

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

PART I - COST REPORT STATUS

PROVIDER USE ONLY

1. ELECTRONICALLY FILED COST REPORT
 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.

DATE: 02/24/2012 TIME: 14:08

CONTRACTOR USE ONLY

5. COST REPORT STATUS
 1 - AS SUBMITTED
 2 - SETTLED WITHOUT AUDIT
 3 - SETTLED WITH AUDIT
 4 - REOPENED
 5 - AMENDED

6. DATE RECEIVED: _____
 7. CONTRACTOR NO: _____
 8. INITIAL REPORT FOR THIS PROVIDER CCN
 9. FINAL REPORT FOR THIS PROVIDER CCN

10. NPR DATE: _____
 11. CONTRACTOR'S VENDOR CODE: _____
 12. IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED - 0-9.

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 NORTHWESTERN MEMORIAL HOSPITAL (14-0281) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 09/01/2010 AND ENDING 08/31/2011, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR Encryption: 02/24/2012 14:08
 9KR:NaRQxezXdX6.EhBSquQDI6fts0
 CVW2m0PCjUaejRdINjIz6pHY492q62
 3eAf2U:Pz400WdQh

(SIGNED)

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

[Signature]
 LIP NORTHWESTERN AND CFO

TITLE

DATE

2/24/12

PI Encryption: 02/24/2012 14:08
 KH7SbBKipDygiZPX4muRjnv0aX8C90
 U5u.M0dqkzKMoJz9KJ9AlIiQS0y6ko
 x5Lq0Dr5gj0qvhE7

PART III - SETTLEMENT SUMMARY

TITLE V	TITLE XVIII		HIT	TITLE XIX
	PART A	PART B		
1	2	3	4	5
1 HOSPITAL				1
2 SUBPROVIDER - IPF	-1,163,140	-367,251		2
3 SUBPROVIDER - IRF	57,460			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	-1,105,680	-367,251		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.

RECEIVED

FEB 29 2012

Healthcare & Family Services
 BUREAU OF HEALTH FINANCE

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 251E HURON P.O.BOX: 1
 2 CITY: CHICAGO STATE: IL ZIP CODE: 60611 COUNTY: COOK 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								
4	SUBPROVIDER - IPF	NORTHWESTERN MEMORIAL HOSPITA	14-0281	16974	1	09/01/1972	N	P	O 3
5	SUBPROVIDER - IRF	NORTHWESTERN MEMORIAL PSYCH U	14-S281	16974	4	09/01/1984	N	P	O 4
6	SUBPROVIDER - (OTHER)								5
7	SWING BEDS - SNF								6
8	SWING BEDS - NF								7
9	HOSPITAL-BASED SNF								8
10	HOSPITAL-BASED NF								9
11	HOSPITAL-BASED OLTC								10
12	HOSPITAL-BASED HHA								11
13	SEPARATELY CERTIFIED ASC								12
14	HOSPITAL-BASED HOSPICE	NORTHWESTERN MEMORIAL HOSPICE	14-1550	16974		01/21/1996			13
15	HOSPITAL-BASED HEALTH CLINIC - RHC								14
16	HOSPITAL-BASED HEALTH CLINIC - FQHC								15
17	HOSPITAL-BASED (CMHC)								16
18	RENAL DIALYSIS								17
19	OTHER								18
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 09/01/2010				TO: 08/31/2011			20
21	TYPE OF CONTROL								21

INPATIENT PPS INFORMATION

22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND 'N' FOR NO. IS THIS FACILITY SUBJECT TO 42 CFR §412.06(c)(2) (PICKLE AMENDMENT HOSPITAL)? IN COLUMN 2, ENTER 'Y', FOR YES OR 'N' FOR NO.								1	2
23	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON LINES 24 AND/OR 25 BELOW? IN COLUMN 1, ENTER 1 IF DATE OF ADMISSION, 2 IF CENSUS DAYS, OR 3 IF DATE OF DISCHARGE. IS THE METHOD OF IDENTIFYING THE DAYS IN THIS COST REPORTING PERIOD DIFFERENT FROM THE METHOD USED IN THE PRIOR COST REPORTING PERIOD? IN COLUMN 2, ENTER 'Y' FOR YES OR 'N' FOR NO.								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 IPPS 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.	29,370	14,997		538	325	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.						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(CAPITAL) DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	N 45
46	IS THIS FACILITY ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR §412.348(g)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N	N	N 46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N 47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	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
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE 61

ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)			62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)			62.01

TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS

63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	Y		63
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SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS
 THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER
 JULY 1, 2009 AND BEFORE JUNE 30, 2010.

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
64	13.16	332.37	0.038086	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))	
65	21.55	136.85	0.136048	65

SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS
 EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
66	13.21	335.91	0.037838	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)

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.3+COL.4)	
1	2	3	4	5	
67 INTERNAL MEDICINE	1400	21.75	134.92	0.138827	67
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.				N	75
76 IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.					76
LONG TERM CARE HOSPITAL PPS					
80 IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.				N	80
TEFRA PROVIDERS					
85 IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA? ENTER 'Y' FOR YES OR 'N' FOR NO.				N	85
86 DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.				N	86
TITLE V AND XIX INPATIENT SERVICES					
90 DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.				V 1 N	XIX 2 N 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 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)?				1 N	2 105
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 N	109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	1 N	2	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.	1		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.	167,500,000	150,000,000	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.	Y		121

TRANSPLANT CENTER INFORMATION

125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.		Y	125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.	07/01/1973		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.	09/29/2006		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.	02/02/1996		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.			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.	1 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.		Y	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)

		PART A	PART B	
155	HOSPITAL	1 N	2 N	155
156	SUBPROVIDER - IPF	N	N	156
157	SUBPROVIDER - IRF	N	N	157
158	SUBPROVIDER - (OTHER)	N	N	158
159	SNF	N	N	159
160	HHA	N	N	160
161	CMHC		N	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(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.		Y	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.		1.00	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)	1 N	2	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.	1 N	2	3 2
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	Y		3

FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE
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.	1 Y	2 A	3 11/18/2011
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		4 5

APPROVED EDUCATIONAL ACTIVITIES		Y/N	Y/N
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL?	1 N	2 6
7	COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?		
8	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y	7
9	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	Y	8
10	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y	9
11	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	Y	10
12	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
13	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.		Y/N Y 12
14	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
15	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.		14

BED COMPLEMENT		Y/N
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	1 N	2	3 N	4 16
17	Y	12/28/2011	Y	12/28/2011
18	N		N	18
19	N		N	19
20	N		N	20
21	N		N	21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

22	HAVE ASSETS BEEN RELIEF 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	200	423,285,084	32,794,808	456,079,892	13,342,019.00	34.18	1
2							2
3							3
4		11,518,492		11,518,492	74,630.00	154.34	4
4.01		6,165,854		6,165,854	39,949.00	154.34	4.01
5							5
6							6
7	21	33,739,886	-8,136,796	25,603,090	982,763.00	26.05	7
7.01							7.01
8							8
9	44						9
10		18,168,467	-407,528	17,760,939	466,720.00	38.05	10
11		2,934,518		2,934,518	51,737.00	56.72	11
12							12
13							13
14		269,381		269,381	7,596.00	35.46	14
15							15
16							16
17		127,104,446		127,104,446			17
18							18
19		5,523,549		5,523,549			19
20							20
21							21
22		2,118,571		2,118,571			22
23							23
24							24
25		6,218,359		6,218,359			25
26		3,535,669	634,612	4,170,281	95,293.00	43.76	26
27		77,759,612	4,369,917	82,129,529	1,986,289.00	41.35	27
28		6,684,523		6,684,523	76,703.00	87.15	28
29							29
30		3,412,726	600,720	4,013,446	116,092.00	34.57	30
31		10,644,825	1,668,672	12,313,497	672,561.00	18.31	31
32							32
33							33
34		7,397,586	-1,290,027	6,107,559	338,865.00	18.02	34
35							35
36			2,404,243	2,404,243	112,955.00	21.28	36
37							37
38		4,943,796	840,741	5,784,537	117,551.00	49.21	38
39		6,547,231	1,016,694	7,563,925	302,712.00	24.99	39
40		11,365,919	1,479,555	12,845,474	320,642.00	40.06	40
41		2,018,207	321,726	2,339,933	87,899.00	26.62	41
42		3,776,538	509,797	4,286,335	111,457.00	38.46	42
43							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	390,063,867	40,931,604	430,995,471	12,396,010.	34.77	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	18,168,467	-407,528	17,760,939	466,720.00	38.05	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	371,895,400	41,339,132	413,234,532	11,929,290.	34.64	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	3,203,899		3,203,899	59,333.00	54.00	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	129,223,017		129,223,017		31.27%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	504,322,316	41,339,132	545,661,448	11,988,623.	45.51	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	138,086,632	12,556,650	150,643,282	4,339,019.0	34.72	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
 PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	8,882,420	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	37,333,333	3
4 PRIOR YEAR PENSION SERVICE COST		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES	28,700	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)	39,738,829	8
9 PRESCRIPTION DRUG PLAN	11,103,472	9
10 DENTAL, HEARING AND VISION PLAN		10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	622,052	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	525,730	12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	6,260,118	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	4,234,500	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	28,891,713	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	892,765	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION		21
22 DAY CARE COSTS AND ALLOWANCES	670,198	22
23 TUITION REIMBURSEMENT	1,781,095	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	140,964,925	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

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

HOSPITAL 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)				0.231192	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				106,529,715	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				490,862,382	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				113,483,456	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)				6,953,741	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9)					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13)					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE				2,086,347	17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS				3,188,813	18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				6,953,741	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	105,650,367	20,793,198	126,443,565		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	24,425,520	4,807,221	29,232,741		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	304,899	758,765	1,063,664		22
23	COST OF CHARITY CARE	24,120,621	4,048,456	28,169,077		23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM					24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)				26,954,820	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				2,574,976	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				24,379,844	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				5,636,425	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				33,805,502	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				40,759,243	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				
	CAP REL COSTS-BLDG & FIXT		74,877,453	74,877,453	1
2	00200				
	CAP REL COSTS-MVBLE EQUIP		43,767,795	43,767,795	2
3	00300				
	OTHER CAPITAL RELATED COSTS				3
4	00400				
	EMPLOYEE BENEFITS	3,535,669	127,607,349	131,143,018	-7,735,547
5.01	00540				
	NONPATIENT PHONES	2,145,731	3,512,605	5,658,336	25,203
5.02	00550				
	DATA PROCESSING	15,580,046	33,569,530	49,149,576	414,039
5.03	00560				
	PURCHASING RECEIVING & STORES	2,022,720	5,443,626	7,466,346	-3,395,731
5.04	00570				
	ADMITTING	12,887,641	7,300,242	20,187,883	328,103
5.05	00591				
	ADMINISTRATIVE & GENERAL	45,123,474	138,630,162	183,753,636	-5,002,594
6	00600				
	MAINTENANCE & REPAIRS				6
7	00700				
	OPERATION OF PLANT	3,412,726	43,397,090	46,809,816	152,876
8	00800				
	LAUNDRY & LINEN SERVICE				3,428,142
9	00900				
	HOUSEKEEPING	10,644,825	6,559,335	17,204,160	174,627
10	01000				
	DIETARY	7,397,586	8,022,016	15,419,602	-6,200,253
11	01100				
	CAFETERIA				6,317,859
12	01200				
	MAINTENANCE OF PERSONNEL				
13	01300				
	NURSING ADMINISTRATION	4,943,796	7,061,776	12,005,572	266,570
14	01400				
	CENTRAL SERVICES & SUPPLY	6,547,231	5,841,774	12,389,005	151,115
15	01500				
	PHARMACY	11,365,919	51,691,315	63,057,234	-47,420,952
16	01600				
	MEDICAL RECORDS & LIBRARY	2,018,207	1,509,165	3,527,372	96,159
17	01700				
	SOCIAL SERVICE	3,776,538	588,201	4,364,739	32,920
19	01900				
	NONPHYSICIAN ANESTHETISTS				
20	02000				
	NURSING SCHOOL				
21	02100				
	I&R SRVCES-SALARY & FRINGES APPRVD	33,739,886	5,483,149	39,223,035	-8,273,868
22	02200				
	I&R SRVCES-OTHER PRGM COSTS APPRVD				17,543,825
23	02300				
	PARAMED ED PRGM-(SPECIFY)				149,782
23.01	02301				
	PARAMED ED PRGM-(CHAPLAINCY)				89,184
23.02	02302				
	PARAMED ED PRGM-(NM SCHL)	447,069	95,297	542,366	900,085
INPATIENT ROUTINE SERV COST CENTERS					
30	03000				
	ADULTS & PEDIATRICS	69,127,191	20,087,704	89,214,895	775,516
31	03100				
	INTENSIVE CARE UNIT	19,555,300	7,302,021	26,857,321	264,270
35	02060				
	SPECIAL CARE NURSERY	12,593,707	2,601,316	15,195,023	268,597
40	04000				
	SUBPROVIDER - IPF	3,493,608	593,859	4,087,467	211,929
43	04300				
	NURSERY				3,385,506
ANCILLARY SERVICE COST CENTERS					
50	05000				
	OPERATING ROOM	24,964,992	79,022,158	103,987,150	-70,793,302
51	05100				
	RECOVERY ROOM	6,305,939	1,492,131	7,798,070	70,004
52	05200				
	DELIVERY ROOM & LABOR ROOM	12,664,199	4,629,494	17,293,693	-626,769
53	05300				
	ANESTHESIOLOGY	997,700	2,958,385	3,956,085	-487,001
54	05400				
	RADIOLOGY-DIAGNOSTIC	18,724,067	17,226,121	35,950,188	-7,431,372
55	05500				
	RADIOLOGY-THERAPEUTIC	4,392,751	2,021,198	6,413,949	-110,795
56	05600				
	RADIOISOTOPE	1,721,035	5,827,490	7,548,525	-2,702,146
57	05700				
	COMPUTED TOMOGRAPHY (CT) SCAN	2,815,011	3,087,196	5,902,207	-807,718
58	05800				
	MAGNETIC RESONANCE IMAGING (MRI)	3,989,764	3,663,935	7,653,699	-984,983
59	05900				
	CARDIAC CATHETERIZATION	1,611,153	5,402,927	7,014,080	-4,548,877
59.01	03650				
	VASCULAR LAB	902,362	177,026	1,079,388	12,051
59.02	03140				
	CARDIAC GRAPHICS	2,013,468	732,873	2,746,341	35,420
59.03	03560				
	PULMONARY FUNCTION	280,760	216,125	496,885	8,086
59.04	03290				
	EPS	1,387,016	10,441,264	11,828,280	-9,935,863
59.05	03340				
	GI	4,168,850	4,020,575	8,189,425	-500,537
60	06000				
	LABORATORY	16,456,403	28,469,417	44,925,820	682,919
62	06200				
	WHOLE BLOOD & PACKED RED BLOOD CELLS		13,339,563	13,339,563	-79,309
62.30	06250				
	BLOOD CLOTTING FOR HEMOPHILIACS				
63	06300				
	BLOOD STORING, PROCESSING & TRANS.	2,210,380	1,827,974	4,038,354	37,242
63.01	06301				
	CELL THERAPY LAB	203,033	304,503	507,536	17,192
65	06500				
	RESPIRATORY THERAPY	6,741,381	3,866,634	10,608,015	-58,218
66	06600				
	PHYSICAL THERAPY	1,693,100	1,226,480	2,919,580	-470,097
67	06700				
	OCCUPATIONAL THERAPY	835,935	183,810	1,019,745	-25,716
69	06900				
	ELECTROCARDIOLOGY	936,598	658,263	1,594,861	-355,604
70	07000				
	ELECTROENCEPHALOGRAPHY	1,789,082	888,161	2,677,243	50,454
71	07100				
	MEDICAL SUPPLIES CHRGD TO PATIENTS				43,520,986
72	07200				
	IMPL. DEV. CHARGED TO PATIENT				54,613,149
73	07300				
	DRUGS CHARGED TO PATIENTS				50,127,170
76.97	07697				
	CARDIAC REHABILITATION	299,422	168,655	468,077	6,770
76.98	07698				
	HYPERBARIC OXYGEN THERAPY				
76.99	07699				
	LITHOTRIPSY				
OUTPATIENT SERVICE COST CENTERS					
90	09000				
	CLINIC	1,506,060	438,702	1,944,762	-45,412
90.01	09001				
	PSYCH CLINIC	4,432,432	1,507,465	5,939,897	156,554
90.02	09002				
	TRANSPLANT CLINIC	3,014,167	2,001,729	5,015,896	-3,076,855
90.03	09003				
	OB CLINIC	1,446,352	350,934	1,797,286	576,625
91	09100				
	EMERGENCY	9,198,762	3,341,490	12,540,252	660,371
92	09200				
	OBSERVATION BEDS				
92.01	09201				
	OBSERVATION BEDS-DISTINCT	996,250	254,164	1,250,414	17,410
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
105	10500				
	KIDNEY ACQUISITION	1,022,091	8,122,703	9,144,794	682,869

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	COST CENTER	SALARIES 1	OTHER 2	TOTAL	RECLASSIFI- CATIONS 4	
				(COL. 1 + COL. 2) 3		
106	10600 HEART ACQUISITION	407,814	947,678	1,355,492	19,836	106
107	10700 LIVER ACQUISITION	915,358	4,465,684	5,381,042	-46,218	107
109	10900 PANCREAS ACQUISITION	30,236	1,455,261	1,485,497	40,893	109
116	11600 HOSPICE	1,938,372	1,182,868	3,121,240	43,135	116
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	413,371,165	811,463,816	1,224,834,981	5,239,706	118
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	-477	-1,623	-2,100	5,074	190
191	19100 RESEARCH		400,153	400,153	1,798,267	191
191.01	19101 SPONSERED PROJECT	338,836	31,815	370,651	5,308,002	191.01
194	07950 REAL ESTATE	597,733	15,997,315	16,595,048	14,520	194
194.01	07951 MARKETING, OTHER NON-REIMB	2,013,417	5,151,826	7,165,243	86,793	194.01
194.02	07952 OTHER COMPANY WIDE ACTIVITY	6,964,410	8,823,503	15,787,913	-12,452,362	194.02
200	TOTAL (SUM OF LINES 118-199)	423,285,084	841,866,805	1,265,151,889		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	74,877,453		74,877,453	1
2	00200	43,767,795		43,767,795	2
3	00300				3
4	00400				4
5.01	00540	123,407,471	-1,116,147	122,291,324	5.01
5.02	00550	5,683,539	-1,521,154	4,162,385	5.02
5.03	00560	49,563,615	-990,325	48,573,290	5.03
5.04	00570	4,070,615	-29,875	4,040,740	5.04
5.05	00591	20,515,986	-165,892	20,350,094	5.05
6	00600	178,751,042	-83,252,808	95,498,234	6
7	00700				7
8	00800	46,962,692	-7,993,724	38,968,968	8
9	00900	3,428,142		3,428,142	9
10	01000	17,378,787	-233,134	17,145,653	10
11	01100	9,219,349	-15,200	9,204,149	11
12	01200	6,317,859	-6,317,859		12
13	01300				13
14	01400	12,272,142	-329,840	11,942,302	14
15	01500	12,540,120	-150,897	12,389,223	15
16	01600	15,636,282	-2,545,099	13,091,183	16
17	01700	3,623,531	-218,431	3,405,100	17
19	01900	4,397,659	-18,167	4,379,492	19
20	02000				20
21	02100				21
22	02200	30,949,167		30,949,167	22
23	02300	17,543,825	-6,790,651	10,753,174	23
23.01	02301	149,782		149,782	23.01
23.02	02302	89,184		89,184	23.02
		1,442,451	-378,036	1,064,415	
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	89,990,411	-1,529,498	88,460,913	30
31	03100	27,121,591	-451,202	26,670,389	31
35	02060	15,463,620	-1,423,691	14,039,929	35
40	04000	4,299,396	-256,153	4,043,243	40
43	04300	3,385,506		3,385,506	43
ANCILLARY SERVICE COST CENTERS					
50	05000	33,193,848	-5,605,920	27,587,928	50
51	05100	7,868,074	-255,315	7,612,759	51
52	05200	16,666,924	-706,099	15,960,825	52
53	05300	3,469,084	-106,621	3,362,463	53
54	05400	28,518,816	-258,773	28,260,043	54
55	05500	6,303,154	-59,596	6,243,558	55
56	05600	4,846,379	-75,661	4,770,718	56
57	05700	5,094,489	-568	5,093,921	57
58	05800	6,668,716	-13,985	6,654,731	58
59	05900	2,465,203	-63,626	2,401,577	59
59.01	03650	1,091,439	-129,151	962,288	59.01
59.02	03140	2,781,761	-75,673	2,706,088	59.02
59.03	03560	504,971	-11,069	493,902	59.03
59.04	03290	1,892,417	-95,400	1,797,017	59.04
59.05	03340	7,688,888	-82,423	7,606,465	59.05
60	06000	45,608,739	-312,848	45,295,891	60
62	06200	13,260,254		13,260,254	62
62.30	06250				62.30
63	06300	4,075,596	-89,010	3,986,586	63
63.01	06301	524,728	-75,141	449,587	63.01
65	06500	10,549,797	-1,086,531	9,463,266	65
66	06600	2,449,483	-48,825	2,400,658	66
67	06700	994,029	-34,934	959,095	67
69	06900	1,239,257	-67,587	1,171,670	69
70	07000	2,727,697	-34,919	2,692,778	70
71	07100	43,520,986		43,520,986	71
72	07200	54,613,149		54,613,149	72
73	07300	50,127,170		50,127,170	73
76.97	07697	474,847		474,778	76.97
76.98	07698		-69		76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	1,899,350	-164,953	1,734,397	90
90.01	09001	6,096,451	-679,116	5,417,335	90.01
90.02	09002	1,939,041	-633,919	1,305,122	90.02
90.03	09003	2,373,911	-190,916	2,182,995	90.03
91	09100	13,200,623	-319,764	12,880,859	91
92	09200				92
92.01	09201	1,267,824		1,267,824	92.01
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
105	10500	9,827,663	-368,819	9,458,844	105

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4)	ADJUST- MENTS (COL. 5 ± COL. 6)	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6)	
		5	6	7	
106	10600 HEART ACQUISITION	1,375,328	-116,887	1,258,441	106
107	10700 LIVER ACQUISITION	5,334,824	-449,710	4,885,114	107
109	10900 PANCREAS ACQUISITION	1,526,390		1,526,390	109
116	11600 HOSPICE	3,164,375	-42,268	3,122,107	116
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	1,230,074,687	-127,983,879	1,102,090,808	118
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,974		2,974	190
191	19100 RESEARCH	2,198,420	-390,982	1,807,438	191
191.01	19101 SPONSERED PROJECT	5,678,653		5,678,653	191.01
194	07950 REAL ESTATE	16,609,568	-16,609,568		194
194.01	07951 MARKETING, OTHER NON-REIMB	7,252,036	-794,489	6,457,547	194.01
194.02	07952 OTHER COMPANY WIDE ACTIVITY	3,335,551	-3,335,551		194.02
200	TOTAL (SUM OF LINES 118-199)	1,265,151,889	-149,114,469	1,116,037,420	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER	
			LINE #				
	1	2	3		4	5	
1 RECLASS AGENCY SALARY TO OTHER	A	PURCHASING RECEIVING & STORES	5.03			2,977	1
2 RECLASS AGENCY SALARY TO OTHER	A	ADMITTING	5.04			3,000	2
3 RECLASS AGENCY SALARY TO OTHER	A	NURSING ADMINISTRATION	13			10,009	3
4 RECLASS AGENCY SALARY TO OTHER	A	CENTRAL SERVICES & SUPPLY	14			12,166	4
5 RECLASS AGENCY SALARY TO OTHER	A	SOCIAL SERVICE	17			68,585	5
6 RECLASS AGENCY SALARY TO OTHER	A	ADULTS & PEDIATRICS	30			84,670	6
7 RECLASS AGENCY SALARY TO OTHER	A	INTENSIVE CARE UNIT	31			47,168	7
8 RECLASS AGENCY SALARY TO OTHER	A	SPECIAL CARE NURSERY	35			278,390	8
9 RECLASS AGENCY SALARY TO OTHER	A	OPERATING ROOM	50			360,955	9
10 RECLASS AGENCY SALARY TO OTHER	A	RECOVERY ROOM	51			121,637	10
11 RECLASS AGENCY SALARY TO OTHER	A	DELIVERY ROOM & LABOR ROOM	52			101,685	11
12 RECLASS AGENCY SALARY TO OTHER	A	RADIOLOGY-THERAPEUTIC	55			135,720	12
13 RECLASS AGENCY SALARY TO OTHER	A	CARDIAC GRAPHICS	59.02			70,800	13
14 RECLASS AGENCY SALARY TO OTHER	A	PULMONARY FUNCTION	59.03			13,259	14
15 RECLASS AGENCY SALARY TO OTHER	A	EPS	59.04			301,649	15
16 RECLASS AGENCY SALARY TO OTHER	A	GI	59.05			623,820	16
17 RECLASS AGENCY SALARY TO OTHER	A	LABORATORY	60			88,395	17
18 RECLASS AGENCY SALARY TO OTHER	A	RESPIRATORY THERAPY	65			420,980	18
19 RECLASS AGENCY SALARY TO OTHER	A	PHYSICAL THERAPY	66			57,264	19
20 RECLASS AGENCY SALARY TO OTHER	A	CLINIC	90			5,463	20
21 RECLASS AGENCY SALARY TO OTHER	A	TRANSPLANT CLINIC	90.02			170,226	21
22 RECLASS AGENCY SALARY TO OTHER	A	HOSPICE	116			1,470	22
23 RECLASS PTO, HOL, SICK, TO SALARY	A	EMPLOYEE BENEFITS	4		461,707		23
24 RECLASS PTO, HOL, SICK TO SALARY	A	NONPATIENT PHONES	5.01		297,558		24
25 RECLASS PTO, HOL, SICK TO SALARY	A	DATA PROCESSING	5.02		2,177,117		25
26 RECLASS PTO, HOL, SICK TO SALARY	A	PURCHASING RECEIVING & STORES	5.03		257,276		26
27 RECLASS PTO, HOL, SICK TO SALARY	A	ADMITTING	5.04		1,898,313		27
28 RECLASS PTO, HOL, SICK TO SALARY	A	ADMINISTRATIVE & GENERAL	5.05		4,766,214		28
29 RECLASS PTO, HOL, SICK TO SALARY	A	OPERATION OF PLANT	7		447,844		29
30 RECLASS PTO, HOL, SICK TO SALARY	A	HOUSEKEEPING	9		1,494,045		30
31 RECLASS PTO, HOL, SICK TO SALARY	A	DIETARY	10		996,610		31
32 RECLASS PTO, HOL, SICK TO SALARY	A	NURSING ADMINISTRATION	13		639,581		32
33 RECLASS PTO, HOL, SICK TO SALARY	A	CENTRAL SERVICES & SUPPLY	14		877,745		33
34 RECLASS PTO, HOL, SICK TO SALARY	A	PHARMACY	15		1,476,024		34
35 RECLASS PTO, HOL, SICK TO SALARY	A	MEDICAL RECORDS & LIBRARY	16		263,767		35
36 RECLASS PTO, HOL, SICK TO SALARY	A	SOCIAL SERVICE	17		545,462		36
37 RECLASS PTO, HOL, SICK TO SALARY	A	I&R SRVCES-OTHER PRGM COSTS A	22		107,368		37
38 RECLASS PTO, HOL, SICK TO SALARY	A	PARAMED ED PRGM-(NM SCHL)	23.02		60,844		38
39 RECLASS PTO, HOL, SICK TO SALARY	A	ADULTS & PEDIATRICS	30		8,501,698		39
40 RECLASS PTO, HOL, SICK TO SALARY	A	INTENSIVE CARE UNIT	31		2,307,254		40
41 RECLASS PTO, HOL, SICK TO SALARY	A	SPECIAL CARE NURSERY	35		1,435,920		41
42 RECLASS PTO, HOL, SICK TO SALARY	A	SUBPROVIDER - IPF	40		422,290		42
43 RECLASS PTO, HOL, SICK TO SALARY	A	OPERATING ROOM	50		2,420,496		43
44 RECLASS PTO, HOL, SICK TO SALARY	A	RECOVERY ROOM	51		833,006		44
45 RECLASS PTO, HOL, SICK TO SALARY	A	DELIVERY ROOM & LABOR ROOM	52		1,255,565		45
46 RECLASS PTO, HOL, SICK TO SALARY	A	ANESTHESIOLOGY	53		102,810		46
47 RECLASS PTO, HOL, SICK TO SALARY	A	RADIOLOGY-DIAGNOSTIC	54		2,427,666		47
48 RECLASS PTO, HOL, SICK TO SALARY	A	RADIOLOGY-THERAPEUTIC	55		536,449		48
49 RECLASS PTO, HOL, SICK TO SALARY	A	RADIOISOTOPE	56		229,419		49
50 RECLASS PTO, HOL, SICK TO SALARY	A	COMPUTED TOMOGRAPHY (CT) SCAN	57		382,664		50
51 RECLASS PTO, HOL, SICK TO SALARY	A	MAGNETIC RESONANCE IMAGING (M	58		543,056		51
52 RECLASS PTO, HOL, SICK TO SALARY	A	CARDIAC CATHETERIZATION	59		197,958		52
53 RECLASS PTO, HOL, SICK TO SALARY	A	VASCULAR LAB	59.01		126,530		53
54 RECLASS PTO, HOL, SICK TO SALARY	A	CARDIAC GRAPHICS	59.02		218,180		54
55 RECLASS PTO, HOL, SICK TO SALARY	A	PULMONARY FUNCTION	59.03		33,602		55
56 RECLASS PTO, HOL, SICK TO SALARY	A	EPS	59.04		128,330		56
57 RECLASS PTO, HOL, SICK TO SALARY	A	GI	59.05		459,365		57
58 RECLASS PTO, HOL, SICK TO SALARY	A	LABORATORY	60		1,817,743		58
59 RECLASS PTO, HOL, SICK TO SALARY	A	BLOOD STORING, PROCESSING & T	63		253,853		59
60 RECLASS PTO, HOL, SICK TO SALARY	A	CELL THERAPY LAB	63.01		21,285		60
61 RECLASS PTO, HOL, SICK TO SALARY	A	RESPIRATORY THERAPY	65		732,223		61
62 RECLASS PTO, HOL, SICK TO SALARY	A	PHYSICAL THERAPY	66		219,655		62
63 RECLASS PTO, HOL, SICK TO SALARY	A	OCCUPATIONAL THERAPY	67		110,209		63
64 RECLASS PTO, HOL, SICK TO SALARY	A	ELECTROCARDIOLOGY	69		138,013		64
65 RECLASS PTO, HOL, SICK TO SALARY	A	ELECTROENCEPHALOGRAPHY	70		197,366		65
66 RECLASS PTO, HOL, SICK TO SALARY	A	CARDIAC REHABILITATION	76.97		52,489		66
67 RECLASS PTO, HOL, SICK TO SALARY	A	CLINIC	90		203,867		67
68 RECLASS PTO, HOL, SICK TO SALARY	A	PSYCH CLINIC	90.01		545,518		68
69 RECLASS PTO, HOL, SICK TO SALARY	A	TRANSPLANT CLINIC	90.02		344,954		69
70 RECLASS PTO, HOL, SICK TO SALARY	A	OB CLINIC	90.03		151,405		70
71 RECLASS PTO, HOL, SICK TO SALARY	A	EMERGENCY	91		959,535		71
72 RECLASS PTO, HOL, SICK TO SALARY	A	OBSERVATION BEDS-DISTINCT	92.01		159,233		72
73 RECLASS PTO, HOL, SICK TO SALARY	A	KIDNEY ACQUISITION	105		93,089		73
74 RECLASS PTO, HOL, SICK TO SALARY	A	HEART ACQUISITION	106		41,353		74
75 RECLASS PTO, HOL, SICK TO SALARY	A	LIVER ACQUISITION	107		84,134		75
76 RECLASS PTO, HOL, SICK TO SALARY	A	HOSPICE	116		246,152		76
77 RECLASS PTO, HOL, SICK TO SALARY	A	SPONSERED PROJECT	191.01		37,775		77
78 RECLASS PTO, HOL, SICK TO SALARY	A	REAL ESTATE	194		74,025		78
79 RECLASS PTO, HOL, SICK TO SALARY	A	MARKETING, OTHER NON-REIMB	194.01		281,135		79
80 RECLASS OTHER FRINGES FROM FUNDS	A	EMPLOYEE BENEFITS	4			757,999	80
81 RECLASS OTHER FUND EXPENSES	A	ADMINISTRATIVE & GENERAL	5.05			1,427	81
82 RECLASS FELLOW SALARY AND FRINGE	A	I&R SRVCES-SALARY & FRINGES A	21		1,092,328	293,875	82
83 RECLASS EDUCATION FUND SALARY-OTHER	A	I&R SRVCES-OTHER PRGM COSTS A	22		714,842	765,341	83
84 RECLASS FUND SALARY AND OTHER	A	ADULTS & PEDIATRICS	30		129,175	123,945	84
85 RECLASS FUND SALARY AND OTHER	A	SPECIAL CARE NURSERY	35		72,220	100,760	85
86 RECLASS FUND SALARY AND OTHER	A	SUBPROVIDER - IPF	40		133,777	20,976	86
87 RECLASS FUND SALARY AND OTHER	A	CLINIC	90		38,165	4,677	87
88 RECLASS FUND SALARY AND OTHER	A	OB CLINIC	90.03		459,819	103,868	88
89 RECLASS FUND SALARY AND OTHER	A	EMERGENCY	91		411,605	132,537	89
90 RECLASS FUND SALARY AND OTHER	A	RESEARCH	191		1,627,645	170,622	90

91	RECLASS	FUND SALARY AND OTHER	A	SPONSERED PROJECT	191.01	1,606,397	3,690,362	91
92	RECLASS	FUND SALARY AND OTHER	A					92
93	RECLASS	NON HOUR SALARY TO OTHER	A	ADMINISTRATIVE & GENERAL	5.05		3,493,139	93
94	RECLASS	NON HOUR SALARY TO OTHER	A	ADMINISTRATIVE & GENERAL	5.05		7,281,763	94
95	RECLASS	NON HOUR SALARY TO OTHER	A	NURSING ADMINISTRATION	13		5,462	95
96	RECLASS	NON HOUR SALARY TO OTHER	A	I&R SRVCES-SALARY & FRINGES A	21		667,717	96
97	RECLASS	NON HOUR SALARY TO OTHER	A	ADULTS & PEDIATRICS	30		1,139,885	97
98	RECLASS	NON HOUR SALARY TO OTHER	A	SPECIAL CARE NURSERY	35		1,334,104	98
99	RECLASS	NON HOUR SALARY TO OTHER	A	SUBPROVIDER - IPF	40		42,224	99
100	RECLASS	NON HOUR SALARY TO OTHER	A	OPERATING ROOM	50		5,355,285	100
101	RECLASS	NON HOUR SALARY TO OTHER	A	DELIVERY ROOM & LABOR ROOM	52		472,408	101
102	RECLASS	NON HOUR SALARY TO OTHER	A	TRANSPLANT CLINIC	90.02		77,716	102
103	RECLASS	NON HOUR SALARY TO OTHER	A	OB CLINIC	90.03		110,947	103
104	RECLASS	NON HOUR SALARY TO OTHER	A	EMERGENCY	91		119,016	104
105	RECLASS	PROFESS SVS FRING BENEFITS	A	DATA PROCESSING	5.02		70,871	105
106	RECLASS	PROFESS SVS FRING BENEFITS	A	ADMINISTRATIVE & GENERAL	5.05		229,157	106
107	RECLASS	PROFESS SVS FRING BENEFITS	A	NURSING ADMINISTRATION	13		49,939	107
108	RECLASS	PROFESS SVS FRING BENEFITS	A	PHARMACY	15		12,355	108
109	RECLASS	PROFESS SVS FRING BENEFITS	A	MEDICAL RECORDS & LIBRARY	16		38,200	109
110	RECLASS	PROFESS SVS FRING BENEFITS	A	I&R SRVCES-OTHER PRGM COSTS A	22		1,695,940	110
111	RECLASS	PROFESS SVS FRING BENEFITS	A	ADULTS & PEDIATRICS	30		139,984	111
112	RECLASS	PROFESS SVS FRING BENEFITS	A	INTENSIVE CARE UNIT	31		123,081	112
113	RECLASS	PROFESS SVS FRING BENEFITS	A	SPECIAL CARE NURSERY	35		27,069	113
114	RECLASS	PROFESS SVS FRING BENEFITS	A	SUBPROVIDER - IPF	40		27,311	114
115	RECLASS	PROFESS SVS FRING BENEFITS	A	OPERATING ROOM	50		105,991	115
116	RECLASS	PROFESS SVS FRING BENEFITS	A	RECOVERY ROOM	51		16,740	116
117	RECLASS	PROFESS SVS FRING BENEFITS	A	DELIVERY ROOM & LABOR ROOM	52		49,268	117
118	RECLASS	PROFESS SVS FRING BENEFITS	A	ANESTHESIOLOGY	53		39,529	118
119	RECLASS	PROFESS SVS FRING BENEFITS	A	RADIOLOGY-DIAGNOSTIC	54		74,737	119
120	RECLASS	PROFESS SVS FRING BENEFITS	A	RADIOLOGY-THERAPEUTIC	55		11,428	120
121	RECLASS	PROFESS SVS FRING BENEFITS	A	RADIOISOTOPE	56		17,008	121
122	RECLASS	PROFESS SVS FRING BENEFITS	A	COMPUTED TOMOGRAPHY (CT) SCAN	57		9,548	122
123	RECLASS	PROFESS SVS FRING BENEFITS	A	MAGNETIC RESONANCE IMAGING (M	58		9,548	123
124	RECLASS	PROFESS SVS FRING BENEFITS	A	CARDIAC CATHETERIZATION	59		26,281	124
125	RECLASS	PROFESS SVS FRING BENEFITS	A	VASCULAR LAB	59.01		5,896	125
126	RECLASS	PROFESS SVS FRING BENEFITS	A	CARDIAC GRAPHICS	59.02		19,711	126
127	RECLASS	PROFESS SVS FRING BENEFITS	A	PULMONARY FUNCTION	59.03		5,586	127
128	RECLASS	PROFESS SVS FRING BENEFITS	A	EPS	59.04		26,281	128
129	RECLASS	PROFESS SVS FRING BENEFITS	A	GI	59.05		23,345	129
130	RECLASS	PROFESS SVS FRING BENEFITS	A	LABORATORY	60		462,534	130
131	RECLASS	PROFESS SVS FRING BENEFITS	A	BLOOD STORING, PROCESSING & T	63		18,338	131
132	RECLASS	PROFESS SVS FRING BENEFITS	A	CELL THERAPY LAB	63.01		12,830	132
133	RECLASS	PROFESS SVS FRING BENEFITS	A	RESPIRATORY THERAPY	65		17,568	133
134	RECLASS	PROFESS SVS FRING BENEFITS	A	PHYSICAL THERAPY	66		8,415	134
135	RECLASS	PROFESS SVS FRING BENEFITS	A	ELECTROCARDIOLOGY	69		15,331	135
136	RECLASS	PROFESS SVS FRING BENEFITS	A	ELECTROENCEPHALOGRAPHY	70		31,056	136
137	RECLASS	PROFESS SVS FRING BENEFITS	A	CARDIAC REHABILITATION	76.97		4,380	137
138	RECLASS	PROFESS SVS FRING BENEFITS	A	CLINIC	90		10,061	138
139	RECLASS	PROFESS SVS FRING BENEFITS	A	PSYCH CLINIC	90.01		118,964	139
140	RECLASS	PROFESS SVS FRING BENEFITS	A	OB CLINIC	90.03		14,107	140
141	RECLASS	PROFESS SVS FRING BENEFITS	A	EMERGENCY	91		44,685	141
142	RECLASS	PROFESS SVS FRING BENEFITS	A	HOSPICE	116		17,597	142
143	RECLASS	PROFESS SVS FRING BENEFITS	A	SPONSERED PROJECT	191.01		4,679	143
144	RECLASS	BONUS TO COST CENTERS	A	EMPLOYEE BENEFITS	4	158,760		144
145	RECLASS	BONUS TO COST CENTERS	A	NONPATIENT PHONES	5.01	25,203		145
146	RECLASS	BONUS TO COST CENTERS	A	DATA PROCESSING	5.02	341,968		146
147	RECLASS	BONUS TO COST CENTERS	A	ADMITTING	5.04	326,346		147
148	RECLASS	BONUS TO COST CENTERS	A	OPERATION OF PLANT	7	151,376		148
149	RECLASS	BONUS TO COST CENTERS	A	HOUSEKEEPING	9	174,627		149
150	RECLASS	BONUS TO COST CENTERS	A	DIETARY	10	117,606		150
151	RECLASS	BONUS TO COST CENTERS	A	NURSING ADMINISTRATION	13	209,965		151
152	RECLASS	BONUS TO COST CENTERS	A	CENTRAL SERVICES & SUPPLY	14	151,115		152
153	RECLASS	BONUS TO COST CENTERS	A	PHARMACY	15	153,313		153
154	RECLASS	BONUS TO COST CENTERS	A	MEDICAL RECORDS & LIBRARY	16	57,959		154
155	RECLASS	BONUS TO COST CENTERS	A	SOCIAL SERVICE	17	32,920		155
156	RECLASS	BONUS TO COST CENTERS	A	I&R SRVCES-OTHER PRGM COSTS A	22	16,569		156
157	RECLASS	BONUS TO COST CENTERS	A	PARAMED ED PRGM-(NM SCHL)	23.02	24,487		157
158	RECLASS	BONUS TO COST CENTERS	A	ADULTS & PEDIATRICS	30	769,662		158
159	RECLASS	BONUS TO COST CENTERS	A	INTENSIVE CARE UNIT	31	206,521		159
160	RECLASS	BONUS TO COST CENTERS	A	SPECIAL CARE NURSERY	35	108,696		160
161	RECLASS	BONUS TO COST CENTERS	A	SUBPROVIDER - IPF	40	29,865		161
162	RECLASS	BONUS TO COST CENTERS	A	OPERATING ROOM	50	192,032		162
163	RECLASS	BONUS TO COST CENTERS	A	RECOVERY ROOM	51	54,899		163
164	RECLASS	BONUS TO COST CENTERS	A	DELIVERY ROOM & LABOR ROOM	52	117,109		164
165	RECLASS	BONUS TO COST CENTERS	A	ANESTHESIOLOGY	53	13,954		165
166	RECLASS	BONUS TO COST CENTERS	A	RADIOLOGY-DIAGNOSTIC	54	349,150		166
167	RECLASS	BONUS TO COST CENTERS	A	RADIOLOGY-THERAPEUTIC	55	59,399		167
168	RECLASS	BONUS TO COST CENTERS	A	RADIOISOTOPE	56	12,700		168
169	RECLASS	BONUS TO COST CENTERS	A	COMPUTED TOMOGRAPHY (CT) SCAN	57	27,840		169
170	RECLASS	BONUS TO COST CENTERS	A	MAGNETIC RESONANCE IMAGING (M	58	45,988		170
171	RECLASS	BONUS TO COST CENTERS	A	CARDIAC CATHETERIZATION	59	47,577		171
172	RECLASS	BONUS TO COST CENTERS	A	VASCULAR LAB	59.01	6,155		172
173	RECLASS	BONUS TO COST CENTERS	A	CARDIAC GRAPHICS	59.02	15,720		173
174	RECLASS	BONUS TO COST CENTERS	A	PULMONARY FUNCTION	59.03	2,500		174
175	RECLASS	BONUS TO COST CENTERS	A	EPS	59.04	6,070		175
176	RECLASS	BONUS TO COST CENTERS	A	GI	59.05	34,202		176
177	RECLASS	BONUS TO COST CENTERS	A	LABORATORY	60	220,385		177
178	RECLASS	BONUS TO COST CENTERS	A	BLOOD STORING, PROCESSING & T	63	19,205		178
179	RECLASS	BONUS TO COST CENTERS	A	CELL THERAPY LAB	63.01	4,362		179
180	RECLASS	BONUS TO COST CENTERS	A	RESPIRATORY THERAPY	65	106,874		180
181	RECLASS	BONUS TO COST CENTERS	A	PHYSICAL THERAPY	66	24,532		181
182	RECLASS	BONUS TO COST CENTERS	A	OCCUPATIONAL THERAPY	67	8,940		182
183	RECLASS	BONUS TO COST CENTERS	A	ELECTROCARDIOLOGY	69	10,915		183
184	RECLASS	BONUS TO COST CENTERS	A	ELECTROENCEPHALOGRAPHY	70	19,398		184
185	RECLASS	BONUS TO COST CENTERS	A	CARDIAC REHABILITATION	76.97	2,390		185
186	RECLASS	BONUS TO COST CENTERS	A	CLINIC	90	21,937		186
187	RECLASS	BONUS TO COST CENTERS	A	PSYCH CLINIC	90.01	37,590		187
188	RECLASS	BONUS TO COST CENTERS	A	TRANSPLANT CLINIC	90.02	89,109		188
189	RECLASS	BONUS TO COST CENTERS	A	OB CLINIC	90.03	15,431		189
190	RECLASS	BONUS TO COST CENTERS	A	EMERGENCY	91	72,850		190

191	RECLASS BONUS TO COST CENTERS	A	OBSERVATION BEDS-DISTINCT	92.01	12,905		191
192	RECLASS BONUS TO COST CENTERS	A	KIDNEY ACQUISITION	105	6,545		192
193	RECLASS BONUS TO COST CENTERS	A	HEART ACQUISITION	106	2,380		193
194	RECLASS BONUS TO COST CENTERS	A	LIVER ACQUISITION	107	4,760		194
195	RECLASS BONUS TO COST CENTERS	A	HOSPICE	116	25,538		195
196	RECLASS BONUS TO COST CENTERS	A	GIFT, FLOWER, COFFEE SHOP & C	190	5,074		196
197	RECLASS BONUS TO COST CENTERS	A	SPONSERED PROJECT	191.01	6,564		197
198	RECLASS BONUS TO COST CENTERS	A	REAL ESTATE	194	14,520		198
199	RECLASS BONUS TO COST CENTERS	A	MARKETING, OTHER NON-REIMB	194.01	86,793		199
200	RECLASS BONUS TO COST CENTERS	A	PURCHASING RECEIVING & STORES	5.03	32,411		200
201	RECLASS TAXABLE TUITION TO SALARY	A	DATA PROCESSING	5.02	1,200		201
202	RECLASS TAXABLE TUITION TO SALARY	A	ADMITTING	5.04	1,757		202
203	RECLASS TAXABLE TUITION TO SALARY	A	ADMINISTRATIVE & GENERAL	5.05	4,380		203
204	RECLASS TAXABLE TUITION TO SALARY	A	OPERATION OF PLANT	7	1,500		204
205	RECLASS TAXABLE TUITION TO SALARY	A	NURSING ADMINISTRATION	13	1,204		205
206	RECLASS TAXABLE TUITION TO SALARY	A	PARAMED ED PRGM-(NM SCHL)	23.02	871		206
207	RECLASS TAXABLE TUITION TO SALARY	A	ADULTS & PEDIATRICS	30	25,923		207
208	RECLASS TAXABLE TUITION TO SALARY	A	INTENSIVE CARE UNIT	31	29,084		208
209	RECLASS TAXABLE TUITION TO SALARY	A	SPECIAL CARE NURSERY	35	8,187		209
210	RECLASS TAXABLE TUITION TO SALARY	A	RECOVERY ROOM	51	60		210
211	RECLASS TAXABLE TUITION TO SALARY	A	DELIVERY ROOM & LABOR ROOM	52	17,001		211
212	RECLASS TAXABLE TUITION TO SALARY	A	ANESTHESIOLOGY	53	91		212
213	RECLASS TAXABLE TUITION TO SALARY	A	RADIOLOGY-DIAGNOSTIC	54	5,387		213
214	RECLASS TAXABLE TUITION TO SALARY	A	COMPUTED TOMOGRAPHY (CT) SCAN	57	3,890		214
215	RECLASS TAXABLE TUITION TO SALARY	A	GI	59.05	1,110		215
216	RECLASS TAXABLE TUITION TO SALARY	A	EMERGENCY	91	7,707		216
217	RECLASS TAXABLE AWARD TO SALARY	A	EMPLOYEE BENEFITS	4	14,145		217
218	RECLASS TAXABLE AWARD TO SALARY	A	DATA PROCESSING	5.02	6,407		218
219	RECLASS TAXABLE AWARD TO SALARY	A	OPERATING ROOM	50	8,629		219
220	RECLASS TAXABLE TUITION TO SALARY	A	OBSERVATION BEDS-DISTINCT	92.01	4,505		220
221	RECLASS SALARY NO HOURS TO OTHER	A	KIDNEY ACQUISITION	105		254,022	221
222	RECLASS SALARY NO HOURS TO OTHER	A	LIVER ACQUISITION	107		254,022	222
223	RECLASS RADIOLOGY SCHOOL SALARY	A	PARAMED ED PRGM-(NM SCHL)	23.02	366,691		223
224	RECLASS RADIOLOGY SCHOOL SALARY	A	PARAMED ED PRGM-(NM SCHL)	23.02	112,071		224
225	RECLASS RADIOLOGY SCHOOL SALARY	A	PARAMED ED PRGM-(NM SCHL)	23.02	292,799		225
226	RECLASS RADIOLOGY SCHOOL SALARY	A	PARAMED ED PRGM-(NM SCHL)	23.02	28,087		226
227	RECLASS RADIOLOGY SCHOOL SALARY	A	PARAMED ED PRGM-(NM SCHL)	23.02	2,231		227
228	RECLASS RADIOLOGY SCHOOL SALARY	A	PARAMED ED PRGM-(NM SCHL)	23.02	11,940		228
229	RECLASS CHAPLAINCY PROGRAM TO PARA	A	PARAMED ED PRGM-(CHAPLAINCY)	23.01	89,184		229
230	RECLASS HOUSESTAFF FRINGE TO LN 21	A	I&R SRVCES-SALARY & FRINGES A	21		4,691,062	230
231	RECLASS PHARM PRGM TO PARA SCHOOL	A	PARAMED ED PRGM-(SPECIFY)	23	149,782		231
232	RECLASS NON HOUR SAL TO OTHER	A	TRANSPLANT CLINIC	90.02		46,272	232
233	RECLASS SALARY FRM 1301 TO CLINIC	A	TRANSPLANT CLINIC	90.02	188,343		233
234	RECLASS INC SAL IN 1765 TO CLINIC	A	TRANSPLANT CLINIC	90.02	79,568		234
235	RECL TRANS CLINIC EXCL TO ADUL&PED	A	ADULTS & PEDIATRICS	30	1,378,629		235
236	RECL TRANS CLINIC EXCL OTHER TO A&P	A	ADULTS & PEDIATRICS	30		1,364,975	236
237	RECLASS TRANS CLIN TO AQUISITION	A	KIDNEY ACQUISITION	105	566,493		237
238	RECLASS TRANS CLIN TO AQUISITION	A	HEART ACQUISITION	106	51,130		238
239	RECLASS TRANS CLIN TO AQUISITION	A	LIVER ACQUISITION	107	277,277		239
240	RECLASS TRANS CLIN TO AQUISITION	A	PANCREAS ACQUISITION	109	62,431		240
241	RECLASS EXCLUDED SAL AND OTH TO A&P	A	ADULTS & PEDIATRICS	30	27,886		241
242	RECLASS EXCLUDED SAL TO A & P	A	ADULTS & PEDIATRICS	30	60,991		242
243	RECLASS EXCLUDED SAL AND OTH TO A&P	A	ADULTS & PEDIATRICS	30	376,833		243
244	RECLASS EXCLUDED SAL TO A & P	A	ADULTS & PEDIATRICS	30	30,236		244
245	ADD BACK DR A SAL&FRG TO CLINIC	A	TRANSPLANT CLINIC	90.02	336,347		245
246	ADD BACK DR A SAL& FRG TO CLINIC	A	TRANSPLANT CLINIC	90.02		68,603	246
247	ADD FRINGE TO BE INCLUD IN ACQU CC	A	KIDNEY ACQUISITION	105		5,193	247
248	ADD FRINGE TO BE INCLUD IN ACQU CC	A	HEART ACQUISITION	106		20,194	248
249	ADD FRINGE TO BE INCLUD IN ACQU CC	A	LIVER ACQUISITION	107		3,738	249
250	RECLASS ON CALL FRINGE TO ACQU CC	A	KIDNEY ACQUISITION	105		57,155	250
251	RECLASS ON CALL FRINGE TO ACQUI CC	A	LIVER ACQUISITION	107		57,155	251
252	RECLASS NON RESIDENT OTH TO LN 22	A	I&R SRVCES-OTHER PRGM COSTS A	22		5,789,726	252
253	RECLASS GRANT SALARY TO OTHER	A	ADMINISTRATIVE & GENERAL	5.05		179,405	253
254	RECLASS NON RESIDENT SALARY TO OTHRE	A	I&R SRVCES-OTHER PRGM COSTS A	22	9,229,124		254
500	TOTAL RECLASSIFICATIONS				71,135,489		45,861,087
	CODE LETTER - A						500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
1 RECLASS MANAGEMENT SALARY	B	ADMINISTRATIVE & GENERAL	5.05	10,370,701		1
500 TOTAL RECLASSIFICATIONS				10,370,701		500
CODE LETTER - B						
1 NON 1594 DRUG RECLASS	C	DRUGS CHARGED TO PATIENTS	73		2,690,332	1
2 NON 1594 DRUG RECLASS	C					2
3 NON 1594 DRUG RECLASS	C					3
4 NON 1594 DRUG RECLASS	C					4
5 NON 1594 DRUG RECLASS	C					5
6 NON 1594 DRUG RECLASS	C					6
7 NON 1594 DRUG RECLASS	C					7
8 NON 1594 DRUG RECLASS	C					8
9 NON 1594 DRUG RECLASS	C					9
10 NON 1594 DRUG RECLASS	C					10
11 NON 1594 DRUG RECLASS	C					11
12 NON 1594 DRUG RECLASS	C					12
13 NON 1594 DRUG RECLASS	C					13
500 TOTAL RECLASSIFICATIONS					2,690,332	500
CODE LETTER - C						
1 IMPLANT RECLASS	D	IMPL. DEV. CHARGED TO PATIENT	72		54,613,149	1
2 IMPLANT RECLASS	D					2
3 IMPLANT RECLASS	D					3
4 IMPLANT RECLASS	D					4
5 IMPLANT RECLASS	D					5
6 IMPLANT RECLASS	D					6
7 IMPLANT RECLASS	D					7
8 IMPLANT RECLASS	D					8
9						9
500 TOTAL RECLASSIFICATIONS					54,613,149	500
CODE LETTER - D						
1 MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHRGED TO PA	71		43,520,986	1
2 MED SUPPLY RECLASS	E					2
3 MED SUPPLY RECLASS	E					3
4 MED SUPPLY RECLASS	E					4
5 MED SUPPLY RECLASS	E					5
6 MED SUPPLY RECLASS	E					6
7 MED SUPPLY RECLASS	E					7
8 MED SUPPLY RECLASS	E					8
9 MED SUPPLY RECLASS	E					9
10 MED SUPPLY RECLASS	E					10
11 MED SUPPLY RECLASS	E					11
12 MED SUPPLY RECLASS	E					12
13 MED SUPPLY RECLASS	E					13
14 MED SUPPLY RECLASS	E					14
15 MED SUPPLY RECLASS	E					15
16 MED SUPPLY RECLASS	E					16
17 MED SUPPLY RECLASS	E					17
18 MED SUPPLY RECLASS	E					18
19 MED SUPPLY RECLASS	E					19
500 TOTAL RECLASSIFICATIONS					43,520,986	500
CODE LETTER - E						
1 NN RECLASS	F	NURSERY	43	3,321,416	64,090	1
2 NN RECLASS	F					2
3						3
500 TOTAL RECLASSIFICATIONS				3,321,416	64,090	500
CODE LETTER - F						
1 DIETARY RECLASS	G	CAFETERIA	11	2,404,243	3,913,616	1
500 TOTAL RECLASSIFICATIONS				2,404,243	3,913,616	500
CODE LETTER - G						
1 RECLASS 1594 DRUG EXPENSE	H	DRUGS CHARGED TO PATIENTS	73		47,436,838	1
500 TOTAL RECLASSIFICATIONS					47,436,838	500
CODE LETTER - H						

PROVIDER CCN: 14-0281 NORTHWESTERN MEMORIAL HOSPITAL
 PERIOD FROM 09/01/2010 TO 08/31/2011

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

VERSION: 2011.10
 02/24/2012 14:08

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		
			LINE #	SALARY	OTHER
	1	2	3	4	5
1 RECLASS SCHOOL LEASE SPACE	J	PARAMED ED PRGM-(NM SCHL)	23.02		60,908
500 TOTAL RECLASSIFICATIONS					60,908
CODE LETTER - J					500
1 RECLASS LAUNDRY SERVICES	K	LAUNDRY & LINEN SERVICE	8		3,428,142
500 TOTAL RECLASSIFICATIONS					3,428,142
CODE LETTER - K					500
GRAND TOTAL (INCREASES)				87,231,849	201,589,148

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 RECLASS AGENCY SALARY TO OTHER	A	PURCHASING RECEIVING & STORES	5.03	2,977		1
2 RECLASS AGENCY SALARY TO OTHER	A	ADMITTING	5.04	3,000		2
3 RECLASS AGENCY SALARY TO OTHER	A	NURSING ADMINISTRATION	13	10,009		3
4 RECLASS AGENCY SALARY TO OTHER	A	CENTRAL SERVICES & SUPPLY	14	12,166		4
5 RECLASS AGENCY SALARY TO OTHER	A	SOCIAL SERVICE	17	68,585		5
6 RECLASS AGENCY SALARY TO OTHER	A	ADULTS & PEDIATRICS	30	84,670		6
7 RECLASS AGENCY SALARY TO OTHER	A	INTENSIVE CARE UNIT	31	47,168		7
8 RECLASS AGENCY SALARY TO OTHER	A	SPECIAL CARE NURSERY	35	278,390		8
9 RECLASS AGENCY SALARY TO OTHER	A	OPERATING ROOM	50	360,955		9
10 RECLASS AGENCY SALARY TO OTHER	A	RECOVERY ROOM	51	121,637		10
11 RECLASS AGENCY SALARY TO OTHER	A	DELIVERY ROOM & LABOR ROOM	52	101,685		11
12 RECLASS AGENCY SALARY TO OTHER	A	RADIOLOGY-THERAPEUTIC	55	135,720		12
13 RECLASS AGENCY SALARY TO OTHER	A	CARDIAC GRAPHICS	59.02	70,800		13
14 RECLASS AGENCY SALARY TO OTHER	A	PULMONARY FUNCTION	59.03	13,259		14
15 RECLASS AGENCY SALARY TO OTHER	A	EPS	59.04	301,649		15
16 RECLASS AGENCY SALARY TO OTHER	A	GI	59.05	623,820		16
17 RECLASS AGENCY SALARY TO OTHER	A	LABORATORY	60	88,395		17
18 RECLASS AGENCY SALARY TO OTHER	A	RESPIRATORY THERAPY	65	420,980		18
19 RECLASS AGENCY SALARY TO OTHER	A	PHYSICAL THERAPY	66	57,264		19
20 RECLASS AGENCY SALARY TO OTHER	A	CLINIC	90	5,463		20
21 RECLASS AGENCY SALARY TO OTHER	A	TRANSPLANT CLINIC	90.02	170,226		21
22 RECLASS AGENCY SALARY TO OTHER	A	HOSPICE	116	1,470		22
23 RECLASS PTO, HOL, SICK, TO SALARY	A	EMPLOYEE BENEFITS	4		461,707	23
24 RECLASS PTO, HOL, SICK TO SALARY	A	NONPATIENT PHONES	5.01		297,558	24
25 RECLASS PTO, HOL, SICK TO SALARY	A	DATA PROCESSING	5.02		2,177,117	25
26 RECLASS PTO, HOL, SICK TO SALARY	A	PURCHASING RECEIVING & STORES	5.03		257,276	26
27 RECLASS PTO, HOL, SICK TO SALARY	A	ADMITTING	5.04		1,898,313	27
28 RECLASS PTO, HOL, SICK TO SALARY	A	ADMINISTRATIVE & GENERAL	5.05		4,766,214	28
29 RECLASS PTO, HOL, SICK TO SALARY	A	OPERATION OF PLANT	7		447,844	29
30 RECLASS PTO, HOL, SICK TO SALARY	A	HOUSEKEEPING	9		1,494,045	30
31 RECLASS PTO, HOL, SICK TO SALARY	A	DIETARY	10		996,610	31
32 RECLASS PTO, HOL, SICK TO SALARY	A	NURSING ADMINISTRATION	13		639,581	32
33 RECLASS PTO, HOL, SICK TO SALARY	A	CENTRAL SERVICES & SUPPLY	14		877,745	33
34 RECLASS PTO, HOL, SICK TO SALARY	A	PHARMACY	15		1,476,024	34
35 RECLASS PTO, HOL, SICK TO SALARY	A	MEDICAL RECORDS & LIBRARY	16		263,767	35
36 RECLASS PTO, HOL, SICK TO SALARY	A	SOCIAL SERVICE	17		545,462	36
37 RECLASS PTO, HOL, SICK TO SALARY	A	I&R SRVCS-OTHER PRGM COSTS A	22		107,368	37
38 RECLASS PTO, HOL, SICK TO SALARY	A	PARAMED ED PRGM- (NM SCHL)	23.02		60,844	38
39 RECLASS PTO, HOL, SICK TO SALARY	A	ADULTS & PEDIATRICS	30		8,501,698	39
40 RECLASS PTO, HOL, SICK TO SALARY	A	INTENSIVE CARE UNIT	31		2,307,254	40
41 RECLASS PTO, HOL, SICK TO SALARY	A	SPECIAL CARE NURSERY	35		1,435,920	41
42 RECLASS PTO, HOL, SICK TO SALARY	A	SUBPROVIDER - IPF	40		422,290	42
43 RECLASS PTO, HOL, SICK TO SALARY	A	OPERATING ROOM	50		2,420,496	43
44 RECLASS PTO, HOL, SICK TO SALARY	A	RECOVERY ROOM	51		833,006	44
45 RECLASS PTO, HOL, SICK TO SALARY	A	DELIVERY ROOM & LABOR ROOM	52		1,255,565	45
46 RECLASS PTO, HOL, SICK TO SALARY	A	ANESTHESIOLOGY	53		102,810	46
47 RECLASS PTO, HOL, SICK TO SALARY	A	RADIOLOGY-DIAGNOSTIC	54		2,427,666	47
48 RECLASS PTO, HOL, SICK TO SALARY	A	RADIOLOGY-THERAPEUTIC	55		536,449	48
49 RECLASS PTO, HOL, SICK TO SALARY	A	RADIOISOTOPE	56		229,419	49
50 RECLASS PTO, HOL, SICK TO SALARY	A	COMPUTED TOMOGRAPHY (CT) SCAN	57		382,664	50
51 RECLASS PTO, HOL, SICK TO SALARY	A	MAGNETIC RESONANCE IMAGING (M	58		543,056	51
52 RECLASS PTO, HOL, SICK TO SALARY	A	CARDIAC CATHETERIZATION	59		197,958	52
53 RECLASS PTO, HOL, SICK TO SALARY	A	VASCULAR LAB	59.01		126,530	53
54 RECLASS PTO, HOL, SICK TO SALARY	A	CARDIAC GRAPHICS	59.02		218,180	54
55 RECLASS PTO, HOL, SICK TO SALARY	A	PULMONARY FUNCTION	59.03		33,602	55
56 RECLASS PTO, HOL, SICK TO SALARY	A	EPS	59.04		128,330	56
57 RECLASS PTO, HOL, SICK TO SALARY	A	GI	59.05		459,365	57
58 RECLASS PTO, HOL, SICK TO SALARY	A	LABORATORY	60		1,817,743	58
59 RECLASS PTO, HOL, SICK TO SALARY	A	BLOOD STORING, PROCESSING & T	63		253,853	59
60 RECLASS PTO, HOL, SICK TO SALARY	A	CELL THERAPY LAB	63.01		21,285	60
61 RECLASS PTO, HOL, SICK TO SALARY	A	RESPIRATORY THERAPY	65		732,223	61
62 RECLASS PTO, HOL, SICK TO SALARY	A	PHYSICAL THERAPY	66		219,655	62
63 RECLASS PTO, HOL, SICK TO SALARY	A	OCCUPATIONAL THERAPY	67		110,209	63
64 RECLASS PTO, HOL, SICK TO SALARY	A	ELECTROCARDIOLOGY	69		138,013	64
65 RECLASS PTO, HOL, SICK TO SALARY	A	ELECTROENCEPHALOGRAPHY	70		197,366	65
66 RECLASS PTO, HOL, SICK TO SALARY	A	CARDIAC REHABILITATION	76.97		52,489	66
67 RECLASS PTO, HOL, SICK TO SALARY	A	CLINIC	90		203,867	67
68 RECLASS PTO, HOL, SICK TO SALARY	A	PSYCH CLINIC	90.01		545,518	68
69 RECLASS PTO, HOL, SICK TO SALARY	A	TRANSPLANT CLINIC	90.02		344,954	69
70 RECLASS PTO, HOL, SICK TO SALARY	A	OB CLINIC	90.03		151,405	70
71 RECLASS PTO, HOL, SICK TO SALARY	A	EMERGENCY	91		959,535	71
72 RECLASS PTO, HOL, SICK TO SALARY	A	OBSERVATION BEDS-DISTINCT	92.01		159,233	72
73 RECLASS PTO, HOL, SICK TO SALARY	A	KIDNEY ACQUISITION	105		93,089	73
74 RECLASS PTO, HOL, SICK TO SALARY	A	HEART ACQUISITION	106		41,353	74
75 RECLASS PTO, HOL, SICK TO SALARY	A	LIVER ACQUISITION	107		84,134	75
76 RECLASS PTO, HOL, SICK TO SALARY	A	HOSPICE	116		246,152	76
77 RECLASS PTO, HOL, SICK TO SALARY	A	SPONSERED PROJECT	191.01		37,775	77
78 RECLASS PTO, HOL, SICK TO SALARY	A	REAL ESTATE	194		74,025	78
79 RECLASS PTO, HOL, SICK TO SALARY	A	MARKETING, OTHER NON-REIMB	194.01		281,135	79
80 RECLASS OTHER FRINGES FROM FUNDS	A					80
81 RECLASS OTHER FUND EXPENSES	A					81
82 RECLASS FELLOW SALARY AND FRINGE	A					82
83 RECLASS EDUCATION FUND SALARY-OTHER	A					83
84 RECLASS FUND SALARY AND OTHER	A					84
85 RECLASS FUND SALARY AND OTHER	A					85
86 RECLASS FUND SALARY AND OTHER	A					86
87 RECLASS FUND SALARY AND OTHER	A					87
88 RECLASS FUND SALARY AND OTHER	A					88
89 RECLASS FUND SALARY AND OTHER	A					89
90 RECLASS FUND SALARY AND OTHER	A					90

191	RECLASS BONUS TO COST CENTERS	A						191
192	RECLASS BONUS TO COST CENTERS	A						192
193	RECLASS BONUS TO COST CENTERS	A						193
194	RECLASS BONUS TO COST CENTERS	A						194
195	RECLASS BONUS TO COST CENTERS	A						195
196	RECLASS BONUS TO COST CENTERS	A						196
197	RECLASS BONUS TO COST CENTERS	A						197
198	RECLASS BONUS TO COST CENTERS	A						198
199	RECLASS BONUS TO COST CENTERS	A						199
200	RECLASS BONUS TO COST CENTERS	A	ADMINISTRATIVE & GENERAL	5.05	4,893,661			200
201	RECLASS TAXABLE TUITION TO SALARY	A						201
202	RECLASS TAXABLE TUITION TO SALARY	A						202
203	RECLASS TAXABLE TUITION TO SALARY	A						203
204	RECLASS TAXABLE TUITION TO SALARY	A						204
205	RECLASS TAXABLE TUITION TO SALARY	A						205
206	RECLASS TAXABLE TUITION TO SALARY	A						206
207	RECLASS TAXABLE TUITION TO SALARY	A						207
208	RECLASS TAXABLE TUITION TO SALARY	A						208
209	RECLASS TAXABLE TUITION TO SALARY	A						209
210	RECLASS TAXABLE TUITION TO SALARY	A						210
211	RECLASS TAXABLE TUITION TO SALARY	A						211
212	RECLASS TAXABLE TUITION TO SALARY	A						212
213	RECLASS TAXABLE TUITION TO SALARY	A						213
214	RECLASS TAXABLE TUITION TO SALARY	A						214
215	RECLASS TAXABLE TUITION TO SALARY	A						215
216	RECLASS TAXABLE TUITION TO SALARY	A						216
217	RECLASS TAXABLE AWARD TO SALARY	A	EMPLOYEE BENEFITS	4		14,145		217
218	RECLASS TAXABLE AWARD TO SALARY	A	DATA PROCESSING	5.02		6,407		218
219	RECLASS TAXABLE AWARD TO SALARY	A	OPERATING ROOM	50		8,629		219
220	RECLASS TAXABLE TUITION TO SALARY	A	EMPLOYEE BENEFITS	4		113,857		220
221	RECLASS SALARY NO HOURS TO OTHER	A	KIDNEY ACQUISITION	105	254,022			221
222	RECLASS SALARY NO HOURS TO OTHER	A	LIVER ACQUISITION	107	254,022			222
223	RECLASS RADIOLOGY SCHOOL SALARY	A	RADIOLOGY-DIAGNOSTIC	54	366,691			223
224	RECLASS RADIOLOGY SCHOOL SALARY	A	RADIOLOGY-THERAPEUTIC	55	112,071			224
225	RECLASS RADIOLOGY SCHOOL SALARY	A	RADIOISOTOPE	56	292,799			225
226	RECLASS RADIOLOGY SCHOOL SALARY	A	COMPUTED TOMOGRAPHY (CT) SCAN	57	28,087			226
227	RECLASS RADIOLOGY SCHOOL SALARY	A	MAGNETIC RESONANCE IMAGING (M	58	2,231			227
228	RECLASS RADIOLOGY SCHOOL SALARY	A	ELECTROCARDIOLOGY	69	11,940			228
229	RECLASS CHAPLAINCY PROGRAM TO PARA	A	ADMINISTRATIVE & GENERAL	5.05	89,184			229
230	RECLASS HOUSESTAFF FRINGE TO LN 21	A	EMPLOYEE BENEFITS	4		4,691,062		230
231	RECLASS PHARM PRGM TO PARA SCHOOL	A	PHARMACY	15	149,782			231
232	RECLASS NON HOUR SAL TO OTHER	A	TRANSPLANT CLINIC	90.02	46,272			232
233	RECLASS SALARY FRM 1301 TO CLINIC	A	ADMINISTRATIVE & GENERAL	5.05	188,343			233
234	RECLASS INC SAL IN 1765 TO CLINIC	A	ADULTS & PEDIATRICS	30	79,568			234
235	RECL TRANS CLINIC EXCL TO ADUL&PED	A	TRANSPLANT CLINIC	90.02	1,378,629			235
236	RECL TRANS CLINIC EXCL OTHER TO A&P	A	TRANSPLANT CLINIC	90.02		1,364,975		236
237	RECLASS TRANS CLIN TO AQUISITION	A	TRANSPLANT CLINIC	90.02	566,493	78,923		237
238	RECLASS TRANS CLIN TO AQUISITION	A	TRANSPLANT CLINIC	90.02	51,130	7,123		238
239	RECLASS TRANS CLIN TO AQUISITION	A	TRANSPLANT CLINIC	90.02	277,277	38,630		239
240	RECLASS TRANS CLIN TO AQUISITION	A	TRANSPLANT CLINIC	90.02	62,431	8,698		240
241	RECLASS EXCLUDED SAL AND OTH TO A&P	A	KIDNEY ACQUISITION	105	27,886	3,554		241
242	RECLASS EXCLUDED SAL TO A & P	A	HEART ACQUISITION	106	60,991			242
243	RECLASS EXCLUDED SAL AND OTH TO A&P	A	LIVER ACQUISITION	107	376,833	50,945		243
244	RECLASS EXCLUDED SAL TO A & P	A	PANCREAS ACQUISITION	109	30,236			244
245	ADD BACK DR A SAL&FRG TO CLINIC	A	ADULTS & PEDIATRICS	30	336,347			245
246	ADD BACK DR A SAL& FRG TO CLINIC	A	EMPLOYEE BENEFITS	4		68,603		246
247	ADD FRINGE TO BE INCLUD IN ACQU CC	A	EMPLOYEE BENEFITS	4		5,193		247
248	ADD FRINGE TO BE INCLUD IN ACQU CC	A	EMPLOYEE BENEFITS	4		20,194		248
249	ADD FRINGE TO BE INCLUD IN ACQU CC	A	EMPLOYEE BENEFITS	4		3,738		249
250	RECLASS ON CALL FRINGE TO ACQU CC	A	EMPLOYEE BENEFITS	4		57,155		250
251	RECLASS ON CALL FRINGE TO ACQUI CC	A	EMPLOYEE BENEFITS	4		57,155		251
252	RECLASS NON RESIDENT OTH TO LN 22	A	I&R SRVCES-SALARY & FRINGES A	21		5,789,726		252
253	RECLASS GRANT SALARY TO OTHER	A	ADMINISTRATIVE & GENERAL	5.05	179,405			253
254	RECLASS NON RESIDENT SALARY TO OTHE	A	I&R SRVCES-SALARY & FRINGES A	21	9,229,124			254
500	TOTAL RECLASSIFICATIONS				48,711,382	68,285,194		500
	CODE LETTER - A							

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF. 10
	1	6	7	8	9	
1 RECLASS MANAGEMENT SALARY	B	ADMINISTRATIVE & GENERAL	5.05		10,370,701	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - B					10,370,701	500
1 NON 1594 DRUG RECLASS	C	RADIOLOGY-DIAGNOSTIC	54		204,474	1
2 NON 1594 DRUG RECLASS	C	RADIOLOGY-THERAPEUTIC	55		5,805	2
3 NON 1594 DRUG RECLASS	C	RADIOISOTOPE	56		12,839	3
4 NON 1594 DRUG RECLASS	C	COMPUTED TOMOGRAPHY (CT) SCAN	57		820,909	4
5 NON 1594 DRUG RECLASS	C	MAGNETIC RESONANCE IMAGING (M	58		959,270	5
6 NON 1594 DRUG RECLASS	C	CARDIAC CATHETERIZATION	59		103,812	6
7 NON 1594 DRUG RECLASS	C	CARDIAC GRAPHICS	59.02		11	7
8 NON 1594 DRUG RECLASS	C	WHOLE BLOOD & PACKED RED BLOO	62		79,309	8
9 NON 1594 DRUG RECLASS	C	RESPIRATORY THERAPY	65		212	9
10 NON 1594 DRUG RECLASS	C	ELECTROCARDIOLOGY	69		369,910	10
11 NON 1594 DRUG RECLASS	C	CLINIC	90		120,252	11
12 NON 1594 DRUG RECLASS	C	TRANSPLANT CLINIC	90.02		4,516	12
13 NON 1594 DRUG RECLASS	C	EMERGENCY	91		9,013	13
500 TOTAL RECLASSIFICATIONS CODE LETTER - C					2,690,332	500
1 IMPLANT RECLASS	D	RADIOLOGY-THERAPEUTIC	55		55,579	1
2 IMPLANT RECLASS	D	ANESTHESIOLOGY	53		22,632	2
3 IMPLANT RECLASS	D	RADIOLOGY-DIAGNOSTIC	54		1,311,831	3
4 IMPLANT RECLASS	D	RADIOISOTOPE	56		2,426,216	4
5 IMPLANT RECLASS	D	CARDIAC CATHETERIZATION	59		2,139,810	5
6 IMPLANT RECLASS	D	EPS	59.04		6,690,196	6
7 IMPLANT RECLASS	D	GI	59.05		212,551	7
8 IMPLANT RECLASS	D	PHYSICAL THERAPY	66		1,541	8
9		OPERATING ROOM	50		41,752,793	9
500 TOTAL RECLASSIFICATIONS CODE LETTER - D					54,613,149	500
1 MED SUPPLY RECLASS	E	ADULTS & PEDIATRICS	30		708	1
2 MED SUPPLY RECLASS	E	INTENSIVE CARE UNIT	31		94,416	2
3 MED SUPPLY RECLASS	E	SPECIAL CARE NURSERY	35		46,678	3
4 MED SUPPLY RECLASS	E	OPERATING ROOM	50		29,338,532	4
5 MED SUPPLY RECLASS	E	RECOVERY ROOM	51		1,695	5
6 MED SUPPLY RECLASS	E	DELIVERY ROOM & LABOR ROOM	52		716,897	6
7 MED SUPPLY RECLASS	E	ANESTHESIOLOGY	53		517,943	7
8 MED SUPPLY RECLASS	E	RADIOLOGY-DIAGNOSTIC	54		5,977,650	8
9 MED SUPPLY RECLASS	E	RADIOLOGY-THERAPEUTIC	55		8,167	9
10 MED SUPPLY RECLASS	E	MAGNETIC RESONANCE IMAGING (M	58		79,018	10
11 MED SUPPLY RECLASS	E	CARDIAC CATHETERIZATION	59		2,379,113	11
12 MED SUPPLY RECLASS	E	EPS	59.04		3,278,018	12
13 MED SUPPLY RECLASS	E	GI	59.05		346,643	13
14 MED SUPPLY RECLASS	E	BLOOD STORING, PROCESSING & T	63		301	14
15 MED SUPPLY RECLASS	E	RESPIRATORY THERAPY	65		182,448	15
16 MED SUPPLY RECLASS	E	PHYSICAL THERAPY	66		501,503	16
17 MED SUPPLY RECLASS	E	OCCUPATIONAL THERAPY	67		34,656	17
18 MED SUPPLY RECLASS	E	OB CLINIC	90.03		16,600	18
19 MED SUPPLY RECLASS	E				16,600	19
500 TOTAL RECLASSIFICATIONS CODE LETTER - E					43,520,986	500
1 NN RECLASS	F	ADULTS & PEDIATRICS	30	3,230,270	60,329	1
2 NN RECLASS	F	SPECIAL CARE NURSERY	35	1,411	246	2
3		DELIVERY ROOM & LABOR ROOM	52	89,735	3,515	3
500 TOTAL RECLASSIFICATIONS CODE LETTER - F				3,321,416	64,090	500
1 DIETARY RECLASS	G	DIETARY	10	2,404,243	3,913,616	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - G				2,404,243	3,913,616	500
1 RECLASS 1594 DRUG EXPENSE	H	PHARMACY	15		47,436,838	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - H					47,436,838	500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER	DECREASE		OTHER	WKST A-7 REF.
			LINE #	SALARY		
	1	6	7	8	9	10
1 RECLASS SCHOOL LEASE SPACE	J	ADMINISTRATIVE & GENERAL	5.05		60,908	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - J					60,908	500
1 RECLASS LAUNDRY SERVICES	K	PURCHASING RECEIVING & STORES	5.03		3,428,142	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - K					3,428,142	500
GRAND TOTAL (DECREASES)				54,437,041	234,383,956	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	155,898,921	19,792,433		19,792,433		175,691,354	1
2 LAND IMPROVEMENTS	13,101,059					13,101,059	2
3 BUILDINGS AND FIXTURES	1,074,861,180	30,831,137		30,831,137	38,223,193	1,067,469,124	3
4 BUILDING IMPROVEMENTS	368,894,175					368,894,175	4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	459,188,195	29,768,046		29,768,046	17,298,747	471,657,494	6
7 HIT DESIGNATED ASSETS		2,200,000		2,200,000	5	2,199,995	7
8 SUBTOTAL (SUM OF LINES 1-7)	2,071,943,530	82,591,616		82,591,616	55,521,945	2,099,013,201	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	2,071,943,530	82,591,616		82,591,616	55,521,945	2,099,013,201	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	74,877,453						74,877,453 1
2 CAP REL COSTS-MVBLE EQUIP	43,767,795						43,767,795 2
3 TOTAL (SUM OF LINES 1-2)	118,645,248						118,645,248 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL
								(SUM OF COLS. 5-7) 8
1 CAP REL COSTS-BLDG & FIXT	1,627,355,7		1,627,355,707	0.775296				1
2 CAP REL COSTS-MVBLE EQUIP	471,657,494		471,657,494	0.224704				2
3 TOTAL (SUM OF LINES 1-2)	2,099,013,201		2,099,013,201	1.000000				3

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	74,877,453						74,877,453 1
2 CAP REL COSTS-MVBLE EQUIP	43,767,795						43,767,795 2
3 TOTAL	118,645,248						118,645,248 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WORKSHEET A-8	
			COST CENTER	LINE NO.	WKST A-7 REF	REF
	1	2	3	4	5	
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	9	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	9	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	-12,203,680				10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)						11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1					12
13 LAUNDRY AND LINEN SERVICE						13
14 CAFETERIA - EMPLOYEES AND GUESTS						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 FOR UNCOLLECTIBLES	A	-26,965,313	ADMINISTRATIVE & GENERAL	5.05		33
34 BAD DEBT FOR RENT	A	-58,106	REAL ESTATE	194		34
35						35
36						36
37 OFFSET SWAP DIFFERENCE	B	-10,639,096	ADMINISTRATIVE & GENERAL	5.05		37
38						38
39						39
39.01 EMPLOYEE HEALTH & WELFARE	A	-701,150	EMPLOYEE BENEFITS	4		39.01
39.02 NONPATIENT PHONES	A	-45,616	NONPATIENT PHONES	5.01		39.02
39.03 DATA PROCESSING	A	-690,806	DATA PROCESSING	5.02		39.03
39.04 PURCH REC & STORES	A	-15,471	PURCHASING RECEIVING & STORES	5.03		39.04
39.05 ADMITTING FINANCL SERVICES	A	-165,892	ADMITTING	5.04		39.05
39.06 ADMIN & GENERAL	A	-3,306,430	ADMINISTRATIVE & GENERAL	5.05		39.06
39.07 OPERATION OF PLANT	A	-506,681	OPERATION OF PLANT	7		39.07
39.08 HOUSEKEEPING	A	-25,576	HOUSEKEEPING	9		39.08
39.10 DIETARY	A	-15,200	DIETARY	10		39.10
39.11 NURSING ADMIN	A	-148,230	NURSING ADMINISTRATION	13		39.11
39.12 CENTRAL SERVICE SUPPLY	A	-150,897	CENTRAL SERVICES & SUPPLY	14		39.12
39.13 PHARMACY	A	-20,347	PHARMACY	15		39.13
39.14 MEDICAL RECORDS LIBRARY	A	-84,488	MEDICAL RECORDS & LIBRARY	16		39.14
39.15 SOCIAL SERVICE	A	-4,744	SOCIAL SERVICE	17		39.15
39.16 INTERN RESIDENT SVCE	A	-53,883	I&R SRVCS-OTHER PRGM COSTS APP	22		39.16
39.17 NMH SCHOOLS	A	-2,866	PARAMED ED PRGM-(NM SCHL)	23.02		39.17
39.18 ADULTS & PEDIATRICES	A	-6,073	ADULTS & PEDIATRICES	30		39.18
39.19 INTENSIVE CARE UNIT	A	-1,628	INTENSIVE CARE UNIT	31		39.19
39.20 SPECIAL CARE NURSERY	A	-2,146	SPECIAL CARE NURSERY	35		39.20
39.21 PSYCHIATRY	A	-2,190	SUBPROVIDER - IPF	40		39.21
39.22 OPERATING ROOM	A	-47,258	OPERATING ROOM	50		39.22
39.23 RECOVERY ROOM	A	-7,227	RECOVERY ROOM	51		39.23

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
39.24 DELIVERY & LABOR ROOMS	A	-1,069	DELIVERY ROOM & LABOR ROOM	52	39.24
39.25 ANESTHESIOLOGY	A	-320	ANESTHESIOLOGY	53	39.25
39.26 RADIOLOGY - DIAGNOSTIC	A	-3,090	RADIOLOGY-DIAGNOSTIC	54	39.26
39.27 RADIOLOGY - THERAPEUTIC	A	-9,128	RADIOLOGY-THERAPEUTIC	55	39.27
39.28 RADIOISOTOPE	A	-3,536	RADIOISOTOPE	56	39.28
39.29 CT	A	-568	COMPUTED TOMOGRAPHY (CT) SCAN	57	39.29
39.30 MRI	A	-5,220	MAGNETIC RESONANCE IMAGING (MRI)	58	39.30
39.31 CATHETERIZATION LAB	A	-952	CARDIAC CATHETERIZATION	59	39.31
39.32 VASCULAR LABORATORY	A	-455	VASCULAR LAB	59.01	39.32
39.33 CARDIOLOGY GRAPHICS	A	-3,707	CARDIAC GRAPHICS	59.02	39.33
39.34 PULMONARY FUNCTION	A	-5	PULMONARY FUNCTION	59.03	39.34
39.35 EPS	A	-1,437	EPS	59.04	39.35
39.36 GI LABORATORY	A	-3,370	GI	59.05	39.36
39.37 LABORATORY	A	-141,057	LABORATORY	60	39.37
39.38 BLOOD STOR, PROC&ADMIN	A	-1,428	BLOOD STORING, PROCESSING & TRA	63	39.38
39.39 CELL STORAGE	A	-8,705	CELL THERAPY LAB	63.01	39.39
39.40 OXYGEN (INHALATION) THERAPY	A	-9,292	RESPIRATORY THERAPY	65	39.40
39.41 PHYSICAL THERAPY	A	-11,777	PHYSICAL THERAPY	66	39.41
39.42 OCCUPATIONAL THERAPY	A	-915	OCCUPATIONAL THERAPY	67	39.42
39.43 ELECTROCARDIOLOGY	A	-698	ELECTROCARDIOLOGY	69	39.43
39.44 ELECTROENCEPHALOGRAPHY	A	-6,954	ELECTROENCEPHALOGRAPHY	70	39.44
39.45 CARDIAC REHABILITATION	A	-69	CARDIAC REHABILITATION	76.97	39.45
39.46 STD CLINIC	A	-46	CLINIC	90	39.46
39.47 CLINIC PSYCH	A	-40,022	PSYCH CLINIC	90.01	39.47
39.48 SOLID ORGAN TRANSPLANT CLINIC	A	-48,317	TRANSPLANT CLINIC	90.02	39.48
39.49 OB CLINIC	A	-8,073	OB CLINIC	90.03	39.49
39.50 EMERGENCY	A	-11,046	EMERGENCY	91	39.50
39.51 KIDNEY ACQUISITION	A	-43,269	KIDNEY ACQUISITION	105	39.51
39.52 BCVI HEART TRANSPLANT	A	-20	HEART ACQUISITION	106	39.52
39.53 LIVER ACQUISITION	A	-236	LIVER ACQUISITION	107	39.53
39.54 OUTPATIENT HOSPICE	A	-42,268	HOSPICE	116	39.54
39.55 CRC	A	-390,982	RESEARCH	191	39.55
39.56 REAL ESTATE	A	-62,301	REAL ESTATE	194	39.56
39.57 MARKETING, OTHER NON-REIMB	A	-794,489	MARKETING, OTHER NON-REIMB	194.01	39.57
39.58 REMOV OTHER COMP WIDE EXPENSES (FU	A	-3,335,551	OTHER COMPANY WIDE ACTIVITY	194.02	39.58
40 BUILDING RENTALS	B	-138,697	EMPLOYEE BENEFITS	4	40
41 BUILDING RENTALS	B	-493,941	ADMINISTRATIVE & GENERAL	5.05	41
42 BUILDING RENTALS	B	-5,748,264	OPERATION OF PLANT	7	42
43 BUILDING RENTALS	B	-207,558	HOUSEKEEPING	9	43
44 BUILDING RENTALS	B	-15,725	ELECTROENCEPHALOGRAPHY	70	44
45 BUILDING RENTALS	B	-23,219,466	REAL ESTATE	194	45
46 FOOD SERVICE	B	-5,569,792	CAFETERIA	11	46
46.01 CAFETERIA LIMIT TO COST	A	72,862	CAFETERIA	11	46.01
47 OTHER INCOME	B	-276,300	EMPLOYEE BENEFITS	4	47
47.01 OTHER INCOME	B	-1,475,538	NONPATIENT PHONES	5.01	47.01
47.02 OTHER INCOME	B	-1,500	DATA PROCESSING	5.02	47.02
47.03 OTHER INCOME	B	-14,404	PURCHASING RECEIVING & STORES	5.03	47.03
47.04 OTHER INCOME	B	-3,319,910	ADMINISTRATIVE & GENERAL	5.05	47.04
47.05 OTHER INCOME	B	-1,268,912	OPERATION OF PLANT	7	47.05
47.06 OTHER INCOME	B	-820,929	CAFETERIA	11	47.06
47.07 OTHER INCOME	B	-2,493,266	PHARMACY	15	47.07
47.08 OTHER INCOME	B	-13,423	SOCIAL SERVICE	17	47.08
47.09 OTHER INCOME	B	-375,170	PARAMED ED PRGM-(NM SCHL)	23.02	47.09
47.10 OTHER INCOME	B	242,995	ADULTS & PEDIATRICS	30	47.10
47.11 OTHER INCOME	B	-1,900	SPECIAL CARE NURSERY	35	47.11
47.12 OTHER INCOME	B	-13,200	OPERATING ROOM	50	47.12
47.13 OTHER INCOME	B	-198,286	RECOVERY ROOM	51	47.13
47.14 OTHER INCOME	B	-40,490	DELIVERY ROOM & LABOR ROOM	52	47.14
47.15 OTHER INCOME	B	-14,188	RADIOLOGY-DIAGNOSTIC	54	47.15
47.16 OTHER INCOME	B	-1,680	RADIOLOGY-THERAPEUTIC	55	47.16
47.17 OTHER INCOME	B	-105,752	VASCULAR LAB	59.01	47.17
47.18 OTHER INCOME	B	-171,791	LABORATORY	60	47.18
47.19 OTHER INCOME	B	-17,150	BLOOD STORING, PROCESSING & TRA	63	47.19
47.20 OTHER INCOME	B	-1,026,145	RESPIRATORY THERAPY	65	47.20
47.21 OTHER INCOME	B	-13,331	PHYSICAL THERAPY	66	47.21
47.22 OTHER INCOME	B	-34,019	OCCUPATIONAL THERAPY	67	47.22
47.23 OTHER INCOME	B	-5,475	ELECTROCARDIOLOGY	69	47.23
47.24 OTHER INCOME	B	-32,625	CLINIC	90	47.24
47.25 OTHER INCOME	B	-134,480	TRANSPLANT CLINIC	90.02	47.25
47.26 OTHER INCOME	B	-8,305	OB CLINIC	90.03	47.26
47.27 OTHER INCOME	B	-1,000	EMERGENCY	91	47.27
47.28 OTHER INCOME	B	-10,921	HEART ACQUISITION	106	47.28
47.29 OTHER INCOME	B	-128,546	LIVER ACQUISITION	107	47.29
47.30 OTHER INCOME	B	-1,018,723	REAL ESTATE	194	47.30
47.31 NO HOURS ASSOCIATED WITH SALARY	A	-10,774,902	ADMINISTRATIVE & GENERAL	5.05	47.31
47.32 NO HOURS ASSOCIATED WITH SALARY	A	-5,462	NURSING ADMINISTRATION	13	47.32
47.33 NO HOURS ASSOCIATED WITH SALARY	A	-667,717	I&R SRVCES-OTHER PRGM COSTS APP	22	47.33

ADJUSTMENTS TO EXPENSES

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
47.34 NO HOURS ASSOCIATED WITH SALARY	A	-1,139,885	ADULTS & PEDIATRICS	30	47.34
47.35 NO HOURS ASSOCIATED WITH SALARY	A	-1,334,104	SPECIAL CARE NURSERY	35	47.35
47.36 NO HOURS ASSOCIATED WITH SALARY	A	-5,355,285	OPERATING ROOM	50	47.36
47.37 NO HOURS ASSOCIATED WITH SALARY	A	-472,408	DELIVERY ROOM & LABOR ROOM	52	47.37
47.38 NO HOURS ASSOCIATED WITH SALARY	A	-119,845	CLINIC	90	47.38
47.39 NO HOURS ASSOCIATED WITH SALARY	A	-77,716	TRANSPLANT CLINIC	90.02	47.39
47.40 NO HOURS ASSOCIATED WITH SALARY	A	-110,947	OB CLINIC	90.03	47.40
47.41 NO HOURS ASSOCIATED WITH SALARY	A	-119,016	EMERGENCY	91	47.41
47.42 NO HOURS ASSOCIATED WITH SALARY	A	-42,224	SUBPROVIDER - IPF	40	47.42
48 RE TAXES	A	-1,146,011	ADMINISTRATIVE & GENERAL	5.05	48
48.01 RE TAXES	A	-469,867	OPERATION OF PLANT	7	48.01
48.02 INTEREST EXPENSE	A	-26,051,797	ADMINISTRATIVE & GENERAL	5.05	48.02
49 REAL ESTATE LIMIT TO COST	A	7,749,028	REAL ESTATE	194	49
50 TOTAL (SUM OF LINES 1 THRU 49)		-149,114,469			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 ADJUSTMENTS (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1	5.05	ADMINISTRATIVE & GENERAL	VARIOUS FROM NMHC	5,397,672	5,397,672	1
2	4	EMPLOYEE BENEFITS	VARIOUS FROM NMPG	876,733	876,733	2
3	5.02	DATA PROCESSING	VARIOUS FROM NMPG	1,025	1,025	3
4	5.04	ADMITTING	VARIOUS FROM NMPG	4,975	4,975	4
4.01	5.05	ADMINISTRATIVE & GENERAL	VARIOUS FROM NMPG	140,560	140,560	4.01
4.02	21	I&R SRVCES-SALARY & FRINGES APP	VARIOUS FROM NMPG	171,573	171,573	4.02
4.03	23.02	PARAMED ED PRGM-(NM SCHL)	VARIOUS FROM NMPG	2,492	2,492	4.03
4.04	90.03	OB CLINIC	VARIOUS FROM NMPG	25,765	25,765	4.04
4.05	116	HOSPICE	VARIOUS FROM NMPG	1,174	1,174	4.05
4.06	191.01	SPONSERED PROJECT	VARIOUS FROM NMPG	35,531	35,531	4.06
4.07	194.02	OTHER COMPANY WIDE ACTIVITY	VARIOUS FROM NMPG	387,933	387,933	4.07
4.08	4	EMPLOYEE BENEFITS	WORKERS COMP FROM NMPG	256,638	256,638	4.08
4.09	52	DELIVERY ROOM & LABOR ROOM	VARIOUS FROM NMPG	807,200	807,200	4.09
4.10	5.05	ADMINISTRATIVE & GENERAL	VARIOUS FROM NHC	428,958	428,958	4.10
4.11	194.02	OTHER COMPANY WIDE ACTIVITY	VARIOUS FROM NMF	6,531,904	6,531,904	4.11
4.12	4	EMPLOYEE BENEFITS	MANAGEMENT FEE FROM NMHC	18,041,314	18,041,314	4.12
5		TOTALS (SUM OF LINES 1-4)		33,111,447	33,111,447	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.

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
	2	3	4	5	6	
6	B	100.00	NM HEALTH CARE		HEALTH CARE	6
7	B		NM LAKE FOREST		HEALTH CARE	7
8	B		NM PHYS GROUP		HEALTH CARE	8
9	B		NM INSURANCE CO		HEALTH CARE	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.	2	3	4	5	6	7	8	9	
1	5.02 DATA PROCESSING	385,852		385,852	177,200	1,031	87,833	4,392	1
2	5.05 ADMINISTRATIVE & GENERAL	1,304,589		1,304,589	177,200	8,794	749,181	37,459	2
3	13 NURSING ADMINISTRATION	256,399		256,399	177,200	942	80,251	4,013	3
4	15 PHARMACY	67,267		67,267	177,200	420	35,781	1,789	4
5	16 MEDICAL RECORDS & LIBRAR	207,975		207,975	177,200	869	74,032	3,702	5
6	22 I&R SRVCES-OTHER PRGM CO	9,838,214		9,838,214	177,200	44,243	3,769,163	188,458	6
7	30 ADULTS & PEDIATRICS	946,346		946,346	196,400	3,387	319,811	15,991	7
8	31 INTENSIVE CARE UNIT	670,109		670,109	165,600	2,770	220,535	11,027	8
9	35 SPECIAL CARE NURSERY	147,797		147,797	140,600	921	62,256	3,113	9
10	50 OPERATING ROOM	622,577		622,577	208,000	4,324	432,400	21,620	10
11	51 RECOVERY ROOM	89,672		89,672	177,200	468	39,870	1,994	11
12	52 DELIVERY ROOM & LABOR RO	268,237		268,237	196,400	806	76,105	3,805	12
13	53 ANESTHESIOLOGY	215,214		215,214	200,300	1,131	108,913	5,446	13
14	54 RADIOLOGY-DIAGNOSTIC	469,286		469,286	225,300	2,103	227,791	11,390	14
15	55 RADIOLOGY-THERAPEUTIC	62,219		62,219	225,300	124	13,431	672	15
16	56 RADIOISOTOPE	92,597		92,597	225,300	189	20,472	1,024	16
17	57 COMPUTED TOMOGRAPHY (CT)	51,984		51,984	225,300	510	55,242	2,762	17
18	58 MAGNETIC RESONANCE IMAGI	51,984		51,984	225,300	399	43,219	2,161	18
19	59 CARDIAC CATHETERIZATION	143,086		143,086	165,600	1,010	80,412	4,021	19
20	59.01 VASCULAR LAB	32,100		32,100	165,600	115	9,156	458	20
21	59.02 CARDIAC GRAPHICS	107,315		107,315	165,600	444	35,349	1,767	21
22	59.03 PULMONARY FUNCTION	30,411		30,411	165,600	243	19,347	967	22
23	59.04 EPS	143,086		143,086	165,600	617	49,123	2,456	23
24	59.05 GI	127,101		127,101	177,200	564	48,048	2,402	24
25	60 LABORATORY	2,451,053		2,451,053	215,400	28,269	2,927,472	146,374	25
26	63 BLOOD STORING, PROCESSIN	99,842		99,842	215,400	284	29,410	1,471	26
27	63.01 CELL THERAPY LAB	69,853		69,853	215,400	33	3,417	171	27
28	65 RESPIRATORY THERAPY	95,650		95,650	177,200	523	44,556	2,228	28
29	66 PHYSICAL THERAPY	45,441		45,441	177,200	255	21,724	1,086	29
30	69 ELECTROCARDIOLOGY	83,467		83,467	165,600	277	22,053	1,103	30
31	70 ELECTROENCEPHALOGRAPHY	169,082		169,082	165,600	1,970	156,842	7,842	31
32	76.97 CARDIAC REHABILITATION	23,847		23,847	165,600	546	43,470	2,174	32
33	90 CLINIC	54,778		54,778	177,200	497	42,341	2,117	33
34	90.01 PSYCH CLINIC	669,914		669,914	154,100	416	30,820	1,541	34
35	90.03 OB CLINIC	76,807		76,807	165,600	166	13,216	661	35
36	91 EMERGENCY	596,688		596,688	177,200	4,789	407,986	20,399	36
37	40 SUBPROVIDER - IPF	252,857		252,857	154,100	555	41,118	2,056	37
40	90.02 TRANSPLANT CLINIC	373,506	DR. A SALARY AN	373,506	208,000	1	100	5	40
41	105 KIDNEY ACQUISITION	311,177	CALL COVERAGE N	311,177	208,000	1	100	5	41
42	107 LIVER ACQUISITION	311,177	CALL COVERAGE N	311,177	208,000	1	100	5	42
43	105 KIDNEY ACQUISITION	28,273	DR. A SALARY AN	28,273	208,000	138	13,800	690	43
44	107 LIVER ACQUISITION	20,351	DR. A SALARY AN	20,351	208,000	105	10,500	525	44
45	106 HEART ACQUISITION	109,946	DR. M	109,946	208,000	40	4,000	200	45
200	TOTAL	22,175,126		22,175,126		115,290	10,470,746	523,542	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. 10	11	12	13	14	15	16	17	18	
1	5.02 DATA PROCESSING					87,833	298,019	298,019	1
2	5.05 ADMINISTRATIVE & GENERAL					749,181	555,408	555,408	2
3	13 NURSING ADMINISTRATION					80,251	176,148	176,148	3
4	15 PHARMACY					35,781	31,486	31,486	4
5	16 MEDICAL RECORDS & LIBRAR					74,032	133,943	133,943	5
6	22 I&R SRVCES-OTHER PRGM CO					3,769,163	6,069,051	6,069,051	6
7	30 ADULTS & PEDIATRICS					319,811	626,535	626,535	7
8	31 INTENSIVE CARE UNIT					220,535	449,574	449,574	8
9	35 SPECIAL CARE NURSERY					62,256	85,541	85,541	9
10	50 OPERATING ROOM					432,400	190,177	190,177	10
11	51 RECOVERY ROOM					39,870	49,802	49,802	11
12	52 DELIVERY ROOM & LABOR RO					76,105	192,132	192,132	12
13	53 ANESTHESIOLOGY					108,913	106,301	106,301	13
14	54 RADIOLOGY-DIAGNOSTIC					227,791	241,495	241,495	14
15	55 RADIOLOGY-THERAPEUTIC					13,431	48,788	48,788	15
16	56 RADIOISOTOPE					20,472	72,125	72,125	16
17	57 COMPUTED TOMOGRAPHY (CT)					55,242			17
18	58 MAGNETIC RESONANCE IMAGI					43,219	8,765	8,765	18
19	59 CARDIAC CATHETERIZATION					80,412	62,674	62,674	19
20	59.01 VASCULAR LAB					9,156	22,944	22,944	20
21	59.02 CARDIAC GRAPHICS					35,349	71,966	71,966	21
22	59.03 PULMONARY FUNCTION					19,347	11,064	11,064	22
23	59.04 EPS					49,123	93,963	93,963	23
24	59.05 GI					48,048	79,053	79,053	24
25	60 LABORATORY					2,927,472			25
26	63 BLOOD STORING, PROCESSIN					29,410	70,432	70,432	26
27	63.01 CELL THERAPY LAB					3,417	66,436	66,436	27
28	65 RESPIRATORY THERAPY					44,556	51,094	51,094	28
29	66 PHYSICAL THERAPY					21,724	23,717	23,717	29
30	69 ELECTROCARDIOLOGY					22,053	61,414	61,414	30
31	70 ELECTROENCEPHALOGRAPHY					156,842	12,240	12,240	31
32	76.97 CARDIAC REHABILITATION					43,470			32
33	90 CLINIC					42,341	12,437	12,437	33
34	90.01 PSYCH CLINIC					30,820	639,094	639,094	34
35	90.03 OB CLINIC					13,216	63,591	63,591	35
36	91 EMERGENCY					407,986	188,702	188,702	36
37	40 SUBPROVIDER - IPF					41,118	211,739	211,739	37
40	90.02 TRANSPLANT CLINIC					100	373,406	373,406	40
41	105 KIDNEY ACQUISITION	DR. A SALARY AN				100	311,077	311,077	41
42	107 LIVER ACQUISITION	CALL COVERAGE N				100	311,077	311,077	42
43	105 KIDNEY ACQUISITION	DR. A SALARY AN				13,800	14,473	14,473	43
44	107 LIVER ACQUISITION	DR. A SALARY AN				10,500	9,851	9,851	44
45	106 HEART ACQUISITION	DR. M				4,000	105,946	105,946	45
200	TOTAL					10,470,746	12,203,680	12,203,680	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	NONPATIENT PHONES 5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	74,877,453	74,877,453				1
2 CAP REL COSTS-MVBLE EQUIP	43,767,795		43,767,795			2
4 EMPLOYEE BENEFITS	122,291,324	695,205	57,864	123,044,393		4
5.01 NONPATIENT PHONES	4,162,385	793,176	2,750,589	731,355	8,437,505	5.01
5.02 DATA PROCESSING	48,573,290	153,814	9,710,268	5,343,594	5,223,663	5.02
5.03 PURCHASING RECEIVING & STORES	4,040,740		42,572	684,229	12,073	5.03
5.04 ADMITTING	20,350,094	148,916	83,260	4,477,043	115,574	5.04
5.05 ADMINISTRATIVE & GENERAL	95,498,234	3,495,268	726,109	13,065,315	608,442	5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	38,968,968	26,527,574	480,565	1,189,088	476,191	7
8 LAUNDRY & LINEN SERVICE	3,428,142	9,620	18,709			8
9 HOUSEKEEPING	17,145,653	970,178	978,711	3,648,194	42,505	9
10 DIETARY	9,204,149	2,003,751	690,396	1,809,523	26,506	10
11 CAFETERIA				712,319		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	11,942,302	1,188,520	123,369	1,697,041	116,239	13
14 CENTRAL SERVICES & SUPPLY	12,389,223	947,317	1,811,908	2,241,010	47,971	14
15 PHARMACY	13,091,183	317,267	386,913	3,802,145	1,274	15
16 MEDICAL RECORDS & LIBRARY	3,405,100	52,776	32,362	681,949	16,614	16
17 SOCIAL SERVICE	4,379,492		58	1,269,938	7,053	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	30,949,167	761,073	63,308		11,872	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	10,753,174			403,728		22
23 PARAMED ED PRGM-(SPECIFY)	149,782	2,775		44,377		23
23.01 PARAMED ED PRGM-(CHAPLAINCY)	89,184	4,625		26,423		23.01
23.02 PARAMED ED PRGM-(NM SCHL)	1,064,415	15,305	1,066	399,110	3,200	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	88,460,913	9,800,247	1,367,682	22,326,033	294,472	30
31 INTENSIVE CARE UNIT	26,670,389	1,065,129	404,701	6,496,713	26,713	31
35 SPECIAL CARE NURSERY	14,039,929	1,222,985	735,252	3,726,487	3,417	35
40 SUBPROVIDER - I PF	4,043,243	129,680	12,576	1,188,068	4,786	40
43 NURSERY	3,385,506			984,056		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	27,587,928	2,891,838	4,418,686	6,448,127	108,913	50
51 RECOVERY ROOM	7,612,759	257,088	44,078	2,090,463		51
52 DELIVERY ROOM & LABOR ROOM	15,960,825	1,562,229	550,094	3,979,139	9,759	52
53 ANESTHESIOLOGY	3,362,463	33,466	616,042	318,504	6,863	53
54 RADIOLOGY-DIAGNOSTIC	28,260,043	2,131,454	3,779,382	6,237,611	39,487	54
55 RADIOLOGY-THERAPEUTIC	6,243,558	691,662	2,092,402	1,401,202	5,388	55
56 RADIOISOTOPE	4,770,718	304,678	894,287	489,847	8,319	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	5,093,921	188,478	589,270	945,645	4,791	57
58 MAGNETIC RESONANCE IMAGING (MRI)	6,654,731	233,697	3,624,354	1,353,101	11,690	58
59 CARDIAC CATHETERIZATION	2,401,577	95,712	719,727	542,306	11,663	59
59.01 VASCULAR LAB	962,288	61,471	91,106	304,913		59.01
59.02 CARDIAC GRAPHICS	2,706,088	68,181	399,916	639,025		59.02
59.03 PULMONARY FUNCTION	493,902	44,265	58,146	88,295		59.03
59.04 EPS	1,797,017	112,648	1,251,920	353,601	12,936	59.04
59.05 GI	7,606,465	273,918	1,194,253	1,189,952	4,787	59.05
60 LABORATORY	45,295,891	929,757	1,762,249	5,316,258	85,837	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	13,260,254					62
62.30 BLOOD CLOTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	3,986,586	137,119	90,237	730,350	6,863	63
63.01 CELL THERAPY LAB	449,587	87,521	56,556	63,951		63.01
65 RESPIRATORY THERAPY	9,463,266	92,695	281,682	2,115,982	6,884	65
66 PHYSICAL THERAPY	2,400,658	106,402	10,506	554,513	4,786	66
67 OCCUPATIONAL THERAPY	959,095	27,885	1,599	282,968		67
69 ELECTROCARDIOLOGY	1,171,670	134,378	95,726	313,536		69
70 ELECTROENCEPHALOGRAPHY	2,692,778	128,306	163,435	585,083	53,063	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	43,520,986					71
72 IMPL. DEV. CHARGED TO PATIENT	54,613,149					72
73 DRUGS CHARGED TO PATIENTS	50,127,170					73
76.97 CARDIAC REHABILITATION	474,778		12,718	103,673	4,786	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,734,397	135,857	23,342	473,003		90
90.01 PSYCH CLINIC	5,417,335	10,478	6,206	1,462,045	105,089	90.01
90.02 TRANSPLANT CLINIC	1,305,122	22,940	22,684	335,405	248,263	90.02
90.03 OB CLINIC	2,182,995	309,038	38,904	577,131	45,645	90.03
91 EMERGENCY	12,880,859	882,461	262,076	3,106,975	9,533	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	1,267,824		88,778	347,500	1,200	92.01
OTHER REIMBURSABLE COST CENTERS						

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	NONPATIENT PHONES 5.01	
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	9,458,844	43,878	529	398,184	44,371	105
106 HEART ACQUISITION	1,258,441	3,330		124,877		106
107 LIVER ACQUISITION	4,885,114	15,641	415	174,738	30,569	107
109 PANCREAS ACQUISITION	1,526,390	1,665		18,497		109
116 HOSPICE	3,122,107	46,594	6,247	649,732	433,512	116
118 SUBTOTALS (SUM OF LINES 1-117)	1,102,090,808	62,371,931	43,725,790	121,063,870	8,343,562	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,974	47,558	141	1,351		190
191 RESEARCH	1,807,438	58,564	7,965	482,232		191
191.01 SPONSERED PROJECT	5,678,653		778	588,077	4,786	191.01
194 REAL ESTATE		12,399,400	26,259	203,328	40,234	194
194.01 MARKETING, OTHER NON-REIMB	6,457,547		6,862	705,535	48,923	194.01
194.02 OTHER COMPANY WIDE ACTIVITY						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,116,037,420	74,877,453	43,767,795	123,044,393	8,437,505	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		SUBTOTAL (COLS.0-4) 4A	DATA PROCESSING 5.02	SUBTOTAL (COLS.0-4)	PURCH REC STORES 5.03	ADMITTING 5.04	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS						4
5.01	NONPATIENT PHONES						5.01
5.02	DATA PROCESSING	69,004,629	69,004,629				5.02
5.03	PURCHASING RECEIVING & STORES	4,779,614	315,000	5,094,614	5,094,614		5.03
5.04	ADMITTING	25,174,887	1,659,151	26,834,038	123,061	26,957,099	5.04
5.05	ADMINISTRATIVE & GENERAL	113,393,368	7,473,190	120,866,558	554,294		5.05
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT	67,642,386	4,457,971	72,100,357	330,652		7
8	LAUNDRY & LINEN SERVICE	3,456,471	227,799	3,684,270	16,896		8
9	HOUSEKEEPING	22,785,241	1,501,661	24,286,902	111,380		9
10	DIETARY	13,734,325	905,161	14,639,486	67,137		10
11	CAFETERIA	712,319	46,945	759,264	3,482		11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	15,067,471	993,022	16,060,493	73,653		13
14	CENTRAL SERVICES & SUPPLY	17,437,429	1,149,214	18,586,643	85,238		14
15	PHARMACY	17,598,782	1,159,848	18,758,630	86,027		15
16	MEDICAL RECORDS & LIBRARY	4,188,801	276,063	4,464,864	20,476		16
17	SOCIAL SERVICE	5,656,541	372,794	6,029,335	27,651		17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APPRVD	31,785,420	2,094,818	33,880,238	155,375		21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD	11,156,902	735,296	11,892,198	54,538		22
23	PARAMED ED PRGM-(SPECIFY)	196,934	12,979	209,913	963		23
23.01	PARAMED ED PRGM-(CHAPLAINCY)	120,232	7,924	128,156	588		23.01
23.02	PARAMED ED PRGM-(NM SCHL)	1,483,096	97,743	1,580,839	7,250		23.02
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	122,249,347	8,056,777	130,306,124	597,415	2,913,081	30
31	INTENSIVE CARE UNIT	34,663,645	2,284,508	36,948,153	169,444	726,189	31
35	SPECIAL CARE NURSERY	19,728,070	1,300,178	21,028,248	96,436	585,830	35
40	SUBPROVIDER - IPF	5,378,353	354,460	5,732,813	26,291	147,206	40
43	NURSERY	4,369,562	287,976	4,657,538	21,359	148,460	43
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	41,455,492	2,732,124	44,187,616	202,644	3,560,135	50
51	RECOVERY ROOM	10,004,388	659,339	10,663,727	48,904	395,367	51
52	DELIVERY ROOM & LABOR ROOM	22,062,046	1,453,999	23,516,045	107,845	839,780	52
53	ANESTHESIOLOGY	4,337,338	285,852	4,623,190	21,202	299,843	53
54	RADIOLOGY-DIAGNOSTIC	40,447,977	2,665,724	43,113,701	197,719	1,564,459	54
55	RADIOLOGY-THERAPEUTIC	10,434,212	687,667	11,121,879	51,005	870,825	55
56	RADIOISOTOPE	6,467,849	426,264	6,894,113	31,616	402,949	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	6,822,105	449,611	7,271,716	33,348	1,390,906	57
58	MAGNETIC RESONANCE IMAGING (MRI)	11,877,573	782,791	12,660,364	58,060	1,035,456	58
59	CARDIAC CATHETERIZATION	3,770,985	248,527	4,019,512	18,433	306,318	59
59.01	VASCULAR LAB	1,419,778	93,570	1,513,348	6,940	155,742	59.01
59.02	CARDIAC GRAPHICS	3,813,210	251,310	4,064,520	18,640	384,333	59.02
59.03	PULMONARY FUNCTION	684,608	45,119	729,727	3,347	62,300	59.03
59.04	EPS	3,528,122	232,521	3,760,643	17,246	213,266	59.04
59.05	GI	10,269,375	676,803	10,946,178	50,199	448,379	59.05
60	LABORATORY	53,389,992	3,518,667	56,908,659	260,983	3,337,676	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	13,260,254	873,917	14,134,171	64,819	450,241	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	4,951,155	326,306	5,277,461	24,202	193,924	63
63.01	CELL THERAPY LAB	657,615	43,340	700,955	3,215	3,077	63.01
65	RESPIRATORY THERAPY	11,960,509	788,257	12,748,766	58,466	841,161	65
66	PHYSICAL THERAPY	3,076,865	202,781	3,279,646	15,040	75,148	66
67	OCCUPATIONAL THERAPY	1,271,547	83,801	1,355,348	6,216	47,483	67
69	ELECTROCARDIOLOGY	1,715,310	113,048	1,828,358	8,385	168,032	69
70	ELECTROENCEPHALOGRAPHY	3,622,665	238,752	3,861,417	17,708	174,570	70
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	43,520,986	2,868,251	46,389,237	212,741	974,825	71
72	IMPL. DEV. CHARGED TO PATIENT	54,613,149	3,599,280	58,212,429	266,962	1,042,653	72
73	DRUGS CHARGED TO PATIENTS	50,127,170	3,303,631	53,430,801	245,034	1,671,890	73
76.97	CARDIAC REHABILITATION	595,955	39,276	635,231	2,913	18,090	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	2,366,599	155,971	2,522,570	11,569	22,028	90
90.01	PSYCH CLINIC	7,001,153	461,411	7,462,564	34,223	68,428	90.01
90.02	TRANSPLANT CLINIC	1,934,414	127,488	2,061,902	9,456	54,061	90.02
90.03	OB CLINIC	3,153,713	207,845	3,361,558	15,416	17,271	90.03
91	EMERGENCY	17,141,904	1,129,737	18,271,641	83,794	983,493	91
92	OBSERVATION BEDS						92
92.01	OBSERVATION BEDS-DISTINCT	1,705,302	112,388	1,817,690	8,336	37,031	92.01
OTHER REIMBURSABLE COST CENTERS							

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		SUBTOTAL (COLS.0-4) 4A	DATA PROCESSING 5.02	SUBTOTAL (COLS.0-4)	PURCH REC STORES 5.03	ADMITTING 5.04	
SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION	9,945,806	655,478	10,601,284	48,617	143,117	105
106	HEART ACQUISITION	1,386,648	91,387	1,478,035	6,778	12,851	106
107	LIVER ACQUISITION	5,106,477	336,542	5,443,019	24,962	69,270	107
109	PANCREAS ACQUISITION	1,546,552	101,926	1,648,478	7,560	15,772	109
116	HOSPICE	4,258,192	280,636	4,538,828	20,815	84,183	116
118	SUBTOTALS (SUM OF LINES 1-117)	1,087,468,815	67,121,815	1,085,586,001	4,954,964	26,957,099	118
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	52,024	3,429	55,453	254		190
191	RESEARCH	2,356,199	155,285	2,511,484	11,518		191
191.01	SPONSERED PROJECT	6,272,294	413,376	6,685,670	30,660		191.01
194	REAL ESTATE	12,669,221	834,965	13,504,186	61,930		194
194.01	MARKETING, OTHER NON-REIMB	7,218,867	475,759	7,694,626	35,288		194.01
194.02	OTHER COMPANY WIDE ACTIVITY						194.02
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	1,116,037,420	69,004,629	1,116,037,420	5,094,614	26,957,099	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL (COLS.0-4)	ADMIN + GENERAL 5.05	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	HOUSE- KEEPING 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 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 ADMINISTRATIVE & GENERAL	121,420,852	121,420,852				5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	72,431,009	8,842,233	81,273,242			7
8 LAUNDRY & LINEN SERVICE	3,701,166	451,831	32,624	4,185,621		8
9 HOUSEKEEPING	24,398,282	2,978,493	2,223,303	114,547	29,714,625	9
10 DIETARY	14,706,623	1,795,355	5,159,133	265,805	1,940,103	10
11 CAFETERIA	762,746	93,115				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	16,134,146	1,969,624	2,345,641	120,850	882,083	13
14 CENTRAL SERVICES & SUPPLY	18,671,881	2,279,426	2,810,526	144,802	1,056,904	14
15 PHARMACY	18,844,657	2,300,518	881,918	45,438	331,647	15
16 MEDICAL RECORDS & LIBRARY	4,485,340	547,561	178,973	9,221	67,303	16
17 SOCIAL SERVICE	6,056,986	739,425				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	34,035,613	4,155,000	2,219,311	114,342	834,576	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	11,946,736	1,458,434				22
23 PARAMED ED PRGM-(SPECIFY)	210,876	25,743	9,411	485	3,539	23
23.01 PARAMED ED PRGM-(CHAPLAINCY)	128,744	15,717	15,684	808	5,898	23.01
23.02 PARAMED ED PRGM-(NM SCHL)	1,588,089	193,871	51,901	2,674	19,517	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	133,816,620	16,336,113	24,449,318	1,259,658	9,194,219	30
31 INTENSIVE CARE UNIT	37,843,786	4,619,894	3,612,083	186,099	1,358,331	31
35 SPECIAL CARE NURSERY	21,710,514	2,650,376	2,342,504	120,689	880,904	35
40 SUBPROVIDER - IPF	5,906,310	721,031				40
43 NURSERY	4,827,357	589,314				43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	47,950,395	5,853,688	8,359,544	430,694	3,143,624	50
51 RECOVERY ROOM	11,107,998	1,356,042	951,272	49,011	357,728	51
52 DELIVERY ROOM & LABOR ROOM	24,463,670	2,986,476	2,992,294	154,167	1,125,258	52
53 ANESTHESIOLOGY	4,944,235	603,582	71,521	3,685	26,896	53
54 RADIOLOGY-DIAGNOSTIC	44,875,879	5,478,358	5,335,482	274,891	2,006,419	54
55 RADIOLOGY-THERAPEUTIC	12,043,709	1,470,272	1,958,950	100,928	736,667	55
56 RADIOISOTOPE	7,328,678	894,670	1,033,230	53,233	388,548	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	8,695,970	1,061,587	594,124	30,610	223,422	57
58 MAGNETIC RESONANCE IMAGING (MRI)	13,753,880	1,679,046	753,934	38,844	283,518	58
59 CARDIAC CATHETERIZATION	4,344,263	530,339	324,581	16,723	122,059	59
59.01 VASCULAR LAB	1,676,030	204,606	208,460	10,740	78,392	59.01
59.02 CARDIAC GRAPHICS	4,467,493	545,383	231,216	11,913	86,949	59.02
59.03 PULMONARY FUNCTION	795,374	97,098	150,114	7,734	56,451	59.03
59.04 EPS	3,991,155	487,232	382,014	19,682	143,657	59.04
59.05 GI	11,444,756	1,397,153	928,914	47,859	349,320	59.05
60 LABORATORY	60,507,318	7,386,612	3,405,734	175,468	1,280,733	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	14,649,231	1,788,349				62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	5,495,587	670,890	464,999	23,957	174,864	63
63.01 CELL THERAPY LAB	707,247	86,339	366,045	18,859	137,652	63.01
65 RESPIRATORY THERAPY	13,648,393	1,666,169	258,935	13,341	97,373	65
66 PHYSICAL THERAPY	3,369,834	411,383	341,805	17,610	128,537	66
67 OCCUPATIONAL THERAPY	1,409,047	172,014	94,563	4,872	35,560	67
69 ELECTROCARDIOLOGY	2,004,775	244,739	455,702	23,478	171,368	69
70 ELECTROENCEPHALOGRAPHY	4,053,695	494,867	435,113	22,418	163,625	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	47,576,803	5,808,081				71
72 IMPL. DEV. CHARGED TO PATIENT	59,522,044	7,266,332				72
73 DRUGS CHARGED TO PATIENTS	55,347,725	6,756,740				73
76.97 CARDIAC REHABILITATION	656,234	80,112				76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,556,167	312,052	460,721	23,737	173,255	90
90.01 PSYCH CLINIC	7,565,215	923,546	35,532	1,831	13,362	90.01
90.02 TRANSPLANT CLINIC	2,125,419	259,467	77,795	4,008	29,255	90.02
90.03 OB CLINIC	3,394,245	414,363	283,060	14,584	106,445	90.03
91 EMERGENCY	19,338,928	2,360,858	3,178,852	163,779	1,195,414	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	1,863,057	227,438				92.01
OTHER REIMBURSABLE COST CENTERS						

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		SUBTOTAL (COLS.0-4)	ADMIN + GENERAL 5.05	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	HOUSE- KEEPING 9	
SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION	10,793,018	1,317,590	148,802	7,666	55,957	105
106	HEART ACQUISITION	1,497,664	182,832	11,293	582	4,247	106
107	LIVER ACQUISITION	5,537,251	675,977	53,042	2,733	19,946	107
109	PANCREAS ACQUISITION	1,671,810	204,091	5,646	291	2,123	109
116	HOSPICE	4,643,826	566,909	216,730	11,166	81,502	116
118	SUBTOTALS (SUM OF LINES 1-117)	1,085,446,351	117,686,356	80,902,349	4,166,512	29,575,150	118
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	55,707	6,801	172,186	8,871	64,751	190
191	RESEARCH	2,523,002	308,003	198,707	10,238	74,724	191
191.01	SPONSERED PROJECT	6,716,330	819,916				191.01
194	REAL ESTATE	13,566,116	1,656,124				194
194.01	MARKETING, OTHER NON-REIMB	7,729,914	943,652				194.01
194.02	OTHER COMPANY WIDE ACTIVITY						194.02
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	1,116,037,420	121,420,852	81,273,242	4,185,621	29,714,625	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

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 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 ADMINISTRATIVE & GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	23,867,019					10
11 CAFETERIA		855,861				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		11,195	21,463,539			13
14 CENTRAL SERVICES & SUPPLY		29,216		24,992,755		14
15 PHARMACY		31,888		45,107	22,481,173	15
16 MEDICAL RECORDS & LIBRARY		8,630				16
17 SOCIAL SERVICE		10,916				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		4,297				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					9	22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM-(CHAPLAINCY)						23.01
23.02 PARAMED ED PRGM-(NM SCHL)		1,214		35		23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	19,476,642	235,267	9,619,291	1,347,161	3,918,174	30
31 INTENSIVE CARE UNIT	3,169,502	58,654	2,595,058	797,451	2,368,611	31
35 SPECIAL CARE NURSERY		32,394	1,504,669	173,557	25,220	35
40 SUBPROVIDER - IPF	1,220,875	10,756		3,434	723	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		55,513	2,357,478	13,514,645	1,269,788	50
51 RECOVERY ROOM		17,070	761,441	56,084	1,013,870	51
52 DELIVERY ROOM & LABOR ROOM		36,307	1,571,183	428,997	1,110,899	52
53 ANESTHESIOLOGY		3,940		351,495	1,791,669	53
54 RADIOLOGY-DIAGNOSTIC		58,595	568,439	442,405	588,726	54
55 RADIOLOGY-THERAPEUTIC		10,728	68,829	35,412	38,530	55
56 RADIOISOTOPE		4,470	5,434	453,353	12,755	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		9,299		252,035	151,458	57
58 MAGNETIC RESONANCE IMAGING (MRI)		12,261	201	305,842	458,619	58
59 CARDIAC CATHETERIZATION		4,122	157,279	90,701	4,617	59
59.01 VASCULAR LAB		2,348	20,729	1,113		59.01
59.02 CARDIAC GRAPHICS		5,636	82,916	9,465	1,795,447	59.02
59.03 PULMONARY FUNCTION		799	10,063	11,750	23,698	59.03
59.04 EPS		2,683	77,986	56,254	74,030	59.04
59.05 GI		11,765	332,571	420,427	109,667	59.05
60 LABORATORY		55,639		2,497,194	178,960	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS				2,482,162	477,330	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		7,532	67,420	228,531	380,647	63
63.01 CELL THERAPY LAB		405	19,220	7,529		63.01
65 RESPIRATORY THERAPY		20,953		499,612	215,352	65
66 PHYSICAL THERAPY		4,967		8,623	5,865	66
67 OCCUPATIONAL THERAPY		3,021		3,803		67
69 ELECTROCARDIOLOGY		3,583	24,754	21,073	1,606,738	69
70 ELECTROENCEPHALOGRAPHY		5,985		31,640		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION		733	27,672	1,764	45	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		4,676	108,576	7,193	580,784	90
90.01 PSYCH CLINIC		14,348	125,783	725	1,050,256	90.01
90.02 TRANSPLANT CLINIC		7,460	117,834	17,648	68,364	90.02
90.03 OB CLINIC		3,928	31,597	2,788	28,219	90.03
91 EMERGENCY		28,518	1,090,792	353,076	1,187,804	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT		3,864	116,324	13,883	58,734	92.01
OTHER REIMBURSABLE COST CENTERS						

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10	11	13	14	15	
SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION		2,266		21	13,458	105
106	HEART ACQUISITION		755				106
107	LIVER ACQUISITION		1,620		2	15,245	107
109	PANCREAS ACQUISITION				2		109
116	HOSPICE		5,750		14,506	1,848,992	116
118	SUBTOTALS (SUM OF LINES 1-117)	23,867,019	845,966	21,463,539	24,988,498	22,473,303	118
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191	RESEARCH				1,267	7,870	191
191.01	SPONSERED PROJECT		1,116				191.01
194	REAL ESTATE		2,061		13		194
194.01	MARKETING, OTHER NON-REIMB		6,718		2,977		194.01
194.02	OTHER COMPANY WIDE ACTIVITY						194.02
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	23,867,019	855,861	21,463,539	24,992,755	22,481,173	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION PHARMACY 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 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 ADMINISTRATIVE & GENERAL						5.05
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	5,297,028					16
17 SOCIAL SERVICE		6,807,327				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			41,363,148			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				13,405,170		22
23 PARAMED ED PRGM-(SPECIFY)					250,054	23
23.01 PARAMED ED PRGM-(CHAPLAINCY)						23.01
23.02 PARAMED ED PRGM-(NM SCHL)						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	572,444	4,012,919	10,741,016	3,480,997	208,437	30
31 INTENSIVE CARE UNIT	142,702	592,237	4,556,089	1,476,560	29,734	31
35 SPECIAL CARE NURSERY	115,120	545,267	251,306	81,445		35
40 SUBPROVIDER - IPF	28,927		1,261,185	408,731	11,883	40
43 NURSERY	29,174	681				43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	699,336		10,345,441	3,352,801		50
51 RECOVERY ROOM	77,693	3,404	479,343	155,348		51
52 DELIVERY ROOM & LABOR ROOM	165,024	66,712	1,707,952	553,521		52
53 ANESTHESIOLOGY	58,921		69,807	22,623		53
54 RADIOLOGY-DIAGNOSTIC	307,429		3,136,674	1,016,549		54
55 RADIOLOGY-THERAPEUTIC	171,124	272,293	1,000,571	324,270		55
56 RADIOISOTOPE	79,183		134,961	43,739		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	273,324					57
58 MAGNETIC RESONANCE IMAGING (MRI)	203,475					58
59 CARDIAC CATHETERIZATION	60,194		269,922	87,477		59
59.01 VASCULAR LAB	30,605					59.01
59.02 CARDIAC GRAPHICS	75,524		414,190	134,233		59.02
59.03 PULMONARY FUNCTION	12,242		153,576	49,772		59.03
59.04 EPS	41,908					59.04
59.05 GI	88,110		260,614	84,461		59.05
60 LABORATORY	655,880		2,554,947	828,020		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	88,476		195,460	63,346		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	38,108					63
63.01 CELL THERAPY LAB	605					63.01
65 RESPIRATORY THERAPY	165,295		134,961	43,739		65
66 PHYSICAL THERAPY	14,767		13,961	4,525		66
67 OCCUPATIONAL THERAPY	9,331		13,961	4,525		67
69 ELECTROCARDIOLOGY	33,020					69
70 ELECTROENCEPHALOGRAPHY	34,304		111,692	36,198		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	191,561					71
72 IMPL. DEV. CHARGED TO PATIENT	204,890					72
73 DRUGS CHARGED TO PATIENTS	328,540					73
76.97 CARDIAC REHABILITATION	3,555		4,654	1,508		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	4,329	646,696	725,996	235,284		90
90.01 PSYCH CLINIC	13,447		232,691	75,412		90.01
90.02 TRANSPLANT CLINIC	10,623		232,691	75,412		90.02
90.03 OB CLINIC	3,394	68,073	800,457	259,416		90.03
91 EMERGENCY	193,264	544,586	1,424,069	461,519		91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	7,277	17,699				92.01
OTHER REIMBURSABLE COST CENTERS						

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION PHARMACY 23	
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	28,124					105
106 HEART ACQUISITION	2,525					106
107 LIVER ACQUISITION	13,612					107
109 PANCREAS ACQUISITION	3,099					109
116 HOSPICE	16,543					116
118 SUBTOTALS (SUM OF LINES 1-117)	5,297,028	6,770,567	41,228,187	13,361,431	250,054	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH		36,760	134,961	43,739		191
191.01 SPONSERED PROJECT						191.01
194 REAL ESTATE						194
194.01 MARKETING, OTHER NON-REIMB						194.01
194.02 OTHER COMPANY WIDE ACTIVITY						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	5,297,028	6,807,327	41,363,148	13,405,170	250,054	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PARAMED EDUCATION CHAPLAINCY 23.01	PARAMED EDUCATION SCHOOLS 23.02	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 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 ADMINISTRATIVE & GENERAL						5.05
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
23.01 PARAMED ED PRGM-(CHAPLAINCY)	166,851					23.01
23.02 PARAMED ED PRGM-(NM SCHL)		1,857,301				23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	139,082	1,548,189	240,355,547	-14,222,013	226,133,534	30
31 INTENSIVE CARE UNIT	19,840	220,850	63,647,481	-6,032,649	57,614,832	31
35 SPECIAL CARE NURSERY			30,433,965	-332,751	30,101,214	35
40 SUBPROVIDER - IPF	7,929	88,262	9,670,046	-1,669,916	8,000,130	40
43 NURSERY			5,446,526		5,446,526	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM			97,332,947	-13,698,242	83,634,705	50
51 RECOVERY ROOM			16,386,304	-634,691	15,751,613	51
52 DELIVERY ROOM & LABOR ROOM			37,362,460	-2,261,473	35,100,987	52
53 ANESTHESIOLOGY			7,948,374	-92,430	7,855,944	53
54 RADIOLOGY-DIAGNOSTIC			64,089,846	-4,153,223	59,936,623	54
55 RADIOLOGY-THERAPEUTIC			18,232,283	-1,324,841	16,907,442	55
56 RADIOISOTOPE			10,432,254	-178,700	10,253,554	56
57 COMPUTED TOMOGRAPHY (CT) SCAN			11,291,829		11,291,829	57
58 MAGNETIC RESONANCE IMAGING (MRI)			17,489,620		17,489,620	58
59 CARDIAC CATHETERIZATION			6,012,277	-357,399	5,654,878	59
59.01 VASCULAR LAB			2,233,023		2,233,023	59.01
59.02 CARDIAC GRAPHICS			7,860,365	-548,423	7,311,942	59.02
59.03 PULMONARY FUNCTION			1,368,671	-203,348	1,165,323	59.03
59.04 EPS			5,276,601		5,276,601	59.04
59.05 GI			15,475,617	-345,075	15,130,542	59.05
60 LABORATORY			79,526,505	-3,382,967	76,143,538	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS			19,744,354	-258,806	19,485,548	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.			7,552,535		7,552,535	63
63.01 CELL THERAPY LAB			1,343,901		1,343,901	63.01
65 RESPIRATORY THERAPY			16,764,123	-178,700	16,585,423	65
66 PHYSICAL THERAPY			4,321,877	-18,486	4,303,391	66
67 OCCUPATIONAL THERAPY			1,750,697	-18,486	1,732,211	67
69 ELECTROCARDIOLOGY			4,589,230		4,589,230	69
70 ELECTROENCEPHALOGRAPHY			5,389,537	-147,890	5,241,647	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			53,576,445		53,576,445	71
72 IMPL. DEV. CHARGED TO PATIENT			66,993,266		66,993,266	72
73 DRUGS CHARGED TO PATIENTS			62,433,005		62,433,005	73
76.97 CARDIAC REHABILITATION			776,277	-6,162	770,115	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC			5,839,466	-961,280	4,878,186	90
90.01 PSYCH CLINIC			10,052,148	-308,103	9,744,045	90.01
90.02 TRANSPLANT CLINIC			3,025,976	-308,103	2,717,873	90.02
90.03 OB CLINIC			5,410,569	-1,059,873	4,350,696	90.03
91 EMERGENCY			31,521,459	-1,885,588	29,635,871	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT			2,308,276		2,308,276	92.01
OTHER REIMBURSABLE COST CENTERS						

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PARAMED EDUCATION CHAPLAINCY 23.01	PARAMED EDUCATION SCHOOLS 23.02	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION			12,366,902		12,366,902	105
106 HEART ACQUISITION			1,699,898		1,699,898	106
107 LIVER ACQUISITION			6,319,428		6,319,428	107
109 PANCREAS ACQUISITION			1,887,062		1,887,062	109
116 HOSPICE			7,405,924		7,405,924	116
118 SUBTOTALS (SUM OF LINES 1-117)	166,851	1,857,301	1,080,944,896	-54,589,618	1,026,355,278	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			308,316		308,316	190
191 RESEARCH			3,339,271	-178,700	3,160,571	191
191.01 SPONSERED PROJECT			7,537,362		7,537,362	191.01
194 REAL ESTATE			15,224,314		15,224,314	194
194.01 MARKETING, OTHER NON-REIMB			8,683,261		8,683,261	194.01
194.02 OTHER COMPANY WIDE ACTIVITY						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	166,851	1,857,301	1,116,037,420	-54,768,318	1,061,269,102	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS		695,205	57,864	753,069	753,069	4
5.01 NONPATIENT PHONES		793,176	2,750,589	3,543,765	4,475	5.01
5.02 DATA PROCESSING		153,814	9,710,268	9,864,082	32,699	5.02
5.03 PURCHASING RECEIVING & STORES			42,572	42,572	4,187	5.03
5.04 ADMITTING		148,916	83,260	232,176	27,396	5.04
5.05 ADMINISTRATIVE & GENERAL		3,495,268	726,109	4,221,377	79,951	5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		26,527,574	480,565	27,008,139	7,276	7
8 LAUNDRY & LINEN SERVICE		9,620	18,709	28,329		8
9 HOUSEKEEPING		970,178	978,711	1,948,889	22,324	9
10 DIETARY		2,003,751	690,396	2,694,147	11,073	10
11 CAFETERIA					4,359	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		1,188,520	123,369	1,311,889	10,385	13
14 CENTRAL SERVICES & SUPPLY		947,317	1,811,908	2,759,225	13,713	14
15 PHARMACY		317,267	386,913	704,180	23,266	15
16 MEDICAL RECORDS & LIBRARY		52,776	32,362	85,138	4,173	16
17 SOCIAL SERVICE			58	58	7,771	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		761,073	63,308	824,381		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					2,471	22
23 PARAMED ED PRGM-(SPECIFY)		2,775		2,775	272	23
23.01 PARAMED ED PRGM-(CHAPLAINCY)		4,625		4,625	162	23.01
23.02 PARAMED ED PRGM-(NM SCHL)		15,305	1,066	16,371	2,442	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		9,800,247	1,367,682	11,167,929	136,746	30
31 INTENSIVE CARE UNIT		1,065,129	404,701	1,469,830	39,755	31
35 SPECIAL CARE NURSERY		1,222,985	735,252	1,958,237	22,803	35
40 SUBPROVIDER - IPF		129,680	12,576	142,256	7,270	40
43 NURSERY					6,022	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		2,891,838	4,418,686	7,310,524	39,458	50
51 RECOVERY ROOM		257,088	44,078	301,166	12,792	51
52 DELIVERY ROOM & LABOR ROOM		1,562,229	550,094	2,112,323	24,350	52
53 ANESTHESIOLOGY		33,466	616,042	649,508	1,949	53
54 RADIOLOGY-DIAGNOSTIC		2,131,454	3,779,382	5,910,836	38,170	54
55 RADIOLOGY-THERAPEUTIC		691,662	2,092,402	2,784,064	8,574	55
56 RADIOISOTOPE		304,678	894,287	1,198,965	2,998	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		188,478	589,270	777,748	5,787	57
58 MAGNETIC RESONANCE IMAGING (MRI)		233,697	3,624,354	3,858,051	8,280	58
59 CARDIAC CATHETERIZATION		95,712	719,727	815,439	3,319	59
59.01 VASCULAR LAB		61,471	91,106	152,577	1,866	59.01
59.02 CARDIAC GRAPHICS		68,181	399,916	468,097	3,910	59.02
59.03 PULMONARY FUNCTION		44,265	58,146	102,411	540	59.03
59.04 EPS		112,648	1,251,920	1,364,568	2,164	59.04
59.05 GI		273,918	1,194,253	1,468,171	7,282	59.05
60 LABORATORY		929,757	1,762,249	2,692,006	32,532	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		137,119	90,237	227,356	4,469	63
63.01 CELL THERAPY LAB		87,521	56,556	144,077	391	63.01
65 RESPIRATORY THERAPY		92,695	281,682	374,377	12,948	65
66 PHYSICAL THERAPY		106,402	10,506	116,908	3,393	66
67 OCCUPATIONAL THERAPY		27,885	1,599	29,484	1,732	67
69 ELECTROCARDIOLOGY		134,378	95,726	230,104	1,919	69
70 ELECTROENCEPHALOGRAPHY		128,306	163,435	291,741	3,580	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION			12,718	12,718	634	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		135,857	23,342	159,199	2,894	90
90.01 PSYCH CLINIC		10,478	6,206	16,684	8,947	90.01
90.02 TRANSPLANT CLINIC		22,940	22,684	45,624	2,052	90.02
90.03 OB CLINIC		309,038	38,904	347,942	3,532	90.03
91 EMERGENCY		882,461	262,076	1,144,537	19,012	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT			88,778	88,778	2,126	92.01
OTHER REIMBURSABLE COST CENTERS						

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL	BLDGS &	MOVABLE		BENEFITS	
	COSTS	FIXTURES	EQUIPMENT	2A		
	0	1	2		4	
SPECIAL PURPOSE COST CENTERS						
105		43,878	529	44,407	2,437	105
106		3,330		3,330	764	106
107		15,641	415	16,056	1,069	107
109		1,665		1,665	113	109
116		46,594	6,247	52,841	3,976	116
118		62,371,931	43,725,790	106,097,721	740,950	118
NONREIMBURSABLE COST CENTERS						
190		47,558	141	47,699	8	190
191		58,564	7,965	66,529	2,951	191
191.01			778	778	3,599	191.01
194		12,399,400	26,259	12,425,659	1,244	194
194.01			6,862	6,862	4,317	194.01
194.02						194.02
200						200
201						201
202		74,877,453	43,767,795	118,645,248	753,069	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NONPATIENT PHONES 5.01	DATA PROCESSING 5.02	PURCH REC STORES 5.03	ADMITTING 5.04	ADMIN + GENERAL 5.05	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT PHONES	3,548,240					5.01
5.02 DATA PROCESSING	2,196,714	12,093,495				5.02
5.03 PURCHASING RECEIVING & STORES	5,077	55,205	107,041			5.03
5.04 ADMITTING	48,603	290,770	2,576	601,521		5.04
5.05 ADMINISTRATIVE & GENERAL	255,870	1,309,693	11,603		5,878,494	5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	200,254	781,270	6,922		428,067	7
8 LAUNDRY & LINEN SERVICE		39,922	354		21,874	8
9 HOUSEKEEPING	17,875	263,170	2,332		144,194	9
10 DIETARY	11,147	158,631	1,405		86,916	10
11 CAFETERIA		8,227	73		4,508	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	48,883	174,029	1,542		95,353	13
14 CENTRAL SERVICES & SUPPLY	20,173	201,402	1,784		110,351	14
15 PHARMACY	536	203,266	1,801		111,372	15
16 MEDICAL RECORDS & LIBRARY	6,987	48,381	429		26,508	16
17 SOCIAL SERVICE	2,966	65,333	579		35,797	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	4,992	367,122	3,253		201,150	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		128,862	1,142		70,605	22
23 PARAMED ED PRGM-(SPECIFY)		2,275	20		1,246	23
23.01 PARAMED ED PRGM-(CHAPLAINCY)		1,389	12		761	23.01
23.02 PARAMED ED PRGM-(NM SCHL)	1,346	17,130	152		9,386	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	123,835	1,412,247	12,898	64,778	791,169	30
31 INTENSIVE CARE UNIT	11,234	400,365	3,547	16,148	223,657	31
35 SPECIAL CARE NURSERY	1,437	227,859	2,019	13,027	128,309	35
40 SUBPROVIDER - IPF	2,012	62,120	550	3,273	34,906	40
43 NURSERY		50,468	447	3,301	28,530	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	45,801	478,811	4,242	81,248	283,387	50
51 RECOVERY ROOM		115,551	1,024	8,792	65,648	51
52 DELIVERY ROOM & LABOR ROOM	4,104	254,817	2,258	18,674	144,580	52
53 ANESTHESIOLOGY	2,886	50,096	444	6,668	29,220	53
54 RADIOLOGY-DIAGNOSTIC	16,606	467,174	4,139	34,789	265,216	54
55 RADIOLOGY-THERAPEUTIC	2,266	120,515	1,068	19,364	71,178	55
56 RADIOISOTOPE	3,498	74,704	662	8,960	43,312	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,015	78,795	698	30,929	51,393	57
58 MAGNETIC RESONANCE IMAGING (MRI)	4,916	137,186	1,215	23,025	81,285	58
59 CARDIAC CATHETERIZATION	4,905	43,555	386	6,812	25,675	59
59.01 VASCULAR LAB		16,398	145	3,463	9,905	59.01
59.02 CARDIAC GRAPHICS		44,043	390	8,546	26,403	59.02
59.03 PULMONARY FUNCTION		7,907	70	1,385	4,701	59.03
59.04 EPS	5,440	40,750	361	4,742	23,588	59.04
59.05 GI	2,013	118,611	1,051	9,971	67,639	59.05
60 LABORATORY	36,097	616,654	5,463	74,219	357,598	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		153,156	1,357	10,012	86,577	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	2,886	57,186	507	4,312	32,479	63
63.01 CELL THERAPY LAB		7,595	67	68	4,180	63.01
65 RESPIRATORY THERAPY	2,895	138,144	1,224	18,705	80,662	65
66 PHYSICAL THERAPY	2,012	35,538	315	1,671	19,916	66
67 OCCUPATIONAL THERAPY		14,686	130	1,056	8,327	67
69 ELECTROCARDIOLOGY		19,812	176	3,737	11,848	69
70 ELECTROENCEPHALOGRAPHY	22,315	41,842	371	3,882	23,957	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		502,667	4,453	21,677	281,179	71
72 IMPL. DEV. CHARGED TO PATIENT		630,782	5,588	23,185	351,775	72
73 DRUGS CHARGED TO PATIENTS		578,969	5,129	37,178	327,105	73
76.97 CARDIAC REHABILITATION	2,012	6,883	61	402	3,878	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		27,334	242	490	15,107	90
90.01 PSYCH CLINIC	44,193	80,863	716	1,522	44,710	90.01
90.02 TRANSPLANT CLINIC	104,403	22,342	198	1,202	12,561	90.02
90.03 OB CLINIC	19,195	36,425	323	384	20,060	90.03
91 EMERGENCY	4,009	197,989	1,754	21,870	114,293	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT OTHER REIMBURSABLE COST CENTERS	505	19,696	174	823	11,011	92.01

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NONPATIENT PHONES	DATA PROCESSING	PURCH REC STORES	ADMITTING	ADMIN + GENERAL	
	5.01	5.02	5.03	5.04	5.05	
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	18,660	114,874	1,018	3,182	63,787	105
106 HEART ACQUISITION		16,016	142	286	8,851	106
107 LIVER ACQUISITION	12,855	58,980	523	1,540	32,725	107
109 PANCREAS ACQUISITION		17,863	158	351	9,880	109
116 HOSPICE	182,306	49,182	436	1,872	27,445	116
118 SUBTOTALS (SUM OF LINES 1-117)	3,508,734	11,763,527	104,118	601,521	5,697,700	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		601	5		329	190
191 RESEARCH		27,214	241		14,911	191
191.01 SPONSERED PROJECT	2,012	72,445	642		39,694	191.01
194 REAL ESTATE	16,920	146,330	1,296		80,176	194
194.01 MARKETING, OTHER NON-REIMB	20,574	83,378	739		45,684	194.01
194.02 OTHER COMPANY WIDE ACTIVITY						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,548,240	12,093,495	107,041	601,521	5,878,494	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	+ LINEN	KEEPING			
	7	8	9	10	11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 ADMINISTRATIVE & GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	28,431,928					7
8 LAUNDRY & LINEN SERVICE	11,413	101,892				8
9 HOUSEKEEPING	777,781	2,788	3,179,353			9
10 DIETARY	1,804,826	6,471	207,584	4,982,200		10
11 CAFETERIA					17,167	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	820,579	2,942	94,380		225	13
14 CENTRAL SERVICES & SUPPLY	983,210	3,525	113,085		586	14
15 PHARMACY	308,523	1,106	35,485		640	15
16 MEDICAL RECORDS & LIBRARY	62,610	224	7,201		173	16
17 SOCIAL SERVICE					219	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	776,384	2,783	89,297		86	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)	3,292	12	379			23
23.01 PARAMED ED PRGM-(CHAPLAINCY)	5,487	20	631			23.01
23.02 PARAMED ED PRGM-(NM SCHL)	18,157	65	2,088		24	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	8,553,138	30,662	983,746	4,065,716	4,720	30
31 INTENSIVE CARE UNIT	1,263,620	4,530	145,336	661,628	1,176	31
35 SPECIAL CARE NURSERY	819,481	2,938	94,253		650	35
40 SUBPROVIDER - IPF				254,856	216	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,924,431	10,485	336,356		1,113	50
51 RECOVERY ROOM	332,785	1,193	38,276		342	51
52 DELIVERY ROOM & LABOR ROOM	1,046,798	3,753	120,398		728	52
53 ANESTHESIOLOGY	25,020	90	2,878		79	53
54 RADIOLOGY-DIAGNOSTIC	1,866,519	6,692	214,679		1,175	54
55 RADIOLOGY-THERAPEUTIC	685,302	2,457	78,821		215	55
56 RADIOISOTOPE	361,456	1,296	41,573		90	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	207,843	745	23,905		187	57
58 MAGNETIC RESONANCE IMAGING (MRI)	263,750	946	30,335		246	58
59 CARDIAC CATHETERIZATION	113,549	407	13,060		83	59
59.01 VASCULAR LAB	72,926	261	8,388		47	59.01
59.02 CARDIAC GRAPHICS	80,887	290	9,303		113	59.02
59.03 PULMONARY FUNCTION	52,514	188	6,040		16	59.03
59.04 EPS	133,641	479	15,371		54	59.04
59.05 GI	324,963	1,165	37,376		236	59.05
60 LABORATORY	1,191,432	4,271	137,034		1,116	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	162,671	583	18,710		151	63
63.01 CELL THERAPY LAB	128,054	459	14,728		8	63.01
65 RESPIRATORY THERAPY	90,584	325	10,419		420	65
66 PHYSICAL THERAPY	119,574	429	13,753		100	66
67 OCCUPATIONAL THERAPY	33,081	119	3,805		61	67
69 ELECTROCARDIOLOGY	159,419	572	18,336		72	69
70 ELECTROENCEPHALOGRAPHY	152,216	546	17,507		120	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION					15	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	161,175	578	18,538		94	90
90.01 PSYCH CLINIC	12,430	45	1,430		288	90.01
90.02 TRANSPLANT CLINIC	27,215	98	3,130		150	90.02
90.03 OB CLINIC	99,023	355	11,389		79	90.03
91 EMERGENCY	1,112,062	3,987	127,905		572	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT					77	92.01
OTHER REIMBURSABLE COST CENTERS						

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	+ LINEN	KEEPING			
	7	8	9	10	11	
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	52,056	187	5,987		45	105
106 HEART ACQUISITION	3,951	14	454		15	106
107 LIVER ACQUISITION	18,556	67	2,134		32	107
109 PANCREAS ACQUISITION	1,975	7	227			109
116 HOSPICE	75,819	272	8,720		115	116
118 SUBTOTALS (SUM OF LINES 1-117)	28,302,178	101,427	3,164,430	4,982,200	16,969	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	60,236	216	6,928			190
191 RESEARCH	69,514	249	7,995			191
191.01 SPONSERED PROJECT					22	191.01
194 REAL ESTATE					41	194
194.01 MARKETING, OTHER NON-REIMB					135	194.01
194.02 OTHER COMPANY WIDE ACTIVITY						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	28,431,928	101,892	3,179,353	4,982,200	17,167	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	
1 GENERAL SERVICE COST CENTERS						1
2 CAP REL COSTS-BLDG & FIXT						2
4 CAP REL COSTS-MVBLE EQUIP						4
5.01 EMPLOYEE BENEFITS						5.01
5.02 NONPATIENT PHONES						5.02
5.03 DATA PROCESSING						5.03
5.04 PURCHASING RECEIVING & STORES						5.04
5.05 ADMITTING						5.05
6 ADMINISTRATIVE & GENERAL						6
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA						12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION	2,560,207					14
15 CENTRAL SERVICES & SUPPLY		4,207,054				15
16 PHARMACY		7,598	1,397,773			16
17 MEDICAL RECORDS & LIBRARY				241,824		17
19 SOCIAL SERVICE					112,723	19
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL						21
22 I&R SRVCES-SALARY & FRINGES APPRVD			1			22
23 I&R SRVCES-OTHER PRGM COSTS APPRVD						23
23.01 PARAMED ED PRGM-(SPECIFY)						23.01
23.02 PARAMED ED PRGM-(CHAPLAINCY)						23.02
30 PARAMED ED PRGM-(NM SCHL)		6				30
31 INPATIENT ROUTINE SERV COST CENTERS						31
35 ADULTS & PEDIATRICS	1,147,406	226,920	243,752	25,911	66,450	35
40 INTENSIVE CARE UNIT	309,543	134,325	147,251	6,459	9,807	40
43 SPECIAL CARE NURSERY	179,479	29,235	1,568	5,211	9,029	43
50 SUBPROVIDER - IPF		578	45	1,309		50
51 NURSERY				1,321	11	51
52 ANCILLARY SERVICE COST CENTERS						52
53 OPERATING ROOM	281,204	2,273,643	78,940	33,713		53
54 RECOVERY ROOM	90,826	9,447	63,030	3,517	56	54
55 DELIVERY ROOM & LABOR ROOM	187,413	72,262	69,062	7,470	1,105	55
56 ANESTHESIOLOGY		59,207	111,384	2,667		56
57 RADIOLOGY-DIAGNOSTIC	67,804	74,520	36,600	13,915		57
58 RADIOLOGY-THERAPEUTIC	8,210	5,965	2,395	7,746	4,509	58
59 RADIOISOTOPE	648	76,364	793	3,584		59
59.01 COMPUTED TOMOGRAPHY (CT) SCAN		42,454	9,416	12,372		59.01
59.02 MAGNETIC RESONANCE IMAGING (MRI)	24	51,517	28,511	9,210		59.02
59.03 CARDIAC CATHETERIZATION	18,761	15,278	287	2,725		59.03
59.04 VASCULAR LAB	2,473	187		1,385		59.04
59.05 CARDIAC GRAPHICS	9,890	1,594	111,619	3,419		59.05
60 PULMONARY FUNCTION	1,200	1,979	1,473	554		60
62.30 EPS	9,302	9,476	4,602	1,897		62.30
63 GI	39,670	70,818	6,818	3,988		63
63.01 LABORATORY		420,636	11,126	29,688		63.01
65 WHOLE BLOOD & PACKED RED BLOOD CELLS		418,104	29,675	4,005		65
66 BLOOD CLOTTING FOR HEMOPHILIACS						66
69 BLOOD STORING, PROCESSING & TRANS.	8,042	38,495	23,664	1,725		69
70 CELL THERAPY LAB	2,293	1,268		27		70
71 RESPIRATORY THERAPY		84,156	13,388	7,482		71
72 PHYSICAL THERAPY		1,452	365	668		72
73 OCCUPATIONAL THERAPY		641		422		73
76.97 ELECTROCARDIOLOGY	2,953	3,550	99,887	1,495		76.97
76.98 ELECTROENCEPHALOGRAPHY		5,330		1,553		76.98
76.99 MEDICAL SUPPLIES CHRGD TO PATIENTS				8,671		76.99
90 IMPL. DEV. CHARGED TO PATIENT				9,274		90
90.01 DRUGS CHARGED TO PATIENTS				14,871		90.01
90.02 CARDIAC REHABILITATION	3,301	297	3	161		90.02
90.03 HYPERBARIC OXYGEN THERAPY						90.03
91 LITHOTRIPSY						91
92 OUTPATIENT SERVICE COST CENTERS						92
92.01 CLINIC	12,951	1,212	36,106	196	10,709	92.01
99.01 PSYCH CLINIC	15,004	122	65,292	609		99.01
99.02 TRANSPLANT CLINIC	14,055	2,973	4,250	481		99.02
99.03 OB CLINIC	3,769	470	1,754	154	1,127	99.03
99.99 EMERGENCY	130,111	59,473	73,843	8,748	9,018	99.99
99.99 OBSERVATION BEDS						99.99
99.99 OBSERVATION BEDS-DISTINCT	13,875	2,339	3,651	329	293	99.99
99.99 OTHER REIMBURSABLE COST CENTERS						99.99

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		4	837	1,273		105
106 HEART ACQUISITION				114		106
107 LIVER ACQUISITION			948	616		107
109 PANCREAS ACQUISITION				140		109
116 HOSPICE		2,443	114,948	749		116
118 SUBTOTALS (SUM OF LINES 1-117)	2,560,207	4,206,338	1,397,284	241,824	112,114	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH		213	489		609	191
191.01 SPONSERED PROJECT						191.01
194 REAL ESTATE		2				194
194.01 MARKETING, OTHER NON-REIMB		501				194.01
194.02 OTHER COMPANY WIDE ACTIVITY						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,560,207	4,207,054	1,397,773	241,824	112,723	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION PHARMACY 23	PARAMED EDUCATION CHAPLAINCY 23.01	PARAMED EDUCATION SCHOOLS 23.02	
1 GENERAL SERVICE COST CENTERS						1
2 CAP REL COSTS-BLDG & FIXT						2
4 CAP REL COSTS-MVBLE EQUIP						4
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 ADMINISTRATIVE & GENERAL						5.05
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	2,269,449					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		203,080				22
23 PARAMED ED PRGM-(SPECIFY)			10,271			23
23.01 PARAMED ED PRGM-(CHAPLAINCY)				13,087		23.01
23.02 PARAMED ED PRGM-(NM SCHL)					67,167	23.02
30 INPATIENT ROUTINE SERV COST CENTERS						30
31 ADULTS & PEDIATRICS						31
35 INTENSIVE CARE UNIT						35
40 SPECIAL CARE NURSERY						40
43 SUBPROVIDER - IPF						43
43 NURSERY						43
50 ANCILLARY SERVICE COST CENTERS						50
51 OPERATING ROOM						51
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (MRI)						58
59 CARDIAC CATHETERIZATION						59
59.01 VASCULAR LAB						59.01
59.02 CARDIAC GRAPHICS						59.02
59.03 PULMONARY FUNCTION						59.03
59.04 EPS						59.04
59.05 GI						59.05
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
63.01 CELL THERAPY LAB						63.01
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
90 OUTPATIENT SERVICE COST CENTERS						90
90 CLINIC						90
90.01 PSYCH CLINIC						90.01
90.02 TRANSPLANT CLINIC						90.02
90.03 OB CLINIC						90.03
91 EMERGENCY						91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION PHARMACY 23	PARAMED EDUCATION CHAPLAINCY 23.01	PARAMED EDUCATION SCHOOLS 23.02	
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION						105
106 HEART ACQUISITION						106
107 LIVER ACQUISITION						107
109 PANCREAS ACQUISITION						109
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)						118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH						191
191.01 SPONSERED PROJECT						191.01
194 REAL ESTATE						194
194.01 MARKETING, OTHER NON-REIMB						194.01
194.02 OTHER COMPANY WIDE ACTIVITY						194.02
200 CROSS FOOT ADJUSTMENTS	2,269,449	203,080	10,271	13,087	67,167	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,269,449	203,080	10,271	13,087	67,167	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 NONPATIENT PHONES				5.01
5.02 DATA PROCESSING				5.02
5.03 PURCHASING RECEIVING & STORES				5.03
5.04 ADMITTING				5.04
5.05 ADMINISTRATIVE & GENERAL				5.05
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
23.01 PARAMED ED PRGM-(CHAPLAINCY)				23.01
23.02 PARAMED ED PRGM-(NM SCHL)				23.02
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	29,058,023		29,058,023	30
31 INTENSIVE CARE UNIT	4,848,211		4,848,211	31
35 SPECIAL CARE NURSERY	3,495,535		3,495,535	35
40 SUBPROVIDER - IPF	509,391		509,391	40
43 NURSERY	90,100		90,100	43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	14,183,356		14,183,356	50
51 RECOVERY ROOM	1,044,445		1,044,445	51
52 DELIVERY ROOM & LABOR ROOM	4,070,095		4,070,095	52
53 ANESTHESIOLOGY	942,096		942,096	53
54 RADIOLOGY-DIAGNOSTIC	9,018,834		9,018,834	54
55 RADIOLOGY-THERAPEUTIC	3,802,649		3,802,649	55
56 RADIOISOTOPE	1,818,903		1,818,903	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,244,287		1,244,287	57
58 MAGNETIC RESONANCE IMAGING (MRI)	4,498,497		4,498,497	58
59 CARDIAC CATHETERIZATION	1,064,241		1,064,241	59
59.01 VASCULAR LAB	270,021		270,021	59.01
59.02 CARDIAC GRAPHICS	768,504		768,504	59.02
59.03 PULMONARY FUNCTION	180,978		180,978	59.03
59.04 EPS	1,616,435		1,616,435	59.04
59.05 GI	2,159,772		2,159,772	59.05
60 LABORATORY	5,609,872		5,609,872	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	702,886		702,886	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRANS.	583,236		583,236	63
63.01 CELL THERAPY LAB	303,215		303,215	63.01
65 RESPIRATORY THERAPY	835,729		835,729	65
66 PHYSICAL THERAPY	316,094		316,094	66
67 OCCUPATIONAL THERAPY	93,544		93,544	67
69 ELECTROCARDIOLOGY	553,880		553,880	69
70 ELECTROENCEPHALOGRAPHY	564,960		564,960	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	818,647		818,647	71
72 IMPL. DEV. CHARGED TO PATIENT	1,020,604		1,020,604	72
73 DRUGS CHARGED TO PATIENTS	963,252		963,252	73
76.97 CARDIAC REHABILITATION	30,365		30,365	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	446,825		446,825	90
90.01 PSYCH CLINIC	292,855		292,855	90.01
90.02 TRANSPLANT CLINIC	240,734		240,734	90.02
90.03 OB CLINIC	545,981		545,981	90.03
91 EMERGENCY	3,029,183		3,029,183	91
92 OBSERVATION BEDS				92
92.01 OBSERVATION BEDS-DISTINCT	143,677		143,677	92.01
OTHER REIMBURSABLE COST CENTERS				

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
SPECIAL PURPOSE COST CENTERS				
105 KIDNEY ACQUISITION	308,754		308,754	105
106 HEART ACQUISITION	33,937		33,937	106
107 LIVER ACQUISITION	146,101		146,101	107
109 PANCREAS ACQUISITION	32,379		32,379	109
116 HOSPICE	521,124		521,124	116
118 SUBTOTALS (SUM OF LINES 1-117)	102,822,207		102,822,207	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	116,022		116,022	190
191 RESEARCH	190,915		190,915	191
191.01 SPONSERED PROJECT	119,192		119,192	191.01
194 REAL ESTATE	12,671,668		12,671,668	194
194.01 MARKETING, OTHER NON-REIMB	162,190		162,190	194.01
194.02 OTHER COMPANY WIDE ACTIVITY				194.02
200 CROSS FOOT ADJUSTMENTS	2,563,054		2,563,054	200
201 NEGATIVE COST CENTER				201
202 TOTAL (SUM OF LINES 118-201)	118,645,248		118,645,248	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	NONPATIENT PHONES PHONE CHARGES 5.01	RECON-CILIATION 5A.02
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT	73,526,942				1
2 CAP REL COSTS-MVBLE EQUIP		4,356,996,247			2
4 EMPLOYEE BENEFITS	682,666	5,760,435	415,303,745		4
5.01 NONPATIENT PHONES	778,870	273,826,729	2,468,492	86,460,827	5.01
5.02 DATA PROCESSING	151,040	966,500,640	18,035,866	53,528,076	-69,004,629
5.03 PURCHASING RECEIVING & STORES		4,238,174	2,309,431	123,715	5.02
5.04 ADMITTING	146,230	8,288,715	15,111,056	1,184,304	5.04
5.05 ADMINISTRATIVE & GENERAL	3,432,225	72,285,565	44,098,458	6,234,805	5.05
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT	26,049,132	47,841,169	4,013,446	4,879,611	7
8 LAUNDRY & LINEN SERVICE	9,446	1,862,483			8
9 HOUSEKEEPING	952,679	97,432,695	12,313,498	435,555	9
10 DIETARY	1,967,610	68,730,339	6,107,560	271,613	10
11 CAFETERIA			2,404,243		11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	1,167,083	12,281,593	5,727,905	1,191,124	13
14 CENTRAL SERVICES & SUPPLY	930,231	180,379,099	7,563,927	491,563	14
15 PHARMACY	311,545	38,518,011	12,833,119	13,057	15
16 MEDICAL RECORDS & LIBRARY	51,824	3,221,676	2,301,734	170,242	16
17 SOCIAL SERVICE		5,793	4,286,335	72,271	17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD	747,346	6,302,410		121,652	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			1,362,677		22
23 PARAMED ED PRGM-(SPECIFY)	2,725		149,782		23
23.01 PARAMED ED PRGM-(CHAPLAINCY)	4,542		89,184		23.01
23.02 PARAMED ED PRGM-(NM SCHL)	15,029	106,082	1,347,090	32,792	23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	9,623,483	136,155,528	75,355,987	3,017,504	30
31 INTENSIVE CARE UNIT	1,045,918	40,288,834	21,927,910	273,733	31
35 SPECIAL CARE NURSERY	1,200,926	73,195,841	12,577,756	35,017	35
40 SUBPROVIDER - IPF	127,341	1,252,010	4,010,004	49,038	40
43 NURSERY			3,321,416		43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	2,839,679	439,889,110	21,763,919	1,116,048	50
51 RECOVERY ROOM	252,451	4,388,103	7,055,796		51
52 DELIVERY ROOM & LABOR ROOM	1,534,052	54,762,961	13,430,515	100,007	52
53 ANESTHESIOLOGY	32,862	61,328,263	1,075,025	70,327	53
54 RADIOLOGY-DIAGNOSTIC	2,093,010	376,245,089	21,053,380	404,628	54
55 RADIOLOGY-THERAPEUTIC	679,187	208,302,823	4,729,380	55,213	55
56 RADIOISOTOPE	299,183	89,028,066	1,653,347	85,244	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	185,078	58,663,062	3,191,770	49,093	57
58 MAGNETIC RESONANCE IMAGING (MRI)	229,482	360,811,761	4,567,028	119,793	58
59 CARDIAC CATHETERIZATION	93,986	71,650,313	1,830,408	119,517	59
59.01 VASCULAR LAB	60,362	9,069,780	1,029,151		59.01
59.02 CARDIAC GRAPHICS	66,951	39,812,433	2,156,857		59.02
59.03 PULMONARY FUNCTION	43,467	5,788,540	298,016		59.03
59.04 EPS	110,616	124,631,180	1,193,486	132,560	59.04
59.05 GI	268,977	118,890,336	4,016,362	49,058	59.05
60 LABORATORY	912,987	175,435,392	17,943,601	879,581	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS					62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	134,646	8,983,267	2,465,100	70,327	63
63.01 CELL THERAPY LAB	85,942	5,630,296	215,850		63.01
65 RESPIRATORY THERAPY	91,023	28,042,059	7,141,929	70,538	65
66 PHYSICAL THERAPY	104,483	1,045,876	1,871,609	49,038	66
67 OCCUPATIONAL THERAPY	27,382	159,194	955,084		67
69 ELECTROCARDIOLOGY	131,954	9,529,724	1,058,256		69
70 ELECTROENCEPHALOGRAPHY	125,992	16,270,304	1,974,789	543,747	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
76.97 CARDIAC REHABILITATION		1,266,116	349,921	49,038	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	133,407	2,323,758	1,596,495		90
90.01 PSYCH CLINIC	10,289	617,851	4,934,741	1,076,863	90.01
90.02 TRANSPLANT CLINIC	22,526	2,258,244	1,132,069	2,543,987	90.02
90.03 OB CLINIC	303,464	3,872,941	1,947,952	467,727	90.03
91 EMERGENCY	866,544	26,090,160	10,486,758	97,684	91
92 OBSERVATION BEDS					92
92.01 OBSERVATION BEDS-DISTINCT		8,838,003	1,172,893	12,297	92.01

PROVIDER CCN: 14-0281 NORTHWESTERN MEMORIAL HOSPITAL
 PERIOD FROM 09/01/2010 TO 08/31/2011

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

VERSION: 2011.10
 02/24/2012 14:08

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	NONPATIENT PHONES PHONE CHARGES 5.01	RECON- CILIATION 5A.02	
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	43,087	52,620	1,343,962	454,679		105
106 HEART ACQUISITION	3,270		421,490			106
107 LIVER ACQUISITION	15,359	41,282	589,781	313,243		107
109 PANCREAS ACQUISITION	1,635		62,431			109
116 HOSPICE	45,754	621,867	2,192,995	4,442,270		116
118 SUBTOTALS (SUM OF LINES 1-117)	61,246,978	4,352,814,595	408,619,022	85,498,179	-69,004,629	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	46,700	14,084	4,560			190
191 RESEARCH	57,508	792,885	1,627,645			191
191.01 SPONSERED PROJECT		77,486	1,984,895	49,038		191.01
194 REAL ESTATE	12,175,756	2,614,103	686,278	412,284		194
194.01 MARKETING, OTHER NON-REIMB		683,094	2,381,345	501,326		194.01
194.02 OTHER COMPANY WIDE ACTIVITY						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	74,877,453	43,767,795	123,044,393	8,437,505		202
203 UNIT COST MULT-WS B PT I	1.018368	0.010045	0.296276	0.097588		203
204 COST TO BE ALLOC PER B PT II			753,069	3,548,240		204
205 UNIT COST MULT-WS B PT II			0.001813	0.041039		205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DATA PROCESSING ACCUM COST 5.02	RECON-CILIATION	PURCH REC STORES ACCUM COST 5.03	ADMITTING GROSS CHARGES 5.04	RECON-CILIATION
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 NONPATIENT PHONES					5.01
5.02 DATA PROCESSING	1,047,032,791				5.02
5.03 PURCHASING RECEIVING & STORES	4,779,614	-5,094,614	1,110,942,806	4,440,453,997	5.03
5.04 ADMITTING	25,174,887		26,834,038		5.04
5.05 ADMINISTRATIVE & GENERAL	113,393,368		120,866,558		5.05
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT	67,642,386		72,100,357		7
8 LAUNDRY & LINEN SERVICE	3,456,471		3,684,270		8
9 HOUSEKEEPING	22,785,241		24,286,902		9
10 DIETARY	13,734,325		14,639,486		10
11 CAFETERIA	712,319		759,264		11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	15,067,471		16,060,493		13
14 CENTRAL SERVICES & SUPPLY	17,437,429		18,586,643		14
15 PHARMACY	17,598,782		18,758,630		15
16 MEDICAL RECORDS & LIBRARY	4,188,801		4,464,864		16
17 SOCIAL SERVICE	5,656,541		6,029,335		17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCS-SALARY & FRINGES APPRVD	31,785,420		33,880,238		21
22 I&R SRVCS-OTHER PRGM COSTS APPRVD	11,156,902		11,892,198		22
23 PARAMED ED PRGM-(SPECIFY)	196,934		209,913		23
23.01 PARAMED ED PRGM-(CHAPLAINCY)	120,232		128,156		23.01
23.02 PARAMED ED PRGM-(NM SCHL)	1,483,096		1,580,839		23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	122,249,347		130,306,124	479,835,524	30
31 INTENSIVE CARE UNIT	34,663,645		36,948,153	119,616,107	31
35 SPECIAL CARE NURSERY	19,728,070		21,028,248	96,496,454	35
40 SUBPROVIDER - IPF	5,378,353		5,732,813	24,247,407	40
43 NURSERY	4,369,562		4,657,538	24,453,919	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	41,455,492		44,187,616	586,564,133	50
51 RECOVERY ROOM	10,004,388		10,663,727	65,123,820	51
52 DELIVERY ROOM & LABOR ROOM	22,062,046		23,516,045	138,326,519	52
53 ANESTHESIOLOGY	4,337,338		4,623,190	49,389,327	53
54 RADIOLOGY-DIAGNOSTIC	40,447,977		43,113,701	257,693,766	54
55 RADIOLOGY-THERAPEUTIC	10,434,212		11,121,879	143,440,098	55
56 RADIOISOTOPE	6,467,849		6,894,113	66,372,738	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	6,822,105		7,271,716	229,106,527	57
58 MAGNETIC RESONANCE IMAGING (MRI)	11,877,573		12,660,364	170,557,753	58
59 CARDIAC CATHETERIZATION	3,770,985		4,019,512	50,455,917	59
59.01 VASCULAR LAB	1,419,778		1,513,348	25,653,425	59.01
59.02 CARDIAC GRAPHICS	3,813,210		4,064,520	63,306,313	59.02
59.03 PULMONARY FUNCTION	684,608		729,727	10,261,922	59.03
59.04 EPS	3,528,122		3,760,643	35,128,648	59.04
59.05 GI	10,269,375		10,946,178	73,855,803	59.05
60 LABORATORY	53,389,992		56,908,659	549,773,680	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	13,260,254		14,134,171	74,162,624	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	4,951,155		5,277,461	31,942,716	63
63.01 CELL THERAPY LAB	657,615		700,955	506,914	63.01
65 RESPIRATORY THERAPY	11,960,509		12,748,766	138,554,009	65
66 PHYSICAL THERAPY	3,076,865		3,279,646	12,378,151	66
67 OCCUPATIONAL THERAPY	1,271,547		1,355,348	7,821,335	67
69 ELECTROCARDIOLOGY	1,715,310		1,828,358	27,677,876	69
70 ELECTROENCEPHALOGRAPHY	3,622,665		3,861,417	28,754,727	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	43,520,986		46,389,237	160,570,797	71
72 IMPL. DEV. CHARGED TO PATIENT	54,613,149		58,212,429	171,743,207	72
73 DRUGS CHARGED TO PATIENTS	50,127,170		53,430,801	275,389,631	73
76.97 CARDIAC REHABILITATION	595,955		635,231	2,979,667	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	2,366,599		2,522,570	3,628,438	90
90.01 PSYCH CLINIC	7,001,153		7,462,564	11,271,320	90.01
90.02 TRANSPLANT CLINIC	1,934,414		2,061,902	8,904,761	90.02
90.03 OB CLINIC	3,153,713		3,361,558	2,844,837	90.03
91 EMERGENCY	17,141,904		18,271,641	161,998,558	91
92 OBSERVATION BEDS					92
92.01 OBSERVATION BEDS-DISTINCT	1,705,302		1,817,690	6,099,581	92.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DATA PROCESSING ACCUM COST	RECON- CILIATION	PURCH REC STORES ACCUM COST	ADMITTING GROSS CHARGES	RECON- CILIATION
	5.02		5.03	5.04	
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
105 KIDNEY ACQUISITION	9,945,806		10,601,284	23,573,886	105
106 HEART ACQUISITION	1,386,648		1,478,035	2,116,800	106
107 LIVER ACQUISITION	5,106,477		5,443,019	11,410,000	107
109 PANCREAS ACQUISITION	1,546,552		1,648,478	2,598,000	109
116 HOSPICE	4,258,192		4,538,828	13,866,362	116
118 SUBTOTALS (SUM OF LINES 1-117)	1,018,464,186	-5,094,614	1,080,491,387	4,440,453,997	-121,420,852
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	52,024		55,453		190
191 RESEARCH	2,356,199		2,511,484		191
191.01 SPONSERED PROJECT	6,272,294		6,685,670		191.01
194 REAL ESTATE	12,669,221		13,504,186		194
194.01 MARKETING, OTHER NON-REIMB	7,218,867		7,694,626		194.01
194.02 OTHER COMPANY WIDE ACTIVITY					194.02
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	69,004,629		5,094,614	26,957,099	202
203 UNIT COST MULT-WS B PT I	0.065905		0.004586	0.006071	203
204 COST TO BE ALLOC PER B PT II	12,093,495		107,041	601,521	204
205 UNIT COST MULT-WS B PT II	0.011550		0.000096	0.000135	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMIN +	OPERATION	LAUNDRY	HOUSE-	DIETARY
	GENERAL	OF PLANT	+ LINEN	KEEPING	
	ACCUM	SQUARE	SERVICE	SQUARE	MEALS
	COST	FEET	SQUARE	FEET	SERVED
	5.05	7	8	9	10
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 NONPATIENT PHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING RECEIVING & STORES					5.03
5.04 ADMITTING					5.04
5.05 ADMINISTRATIVE & GENERAL	994,616,568				5.05
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT	72,431,009	1,424,994			7
8 LAUNDRY & LINEN SERVICE	3,701,166	572	1,424,422		8
9 HOUSEKEEPING	24,398,282	38,982	38,982	1,385,440	9
10 DIETARY	14,706,623	90,457	90,457	90,457	684,180
11 CAFETERIA	762,746				11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	16,134,146	41,127	41,127	41,127	13
14 CENTRAL SERVICES & SUPPLY	18,671,881	49,278	49,278	49,278	14
15 PHARMACY	18,844,657	15,463	15,463	15,463	15
16 MEDICAL RECORDS & LIBRARY	4,485,340	3,138	3,138	3,138	16
17 SOCIAL SERVICE	6,056,986				17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD	34,035,613	38,912	38,912	38,912	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	11,946,736				22
23 PARAMED ED PRGM-(SPECIFY)	210,876	165	165	165	23
23.01 PARAMED ED PRGM-(CHAPLAINCY)	128,744	275	275	275	23.01
23.02 PARAMED ED PRGM-(NM SCHL)	1,588,089	910	910	910	23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	133,816,620	428,679	428,679	428,679	558,324
31 INTENSIVE CARE UNIT	37,843,786	63,332	63,332	63,332	90,858
35 SPECIAL CARE NURSERY	21,710,514	41,072	41,072	41,072	
40 SUBPROVIDER - IPF	5,906,310				34,998
43 NURSERY	4,827,357				
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	47,950,395	146,571	146,571	146,571	50
51 RECOVERY ROOM	11,107,998	16,679	16,679	16,679	51
52 DELIVERY ROOM & LABOR ROOM	24,463,670	52,465	52,465	52,465	52
53 ANESTHESIOLOGY	4,944,235	1,254	1,254	1,254	53
54 RADIOLOGY-DIAGNOSTIC	44,875,879	93,549	93,549	93,549	54
55 RADIOLOGY-THERAPEUTIC	12,043,709	34,347	34,347	34,347	55
56 RADIOISOTOPE	7,328,678	18,116	18,116	18,116	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	8,695,970	10,417	10,417	10,417	57
58 MAGNETIC RESONANCE IMAGING (MRI)	13,753,880	13,219	13,219	13,219	58
59 CARDIAC CATHETERIZATION	4,344,263	5,691	5,691	5,691	59
59.01 VASCULAR LAB	1,676,030	3,655	3,655	3,655	59.01
59.02 CARDIAC GRAPHICS	4,467,493	4,054	4,054	4,054	59.02
59.03 PULMONARY FUNCTION	795,374	2,632	2,632	2,632	59.03
59.04 EPS	3,991,155	6,698	6,698	6,698	59.04
59.05 GI	11,444,756	16,287	16,287	16,287	59.05
60 LABORATORY	60,507,318	59,714	59,714	59,714	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	14,649,231				62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	5,495,587	8,153	8,153	8,153	63
63.01 CELL THERAPY LAB	707,247	6,418	6,418	6,418	63.01
65 RESPIRATORY THERAPY	13,648,393	4,540	4,540	4,540	65
66 PHYSICAL THERAPY	3,369,834	5,993	5,993	5,993	66
67 OCCUPATIONAL THERAPY	1,409,047	1,658	1,658	1,658	67
69 ELECTROCARDIOLOGY	2,004,775	7,990	7,990	7,990	69
70 ELECTROENCEPHALOGRAPHY	4,053,695	7,629	7,629	7,629	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	47,576,803				71
72 IMPL. DEV. CHARGED TO PATIENT	59,522,044				72
73 DRUGS CHARGED TO PATIENTS	55,347,725				73
76.97 CARDIAC REHABILITATION	656,234				76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	2,556,167	8,078	8,078	8,078	90
90.01 PSYCH CLINIC	7,565,215	623	623	623	90.01
90.02 TRANSPLANT CLINIC	2,125,419	1,364	1,364	1,364	90.02
90.03 OB CLINIC	3,394,245	4,963	4,963	4,963	90.03
91 EMERGENCY	19,338,928	55,736	55,736	55,736	91
92 OBSERVATION BEDS					92
92.01 OBSERVATION BEDS-DISTINCT	1,863,057				92.01

PROVIDER CCN: 14-0281 NORTHWESTERN MEMORIAL HOSPITAL
 PERIOD FROM 09/01/2010 TO 08/31/2011

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

VERSION: 2011.10
 02/24/2012 14:08

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMIN +	OPERATION	LAUNDRY	HOUSE-	DIETARY
	GENERAL	OF PLANT	+ LINEN	KEEPING	
	ACCUM	SQUARE	SERVICE	SQUARE	MEALS
	COST	FEET	SQUARE	FEET	SERVED
	5.05	7	FEET	FEET	10
			8	9	
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
105 KIDNEY ACQUISITION	10,793,018	2,609	2,609	2,609	105
106 HEART ACQUISITION	1,497,664	198	198	198	106
107 LIVER ACQUISITION	5,537,251	930	930	930	107
109 PANCREAS ACQUISITION	1,671,810	99	99	99	109
116 HOSPICE	4,643,826	3,800	3,800	3,800	116
118 SUBTOTALS (SUM OF LINES 1-117)	964,025,499	1,418,491	1,417,919	1,378,937	684,180
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	55,707	3,019	3,019	3,019	190
191 RESEARCH	2,523,002	3,484	3,484	3,484	191
191.01 SPONSERED PROJECT	6,716,330				191.01
194 REAL ESTATE	13,566,116				194
194.01 MARKETING, OTHER NON-REIMB	7,729,914				194.01
194.02 OTHER COMPANY WIDE ACTIVITY					194.02
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	121,420,852	81,273,242	4,185,621	29,714,625	23,867,019
203 UNIT COST MULT-WS B PT I	0.122078	57.034094	2.938470	21.447789	34.884123
204 COST TO BE ALLOC PER B PT II	5,878,494	28,431,928	101,892	3,179,353	4,982,200
205 UNIT COST MULT-WS B PT II	0.005910	19.952314	0.071532	2.294833	7.282002

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA FTES 11	NURSING ADMINIS- TRATION DIRECT NRSNG HRS 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS + LIBRARY GROSS CHARGES 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 ADMINISTRATIVE & GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	426,431					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	5,578	213,299				13
14 CENTRAL SERVICES & SUPPLY	14,557		13,325,553,894			14
15 PHARMACY	15,888		24,044,305	510,630,042		15
16 MEDICAL RECORDS & LIBRARY	4,300				4,440,453,997	16
17 SOCIAL SERVICE	5,439					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	2,141			214		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM-(CHAPLAINCY)						23.01
23.02 PARAMED ED PRGM-(NM SCHL)	605		18,693			23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	117,222	95,594	718,102,693	88,992,890	479,835,524	30
31 INTENSIVE CARE UNIT	29,224	25,789	425,080,599	53,800,280	119,616,107	31
35 SPECIAL CARE NURSERY	16,140	14,953	92,514,492	572,833	96,496,454	35
40 SUBPROVIDER - IPF	5,359		1,830,448	16,427	24,247,407	40
43 NURSERY					24,453,919	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	27,659	23,428	7,207,158,438	28,841,771	586,564,133	50
51 RECOVERY ROOM	8,505	7,567	29,895,438	23,028,888	65,123,820	51
52 DELIVERY ROOM & LABOR ROOM	18,090	15,614	228,676,411	25,232,783	138,326,519	52
53 ANESTHESIOLOGY	1,963		187,364,077	40,695,692	49,389,327	53
54 RADIOLOGY-DIAGNOSTIC	29,195	5,649	235,823,730	13,372,234	257,693,766	54
55 RADIOLOGY-THERAPEUTIC	5,345	684	18,876,274	875,168	143,440,098	55
56 RADIOISOTOPE	2,227	54	241,659,234	289,716	66,372,738	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	4,633		134,347,105	3,440,186	229,106,527	57
58 MAGNETIC RESONANCE IMAGING (MRI)	6,109	2	163,028,735	10,417,004	170,557,753	58
59 CARDIAC CATHETERIZATION	2,054	1,563	48,347,957	104,865	50,455,917	59
59.01 VASCULAR LAB	1,170	206	593,161		25,653,425	59.01
59.02 CARDIAC GRAPHICS	2,808	824	5,045,395	40,781,519	63,306,313	59.02
59.03 PULMONARY FUNCTION	398	100	6,263,299	538,262	10,261,922	59.03
59.04 EPS	1,337	775	29,986,160	1,681,512	35,128,648	59.04
59.05 GI	5,862	3,305	224,108,395	2,490,952	73,855,803	59.05
60 LABORATORY	27,722		1,331,126,934	4,064,880	549,773,680	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS			1,323,114,330	10,842,000	74,162,624	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	3,753	670	121,818,109	8,645,961	31,942,716	63
63.01 CELL THERAPY LAB	202	191	4,013,254		506,914	63.01
65 RESPIRATORY THERAPY	10,440		266,317,568	4,891,466	138,554,009	65
66 PHYSICAL THERAPY	2,475		4,596,225	133,211	12,378,151	66
67 OCCUPATIONAL THERAPY	1,505		2,027,247		7,821,335	67
69 ELECTROCARDIOLOGY	1,785	246	11,233,145	36,495,199	27,677,876	69
70 ELECTROENCEPHALOGRAPHY	2,982		16,865,884		28,754,727	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					160,570,797	71
72 IMPL. DEV. CHARGED TO PATIENT					171,743,207	72
73 DRUGS CHARGED TO PATIENTS					275,389,631	73
76.97 CARDIAC REHABILITATION	365	275	940,165	1,027	2,979,667	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,330	1,079	3,833,978	13,191,840	3,628,438	90
90.01 PSYCH CLINIC	7,149	1,250	386,470	23,855,365	11,271,320	90.01
90.02 TRANSPLANT CLINIC	3,717	1,171	9,407,221	1,552,816	8,904,761	90.02
90.03 OB CLINIC	1,957	314	1,486,213	640,970	2,844,837	90.03
91 EMERGENCY	14,209	10,840	188,206,862	26,979,606	161,998,558	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	1,925	1,156	7,400,360	1,334,072	6,099,581	92.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA FTES 11	NURSING ADMINIS- TRATION DIRECT NRSING HRS 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS + LIBRARY GROSS CHARGES 16	
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	1,129		11,380	305,679	23,573,886	105
106 HEART ACQUISITION	376				2,116,800	106
107 LIVER ACQUISITION	807		832	346,267	11,410,000	107
109 PANCREAS ACQUISITION			1,288		2,598,000	109
116 HOSPICE	2,865		7,732,521	41,997,729	13,866,362	116
118 SUBTOTALS (SUM OF LINES 1-117)	421,501	213,299	13,323,285,025	510,451,284	4,440,453,997	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH			675,258	178,758		191
191.01 SPONSERED PROJECT	556					191.01
194 REAL ESTATE	1,027		6,694			194
194.01 MARKETING, OTHER NON-REIMB	3,347		1,586,917			194.01
194.02 OTHER COMPANY WIDE ACTIVITY						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	855,861	21,463,539	24,992,755	22,481,173	5,297,028	202
203 UNIT COST MULT-WS B PT I	2.007033	100.626534	0.001876	0.044026	0.001193	203
204 COST TO BE ALLOC PER B PT II	17,167	2,560,207	4,207,054	1,397,773	241,824	204
205 UNIT COST MULT-WS B PT II	0.040257	12.002902	0.000316	0.002737	0.000054	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE TIME SPENT 17	I&R SALARY & FRINGES ASSIGNED TIME 21	I&R PROGRAM COSTS ASSIGNED TIME 22	PARAMED EDUCATION PHARMACY PATIENT DAYS 23	PARAMED EDUCATION CHAPLAINCY PATIENT DAYS 23.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 ADMINISTRATIVE & GENERAL						5.05
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	10,000					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		8,888				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			8,888			22
23 PARAMED ED PRGM-(SPECIFY)				276,505		23
23.01 PARAMED ED PRGM-(CHAPLAINCY)					276,505	23.01
23.02 PARAMED ED PRGM-(NM SCHL)						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	5,895	2,308	2,308	230,486	230,486	30
31 INTENSIVE CARE UNIT	870	979	979	32,879	32,879	31
35 SPECIAL CARE NURSERY	801	54	54			35
40 SUBPROVIDER - IPF		271	271	13,140	13,140	40
43 NURSERY	1					43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		2,223	2,223			50
51 RECOVERY ROOM	5	103	103			51
52 DELIVERY ROOM & LABOR ROOM	98	367	367			52
53 ANESTHESIOLOGY		15	15			53
54 RADIOLOGY-DIAGNOSTIC		674	674			54
55 RADIOLOGY-THERAPEUTIC	400	215	215			55
56 RADIOISOTOPE		29	29			56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (MRI)						58
59 CARDIAC CATHETERIZATION		58	58			59
59.01 VASCULAR LAB						59.01
59.02 CARDIAC GRAPHICS		89	89			59.02
59.03 PULMONARY FUNCTION		33	33			59.03
59.04 EPS						59.04
59.05 GI		56	56			59.05
60 LABORATORY		549	549			60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		42	42			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
63.01 CELL THERAPY LAB						63.01
65 RESPIRATORY THERAPY		29	29			65
66 PHYSICAL THERAPY		3	3			66
67 OCCUPATIONAL THERAPY		3	3			67
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY		24	24			70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION		1	1			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	950	156	156			90
90.01 PSYCH CLINIC		50	50			90.01
90.02 TRANSPLANT CLINIC		50	50			90.02
90.03 OB CLINIC	100	172	172			90.03
91 EMERGENCY	800	306	306			91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	26					92.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE TIME SPENT 17	I&R SALARY & FRINGES ASSIGNED TIME 21	I&R PROGRAM COSTS ASSIGNED TIME 22	PARAMED EDUCATION PHARMACY PATIENT DAYS 23	PARAMED EDUCATION CHAPLAINCY PATIENT DAYS 23.01	
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION						105
106 HEART ACQUISITION						106
107 LIVER ACQUISITION						107
109 PANCREAS ACQUISITION						109
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	9,946	8,859	8,859	276,505	276,505	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH	54	29	29			191
191.01 SPONSERED PROJECT						191.01
194 REAL ESTATE						194
194.01 MARKETING, OTHER NON-REIMB						194.01
194.02 OTHER COMPANY WIDE ACTIVITY						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	6,807,327	41,363,148	13,405,170	250,054	166,851	202
203 UNIT COST MULT-WS B PT I	680.732700	4,653.819532	1,508.232448	0.904338	0.603429	203
204 COST TO BE ALLOC PER B PT II	112,723	2,269,449	203,080	10,271	13,087	204
205 UNIT COST MULT-WS B PT II	11.272300	255.338546	22.848785	0.037146	0.047330	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED EDUCATION SCHOOLS PATIENT DAYS	
	23.02	
GENERAL SERVICE COST CENTERS		
1 CAP REL COSTS-BLDG & FIXT		1
2 CAP REL COSTS-MVBLE EQUIP		2
4 EMPLOYEE BENEFITS		4
5.01 NONPATIENT PHONES		5.01
5.02 DATA PROCESSING		5.02
5.03 PURCHASING RECEIVING & STORES		5.03
5.04 ADMITTING		5.04
5.05 ADMINISTRATIVE & GENERAL		5.05
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
23.01 PARAMED ED PRGM-(CHAPLAINCY)		23.01
23.02 PARAMED ED PRGM-(NM SCHL)	276,505	23.02
INPATIENT ROUTINE SERV COST CENTERS		
30 ADULTS & PEDIATRICS	230,486	30
31 INTENSIVE CARE UNIT	32,879	31
35 SPECIAL CARE NURSERY		35
40 SUBPROVIDER - IPF	13,140	40
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
55 RADIOLOGY-THERAPEUTIC		55
56 RADIOISOTOPE		56
57 COMPUTED TOMOGRAPHY (CT) SCAN		57
58 MAGNETIC RESONANCE IMAGING (MRI)		58
59 CARDIAC CATHETERIZATION		59
59.01 VASCULAR LAB		59.01
59.02 CARDIAC GRAPHICS		59.02
59.03 PULMONARY FUNCTION		59.03
59.04 EPS		59.04
59.05 GI		59.05
60 LABORATORY		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS		62.30
63 BLOOD STORING, PROCESSING & TRANS.		63
63.01 CELL THERAPY LAB		63.01
65 RESPIRATORY THERAPY		65
66 PHYSICAL THERAPY		66
67 OCCUPATIONAL THERAPY		67
69 ELECTROCARDIOLOGY		69
70 ELECTROENCEPHALOGRAPHY		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		71
72 IMPL. DEV. CHARGED TO PATIENT		72
73 DRUGS CHARGED TO PATIENTS		73
76.97 CARDIAC REHABILITATION		76.97
76.98 HYPERBARIC OXYGEN THERAPY		76.98
76.99 LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS		
90 CLINIC		90
90.01 PSYCH CLINIC		90.01
90.02 TRANSPLANT CLINIC		90.02
90.03 OB CLINIC		90.03
91 EMERGENCY		91
92 OBSERVATION BEDS		92
92.01 OBSERVATION BEDS-DISTINCT		92.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED EDUCATION SCHOOLS PATIENT DAYS	
OTHER REIMBURSABLE COST CENTERS		
SPECIAL PURPOSE COST CENTERS		
105 KIDNEY ACQUISITION		105
106 HEART ACQUISITION		106
107 LIVER ACQUISITION		107
109 PANCREAS ACQUISITION		109
116 HOSPICE		116
118 SUBTOTALS (SUM OF LINES 1-117)	23.02	118
NONREIMBURSABLE COST CENTERS		
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		190
191 RESEARCH		191
191.01 SPONSERED PROJECT		191.01
194 REAL ESTATE		194
194.01 MARKETING, OTHER NON-REIMB		194.01
194.02 OTHER COMPANY WIDE ACTIVITY		194.02
200 CROSS FOOT ADJUSTMENTS		200
201 NEGATIVE COST CENTER		201
202 COST TO BE ALLOC PER B PT I	1,857,301	202
203 UNIT COST MULT-WS B PT I	6.717061	203
204 COST TO BE ALLOC PER B PT II	67,167	204
205 UNIT COST MULT-WS B PT II	0.242914	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART 1, COL 26)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	226,133,534		226,133,534	626,535	226,760,069	30
31 INTENSIVE CARE UNIT	57,614,832		57,614,832	449,574	58,064,406	31
35 SPECIAL CARE NURSERY	30,101,214		30,101,214	85,541	30,186,755	35
40 SUBPROVIDER - IPF	8,000,130		8,000,130	211,739	8,211,869	40
43 NURSERY	5,446,526		5,446,526		5,446,526	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	83,634,705		83,634,705	190,177	83,824,882	50
51 RECOVERY ROOM	15,751,613		15,751,613	49,802	15,801,415	51
52 DELIVERY ROOM & LABOR ROOM	35,100,987		35,100,987	192,132	35,293,119	52
53 ANESTHESIOLOGY	7,855,944		7,855,944	106,301	7,962,245	53
54 RADIOLOGY-DIAGNOSTIC	59,936,623		59,936,623	241,495	60,178,118	54
55 RADIOLOGY-THERAPEUTIC	16,907,442		16,907,442	48,788	16,956,230	55
56 RADIOISOTOPE	10,253,554		10,253,554	72,125	10,325,679	56
57 COMPUTED TOMOGRAPHY (CT) SC	11,291,829		11,291,829		11,291,829	57
58 MAGNETIC RESONANCE IMAGING	17,489,620		17,489,620	8,765	17,498,385	58
59 CARDIAC CATHETERIZATION	5,654,878		5,654,878	62,674	5,717,552	59
59.01 VASCULAR LAB	2,233,023		2,233,023	22,944	2,255,967	59.01
59.02 CARDIAC GRAPHICS	7,311,942		7,311,942	71,966	7,383,908	59.02
59.03 PULMONARY FUNCTION	1,165,323		1,165,323	11,064	1,176,387	59.03
59.04 EPS	5,276,601		5,276,601	93,963	5,370,564	59.04
59.05 GI	15,130,542		15,130,542	79,053	15,209,595	59.05
60 LABORATORY	76,143,538		76,143,538		76,143,538	60
62 WHOLE BLOOD & PACKED RED BL	19,485,548		19,485,548		19,485,548	62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	7,552,535		7,552,535	70,432	7,622,967	63
63.01 CELL THERAPY LAB	1,343,901		1,343,901	66,436	1,410,337	63.01
65 RESPIRATORY THERAPY	16,585,423		16,585,423	51,094	16,636,517	65
66 PHYSICAL THERAPY	4,303,391		4,303,391	23,717	4,327,108	66
67 OCCUPATIONAL THERAPY	1,732,211		1,732,211		1,732,211	67
69 ELECTROCARDIOLOGY	4,589,230		4,589,230	61,414	4,650,644	69
70 ELECTROENCEPHALOGRAPHY	5,241,647		5,241,647	12,240	5,253,887	70
71 MEDICAL SUPPLIES CHRGD TO	53,576,445		53,576,445		53,576,445	71
72 IMPL. DEV. CHARGED TO PATIE	66,993,266		66,993,266		66,993,266	72
73 DRUGS CHARGED TO PATIENTS	62,433,005		62,433,005		62,433,005	73
76.97 CARDIAC REHABILITATION	770,115		770,115		770,115	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	4,878,186		4,878,186	12,437	4,890,623	90
90.01 PSYCH CLINIC	9,744,045		9,744,045	639,094	10,383,139	90.01
90.02 TRANSPLANT CLINIC	2,717,873		2,717,873	373,406	3,091,279	90.02
90.03 OB CLINIC	4,350,696		4,350,696	63,591	4,414,287	90.03
91 EMERGENCY	29,635,871		29,635,871	188,702	29,824,573	91
92 OBSERVATION BEDS	8,101,094		8,101,094		8,101,094	92
92.01 OBSERVATION BEDS-DISTINCT	2,308,276		2,308,276		2,308,276	92.01
OTHER REIMBURSABLE COST CENTERS						
105 KIDNEY ACQUISITION	12,366,902		12,366,902		12,366,902	105
106 HEART ACQUISITION	1,699,898		1,699,898		1,699,898	106
107 LIVER ACQUISITION	6,319,428		6,319,428		6,319,428	107
109 PANCREAS ACQUISITION	1,887,062		1,887,062		1,887,062	109
116 HOSPICE	7,405,924		7,405,924		7,405,924	116
200 SUBTOTAL (SEE INSTRUCTIONS)	1,034,456,372		1,034,456,372	4,187,201	1,038,643,573	200
201 LESS OBSERVATION BEDS	8,101,094		8,101,094		8,101,094	201
202 TOTAL (SEE INSTRUCTIONS)	1,026,355,278		1,026,355,278	4,187,201	1,030,542,479	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	462,279,078		462,279,078			30
31 INTENSIVE CARE UNIT	119,616,107		119,616,107			31
35 SPECIAL CARE NURSERY	96,496,454		96,496,454			35
40 SUBPROVIDER - IPF	24,247,407		24,247,407			40
43 NURSERY	24,453,919		24,453,919			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	386,676,208	199,887,925	586,564,133	0.142584	0.142584	0.142908 50
51 RECOVERY ROOM	27,000,460	38,123,360	65,123,820	0.241872	0.241872	0.242636 51
52 DELIVERY ROOM & LABOR ROOM	129,498,678	8,827,841	138,326,519	0.253755	0.253755	0.255144 52
53 ANESTHESIOLOGY	31,397,535	17,991,792	49,389,327	0.159062	0.159062	0.161214 53
54 RADIOLOGY-DIAGNOSTIC	100,658,019	157,035,747	257,693,766	0.232589	0.232589	0.233526 54
55 RADIOLOGY-THERAPEUTIC	9,944,558	133,495,540	143,440,098	0.117871	0.117871	0.118211 55
56 RADIOISOTOPE	10,143,680	56,229,058	66,372,738	0.154484	0.154484	0.155571 56
57 COMPUTED TOMOGRAPHY (CT) SC	73,077,346	156,029,181	229,106,527	0.049286	0.049286	0.049286 57
58 MAGNETIC RESONANCE IMAGING	33,491,043	137,066,710	170,557,753	0.102544	0.102544	0.102595 58
59 CARDIAC CATHETERIZATION	24,286,989	26,168,928	50,455,917	0.112076	0.112076	0.113318 59
59.01 VASCULAR LAB	12,815,941	12,837,484	25,653,425	0.087046	0.087046	0.087940 59.01
59.02 CARDIAC GRAPHICS	33,232,051	30,074,262	63,306,313	0.115501	0.115501	0.116638 59.02
59.03 PULMONARY FUNCTION	1,795,596	8,466,326	10,261,922	0.113558	0.113558	0.114636 59.03
59.04 EPS	9,361,577	25,767,071	35,128,648	0.150208	0.150208	0.152883 59.04
59.05 GI	9,636,676	64,219,127	73,855,803	0.204866	0.204866	0.205936 59.05
60 LABORATORY	307,553,261	276,751,162	584,304,423	0.130315	0.130315	0.130315 60
62 WHOLE BLOOD & PACKED RED BL	66,813,128	7,246,813	74,059,941	0.263105	0.263105	0.263105 62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	21,113,114	10,746,716	31,859,830	0.237055	0.237055	0.239266 63
63.01 CELL THERAPY LAB	3,300	158,698	161,998	8.295788	8.295788	8.705891 63.01
65 RESPIRATORY THERAPY	136,791,206	1,762,803	138,554,009	0.119704	0.119704	0.120072 65
66 PHYSICAL THERAPY	11,758,914	619,236	12,378,150	0.347660	0.347660	0.349576 66
67 OCCUPATIONAL THERAPY	7,608,661	212,674	7,821,335	0.221473	0.221473	0.221473 67
69 ELECTROCARDIOLOGY	12,662,910	15,014,966	27,677,876	0.165809	0.165809	0.168027 69
70 ELECTROENCEPHALOGRAPHY	13,299,901	15,454,826	28,754,727	0.182288	0.182288	0.182714 70
71 MEDICAL SUPPLIES CHRGD TO	100,684,052	59,886,745	160,570,797	0.333662	0.333662	0.333662 71
72 IMPL. DEV. CHARGED TO PATIE	119,410,015	52,333,192	171,743,207	0.390078	0.390078	0.390078 72
73 DRUGS CHARGED TO PATIENTS	217,197,028	58,192,603	275,389,631	0.226708	0.226708	0.226708 73
76.97 CARDIAC REHABILITATION	4,389	2,975,278	2,979,667	0.258457	0.258457	0.258457 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	80,284	3,548,154	3,628,438	1.344431	1.344431	1.347859 90
90.01 PSYCH CLINIC	860,856	10,410,464	11,271,320	0.864499	0.864499	0.921200 90.01
90.02 TRANSPLANT CLINIC	941,101	7,963,660	8,904,761	0.305216	0.305216	0.347149 90.02
90.03 OB CLINIC	33,678	2,811,159	2,844,837	1.529331	1.529331	1.551684 90.03
91 EMERGENCY	61,655,262	100,343,296	161,998,558	0.182939	0.182939	0.184104 91
92 OBSERVATION BEDS	4,715,300	12,841,146	17,556,446	0.461431	0.461431	0.461431 92
92.01 OBSERVATION BEDS-DISTINCT	1,127,298	4,972,283	6,099,581	0.378432	0.378432	0.378432 92.01
OTHER REIMBURSABLE COST CENTERS						
105 KIDNEY ACQUISITION	23,530,078	43,808	23,573,886			105
106 HEART ACQUISITION	2,116,800		2,116,800			106
107 LIVER ACQUISITION	11,410,000		11,410,000			107
109 PANCREAS ACQUISITION	2,598,000		2,598,000			109
116 HOSPICE	5,550	13,860,812	13,866,362			116
200 SUBTOTAL (SEE INSTRUCTIONS)	2,744,083,408	1,730,370,846	4,474,454,254			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	2,744,083,408	1,730,370,846	4,474,454,254			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED	TOTAL PATIENT DAYS	PER	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	CAP-REL COST (COL.1 MINUS COL.2)		DIEM (COL.3 ÷ COL.4)		(COL.5 x COL.6)	
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	29,058,023		29,058,023	185,191	156.91	61,012	9,573,393	30
31 INTENSIVE CARE UNIT	4,848,211		4,848,211	30,112	161.01	13,553	2,182,169	31
32 CORONARY CARE UNIT								32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 SPECIAL CARE NURSERY	3,495,535		3,495,535	22,566	154.90			35
40 SUBPROVIDER - IPF	509,391		509,391	11,204	45.47	3,514	159,782	40
41 SUBPROVIDER - IRF								41
42 SUBPROVIDER I								42
43 NURSERY	90,100		90,100	26,226	3.44			43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	38,001,260		38,001,260	275,299		78,079	11,915,344	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0281) [] SUB (OTHER)
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF
 BOXES [] TITLE XIX [] IRF

[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	14,183,356	586,564,133	0.024180	135,087,046	3,266,405	50
51 RECOVERY ROOM	1,044,445	65,123,820	0.016038	9,351,560	149,980	51
52 DELIVERY ROOM & LABOR ROOM	4,070,095	138,326,519	0.029424	297,200	8,745	52
53 ANESTHESIOLOGY	942,096	49,389,327	0.019075	10,853,056	207,022	53
54 RADIOLOGY-DIAGNOSTIC	9,018,834	257,693,766	0.034998	38,609,884	1,351,269	54
55 RADIOLOGY-THERAPEUTIC	3,802,649	143,440,098	0.026510	2,995,674	79,415	55
56 RADIOISOTOPE	1,818,903	66,372,738	0.027404	4,570,897	125,261	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,244,287	229,106,527	0.005431	28,530,286	154,948	57
58 MAGNETIC RESONANCE IMAGING (M	4,498,497	170,557,753	0.026375	12,111,110	319,431	58
59 CARDIAC CATHETERIZATION	1,064,241	50,455,917	0.021092	10,652,613	224,685	59
59.01 VASCULAR LAB	270,021	25,653,425	0.010526	5,694,970	59,945	59.01
59.02 CARDIAC GRAPHICS	768,504	63,306,313	0.012139	14,731,836	178,830	59.02
59.03 PULMONARY FUNCTION	180,978	10,261,922	0.017636	1,098,893	19,380	59.03
59.04 EPS	1,616,435	35,128,648	0.046015	3,947,141	181,628	59.04
59.05 GI	2,159,772	73,855,803	0.029243	4,118,951	120,450	59.05
60 LABORATORY	5,609,872	584,304,423	0.009601	118,450,078	1,137,239	60
62 WHOLE BLOOD & PACKED RED BLOO	702,886	74,059,941	0.009491	24,582,895	233,316	62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	583,236	31,859,830	0.018306	7,164,642	131,156	63
63.01 CELL THERAPY LAB	303,215	161,998	1.871721			63.01
65 RESPIRATORY THERAPY	835,729	138,554,009	0.006032	52,863,617	318,873	65
66 PHYSICAL THERAPY	316,094	12,378,150	0.025536	4,919,574	125,626	66
67 OCCUPATIONAL THERAPY	93,544	7,821,335	0.011960	3,456,574	41,341	67
69 ELECTROCARDIOLOGY	553,880	27,677,876	0.020012	5,973,012	119,532	69
70 ELECTROENCEPHALOGRAPHY	564,960	28,754,727	0.019648	4,072,440	80,015	70
71 MEDICAL SUPPLIES CHRGD TO PA	818,647	160,570,797	0.005098	31,578,626	160,988	71
72 IMPL. DEV. CHARGED TO PATIENT	1,020,604	171,743,207	0.005943	48,146,220	286,133	72
73 DRUGS CHARGED TO PATIENTS	963,252	275,389,631	0.003498	71,658,737	250,662	73
76.97 CARDIAC REHABILITATION	30,365	2,979,667	0.010191	3,984	41	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	446,825	3,628,438	0.123145	40,775	5,021	90
90.01 PSYCH CLINIC	292,855	11,271,320	0.025982	5,370	140	90.01
90.02 TRANSPLANT CLINIC	240,734	8,904,761	0.027034	527,379	14,257	90.02
90.03 OB CLINIC	545,981	2,844,837	0.191920	1,939	372	90.03
91 EMERGENCY	3,029,183	161,998,558	0.018699	24,865,120	464,953	91
92 OBSERVATION BEDS	1,038,107	17,556,446	0.059130	254,598	15,054	92
92.01 OBSERVATION BEDS-DISTINCT	143,677	6,099,581	0.023555			92.01
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	64,816,759	3,693,796,241	3,693,796,241	681,216,697	9,832,113	200

APPORIONMENT 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		1,895,708			1,895,708	30
31 INTENSIVE CARE UNIT		270,424			270,424	31
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 SPECIAL CARE NURSERY						35
40 SUBPROVIDER - IPF		108,074			108,074	40
41 SUBPROVIDER - IRF						41
42 SUBPROVIDER I						42
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		2,274,206			2,274,206	200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
	INPAT ROUTINE SERV COST CTRS					
30	ADULTS & PEDIATRICS	185,191	10.24	61,012	624,763	30
31	INTENSIVE CARE UNIT	30,112	8.98	13,553	121,706	31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	SPECIAL CARE NURSERY	22,566				35
40	SUBPROVIDER - IPF	11,204	9.65	3,514	33,910	40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY	26,226				43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (SUM OF LINES 30-199)	275,299		78,079	780,379	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK TITLE V HOSPITAL (14-0281) SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII-PT A IPF SNF TEFRA
 BOXES TITLE XIX IRF NF

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P 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
55 RADIOLOGY-THERAPEUTIC							55
56 RADIOISOTOPE							56
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION							59
59.01 VASCULAR LAB							59.01
59.02 CARDIAC GRAPHICS							59.02
59.03 PULMONARY FUNCTION							59.03
59.04 EPS							59.04
59.05 GI							59.05
60 LABORATORY							60
62 WHOLE BLOOD & PACKED RED BLOO							62
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
63.01 CELL THERAPY LAB							63.01
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
69 ELECTROCARDIOLOGY							69
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.01 PSYCH CLINIC							90.01
90.02 TRANSPLANT CLINIC							90.02
90.03 OB CLINIC							90.03
91 EMERGENCY							91
92 OBSERVATION BEDS			67,725		67,725	67,725	92
92.01 OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			67,725		67,725	67,725	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[XX] HOSPITAL (14-0281) [] IPF [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[] PPS [] TEFRA					
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. 1, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13			
ANCILLARY SERVICE COST CENTERS										
50	OPERATING ROOM	586,564,133			135,087,046	33,809,690		50		
51	RECOVERY ROOM	65,123,820			9,351,560	7,280,173		51		
52	DELIVERY ROOM & LABOR ROOM	138,326,519			297,200	41,746		52		
53	ANESTHESIOLOGY	49,389,327			10,853,056	3,515,514		53		
54	RADIOLOGY-DIAGNOSTIC	257,693,766			38,609,884	37,360,088		54		
55	RADIOLOGY-THERAPEUTIC	143,440,098			2,995,674	39,571,894		55		
56	RADIOISOTOPE	66,372,738			4,570,897	20,543,591		56		
57	COMPUTED TOMOGRAPHY (CT) SCA	229,106,527			28,530,286	47,221,181		57		
58	MAGNETIC RESONANCE IMAGING (	170,557,753			12,111,110	34,278,137		58		
59	CARDIAC CATHETERIZATION	50,455,917			10,652,613	11,921,273		59		
59.01	VASCULAR LAB	25,653,425			5,694,970	4,655,108		59.01		
59.02	CARDIAC GRAPHICS	63,306,313			14,731,836	7,114,799		59.02		
59.03	PULMONARY FUNCTION	10,261,922			1,098,893	2,894,842		59.03		
59.04	EPS	35,128,648			3,947,141	9,289,724		59.04		
59.05	GI	73,855,803			4,118,951	15,605,938		59.05		
60	LABORATORY	584,304,423			118,450,078	13,594,488		60		
62	WHOLE BLOOD & PACKED RED BLO	74,059,941			24,582,895	2,664,076		62		
62.30	BLOOD CLOTTING FOR HEMOPHILI							62.30		
63	BLOOD STORING, PROCESSING &	31,859,830			7,164,642	2,700,920		63		
63.01	CELL THERAPY LAB	161,998						63.01		
65	RESPIRATORY THERAPY	138,554,009			52,863,617	322,413		65		
66	PHYSICAL THERAPY	12,378,150			4,919,574			66		
67	OCCUPATIONAL THERAPY	7,821,335			3,456,574			67		
69	ELECTROCARDIOLOGY	27,677,876			5,973,012	4,592,215		69		
70	ELECTROENCEPHALOGRAPHY	28,754,727			4,072,440	3,659,811		70		
71	MEDICAL SUPPLIES CHRGD TO P	160,570,797			31,578,626	13,865,141		71		
72	IMPL. DEV. CHARGED TO PATIENT	171,743,207			48,146,220	20,627,294		72		
73	DRUGS CHARGED TO PATIENTS	275,389,631			71,658,737	9,303,821		73		
76.97	CARDIAC REHABILITATION	2,979,667			3,984	1,183,313		76.97		
76.98	HYPERBARIC OXYGEN THERAPY							76.98		
76.99	LITHOTRIPSY							76.99		
OUTPATIENT SERVICE COST CENTERS										
90	CLINIC	3,628,438			40,775	989,310		90		
90.01	PSYCH CLINIC	11,271,320			5,370	2,211,811		90.01		
90.02	TRANSPLANT CLINIC	8,904,761			527,379	2,414,388		90.02		
90.03	OB CLINIC	2,844,837			1,939	45,225		90.03		
91	EMERGENCY	161,998,558			24,865,120	14,064,512		91		
92	OBSERVATION BEDS	17,556,446	0.003858	0.003858	254,598	693,345		92		
92.01	OBSERVATION BEDS-DISTINCT	6,099,581						92.01		
OTHER REIMBURSABLE COST CENTERS										
200	TOTAL (SUM OF LINES 50-199)	3,693,796,241			681,216,697	368,035,781		200		

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0281) [] SUB (OTHER)
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF
 BOXES [] TITLE XIX - O/P [] IRF [] NF

COST CENTER DESCRIPTION	COST TO CHARGE RATIO		PROGRAM CHARGES		PROGRAM COSTS		
	FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES SUBJECT TO DED & COINS	COST REIMB. SVCS NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.142584	33,809,690	33,318		4,820,721	4,751	50
51 RECOVERY ROOM	0.241872	7,280,173			1,760,870		51
52 DELIVERY ROOM & LABOR ROOM	0.253755	41,746		1	10,593		52
53 ANESTHESIOLOGY	0.159062	3,515,514		79	559,185	13	53
54 RADIOLOGY-DIAGNOSTIC	0.232589	37,360,088		2,514	8,689,546	585	54
55 RADIOLOGY-THERAPEUTIC	0.117871	39,571,894		-28,054	4,664,379	-3,307	55
56 RADIOISOTOPE	0.154484	20,543,591		69	3,173,656	11	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.049286	47,221,181		20,337	2,327,343	1,002	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.102544	34,278,137		17,422	3,515,017	1,787	58
59 CARDIAC CATHETERIZATION	0.112076	11,921,273		17,754	1,336,089	1,990	59
59.01 VASCULAR LAB	0.087046	4,655,108		-1,661	405,209	-145	59.01
59.02 CARDIAC GRAPHICS	0.115501	7,114,799		344	821,766	40	59.02
59.03 PULMONARY FUNCTION	0.113558	2,894,842		585	328,732	66	59.03
59.04 EPS	0.150208	9,289,724		6,642	1,395,391	998	59.04
59.05 GI	0.204866	15,605,938		-24	3,197,126	-5	59.05
60 LABORATORY	0.130315	13,594,488		-380,873	1,771,566	-49,633	60
62 WHOLE BLOOD & PACKED RED BLOOD	0.263105	2,664,076		-4	700,932	-1	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.237055	2,700,920		-5,249	640,267	-1,244	63
63.01 CELL THERAPY LAB	8.295788						63.01
65 RESPIRATORY THERAPY	0.119704	322,413		-197	38,594	-24	65
66 PHYSICAL THERAPY	0.347660						66
67 OCCUPATIONAL THERAPY	0.221473						67
69 ELECTROCARDIOLOGY	0.165809	4,592,215		4,270	761,431	708	69
70 ELECTROENCEPHALOGRAPHY	0.182288	3,659,811		-5,207	667,140	-949	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.333662	13,865,141		20,158	4,626,271	6,726	71
72 IMPL. DEV. CHARGED TO PATIENT	0.390078	20,627,294		11,880	8,046,254	4,634	72
73 DRUGS CHARGED TO PATIENTS	0.226708	9,303,821		9,805	2,109,251	2,223	73
76.97 CARDIAC REHABILITATION	0.258457	1,183,313		1	305,836		76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1.344431	989,310		355	1,330,059	477	90
90.01 PSYCH CLINIC	0.864499	2,211,811		274	1,912,108	237	90.01
90.02 TRANSPLANT CLINIC	0.305216	2,414,388		-791	736,910	-241	90.02
90.03 OB CLINIC	1.529331	45,225		-6	69,164	-9	90.03
91 EMERGENCY	0.182939	14,064,512		2,953	2,572,948	540	91
92 OBSERVATION BEDS	0.461431	693,345			319,931		92
92.01 OBSERVATION BEDS-DISTINCT	0.378432						92.01
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		368,035,781		-273,305	63,614,285	-28,770	200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		368,035,781		-273,305	63,614,285	-28,770	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-S281) [] 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	14,183,356	586,564,133	0.024180	
51	RECOVERY ROOM	1,044,445	65,123,820	0.016038	
52	DELIVERY ROOM & LABOR ROOM	4,070,095	138,326,519	0.029424	411,315
53	ANESTHESIOLOGY	942,096	49,389,327	0.019075	65,451
54	RADIOLOGY-DIAGNOSTIC	9,018,834	257,693,766	0.034998	40,197
55	RADIOLOGY-THERAPEUTIC	3,802,649	143,440,098	0.026510	
56	RADIOISOTOPE	1,818,903	66,372,738	0.027404	10,407
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,244,287	229,106,527	0.005431	99,400
58	MAGNETIC RESONANCE IMAGING (M	4,498,497	170,557,753	0.026375	59,300
59	CARDIAC CATHETERIZATION	1,064,241	50,455,917	0.021092	
59.01	VASCULAR LAB	270,021	25,653,425	0.010526	9,714
59.02	CARDIAC GRAPHICS	768,504	63,306,313	0.012139	11,508
59.03	PULMONARY FUNCTION	180,978	10,261,922	0.017636	3,333
59.04	EPS	1,616,435	35,128,648	0.046015	6,008
59.05	GI	2,159,772	73,855,803	0.029243	
60	LABORATORY	5,609,872	584,304,423	0.009601	921,201
62	WHOLE BLOOD & PACKED RED BLOO	702,886	74,059,941	0.009491	
62.30	BLOOD CLOTTING FOR HEMOPHILIA				
63	BLOOD STORING, PROCESSING & T	583,236	31,859,830	0.018306	
63.01	CELL THERAPY LAB	303,215	161,998	1.871721	
65	RESPIRATORY THERAPY	835,729	138,554,009	0.006032	29,866
66	PHYSICAL THERAPY	316,094	12,378,150	0.025536	12,965
67	OCCUPATIONAL THERAPY	93,544	7,821,335	0.011960	6,050
69	ELECTROCARDIOLOGY	553,880	27,677,876	0.020012	97,780
70	ELECTROENCEPHALOGRAPHY	564,960	28,754,727	0.019648	13,820
71	MEDICAL SUPPLIES CHRGD TO PA	818,647	160,570,797	0.005098	
72	IMPL. DEV. CHARGED TO PATIENT	1,020,604	171,743,207	0.005943	
73	DRUGS CHARGED TO PATIENTS	963,252	275,389,631	0.003498	508,922
76.97	CARDIAC REHABILITATION	30,365	2,979,667	0.010191	
76.98	HYPERBARIC OXYGEN THERAPY				
76.99	LITHOTRIPSY				
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	446,825	3,628,438	0.123145	
90.01	PSYCH CLINIC	292,855	11,271,320	0.025982	130,848
90.02	TRANSPLANT CLINIC	240,734	8,904,761	0.027034	
90.03	OB CLINIC	545,981	2,844,837	0.191920	
91	EMERGENCY	3,029,183	161,998,558	0.018699	633,692
92	OBSERVATION BEDS	1,038,107	17,556,446	0.059130	
92.01	OBSERVATION BEDS-DISTINCT	143,677	6,099,581	0.023555	
OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (SUM OF LINES 50-199)	64,816,759	3,693,796,241	3,693,796,241	3,071,777

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-S281) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P 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
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
59.01 VASCULAR LAB						59.01
59.02 CARDIAC GRAPHICS						59.02
59.03 PULMONARY FUNCTION						59.03
59.04 EPS						59.04
59.05 GI						59.05
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
63.01 CELL THERAPY LAB						63.01
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 PSYCH CLINIC						90.01
90.02 TRANSPLANT CLINIC						90.02
90.03 OB CLINIC						90.03
91 EMERGENCY						91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
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 APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [XX] IPF (14-S281) [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[] PPS [] TEFRA		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	586,564,133					50
51	RECOVERY ROOM	65,123,820			411,315		51
52	DELIVERY ROOM & LABOR ROOM	138,326,519					52
53	ANESTHESIOLOGY	49,389,327			65,451		53
54	RADIOLOGY-DIAGNOSTIC	257,693,766			40,197		54
55	RADIOLOGY-THERAPEUTIC	143,440,098					55
56	RADIOISOTOPE	66,372,738			10,407		56
57	COMPUTED TOMOGRAPHY (CT) SCA	229,106,527			99,400		57
58	MAGNETIC RESONANCE IMAGING (	170,557,753			59,300		58
59	CARDIAC CATHETERIZATION	50,455,917					59
59.01	VASCULAR LAB	25,653,425			9,714		59.01
59.02	CARDIAC GRAPHICS	63,306,313			11,508		59.02
59.03	PULMONARY FUNCTION	10,261,922			3,333		59.03
59.04	EPS	35,128,648			6,008		59.04
59.05	GI	73,855,803					59.05
60	LABORATORY	584,304,423			921,201		60
62	WHOLE BLOOD & PACKED RED BLO	74,059,941					62
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	31,859,830					63
63.01	CELL THERAPY LAB	161,998					63.01
65	RESPIRATORY THERAPY	138,554,009			29,866		65
66	PHYSICAL THERAPY	12,378,150			12,965		66
67	OCCUPATIONAL THERAPY	7,821,335			6,050		67
69	ELECTROCARDIOLOGY	27,677,876			97,780		69
70	ELECTROENCEPHALOGRAPHY	28,754,727			13,820		70
71	MEDICAL SUPPLIES CHRGD TO P	160,570,797					71
72	IMPL. DEV. CHARGED TO PATIEN	171,743,207					72
73	DRUGS CHARGED TO PATIENTS	275,389,631			508,922		73
76.97	CARDIAC REHABILITATION	2,979,667					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	3,628,438					90
90.01	PSYCH CLINIC	11,271,320			130,848		90.01
90.02	TRANSPLANT CLINIC	8,904,761					90.02
90.03	OB CLINIC	2,844,837					90.03
91	EMERGENCY	161,998,558			633,692		91
92	OBSERVATION BEDS	17,556,446					92
92.01	OBSERVATION BEDS-DISTINCT	6,099,581					92.01
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	3,693,796,241			3,071,777		200

APPORIONMENT 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-S281) [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES		PROGRAM COSTS		
		PPS REIMBURSED SERVICES 2	COST REIMB. SUBJECT TO DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	PPS SERVICES SUBJECT TO DED & COINS 5	COST SVCS NOT SUBJECT TO DED & COINS 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	0.142584					50
51 RECOVERY ROOM	0.241872					51
52 DELIVERY ROOM & LABOR ROOM	0.253755					52
53 ANESTHESIOLOGY	0.159062					53
54 RADIOLOGY-DIAGNOSTIC	0.232589					54
55 RADIOLOGY-THERAPEUTIC	0.117871					55
56 RADIOISOTOPE	0.154484					56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.049286					57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.102544					58
59 CARDIAC CATHETERIZATION	0.112076					59
59.01 VASCULAR LAB	0.087046					59.01
59.02 CARDIAC GRAPHICS	0.115501					59.02
59.03 PULMONARY FUNCTION	0.113558					59.03
59.04 EPS	0.150208					59.04
59.05 GI	0.204866					59.05
60 LABORATORY	0.130315					60
62 WHOLE BLOOD & PACKED RED BLOOD	0.263105					62
62.30 BLOOD CLOTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRA	0.237055					63
63.01 CELL THERAPY LAB	8.295788					63.01
65 RESPIRATORY THERAPY	0.119704					65
66 PHYSICAL THERAPY	0.347660					66
67 OCCUPATIONAL THERAPY	0.221473					67
69 ELECTROCARDIOLOGY	0.165809					69
70 ELECTROENCEPHALOGRAPHY	0.182288					70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.333662					71
72 IMPL. DEV. CHARGED TO PATIENT	0.390078					72
73 DRUGS CHARGED TO PATIENTS	0.226708					73
76.97 CARDIAC REHABILITATION	0.258457					76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1.344431					90
90.01 PSYCH CLINIC	0.864499					90.01
90.02 TRANSPLANT CLINIC	0.305216					90.02
90.03 OB CLINIC	1.529331					90.03
91 EMERGENCY	0.182939					91
92 OBSERVATION BEDS	0.461431					92
92.01 OBSERVATION BEDS-DISTINCT	0.378432					92.01
OTHER REIMBURSABLE COST CENTERS						
200 SUBTOTAL (SEE INSTRUCTIONS)						200
201 LESS PBP CLINIC LAB SERVICES						201
202 NET CHARGES (LINE 200 - LINE 201)						202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED	TOTAL PATIENT DAYS	PER DIEM (COL.3 ÷ COL.4)	INPAT PGM DAYS	INPAT PGM CAP COST (COL.5 x COL.6)
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	CAP-REL COST (COL.1 MINUS COL.2)				
	1	2	3	4	5	6	7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS							30
31 INTENSIVE CARE UNIT							31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 SPECIAL CARE NURSERY							35
40 SUBPROVIDER - IPF							40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY							43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)							200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0281) [] SUB (OTHER)
 APPLICABLE [] TITLE XVIII-PT A [] IPF
 BOXES [XX] TITLE XIX [] IRF

[] PPS
 [] TEFRA
 [XX] OTHER

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					50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (M					58
59 CARDIAC CATHETERIZATION					59
59.01 VASCULAR LAB					59.01
59.02 CARDIAC GRAPHICS					59.02
59.03 PULMONARY FUNCTION					59.03
59.04 EPS					59.04
59.05 GI					59.05
60 LABORATORY					60
62 WHOLE BLOOD & PACKED RED BLOO					62
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
63 BLOOD STORING, PROCESSING & T					63
63.01 CELL THERAPY LAB					63.01
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGED TO PA					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.01 PSYCH CLINIC					90.01
90.02 TRANSPLANT CLINIC					90.02
90.03 OB CLINIC					90.03
91 EMERGENCY					91
92 OBSERVATION BEDS					92
92.01 OBSERVATION BEDS-DISTINCT					92.01
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)					200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	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
30 INPAT ROUTINE SERV COST CTRS					30
31 ADULTS & PEDIATRICS					31
32 INTENSIVE CARE UNIT					32
33 CORONARY CARE UNIT					33
34 BURN INTENSIVE CARE UNIT					34
35 SURGICAL INTENSIVE CARE UNIT					35
40 SPECIAL CARE NURSERY					40
41 SUBPROVIDER - IPF					41
42 SUBPROVIDER - IRF					42
43 SUBPROVIDER I					43
44 NURSERY					44
45 SKILLED NURSING FACILITY					45
200 NURSING FACILITY					200
TOTAL (SUM OF LINES 30-199)					

PROVIDER CCN: 14-0281 NORTHWESTERN MEMORIAL HOSPITAL
 PERIOD FROM 09/01/2010 TO 08/31/2011

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

VERSION: 2011.10
 02/24/2012 14:08

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 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					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 SPECIAL CARE NURSERY					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK TITLE V HOSPITAL (14-0281) SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII-PT A IPF SNF TEFRA
 BOXES TITLE XIX IRF NF OTHER

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P 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
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
59.01 VASCULAR LAB						59.01
59.02 CARDIAC GRAPHICS						59.02
59.03 PULMONARY FUNCTION						59.03
59.04 EPS						59.04
59.05 GI						59.05
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
63.01 CELL THERAPY LAB						63.01
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 PSYCH CLINIC						90.01
90.02 TRANSPLANT CLINIC						90.02
90.03 OB CLINIC						90.03
91 EMERGENCY						91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
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 APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0281) [] IPF [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[] PPS [] TEFRA [] OTHER	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 + COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 + COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS												
50						OPERATING ROOM	586,564,133					50
51						RECOVERY ROOM	65,123,820					51
52						DELIVERY ROOM & LABOR ROOM	138,326,519					52
53						ANESTHESIOLOGY	49,389,327					53
54						RADIOLOGY-DIAGNOSTIC	257,693,766					54
55						RADIOLOGY-THERAPEUTIC	143,440,098					55
56						RADIOISOTOPE	66,372,738					56
57						COMPUTED TOMOGRAPHY (CT) SCA	229,106,527					57
58						MAGNETIC RESONANCE IMAGING (	170,557,753					58
59						CARDIAC CATHETERIZATION	50,455,917					59
59.01						VASCULAR LAB	25,653,425					59.01
59.02						CARDIAC GRAPHICS	63,306,313					59.02
59.03						PULMONARY FUNCTION	10,261,922					59.03
59.04						EPS	35,128,648					59.04
59.05						GI	73,855,803					59.05
60						LABORATORY	584,304,423					60
62						WHOLE BLOOD & PACKED RED BLO	74,059,941					62
62.30						BLOOD CLOTTING FOR HEMOPHILI						62.30
63						BLOOD STORING, PROCESSING &	31,859,830					63
63.01						CELL THERAPY LAB	161,998					63.01
65						RESPIRATORY THERAPY	138,554,009					65
66						PHYSICAL THERAPY	12,378,150					66
67						OCCUPATIONAL THERAPY	7,821,335					67
69						ELECTROCARDIOLOGY	27,677,876					69
70						ELECTROENCEPHALOGRAPHY	28,754,727					70
71						MEDICAL SUPPLIES CHRGED TO P	160,570,797					71
72						IMPL. DEV. CHARGED TO PATIEN	171,743,207					72
73						DRUGS CHARGED TO PATIENTS	275,389,631					73
76.97						CARDIAC REHABILITATION	2,979,667					76.97
76.98						HYPERBARIC OXYGEN THERAPY						76.98
76.99						LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS												
90						CLINIC	3,628,438					90
90.01						PSYCH CLINIC	11,271,320					90.01
90.02						TRANSPLANT CLINIC	8,904,761					90.02
90.03						OB CLINIC	2,844,837					90.03
91						EMERGENCY	161,998,558					91
92						OBSERVATION BEDS	17,556,446					92
92.01						OBSERVATION BEDS-DISTINCT	6,099,581					92.01
OTHER REIMBURSABLE COST CENTERS												
200						TOTAL (SUM OF LINES 50-199)	3,693,796,241					200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [XX] IPF (14-S281) [] IRF	[] SUB (OTHER)	[] PPS [] TEFRA [XX] OTHER				
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							50
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
57	COMPUTED TOMOGRAPHY (CT) SCAN							57
58	MAGNETIC RESONANCE IMAGING (M							58
59	CARDIAC CATHETERIZATION							59
59.01	VASCULAR LAB							59.01
59.02	CARDIAC GRAPHICS							59.02
59.03	PULMONARY FUNCTION							59.03
59.04	EPS							59.04
59.05	GI							59.05
60	LABORATORY							60
62	WHOLE BLOOD & PACKED RED BLOO							62
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
63	BLOOD STORING, PROCESSING & T							63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHRGED TO PA							71
72	IMPL. DEV. CHARGED TO PATIENT							72
73	DRUGS CHARGED TO PATIENTS							73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	CLINIC							90
90.01	PSYCH CLINIC							90.01
90.02	TRANSPLANT CLINIC							90.02
90.03	OB CLINIC							90.03
91	EMERGENCY							91
92	OBSERVATION BEDS							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
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	[]	PFS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	IPF (14-S281)	[]	SNF	[]		[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	IRF	[]	NF	[]		[XX]	OTHER
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P 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			
55 RADIOLOGY-THERAPEUTIC							55			
56 RADIOISOTOPE							56			
57 COMPUTED TOMOGRAPHY (CT) SCAN							57			
58 MAGNETIC RESONANCE IMAGING (M							58			
59 CARDIAC CATHETERIZATION							59			
59.01 VASCULAR LAB							59.01			
59.02 CARDIAC GRAPHICS							59.02			
59.03 PULMONARY FUNCTION							59.03			
59.04 EPS							59.04			
59.05 GI							59.05			
60 LABORATORY							60			
62 WHOLE BLOOD & PACKED RED BLOO							62			
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30			
63 BLOOD STORING, PROCESSING & T							63			
63.01 CELL THERAPY LAB							63.01			
65 RESPIRATORY THERAPY							65			
66 PHYSICAL THERAPY							66			
67 OCCUPATIONAL THERAPY							67			
69 ELECTROCARDIOLOGY							69			
70 ELECTROENCEPHALOGRAPHY							70			
71 MEDICAL SUPPLIES CHRGD TO PA							71			
72 IMPL. DEV. CHARGED TO PATIENT							72			
73 DRUGS CHARGED TO PATIENTS							73			
76.97 CARDIAC REHABILITATION							76.97			
76.98 HYPERBARIC OXYGEN THERAPY							76.98			
76.99 LITHOTRIPSY							76.99			
OUTPATIENT SERVICE COST CENTERS										
90 CLINIC							90			
90.01 PSYCH CLINIC							90.01			
90.02 TRANSPLANT CLINIC							90.02			
90.03 OB CLINIC							90.03			
91 EMERGENCY							91			
92 OBSERVATION BEDS							92			
92.01 OBSERVATION BEDS-DISTINCT							92.01			
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	[] PFS		
APPLICABLE	[] TITLE XVIII-PT A	[XX] IPF (14-S281)	[] SNF		[] TEFRA		
BOXES	[XX] TITLE XIX	[] IRF	[] NF		[] OTHER		
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	586,564,133					50
51	RECOVERY ROOM	65,123,820					51
52	DELIVERY ROOM & LABOR ROOM	138,326,519					52
53	ANESTHESIOLOGY	49,389,327					53
54	RADIOLOGY-DIAGNOSTIC	257,693,766					54
55	RADIOLOGY-THERAPEUTIC	143,440,098					55
56	RADIOISOTOPE	66,372,738					56
57	COMPUTED TOMOGRAPHY (CT) SCA	229,106,527					57
58	MAGNETIC RESONANCE IMAGING (	170,557,753					58
59	CARDIAC CATHETERIZATION	50,455,917					59
59.01	VASCULAR LAB	25,653,425					59.01
59.02	CARDIAC GRAPHICS	63,306,313					59.02
59.03	PULMONARY FUNCTION	10,261,922					59.03
59.04	EPS	35,128,648					59.04
59.05	GI	73,855,803					59.05
60	LABORATORY	584,304,423					60
62	WHOLE BLOOD & PACKED RED BLO	74,059,941					62
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	31,859,830					63
63.01	CELL THERAPY LAB	161,998					63.01
65	RESPIRATORY THERAPY	138,554,009					65
66	PHYSICAL THERAPY	12,378,150					66
67	OCCUPATIONAL THERAPY	7,821,335					67
69	ELECTROCARDIOLOGY	27,677,876					69
70	ELECTROENCEPHALOGRAPHY	28,754,727					70
71	MEDICAL SUPPLIES CHRGD TO P	160,570,797					71
72	IMPL. DEV. CHARGED TO PATIEN	171,743,207					72
73	DRUGS CHARGED TO PATIENTS	275,389,631					73
76.97	CARDIAC REHABILITATION	2,979,667					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	3,628,438					90
90.01	PSYCH CLINIC	11,271,320					90.01
90.02	TRANSPLANT CLINIC	8,904,761					90.02
90.03	OB CLINIC	2,844,837					90.03
91	EMERGENCY	161,998,558					91
92	OBSERVATION BEDS	17,556,446					92
92.01	OBSERVATION BEDS-DISTINCT	6,099,581					92.01
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	3,693,796,241					200

APPORIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [XX] IPF (14-S281) [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES		PROGRAM COSTS			
		PPS REIMBURSED SERVICES 2	COST REIMB. SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.142584						50
51 RECOVERY ROOM	0.241872						51
52 DELIVERY ROOM & LABOR ROOM	0.253755						52
53 ANESTHESIOLOGY	0.159062						53
54 RADIOLOGY-DIAGNOSTIC	0.232589						54
55 RADIOLOGY-THERAPEUTIC	0.117871						55
56 RADIOISOTOPE	0.154484						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.049286						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.102544						58
59 CARDIAC CATHETERIZATION	0.112076						59
59.01 VASCULAR LAB	0.087046						59.01
59.02 CARDIAC GRAPHICS	0.115501						59.02
59.03 PULMONARY FUNCTION	0.113558						59.03
59.04 EPS	0.150208						59.04
59.05 GI	0.204866						59.05
60 LABORATORY	0.130315						60
62 WHOLE BLOOD & PACKED RED BLOOD	0.263105						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.237055						63
63.01 CELL THERAPY LAB	8.295788						63.01
65 RESPIRATORY THERAPY	0.119704						65
66 PHYSICAL THERAPY	0.347660						66
67 OCCUPATIONAL THERAPY	0.221473						67
69 ELECTROCARDIOLOGY	0.165809						69
70 ELECTROENCEPHALOGRAPHY	0.182288						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.333662						71
72 IMPL. DEV. CHARGED TO PATIENT	0.390078						72
73 DRUGS CHARGED TO PATIENTS	0.226708						73
76.97 CARDIAC REHABILITATION	0.258457						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1.344431						90
90.01 PSYCH CLINIC	0.864499						90.01
90.02 TRANSPLANT CLINIC	0.305216						90.02
90.03 OB CLINIC	1.529331						90.03
91 EMERGENCY	0.182939						91
92 OBSERVATION BEDS	0.461431						92
92.01 OBSERVATION BEDS-DISTINCT	0.378432						92.01
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

COMPUTATION OF INPATIENT OPERATING COST

CHECK TITLE V-INPT HOSPITAL (14-0281) SUB (OTHER) ICF/MR PPS
 APPLICABLE 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)	185,191	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	185,191	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	185,191	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)	61,012	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)	226,760,069	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	226,760,069	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)	226,760,069	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0281) [] 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) 1,224.47 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 74,707,364 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) 74,707,364 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	58,064,406	30,112	1,928.28	13,553	26,133,979	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 SPECIAL CARE NURSERY	30,186,755	22,566	1,337.71			47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					125,837,431	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					226,678,774	49
PASS-THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)					12,502,031	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)					9,833,095	51
52 TOTAL PROGRAM EXCLUDABLE COST					22,335,126	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)					204,343,648	53

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES 54

55 TARGET AMOUNT PER DISCHARGE 55

56 TARGET AMOUNT (LINE 54 x LINE 55) 56

57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57

58 BONUS PAYMENT (SEE INSTRUCTIONS) 58

59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET 59

60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60

61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E 61

62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62

63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63

PROGRAM INPATIENT ROUTINE SWING BED COST

64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) 64

65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY) 65

66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66

67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67

68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68

69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 6,616 87

88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 1,224.47 88

89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 8,101,094 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	29,058,023	226,760,069	0.128144	8,101,094	1,038,107	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST	1,895,708	226,760,069	0.008360	8,101,094	67,725	92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK TITLE V-INPT HOSPITAL SUB (OTHER) ICF/MR
 APPLICABLE TITLE XVIII-PT A IPF (14-S281) SNF
 BOXES TITLE XIX-INPT IRF NF

[XX] PPS
 [] TEFRA
 [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	11,204	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	11,204	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	11,204	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)	3,514	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)	8,211,869	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	8,211,869	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)	8,211,869	37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	IPF (14-S281)			[]	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)	732.94 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	2,575,551 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)	2,575,551 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	636,876 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	3,212,427 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	193,692 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	40,903 51
52	TOTAL PROGRAM EXCLUDABLE COST	234,595 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	2,977,832 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

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0281) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	185,191	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	185,191	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	185,191	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)	40,346	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)	26,226	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)	226,133,534	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	226,133,534	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)	226,133,534	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK TITLE V-INPT HOSPITAL (14-0281) SUB (OTHER)
 APPLICABLE TITLE XVIII-PT A IPF
 BOXES TITLE XIX-INPT IRF

PFS
 TEFRA
 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) 1,221.08 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 49,265,694 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) 49,265,694 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)	5,446,526	26,226	207.68		42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	57,614,832	30,112	1,913.35		43
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 SPECIAL CARE NURSERY	30,101,214	22,566	1,333.92		47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					49,265,694 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 51
 52 TOTAL PROGRAM EXCLUDABLE COST 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 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 RELIEF PAYMENT (SEE INSTRUCTIONS) 62
 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) 6,616 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST					
90 CAPITAL-RELATED COST					90
91 NURSING SCHOOL COST					91
92 ALLIED HEALTH COST					92
93 ALL OTHER MEDICAL EDUCATION					93

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S281)
 BOXES [XX] TITLE XIX-INPT [] IRF

[] PPS
 [] TEFRA
 [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

38	PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS	
39	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	714.04 38
40	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	2,565,546 39
41	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
42	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	2,565,546 41
43	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
44	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,565,546 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	51
52	TOTAL PROGRAM EXCLUDABLE COST	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	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

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0281) [] 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		162,093,175			30
31 INTENSIVE CARE UNIT		54,219,028			31
35 SPECIAL CARE NURSERY					35
40 SUBPROVIDER - IPF					40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.142908	135,087,046	19,305,020		50
51 RECOVERY ROOM	0.242636	9,351,560	2,269,025		51
52 DELIVERY ROOM & LABOR ROOM	0.255144	297,200	75,829		52
53 ANESTHESIOLOGY	0.161214	10,853,056	1,749,665		53
54 RADIOLOGY-DIAGNOSTIC	0.233526	38,609,884	9,016,412		54
55 RADIOLOGY-THERAPEUTIC	0.118211	2,995,674	354,122		55
56 RADIOISOTOPE	0.155571	4,570,897	711,099		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.049286	28,530,286	1,406,144		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.102595	12,111,110	1,242,539		58
59 CARDIAC CATHETERIZATION	0.113318	10,652,613	1,207,133		59
59.01 VASCULAR LAB	0.087940	5,694,970	500,816		59.01
59.02 CARDIAC GRAPHICS	0.116638	14,731,836	1,718,292		59.02
59.03 PULMONARY FUNCTION	0.114636	1,098,893	125,973		59.03
59.04 EPS	0.152883	3,947,141	603,451		59.04
59.05 GI	0.205936	4,118,951	848,240		59.05
60 LABORATORY	0.130315	118,450,078	15,435,822		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.263105	24,582,895	6,467,883		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.239266	7,164,642	1,714,255		63
63.01 CELL THERAPY LAB	8.705891				63.01
65 RESPIRATORY THERAPY	0.120072	52,863,617	6,347,440		65
66 PHYSICAL THERAPY	0.349576	4,919,574	1,719,765		66
67 OCCUPATIONAL THERAPY	0.221473	3,456,574	765,538		67
69 ELECTROCARDIOLOGY	0.168027	5,973,012	1,003,627		69
70 ELECTROENCEPHALOGRAPHY	0.182714	4,072,440	744,092		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.333662	31,578,626	10,536,588		71
72 IMPL. DEV. CHARGED TO PATIENT	0.390078	48,146,220	18,780,781		72
73 DRUGS CHARGED TO PATIENTS	0.226708	71,658,737	16,245,609		73
76.97 CARDIAC REHABILITATION	0.258457	3,984	1,030		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	1.347859	40,775	54,959		90
90.01 PSYCH CLINIC	0.921200	5,370	4,947		90.01
90.02 TRANSPLANT CLINIC	0.347149	527,379	183,079		90.02
90.03 OB CLINIC	1.551684	1,939	3,009		90.03
91 EMERGENCY	0.184104	24,865,120	4,577,768		91
92 OBSERVATION BEDS	0.461431	254,598	117,479		92
92.01 OBSERVATION BEDS-DISTINCT	0.378432				92.01
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		681,216,697	125,837,431		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		681,216,697			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-S281) [] 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
35 SPECIAL CARE NURSERY				35
40 SUBPROVIDER - IPF		7,388,188		40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.142908			50
51 RECOVERY ROOM	0.242636	411,315	99,800	51
52 DELIVERY ROOM & LABOR ROOM	0.255144			52
53 ANESTHESIOLOGY	0.161214	65,451	10,552	53
54 RADIOLOGY-DIAGNOSTIC	0.233526	40,197	9,387	54
55 RADIOLOGY-THERAPEUTIC	0.118211			55
56 RADIOISOTOPE	0.155571	10,407	1,619	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.049286	99,400	4,899	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.102595	59,300	6,084	58
59 CARDIAC CATHETERIZATION	0.113318			59
59.01 VASCULAR LAB	0.087940	9,714	854	59.01
59.02 CARDIAC GRAPHICS	0.116638	11,508	1,342	59.02
59.03 PULMONARY FUNCTION	0.114636	3,333	382	59.03
59.04 EPS	0.152883	6,008	919	59.04
59.05 GI	0.205936			59.05
60 LABORATORY	0.130315	921,201	120,046	60
62 WHOLE BLOOD & PACKED RED BLOOD	0.263105			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.239266			63
63.01 CELL THERAPY LAB	8.705891			63.01
65 RESPIRATORY THERAPY	0.120072	29,866	3,586	65
66 PHYSICAL THERAPY	0.349576	12,965	4,532	66
67 OCCUPATIONAL THERAPY	0.221473	6,050	1,340	67
69 ELECTROCARDIOLOGY	0.168027	97,780	16,430	69
70 ELECTROENCEPHALOGRAPHY	0.182714	13,820	2,525	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.333662			71
72 IMPL. DEV. CHARGED TO PATIENT	0.390078			72
73 DRUGS CHARGED TO PATIENTS	0.226708	508,922	115,377	73
76.97 CARDIAC REHABILITATION	0.258457			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	1.347859			90
90.01 PSYCH CLINIC	0.921200	130,848	120,537	90.01
90.02 TRANSPLANT CLINIC	0.347149			90.02
90.03 OB CLINIC	1.551684			90.03
91 EMERGENCY	0.184104	633,692	116,665	91
92 OBSERVATION BEDS	0.461431			92
92.01 OBSERVATION BEDS-DISTINCT	0.378432			92.01
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		3,071,777	636,876	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		3,071,777		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0281) [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
			COL.1	COL.2	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
35 SPECIAL CARE NURSERY					35
40 SUBPROVIDER - IPF					40
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.142584				50
51 RECOVERY ROOM	0.241872				51
52 DELIVERY ROOM & LABOR ROOM	0.253755				52
53 ANESTHESIOLOGY	0.159062				53
54 RADIOLOGY-DIAGNOSTIC	0.232589				54
55 RADIOLOGY-THERAPEUTIC	0.117871				55
56 RADIOISOTOPE	0.154484				56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.049286				57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.102544				58
59 CARDIAC CATHETERIZATION	0.112076				59
59.01 VASCULAR LAB	0.087046				59.01
59.02 CARDIAC GRAPHICS	0.115501				59.02
59.03 PULMONARY FUNCTION	0.113558				59.03
59.04 EPS	0.150208				59.04
59.05 GI	0.204866				59.05
60 LABORATORY	0.130315				60
62 WHOLE BLOOD & PACKED RED BLOOD	0.263105				62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA					63
63.01 CELL THERAPY LAB	0.237055				63.01
65 RESPIRATORY THERAPY	8.295788				65
66 PHYSICAL THERAPY	0.119704				66
67 OCCUPATIONAL THERAPY	0.347660				67
69 ELECTROCARDIOLOGY	0.221473				69
70 ELECTROENCEPHALOGRAPHY	0.165809				70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.182288				71
72 IMPL. DEV. CHARGED TO PATIENT	0.333662				72
73 DRUGS CHARGED TO PATIENTS	0.390078				73
76.97 CARDIAC REHABILITATION	0.226708				76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.258457				76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	1.344431				90
90.01 PSYCH CLINIC	0.864499				90.01
90.02 TRANSPLANT CLINIC	0.305216				90.02
90.03 OB CLINIC	1.529331				90.03
91 EMERGENCY	0.182939				91
92 OBSERVATION BEDS	0.461431				92
92.01 OBSERVATION BEDS-DISTINCT	0.378432				92.01
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)					200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)					202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	<input type="checkbox"/>	TITLE V	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	S/B SNF	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input checked="" type="checkbox"/>	IPF (14-S281)	<input type="checkbox"/>	SNF	<input type="checkbox"/>	S/B NF	<input type="checkbox"/>	TEFRA
BOXES	<input checked="" type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	IRF	<input type="checkbox"/>	NF	<input type="checkbox"/>	ICF/MR	<input checked="" type="checkbox"/>	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					30
31 INTENSIVE CARE UNIT					31
35 SPECIAL CARE NURSERY					35
40 SUBPROVIDER - IPF					40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.142584				50
51 RECOVERY ROOM	0.241872				51
52 DELIVERY ROOM & LABOR ROOM	0.253755				52
53 ANESTHESIOLOGY	0.159062				53
54 RADIOLOGY-DIAGNOSTIC	0.232589				54
55 RADIOLOGY-THERAPEUTIC	0.117871				55
56 RADIOISOTOPE	0.154484				56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.049286				57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.102544				58
59 CARDIAC CATHETERIZATION	0.112076				59
59.01 VASCULAR LAB	0.087046				59.01
59.02 CARDIAC GRAPHICS	0.115501				59.02
59.03 PULMONARY FUNCTION	0.113558				59.03
59.04 EPS	0.150208				59.04
59.05 GI	0.204866				59.05
60 LABORATORY	0.130315				60
62 WHOLE BLOOD & PACKED RED BLOOD	0.263105				62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA					63
63.01 CELL THERAPY LAB	0.237055				63.01
65 RESPIRATORY THERAPY	8.295788				65
66 PHYSICAL THERAPY	0.119704				66
67 OCCUPATIONAL THERAPY	0.347660				67
69 ELECTROCARDIOLOGY	0.221473				69
70 ELECTROENCEPHALOGRAPHY	0.165809				70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.182288				71
72 IMPL. DEV. CHARGED TO PATIENT	0.333662				72
73 DRUGS CHARGED TO PATIENTS	0.390078				73
76.97 CARDIAC REHABILITATION	0.226708				76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.258457				76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	1.344431				90
90.01 PSYCH CLINIC	0.864499				90.01
90.02 TRANSPLANT CLINIC	0.305216				90.02
90.03 OB CLINIC	1.529331				90.03
91 EMERGENCY	0.182939				91
92 OBSERVATION BEDS	0.461431				92
92.01 OBSERVATION BEDS-DISTINCT	0.378432				92.01
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)					200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)					202

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART I

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

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES		PER DIEM COSTS (FROM WKST D-1, PT. II)	ORGAN ACQUISITION DAYS	COST (COL. 2 x COL. 3)	
		1	D	2	3	4	
1	ADULTS & PEDIATRICS	321,324	38	1,224.47			1
2	INTENSIVE CARE UNIT		43	1,928.28			2
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	SPECIAL CARE NURSERY		47	1,337.71			6
7	TOTAL (SUM OF LINES 1-6)	321,324					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	0.142584	4,223,818	602,249		8
9	RECOVERY ROOM	51	0.241872	436,428	105,560		9
10	DELIVERY ROOM & LABOR ROOM	52	0.253755				10
11	ANESTHESIOLOGY	53	0.159062	297,218	47,276		11
12	RADIOLOGY-DIAGNOSTIC	54	0.232589	160,166	37,253		12
13	RADIOLOGY-THERAPEUTIC	55	0.117871				13
14	RADIOISOTOPE	56	0.154484	86,235	13,322		14
15	COMPUTED TOMOGRAPHY (CT) SCAN	57	0.049286	1,049,928	51,747		15
16	MAGNETIC RESONANCE IMAGING (MRI)	58	0.102544	5,000	513		16
17	CARDIAC CATHETERIZATION	59	0.112076				17
17.01	VASCULAR LAB	59.01	0.087046	5,178	451		17.01
17.02	CARDIAC GRAPHICS	59.02	0.115501	7,787	899		17.02
17.03	PULMONARY FUNCTION	59.03	0.113558	4,573	519		17.03
17.04	EPS	59.04	0.150208				17.04
17.05	GI	59.05	0.204866				17.05
18	LABORATORY	60	0.130315	2,227,144	290,230		18
19	PBP CLINICAL LAB SERVICES-PRGM	61					19
20	WHOLE BLOOD & PACKED RED BLOOD	62	0.263105	700	184		20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30					20.30
21	BLOOD STORING, PROCESSING & TRA	63	0.237055	193,404	45,847		21
21.01	CELL THERAPY LAB	63.01	8.295788				21.01
22	INTRAVENOUS THERAPY	64					22
23	RESPIRATORY THERAPY	65	0.119704	16,278	1,949		23
24	PHYSICAL THERAPY	66	0.347660				24
25	OCCUPATIONAL THERAPY	67	0.221473				25
26	SPEECH PATHOLOGY	68					26
27	ELECTROCARDIOLOGY	69	0.165809	132,404	21,954		27
28	ELECTROENCEPHALOGRAPHY	70	0.182288				28
29	MEDICAL SUPPLIES CHRGD TO PATI	71	0.333662				29
30	IMPL. DEV. CHARGED TO PATIENT	72	0.390078				30
31	DRUGS CHARGED TO PATIENTS	73	0.226708	97,505	22,105		31
32	RENAL DIALYSIS	74					32
33	ASC (NON-DISTINCT PART)	75					33
34	OTHER ANCILLARY (SPECIFY)	76					34
34.97	CARDIAC REHABILITATION	76.97	0.258457				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	1.344431	1,400	1,882		37
37.01	PSYCH CLINIC	90.01	0.864499				37.01
37.02	TRANSPLANT CLINIC	90.02	0.305216	254,028	77,533		37.02
37.03	OB CLINIC	90.03	1.529331				37.03
38	EMERGENCY	91	0.182939	10,119	1,851		38
39	OBSERVATION BEDS	92	0.461431				39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.378432				39.01
40	OTHER OUTPATIENT SERV (SPECIFY)	93					40
41	TOTAL (SUM OF LINES 8-40)			9,209,313	1,323,324		41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		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				
43	INTENSIVE CARE UNIT				42
44	CORONARY CARE UNIT				43
45	BURN INTENSIVE CARE UNIT				44
46	SURGICAL INTENSIVE CARE UNIT				45
47	SPECIAL CARE NURSERY				46
48	TOTAL (SUM OF LINES 42-47)				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)	
		1	D	2	3
49	RURAL HEALTH CLINIC (RHC)		21		
50	FEDERALLY QUALIFIED HLTH CTR (F		22		49
51	CLINIC		23		50
51.01	PSYCH CLINIC	1,400	23.01		51
51.02	TRANSPLANT CLINIC		23.02		51.01
51.03	OB CLINIC	254,028	23.03		51.02
52	EMERGENCY		24		51.03
53	OBSERVATION BEDS	10,119	25		52
53.01	OBSERVATION BEDS-DISTINCT		25.01		53
54	OTHER OUTPATIENT SERV (SPECIFY)		26		53.01
55	TOTAL (SUM OF LINES 49-54)	265,547			54
					55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
56 ROUTINE & ANCILLARY FROM PART I	1,323,324		9,530,637		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	12,366,902		12,366,902		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	13,690,226		21,897,539		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		292			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		174			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL (LINE 63 ÷ LINE 62)		0.595890			64
65 MEDICARE COST/CHARGES	8,157,869		13,048,525		65
66 REVENUE FOR ORGANS SOLD	539,460				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	7,618,409		13,048,525		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	7,618,409		13,048,525		69

PART IV - STATISTICS

	LIVING RELATED 1	CADAVERIC 2	REVENUE 3	
70 ORGANS EXCISED IN PROVIDER	150	10		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S				73
74 TOTAL (SUM OF LINES 70-73)	150	132		74
75 ORGANS TRANSPLANTED	150	142		75
76 ORGANS SOLD TO OTHER HOSPITALS		132		76
77 ORGANS SOLD TO OPO'S				77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS		10		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)	150	142		84

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART I

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

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES		PER DIEM COSTS (FROM WKST D-1, PT. II)	ORGAN ACQUISITION DAYS	COST (COL.2 x COL.3)	
		1	D	2	3	4	
1	ADULTS & PEDIATRICS		38	1,224.47			1
2	INTENSIVE CARE UNIT		43	1,928.28			2
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	SPECIAL CARE NURSERY		47	1,337.71			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	0.142584	8,804	1,255		8
9	RECOVERY ROOM	51	0.241872				9
10	DELIVERY ROOM & LABOR ROOM	52	0.253755				10
11	ANESTHESIOLOGY	53	0.159062	571	91		11
12	RADIOLOGY-DIAGNOSTIC	54	0.232589	332	77		12
13	RADIOLOGY-THERAPEUTIC	55	0.117871				13
14	RADIOISOTOPE	56	0.154484				14
15	COMPUTED TOMOGRAPHY (CT) SCAN	57	0.049286	105	5		15
16	MAGNETIC RESONANCE IMAGING (MRI)	58	0.102544				16
17	CARDIAC CATHETERIZATION	59	0.112076				17
17.01	VASCULAR LAB	59.01	0.087046				17.01
17.02	CARDIAC GRAPHICS	59.02	0.115501	203	23		17.02
17.03	PULMONARY FUNCTION	59.03	0.113558				17.03
17.04	EPS	59.04	0.150208				17.04
17.05	GI	59.05	0.204866				17.05
18	LABORATORY	60	0.130315	1,872	244		18
19	PBP CLINICAL LAB SERVICES-PRGM	61					19
20	WHOLE BLOOD & PACKED RED BLOOD	62	0.263105	70	18		20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30					20.30
21	BLOOD STORING, PROCESSING & TRA	63	0.237055	67	16		21
21.01	CELL THERAPY LAB	63.01	8.295788				21.01
22	INTRAVENOUS THERAPY	64	0.119704	1,585	190		22
23	RESPIRATORY THERAPY	65	0.347660				23
24	PHYSICAL THERAPY	66	0.221473				24
25	OCCUPATIONAL THERAPY	67					25
26	SPEECH PATHOLOGY	68					26
27	ELECTROCARDIOLOGY	69	0.165809	52	9		27
28	ELECTROENCEPHALOGRAPHY	70	0.182288				28
29	MEDICAL SUPPLIES CHRGD TO PATI	71	0.333662				29
30	IMPL. DEV. CHARGED TO PATIENT	72	0.390078				30
31	DRUGS CHARGED TO PATIENTS	73	0.226708	248	56		31
32	RENAL DIALYSIS	74					32
33	ASC (NON-DISTINCT PART)	75					33
34	OTHER ANCILLARY (SPECIFY)	76					34
34.97	CARDIAC REHABILITATION	76.97	0.258457				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	1.344431				37
37.01	PSYCH CLINIC	90.01	0.864499				37.01
37.02	TRANSPLANT CLINIC	90.02	0.305216				37.02
37.03	OB CLINIC	90.03	1.529331				37.03
38	EMERGENCY	91	0.182939				38
39	OBSERVATION BEDS	92	0.461431				39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.378432				39.01
40	OTHER OUTPATIENT SERV (SPECIFY)	93					40
41	TOTAL (SUM OF LINES 8-40)			13,909	1,984		41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		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				42
43	INTENSIVE CARE UNIT				43
44	CORONARY CARE UNIT				44
45	BURN INTENSIVE CARE UNIT				45
46	SURGICAL INTENSIVE CARE UNIT				46
47	SPECIAL CARE NURSERY				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	1	2	3	
49	RURAL HEALTH CLINIC (RHC)				49
50	FEDERALLY QUALIFIED HLTH CTR (F				50
51	CLINIC				51
51.01	PSYCH CLINIC				51.01
51.02	TRANSPLANT CLINIC				51.02
51.03	OB CLINIC				51.03
52	EMERGENCY				51.02
53	OBSERVATION BEDS				52
53.01	OBSERVATION BEDS-DISTINCT				53
54	OTHER OUTPATIENT SERV (SPECIFY)				53.01
55	TOTAL (SUM OF LINES 49-54)				54
					55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PARTS III & IV

CHECK
 APPLICABLE BOX

HEART
 KIDNEY

LIVER
 LUNG

PANCREAS
 INTESTINE

ISLET
 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					56
57 INTERNS & RESIDENTS (INPATIENT)	1,984		13,909		57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	1,699,898		1,699,898		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	1,701,882		1,713,807		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		19			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		6			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.315789			64
65 MEDICARE COST/CHARGES	537,436		541,201		65
66 REVENUE FOR ORGANS SOLD	3,074				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	534,362		541,201		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	534,362		541,201		69

PART IV - STATISTICS

	LIVING RELATED 1	CADAVERIC 2	REVENUE 3	
70 ORGANS EXCISED IN PROVIDER				70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS		1		71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		18		73
74 TOTAL (SUM OF LINES 70-73)		19		74
75 ORGANS TRANSPLANTED		18		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		1		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)		19		84

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART I

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

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES	PER DIEM COSTS (FROM WKST D-1, PT. II)	ORGAN ACQUISITION DAYS	COST (COL.2 x COL.3)	
		1	2	3	4	5
1	ADULTS & PEDIATRICS	83,595	38	1,224.47		1
2	INTENSIVE CARE UNIT	73,950	43	1,928.28	51,428	2
3	CORONARY CARE UNIT		44		32,781	3
4	BURN INTENSIVE CARE UNIT		45			4
5	SURGICAL INTENSIVE CARE UNIT		46			5
6	SPECIAL CARE NURSERY		47	1,337.71		6
7	TOTAL (SUM OF LINES 1-6)	157,545			84,209	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	0.142584	975,602	139,105	8
9	RECOVERY ROOM	51	0.241872	4,664	1,128	9
10	DELIVERY ROOM & LABOR ROOM	52	0.253755			10
11	ANESTHESIOLOGY	53	0.159062	67,295	10,704	11
12	RADIOLOGY-DIAGNOSTIC	54	0.232589	77,547	18,037	12
13	RADIOLOGY-THERAPEUTIC	55	0.117871			13
14	RADIOISOTOPE	56	0.154484	4,403	680	14
15	COMPUTED TOMOGRAPHY (CT) SCAN	57	0.049286	37,499	1,848	15
16	MAGNETIC RESONANCE IMAGING (MRI)	58	0.102544	526,868	54,027	16
17	CARDIAC CATHETERIZATION	59	0.112076			17
17.01	VASCULAR LAB	59.01	0.087046			17.01
17.02	CARDIAC GRAPHICS	59.02	0.115501			17.02
17.03	PULMONARY FUNCTION	59.03	0.113558	1,016	117	17.03
17.04	EPS	59.04	0.150208			17.04
17.05	GI	59.05	0.204866			17.05
18	LABORATORY	60	0.130315	626,979	81,705	18
19	PBP CLINICAL LAB SERVICES-PRGM	61				19
20	WHOLE BLOOD & PACKED RED BLOOD	62	0.263105	350	92	20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	BLOOD STORING, PROCESSING & TRA	63	0.237055	21,732	5,152	21
21.01	CELL THERAPY LAB	63.01	8.295788			21.01
22	INTRAVENOUS THERAPY	64				22
23	RESPIRATORY THERAPY	65	0.119704	47,304	5,662	23
24	PHYSICAL THERAPY	66	0.347660			24
25	OCCUPATIONAL THERAPY	67	0.221473			25
26	SPEECH PATHOLOGY	68				26
27	ELECTROCARDIOLOGY	69	0.165809	5,762	955	27
28	ELECTROENCEPHALOGRAPHY	70	0.182288			28
29	MEDICAL SUPPLIES CHRGD TO PATI	71	0.333662			29
30	IMPL. DEV. CHARGED TO PATIENT	72	0.390078			30
31	DRUGS CHARGED TO PATIENTS	73	0.226708	45,520	10,320	31
32	RENAL DIALYSIS	74				32
33	ASC (NON-DISTINCT PART)	75				33
34	OTHER ANCILLARY (SPECIFY)	76				34
34.97	CARDIAC REHABILITATION	76.97	0.258457			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 CLINIC)	89				36
37	CLINIC	90	1.344431			37
37.01	PSYCH CLINIC	90.01	0.864499			37.01
37.02	TRANSPLANT CLINIC	90.02	0.305216	27,995	8,545	37.02
37.03	OB CLINIC	90.03	1.529331			37.03
38	EMERGENCY	91	0.182939	19,304	3,531	38
39	OBSERVATION BEDS	92	0.461431			39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.378432			39.01
40	OTHER OUTPATIENT SERV (SPECIFY)	93				40
41	TOTAL (SUM OF LINES 8-40)			2,489,840	341,608	41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
	D	1	2	3	
42	ADULTS & PEDIATRICS				42
43	INTENSIVE CARE UNIT		42		43
44	CORONARY CARE UNIT		17		44
45	BURN INTENSIVE CARE UNIT				45
46	SURGICAL INTENSIVE CARE UNIT				46
47	SPECIAL CARE NURSERY				47
48	TOTAL (SUM OF LINES 42-47)		59		48
COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		1	D	2	3
49	RURAL HEALTH CLINIC (RHC)		21		49
50	FEDERALLY QUALIFIED HLTH CTR (F		22		50
51	CLINIC		23		51
51.01	PSYCH CLINIC		23.01		51.01
51.02	TRANSPLANT CLINIC	27,995	23.02		51.02
51.03	OB CLINIC		23.03		51.03
52	EMERGENCY	19,304	24		52
53	OBSERVATION BEDS		25		53
53.01	OBSERVATION BEDS-DISTINCT		25.01		53.01
54	OTHER OUTPATIENT SERV (SPECIFY)		26		54
55	TOTAL (SUM OF LINES 49-54)	47,299			55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PARTS III & IV

CHECK
 APPLICABLE BOX

[] HEART
 [] KIDNEY

[XX] LIVER
 [] LUNG

[] PANCREAS
 [] INTESTINE

[] ISLET
 [] 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					56
57 INTERNS & RESIDENTS (INPATIENT)	425,817		2,647,385		57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION					59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)	6,319,428		6,319,428		60
61 TOTAL (SUM OF LINES 56-60)	6,745,245		8,966,813		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		126			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		51			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.404762			64
65 MEDICARE COST/CHARGES	2,730,219		3,629,425		65
66 REVENUE FOR ORGANS SOLD	351,659				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	2,378,560		3,629,425		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	2,378,560		3,629,425		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER				70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS	17	5		71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S				73
74 TOTAL (SUM OF LINES 70-73)		104		74
75 ORGANS TRANSPLANTED	17	109		75
76 ORGANS SOLD TO OTHER HOSPITALS	16	101		76
77 ORGANS SOLD TO OPO'S				77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS		5		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	1	3		83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)	17	109		84

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART I

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

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES	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					1
2	INTENSIVE CARE UNIT	38	1,224.47			2
3	CORONARY CARE UNIT	43	1,928.28			3
4	BURN INTENSIVE CARE UNIT	44				4
5	SURGICAL INTENSIVE CARE UNIT	45				5
6	SPECIAL CARE NURSERY	46				6
7	TOTAL (SUM OF LINES 1-6)	47	1,337.71			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	0.142584			8
9	RECOVERY ROOM	51	0.241872	8,804	1,255	9
10	DELIVERY ROOM & LABOR ROOM	52	0.253755			10
11	ANESTHESIOLOGY	53	0.159062	571	91	11
12	RADIOLOGY-DIAGNOSTIC	54	0.232589	332	77	12
13	RADIOLOGY-THERAPEUTIC	55	0.117871			13
14	RADIOISOTOPE	56	0.154484			14
15	COMPUTED TOMOGRAPHY (CT) SCAN	57	0.049286	105		15
16	MAGNETIC RESONANCE IMAGING (MRI)	58	0.102544		5	16
17	CARDIAC CATHETERIZATION	59	0.112076			17
17.01	VASCULAR LAB	59.01	0.087046			17.01
17.02	CARDIAC GRAPHICS	59.02	0.115501			17.02
17.03	PULMONARY FUNCTION	59.03	0.113558	203	23	17.03
17.04	EPS	59.04	0.150208			17.04
17.05	GI	59.05	0.204866			17.05
18	LABORATORY	60	0.130315	1,872	244	18
19	PBP CLINICAL LAB SERVICES-PRGM	61				19
20	WHOLE BLOOD & PACKED RED BLOOD	62	0.263105	70	18	20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	BLOOD STORING, PROCESSING & TRA	63	0.237055	67	16	21
21.01	CELL THERAPY LAB	63.01	8.295788			21.01
22	INTRAVENOUS THERAPY	64				22
23	RESPIRATORY THERAPY	65	0.119704	1,585	190	23
24	PHYSICAL THERAPY	66	0.347660			24
25	OCCUPATIONAL THERAPY	67	0.221473			25
26	SPEECH PATHOLOGY	68				26
27	ELECTROCARDIOLOGY	69	0.165809	52	9	27
28	ELECTROENCEPHALOGRAPHY	70	0.182288			28
29	MEDICAL SUPPLIES CHRGD TO PATI	71	0.333662			29
30	IMPL. DEV. CHARGED TO PATIENT	72	0.390078			30
31	DRUGS CHARGED TO PATIENTS	73	0.226708	248	56	31
32	RENAL DIALYSIS	74				32
33	ASC (NON-DISTINCT PART)	75				33
34	OTHER ANCILLARY (SPECIFY)	76				34
34.97	CARDIAC REHABILITATION	76.97	0.258457			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	1.344431			37
37.01	PSYCH CLINIC	90.01	0.864499			37.01
37.02	TRANSPLANT CLINIC	90.02	0.305216			37.02
37.03	OB CLINIC	90.03	1.529331			37.03
38	EMERGENCY	91	0.182939			38
39	OBSERVATION BEDS	92	0.461431			39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.378432			39.01
40	OTHER OUTPATIENT SERV (SPECIFY)	93				40
41	TOTAL (SUM OF LINES 8-40)			13,909	1,984	41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART II

CHECK
 APPLICABLE BOX

HEART
 KIDNEY

LIVER
 LUNG

PANCREAS
 INTESTINE

ISLET
 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				42
43	INTENSIVE CARE UNIT				43
44	CORONARY CARE UNIT				44
45	BURN INTENSIVE CARE UNIT				45
46	SURGICAL INTENSIVE CARE UNIT				46
47	SPECIAL CARE NURSERY				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	1	2	3	
49	RURAL HEALTH CLINIC (RHC)				49
50	FEDERALLY QUALIFIED HLTH CTR (F				50
51	CLINIC				51
51.01	PSYCH CLINIC				51.01
51.02	TRANSPLANT CLINIC				51.02
51.03	OB CLINIC				51.03
52	EMERGENCY				52
53	OBSERVATION BEDS				53
53.01	OBSERVATION BEDS-DISTINCT				53.01
54	OTHER OUTPATIENT SERV (SPECIFY)				54
55	TOTAL (SUM OF LINES 49-54)				55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO: .

WORKSHEET D-4
 PARTS III & IV

CHECK APPLICABLE BOX HEART LIVER PANCREAS ISLET
 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					56
57 INTERNS & RESIDENTS (INPATIENT)	1,984		13,909		57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	1,887,062		1,887,062		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	1,889,046		1,900,971		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		32			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		18			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL (LINE 63 ÷ LINE 62) USABLE ORGANS		0.562500			64
65 MEDICARE COST/CHARGES	1,062,588		1,069,296		65
66 REVENUE FOR ORGANS SOLD	29,975				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	1,032,613		1,069,296		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	1,032,613		1,069,296		69

PART IV - STATISTICS

	LIVING RELATED 1	CADAVERIC 2	REVENUE 3	
70 ORGANS EXCISED IN PROVIDER				70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS		1		71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S				73
74 TOTAL (SUM OF LINES 70-73)		31		74
75 ORGANS TRANSPLANTED		32		75
76 ORGANS SOLD TO OTHER HOSPITALS		31		76
77 ORGANS SOLD TO OPO'S				77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS		1		78
79 ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80 ORGANS SOLD OUTSIDE THE U.S.				80
81 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				81
82 ORGANS USED FOR RESEARCH				82
83 UNUSABLE/DISCARDED ORGANS				83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)		32		84

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

CHECK [XX] HOSPITAL (14-0281)
 APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	131,822,401	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	22,132,520	2
3	MANAGED CARE SIMULATED PAYMENTS	4,178,028	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	807.55	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)	296.56	5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)	1.11	6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)	297.67	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	467.28	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS	2.23	11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	299.90	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	300.46	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	299.83	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	300.06	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	300.06	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.371568	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.383477	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.371568	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	25,063,111	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)	169.61	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)	25,063,111	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0624	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.1711	31
32	SUM OF LINES 30 AND 31	0.2335	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0848	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	11,178,540	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)	190,196,572	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)	190,196,572	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	16,322,718	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 (14-0281)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	7,264,936	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	18,848	54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)	11,563,944	55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS	746,469	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	982	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	226,114,469	59
60	PRIMARY PAYER PAYMENTS	118,088	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	225,996,381	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	9,933,732	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	1,703,440	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,839,488	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,287,642	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,825,677	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	215,646,851	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)	215,646,851	71
72	INTERIM PAYMENTS	216,809,991	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-1,163,140	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	132,000	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 (14-S281) IRF
 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)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		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)		17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	1.000000	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)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		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)		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)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		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)		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)		40
41	INTERIM PAYMENTS		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 (14-0281) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		20,103,555		
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.		195,348,913	3,033,724	1
			43,106,001	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.				
				3.01
				3.02
PROGRAM .03 04/08/2011	837,973		209,931	3.03
TO .04	519,547		23,825	3.04
PROVIDER .05				3.05
				3.06
				3.07
		3		3.08
				3.09
		NONE		3.50
			NONE	3.51
PROVIDER .52				3.52
TO .53				3.53
PROGRAM .54				3.54
				3.55
				3.56
				3.57
				3.58
				3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		1,357,523	233,756	3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		216,809,991	46,373,481	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.				
				5.01
				5.02
PROGRAM .01				5.03
TO .02				5.04
PROVIDER .03				5.05
				5.06
				5.07
				5.08
				5.09
PROVIDER .50				5.50
TO .51				5.51
PROGRAM .52				5.52
				5.53
				5.54
				5.55
				5.56
				5.57
				5.58
				5.59
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				5.99
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT				
				6.01
				6.02
PROGRAM .01				6.01
TO .02				6.02
PROVIDER .01				6.01
PROVIDER .02				6.02
PROGRAM .01				6.01
PROGRAM .02				6.02

7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)

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 [XX] IPF (14-S281) [] SNF
 BOX: [] IRF [] SWING BED SNF

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				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.		2,683,790	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
				.02
	04/08/2011	5,672		3.01
				3.02
				3.03
				3.04
				3.05
				3.06
				3.07
				3.08
				3.09
		NONE		3.50
			NONE	3.51
				3.52
				3.53
				3.54
				3.55
				3.56
				3.57
				3.58
				3.59
				3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		5,672		
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		2,689,462		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.				
				5.01
				5.02
				5.03
				5.04
				5.05
				5.06
				5.07
				5.08
				5.09
				5.50
				5.51
				5.52
				5.53
				5.54
				5.55
				5.56
				5.57
				5.58
				5.59
				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				
				6.01
				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				7

8 NAME OF CONTRACTOR:

CONTRACTOR NUMBER:

DATE:

PROVIDER CCN: 14-0281 NORTHWESTERN MEMORIAL HOSPITAL
PERIOD FROM 09/01/2010 TO 08/31/2011

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

VERSION: 2011.10
02/24/2012 14:08

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0281) [] CAH
APPLICABLE BOX

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	50,495 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	74,565 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	2,448 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	231,253 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	4,474,454,254 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	126,443,565 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)	2,183,131 8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	
31	OTHER ADJUSTMENTS (SPECIFY)	2,183,131 30
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	31
		32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART II

CHECK [] HOSPITAL
 APPLICABLE BOX: [XX] IPF (14-S281)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	2,659,200	1
2	NET IPF PPS OUTLIER PAYMENT	137,926	2
3	NET IPF PPS ECT PAYMENT	38,972	3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	2.79	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)	2.74	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)	2.74	8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	30.695890	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $((1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1)$	0.045017	10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)	119,709	11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	2,955,807	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)	2,955,807	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	2,955,807	18
19	DEDUCTIBLES	188,288	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	2,767,519	20
21	COINSURANCE	54,507	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	2,713,012	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)	2,713,012	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	33,910	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,746,922	31
32	INTERIM PAYMENTS	2,689,462	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	57,460	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 VII

CHECK [] TITLE V [XX] HOSPITAL (14-0281) [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
 BOXES: [] IRF [] ICF/MR [XX] OTHER
 [] SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

COMPUTATION OF NET COST OF COVERED SERVICES			
1	INPATIENT HOSPITAL SNF/NF SERVICES		
2	MEDICAL AND OTHER SERVICES	49,265,694	1
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		2
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)		3
5	INPATIENT PRIMARY PAYER PAYMENTS	49,265,694	4
6	OUTPATIENT PRIMARY PAYER PAYMENTS		5
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)		6
	COMPUTATION OF LESSER OF COST OR CHARGES	49,265,694	7
	REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES		8
9	ANCILLARY SERVICE CHARGES		9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE		10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION		11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)		12
	CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
14	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)		14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.0000000)	1.0000000	15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))		17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	49,265,694	18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)		21
	PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS		22
23	OUTLIER PAYMENTS		23
24	PROGRAM CAPITAL PAYMENTS		24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS		26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)		27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)		28
29	SUM OF LINES 27 AND 21		29
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)		30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)		31
32	DEDUCTIBLES		32
33	COINSURANCE		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	UTILIZATION REVIEW		35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)		36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38	SUBTOTAL (LINE 36 ± LINE 37)		38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)		39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)		40
41	INTERIM PAYMENTS		41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)		42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VII

CHECK [] TITLE V [] HOSPITAL [] SNF [] PPS
APPLICABLE [XX] TITLE XIX [XX] IPF (14-S281) [] NF [] TEFRA
BOXES: [] IRF [] ICF/MR [XX] OTHER
[] SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

COMPUTATION OF NET COST OF COVERED SERVICES	
1	INPATIENT HOSPITAL SNF/NF SERVICES
2	MEDICAL AND OTHER SERVICES
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)
5	INPATIENT PRIMARY PAYER PAYMENTS
6	OUTPATIENT PRIMARY PAYER PAYMENTS
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)
COMPUTATION OF LESSER OF COST OR CHARGES	
REASONABLE CHARGES	
8	ROUTINE SERVICE CHARGES
9	ANCILLARY SERVICE CHARGES
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)
CUSTOMARY CHARGES	
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
14	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)
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)
PROSPECTIVE PAYMENT AMOUNT	
22	OTHER THAN OUTLIER PAYMENTS
23	OUTLIER PAYMENTS
24	PROGRAM CAPITAL PAYMENTS
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)
29	SUM OF LINES 27 AND 28
COMPUTATION OF REIMBURSEMENT SETTLEMENT	
30	EXCESS OF REASONABLE COST (FROM LINE 18)
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)
32	DEDUCTIBLES
33	COINSURANCE
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)
35	UTILIZATION REVIEW
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)
38	SUBTOTAL (LINE 36 ± LINE 37)
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)
41	INTERIM PAYMENTS
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2

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

WORKSHEET E-4

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

1	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			318.27	1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)				
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			1.11	2
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
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))				4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)				4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)				4.02
5	FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)			319.38	5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			470.83	6
7	ENTER THE LESSER OF LINE 5 OR LINE 6				
				319.38	7
		PRIMARY CARE	OTHER	TOTAL	
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	130.17	314.01	444.18	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	88.30	213.00	301.30	9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		2.23		10
11	TOTAL WEIGHTED FTE COUNT	88.30	215.23		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	89.06	214.46		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	94.04	207.54		13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	90.47	212.41		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	90.47	212.41		17
18	PER RESIDENT AMOUNT	93,819.57	89,544.61		18
19	APPROVED AMOUNT FOR RESIDENT COSTS	8,487,856	19,020,171	27,508,027	19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			2.61	20
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			151.45	21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			2.46	22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			100,372.30	23
24	MULTIPLY LINE 22 TIMES LINE 23				
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			246,916	24
	COMPUTATION OF PROGRAM PATIENT LOAD			27,754,943	25
		INPATIENT	MANAGED		
26	INPATIENT DAYS	PART A	CARE		
27	TOTAL INPATIENT DAYS	78,079	2,448		26
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	242,457	242,457		27
29	PROGRAM DIRECT GME AMOUNT	0.322032	0.010097		28
30	REDUCTION FOR NURSING/ALLIED HEALTH DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)	8,937,980	280,242		29
			39,598		30
31	NET PROGRAM DIRECT GME AMOUNT				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			9,178,624	31
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)				32
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)				33
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)				34
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)				35
	APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				36
	PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)				
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			229,891,201	37
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			11,563,944	38
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)				39
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			118,088	40
	PART B REASONABLE COST			241,337,057	41
42	REASONABLE COST (SEE INSTRUCTIONS)				
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			63,585,515	42
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			13,995	43
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			63,571,520	44
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			304,908,577	45
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.791506	46
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			0.208494	47
48	TOTAL PROGRAM GME PAYMENT (LINE 31)				
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			9,178,624	48
				7,264,936	49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			1,913,688	50

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

WORKSHEET E-4

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

		PRIMARY CARE	OTHER	TOTAL
		1	2	3
1	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			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)			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)			5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			7
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR			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			9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT			11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)			12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)			13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)			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			17
18	PER RESIDENT AMOUNT			18
19	APPROVED AMOUNT FOR RESIDENT COSTS			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)			25
COMPUTATION OF PROGRAM PATIENT LOAD				
26	INPATIENT DAYS			
27	TOTAL INPATIENT DAYS			26
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS			27
29	PROGRAM DIRECT GME AMOUNT	0.181224	0.001340	28
30	REDUCTION FOR NURSING/ALLIED HEALTH			29
31	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			30
32	NET PROGRAM DIRECT GME AMOUNT			31
33	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
34	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			33
35	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
36	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
37	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
38	REASONABLE COST (SEE INSTRUCTIONS)			37
39	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
40	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
41	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			40
42	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			41
PART B REASONABLE COST				
43	REASONABLE COST (SEE INSTRUCTIONS)			42
44	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			43
45	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			44
46	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			45
47	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			46
48	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
49	TOTAL PROGRAM GME PAYMENT (LINE 31)			48
50	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			49
	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			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	90,790,891			1
2	TEMPORARY INVESTMENTS	119,683,809			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	226,983,158			4
5	OTHER RECEIVABLES	8,137,888			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-26,918,338			6
7	INVENTORY	26,749,350			7
8	PREPAID EXPENSES	12,969,593			8
9	OTHER CURRENT ASSETS	8,613,213			9
10	DUE FROM OTHER FUNDS	2,151,123			10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	469,160,687			11
FIXED ASSETS					
12	LAND	175,691,354			12
13	LAND IMPROVEMENTS				13
14	ACCUMULATED DEPRECIATION				14
15	BUILDINGS	1,451,664,363	40,158,448	197,848,239	15
16	ACCUMULATED DEPRECIATION	-722,530,421			16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	470,724,588			23
24	ACCUMULATED DEPRECIATION	-340,270,942			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)	1,035,278,942	40,158,448	197,848,239	30
OTHER ASSETS					
31	INVESTMENTS	1,281,940,291			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	540,705,701			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	1,822,645,992			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	3,327,085,621	40,158,448	197,848,239	36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	78,161,511			37
38	SALARIES, WAGES & FEES PAYABLE	61,664,719			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	61,018,826			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	192,721,909			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	393,566,965			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	753,922,637			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	278,009,159			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	1,031,931,796			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	1,425,498,761			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	1,901,586,860			52
53	SPECIFIC PURPOSE FUND BALANCE		40,158,448		53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED			197,848,239	54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	1,901,586,860	40,158,448	197,848,239	59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	3,327,085,621	40,158,448	197,848,239	60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD	1,598,433,602		36,988,983		170,642,468				1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)	270,058,962								2
3 TOTAL (SUM OF LINE 1 AND LINE 2)	1,868,492,564		36,988,983		170,642,468				3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5	362,199				-19,659,878				5
6 PENSION RELATED CHANGES	38,443,410				-362,199				6
7					14,747,371				7
8					3,956,199				8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)	38,805,609				-1,318,507				10
11 SUBTOTAL (LINE 3 PLUS LINE 10)	1,907,298,173		36,988,983		169,323,961				11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13	5,586,127				5,486,262				13
14	300				-34,010,540				14
15	124,884								15
16									16
17	2		-3,169,465		-34,010,540				17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)	5,711,313		-3,169,465		-28,524,278				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)	1,901,586,860		40,158,448		197,848,239				19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	683,504,070		683,504,070	2
3 SUBPROVIDER IPF	22,964,765		22,964,765	3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SWING BED - NF				7
8 SKILLED NURSING FACILITY				8
9 NURSING FACILITY				9
10 OTHER LONG TERM CARE				10
11 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	706,468,835		706,468,835	11
12 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				12
13 INTENSIVE CARE UNIT				13
14 CORONARY CARE UNIT				14
15 BURN INTENSIVE CARE UNIT				15
16 SURGICAL INTENSIVE CARE UNIT				16
17 SPECIAL CARE NURSERY				17
18 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)				18
19 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	706,468,835		706,468,835	19
20 ANCILLARY SERVICES	2,053,945,379		2,053,945,379	20
21 OUTPATIENT SERVICES		1,696,949,349	1,696,949,349	21
22 RHC				22
23 FQHC				23
24 HOME HEALTH AGENCY				24
25 AMBULANCE				25
26 ASC				26
27 HOSPICE				27
28 OTHER (SPECIFY)				28
TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	2,760,414,214	1,696,949,349	4,457,363,563	

PART II - OPERATING EXPENSES

29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)	1		2	29
30 ADD (SPECIFY)			1,265,151,889	30
31				31
32 BAD DEBT				32
33				33
34				34
35				35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)				36
37 DEDUCT (SPECIFY)				37
38				38
39				39
40				40
41				41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)				42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)			1,265,151,889	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	4,457,363,563	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	3,202,442,438	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	1,254,921,125	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	1,265,151,889	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-10,230,764	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	133,418,152	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	823,532	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS	2,845,703	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	5,274,250	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS	2,075,214	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		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	779,056	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	24,549,003	22
23	GOVERNMENTAL APPROPRIATIONS	2,613,368	23
24		107,911,448	24
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	280,289,726	25
26	TOTAL (LINE 5 PLUS LINE 25)	270,058,962	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	270,058,962	29