

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

WORKSHEET S  
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1.  ELECTRONICALLY FILED COST REPORT DATE: 02/28/2012 TIME: 16:11  
 2.  MANUALLY SUBMITTED COST REPORT  
 3.  IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT  
 4.  MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY CHILDREN'S MEMORIAL HOSPITAL (14-3300) (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 PROVIDE IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) Paula M. Noble  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)  
CFO + Treasurer  
 TITLE  
02/29/2012  
 DATE

ECR Encryption: 02/28/2012 16:11  
 XtozMmPXwZ.6YtkXlsCfl20j94FiN0  
 SBCCr02NXX:HrX:jNi8126ieg3Ubrx  
 OmBw19iONS06brDC

PI Encryption: 02/28/2012 16:11  
 W.oIsxdthKQlA6n.OfpvbscB.lg6p0  
 fj0Et0VjU7PVm3zCpPAdbmMEHPPeap  
 qSkca.7t8y0BstJY

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1 HOSPITAL		-63,872	12,701		27,467,109	1
2 SUBPROVIDER - IPP					-675,367	2
3 SUBPROVIDER - IRP						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		-63,872	12,701		26,791,742	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 OMD CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

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

WORKSHEET S  
 PARTS I, II & III

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DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

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.

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(SIGNED) Paula M. Vable  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)  
CFO & Treasurer  
 TITLE  
02/29/2012  
 DATE

PART III - SETTLEMENT SUMMARY

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12 OUTPATIENT REHABILITATION PROVIDER						12
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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:  
 1 STREET: 2300 CHILDREN'S PLAZA  
 2 CITY: CHICAGO STATE: IL

P.O. BOX: 1  
 ZIP CODE: 60614 COUNTY: COOK COUNTY 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	14-3300	N	7	07/01/1973	N	T	O 3
5	SUBPROVIDER - IRF	14-3300	N	7	07/01/1973	N	N	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							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				2			21

INPATIENT PPS INFORMATION

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

	IN-STATE MEDICAID PAID DAYS 1	IN-STATE MEDICAID ELIGIBLE DAYS 2	OUT-OF- STATE MEDICAID PAID DAYS 3	OUT-OF- STATE MEDICAID ELIGIBLE DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6	
24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPFS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.						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)			
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	N	45
46	IS THIS FACILITY ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR §412.348(g)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N	N	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

TEACHING HOSPITALS

	1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	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)	N		60

	Y/N	IME AVERAGE	DIRECT GME AVERAGE	
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	N		61

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

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

TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS

63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N		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	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)			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)

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/(COL.3+COL.4))
1	2	3	4	5

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	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)			66

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

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

PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED FTES NONPROVIDER SITE 3	UNWEIGHTED FTES IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5
<b>INPATIENT PSYCHIATRIC FACILITY PPS</b>				
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.			N 71
<b>INPATIENT REHABILITATION FACILITY PPS</b>				
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
<b>LONG TERM CARE HOSPITAL PPS</b>				
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 80
<b>TEFRA PROVIDERS</b>				
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
<b>TITLE V AND XIX INPATIENT SERVICES</b>				
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.			V XIX 1 2 N Y 90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N Y 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
<b>RURAL PROVIDERS</b>				
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?			1 2 N 105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			106
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.			107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.			N 108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.		PHY- OCCUP- SICAL ANTIONAL N N N N	RESPI- RATORY N N 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

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

TRANSPLANT CENTER INFORMATION

125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.	Y	125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		01/01/1980 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.		03/23/2009 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.		10/26/2000 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.		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 N	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)

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

MULTICAMPUS

165	IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		165		
166	IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.					
	NAME	COUNTY	STATE	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.	N		167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.			168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.			169

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
 PART II

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

COMPLETED BY ALL HOSPITALS

PROVIDER ORGANIZATION AND OPERATION		Y/N	DATE	
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	1 N	2	1

		Y/N	DATE	V/I	
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)				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 N	2	3	4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.				5

APPROVED EDUCATIONAL ACTIVITIES			Y/N	Y/N	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?		1 N	2	6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.				7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?				8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y			9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	Y			10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.				11
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y/N	12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.				13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.				14

BED COMPLEMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.				15

		PART A		PART B	
		Y/N	DATE	Y/N	DATE
PS&R REPORT DATA		1	2	3	4
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
 PART II

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

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

CAPITAL RELATED COST

- 22 HAVE ASSETS BEEN RELIEFED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS. 22
- 23 HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 23
- 24 WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 24
- 25 HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 25
- 26 WERE ASSETS SUBJECT TO SEC. 2314 OF DEBRA 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
<b>SALARIES</b>						
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	236,913,527			1
2	NON-PHYSICIAN ANESTHETIST PART A					2
3	NON-PHYSICIAN ANESTHETIST PART B					3
4	PHYSICIAN-PART A					4
5	PHYSICIAN-PART B					5
6	NON-PHYSICIAN-PART B					6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21	3,805,356			7
8	HOME OFFICE PERSONNEL					8
9	SNP	44				9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		37,870,779	-4,651,060		10
<b>OTHER WAGES &amp; RELATED COSTS</b>						
11	CONTRACT LABOR (SEE INSTRUCTIONS)					11
12	MANAGEMENT AND ADMINISTRATIVE SERVICES					12
13	CONTRACT LABOR: PHYSICIAN-PART A					13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS					14
15	HOME OFFICE: PHYSICIAN-PART A					15
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)					16
<b>WAGE-RELATED COSTS</b>						
17	WAGE-RELATED COSTS (CORE)					17
18	WAGE-RELATED COSTS (OTHER)					18
19	EXCLUDED AREAS					19
20	NON-PHYSICIAN ANESTHETIST PART A					20
21	NON-PHYSICIAN ANESTHETIST PART B					21
22	PHYSICIAN PART A					22
23	PHYSICIAN PART B					23
24	WAGE-RELATED COSTS (RHC/FQHC)					24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)					25
<b>OVERHEAD COSTS - DIRECT SALARIES</b>						
26	EMPLOYEE BENEFITS		4,355,534			26
27	ADMINISTRATIVE & GENERAL		36,695,807	-1,301,386		27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)					28
29	MAINTENANCE & REPAIRS					29
30	OPERATION OF PLANT		6,585,967			30
31	LAUNDRY & LINEN SERVICE					31
32	HOUSEKEEPING		2,366,174			32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)					33
34	DIETARY		1,287,357	-661,983		34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)					35
36	CAFETERIA			995,869		36
37	MAINTENANCE OF PERSONNEL		275,483			37
38	NURSING ADMINISTRATION		3,651,874	26,922		38
39	CENTRAL SERVICES AND SUPPLY					39
40	PHARMACY					40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,668,101			41
42	SOCIAL SERVICE		1,663,962	2,461,276		42
43	OTHER GENERAL SERVICE					43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	233,108,171		233,108,171		1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	37,870,779	-4,651,060	33,219,719		2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	195,237,392	4,651,060	199,888,452		3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)					4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)					5
6	TOTAL (SUM OF LINES 3 THRU 5)	195,237,392	4,651,060	199,888,452		6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	58,550,259	1,520,698	60,070,957		7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS		1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION	2,595,470	2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	10,969,125	3
4 PRIOR YEAR PENSION SERVICE COST		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	25,825,208	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	420,824	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	149,328	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	3,488,241	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	900,208	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	15,620,312	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	369,438	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION	1,458,624	21
22 DAY CARE COSTS AND ALLOWANCES	1,332,237	22
23 TUITION REIMBURSEMENT	1,282,613	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	64,411,628	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)	603,598	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
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

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					1
	CAP REL COSTS-BLDG & FIXT		23,352,988	23,352,988	132,899	
2	00200					2
	CAP REL COSTS-MVBLE EQUIP		23,801,719	23,801,719		
3	00300					3
	OTHER CAPITAL RELATED COSTS					
4	00400	48,685	42,961,662	43,010,347	-28,828,006	4
4.01	00401	4,306,849	1,601,006	5,907,855	34,162,493	4.01
	EMPLOYEE BENEFITS FTE BASED					
5.01	00590	33,826,615	65,347,480	99,174,095	-1,093,628	5.01
	ADMINISTRATION & GENERAL					
5.02	00591	2,869,192	743,018	3,612,210		5.02
	ADMIN & GENERAL					
5.03	00592					5.03
	ADMIN & GEN-CMRC					
6	00600					6
	MAINTENANCE & REPAIRS					
7	00700	6,585,967	13,872,486	20,458,453		7
	OPERATION OF PLANT					
8	00800		1,588,617	1,588,617		8
	LAUNDRY & LINEN SERVICE					
9	00900	2,366,174	2,364,864	4,731,038		9
	HOUSEKEEPING					
10	01000	1,287,357	2,511,823	3,799,180	-2,857,301	10
	DIETARY					
11	01100				3,209,634	11
	CAFETERIA					
12	01200					12
	MAINTENANCE OF PERSONNEL					
12.01	01850	275,483	78,625	354,108		12.01
	VOLUNTEERS					
13	01300	3,651,874	720,094	4,371,968	246,650	13
	NURSING ADMINISTRATION					
14	01400					14
	CENTRAL SERVICES & SUPPLY					
15	01500					15
	PHARMACY					
16	01600	1,668,101	968,457	2,636,558	1,046	16
	MEDICAL RECORDS & LIBRARY					
17	01700	1,663,962	847,738	2,511,700	3,078,209	17
	SOCIAL SERVICE					
19	01900					19
	NONPHYSICIAN ANESTHETISTS					
20	02000					20
	NURSING SCHOOL					
21	02100	3,805,356	312,361	4,117,717	-4,071	21
	I&R SRVCES-SALARY & FRINGES APPRVD					
22	02200	6,996,675	588,224	7,584,899		22
	I&R SRVCES-OTHER PRGM COSTS APPRVD					
23	02300					23
	PARAMED ED PRGM-(SPECIFY)					
	INPATIENT ROUTINE SERV COST CENTERS					
30	03000	27,202,233	4,277,484	31,479,717	386,432	30
	ADULTS & PEDIATRICS					
31	03100	11,572,012	2,930,460	14,502,472	-2,205	31
	INTENSIVE CARE UNIT					
31.01	02060	10,338,306	2,471,829	12,810,135	82,353	31.01
	NEONATOLOGY					
40	04000	1,818,551	151,270	1,969,821	75,928	40
	SUBPROVIDER - IPF					
	ANCILLARY SERVICE COST CENTERS					
50	05000	11,269,777	19,647,102	30,916,879	-62,866	50
	OPERATING ROOM					
51	05100	1,584,036	203,492	1,787,528		51
	RECOVERY ROOM					
53	05300	754,253	3,955,926	4,710,179	18,884	53
	ANESTHESIOLOGY					
54	05400	2,963,167	1,460,759	4,423,926	300	54
	RADIOLOGY-DIAGNOSTIC					
57	05700	614,660	226,020	840,680		57
	COMPUTED TOMOGRAPHY (CT) SCAN					
58	05800	706,710	384,976	1,091,686		58
	MAGNETIC RESONANCE IMAGING (MRI)					
59	05900	3,059,400	2,773,044	5,832,444		59
	CARDIAC CATHETERIZATION					
60	06000	11,500,302	15,727,232	27,227,534	1,028,849	60
	LABORATORY					
62.30	06250					62.30
	BLOOD CLOTTING FACTORS ADMIN COSTS					
65	06500	4,613,978	3,535,251	8,149,229		65
	RESPIRATORY THERAPY					
66	06600	2,883,723	718,093	3,601,816	323,523	66
	PHYSICAL THERAPY					
67	06700	721,990	67,283	789,273	75,279	67
	OCCUPATIONAL THERAPY					
68	06800	2,094,310	1,157,616	3,251,926	227,393	68
	SPEECH PATHOLOGY					
69	06900	890,212	298,294	1,188,506	346,927	69
	ELECTROCARDIOLOGY					
70	07000	1,034,286	203,061	1,237,347	999,105	70
	ELECTROENCEPHALOGRAPHY					
71	07100	476,071	682,333	1,158,404		71
	MEDICAL SUPPLIES CHRGD TO PATIENTS					
73	07300	7,006,525	16,608,923	23,615,448	-510,190	73
	DRUGS CHARGED TO PATIENTS					
73.01	07301					73.01
	OUTPATIENT PHARMACY					
74	07400	297,281	1,225,405	1,522,686		74
	RENAL DIALYSIS					
75.01	03550					75.01
	PSYCHIATRY					
76	03551	3,313,907	1,275,791	4,589,698	-45,635	76
	PSYCHIATRY					
76.97	07697					76.97
	CARDIAC REHABILITATION					
76.98	07698					76.98
	HYPERBARIC OXYGEN THERAPY					
76.99	07699					76.99
	LITHOTRIPSY					
	OUTPATIENT SERVICE COST CENTERS					
90	09000	8,132,698	1,232,934	9,365,632	1,264,177	90
	CLINIC					
90.01	09001	10,244,390	5,310,106	15,554,496	87,933	90.01
	OFFSITE CLINICS					
91	09100	6,416,231	2,724,713	9,140,944	291,035	91
	EMERGENCY					
92	09200					92
	OBSERVATION BEDS					
	OTHER REIMBURSABLE COST CENTERS					
95	09500	2,085,574	350,424	2,435,998	237,119	95
	AMBULANCE SERVICES					
99.10	09910					99.10
	CORF					
99.20	09920					99.20
	OUTPATIENT PHYSICAL THERAPY					
99.30	09930					99.30
	OUTPATIENT OCCUPATIONAL THERAPY					
99.40	09940					99.40
	OUTPATIENT SPEECH PATHOLOGY					
	SPECIAL PURPOSE COST CENTERS					
105	10500	190,988	573,105	764,093	-94,377	105
	KIDNEY ACQUISITION					
106	10600	366,710	713,036	1,079,746	-295,562	106
	HEART ACQUISITION					
107	10700	400,804	741,828	1,142,632	-254,947	107
	LIVER ACQUISITION					
110	11000	197,144	98,155	295,299	124,818	110
	INTESTINAL ACQUISITION					
118		204,102,519	273,387,107	477,489,626	12,352,198	118
	SUBTOTALS (SUM OF LINES 1-117)					
	NONREIMBURSABLE COST CENTERS					
191	19100	2,618,884	2,652,540	5,271,424	29,973,436	191
	RESEARCH					
192	19200	778,373	579,415	1,357,788		192
	PHYSICIANS' PRIVATE OFFICES					

PROVIDER CCN: 14-3300 CHILDREN'S 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  
02/28/2012 15:48

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSIFI-	
		1	2	(COL. 1 + COL. 2)	CATIONS	
				3	4	
192.01	19201					192.01
193.01	19301					193.01
193.02	19302					193.02
194	07950	25,334,111	33,803,814	59,137,925	-42,325,634	194
194.01	07951	4,079,640	414,715	4,494,355		194.01
194.02	07952		20,438	20,438		194.02
200						200
	TOTAL (SUM OF LINES 118-199)	236,913,527	310,858,029	547,771,556		

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 CAP REL COSTS-BLDG & FIXT	23,485,887	-886,015	22,599,872	1
2	00200 CAP REL COSTS-MVBLE EQUIP	23,801,719	-2,133,000	21,668,719	2
3	00300 OTHER CAPITAL RELATED COSTS				3
4	00400 EMPLOYEE BENEFITS	14,182,341		14,182,341	4
4.01	00401 EMPLOYEE BENEFITS FTE BASED	40,070,348		40,070,348	4.01
5.01	00590 ADMINISTRATION & GENERAL	98,080,467	-31,267,410	66,813,057	5.01
5.02	00591 ADMIN & GENERAL	3,612,210		3,612,210	5.02
5.03	00592 ADMIN & GEN-CMRC				5.03
6	00600 MAINTENANCE & REPAIRS				6
7	00700 OPERATION OF PLANT	20,458,453	-40,236	20,418,217	7
8	00800 LAUNDRY & LINEN SERVICE	1,588,617		1,588,617	8
9	00900 HOUSEKEEPING	4,731,038		4,731,038	9
10	01000 DIETARY	941,879	-98,651	843,228	10
11	01100 CAFETERIA	3,209,634	-1,250,993	1,958,641	11
12	01200 MAINTENANCE OF PERSONNEL				12
12.01	01850 VOLUNTEERS	354,108		354,108	12.01
13	01300 NURSING ADMINISTRATION	4,618,618		4,618,618	13
14	01400 CENTRAL SERVICES & SUPPLY				14
15	01500 PHARMACY				15
16	01600 MEDICAL RECORDS & LIBRARY	2,637,604	-4,027	2,633,577	16
17	01700 SOCIAL SERVICE	5,589,909		5,589,909	17
19	01900 NONPHYSICIAN ANESTHETISTS				19
20	02000 NURSING SCHOOL				20
21	02100 I&R SRVCES-SALARY & FRINGES APPRVD	4,113,646		4,113,646	21
22	02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	7,584,899		7,584,899	22
23	02300 PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS				23
30	03000 ADULTS & PEDIATRICS	31,866,149	-4,980	31,861,169	30
31	03100 INTENSIVE CARE UNIT	14,500,267		14,500,267	31
31.01	02060 NEONATOLOGY	12,892,488	-909,861	11,982,627	31.01
40	04000 SUBPROVIDER - IPF ANCILLARY SERVICE COST CENTERS	2,045,749		2,045,749	40
50	05000 OPERATING ROOM	30,854,013	-1,110,246	29,743,767	50
51	05100 RECOVERY ROOM	1,787,528		1,787,528	51
53	05300 ANESTHESIOLOGY	4,729,063	-1,236,283	3,492,780	53
54	05400 RADIOLOGY-DIAGNOSTIC	4,424,226		4,424,226	54
57	05700 COMPUTED TOMOGRAPHY (CT) SCAN	840,680		840,680	57
58	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,091,686		1,091,686	58
59	05900 CARDIAC CATHETERIZATION	5,832,444		5,832,444	59
60	06000 LABORATORY	28,256,383	-1,755,237	26,501,146	60
62.30	06250 BLOOD CLOTTING FACTORS ADMIN COSTS				62.30
65	06500 RESPIRATORY THERAPY	8,149,229	-74,223	8,075,006	65
66	06600 PHYSICAL THERAPY	3,925,339		3,925,339	66
67	06700 OCCUPATIONAL THERAPY	864,552		864,552	67
68	06800 SPEECH PATHOLOGY	3,479,319		3,479,319	68
69	06900 ELECTROCARDIOLOGY	1,535,433	-26,996	1,508,437	69
70	07000 ELECTROENCEPHALOGRAPHY	2,236,452	-16,410	2,220,042	70
71	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,158,404		1,158,404	71
73	07300 DRUGS CHARGED TO PATIENTS	23,105,258	-97,326	23,007,932	73
73.01	07301 OUTPATIENT PHARMACY				73.01
74	07400 RENAL DIALYSIS	1,522,686		1,522,686	74
75.01	03550 PSYCHIATRY				75.01
76	03551 PSYCHIATRY	4,544,063	-212,670	4,331,393	76
76.97	07697 CARDIAC REHABILITATION				76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699 LITHOTRIPSY OUTPATIENT SERVICE COST CENTERS				76.99
90	09000 CLINIC	10,629,809	-342,000	10,287,809	90
90.01	09001 OFFSITE CLINICS	15,642,429	-1,066,102	14,576,327	90.01
91	09100 EMERGENCY	9,431,979	-1,080,000	8,351,979	91
92	09200 OBSERVATION BEDS OTHER REIMBURSABLE COST CENTERS				92
95	09500 AMBULANCE SERVICES	2,673,117	-405,739	2,267,378	95
99.10	09910 CORF				99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS				99.40
105	10500 KIDNEY ACQUISITION	669,716		669,716	105
106	10600 HEART ACQUISITION	784,184	-30,800	753,384	106
107	10700 LIVER ACQUISITION	887,685		887,685	107
110	11000 INTESTINAL ACQUISITION	420,117		420,117	110
118	11800 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	489,841,824	-44,049,205	445,792,619	118
191	19100 RESEARCH	35,244,860		35,244,860	191
192	19200 PHYSICIANS' PRIVATE OFFICES	1,357,788		1,357,788	192

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	
192.01 19201 OFFSITE FACILITIES				192.01
193.01 19301 ENDOWMENTS & OTHER SERVICES				193.01
193.02 19302 NON-REIMBURSABLE CLINICS				193.02
194 07950 ENDOWMENTS & OTHER SERVICES	16,812,291		16,812,291	194
194.01 07951 NON-REIMBURSABLE CLINICS	4,494,355		4,494,355	194.01
194.02 07952 KOHL HOUSE	20,438		20,438	194.02
200 TOTAL (SUM OF LINES 118-199)	547,771,556	-44,049,205	503,722,351	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 APPORTION PHYSICIAN TO IP PSYCH	A	SUBPROVIDER - IPF	40	75,928	1
500 TOTAL RECLASSIFICATIONS				75,928	500
CODE LETTER - A					
1 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	ADULTS & PEDIATRICS	30	278,944	20,942
2 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	CLINIC	90	580,285	126,356
3 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	CLINIC	90	413,102	73,308
4 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B				4
5 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	INTESTINAL ACQUISITION	110	269,383	5
6 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	KIDNEY ACQUISITION	105		3,481
7 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	LIVER ACQUISITION	107		6,630
500 TOTAL RECLASSIFICATIONS				1,541,714	230,717
CODE LETTER - B					500
1 APPORTION REHAB ADMIN-101606 PT/ADM	C	PHYSICAL THERAPY	66	90,247	7,662
2 APPORTION REHAB ADMIN-101608 CLK OT	C	OCCUPATIONAL THERAPY	67	51,448	4,368
3 APPORTION REHAB ADMIN-101628 PT	C	PHYSICAL THERAPY	66	43,473	3,691
4 APPORTION REHAB ADMIN-101629 OT	C	OCCUPATIONAL THERAPY	67	17,940	1,523
5 APPORTION REHAB ADMIN-101615 MOT AN	C	ELECTROENCEPHALOGRAPHY	70	13,273	1,127
6 APPORTION REHAB ADMIN-101600 ORTHOT	C	PHYSICAL THERAPY	66	10,970	931
7 APPORTION REHAB ADMIN-101601 CLK OR	C	PHYSICAL THERAPY	66	108,991	9,254
8 APPORTION REHAB ADMIN-101603 AUDIO	C	SPEECH PATHOLOGY	68	132,980	11,294
9 APPORTION REHAB ADMIN-101604 CLK SP	C	SPEECH PATHOLOGY	68	76,614	6,505
10 APPORTION REHAB ADMIN-101627 SPEECH	C	PHYSICAL THERAPY	66	36,217	3,075
11 APPORTION REHAB ADMIN-101609 AURAL	C	PHYSICAL THERAPY	66	1,404	119
12 APPORTION REHAB ADMIN-101623 GB SP	C	OFFSITE CLINICS	90.01	4,293	364
13 APPORTION REHAB ADMIN-101602 GB ORT	C	OFFSITE CLINICS	90.01	11,272	957
14 APPORTION REHAB ADMIN-101620 W AUD	C	CLINIC	90	65,560	5,566
15 APPORTION REHAB ADMIN-101619 WST SP	C	OFFSITE CLINICS	90.01	25,810	2,191
16 APPORTION REHAB ADMIN-101621 W PT	C	OFFSITE CLINICS	90.01	27,360	2,323
17 APPORTION REHAB ADMIN-101622 W OT	C	OFFSITE CLINICS	90.01	14,393	1,222
18 APPORTION REHAB ADMIN-101610 W ORTH	C	OFFSITE CLINICS	90.01	13,961	1,185
19 APPORTION REHAB ADMIN-101624 G AUD	C	OFFSITE CLINICS	90.01	13,393	1,137
20 APPORTION REHAB ADMIN-101625 G PT	C	OFFSITE CLINICS	90.01	13,982	1,187
500 TOTAL RECLASSIFICATIONS				773,581	65,681
CODE LETTER - C					500
1 RECALSS RENTAL-104007 RES & FELLOW	D	CAP REL COSTS-BLDG & FIXT	1		132,899
2 RECLASS RENTAL-107017 SPEC ID	D				2
500 TOTAL RECLASSIFICATIONS					132,899
CODE LETTER - D					500
1 RECLASS DIETARY TO CAFETERIA	E	CAFETERIA	11	995,869	2,213,765
500 TOTAL RECLASSIFICATIONS				995,869	2,213,765
CODE LETTER - E					500
1 RECALSS SPEC NUTR	F	DIETARY	10	333,886	18,447
500 TOTAL RECLASSIFICATIONS				333,886	18,447
CODE LETTER - F					500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 RECLASS SPEC PURP FNDS-107001	G	LABORATORY	60	31,848	49,912	1
2 RECLASS SPEC PURP FNDS-107000	G	ANESTHESIOLOGY	53	471	18,413	2
3 RECLASS SPEC PURP FNDS-107024	G	OPERATING ROOM	50		50,155	3
4 RECLASS SPEC PURP FNDS-107006	G	ELECTROCARDIOLOGY	69	301,716	92,191	4
5 RECLASS SPEC PURP FNDS-104012	G	SOCIAL SERVICE	17	2,572,969	616,933	5
6 RECLASS SPEC PURP FNDS-101420	G	ADULTS & PEDIATRICS	30	51,662	34,884	6
7 RECLASS SPEC PURP FNDS-107007	G	ENDOWMENTS & OTHER SERVICES	194	50,011	57,314	7
8 RECLASS SPEC PURP FNDS-101402	G	DRUGS CHARGED TO PATIENTS	73		111	8
9 RECLASS SPEC PURP FNDS-107005	G	EMERGENCY	91	77,290	213,745	9
10 RECLASS SPEC PURP FNDS-107008	G	LABORATORY	60	31,179	1,228	10
11 RECLASS SPEC PURP FNDS-107026	G	OPERATING ROOM	50		44,419	11
12 RECLASS SPEC PURP FNDS-107009	G					12
13 RECLASS SPEC PURP FNDS-107014	G	ENDOWMENTS & OTHER SERVICES	194	13,870	88,818	13
14 RECLASS SPEC PURP FNDS-107013	G	LABORATORY	60	283,880	239,430	14
15 RECLASS SPEC PURP FNDS-107011	G	LABORATORY	60	191,092	76,510	15
16 RECLASS SPEC PURP FNDS-107016	G	LABORATORY	60	64,408	87,570	16
17 RECLASS SPEC PURP FNDS-104022	G	MEDICAL RECORDS & LIBRARY	16		1,046	17
18 RECLASS SPEC PURP FNDS-107003	G	NEONATOLOGY	31.01	11,508	74,653	18
19 RECLASS SPEC PURP FNDS-107012	G	LABORATORY	60	75,094	133,003	19
20 RECLASS SPEC PURP FNDS-107023	G	ELECTROENCEPHALOGRAPHY	70	526,952	484,085	20
21 RECLASS SPEC PURP FNDS-101001	G	NEONATOLOGY	31.01	4,837	3,013	21
22 RECLASS SPEC PURP FNDS-101003	G					22
23 RECLASS SPEC PURP FNDS-104018	G	NURSING ADMINISTRATION	13		68,026	23
24 RECLASS SPEC PURP FNDS-104008	G	NURSING ADMINISTRATION	13	26,922	151,702	24
25 RECLASS SPEC PURP FNDS-107022	G	OPERATING ROOM	50	5,397	22,705	25
26 RECLASS SPEC PURP FNDS-104015	G					26
27 RECLASS SPEC PURP FNDS-101116	G	LABORATORY	60		44,181	27
28 RECLASS SPEC PURP FNDS-101801	G					28
29 RECLASS SPEC PURP FNDS-103019	G	ENDOWMENTS & OTHER SERVICES	194	380,247	2,679	29
30 RECLASS SPEC PURP FNDS-107029	G	OPERATING ROOM	50	50,508		30
31 RECLASS SPEC PURP FNDS-103048	G	PSYCHIATRY	76	17,528	12,765	31
32 RECLASS SPEC PURP FNDS-101606	G	PHYSICAL THERAPY	66		7,489	32
33 RECLASS SPEC PURP FNDS-107004	G					33
34 RECLASS SPEC PURP FNDS-101207	G	RADIOLOGY-DIAGNOSTIC	54		300	34
35 RECLASS SPEC PURP FNDS-103302	G	AMBULANCE SERVICES	95	218,422	18,697	35
36 RECLASS SPEC PURP FNDS-107030	G	OPERATING ROOM	50	9,343		36
37 RECLASS SPEC PURP FNDS-100100	G	EMPLOYEE BENEFITS FTE BASED	4.01		5,334,487	37
38 RECLASS SPEC PURP FNDS-999996	G	RESEARCH	191	16,830,497	13,142,939	38
500 TOTAL RECLASSIFICATIONS				21,827,651	21,173,403	500
CODE LETTER - G						
1 SPACE RECOV-104028	H	ADMINISTRATION & GENERAL	5.01		448,842	1
2 SPACE RECOV-107001	H					2
3 SPACE RECOV-107002	H					3
4 SPACE RECOV-107003	H					4
5 SPACE RECOV-107006	H					5
6 SPACE RECOV-107007	H					6
7 SPACE RECOV-107008	H					7
8 SPACE RECOV-107009	H					8
9 SPACE RECOV-107011	H					9
10 SPACE RECOV-107012	H					10
11 SPACE RECOV-107013	H					11
12 SPACE RECOV-107014	H					12
13 SPACE RECOV-107016	H					13
14 SPACE RECOV-107021	H					14
15 SPACE RECOV-107022	H					15
16 SPACE RECOV-107023	H					16
17 SPACE RECOV-107024	H					17
18 SPACE RECOV-107026	H					18
19 SPACE RECOV-107027	H					19
20 SPACE RECOV-107028	H					20
21 SPACE RECOV-107029	H					21
22 SPACE RECOV-107030	H					22
500 TOTAL RECLASSIFICATIONS					448,842	500
CODE LETTER - H						
1 FRINGE BENEFITS FOR FTE ALLOC	I	EMPLOYEE BENEFITS FTE BASED	4.01		28,828,006	1
500 TOTAL RECLASSIFICATIONS					28,828,006	500
CODE LETTER - I						
GRAND TOTAL (INCREASES)				25,548,629	53,111,760	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 APPORTION PHYSICIAN TO IP PSYCH	A	PSYCHIATRY	76	75,928		1
500 TOTAL RECLASSIFICATIONS				75,928		500
CODE LETTER - A						
1 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	ADMINISTRATION & GENERAL	5.01	527,805	175,403	1
2 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	LIVER ACQUISITION	107	261,577		2
3 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	SOCIAL SERVICE	17	111,693		3
4 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	HEART ACQUISITION	106	243,680	51,882	4
5 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	KIDNEY ACQUISITION	105	97,858		5
6 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	INTESTINAL ACQUISITION	110	141,133	3,432	6
7 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	DRUGS CHARGED TO PATIENTS	73	157,968		7
500 TOTAL RECLASSIFICATIONS				1,541,714	230,717	500
CODE LETTER - B						
1 APPORTION REHAB ADMIN-101606 PT/ADM	C	ADMINISTRATION & GENERAL	5.01	773,581	65,681	1
2 APPORTION REHAB ADMIN-101608 CLK OT	C					2
3 APPORTION REHAB ADMIN-101628 PT	C					3
4 APPORTION REHAB ADMIN-101629 OT	C					4
5 APPORTION REHAB ADMIN-101615 MOT AN	C					5
6 APPORTION REHAB ADMIN-101600 ORTHOT	C					6
7 APPORTION REHAB ADMIN-101601 CLK OR	C					7
8 APPORTION REHAB ADMIN-101603 AUDIO	C					8
9 APPORTION REHAB ADMIN-101604 CLK SP	C					9
10 APPORTION REHAB ADMIN-101627 SPEECH	C					10
11 APPORTION REHAB ADMIN-101609 AURAL	C					11
12 APPORTION REHAB ADMIN-101623 GB SP	C					12
13 APPORTION REHAB ADMIN-101602 GB ORT	C					13
14 APPORTION REHAB ADMIN-101620 W AUD	C					14
15 APPORTION REHAB ADMIN-101619 WST SP	C					15
16 APPORTION REHAB ADMIN-101621 W PT	C					16
17 APPORTION REHAB ADMIN-101622 W OT	C					17
18 APPORTION REHAB ADMIN-101610 W ORTH	C					18
19 APPORTION REHAB ADMIN-101624 G AUD	C					19
20 APPORTION REHAB ADMIN-101625 G PT	C					20
500 TOTAL RECLASSIFICATIONS				773,581	65,681	500
CODE LETTER - C						
1 RECALSS RENTAL-104007 RES & FELLOW	D	I&R SRVCS-SALARY & FRINGES A	21		4,071	10 1
2 RECLASS RENTAL-107017 SPEC ID	D	LABORATORY	60		128,828	2
500 TOTAL RECLASSIFICATIONS					132,899	500
CODE LETTER - D						
1 RECLASS DIETARY TO CAFETERIA	E	DIETARY	10	995,869	2,213,765	1
500 TOTAL RECLASSIFICATIONS				995,869	2,213,765	500
CODE LETTER - E						
1 RECALSS SPEC NUTR	F	DRUGS CHARGED TO PATIENTS	73	333,886	18,447	1
500 TOTAL RECLASSIFICATIONS				333,886	18,447	500
CODE LETTER - F						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 RECLASS SPEC PURP FNDS-107001	G	ENDOWMENTS & OTHER SERVICES	194	21,745,170	21,173,403	1
2 RECLASS SPEC PURP FNDS-107000	G					2
3 RECLASS SPEC PURP FNDS-107024	G					3
4 RECLASS SPEC PURP FNDS-107006	G					4
5 RECLASS SPEC PURP FNDS-104012	G					5
6 RECLASS SPEC PURP FNDS-101420	G					6
7 RECLASS SPEC PURP FNDS-107007	G					7
8 RECLASS SPEC PURP FNDS-101402	G					8
9 RECLASS SPEC PURP FNDS-107005	G					9
10 RECLASS SPEC PURP FNDS-107008	G					10
11 RECLASS SPEC PURP FNDS-107026	G					11
12 RECLASS SPEC PURP FNDS-107009	G	OPERATING ROOM	50	82,481		12
13 RECLASS SPEC PURP FNDS-107014	G					13
14 RECLASS SPEC PURP FNDS-107013	G					14
15 RECLASS SPEC PURP FNDS-107011	G					15
16 RECLASS SPEC PURP FNDS-107016	G					16
17 RECLASS SPEC PURP FNDS-104022	G					17
18 RECLASS SPEC PURP FNDS-107003	G					18
19 RECLASS SPEC PURP FNDS-107012	G					19
20 RECLASS SPEC PURP FNDS-107023	G					20
21 RECLASS SPEC PURP FNDS-101001	G					21
22 RECLASS SPEC PURP FNDS-101003	G					22
23 RECLASS SPEC PURP FNDS-104018	G					23
24 RECLASS SPEC PURP FNDS-104008	G					24
25 RECLASS SPEC PURP FNDS-107022	G					25
26 RECLASS SPEC PURP FNDS-104015	G					26
27 RECLASS SPEC PURP FNDS-101116	G					27
28 RECLASS SPEC PURP FNDS-101801	G					28
29 RECLASS SPEC PURP FNDS-103019	G					29
30 RECLASS SPEC PURP FNDS-107029	G					30
31 RECLASS SPEC PURP FNDS-103048	G					31
32 RECLASS SPEC PURP FNDS-101606	G					32
33 RECLASS SPEC PURP FNDS-107004	G					33
34 RECLASS SPEC PURP FNDS-101207	G					34
35 RECLASS SPEC PURP FNDS-103302	G					35
36 RECLASS SPEC PURP FNDS-107030	G					36
37 RECLASS SPEC PURP FNDS-100100	G					37
38 RECLASS SPEC PURP FNDS-999996	G					38
500 TOTAL RECLASSIFICATIONS				21,827,651	21,173,403	500
CODE LETTER - G						
1 SPACE RECOV-104028	H					1
2 SPACE RECOV-107001	H	LABORATORY	60		17,632	2
3 SPACE RECOV-107002	H	INTENSIVE CARE UNIT	31		2,205	3
4 SPACE RECOV-107003	H	NEONATOLOGY	31.01		11,658	4
5 SPACE RECOV-107006	H	ELECTROCARDIOLOGY	69		46,980	5
6 SPACE RECOV-107007	H	OFFSITE CLINICS	90.01		13,572	6
7 SPACE RECOV-107008	H	LABORATORY	60		13,386	7
8 SPACE RECOV-107009	H	OPERATING ROOM	50		21,924	8
9 SPACE RECOV-107011	H	LABORATORY	60		18,444	9
10 SPACE RECOV-107012	H	LABORATORY	60		19,024	10
11 SPACE RECOV-107013	H	LABORATORY	60		65,656	11
12 SPACE RECOV-107014	H	OFFSITE CLINICS	90.01		33,525	12
13 SPACE RECOV-107016	H	LABORATORY	60		17,516	13
14 SPACE RECOV-107021	H	OPERATING ROOM	50		13,222	14
15 SPACE RECOV-107022	H	OPERATING ROOM	50		23,562	15
16 SPACE RECOV-107023	H	ELECTROENCEPHALOGRAPHY	70		26,332	16
17 SPACE RECOV-107024	H	OPERATING ROOM	50		13,310	17
18 SPACE RECOV-107026	H	OPERATING ROOM	50		20,394	18
19 SPACE RECOV-107027	H	OPERATING ROOM	50		25,827	19
20 SPACE RECOV-107028	H	OPERATING ROOM	50		8,272	20
21 SPACE RECOV-107029	H	OPERATING ROOM	50		17,138	21
22 SPACE RECOV-107030	H	OPERATING ROOM	50		19,263	22
500 TOTAL RECLASSIFICATIONS					448,842	500
CODE LETTER - H						
1 FRINGE BENEFITS FOR FTE ALLOC	I	EMPLOYEE BENEFITS	4		28,828,006	1
500 TOTAL RECLASSIFICATIONS					28,828,006	500
CODE LETTER - I						
GRAND TOTAL (DECREASES)				25,548,629	53,111,760	

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	39,289,353					39,289,353	1
2 LAND IMPROVEMENTS	499,477					499,477	2
3 BUILDINGS AND FIXTURES	302,342,027	2,283,645		2,283,645		304,625,672	3
4 BUILDING IMPROVEMENTS	8,920,581	3,260,548		3,260,548		12,181,129	4
5 FIXED EQUIPMENT	22,068,615	150,223		150,223		22,218,838	5
6 MOVABLE EQUIPMENT	230,385,832	8,151,465		8,151,465	112,336	238,424,961	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	603,505,885	13,845,881		13,845,881	112,336	617,239,430	8
9 RECONCILING ITEMS	-514,132,316	-206,322,002		-206,322,002		-720,454,318	9
10 TOTAL (LINE 7 MINUS LINE 9)	1,117,638,201	220,167,883		220,167,883	112,336	1,337,693,748	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	18,777,267	-448,842	4,593,042	431,521			23,352,988 1
2 CAP REL COSTS-MVBLE EQUIP	23,801,719						23,801,719 2
3 TOTAL (SUM OF LINES 1-2)	42,578,986	-448,842	4,593,042	431,521			47,154,707 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS ALLOCATION OF OTHER CAPITAL

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
2 CAP REL COSTS-MVBLE EQUIP								2
3 TOTAL (SUM OF LINES 1-2)								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	18,777,266	-315,943	4,107,740	431,521		-400,712	22,599,872 1
2 CAP REL COSTS-MVBLE EQUIP	21,668,719						21,668,719 2
3 TOTAL	40,445,985	-315,943	4,107,740	431,521		-400,712	44,268,591 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	11 1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)	B	-4,447,464	ADMINISTRATION & GENERAL	5.01	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)	B	-1,143,999	ADMINISTRATION & GENERAL	5.01	9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-5,559,698			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1				12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-1,250,993	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS	B	-1,066,102	OFFSITE CLINICS	90.01	15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-97,326	DRUGS CHARGED TO PATIENTS	73	17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-4,027	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					19
20 VENDING MACHINES	B	-98,651	DIETARY	10	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	9 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 MISCELLANEOUS INCOME	B	-1,846,471	ADMINISTRATION & GENERAL	5.01	33
34 BAD DEBT	A	-3,681,037	ADMINISTRATION & GENERAL	5.01	34
35 ADVERTISING	A	-1,226,344	ADMINISTRATION & GENERAL	5.01	35
36 TRANSPORT SERVICES	B	-405,739	AMBULANCE SERVICES	95	36
37 NON-PATIENT SERVICES LABORATORY	B	-1,235,028	LABORATORY	60	37
38 BOOKED LOSS ON ADVANCED REFUNDING	A	-1	CAP REL COSTS-BLDG & FIXT	1	11 38
38.01 ADD LOSS ON ADV REFUNDING 1 OF 20	A	-485,303	CAP REL COSTS-BLDG & FIXT	1	11 38.01
39 LOSS ON ADVANCE REFUNDING 2 OF 19	A	1	CAP REL COSTS-BLDG & FIXT	1	11 39
40 93 INTEREST & FEES	A	1	CAP REL COSTS-BLDG & FIXT	1	11 40
41 NON-PATIENT CARE COSTS	A	-230,706	ADMINISTRATION & GENERAL	5.01	41
42 RENTAL INCOME PROPERTIES	B	-400,712	CAP REL COSTS-BLDG & FIXT	1	14 42
43 SHUTTLE BUS RECOVERY	B	-40,236	OPERATION OF PLANT	7	43
44 FUNDED DEPRECIATION OFFSET	A	-1	CAP REL COSTS-BLDG & FIXT	1	9 44
45 TAX ASSESSMENT	A	-13,729,114	ADMINISTRATION & GENERAL	5.01	45
45.01 NON PATIENT PSYCH	A	-4,980	ADULTS & PEDIATRICS	30	9 45.01
45.02 ACCELERATED DEPRECIATION 100100-53	A	-2,133,000	CAP REL COSTS-MVBLE EQUIP	2	9 45.02
46 NEW HOSPITAL TRANSITION	A	-4,962,275	ADMINISTRATION & GENERAL	5.01	46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49) TRANSFER TO WKST A, COL. 6, LINE 200)		-44,049,205			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1						1
2						2
3						3
4						4
5	TOTALS (SUM OF LINES 1-4)					5
	TRANSFER COL. 6, LINE 5 TO					
	WKST A-8, COL. 2, LINE 12.					

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

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

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

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----						
SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
6						6
7						7
8						8
9						9
10						10

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER/ COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT
1	2		3	4	5	6	7	8	9
2	31.01	NEONATOLOGY							
		PEDIATRICIAN	962,316	180,000	782,316	140,600	776	52,455	2,623
3	50	OPERATING ROOM							
		SURGEON	2,925,446		2,925,446	208,000	18,152	1,815,200	90,760
4	53	ANESTHESIOLOGY							
		ANESTHESIOLOGIST	2,755,000		2,755,000	200,300	15,771	1,518,717	75,936
5	54	RADIOLOGY-DIAGNOSTIC							
		RADIOLOGIST	549,996		549,996	225,300	10,214	1,106,353	55,318
6	60	LABORATORY							
		PATHOLOGIST	2,426,043		2,426,043	215,700	18,378	1,905,834	95,292
7	65	RESPIRATORY THERAPY							
		PEDIATRICIAN	144,996		144,996	140,600	1,047	70,773	3,539
8	69	ELECTROCARDIOLOGY							
		PEDIATRICIAN	110,004		110,004	140,600	1,228	83,008	4,150
9	70	ELECTROENCEPHALOGRAPHY							
		PEDIATRICIAN	31,410	16,410	15,000	140,600	799	54,009	2,700
10	76	PSYCHIATRY							
		PSYCHIATRIST	971,946	212,670	759,276	154,100	11,263	834,437	41,722
11	90	CLINIC							
		PEDIATRICIAN	380,004		38,004	140,600	4,032	272,548	13,627
12	91	EMERGENCY							
		PEDIATRICIAN	1,215,000	1,080,000	135,000	140,600	19,178	1,296,359	64,818
13	95	AMBULANCE SERVICES							
		PEDIATRICIAN	50,004		50,004	140,600	1,226	82,873	4,144
14	107	LIVER ACQUISITION							
		SURGEON	10,200		10,200	208,000	709	70,900	3,545
15	106	HEART ACQUISITION							
		SURGEON	50,000		50,000	208,000	192	19,200	960
200		TOTAL	12,582,365	1,489,080	10,751,285		102,965	9,182,666	459,134

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11		12	13	14	15	16	17	18
2	31.01	NEONATOLOGY		PEDIATRICIAN			52,455	729,861	909,861
3	50	OPERATING ROOM		SURGEON			1,815,200	1,110,246	1,110,246
4	53	ANESTHESIOLOGY		ANESTHESIOLOGIST			1,518,717	1,236,283	1,236,283
5	54	RADIOLOGY-DIAGNOSTIC		RADIOLOGIST			1,106,353		
6	60	LABORATORY		PATHOLOGIST			1,905,834	520,209	520,209
7	65	RESPIRATORY THERAPY		PEDIATRICIAN			70,773	74,223	74,223
8	69	ELECTROCARDIOLOGY		PEDIATRICIAN			83,008	26,996	26,996
9	70	ELECTROENCEPHALOGRAPHY		PEDIATRICIAN			54,009		16,410
10	76	PSYCHIATRY		PSYCHIATRIST			834,437		212,670
11	90	CLINIC		PEDIATRICIAN			272,548		342,000
12	91	EMERGENCY		PEDIATRICIAN			1,296,359		1,080,000
13	95	AMBULANCE SERVICES		PEDIATRICIAN			82,873		
14	107	LIVER ACQUISITION		SURGEON			70,900		
15	106	HEART ACQUISITION		SURGEON			19,200	30,800	30,800
200		TOTAL					9,182,666	3,728,618	5,559,698

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	EMPLOYEE BENEFITS FTE BASED 4.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	22,599,872	22,599,872				1
2 CAP REL COSTS-MVBLE EQUIP	21,668,719		21,668,719			2
4 EMPLOYEE BENEFITS	14,182,341			14,182,341		4
4.01 EMPLOYEE BENEFITS FTE BASED	40,070,348	154,463	882,116	257,873	41,364,800	4.01
5.01 ADMINISTRATION & GENERAL	66,813,057	1,953,169	9,540,228	1,947,502	5,555,068	5.01
5.02 ADMIN & GENERAL	3,612,210	364,448	23,950	171,793	24,555	5.02
5.03 ADMIN & GEN-CMRC						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	20,418,217	561,734	1,804,680	394,335	1,460,375	7
8 LAUNDRY & LINEN SERVICE	1,588,617	69,889				8
9 HOUSEKEEPING	4,731,038	53,022	6,296	141,675	1,042,451	9
10 DIETARY	843,228	359,487	55,347	37,444	105,358	10
11 CAFETERIA	1,958,641	117,117	14,940	59,628	442,842	11
12 MAINTENANCE OF PERSONNEL						12
12.01 VOLUNTEERS	354,108	43,616	22	16,495	62,658	12.01
13 NURSING ADMINISTRATION	4,618,618	238,084	651,287	220,268	618,479	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	2,633,577	377,902	12,637	99,878	460,745	16
17 SOCIAL SERVICE	5,589,909	344,684	6,703	246,999	326,235	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCS-SALARY & FRINGES APPRVD	4,113,646	126,999	1,059	227,846	4,959	21
22 I&R SRVCS-OTHER PRGM COSTS APPRVD	7,584,899			418,926	48,385	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	31,861,169	1,972,735	250,282	1,648,529	4,821,065	30
31 INTENSIVE CARE UNIT	14,500,267	823,749	180,596	692,874	2,008,213	31
31.01 NEONATOLOGY	11,982,627	472,159	136,286	619,985	1,652,705	31.01
40 SUBPROVIDER - IPF	2,045,749	202,842	4,896	113,432	380,426	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	29,743,767	1,858,237	1,436,224	673,746	2,597,782	50
51 RECOVERY ROOM	1,787,528	74,255	2,442	94,844	229,223	51
53 ANESTHESIOLOGY	3,492,780	125,213	36,209	45,189	175,516	53
54 RADIOLOGY-DIAGNOSTIC	4,424,226	588,999	1,020,518	177,420	604,689	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	840,680	87,947	245,635	36,803	110,438	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,091,686	147,041	706,596	42,314	110,680	58
59 CARDIAC CATHETERIZATION	5,832,444	187,403	1,144,889	183,182	361,072	59
60 LABORATORY	26,503,146	1,803,151	709,597	729,146	2,692,253	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	8,075,006	192,563	116,521	276,262	960,076	65
66 PHYSICAL THERAPY	3,925,339	448,903	13,083	190,105	655,131	66
67 OCCUPATIONAL THERAPY	864,552			47,384	31,329	67
68 SPEECH PATHOLOGY	3,479,319	136,365	29,717	137,946	432,681	68
69 ELECTROCARDIOLOGY	1,508,437	154,860	338,260	71,367	293,091	69
70 ELECTROENCEPHALOGRAPHY	2,220,042	283,645	138,450	94,274	277,608	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,158,404	109,259	25,408	28,505	175,032	71
73 DRUGS CHARGED TO PATIENTS	23,007,932	245,228	81,641	390,066	1,070,877	73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS	1,522,686	4,405	3,261	17,800	43,304	74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY	4,331,393	619,280	4,998	194,923	695,895	76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	10,287,809	832,242	126,372	550,350	1,635,649	90
90.01 OFFSITE CLINICS	14,576,327	2,058,936	322,063	620,835	2,218,082	90.01
91 EMERGENCY	8,351,979	497,321	33,344	388,800	1,098,578	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	2,267,378	10,358	65,275	137,952	265,028	95
99.10 CORP						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	669,716	3,135	559	5,576	15,120	105
106 HEART ACQUISITION	753,384	2,421	355	7,366	21,894	106
107 LIVER ACQUISITION	887,685	3,413	688	8,336	20,926	107
110 INTESTINAL ACQUISITION	420,117	1,191	187	19,483	8,588	110
118 SUBTOTALS (SUM OF LINES 1-117)	445,792,619	18,711,870	20,173,617	12,485,456	35,815,061	118
NONREIMBURSABLE COST CENTERS						

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	EMPLOYEE BENEFITS FTE BASED 4.01	
191 RESEARCH	35,244,860	2,939,913	1,110,220	1,164,532	847,097	191
192 PHYSICIANS' PRIVATE OFFICES	1,357,788	111,601	19,813	46,605	132,453	192
192.01 OFFSITE FACILITIES						192.01
193.01 ENDOWMENTS & OTHER SERVICES						193.01
193.02 NON-REIMBURSABLE CLINICS						193.02
194 ENDOWMENTS & OTHER SERVICES	16,812,291			241,480	3,592,211	194
194.01 NON-REIMBURSABLE CLINICS	4,494,355	836,488	365,069	244,268	977,978	194.01
194.02 KOHL HOUSE	20,438					194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	503,722,351	22,599,872	21,668,719	14,182,341	41,364,800	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SUBTOTAL (COLS. 0-4) 4A	ADMIN + GENERAL 5.01	ADMIN + GENERAL OTHER 5.02	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 EMPLOYEE BENEFITS FTE BASED						4.01
5.01 ADMINISTRATION & GENERAL	85,809,024	85,809,024				5.01
5.02 ADMIN & GENERAL	4,196,956	861,748	5,058,704			5.02
5.03 ADMIN & GEN-CMRC						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	24,639,341	5,059,122		29,698,463		7
8 LAUNDRY & LINEN SERVICE	1,658,506	340,536		107,209	2,106,251	8
9 HOUSEKEEPING	5,974,482	1,226,722		81,335		9
10 DIETARY	1,400,864	287,635		551,447		10
11 CAFETERIA	2,593,168	532,447		179,656		11
12 MAINTENANCE OF PERSONNEL						12
12.01 VOLUNTEERS	476,899	97,920		66,907		12.01
13 NURSING ADMINISTRATION	6,346,736	1,303,156		365,217		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	3,584,739	736,044		579,695		16
17 SOCIAL SERVICE	6,514,530	1,337,609		528,739		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	4,474,509	918,738				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	8,052,210	1,653,336		194,815		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	40,553,780	8,326,786		3,021,758	581,679	30
31 INTENSIVE CARE UNIT	18,205,699	3,738,122		1,263,617	230,728	31
31.01 NEONATOLOGY	14,863,762	3,051,932		724,284	43,546	31.01
40 SUBPROVIDER - IPF	2,747,345	564,104				40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	36,309,756	7,455,373		2,850,504	323,576	50
51 RECOVERY ROOM	2,188,292	449,315		113,906	79,609	51
53 ANESTHESIOLOGY	3,874,907	795,623		192,075		53
54 RADIOLOGY-DIAGNOSTIC	6,815,852	1,399,478		903,514	76,047	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,321,503	271,340		134,909	5,346	57
58 MAGNETIC RESONANCE IMAGING (MRI)	2,098,317	430,841		225,559	56,361	58
59 CARDIAC CATHETERIZATION	7,708,990	1,582,864		287,473	24,510	59
60 LABORATORY	32,435,293	6,659,841		2,766,003	17,926	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	9,620,428	1,975,334		295,388		65
66 PHYSICAL THERAPY	5,232,561	1,074,386		688,609	165,292	66
67 OCCUPATIONAL THERAPY	943,265	193,678				67
68 SPEECH PATHOLOGY	4,216,028	865,664		209,182	11,104	68
69 ELECTROCARDIOLOGY	2,366,015	485,807		237,552	69,008	69
70 ELECTROENCEPHALOGRAPHY	3,014,019	618,859		435,106	32,333	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,496,608	307,294		167,602	43,018	71
73 DRUGS CHARGED TO PATIENTS	24,795,744	5,091,236		376,175	5,310	73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS	1,591,456	326,769		6,758		74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY	5,846,489	1,200,442		949,965		76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	13,432,422	2,758,039		1,276,645	43,070	90
90.01 OFFSITE CLINICS	19,796,243	4,064,703		3,158,372	157,510	90.01
91 EMERGENCY	10,370,022	2,129,246		762,882	140,278	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	2,745,991	563,826		15,890		95
99.10 CORP						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	694,106	142,519		4,809		105
106 HEART ACQUISITION	785,420	161,268		3,714		106
107 LIVER ACQUISITION	921,048	189,116		5,236		107
110 INTESTINAL ACQUISITION	449,566	92,308		1,826		110
118 SUBTOTALS (SUM OF LINES 1-117)	433,162,891	71,321,126		23,734,333	2,106,251	118
NONREIMBURSABLE COST CENTERS						
191 RESEARCH	41,306,622	8,481,500	5,058,704	4,509,778		191

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SUBTOTAL (COLS. 0-4) 4A	ADMIN + GENERAL 5.01	ADMIN + GENERAL OTHER 5.02	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	
192 PHYSICIANS' PRIVATE OFFICES	1,668,260	342,539		171,193		192
192.01 OFFSITE FACILITIES						192.01
193.01 ENDOWMENTS & OTHER SERVICES						193.01
193.02 NON-REIMBURSABLE CLINICS						193.02
194 ENDOWMENTS & OTHER SERVICES	20,645,982	4,239,178				194
194.01 NON-REIMBURSABLE CLINICS	6,918,158	1,420,485		1,283,159		194.01
194.02 KOHL HOUSE	20,438	4,196				194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	503,722,351	85,809,024	5,058,704	29,698,463	2,106,251	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING 9	DIETARY 10	CAFETERIA 11	VOLUNTEERS 12.01	NURSING ADMINIS-TRATION 13	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 EMPLOYEE BENEFITS FTE BASED						4.01
5.01 ADMINISTRATION & GENERAL						5.01
5.02 ADMIN & GENERAL						5.02
5.03 ADMIN & GEN-CMRC						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	7,282,539					9
10 DIETARY	23,940	2,263,886				10
11 CAFETERIA	74,252		3,379,523			11
12 MAINTENANCE OF PERSONNEL						12
12.01 VOLUNTEERS	11,949		6,469	660,144		12.01
13 NURSING ADMINISTRATION	117,730		63,853		8,196,692	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	150,098		47,568			16
17 SOCIAL SERVICES	85,992		33,681	211,438	9,247	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	368,158		512			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			4,995			22
23 PARAMED ED PRGM- (SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	806,418	1,621,372	497,731	118,449	2,680,380	30
31 INTENSIVE CARE UNIT	389,960	76,719	207,331	10,745	1,204,819	31
31.01 NEONATOLOGY	316,169	155,044	170,628	73,177	987,741	31.01
40 SUBPROVIDER - IPF		280,532	39,276	9,218	83,824	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	737,784		268,199	19,734	588,756	50
51 RECOVERY ROOM	50,857		23,665	14,716	137,402	51
53 ANESTHESIOLOGY	36,560		18,121		19,876	53
54 RADIOLOGY-DIAGNOSTIC	158,567		62,429			54
57 COMPUTED TOMOGRAPHY (CT) SCAN	22,850		11,402			57
58 MAGNETIC RESONANCE IMAGING (MRI)	19,831		11,427			58
59 CARDIAC CATHETERIZATION	64,693		37,278		85,380	59
60 LABORATORY	623,031	11,136	277,952	3,873	5,271	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	174,289		99,120		86	65
66 PHYSICAL THERAPY	193,743		67,637	26,116		66
67 OCCUPATIONAL THERAPY			3,234			67
68 SPEECH PATHOLOGY	49,935		44,671	2,553		68
69 ELECTROCARDIOLOGY	25,449		30,259		2,074	69
70 ELECTROENCEPHALOGRAPHY	54,169		28,661		4,753	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	36,979		18,071			71
73 DRUGS CHARGED TO PATIENTS	196,343		110,559	1,800		73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS		25,595	4,471		26,098	74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY	327,447		71,845	19,865	16,851	76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	199,403	72,647	168,867	100,624	752,342	90
90.01 OFFSITE CLINICS	477,084		228,998	6,447	285,261	90.01
91 EMERGENCY	244,474	20,841	113,419	21,665	499,747	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	48,845		27,362		117,008	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	2,222		1,561		4,321	105
106 HEART ACQUISITION	1,719		2,260		8,123	106
107 LIVER ACQUISITION	2,432		2,160		8,814	107
110 INTESTINAL ACQUISITION	839		887		1,642	110
118 SUBTOTALS (SUM OF LINES 1-117)	6,094,211	2,263,886	2,806,559	640,420	7,529,816	118
NONREIMBURSABLE COST CENTERS						
191 RESEARCH	951,778		87,456	18,491		191

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	VOLUNTEERS	NURSING ADMINIS-TRATION	
	9	10	11	12.01	13	
192 PHYSICIANS' PRIVATE OFFICES	19,496		13,675		35,690	192
192.01 OFFSITE FACILITIES						192.01
193.01 ENDOWMENTS & OTHER SERVICES						193.01
193.02 NON-REIMBURSABLE CLINICS						193.02
194 ENDOWMENTS & OTHER SERVICES			370,865		180,351	194
194.01 NON-REIMBURSABLE CLINICS	217,054		100,968		450,835	194.01
194.02 KOHL HOUSE				1,233		194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	7,282,539	2,263,886	3,379,523	660,144	8,196,692	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	SUBTOTAL 24	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 EMPLOYEE BENEFITS FTE BASED						4.01
5.01 ADMINISTRATION & GENERAL						5.01
5.02 ADMIN & GENERAL						5.02
5.03 ADMIN & GEN-CMRC						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
12.01 VOLUNTEERS						12.01
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	5,098,144					16
17 SOCIAL SERVICE		8,721,236				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			5,761,917			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				9,905,356		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,506,502	3,305,348	1,211,788	2,083,195	66,315,186	30
31 INTENSIVE CARE UNIT	411,930	270,358	408,811	702,790	27,121,629	31
31.01 NEONATOLOGY	451,186	357,571	171,579	294,962	21,661,581	31.01
40 SUBPROVIDER - IPF					3,724,299	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	237,574		618,708	1,063,626	50,473,590	50
51 RECOVERY ROOM					3,057,762	51
53 ANESTHESIOLOGY			560,864	964,186	6,462,212	53
54 RADIOLOGY-DIAGNOSTIC			210,629	362,094	9,988,610	54
57 COMPUTED TOMOGRAPHY (CT) SCAN					1,767,350	57
58 MAGNETIC RESONANCE IMAGING (MRI)					2,842,336	58
59 CARDIAC CATHETERIZATION			79,566	136,782	10,007,536	59
60 LABORATORY			495,699	852,159	44,148,184	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY			74,196	127,551	12,366,392	65
66 PHYSICAL THERAPY					7,448,344	66
67 OCCUPATIONAL THERAPY					1,140,177	67
68 SPEECH PATHOLOGY					5,399,137	68
69 ELECTROCARDIOLOGY			120,081	206,432	3,542,677	69
70 ELECTROENCEPHALOGRAPHY			127,891	219,858	4,535,649	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					2,069,572	71
73 DRUGS CHARGED TO PATIENTS					30,577,167	73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS			69,803	119,999	2,170,949	74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY			203,795	350,346	8,987,045	76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,908,744	4,177,472	203,551	349,927	25,443,753	90
90.01 OFFSITE CLINICS			182,806	314,263	28,671,687	90.01
91 EMERGENCY	379,812	610,487	672,159	1,155,513	17,120,545	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES					3,518,922	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION					849,538	105
106 HEART ACQUISITION					962,504	106
107 LIVER ACQUISITION					1,128,806	107
110 INTESTINAL ACQUISITION					547,068	110
118 SUBTOTALS (SUM OF LINES 1-117)	4,895,748	8,721,236	5,411,926	9,303,683	404,050,207	118
NONREIMBURSABLE COST CENTERS						
191 RESEARCH					60,414,329	191

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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	SUBTOTAL 24	
192	PHYSICIANS' PRIVATE OFFICES			26,603	45,734	2,323,190	192
192.01	OFFSITE FACILITIES						192.01
193.01	ENDOWMENTS & OTHER SERVICES						193.01
193.02	NON-REIMBURSABLE CLINICS						193.02
194	ENDOWMENTS & OTHER SERVICES	202,396				25,638,772	194
194.01	NON-REIMBURSABLE CLINICS			323,388	555,939	11,269,986	194.01
194.02	KOHL HOUSE					25,867	194.02
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	5,098,144	8,721,236	5,761,917	9,905,356	503,722,351	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	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
4.01 EMPLOYEE BENEFITS PTE BASED			4.01
5.01 ADMINISTRATION & GENERAL			5.01
5.02 ADMIN & GENERAL			5.02
5.03 ADMIN & GEN-CMRC			5.03
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
12.01 VOLUNTEERS			12.01
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE			17
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SRVCES-SALARY & FRINGES APPRVD			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED PRGM-(SPECIFY)			23
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	-3,294,983	63,020,203	30
31 INTENSIVE CARE UNIT	-1,111,601	26,010,028	31
31.01 NEONATOLOGY	-466,541	21,195,040	31.01
40 SUBPROVIDER - IPF		3,724,299	40
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	-1,682,334	48,791,256	50
51 RECOVERY ROOM		3,057,762	51
53 ANESTHESIOLOGY	-1,525,050	4,937,162	53
54 RADIOLOGY-DIAGNOSTIC	-572,723	9,415,887	54
57 COMPUTED TOMOGRAPHY (CT) SCAN		1,767,350	57
58 MAGNETIC RESONANCE IMAGING (MRI)		2,842,336	58
59 CARDIAC CATHETERIZATION	-216,348	9,791,188	59
60 LABORATORY	-1,347,858	42,800,326	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS			62.30
65 RESPIRATORY THERAPY	-201,747	12,164,645	65
66 PHYSICAL THERAPY		7,448,344	66
67 OCCUPATIONAL THERAPY		1,140,177	67
68 SPEECH PATHOLOGY		5,399,137	68
69 ELECTROCARDIOLOGY	-326,513	3,216,164	69
70 ELECTROENCEPHALOGRAPHY	-347,749	4,187,900	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		2,069,572	71
73 DRUGS CHARGED TO PATIENTS		30,577,167	73
73.01 OUTPATIENT PHARMACY			73.01
74 RENAL DIALYSIS	-189,802	1,981,147	74
75.01 PSYCHIATRY			75.01
76 PSYCHIATRY	-554,141	8,432,904	76
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	-553,478	24,890,275	90
90.01 OFFSITE CLINICS	-497,069	28,174,618	90.01
91 EMERGENCY	-1,827,672	15,292,873	91
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
95 AMBULANCE SERVICES		3,518,922	95
99.10 CORP			99.10
99.20 OUTPATIENT PHYSICAL THERAPY			99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40 OUTPATIENT SPEECH PATHOLOGY			99.40
SPECIAL PURPOSE COST CENTERS			
105 KIDNEY ACQUISITION		849,538	105
106 HEART ACQUISITION		962,504	106
107 LIVER ACQUISITION		1,128,806	107
110 INTESTINAL ACQUISITION		547,068	110
118 SUBTOTALS (SUM OF LINES 1-117)	-14,715,609	389,334,598	118
NONREIMBURSABLE COST CENTERS			
191 RESEARCH		60,414,329	191

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
192 PHYSICIANS' PRIVATE OFFICES	-72,337	2,250,853	192
192.01 OFFSITE FACILITIES			192.01
193.01 ENDOWMENTS & OTHER SERVICES			193.01
193.02 NON-REIMBURSABLE CLINICS			193.02
194 ENDOWMENTS & OTHER SERVICES		25,638,772	194
194.01 NON-REIMBURSABLE CLINICS	-879,327	10,390,659	194.01
194.02 KOHL HOUSE		25,867	194.02
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 TOTAL (SUM OF LINES 118-201)	-15,667,273	488,055,078	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 FTE BASED 4.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 EMPLOYEE BENEFITS FTE BASED		154,463	882,116	1,036,579	1,036,579	4.01
5.01 ADMINISTRATION & GENERAL		1,953,169	9,540,228	11,493,397	139,209	5.01
5.02 ADMIN & GENERAL		364,448	23,950	388,398	615	5.02
5.03 ADMIN & GEN-CMRC						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		561,734	1,804,680	2,366,414	36,596	7
8 LAUNDRY & LINEN SERVICE		69,889		69,889		8
9 HOUSEKEEPING		53,022	6,296	59,318	26,123	9
10 DIETARY		359,487	55,347	414,834	2,640	10
11 CAFETERIA		117,117	14,940	132,057	11,097	11
12 MAINTENANCE OF PERSONNEL						12
12.01 VOLUNTEERS		43,616	22	43,638	1,570	12.01
13 NURSING ADMINISTRATION		238,084	651,287	889,371	15,499	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		377,902	12,637	390,539	11,546	16
17 SOCIAL SERVICE		344,684	6,703	351,387	8,175	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		126,999	1,059	128,058	124	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					1,212	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		1,972,735	250,282	2,223,017	120,813	30
31 INTENSIVE CARE UNIT		823,749	180,596	1,004,345	50,325	31
31.01 NEONATOLOGY		472,159	136,286	608,445	41,416	31.01
40 SUBPROVIDER - IPF		202,842	4,896	207,738	9,533	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		1,858,237	1,436,224	3,294,461	65,099	50
51 RECOVERY ROOM		74,255	2,442	76,697	5,744	51
53 ANESTHESIOLOGY		125,213	36,209	161,422	4,398	53
54 RADIOLOGY-DIAGNOSTIC		588,999	1,020,518	1,609,517	15,153	54
57 COMPUTED TOMOGRAPHY (CT) SCAN		87,947	245,635	333,582	2,768	57
58 MAGNETIC RESONANCE IMAGING (MRI)		147,041	706,596	853,637	2,774	58
59 CARDIAC CATHETERIZATION		187,403	1,144,889	1,332,292	9,048	59
60 LABORATORY		1,803,151	709,597	2,512,748	67,466	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY		192,563	116,521	309,084	24,059	65
66 PHYSICAL THERAPY		448,903	13,083	461,986	16,417	66
67 OCCUPATIONAL THERAPY					785	67
68 SPEECH PATHOLOGY		136,365	29,717	166,082	10,843	68
69 ELECTROCARDIOLOGY		154,860	338,260	493,120	7,345	69
70 ELECTROENCEPHALOGRAPHY		283,645	138,450	422,095	6,957	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		109,259	25,408	134,667	4,386	71
73 DRUGS CHARGED TO PATIENTS		245,228	81,641	326,869	26,836	73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS		4,405	3,261	7,666	1,085	74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY		619,280	4,998	624,278	17,439	76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		832,242	126,372	958,614	40,988	90
90.01 OFFSITE CLINICS		2,058,936	322,063	2,380,999	55,584	90.01
91 EMERGENCY		497,321	33,344	530,665	27,530	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES		10,358	65,275	75,633	6,641	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		3,135	559	3,694	379	105
106 HEART ACQUISITION		2,421	355	2,776	549	106
107 LIVER ACQUISITION		3,413	688	4,101	524	107
110 INTESTINAL ACQUISITION		1,191	187	1,378	215	110
118 SUBTOTALS (SUM OF LINES 1-117)		18,711,870	20,173,617	38,885,487	897,505	118
NONREIMBURSABLE COST CENTERS						
191 RESEARCH		2,939,913	1,110,220	4,050,133	21,228	191

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 FTE BASED 4.01	
192 PHYSICIANS' PRIVATE OFFICES		111,601	19,813	131,414	3,319	192
192.01 OFFSITE FACILITIES						192.01
193.01 ENDOWMENTS & OTHER SERVICES						193.01
193.02 NON-REIMBURSABLE CLINICS						193.02
194 ENDOWMENTS & OTHER SERVICES					90,019	194
194.01 NON-REIMBURSABLE CLINICS		836,488	365,069	1,201,557	24,508	194.01
194.02 KOHL HOUSE						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		22,599,872	21,668,719	44,268,591	1,036,579	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	ADMIN + GENERAL 5.01	ADMIN + GENERAL OTHER 5.02	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
4.01 EMPLOYEE BENEFITS FTE BASED						4.01
5.01 ADMINISTRATION & GENERAL	11,632,606					5.01
5.02 ADMIN & GENERAL	116,822	505,835				5.02
5.03 ADMIN & GEN-CMRC						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	685,836		3,088,846			7
8 LAUNDRY & LINEN SERVICE	46,165		11,150	127,204		8
9 HOUSEKEEPING	166,300		8,459		260,200	9
10 DIETARY	38,993		57,354		855	10
11 CAFETERIA	72,181		18,685		2,653	11
12 MAINTENANCE OF PERSONNEL						12
12.01 VOLUNTEERS	13,274		6,959		427	12.01
13 NURSING ADMINISTRATION	176,661		37,985		4,206	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	99,781		60,292		5,363	16
17 SOCIAL SERVICE	181,332		54,993		3,072	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	124,548				13,154	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	224,133		20,262			22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,128,814		314,284	35,126	28,813	30
31 INTENSIVE CARE UNIT	506,756		131,425	13,935	13,933	31
31.01 NEONATOLOGY	413,733		75,331	2,630	11,297	31.01
40 SUBPROVIDER - IPF	76,472					40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,010,682		296,472	19,542	26,360	50
51 RECOVERY ROOM	60,911		11,847	4,808	1,817	51
53 ANESTHESIOLOGY	107,858		19,977		1,306	53
54 RADIOLOGY-DIAGNOSTIC	189,719		93,972	4,593	5,665	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	36,784		14,031	323	816	57
58 MAGNETIC RESONANCE IMAGING (MRI)	58,407		23,460	3,404	709	58
59 CARDIAC CATHETERIZATION	214,580		29,899	1,480	2,311	59
60 LABORATORY	902,836		287,683	1,083	22,260	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	267,785		30,722		6,227	65
66 PHYSICAL THERAPY	145,648		71,620	9,983	6,922	66
67 OCCUPATIONAL THERAPY	26,256					67
68 SPEECH PATHOLOGY	117,353		21,756	671	1,784	68
69 ELECTROCARDIOLOGY	65,858		24,707	4,168	909	69
70 ELECTROENCEPHALOGRAPHY	83,895		45,254	1,953	1,935	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	41,658		17,432	2,598	1,321	71
73 DRUGS CHARGED TO PATIENTS	690,190		39,125	321	7,015	73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS	44,298		703			74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY	162,737		98,803		11,699	76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	373,891		132,780	2,601	7,125	90
90.01 OFFSITE CLINICS	551,028		328,493	9,513	17,046	90.01
91 EMERGENCY	288,650		79,345	8,472	8,735	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	76,435		1,653		1,745	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	19,320		500		79	105
106 HEART ACQUISITION	21,862		386		61	106
107 LIVER ACQUISITION	25,637		545		87	107
110 INTESTINAL ACQUISITION	12,514		190		30	110
118 SUBTOTALS (SUM OF LINES 1-117)	9,668,593		2,468,534	127,204	217,737	118
NONREIMBURSABLE COST CENTERS						
191 RESEARCH	1,149,760	505,835	469,050		34,011	191

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	ADMIN + GENERAL 5.01	ADMIN + GENERAL OTHER 5.02	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9		
192 PHYSICIANS' PRIVATE OFFICES	46,436		17,805		697	192	192
192.01 OFFSITE FACILITIES						192.01	192.01
193.01 ENDOWMENTS & OTHER SERVICES						193.01	193.01
193.02 NON-REIMBURSABLE CLINICS						193.02	193.02
194 ENDOWMENTS & OTHER SERVICES	574,681					194	194
194.01 NON-REIMBURSABLE CLINICS	192,567		133,457		7,755	194.01	194.01
194.02 KOHL HOUSE	569					194.02	194.02
200 CROSS FOOT ADJUSTMENTS						200	200
201 NEGATIVE COST CENTER						201	201
202 TOTAL (SUM OF LINES 118-201)	11,632,606	505,835	3,088,846	127,204	260,200	202	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	VOLUNTEERS	NURSING ADMINIS-TRATION	MEDICAL RECORDS & LIBRARY	
	10	11	12.01	13	16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 EMPLOYEE BENEFITS PTE BASED						4.01
5.01 ADMINISTRATION & GENERAL						5.01
5.02 ADMIN & GENERAL						5.02
5.03 ADMIN & GEN-CMRC						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	514,676					10
11 CAFETERIA		236,673				11
12 MAINTENANCE OF PERSONNEL						12
12.01 VOLUNTEERS		453	66,321			12.01
13 NURSING ADMINISTRATION		4,472		1,128,194		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		3,331			570,852	16
17 SOCIAL SERVICE		2,359	21,240	1,273		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		36				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		350				22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	368,605	34,857	11,900	368,929	168,687	30
31 INTENSIVE CARE UNIT	17,441	14,520	1,080	165,831	46,125	31
31.01 NEONATOLOGY	35,248	11,949	7,352	135,953	50,520	31.01
40 SUBPROVIDER - IPF	63,777	2,751	926	11,538		40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		18,782	1,983	81,036	26,602	50
51 RECOVERY ROOM		1,657	1,478	18,912		51
53 ANESTHESIOLOGY		1,269		2,736		53
54 RADIOLOGY-DIAGNOSTIC		4,372				54
57 COMPUTED TOMOGRAPHY (CT) SCAN		798				57
58 MAGNETIC RESONANCE IMAGING (MRI)		800				58
59 CARDIAC CATHETERIZATION		2,611		11,752		59
60 LABORATORY	2,532	19,465	389	726		60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY		6,942		12		65
66 PHYSICAL THERAPY		4,737	2,624			66
67 OCCUPATIONAL THERAPY		227				67
68 SPEECH PATHOLOGY		3,128	256			68
69 ELECTROCARDIOLOGY		2,119		285		69
70 ELECTROENCEPHALOGRAPHY		2,007		654		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		1,266				71
73 DRUGS CHARGED TO PATIENTS		7,743	181			73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS	5,819	313		3,592		74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY		5,031	1,996	2,319		76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	16,516	11,826	10,109	103,552	213,727	90
90.01 OFFSITE CLINICS		16,037	648	39,263		90.01
91 EMERGENCY	4,738	7,943	2,177	68,785	42,528	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES		1,916		16,105		95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		109		595		105
106 HEART ACQUISITION		158		1,118		106
107 LIVER ACQUISITION		151		1,213		107
110 INTESTINAL ACQUISITION		62		226		110
118 SUBTOTALS (SUM OF LINES 1-117)	514,676	196,547	64,339	1,036,405	548,189	118
NONREIMBURSABLE COST CENTERS						
191 RESEARCH		6,125	1,858			191

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIETARY 10	CAFETERIA 11	VOLUNTEERS 12.01	NURSING ADMINIS- TRATION 13	MEDICAL RECORDS & LIBRARY 16	
192 PHYSICIANS' PRIVATE OFFICES		958		4,912		192
192.01 OFFSITE FACILITIES						192.01
193.01 ENDOWMENTS & OTHER SERVICES						193.01
193.02 NON-REIMBURSABLE CLINICS						193.02
194 ENDOWMENTS & OTHER SERVICES		25,972		24,824	22,663	194
194.01 NON-REIMBURSABLE CLINICS		7,071		62,053		194.01
194.02 KOHL HOUSE			124			194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	514,676	236,673	66,321	1,128,194	570,852	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS
	17	21	22	24	25
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
4.01 EMPLOYEE BENEFITS FTE BASED					4.01
5.01 ADMINISTRATION & GENERAL					5.01
5.02 ADMIN & GENERAL					5.02
5.03 ADMIN & GEN-CMRC					5.03
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
12.01 VOLUNTEERS					12.01
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE	623,831				17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD		265,920			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			245,957		22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	236,432			5,040,277	30
31 INTENSIVE CARE UNIT	19,339			1,985,055	31
31.01 NEONATOLOGY	25,577			1,419,451	31.01
40 SUBPROVIDER - IPF				372,735	40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM				4,841,019	50
51 RECOVERY ROOM				183,871	51
53 ANESTHESIOLOGY				298,966	53
54 RADIOLOGY-DIAGNOSTIC				1,922,991	54
57 COMPUTED TOMOGRAPHY (CT) SCAN				389,102	57
58 MAGNETIC RESONANCE IMAGING (MRI)				943,191	58
59 CARDIAC CATHETERIZATION				1,603,973	59
60 LABORATORY				3,817,188	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS					62.30
65 RESPIRATORY THERAPY				644,831	65
66 PHYSICAL THERAPY				719,937	66
67 OCCUPATIONAL THERAPY				27,268	67
68 SPEECH PATHOLOGY				321,873	68
69 ELECTROCARDIOLOGY				598,511	69
70 ELECTROENCEPHALOGRAPHY				564,750	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				203,328	71
73 DRUGS CHARGED TO PATIENTS				1,098,280	73
73.01 OUTPATIENT PHARMACY					73.01
74 RENAL DIALYSIS				63,476	74
75.01 PSYCHIATRY					75.01
76 PSYCHIATRY				924,302	76
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	298,815			2,170,544	90
90.01 OFFSITE CLINICS				3,398,611	90.01
91 EMERGENCY	43,668			1,113,236	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES				180,128	95
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
105 KIDNEY ACQUISITION				24,676	105
106 HEART ACQUISITION				26,910	106
107 LIVER ACQUISITION				32,258	107
110 INTESTINAL ACQUISITION				14,615	110
118 SUBTOTALS (SUM OF LINES 1-117)	623,831			34,945,353	118
NONREIMBURSABLE COST CENTERS					
191 RESEARCH				6,238,000	191

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	SOCIAL SERVICE 17	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25
192 PHYSICIANS' PRIVATE OFFICES				205,541	192
192.01 OFFSITE FACILITIES					192.01
193.01 ENDOWMENTS & OTHER SERVICES					193.01
193.02 NON-REIMBURSABLE CLINICS					193.02
194 ENDOWMENTS & OTHER SERVICES				738,159	194
194.01 NON-REIMBURSABLE CLINICS				1,628,968	194.01
194.02 KOHL HOUSE				693	194.02
200 CROSS FOOT ADJUSTMENTS		265,920	245,957	511,877	200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	623,831	265,920	245,957	44,268,591	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS		4
4.01	EMPLOYEE BENEFITS FTE BASED		4.01
5.01	ADMINISTRATION & GENERAL		5.01
5.02	ADMIN & GENERAL		5.02
5.03	ADMIN & GEN-CMRC		5.03
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
12.01	VOLUNTEERS		12.01
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SRVCES-SALARY & FRINGES APPRVD		21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(SPECIFY)		23
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	5,040,277	30
31	INTENSIVE CARE UNIT	1,985,055	31
31.01	NEONATOLOGY	1,419,451	31.01
40	SUBPROVIDER - IPF	372,735	40
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	4,841,019	50
51	RECOVERY ROOM	183,871	51
53	ANESTHESIOLOGY	298,966	53
54	RADIOLOGY-DIAGNOSTIC	1,922,991	54
57	COMPUTED TOMOGRAPHY (CT) SCAN	389,102	57
58	MAGNETIC RESONANCE IMAGING (MRI)	943,191	58
59	CARDIAC CATHETERIZATION	1,603,973	59
60	LABORATORY	3,817,188	60
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS		62.30
65	RESPIRATORY THERAPY	644,831	65
66	PHYSICAL THERAPY	719,937	66
67	OCCUPATIONAL THERAPY	27,268	67
68	SPEECH PATHOLOGY	321,873	68
69	ELECTROCARDIOLOGY	598,511	69
70	ELECTROENCEPHALOGRAPHY	564,750	70
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	203,328	71
73	DRUGS CHARGED TO PATIENTS	1,098,280	73
73.01	OUTPATIENT PHARMACY		73.01
74	RENAL DIALYSIS	63,476	74
75.01	PSYCHIATRY		75.01
76	PSYCHIATRY	924,302	76
76.97	CARDIAC REHABILITATION		76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
90	CLINIC	2,170,544	90
90.01	OFFSITE CLINICS	3,398,611	90.01
91	EMERGENCY	1,113,236	91
92	OBSERVATION BEDS		92
OTHER REIMBURSABLE COST CENTERS			
95	AMBULANCE SERVICES	180,128	95
99.10	CORF		99.10
99.20	OUTPATIENT PHYSICAL THERAPY		99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY		99.30
99.40	OUTPATIENT SPEECH PATHOLOGY		99.40
SPECIAL PURPOSE COST CENTERS			
105	KIDNEY ACQUISITION	24,676	105
106	HEART ACQUISITION	26,910	106
107	LIVER ACQUISITION	32,258	107
110	INTESTINAL ACQUISITION	14,615	110
118	SUBTOTALS (SUM OF LINES 1-117)	34,945,353	118
NONREIMBURSABLE COST CENTERS			
191	RESEARCH	6,238,000	191

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

COST CENTER DESCRIPTION	TOTAL	
	26	
192 PHYSICIANS' PRIVATE OFFICES	205,541	192
192.01 OFFSITE FACILITIES		192.01
193.01 ENDOWMENTS & OTHER SERVICES		193.01
193.02 NON-REIMBURSABLE CLINICS		193.02
194 ENDOWMENTS & OTHER SERVICES	738,159	194
194.01 NON-REIMBURSABLE CLINICS	1,628,968	194.01
194.02 KOHL HOUSE	693	194.02
200 CROSS FOOT ADJUSTMENTS	511,877	200
201 NEGATIVE COST CENTER		201
202 TOTAL (SUM OF LINES 118-201)	44,268,591	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	EMPLOYEE BENEFITS FTE BASED FTES	RECON-CILIATION	
	1	2	4	4.01	5A.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	569,449					1
2 CAP REL COSTS-MVBLE EQUIP		23,971,225				2
4 EMPLOYEE BENEFITS			236,864,842			4
4.01 EMPLOYEE BENEFITS FTE BASED	3,892	975,849	4,306,849	341,965		4.01
5.01 ADMINISTRATION & GENERAL	49,214	10,553,966	32,525,229	45,924	-85,809,024	5.01
5.02 ADMIN & GENERAL	9,183	26,495	2,869,192	203		5.02
5.03 ADMIN & GEN-CMRC						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	14,154	1,996,445	6,585,967	12,073		7
8 LAUNDRY & LINEN SERVICE	1,761					8
9 HOUSEKEEPING	1,336	6,965	2,366,174	8,618		9
10 DIETARY	9,058	61,228	625,374	871		10
11 CAFETERIA	2,951	16,527	995,869	3,661		11
12 MAINTENANCE OF PERSONNEL						12
12.01 VOLUNTEERS	1,099	24	275,483	518		12.01
13 NURSING ADMINISTRATION	5,999	720,492	3,678,796	5,113		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	9,522	13,980	1,668,101	3,809		16
17 SOCIAL SERVICE	8,685	7,415	4,125,238	2,697		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	3,200	1,172	3,805,356	41		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			6,996,675	400		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	49,707	276,877	27,532,839	39,856		30
31 INTENSIVE CARE UNIT	20,756	199,786	11,572,012	16,602		31
31.01 NEONATOLOGY	11,897	150,768	10,354,651	13,663		31.01
40 SUBPROVIDER - IPF	5,111	5,416	1,894,479	3,145		40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	46,822	1,588,837	11,252,544	21,476		50
51 RECOVERY ROOM	1,871	2,702	1,584,036	1,895		51
53 ANESTHESIOLOGY	3,155	40,057	754,724	1,451		53
54 RADIOLOGY-DIAGNOSTIC	14,841	1,128,958	2,963,167	4,999		54
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,216	271,736	614,660	913		57
58 MAGNETIC RESONANCE IMAGING (MRI)	3,705	781,679	706,710	915		58
59 CARDIAC CATHETERIZATION	4,722	1,266,544	3,059,400	2,985		59
60 LABORATORY	45,434	784,998	12,177,803	22,257		60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	4,852	128,903	4,613,978	7,937		65
66 PHYSICAL THERAPY	11,311	14,473	3,175,025	5,416		66
67 OCCUPATIONAL THERAPY			791,378	259		67
68 SPEECH PATHOLOGY	3,436	32,875	2,303,904	3,577		68
69 ELECTROCARDIOLOGY	3,902	374,203	1,191,928	2,423		69
70 ELECTROENCEPHALOGRAPHY	7,147	153,162	1,574,511	2,295		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	2,753	28,108	476,071	1,447		71
73 DRUGS CHARGED TO PATIENTS	6,179	90,316	6,514,671	8,853		73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS	111	3,608	297,281	358		74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY	15,604	5,529	3,255,507	5,753		76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	20,970	139,800	9,191,645	13,522		90
90.01 OFFSITE CLINICS	51,879	356,285	10,368,854	18,337		90.01
91 EMERGENCY	12,531	36,887	6,493,521	9,082		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	261	72,211	2,303,996	2,191		95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	79	618	93,130	125		105
106 HEART ACQUISITION	61	393	123,030	181		106
107 LIVER ACQUISITION	86	761	139,227	173		107
110 INTESTINAL ACQUISITION	30	207	325,394	71		110
118 SUBTOTALS (SUM OF LINES 1-117)	471,483	22,317,255	208,524,379	296,085	-85,809,024	118
NONREIMBURSABLE COST CENTERS						

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COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	EMPLOYEE BENEFITS FTE BASED FTES	RECON- CILIATION SA.01
		1	2	4	4.01	
191	RESEARCH	74,077	1,228,191	19,449,381	7,003	191
192	PHYSICIANS' PRIVATE OFFICES	2,812	21,918	778,373	1,095	192
192.01	OFFSITE FACILITIES					192.01
193.01	ENDOWMENTS & OTHER SERVICES					193.01
193.02	NON-REIMBURSABLE CLINICS					193.02
194	ENDOWMENTS & OTHER SERVICES			4,033,069	29,697	194
194.01	NON-REIMBURSABLE CLINICS	21,077	403,861	4,079,640	8,085	194.01
194.02	KOHL HOUSE					194.02
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	COST TO BE ALLOC PER B PT I	22,599,872	21,668,719	14,182,341	41,364,800	202
203	UNIT COST MULT-WS B PT I	39.687263	0.903947	0.059875	120.962087	203
204	COST TO BE ALLOC PER B PT II				1,036,579	204
205	UNIT COST MULT-WS B PT II				3.031243	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMIN + GENERAL  ACCUM COST 5.01	ADMIN + GENERAL OTHER DIRECT COST 5.02	OPERATION OF PLANT  SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING  HOURS OF SERVICE 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 EMPLOYEE BENEFITS FTE BASED						4.01
5.01 ADMINISTRATION & GENERAL	417,913,327					5.01
5.02 ADMIN & GENERAL	4,196,956	100				5.02
5.03 ADMIN & GEN-CMRC						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	24,639,341		487,823			7
8 LAUNDRY & LINEN SERVICE	1,658,506		1,761	1,927,891		8
9 HOUSEKEEPING	5,974,482		1,336		173,697	9
10 DIETARY	1,400,864		9,058		571	10
11 CAFETERIA	2,593,168		2,951		1,771	11
12 MAINTENANCE OF PERSONNEL						12
12.01 VOLUNTEERS	476,899		1,099		285	12.01
13 NURSING ADMINISTRATION	6,346,736		5,999		2,808	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	3,584,739		9,522		3,580	16
17 SOCIAL SERVICE	6,514,530		8,685		2,051	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	4,474,509				8,781	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	8,052,210		3,200			22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	40,553,780		49,635	532,423	19,234	30
31 INTENSIVE CARE UNIT	18,205,699		20,756	211,190	9,301	31
31.01 NEONATOLOGY	14,863,762		11,897	39,858	7,541	31.01
40 SUBPROVIDER - IPF	2,747,345					40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	36,309,756		46,822	296,175	17,597	50
51 RECOVERY ROOM	2,188,292		1,871	72,868	1,213	51
53 ANESTHESIOLOGY	3,874,907		3,155		872	53
54 RADIOLOGY-DIAGNOSTIC	6,815,852		14,841	69,607	3,782	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,321,503		2,216	4,893	545	57
58 MAGNETIC RESONANCE IMAGING (MRI)	2,098,317		3,705	51,588	473	58
59 CARDIAC CATHETERIZATION	7,708,990		4,722	22,434	1,543	59
60 LABORATORY	32,435,293		45,434	16,408	14,860	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	9,620,428		4,852		4,157	65
66 PHYSICAL THERAPY	5,232,561		11,311	151,295	4,621	66
67 OCCUPATIONAL THERAPY	943,265					67
68 SPEECH PATHOLOGY	4,216,028		3,436	10,164	1,191	68
69 ELECTROCARDIOLOGY	2,366,015		3,902	63,164	607	69
70 ELECTROENCEPHALOGRAPHY	3,014,019		7,147	29,595	1,292	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,496,608		2,753	39,375	882	71
73 DRUGS CHARGED TO PATIENTS	24,795,744		6,179	4,860	4,683	73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS	1,591,456		111			74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY	5,846,489		15,604		7,810	76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	13,432,422		20,970	39,423	4,756	90
90.01 OFFSITE CLINICS	19,796,243		51,879	144,172	11,379	90.01
91 EMERGENCY	10,370,022		12,531	128,399	5,831	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	2,745,991		261		1,165	95
99.10 CORP						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	694,106		79		53	105
106 HEART ACQUISITION	785,420		61		41	106
107 LIVER ACQUISITION	921,048		86		58	107
110 INTSTINAL ACQUISITION	449,566		30		20	110
118 SUBTOTALS (SUM OF LINES 1-117)	347,353,867		389,857	1,927,891	145,354	118
NONREIMBURSABLE COST CENTERS						

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMIN +	ADMIN +	OPERATION	LAUNDRY	HOUSE-
	GENERAL	GENERAL	OF PLANT	& LINEN	KEEPING
	ACCUM	OTHER	SQUARE	SERVICE	HOURS OF
	COST	DIRECT	FEET	POUNDS OF	SERVICE
	5.01	COST	7	LAUNDRY	9
		5.02		8	
191 RESEARCH	41,306,622	100	74,077		22,701 191
192 PHYSICIANS' PRIVATE OFFICES	1,668,260		2,812		465 192
192.01 OFFSITE FACILITIES					192.01
193.01 ENDOWMENTS & OTHER SERVICES					193.01
193.02 NON-REIMBURSABLE CLINICS					193.02
194 ENDOWMENTS & OTHER SERVICES	20,645,982				194
194.01 NON-REIMBURSABLE CLINICS	6,918,158		21,077		5,177 194.01
194.02 KOHL HOUSE	20,438				194.02
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	85,809,024	5,058,704	29,698,463	2,106,251	7,282,539 202
203 UNIT COST MULT-WS B PT I	0.205327	50,587.040000	60.879587	1.092516	41.926683 203
204 COST TO BE ALLOC PER B PT II	11,632,606	505,835	3,088,846	127,204	260,200 204
205 UNIT COST MULT-WS B PT II	0.027835	5,058.350000	6.331899	0.065981	1.498011 205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	VOLUNTEERS	NURSING ADMINIS- TRATION	MEDICAL RECORDS & LIBRARY	
	MEALS SERVED 10	FTE\$ 11	HOURS OF SERVICE 12.01	DIRECT NRSNG HRS 13	TIME SPENT 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 EMPLOYEE BENEFITS FTE BASED						4.01
5.01 ADMINISTRATION & GENERAL						5.01
5.02 ADMIN & GENERAL						5.02
5.03 ADMIN & GEN-CMRC						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	102,868					10
11 CAFETERIA		270,615				11
12 MAINTENANCE OF PERSONNEL						12
12.01 VOLUNTEERS		518	60,514			12.01
13 NURSING ADMINISTRATION		5,113		94,851		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		3,809			10,000	16
17 SOCIAL SERVICE		2,697	19,382	107		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		41				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		400				22
23 PARAMED ED PRGM- (SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	73,673	39,856	10,858	31,017	2,955	30
31 INTENSIVE CARE UNIT	3,486	16,602	985	13,942	808	31
31.01 NEONATOLOGY	7,045	13,663	6,708	11,430	885	31.01
40 SUBPROVIDER - IPF	12,747	3,145	845	970		40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		21,476	1,809	6,813	466	50
51 RECOVERY ROOM		1,895	1,349	1,590		51
53 ANESTHESIOLOGY		1,451		230		53
54 RADIOLOGY-DIAGNOSTIC		4,999				54
57 COMPUTED TOMOGRAPHY (CT) SCAN		913				57
58 MAGNETIC RESONANCE IMAGING (MRI)		915				58
59 CARDIAC CATHETERIZATION		2,985		988		59
60 LABORATORY	506	22,257	355	61		60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY		7,937		1		65
66 PHYSICAL THERAPY		5,416	2,394			66
67 OCCUPATIONAL THERAPY		259				67
68 SPEECH PATHOLOGY		3,577	234			68
69 ELECTROCARDIOLOGY		2,423		24		69
70 ELECTROENCEPHALOGRAPHY		2,295		55		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		1,447				71
73 DRUGS CHARGED TO PATIENTS		8,853	165			73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS	1,163	358		302		74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY		5,753	1,821	195		76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	3,301	13,522	9,224	8,706	3,744	90
90.01 OFFSITE CLINICS		18,337	591	3,301		90.01
91 EMERGENCY	947	9,082	1,986	5,783	745	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES		2,191		1,354		95
99.10 CORP						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		125		50		105
106 HEART ACQUISITION		181		94		106
107 LIVER ACQUISITION		173		102		107
110 INTESTINAL ACQUISITION		71		19		110
118 SUBTOTALS (SUM OF LINES 1-117)	102,868	224,735	58,706	87,134	9,603	118
NONREIMBURSABLE COST CENTERS						

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	VOLUNTEERS	NURSING ADMINIS- TRATION DIRECT	MEDICAL RECORDS & LIBRARY TIME SPENT
	MEALS SERVED 10	FTEs 11	HOURS OF SERVICE 12.01	NRSING HRS 13	16
191 RESEARCH		7,003	1,695		191
192 PHYSICIANS' PRIVATE OFFICES		1,095		413	192
192.01 OFFSITE FACILITIES					192.01
193.01 ENDOWMENTS & OTHER SERVICES					193.01
193.02 NON-REIMBURSABLE CLINICS					193.02
194 ENDOWMENTS & OTHER SERVICES		29,697		2,087	194
194.01 NON-REIMBURSABLE CLINICS		8,085		5,217	194.01
194.02 KOHL HOUSE			113		194.02
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	2,263,886	3,379,523	660,144	8,196,692	5,098,144
203 UNIT COST MULT-WS B PT I	22.007680	12.488306	10.908947	86.416506	509.814400
204 COST TO BE ALLOC PER B PT II	514,676	236,673	66,321	1,128,194	570,852
205 UNIT COST MULT-WS B PT II	5.003266	0.874575	1.095961	11.894382	57.085200

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	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
4.01 EMPLOYEE BENEFITS FTE BASED				4.01
5.01 ADMINISTRATION & GENERAL				5.01
5.02 ADMIN & GENERAL				5.02
5.03 ADMIN & GEN-CMRC				5.03
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
12.01 VOLUNTEERS				12.01
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE	1,000			17
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SRVCES-SALARY & FRINGES APPRVD		23,608		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			23,608	22
23 PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	379	4,965	4,965	30
31 INTENSIVE CARE UNIT	31	1,675	1,675	31
31.01 NEONATOLOGY	41	703	703	31.01
40 SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM		2,535	2,535	50
51 RECOVERY ROOM				51
53 ANESTHESIOLOGY		2,298	2,298	53
54 RADIOLOGY-DIAGNOSTIC		863	863	54
57 COMPUTED TOMOGRAPHY (CT) SCAN				57
58 MAGNETIC RESONANCE IMAGING (MRI)				58
59 CARDIAC CATHETERIZATION		326	326	59
60 LABORATORY		2,031	2,031	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS				62.30
65 RESPIRATORY THERAPY		304	304	65
66 PHYSICAL THERAPY				66
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY				68
69 ELECTROCARDIOLOGY		492	492	69
70 ELECTROENCEPHALOGRAPHY		524	524	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS				71
73 DRUGS CHARGED TO PATIENTS				73
73.01 OUTPATIENT PHARMACY				73.01
74 RENAL DIALYSIS		286	286	74
75.01 PSYCHIATRY				75.01
76 PSYCHIATRY		835	835	76
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	479	834	834	90
90.01 OFFSITE CLINICS		749	749	90.01
91 EMERGENCY	70	2,754	2,754	91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
99.10 CORP				99.10
99.20 OUTPATIENT PHYSICAL THERAPY				99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40 OUTPATIENT SPEECH PATHOLOGY				99.40
SPECIAL PURPOSE COST CENTERS				
105 KIDNEY ACQUISITION				105
106 HEART ACQUISITION				106
107 LIVER ACQUISITION				107
110 INTESTINAL ACQUISITION				110
118 SUBTOTALS (SUM OF LINES 1-117)	1,000	22,174	22,174	118
NONREIMBURSABLE COST CENTERS				

PROVIDER CCN: 14-3300 CHILDREN'S 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  
 02/28/2012 15:48

WORKSHEET B-1

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	
	TIME SPENT 17	21	22	
191 RESEARCH				191
192 PHYSICIANS' PRIVATE OFFICES		109	109	192
192.01 OFFSITE FACILITIES				192.01
193.01 ENDOWMENTS & OTHER SERVICES				193.01
193.02 NON-REIMBURSABLE CLINICS				193.02
194 ENDOWMENTS & OTHER SERVICES				194
194.01 NON-REIMBURSABLE CLINICS		1,325	1,325	194.01
194.02 KOHL HOUSE				194.02
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 COST TO BE ALLOC PER B PT I	8,721,236	5,761,917	9,905,356	202
203 UNIT COST MULT-WS B PT I	8,721.236000	244.066291	419.576245	203
204 COST TO BE ALLOC PER B PT II	623,831	265,920	245,957	204
205 UNIT COST MULT-WS B PT II	623.831000	11.263978	10.418375	205

COMPUTATION OF RATIO OF COST TO CHARGES

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	63,020,203		63,020,203		30
31 INTENSIVE CARE UNIT	26,010,028		26,010,028		31
31.01 NEONATOLOGY	21,195,040		21,195,040		31.01
40 SUBPROVIDER - IPF	3,724,299		3,724,299		40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	48,791,256		48,791,256		50
51 RECOVERY ROOM	3,057,762		3,057,762		51
53 ANESTHESIOLOGY	4,937,162		4,937,162		53
54 RADIOLOGY-DIAGNOSTIC	9,415,887		9,415,887		54
57 COMPUTED TOMOGRAPHY (CT) SC	1,767,350		1,767,350		57
58 MAGNETIC RESONANCE IMAGING	2,842,336		2,842,336		58
59 CARDIAC CATHETERIZATION	9,791,188		9,791,188		59
60 LABORATORY	42,800,326		42,800,326		60
62.30 BLOOD CLOTTING FACTORS ADMI					62.30
65 RESPIRATORY THERAPY	12,164,645		12,164,645		65
66 PHYSICAL THERAPY	7,448,344		7,448,344		66
67 OCCUPATIONAL THERAPY	1,140,177		1,140,177		67
68 SPEECH PATHOLOGY	5,399,137		5,399,137		68
69 ELECTROCARDIOLOGY	3,216,164		3,216,164		69
70 ELECTROENCEPHALOGRAPHY	4,187,900		4,187,900		70
71 MEDICAL SUPPLIES CHRGED TO	2,069,572		2,069,572		71
73 DRUGS CHARGED TO PATIENTS	30,577,167		30,577,167		73
73.01 OUTPATIENT PHARMACY					73.01
74 RENAL DIALYSIS	1,981,147		1,981,147		74
75.01 PSYCHIATRY					75.01
76 PSYCHIATRY	8,432,904		8,432,904		76
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	24,890,275		24,890,275		90
90.01 OFFSITE CLINICS	28,174,618		28,174,618		90.01
91 EMERGENCY	15,292,873		15,292,873		91
92 OBSERVATION BEDS	6,874,724		6,874,724	6,874,724	92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES	3,518,922		3,518,922		95
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THE					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
105 KIDNEY ACQUISITION	849,538		849,538		105
106 HEART ACQUISITION	962,504		962,504		106
107 LIVER ACQUISITION	1,128,806		1,128,806		107
110 INTESTINAL ACQUISITION	547,068		547,068		110
200 SUBTOTAL (SEE INSTRUCTIONS)	396,209,322		396,209,322	6,874,724	200
201 LESS OBSERVATION BEDS	6,874,724		6,874,724	6,874,724	201
202 TOTAL (SEE INSTRUCTIONS)	389,334,598		389,334,598		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	135,449,575		135,449,575			30
31 INTENSIVE CARE UNIT	74,586,221		74,586,221			31
31.01 NEONATOLOGY	79,669,088		79,669,088			31.01
40 SUBPROVIDER - IPF	7,627,025		7,627,025			40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	68,495,470	79,223,429	147,718,899	0.330298	0.330298	50
51 RECOVERY ROOM	3,145,854	7,319,586	10,465,440	0.292177	0.292177	51
53 ANESTHESIOLOGY	9,272,652	13,970,315	23,242,967	0.212415	0.212415	53
54 RADIOLOGY-DIAGNOSTIC	12,101,886	26,825,678	38,927,564	0.241882	0.241882	54
57 COMPUTED TOMOGRAPHY (CT) SC	6,388,862	10,294,093	16,682,955	0.105937	0.105937	57
58 MAGNETIC RESONANCE IMAGING	7,442,964	30,136,647	37,579,611	0.075635	0.075635	58
59 CARDIAC CATHETERIZATION	18,020,428	28,916,735	46,937,163	0.208602	0.208602	59
60 LABORATORY	61,139,752	80,691,734	141,831,486	0.301769	0.301769	60
62.30 BLOOD CLOTTING FACTORS ADMI						62.30
65 RESPIRATORY THERAPY	68,258,593	1,816,566	70,075,159	0.173594	0.173594	65
66 PHYSICAL THERAPY	1,754,502	8,633,992	10,388,494	0.716980	0.716980	66
67 OCCUPATIONAL THERAPY	687,341	2,154,188	2,841,529	0.401255	0.401255	67
68 SPEECH PATHOLOGY	1,280,676	8,843,018	10,123,694	0.533317	0.533317	68
69 ELECTROCARDIOLOGY	1,411,934	3,731,972	5,143,906	0.625238	0.625238	69
70 ELECTROENCEPHALOGRAPHY	653,723	5,692,985	6,346,708	0.659854	0.659854	70
71 MEDICAL SUPPLIES CHRGED TO	223,391	52,188	275,579	7.509905	7.509905	71
73 DRUGS CHARGED TO PATIENTS	129,280,310	28,732,341	158,012,651	0.193511	0.193511	73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS	1,609,489	5,412,248	7,021,737	0.282145	0.282145	74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY	211,288	6,378,732	6,590,020	1.279648	1.279648	76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	427,780	11,426,718	11,854,498	2.099648	2.099648	90
90.01 OFFSITE CLINICS	7,218	35,499,862	35,507,080	0.793493	0.793493	90.01
91 EMERGENCY	7,306,633	34,023,494	41,330,127	0.370018	0.370018	91
92 OBSERVATION BEDS		23,991,548	23,991,548	0.286548	0.286548	0.286548 92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	1,955,812	334,718	2,290,530	1.536292	1.536292	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
105 KIDNEY ACQUISITION	935,550		935,550			105
106 HEART ACQUISITION	686,070		686,070			106
107 LIVER ACQUISITION	810,810		810,810			107
110 INTESTINAL ACQUISITION	62,370		62,370			110
200 SUBTOTAL (SEE INSTRUCTIONS)	700,903,267	454,102,787	1,155,006,054			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	700,903,267	454,102,787	1,155,006,054			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, ADJUSTMENT COL. 26)	SWING-BED (COL.1 MINUS COL.2)		(COL.3 + COL.4)		(COL.5 x COL.6)	
	1	2	4	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	5,040,277	5,040,277	40,692	123.86	483	59,824	30
31 INTENSIVE CARE UNIT	1,985,055	1,985,055	11,599	171.14	42	7,188	31
31.01 NEONATOLOGY	1,419,451	1,419,451	14,391	98.63			31.01
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF	372,735	372,735	3,331	111.90			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)	8,817,518	8,817,518	70,013		525	67,012	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-3300) [ ] SUB (OTHER) [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [XX] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 + COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4,841,019	147,718,899	0.032772	524,055	17,174	50
51 RECOVERY ROOM	183,871	10,465,440	0.017569	32,166	565	51
53 ANESTHESIOLOGY	298,966	23,242,967	0.012863	88,050	1,133	53
54 RADIOLOGY-DIAGNOSTIC	1,922,991	38,927,564	0.049399	115,296	5,696	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	389,102	16,682,955	0.023323	46,430	1,083	57
58 MAGNETIC RESONANCE IMAGING (M	943,191	37,579,611	0.025098	47,715	1,198	58
59 CARDIAC CATHETERIZATION	1,603,973	46,937,163	0.034173	453,652	15,503	59
60 LABORATORY	3,817,188	141,831,486	0.026914	843,056	22,690	60
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY	644,831	70,075,159	0.009202	388,130	3,572	65
66 PHYSICAL THERAPY	719,937	10,388,494	0.069301	11,215	777	66
67 OCCUPATIONAL THERAPY	27,268	2,841,529	0.009596	6,479	62	67
68 SPEECH PATHOLOGY	321,873	10,123,694	0.031794	5,907	188	68
69 ELECTROCARDIOLOGY	598,511	5,143,906	0.116353	8,512	990	69
70 ELECTROENCEPHALOGRAPHY	564,750	6,346,708	0.088983			70
71 MEDICAL SUPPLIES CHRGD TO PA	203,328	275,579	0.737821	161	119	71
73 DRUGS CHARGED TO PATIENTS	1,098,280	158,012,651	0.006951	1,176,059	8,175	73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS	63,476	7,021,737	0.009040	217,785	1,969	74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY	924,302	6,590,020	0.140258	2,184	306	76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,170,544	11,854,498	0.183099	1,610	295	90
90.01 OFFSITE CLINICS	3,398,611	35,507,080	0.095716			90.01
91 EMERGENCY	1,113,236	41,330,127	0.026935	39,562	1,066	91
92 OBSERVATION BEDS	549,834	23,991,548	0.022918			92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
200 TOTAL (SUM OF LINES 50-199)	26,399,082	852,888,815	852,888,815	4,008,024	82,561	200

PROVIDER CCN: 14-3300 CHILDREN'S 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  
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
INPAT ROUTINE SERV COST CTRS					30
30 ADULTS & PEDIATRICS					31
31 INTENSIVE CARE UNIT					31.01
31.01 NEONATOLOGY					32
32 CORONARY CARE UNIT					33
33 BURN INTENSIVE CARE UNIT					34
34 SURGICAL INTENSIVE CARE UNIT					35
35 OTHER SPECIAL CARE (SPECIFY)					40
40 SUBPROVIDER - IPF					41
41 SUBPROVIDER - IRF					42
42 SUBPROVIDER I					43
43 NURSERY					44
44 SKILLED NURSING FACILITY					45
45 NURSING FACILITY					200
200 TOTAL (SUM OF LINES 30-199)					

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	40,692		483	30
31 INTENSIVE CARE UNIT	11,599		42	31
31.01 NEONATOLOGY	14,391			31.01
32 CORONARY CARE UNIT				32
33 BURN INTENSIVE CARE UNIT				33
34 SURGICAL INTENSIVE CARE UNIT				34
35 OTHER SPECIAL CARE (SPECIFY)				35
40 SUBPROVIDER - IRF	3,331			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)	70,013		525	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK  TITLE V  HOSPITAL (14-3300)  SUB (OTHER)  ICF/MR  PPS  
 APPLICABLE  TITLE XVIII-PT A  IPF  SNF  TEFRA  
 BOXES  TITLE XIX  IRP  NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1					
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
73 DRUGS CHARGED TO PATIENTS						73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS						74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY						76
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 OFFSITE CLINICS						90.01
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-3300) [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 + COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 + COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	147,718,899			524,055		14,021	50
51 RECOVERY ROOM	10,465,440			32,166		3,948	51
53 ANESTHESIOLOGY	23,242,967			88,050		5,065	53
54 RADIOLOGY-DIAGNOSTIC	38,927,564			115,296		13,164	54
57 COMPUTED TOMOGRAPHY (CT) SCA	16,682,955			46,430		15,137	57
58 MAGNETIC RESONANCE IMAGING (	37,579,611			47,715		36,042	58
59 CARDIAC CATHETERIZATION	46,937,163			453,652		42,652	59
60 LABORATORY	141,831,486			843,056		210,583	60
62.30 BLOOD CLOTTING FACTORS ADMIN							62.30
65 RESPIRATORY THERAPY	70,075,159			388,130		8,136	65
66 PHYSICAL THERAPY	10,388,494			11,215		1,012	66
67 OCCUPATIONAL THERAPY	2,841,529			6,479			67
68 SPEECH PATHOLOGY	10,123,694			5,907		1,227	68
69 ELECTROCARDIOLOGY	5,143,906			8,512		7,361	69
70 ELECTROENCEPHALOGRAPHY	6,346,708					1,640	70
71 MEDICAL SUPPLIES CHRGED TO P	275,579			161			71
73 DRUGS CHARGED TO PATIENTS	158,012,651			1,176,059		846,195	73
73.01 OUTPATIENT PHARMACY							73.01
74 RENAL DIALYSIS	7,021,737			217,785		1,100	74
75.01 PSYCHIATRY							75.01
76 PSYCHIATRY	6,590,020			2,184		863	76
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	11,854,498			1,610		35,213	90
90.01 OFFSITE CLINICS	35,507,080					7,422	90.01
91 EMERGENCY	41,330,127			39,562		5,060	91
92 OBSERVATION BEDS	23,991,548						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
200 TOTAL (SUM OF LINES 50-199)	852,888,815			4,008,024		1,255,841	200

APPORIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-3300) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES			COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4
		PPS REIMBURSED SERVICES 2	PPS REIMBURSED SERVICES 2.01	PPS REIMBURSED SERVICES 2.02		
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	0.330298	14,021	28,043			50
51 RECOVERY ROOM	0.292177	3,948	7,897			51
53 ANESTHESIOLOGY	0.212415	5,065	10,130			53
54 RADIOLOGY-DIAGNOSTIC	0.241882	13,164	26,328		909	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.105937	15,137	30,275			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.075635	36,042	72,084			58
59 CARDIAC CATHETERIZATION	0.208602	42,652	85,304			59
60 LABORATORY	0.301769	210,583	421,166			60
62.30 BLOOD CLOTTING FACTORS ADMIN CO						62.30
65 RESPIRATORY THERAPY	0.173594	8,136	16,271			65
66 PHYSICAL THERAPY	0.716980	1,012	2,025			66
67 OCCUPATIONAL THERAPY	0.401255					67
68 SPEECH PATHOLOGY	0.533317	1,227	2,454			68
69 ELECTROCARDIOLOGY	0.625238	7,361	14,721			69
70 ELECTROENCEPHALOGRAPHY	0.659854	1,640	3,281			70
71 MEDICAL SUPPLIES CHRGD TO PATI	7.509905					71
73 DRUGS CHARGED TO PATIENTS	0.193511	846,195	1,692,390			73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS	0.282145	1,100	2,200			74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY	1.279648	863	1,725			76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2.099648	35,213	70,425			90
90.01 OFFSITE CLINICS	0.793493	7,422	14,843			90.01
91 EMERGENCY	0.370018	5,060	10,119			91
92 OBSERVATION BEDS	0.286548					92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	1.536292					95
200 SUBTOTAL (SEE INSTRUCTIONS)		1,255,841	2,511,681		909	200
201 LESS PBP CLINIC LAB SERVICES						201
202 NET CHARGES (LINE 200 - LINE 201)		1,255,841	2,511,681		909	202

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-3300) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST					
	PPS SERVICES 5	PPS SERVICES 5.01	PPS SERVICES 5.02	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCS NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4,631	9,263				50
51 RECOVERY ROOM	1,154	2,307				51
53 ANESTHESIOLOGY	1,076	2,152				53
54 RADIOLOGY-DIAGNOSTIC	3,184	6,368		220		54
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,604	3,207				57
58 MAGNETIC RESONANCE IMAGING (MRI)	2,726	5,452				58
59 CARDIAC CATHETERIZATION	8,897	17,795				59
60 LABORATORY	63,547	127,095				60
62.30 BLOOD CLOTTING FACTORS ADMIN CO						62.30
65 RESPIRATORY THERAPY	1,412	2,825				65
66 PHYSICAL THERAPY	726	1,452				66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	654	1,309				68
69 ELECTROCARDIOLOGY	4,602	9,204				69
70 ELECTROENCEPHALOGRAPHY	1,082	2,165				70
71 MEDICAL SUPPLIES CHRGD TO PATI						71
73 DRUGS CHARGED TO PATIENTS	163,748	327,496				73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS	310	621				74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY	1,104	2,207				76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	73,935	147,868				90
90.01 OFFSITE CLINICS	5,889	11,778				90.01
91 EMERGENCY	1,872	3,744				91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
200 SUBTOTAL (SEE INSTRUCTIONS)	342,153	684,308		220		200
201 LESS PBP CLINIC LAB SERVICES						201
202 NET CHARGES (LINE 200 - LINE 201)	342,153	684,308		220		202



APPORIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-3300) [ ] SUB (OTHER) [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRP [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
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (M					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FACTORS ADMIN					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGED TO PA					71
73 DRUGS CHARGED TO PATIENTS					73
73.01 OUTPATIENT PHARMACY					73.01
74 RENAL DIALYSIS					74
75.01 PSYCHIATRY					75.01
76 PSYCHIATRY					76
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 OFFSITE CLINICS					90.01
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
200 TOTAL (SUM OF LINES 50-199)					200

PROVIDER CCN: 14-3300 CHILDREN'S 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  
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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
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
31.01 NEONATOLOGY					31.01
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					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

PROVIDER CCN: 14-3300 CHILDREN'S 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  
 02/28/2012 15:48

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
30 ADULTS & PEDIATRICS				31
31 INTENSIVE CARE UNIT				31.01
31.01 NEONATOLOGY				32
32 CORONARY CARE UNIT				33
33 BURN INTENSIVE CARE UNIT				34
34 SURGICAL INTENSIVE CARE UNIT				35
35 OTHER SPECIAL CARE (SPECIFY)				40
40 SUBPROVIDER - IPF				41
41 SUBPROVIDER - IRF				42
42 SUBPROVIDER I				43
43 NURSERY				44
44 SKILLED NURSING FACILITY				45
45 NURSING FACILITY				200
200 TOTAL (SUM OF LINES 30-199)				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK  TITLE V  HOSPITAL (14-3300)  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
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PA						71
73 DRUGS CHARGED TO PATIENTS						73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS						74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY						76
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 OFFSITE CLINICS						90.01
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[XX] HOSPITAL (14-3300)	[ ] SUB (OTHER)	[ ] ICF/MR	[ ] PPS		
APPLICABLE	[ ] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA		
BOXES	[XX] TITLE XIX	[ ] IRF	[ ] NF		[ ] OTHER		
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	147,718,899			28,035,302		50
51	RECOVERY ROOM	10,465,440			1,395,204		51
53	ANESTHESIOLOGY	23,242,967			3,990,218		53
54	RADIOLOGY-DIAGNOSTIC	38,927,564			5,890,564		54
57	COMPUTED TOMOGRAPHY (CT) SCA	16,682,955			3,018,482		57
58	MAGNETIC RESONANCE IMAGING (	37,579,611			3,415,754		58
59	CARDIAC CATHETERIZATION	46,937,163			7,410,881		59
60	LABORATORY	141,831,486			30,174,323		60
62.30	BLOOD CLOTTING FACTORS ADMIN						62.30
65	RESPIRATORY THERAPY	70,075,159			36,261,006		65
66	PHYSICAL THERAPY	10,388,494			858,617		66
67	OCCUPATIONAL THERAPY	2,841,529			361,628		67
68	SPEECH PATHOLOGY	10,123,694			661,893		68
69	ELECTROCARDIOLOGY	5,143,906			575,217		69
70	ELECTROENCEPHALOGRAPHY	6,346,708			366,120		70
71	MEDICAL SUPPLIES CHRGD TO P	275,579			163,520		71
73	DRUGS CHARGED TO PATIENTS	158,012,651			64,420,762		73
73.01	OUTPATIENT PHARMACY						73.01
74	RENAL DIALYSIS	7,021,737			875,121		74
75.01	PSYCHIATRY						75.01
76	PSYCHIATRY	6,590,020			85,869		76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	11,854,498			191,252		90
90.01	OFFSITE CLINICS	35,507,080			7,090		90.01
91	EMERGENCY	41,330,127			4,014,949		91
92	OBSERVATION BEDS	23,991,548					92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)	852,888,815			192,173,772		200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-3300) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] IPF [ ] 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			COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	
		PPS REIMBURSED SERVICES 2	PPS REIMBURSED SERVICES 2.01	PPS REIMBURSED SERVICES 2.02			
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.330298						50
51 RECOVERY ROOM	0.292177						51
53 ANESTHESIOLOGY	0.212415						53
54 RADIOLOGY-DIAGNOSTIC	0.241882						54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.105937						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.075635						58
59 CARDIAC CATHETERIZATION	0.208602						59
60 LABORATORY	0.301769						60
62.30 BLOOD CLOTTING FACTORS ADMIN CO							62.30
65 RESPIRATORY THERAPY	0.173594						65
66 PHYSICAL THERAPY	0.716980						66
67 OCCUPATIONAL THERAPY	0.401255						67
68 SPEECH PATHOLOGY	0.533317						68
69 ELECTROCARDIOLOGY	0.625238						69
70 ELECTROENCEPHALOGRAPHY	0.659854						70
71 MEDICAL SUPPLIES CHRGD TO PATI	7.509905						71
73 DRUGS CHARGED TO PATIENTS	0.193511						73
73.01 OUTPATIENT PHARMACY							73.01
74 RENAL DIALYSIS	0.282145						74
75.01 PSYCHIATRY							75.01
76 PSYCHIATRY	1.279648						76
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	2.099648						90
90.01 OFFSITE CLINICS	0.793493						90.01
91 EMERGENCY	0.370018						91
92 OBSERVATION BEDS	0.286548						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES	1.536292						95
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-3300) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [XX] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

----- PROGRAM COST -----

COST CENTER DESCRIPTION	PPS SERVICES	PPS SERVICES	PPS SERVICES	COST		
				SUBJECT TO DED & COINS	SVCES NOT SUBJECT TO DED & COINS	
	5	5.01	5.02	6	7	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (MRI)						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FACTORS ADMIN CO						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PATI						71
73 DRUGS CHARGED TO PATIENTS						73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS						74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY						76
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 OFFSITE CLINICS						90.01
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
200 SUBTOTAL (SEE INSTRUCTIONS)						200
201 LESS PBP CLINIC LAB SERVICES						201
202 NET CHARGES (LINE 200 - LINE 201)						202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] IPF (14-S300) [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [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
<b>ANCILLARY SERVICE COST CENTERS</b>					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (M					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FACTORS ADMIN					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGED TO PA					71
73 DRUGS CHARGED TO PATIENTS					73
73.01 OUTPATIENT PHARMACY					73.01
74 RENAL DIALYSIS					74
75.01 PSYCHIATRY					75.01
76 PSYCHIATRY					76
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90 CLINIC					90
90.01 OFFSITE CLINICS					90.01
91 EMERGENCY					91
92 OBSERVATION BEDS					92
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95 AMBULANCE SERVICES					95
200 TOTAL (SUM OF LINES 50-199)					200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK  TITLE V  HOSPITAL  SUB (OTHER)  ICF/MR  PPS  
 APPLICABLE  TITLE XVIII-PT A  IPF (14-S300)  SNF  TEFRA  
 BOXES  TITLE XIX  IRF  NF  OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST			MEDICAL EDUCATION COST	COST	(SUM OF COLS.1-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
73 DRUGS CHARGED TO PATIENTS						73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS						74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY						76
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 OFFSITE CLINICS						90.01
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] IPF (14-S300) [ ] 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	147,718,899			4,429			50
51 RECOVERY ROOM	10,465,440			767			51
53 ANESTHESIOLOGY	23,242,967			3,960			53
54 RADIOLOGY-DIAGNOSTIC	38,927,564			12,585			54
57 COMPUTED TOMOGRAPHY (CT) SCA	16,682,955			5,823			57
58 MAGNETIC RESONANCE IMAGING (	37,579,611			21,648			58
59 CARDIAC CATHETERIZATION	46,937,163			9,150			59
60 LABORATORY	141,831,486			141,459			60
62.30 BLOOD CLOTTING FACTORS ADMIN							62.30
65 RESPIRATORY THERAPY	70,075,159			1,494			65
66 PHYSICAL THERAPY	10,388,494			2,287			66
67 OCCUPATIONAL THERAPY	2,841,529			481			67
68 SPEECH PATHOLOGY	10,123,694						68
69 ELECTROCARDIOLOGY	5,143,906			12,550			69
70 ELECTROENCEPHALOGRAPHY	6,346,708			541			70
71 MEDICAL SUPPLIES CHRGED TO P	275,579						71
73 DRUGS CHARGED TO PATIENTS	158,012,651			236,214			73
73.01 OUTPATIENT PHARMACY							73.01
74 RENAL DIALYSIS	7,021,737						74
75.01 PSYCHIATRY							75.01
76 PSYCHIATRY	6,590,020			18,545			76
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	11,854,498						90
90.01 OFFSITE CLINICS	35,507,080			128			90.01
91 EMERGENCY	41,330,127			71,594			91
92 OBSERVATION BEDS	23,991,548						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
200 TOTAL (SUM OF LINES 50-199)	852,888,815			543,655			200





WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[ ]	TITLE V-INPT	[XX]	HOSPITAL (14-3300)	[ ]	SUB (OTHER)	[ ]	ICF/MR	[ ]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	IPF	[ ]	SNF	[ ]		[XX]	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)	40,692	1						
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	40,692	2						
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3						
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	40,692	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)	483	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)	63,020,203	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	63,020,203	27						
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT									
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	72,704,498	28						
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29						
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	72,704,498	30						
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.866799	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)	1,786.70	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)	63,020,203	37						

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-3300) [ ] SUB (OTHER)  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF  
 BOXES [ ] TITLE XIX-INPT [ ] IRF

[ ] PPS  
 [XX] TEFRA  
 [ ] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS 1,548,71 38  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 748,027 39  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 40  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 748,027 41  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)

	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	26,010,028	11,599	2,242.44	42	94,182	43
43.01 NEONATOLOGY	21,195,040	14,391	1,472.80			43.01
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					984,192	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					1,826,401	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 67,012 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 82,561 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 149,573 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 1,676,828 53

TARGET AMOUNT AND LIMIT COMPUTATION  
 54 PROGRAM DISCHARGES 64 54  
 55 TARGET AMOUNT PER DISCHARGE 16,643.90 55  
 56 TARGET AMOUNT (LINE 54 x LINE 55) 1,065,210 56  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT -611,618 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 B 61  
 62 RELIEF PAYMENT (SEE INSTRUCTIONS) 106,521 62  
 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 1,321,304 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 XVII 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 XVII 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) 4,439 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 1,548,71 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 6,874,724 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 + COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	5,040,277	63,020,203	0.079979	6,874,724	549,834	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK  TITLE V-INPT  HOSPITAL (14-3300)  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)	40,692	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	40,692	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	40,692	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	19,112	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII 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)	63,020,203	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	63,020,203	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	72,704,498	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	72,704,498	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.866799	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)	1,786.70	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)	63,020,203	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-3300) [ ] SUB (OTHER) [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [ ] IRF [XX] 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) 1,548.71 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 29,598,946 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) 29,598,946 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	26,010,028	11,599	2,242.44	6,701	15,026,590	43
43.01 NEONATOLOGY	21,195,040	14,391	1,472.80	7,228	10,645,398	43.01
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					47,123,146	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					102,394,080	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 B 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) 4,439 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

CHECK	[ ]	TITLE V-INPT	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	ICF/MR	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[XX]	IPF (14-S300)	[ ]	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)	3,331	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,331	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,331	4							
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5							
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6							
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7							
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8							
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,850	9							
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10							
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11							
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12							
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13							
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14							
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15							
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16							
SWING-BED ADJUSTMENT										
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17							
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18							
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19							
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20							
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	3,724,299	21							
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22							
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23							
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24							
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25							
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26							
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,724,299	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)		31							
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)		32							
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)		33							
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34							
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35							
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36							
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	3,724,299	37							

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[ ]	TITLE V-INPT	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[XX]	IPF (14-S300)				TEFRA
BOXES	[XX]	TITLE XIX-INPT	[ ]	IRP				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)						1,118.07	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)						2,068,430	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)						2,068,430	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)						158,753	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)						2,227,183	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

CHECK  TITLE V  HOSPITAL (14-3300)  SUB (OTHER)  S/B SNF  PPS  
 APPLICABLE  TITLE XVIII-PT A  IPF  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		706,195		30
31 INTENSIVE CARE UNIT		487,825		31
31.01 NEONATOLOGY				31.01
40 SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.330298	524,055	173,094	50
51 RECOVERY ROOM	0.292177	32,166	9,398	51
53 ANESTHESIOLOGY	0.212415	88,050	18,703	53
54 RADIOLOGY-DIAGNOSTIC	0.241882	115,296	27,888	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.105937	46,430	4,919	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.075635	47,715	3,609	58
59 CARDIAC CATHETERIZATION	0.208602	453,652	94,633	59
60 LABORATORY	0.301769	843,056	254,408	60
62.30 BLOOD CLOTTING FACTORS ADMIN CO				62.30
65 RESPIRATORY THERAPY	0.173594	388,130	67,377	65
66 PHYSICAL THERAPY	0.716980	11,215	8,041	66
67 OCCUPATIONAL THERAPY	0.401255	6,479	2,600	67
68 SPEECH PATHOLOGY	0.533317	5,907	3,150	68
69 ELECTROCARDIOLOGY	0.625238	8,512	5,322	69
70 ELECTROENCEPHALOGRAPHY	0.659854			70
71 MEDICAL SUPPLIES CHRGD TO PATI	7.509905	161	1,209	71
73 DRUGS CHARGED TO PATIENTS	0.193511	1,176,059	227,580	73
73.01 OUTPATIENT PHARMACY				73.01
74 RENAL DIALYSIS	0.282145	217,785	61,447	74
75.01 PSYCHIATRY				75.01
76 PSYCHIATRY	1.279648	2,184	2,795	76
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	2.099648	1,610	3,380	90
90.01 OFFSITE CLINICS	0.793493			90.01
91 EMERGENCY	0.370018	39,562	14,639	91
92 OBSERVATION BEDS	0.286548			92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		4,008,024	984,192	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		4,008,024		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	<input type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (14-3300)	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	S/B SNF	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF	<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		71,398,331		30
31 INTENSIVE CARE UNIT		37,149,164		31
31.01 NEONATOLOGY		40,590,672		31.01
40 SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.330298	28,035,302	9,260,004	50
51 RECOVERY ROOM	0.292177	1,395,204	407,647	51
53 ANESTHESIOLOGY	0.212415	3,990,218	847,582	53
54 RADIOLOGY-DIAGNOSTIC	0.241882	5,890,564	1,424,821	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.105937	3,018,482	319,769	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.075635	3,415,754	258,351	58
59 CARDIAC CATHETERIZATION	0.208602	7,410,881	1,545,925	59
60 LABORATORY	0.301769	30,174,323	9,105,675	60
62.30 BLOOD CLOTTING FACTORS ADMIN CO				62.30
65 RESPIRATORY THERAPY	0.173594	36,261,006	6,294,693	65
66 PHYSICAL THERAPY	0.716980	858,617	615,611	66
67 OCCUPATIONAL THERAPY	0.401255	361,628	145,105	67
68 SPEECH PATHOLOGY	0.533317	661,893	352,999	68
69 ELECTROCARDIOLOGY	0.625238	575,217	359,648	69
70 ELECTROENCEPHALOGRAPHY	0.659854	366,120	241,586	70
71 MEDICAL SUPPLIES CHRGED TO PATI	7.509905	163,520	1,228,020	71
73 DRUGS CHARGED TO PATIENTS	0.193511	64,420,762	12,466,126	73
73.01 OUTPATIENT PHARMACY				73.01
74 RENAL DIALYSIS	0.282145	875,121	246,911	74
75.01 PSYCHIATRY				75.01
76 PSYCHIATRY	1.279648	85,869	109,882	76
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	2.099648	191,252	401,562	90
90.01 OFFSITE CLINICS	0.793493	7,090	5,626	90.01
91 EMERGENCY	0.370018	4,014,949	1,485,603	91
92 OBSERVATION BEDS	0.286548			92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		192,173,772	47,123,146	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		192,173,772		202

INPATIENT ANCILLARY COST APPORTIONMENT

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-S300)	<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	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
31.01 NEONATOLOGY				31.01
40 SUBPROVIDER - IPF		4,185,987		40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.330298	4,429	1,463	50
51 RECOVERY ROOM	0.292177	767	224	51
53 ANESTHESIOLOGY	0.212415	3,960	841	53
54 RADIOLOGY-DIAGNOSTIC	0.241882	12,585	3,044	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.105937	5,823	617	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.075635	21,648	1,637	58
59 CARDIAC CATHETERIZATION	0.208602	9,150	1,909	59
60 LABORATORY	0.301769	141,459	42,688	60
62.30 BLOOD CLOTTING FACTORS ADMIN CO				62.30
65 RESPIRATORY THERAPY	0.173594	1,494	259	65
66 PHYSICAL THERAPY	0.716980	2,287	1,640	66
67 OCCUPATIONAL THERAPY	0.401255	481	193	67
68 SPEECH PATHOLOGY	0.533317			68
69 ELECTROCARDIOLOGY	0.625238	12,550	7,847	69
70 ELECTROENCEPHALOGRAPHY	0.659854	541	357	70
71 MEDICAL SUPPLIES CHRGD TO PATI	7.509905			71
73 DRUGS CHARGED TO PATIENTS	0.193511	236,214	45,710	73
73.01 OUTPATIENT PHARMACY				73.01
74 RENAL DIALYSIS	0.282145			74
75.01 PSYCHIATRY				75.01
76 PSYCHIATRY	1.279648	18,545	23,731	76
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	2.099648			90
90.01 OFFSITE CLINICS	0.793493	128	102	90.01
91 EMERGENCY	0.370018	71,594	26,491	91
92 OBSERVATION BEDS	0.286548			92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		543,655	158,753	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		543,655		202

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PART I

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

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES		PER DIEM COSTS (FROM WKST D-1, PT. II)		ORGAN ACQUISITION DAYS	COST (COL.2 x COL.3)	
		1	D	2		3	4	
1	ADULTS & PEDIATRICS		38	1,548.71				1
2	INTENSIVE CARE UNIT	3,838	43	2,242.44		1	2,242	2
2.01	NEONATOLOGY		43.01	1,472.80				2.01
3	CORONARY CARE UNIT		44					3
4	BURN INTENSIVE CARE UNIT		45					4
5	SURGICAL INTENSIVE CARE UNIT		46					5
6	OTHER SPECIAL CARE (SPECIFY)		47					6
7	TOTAL (SUM OF LINES 1-6)	3,838				1	2,242	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	0.330298	13,383		4,420		8
9	RECOVERY ROOM	51	0.292177					9
10	DELIVERY ROOM & LABOR ROOM	52						10
11	ANESTHESIOLOGY	53	0.212415	3,029		643		11
12	RADIOLOGY-DIAGNOSTIC	54	0.241882	500		121		12
13	RADIOLOGY-THERAPEUTIC	55						13
14	RADIOISOTOPE	56						14
15	COMPUTED TOMOGRAPHY (CT) SCAN	57	0.105937					15
16	MAGNETIC RESONANCE IMAGING (MRI)	58	0.075635					16
17	CARDIAC CATHETERIZATION	59	0.208602	2,594		541		17
18	LABORATORY	60	0.301769	15,223		4,594		18
19	PBP CLINICAL LAB SERVICES-PRGM	61						19
20	WHOLE BLOOD & PCKD RED BLOOD CE	62						20
20.30	BLOOD CLOTTING FACTORS ADMIN CO	62.30						20.30
21	BLOOD STORING, PROCESSING & TRA	63						21
22	INTRAVENOUS THERAPY	64						22
23	RESPIRATORY THERAPY	65	0.173594	3,047		529		23
24	PHYSICAL THERAPY	66	0.716980					24
25	OCCUPATIONAL THERAPY	67	0.401255					25
26	SPEECH PATHOLOGY	68	0.533317					26
27	ELECTROCARDIOLOGY	69	0.625238	211		132		27
28	ELECTROENCEPHALOGRAPHY	70	0.659854					28
29	MEDICAL SUPPLIES CHRGED TO PATI	71	7.509905	3,699		27,779		29
30	IMPL. DEV. CHARGED TO PATIENT	72						30
31	DRUGS CHARGED TO PATIENTS	73	0.193511	6,787		1,313		31
31.01	OUTPATIENT PHARMACY	73.01						31.01
32	RENAL DIALYSIS	74	0.282145					32
33	ASC (NON-DISTINCT PART)	75						33
33.01	PSYCHIATRY	75.01						33.01
34	PSYCHIATRY	76	1.279648					34
34.97	CARDIAC REHABILITATION	76.97						34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98						34.98
34.99	LITHOTRIPSY	76.99						34.99
35	RURAL HEALTH CLINIC (RHC)	88						35
36	FEDERALLY QUALIFIED HLTH CTR (F	89						36
37	CLINIC	90	2.099648					37
37.01	OPFSITE CLINICS	90.01	0.793493					37.01
38	EMERGENCY	91	0.370018					38
39	OBSERVATION BEDS	92	0.286548					39
40	OTHER OUTPATIENT SERV (SPECIFY)	93						40
41	TOTAL (SUM OF LINES 8-40)			48,473		40,072		41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	AVERAGE COST PER DAY (FROM WKST D-2, PART I, COL. 4)		ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
	D	1			
42 ADULTS & PEDIATRICS	2				42
43 INTENSIVE CARE UNIT	3		1		43
43.01 NEONATOLOGY	3.01				43.01
44 CORONARY CARE UNIT	4				44
45 BURN INTENSIVE CARE UNIT	5				45
46 SURGICAL INTENSIVE CARE UNIT	6				46
47 OTHER SPECIAL CARE (SPECIFY)	7				47
48 TOTAL (SUM OF LINES 42-47)			1		48

  

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)		ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		D	2		
49 RURAL HEALTH CLINIC (RHC)		21			49
50 FEDERALLY QUALIFIED HLTH CTR (F		22			50
51 CLINIC		23			51
51.01 OFFSITE CLINICS		23.01			51.01
52 EMERGENCY		24			52
53 OBSERVATION BEDS		25			53
54 OTHER OUTPATIENT SERV (SPECIFY)		26			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 [ ] HEART [ ] LIVER [ ] PANCREAS [ ] ISLET  
 APPLICABLE BOX [XX] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
56 ROUTINE & ANCILLARY FROM PART I	42,314		52,311		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	849,538		849,538		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	891,852		901,849		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		19			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		7			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL (LINE 63 +LINE 62) USABLE ORGANS		0.368421			64
65 MEDICARE COST/CHARGES	328,577		332,260		65
66 REVENUE FOR ORGANS SOLD	41,340		41,340		66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	287,237		290,920		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	287,237		290,920		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER		4		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS	8			71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		7		73
74 TOTAL (SUM OF LINES 70-73)	8	11		74
75 ORGANS TRANSPLANTED	8	7		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		4	41,340	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)	8	11		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	6,691	38	1,548.71		1
2	INTENSIVE CARE UNIT	1,919	43	2,242.44		2
2.01	NEONATOLOGY		43.01	1,472.80		2.01
3	CORONARY CARE UNIT		44			3
4	BURN INTENSIVE CARE UNIT		45			4
5	SURGICAL INTENSIVE CARE UNIT		46			5
6	OTHER SPECIAL CARE (SPECIFY)		47			6
7	TOTAL (SUM OF LINES 1-6)	8,610				7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		C	RATIO OF COST TO CHARGES (FROM WKST C)	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
		1	2	3	4	
8	OPERATING ROOM	50	0.330298	6,691	2,210	8
9	RECOVERY ROOM	51	0.292177			9
10	DELIVERY ROOM & LABOR ROOM	52				10
11	ANESTHESIOLOGY	53	0.212415	1,515	322	11
12	RADIOLOGY-DIAGNOSTIC	54	0.241882	250	60	12
13	RADIOLOGY-THERAPEUTIC	55				13
14	RADIOISOTOPE	56				14
15	COMPUTED TOMOGRAPHY (CT) SCAN	57	0.105937			15
16	MAGNETIC RESONANCE IMAGING (MRI)	58	0.075635			16
17	CARDIAC CATHETERIZATION	59	0.208602	1,297	271	17
18	LABORATORY	60	0.301769	7,611	2,297	18
19	PBP CLINICAL LAB SERVICES-PRGM	61				19
20	WHOLE BLOOD & PCKD RED BLOOD CE	62				20
20.30	BLOOD CLOTTING FACTORS ADMIN CO	62.30				20.30
21	BLOOD STORING, PROCESSING & TRA	63				21
22	INTRAVENOUS THERAPY	64				22
23	RESPIRATORY THERAPY	65	0.173594	1,524	265	23
24	PHYSICAL THERAPY	66	0.716980			24
25	OCCUPATIONAL THERAPY	67	0.401255			25
26	SPEECH PATHOLOGY	68	0.533317			26
27	ELECTROCARDIOLOGY	69	0.625238	105	66	27
28	ELECTROENCEPHALOGRAPHY	70	0.659854			28
29	MEDICAL SUPPLIES CHRGED TO PATI	71	7.509905	1,850	13,893	29
30	IMPL. DEV. CHARGED TO PATIENT	72				30
31	DRUGS CHARGED TO PATIENTS	73	0.193511	3,394	657	31
31.01	OUTPATIENT PHARMACY	73.01				31.01
32	RENAL DIALYSIS	74	0.282145			32
33	ASC (NON-DISTINCT PART)	75				33
33.01	PSYCHIATRY	75.01				33.01
34	PSYCHIATRY	76	1.279648			34
34.97	CARDIAC REHABILITATION	76.97				34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98				34.98
34.99	LITHOTRIPSY	76.99				34.99
35	RURAL HEALTH CLINIC (RHC)	88				35
36	FEDERALLY QUALIFIED HLTH CTR (F CLINIC	89				36
37	CLINIC	90	2.099648			37
37.01	OFFSITE CLINICS	90.01	0.793493			37.01
38	EMERGENCY	91	0.370018			38
39	OBSERVATION BEDS	92	0.286548			39
40	OTHER OUTPATIENT SERV (SPECIFY)	93				40
41	TOTAL (SUM OF LINES 8-40)			24,237	20,041	41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		D	1	2	3
42	ADULTS & PEDIATRICS	2			42
43	INTENSIVE CARE UNIT	3			43
43.01	NEONATOLOGY	3.01			43.01
44	CORONARY CARE UNIT	4			44
45	BURN INTENSIVE CARE UNIT	5			45
46	SURGICAL INTENSIVE CARE UNIT	6			46
47	OTHER SPECIAL CARE (SPECIFY)	7			47
48	TOTAL (SUM OF LINES 42-47)				48

  

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		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	OFFSITE CLINICS		23.01		51.01
52	EMERGENCY		24		52
53	OBSERVATION BEDS		25		53
54	OTHER OUTPATIENT SERV (SPECIFY)		26		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 [XX] HEART [ ] LIVER [ ] PANCREAS [ ] ISLET  
 APPLICABLE BOX [ ] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
56 ROUTINE & ANCILLARY FROM PART I	20,041		32,847		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	962,504		962,504		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	982,545		995,351		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		13			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		2			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 +LINE 62)		0.153846			64
65 MEDICARE COST/CHARGES	151,161		153,131		65
66 REVENUE FOR ORGANS SOLD	20,670		20,670		66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	130,491		132,461		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	130,491		132,461		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER		2		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		11		73
74 TOTAL (SUM OF LINES 70-73)		13		74
75 ORGANS TRANSPLANTED		11		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		2	20,670	77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS				78
79 ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80 ORGANS SOLD OUTSIDE THE U.S.				80
81 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				81
82 ORGANS USED FOR RESEARCH				82
83 UNUSABLE/DISCARDED ORGANS				83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)		13		84

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PART I

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

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES	PER DIEM COSTS (FROM WKST D-1, PT. II)	ORGAN ACQUISITION DAYS	COST (COL.2 x COL.3)	
		1	D 2	3	4	1
1	ADULTS & PEDIATRICS		38	1,548.71		2
2	INTENSIVE CARE UNIT	1,152	43	2,242.44		2.01
2.01	NEONATOLOGY		43.01	1,472.80		3
3	CORONARY CARE UNIT		44			4
4	BURN INTENSIVE CARE UNIT		45			5
5	SURGICAL INTENSIVE CARE UNIT		46			6
6	OTHER SPECIAL CARE (SPECIFY)		47			7
7	TOTAL (SUM OF LINES 1-6)	1,152				
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		C	RATIO OF COST TO CHARGES (FROM WKST C)	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
		50	1	2	3	8
8	OPERATING ROOM	50	0.330298	4,197	1,386	9
9	RECOVERY ROOM	51	0.292177			10
10	DELIVERY ROOM & LABOR ROOM	52				11
11	ANESTHESIOLOGY	53	0.212415	909	193	12
12	RADIOLOGY-DIAGNOSTIC	54	0.241882	150	36	13
13	RADIOLOGY-THERAPEUTIC	55				14
14	RADIOISOTOPE	56				15
15	COMPUTED TOMOGRAPHY (CT) SCAN	57	0.105937			16
16	MAGNETIC RESONANCE IMAGING (MRI)	58	0.075635			17
17	CARDIAC CATHETERIZATION	59	0.208602	602	126	18
18	LABORATORY	60	0.301769	4,927	1,487	19
19	PBP CLINICAL LAB SERVICES-PRGM	61				20
20	WHOLE BLOOD & PCKD RED BLOOD CE	62				20.30
20.30	BLOOD CLOTTING FACTORS ADMIN CO	62.30				21
21	BLOOD STORING, PROCESSING & TRA	63				22
22	INTRAVENOUS THERAPY	64				23
23	RESPIRATORY THERAPY	65	0.173594	760	132	24
24	PHYSICAL THERAPY	66	0.716980			25
25	OCCUPATIONAL THERAPY	67	0.401255			26
26	SPEECH PATHOLOGY	68	0.533317			27
27	ELECTROCARDIOLOGY	69	0.625238	63	39	28
28	ELECTROENCEPHALOGRAPHY	70	0.659854			29
29	MEDICAL SUPPLIES CHRGD TO PATI	71	7.509905	1,209	9,079	30
30	IMPL. DEV. CHARGED TO PATIENT	72				31
31	DRUGS CHARGED TO PATIENTS	73	0.193511	1,499	290	31.01
31.01	OUTPATIENT PHARMACY	73.01				32
32	RENAL DIALYSIS	74	0.282145			33
33	ASC (NON-DISTINCT PART)	75				33.01
33.01	PSYCHIATRY	75.01				34
34	PSYCHIATRY	76	1.279648			34.97
34.97	CARDIAC REHABILITATION	76.97				34.98
34.98	HYPERBARIC OXYGEN THERAPY	76.98				34.99
34.99	LITHOTRIPSY	76.99				35
35	RURAL HEALTH CLINIC (RHC)	88				36
36	FEDERALLY QUALIFIED HLTH CTR (F	89				37
37	CLINIC	90	2.099648			37.01
37.01	OFFSITE CLINICS	90.01	0.793493			38
38	EMERGENCY	91	0.370018			39
39	OBSERVATION BEDS	92	0.286548			40
40	OTHER OUTPATIENT SERV (SPECIFY)	93				41
41	TOTAL (SUM OF LINES 8-40)			14,316	12,768	

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)	
		1	2	3	
42	ADULTS & PEDIATRICS	2			42
43	INTENSIVE CARE UNIT	3			43
43.01	NEONATOLOGY	3.01			43.01
44	CORONARY CARE UNIT	4			44
45	BURN INTENSIVE CARE UNIT	5			45
46	SURGICAL INTENSIVE CARE UNIT	6			46
47	OTHER SPECIAL CARE (SPECIFY)	7			47
48	TOTAL (SUM OF LINES 42-47)				48

  

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		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	OFFSITE CLINICS		23.01		51.01
52	EMERGENCY		24		52
53	OBSERVATION BEDS		25		53
54	OTHER OUTPATIENT SERV (SPECIFY)		26		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 [ ] HEART [XX] LIVER [ ] PANCREAS [ ] ISLET  
 APPLICABLE BOX [ ] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
56 ROUTINE & ANCILLARY FROM PART I	12,768		15,468		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	1,128,806		1,128,806		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-S, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	1,141,574		1,144,274		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		14			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		1			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 +LINE 62)		0.071429			64
65 MEDICARE COST/CHARGES	81,541		81,734		65
66 REVENUE FOR ORGANS SOLD	12,119		12,119		66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	69,422		69,615		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	69,422		69,615		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER		1		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS	4			71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		9		73
74 TOTAL (SUM OF LINES 70-73)	4	10		74
75 ORGANS TRANSPLANTED	4	9		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		1	12,119	77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS				78
79 ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80 ORGANS SOLD OUTSIDE THE U.S.				80
81 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				81
82 ORGANS USED FOR RESEARCH				82
83 UNUSABLE/DISCARDED ORGANS				83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)	4	10		84

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

CHECK APPLICABLE BOX:         HOSPITAL (14-3300)         IPF         IRF  
                                   SUB (OTHER)                                 SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	
1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	220		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	342,153	684,308	2
3	PPS PAYMENTS	554,705	1,109,409	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)			4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)	0.920	0.920	5
6	LINE 2 TIMES LINE 5	314,781	629,563	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)	220		11
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
12	ANCILLARY SERVICE CHARGES	909		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)	909		14
	CUSTOMARY CHARGES			
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000		17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	909		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	689		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)	220		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)	1,664,114		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	88,389		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)	1,575,945		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)	27,977		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)			29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	1,603,922		30
31	PRIMARY PAYER PAYMENTS			31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	1,603,922		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)	1,603,922		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)	1,603,922		40
41	INTERIM PAYMENTS	1,591,221		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	12,701		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

CHECK [XX] HOSPITAL (14-3300) [ ] SUB (OTHER)  
 APPLICABLE [ ] IPF [ ] SNF  
 BOX: [ ] IRF [ ] SWING BED SNF

INPATIENT  
 PART A  
 PART B  
 MM/DD/YYYY AMOUNT MM/DD/YYYY AMOUNT  
 1 2 3 4

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,953,089		1,575,725	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
PROGRAM .01		NONE			3.01
TO .02			08/26/2011	15,496	3.02
PROVIDER .03					3.03
TO .04					3.04
PROVIDER .05					3.05
TO .06					3.06
PROGRAM .07					3.07
TO .08					3.08
PROVIDER .09					3.09
TO .10					3.10
PROGRAM .11				NONE	3.11
TO .12					3.12
PROVIDER .13	08/26/2011	56,895			3.13
TO .14					3.14
PROGRAM .15					3.15
TO .16					3.16
PROVIDER .17					3.17
TO .18					3.18
PROGRAM .19					3.19
TO .20					3.20
PROGRAM .21					3.21
TO .22					3.22
PROGRAM .23					3.23
TO .24					3.24
PROGRAM .25					3.25
TO .26					3.26
PROGRAM .27					3.27
TO .28					3.28
PROGRAM .29					3.29
TO .30					3.30
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		-56,895		15,496	3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR B-3, LINE AND COLUMN AS APPROPRIATE)		1,896,194		1,591,221	4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
PROGRAM .01					5.01
TO .02					5.02
PROVIDER .03					5.03
TO .04					5.04
PROVIDER .05					5.05
TO .06					5.06
PROGRAM .07					5.07
TO .08					5.08
PROVIDER .09					5.09
TO .10					5.10
PROVIDER .11					5.11
TO .12					5.12
PROGRAM .13					5.13
TO .14					5.14
PROGRAM .15					5.15
TO .16					5.16
PROGRAM .17					5.17
TO .18					5.18
PROGRAM .19					5.19
TO .20					5.20
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					
PROGRAM .01					6.01
TO .02					6.02
PROVIDER .03					6.03
TO .04					6.04
PROGRAM .05					6.05
TO .06					6.06
PROGRAM .07					6.07
TO .08					6.08
PROGRAM .09					6.09
TO .10					6.10
PROGRAM .11					6.11
TO .12					6.12
PROGRAM .13					6.13
TO .14					6.14
PROGRAM .15					6.15
TO .16					6.16
PROGRAM .17					6.17
TO .18					6.18
PROGRAM .19					6.19
TO .20					6.20
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7

8 NAME OF CONTRACTOR:

CONTRACTOR NUMBER:

DATE:

\_\_\_\_\_

PROVIDER CCN: 14-3300 CHILDREN'S 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  
02/28/2012 15:48

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART I

CHECK [XX] HOSPITAL (14-3300)  
APPLICABLE BOX: [ ] SUB (OTHER)

PART I - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER TEFRA

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	1,321,304	1
2	ORGAN ACQUISITION	487,150	2
3	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		3
4	SUBTOTAL (SUM OF LINES 1-3)	1,808,454	4
5	PRIMARY PAYER PAYMENTS		5
6	SUBTOTAL (LINE 4 LESS LINE 5)	1,808,454	6
7	DEDUCTIBLES	33,684	7
8	SUBTOTAL (LINE 6 MINUS LINE 7)	1,774,770	8
9	COINSURANCE	5,492	9
10	SUBTOTAL (LINE 8 MINUS LINE 9)	1,769,278	10
11	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		11
12	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		12
13	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		13
14	SUBTOTAL (SUM OF LINES 10 AND 12)	1,769,278	14
15	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)	63,044	15
16	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		16
17	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		16
18	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,832,322	18
19	INTERIM PAYMENTS	1,896,194	19
20	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		20
21	BALANCE DUE PROVIDER/PROGRAM (LINE 18 MINUS THE SUM OF LINES 19 AND 20)	-63,872	21
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2		22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART II

CHECK  HOSPITAL  
APPLICABLE BOX:  IPF (14-S300)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	1
2	NET IPF PPS OUTLIER PAYMENT	2
3	NET IPF PPS ECT PAYMENT	3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	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)	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)	8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$	10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)	11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	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)	16
17	PRIMARY PAYER PAYMENTS	17
18	SUBTOTAL (LINE 16 LESS LINE 17)	18
19	DEDUCTIBLES	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	20
21	COINSURANCE	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	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)	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)	27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	28
29	OUTLIER PAYMENTS RECONCILIATION	29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	31
32	INTERIM PAYMENTS	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)	33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	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 (14-3300) [ ] SNF [ ] PPS  
 APPLICABLE [XX] TITLE XIX [ ] IPF [ ] NF [ ] TEFRA  
 BOXES: [ ] IRF [XX] OTHER  
 [ ] SUB (OTHER)

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

1	COMPUTATION OF NET COST OF COVERED SERVICES		
2	1 INPATIENT HOSPITAL SNF/NF SERVICES	102,394,080	1
3	2 MEDICAL AND OTHER SERVICES		2
4	3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
5	4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	102,394,080	4
6	5 INPATIENT PRIMARY PAYER PAYMENTS		5
7	6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
8	7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	102,394,080	7
9	COMPUTATION OF LESSER OF COST OR CHARGES		
10	REASONABLE CHARGES		
11	8 ROUTINE SERVICE CHARGES		8
12	9 ANCILLARY SERVICE CHARGES	192,173,772	9
13	10 ORGAN ACQUISITION CHARGES, NET OF REVENUE		10
14	11 INCENTIVE FROM TARGET AMOUNT COMPUTATION		11
15	12 TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	192,173,772	12
16	CUSTOMARY CHARGES		
17	13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
18	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
19	15 RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	15
20	16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	192,173,772	16
21	17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 7 (SEE INSTRUCTIONS))	89,779,692	17
22	18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 7 EXCEEDS LINE 16 (SEE INSTRUCTIONS))		18
23	19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
24	20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
25	21 COST OF COVERED SERVICES (LINE 7)	102,394,080	21
26	PROSPECTIVE PAYMENT AMOUNT		
27	22 OTHER THAN OUTLIER PAYMENTS	74,926,971	22
28	23 OUTLIER PAYMENTS		23
29	24 PROGRAM CAPITAL PAYMENTS		24
30	25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		25
31	26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS		26
32	27 SUBTOTAL (SUM OF LINES 22-26)	74,926,971	27
33	28 CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		28
34	29 TITLE V OR XIX PPS, LESSER OF LINES 27 OR 28, NON-PPS ENTER AMOUNT FROM LINE 27	74,926,971	29
35	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
36	30 EXCESS OF REASONABLE COST (FROM LINE 18)		30
37	31 SUBTOTAL (SUM OF LINES 19-21 MINUS 29)	27,467,109	31
38	32 DEDUCTIBLES		32
39	33 COINSURANCE		33
40	34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
41	35 UTILIZATION REVIEW		35
42	36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	27,467,109	36
43	37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
44	38 SUBTOTAL (LINE 36 ± LINE 37)	27,467,109	38
45	39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)		39
46	40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	27,467,109	40
47	41 INTERIM PAYMENTS		41
48	42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	27,467,109	42
49	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-S300) [ ] 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	2,227,183	1
2	MEDICAL AND OTHER SERVICES		2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	2,227,183	4
5	INPATIENT PRIMARY PAYER PAYMENTS	2,902,550	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS		6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	-675,367	7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
8	ROUTINE SERVICE CHARGES	4,185,987	8
9	ANCILLARY SERVICE CHARGES	543,655	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)	4,729,642	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 1.000000)	1.000000	15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	4,729,642	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 7 (SEE INSTRUCTIONS))	5,405,009	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 7 EXCEEDS LINE 16 (SEE INSTRUCTIONS))		18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21	COST OF COVERED SERVICES (LINE 7)	-675,367	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 22-26)		27
28	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		28
29	TITLE V OR XIX PPS, LESSER OF LINES 27 OR 28, NON-PPS ENTER AMOUNT FROM LINE 27		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	EXCESS OF REASONABLE COST (FROM LINE 18)		30
31	SUBTOTAL (SUM OF LINES 19-21 MINUS 29)	-675,367	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)	-675,367	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38	SUBTOTAL (LINE 36 ± LINE 37)	-675,367	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)	-675,367	40
41	INTERIM PAYMENTS		41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	-675,367	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				143.97	1
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996				
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)			5.49	2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA				3
3.01	DIRECT GME CAP REDUCTION 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)			149.46	5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			231.88	6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			149.46	7
		PRIMARY CARE	OTHER	TOTAL	
		1	2	3	
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	87.45	106.52	193.97	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	56.37	68.66	125.03	9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		3.59		10
11	TOTAL WEIGHTED FTE COUNT	56.37	72.25		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	55.13	70.93		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	55.81	71.89		13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	55.77	71.69		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	55.77	71.69		17
18	PER RESIDENT AMOUNT	89,197.25	89,197.25		18
19	APPROVED AMOUNT FOR RESIDENT COSTS	4,974,531	6,394,551	11,369,082	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)			82.42	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)			11,369,082	25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED		
		PART A	CARE		
26	INPATIENT DAYS	525			26
27	TOTAL INPATIENT DAYS	65,574			27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.008006			28
29	PROGRAM DIRECT GME AMOUNT	91,021			29
30	REDUCTION FOR NURSING/ALLIED HEALTH				30
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
31	NET PROGRAM DIRECT GME AMOUNT			91,021	31
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)				32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			7,021,737	33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 + LINE 33)				34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)				35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)				36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME					
PART A REASONABLE COST					
37	REASONABLE COST (SEE INSTRUCTIONS)			1,826,401	37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			487,150	38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)				39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)				40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			2,313,551	41
PART B REASONABLE COST					
42	REASONABLE COST (SEE INSTRUCTIONS)			1,026,681	42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)				43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			1,026,681	44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			3,340,232	45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 + LINE 45)			0.692632	46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 + LINE 45)			0.307368	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			91,021	48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			63,044	49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			27,977	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

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				2
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)				3
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA				3.01
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)				4
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))				4.01
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)				4.02
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)				5
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)				6
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)				7
7	ENTER THE LESSER OF LINE 5 OR LINE 6				8
		PRIMARY CARE	OTHER	TOTAL	
		1	2	3	
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR				9
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				10
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR				11
11	TOTAL WEIGHTED FTE COUNT				12
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)				13
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)				14
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)				15
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS				16
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE				17
17	ADJUSTED ROLLING AVERAGE FTE COUNT				18
18	PER RESIDENT AMOUNT				19
19	APPROVED AMOUNT FOR RESIDENT COSTS				20
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)				21
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)				22
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)				23
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)				24
24	MULTIPLY LINE 22 TIMES LINE 23				25
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)				
	COMPUTATION OF PROGRAM PATIENT LOAD	INPATIENT	MANAGED		
		PART A	CARE		
26	INPATIENT DAYS	34,891			26
27	TOTAL INPATIENT DAYS	65,574			27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.532086			28
29	PROGRAM DIRECT GME AMOUNT				29
30	REDUCTION FOR NURSING/ALLIED HEALTH				30
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				31
31	NET PROGRAM DIRECT GME AMOUNT				32
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)				33
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)				34
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 + LINE 33)				35
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)				36
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)				
	APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
	PART A REASONABLE COST				37
37	REASONABLE COST (SEE INSTRUCTIONS)				38
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)				39
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)				40
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)				41
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)				42
	PART B REASONABLE COST				43
42	REASONABLE COST (SEE INSTRUCTIONS)				44
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)				45
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)				46
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)				47
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 + LINE 45)				48
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 + LINE 45)				49
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)				49
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)				50
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)				

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
<b>CURRENT ASSETS</b>					
1	CASH ON HAND AND IN BANKS	13,637,107			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	34,745,659			4
5	OTHER RECEIVABLES	12,600,000			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-5,757,771			6
7	INVENTORY				7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	26,102,995			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	81,327,990			11
<b>FIXED ASSETS</b>					
12	LAND	39,289,353			12
13	LAND IMPROVEMENTS	499,477			13
14	ACCUMULATED DEPRECIATION				14
15	BUILDINGS	1,024,450,432			15
16	ACCUMULATED DEPRECIATION	-229,941,849			16
17	LEASEHOLD IMPROVEMENTS	12,792,587			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	260,661,898			23
24	ACCUMULATED DEPRECIATION	-253,745,088			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)	854,006,810			30
<b>OTHER ASSETS</b>					
31	INVESTMENTS	453,828,284	390,048,649	140,625,427	31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	122,250,770			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	576,079,054	390,048,649	140,625,427	35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	1,511,413,854	390,048,649	140,625,427	36
<b>LIABILITIES AND FUND BALANCES</b>					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
<b>CURRENT LIABILITIES</b>					
37	ACCOUNTS PAYABLE	90,876,396			37
38	SALARIES, WAGES & FEES PAYABLE				38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)				40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	17,834,793			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	108,711,189			45
<b>LONG-TERM LIABILITIES</b>					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	565,962,183			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	114,438,589			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	680,400,772			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	789,111,961			51
<b>CAPITAL ACCOUNTS</b>					
52	GENERAL FUND BALANCE	722,301,893			52
53	SPECIFIC PURPOSE FUND BALANCE		390,048,649		53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED			140,625,427	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)	722,301,893	390,048,649	140,625,427	59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	1,511,413,854	390,048,649	140,625,427	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	568,898,374		375,900,235		160,960,187				1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)	141,688,054								2
3 TOTAL (SUM OF LINE 1 AND LINE 2)	710,586,428		375,900,235		160,960,187				3
4 ADDITIONS (CREDIT ADJUSTMENTS)	19,797,946		78,934,853		5,778,713				4
5 GRANTS									5
6 INVESTMENT RETURN		16,053,907			1,057,281				6
7 TRANSFER FROM AFFILIATES									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)	19,797,946		94,988,760		6,835,994				10
11 SUBTOTAL (LINE 3 PLUS LINE 10)	730,384,374		470,888,995		167,796,181				11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)	8,082,481		79,783,065		27,170,754				12
13 TRANSFER TO AFFILIATES			1,057,281						13
14 CAPITAL ASSETS									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)	8,082,481		80,840,346		27,170,754				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)	722,301,893		390,048,649		140,625,427				19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	94,088,431		94,088,431	2
3 SUBPROVIDER IPF				3
4 SUBPROVIDER IRF				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	94,088,431		94,088,431	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	56,537,899		56,537,899	11.01
11.01 NEONATOLOGY	48,298,565		48,298,565	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	104,836,464		104,836,464	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	198,924,895		198,924,895	18
19 ANCILLARY SERVICES	501,983,351	455,534,497	957,517,848	19
20 OUTPATIENT SERVICES				20
21 RHC				21
22 FOHC				22
23 HOME HEALTH AGENCY				23
24 AMBULANCE				24
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	700,908,246	455,534,497	1,156,442,743	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		547,771,556	29
30 ADD (SPECIFY)			30
31			31
32			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)		547,771,556	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,156,442,743	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	667,002,129	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	489,440,614	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	547,771,556	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-58,330,942	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	60,098,537	6
7	INCOME FROM INVESTMENTS	99,749,289	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES	714,817	11
12	PARKING LOT RECEIPTS	1,038,952	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,250,993	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	4,027	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	98,651	21
22	RENTAL OF HOSPITAL SPACE	3,337,327	22
23	GOVERNMENTAL APPROPRIATIONS		23
24			24
24.01	OTHER (SELF INSURANCE INCOME)	4,498,652	24.01
24.02	OTHER (INTEREST INCOME)	1,184,189	24.02
24.03	OTHER (CHANGE IN UNREALIZED INVESTMENT)		24.03
24.04	OTHER (SPECIMEN REVENUE)	1,505,108	24.04
24.05	OTHER (ASSETS RELEASED FROM RESTRICTION)	4,761,810	24.05
24.06	OTHER (CMRI)	15,554,187	24.06
24.07	OTHER (INTEREST RATE SWAP)		24.07
24.08	OTHER (CONTRACT REVENUE-70412)	105,047	24.08
24.09	OTHER (SHUTTLE REVENUE)	40,236	24.09
24.10	OTHER (PRENTICE TRANSPORT)	17,118	24.10
24.11	OTHER (PENSION LIABILITY ADJUSTMENT)		24.11
24.12	OTHER (TRUST INCOME)	1,012,308	24.12
24.13	OTHER (CDH REVENUE)	3,137,466	24.13
24.14	OTHER (INDIRECT COST RECOVERY)	1,910,282	24.14
24.15	OTHER (ENDOWMENT & SP FUND RECOVERY)		24.15
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	200,018,996	25
26	TOTAL (LINE 5 PLUS LINE 25)	141,688,054	26
27			27
27.01	OTHER EXPENSES (LOSS ON DISPOSAL OF ASSETS)		27.01
27.02	OTHER EXPENSES (OTHER EXPENSE)		27.02
27.03	OTHER EXPENSES (PENSION LIABILITY ADJUSTMENT)		27.03
27.04	OTHER EXPENSES (INTEREST RATE SWAP)		27.04
27.05	OTHER EXPENSES (AFFILIATE TRANSFERS)		27.05
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	141,688,054	29

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL (COLS. 0-4) 2A	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
4.01 EMPLOYEE BENEFITS FTE BASED					4.01
5.01 ADMINISTRATION & GENERAL					5.01
5.02 ADMIN & GENERAL					5.02
5.03 ADMIN & GEN-CMRC					5.03
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
12.01 VOLUNTEERS					12.01
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
31.01 NEONATOLOGY					31.01
40 SUBPROVIDER - IPF					40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (MR)					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FACTORS ADMIN C					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGED TO PAT					71
73 DRUGS CHARGED TO PATIENTS					73
73.01 OUTPATIENT PHARMACY					73.01
74 RENAL DIALYSIS					74
75.01 PSYCHIATRY					75.01
76 PSYCHIATRY					76
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 OFFSITE CLINICS					90.01
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAP					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
105 KIDNEY ACQUISITION					105
106 HEART ACQUISITION					106
107 LIVER ACQUISITION					107
SPECIAL PURPOSE COST CENTERS					
110 INTESTINAL ACQUISITION					110
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
191 RESEARCH					191

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PERIOD FROM 09/01/2010 TO 08/31/2011

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 OFFSITE FACILITIES						192.01
193.01 ENDOWMENTS & OTHER SERVICES						193.01
193.02 NON-REIMBURSABLE CLINICS						193.02
194 ENDOWMENTS & OTHER SERVICES						194
194.01 NON-REIMBURSABLE CLINICS						194.01
194.02 KOHL HOUSE						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204

\*\*\*\*\* REPORT 97 \*\*\*\*\* UTILIZATION STATISTICS \*\*\*\*\*

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
30 ADULTS & PEDIATRICS	1.19		46.97				48.16 30
31 INTENSIVE CARE UNIT	0.36		57.77				58.13 31
31.01 NEONATOLOGY			50.23				50.23 31.01
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	0.35	0.03	18.98				19.36 50
51 RECOVERY ROOM	0.31	0.11	13.33				13.75 51
53 ANESTHESIOLOGY	0.38	0.07	17.17				17.62 53
54 RADIOLOGY-DIAGNOSTIC	0.30	0.10	15.13				15.53 54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.28	0.27	18.09				18.64 57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.13	0.29	9.09				9.51 58
59 CARDIAC CATHETERIZATION	0.97	0.27	15.79				17.03 59
60 LABORATORY	0.59	0.45	21.27				22.31 60
65 RESPIRATORY THERAPY	0.55	0.03	51.75				52.33 65
66 PHYSICAL THERAPY	0.11	0.03	8.27				8.41 66
67 OCCUPATIONAL THERAPY	0.23		12.73				12.96 67
68 SPEECH PATHOLOGY	0.06	0.04	6.54				6.64 68
69 ELECTROCARDIOLOGY	0.17	0.43	11.18				11.78 69
70 ELECTROENCEPHALOGRAPHY		0.08	5.77				5.85 70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.06		59.34				59.40 71
73 DRUGS CHARGED TO PATIENTS	0.74	1.61	40.77				43.12 73
74 RENAL DIALYSIS	3.10	0.05	12.46				15.61 74
76 PSYCHIATRY	0.03	0.04	1.30				1.37 76
90 CLINIC	0.01	0.89	1.61				2.51 90
90.01 OFFSITE CLINICS		0.06	0.02				0.08 90.01
91 EMERGENCY	0.10	0.04	9.71				9.85 91
200 TOTAL CHARGES	0.47	0.44	22.47				23.38 200

\*\*\*\*\* REPORT 97 \*\*\*\*\* UTILIZATION STATISTICS \*\*\*\*\*

SUBPROVIDER-IPF

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
40 SUBPROVIDER - IPF			55.54				55.54 40
UTILIZATION PERCENTAGES BASED ON CHARGES							
51 RECOVERY ROOM			0.01				0.01 51
53 ANESTHESIOLOGY			0.02				0.02 53
54 RADIOLOGY-DIAGNOSTIC			0.03				0.03 54
57 COMPUTED TOMOGRAPHY (CT) SCAN			0.03				0.03 57
58 MAGNETIC RESONANCE IMAGING (MRI)			0.06				0.06 58
59 CARDIAC CATHETERIZATION			0.02				0.02 59
60 LABORATORY			0.10				0.10 60
66 PHYSICAL THERAPY			0.02				0.02 66
67 OCCUPATIONAL THERAPY			0.02				0.02 67
69 ELECTROCARDIOLOGY			0.24				0.24 69
70 ELECTROENCEPHALOGRAPHY			0.01				0.01 70
73 DRUGS CHARGED TO PATIENTS			0.15				0.15 73
76 PSYCHIATRY			0.28				0.28 76
91 EMERGENCY			0.17				0.17 91
200 TOTAL CHARGES			0.06				0.06 200



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COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
193.01 ENDOWMENTS & OTHER SERVICES							193.01
193.02 NON-REIMBURSABLE CLINICS							193.02
194 ENDOWMENTS & OTHER SERVICES	16,812,291	3.34	8,826,481	3.95	25,638,772	5.09	194
194.01 NON-REIMBURSABLE CLINICS	4,494,355	0.89	6,775,631	3.03	11,269,986	2.24	194.01
194.02 KOHL HOUSE	20,438		5,429		25,867	0.01	194.02
200 CROSS FOOT ADJUSTMENTS							200
201 NEGATIVE COST CENTER							201
202 TOTAL	503,722,351	100.00			503,722,351	100.00	202

\*\*\*\* THIS PROVIDER IS NOT A PPS HOSPITAL

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS  
(WKST D-1 PART II LINE 49 - (WKST D  
PART III COLUMN 9 LINE 41 +  
WKST D PART IV COL 11 LINE 200))
2. TOTAL MEDICARE CHARGES  
(WKST D-3 LINE 40 COLUMN 2 PLUS  
WKST D-3 LINE 202 COLUMN 2)  
(SEE CR 5619)
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST 1,021,389  
EXCLUDING SERVICES NOT SUBJECT TO OPPTS.  
(WKST D, PART V, COLUMNS 2, 2.01, 2.02 x COLUMN 1  
LESS LINES 61, 66-68, 74, 94, 95 & 96)
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES 3,757,504  
EXCLUDING SERVICES NOT SUBJECT TO OPPTS.  
(WKST D, PART V, LINE 202, COLUMNS 2, 2.01,  
& 2.02 LESS LINES 61, 66-68, 74, 94, 95 &  
96)
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2) 0.272