,366	6,709	792,666	90
91 EMERGENCY	14,239		6,674,891	5,550	493,875	91
92 OBSERVATION BEDS						92
93.01 OCC EEI	14,461		2,170,827	199	71,150	93.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
	SQUARE FEET 9	MEALS SERVED 10	GROSS SALARIES 11	13	14	
93.02 OCC PSYCH	40,573		2,443,694	350	2,202	93.02
93.03 OCC ADOLESCENTS	9,574		1,543,903	931	68,516	93.03
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	1,870		1,248,377	540	820	105
107 LIVER ACQUISITION	338		347,414	217		107
109 PANCREAS ACQUISITION	48		63,795	32		109
111 ISLET ACQUISITION	180		100,842	105		111
112 OTHER ORGAN ACQUISITION (SPECIFY)	2,177		24,748	1		112
118 SUBTOTALS (SUM OF LINES 1-117)	587,803	623,590	211,694,170	101,914	84,405,171	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	826		130,537			190
191 RESEARCH	3,176	3	398,672	475	10,167	191
192 PHYSICIANS' PRIVATE OFFICES			1,220,518	610		192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	7,636,216	8,231,167	4,548,774	10,995,809	9,267,433	202
203 UNIT COST MULT-WS B PT I	12.903264	13.199582	0.021311	106.756464	0.109784	203
204 COST TO BE ALLOC PER B PT II	176,736	295,173	164,036	252,290	444,292	204
205 UNIT COST MULT-WS B PT II	0.298639	0.473342	0.000769	2.449441	0.005263	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES ASSIGNED	I&R PROGRAM COSTS GROSS REVENUE	
	COSTED REQUIS. 15	GROSS REVENUE 16	TIME SPENT 17	TIME 21	REVENUE 22	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02 HOSPITAL ADMIN & GENERAL						5.02
5.03 AMBULATORY ADMIN & GENERAL						5.03
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	56,066,036					15
16 MEDICAL RECORDS & LIBRARY		1,643,517,923				16
17 SOCIAL SERVICE	261		3,514			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD				9,933		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					1,637,489,097	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	502,939	134,018,993	1,255	955	134,018,993	30
31 INTENSIVE CARE UNIT	69,853	20,084,305	60	152	20,084,305	31
31.01 PEDS ICU	43,927	14,298,835	40	86	14,298,835	31.01
31.02 NEONATAL ICU	30,500	33,501,646	32	285	33,501,646	31.02
32 CORONARY CARE UNIT	89,782	18,653,579	30	135	18,653,579	32
40 SUBPROVIDER - IPF	1,280	20,150,141	500	131	20,150,141	40
41 SUBPROVIDER - IRF	1,281	6,028,826	100			41
43 NURSERY		3,630,260		22	3,630,260	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	71,593	91,196,511	7	1,295	91,196,511	50
51 RECOVERY ROOM	7,881	6,788,299			6,788,299	51
52 DELIVERY ROOM & LABOR ROOM	50,418	24,278,490	35	178	24,278,490	52
53 ANESTHESIOLOGY	352,175	41,246,230		286	41,246,230	53
54 RADIOLOGY-DIAGNOSTIC	20,752	20,759,584			20,759,584	54
54.01 RADIO ULTRASOUND	16,429	9,054,655		37	9,054,655	54.01
54.02 RADIO ANGIOGRAPHY	259,897	55,242,540		297	55,242,540	54.02
54.03 RADIO WEST HARRISON	17,316	5,351,492			5,351,492	54.03
55 RADIOLOGY-THERAPEUTIC	7,588	30,451,300		366	30,451,300	55
56 RADIOISOTOPE	38,487	6,117,881		40	6,117,881	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	124,181	48,638,298		173	48,638,298	57
58 MAGNETIC RESONANCE IMAGING (MRI)	218,374	32,285,969		169	32,285,969	58
59 CARDIAC CATHETERIZATION	96,671	10,382,415		364	10,382,415	59
60 LABORATORY	14,903	214,346,287		1,199	214,346,287	60
60.01 LAB TISSUE TYPING		2,028,603			2,028,603	60.01
60.02 LAB OUTREACH		122,154,732			122,154,732	60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	116	26,155,118		242	26,155,118	63
64 INTRAVENOUS THERAPY	11,129,021	31,277,457			31,277,457	64
65 RESPIRATORY THERAPY	218	23,912,318		262	23,912,318	65
66 PHYSICAL THERAPY	210	10,996,499		55	10,996,499	66
67 OCCUPATIONAL THERAPY		4,752,822		29	4,752,822	67
68 SPEECH PATHOLOGY	458	1,395,842		28	1,395,842	68
69 ELECTROCARDIOLOGY	1,191	4,081,220		82	4,081,220	69
70 ELECTROENCEPHALOGRAPHY	57	4,282,322			4,282,322	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		168,682,026		347	168,682,026	71
73 DRUGS CHARGED TO PATIENTS	40,917,767	157,559,663		1,585	157,559,663	73
74 RENAL DIALYSIS	181,592	29,063,348		169	29,063,348	74
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTEROLOGY	13,358	18,969,759			18,969,759	76.01
76.02 BONE MARROW TRANSPLANT	1,390	580,229			580,229	76.02
76.03 CARDIAC SERVICES	6,869	18,190,866			18,190,866	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	678,217	70,446,876	478	279	70,446,876	90
91 EMERGENCY	102,274	54,802,524	120	291	54,802,524	91
92 OBSERVATION BEDS						92
93.01 OCC BEI	855,940	13,386,862	100	58	13,386,862	93.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS GROSS REVENUE	
	15	16	17	21	22	
93.02 OCC PSYCH	3	5,640,916	214	75	5,640,916	93.02
93.03 OCC ADOLESCENTS	139,709	12,500,202	420	103	12,500,202	93.03
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	308	10,587,327	91	48	10,587,327	105
107 LIVER ACQUISITION		4,254,246	32	44	4,254,246	107
109 PANCREAS ACQUISITION		1,255,709			1,255,709	109
111 ISLET ACQUISITION		53,901			53,901	111
112 OTHER ORGAN ACQUISITION (SPECIFY)				10		112
118 SUBTOTALS (SUM OF LINES 1-117)	56,065,186	1,643,517,923	3,514	9,877	1,637,489,097	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH	850					191
192 PHYSICIANS' PRIVATE OFFICES				56		192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	13,170,365	6,388,146	9,775,812	40,403,103	19,476,329	202
203 UNIT COST MULT-WS B PT I	0.234908	0.003887	2,781.961298	4,067.562972	0.011894	203
204 COST TO BE ALLOC PER B PT II	254,693	181,285	146,192	489,173	245,251	204
205 UNIT COST MULT-WS B PT II	0.004543	0.000110	41.602732	49.247257	0.000150	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED EDUCATION	PATIENT DAYS	
		23	
GENERAL SERVICE COST CENTERS			
1			1
2			2
4			4
5.01			5.01
5.02			5.02
5.03			5.03
6			6
7			7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
19			19
20			20
21			21
22			22
23	117,062		23
INPATIENT ROUTINE SERV COST CENTERS			
30	69,116		30
31	5,802		31
31.01	4,174		31.01
31.02	11,193		31.02
32	5,290		32
40	13,398		40
41	3,870		41
43	4,219		43
ANCILLARY SERVICE COST CENTERS			
50			50
51			51
52			52
53			53
54			54
54.01			54.01
54.02			54.02
54.03			54.03
55			55
56			56
57			57
58			58
59			59
60			60
60.01			60.01
60.02			60.02
62.30			62.30
63			63
64			64
65			65
66			66
67			67
68			68
69			69
70			70
71			71
73			73
74			74
76			76
76.01			76.01
76.02			76.02
76.03			76.03
76.97			76.97
76.98			76.98
76.99			76.99
OUTPATIENT SERVICE COST CENTERS			
90			90
91			91
92			92
93.01			93.01

PROVIDER CCN: 14-0150 BOARD OF TRUSTEES OF THE UNIVE
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
01/31/2012 15:09

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED EDUCATION	PATIENT DAYS	
93.02 OCC PSYCH			93.02
93.03 OCC ADOLESCENTS			93.03
OTHER REIMBURSABLE COST CENTERS			
SPECIAL PURPOSE COST CENTERS			
105 KIDNEY ACQUISITION			105
107 LIVER ACQUISITION			107
109 PANCREAS ACQUISITION			109
111 ISLET ACQUISITION			111
112 OTHER ORGAN ACQUISITION (SPECIFY)			112
118 SUBTOTALS (SUM OF LINES 1-117)	117,062		118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			190
191 RESEARCH			191
192 PHYSICIANS' PRIVATE OFFICES			192
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 COST TO BE ALLOC PER B PT I	1,146,796		202
203 UNIT COST MULT-WS B PT I	9,796484		203
204 COST TO BE ALLOC PER B PT II	13,686		204
205 UNIT COST MULT-WS B PT II	0.116912		205

POST STEP DOWN ADJUSTMENTS

WORKSHEET B-2

DESCRIPTION		----- WORKSHEET B -----			
1		PART	LINE NO.	AMOUNT	
		2	3	4	
1	EXCLUDE EPO FROM RENAL FACILITY	1	74	-1,772	1
2					2
3	EXCLUDE ARANESP FROM RENAL FACILITY	1	74	-534,764	3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30

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	96,479,645		96,479,645		96,479,645	30
31 INTENSIVE CARE UNIT	13,755,705		13,755,705		13,755,705	31
31.01 PEDS ICU	9,766,453		9,766,453		9,766,453	31.01
31.02 NEONATAL ICU	19,596,855		19,596,855		19,596,855	31.02
32 CORONARY CARE UNIT	13,111,048		13,111,048		13,111,048	32
40 SUBPROVIDER - IPF	14,795,029		14,795,029		14,795,029	40
41 SUBPROVIDER - IRF	3,659,095		3,659,095		3,659,095	41
43 NURSERY	2,483,333		2,483,333		2,483,333	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	32,605,099		32,605,099		32,605,099	50
51 RECOVERY ROOM	2,860,155		2,860,155		2,860,155	51
52 DELIVERY ROOM & LABOR ROOM	12,653,418		12,653,418		12,653,418	52
53 ANESTHESIOLOGY	2,821,064		2,821,064		2,821,064	53
54 RADIOLOGY-DIAGNOSTIC	7,974,986		7,974,986		7,974,986	54
54.01 RADIO ULTRASOUND	1,588,031		1,588,031		1,588,031	54.01
54.02 RADIO ANGIOGRAPHY	6,098,343		6,098,343		6,098,343	54.02
54.03 RADIO WEST HARRISON	1,129,661		1,129,661		1,129,661	54.03
55 RADIOLOGY-THERAPEUTIC	8,656,915		8,656,915		8,656,915	55
56 RADIOISOTOPE	1,639,016		1,639,016		1,639,016	56
57 COMPUTED TOMOGRAPHY (CT) SC	3,954,648		3,954,648		3,954,648	57
58 MAGNETIC RESONANCE IMAGING	2,378,243		2,378,243		2,378,243	58
59 CARDIAC CATHETERIZATION	2,595,150		2,595,150		2,595,150	59
60 LABORATORY	33,414,266		33,414,266		33,414,266	60
60.01 LAB TISSUE TYPING	841,298		841,298		841,298	60.01
60.02 LAB OUTREACH	15,372,489		15,372,489		15,372,489	60.02
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	7,743,144		7,743,144		7,743,144	63
64 INTRAVENOUS THERAPY	13,460,120		13,460,120		13,460,120	64
65 RESPIRATORY THERAPY	5,056,263		5,056,263		5,056,263	65
66 PHYSICAL THERAPY	5,353,167		5,353,167		5,353,167	66
67 OCCUPATIONAL THERAPY	2,279,676		2,279,676		2,279,676	67
68 SPEECH PATHOLOGY	734,055		734,055		734,055	68
69 ELECTROCARDIOLOGY	446,192		446,192		446,192	69
70 ELECTROENCEPHALOGRAPHY	730,993		730,993		730,993	70
71 MEDICAL SUPPLIES CHRGD TO	56,142,474		56,142,474		56,142,474	71
73 DRUGS CHARGED TO PATIENTS	45,314,601		45,314,601		45,314,601	73
74 RENAL DIALYSIS	8,752,066		8,752,066		8,752,066	74
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTROLOGY	3,474,159		3,474,159		3,474,159	76.01
76.02 BONE MARROW TRANSPLANT	1,076,690		1,076,690		1,076,690	76.02
76.03 CARDIAC SERVICES	4,069,717		4,069,717		4,069,717	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	43,476,313		43,476,313		43,476,313	90
91 EMERGENCY	15,074,559		15,074,559		15,074,559	91
92 OBSERVATION BEDS	7,350,492		7,350,492		7,350,492	92
93.01 OCC EEI	7,079,288		7,079,288		7,079,288	93.01
93.02 OCC PSYCH	9,002,986		9,002,986		9,002,986	93.02
93.03 OCC ADOLESCENTS	5,951,791		5,951,791		5,951,791	93.03
OTHER REIMBURSABLE COST CENTERS						
105 KIDNEY ACQUISITION	7,089,114		7,089,114		7,089,114	105
107 LIVER ACQUISITION	2,579,622		2,579,622		2,579,622	107
109 PANCREAS ACQUISITION	832,989		832,989		832,989	109
111 ISLET ACQUISITION	316,585		316,585		316,585	111
112 OTHER ORGAN ACQUISITION (SP	198,222		198,222		198,222	112
200 SUBTOTAL (SEE INSTRUCTIONS)	563,815,223		563,815,223		563,815,223	200
201 LESS OBSERVATION BEDS	7,350,492		7,350,492		7,350,492	201
202 TOTAL (SEE INSTRUCTIONS)	556,464,731		556,464,731		556,464,731	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	121,128,006		121,128,006			30
31 INTENSIVE CARE UNIT	20,084,305		20,084,305			31
31.01 PEDS ICU	14,298,835		14,298,835			31.01
31.02 NEONATAL ICU	33,501,646		33,501,646			31.02
32 CORONARY CARE UNIT	18,653,579		18,653,579			32
40 SUBPROVIDER - IPF	20,150,141		20,150,141			40
41 SUBPROVIDER - IRF	6,028,826		6,028,826			41
43 NURSERY	3,630,260		3,630,260			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	43,203,198	47,993,313	91,196,511	0.357526	0.357526	0.357526 50
51 RECOVERY ROOM	2,395,613	4,392,686	6,788,299	0.421336	0.421336	0.421336 51
52 DELIVERY ROOM & LABOR ROOM	20,225,680	4,052,810	24,278,490	0.521178	0.521178	0.521178 52
53 ANESTHESIOLOGY	23,596,804	17,649,426	41,246,230	0.068396	0.068396	0.068396 53
54 RADIOLOGY-DIAGNOSTIC	7,503,977	13,255,607	20,759,584	0.384159	0.384159	0.384159 54
54.01 RADIO ULTRASOUND	3,742,144	5,312,511	9,054,655	0.175383	0.175383	0.175383 54.01
54.02 RADIO ANGIOGRAPHY	30,296,932	24,945,608	55,242,540	0.110392	0.110392	0.110392 54.02
54.03 RADIO WEST HARRISON	35,509	5,315,983	5,351,492	0.211093	0.211093	0.211093 54.03
55 RADIOLOGY-THERAPEUTIC	1,194,544	29,256,756	30,451,300	0.284287	0.284287	0.284287 55
56 RADIOISOTOPE	1,757,964	4,359,917	6,117,881	0.267906	0.267906	0.267906 56
57 COMPUTED TOMOGRAPHY (CT) SC	22,305,863	26,332,435	48,638,298	0.081307	0.081307	0.081307 57
58 MAGNETIC RESONANCE IMAGING	10,593,497	21,692,472	32,285,969	0.073662	0.073662	0.073662 58
59 CARDIAC CATHETERIZATION	5,599,435	4,782,980	10,382,415	0.249956	0.249956	0.249956 59
60 LABORATORY	99,739,397	114,606,890	214,346,287	0.155889	0.155889	0.155889 60
60.01 LAB TISSUE TYPING	360,249	1,668,354	2,028,603	0.414718	0.414718	0.414718 60.01
60.02 LAB OUTREACH		122,154,732	122,154,732	0.125844	0.125844	0.125844 60.02
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	21,392,889	4,762,229	26,155,118	0.296047	0.296047	0.296047 63
64 INTRAVENOUS THERAPY	244,283	31,033,174	31,277,457	0.430346	0.430346	0.430346 64
65 RESPIRATORY THERAPY	20,330,149	3,582,169	23,912,318	0.211450	0.211450	0.211450 65
66 PHYSICAL THERAPY	4,086,498	6,910,001	10,996,499	0.486806	0.486806	0.486806 66
67 OCCUPATIONAL THERAPY	3,517,137	1,235,685	4,752,822	0.479647	0.479647	0.479647 67
68 SPEECH PATHOLOGY	856,450	539,392	1,395,842	0.525887	0.525887	0.525887 68
69 ELECTROCARDIOLOGY	2,561,638	1,519,582	4,081,220	0.109328	0.109328	0.109328 69
70 ELECTROENCEPHALOGRAPHY	3,820,056	462,266	4,282,322	0.170700	0.170700	0.170700 70
71 MEDICAL SUPPLIES CHRGD TO	116,414,784	52,267,242	168,682,026	0.332830	0.332830	0.332830 71
73 DRUGS CHARGED TO PATIENTS	131,621,822	25,937,841	157,559,663	0.287603	0.287603	0.287603 73
74 RENAL DIALYSIS	6,577,458	22,485,890	29,063,348	0.301138	0.301138	0.301138 74
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTROLOGY	5,033,266	13,936,493	18,969,759	0.183142	0.183142	0.183142 76.01
76.02 BONE MARROW TRANSPLANT	439,632	140,597	580,229	1.855629	1.855629	1.855629 76.02
76.03 CARDIAC SERVICES	11,187,350	7,003,516	18,190,866	0.223723	0.223723	0.223723 76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,069,287	69,377,589	70,446,876	0.617150	0.617150	0.617150 90
91 EMERGENCY	19,346,358	35,456,166	54,802,524	0.275071	0.275071	0.275071 91
92 OBSERVATION BEDS	1,548,767	11,342,220	12,890,987	0.570204	0.570204	0.570204 92
93.01 OCC EBI	23,047	13,363,815	13,386,862	0.528824	0.528824	0.528824 93.01
93.02 OCC PSYCH	2,494	5,638,422	5,640,916	1.596015	1.596015	1.596015 93.02
93.03 OCC ADOLESCENTS	123,967	12,376,235	12,500,202	0.476136	0.476136	0.476136 93.03
OTHER REIMBURSABLE COST CENTERS						
105 KIDNEY ACQUISITION	10,504,749	82,578	10,587,327			105
107 LIVER ACQUISITION	4,161,562	92,684	4,254,246			107
109 PANCREAS ACQUISITION	1,255,709		1,255,709			109
111 ISLET ACQUISITION	53,901		53,901			111
112 OTHER ORGAN ACQUISITION (SP						112
200 SUBTOTAL (SEE INSTRUCTIONS)	876,199,657	767,318,266	1,643,517,923			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	876,199,657	767,318,266	1,643,517,923			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	REDUCED	TOTAL	PER	INPAT	INPAT PGM	
	COST	CAP-REL		DIEM			CAP COST
	(FROM WKST B, PT. II, COL. 26)	COST (COL.1 MINUS COL.2)		(COL.3 + COL.4)			(COL.5 x COL.6)
	1	2	3	4	5	6	7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	2,206,155		2,206,155	74,816	29.49	19,470	574,170 30
31 INTENSIVE CARE UNIT	251,970		251,970	5,802	43.43	1,765	76,654 31
31.01 PEDS ICU	177,951		177,951	4,174	42.63	32	1,364 31.01
31.02 NEONATAL ICU	381,143		381,143	11,193	34.05		31.02
32 CORONARY CARE UNIT	247,251		247,251	5,290	46.74	1,958	91,517 32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF	350,204		350,204	13,398	26.14	2,842	74,290 40
41 SUBPROVIDER - IRF	110,079		110,079	3,870	28.44	1,497	42,575 41
42 SUBPROVIDER I							42
43 NURSERY	55,922		55,922	4,219	13.25		43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	3,780,675		3,780,675	122,762		27,564	860,570 200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0150) [] 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	1,846,140	91,196,511	0.020244	10,537,605	213,323	50
51 RECOVERY ROOM	36,600	6,788,299	0.005392	538,167	2,902	51
52 DELIVERY ROOM & LABOR ROOM	467,348	24,278,490	0.019249	176,204	3,392	52
53 ANESTHESIOLOGY	390,327	41,246,230	0.009463	4,115,178	38,942	53
54 RADIOLOGY-DIAGNOSTIC	535,333	20,759,584	0.025787	2,308,461	59,528	54
54.01 RADIO ULTRASOUND	65,871	9,054,655	0.007275	1,128,726	8,211	54.01
54.02 RADIO ANGIOGRAPHY	1,011,460	55,242,540	0.018309	8,389,212	153,598	54.02
54.03 RADIO WEST HARRISON	203,625	5,351,492	0.038050	23,099	879	54.03
55 RADIOLOGY-THERAPEUTIC	389,761	30,451,300	0.012799	308,905	3,954	55
56 RADIOISOTOPE	430,220	6,117,881	0.070322	592,985	41,700	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	215,764	48,638,298	0.004436	6,719,903	29,809	57
58 MAGNETIC RESONANCE IMAGING (M	104,501	32,285,969	0.003237	2,369,778	7,671	58
59 CARDIAC CATHETERIZATION	689,136	10,382,415	0.066375	2,359,029	156,581	59
60 LABORATORY	1,211,978	214,346,287	0.005654	28,755,264	162,582	60
60.01 LAB TISSUE TYPING	31,028	2,028,603	0.015295	37,919	580	60.01
60.02 LAB OUTREACH	332,409	122,154,732	0.002721			60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	124,859	26,155,118	0.004774	6,374,447	30,432	63
64 INTRAVENOUS THERAPY	189,444	31,277,457	0.006057	121,340	735	64
65 RESPIRATORY THERAPY	234,950	23,912,318	0.009825	5,725,633	56,254	65
66 PHYSICAL THERAPY	185,739	10,996,499	0.016891	807,959	13,647	66
67 OCCUPATIONAL THERAPY	81,088	4,752,822	0.017061	163,787	2,794	67
68 SPEECH PATHOLOGY	19,003	1,395,842	0.013614	192,230	2,617	68
69 ELECTROCARDIOLOGY	30,731	4,081,220	0.007530	1,007,516	7,587	69
70 ELECTROENCEPHALOGRAPHY	78,972	4,282,322	0.018441	1,187,154	21,892	70
71 MEDICAL SUPPLIES CHRGD TO PA	839,509	168,682,026	0.004977	31,574,841	157,148	71
73 DRUGS CHARGED TO PATIENTS	618,106	157,559,663	0.003923	14,149,288	55,508	73
74 RENAL DIALYSIS	284,424	29,063,348	0.009786	3,248,331	31,788	74
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTEROLOGY	184,423	18,969,759	0.009722	1,728,209	16,802	76.01
76.02 BONE MARROW TRANSPLANT	25,420	580,229	0.043810	68,777	3,013	76.02
76.03 CARDIAC SERVICES	279,789	18,190,866	0.015381	3,950,713	60,766	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,499,912	70,446,876	0.021291	388,705	8,276	90
91 EMERGENCY	334,371	54,802,524	0.006101	5,306,198	32,373	91
92 OBSERVATION BEDS	168,084	12,890,987	0.013039	549,669	7,167	92
93.01 OCC EEI	227,342	13,386,862	0.016982	14,396	244	93.01
93.02 OCC PSYCH	501,810	5,640,916	0.088959	395	35	93.02
93.03 OCC ADOLESCENTS	163,344	12,500,202	0.013067	5,855	77	93.03
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	14,032,821	1,389,891,142	1,389,891,142	144,925,878	1,392,807	200

PROVIDER CCN: 14-0150 BOARD OF TRUSTEES OF THE UNIVE
 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
 01/31/2012 15:09

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		677,095			677,095	30
31 INTENSIVE CARE UNIT		56,839			56,839	31
31.01 PEDS ICU		40,891			40,891	31.01
31.02 NEONATAL ICU		109,652			109,652	31.02
32 CORONARY CARE UNIT		51,823			51,823	32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 OTHER SPECIAL CARE (SPECIFY)						35
40 SUBPROVIDER - IPF		131,253			131,253	40
41 SUBPROVIDER - IRF		37,912			37,912	41
42 SUBPROVIDER I						42
43 NURSERY		41,331			41,331	43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		1,146,796			1,146,796	200

PROVIDER CCN: 14-0150 BOARD OF TRUSTEES OF THE UNIVE
 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
 01/31/2012 15:09

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	74,816	9.05	19,470	176,204	30
31 INTENSIVE CARE UNIT	5,802	9.80	1,765	17,297	31
31.01 PEDS ICU	4,174	9.80	32	314	31.01
31.02 NEONATAL ICU	11,193	9.80			31.02
32 CORONARY CARE UNIT	5,290	9.80	1,958	19,188	32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	13,398	9.80	2,842	27,852	40
41 SUBPROVIDER - IRF	3,870	9.80	1,497	14,671	41
42 SUBPROVIDER I					42
43 NURSERY	4,219	9.80			43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	122,762		27,564	255,526	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0150) [] 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			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 RADIO ULTRASOUND						54.01
54.02 RADIO ANGIOGRAPHY						54.02
54.03 RADIO WEST HARRISON						54.03
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
60.01 LAB TISSUE TYPING						60.01
60.02 LAB OUTREACH						60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
64 INTRAVENOUS THERAPY						64
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTROLOGY						76.01
76.02 BONE MARROW TRANSPLANT						76.02
76.03 CARDIAC SERVICES						76.03
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
91 EMERGENCY						91
92 OBSERVATION BEDS			51,586		51,586	51,586
93.01 OCC EEI						93.01
93.02 OCC PSYCH						93.02
93.03 OCC ADOLESCENTS						93.03
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)			51,586		51,586	51,586

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0150) [] 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	91,196,511			10,537,605		10,073,643	50
51 RECOVERY ROOM	6,788,299			538,167		635,659	51
52 DELIVERY ROOM & LABOR ROOM	24,278,490			176,204		38,326	52
53 ANESTHESIOLOGY	41,246,230			4,115,178		3,392,321	53
54 RADIOLOGY-DIAGNOSTIC	20,759,584			2,308,461		2,093,560	54
54.01 RADIO ULTRASOUND	9,054,655			1,128,726		1,188,265	54.01
54.02 RADIO ANGIOGRAPHY	55,242,540			8,389,212		8,738,915	54.02
54.03 RADIO WEST HARRISON	5,351,492			23,099		599,624	54.03
55 RADIOLOGY-THERAPEUTIC	30,451,300			308,905		3,683,992	55
56 RADIOISOTOPE	6,117,881			592,985		1,258,231	56
57 COMPUTED TOMOGRAPHY (CT) SCA	48,638,298			6,719,903		6,845,172	57
58 MAGNETIC RESONANCE IMAGING (	32,285,969			2,369,778		4,665,894	58
59 CARDIAC CATHETERIZATION	10,382,415			2,359,029		2,203,129	59
60 LABORATORY	214,346,287			28,755,264		3,010,092	60
60.01 LAB TISSUE TYPING	2,028,603			37,919			60.01
60.02 LAB OUTREACH	122,154,732						60.02
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
63 BLOOD STORING, PROCESSING &	26,155,118			6,374,447		530,016	63
64 INTRAVENOUS THERAPY	31,277,457			121,340		4,906	64
65 RESPIRATORY THERAPY	23,912,318			5,725,633		1,251,521	65
66 PHYSICAL THERAPY	10,996,499			807,959		4,197	66
67 OCCUPATIONAL THERAPY	4,752,822			163,787		428	67
68 SPEECH PATHOLOGY	1,395,842			192,230		768	68
69 ELECTROCARDIOLOGY	4,081,220			1,007,516		637,670	69
70 ELECTROENCEPHALOGRAPHY	4,282,322			1,187,154		184,040	70
71 MEDICAL SUPPLIES CHRGED TO P	168,682,026			31,574,841		15,056,410	71
73 DRUGS CHARGED TO PATIENTS	157,559,663			14,149,288		23,680,957	73
74 RENAL DIALYSIS	29,063,348			3,248,331		25,720	74
76 OTHER ANCILLARY SVC							76
76.01 GASTROENTROLOGY	18,969,759			1,728,209		3,626,578	76.01
76.02 BONE MARROW TRANSPLANT	580,229			68,777		2,973	76.02
76.03 CARDIAC SERVICES	18,190,866			3,950,713		2,248,137	76.03
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	70,446,876			388,705		16,176,500	90
91 EMERGENCY	54,802,524			5,306,198		5,306,065	91
92 OBSERVATION BEDS	12,890,987	0.004002	0.004002	549,669	2,200	3,105,642	12,429
93.01 OCC EEI	13,386,862			14,396		4,155,830	93.01
93.02 OCC PSYCH	5,640,916			395		516,862	93.02
93.03 OCC ADOLESCENTS	12,500,202			5,855		70,247	93.03
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	1,389,891,142			144,925,878	2,200	125,012,290	12,429 200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0150) [] 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	0.357526	10,073,643			3,601,589		50
51 RECOVERY ROOM	0.421336	635,659			267,826		51
52 DELIVERY ROOM & LABOR ROOM	0.521178	38,326			19,975		52
53 ANESTHESIOLOGY	0.068396	3,392,321			232,021		53
54 RADIOLOGY-DIAGNOSTIC	0.384159	2,093,560			804,260		54
54.01 RADIO ULTRASOUND	0.175383	1,188,265			208,401		54.01
54.02 RADIO ANGIOGRAPHY	0.110392	8,738,915			964,706		54.02
54.03 RADIO WEST HARRISON	0.211093	599,624			126,576		54.03
55 RADIOLOGY-THERAPEUTIC	0.284287	3,683,992			1,047,311		55
56 RADIOISOTOPE	0.267906	1,258,231			337,088		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.081307	6,845,172			556,560		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.073662	4,665,894			343,699		58
59 CARDIAC CATHETERIZATION	0.249956	2,203,129			550,685		59
60 LABORATORY	0.155889	3,010,092			469,240		60
60.01 LAB TISSUE TYPING	0.414718						60.01
60.02 LAB OUTREACH	0.125844						60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.296047	530,016			156,910		63
64 INTRAVENOUS THERAPY	0.430346	4,906			2,111		64
65 RESPIRATORY THERAPY	0.211450	1,251,521			264,634		65
66 PHYSICAL THERAPY	0.486806	4,197			2,043		66
67 OCCUPATIONAL THERAPY	0.479647	428			205		67
68 SPEECH PATHOLOGY	0.525887	768			404		68
69 ELECTROCARDIOLOGY	0.109328	637,670			69,715		69
70 ELECTROENCEPHALOGRAPHY	0.170700	184,040			31,416		70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.332830	15,056,410			5,011,225		71
73 DRUGS CHARGED TO PATIENTS	0.287603	23,680,957			6,810,714		73
74 RENAL DIALYSIS	0.301138	25,720			7,745		74
76 OTHER ANCILLARY SVC							76
76.01 GASTROENTROLOGY	0.183142	3,626,578			664,179		76.01
76.02 BONE MARROW TRANSPLANT	1.855629	2,973			5,517		76.02
76.03 CARDIAC SERVICES	0.223723	2,248,137			502,960		76.03
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.617150	16,176,500			9,983,327		90
91 EMERGENCY	0.275071	5,306,065			1,459,545		91
92 OBSERVATION BEDS	0.570204	3,105,642			1,770,849		92
93.01 OCC EEI	0.528824	4,155,830			2,197,703		93.01
93.02 OCC PSYCH	1.596015	516,862			824,920		93.02
93.03 OCC ADOLESCENTS	0.476136	70,247			33,447		93.03
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		125,012,290			39,329,506		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		125,012,290			39,329,506		202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [XX] IPF (14-S150) [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA			
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	1,846,140	91,196,511	0.020244	8,324	169	50
51	RECOVERY ROOM	36,600	6,788,299	0.005392	31,970	172	51
52	DELIVERY ROOM & LABOR ROOM	467,348	24,278,490	0.019249	2,377	46	52
53	ANESTHESIOLOGY	390,327	41,246,230	0.009463	64,546	611	53
54	RADIOLOGY-DIAGNOSTIC	535,333	20,759,584	0.025787	19,591	505	54
54.01	RADIO ULTRASOUND	65,871	9,054,655	0.007275	2,962	22	54.01
54.02	RADIO ANGIOGRAPHY	1,011,460	55,242,540	0.018309			54.02
54.03	RADIO WEST HARRISON	203,625	5,351,492	0.038050			54.03
55	RADIOLOGY-THERAPEUTIC	389,761	30,451,300	0.012799			55
56	RADIOISOTOPE	430,220	6,117,881	0.070322	2,169	153	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	215,764	48,638,298	0.004436	52,919	235	57
58	MAGNETIC RESONANCE IMAGING (M	104,501	32,285,969	0.003237	102,694	332	58
59	CARDIAC CATHETERIZATION	689,136	10,382,415	0.066375	6,745	448	59
60	LABORATORY	1,211,978	214,346,287	0.005654	411,389	2,326	60
60.01	LAB TISSUE TYPING	31,028	2,028,603	0.015295			60.01
60.02	LAB OUTREACH	332,409	122,154,732	0.002721			60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63	BLOOD STORING, PROCESSING & T	124,859	26,155,118	0.004774	4,260	20	63
64	INTRAVENOUS THERAPY	189,444	31,277,457	0.006057			64
65	RESPIRATORY THERAPY	234,950	23,912,318	0.009825	22,804	224	65
66	PHYSICAL THERAPY	185,739	10,996,499	0.016891	16,907	286	66
67	OCCUPATIONAL THERAPY	81,088	4,752,822	0.017061	280,924	4,793	67
68	SPEECH PATHOLOGY	19,003	1,395,842	0.013614	4,143	56	68
69	ELECTROCARDIOLOGY	30,731	4,081,220	0.007530	10,557	79	69
70	ELECTROENCEPHALOGRAPHY	78,972	4,282,322	0.018441	42,873	791	70
71	MEDICAL SUPPLIES CHRGED TO PA	839,509	168,682,026	0.004977	270,855	1,348	71
73	DRUGS CHARGED TO PATIENTS	618,106	157,559,663	0.003923	723,162	2,837	73
74	RENAL DIALYSIS	284,424	29,063,348	0.009786	83,760	820	74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTEROLOGY	184,423	18,969,759	0.009722	6,936	67	76.01
76.02	BONE MARROW TRANSPLANT	25,420	580,229	0.043810			76.02
76.03	CARDIAC SERVICES	279,789	18,190,866	0.015381	9,353	144	76.03
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	1,499,912	70,446,876	0.021291	1,917	41	90
91	EMERGENCY	334,371	54,802,524	0.006101	215,678	1,316	91
92	OBSERVATION BEDS	168,084	12,890,987	0.013039			92
93.01	OCC EEI	227,342	13,386,862	0.016982			93.01
93.02	OCC PSYCH	501,810	5,640,916	0.088959	2,004	178	93.02
93.03	OCC ADOLESCENTS	163,344	12,500,202	0.013067			93.03
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	14,032,821	1,389,891,142	1,389,891,142	2,401,819	18,019	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S150) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 RADIO ULTRASOUND						54.01
54.02 RADIO ANGIOGRAPHY						54.02
54.03 RADIO WEST HARRISON						54.03
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
60.01 LAB TISSUE TYPING						60.01
60.02 LAB OUTREACH						60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
64 INTRAVENOUS THERAPY						64
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTROLOGY						76.01
76.02 BONE MARROW TRANSPLANT						76.02
76.03 CARDIAC SERVICES						76.03
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
91 EMERGENCY						91
92 OBSERVATION BEDS						92
93.01 OCC EEI						93.01
93.02 OCC PSYCH						93.02
93.03 OCC ADOLESCENTS						93.03
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[XX] IPF (14-S150)	[] 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	91,196,511		8,324			50
51	RECOVERY ROOM	6,788,299		31,970			51
52	DELIVERY ROOM & LABOR ROOM	24,278,490		2,377			52
53	ANESTHESIOLOGY	41,246,230		64,546			53
54	RADIOLOGY-DIAGNOSTIC	20,759,584		19,591		665	54
54.01	RADIO ULTRASOUND	9,054,655		2,962			54.01
54.02	RADIO ANGIOGRAPHY	55,242,540					54.02
54.03	RADIO WEST HARRISON	5,351,492					54.03
55	RADIOLOGY-THERAPEUTIC	30,451,300					55
56	RADIOISOTOPE	6,117,881		2,169		1,605	56
57	COMPUTED TOMOGRAPHY (CT) SCA	48,638,298		52,919			57
58	MAGNETIC RESONANCE IMAGING (	32,285,969		102,694			58
59	CARDIAC CATHETERIZATION	10,382,415		6,745			59
60	LABORATORY	214,346,287		411,389			60
60.01	LAB TISSUE TYPING	2,028,603					60.01
60.02	LAB OUTREACH	122,154,732					60.02
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	26,155,118		4,260			63
64	INTRAVENOUS THERAPY	31,277,457					64
65	RESPIRATORY THERAPY	23,912,318		22,804		616	65
66	PHYSICAL THERAPY	10,996,499		16,907			66
67	OCCUPATIONAL THERAPY	4,752,822		280,924			67
68	SPEECH PATHOLOGY	1,395,842		4,143			68
69	ELECTROCARDIOLOGY	4,081,220		10,557		2,030	69
70	ELECTROENCEPHALOGRAPHY	4,282,322		42,873		500	70
71	MEDICAL SUPPLIES CHRGED TO P	168,682,026		270,855		575	71
73	DRUGS CHARGED TO PATIENTS	157,559,663		723,162		866	73
74	RENAL DIALYSIS	29,063,348		83,760			74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTROLOGY	18,969,759		6,936			76.01
76.02	BONE MARROW TRANSPLANT	580,229					76.02
76.03	CARDIAC SERVICES	18,190,866		9,353			76.03
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	70,446,876		1,917			90
91	EMERGENCY	54,802,524		215,678		4,275	91
92	OBSERVATION BEDS	12,890,987					92
93.01	OCC EEI	13,386,862					93.01
93.02	OCC PSYCH	5,640,916		2,004			93.02
93.03	OCC ADOLESCENTS	12,500,202					93.03
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	1,389,891,142		2,401,819		11,132	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] IPF (14-S150) [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES SUBJECT TO DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.357526						50
51 RECOVERY ROOM	0.421336						51
52 DELIVERY ROOM & LABOR ROOM	0.521178						52
53 ANESTHESIOLOGY	0.068396						53
54 RADIOLOGY-DIAGNOSTIC	0.384159	665			255		54
54.01 RADIO ULTRASOUND	0.175383						54.01
54.02 RADIO ANGIOGRAPHY	0.110392						54.02
54.03 RADIO WEST HARRISON	0.211093						54.03
55 RADIOLOGY-THERAPEUTIC	0.284287						55
56 RADIOISOTOPE	0.267906	1,605			430		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.081307						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.073662						58
59 CARDIAC CATHETERIZATION	0.249956						59
60 LABORATORY	0.155889						60
60.01 LAB TISSUE TYPING	0.414718						60.01
60.02 LAB OUTREACH	0.125844						60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.296047						63
64 INTRAVENOUS THERAPY	0.430346						64
65 RESPIRATORY THERAPY	0.211450	616			130		65
66 PHYSICAL THERAPY	0.486806						66
67 OCCUPATIONAL THERAPY	0.479647						67
68 SPEECH PATHOLOGY	0.525887						68
69 ELECTROCARDIOLOGY	0.109328	2,030			222		69
70 ELECTROENCEPHALOGRAPHY	0.170700	500			85		70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.332830	575			191		71
73 DRUGS CHARGED TO PATIENTS	0.287603	866			249		73
74 RENAL DIALYSIS	0.301138						74
76 OTHER ANCILLARY SVC							76
76.01 GASTROENTROLOGY	0.183142						76.01
76.02 BONE MARROW TRANSPLANT	1.855629						76.02
76.03 CARDIAC SERVICES	0.223723						76.03
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.617150						90
91 EMERGENCY	0.275071	4,275			1,176		91
92 OBSERVATION BEDS	0.570204						92
93.01 OCC EEI	0.528824						93.01
93.02 OCC PSYCH	1.596015						93.02
93.03 OCC ADOLESCENTS	0.476136						93.03
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		11,132			2,738		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		11,132			2,738		202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (14-T150)	[] SUB (OTHER)	[XX] PPS [] TEFRA				
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	1,846,140	91,196,511	0.020244	20,752	420		50
51	RECOVERY ROOM	36,600	6,788,299	0.005392	765	4		51
52	DELIVERY ROOM & LABOR ROOM	467,348	24,278,490	0.019249				52
53	ANESTHESIOLOGY	390,327	41,246,230	0.009463	2,537	24		53
54	RADIOLOGY-DIAGNOSTIC	535,333	20,759,584	0.025787	16,075	415		54
54.01	RADIO ULTRASOUND	65,871	9,054,655	0.007275	1,512	11		54.01
54.02	RADIO ANGIOGRAPHY	1,011,460	55,242,540	0.018309	12,329	226		54.02
54.03	RADIO WEST HARRISON	203,625	5,351,492	0.038050				54.03
55	RADIOLOGY-THERAPEUTIC	389,761	30,451,300	0.012799	4,352	56		55
56	RADIOISOTOPE	430,220	6,117,881	0.070322	853	60		56
57	COMPUTED TOMOGRAPHY (CT) SCAN	215,764	48,638,298	0.004436	45,813	203		57
58	MAGNETIC RESONANCE IMAGING (M	104,501	32,285,969	0.003237	18,843	61		58
59	CARDIAC CATHETERIZATION	689,136	10,382,415	0.066375				59
60	LABORATORY	1,211,978	214,346,287	0.005654	246,509	1,394		60
60.01	LAB TISSUE TYPING	31,028	2,028,603	0.015295				60.01
60.02	LAB OUTREACH	332,409	122,154,732	0.002721				60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
63	BLOOD STORING, PROCESSING & T	124,859	26,155,118	0.004774	6,273	30		63
64	INTRAVENOUS THERAPY	189,444	31,277,457	0.006057				64
65	RESPIRATORY THERAPY	234,950	23,912,318	0.009825	87,815	863		65
66	PHYSICAL THERAPY	185,739	10,996,499	0.016891	508,574	8,590		66
67	OCCUPATIONAL THERAPY	81,088	4,752,822	0.017061	537,152	9,164		67
68	SPEECH PATHOLOGY	19,003	1,395,842	0.013614	112,600	1,533		68
69	ELECTROCARDIOLOGY	30,731	4,081,220	0.007530	4,347	33		69
70	ELECTROENCEPHALOGRAPHY	78,972	4,282,322	0.018441	14,670	271		70
71	MEDICAL SUPPLIES CHRGED TO PA	839,509	168,682,026	0.004977	251,142	1,250		71
73	DRUGS CHARGED TO PATIENTS	618,106	157,559,663	0.003923	581,586	2,282		73
74	RENAL DIALYSIS	284,424	29,063,348	0.009786	37,692	369		74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	184,423	18,969,759	0.009722	4,652	45		76.01
76.02	BONE MARROW TRANSPLANT	25,420	580,229	0.043810				76.02
76.03	CARDIAC SERVICES	279,789	18,190,866	0.015381	21,806	335		76.03
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	1,499,912	70,446,876	0.021291				90
91	EMERGENCY	334,371	54,802,524	0.006101	3,505	21		91
92	OBSERVATION BEDS	168,084	12,890,987	0.013039				92
93.01	OCC EEI	227,342	13,386,862	0.016982				93.01
93.02	OCC PSYCH	501,810	5,640,916	0.088959				93.02
93.03	OCC ADOLESCENTS	163,344	12,500,202	0.013067				93.03
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (SUM OF LINES 50-199)	14,032,821	1,389,891,142	1,389,891,142	2,542,154	27,660		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (14-T150) [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 RADIO ULTRASOUND						54.01
54.02 RADIO ANGIOGRAPHY						54.02
54.03 RADIO WEST HARRISON						54.03
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
60.01 LAB TISSUE TYPING						60.01
60.02 LAB OUTREACH						60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
64 INTRAVENOUS THERAPY						64
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTROLOGY						76.01
76.02 BONE MARROW TRANSPLANT						76.02
76.03 CARDIAC SERVICES						76.03
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
91 EMERGENCY						91
92 OBSERVATION BEDS						92
93.01 OCC EEI						93.01
93.02 OCC PSYCH						93.02
93.03 OCC ADOLESCENTS						93.03
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (14-T150) [] 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	91,196,511			20,752			50
51 RECOVERY ROOM	6,788,299			765			51
52 DELIVERY ROOM & LABOR ROOM	24,278,490						52
53 ANESTHESIOLOGY	41,246,230			2,537			53
54 RADIOLOGY-DIAGNOSTIC	20,759,584			16,075		1,668	54
54.01 RADIO ULTRASOUND	9,054,655			1,512			54.01
54.02 RADIO ANGIOGRAPHY	55,242,540			12,329		3,443	54.02
54.03 RADIO WEST HARRISON	5,351,492						54.03
55 RADIOLOGY-THERAPEUTIC	30,451,300			4,352			55
56 RADIOISOTOPE	6,117,881			853			56
57 COMPUTED TOMOGRAPHY (CT) SCA	48,638,298			45,813		5,148	57
58 MAGNETIC RESONANCE IMAGING (	32,285,969			18,843			58
59 CARDIAC CATHETERIZATION	10,382,415						59
60 LABORATORY	214,346,287			246,509		1,479	60
60.01 LAB TISSUE TYPING	2,028,603						60.01
60.02 LAB OUTREACH	122,154,732						60.02
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
63 BLOOD STORING, PROCESSING &	26,155,118			6,273			63
64 INTRAVENOUS THERAPY	31,277,457						64
65 RESPIRATORY THERAPY	23,912,318			87,815		23,165	65
66 PHYSICAL THERAPY	10,996,499			508,574			66
67 OCCUPATIONAL THERAPY	4,752,822			537,152			67
68 SPEECH PATHOLOGY	1,395,842			112,600			68
69 ELECTROCARDIOLOGY	4,081,220			4,347		1,731	69
70 ELECTROENCEPHALOGRAPHY	4,282,322			14,670			70
71 MEDICAL SUPPLIES CHRGED TO P	168,682,026			251,142			71
73 DRUGS CHARGED TO PATIENTS	157,559,663			581,586		8,809	73
74 RENAL DIALYSIS	29,063,348			37,692			74
76 OTHER ANCILLARY SVC							76
76.01 GASTROENTROLOGY	18,969,759			4,652			76.01
76.02 BONE MARROW TRANSPLANT	580,229						76.02
76.03 CARDIAC SERVICES	18,190,866			21,806		784	76.03
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	70,446,876						90
91 EMERGENCY	54,802,524			3,505			91
92 OBSERVATION BEDS	12,890,987						92
93.01 OCC EEI	13,386,862						93.01
93.02 OCC PSYCH	5,640,916						93.02
93.03 OCC ADOLESCENTS	12,500,202						93.03
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	1,389,891,142			2,542,154		46,227	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [XX] IRF (14-T150) [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE FROM WKST C, PT I, COL. 9	RATIO	PPS REIMBURSED SERVICES	COST REIMB. SUBJECT TO DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS	
	1		2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.357526							50
51 RECOVERY ROOM	0.421336							51
52 DELIVERY ROOM & LABOR ROOM	0.521178							52
53 ANESTHESIOLOGY	0.068396							53
54 RADIOLOGY-DIAGNOSTIC	0.384159		1,668			641		54
54.01 RADIO ULTRASOUND	0.175383							54.01
54.02 RADIO ANGIOGRAPHY	0.110392		3,443			380		54.02
54.03 RADIO WEST HARRISON	0.211093							54.03
55 RADIOLOGY-THERAPEUTIC	0.284287							55
56 RADIOISOTOPE	0.267906							56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.081307		5,148			419		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.073662							58
59 CARDIAC CATHETERIZATION	0.249956							59
60 LABORATORY	0.155889		1,479			231		60
60.01 LAB TISSUE TYPING	0.414718							60.01
60.02 LAB OUTREACH	0.125844							60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63 BLOOD STORING, PROCESSING & TRA	0.296047							63
64 INTRAVENOUS THERAPY	0.430346							64
65 RESPIRATORY THERAPY	0.211450		23,165			4,898		65
66 PHYSICAL THERAPY	0.486806							66
67 OCCUPATIONAL THERAPY	0.479647							67
68 SPEECH PATHOLOGY	0.525887							68
69 ELECTROCARDIOLOGY	0.109328		1,731			189		69
70 ELECTROENCEPHALOGRAPHY	0.170700							70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.332830							71
73 DRUGS CHARGED TO PATIENTS	0.287603		8,809			2,533		73
74 RENAL DIALYSIS	0.301138							74
76 OTHER ANCILLARY SVC								76
76.01 GASTROENTROLOGY	0.183142							76.01
76.02 BONE MARROW TRANSPLANT	1.855629							76.02
76.03 CARDIAC SERVICES	0.223723		784			175		76.03
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.617150							90
91 EMERGENCY	0.275071							91
92 OBSERVATION BEDS	0.570204							92
93.01 OCC EEI	0.528824							93.01
93.02 OCC PSYCH	1.596015							93.02
93.03 OCC ADOLESCENTS	0.476136							93.03
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)			46,227			9,466		200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)			46,227			9,466		202

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0150) [] 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)	74,816	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	74,816	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	74,816	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)	19,470	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)	96,479,645	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	96,479,645	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)	96,479,645	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0150) [] 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) 1,289.56 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 25,107,733 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) 25,107,733 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	13,755,705	5,802	2,370.86	1,765	4,184,568	43
43.01 PEDS ICU	9,766,453	4,174	2,339.83	32	74,875	43.01
43.02 NEONATAL ICU	19,596,855	11,193	1,750.81			43.02
44 CORONARY CARE UNIT	13,111,048	5,290	2,478.46	1,958	4,852,825	44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					35,383,250	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					69,603,251	49

PASS-THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)					956,708	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)					1,395,007	51
52 TOTAL PROGRAM EXCLUDABLE COST					2,351,715	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)					67,251,536	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 INSTRU (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)					5,700	87
88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2)					1,289.56	88
89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS)					7,350,492	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) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						(SEE INSTR.)
90 CAPITAL-RELATED COST	2,206,155	96,479,645	0.022867	7,350,492	168,084	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST	677,095	96,479,645	0.007018	7,350,492	51,586	92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S150) [] 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)	1,104.27 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	3,138,335 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)	3,138,335 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	658,545 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	3,796,880 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	102,142 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	18,019 51
52	TOTAL PROGRAM EXCLUDABLE COST	120,161 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	3,676,719 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

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [XX] IRF (14-T150) [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	3,870	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,870	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,870	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)	1,497	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)	3,659,095	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	3,659,095	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)	3,659,095	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX-INPT [XX] IRF (14-T150) [] 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)	945.50 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,415,414 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)	1,415,414 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	917,461 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,332,875 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	57,246 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	27,660 51
52	TOTAL PROGRAM EXCLUDABLE COST	84,906 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	2,247,969 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 INSTRU (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

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0150) [] 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		34,375,814		30
31 INTENSIVE CARE UNIT		5,614,635		31
31.01 PEDS ICU		112,912		31.01
31.02 NEONATAL ICU				31.02
32 CORONARY CARE UNIT		7,004,836		32
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.357526	10,537,605	3,767,468	50
51 RECOVERY ROOM	0.421336	538,167	226,749	51
52 DELIVERY ROOM & LABOR ROOM	0.521178	176,204	91,834	52
53 ANESTHESIOLOGY	0.068396	4,115,178	281,462	53
54 RADIOLOGY-DIAGNOSTIC	0.384159	2,308,461	886,816	54
54.01 RADIO ULTRASOUND	0.175383	1,128,726	197,959	54.01
54.02 RADIO ANGIOGRAPHY	0.110392	8,389,212	926,102	54.02
54.03 RADIO WEST HARRISON	0.211093	23,099	4,876	54.03
55 RADIOLOGY-THERAPEUTIC	0.284287	308,905	87,818	55
56 RADIOISOTOPE	0.267906	592,985	158,864	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.081307	6,719,903	546,375	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.073662	2,369,778	174,563	58
59 CARDIAC CATHETERIZATION	0.249956	2,359,029	589,653	59
60 LABORATORY	0.155889	28,755,264	4,482,629	60
60.01 LAB TISSUE TYPING	0.414718	37,919	15,726	60.01
60.02 LAB OUTREACH	0.125844			60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.296047	6,374,447	1,887,136	63
64 INTRAVENOUS THERAPY	0.430346	121,340	52,218	64
65 RESPIRATORY THERAPY	0.211450	5,725,633	1,210,685	65
66 PHYSICAL THERAPY	0.486806	807,959	393,319	66
67 OCCUPATIONAL THERAPY	0.479647	163,787	78,560	67
68 SPEECH PATHOLOGY	0.525887	192,230	101,091	68
69 ELECTROCARDIOLOGY	0.109328	1,007,516	110,150	69
70 ELECTROENCEPHALOGRAPHY	0.170700	1,187,154	202,647	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.332830	31,574,841	10,509,054	71
73 DRUGS CHARGED TO PATIENTS	0.287603	14,149,288	4,069,378	73
74 RENAL DIALYSIS	0.301138	3,248,331	978,196	74
76 OTHER ANCILLARY SVC				76
76.01 GASTROENTROLOGY	0.183142	1,728,209	316,508	76.01
76.02 BONE MARROW TRANSPLANT	1.855629	68,777	127,625	76.02
76.03 CARDIAC SERVICES	0.223723	3,950,713	883,865	76.03
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.617150	388,705	239,889	90
91 EMERGENCY	0.275071	5,306,198	1,459,581	91
92 OBSERVATION BEDS	0.570204	549,669	313,423	92
93.01 OCC EEI	0.528824	14,396	7,613	93.01
93.02 OCC PSYCH	1.596015	395	630	93.02
93.03 OCC ADOLESCENTS	0.476136	5,855	2,788	93.03
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		144,925,878	35,383,250	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		144,925,878		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S150) [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
31.01 PEDS ICU				31.01
31.02 NEONATAL ICU				31.02
32 CORONARY CARE UNIT				32
40 SUBPROVIDER - IPF		4,298,374		40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.357526	8,324	2,976	50
51 RECOVERY ROOM	0.421336	31,970	13,470	51
52 DELIVERY ROOM & LABOR ROOM	0.521178	2,377	1,239	52
53 ANESTHESIOLOGY	0.068396	64,546	4,415	53
54 RADIOLOGY-DIAGNOSTIC	0.384159	19,591	7,526	54
54.01 RADIO ULTRASOUND	0.175383	2,962	519	54.01
54.02 RADIO ANGIOGRAPHY	0.110392			54.02
54.03 RADIO WEST HARRISON	0.211093			54.03
55 RADIOLOGY-THERAPEUTIC	0.284287			55
56 RADIOISOTOPE	0.267906	2,169	581	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.081307	52,919	4,303	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.073662	102,694	7,565	58
59 CARDIAC CATHETERIZATION	0.249956	6,745	1,686	59
60 LABORATORY	0.155889	411,389	64,131	60
60.01 LAB TISSUE TYPING	0.414718			60.01
60.02 LAB OUTREACH	0.125844			60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.296047	4,260	1,261	63
64 INTRAVENOUS THERAPY	0.430346			64
65 RESPIRATORY THERAPY	0.211450	22,804	4,822	65
66 PHYSICAL THERAPY	0.486806	16,907	8,230	66
67 OCCUPATIONAL THERAPY	0.479647	280,924	134,744	67
68 SPEECH PATHOLOGY	0.525887	4,143	2,179	68
69 ELECTROCARDIOLOGY	0.109328	10,557	1,154	69
70 ELECTROENCEPHALOGRAPHY	0.170700	42,873	7,318	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.332830	270,855	90,149	71
73 DRUGS CHARGED TO PATIENTS	0.287603	723,162	207,984	73
74 RENAL DIALYSIS	0.301138	83,760	25,223	74
76 OTHER ANCILLARY SVC				76
76.01 GASTROENTROLOGY	0.183142	6,936	1,270	76.01
76.02 BONE MARROW TRANSPLANT	1.855629			76.02
76.03 CARDIAC SERVICES	0.223723	9,353	2,092	76.03
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.617150	1,917	1,183	90
91 EMERGENCY	0.275071	215,678	59,327	91
92 OBSERVATION BEDS	0.570204			92
93.01 OCC EEI	0.528824			93.01
93.02 OCC PSYCH	1.596015	2,004	3,198	93.02
93.03 OCC ADOLESCENTS	0.476136			93.03
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		2,401,819	658,545	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		2,401,819		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (14-T150) [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
31.01 PEDS ICU				31.01
31.02 NEONATAL ICU				31.02
32 CORONARY CARE UNIT				32
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF		2,345,541		41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.357526	20,752	7,419	50
51 RECOVERY ROOM	0.421336	765	322	51
52 DELIVERY ROOM & LABOR ROOM	0.521178			52
53 ANESTHESIOLOGY	0.068396	2,537	174	53
54 RADIOLOGY-DIAGNOSTIC	0.384159	16,075	6,175	54
54.01 RADIO ULTRASOUND	0.175383	1,512	265	54.01
54.02 RADIO ANGIOGRAPHY	0.110392	12,329	1,361	54.02
54.03 RADIO WEST HARRISON	0.211093			54.03
55 RADIOLOGY-THERAPEUTIC	0.284287	4,352	1,237	55
56 RADIOISOTOPE	0.267906	853	229	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.081307	45,813	3,725	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.073662	18,843	1,388	58
59 CARDIAC CATHETERIZATION	0.249956			59
60 LABORATORY	0.155889	246,509	38,428	60
60.01 LAB TISSUE TYPING	0.414718			60.01
60.02 LAB OUTREACH	0.125844			60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.296047	6,273	1,857	63
64 INTRAVENOUS THERAPY	0.430346			64
65 RESPIRATORY THERAPY	0.211450	87,815	18,568	65
66 PHYSICAL THERAPY	0.486806	508,574	247,577	66
67 OCCUPATIONAL THERAPY	0.479647	537,152	257,643	67
68 SPEECH PATHOLOGY	0.525887	112,600	59,215	68
69 ELECTROCARDIOLOGY	0.109328	4,347	475	69
70 ELECTROENCEPHALOGRAPHY	0.170700	14,670	2,504	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.332830	251,142	83,588	71
73 DRUGS CHARGED TO PATIENTS	0.287603	581,586	167,266	73
74 RENAL DIALYSIS	0.301138	37,692	11,350	74
76 OTHER ANCILLARY SVC				76
76.01 GASTROENTROLOGY	0.183142	4,652	852	76.01
76.02 BONE MARROW TRANSPLANT	1.855629			76.02
76.03 CARDIAC SERVICES	0.223723	21,806	4,879	76.03
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.617150			90
91 EMERGENCY	0.275071	3,505	964	91
92 OBSERVATION BEDS	0.570204			92
93.01 OCC EEI	0.528824			93.01
93.02 OCC PSYCH	1.596015			93.02
93.03 OCC ADOLESCENTS	0.476136			93.03
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		2,542,154	917,461	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		2,542,154		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)

1	ADULTS & PEDIATRICS	INPATIENT ROUTINE CHARGES		PER DIEM COSTS (FROM WKST D-1, PT. II)		ORGAN ACQUISITION DAYS	COST (COL.2 x COL.3)	1
		1	D	2	3			
		374,440	38	1,289.56	256				330,127
2	INTENSIVE CARE UNIT	44,590	43	2,370.86	12	28,450	2	2.01
2.01	PEDS ICU		43.01	2,339.83			2.02	
2.02	NEONATAL ICU		43.02	1,750.81			3	
3	CORONARY CARE UNIT	2,100	44	2,478.46	1	2,478	4	
4	BURN INTENSIVE CARE UNIT		45				5	
5	SURGICAL INTENSIVE CARE UNIT		46				6	
6	OTHER SPECIAL CARE (SPECIFY)		47				7	
7	TOTAL (SUM OF LINES 1-6)	421,130			269	361,055		
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		
8	OPERATING ROOM	50	0.357526	1,090,839	390,003	8		
9	RECOVERY ROOM	51	0.421336	112,322	47,325	9		
10	DELIVERY ROOM & LABOR ROOM	52	0.521178			10		
11	ANESTHESIOLOGY	53	0.068396	293,695	20,088	11		
12	RADIOLOGY-DIAGNOSTIC	54	0.384159	225,074	86,464	12		
12.01	RADIO ULTRASOUND	54.01	0.175383	231,454	40,593	12.01		
12.02	RADIO ANGIOGRAPHY	54.02	0.110392	190,465	21,026	12.02		
12.03	RADIO WEST HARRISON	54.03	0.211093	21,830	4,608	12.03		
13	RADIOLOGY-THERAPEUTIC	55	0.284287			13		
14	RADIOISOTOPE	56	0.267906	407,588	109,195	14		
15	COMPUTED TOMOGRAPHY (CT) SCAN	57	0.081307	694,412	56,461	15		
16	MAGNETIC RESONANCE IMAGING (MRI)	58	0.073662	31,027	2,286	16		
17	CARDIAC CATHETERIZATION	59	0.249956	327,137	81,770	17		
18	LABORATORY	60	0.155889	3,272,380	510,128	18		
18.01	LAB TISSUE TYPING	60.01	0.414718	908,655	376,836	18.01		
18.02	LAB OUTREACH	60.02	0.125844			18.02		
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	0.296047	198,841	58,866	21		
22	INTRAVENOUS THERAPY	64	0.430346			22		
23	RESPIRATORY THERAPY	65	0.211450	104,958	22,193	23		
24	PHYSICAL THERAPY	66	0.486806			24		
25	OCCUPATIONAL THERAPY	67	0.479647			25		
26	SPEECH PATHOLOGY	68	0.525887			26		
27	ELECTROCARDIOLOGY	69	0.109328	95,550	10,446	27		
28	ELECTROENCEPHALOGRAPHY	70	0.170700	1,003	171	28		
29	MEDICAL SUPPLIES CHRGED TO PATI	71	0.332830	1,117,673	371,995	29		
30	IMPL. DEV. CHARGED TO PATIENT	72				30		
31	DRUGS CHARGED TO PATIENTS	73	0.287603	527,561	151,728	31		
32	RENAL DIALYSIS	74	0.301138	9,296	2,799	32		
33	ASC (NON-DISTINCT PART)	75				33		
34	OTHER ANCILLARY SVC	76				34		
34.01	GASTROENTROLOGY	76.01	0.183142	246,104	45,072	34.01		
34.02	BONE MARROW TRANSPLANT	76.02	1.855629	3,499	6,493	34.02		
34.03	CARDIAC SERVICES	76.03	0.223723	394,930	88,355	34.03		
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	0.617150	1,098,957	678,221	37		
38	EMERGENCY	91	0.275071	16,915	4,653	38		
39	OBSERVATION BEDS	92	0.570204			39		
40	OTHER OUTPATIENT SERV (SPECIFY)	93				40		
40.01	OCC EEI	93.01	0.528824	2,209	1,168	40.01		
40.02	OCC PSYCH	93.02	1.596015			40.02		
40.03	OCC ADOLESCENTS	93.03	0.476136	5,168	2,461	40.03		
41	TOTAL (SUM OF LINES 8-40)			11,629,542	3,191,404	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
42 ADULTS & PEDIATRICS	2		256		42
43 INTENSIVE CARE UNIT	3		12		43
43.01 PEDS ICU	3.01				43.01
43.02 NEONATAL ICU	3.02				43.02
44 CORONARY CARE UNIT	4		1		44
45 BURN INTENSIVE CARE UNIT	5				45
46 SURGICAL INTENSIVE CARE UNIT	6				46
47 OTHER SPECIAL CARE (SPECIFY)	7				47
48 TOTAL (SUM OF LINES 42-47)			269		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)	
		D	2		
49 RURAL HEALTH CLINIC (RHC)		21			49
50 FEDERALLY QUALIFIED HLTH CTR (F		22			50
51 CLINIC	1,098,957	23			51
52 EMERGENCY	16,915	24			52
53 OBSERVATION BEDS		25			53
54 OTHER OUTPATIENT SERV (SPECIFY)		26			54
54.01 OCC EEI	2,209	26.01			54.01
54.02 OCC PSYCH		26.02			54.02
54.03 OCC ADOLESCENTS	5,168	26.03			54.03
55 TOTAL (SUM OF LINES 49-54)	1,123,249				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	3,552,459		12,050,672		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	7,089,114		7,089,114		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	10,641,573		19,139,786		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		139			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		75			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.539568			64
65 MEDICARE COST/CHARGES	5,741,852		10,327,216		65
66 REVENUE FOR ORGANS SOLD		66,809			66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	5,675,043		10,327,216		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	5,675,043		10,327,216		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER	86	10		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		43		73
74 TOTAL (SUM OF LINES 70-73)	86	53		74
75 ORGANS TRANSPLANTED	86	43	10,587,327	75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		10	66,809	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)	86	53		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)

1	ADULTS & PEDIATRICS	INPATIENT ROUTINE CHARGES		PER DIEM COSTS (FROM WKST D-1, PT. II)	ORGAN ACQUISITION DAYS	COST (COL.2 x COL.3)	1
		1	D				
		2	3				
2	INTENSIVE CARE UNIT	9,147	43	2,370.86	3	7,113	2
2.01	PEDS ICU		43.01	2,339.83			2.01
2.02	NEONATAL ICU		43.02	1,750.81			2.02
3	CORONARY CARE UNIT		44	2,478.46			3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	OTHER SPECIAL CARE (SPECIFY)		47				6
7	TOTAL (SUM OF LINES 1-6)	16,547			8	13,561	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	8	
C		1	2				
3		4	5				
8	OPERATING ROOM	50	0.357526	34,298	12,262	8	
9	RECOVERY ROOM	51	0.421336	365	154	9	
10	DELIVERY ROOM & LABOR ROOM	52	0.521178			10	
11	ANESTHESIOLOGY	53	0.068396	13,441	919	11	
12	RADIOLOGY-DIAGNOSTIC	54	0.384159	9,602	3,689	12	
12.01	RADIO ULTRASOUND	54.01	0.175383	47,537	8,337	12.01	
12.02	RADIO ANGIOGRAPHY	54.02	0.110392			12.02	
12.03	RADIO WEST HARRISON	54.03	0.211093	17,926	3,784	12.03	
13	RADIOLOGY-THERAPEUTIC	55	0.284287			13	
14	RADIOISOTOPE	56	0.267906	10,455	2,801	14	
15	COMPUTED TOMOGRAPHY (CT) SCAN	57	0.081307	71,450	5,809	15	
16	MAGNETIC RESONANCE IMAGING (MRI)	58	0.073662	13,919	1,025	16	
17	CARDIAC CATHETERIZATION	59	0.249956	35,814	8,952	17	
18	LABORATORY	60	0.155889	236,002	36,790	18	
18.01	LAB TISSUE TYPING	60.01	0.414718	7,199	2,986	18.01	
18.02	LAB OUTREACH	60.02	0.125844			18.02	
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	0.296047	14,716	4,357	21	
22	INTRAVENOUS THERAPY	64	0.430346			22	
23	RESPIRATORY THERAPY	65	0.211450	35,671	7,543	23	
24	PHYSICAL THERAPY	66	0.486806			24	
25	OCCUPATIONAL THERAPY	67	0.479647			25	
26	SPEECH PATHOLOGY	68	0.525887			26	
27	ELECTROCARDIOLOGY	69	0.109328	3,003	328	27	
28	ELECTROENCEPHALOGRAPHY	70	0.170700			28	
29	MEDICAL SUPPLIES CHRGED TO PATI	71	0.332830	24,865	8,276	29	
30	IMPL. DEV. CHARGED TO PATIENT	72				30	
31	DRUGS CHARGED TO PATIENTS	73	0.287603	38,057	10,945	31	
32	RENAL DIALYSIS	74	0.301138			32	
33	ASC (NON-DISTINCT PART)	75				33	
34	OTHER ANCILLARY SVC	76				34	
34.01	GASTROENTROLOGY	76.01	0.183142	19,627	3,595	34.01	
34.02	BONE MARROW TRANSPLANT	76.02	1.855629			34.02	
34.03	CARDIAC SERVICES	76.03	0.223723	26,230	5,868	34.03	
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	0.617150	105,025	64,816	37	
38	EMERGENCY	91	0.275071			38	
39	OBSERVATION BEDS	92	0.570204			39	
40	OTHER OUTPATIENT SERV (SPECIFY)	93				40	
40.01	OCC EEI	93.01	0.528824			40.01	
40.02	OCC PSYCH	93.02	1.596015			40.02	
40.03	OCC ADOLESCENTS	93.03	0.476136			40.03	
41	TOTAL (SUM OF LINES 8-40)			765,202	193,236	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
42 ADULTS & PEDIATRICS	2		5		42
43 INTENSIVE CARE UNIT	3		3		43
43.01 PEDS ICU	3.01				43.01
43.02 NEONATAL ICU	3.02				43.02
44 CORONARY CARE UNIT	4				44
45 BURN INTENSIVE CARE UNIT	5				45
46 SURGICAL INTENSIVE CARE UNIT	6				46
47 OTHER SPECIAL CARE (SPECIFY)	7				47
48 TOTAL (SUM OF LINES 42-47)			8		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)	
		D	2		
49 RURAL HEALTH CLINIC (RHC)		21			49
50 FEDERALLY QUALIFIED HLTH CTR (F		22			50
51 CLINIC	105,025	23			51
52 EMERGENCY		24			52
53 OBSERVATION BEDS		25			53
54 OTHER OUTPATIENT SERV (SPECIFY)		26			54
54.01 OCC EEI		26.01			54.01
54.02 OCC PSYCH		26.02			54.02
54.03 OCC ADOLESCENTS		26.03			54.03
55 TOTAL (SUM OF LINES 49-54)	105,025				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	206,797		781,749		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	2,579,622		2,579,622		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	2,786,419		3,361,371		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		53			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		14			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.264151			64
65 MEDICARE COST/CHARGES	736,035		887,910		65
66 REVENUE FOR ORGANS SOLD	25,729				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	710,306		887,910		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	710,306		887,910		69

PART IV - STATISTICS

	LIVING RELATED		CADAVERIC 2	REVENUE 3	
	1				
70 ORGANS EXCISED IN PROVIDER		2	4		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS					71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS					72
73 ORGANS PURCHASED FROM OPO'S			47		73
74 TOTAL (SUM OF LINES 70-73)		2	51		74
75 ORGANS TRANSPLANTED		2	47	4,254,246	75
76 ORGANS SOLD TO OTHER HOSPITALS					76
77 ORGANS SOLD TO OPO'S			4	25,729	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)		2	51		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	1,289.56			1
2	INTENSIVE CARE UNIT	43	2,370.86			2
2.01	PEDS ICU	43.01	2,339.83			2.01
2.02	NEONATAL ICU	43.02	1,750.81			2.02
3	CORONARY CARE UNIT	44	2,478.46			3
4	BURN INTENSIVE CARE UNIT	45				4
5	SURGICAL INTENSIVE CARE UNIT	46				5
6	OTHER SPECIAL CARE (SPECIFY)	47				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	0.357526			8
9	RECOVERY ROOM	51	0.421336			9
10	DELIVERY ROOM & LABOR ROOM	52	0.521178			10
11	ANESTHESIOLOGY	53	0.068396			11
12	RADIOLOGY-DIAGNOSTIC	54	0.384159	1,993	766	12
12.01	RADIO ULTRASOUND	54.01	0.175383	5,004	878	12.01
12.02	RADIO ANGIOGRAPHY	54.02	0.110392	2,966	327	12.02
12.03	RADIO WEST HARRISON	54.03	0.211093	718	152	12.03
13	RADIOLOGY-THERAPEUTIC	55	0.284287			13
14	RADIOISOTOPE	56	0.267906	2,504	671	14
15	COMPUTED TOMOGRAPHY (CT) SCAN	57	0.081307			15
16	MAGNETIC RESONANCE IMAGING (MRI)	58	0.073662			16
17	CARDIAC CATHETERIZATION	59	0.249956			17
18	LABORATORY	60	0.155889	46,374	7,229	18
18.01	LAB TISSUE TYPING	60.01	0.414718	17,405	7,218	18.01
18.02	LAB OUTREACH	60.02	0.125844			18.02
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	0.296047	1,989	589	21
22	INTRAVENOUS THERAPY	64	0.430346			22
23	RESPIRATORY THERAPY	65	0.211450	1,826	386	23
24	PHYSICAL THERAPY	66	0.486806			24
25	OCCUPATIONAL THERAPY	67	0.479647			25
26	SPEECH PATHOLOGY	68	0.525887			26
27	ELECTROCARDIOLOGY	69	0.109328	886	97	27
28	ELECTROENCEPHALOGRAPHY	70	0.170700			28
29	MEDICAL SUPPLIES CHRGED TO PATI	71	0.332830			29
30	IMPL. DEV. CHARGED TO PATIENT	72				30
31	DRUGS CHARGED TO PATIENTS	73	0.287603			31
32	RENAL DIALYSIS	74	0.301138			32
33	ASC (NON-DISTINCT PART)	75				33
34	OTHER ANCILLARY SVC	76				34
34.01	GASTROENTROLOGY	76.01	0.183142			34.01
34.02	BONE MARROW TRANSPLANT	76.02	1.855629	3,633	6,742	34.02
34.03	CARDIAC SERVICES	76.03	0.223723	5,608	1,255	34.03
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	0.617150	9,401	5,802	37
38	EMERGENCY	91	0.275071			38
39	OBSERVATION BEDS	92	0.570204			39
40	OTHER OUTPATIENT SERV (SPECIFY)	93				40
40.01	OCC EEI	93.01	0.528824			40.01
40.02	OCC PSYCH	93.02	1.596015			40.02
40.03	OCC ADOLESCENTS	93.03	0.476136			40.03
41	TOTAL (SUM OF LINES 8-40)			100,307	32,112	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	1				2	3
42 ADULTS & PEDIATRICS	2				42
43 INTENSIVE CARE UNIT	3				43
43.01 PEDS ICU	3.01				43.01
43.02 NEONATAL ICU	3.02				43.02
44 CORONARY CARE UNIT	4				44
45 BURN INTENSIVE CARE UNIT	5				45
46 SURGICAL INTENSIVE CARE UNIT	6				46
47 OTHER SPECIAL CARE (SPECIFY)	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.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)		ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		D	2			3
49 RURAL HEALTH CLINIC (RHC)		21			49
50 FEDERALLY QUALIFIED HLTH CTR (F		22			50
51 CLINIC	9,401	23			51
52 EMERGENCY		24			52
53 OBSERVATION BEDS		25			53
54 OTHER OUTPATIENT SERV (SPECIFY)		26			54
54.01 OCC EEI		26.01			54.01
54.02 OCC PSYCH		26.02			54.02
54.03 OCC ADOLESCENTS		26.03			54.03
55 TOTAL (SUM OF LINES 49-54)	9,401				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	32,112		100,307		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	832,989		832,989		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	865,101		933,296		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		13			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		4			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.307692			64
65 MEDICARE COST/CHARGES	266,185		287,168		65
66 REVENUE FOR ORGANS SOLD					66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	266,185		287,168		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	266,185		287,168		69

PART IV - STATISTICS

	LIVING RELATED 1	CADAVERIC 2	REVENUE 3	
70 ORGANS EXCISED IN PROVIDER				70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		13		73
74 TOTAL (SUM OF LINES 70-73)		13		74
75 ORGANS TRANSPLANTED		13	1,255,709	75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S				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)		13		84

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART I

CHECK [] HEART [] LIVER [] PANCREAS [XX] 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	1,289.56			1
2	INTENSIVE CARE UNIT	43	2,370.86			2
2.01	PEDS ICU	43.01	2,339.83			2.01
2.02	NEONATAL ICU	43.02	1,750.81			2.02
3	CORONARY CARE UNIT	44	2,478.46			3
4	BURN INTENSIVE CARE UNIT	45				4
5	SURGICAL INTENSIVE CARE UNIT	46				5
6	OTHER SPECIAL CARE (SPECIFY)	47				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		
	C	1	2	3		
8	OPERATING ROOM	50	0.357526	379	136	8
9	RECOVERY ROOM	51	0.421336			9
10	DELIVERY ROOM & LABOR ROOM	52	0.521178			10
11	ANESTHESIOLOGY	53	0.068396			11
12	RADIOLOGY-DIAGNOSTIC	54	0.384159	30	12	12
12.01	RADIO ULTRASOUND	54.01	0.175383			12.01
12.02	RADIO ANGIOGRAPHY	54.02	0.110392			12.02
12.03	RADIO WEST HARRISON	54.03	0.211093			12.03
13	RADIOLOGY-THERAPEUTIC	55	0.284287			13
14	RADIOISOTOPE	56	0.267906			14
15	COMPUTED TOMOGRAPHY (CT) SCAN	57	0.081307			15
16	MAGNETIC RESONANCE IMAGING (MRI)	58	0.073662			16
17	CARDIAC CATHETERIZATION	59	0.249956			17
18	LABORATORY	60	0.155889	709	111	18
18.01	LAB TISSUE TYPING	60.01	0.414718			18.01
18.02	LAB OUTREACH	60.02	0.125844			18.02
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	0.296047			21
22	INTRAVENOUS THERAPY	64	0.430346			22
23	RESPIRATORY THERAPY	65	0.211450	89	19	23
24	PHYSICAL THERAPY	66	0.486806			24
25	OCCUPATIONAL THERAPY	67	0.479647			25
26	SPEECH PATHOLOGY	68	0.525887			26
27	ELECTROCARDIOLOGY	69	0.109328			27
28	ELECTROENCEPHALOGRAPHY	70	0.170700			28
29	MEDICAL SUPPLIES CHRGED TO PATI	71	0.332830	149	50	29
30	IMPL. DEV. CHARGED TO PATIENT	72				30
31	DRUGS CHARGED TO PATIENTS	73	0.287603	208	60	31
32	RENAL DIALYSIS	74	0.301138			32
33	ASC (NON-DISTINCT PART)	75				33
34	OTHER ANCILLARY SVC	76				34
34.01	GASTROENTROLOGY	76.01	0.183142			34.01
34.02	BONE MARROW TRANSPLANT	76.02	1.855629			34.02
34.03	CARDIAC SERVICES	76.03	0.223723	1,694	379	34.03
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	0.617150			37
38	EMERGENCY	91	0.275071			38
39	OBSERVATION BEDS	92	0.570204			39
40	OTHER OUTPATIENT SERV (SPECIFY)	93				40
40.01	OCC EEI	93.01	0.528824			40.01
40.02	OCC PSYCH	93.02	1.596015			40.02
40.03	OCC ADOLESCENTS	93.03	0.476136			40.03
41	TOTAL (SUM OF LINES 8-40)			3,258	767	41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART II

CHECK [] HEART [] LIVER [] PANCREAS [XX] 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				42
43 INTENSIVE CARE UNIT	3				43
43.01 PEDS ICU	3.01				43.01
43.02 NEONATAL ICU	3.02				43.02
44 CORONARY CARE UNIT	4				44
45 BURN INTENSIVE CARE UNIT	5				45
46 SURGICAL INTENSIVE CARE UNIT	6				46
47 OTHER SPECIAL CARE (SPECIFY)	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.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)		ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		D	2			3
49 RURAL HEALTH CLINIC (RHC)	1	21			49
50 FEDERALLY QUALIFIED HLTH CTR (F		22			50
51 CLINIC		23			51
52 EMERGENCY		24			52
53 OBSERVATION BEDS		25			53
54 OTHER OUTPATIENT SERV (SPECIFY)		26			54
54.01 OCC EEI		26.01			54.01
54.02 OCC PSYCH		26.02			54.02
54.03 OCC ADOLESCENTS		26.03			54.03
55 TOTAL (SUM OF LINES 49-54)					55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PARTS III & IV

CHECK [] HEART [] LIVER [] PANCREAS [XX] 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	767		3,258		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	316,585		316,585		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	317,352		319,843		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		3			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		3			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷LINE 62)		1.000000			64
65 MEDICARE COST/CHARGES	317,352		319,843		65
66 REVENUE FOR ORGANS SOLD	2,150		3,258		66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	315,202		316,585		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	315,202		316,585		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER		1		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		3		73
74 TOTAL (SUM OF LINES 70-73)		4		74
75 ORGANS TRANSPLANTED		3	53,901	75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		1	2,150	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)		4		84

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0150)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	34,298,601	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	6,180,727	2
3	MANAGED CARE SIMULATED PAYMENTS	595,975	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	405.38	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)	353.94	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)		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)	72.93	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)	426.87	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	418.06	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS	24.24	11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	442.30	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	446.37	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	452.74	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	447.14	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	447.14	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	1.103014	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	1.098000	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	1.098000	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	16,487,303	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)	-8.81	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)	16,487,303	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.1782	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.4267	31
32	SUM OF LINES 30 AND 31	0.6049	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.3912	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	13,417,613	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)	70,384,244	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)	70,384,244	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	4,744,058	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 (14-0150)
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)	6,310,321	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)	6,966,736	55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS	213,003	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	2,200	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	88,620,562	59
60	PRIMARY PAYER PAYMENTS	93,826	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	88,526,736	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,393,260	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	455,307	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	924,738	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	647,317	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	455,449	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	86,325,486	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)	86,325,486	71
72	INTERIM PAYMENTS	87,262,724	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-937,238	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: HOSPITAL IPF IRF (14-T150)
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	9,466	2
3	PPS PAYMENTS	8,302	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)	0.937	5
6	LINE 2 TIMES LINE 5	8,870	6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6	0.9360	7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	8,302	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	2,407	25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	5,895	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	5,895	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	5,895	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	5,895	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	5,895	40
41	INTERIM PAYMENTS	5,895	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [XX] HOSPITAL (14-0150) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		88,196,513		24,149,369	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 06/24/2011	166,438		NONE	3.01
	.02				3.02
	.03				3.03
	.04				3.04
	.05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50 01/28/2011	1,100,227	01/28/2011	85,042	3.50
	.51		06/24/2011	87,036	3.51
	.52				3.52
	.53				3.53
	.54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
	.99				3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		-933,789		-172,078	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		87,262,724		23,977,291	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				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				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				6.01
	TO .01				
	PROVIDER .02				6.02
	TO .02				
	PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [XX] IRF (14-T150) [] SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4		
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,349,645		5,895	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 06/13/2011	28,137		NONE	3.01	
	.02				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 01/24/2011	6,804		NONE	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				3.99	
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		21,333				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		2,370,978		5,895	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				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				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				6.01	
	TO .01				6.01	
	PROVIDER .02				6.02	
	TO .02				6.02	
	PROGRAM .02				6.02	
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7	

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

PROVIDER CCN: 14-0150 BOARD OF TRUSTEES OF THE UNIVE
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
01/31/2012 15:09

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK
APPLICABLE BOX

HOSPITAL (14-0150) 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	18,424 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	23,225 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	321 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	95,575 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,643,517,923 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	49,931,677 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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART II

CHECK [] HOSPITAL
APPLICABLE BOX: [XX] IPF (14-S150)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	1,911,097	1
2	NET IPF PPS OUTLIER PAYMENT	350,866	2
3	NET IPF PPS ECT PAYMENT		3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	10.00	4
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)	7.01	6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	7.01	8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	36.706849	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$	0.094182	10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)	179,991	11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	2,441,954	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)	2,441,954	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	2,441,954	18
19	DEDUCTIBLES	113,574	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	2,328,380	20
21	COINSURANCE	105,697	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	2,222,683	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	2,222,683	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	27,852	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,250,535	31
32	INTERIM PAYMENTS	2,452,225	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	-201,690	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART II, LINE 2 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART III

CHECK [] HOSPITAL
APPLICABLE BOX: [XX] IRF (14-T150)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	1,938,329	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.133700	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	403,384	3
4	OUTLIER PAYMENTS	22,612	4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		5
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	10.602740	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$		11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)		12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	2,364,325	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		14
15	ORGAN ACQUISITION		15
16	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		16
17	SUBTOTAL (SEE INSTRUCTIONS)	2,364,325	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	2,364,325	19
20	DEDUCTIBLES	9,486	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	2,354,839	21
22	COINSURANCE	27,447	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	2,327,392	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	2,327,392	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	14,671	29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,342,063	32
33	INTERIM PAYMENTS	2,370,978	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	-28,915	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		36

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART III, LINE 4 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

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			372.01 1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)			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)			66.54 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)			438.55 5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			433.10 6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			433.10 7
		PRIMARY CARE	OTHER	TOTAL
		1	2	3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	157.53	232.95	390.48 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	157.53	232.95	390.48 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		23.46	10
11	TOTAL WEIGHTED FTE COUNT	157.53	256.41	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	161.19	257.66	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	160.40	261.04	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	159.71	258.37	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	159.71	258.37	17
18	PER RESIDENT AMOUNT	93,374.55	88,417.48	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	14,912,849	22,844,424	37,757,273 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)			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)			37,757,273 25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED	
		PART A	CARE	
26	INPATIENT DAYS	27,564	321	26
27	TOTAL INPATIENT DAYS	112,843	112,843	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.244269	0.002845	28
29	PROGRAM DIRECT GME AMOUNT	9,222,931	107,419	29
30	REDUCTION FOR NURSING/ALLIED HEALTH		15,178	30
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
31	NET PROGRAM DIRECT GME AMOUNT			9,315,172 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)			29,063,348 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)			75,733,006 37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			6,966,736 38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			93,826 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			82,605,916 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			39,341,710 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			6,329 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			39,335,381 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			121,941,297 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.677424 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.322576 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			9,315,172 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			6,310,321 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			3,004,851 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	167,372,326			1
2	TEMPORARY INVESTMENTS	241,279			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	76,325,203			4
5	OTHER RECEIVABLES	10,245,843			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	4,537,237			7
8	PREPAID EXPENSES	613,042			8
9	OTHER CURRENT ASSETS	118,489			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	259,453,419			11
FIXED ASSETS					
12	LAND	770,917			12
13	LAND IMPROVEMENTS				13
14	ACCUMULATED DEPRECIATION				14
15	BUILDINGS	187,875,410			15
16	ACCUMULATED DEPRECIATION	-81,668,640			16
17	LEASEHOLD IMPROVEMENTS	2,177,211			17
18	ACCUMULATED AMORTIZATION	-1,488,267			18
19	FIXED EQUIPMENT	22,908,314			19
20	ACCUMULATED DEPRECIATION	-19,214,900			20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	169,671,431			23
24	ACCUMULATED DEPRECIATION	-131,364,087			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)	149,667,389			30
OTHER ASSETS					
31	INVESTMENTS	5,356,021			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	1,377,150			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	6,733,171			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	415,853,979			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	25,597,982			37
38	SALARIES, WAGES & FEES PAYABLE	14,398,030			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	118,489			40
41	DEFERRED INCOME	44,522,957			41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	5,442,153			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	90,079,611			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	83,036,271			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	83,036,271			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	173,115,882			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	242,738,097			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)	242,738,097			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	415,853,979			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		230,075,794							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		12,662,303							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		242,738,097							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5									5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)									10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		242,738,097							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13									13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)									18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		242,738,097							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	121,128,006		121,128,006	1
3 SUBPROVIDER IPF	20,150,141		20,150,141	2
5 SUBPROVIDER IRF	6,028,826		6,028,826	3
6 SWING BED - SNF				5
7 SWING BED - NF				6
8 SKILLED NURSING FACILITY				7
9 NURSING FACILITY				8
10 OTHER LONG TERM CARE				9
TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	147,306,973		147,306,973	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT	20,084,305		20,084,305	11
11.01 PEDS ICU	14,298,835		14,298,835	11.01
11.02 NEONATAL ICU	33,501,646		33,501,646	11.02
12 CORONARY CARE UNIT	18,653,579		18,653,579	12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
15 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	86,538,365		86,538,365	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	233,845,338		233,845,338	17
18 ANCILLARY SERVICES	642,338,346		642,338,346	18
19 OUTPATIENT SERVICES		683,703,997	683,703,997	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				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)	876,183,684	683,703,997	1,559,887,681	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		538,848,215	29
30 COM PHYSICIAN SALARIES	6,964,000		30
31 PAYMENTS ON BEHALF - BENEFITS	131,963,682		31
32 UTILITIES	5,596,390		32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		144,524,072	36
37 BAD DEBT	-25,847,656		37
38 NON OPERATING REVENUE AND EXPENSE	-2,594,244		38
39 OTHER	-13,714		39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)	-28,455,614		42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		654,916,673	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,559,887,681	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,065,564,742	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	494,322,939	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	654,916,673	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-160,593,734	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	146,038	6
7	INCOME FROM INVESTMENTS	1,248,870	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	969,051	11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	2,308,790	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		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	65,570	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	11,553	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	361,087	20
21	RENTAL OF VENDING MACHINES	2,410	21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (OTHER OPERATING)	21,215,733	24
24.02	OTHER (PAYMENT ON BEHALF OF)	144,524,072	24.02
24.03	OTHER (CAPITATION REV)	2,770,331	24.03
24.05	OTHER (NET INCREASE IN FMV OF INVEST)	2,665,883	24.05
24.06	OTHER (ADJUSTMENT TO FIXED ASSESTS)	267,649	24.06
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	176,557,037	25
26	TOTAL (LINE 5 PLUS LINE 25)	15,963,303	26
27			27
27.01	OTHER EXPENSES (INTEREST ON DEBT)	1,765,203	27.01
27.02	OTHER EXPENSES (LOSS ON DISPOSALS)	829,041	27.02
27.03	OTHER EXPENSES (NET ACQUISITION & OBLIGATIONS)	706,756	27.03
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	3,301,000	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	12,662,303	29

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 14-2316

WORKSHEET I-1

CHECK APPLICABLE BOX: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTES PER 2080 HOURS 4	
1 REGISTERED NURSES	1,155,498	HOURS OF SERVICE	22,737.00	10.93	1
2 LICENSED PRACTICAL NURSES	76,151	HOURS OF SERVICE	2,576.00	1.24	2
3 NURSES AIDES		HOURS OF SERVICE			3
4 TECHNICIANS	1,105,557	HOURS OF SERVICE	49,773.00	23.93	4
5 SOCIAL WORKERS		HOURS OF SERVICE			5
6 DIETICIANS		HOURS OF SERVICE			6
7 PHYSICIANS		ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	893,791	ACCUMULATED COST			8
9 SUBTOTAL (SUM OF LINES 1-8)	3,230,997				9
10 EMPLOYEE BENEFITS		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	185,696	PERCENTAGE OF TIME			13
14 SUPPLIES	382,617	REQUISITIONS			14
15 DRUGS	752,592	REQUISITIONS			15
16 OTHER	293,651	ACCUMULATED COST			16
17 SUBTOTAL (SUM OF LINES 9-16)	4,845,553				17
18 CAPITAL RELATED COSTS-BLDGS. & FIXTURES	86,553	SQUARE FEET			18
19 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT	59,194	PERCENTAGE OF TIME			19
20 EMPLOYEE BENEFITS	1,605,240	SALARY			20
21 ADMINISTRATIVE AND GENERAL	1,481,525	ACCUMULATED COST			21
22 MAINT./REPAIRS-OPERATION-HOUSEKEEPING	711,050	SQUARE FEET			22
23 MEDICAL EDUCATION PROGRAM COSTS					23
24 CENTRAL SERVICES & SUPPLIES	117,966	REQUISITIONS			24
25 PHARMACY	-493,879	REQUISITIONS			25
26 OTHER ALLOCATED COSTS	338,864	ACCUMULATED COST			26
27 SUBTOTAL (SUM OF LINES 17-26)	8,752,066				27
28 LABORATORY		CHARGES			28
28.01 LAB TISSUE TYPING		CHARGES			28.01
28.02 LAB OUTREACH		CHARGES			28.02
29 RESPIRATORY THERAPY		CHARGES			29
30 OTHER ANCILLARY SVC		CHARGES			30
30.01 GASTROENTROLOGY		CHARGES			30.01
30.02 BONE MARROW TRANSPLANT		CHARGES			30.02
30.03 CARDIAC SERVICES		CHARGES			30.03
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)	8,752,066				31

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2316

WORKSHEET I-2

CHECK APPLICABLE BOX:

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	797,603	244,890	1,155,498	1,181,708	1,605,240	258,713	1
2 MAINTENANCE							
3 HEMODIALYSIS	701,028	215,239	631,033	645,354	876,646	141,287	2
4 INTERMITTENT PERITONEAL TRAINING							3
5 HEMODIALYSIS							4
6 INTERMITTENT PERITONEAL							5
7 CAPD	66	20	51	24	47	8	6
8 CCPD	3,175	975	2,846	2,920	3,967	639	7
9 HOME							
10 HEMODIALYSIS			172,636	176,545	239,811	38,650	8
11 INTERMITTENT PERITONEAL							9
12 CAPD			55,750	57,004	77,450	12,482	10
13 CCPD			209,125	213,915	290,578	46,832	11
14 OTHER BILLABLE SERVICES							
15 INPATIENT DIALYSIS	93,334	28,656	84,057	85,946	116,741	18,815	12
16 METHOD II HOME PATIENT							13
17 EPO (INCL IN RENAL DEPT)						1,772	14
18 ARANESP (INCL IN RENAL DEPT)						534,764	15
19 OTHER							16
TOTAL (SUM OF LINES 2-16)	797,603	244,890	1,155,498	1,181,708	1,605,240	258,713	17
MEDICAL EDUC PGM COSTS							18
TOTAL RENAL COSTS (LINES 17+18)							19

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2316

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	500,583		5,744,235	3,007,831	8,752,066	1
2 HEMODIALYSIS	273,377		3,483,964	1,824,295	5,308,259	2
3 INTERMITTENT PERITONEAL TRAINING						3
4 HEMODIALYSIS						4
5 INTERMITTENT PERITONEAL						5
6 CAPD	14		230	120	350	6
7 CCPD	1,238		15,760	8,252	24,012	7
HOME						
8 HEMODIALYSIS	74,782		702,424	367,807	1,070,231	8
9 INTERMITTENT PERITONEAL						9
10 CAPD	24,151		226,837	118,778	345,615	10
11 CCPD	90,617		851,067	445,641	1,296,708	11
OTHER BILLABLE SERVICES						
12 INPATIENT DIALYSIS	36,404		463,953	242,938	706,891	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)	500,583		5,744,235	3,007,831	8,752,066	17
18 MEDICAL EDUC PGM COSTS						18
19 TOTAL RENAL COSTS (LINES 17+18)					8,752,066	19

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 14-2316

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	797,603	244,890	1,155,498	1,181,708		1,605,240	1
	MAINTENANCE							
2	HEMODIALYSIS	10,598	10,598.00	12,417.00	27,182.00		1,732,560	2
3	INTERMITTENT PERITONEAL							3
	TRAINING							
4	HEMODIALYSIS							4
5	INTERMITTENT PERITONEAL							5
6	CAPD	1	1.00	1.00	1.00		93	6
7	CCPD	48	48.00	56.00	123.00		7,840	7
	HOME							
8	HEMODIALYSIS			3,397.00	7,436.00		473,950	8
9	INTERMITTENT PERITONEAL							9
10	CAPD			1,097.00	2,401.00		153,068	10
11	CCPD			4,115.00	9,010.00		574,284	11
	OTHER BILLABLE SERVICES							
12	INPT DIAL TRTMNTS 2,472	1,411	1,411.00	1,654.00	3,620.00		230,722	
13	METHOD II HOME PATIENT							13
14	EPO							14
15	ARANESP							15
16	OTHER							16
17	TOTAL STATISTICAL BASIS	12,058	12,058.00	22,737.00	49,773.00		3,172,517	17
18	UNIT COST MULTIPLIER	66.147205	20.309338	50.820161	23.741948		0.505983	18
	(LINE 1 ÷ LINE 17)							

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 14-2316

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	258,713	500,583		5,744,235	3,007,831	1
2 HEMODIALYSIS	586,815	99,170				2
3 INTERMITTENT PERITONEAL TRAINING						3
4 HEMODIALYSIS						4
5 INTERMITTENT PERITONEAL						5
6 CAPD	32	5				6
7 CCPD	2,655	449				7
8 HOME HEMODIALYSIS	160,526	27,128				8
9 INTERMITTENT PERITONEAL						9
10 CAPD	51,844	8,761				10
11 CCPD	194,509	32,872				11
12 OTHER BILLABLE SERVICES INPT DIAL TRTMNTS 2,472	78,145	13,206				13
13 METHOD II HOME PATIENT						14
14 EPO						15
15 ARANESP						16
16 OTHER						17
17 TOTAL STATISTICAL BASIS	1,074,526	181,591			5,744,235	18
18 UNIT COST MULTIPLIER (LINE 1 ÷ LINE 17)	0.240769	2.756651			0.523626	

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS COMPONENT NO: 14-2316 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 x COL. 3) 5	TOTAL PROGRAM PAYMENT 6	AVERAGE PAYMENT RATE (COL. 6 ÷ COL. 4) 7	
1 MAINTENANCE - HEMODIALYSIS	18,480	5,308,259	287.24	12,377	3,555,169	2,511,225	202.89	1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD	1	350	350.00	1	350	348	348.00	5
6 TRAINING - CCPD	84	24,012	285.86	32	9,148	8,956	279.88	6
7 HOME PROGRAM - HEMODIALYSIS	5,072	1,070,231	211.01	2,053	433,204	439,973	214.31	7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
	PATIENT WEEKS			PATIENT WEEKS				
9 HOME PROGRAM - CAPD	1,640	345,615	210.74	1,348	284,078	119,149	88.39	9
10 HOME PROGRAM - CCPD	6,153	1,296,708	210.74	2,427	511,466	211,432	87.12	10
11 TOTALS (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 7)	23,637	8,045,175		14,463	4,793,415	3,291,083		11

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: 14-2316

WORKSHEET I-5

DESCRIPTION

1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	4,793,415	1
2	TOTAL PAYMENT (FROM I-4, COLUMN 6, LINE 11)	3,291,083	2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	457	3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	730,416	4
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	3,529	5
6			6
7	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	3,529	7
8	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 AND 4 LESS LINE 5)	727,344	8
9	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80 PERCENT)	2,632,501	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)	1,433,570	10
11	REIMBURSABLE BAD DEBTS (LESSER OF LINE 10 OR LINE 5) (TRANSFER TO WKST E, PART B, LINE 33)	3,529	11

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-015) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
 BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER		2,796,902		1
3	CAPITAL DRG OUTLIER PAYMENTS		108,775		2
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		261.85		3
5	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)		447.14		4
6	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		0.5270		5
7	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)		1,473,945		6
8	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)		0.1782		7
9	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)		0.4267		8
10	SUM OF LINES 7 AND 8		0.6049		9
11	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)		0.1303		10
12	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)		364,436		11
13	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)		4,744,058		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
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 MEDICAL CENTER ALL OTHER ADMIN					5.01
5.02 HOSPITAL ADMIN & GENERAL					5.02
5.03 AMBULATORY ADMIN & GENERAL					5.03
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
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
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
31.01 PEDS ICU					31.01
31.02 NEONATAL ICU					31.02
32 CORONARY CARE UNIT					32
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.01 RADIO ULTRASOUND					54.01
54.02 RADIO ANGIOGRAPHY					54.02
54.03 RADIO WEST HARRISON					54.03
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (MR					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
60.01 LAB TISSUE TYPING					60.01
60.02 LAB OUTREACH					60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
63 BLOOD STORING, PROCESSING & TR					63
64 INTRAVENOUS THERAPY					64
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGD TO PAT					71
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76 OTHER ANCILLARY SVC					76
76.01 GASTROENTROLOGY					76.01
76.02 BONE MARROW TRANSPLANT					76.02
76.03 CARDIAC SERVICES					76.03
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
91 EMERGENCY					91
92 OBSERVATION BEDS					92
93.01 OCC EEI					93.01
93.02 OCC PSYCH					93.02

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			2A			POST STEP- DOWN ADJS 25
93.03 OCC ADOLESCENTS						93.03
OTHER REIMBURSABLE COST CENTERS						
105 KIDNEY ACQUISITION						105
107 LIVER ACQUISITION						107
SPECIAL PURPOSE COST CENTERS						
109 PANCREAS ACQUISITION						109
111 ISLET ACQUISITION						111
112 OTHER ORGAN ACQUISITION (SPECI						112
118 SUBTOTALS (SUM OF LINES 1-117)						118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CA						190
191 RESEARCH						191
192 PHYSICIANS' PRIVATE OFFICES						192
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