

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
  2.  MANUALLY SUBMITTED COST REPORT
  3.  IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
  4.  MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.
- DATE: \_\_\_\_\_ TIME: \_\_\_\_\_
- CONTRACTOR USE ONLY
5.  COST REPORT STATUS
  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.
- 1 - AS SUBMITTED
  - 2 - SETTLED WITHOUT AUDIT
  - 3 - SETTLED WITH AUDIT
  - 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 SAINT LOUIS UNIVERSITY HOSPITAL (26-0105) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 06/01/2010 AND ENDING 05/31/2011, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) \_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1	HOSPITAL	-1,121,614	334,969		13,082,268	1
2	SUBPROVIDER - IPF	-75,561	-300		2,423,041	2
3	SUBPROVIDER - IRF					3
4	SUBPROVIDER (OTHER)					4
5	SWING BED - SNF					5
6	SWING BED - NF					6
7	SKILLED NURSING FACILITY					7
8	NURSING FACILITY					8
9	HOME HEALTH AGENCY					9
10	HEALTH CLINIC - RHC					10
11	HEALTH CLINIC - FQHC					11
12	OUTPATIENT REHABILITATION PROVIDER					12
200	TOTAL	-1,197,175	334,669		15,505,309	200

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

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 3635 VISTA AT GRAND BLVD  
 2 CITY: ST. LOUIS

STATE: MO

P.O.BOX:  
 ZIP CODE: 63110

COUNTY: SAINT LOUIS

1  
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)				
						V 6	XVIII 7	XIX 8		
3	HOSPITAL									
4	SUBPROVIDER - IPF	26-0105	41180	1	07/01/1966	O	P	O	3	
5	SUBPROVIDER - IRF	26-S105	41180	4	07/01/1984	N	P	O	4	
6	SUBPROVIDER - (OTHER)									5
7	SWING BEDS - SNF									6
8	SWING BEDS - NF									7
9	HOSPITAL-BASED SNF									8
10	HOSPITAL-BASED NF									9
11	HOSPITAL-BASED OLTC									10
12	HOSPITAL-BASED HHA									11
13	SEPARATELY CERTIFIED ASC									12
14	HOSPITAL-BASED HOSPICE									13
15	HOSPITAL-BASED HEALTH CLINIC - RHC									14
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									15
17	HOSPITAL-BASED (CMHC)									16
18	RENAL DIALYSIS	26-2310	41180		07/01/1966					17
19	OTHER									18
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 06/01/2010			TO: 05/31/2011					19
21	TYPE OF CONTROL				4					20
										21

INPATIENT PPS INFORMATION

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

		IN-STATE	IN-STATE	OUT-OF	OUT-OF	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6	
		MEDICAID PAID DAYS 1	MEDICAID ELIGIBLE DAYS 2	STATE MEDICAID PAID DAYS 3	STATE MEDICAID ELIGIBLE DAYS 4			
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.	9,937	2,321	4,444	819	743		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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

TEACHING HOSPITALS

	1	2	3	
56 IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			56
57 IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58 IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 21248? IF YES, COMPLETE WORKSHEET D-5.	N			58
59 ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60 ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	Y			60

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

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

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

TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS

63 HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	Y			63
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SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS

	UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/COL.2)	
THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.				
64 ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTES ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTES THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	10.98	212.75	0.049077	64

ENTER IN LINES 65-65.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTES THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4). (SEE INSTRUCTIONS)

	UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/COL.2)	
PROGRAM NAME	PROGRAM CODE			
1	2	3	4	5
65 INTERNAL MEDICINE	1400	2.61	58.81	0.042494 65
65.01 GERIATRIC MEDICINE	1408	0.41	2.16	0.159533 65.01
65.02 INTERNAL MEDICINE 7 PEDIATRICS	1450	0.64	6.31	0.092086 65.02

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

	UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/COL.2)	
EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010				
66 ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTES ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTES THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)				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.			Y 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 1 2 N Y	XIX 1 2 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)?			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 ATIONAL N	RESPI- RATORY	109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	N	115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	1	118
119	WHAT IS THE LIABILITY LIMIT FOR THE MALPRACTICE INSURANCE POLICY? ENTER IN COLUMN 1 THE MONETARY LIMIT PER LAWSUIT. ENTER IN COLUMN 2 THE MONETARY LIMIT PER POLICY YEAR.	200,000,000	200,000,000 119
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N 120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	121

TRANSPLANT CENTER INFORMATION

125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.	Y	125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.	07/06/1977	126
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		127
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.	03/15/1995	128
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		129
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.	07/01/1999	130
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		131
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		132
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		134

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	Y	HB0557 140
IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.			
141	NAME: TENET HEALTHCARE CORP	CONTRACTOR'S NAME: TRAILBLAZER HEALTH ENTERPRISES	CONTRACTOR'S NUMBER: 04901 141
142	STREET: 1445 ROSS AVENUE, STE 1400	P.O. BOX:	142
143	CITY: DALLAS	STATE: TX	ZIP CODE: 75202-2703 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	1	2
156	SUBPROVIDER - IPF	N	N 155
157	SUBPROVIDER - IRF	N	N 156
158	SUBPROVIDER - (OTHER)	N	N 157
159	SNF	N	N 158
160	HHA	N	N 159
161	CMHC	N	N 160

MULTICAMPUS

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
 PART II

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

COMPLETED BY ALL HOSPITALS

PROVIDER ORGANIZATION AND OPERATION		Y/N	DATE		
1	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	2	1	
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N			
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.	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.	N		2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3	
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	1	2	3	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	Y	A	4	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		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	2		
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	Y	Y	6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	Y		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y 12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15	
PS&R REPORT DATA		PART A		PART B	
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)	Y/N	DATE	Y/N	DATE
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	09/30/2011	Y	09/30/2011
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	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

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





HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200		91,826,415	3,091,324.00	29.70	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		52,354	2,079.00	25.18	7
8	HOME OFFICE PERSONNEL						8
9	SNF	44					9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)						10
	OTHER WAGES & RELATED COSTS	4,607,455	-8,776	4,598,679	157,752.00	29.15	11
11	CONTRACT LABOR (SEE INSTRUCTIONS)	4,892,082		4,892,082	105,244.00	46.48	12
12	MANAGEMENT AND ADMINISTRATIVE SERVICES						13
13	CONTRACT LABOR: PHYSICIAN-PART A						14
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS	9,237,071		9,237,071	172,125.00	53.66	15
15	HOME OFFICE: PHYSICIAN-PART A						16
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						17
	WAGE-RELATED COSTS						18
17	WAGE-RELATED COSTS (CORE)	17,500,085		17,500,085			19
18	WAGE-RELATED COSTS (OTHER)						20
19	EXCLUDED AREAS	1,017,294		1,017,294			21
20	NON-PHYSICIAN ANESTHETIST PART A						22
21	NON-PHYSICIAN ANESTHETIST PART B						23
22	PHYSICIAN PART A						24
23	PHYSICIAN PART B						25
24	WAGE-RELATED COSTS (RHC/FQHC)						26
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	10,811		10,811			27
	OVERHEAD COSTS - DIRECT SALARIES						28
26	EMPLOYEE BENEFITS	586,299		586,299	21,167.00	27.70	29
27	ADMINISTRATIVE & GENERAL	9,962,903	-61,369	9,901,534	327,991.00	30.19	30
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)	42,013		42,013	717.00	58.60	31
29	MAINTENANCE & REPAIRS	407,481		407,481	14,703.00	27.71	32
30	OPERATION OF PLANT						33
31	LAUNDRY & LINEN SERVICE	81,531		81,531	6,502.00	12.54	34
32	HOUSEKEEPING	27		27	2.00	13.50	35
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						36
34	DIETARY						37
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						38
36	CAFETERIA						39
37	MAINTENANCE OF PERSONNEL						40
38	NURSING ADMINISTRATION	1,418,043		1,418,043	36,588.00	38.76	41
39	CENTRAL SERVICES AND SUPPLY	743,716		743,716	44,528.00	16.70	42
40	PHARMACY	4,288,088	-194,273	4,093,815	112,323.00	36.45	43
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	2,955,729		2,955,729	115,060.00	25.69	44
42	SOCIAL SERVICE	1,770,241		1,770,241	59,763.00	29.62	45
43	OTHER GENERAL SERVICE						46

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	91,816,074		91,816,074	3,089,962.00	29.71	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	4,607,455	-8,776	4,598,679	157,752.00	29.15	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	87,208,619	8,776	87,217,395	2,932,210.00	29.74	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	14,129,153		14,129,153	277,369.00	50.94	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	17,500,085		17,500,085		20.06%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	118,837,857	8,776	118,846,633	3,209,579.00	37.03	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	22,256,071	-255,642	22,000,429	739,344.00	29.76	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
 PART IV

PART A - CORE LIST

		AMOUNT REPORTED	
RETIREMENT COST			
1	401K EMPLOYER CONTRIBUTIONS	849,003	1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3	QUALIFIED AND NON-QUALIFIED PENSION PLAN COST		3
4	PRIOR YEAR PENSION SERVICE COST		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)			
5	401K/TSA PLAN ADMINISTRATION FEES		5
6	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST			
8	HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	9,108,523	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN		10
11	LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)		11
12	ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13	DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		13
14	LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15	WORKERS' COMPENSATION INSURANCE	1,144,508	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	6,575,791	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE	112,991	19
20	STATE OR FEDERAL UNEMPLOYMENT TAXES	354,426	20
OTHER			
21	EXECUTIVE DEFERRED COMPENSATION		21
22	DAY CARE COSTS AND ALLOWANCES		22
23	TUITION REIMBURSEMENT	382,857	23
24	TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	18,528,099	24
PART B - OTHER THAN CORE RELATED COST			
25	OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITA  
PERIOD FROM 06/01/2010 TO 05/31/2011

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

VERSION: 2011.10  
11/29/2011 16:07

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3  
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT
0		LABOR	COST
		1	2
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST		1
2	HOSPITAL	4,937,460	2
3	SUBPROVIDER - IPF	4,892,082	3
4	SUBPROVIDER - IRF	45,378	4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTC		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 200, COL. 3 DIVIDED BY LINE 200, COL. 8)				0.202654	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				61,765,144	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID					5
6	MEDICAID CHARGES				245,539,161	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				49,759,493	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 2 PLUS LINE 5 MINUS LINE 7)				-12,005,651	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 9 MINUS LINE 11)					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)				4,124,125	13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)				23,989,086	14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)				4,861,484	15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 13 MINUS LINE 15)				737,359	16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS				17,005	18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				-11,268,292	19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL		
		1	2	3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FAMILY	28,737,844	266,694	29,004,538		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES	5,823,839	54,047	5,877,886		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	25,392	2,000	27,392		22
23	COST OF CHARITY CARE	5,798,447	52,047	5,850,494		23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM					N 24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)				30,973,585	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				1,352,703	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				29,620,882	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				6,002,790	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				11,853,284	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				584,992	31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
GENERAL SERVICE COST CENTERS						
1	00100		3,672,022	3,672,022	977,250	1
2	00200		10,268,524	10,268,524	2,867,915	2
3	00300		2,005,133	2,005,133	-2,005,133	3
4	00400	586,299	11,440,291	12,026,590	-1,714	4
5	00500	9,962,903	53,216,938	63,179,841	-293,202	5
6	00600	407,481	169,732	577,213	-1,963	6
7	00700		12,525,210	12,525,210	-2,330,774	7
8	00800	81,531	1,002,321	1,083,852	-14	8
9	00900	27	3,503,553	3,503,580	-5,967	9
10	01000		3,183,141	3,183,141	-2,468,423	10
11	01100				2,023,617	11
12	01200					12
13	01300	1,418,043	237,244	1,655,287	-13,244	13
14	01400	743,716	3,117,871	3,861,587	-2,592,649	14
15	01500	4,288,088	18,166,836	22,454,924	-15,749,324	15
16	01600	2,490,580	1,090,246	3,580,826	-2,913	16
16.01	01850	465,149	155,126	620,275	-116	16.01
17	01700	1,770,241	464,546	2,234,787	-2,244	17
19	01900					19
20	02000					20
21	02100	52,354		52,354		21
22	02200		27,654,348	27,654,348		22
23	02300				241,804	23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	17,962,424	5,555,104	23,517,528	-1,939,694	30
31	03100	2,720,488	951,696	3,672,184	-188,072	31
31.01	03101	2,265,167	893,645	3,158,812	-205,120	31.01
31.02	03102	2,648,780	904,918	3,553,698	-217,324	31.02
31.03	03103	2,313,085	749,879	3,062,964	-205,387	31.03
31.04	03104	2,634,018	967,185	3,601,203	-253,488	31.04
40	04000	2,801,080	558,611	3,359,691	95,254	40
ANCILLARY SERVICE COST CENTERS						
50	05000	5,024,798	26,110,125	31,134,923	-21,947,450	50
51	05100	2,340,506	696,077	3,036,583	-291,146	51
53	05300	183,320	1,423,977	1,607,297	-1,008,934	53
54	05400	6,559,656	8,094,555	14,654,211	-5,422,981	54
54.03	03330	824,983	1,016,987	1,841,970	-674,881	54.03
54.05	05401	286,726	285,705	572,431	81,991	54.05
55	05500	679,002	1,173,705	1,852,707	247,439	55
56	05600	418,066	936,816	1,354,882	-62,420	56
59	05900	8,162	55,179	63,341	-26,129	59
60	06000	5,193,451	10,113,024	15,306,475	-2,490,155	60
60.02	06002					60.02
62.30	06250					62.30
63	06300		3,490,259	3,490,259	-302	63
65	06500	1,913,371	1,023,787	2,937,158	-695,209	65
66	06600	1,916,335	431,377	2,347,712	-58,392	66
69	06900	2,400,293	3,955,830	6,356,123	-2,660,986	69
69.02	03650					69.02
70	07000	479,184	203,238	682,422	-14,232	70
71	07100				17,080,009	71
72	07200				18,906,094	72
73	07300				16,710,887	73
74	07400	135	1,518,891	1,519,026	-33,919	74
75	07500	981,782	347,091	1,328,873	-875,113	75
76	03950					76
76.01	03551					76.01
76.29	03961					76.29
76.30	03962	144,232	116,517	260,749		76.30
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	306,744	394,506	701,250	-9,784	90
90.02	09002				1,749,234	90.02
91	09100	4,747,840	8,594,185	13,342,025	-890,232	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
94	09400					94
SPECIAL PURPOSE COST CENTERS						
105	10500	1,801,767	1,925,068	3,726,835	363,906	105
107	10700		1,106,412	1,106,412	905,772	107
109	10900		155,824	155,824	10,723	109
113	11300		24,000,000	24,000,000		113
118						118
118		91,821,807	259,623,255	351,445,062	-3,377,135	118
NONREIMBURSABLE COST CENTERS						
190	19000	-1,884	8,815	6,931		190

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 PERIOD FROM 06/01/2010 TO 05/31/2011

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

VERSION: 2011.10  
 11/29/2011 16:07

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
194 07950 DOCTORS MEALS				444,448	194
194.05 07955 PUBLIC RELATIONS				583,634	194.05
194.11 07961 UNIVERSITY SPACE				1,729,640	194.11
194.12 07962 CANCER CENTER				587,742	194.12
194.13 07963 MARKET SPACE					194.13
194.14 07964 RENTAL PROPERTIES	6,492	275,981	282,473		194.14
194.15 07965 OP CATH LAB-UNIV				31,671	194.15
200 TOTAL (SUM OF LINES 118-199)	91,826,415	259,908,051	351,734,466		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
GENERAL SERVICE COST CENTERS					
1	00100	4,649,272	641,110	5,290,382	1
2	00200	13,136,439	-158,360	12,978,079	2
3	00300				3
4	00400	12,024,876		12,024,876	4
5	00500	62,886,639	6,024,357	68,910,996	5
6	00600	575,250		575,250	6
7	00700	10,194,436	-511,658	9,682,778	7
8	00800	1,083,838	-9,734	1,074,104	8
9	00900	3,497,613		3,497,613	9
10	01000	714,718	-17,643	697,075	10
11	01100	2,023,617		2,023,617	11
12	01200				12
13	01300	1,642,043		1,642,043	13
14	01400	1,268,938		1,268,938	14
15	01500	6,705,600		6,705,600	15
16	01600	3,577,913	-39,153	3,538,760	16
16.01	01850	620,159		620,159	16.01
17	01700	2,232,543	-156,485	2,076,058	17
19	01900				19
20	02000				20
21	02100	52,354		52,354	21
22	02200	27,654,348		27,654,348	22
23	02300	241,804		241,804	23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	21,577,834	-44,738	21,533,096	30
31	03100	3,484,112		3,484,112	31
31.01	03101	2,953,692		2,953,692	31.01
31.02	03102	3,336,374		3,336,374	31.02
31.03	03103	2,857,577		2,857,577	31.03
31.04	03104	3,347,715		3,347,715	31.04
40	04000	3,454,945	-202,443	3,252,502	40
ANCILLARY SERVICE COST CENTERS					
50	05000	9,187,473		9,187,473	50
51	05100	2,745,437		2,745,437	51
53	05300	598,363		598,363	53
54	05400	9,231,230	-195,247	9,035,983	54
54.03	03330	1,167,089		1,167,089	54.03
54.05	05401	654,422		654,422	54.05
55	05500	2,100,146	-558,943	1,541,203	55
56	05600	1,292,462		1,292,462	56
59	05900	37,212		37,212	59
60	06000	12,816,320		12,816,320	60
60.02	06002				60.02
62.30	06250				62.30
63	06300	3,489,957		3,489,957	63
65	06500	2,241,949		2,241,949	65
66	06600	2,289,320	-35	2,289,285	66
69	06900	3,695,137		3,695,137	69
69.02	03650				69.02
70	07000	668,190		668,190	70
71	07100	17,080,009		17,080,009	71
72	07200	18,906,094		18,906,094	72
73	07300	16,710,887	-112,213	16,598,674	73
74	07400	1,485,107		1,485,107	74
75	07500	453,760		453,760	75
76	03950				76
76.01	03551				76.01
76.29	03961				76.29
76.30	03962	260,749		260,749	76.30
76.97	07697				76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	691,466	-6,596	684,870	90
90.02	09002	1,749,234		1,749,234	90.02
91	09100	12,451,793	-6,718,881	5,732,912	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
94	09400				94
SPECIAL PURPOSE COST CENTERS					
105	10500	4,090,741	-66,392	4,024,349	105
107	10700	2,012,184	-6,460	2,005,724	107
109	10900	166,547		166,547	109
113	11300	24,000,000	-24,000,000		113
118		348,067,927	-26,139,514	321,928,413	118
NONREIMBURSABLE COST CENTERS					
190	19000	6,931	139,140	146,071	190

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11/29/2011 16:07

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	
194 07950 DOCTORS MEALS	444,448		444,448	194
194.05 07955 PUBLIC RELATIONS	583,634		583,634	194.05
194.11 07961 UNIVERSITY SPACE	1,729,640		1,729,640	194.11
194.12 07962 CANCER CENTER	587,742		587,742	194.12
194.13 07963 MARKET SPACE				194.13
194.14 07964 RENTAL PROPERTIES	282,473		282,473	194.14
194.15 07965 OP CATH LAB-UNIV	31,671		31,671	194.15
200 TOTAL (SUM OF LINES 118-199)	351,734,466	-26,000,374	325,734,092	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
1		2	3	4	5	
1						1
2 RECLASS OF OTHER COC COSTS	C	ADMINISTRATIVE & GENERAL	5		139,415	2
3						3
4						4
5 OFFEROR REBATES	D	CENTRAL SERVICES & SUPPLY	14		151,337	5
6 OFFEROR REBATES	D	PHARMACY	15		380,450	6
7						7
8						8
9 DIETARY RECLASS - OTHER COSTS	E	CAFETERIA	11		2,023,617	9
10 DIETARY RECLASS - OTHER COSTS	E	DOCTORS MEALS	194		444,448	10
11						11
12						12
13 RECLASS OF HIGH COST IMPLANTABLES	F	IMPL. DEV. CHARGED TO PATIENT	72		18,906,094	13
14						14
15						15
16 RECLASS PARAMED ED (OTHER)	H	PARAMED ED PRGM-(SPECIFY)	23	194,273	47,531	16
17						17
18						18
19 TENETCARE RECLASS - OTHER	G	RADIOISOTOPE	56	18,392	8,844	19
20 TENETCARE RECLASS - OTHER	G	ELECTROCARDIOLOGY	69	175,510	84,395	20
21 TENETCARE RECLASS - OTHER	G	ELECTROENCEPHALOGRAPHY	70	12,413	5,969	21
22						22
23						23
24 RECLASS FLOAT POOL (OTHER)	I	ADMINISTRATIVE & GENERAL	5	127,695	95,677	24
25 RECLASS FLOAT POOL (OTHER)	I	INTENSIVE CARE UNIT	31	62,044	36,533	25
26 RECLASS FLOAT POOL (OTHER)	I	6TH ICU	31.01	55,901	32,916	26
27 RECLASS FLOAT POOL (OTHER)	I	7TH ICU	31.02	61,731	36,349	27
28 RECLASS FLOAT POOL (OTHER)	I	8TH ICU	31.03	54,603	32,152	28
29 RECLASS FLOAT POOL (OTHER)	I	5TH ICU	31.04	72,637	42,771	29
30 RECLASS FLOAT POOL (OTHER)	I	SUBPROVIDER - IPF	40	74,371	43,792	30
31						31
32						32
33 RADIOLOGY CLINIC (SALARIES)	J	RADIOLOGY-THERAPEUTIC	55	64,284	213,779	33
34						34
35						35
36 RECLASS OF RENTAL/LEASE EQUIP	W	CAP REL COSTS-MVBLE EQUIP	2		1,979,447	36
37 RECLASS OF RENTAL/LEASE EQUIP	W					37
38 RECLASS OF RENTAL/LEASE EQUIP	W					38
39 RECLASS OF RENTAL/LEASE EQUIP	W					39
40 RECLASS OF RENTAL/LEASE EQUIP	W					40
41 RECLASS OF RENTAL/LEASE EQUIP	W					41
42 RECLASS OF RENTAL/LEASE EQUIP	W					42
43 RECLASS OF RENTAL/LEASE EQUIP	W					43
44 RECLASS OF RENTAL/LEASE EQUIP	W					44
45 RECLASS OF RENTAL/LEASE EQUIP	W					45
46 RECLASS OF RENTAL/LEASE EQUIP	W					46
47 RECLASS OF RENTAL/LEASE EQUIP	W					47
48 RECLASS OF RENTAL/LEASE EQUIP	W					48
49 RECLASS OF RENTAL/LEASE EQUIP	W					49
50 RECLASS OF RENTAL/LEASE EQUIP	W					50
51 RECLASS OF RENTAL/LEASE EQUIP	W					51
52 RECLASS OF RENTAL/LEASE EQUIP	W					52
53 RECLASS OF RENTAL/LEASE EQUIP	W					53
54 RECLASS OF RENTAL/LEASE EQUIP	W					54
55 RECLASS OF RENTAL/LEASE EQUIP	W					55
56 RECLASS OF RENTAL/LEASE EQUIP	W					56
57 RECLASS OF RENTAL/LEASE EQUIP	W					57
58 RECLASS OF RENTAL/LEASE EQUIP	W					58
59 RECLASS OF RENTAL/LEASE EQUIP	W					59
60 RECLASS OF RENTAL/LEASE EQUIP	W					60
61 RECLASS OF RENTAL/LEASE EQUIP	W					61
62 RECLASS OF RENTAL/LEASE EQUIP	W					62
63 RECLASS OF RENTAL/LEASE EQUIP	W					63
64 RECLASS OF RENTAL/LEASE EQUIP	W					64
65 RECLASS OF RENTAL/LEASE EQUIP	W					65
66 RECLASS OF RENTAL/LEASE EQUIP	W					66
67 RECLASS OF RENTAL/LEASE EQUIP	W					67
68 RECLASS OF RENTAL/LEASE EQUIP	W					68
69						69
70						70
71 CHARGEABLE SUPPLIES	X	ADMINISTRATIVE & GENERAL	5		52,798	71
72 CHARGEABLE SUPPLIES	X	CARDIAC CATHETERIZATION	59		5,566	72
73 CHARGEABLE SUPPLIES	X	MEDICAL SUPPLIES CHRGED TO PA	71		36,137,440	73
74 CHARGEABLE SUPPLIES	X					74
75 CHARGEABLE SUPPLIES	X					75
76 CHARGEABLE SUPPLIES	X					76
77 CHARGEABLE SUPPLIES	X					77

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						1
2 RECLASS OF OTHER COC COSTS	C	OTHER CAPITAL RELATED COSTS	3		139,415	2
3						3
4						4
5 OFFEROR REBATES	D	MEDICAL SUPPLIES CHRGED TO PA	71		151,337	5
6 OFFEROR REBATES	D	DRUGS CHARGED TO PATIENTS	73		380,450	6
7						7
8						8
9 DIETARY RECLASS - OTHER COSTS	E	DIETARY	10		2,468,065	9
10 DIETARY RECLASS - OTHER COSTS	E					10
11						11
12						12
13 RECLASS OF HIGH COST IMPLANTABLES	F	MEDICAL SUPPLIES CHRGED TO PA	71		18,906,094	13
14						14
15						15
16 RECLASS PARAMED ED (OTHER)	H	PHARMACY	15	194,273	47,531	16
17						17
18						18
19 TENETCARE RECLASS - OTHER	G	RADIOLOGY-DIAGNOSTIC	54	206,315	99,208	19
20 TENETCARE RECLASS - OTHER	G					20
21 TENETCARE RECLASS - OTHER	G					21
22						22
23						23
24 RECLASS FLOAT POOL (OTHER)	I	ADULTS & PEDIATRICS	30	508,982	320,190	24
25 RECLASS FLOAT POOL (OTHER)	I					25
26 RECLASS FLOAT POOL (OTHER)	I					26
27 RECLASS FLOAT POOL (OTHER)	I					27
28 RECLASS FLOAT POOL (OTHER)	I					28
29 RECLASS FLOAT POOL (OTHER)	I					29
30 RECLASS FLOAT POOL (OTHER)	I					30
31						31
32						32
33 RADIOLOGY CLINIC (SALARIES)	J	RADIOLOGY-DIAGNOSTIC	54	64,284	213,779	33
34						34
35						35
36 RECLASS OF RENTAL/LEASE EQUIP	W	EMPLOYEE BENEFITS	4		160	10 36
37 RECLASS OF RENTAL/LEASE EQUIP	W	ADMINISTRATIVE & GENERAL	5		18,006	37
38 RECLASS OF RENTAL/LEASE EQUIP	W	MAINTENANCE & REPAIRS	6		849	38
39 RECLASS OF RENTAL/LEASE EQUIP	W	OPERATION OF PLANT	7		119,863	39
40 RECLASS OF RENTAL/LEASE EQUIP	W	HOUSEKEEPING	9		5,935	40
41 RECLASS OF RENTAL/LEASE EQUIP	W	DIETARY	10		358	41
42 RECLASS OF RENTAL/LEASE EQUIP	W	NURSING ADMINISTRATION	13		7,800	42
43 RECLASS OF RENTAL/LEASE EQUIP	W	CENTRAL SERVICES & SUPPLY	14		1,545,238	43
44 RECLASS OF RENTAL/LEASE EQUIP	W	PHARMACY	15		28,172	44
45 RECLASS OF RENTAL/LEASE EQUIP	W	MEDICAL RECORDS & LIBRARY	16		2,913	45
46 RECLASS OF RENTAL/LEASE EQUIP	W	QUALITY ASSURANCE	16.01		116	46
47 RECLASS OF RENTAL/LEASE EQUIP	W	SOCIAL SERVICE	17		2,200	47
48 RECLASS OF RENTAL/LEASE EQUIP	W	ADULTS & PEDIATRICS	30		8,508	48
49 RECLASS OF RENTAL/LEASE EQUIP	W	INTENSIVE CARE UNIT	31		738	49
50 RECLASS OF RENTAL/LEASE EQUIP	W	6TH ICU	31.01		393	50
51 RECLASS OF RENTAL/LEASE EQUIP	W	7TH ICU	31.02		489	51
52 RECLASS OF RENTAL/LEASE EQUIP	W	8TH ICU	31.03		419	52
53 RECLASS OF RENTAL/LEASE EQUIP	W	5TH ICU	31.04		393	53
54 RECLASS OF RENTAL/LEASE EQUIP	W	SUBPROVIDER - IPF	40		923	54
55 RECLASS OF RENTAL/LEASE EQUIP	W	OPERATING ROOM	50		51,343	55
56 RECLASS OF RENTAL/LEASE EQUIP	W	RECOVERY ROOM	51		2,371	56
57 RECLASS OF RENTAL/LEASE EQUIP	W	ANESTHESIOLOGY	53		135	57
58 RECLASS OF RENTAL/LEASE EQUIP	W	RADIOLOGY-DIAGNOSTIC	54		6,968	58
59 RECLASS OF RENTAL/LEASE EQUIP	W	ENDOSCOPY	54.03		431	59
60 RECLASS OF RENTAL/LEASE EQUIP	W	RADIOLOGY-THERAPEUTIC	55		2,774	60
61 RECLASS OF RENTAL/LEASE EQUIP	W	LABORATORY	60		27,477	61
62 RECLASS OF RENTAL/LEASE EQUIP	W	BLOOD STORING, PROCESSING & T	63		302	62
63 RECLASS OF RENTAL/LEASE EQUIP	W	RESPIRATORY THERAPY	65		97,667	63
64 RECLASS OF RENTAL/LEASE EQUIP	W	PHYSICAL THERAPY	66		10,885	64
65 RECLASS OF RENTAL/LEASE EQUIP	W	ELECTROCARDIOLOGY	69		5,060	65
66 RECLASS OF RENTAL/LEASE EQUIP	W	ELECTROENCEPHALOGRAPHY	70		30	66
67 RECLASS OF RENTAL/LEASE EQUIP	W	ASC (NON-DISTINCT PART)	75		4,934	67
68 RECLASS OF RENTAL/LEASE EQUIP	W	EMERGENCY	91		25,597	68
69						69
70						70
71 CHARGEABLE SUPPLIES	X	EMPLOYEE BENEFITS	4		1,545	71
72 CHARGEABLE SUPPLIES	X	MAINTENANCE & REPAIRS	6		1,105	72
73 CHARGEABLE SUPPLIES	X	OPERATION OF PLANT	7		16	73
74 CHARGEABLE SUPPLIES	X	LAUNDRY & LINEN SERVICE	8		14	74
75 CHARGEABLE SUPPLIES	X	HOUSEKEEPING	9		32	75
76 CHARGEABLE SUPPLIES	X	NURSING ADMINISTRATION	13		5,444	76
77 CHARGEABLE SUPPLIES	X	CENTRAL SERVICES & SUPPLY	14		1,122,725	77

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
78 CHARGEABLE SUPPLIES	X				78
79 CHARGEABLE SUPPLIES	X				79
80 CHARGEABLE SUPPLIES	X				80
81 CHARGEABLE SUPPLIES	X				81
82 CHARGEABLE SUPPLIES	X				82
83 CHARGEABLE SUPPLIES	X				83
84 CHARGEABLE SUPPLIES	X				84
85 CHARGEABLE SUPPLIES	X				85
86 CHARGEABLE SUPPLIES	X				86
87 CHARGEABLE SUPPLIES	X				87
88 CHARGEABLE SUPPLIES	X				88
89 CHARGEABLE SUPPLIES	X				89
90 CHARGEABLE SUPPLIES	X				90
91 CHARGEABLE SUPPLIES	X				91
92 CHARGEABLE SUPPLIES	X				92
93 CHARGEABLE SUPPLIES	X				93
94 CHARGEABLE SUPPLIES	X				94
95 CHARGEABLE SUPPLIES	X				95
96 CHARGEABLE SUPPLIES	X				96
97 CHARGEABLE SUPPLIES	X				97
98 CHARGEABLE SUPPLIES	X				98
99 CHARGEABLE SUPPLIES	X				99
100 CHARGEABLE SUPPLIES	X				100
101 CHARGEABLE SUPPLIES	X				101
102 CHARGEABLE SUPPLIES	X				102
103 CHARGEABLE SUPPLIES	X				103
104					104
105					105
106 CHARGEABLE DRUGS PER G/L	Y	DRUGS CHARGED TO PATIENTS	73		15,526,075 106
107 CHARGEABLE DRUGS PER G/L	Y				107
108 CHARGEABLE DRUGS PER G/L	Y				108
109 CHARGEABLE DRUGS PER G/L	Y				109
110 CHARGEABLE DRUGS PER G/L	Y				110
111 CHARGEABLE DRUGS PER G/L	Y				111
112 CHARGEABLE DRUGS PER G/L	Y				112
113 CHARGEABLE DRUGS PER G/L	Y				113
114 CHARGEABLE DRUGS PER G/L	Y				114
115 CHARGEABLE DRUGS PER G/L	Y				115
116 CHARGEABLE DRUGS PER G/L	Y				116
117 CHARGEABLE DRUGS PER G/L	Y				117
118 CHARGEABLE DRUGS PER G/L	Y				118
119 CHARGEABLE DRUGS PER G/L	Y				119
120 CHARGEABLE DRUGS PER G/L	Y				120
121 CHARGEABLE DRUGS PER G/L	Y				121
122 CHARGEABLE DRUGS PER G/L	Y				122
123 CHARGEABLE DRUGS PER G/L	Y				123
124 CHARGEABLE DRUGS PER G/L	Y				124
125					125
126					126
127 CHARGEABLE IV SOLUTIONS PER G/L	Z	DRUGS CHARGED TO PATIENTS	73		1,565,262 127
128 CHARGEABLE IV SOLUTIONS PER G/L	Z				128
129 CHARGEABLE IV SOLUTIONS PER G/L	Z				129
130 CHARGEABLE IV SOLUTIONS PER G/L	Z				130
131 CHARGEABLE IV SOLUTIONS PER G/L	Z				131
132 CHARGEABLE IV SOLUTIONS PER G/L	Z				132
133 CHARGEABLE IV SOLUTIONS PER G/L	Z				133
134 CHARGEABLE IV SOLUTIONS PER G/L	Z				134
135 CHARGEABLE IV SOLUTIONS PER G/L	Z				135
136 CHARGEABLE IV SOLUTIONS PER G/L	Z				136
137 CHARGEABLE IV SOLUTIONS PER G/L	Z				137
138 CHARGEABLE IV SOLUTIONS PER G/L	Z				138
139 CHARGEABLE IV SOLUTIONS PER G/L	Z				139
140 CHARGEABLE IV SOLUTIONS PER G/L	Z				140
141 CHARGEABLE IV SOLUTIONS PER G/L	Z				141
142 CHARGEABLE IV SOLUTIONS PER G/L	Z				142
143 CHARGEABLE IV SOLUTIONS PER G/L	Z				143
144 CHARGEABLE IV SOLUTIONS PER G/L	Z				144
145 CHARGEABLE IV SOLUTIONS PER G/L	Z				145
146 CHARGEABLE IV SOLUTIONS PER G/L	Z				146
147 CHARGEABLE IV SOLUTIONS PER G/L	Z				147
148 CHARGEABLE IV SOLUTIONS PER G/L	Z				148
149 CHARGEABLE IV SOLUTIONS PER G/L	Z				149
150 CHARGEABLE IV SOLUTIONS PER G/L	Z				150
151 CHARGEABLE IV SOLUTIONS PER G/L	Z				151
152 CHARGEABLE IV SOLUTIONS PER G/L	Z				152
153 CHARGEABLE IV SOLUTIONS PER G/L	Z				153
154					154

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
78 CHARGEABLE SUPPLIES	X	PHARMACY	15		10,384	78
79 CHARGEABLE SUPPLIES	X	SOCIAL SERVICE	17		44	79
80 CHARGEABLE SUPPLIES	X	ADULTS & PEDIATRICS	30		862,369	80
81 CHARGEABLE SUPPLIES	X	INTENSIVE CARE UNIT	31		251,689	81
82 CHARGEABLE SUPPLIES	X	6TH ICU	31.01		247,013	82
83 CHARGEABLE SUPPLIES	X	7TH ICU	31.02		273,820	83
84 CHARGEABLE SUPPLIES	X	8TH ICU	31.03		251,170	84
85 CHARGEABLE SUPPLIES	X	5TH ICU	31.04		332,749	85
86 CHARGEABLE SUPPLIES	X	SUBPROVIDER - IPF	40		20,800	86
87 CHARGEABLE SUPPLIES	X	OPERATING ROOM	50		21,821,015	87
88 CHARGEABLE SUPPLIES	X	RECOVERY ROOM	51		216,783	88
89 CHARGEABLE SUPPLIES	X	ANESTHESIOLOGY	53		815,022	89
90 CHARGEABLE SUPPLIES	X	RADIOLOGY-DIAGNOSTIC	54		4,772,143	90
91 CHARGEABLE SUPPLIES	X	ENDOSCOPY	54.03		612,600	91
92 CHARGEABLE SUPPLIES	X	PET IMAGING	54.05		2,896	92
93 CHARGEABLE SUPPLIES	X	RADIOLOGY-THERAPEUTIC	55		27,850	93
94 CHARGEABLE SUPPLIES	X	RADIOISOTOPE	56		2,589	94
95 CHARGEABLE SUPPLIES	X	LABORATORY	60		202,204	95
96 CHARGEABLE SUPPLIES	X	RESPIRATORY THERAPY	65		582,931	96
97 CHARGEABLE SUPPLIES	X	PHYSICAL THERAPY	66		47,506	97
98 CHARGEABLE SUPPLIES	X	ELECTROCARDIOLOGY	69		2,896,749	98
99 CHARGEABLE SUPPLIES	X	ELECTROENCEPHALOGRAPHY	70		32,584	99
100 CHARGEABLE SUPPLIES	X	RENAL DIALYSIS	74		27,473	100
101 CHARGEABLE SUPPLIES	X	ASC (NON-DISTINCT PART)	75		40,088	101
102 CHARGEABLE SUPPLIES	X	CLINIC	90		9,448	102
103 CHARGEABLE SUPPLIES	X	EMERGENCY	91		705,004	103
104						104
105						105
106 CHARGEABLE DRUGS PER G/L	Y	EMPLOYEE BENEFITS	4		9	106
107 CHARGEABLE DRUGS PER G/L	Y	ADMINISTRATIVE & GENERAL	5		52	107
108 CHARGEABLE DRUGS PER G/L	Y	OPERATION OF PLANT	7		4	108
109 CHARGEABLE DRUGS PER G/L	Y	CENTRAL SERVICES & SUPPLY	14		622	109
110 CHARGEABLE DRUGS PER G/L	Y	PHARMACY	15		15,509,202	110
111 CHARGEABLE DRUGS PER G/L	Y	ADULTS & PEDIATRICS	30		724	111
112 CHARGEABLE DRUGS PER G/L	Y	INTENSIVE CARE UNIT	31		582	112
113 CHARGEABLE DRUGS PER G/L	Y	6TH ICU	31.01		419	113
114 CHARGEABLE DRUGS PER G/L	Y	7TH ICU	31.02		358	114
115 CHARGEABLE DRUGS PER G/L	Y	8TH ICU	31.03		243	115
116 CHARGEABLE DRUGS PER G/L	Y	5TH ICU	31.04		1,110	116
117 CHARGEABLE DRUGS PER G/L	Y	OPERATING ROOM	50		1,609	117
118 CHARGEABLE DRUGS PER G/L	Y	RECOVERY ROOM	51		4	118
119 CHARGEABLE DRUGS PER G/L	Y	RADIOLOGY-DIAGNOSTIC	54		10,234	119
120 CHARGEABLE DRUGS PER G/L	Y	LABORATORY	60		1	120
121 CHARGEABLE DRUGS PER G/L	Y	RENAL DIALYSIS	74		9	121
122 CHARGEABLE DRUGS PER G/L	Y	ASC (NON-DISTINCT PART)	75		4	122
123 CHARGEABLE DRUGS PER G/L	Y	CLINIC	90		78	123
124 CHARGEABLE DRUGS PER G/L	Y	EMERGENCY	91		811	124
125						125
126						126
127 CHARGEABLE IV SOLUTIONS PER G/L	Z	ADMINISTRATIVE & GENERAL	5		604	127
128 CHARGEABLE IV SOLUTIONS PER G/L	Z	MAINTENANCE & REPAIRS	6		9	128
129 CHARGEABLE IV SOLUTIONS PER G/L	Z	CENTRAL SERVICES & SUPPLY	14		75,401	129
130 CHARGEABLE IV SOLUTIONS PER G/L	Z	PHARMACY	15		340,212	130
131 CHARGEABLE IV SOLUTIONS PER G/L	Z	ADULTS & PEDIATRICS	30		238,921	131
132 CHARGEABLE IV SOLUTIONS PER G/L	Z	INTENSIVE CARE UNIT	31		33,640	132
133 CHARGEABLE IV SOLUTIONS PER G/L	Z	6TH ICU	31.01		46,112	133
134 CHARGEABLE IV SOLUTIONS PER G/L	Z	7TH ICU	31.02		40,737	134
135 CHARGEABLE IV SOLUTIONS PER G/L	Z	8TH ICU	31.03		40,310	135
136 CHARGEABLE IV SOLUTIONS PER G/L	Z	5TH ICU	31.04		34,644	136
137 CHARGEABLE IV SOLUTIONS PER G/L	Z	SUBPROVIDER - IPF	40		1,186	137
138 CHARGEABLE IV SOLUTIONS PER G/L	Z	OPERATING ROOM	50		73,483	138
139 CHARGEABLE IV SOLUTIONS PER G/L	Z	RECOVERY ROOM	51		71,988	139
140 CHARGEABLE IV SOLUTIONS PER G/L	Z	ANESTHESIOLOGY	53		193,777	140
141 CHARGEABLE IV SOLUTIONS PER G/L	Z	RADIOLOGY-DIAGNOSTIC	54		50,050	141
142 CHARGEABLE IV SOLUTIONS PER G/L	Z	ENDOSCOPY	54.03		61,850	142
143 CHARGEABLE IV SOLUTIONS PER G/L	Z	PET IMAGING	54.05		139	143
144 CHARGEABLE IV SOLUTIONS PER G/L	Z	RADIOISOTOPE	56		2,041	144
145 CHARGEABLE IV SOLUTIONS PER G/L	Z	CARDIAC CATHETERIZATION	59		24	145
146 CHARGEABLE IV SOLUTIONS PER G/L	Z	LABORATORY	60		60,391	146
147 CHARGEABLE IV SOLUTIONS PER G/L	Z	RESPIRATORY THERAPY	65		14,611	147
148 CHARGEABLE IV SOLUTIONS PER G/L	Z	PHYSICAL THERAPY	66		1	148
149 CHARGEABLE IV SOLUTIONS PER G/L	Z	ELECTROCARDIOLOGY	69		19,082	149
150 CHARGEABLE IV SOLUTIONS PER G/L	Z	RENAL DIALYSIS	74		6,437	150
151 CHARGEABLE IV SOLUTIONS PER G/L	Z	ASC (NON-DISTINCT PART)	75		534	151
152 CHARGEABLE IV SOLUTIONS PER G/L	Z	CLINIC	90		258	152
153 CHARGEABLE IV SOLUTIONS PER G/L	Z	EMERGENCY	91		158,820	153
154						154

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER
			LINE #	SALARY	
1		2	3	4	5
155					155
156 NUCLEAR MEDICINE (OTHER)	K	PET IMAGING	54.05	77,296	7,730 156
157					157
158					158
159 RECLASS OF LEASED HOSPITAL SPACE	L	UNIVERSITY SPACE	194.11		1,729,640 159
160 RECLASS OF LEASED HOSPITAL SPACE	L	CANCER CENTER	194.12		587,742 160
161					161
162					162
163 CARDIAC CATH LAB (OTHER)	M	OP CATH LAB-UNIV	194.15	4,081	27,590 163
164					164
165 HOSPITAL ADMIN	N	OPERATION OF PLANT	7		106,491 165
166 HOSPITAL ADMIN	N	TRANSPLANT CLINIC	90.02		47,038 166
167 HOSPITAL ADMIN	N	KIDNEY ACQUISITION	105		51,686 167
168 HOSPITAL ADMIN	N	LIVER ACQUISITION	107		28,040 168
169 HOSPITAL ADMIN	N	PANCREAS ACQUISITION	109		508 169
170					170
171					171
172 PUBLIC RELATIONS	PR	PUBLIC RELATIONS	194.05	189,064	394,570 172
173					173
174					174
175 HLA RECLASS	P	KIDNEY ACQUISITION	105		1,791,018 175
176 HLA RECLASS	P	TRANSPLANT CLINIC	90.02		373,893 176
177 HLA RECLASS	P	LIVER ACQUISITION	107		35,171 177
178					178
179					179
180					180
181 POST-TRANSPLANT RECLASS	Q	TRANSPLANT CLINIC	90.02	907,885	233,078 181
182					182
183					183
184 PRE-TRANSPLANT RECLASS	R	LIVER ACQUISITION	107	339,896	87,261 184
185 PRE-TRANSPLANT RECLASS	R	PANCREAS ACQUISITION	109	4,642	1,192 185
186					186
187					187
188 POST-TRANSPLANT RECLASS	S	TRANSPLANT CLINIC	90.02	138,408	
189					189
190					190
191 POST-TRANSPLANT RECLASS	S	TRANSPLANT CLINIC	90.02		48,932 191
192					192
193					193
194 PRE-TRANSPLANT RECLASS	T	KIDNEY ACQUISITION	105	80,812	
195 PRE-TRANSPLANT RECLASS	T	LIVER ACQUISITION	107	352,787	
196 PRE-TRANSPLANT RECLASS	T	PANCREAS ACQUISITION	109	3,721	
197					197
198					198
199 PRE-TRANSPLANT RECLASS	T	KIDNEY ACQUISITION	105		14,344 199
200 PRE-TRANSPLANT RECLASS	T	LIVER ACQUISITION	107		62,617 200
201 PRE-TRANSPLANT RECLASS	T	PANCREAS ACQUISITION	109		660 201
500 TOTAL RECLASSIFICATIONS (SUM OF COLS. 4 & 5 MUST EQUAL SUM OF COLS. 8 & 9)				3,072,446	83,621,858 500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
155						155
156 NUCLEAR MEDICINE (OTHER)	K	RADIOISOTOPE	56	77,296	7,730	156
157						157
158						158
159 RECLASS OF LEASED HOSPITAL SPACE	L	OPERATION OF PLANT	7		2,317,382	159
160 RECLASS OF LEASED HOSPITAL SPACE	L					160
161						161
162						162
163 CARDIAC CATH LAB (OTHER)	M	CARDIAC CATHETERIZATION	59	4,081	27,590	163
164						164
165 HOSPITAL ADMIN	N	ADMINISTRATIVE & GENERAL	5		106,491	165
166 HOSPITAL ADMIN	N	ASC (NON-DISTINCT PART)	75		127,272	166
167 HOSPITAL ADMIN	N					167
168 HOSPITAL ADMIN	N					168
169 HOSPITAL ADMIN	N					169
170						170
171						171
172 PUBLIC RELATIONS	PR	ADMINISTRATIVE & GENERAL	5	189,064	394,570	172
173						173
174						174
175 HLA RECLASS	P	LABORATORY	60		2,200,082	175
176 HLA RECLASS	P					176
177 HLA RECLASS	P					177
178						178
179						179
180						180
181 POST-TRANSPLANT RECLASS	Q	KIDNEY ACQUISITION	105	907,885	233,078	181
182						182
183						183
184 PRE-TRANSPLANT RECLASS	R	KIDNEY ACQUISITION	105	344,538	88,453	184
185 PRE-TRANSPLANT RECLASS	R					185
186						186
187						187
188 POST-TRANSPLANT RECLASS	S	ASC (NON-DISTINCT PART)	75	138,408		188
189						189
190						190
191 POST-TRANSPLANT RECLASS	S	ASC (NON-DISTINCT PART)	75		48,932	191
192						192
193						193
194 PRE-TRANSPLANT RECLASS	T	ASC (NON-DISTINCT PART)	75	437,320		194
195 PRE-TRANSPLANT RECLASS	T					195
196 PRE-TRANSPLANT RECLASS	T					196
197						197
198						198
199 PRE-TRANSPLANT RECLASS	T	ASC (NON-DISTINCT PART)	75		77,621	199
200 PRE-TRANSPLANT RECLASS	T					200
201 PRE-TRANSPLANT RECLASS	T					201
500 TOTAL RECLASSIFICATIONS (SUM OF COLS. 4 & 5 MUST EQUAL SUM OF COLS. 8 & 9)				3,072,446	83,621,858	500

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	ACQUISITIONS			DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASE	DONATION	TOTAL	AND	BALANCE	DEPRECIATED
	1	2	3	4	RETIREMENTS	6	ASSETS
					5		7
1 LAND							1
2 LAND IMPROVEMENTS	3,932,697				284,723	3,647,974	2
3 BUILDINGS AND FIXTURES	224,523,338				2,409,323	222,114,015	3
4 BUILDING IMPROVEMENTS		27,555		27,555		27,555	4
5 FIXED EQUIPMENT	790,934	38,111		38,111	5,596	823,449	5
6 MOVABLE EQUIPMENT	189,635,643	20,763,377		20,763,377	1,882,031	208,516,989	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	418,882,612	20,829,043		20,829,043	4,581,673	435,129,982	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	418,882,612	20,829,043		20,829,043	4,581,673	435,129,982	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(1)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	14	15
1 CAP REL COSTS-BLDG & FIXT	3,672,022						3,672,022 1
2 CAP REL COSTS-MVBLE EQUIP	10,268,524						10,268,524 2
3 TOTAL (SUM OF LINES 1-2)	13,940,546						13,940,546 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS ALLOCATION OF OTHER CAPITAL

DESCRIPTION	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2)	RATIO (SEE INSTR.)	INSURANCE	TAXES	OTHER	TOTAL
							CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 5-7)
	1	2	3	4	5	6	7	8
1 CAP REL COSTS-BLDG & FIXT	230,258,792		230,258,792	0.523793	41,728	935,522		977,250 1
2 CAP REL COSTS-MVBLE EQUIP	209,340,438		209,340,438	0.476207	37,938	850,530		888,468 2
3 TOTAL (SUM OF LINES 1-2)	439,599,230		439,599,230	1.000000	79,666	1,786,052		1,865,718 3

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(2)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	14	15
1 CAP REL COSTS-BLDG & FIXT	4,313,132			41,728	935,522		5,290,382 1
2 CAP REL COSTS-MVBLE EQUIP	10,110,164	1,979,447		37,938	850,530		12,978,079 2
3 TOTAL	14,423,296	1,979,447		79,666	1,786,052		18,268,461 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)	B	-300,767	ADMINISTRATIVE & GENERAL	5	4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)	B	-152,531	CAP REL COSTS-MVBLE EQUIP	2	9 5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-26,764	ADMINISTRATIVE & GENERAL	5	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-34,505	OPERATION OF PLANT	7	8
9 PARKING LOT (CHAPTER 21)	B	-344,923	OPERATION OF PLANT	7	9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-7,357,736			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)	B	-1,580	RADIOLOGY-DIAGNOSTIC	54	11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST				12
	A-8-1	-24,904,935			13
13 LAUNDRY AND LINEN SERVICE					14
14 CAFETERIA - EMPLOYEES AND GUESTS					15
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					16
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					17
17 SALE OF DRUGS TO OTHER THAN PATIENTS					18
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-39,093	MEDICAL RECORDS & LIBRARY	16	19
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					20
20 VENDING MACHINES	B	-17,643	DIETARY	10	21
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					22
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					23
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST				24
	A-8-3				25
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST				26
	A-8-3				27
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	28
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	9 26
27 DEPRECIATION--MOVABLE EQUIPMENT	A	-5,829	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				30
	A-8-3				31
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST				32
	A-8-3				33
32 CAH HIT ADJ FOR DEPRECIATION AND					33
33					33
33.03 5270.XXXX OTHER EDUCATIONAL REVENU	B	-56,159	EMERGENCY	91	33.03
33.04 5675.XXXX SILVER RECOVERY	B	-62	RADIOLOGY-DIAGNOSTIC	54	33.04
33.08 5755.XXXX CASH OVER/SHORT	B	-4	ADMINISTRATIVE & GENERAL	5	33.08
33.09 8770.XXXX CENSUS DEVELOPMENT	A	-3,690,996	ADMINISTRATIVE & GENERAL	5	33.09
33.16 5753.XXXX COST RECOVERY ITEMS	B	-1,024	ADMINISTRATIVE & GENERAL	5	33.16
33.17 5753.XXXX COST RECOVERY ITEMS	B	-9,734	LAUNDRY & LINEN SERVICE	8	33.17
33.18 5753.XXXX COST RECOVERY ITEMS	B	-60	MEDICAL RECORDS & LIBRARY	16	33.18
33.19 5753.XXXX COST RECOVERY ITEMS	B	-108	RADIOLOGY-DIAGNOSTIC	54	33.19
33.20 5753.XXXX COST RECOVERY ITEMS	B	-35	PHYSICAL THERAPY	66	33.20
33.21 5753.XXXX COST RECOVERY ITEMS	B	-112,213	DRUGS CHARGED TO PATIENTS	73	33.21
33.22 5753.XXXX COST RECOVERY ITEMS	B	42	EMERGENCY	91	33.22
33.32 MOB REV. 5140,5141,5142,5143,5144,	B	-19,995	ADMINISTRATIVE & GENERAL	5	33.32
33.35 8610.6760 8610.6765 CONTRIBUTION	A	-8,918,570	ADMINISTRATIVE & GENERAL	5	33.35
33.38 ASSOCIATION FEES	A	-31,485	ADMINISTRATIVE & GENERAL	5	33.38
34					34
34.05 TELEPHONE SERVICES	A	-250	CAP REL COSTS-BLDG & FIXT	1	9 34.05
34.06 TELEVISION SERVICE	A	-18,218	ADMINISTRATIVE & GENERAL	5	34.06
34.07 TELEVISION SERVICE	A	-45	RADIOLOGY-DIAGNOSTIC	54	34.07
34.11 ADMIN COSTS-NON-PATIENT CARE	A	-82,832	ADMINISTRATIVE & GENERAL	5	34.11
34.12 LEGAL FEES	A	-207,240	ADMINISTRATIVE & GENERAL	5	34.12
34.13 COMPLIMENTARY LOCAL TRANSPORTATION	A	-15,441	ADMINISTRATIVE & GENERAL	5	34.13
34.14 COMPLIMENTARY LOCAL TRANSPORTTTION	A	-68,890	SOCIAL SERVICE	17	34.14
34.15 PHYSICIAN ASSISTANCE EXP	A	-44,738	ADULTS & PEDIATRICS	30	34.15
34.16 PHYSICIAN ASSISTANCE EXP	A	-6,596	CLINIC	90	34.16
34.17 PHYSICIAN ASSISTANCE EXP	A	-66,392	KIDNEY ACQUISITION	105	34.17
34.18 CIA TRAINING OTHER EXPENSES	A	-266,226	ADMINISTRATIVE & GENERAL	5	34.18
34.19 NON-ALLOWABLE PATIENT ASSISTANCE	A	-87,595	SOCIAL SERVICE	17	34.19
34.20 FUSZ PAVILLION EXP	A	-18,593	ADMINISTRATIVE & GENERAL	5	34.20

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
34.21 CHAIFETZ ARENA EXP	A	-65,778	ADMINISTRATIVE & GENERAL	5	34.21
34.22 PPM EXPENSE	A	-259,866	EMERGENCY	91	34.22
34.23 GIFT SHOP SALARIES	A	139,140	GIFT, FLOWER, COFFEE SHOP & CAN	190	34.23
34.24 PSYCHIATRIC SERVICES EXP	A	3,812	ADMINISTRATIVE & GENERAL	5	34.24
34.25 FRA TAX ADD-ON	A	21,473,326	ADMINISTRATIVE & GENERAL	5	34.25
34.26 IMPROVEMENTS TO SPACE LEASED TO PH	A	-132,230	OPERATION OF PLANT	7	34.26
34.27 LIVER DISCARDED PAYMENT	A	-6,460	LIVER ACQUISITION	107	34.27
34.28 FRA RELATED EXPENSES	A	-242,553	ADMINISTRATIVE & GENERAL	5	34.28
35					35
36					36
37					37
38					38
39					39
40					40
41					41
42					42
43					43
44					44
45					45
46					46
47					47
48					48
49					49
50					50
TOTAL (SUM OF LINES 1 THRU 49)		-26,000,374			
TRANSFER TO WKST A, COL. 6, LINE 200)					

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1	113	INTEREST EXPENSE				
2	5	ADMINISTRATIVE & GENERAL				
3	1	CAP REL COSTS-BLDG & FIXT				
4	5	ADMINISTRATIVE & GENERAL				
5		TOTALS (SUM OF LINES 1-4)				
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.				
			10,077,571	11,623,866	-1,546,295	2
			641,360	641,360		9 3
			12,256,299	12,256,299		4
			22,975,230	47,880,165	-24,904,935	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
6	B	100.00	TENET HEALTHCARE CORPORATION		PARENT COMPANY	6
7	B	100.00	CONIFER		CREDIT AND COLLECTION	7
8	C	46.00	BROADLANE, INC.		GROUP PURCHASING ORG	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	AGGREGATE	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO.	1	2		3	4	5	6	7	8	9
1	40	SUBPROVIDER - IPF	AGGREGATE	202,443	202,443					
2	54	RADIOLOGY-DIAGNOSTIC	AGGREGATE	193,452	193,452					
3	55	RADIOLOGY-THERAPEUTIC	AGGREGATE	558,943	558,943					
4	91	EMERGENCY	AGGREGATE	5,354,531	5,354,531					
5	91	EMERGENCY	AGGREGATE	1,048,367	1,048,367					
200		TOTAL		7,357,736	7,357,736					



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP- REL COSTS BLDG&FIXT 1	CAP- REL COSTS MOV EQUIP 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	5,290,382	5,290,382				1
2 CAP REL COSTS-MVBLE EQUIP	12,978,079		12,978,079			2
4 EMPLOYEE BENEFITS	12,024,876	31,982	104,782	12,161,640		4
5 ADMINISTRATIVE & GENERAL	68,910,996	796,959	3,268,050	1,319,775	74,295,780	5
6 MAINTENANCE & REPAIRS	575,250	23,622	69,493	54,313	722,678	6
7 OPERATION OF PLANT	9,682,778	16,900	49,717		9,749,395	7
8 LAUNDRY & LINEN SERVICE	1,074,104	21,332	62,758	10,867	1,169,061	8
9 HOUSEKEEPING	3,497,613			4	3,497,617	9
10 DIETARY	697,075	144,234	424,325		1,265,634	10
11 CAFETERIA	2,023,617	33,636	98,955		2,156,208	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,642,043	38,815	114,191	189,011	1,984,060	13
14 CENTRAL SERVICES & SUPPLY	1,268,938	74,415	218,923	99,130	1,661,406	14
15 PHARMACY	6,705,600	59,196	174,149	545,665	7,484,610	15
16 MEDICAL RECORDS & LIBRARY	3,538,760	45,623	134,219	331,969	4,050,571	16
16.01 QUALITY ASSURANCE	620,159	17,243	50,726	62,000	750,128	16.01
17 SOCIAL SERVICE	2,076,058	13,041	38,366	235,955	2,363,420	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	52,354	40,436	118,958	6,978	218,726	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	27,654,348				27,654,348	22
23 PARAMED ED PRGM-(SPECIFY)	241,804	514	1,513	25,895	269,726	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	21,533,096	474,717	1,396,574	2,326,364	25,730,751	30
31 INTENSIVE CARE UNIT	3,484,112	52,628	154,827	370,884	4,062,451	31
31.01 6TH ICU	2,953,692	43,360	127,560	309,375	3,433,987	31.01
31.02 7TH ICU	3,336,374	43,145	126,929	361,284	3,867,732	31.02
31.03 8TH ICU	2,857,577	43,154	126,954	315,589	3,343,274	31.03
31.04 5TH ICU	3,347,715	56,255	165,497	360,770	3,930,237	31.04
40 SUBPROVIDER - IPF	3,252,502	172,812	508,398	383,269	4,316,981	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	9,187,473	429,479	1,263,490	669,755	11,550,197	50
51 RECOVERY ROOM	2,745,437	99,203	291,846	311,966	3,448,452	51
53 ANESTHESIOLOGY	598,363	86	252	24,435	623,136	53
54 RADIOLOGY-DIAGNOSTIC	9,035,983	424,112	1,368,197	838,268	11,666,560	54
54.03 ENDOSCOPY	1,167,089	26,340	77,489	109,962	1,380,880	54.03
54.05 PET IMAGING	654,422	25,971	76,405	48,520	805,318	54.05
55 RADIOLOGY-THERAPEUTIC	1,541,203	55,355	162,849	99,073	1,858,480	55
56 RADIOISOTOPE	1,292,462	49,893	146,781	47,873	1,537,009	56
59 CARDIAC CATHETERIZATION	37,212	6,302	18,540	544	62,598	59
60 LABORATORY	12,816,320	122,053	359,069	692,235	13,989,677	60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	3,489,957	12,081	35,541		3,537,579	63
65 RESPIRATORY THERAPY	2,241,949	27,960	82,257	255,033	2,607,199	65
66 PHYSICAL THERAPY	2,289,285	83,752	246,392	255,428	2,874,857	66
69 ELECTROCARDIOLOGY	3,695,137	92,927	273,382	343,329	4,404,775	69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY	668,190	55,552	163,429	65,525	952,696	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	17,080,009				17,080,009	71
72 IMPL. DEV. CHARGED TO PATIENT	18,906,094				18,906,094	72
73 DRUGS CHARGED TO PATIENTS	16,598,674				16,598,674	73
74 RENAL DIALYSIS	1,485,107	31,321	92,145	18	1,608,591	74
75 ASC (NON-DISTINCT PART)	453,760			54,123	507,883	75
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW	260,749	15,545	45,732	19,225	341,251	76.30
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	684,870	69,571	204,671	40,886	999,998	90
90.02 TRANSPLANT CLINIC	1,749,234	21,941	64,549	139,460	1,975,184	90.02
91 EMERGENCY	5,732,912	112,622	331,322	632,840	6,809,696	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	4,024,349	13,281	39,073	83,993	4,160,696	105
107 LIVER ACQUISITION	2,005,724	8,214	24,165	92,328	2,130,431	107
109 PANCREAS ACQUISITION	166,547	111	328	1,115	168,101	109

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP- REL COSTS BLDG&FIXT 1	CAP- REL COSTS MOV EQUIP 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	321,928,413	4,027,691	12,903,768	12,135,031	320,564,802	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	146,071	18,426	54,207		218,704	190
194 DOCTORS MEALS	444,448				444,448	194
194.05 PUBLIC RELATIONS	583,634	532	1,564	25,200	610,930	194.05
194.11 UNIVERSITY SPACE	1,729,640	923,591			2,653,231	194.11
194.12 CANCER CENTER	587,742	313,840			901,582	194.12
194.13 MARKET SPACE						194.13
194.14 RENTAL PROPERTIES	282,473			865	283,338	194.14
194.15 OP CATH LAB-UNIV	31,671	6,302	18,540	544	57,057	194.15
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	325,734,092	5,290,382	12,978,079	12,161,640	325,734,092	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMINI- STRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	74,295,780					5
6 MAINTENANCE & REPAIRS	213,539	936,217				6
7 OPERATION OF PLANT	2,880,780	4,944	12,635,119			7
8 LAUNDRY & LINEN SERVICE	345,438	6,240	84,668	1,605,407		8
9 HOUSEKEEPING	1,033,486				4,531,103	9
10 DIETARY	373,973	42,193	572,460		148,564	10
11 CAFETERIA	637,123	9,840	133,501		34,646	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	586,256	11,355	154,056		39,980	13
14 CENTRAL SERVICES & SUPPLY	490,917	21,769	295,350		76,649	14
15 PHARMACY	2,211,575	17,317	234,946		60,973	15
16 MEDICAL RECORDS & LIBRARY	1,196,875	13,346	181,076		46,993	16
16.01 QUALITY ASSURANCE	221,650	5,044	68,435		17,760	16.01
17 SOCIAL SERVICE	698,350	3,815	51,760		13,433	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	64,630	11,829	160,487		41,649	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	8,171,428					22
23 PARAMED ED PRGM-(SPECIFY)	79,699	150	2,042		530	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	7,602,999	138,871	1,884,129	1,069,591	488,966	30
31 INTENSIVE CARE UNIT	1,200,385	15,395	208,879	73,593	54,208	31
31.01 6TH ICU	1,014,685	12,684	172,092	69,994	44,661	31.01
31.02 7TH ICU	1,142,849	12,621	171,241	72,483	44,440	31.02
31.03 8TH ICU	987,881	12,624	171,275	63,870	44,449	31.03
31.04 5TH ICU	1,161,318	16,456	223,274	86,056	57,944	31.04
40 SUBPROVIDER - IPF	1,275,594	50,553	685,883	169,820	177,999	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,412,887	125,637	1,704,584		442,371	50
51 RECOVERY ROOM	1,018,959	29,020	393,732		102,181	51
53 ANESTHESIOLOGY	184,126	25	340		88	53
54 RADIOLOGY-DIAGNOSTIC	3,447,270	124,066	1,683,280		436,843	54
54.03 ENDOSCOPY	408,027	7,705	104,541		27,130	54.03
54.05 PET IMAGING	237,958	7,597	103,078		26,751	54.05
55 RADIOLOGY-THERAPEUTIC	549,149	16,193	219,700		57,016	55
56 RADIOISOTOPE	454,160	14,595	198,023		51,391	56
59 CARDIAC CATHETERIZATION	18,497	1,844	25,012		6,491	59
60 LABORATORY	4,133,712	35,704	484,423		125,717	60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,045,294	3,534	47,949		12,444	63
65 RESPIRATORY THERAPY	770,383	8,179	110,973		28,800	65
66 PHYSICAL THERAPY	849,471	24,500	332,409		86,266	66
69 ELECTROCARDIOLOGY	1,301,536	27,184	368,822		95,716	69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY	281,505	16,251	220,483		57,219	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	5,046,852					71
72 IMPL. DEV. CHARGED TO PATIENT	5,586,429					72
73 DRUGS CHARGED TO PATIENTS	4,904,626					73
74 RENAL DIALYSIS	475,311	9,163	124,313		32,262	74
75 ASC (NON-DISTINCT PART)	150,071					75
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW	100,834	4,547	61,697		16,012	76.30
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	295,482	20,352	276,123		71,659	90
90.02 TRANSPLANT CLINIC	583,633	6,419	87,084		22,600	90.02
91 EMERGENCY	2,012,149	32,945	446,990		116,002	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	1,229,415	3,885	52,713		13,680	105
107 LIVER ACQUISITION	629,506	2,403	32,601		8,461	107
109 PANCREAS ACQUISITION	49,671	33	442		115	109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	72,768,343	928,827	12,534,866	1,605,407	3,231,059	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	64,623	5,390	73,131		18,979	190

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITA  
 PERIOD FROM 06/01/2010 TO 05/31/2011

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

VERSION: 2011.10  
 11/29/2011 16:07

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMINI- STRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	
194 DOCTORS MEALS	131,327					194
194.05 PUBLIC RELATIONS	180,519	156	2,110			194.05
194.11 UNIVERSITY SPACE	783,985				951,314	194.11
194.12 CANCER CENTER	266,402				323,260	194.12
194.13 MARKET SPACE						194.13
194.14 RENTAL PROPERTIES	83,722					194.14
194.15 OP CATH LAB-UNIV	16,859	1,844	25,012		6,491	194.15
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	74,295,780	936,217	12,635,119	1,605,407	4,531,103	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	2,402,824					10
11 CAFETERIA		2,971,318				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		52,113	2,827,820			13
14 CENTRAL SERVICES & SUPPLY		27,332		2,573,423		14
15 PHARMACY		150,448		2,932	10,162,801	15
16 MEDICAL RECORDS & LIBRARY		91,529	27	18		16
16.01 QUALITY ASSURANCE		17,094	2,442	6		16.01
17 SOCIAL SERVICE		65,056		2	7,701	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		1,924				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)		7,140				23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,600,864	641,442	994,924	20,501	53,007	30
31 INTENSIVE CARE UNIT	110,148	102,258	186,585	3,679	7,874	31
31.01 6TH ICU	104,761	85,299	150,376	3,010	6,675	31.01
31.02 7TH ICU	108,486	99,611	176,400	3,411	6,389	31.02
31.03 8TH ICU	95,595	87,013	155,633	3,328	5,712	31.03
31.04 5TH ICU	128,800	99,470	171,584	2,756	6,987	31.04
40 SUBPROVIDER - IPF	254,170	105,673	158,283	758	915	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		184,661	230,312	6,682	38	50
51 RECOVERY ROOM		86,014	151,235	3,325	1,092	51
53 ANESTHESIOLOGY		6,737	16	8,985	80	53
54 RADIOLOGY-DIAGNOSTIC		231,123	49,122	5,279	9,262	54
54.03 ENDOSCOPY		30,318	45,287	1,644	3,835	54.03
54.05 PET IMAGING		13,378		76	389	54.05
55 RADIOLOGY-THERAPEUTIC		27,316	14,385	530		55
56 RADIOISOTOPE		13,199	3,530	280	4,480	56
59 CARDIAC CATHETERIZATION		150	378			59
60 LABORATORY		190,859	12,980	3,289	2,552	60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY		70,316		639	37	65
66 PHYSICAL THERAPY		70,425		41	48	66
69 ELECTROCARDIOLOGY		94,661	24,120	7,631	4,015	69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY		18,066		149	256	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				1,183,342		71
72 IMPL. DEV. CHARGED TO PATIENT				1,293,982		72
73 DRUGS CHARGED TO PATIENTS					10,027,976	73
74 RENAL DIALYSIS		5	4	734	1,865	74
75 ASC (NON-DISTINCT PART)		14,922	14,930	46	25	75
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW		5,301				76.30
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		11,273	136	147	16	90
90.02 TRANSPLANT CLINIC		38,451	5,151	16	9	90.02
91 EMERGENCY		174,483	263,842	16,156	11,539	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		23,158	3,008	9	5	105
107 LIVER ACQUISITION		25,456	12,993	40	22	107
109 PANCREAS ACQUISITION		307	137			109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	2,402,824	2,963,981	2,827,820	2,573,423	10,162,801	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITAL  
 PERIOD FROM 06/01/2010 TO 05/31/2011

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

VERSION: 2011.10  
 11/29/2011 16:07

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	DIETARY 10	CAFETERIA 11	NURSING ADMINI- STRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	
194 DOCTORS MEALS						194
194.05 PUBLIC RELATIONS						194.05
194.11 UNIVERSITY SPACE		6,948				194.11
194.12 CANCER CENTER						194.12
194.13 MARKET SPACE						194.13
194.14 RENTAL PROPERTIES		239				194.14
194.15 OP CATH LAB-UNIV		150				194.15
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,402,824	2,971,318	2,827,820	2,573,423	10,162,801	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS	QUALITY ASSURANCE	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I&R PROGRAM COSTS	
	16	16.01	17	21	22	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	5,580,435					16
16.01 QUALITY ASSURANCE		1,082,559				16.01
17 SOCIAL SERVICE	2,789,658		5,993,195			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD				499,245		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					35,825,776	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	155,319	105,103	3,992,924	214,949	15,424,860	30
31 INTENSIVE CARE UNIT	24,146	31,531	274,733	16,845	1,208,793	31
31.01 6TH ICU	21,755	31,531	261,297	16,845	1,208,793	31.01
31.02 7TH ICU	24,024	31,531	270,589	16,845	1,208,793	31.02
31.03 8TH ICU	21,250	31,531	238,436	16,845	1,208,793	31.03
31.04 5TH ICU	28,268	31,531	321,257	16,845	1,208,793	31.04
40 SUBPROVIDER - IPF	28,943	105,103	633,959	12,401	889,874	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	202,962	157,653		55,804	4,004,497	50
51 RECOVERY ROOM	30,573	42,041		4,134	296,625	51
53 ANESTHESIOLOGY	30,227	42,041		34,723	2,491,710	53
54 RADIOLOGY-DIAGNOSTIC	381,257	31,531		32,036	2,298,873	54
54.03 ENDOSCOPY	27,491					54.03
54.05 PET IMAGING	33,670					54.05
55 RADIOLOGY-THERAPEUTIC	58,590	31,531		6,200	444,937	55
56 RADIOISOTOPE	7,584					56
59 CARDIAC CATHETERIZATION	167					59
60 LABORATORY	356,186	105,103		22,736	1,631,499	60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	47,111					63
65 RESPIRATORY THERAPY	53,875					65
66 PHYSICAL THERAPY	23,189					66
69 ELECTROCARDIOLOGY	82,914	42,041				69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY	11,399	42,041		10,334	741,562	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	211,439					71
72 IMPL. DEV. CHARGED TO PATIENT	160,440					72
73 DRUGS CHARGED TO PATIENTS	599,145					73
74 RENAL DIALYSIS	15,222					74
75 ASC (NON-DISTINCT PART)	2,326					75
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW	1,118	31,531		3,101	222,500	76.30
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	4,866	31,531		3,101	222,500	90
90.02 TRANSPLANT CLINIC	5,156					90.02
91 EMERGENCY	114,989	157,654		15,501	1,112,374	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	17,713					105
107 LIVER ACQUISITION	7,011					107
109 PANCREAS ACQUISITION	452					109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	5,580,435	1,082,559	5,993,195	499,245	35,825,776	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITAL  
 PERIOD FROM 06/01/2010 TO 05/31/2011

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

VERSION: 2011.10  
 11/29/2011 16:07

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS	QUALITY ASSURANCE	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I&R PROGRAM COSTS	
	16	16.01	17	21	22	
194 DOCTORS MEALS						194
194.05 PUBLIC RELATIONS						194.05
194.11 UNIVERSITY SPACE						194.11
194.12 CANCER CENTER						194.12
194.13 MARKET SPACE						194.13
194.14 RENTAL PROPERTIES						194.14
194.15 OP CATH LAB-UNIV						194.15
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	5,580,435	1,082,559	5,993,195	499,245	35,825,776	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PARAMED ED	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	23	24	25	26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
16.01 QUALITY ASSURANCE					16.01
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)	359,287				23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	123,698	60,242,898	-15,639,809	44,603,089	30
31 INTENSIVE CARE UNIT	21,131	7,602,634	-1,225,638	6,376,996	31
31.01 6TH ICU	21,131	6,659,576	-1,225,638	5,433,938	31.01
31.02 7TH ICU	21,131	7,278,576	-1,225,638	6,052,938	31.02
31.03 8TH ICU	21,131	6,508,640	-1,225,638	5,283,002	31.03
31.04 5TH ICU	21,131	7,512,707	-1,225,638	6,287,069	31.04
40 SUBPROVIDER - IPF	14,844	8,881,753	-902,275	7,979,478	40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		22,078,285	-4,060,301	18,017,984	50
51 RECOVERY ROOM		5,607,383	-300,759	5,306,624	51
53 ANESTHESIOLOGY		3,422,234	-2,526,433	895,801	53
54 RADIOLOGY-DIAGNOSTIC	46,386	20,442,888	-2,330,909	18,111,979	54
54.03 ENDOSCOPY		2,036,858		2,036,858	54.03
54.05 PET IMAGING	7,216	1,235,431		1,235,431	54.05
55 RADIOLOGY-THERAPEUTIC		3,284,027	-451,137	2,832,890	55
56 RADIOISOTOPE	7,216	2,291,467		2,291,467	56
59 CARDIAC CATHETERIZATION		115,137		115,137	59
60 LABORATORY		21,094,437	-1,654,235	19,440,202	60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS					60.02
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS					62.30
63 BLOOD STORING, PROCESSING & TRANS.		4,693,911		4,693,911	63
65 RESPIRATORY THERAPY	7,834	3,658,235		3,658,235	65
66 PHYSICAL THERAPY	21,441	4,282,647		4,282,647	66
69 ELECTROCARDIOLOGY	12,112	6,465,527		6,465,527	69
69.02 CARDIOVASCULAR LAB					69.02
70 ELECTROENCEPHALOGRAPHY		2,351,961	-751,896	1,600,065	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		23,521,642		23,521,642	71
72 IMPL. DEV. CHARGED TO PATIENT		25,946,945		25,946,945	72
73 DRUGS CHARGED TO PATIENTS		32,130,421		32,130,421	73
74 RENAL DIALYSIS		2,267,470		2,267,470	74
75 ASC (NON-DISTINCT PART)		690,203		690,203	75
76 OTHER ANCILLARY SERVICES					76
76.01 PSYCH THERAPY					76.01
76.29 AIR RESCUE					76.29
76.30 BONE MARROW		787,892	-225,601	562,291	76.30
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		1,937,184	-225,601	1,711,583	90
90.02 TRANSPLANT CLINIC		2,723,703		2,723,703	90.02
91 EMERGENCY	12,885	11,297,205	-1,127,875	10,169,330	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
SPECIAL PURPOSE COST CENTERS					
105 KIDNEY ACQUISITION		5,504,282		5,504,282	105
107 LIVER ACQUISITION		2,848,924		2,848,924	107
109 PANCREAS ACQUISITION		219,258		219,258	109
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)	359,287	317,622,341	-36,325,021	281,297,320	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		380,827		380,827	190

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITAL  
 PERIOD FROM 06/01/2010 TO 05/31/2011

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

VERSION: 2011.10  
 11/29/2011 16:07

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PARAMED ED	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	23	24	25	26	
194 DOCTORS MEALS		575,775		575,775	194
194.05 PUBLIC RELATIONS		800,663		800,663	194.05
194.11 UNIVERSITY SPACE		4,388,530		4,388,530	194.11
194.12 CANCER CENTER		1,491,244		1,491,244	194.12
194.13 MARKET SPACE					194.13
194.14 RENTAL PROPERTIES		367,299		367,299	194.14
194.15 OP CATH LAB-UNIV		107,413		107,413	194.15
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	359,287	325,734,092	-36,325,021	289,409,071	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP- REL COSTS BLDG&FIXT 1	CAP- REL COSTS MOV EQUIP 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	1,560	31,982	104,782	138,324	138,324	4
5 ADMINISTRATIVE & GENERAL	2,355,783	796,959	3,268,050	6,420,792	15,011	5
6 MAINTENANCE & REPAIRS		23,622	69,493	93,115	618	6
7 OPERATION OF PLANT	114,002	16,900	49,717	180,619		7
8 LAUNDRY & LINEN SERVICE		21,332	62,758	84,090	124	8
9 HOUSEKEEPING						9
10 DIETARY		144,234	424,325	568,559		10
11 CAFETERIA		33,636	98,955	132,591		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		38,815	114,191	153,006	2,150	13
14 CENTRAL SERVICES & SUPPLY		74,415	218,923	293,338	1,127	14
15 PHARMACY		59,196	174,149	233,345	6,206	15
16 MEDICAL RECORDS & LIBRARY	217,803	45,623	134,219	397,645	3,776	16
16.01 QUALITY ASSURANCE		17,243	50,726	67,969	705	16.01
17 SOCIAL SERVICE		13,041	38,366	51,407	2,684	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		40,436	118,958	159,394	79	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)		514	1,513	2,027	295	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		474,717	1,396,574	1,871,291	26,460	30
31 INTENSIVE CARE UNIT		52,628	154,827	207,455	4,218	31
31.01 6TH ICU		43,360	127,560	170,920	3,519	31.01
31.02 7TH ICU		43,145	126,929	170,074	4,109	31.02
31.03 8TH ICU		43,154	126,954	170,108	3,589	31.03
31.04 5TH ICU		56,255	165,497	221,752	4,103	31.04
40 SUBPROVIDER - IPF		172,812	508,398	681,210	4,359	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		429,479	1,263,490	1,692,969	7,618	50
51 RECOVERY ROOM		99,203	291,846	391,049	3,548	51
53 ANESTHESIOLOGY		86	252	338	278	53
54 RADIOLOGY-DIAGNOSTIC	107,827	424,112	1,368,197	1,900,136	9,534	54
54.03 ENDOSCOPY		26,340	77,489	103,829	1,251	54.03
54.05 PET IMAGING		25,971	76,405	102,376	552	54.05
55 RADIOLOGY-THERAPEUTIC	39,442	55,355	162,849	257,646	1,127	55
56 RADIOISOTOPE		49,893	146,781	196,674	544	56
59 CARDIAC CATHETERIZATION		6,302	18,540	24,842	6	59
60 LABORATORY	565	122,053	359,069	481,687	7,873	60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		12,081	35,541	47,622		63
65 RESPIRATORY THERAPY		27,960	82,257	110,217	2,901	65
66 PHYSICAL THERAPY		83,752	246,392	330,144	2,905	66
69 ELECTROCARDIOLOGY		92,927	273,382	366,309	3,905	69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY		55,552	163,429	218,981	745	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS		31,321	92,145	123,466		74
75 ASC (NON-DISTINCT PART)					616	75
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW		15,545	45,732	61,277	219	76.30
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		69,571	204,671	274,242	465	90
90.02 TRANSPLANT CLINIC	47,038	21,941	64,549	133,528	1,586	90.02
91 EMERGENCY		112,622	331,322	443,944	7,198	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	51,686	13,281	39,073	104,040	955	105
107 LIVER ACQUISITION	28,040	8,214	24,165	60,419	1,050	107
109 PANCREAS ACQUISITION	508	111	328	947	13	109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	2,964,254	4,027,691	12,903,768	19,895,713	138,021	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		18,426	54,207	72,633		190

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITA  
 PERIOD FROM 06/01/2010 TO 05/31/2011

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

VERSION: 2011.10  
 11/29/2011 16:07

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP-	CAP-	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS 0	REL COSTS BLDG&FIXT 1	REL COSTS MOV EQUIP 2		BENEFITS 4	
194 DOCTORS MEALS						194
194.05 PUBLIC RELATIONS		532	1,564	2,096	287	194.05
194.11 UNIVERSITY SPACE		923,591		923,591		194.11
194.12 CANCER CENTER		313,840		313,840		194.12
194.13 MARKET SPACE						194.13
194.14 RENTAL PROPERTIES					10	194.14
194.15 OP CATH LAB-UNIV		6,302	18,540	24,842	6	194.15
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,964,254	5,290,382	12,978,079	21,232,715	138,324	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	ADMINI- STRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	6,435,803					5
6 MAINTENANCE & REPAIRS	18,498	112,231				6
7 OPERATION OF PLANT	249,546	593	430,758			7
8 LAUNDRY & LINEN SERVICE	29,923	748	2,887	117,772		8
9 HOUSEKEEPING	89,525				89,525	9
10 DIETARY	32,395	5,058	19,516		2,935	10
11 CAFETERIA	55,190	1,180	4,551		685	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	50,784	1,361	5,252		790	13
14 CENTRAL SERVICES & SUPPLY	42,525	2,610	10,069		1,514	14
15 PHARMACY	191,576	2,076	8,010		1,205	15
16 MEDICAL RECORDS & LIBRARY	103,678	1,600	6,173		928	16
16.01 QUALITY ASSURANCE	19,200	605	2,333		351	16.01
17 SOCIAL SERVICE	60,494	457	1,765		265	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	5,599	1,418	5,471		823	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	707,831					22
23 PARAMED ED PRGM-(SPECIFY)	6,904	18	70		10	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	658,604	16,644	64,233	78,464	9,661	30
31 INTENSIVE CARE UNIT	103,982	1,846	7,121	5,399	1,071	31
31.01 6TH ICU	87,896	1,521	5,867	5,135	882	31.01
31.02 7TH ICU	98,998	1,513	5,838	5,317	878	31.02
31.03 8TH ICU	85,574	1,513	5,839	4,686	878	31.03
31.04 5TH ICU	100,598	1,973	7,612	6,313	1,145	31.04
40 SUBPROVIDER - IPF	110,497	6,060	23,383	12,458	3,517	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	295,639	15,061	58,113		8,740	50
51 RECOVERY ROOM	88,267	3,479	13,423		2,019	51
53 ANESTHESIOLOGY	15,950	3	12		2	53
54 RADIOLOGY-DIAGNOSTIC	298,617	14,873	57,387		8,631	54
54.03 ENDOSCOPY	35,345	924	3,564		536	54.03
54.05 PET IMAGING	20,613	911	3,514		529	54.05
55 RADIOLOGY-THERAPEUTIC	47,570	1,941	7,490		1,127	55
56 RADIOISOTOPE	39,341	1,750	6,751		1,015	56
59 CARDIAC CATHETERIZATION	1,602	221	853		128	59
60 LABORATORY	358,080	4,280	16,515		2,484	60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	90,548	424	1,635		246	63
65 RESPIRATORY THERAPY	66,734	981	3,783		569	65
66 PHYSICAL THERAPY	73,585	2,937	11,333		1,704	66
69 ELECTROCARDIOLOGY	112,745	3,259	12,574		1,891	69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY	24,385	1,948	7,517		1,131	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	437,180					71
72 IMPL. DEV. CHARGED TO PATIENT	483,920					72
73 DRUGS CHARGED TO PATIENTS	424,860					73
74 RENAL DIALYSIS	41,173	1,098	4,238		637	74
75 ASC (NON-DISTINCT PART)	13,000					75
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW	8,735	545	2,103		316	76.30
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	25,596	2,440	9,414		1,416	90
90.02 TRANSPLANT CLINIC	50,557	769	2,969		447	90.02
91 EMERGENCY	174,301	3,949	15,239		2,292	91
92 OBSERVATION BEDS						92
94 OTHER REIMBURSABLE COST CENTERS						94
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	106,497	466	1,797		270	105
107 LIVER ACQUISITION	54,531	288	1,111		167	107
109 PANCREAS ACQUISITION	4,303	4	15		2	109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	6,303,491	111,345	427,340	117,772	63,837	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,598	646	2,493		375	190

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITA  
 PERIOD FROM 06/01/2010 TO 05/31/2011

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

VERSION: 2011.10  
 11/29/2011 16:07

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	ADMINI- STRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	
194 DOCTORS MEALS	11,376					194
194.05 PUBLIC RELATIONS	15,637	19	72			194.05
194.11 UNIVERSITY SPACE	67,912				18,798	194.11
194.12 CANCER CENTER	23,077				6,387	194.12
194.13 MARKET SPACE						194.13
194.14 RENTAL PROPERTIES	7,252					194.14
194.15 OP CATH LAB-UNIV	1,460	221	853		128	194.15
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	6,435,803	112,231	430,758	117,772	89,525	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	628,463					10
11 CAFETERIA		194,197				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		3,406	216,749			13
14 CENTRAL SERVICES & SUPPLY		1,786		352,969		14
15 PHARMACY		9,833		402	452,653	15
16 MEDICAL RECORDS & LIBRARY		5,982		2		16
16.01 QUALITY ASSURANCE		1,117	187	1		16.01
17 SOCIAL SERVICE		4,252			343	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		126				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)		467				23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	418,709	41,916	76,270	2,812	2,361	30
31 INTENSIVE CARE UNIT	28,809	6,684	14,300	505	351	31
31.01 6TH ICU	27,400	5,575	11,525	413	297	31.01
31.02 7TH ICU	28,375	6,511	13,520	468	285	31.02
31.03 8TH ICU	25,003	5,687	11,928	456	254	31.03
31.04 5TH ICU	33,688	6,501	13,151	378	311	31.04
40 SUBPROVIDER - IPF	66,479	6,907	12,131	104	41	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		12,070	17,652	916	2	50
51 RECOVERY ROOM		5,622	11,591	456	49	51
53 ANESTHESIOLOGY		440	1	1,232	4	53
54 RADIOLOGY-DIAGNOSTIC		15,106	3,765	724	413	54
54.03 ENDOSCOPY		1,982	3,471	225	171	54.03
54.05 PET IMAGING		874		10	17	54.05
55 RADIOLOGY-THERAPEUTIC		1,785	1,103	73		55
56 RADIOISOTOPE		863	271	38	200	56
59 CARDIAC CATHETERIZATION		10	29			59
60 LABORATORY		12,475	995	451	114	60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY		4,596		88	2	65
66 PHYSICAL THERAPY		4,603		6	2	66
69 ELECTROCARDIOLOGY		6,187	1,849	1,047	179	69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY		1,181		20	11	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				162,299		71
72 IMPL. DEV. CHARGED TO PATIENT				177,492		72
73 DRUGS CHARGED TO PATIENTS					446,646	73
74 RENAL DIALYSIS				101	83	74
75 ASC (NON-DISTINCT PART)		975	1,144	6	1	75
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW		346				76.30
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		737	10	20	1	90
90.02 TRANSPLANT CLINIC		2,513	395	2		90.02
91 EMERGENCY		11,404	20,221	2,216	514	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		1,514	231	1		105
107 LIVER ACQUISITION		1,664	996	5	1	107
109 PANCREAS ACQUISITION		20	11			109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	628,463	193,717	216,749	352,969	452,653	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITAL  
 PERIOD FROM 06/01/2010 TO 05/31/2011

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

VERSION: 2011.10  
 11/29/2011 16:07

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIETARY 10	CAFETERIA 11	NURSING ADMINI- STRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	
194 DOCTORS MEALS						194
194.05 PUBLIC RELATIONS						194.05
194.11 UNIVERSITY SPACE		454				194.11
194.12 CANCER CENTER						194.12
194.13 MARKET SPACE						194.13
194.14 RENTAL PROPERTIES		16				194.14
194.15 OP CATH LAB-UNIV		10				194.15
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	628,463	194,197	216,749	352,969	452,653	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS	QUALITY ASSURANCE	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I&R PROGRAM COSTS
	16	16.01	17	21	22
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY	519,786				16
16.01 QUALITY ASSURANCE		92,468			16.01
17 SOCIAL SERVICE	260,246		381,913		17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD				172,910	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					707,831
INPATIENT ROUTINE SERV COST CENTERS					23
30 ADULTS & PEDIATRICS	14,445	8,977	254,447		30
31 INTENSIVE CARE UNIT	2,246	2,693	17,507		31
31.01 6TH ICU	2,023	2,693	16,651		31.01
31.02 7TH ICU	2,234	2,693	17,243		31.02
31.03 8TH ICU	1,976	2,693	15,194		31.03
31.04 5TH ICU	2,629	2,693	20,472		31.04
40 SUBPROVIDER - IPF	2,692	8,977	40,399		40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	18,875	13,470			50
51 RECOVERY ROOM	2,843	3,591			51
53 ANESTHESIOLOGY	2,811	3,591			53
54 RADIOLOGY-DIAGNOSTIC	35,457	2,693			54
54.03 ENDOSCOPY	2,557				54.03
54.05 PET IMAGING	3,131				54.05
55 RADIOLOGY-THERAPEUTIC	5,449	2,693			55
56 RADIOISOTOPE	705				56
59 CARDIAC CATHETERIZATION	15				59
60 LABORATORY	33,125	8,977			60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS					60.02
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	4,381				63
65 RESPIRATORY THERAPY	5,010				65
66 PHYSICAL THERAPY	2,157				66
69 ELECTROCARDIOLOGY	7,711	3,591			69
69.02 CARDIOVASCULAR LAB					69.02
70 ELECTROENCEPHALOGRAPHY	1,060	3,591			70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	19,664				71
72 IMPL. DEV. CHARGED TO PATIENT	14,921				72
73 DRUGS CHARGED TO PATIENTS	55,720				73
74 RENAL DIALYSIS	1,416				74
75 ASC (NON-DISTINCT PART)	216				75
76 OTHER ANCILLARY SERVICES					76
76.01 PSYCH THERAPY					76.01
76.29 AIR RESCUE					76.29
76.30 BONE MARROW	104	2,693			76.30
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	453	2,693			90
90.02 TRANSPLANT CLINIC	479				90.02
91 EMERGENCY	10,694	13,466			91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
SPECIAL PURPOSE COST CENTERS					
105 KIDNEY ACQUISITION	1,647				105
107 LIVER ACQUISITION	652				107
109 PANCREAS ACQUISITION	42				109
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)	519,786	92,468	381,913		118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					190

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITAL  
 PERIOD FROM 06/01/2010 TO 05/31/2011

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

VERSION: 2011.10  
 11/29/2011 16:07

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS	QUALITY ASSURANCE	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I&R PROGRAM COSTS	
	16	16.01	17	21	22	
194 DOCTORS MEALS						194
194.05 PUBLIC RELATIONS						194.05
194.11 UNIVERSITY SPACE						194.11
194.12 CANCER CENTER						194.12
194.13 MARKET SPACE						194.13
194.14 RENTAL PROPERTIES						194.14
194.15 OP CATH LAB-UNIV						194.15
200 CROSS FOOT ADJUSTMENTS				172,910	707,831	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	519,786	92,468	381,913	172,910	707,831	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	PARAMED ED	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	23	24	25	26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
16.01 QUALITY ASSURANCE					16.01
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)	9,791				23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		3,545,294		3,545,294	30
31 INTENSIVE CARE UNIT		404,187		404,187	31
31.01 6TH ICU		342,317		342,317	31.01
31.02 7TH ICU		358,056		358,056	31.02
31.03 8TH ICU		335,378		335,378	31.03
31.04 5TH ICU		423,319		423,319	31.04
40 SUBPROVIDER - IPF		979,214		979,214	40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		2,141,125		2,141,125	50
51 RECOVERY ROOM		525,937		525,937	51
53 ANESTHESIOLOGY		24,662		24,662	53
54 RADIOLOGY-DIAGNOSTIC		2,347,336		2,347,336	54
54.03 ENDOSCOPY		153,855		153,855	54.03
54.05 PET IMAGING		132,527		132,527	54.05
55 RADIOLOGY-THERAPEUTIC		328,004		328,004	55
56 RADIOISOTOPE		248,152		248,152	56
59 CARDIAC CATHETERIZATION		27,706		27,706	59
60 LABORATORY		927,056		927,056	60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS					60.02
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS					62.30
63 BLOOD STORING, PROCESSING & TRANS.		144,856		144,856	63
65 RESPIRATORY THERAPY		194,881		194,881	65
66 PHYSICAL THERAPY		429,376		429,376	66
69 ELECTROCARDIOLOGY		521,247		521,247	69
69.02 CARDIOVASCULAR LAB					69.02
70 ELECTROENCEPHALOGRAPHY		260,570		260,570	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		619,143		619,143	71
72 IMPL. DEV. CHARGED TO PATIENT		676,333		676,333	72
73 DRUGS CHARGED TO PATIENTS		927,226		927,226	73
74 RENAL DIALYSIS		172,212		172,212	74
75 ASC (NON-DISTINCT PART)		15,958		15,958	75
76 OTHER ANCILLARY SERVICES					76
76.01 PSYCH THERAPY					76.01
76.29 AIR RESCUE					76.29
76.30 BONE MARROW		76,338		76,338	76.30
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		317,487		317,487	90
90.02 TRANSPLANT CLINIC		193,245		193,245	90.02
91 EMERGENCY		705,438		705,438	91
92 OBSERVATION BEDS					92
94 OTHER REIMBURSABLE COST CENTERS					94
HOME PROGRAM DIALYSIS					
SPECIAL PURPOSE COST CENTERS					
105 KIDNEY ACQUISITION		217,418		217,418	105
107 LIVER ACQUISITION		120,884		120,884	107
109 PANCREAS ACQUISITION		5,357		5,357	109
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)		18,842,094		18,842,094	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		81,745		81,745	190

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITA  
PERIOD FROM 06/01/2010 TO 05/31/2011

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

VERSION: 2011.10  
11/29/2011 16:07

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

COST CENTER DESCRIPTION	PARAMED ED	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
194 DOCTORS MEALS		11,376		11,376	194
194.05 PUBLIC RELATIONS		18,565		18,565	194.05
194.11 UNIVERSITY SPACE		1,010,301		1,010,301	194.11
194.12 CANCER CENTER		343,304		343,304	194.12
194.13 MARKET SPACE					194.13
194.14 RENTAL PROPERTIES		7,278		7,278	194.14
194.15 OP CATH LAB-UNIV		27,520		27,520	194.15
200 CROSS FOOT ADJUSTMENTS	9,791	890,532		890,532	200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	9,791	21,232,715		21,232,715	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	CAP- REL COSTS MOV EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS  GROSS SALARIES	RECON- CILIATION  5A	ADMINI- STRATIVE & GENERAL ACCUM COST 5	
	1	2	4			
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	617,015					1
2 CAP REL COSTS-MVBLE EQUIP		514,505				2
4 EMPLOYEE BENEFITS	3,730	4,154	91,242,000			4
5 ADMINISTRATIVE & GENERAL	92,949	129,559	9,901,534	-74,295,780	251,438,312	5
6 MAINTENANCE & REPAIRS	2,755	2,755	407,481		722,678	6
7 OPERATION OF PLANT	1,971	1,971			9,749,395	7
8 LAUNDRY & LINEN SERVICE	2,488	2,488	81,531		1,169,061	8
9 HOUSEKEEPING			27		3,497,617	9
10 DIETARY	16,822	16,822			1,265,634	10
11 CAFETERIA	3,923	3,923			2,156,208	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,527	4,527	1,418,043		1,984,060	13
14 CENTRAL SERVICES & SUPPLY	8,679	8,679	743,716		1,661,406	14
15 PHARMACY	6,904	6,904	4,093,815		7,484,610	15
16 MEDICAL RECORDS & LIBRARY	5,321	5,321	2,490,580		4,050,571	16
16.01 QUALITY ASSURANCE	2,011	2,011	465,149		750,128	16.01
17 SOCIAL SERVICE	1,521	1,521	1,770,241		2,363,420	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	4,716	4,716	52,354		218,726	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					27,654,348	22
23 PARAMED ED PRGM-(SPECIFY)	60	60	194,273		269,726	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	55,366	55,366	17,453,442		25,730,751	30
31 INTENSIVE CARE UNIT	6,138	6,138	2,782,532		4,062,451	31
31.01 6TH ICU	5,057	5,057	2,321,068		3,433,987	31.01
31.02 7TH ICU	5,032	5,032	2,710,511		3,867,732	31.02
31.03 8TH ICU	5,033	5,033	2,367,688		3,343,274	31.03
31.04 5TH ICU	6,561	6,561	2,706,655		3,930,237	31.04
40 SUBPROVIDER - IPF	20,155	20,155	2,875,451		4,316,981	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	50,090	50,090	5,024,798		11,550,197	50
51 RECOVERY ROOM	11,570	11,570	2,340,506		3,448,452	51
53 ANESTHESIOLOGY	10	10	183,320		623,136	53
54 RADIOLOGY-DIAGNOSTIC	49,464	54,241	6,289,057		11,666,560	54
54.03 ENDOSCOPY	3,072	3,072	824,983		1,380,880	54.03
54.05 PET IMAGING	3,029	3,029	364,022		805,318	54.05
55 RADIOLOGY-THERAPEUTIC	6,456	6,456	743,286		1,858,480	55
56 RADIOISOTOPE	5,819	5,819	359,162		1,537,009	56
59 CARDIAC CATHETERIZATION	735	735	4,081		62,598	59
60 LABORATORY	14,235	14,235	5,193,451		13,989,677	60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,409	1,409			3,537,579	63
65 RESPIRATORY THERAPY	3,261	3,261	1,913,371		2,607,199	65
66 PHYSICAL THERAPY	9,768	9,768	1,916,335		2,874,857	66
69 ELECTROCARDIOLOGY	10,838	10,838	2,575,803		4,404,775	69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY	6,479	6,479	491,597		952,696	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					17,080,009	71
72 IMPL. DEV. CHARGED TO PATIENT					18,906,094	72
73 DRUGS CHARGED TO PATIENTS					16,598,674	73
74 RENAL DIALYSIS	3,653	3,653	135		1,608,591	74
75 ASC (NON-DISTINCT PART)			406,054		507,883	75
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW	1,813	1,813	144,232		341,251	76.30
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	8,114	8,114	306,744		999,998	90
90.02 TRANSPLANT CLINIC	2,559	2,559	1,046,293		1,975,184	90.02
91 EMERGENCY	13,135	13,135	4,747,840		6,809,696	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	1,549	1,549	630,156		4,160,696	105
107 LIVER ACQUISITION	958	958	692,683		2,130,431	107
109 PANCREAS ACQUISITION	13	13	8,363		168,101	109
118 SUBTOTALS (SUM OF LINES 1-117)	469,748	511,559	91,042,363	-74,295,780	246,269,022	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,149	2,149			218,704	190

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITA  
 PERIOD FROM 06/01/2010 TO 05/31/2011

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

VERSION: 2011.10  
 11/29/2011 16:07

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	CAP- REL COSTS MOV EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS  GROSS SALARIES	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	
	1	2	4	5A	5	
194 DOCTORS MEALS					444,448	194
194.05 PUBLIC RELATIONS	62	62	189,064		610,930	194.05
194.11 UNIVERSITY SPACE	107,718				2,653,231	194.11
194.12 CANCER CENTER	36,603				901,582	194.12
194.13 MARKET SPACE						194.13
194.14 RENTAL PROPERTIES			6,492		283,338	194.14
194.15 OP CATH LAB-UNIV	735	735	4,081		57,057	194.15
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	5,290,382	12,978,079	12,161,640		74,295,780	202
203 UNIT COST MULT-WS B PT I	8.574155	25.224398	0.133290		0.295483	203
204 COST TO BE ALLOC PER B PT II			138,324		6,435,803	204
205 UNIT COST MULT-WS B PT II			0.001516		0.025596	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS SQUARE FEET	6	OPERATION OF PLANT SQUARE FEET	7	LAUNDRY AND LINEN SERVICE (PATIENT DAYS)	8	HOUSE- KEEPING SQUARE FEET	9	DIETARY  (PATIENT DAYS)	10
GENERAL SERVICE COST CENTERS										
1 CAP REL COSTS-BLDG & FIXT										1
2 CAP REL COSTS-MVBLE EQUIP										2
4 EMPLOYEE BENEFITS										4
5 ADMINISTRATIVE & GENERAL										5
6 MAINTENANCE & REPAIRS	373,260									6
7 OPERATION OF PLANT	1,971		371,289							7
8 LAUNDRY & LINEN SERVICE	2,488		2,488		89,658					8
9 HOUSEKEEPING							513,060			9
10 DIETARY	16,822		16,822				16,822		89,658	10
11 CAFETERIA	3,923		3,923				3,923			11
12 MAINTENANCE OF PERSONNEL										12
13 NURSING ADMINISTRATION	4,527		4,527				4,527			13
14 CENTRAL SERVICES & SUPPLY	8,679		8,679				8,679			14
15 PHARMACY	6,904		6,904				6,904			15
16 MEDICAL RECORDS & LIBRARY	5,321		5,321				5,321			16
16.01 QUALITY ASSURANCE	2,011		2,011				2,011			16.01
17 SOCIAL SERVICE	1,521		1,521				1,521			17
19 NONPHYSICIAN ANESTHETISTS										19
20 NURSING SCHOOL										20
21 I&R SRVCES-SALARY & FRINGES APPRVD	4,716		4,716				4,716			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD										22
23 PARAMED ED PRGM-(SPECIFY)	60		60				60			23
INPATIENT ROUTINE SERV COST CENTERS										
30 ADULTS & PEDIATRICS	55,366		55,366		59,734		55,366		59,734	30
31 INTENSIVE CARE UNIT	6,138		6,138		4,110		6,138		4,110	31
31.01 6TH ICU	5,057		5,057		3,909		5,057		3,909	31.01
31.02 7TH ICU	5,032		5,032		4,048		5,032		4,048	31.02
31.03 8TH ICU	5,033		5,033		3,567		5,033		3,567	31.03
31.04 5TH ICU	6,561		6,561		4,806		6,561		4,806	31.04
40 SUBPROVIDER - IPF	20,155		20,155		9,484		20,155		9,484	40
ANCILLARY SERVICE COST CENTERS										
50 OPERATING ROOM	50,090		50,090				50,090			50
51 RECOVERY ROOM	11,570		11,570				11,570			51
53 ANESTHESIOLOGY	10		10				10			53
54 RADIOLOGY-DIAGNOSTIC	49,464		49,464				49,464			54
54.03 ENDOSCOPY	3,072		3,072				3,072			54.03
54.05 PET IMAGING	3,029		3,029				3,029			54.05
55 RADIOLOGY-THERAPEUTIC	6,456		6,456				6,456			55
56 RADIOISOTOPE	5,819		5,819				5,819			56
59 CARDIAC CATHETERIZATION	735		735				735			59
60 LABORATORY	14,235		14,235				14,235			60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS										60.02
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS										62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,409		1,409				1,409			63
65 RESPIRATORY THERAPY	3,261		3,261				3,261			65
66 PHYSICAL THERAPY	9,768		9,768				9,768			66
69 ELECTROCARDIOLOGY	10,838		10,838				10,838			69
69.02 CARDIOVASCULAR LAB										69.02
70 ELECTROENCEPHALOGRAPHY	6,479		6,479				6,479			70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS										71
72 IMPL. DEV. CHARGED TO PATIENT										72
73 DRUGS CHARGED TO PATIENTS										73
74 RENAL DIALYSIS	3,653		3,653				3,653			74
75 ASC (NON-DISTINCT PART)										75
76 OTHER ANCILLARY SERVICES										76
76.01 PSYCH THERAPY										76.01
76.29 AIR RESCUE										76.29
76.30 BONE MARROW	1,813		1,813				1,813			76.30
76.97 CARDIAC REHABILITATION										76.97
76.98 HYPERBARIC OXYGEN THERAPY										76.98
76.99 LITHOTRIPSY										76.99
OUTPATIENT SERVICE COST CENTERS										
90 CLINIC	8,114		8,114				8,114			90
90.02 TRANSPLANT CLINIC	2,559		2,559				2,559			90.02
91 EMERGENCY	13,135		13,135				13,135			91
92 OBSERVATION BEDS										92
OTHER REIMBURSABLE COST CENTERS										
94 HOME PROGRAM DIALYSIS										94
SPECIAL PURPOSE COST CENTERS										
105 KIDNEY ACQUISITION	1,549		1,549				1,549			105
107 LIVER ACQUISITION	958		958				958			107
109 PANCREAS ACQUISITION	13		13				13			109
118 SUBTOTALS (SUM OF LINES 1-117)	370,314		368,343		89,658		365,855		89,658	118
NONREIMBURSABLE COST CENTERS										
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,149		2,149				2,149			190

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITAL  
 PERIOD FROM 06/01/2010 TO 05/31/2011

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

VERSION: 2011.10  
 11/29/2011 16:07

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (PATIENT DAYS)	HOUSE- KEEPING SQUARE FEET	DIETARY  (PATIENT DAYS)	
		6	7	8	9	10	
194	DOCTORS MEALS						194
194.05	PUBLIC RELATIONS	62	62				194.05
194.11	UNIVERSITY SPACE				107,718		194.11
194.12	CANCER CENTER				36,603		194.12
194.13	MARKET SPACE						194.13
194.14	RENTAL PROPERTIES						194.14
194.15	OP CATH LAB-UNIV	735	735		735		194.15
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	936,217	12,635,119	1,605,407	4,531,103	2,402,824	202
203	UNIT COST MULT-WS B PT I	2.508217	34.030416	17.905898	8.831527	26.799884	203
204	COST TO BE ALLOC PER B PT II	112,231	430,758	117,772	89,525	628,463	204
205	UNIT COST MULT-WS B PT II	0.300678	1.160169	1.313569	0.174492	7.009559	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA GROSS SALARIES 11	NURSING ADMINI-STRATION (NURSING SALARIES) 13	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 14	PHARMACY (COSTED REQUIS) 15	MEDICAL RECORDS (GROSS REVENUE) 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	80,851,427					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,418,043	39,376,994				13
14 CENTRAL SERVICES & SUPPLY	743,716		37,599,906			14
15 PHARMACY	4,093,815		42,842	17,321,130		15
16 MEDICAL RECORDS & LIBRARY	2,490,580	382	257		2,790,779,271	16
16.01 QUALITY ASSURANCE	465,149	34,001	82			16.01
17 SOCIAL SERVICE	1,770,241		27	13,125	1,395,389,635	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	52,354					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)	194,273					23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	17,453,442	13,854,176	299,543	90,344	77,659,499	30
31 INTENSIVE CARE UNIT	2,782,532	2,598,171	53,760	13,420	12,072,937	31
31.01 6TH ICU	2,321,068	2,093,959	43,983	11,377	10,877,596	31.01
31.02 7TH ICU	2,710,511	2,456,340	49,831	10,889	12,012,059	31.02
31.03 8TH ICU	2,367,688	2,167,162	48,628	9,736	10,625,186	31.03
31.04 5TH ICU	2,706,655	2,389,277	40,272	11,909	14,134,226	31.04
40 SUBPROVIDER - IPF	2,875,451	2,204,066	11,072	1,559	14,471,663	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	5,024,798	3,207,068	97,623	65	101,481,159	50
51 RECOVERY ROOM	2,340,506	2,105,923	48,574	1,862	15,286,586	51
53 ANESTHESIOLOGY	183,320	224	131,286	137	15,113,514	53
54 RADIOLOGY-DIAGNOSTIC	6,289,057	684,022	77,126	15,786	190,628,267	54
54.03 ENDOSCOPY	824,983	630,619	24,021	6,537	13,745,287	54.03
54.05 PET IMAGING	364,022		1,111	663	16,835,025	54.05
55 RADIOLOGY-THERAPEUTIC	743,286	200,314	7,749		29,294,958	55
56 RADIOISOTOPE	359,162	49,159	4,097	7,635	3,792,081	56
59 CARDIAC CATHETERIZATION	4,081	5,262			83,330	59
60 LABORATORY	5,193,451	180,749	48,055	4,349	178,093,142	60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
63 BLOOD STORING, PROCESSING & TRANS.					23,555,676	63
65 RESPIRATORY THERAPY	1,913,371		9,337	63	26,937,605	65
66 PHYSICAL THERAPY	1,916,335		602	81	11,594,745	66
69 ELECTROCARDIOLOGY	2,575,803	335,869	111,490	6,843	41,456,852	69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY	491,597		2,173	437	5,699,632	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			17,289,710		105,719,551	71
72 IMPL. DEV. CHARGED TO PATIENT			18,906,094		80,220,236	72
73 DRUGS CHARGED TO PATIENTS				17,091,337	299,572,304	73
74 RENAL DIALYSIS	135	50	10,729	3,178	7,610,778	74
75 ASC (NON-DISTINCT PART)	406,054	207,898	668	43	1,162,838	75
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW	144,232				559,095	76.30
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	306,744	1,892	2,147	28	2,432,920	90
90.02 TRANSPLANT CLINIC	1,046,293	71,727	236	15	2,577,930	90.02
91 EMERGENCY	4,747,840	3,673,962	236,054	19,667	57,494,617	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	630,156	41,885	137	8	8,856,572	105
107 LIVER ACQUISITION	692,683	180,923	584	37	3,505,702	107
109 PANCREAS ACQUISITION	8,363	1,914	6		226,068	109
118 SUBTOTALS (SUM OF LINES 1-117)	80,651,790	39,376,994	37,599,906	17,321,130	2,790,779,271	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITA  
 PERIOD FROM 06/01/2010 TO 05/31/2011

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

VERSION: 2011.10  
 11/29/2011 16:07

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA GROSS SALARIES 11	NURSING ADMINI- STRATION (NURSING SALARIES) 13	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 14	PHARMACY (COSTED REQUIS) 15	MEDICAL RECORDS (GROSS REVENUE) 16	
194 DOCTORS MEALS						194
194.05 PUBLIC RELATIONS	189,064					194.05
194.11 UNIVERSITY SPACE						194.11
194.12 CANCER CENTER						194.12
194.13 MARKET SPACE						194.13
194.14 RENTAL PROPERTIES	6,492					194.14
194.15 OP CATH LAB-UNIV	4,081					194.15
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	2,971,318	2,827,820	2,573,423	10,162,801	5,580,435	202
203 UNIT COST MULT-WS B PT I	0.036750	0.071814	0.068442	0.586729	0.002000	203
204 COST TO BE ALLOC PER B PT II	194,197	216,749	352,969	452,653	519,786	204
205 UNIT COST MULT-WS B PT II	0.002402	0.005504	0.009387	0.026133	0.000186	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	QUALITY ASSURANCE	SOCIAL SERVICE	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED ED (ASSIGNED TIME)	
	(TIME SPENT) 16.01	(PATIENT DAYS) 17	21	22	23	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
16.01 QUALITY ASSURANCE	103					16.01
17 SOCIAL SERVICE		89,658				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			573,696			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				573,696		22
23 PARAMED ED PRGM-(SPECIFY)					6,971	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	10	59,734	247,006	247,006	2,400	30
31 INTENSIVE CARE UNIT	3	4,110	19,357	19,357	410	31
31.01 6TH ICU	3	3,909	19,357	19,357	410	31.01
31.02 7TH ICU	3	4,048	19,357	19,357	410	31.02
31.03 8TH ICU	3	3,567	19,357	19,357	410	31.03
31.04 5TH ICU	3	4,806	19,357	19,357	410	31.04
40 SUBPROVIDER - IPF	10	9,484	14,250	14,250	288	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	15		64,126	64,126		50
51 RECOVERY ROOM	4		4,750	4,750		51
53 ANESTHESIOLOGY	4		39,901	39,901		53
54 RADIOLOGY-DIAGNOSTIC	3		36,813	36,813	900	54
54.03 ENDOSCOPY						54.03
54.05 PET IMAGING					140	54.05
55 RADIOLOGY-THERAPEUTIC	3		7,125	7,125		55
56 RADIOISOTOPE					140	56
59 CARDIAC CATHETERIZATION						59
60 LABORATORY	10		26,126	26,126		60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY					152	65
66 PHYSICAL THERAPY					416	66
69 ELECTROCARDIOLOGY	4				235	69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY	4		11,875	11,875		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)						75
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW	3		3,563	3,563		76.30
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		3,563	3,563		90
90.02 TRANSPLANT CLINIC						90.02
91 EMERGENCY	15		17,813	17,813	250	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION						105
107 LIVER ACQUISITION						107
109 PANCREAS ACQUISITION						109
118 SUBTOTALS (SUM OF LINES 1-117)	103	89,658	573,696	573,696	6,971	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITA  
 PERIOD FROM 06/01/2010 TO 05/31/2011

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

VERSION: 2011.10  
 11/29/2011 16:07

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	QUALITY ASSURANCE (TIME SPENT)	SOCIAL SERVICE (PATIENT DAYS)	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I&R PROGRAM COSTS (ASSIGNED TIME)	PARAMED ED (ASSIGNED TIME)	
	16.01	17	21	22	23	
194 DOCTORS MEALS						194
194.05 PUBLIC RELATIONS						194.05
194.11 UNIVERSITY SPACE						194.11
194.12 CANCER CENTER						194.12
194.13 MARKET SPACE						194.13
194.14 RENTAL PROPERTIES						194.14
194.15 OP CATH LAB-UNIV						194.15
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	1,082,559	5,993,195	499,245	35,825,776	359,287	202
203 UNIT COST MULT-WS B PT I	10,510.281553	66.845067	0.870226	62.447317	51.540238	203
204 COST TO BE ALLOC PER B PT II	92,468	381,913	172,910	707,831	9,791	204
205 UNIT COST MULT-WS B PT II	897.747573	4.259665	0.301397	1.233808	1.404533	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	44,603,089		44,603,089		44,603,089	30
31 INTENSIVE CARE UNIT	6,376,996		6,376,996		6,376,996	31
31.01 6TH ICU	5,433,938		5,433,938		5,433,938	31.01
31.02 7TH ICU	6,052,938		6,052,938		6,052,938	31.02
31.03 8TH ICU	5,283,002		5,283,002		5,283,002	31.03
31.04 5TH ICU	6,287,069		6,287,069		6,287,069	31.04
40 SUBPROVIDER - IPF	7,979,478		7,979,478		7,979,478	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	18,017,984		18,017,984		18,017,984	50
51 RECOVERY ROOM	5,306,624		5,306,624		5,306,624	51
53 ANESTHESIOLOGY	895,801		895,801		895,801	53
54 RADIOLOGY-DIAGNOSTIC	18,111,979		18,111,979		18,111,979	54
54.03 ENDOSCOPY	2,036,858		2,036,858		2,036,858	54.03
54.05 PET IMAGING	1,235,431		1,235,431		1,235,431	54.05
55 RADIOLOGY-THERAPEUTIC	2,832,890		2,832,890		2,832,890	55
56 RADIOISOTOPE	2,291,467		2,291,467		2,291,467	56
59 CARDIAC CATHETERIZATION	115,137		115,137		115,137	59
60 LABORATORY	19,440,202		19,440,202		19,440,202	60
60.02 BLOOD CLOTTING FACTORS ADMI						60.02
62.30 BLOOD CLOTTING FACTORS ADMI						62.30
63 BLOOD STORING, PROCESSING &	4,693,911		4,693,911		4,693,911	63
65 RESPIRATORY THERAPY	3,658,235		3,658,235		3,658,235	65
66 PHYSICAL THERAPY	4,282,647		4,282,647		4,282,647	66
69 ELECTROCARDIOLOGY	6,465,527		6,465,527		6,465,527	69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY	1,600,065		1,600,065		1,600,065	70
71 MEDICAL SUPPLIES CHRGED TO	23,521,642		23,521,642		23,521,642	71
72 IMPL. DEV. CHARGED TO PATIE	25,946,945		25,946,945		25,946,945	72
73 DRUGS CHARGED TO PATIENTS	32,130,421		32,130,421		32,130,421	73
74 RENAL DIALYSIS	2,267,470		2,267,470		2,267,470	74
75 ASC (NON-DISTINCT PART)	690,203		690,203		690,203	75
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW	562,291		562,291		562,291	76.30
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,711,583		1,711,583		1,711,583	90
90.02 TRANSPLANT CLINIC	2,723,703		2,723,703		2,723,703	90.02
91 EMERGENCY	10,169,330		10,169,330		10,169,330	91
92 OBSERVATION BEDS	2,908,566		2,908,566		2,908,566	92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
105 KIDNEY ACQUISITION	5,504,282		5,504,282		5,504,282	105
107 LIVER ACQUISITION	2,848,924		2,848,924		2,848,924	107
109 PANCREAS ACQUISITION	219,258		219,258		219,258	109
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	284,205,886		284,205,886		284,205,886	200
201 LESS OBSERVATION BEDS	2,908,566		2,908,566		2,908,566	201
202 TOTAL (SEE INSTRUCTIONS)	281,297,320		281,297,320		281,297,320	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	73,058,774		73,058,774			30
31 INTENSIVE CARE UNIT	12,072,937		12,072,937			31
31.01 6TH ICU	10,877,596		10,877,596			31.01
31.02 7TH ICU	12,012,059		12,012,059			31.02
31.03 8TH ICU	10,625,186		10,625,186			31.03
31.04 5TH ICU	14,134,226		14,134,226			31.04
40 SUBPROVIDER - IPF	14,471,663		14,471,663			40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	66,952,195	34,528,964	101,481,159	0.177550	0.177550	0.177550 50
51 RECOVERY ROOM	7,914,203	3,771,649	11,685,852	0.454107	0.454107	0.454107 51
53 ANESTHESIOLOGY	11,373,637	3,739,877	15,113,514	0.059272	0.059272	0.059272 53
54 RADIOLOGY-DIAGNOSTIC	98,895,632	93,296,856	192,192,488	0.094239	0.094239	0.094239 54
54.03 ENDOSCOPY	4,690,441	9,167,901	13,858,342	0.146977	0.146977	0.146977 54.03
54.05 PET IMAGING	2,424,642	14,410,383	16,835,025	0.073385	0.073385	0.073385 54.05
55 RADIOLOGY-THERAPEUTIC	841,896	28,453,062	29,294,958	0.096702	0.096702	0.096702 55
56 RADIOISOTOPE	1,286,816	2,537,509	3,824,325	0.599182	0.599182	0.599182 56
59 CARDIAC CATHETERIZATION		83,330	83,330	1.381699	1.381699	1.381699 59
60 LABORATORY	115,243,504	78,925,519	194,169,023	0.100120	0.100120	0.100120 60
60.02 BLOOD CLOTTING FACTORS ADMI						60.02
62.30 BLOOD CLOTTING FACTORS ADMI						62.30
63 BLOOD STORING, PROCESSING &	21,681,736	1,873,940	23,555,676	0.199269	0.199269	0.199269 63
65 RESPIRATORY THERAPY	26,058,067	908,892	26,966,959	0.135656	0.135656	0.135656 65
66 PHYSICAL THERAPY	9,507,029	2,198,605	11,705,634	0.365862	0.365862	0.365862 66
OUTPATIENT SERVICE COST CENTERS						
69 ELECTROCARDIOLOGY	24,910,732	16,536,324	41,447,056	0.155995	0.155995	0.155995 69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY	3,927,647	1,771,985	5,699,632	0.280731	0.280731	0.280731 70
71 MEDICAL SUPPLIES CHRGD TO	78,805,807	26,745,346	105,551,153	0.222846	0.222846	0.222846 71
72 IMPL. DEV. CHARGED TO PATIE	66,291,630	13,928,606	80,220,236	0.323446	0.323446	0.323446 72
73 DRUGS CHARGED TO PATIENTS	260,505,397	38,978,638	299,484,035	0.107286	0.107286	0.107286 73
74 RENAL DIALYSIS	7,205,117	405,661	7,610,778	0.297929	0.297929	0.297929 74
75 ASC (NON-DISTINCT PART)	9,261	1,153,577	1,162,838	0.593550	0.593550	0.593550 75
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW	259,023	300,072	559,095	1.005716	1.005716	1.005716 76.30
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
90 CLINIC	6,373	2,426,547	2,432,920	0.703510	0.703510	0.703510 90
90.02 TRANSPLANT CLINIC	225,138	1,354,449	1,579,587	1.724313	1.724313	1.724313 90.02
91 EMERGENCY	20,482,637	37,011,980	57,494,617	0.176874	0.176874	0.176874 91
92 OBSERVATION BEDS	1,161,484	3,439,241	4,600,725	0.632197	0.632197	0.632197 92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
105 KIDNEY ACQUISITION	3,568,766		3,568,766			105
107 LIVER ACQUISITION	2,773,922		2,773,922			107
109 PANCREAS ACQUISITION	215,556		215,556			109
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	984,470,729	417,948,913	1,402,419,642			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	984,470,729	417,948,913	1,402,419,642			202

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITA  
 PERIOD FROM 06/01/2010 TO 05/31/2011

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

VERSION: 2011.10  
 11/29/2011 16:07

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)	4	(COL.3 + COL.4)	6	(COL.5 x COL.6)
	1	2	3		5		7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS							30
31 INTENSIVE CARE UNIT							31
31.01 6TH ICU							31.01
31.02 7TH ICU							31.02
31.03 8TH ICU							31.03
31.04 5TH ICU							31.04
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 (LINES 30-199)							200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [XX] TITLE V [XX] HOSPITAL (26-0105) [ ] SUB (OTHER) [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT	CAPITAL
	COST	CHARGES	COST TO		PROGRAM
	(FROM WKST	(FROM WKST	CHARGES	CHARGES	COL. 4)
	B, PT. II,	C, PT. I,	(COL.1 +		
	COL. 26)	COL. 8)	COL.2)		
	1	2	3	4	5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.03 ENDOSCOPY					54.03
54.05 PET IMAGING					54.05
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
60.02 BLOOD CLOTTING FACTORS ADMIN					60.02
62.30 BLOOD CLOTTING FACTORS ADMIN					62.30
63 BLOOD STORING, PROCESSING & T					63
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
69 ELECTROCARDIOLOGY					69
69.02 CARDIOVASCULAR LAB					69.02
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGED TO PA					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
75 ASC (NON-DISTINCT PART)					75
76 OTHER ANCILLARY SERVICES					76
76.01 PSYCH THERAPY					76.01
76.29 AIR RESCUE					76.29
76.30 BONE MARROW					76.30
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
90.02 TRANSPLANT CLINIC					90.02
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
200 TOTAL (SUM OF LINES 50-199)					200

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITA  
 PERIOD FROM 06/01/2010 TO 05/31/2011

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

VERSION: 2011.10  
 11/29/2011 16:07

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	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 6TH ICU					31.01
31.02 7TH ICU					31.02
31.03 8TH ICU					31.03
31.04 5TH ICU					31.04
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: 26-0105 SAINT LOUIS UNIVERSITY HOSPITA  
PERIOD FROM 06/01/2010 TO 05/31/2011

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

VERSION: 2011.10  
11/29/2011 16:07

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
31.01 6TH ICU					31.01
31.02 7TH ICU					31.02
31.03 8TH ICU					31.03
31.04 5TH ICU					31.04
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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[XX] TITLE V	[XX] HOSPITAL (26-0105)	[ ] SUB (OTHER)	[ ] ICF/MR	[ ] PPS	
APPLICABLE	[ ] TITLE XVIII-PT A	[ ] IPF	[ ] SNF	[ ] TEFRA		
BOXES	[ ] TITLE XIX	[ ] IRF	[ ] NF			
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
51	RECOVERY ROOM					51
53	ANESTHESIOLOGY					53
54	RADIOLOGY-DIAGNOSTIC		46,386		46,386	54
54.03	ENDOSCOPY					54.03
54.05	PET IMAGING		7,216		7,216	54.05
55	RADIOLOGY-THERAPEUTIC					55
56	RADIOISOTOPE		7,216		7,216	56
59	CARDIAC CATHETERIZATION					59
60	LABORATORY					60
60.02	BLOOD CLOTTING FACTORS ADMIN					60.02
62.30	BLOOD CLOTTING FACTORS ADMIN					62.30
63	BLOOD STORING, PROCESSING & T					63
65	RESPIRATORY THERAPY		7,834		7,834	65
66	PHYSICAL THERAPY		21,441		21,441	66
69	ELECTROCARDIOLOGY		12,112		12,112	69
69.02	CARDIOVASCULAR LAB					69.02
70	ELECTROENCEPHALOGRAPHY					70
71	MEDICAL SUPPLIES CHRGD TO PA					71
72	IMPL. DEV. CHARGED TO PATIENT					72
73	DRUGS CHARGED TO PATIENTS					73
74	RENAL DIALYSIS					74
75	ASC (NON-DISTINCT PART)					75
76	OTHER ANCILLARY SERVICES					76
76.01	PSYCH THERAPY					76.01
76.29	AIR RESCUE					76.29
76.30	BONE MARROW					76.30
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
90.02	TRANSPLANT CLINIC					90.02
91	EMERGENCY		12,885		12,885	91
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS					94
200	TOTAL (SUM OF LINES 50-199)		115,090		115,090	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[XX] TITLE V	[XX] HOSPITAL (26-0105)	[ ] SUB (OTHER)	[ ] ICF/MR	[ ] PPS		
APPLICABLE	[ ] TITLE XVIII-PT A	[ ] IPF	[ ] SNF	[ ] TEFRA	[ ] 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	101,481,159					50
51	RECOVERY ROOM	11,685,852					51
53	ANESTHESIOLOGY	15,113,514					53
54	RADIOLOGY-DIAGNOSTIC	192,192,488	0.000241	0.000241			54
54.03	ENDOSCOPY	13,858,342					54.03
54.05	PET IMAGING	16,835,025	0.000429	0.000429			54.05
55	RADIOLOGY-THERAPEUTIC	29,294,958					55
56	RADIOISOTOPE	3,824,325	0.001887	0.001887			56
59	CARDIAC CATHETERIZATION	83,330					59
60	LABORATORY	194,169,023					60
60.02	BLOOD CLOTTING FACTORS ADMIN						60.02
62.30	BLOOD CLOTTING FACTORS ADMIN						62.30
63	BLOOD STORING, PROCESSING &	23,555,676					63
65	RESPIRATORY THERAPY	26,966,959	0.000291	0.000291			65
66	PHYSICAL THERAPY	11,705,634	0.001832	0.001832			66
69	ELECTROCARDIOLOGY	41,447,056	0.000292	0.000292			69
69.02	CARDIOVASCULAR LAB						69.02
70	ELECTROENCEPHALOGRAPHY	5,699,632					70
71	MEDICAL SUPPLIES CHRGED TO P	105,551,153					71
72	IMPL. DEV. CHARGED TO PATIEN	80,220,236					72
73	DRUGS CHARGED TO PATIENTS	299,484,035					73
74	RENAL DIALYSIS	7,610,778					74
75	ASC (NON-DISTINCT PART)	1,162,838					75
76	OTHER ANCILLARY SERVICES						76
76.01	PSYCH THERAPY						76.01
76.29	AIR RESCUE						76.29
76.30	BONE MARROW	559,095					76.30
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	2,432,920					90
90.02	TRANSPLANT CLINIC	1,579,587					90.02
91	EMERGENCY	57,494,617	0.000224	0.000224			91
92	OBSERVATION BEDS	4,600,725					92
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	1,248,608,957					200



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, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 + COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	3,545,294		3,545,294	63,901	55.48	19,919	1,105,106 30
31 INTENSIVE CARE UNIT	404,187		404,187	4,110	98.34	1,761	173,177 31
31.01 6TH ICU	342,317		342,317	3,909	87.57	415	36,342 31.01
31.02 7TH ICU	358,056		358,056	4,048	88.45	1,367	120,911 31.02
31.03 8TH ICU	335,378		335,378	3,567	94.02	1,309	123,072 31.03
31.04 5TH ICU	423,319		423,319	4,806	88.08	1,411	124,281 31.04
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	979,214		979,214	9,484	103.25	3,426	353,735 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)	6,387,765		6,387,765	93,825		29,608	2,036,624 200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (26-0105) [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,141,125	101,481,159	0.021099	16,106,585	339,833	50
51 RECOVERY ROOM	525,937	11,685,852	0.045006	2,148,605	96,700	51
53 ANESTHESIOLOGY	24,662	15,113,514	0.001632	2,774,274	4,528	53
54 RADIOLOGY-DIAGNOSTIC	2,347,336	192,192,488	0.012213	29,569,023	361,126	54
54.03 ENDOSCOPY	153,855	13,858,342	0.011102	1,670,511	18,546	54.03
54.05 PET IMAGING	132,527	16,835,025	0.007872	1,047,830	8,249	54.05
55 RADIOLOGY-THERAPEUTIC	328,004	29,294,958	0.011197	245,105	2,744	55
56 RADIOISOTOPE	248,152	3,824,325	0.064888	458,800	29,771	56
59 CARDIAC CATHETERIZATION	27,706	83,330	0.332485			59
60 LABORATORY	927,056	194,169,023	0.004774	37,603,869	179,521	60
60.02 BLOOD CLOTTING FACTORS ADMIN						60.02
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
63 BLOOD STORING, PROCESSING & T	144,856	23,555,676	0.006150	6,644,178	40,862	63
65 RESPIRATORY THERAPY	194,881	26,966,959	0.007227	8,422,771	60,871	65
66 PHYSICAL THERAPY	429,376	11,705,634	0.036681	3,179,113	116,613	66
69 ELECTROCARDIOLOGY	521,247	41,447,056	0.012576	10,033,470	126,181	69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY	260,570	5,699,632	0.045717	878,797	40,176	70
71 MEDICAL SUPPLIES CHRGED TO PA	619,143	105,551,153	0.005866	22,891,421	134,281	71
72 IMPL. DEV. CHARGED TO PATIENT	676,333	80,220,236	0.008431	16,125,081	135,951	72
73 DRUGS CHARGED TO PATIENTS	927,226	299,484,035	0.003096	72,187,651	223,493	73
74 RENAL DIALYSIS	172,212	7,610,778	0.022627	3,930,736	88,941	74
75 ASC (NON-DISTINCT PART)	15,958	1,162,838	0.013723	8,089	111	75
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW	76,338	559,095	0.136539	95,748	13,073	76.30
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	317,487	2,432,920	0.130496	4,343	567	90
90.02 TRANSPLANT CLINIC	193,245	1,579,587	0.122339	3,326	407	90.02
91 EMERGENCY	705,438	57,494,617	0.012270	6,468,692	79,371	91
92 OBSERVATION BEDS	231,187	4,600,725	0.050250	484,867	24,365	92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)	12,341,857	1,248,608,957	1,248,608,957	242,982,885	2,126,281	200

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITA  
 PERIOD FROM 06/01/2010 TO 05/31/2011

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

VERSION: 2011.10  
 11/29/2011 16:07

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	
30 INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS		123,698			123,698	30
31 INTENSIVE CARE UNIT		21,131			21,131	31
31.01 6TH ICU		21,131			21,131	31.01
31.02 7TH ICU		21,131			21,131	31.02
31.03 8TH ICU		21,131			21,131	31.03
31.04 5TH ICU		21,131			21,131	31.04
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		14,844			14,844	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)		244,197			244,197	200

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITA  
 PERIOD FROM 06/01/2010 TO 05/31/2011

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

VERSION: 2011.10  
 11/29/2011 16:07

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	63,901	1.94	19,919	38,643	30
31 INTENSIVE CARE UNIT	4,110	5.14	1,761	9,052	31
31.01 6TH ICU	3,909	5.41	415	2,245	31.01
31.02 7TH ICU	4,048	5.22	1,367	7,136	31.02
31.03 8TH ICU	3,567	5.92	1,309	7,749	31.03
31.04 5TH ICU	4,806	4.40	1,411	6,208	31.04
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	9,484	1.57	3,426	5,379	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)	93,825		29,608	76,412	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2		MEDICAL EDUCATION COST 4	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
51 RECOVERY ROOM							51
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC			46,386		46,386	46,386	54
54.03 ENDOSCOPY							54.03
54.05 PET IMAGING			7,216		7,216	7,216	54.05
55 RADIOLOGY-THERAPEUTIC							55
56 RADIOISOTOPE			7,216		7,216	7,216	56
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
60.02 BLOOD CLOTTING FACTORS ADMIN							60.02
62.30 BLOOD CLOTTING FACTORS ADMIN							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY			7,834		7,834	7,834	65
66 PHYSICAL THERAPY			21,441		21,441	21,441	66
69 ELECTROCARDIOLOGY			12,112		12,112	12,112	69
69.02 CARDIOVASCULAR LAB							69.02
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGD TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
75 ASC (NON-DISTINCT PART)							75
76 OTHER ANCILLARY SERVICES							76
76.01 PSYCH THERAPY							76.01
76.29 AIR RESCUE							76.29
76.30 BONE MARROW							76.30
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
90.02 TRANSPLANT CLINIC							90.02
91 EMERGENCY			12,885		12,885	12,885	91
92 OBSERVATION BEDS			8,065		8,065	8,065	92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)			123,155		123,155	123,155	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (26-0105) [ ] 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) 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	101,481,159			16,106,585		7,456,248	50
51 RECOVERY ROOM	11,685,852			2,148,605		925,686	51
53 ANESTHESIOLOGY	15,113,514			2,774,274		836,052	53
54 RADIOLOGY-DIAGNOSTIC	192,192,488	0.000241	0.000241	29,569,023	7,126	17,938,933	4,323 54
54.03 ENDOSCOPY	13,858,342			1,670,511		2,174,652	54.03
54.05 PET IMAGING	16,835,025	0.000429	0.000429	1,047,830	450	3,830,599	1,643 54.05
55 RADIOLOGY-THERAPEUTIC	29,294,958			245,105		9,280,904	55
56 RADIOISOTOPE	3,824,325	0.001887	0.001887	458,800	866	634,197	1,197 56
59 CARDIAC CATHETERIZATION	83,330						59
60 LABORATORY	194,169,023			37,603,869		16,331,153	60
60.02 BLOOD CLOTTING FACTORS ADMIN							60.02
62.30 BLOOD CLOTTING FACTORS ADMIN							62.30
63 BLOOD STORING, PROCESSING &	23,555,676			6,644,178		389,493	63
65 RESPIRATORY THERAPY	26,966,959	0.000291	0.000291	8,422,771	2,451	191,770	56 65
66 PHYSICAL THERAPY	11,705,634	0.001832	0.001832	3,179,113	5,824		66
69 ELECTROCARDIOLOGY	41,447,056	0.000292	0.000292	10,033,470	2,930	4,002,671	1,169 69
69.02 CARDIOVASCULAR LAB							69.02
70 ELECTROENCEPHALOGRAPHY	5,699,632			878,797		523,204	70
71 MEDICAL SUPPLIES CHRGD TO P	105,551,153			22,891,421		6,932,366	71
72 IMPL. DEV. CHARGED TO PATIEN	80,220,236			16,125,081		4,061,967	72
73 DRUGS CHARGED TO PATIENTS	299,484,035			72,187,651		8,616,363	73
74 RENAL DIALYSIS	7,610,778			3,930,736			74
75 ASC (NON-DISTINCT PART)	1,162,838			8,089		698,625	75
76 OTHER ANCILLARY SERVICES							76
76.01 PSYCH THERAPY							76.01
76.29 AIR RESCUE							76.29
76.30 BONE MARROW	559,095			95,748		58,702	76.30
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	2,432,920			4,343		393,459	90
90.02 TRANSPLANT CLINIC	1,579,587			3,326			90.02
91 EMERGENCY	57,494,617	0.000224	0.000224	6,468,692	1,449	3,706,384	830 91
92 OBSERVATION BEDS	4,600,725	0.001753	0.001753	484,867	850	833,918	1,462 92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)	1,248,608,957			242,982,885	21,946	89,817,346	10,680 200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (26-0105) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE FROM WKST C, PT I, COL. 9 1	RATIO PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.177550	7,456,248	311,712		1,323,857	55,344		50
51 RECOVERY ROOM	0.454107	925,686			420,360			51
53 ANESTHESIOLOGY	0.059272	836,052			49,554			53
54 RADIOLOGY-DIAGNOSTIC	0.094239	17,938,933			1,690,547			54
54.03 ENDOSCOPY	0.146977	2,174,652			319,624			54.03
54.05 PET IMAGING	0.073385	3,830,599			281,109			54.05
55 RADIOLOGY-THERAPEUTIC	0.096702	9,280,904			897,482			55
56 RADIOISOTOPE	0.599182	634,197			379,999			56
59 CARDIAC CATHETERIZATION	1.381699							59
60 LABORATORY	0.100120	16,331,153	190		1,635,075	19		60
60.02 BLOOD CLOTTING FACTORS ADMIN CO								60.02
62.30 BLOOD CLOTTING FACTORS ADMIN CO								62.30
63 BLOOD STORING, PROCESSING & TRA	0.199269	389,493			77,614			63
65 RESPIRATORY THERAPY	0.135656	191,770			26,015			65
66 PHYSICAL THERAPY	0.365862							66
69 ELECTROCARDIOLOGY	0.155995	4,002,671			624,397			69
69.02 CARDIOVASCULAR LAB								69.02
70 ELECTROENCEPHALOGRAPHY	0.280731	523,204			146,880			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.222846	6,932,366			1,544,850			71
72 IMPL. DEV. CHARGED TO PATIENT	0.323446	4,061,967			1,313,827			72
73 DRUGS CHARGED TO PATIENTS	0.107286	8,616,363	16,464	260,073	924,415	1,766	27,902	73
74 RENAL DIALYSIS	0.297929							74
75 ASC (NON-DISTINCT PART)	0.593550	698,625			414,669			75
76 OTHER ANCILLARY SERVICES								76
76.01 PSYCH THERAPY								76.01
76.29 AIR RESCUE								76.29
76.30 BONE MARROW	1.005716	58,702			59,038			76.30
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.703510	393,459			276,802			90
90.02 TRANSPLANT CLINIC	1.724313							90.02
91 EMERGENCY	0.176874	3,706,384			655,563			91
92 OBSERVATION BEDS	0.632197	833,918			527,200			92
OTHER REIMBURSABLE COST CENTERS								
94 HOME PROGRAM DIALYSIS								94
200 SUBTOTAL (SEE INSTRUCTIONS)		89,817,346	328,366	260,073	13,588,877	57,129	27,902	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		89,817,346	328,366	260,073	13,588,877	57,129	27,902	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[ ] HOSPITAL [XX] IPF (26-S105) [ ] IRF	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	2,141,125	101,481,159	0.021099	270,548	5,708	50
51	RECOVERY ROOM	525,937	11,685,852	0.045006			51
53	ANESTHESIOLOGY	24,662	15,113,514	0.001632	142,840	233	53
54	RADIOLOGY-DIAGNOSTIC	2,347,336	192,192,488	0.012213	295,523	3,609	54
54.03	ENDOSCOPY	153,855	13,858,342	0.011102			54.03
54.05	PET IMAGING	132,527	16,835,025	0.007872	4,770	38	54.05
55	RADIOLOGY-THERAPEUTIC	328,004	29,294,958	0.011197	36,204	405	55
56	RADIOISOTOPE	248,152	3,824,325	0.064888	4,735	307	56
59	CARDIAC CATHETERIZATION	27,706	83,330	0.332485			59
60	LABORATORY	927,056	194,169,023	0.004774	789,739	3,770	60
60.02	BLOOD CLOTTING FACTORS ADMIN						60.02
62.30	BLOOD CLOTTING FACTORS ADMIN						62.30
63	BLOOD STORING, PROCESSING & T	144,856	23,555,676	0.006150			63
65	RESPIRATORY THERAPY	194,881	26,966,959	0.007227	22,924	166	65
66	PHYSICAL THERAPY	429,376	11,705,634	0.036681	69,221	2,539	66
69	ELECTROCARDIOLOGY	521,247	41,447,056	0.012576	73,866	929	69
69.02	CARDIOVASCULAR LAB						69.02
70	ELECTROENCEPHALOGRAPHY	260,570	5,699,632	0.045717	11,583	530	70
71	MEDICAL SUPPLIES CHRGED TO PA	619,143	105,551,153	0.005866			71
72	IMPL. DEV. CHARGED TO PATIENT	676,333	80,220,236	0.008431			72
73	DRUGS CHARGED TO PATIENTS	927,226	299,484,035	0.003096	1,043,925	3,232	73
74	RENAL DIALYSIS	172,212	7,610,778	0.022627	40,309	912	74
75	ASC (NON-DISTINCT PART)	15,958	1,162,838	0.013723			75
76	OTHER ANCILLARY SERVICES						76
76.01	PSYCH THERAPY						76.01
76.29	AIR RESCUE						76.29
76.30	BONE MARROW	76,338	559,095	0.136539			76.30
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	317,487	2,432,920	0.130496			90
90.02	TRANSPLANT CLINIC	193,245	1,579,587	0.122339			90.02
91	EMERGENCY	705,438	57,494,617	0.012270	356,784	4,378	91
92	OBSERVATION BEDS	231,187	4,600,725	0.050250			92
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	12,341,857	1,248,608,957	1,248,608,957	3,162,971	26,756	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS	
APPLICABLE	[XX] TITLE XVIII-PT A	[XX] IPF (26-S105)	[ ] SNF		[ ] TEFRA	
BOXES	[ ] TITLE XIX	[ ] IRF	[ ] NF			
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
51	RECOVERY ROOM					51
53	ANESTHESIOLOGY					53
54	RADIOLOGY-DIAGNOSTIC		46,386		46,386	54
54.03	ENDOSCOPY					54.03
54.05	PET IMAGING		7,216		7,216	54.05
55	RADIOLOGY-THERAPEUTIC					55
56	RADIOISOTOPE		7,216		7,216	56
59	CARDIAC CATHETERIZATION					59
60	LABORATORY					60
60.02	BLOOD CLOTTING FACTORS ADMIN					60.02
62.30	BLOOD CLOTTING FACTORS ADMIN					62.30
63	BLOOD STORING, PROCESSING & T					63
65	RESPIRATORY THERAPY		7,834		7,834	65
66	PHYSICAL THERAPY		21,441		21,441	66
69	ELECTROCARDIOLOGY		12,112		12,112	69
69.02	CARDIOVASCULAR LAB					69.02
70	ELECTROENCEPHALOGRAPHY					70
71	MEDICAL SUPPLIES CHRGD TO PA					71
72	IMPL. DEV. CHARGED TO PATIENT					72
73	DRUGS CHARGED TO PATIENTS					73
74	RENAL DIALYSIS					74
75	ASC (NON-DISTINCT PART)					75
76	OTHER ANCILLARY SERVICES					76
76.01	PSYCH THERAPY					76.01
76.29	AIR RESCUE					76.29
76.30	BONE MARROW					76.30
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
90.02	TRANSPLANT CLINIC					90.02
91	EMERGENCY		12,885		12,885	91
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS					94
200	TOTAL (SUM OF LINES 50-199)		115,090		115,090	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[ ] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[XX] IPF (26-S105)	[ ] 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	101,481,159			270,548		50
51	RECOVERY ROOM	11,685,852					51
53	ANESTHESIOLOGY	15,113,514			142,840		53
54	RADIOLOGY-DIAGNOSTIC	192,192,488	0.000241	0.000241	295,523	71	54
54.03	ENDOSCOPY	13,858,342					54.03
54.05	PET IMAGING	16,835,025	0.000429	0.000429	4,770	2	54.05
55	RADIOLOGY-THERAPEUTIC	29,294,958			36,204		55
56	RADIOISOTOPE	3,824,325	0.001887	0.001887	4,735	9	56
59	CARDIAC CATHETERIZATION	83,330					59
60	LABORATORY	194,169,023			789,739		60
60.02	BLOOD CLOTTING FACTORS ADMIN						60.02
62.30	BLOOD CLOTTING FACTORS ADMIN						62.30
63	BLOOD STORING, PROCESSING &	23,555,676					63
65	RESPIRATORY THERAPY	26,966,959	0.000291	0.000291	22,924	7	65
66	PHYSICAL THERAPY	11,705,634	0.001832	0.001832	69,221	127	66
69	ELECTROCARDIOLOGY	41,447,056	0.000292	0.000292	73,866	22	69
69.02	CARDIOVASCULAR LAB						69.02
70	ELECTROENCEPHALOGRAPHY	5,699,632			11,583		70
71	MEDICAL SUPPLIES CHRGED TO P	105,551,153					71
72	IMPL. DEV. CHARGED TO PATIEN	80,220,236					72
73	DRUGS CHARGED TO PATIENTS	299,484,035			1,043,925		73
74	RENAL DIALYSIS	7,610,778			40,309		74
75	ASC (NON-DISTINCT PART)	1,162,838					75
76	OTHER ANCILLARY SERVICES						76
76.01	PSYCH THERAPY						76.01
76.29	AIR RESCUE						76.29
76.30	BONE MARROW	559,095					76.30
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	2,432,920					90
90.02	TRANSPLANT CLINIC	1,579,587					90.02
91	EMERGENCY	57,494,617	0.000224	0.000224	356,784	80	91
92	OBSERVATION BEDS	4,600,725					92
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	1,248,608,957			3,162,971	318	2 200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [XX] IPF (26-S105) [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE FROM WKST C, PT I, COL. 9 1	RATIO PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES DED & COINS 6	COST SVCS NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.177550							50
51 RECOVERY ROOM	0.454107							51
53 ANESTHESIOLOGY	0.059272							53
54 RADIOLOGY-DIAGNOSTIC	0.094239	9,240			871			54
54.03 ENDOSCOPY	0.146977							54.03
54.05 PET IMAGING	0.073385							54.05
55 RADIOLOGY-THERAPEUTIC	0.096702							55
56 RADIOISOTOPE	0.599182							56
59 CARDIAC CATHETERIZATION	1.381699							59
60 LABORATORY	0.100120							60
60.02 BLOOD CLOTTING FACTORS ADMIN CO								60.02
62.30 BLOOD CLOTTING FACTORS ADMIN CO								62.30
63 BLOOD STORING, PROCESSING & TRA	0.199269							63
65 RESPIRATORY THERAPY	0.135656							65
66 PHYSICAL THERAPY	0.365862							66
69 ELECTROCARDIOLOGY	0.155995	1,288			201			69
69.02 CARDIOVASCULAR LAB								69.02
70 ELECTROENCEPHALOGRAPHY	0.280731	1,488			418			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.222846	261			58			71
72 IMPL. DEV. CHARGED TO PATIENT	0.323446							72
73 DRUGS CHARGED TO PATIENTS	0.107286	438		3,708	47		398	73
74 RENAL DIALYSIS	0.297929							74
75 ASC (NON-DISTINCT PART)	0.593550							75
OTHER ANCILLARY SERVICES								
76.01 PSYCH THERAPY								76.01
76.29 AIR RESCUE								76.29
76.30 BONE MARROW	1.005716							76.30
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.703510							90
90.02 TRANSPLANT CLINIC	1.724313							90.02
91 EMERGENCY	0.176874	1,769			313			91
92 OBSERVATION BEDS	0.632197							92
OTHER REIMBURSABLE COST CENTERS								
94 HOME PROGRAM DIALYSIS								94
200 SUBTOTAL (SEE INSTRUCTIONS)		14,484		3,708	1,908		398	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		14,484		3,708	1,908		398	202

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITA  
 PERIOD FROM 06/01/2010 TO 05/31/2011

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

VERSION: 2011.10  
 11/29/2011 16:07

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM (COL. 3 + COL. 4)	INPAT PGM DAYS	INPAT PGM CAP COST (COL. 5 x COL. 6)
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL. 1 MINUS COL. 2)	4	5	6	7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS							30
31 INTENSIVE CARE UNIT							31
31.01 6TH ICU							31.01
31.02 7TH ICU							31.02
31.03 8TH ICU							31.03
31.04 5TH ICU							31.04
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 (LINES 30-199)							200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (26-0105) [ ] SUB (OTHER) [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT	CAPITAL
	COST	CHARGES	COST TO		PROGRAM
	(FROM WKST	(FROM WKST	CHARGES	CHARGES	COL. 4)
	B, PT. II,	C, PT. I,	(COL.1 +		
	COL. 26)	COL. 8)	COL.2)		
	1	2	3	4	5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.03 ENDOSCOPY					54.03
54.05 PET IMAGING					54.05
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
60.02 BLOOD CLOTTING FACTORS ADMIN					60.02
62.30 BLOOD CLOTTING FACTORS ADMIN					62.30
63 BLOOD STORING, PROCESSING & T					63
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
69 ELECTROCARDIOLOGY					69
69.02 CARDIOVASCULAR LAB					69.02
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGED TO PA					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
75 ASC (NON-DISTINCT PART)					75
76 OTHER ANCILLARY SERVICES					76
76.01 PSYCH THERAPY					76.01
76.29 AIR RESCUE					76.29
76.30 BONE MARROW					76.30
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
90.02 TRANSPLANT CLINIC					90.02
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
200 TOTAL (SUM OF LINES 50-199)					200

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITA  
 PERIOD FROM 06/01/2010 TO 05/31/2011

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

VERSION: 2011.10  
 11/29/2011 16:07

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 6TH ICU					31.01
31.02 7TH ICU					31.02
31.03 8TH ICU					31.03
31.04 5TH ICU					31.04
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: 26-0105 SAINT LOUIS UNIVERSITY HOSPITA  
 PERIOD FROM 06/01/2010 TO 05/31/2011

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	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
31.01 6TH ICU					31.01
31.02 7TH ICU					31.02
31.03 8TH ICU					31.03
31.04 5TH ICU					31.04
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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2		MEDICAL EDUCATION COST 4	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
51 RECOVERY ROOM							51
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC			46,386		46,386	46,386	54
54.03 ENDOSCOPY							54.03
54.05 PET IMAGING			7,216		7,216	7,216	54.05
55 RADIOLOGY-THERAPEUTIC							55
56 RADIOISOTOPE			7,216		7,216	7,216	56
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
60.02 BLOOD CLOTTING FACTORS ADMIN							60.02
62.30 BLOOD CLOTTING FACTORS ADMIN							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY			7,834		7,834	7,834	65
66 PHYSICAL THERAPY			21,441		21,441	21,441	66
69 ELECTROCARDIOLOGY			12,112		12,112	12,112	69
69.02 CARDIOVASCULAR LAB							69.02
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGD TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
75 ASC (NON-DISTINCT PART)							75
76 OTHER ANCILLARY SERVICES							76
76.01 PSYCH THERAPY							76.01
76.29 AIR RESCUE							76.29
76.30 BONE MARROW							76.30
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
90.02 TRANSPLANT CLINIC							90.02
91 EMERGENCY			12,885		12,885	12,885	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)			115,090		115,090	115,090	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[XX] HOSPITAL (26-0105)	[ ] SUB (OTHER)	[ ] ICF/MR	[ ] PPS		
APPLICABLE	[ ] TITLE XVIII-PT A	[ ] IPF	[ ] SNF	[ ] TEFRA	[ ] OTHER		
BOXES	[XX] TITLE XIX	[ ] IRF	[ ] NF	[ ] OTHER	[ ] 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	101,481,159			9,927,893		50
51	RECOVERY ROOM	11,685,852			1,107,646		51
53	ANESTHESIOLOGY	15,113,514			1,674,854		53
54	RADIOLOGY-DIAGNOSTIC	192,192,488	0.000241	0.000241	14,124,776	3,404	54
54.03	ENDOSCOPY	13,858,342			942,495		54.03
54.05	PET IMAGING	16,835,025	0.000429	0.000429	617,748	265	54.05
55	RADIOLOGY-THERAPEUTIC	29,294,958			323,330		55
56	RADIOISOTOPE	3,824,325	0.001887	0.001887	249,717	471	56
59	CARDIAC CATHETERIZATION	83,330					59
60	LABORATORY	194,169,023			21,333,056		60
60.02	BLOOD CLOTTING FACTORS ADMIN						60.02
62.30	BLOOD CLOTTING FACTORS ADMIN						62.30
63	BLOOD STORING, PROCESSING &	23,555,676			4,570,414		63
65	RESPIRATORY THERAPY	26,966,959	0.000291	0.000291	6,220,172	1,810	65
66	PHYSICAL THERAPY	11,705,634	0.001832	0.001832	1,537,729	2,817	66
69	ELECTROCARDIOLOGY	41,447,056	0.000292	0.000292	3,831,032	1,119	69
69.02	CARDIOVASCULAR LAB						69.02
70	ELECTROENCEPHALOGRAPHY	5,699,632			642,285		70
71	MEDICAL SUPPLIES CHRGD TO P	105,551,153			14,984,709		71
72	IMPL. DEV. CHARGED TO PATIEN	80,220,236			6,196,230		72
73	DRUGS CHARGED TO PATIENTS	299,484,035			62,826,972		73
74	RENAL DIALYSIS	7,610,778			1,459,570		74
75	ASC (NON-DISTINCT PART)	1,162,838			1,172		75
76	OTHER ANCILLARY SERVICES						76
76.01	PSYCH THERAPY						76.01
76.29	AIR RESCUE						76.29
76.30	BONE MARROW	559,095			123,781		76.30
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	2,432,920			374		90
90.02	TRANSPLANT CLINIC	1,579,587					90.02
91	EMERGENCY	57,494,617	0.000224	0.000224	710,447	159	91
92	OBSERVATION BEDS	4,600,725			105,005		92
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	1,248,608,957			153,511,407	10,045	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (26-0105) [ ] 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	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.177550		4,416,617			784,170		50
51 RECOVERY ROOM	0.454107		415,706			188,775		51
53 ANESTHESIOLOGY	0.059272		404,268			23,962		53
54 RADIOLOGY-DIAGNOSTIC	0.094239		13,748,890			1,295,682		54
54.03 ENDOSCOPY	0.146977		709,810			104,326		54.03
54.05 PET IMAGING	0.073385		1,483,571			108,872		54.05
55 RADIOLOGY-THERAPEUTIC	0.096702		2,273,640			219,866		55
56 RADIOISOTOPE	0.599182		360,090			215,759		56
59 CARDIAC CATHETERIZATION	1.381699							59
60 LABORATORY	0.100120		8,051,557			806,122		60
60.02 BLOOD CLOTTING FACTORS ADMIN CO								60.02
62.30 BLOOD CLOTTING FACTORS ADMIN CO								62.30
63 BLOOD STORING, PROCESSING & TRA	0.199269		226,908			45,216		63
65 RESPIRATORY THERAPY	0.135656		207,505			28,149		65
66 PHYSICAL THERAPY	0.365862		99,032			36,232		66
69 ELECTROCARDIOLOGY	0.155995		1,321,480			206,144		69
69.02 CARDIOVASCULAR LAB								69.02
70 ELECTROENCEPHALOGRAPHY	0.280731		217,481			61,054		70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.222846		3,287,655			732,641		71
72 IMPL. DEV. CHARGED TO PATIENT	0.323446		1,282,826			414,925		72
73 DRUGS CHARGED TO PATIENTS	0.107286		6,573,720			705,268		73
74 RENAL DIALYSIS	0.297929		86,516			25,776		74
75 ASC (NON-DISTINCT PART)	0.593550		171,353			101,707		75
76 OTHER ANCILLARY SERVICES								76
76.01 PSYCH THERAPY								76.01
76.29 AIR RESCUE								76.29
76.30 BONE MARROW	1.005716		35,539			35,742		76.30
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.703510		258,364			181,762		90
90.02 TRANSPLANT CLINIC	1.724313							90.02
91 EMERGENCY	0.176874		8,932,096			1,579,856		91
92 OBSERVATION BEDS	0.632197		678,947			429,228		92
OTHER REIMBURSABLE COST CENTERS								
94 HOME PROGRAM DIALYSIS								94
200 SUBTOTAL (SEE INSTRUCTIONS)			55,243,571			8,331,234		200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)			55,243,571			8,331,234		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 (26-S105) [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT	CAPITAL
	COST	CHARGES	COST TO		PROGRAM
	(FROM WKST	(FROM WKST	CHARGES	CHARGES	COL. 4)
	B, PT. II,	C, PT. I,	(COL.1 +		
	COL. 26)	COL. 8)	COL.2)		
	1	2	3	4	5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.03 ENDOSCOPY					54.03
54.05 PET IMAGING					54.05
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
60.02 BLOOD CLOTTING FACTORS ADMIN					60.02
62.30 BLOOD CLOTTING FACTORS ADMIN					62.30
63 BLOOD STORING, PROCESSING & T					63
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
69 ELECTROCARDIOLOGY					69
69.02 CARDIOVASCULAR LAB					69.02
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGED TO PA					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
75 ASC (NON-DISTINCT PART)					75
76 OTHER ANCILLARY SERVICES					76
76.01 PSYCH THERAPY					76.01
76.29 AIR RESCUE					76.29
76.30 BONE MARROW					76.30
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
90.02 TRANSPLANT CLINIC					90.02
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
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 (26-S105) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [XX] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	(SUM OF COLS. 1-4) 5	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
51 RECOVERY ROOM							51
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC			46,386		46,386	46,386	54
54.03 ENDOSCOPY							54.03
54.05 PET IMAGING			7,216		7,216	7,216	54.05
55 RADIOLOGY-THERAPEUTIC							55
56 RADIOISOTOPE			7,216		7,216	7,216	56
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
60.02 BLOOD CLOTTING FACTORS ADMIN							60.02
62.30 BLOOD CLOTTING FACTORS ADMIN							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY			7,834		7,834	7,834	65
66 PHYSICAL THERAPY			21,441		21,441	21,441	66
69 ELECTROCARDIOLOGY			12,112		12,112	12,112	69
69.02 CARDIOVASCULAR LAB							69.02
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGD TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
75 ASC (NON-DISTINCT PART)							75
76 OTHER ANCILLARY SERVICES							76
76.01 PSYCH THERAPY							76.01
76.29 AIR RESCUE							76.29
76.30 BONE MARROW							76.30
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
90.02 TRANSPLANT CLINIC							90.02
91 EMERGENCY			12,885		12,885	12,885	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)			115,090		115,090	115,090	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 (26-S105) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [ ] OTHER

COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT PGM	INPAT PGM	O/P PGM	O/P PGM
	CHARGES (FROM WKST C, PT. I, COL. 8) 7	COST TO CHARGES (COL. 5 ÷ COL. 7) 8	OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9		PASS-THRU COSTS (COL. 8 x COL. 10) 11		PASS-THRU COSTS (COL. 9 x COL. 12) 12
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	101,481,159						50
51 RECOVERY ROOM	11,685,852						51
53 ANESTHESIOLOGY	15,113,514						53
54 RADIOLOGY-DIAGNOSTIC	192,192,488	0.000241	0.000241				54
54.03 ENDOSCOPY	13,858,342						54.03
54.05 PET IMAGING	16,835,025	0.000429	0.000429				54.05
55 RADIOLOGY-THERAPEUTIC	29,294,958						55
56 RADIOISOTOPE	3,824,325	0.001887	0.001887				56
59 CARDIAC CATHETERIZATION	83,330						59
60 LABORATORY	194,169,023						60
60.02 BLOOD CLOTTING FACTORS ADMIN							60.02
62.30 BLOOD CLOTTING FACTORS ADMIN							62.30
63 BLOOD STORING, PROCESSING &	23,555,676						63
65 RESPIRATORY THERAPY	26,966,959	0.000291	0.000291				65
66 PHYSICAL THERAPY	11,705,634	0.001832	0.001832				66
69 ELECTROCARDIOLOGY	41,447,056	0.000292	0.000292				69
69.02 CARDIOVASCULAR LAB							69.02
70 ELECTROENCEPHALOGRAPHY	5,699,632						70
71 MEDICAL SUPPLIES CHRGED TO P	105,551,153						71
72 IMPL. DEV. CHARGED TO PATIEN	80,220,236						72
73 DRUGS CHARGED TO PATIENTS	299,484,035						73
74 RENAL DIALYSIS	7,610,778						74
75 ASC (NON-DISTINCT PART)	1,162,838						75
76 OTHER ANCILLARY SERVICES							76
76.01 PSYCH THERAPY							76.01
76.29 AIR RESCUE							76.29
76.30 BONE MARROW	559,095						76.30
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	2,432,920						90
90.02 TRANSPLANT CLINIC	1,579,587						90.02
91 EMERGENCY	57,494,617	0.000224	0.000224				91
92 OBSERVATION BEDS	4,600,725						92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)	1,248,608,957						200



COMPUTATION OF INPATIENT OPERATING COST

CHECK  TITLE V-INPT  HOSPITAL (26-0105)  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)	63,901 1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	63,901 2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	31,484 3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	32,417 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)	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)	44,603,089 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	44,603,089 27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	73,058,774 28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	42,990,531 29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	30,068,243 30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.610510 31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)	1,365.47 32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	927.55 33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)	437.92 34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)	267.35 35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)	8,417,247 36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	36,185,842 37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [XX] TITLE V-INPT [XX] HOSPITAL (26-0105) [ ] SUB (OTHER) [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [ ] 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) 566.28 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 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) 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	6,376,996	4,110	1,551.58		43
43.01 6TH ICU	5,433,938	3,909	1,390.11		43.01
43.02 7TH ICU	6,052,938	4,048	1,495.29		43.02
43.03 8TH ICU	5,283,002	3,567	1,481.08		43.03
43.04 5TH ICU	6,287,069	4,806	1,308.17		43.04
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 OTHER SPECIAL CARE (SPECIFY)					47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					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 INSTRU (TITLE XVIII ONLY)					65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)					66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)					67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)					68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)					69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS)				4,167	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

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (26-0105) [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] NF [ ] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	63,901	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	63,901	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	31,484	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	32,417	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)	19,919	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)	10,384	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)	44,603,089	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	44,603,089	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	73,058,774	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	42,990,531	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	30,068,243	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.610510	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)	1,365.47	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	927.55	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)	437.92	34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)	267.35	35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)	8,417,247	36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	36,185,842	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (26-0105) [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 698.00 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 13,903,462 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) 13,903,462 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	6,376,996	4,110	1,551.58	1,761	2,732,332 43
43.01 6TH ICU	5,433,938	3,909	1,390.11	415	576,896 43.01
43.02 7TH ICU	6,052,938	4,048	1,495.29	1,367	2,044,061 43.02
43.03 8TH ICU	5,283,002	3,567	1,481.08	1,309	1,938,734 43.03
43.04 5TH ICU	6,287,069	4,806	1,308.17	1,411	1,845,828 43.04
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 OTHER SPECIAL CARE (SPECIFY)					47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					37,407,132 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					60,448,445 49

PASS-THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)					1,753,922 50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)					2,148,227 51
52 TOTAL PROGRAM EXCLUDABLE COST					3,902,149 52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)					56,546,296 53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS)					4,167 87
88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2)					698.00 88
89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS)					2,908,566 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	3,545,294	44,603,089	0.079485	2,908,566	231,187 90
91 NURSING SCHOOL COST					91
92 ALLIED HEALTH COST	123,698	44,603,089	0.002773	2,908,566	8,065 92
93 ALL OTHER MEDICAL EDUCATION					93

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (26-S105) [ ] 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)	9,484	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,484	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,926	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7,558	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,426	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)	1,112	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)	7,979,478	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	7,979,478	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	14,471,663	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,231,902	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	11,239,761	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.551386	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)	1,678.04	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,487.13	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)	190.91	34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)	105.27	35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)	202,750	36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	7,776,728	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (26-S105) [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	841.36 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	2,882,499 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)	2,882,499 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	400,433 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	3,282,932 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	359,114 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	27,074 51
52	TOTAL PROGRAM EXCLUDABLE COST	386,188 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	2,896,744 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

COMPUTATION OF INPATIENT OPERATING COST

CHECK  TITLE V-INPT  HOSPITAL (26-0105)  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)	63,901	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	63,901	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	31,484	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	32,417	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)	12,839	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)	44,603,089	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	44,603,089	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	73,058,774	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	42,990,531	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	30,068,243	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.610510	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)	1,365.47	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	927.55	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)	437.92	34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)	267.35	35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)	8,417,247	36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	36,185,842	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (26-0105) [ ] 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) 566.28 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 7,270,469 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) 7,270,469 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	6,376,996	4,110	1,551.58	845	1,311,085	43
43.01 6TH ICU	5,433,938	3,909	1,390.11	1,028	1,429,033	43.01
43.02 7TH ICU	6,052,938	4,048	1,495.29	611	913,622	43.02
43.03 8TH ICU	5,283,002	3,567	1,481.08	1,132	1,676,583	43.03
43.04 5TH ICU	6,287,069	4,806	1,308.17	1,067	1,395,817	43.04
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					22,127,978	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					36,124,587	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) 10,045 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 10,045 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 INSTRU (TITLE XVIII ONLY) 65  
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66  
 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67  
 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68  
 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 4,167 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

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] IPF (26-S105) [ ] 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)	9,484	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,484	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,926	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7,558	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)	2,955	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)	7,979,478	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	7,979,478	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	14,471,663	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,231,902	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	11,239,761	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.551386	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)	1,678.04	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,487.13	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)	190.91	34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)	105.27	35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)	202,750	36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	7,776,728	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 (26-S105)			[ ]	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)	819.98	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	2,423,041	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)	2,423,041	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)		48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,423,041	49
PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)		50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)		51
52 TOTAL PROGRAM EXCLUDABLE COST		52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)		53
TARGET AMOUNT AND LIMIT COMPUTATION		
54 PROGRAM DISCHARGES		54
55 TARGET AMOUNT PER DISCHARGE		55
56 TARGET AMOUNT (LINE 54 x LINE 55)		56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT		57
58 BONUS PAYMENT (SEE INSTRUCTIONS)		58
59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET		59
60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET		60
61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E		61
62 RELIEF PAYMENT (SEE INSTRUCTIONS)		62
63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)		63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)		64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)		65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)		66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)		67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)		68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)		69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	<input checked="" type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (26-0105)	<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 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	
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
31.01 6TH ICU				31.01
31.02 7TH ICU				31.02
31.03 8TH ICU				31.03
31.04 5TH ICU				31.04
40 SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.177550			50
51 RECOVERY ROOM	0.454107			51
53 ANESTHESIOLOGY	0.059272			53
54 RADIOLOGY-DIAGNOSTIC	0.094239			54
54.03 ENDOSCOPY	0.146977			54.03
54.05 PET IMAGING	0.073385			54.05
55 RADIOLOGY-THERAPEUTIC	0.096702			55
56 RADIOISOTOPE	0.599182			56
59 CARDIAC CATHETERIZATION	1.381699			59
60 LABORATORY	0.100120			60
60.02 BLOOD CLOTTING FACTORS ADMIN CO				60.02
62.30 BLOOD CLOTTING FACTORS ADMIN CO				62.30
63 BLOOD STORING, PROCESSING & TRA	0.199269			63
65 RESPIRATORY THERAPY	0.135656			65
66 PHYSICAL THERAPY	0.365862			66
69 ELECTROCARDIOLOGY	0.155995			69
69.02 CARDIOVASCULAR LAB				69.02
70 ELECTROENCEPHALOGRAPHY	0.280731			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.222846			71
72 IMPL. DEV. CHARGED TO PATIENT	0.323446			72
73 DRUGS CHARGED TO PATIENTS	0.107286			73
74 RENAL DIALYSIS	0.297929			74
75 ASC (NON-DISTINCT PART)	0.593550			75
76 OTHER ANCILLARY SERVICES				76
76.01 PSYCH THERAPY				76.01
76.29 AIR RESCUE				76.29
76.30 BONE MARROW	1.005716			76.30
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.703510			90
90.02 TRANSPLANT CLINIC	1.724313			90.02
91 EMERGENCY	0.176874			91
92 OBSERVATION BEDS	0.632197			92
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (26-0105) [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		24,093,050		30
31 INTENSIVE CARE UNIT		5,100,591		31
31.01 6TH ICU		1,497,845		31.01
31.02 7TH ICU		4,062,229		31.02
31.03 8TH ICU		4,110,040		31.03
31.04 5TH ICU		4,224,602		31.04
40 SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.177550	16,106,585	2,859,724	50
51 RECOVERY ROOM	0.454107	2,148,605	975,697	51
53 ANESTHESIOLOGY	0.059272	2,774,274	164,437	53
54 RADIOLOGY-DIAGNOSTIC	0.094239	29,569,023	2,786,555	54
54.03 ENDOSCOPY	0.146977	1,670,511	245,527	54.03
54.05 PET IMAGING	0.073385	1,047,830	76,895	54.05
55 RADIOLOGY-THERAPEUTIC	0.096702	245,105	23,702	55
56 RADIOISOTOPE	0.599182	458,800	274,905	56
59 CARDIAC CATHETERIZATION	1.381699			59
60 LABORATORY	0.100120	37,603,869	3,764,899	60
60.02 BLOOD CLOTTING FACTORS ADMIN CO				60.02
62.30 BLOOD CLOTTING FACTORS ADMIN CO				62.30
63 BLOOD STORING, PROCESSING & TRA	0.199269	6,644,178	1,323,979	63
65 RESPIRATORY THERAPY	0.135656	8,422,771	1,142,599	65
66 PHYSICAL THERAPY	0.365862	3,179,113	1,163,117	66
69 ELECTROCARDIOLOGY	0.155995	10,033,470	1,565,171	69
69.02 CARDIOVASCULAR LAB				69.02
70 ELECTROENCEPHALOGRAPHY	0.280731	878,797	246,706	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.222846	22,891,421	5,101,262	71
72 IMPL. DEV. CHARGED TO PATIENT	0.323446	16,125,081	5,215,593	72
73 DRUGS CHARGED TO PATIENTS	0.107286	72,187,651	7,744,724	73
74 RENAL DIALYSIS	0.297929	3,930,736	1,171,080	74
75 ASC (NON-DISTINCT PART)	0.593550	8,089	4,801	75
76 OTHER ANCILLARY SERVICES				76
76.01 PSYCH THERAPY				76.01
76.29 AIR RESCUE				76.29
76.30 BONE MARROW	1.005716	95,748	96,295	76.30
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.703510	4,343	3,055	90
90.02 TRANSPLANT CLINIC	1.724313	3,326	5,735	90.02
91 EMERGENCY	0.176874	6,468,692	1,144,143	91
92 OBSERVATION BEDS	0.632197	484,867	306,531	92
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		242,982,885	37,407,132	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		242,982,885		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (26-S105) [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
31.01 6TH ICU					31.01
31.02 7TH ICU					31.02
31.03 8TH ICU					31.03
31.04 5TH ICU					31.04
40 SUBPROVIDER - IPF		5,293,554			40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.177550	270,548	48,036		50
51 RECOVERY ROOM	0.454107				51
53 ANESTHESIOLOGY	0.059272	142,840	8,466		53
54 RADIOLOGY-DIAGNOSTIC	0.094239	295,523	27,850		54
54.03 ENDOSCOPY	0.146977				54.03
54.05 PET IMAGING	0.073385	4,770	350		54.05
55 RADIOLOGY-THERAPEUTIC	0.096702	36,204	3,501		55
56 RADIOISOTOPE	0.599182	4,735	2,837		56
59 CARDIAC CATHETERIZATION	1.381699				59
60 LABORATORY	0.100120	789,739	79,069		60
60.02 BLOOD CLOTTING FACTORS ADMIN CO					60.02
62.30 BLOOD CLOTTING FACTORS ADMIN CO					62.30
63 BLOOD STORING, PROCESSING & TRA	0.199269				63
65 RESPIRATORY THERAPY	0.135656	22,924	3,110		65
66 PHYSICAL THERAPY	0.365862	69,221	25,325		66
69 ELECTROCARDIOLOGY	0.155995	73,866	11,523		69
69.02 CARDIOVASCULAR LAB					69.02
70 ELECTROENCEPHALOGRAPHY	0.280731	11,583	3,252		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.222846				71
72 IMPL. DEV. CHARGED TO PATIENT	0.323446				72
73 DRUGS CHARGED TO PATIENTS	0.107286	1,043,925	111,999		73
74 RENAL DIALYSIS	0.297929	40,309	12,009		74
75 ASC (NON-DISTINCT PART)	0.593550				75
76 OTHER ANCILLARY SERVICES					76
76.01 PSYCH THERAPY					76.01
76.29 AIR RESCUE					76.29
76.30 BONE MARROW	1.005716				76.30
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.703510				90
90.02 TRANSPLANT CLINIC	1.724313				90.02
91 EMERGENCY	0.176874	356,784	63,106		91
92 OBSERVATION BEDS	0.632197				92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		3,162,971	400,433		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		3,162,971			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (26-0105) [ ] SUB (OTHER) [ ] S/B SNF [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		14,883,848			30
31 INTENSIVE CARE UNIT		2,335,518			31
31.01 6TH ICU		2,745,226			31.01
31.02 7TH ICU		1,807,322			31.02
31.03 8TH ICU		3,043,493			31.03
31.04 5TH ICU		2,970,857			31.04
40 SUBPROVIDER - IPF					40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.177550	9,927,893	1,762,697		50
51 RECOVERY ROOM	0.454107	1,107,646	502,990		51
53 ANESTHESIOLOGY	0.059272	1,674,854	99,272		53
54 RADIOLOGY-DIAGNOSTIC	0.094239	14,124,776	1,331,105		54
54.03 ENDOSCOPY	0.146977	942,495	138,525		54.03
54.05 PET IMAGING	0.073385	617,748	45,333		54.05
55 RADIOLOGY-THERAPEUTIC	0.096702	323,330	31,267		55
56 RADIOISOTOPE	0.599182	249,717	149,626		56
59 CARDIAC CATHETERIZATION	1.381699				59
60 LABORATORY	0.100120	21,333,056	2,135,866		60
60.02 BLOOD CLOTTING FACTORS ADMIN CO					60.02
62.30 BLOOD CLOTTING FACTORS ADMIN CO					62.30
63 BLOOD STORING, PROCESSING & TRA	0.199269	4,570,414	910,742		63
65 RESPIRATORY THERAPY	0.135656	6,220,172	843,804		65
66 PHYSICAL THERAPY	0.365862	1,537,729	562,597		66
69 ELECTROCARDIOLOGY	0.155995	3,831,032	597,622		69
69.02 CARDIOVASCULAR LAB					69.02
70 ELECTROENCEPHALOGRAPHY	0.280731	642,285	180,309		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.222846	14,984,709	3,339,282		71
72 IMPL. DEV. CHARGED TO PATIENT	0.323446	6,196,230	2,004,146		72
73 DRUGS CHARGED TO PATIENTS	0.107286	62,826,972	6,740,455		73
74 RENAL DIALYSIS	0.297929	1,459,570	434,848		74
75 ASC (NON-DISTINCT PART)	0.593550	1,172	696		75
76 OTHER ANCILLARY SERVICES					76
76.01 PSYCH THERAPY					76.01
76.29 AIR RESCUE					76.29
76.30 BONE MARROW	1.005716	123,781	124,489		76.30
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.703510	374	263		90
90.02 TRANSPLANT CLINIC	1.724313				90.02
91 EMERGENCY	0.176874	710,447	125,660		91
92 OBSERVATION BEDS	0.632197	105,005	66,384		92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		153,511,407	22,127,978		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		153,511,407			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B SNF [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] IPF (26-S105) [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2)		
			COL.1	COL.2	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
31.01 6TH ICU					31.01
31.02 7TH ICU					31.02
31.03 8TH ICU					31.03
31.04 5TH ICU					31.04
40 SUBPROVIDER - IPF		4,347,837			40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.177550				50
51 RECOVERY ROOM	0.454107				51
53 ANESTHESIOLOGY	0.059272				53
54 RADIOLOGY-DIAGNOSTIC	0.094239				54
54.03 ENDOSCOPY	0.146977				54.03
54.05 PET IMAGING	0.073385				54.05
55 RADIOLOGY-THERAPEUTIC	0.096702				55
56 RADIOISOTOPE	0.599182				56
59 CARDIAC CATHETERIZATION	1.381699				59
60 LABORATORY	0.100120				60
60.02 BLOOD CLOTTING FACTORS ADMIN CO					60.02
62.30 BLOOD CLOTTING FACTORS ADMIN CO					62.30
63 BLOOD STORING, PROCESSING & TRA	0.199269				63
65 RESPIRATORY THERAPY	0.135656				65
66 PHYSICAL THERAPY	0.365862				66
69 ELECTROCARDIOLOGY	0.155995				69
69.02 CARDIOVASCULAR LAB					69.02
70 ELECTROENCEPHALOGRAPHY	0.280731				70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.222846				71
72 IMPL. DEV. CHARGED TO PATIENT	0.323446				72
73 DRUGS CHARGED TO PATIENTS	0.107286				73
74 RENAL DIALYSIS	0.297929				74
75 ASC (NON-DISTINCT PART)	0.593550				75
76 OTHER ANCILLARY SERVICES					76
76.01 PSYCH THERAPY					76.01
76.29 AIR RESCUE					76.29
76.30 BONE MARROW	1.005716				76.30
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.703510				90
90.02 TRANSPLANT CLINIC	1.724313				90.02
91 EMERGENCY	0.176874				91
92 OBSERVATION BEDS	0.632197				92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)					200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)					202

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PART I

CHECK [ ] 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	9,111	38	698.00		7	4,886	1
2	INTENSIVE CARE UNIT	1,478	43	1,551.58		1	1,552	2
2.01	6TH ICU	4,140	43.01	1,390.11		1	1,390	2.01
2.02	7TH ICU		43.02	1,495.29				2.02
2.03	8TH ICU		43.03	1,481.08				2.03
2.04	5TH ICU	2,031	43.04	1,308.17		1	1,308	2.04
3	CORONARY CARE UNIT		44					3
4	BURN INTENSIVE CARE UNIT		45					4
5	SURGICAL INTENSIVE CARE UNIT		46					5
6	OTHER SPECIAL CARE (SPECIFY)		47					6
7	TOTAL (SUM OF LINES 1-6)	16,760				10	9,136	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	0.177550	117,959		20,944		8
9	RECOVERY ROOM	51	0.454107	5,699		2,588		9
10	DELIVERY ROOM & LABOR ROOM	52						10
11	ANESTHESIOLOGY	53	0.059272	15,497		919		11
12	RADIOLOGY-DIAGNOSTIC	54	0.094239	666,889		62,847		12
12.03	ENDOSCOPY	54.03	0.146977	11,342		1,667		12.03
12.05	PET IMAGING	54.05	0.073385	24,730		1,815		12.05
13	RADIOLOGY-THERAPEUTIC	55	0.096702					13
14	RADIOISOTOPE	56	0.599182	145,283		87,051		14
15	COMPUTED TOMOGRAPHY (CT) SCAN	57						15
16	MAGNETIC RESONANCE IMAGING (MRI)	58						16
17	CARDIAC CATHETERIZATION	59	1.381699					17
18	LABORATORY	60	0.100120	966,471		96,763		18
18.02	BLOOD CLOTTING FACTORS ADMIN CO	60.02						18.02
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	0.199269	1,710		341		21
22	INTRAVENOUS THERAPY	64						22
23	RESPIRATORY THERAPY	65	0.135656	4,885		663		23
24	PHYSICAL THERAPY	66	0.365862	1,422		520		24
25	OCCUPATIONAL THERAPY	67						25
26	SPEECH PATHOLOGY	68						26
27	ELECTROCARDIOLOGY	69	0.155995	709,883		110,738		27
27.02	CARDIOVASCULAR LAB	69.02						27.02
28	ELECTROENCEPHALOGRAPHY	70	0.280731					28
29	MEDICAL SUPPLIES CHRGD TO PATI	71	0.222846	88,137		19,641		29
30	IMPL. DEV. CHARGED TO PATIENT	72	0.323446					30
31	DRUGS CHARGED TO PATIENTS	73	0.107286	404,762		43,425		31
32	RENAL DIALYSIS	74	0.297929	1,634		487		32
33	ASC (NON-DISTINCT PART)	75	0.593550	19,083		11,327		33
34	OTHER ANCILLARY SERVICES	76						34
34.01	PSYCH THERAPY	76.01						34.01
34.29	AIR RESCUE	76.29						34.29
34.30	BONE MARROW	76.30	1.005716					34.30
34.97	CARDIAC REHABILITATION	76.97						34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98						34.98
34.99	LITHOTRIPSY	76.99						34.99
35	RURAL HEALTH CLINIC (RHC)	88						35
36	FEDERALLY QUALIFIED HLTH CTR (F	89						36
37	CLINIC	90	0.703510					37
37.02	TRANSPLANT CLINIC	90.02	1.724313					37.02
38	EMERGENCY	91	0.176874					38
39	OBSERVATION BEDS	92	0.632197					39
40	OTHER OUTPATIENT SERV (SPECIFY)	93						40
41	TOTAL (SUM OF LINES 8-40)			3,185,386		461,736		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		7		42
43 INTENSIVE CARE UNIT	3		1		43
43.01 6TH ICU	3.01		1		43.01
43.02 7TH ICU	3.02				43.02
43.03 8TH ICU	3.03				43.03
43.04 5TH ICU	3.04		1		43.04
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)			10		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)	1	21			49
50 FEDERALLY QUALIFIED HLTH CTR (F		22			50
51 CLINIC		23			51
51.02 TRANSPLANT CLINIC		23.02			51.02
52 EMERGENCY		24			52
53 OBSERVATION BEDS		25			53
54 OTHER OUTPATIENT SERV (SPECIFY)		26			54
55 TOTAL (SUM OF LINES 49-54)					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	470,872		3,202,146		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	5,504,282		5,504,282		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	5,975,154		8,706,428		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		61			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		40			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.655738			64
65 MEDICARE COST/CHARGES	3,918,136		5,709,136		65
66 REVENUE FOR ORGANS SOLD	56,254		79,999		66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	3,861,882		5,629,137		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	3,861,882		5,629,137		69

PART IV - STATISTICS

	LIVING RELATED		CADAVERIC 2	REVENUE 3	
	1	3			
70 ORGANS EXCISED IN PROVIDER		3	10		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS					71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS					72
73 ORGANS PURCHASED FROM OPO'S			49		73
74 TOTAL (SUM OF LINES 70-73)		3	59		74
75 ORGANS TRANSPLANTED		3	49	5,860,388	75
76 ORGANS SOLD TO OTHER HOSPITALS					76
77 ORGANS SOLD TO OPO'S			9	79,999	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			1		83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)		3	59		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	2	3	4	
1	ADULTS & PEDIATRICS	952	38	698.00				1
2	INTENSIVE CARE UNIT		43	1,551.58				2
2.01	6TH ICU	1,331	43.01	1,390.11		1	1,390	2.01
2.02	7TH ICU		43.02	1,495.29				2.02
2.03	8TH ICU		43.03	1,481.08				2.03
2.04	5TH ICU	1,015	43.04	1,308.17				2.04
3	CORONARY CARE UNIT		44					3
4	BURN INTENSIVE CARE UNIT		45					4
5	SURGICAL INTENSIVE CARE UNIT		46					5
6	OTHER SPECIAL CARE (SPECIFY)		47					6
7	TOTAL (SUM OF LINES 1-6)	3,298				1	1,390	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	3	4	
8	OPERATING ROOM	50	0.177550	10,383		1,844		8
9	RECOVERY ROOM	51	0.454107					9
10	DELIVERY ROOM & LABOR ROOM	52						10
11	ANESTHESIOLOGY	53	0.059272	956	57			11
12	RADIOLOGY-DIAGNOSTIC	54	0.094239	436,805	41,164			12
12.03	ENDOSCOPY	54.03	0.146977					12.03
12.05	PET IMAGING	54.05	0.073385	11,286	828			12.05
13	RADIOLOGY-THERAPEUTIC	55	0.096702					13
14	RADIOISOTOPE	56	0.599182	9,646	5,780			14
15	COMPUTED TOMOGRAPHY (CT) SCAN	57						15
16	MAGNETIC RESONANCE IMAGING (MRI)	58						16
17	CARDIAC CATHETERIZATION	59	1.381699					17
18	LABORATORY	60	0.100120	258,246	25,856			18
18.02	BLOOD CLOTTING FACTORS ADMIN CO	60.02						18.02
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	0.199269	854	170			21
22	INTRAVENOUS THERAPY	64						22
23	RESPIRATORY THERAPY	65	0.135656	1,255	170			23
24	PHYSICAL THERAPY	66	0.365862					24
25	OCCUPATIONAL THERAPY	67						25
26	SPEECH PATHOLOGY	68						26
27	ELECTROCARDIOLOGY	69	0.155995	258,240	40,284			27
27.02	CARDIOVASCULAR LAB	69.02						27.02
28	ELECTROENCEPHALOGRAPHY	70	0.280731					28
29	MEDICAL SUPPLIES CHRGD TO PATI	71	0.222846	21,704	4,837			29
30	IMPL. DEV. CHARGED TO PATIENT	72	0.323446					30
31	DRUGS CHARGED TO PATIENTS	73	0.107286	222,029	23,821			31
32	RENAL DIALYSIS	74	0.297929					32
33	ASC (NON-DISTINCT PART)	75	0.593550	10,128	6,011			33
34	OTHER ANCILLARY SERVICES	76						34
34.01	PSYCH THERAPY	76.01						34.01
34.29	AIR RESCUE	76.29						34.29
34.30	BONE MARROW	76.30	1.005716					34.30
34.97	CARDIAC REHABILITATION	76.97						34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98						34.98
34.99	LITHOTRIPSY	76.99						34.99
35	RURAL HEALTH CLINIC (RHC)	88						35
36	FEDERALLY QUALIFIED HLTH CTR (F	89						36
37	CLINIC	90	0.703510					37
37.02	TRANSPLANT CLINIC	90.02	1.724313					37.02
38	EMERGENCY	91	0.176874					38
39	OBSERVATION BEDS	92	0.632197					39
40	OTHER OUTPATIENT SERV (SPECIFY)	93						40
41	TOTAL (SUM OF LINES 8-40)			1,241,532	150,822			41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)
		D 1	2	3
42	ADULTS & PEDIATRICS	2		42
43	INTENSIVE CARE UNIT	3		43
43.01	6TH ICU	3.01	1	43.01
43.02	7TH ICU	3.02		43.02
43.03	8TH ICU	3.03		43.03
43.04	5TH ICU	3.04		43.04
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)
		1	D 2	3
49	RURAL HEALTH CLINIC (RHC)		21	49
50	FEDERALLY QUALIFIED HLTH CTR (F		22	50
51	CLINIC		23	51
51.02	TRANSPLANT CLINIC		23.02	51.02
52	EMERGENCY		24	52
53	OBSERVATION BEDS		25	53
54	OTHER OUTPATIENT SERV (SPECIFY)		26	54
55	TOTAL (SUM OF LINES 49-54)			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	152,212		1,244,830		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	2,848,924		2,848,924		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	3,001,136		4,093,754		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		35			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		9			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.257143			64
65 MEDICARE COST/CHARGES	771,721		1,052,680		65
66 REVENUE FOR ORGANS SOLD	21,499		30,573		66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	750,222		1,022,107		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	750,222		1,022,107		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				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		32		73
74 TOTAL (SUM OF LINES 70-73)		36		74
75 ORGANS TRANSPLANTED		32	12,811,296	75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		3	30,573	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		1		83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)		36		84

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4

PART I

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

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES	PER DIEM COSTS (FROM WKST D-1, PT. II)	ORGAN ACQUISITION DAYS	COST (COL.2 x COL.3)	
		1	2	3	4	
1	ADULTS & PEDIATRICS	38	698.00			1
2	INTENSIVE CARE UNIT	43	1,551.58			2
2.01	6TH ICU	43.01	1,390.11			2.01
2.02	7TH ICU	43.02	1,495.29			2.02
2.03	8TH ICU	43.03	1,481.08			2.03
2.04	5TH ICU	43.04	1,308.17			2.04
3	CORONARY CARE UNIT	44				3
4	BURN INTENSIVE CARE UNIT	45				4
5	SURGICAL INTENSIVE CARE UNIT	46				5
6	OTHER SPECIAL CARE (SPECIFY)	47				6
7	TOTAL (SUM OF LINES 1-6)					7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST TO CHARGES (FROM WKST C)	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS		
		1	2	3		
8	OPERATING ROOM	50	0.177550			8
9	RECOVERY ROOM	51	0.454107			9
10	DELIVERY ROOM & LABOR ROOM	52				10
11	ANESTHESIOLOGY	53	0.059272			11
12	RADIOLOGY-DIAGNOSTIC	54	0.094239	9,597	904	12
12.03	ENDOSCOPY	54.03	0.146977			12.03
12.05	PET IMAGING	54.05	0.073385	204	15	12.05
13	RADIOLOGY-THERAPEUTIC	55	0.096702			13
14	RADIOISOTOPE	56	0.599182	2,138	1,281	14
15	COMPUTED TOMOGRAPHY (CT) SCAN	57				15
16	MAGNETIC RESONANCE IMAGING (MRI)	58				16
17	CARDIAC CATHETERIZATION	59	1.381699			17
18	LABORATORY	60	0.100120	8,026	804	18
18.02	BLOOD CLOTTING FACTORS ADMIN CO	60.02				18.02
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	0.199269			21
22	INTRAVENOUS THERAPY	64				22
23	RESPIRATORY THERAPY	65	0.135656			23
24	PHYSICAL THERAPY	66	0.365862			24
25	OCCUPATIONAL THERAPY	67				25
26	SPEECH PATHOLOGY	68				26
27	ELECTROCARDIOLOGY	69	0.155995	6,080	948	27
27.02	CARDIOVASCULAR LAB	69.02				27.02
28	ELECTROENCEPHALOGRAPHY	70	0.280731			28
29	MEDICAL SUPPLIES CHRGED TO PATI	71	0.222846	76	17	29
30	IMPL. DEV. CHARGED TO PATIENT	72	0.323446			30
31	DRUGS CHARGED TO PATIENTS	73	0.107286	2,827	303	31
32	RENAL DIALYSIS	74	0.297929			32
33	ASC (NON-DISTINCT PART)	75	0.593550	190	113	33
34	OTHER ANCILLARY SERVICES	76				34
34.01	PSYCH THERAPY	76.01				34.01
34.29	AIR RESCUE	76.29				34.29
34.30	BONE MARROW	76.30	1.005716			34.30
34.97	CARDIAC REHABILITATION	76.97				34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98				34.98
34.99	LITHOTRIPSY	76.99				34.99
35	RURAL HEALTH CLINIC (RHC)	88				35
36	FEDERALLY QUALIFIED HLTH CTR (F	89				36
37	CLINIC	90	0.703510			37
37.02	TRANSPLANT CLINIC	90.02	1.724313			37.02
38	EMERGENCY	91	0.176874			38
39	OBSERVATION BEDS	92	0.632197			39
40	OTHER OUTPATIENT SERV (SPECIFY)	93				40
41	TOTAL (SUM OF LINES 8-40)			29,138	4,385	41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		D	2	3	
42	ADULTS & PEDIATRICS	2			42
43	INTENSIVE CARE UNIT	3			43
43.01	6TH ICU	3.01			43.01
43.02	7TH ICU	3.02			43.02
43.03	8TH ICU	3.03			43.03
43.04	5TH ICU	3.04			43.04
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	2	3	
49	RURAL HEALTH CLINIC (RHC)		21		49
50	FEDERALLY QUALIFIED HLTH CTR (F CLINIC)		22		50
51	CLINIC		23		51
51.02	TRANSPLANT CLINIC		23.02		51.02
52	EMERGENCY		24		52
53	OBSERVATION BEDS		25		53
54	OTHER OUTPATIENT SERV (SPECIFY)		26		54
55	TOTAL (SUM OF LINES 49-54)				55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
56 ROUTINE & ANCILLARY FROM PART I	4,385		29,138		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	219,258		219,258		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	223,643		248,396		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		4			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		3			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.750000			64
65 MEDICARE COST/CHARGES	167,732		186,297		65
66 REVENUE FOR ORGANS SOLD					66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	167,732		186,297		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	167,732		186,297		69

PART IV - STATISTICS

	LIVING RELATED 1	CADAVERIC 2	REVENUE 3	
70 ORGANS EXCISED IN PROVIDER				70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		4		73
74 TOTAL (SUM OF LINES 70-73)		4		74
75 ORGANS TRANSPLANTED		4	311,611	75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S				77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS				78
79 ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80 ORGANS SOLD OUTSIDE THE U.S.				80
81 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				81
82 ORGANS USED FOR RESEARCH				82
83 UNUSABLE/DISCARDED ORGANS				83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)		4		84

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

CHECK [XX] HOSPITAL (26-0105)  
 APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	38,195,510	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	2,224,671	2
3	MANAGED CARE SIMULATED PAYMENTS	8,006,649	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	272.58	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)	223.45	5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.	27.75	8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)	251.20	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	265.50	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	251.20	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	248.45	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	248.45	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	249.37	15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT	249.37	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.914851	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.891332	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.891332	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	18,366,744	22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)	1.73	23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	14.30	24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)	1.73	25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)	0.006347	26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)	0.001694	27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)	78,266	28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)	18,445,010	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.1153	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2278	31
32	SUM OF LINES 30 AND 31	0.3431	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1752	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	6,691,853	34
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	65,557,044	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	65,557,044	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	4,603,677	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

CHECK [XX] HOSPITAL (26-0105)  
APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	9,607,254	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	54,496	53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)	4,779,836	55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS	71,033	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	21,946	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	84,695,286	59
60	PRIMARY PAYER PAYMENTS	110,563	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	84,584,723	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,120,154	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	438,687	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,432,806	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,002,964	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,078,758	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	82,028,846	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	82,028,846	71
72	INTERIM PAYMENTS	83,150,460	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-1,121,614	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	1,365,671	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96





ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK [XX] HOSPITAL (26-0105) [ ] SUB (OTHER)  
 APPLICABLE [ ] IPF [ ] SNF  
 BOX: [ ] IRF [ ] SWING BED SNF

INPATIENT  
 PART A PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		83,996,605		11,180,365	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.			04/02/2011	8,850	3.01
					3.02
					3.03
					3.04
					3.05
					3.06
					3.07
					3.08
					3.09
	03/08/2011	845,845	03/08/2011	87,363	3.50
	04/02/2011	300			3.51
					3.52
					3.53
					3.54
					3.55
					3.56
					3.57
					3.58
					3.59
					3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		-846,145		-78,513	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		83,150,460		11,101,852	4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					5.01
					5.02
					5.03
					5.04
					5.05
					5.06
					5.07
					5.08
					5.09
					5.50
					5.51
					5.52
					5.53
					5.54
					5.55
					5.56
					5.57
					5.58
					5.59
					5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT					6.01
					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7

8 NAME OF CONTRACTOR: \_\_\_\_\_ CONTRACTOR NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK [ ] HOSPITAL [ ] SUB (OTHER)  
 APPLICABLE [XX] IPF (26-S105) [ ] SNF  
 BOX: [ ] IRF [ ] SWING BED SNF

INPATIENT  
 PART A PART B

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4		
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,621,788		2,590	1	
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2	
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 02/24/2011	21,449		NONE	3.01	
	.02				3.02	
	PROGRAM .03				3.03	
	TO .04				3.04	
	PROVIDER .05				3.05	
	.06				3.06	
	.07				3.07	
	.08				3.08	
	.09				3.09	
	.50	NONE		NONE	3.50	
	.51				3.51	
	PROVIDER .52				3.52	
	TO .53				3.53	
	PROGRAM .54				3.54	
	.55				3.55	
	.56				3.56	
	.57				3.57	
	.58				3.58	
	.59				3.59	
	.99	21,449			3.99	
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		21,449				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		2,643,237		2,590	4	

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01	
	TO .02				5.02	
	PROVIDER .03				5.03	
	.04				5.04	
	.05				5.05	
	.06				5.06	
	.07				5.07	
	.08				5.08	
	.09				5.09	
	PROVIDER .50				5.50	
	TO .51				5.51	
	PROGRAM .52				5.52	
	.53				5.53	
	.54				5.54	
	.55				5.55	
	.56				5.56	
	.57				5.57	
	.58				5.58	
	.59				5.59	
	.99				5.99	
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)						
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01				6.01	
	TO .02				6.02	
	PROVIDER .01				6.01	
	PROVIDER .02				6.02	
	TO .01				6.01	
	PROGRAM .02				6.02	
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7	

8 NAME OF CONTRACTOR: \_\_\_\_\_ CONTRACTOR NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITA  
PERIOD FROM 06/01/2010 TO 05/31/2011

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

VERSION: 2011.10  
11/29/2011 16:07

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK  
APPLICABLE BOX

HOSPITAL (26-0105)       CAH

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	13,390 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	26,182 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	5,544 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	80,174 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,402,419,642 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	29,004,538 6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168	7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	30
31	OTHER ADJUSTMENTS (SPECIFY)	31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART II

CHECK [ ] HOSPITAL  
 APPLICABLE BOX: [XX] IPF (26-S105)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	2,478,651	1
2	NET IPF PPS OUTLIER PAYMENT	34,822	2
3	NET IPF PPS ECT PAYMENT	67,719	3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	6.12	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)	4.99	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)	4.99	8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	25.983562	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$	0.094688	10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)	234,699	11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	2,815,891	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)	2,815,891	16
17	PRIMARY PAYER PAYMENTS	1,402	17
18	SUBTOTAL (LINE 16 LESS LINE 17)	2,814,489	18
19	DEDUCTIBLES	228,060	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	2,586,429	20
21	COINSURANCE	74,399	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	2,512,030	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	71,356	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	49,949	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	31,415	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	2,561,979	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	5,697	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,567,676	31
32	INTERIM PAYMENTS	2,643,237	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	-75,561	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 [XX] TITLE V [XX] HOSPITAL (26-0105) [ ] SNF [ ] PPS  
APPLICABLE [ ] TITLE XIX [ ] IPF [ ] NF [ ] TEFRA  
BOXES: [ ] IRF [ ] ICF/MR [XX] OTHER  
[ ] SUB (OTHER)

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

COMPUTATION OF NET COST OF COVERED SERVICES	
1 INPATIENT HOSPITAL SNF/NF SERVICES	1
2 MEDICAL AND OTHER SERVICES	2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	4
5 INPATIENT PRIMARY PAYER PAYMENTS	5
6 OUTPATIENT PRIMARY PAYER PAYMENTS	6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	7
COMPUTATION OF LESSER OF COST OR CHARGES	
REASONABLE CHARGES	
8 ROUTINE SERVICE CHARGES	8
9 ANCILLARY SERVICE CHARGES	9
10 ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11 INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12 TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	12
CUSTOMARY CHARGES	
13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	14
15 RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 7 (SEE INSTRUCTIONS))	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)	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)	31
32 DEDUCTIBLES	32
33 COINSURANCE	33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35 UTILIZATION REVIEW	35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38 SUBTOTAL (LINE 36 ± LINE 37)	38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41 INTERIM PAYMENTS	41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK [ ] TITLE V [XX] HOSPITAL (26-0105) [ ] SNF [ ] PPS  
 APPLICABLE [XX] TITLE XIX [ ] IPF [ ] NF [ ] TEFRA  
 BOXES: [ ] IRF [ ] ICF/MR [XX] OTHER  
 [ ] SUB (OTHER)

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

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	36,124,587 1
2	MEDICAL AND OTHER SERVICES	8,331,234 2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	44,455,821 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	44,455,821 7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	17,219,366 8
9	ANCILLARY SERVICE CHARGES	208,754,978 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)	225,974,344 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)	225,974,344 16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 7 (SEE INSTRUCTIONS))	181,518,523 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)	44,455,821 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	10,045 26
27	SUBTOTAL (SUM OF LINES 22-26)	10,045 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	10,045 29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19-21 MINUS 29)	44,445,776 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)	44,445,776 36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	44,445,776 38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	6,867,763 39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	51,313,539 40
41	INTERIM PAYMENTS	38,231,271 41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	13,082,268 42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SNF [ ] PPS  
 APPLICABLE [XX] TITLE XIX [XX] IPF (26-S105) [ ] 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	2,423,041 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	2,423,041 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	2,423,041 7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	4,347,837 8
9	ANCILLARY SERVICE CHARGES	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	4,347,837 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)	4,347,837 16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 7 (SEE INSTRUCTIONS))	1,924,796 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)	2,423,041 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)	2,423,041 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)	2,423,041 36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	2,423,041 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)	2,423,041 40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	2,423,041 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 [XX] TITLE V  
 APPLICABLE [ ] TITLE XVIII  
 BOX: [ ] TITLE XIX

1	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996				1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)				2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA				3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)				3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))				4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)				4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)				4.02
5	FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)				5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)				6
7	ENTER THE LESSER OF LINE 5 OR LINE 6				7
		PRIMARY CARE	OTHER	TOTAL	
		1	2	3	
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR				8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6				9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR				10
11	TOTAL WEIGHTED FTE COUNT				11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)				12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)				13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)				14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS				15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE				16
17	ADJUSTED ROLLING AVERAGE FTE COUNT				17
18	PER RESIDENT AMOUNT				18
19	APPROVED AMOUNT FOR RESIDENT COSTS				19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)				20
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)				21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)				22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)				23
24	MULTIPLY LINE 22 TIMES LINE 23				24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)				25
	COMPUTATION OF PROGRAM PATIENT LOAD	INPATIENT	MANAGED		
		PART A	CARE		
26	INPATIENT DAYS				26
27	TOTAL INPATIENT DAYS	89,658			27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS				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	NET PROGRAM DIRECT GME AMOUNT				31
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)				32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)				33
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)				37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)				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)				41
	PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)				42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)				43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)				44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)				45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)				46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)				47
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)				48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)				49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)				50

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996	229.61	1	
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		2	
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA		3	
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		3.01	
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))	22.67	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)	252.28	5	
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)	281.92	6	
7	ENTER THE LESSER OF LINE 5 OR LINE 6	252.28	7	
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	68.04	181.23	249.27
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	60.89	162.18	223.07
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT	60.89	162.18	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	63.32	152.06	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	61.67	147.93	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	61.96	154.06	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	61.96	154.06	17
18	PER RESIDENT AMOUNT	129,755.71	130,169.33	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	8,039,664	20,053,887	28,093,551
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			23.85
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			29.64
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			21.09
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			93,730.76
24	MULTIPLY LINE 22 TIMES LINE 23			1,976,782
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			30,070,333
COMPUTATION OF PROGRAM PATIENT LOAD				
		INPATIENT PART A	MANAGED CARE	
26	INPATIENT DAYS	29,608	5,544	26
27	TOTAL INPATIENT DAYS	89,658	89,658	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.330233	0.061835	28
29	PROGRAM DIRECT GME AMOUNT	9,930,217	1,859,399	29
30	REDUCTION FOR NURSING/ALLIED HEALTH		262,733	30
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
31	NET PROGRAM DIRECT GME AMOUNT			11,526,883
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)			7,610,778
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)			63,731,377
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			4,779,836
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			111,965
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			68,399,248
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			13,676,214
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			9,335
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			13,666,879
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			82,066,127
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.833465
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.166535
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			11,526,883
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			9,607,254
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			1,919,629

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996	229.61	1	
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		2	
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA		3	
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		3.01	
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))	22.67	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)	252.28	5	
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)	281.92	6	
7	ENTER THE LESSER OF LINE 5 OR LINE 6	252.28	7	
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	68.04	181.23	249.27
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	60.89	162.18	223.07
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT	60.89	162.18	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	63.32	152.06	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	61.67	147.93	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	61.96	154.06	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	61.96	154.06	17
18	PER RESIDENT AMOUNT	129,755.71	130,169.33	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	8,039,664	20,053,887	28,093,551
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			23.85
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			29.64
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			21.09
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			93,730.76
24	MULTIPLY LINE 22 TIMES LINE 23			1,976,782
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			30,070,333
COMPUTATION OF PROGRAM PATIENT LOAD				
		INPATIENT PART A	MANAGED CARE	
26	INPATIENT DAYS	20,477		26
27	TOTAL INPATIENT DAYS	89,658		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.228390		28
29	PROGRAM DIRECT GME AMOUNT	6,867,763		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			6,867,763
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			33
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)			37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			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)			41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			6,867,763
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			50

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	1	2	3	4	
CURRENT ASSETS					
1 CASH ON HAND AND IN BANKS	1,486				1
2 TEMPORARY INVESTMENTS					2
3 NOTES RECEIVABLE					3
4 ACCOUNTS RECEIVABLE	144,213,001				4
5 OTHER RECEIVABLES	14,400,841				5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-83,298,235				6
7 INVENTORY	10,240,994				7
8 PREPAID EXPENSES	2,275,218				8
9 OTHER CURRENT ASSETS					9
10 DUE FROM OTHER FUNDS					10
11 TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	87,833,305				11
FIXED ASSETS					
12 LAND	2,947,119				12
13 LAND IMPROVEMENTS	3,097,403				13
14 ACCUMULATED DEPRECIATION	-2,348,091				14
15 BUILDINGS	134,903,338				15
16 ACCUMULATED DEPRECIATION	-42,623,669				16
17 LEASEHOLD IMPROVEMENTS					17
18 ACCUMULATED AMORTIZATION					18
19 FIXED EQUIPMENT	856,602				19
20 ACCUMULATED DEPRECIATION	-239,178				20
21 AUTOMOBILES AND TRUCKS	19,385				21
22 ACCUMULATED DEPRECIATION	-3,635				22
23 MAJOR MOVABLE EQUIPMENT	127,431,916				23
24 ACCUMULATED DEPRECIATION	-82,929,633				24
25 MINOR EQUIPMENT DEPRECIABLE					25
26 ACCUMULATED DEPRECIATION					26
27 HIT DESIGNATED ASSETS					27
28 ACCUMULATED DEPRECIATION					28
29 MINOR EQUIPMENT-NONDEPRECIABLE	22,979				29
30 TOTAL FIXED ASSETS (SUM OF LINES 12-29)	141,134,536				30
OTHER ASSETS					
31 INVESTMENTS					31
32 DEPOSITS ON LEASES					32
33 DUE FROM OWNERS/OFFICERS					33
34 OTHER ASSETS	177,173,553				34
35 TOTAL OTHER ASSETS (SUM OF LINES 31-34)	177,173,553				35
36 TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	406,141,394				36
LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	1	2	3	4	
CURRENT LIABILITIES					
37 ACCOUNTS PAYABLE	23,351,775				37
38 SALARIES, WAGES & FEES PAYABLE	7,520,776				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	1,875,932				44
45 TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	32,748,483				45
LONG-TERM LIABILITIES					
46 MORTGAGE PAYABLE					46
47 NOTES PAYABLE	240,756,515				47
48 UNSECURED LOANS					48
49 OTHER LONG TERM LIABILITIES					49
50 TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	240,756,515				50
51 TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	273,504,998				51
CAPITAL ACCOUNTS					
52 GENERAL FUND BALANCE	132,636,396				52
53 SPECIFIC PURPOSE FUND BALANCE					53
54 DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED					54
55 DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED					55
56 GOVERNING BODY CREATED - ENDOWMENT FUND BAL					56
57 PLANT FUND BALANCE - INVESTED IN PLANT					57
58 PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION					58
59 TOTAL FUND BALANCES (SUM OF LINES 52-58)	132,636,396				59
60 TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	406,141,394				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		115,980,676							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		-9,034,490							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		106,946,186							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5									5
6 INTERCOMPANY ACTIVITY		35,797,332							6
7		50,943,699							7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		86,741,031							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		193,687,217							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13									13
14									14
15 MINORITY INTEREST		18,571,261							15
16									16
17		6,682,228							17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		25,253,489							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		168,433,728							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	73,058,774		73,058,774	1
3 SUBPROVIDER IPF	14,471,663		14,471,663	2
4 SUBPROVIDER IRF				3
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)	87,530,437		87,530,437	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT	59,722,004		59,722,004	11
11.01 6TH ICU				11.01
11.02 7TH ICU				11.02
11.03 8TH ICU				11.03
11.04 5TH ICU				11.04
12 CORONARY CARE UNIT				12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
15 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	59,722,004		59,722,004	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	147,252,441		147,252,441	17
18 ANCILLARY SERVICES	832,042,115	436,806,798	1,268,848,913	18
19 OUTPATIENT SERVICES				19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	979,294,556	436,806,798	1,416,101,354	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		351,734,466	29
30 ADD (SPECIFY)			30
31	767,342		31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		767,342	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)		352,501,808	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,416,101,354	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,081,431,813	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	334,669,541	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	352,501,808	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-17,832,267	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	12,238	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	300,767	10
11	REBATES AND REFUNDS OF EXPENSES	152,531	11
12	PARKING LOT RECEIPTS	561,413	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	56,736	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	56,159	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	3,214,801	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (MISCELLANEOUS REVENUE)	4,443,132	24
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	8,797,777	25
26	TOTAL (LINE 5 PLUS LINE 25)	-9,034,490	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	-9,034,490	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	3,095,956	1
2	CAPITAL DRG OUTLIER PAYMENTS	106,492	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	219.65	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	251.10	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.3807	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	1,178,630	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.1153	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.2278	8
9	SUM OF LINES 7 AND 8	0.3431	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0719	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	222,599	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	4,603,677	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- 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
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
16.01 QUALITY ASSURANCE					16.01
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 6TH ICU					31.01
31.02 7TH ICU					31.02
31.03 8TH ICU					31.03
31.04 5TH ICU					31.04
40 SUBPROVIDER - IPF					40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.03 ENDOSCOPY					54.03
54.05 PET IMAGING					54.05
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
60.02 BLOOD CLOTTING FACTORS ADMIN C					60.02
62.30 BLOOD CLOTTING FACTORS ADMIN C					62.30
63 BLOOD STORING, PROCESSING & TR					63
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
69 ELECTROCARDIOLOGY					69
69.02 CARDIOVASCULAR LAB					69.02
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGED TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
75 ASC (NON-DISTINCT PART)					75
76 OTHER ANCILLARY SERVICES					76
76.01 PSYCH THERAPY					76.01
76.29 AIR RESCUE					76.29
76.30 BONE MARROW					76.30
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
90.02 TRANSPLANT CLINIC					90.02
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
105 KIDNEY ACQUISITION					105
107 LIVER ACQUISITION					107
SPECIAL PURPOSE COST CENTERS					
109 PANCREAS ACQUISITION					109
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITA  
PERIOD FROM 06/01/2010 TO 05/31/2011

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

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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	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
194 DOCTORS MEALS						194
194.05 PUBLIC RELATIONS						194.05
194.11 UNIVERSITY SPACE						194.11
194.12 CANCER CENTER						194.12
194.13 MARKET SPACE						194.13
194.14 RENTAL PROPERTIES						194.14
194.15 OP CATH LAB-UNIV						194.15
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	31.17		20.09				51.26 30
31 INTENSIVE CARE UNIT	42.85		20.56				63.41 31
31.01 6TH ICU	10.62		26.30				36.92 31.01
31.02 7TH ICU	33.77		15.09				48.86 31.02
31.03 8TH ICU	36.70		31.74				68.44 31.03
31.04 5TH ICU	29.36		22.20				51.56 31.04
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	15.87	7.35	9.78				33.00 50
51 RECOVERY ROOM	18.39	7.92	9.48				35.79 51
53 ANESTHESIOLOGY	18.36	5.53	11.08				34.97 53
54 RADIOLOGY-DIAGNOSTIC	15.39	9.33	7.35				32.07 54
54.03 ENDOSCOPY	12.05	15.69	6.80				34.54 54.03
54.05 PET IMAGING	6.22	22.75	3.67				32.64 54.05
55 RADIOLOGY-THERAPEUTIC	0.84	31.68	1.10				33.62 55
56 RADIOISOTOPE	12.00	16.58	6.53				35.11 56
60 LABORATORY	19.37	8.41	10.99				38.77 60
63 BLOOD STORING, PROCESSING & TRA	28.21	1.65	19.40				49.26 63
65 RESPIRATORY THERAPY	31.23	0.71	23.07				55.01 65
66 PHYSICAL THERAPY	27.16		13.14				40.30 66
69 ELECTROCARDIOLOGY	24.21	9.66	9.24				43.11 69
70 ELECTROENCEPHALOGRAPHY	15.42	9.18	11.27				35.87 70
71 MEDICAL SUPPLIES CHRGD TO PATI	21.69	6.57	14.20				42.46 71
72 IMPL. DEV. CHARGED TO PATIENT	20.10	5.06	7.72				32.88 72
73 DRUGS CHARGED TO PATIENTS	24.10	2.88	20.98				47.96 73
74 RENAL DIALYSIS	51.65		19.18				70.83 74
75 ASC (NON-DISTINCT PART)	0.70	60.08	0.10				60.88 75
76.30 BONE MARROW	17.13	10.50	22.14				49.77 76.30
90 CLINIC	0.18	16.17	0.02				16.37 90
90.02 TRANSPLANT CLINIC	0.21						0.21 90.02
91 EMERGENCY	11.25	6.45	1.24				18.94 91
92 OBSERVATION BEDS	10.54	18.13	2.28				30.95 92
200 TOTAL CHARGES	19.46	7.19	12.29				38.94 200

\*\*\*\*\* 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	36.12		31.16				67.28	40
UTILIZATION PERCENTAGES BASED ON CHARGES								
50 OPERATING ROOM	0.27						0.27	50
53 ANESTHESIOLOGY	0.95						0.95	53
54 RADIOLOGY-DIAGNOSTIC	0.15						0.15	54
54.05 PET IMAGING	0.03						0.03	54.05
55 RADIOLOGY-THERAPEUTIC	0.12						0.12	55
56 RADIOISOTOPE	0.12						0.12	56
60 LABORATORY	0.41						0.41	60
65 RESPIRATORY THERAPY	0.09						0.09	65
66 PHYSICAL THERAPY	0.59						0.59	66
69 ELECTROCARDIOLOGY	0.18						0.18	69
70 ELECTROENCEPHALOGRAPHY	0.20	0.03					0.23	70
73 DRUGS CHARGED TO PATIENTS	0.35						0.35	73
74 RENAL DIALYSIS	0.53						0.53	74
91 EMERGENCY	0.62						0.62	91
200 TOTAL CHARGES	0.25						0.25	200

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS								
1	CAP REL COSTS-BLDG & FIXT	5,290,382	1.62	-5,290,382	-3.30			1
2	CAP REL COSTS-MVBLE EQUIP	12,978,079	3.98	-12,978,079	-8.08			2
3	OTHER CAPITAL RELATED COSTS							3
4	EMPLOYEE BENEFITS	12,024,876	3.69	-12,024,876	-7.49			4
5	ADMINISTRATIVE & GENERAL	68,910,996	21.16	-68,910,996	-42.92			5
6	MAINTENANCE & REPAIRS	575,250	0.18	-575,250	-0.36			6
7	OPERATION OF PLANT	9,682,778	2.97	-9,682,778	-6.03			7
8	LAUNDRY & LINEN SERVICE	1,074,104	0.33	-1,074,104	-0.67			8
9	HOUSEKEEPING	3,497,613	1.07	-3,497,613	-2.18			9
10	DIETARY	697,075	0.21	-697,075	-0.43			10
11	CAFETERIA	2,023,617	0.62	-2,023,617	-1.26			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	1,642,043	0.50	-1,642,043	-1.02			13
14	CENTRAL SERVICES & SUPPLY	1,268,938	0.39	-1,268,938	-0.79			14
15	PHARMACY	6,705,600	2.06	-6,705,600	-4.18			15
16	MEDICAL RECORDS & LIBRARY	3,538,760	1.09	-3,538,760	-2.20			16
16.01	QUALITY ASSURANCE	620,159	0.19	-620,159	-0.39			16.01
17	SOCIAL SERVICE	2,076,058	0.64	-2,076,058	-1.29			17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SRVCES-SALARY & FRINGES APP	52,354	0.02	-52,354	-0.03			21
22	I&R SRVCES-OTHER PRGM COSTS APP	27,654,348	8.49	-27,654,348	-17.22			22
23	PARAMED ED PRGM-(SPECIFY)	241,804	0.07	-241,804	-0.15			23
INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS	21,533,096	6.61	38,709,802	24.11	60,242,898	18.49	30
31	INTENSIVE CARE UNIT	3,484,112	1.07	4,118,522	2.57	7,602,634	2.33	31
31.01	6TH ICU	2,953,692	0.91	3,705,884	2.31	6,659,576	2.04	31.01
31.02	7TH ICU	3,336,374	1.02	3,942,202	2.46	7,278,576	2.23	31.02
31.03	8TH ICU	2,857,577	0.88	3,651,063	2.27	6,508,640	2.00	31.03
31.04	5TH ICU	3,347,715	1.03	4,164,992	2.59	7,512,707	2.31	31.04
40	SUBPROVIDER - IPF	3,252,502	1.00	5,629,251	3.51	8,881,753	2.73	40
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	9,187,473	2.82	12,890,812	8.03	22,078,285	6.78	50
51	RECOVERY ROOM	2,745,437	0.84	2,861,946	1.78	5,607,383	1.72	51
53	ANESTHESIOLOGY	598,363	0.18	2,823,871	1.76	3,422,234	1.05	53
54	RADIOLOGY-DIAGNOSTIC	9,035,983	2.77	11,406,905	7.10	20,442,888	6.28	54
54.03	ENDOSCOPY	1,167,089	0.36	869,769	0.54	2,036,858	0.63	54.03
54.05	PET IMAGING	654,422	0.20	581,009	0.36	1,235,431	0.38	54.05
55	RADIOLOGY-THERAPEUTIC	1,541,203	0.47	1,742,824	1.09	3,284,027	1.01	55
56	RADIOISOTOPE	1,292,462	0.40	999,005	0.62	2,291,467	0.70	56
59	CARDIAC CATHETERIZATION	37,212	0.01	77,925	0.05	115,137	0.04	59
60	LABORATORY	12,816,320	3.93	8,278,117	5.16	21,094,437	6.48	60
60.02	BLOOD CLOTTING FACTORS ADMIN CO							60.02
62.30	BLOOD CLOTTING FACTORS ADMIN CO							62.30
63	BLOOD STORING, PROCESSING & TRA	3,489,957	1.07	1,203,954	0.75	4,693,911	1.44	63
65	RESPIRATORY THERAPY	2,241,949	0.69	1,416,286	0.88	3,658,235	1.12	65
66	PHYSICAL THERAPY	2,289,285	0.70	1,993,362	1.24	4,282,647	1.31	66
69	ELECTROCARDIOLOGY	3,695,137	1.13	2,770,390	1.73	6,465,527	1.98	69
69.02	CARDIOVASCULAR LAB							69.02
70	ELECTROENCEPHALOGRAPHY	668,190	0.21	1,683,771	1.05	2,351,961	0.72	70
71	MEDICAL SUPPLIES CHRGD TO PATI	17,080,009	5.24	6,441,633	4.01	23,521,642	7.22	71
72	IMPL. DEV. CHARGED TO PATIENT	18,906,094	5.80	7,040,851	4.39	25,946,945	7.97	72
73	DRUGS CHARGED TO PATIENTS	16,598,674	5.10	15,531,747	9.67	32,130,421	9.86	73
74	RENAL DIALYSIS	1,485,107	0.46	782,363	0.49	2,267,470	0.70	74
75	ASC (NON-DISTINCT PART)	453,760	0.14	236,443	0.15	690,203	0.21	75
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW	260,749	0.08	527,143	0.33	787,892	0.24	76.30
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
90	CLINIC	684,870	0.21	1,252,314	0.78	1,937,184	0.59	90
90.02	TRANSPLANT CLINIC	1,749,234	0.54	974,469	0.61	2,723,703	0.84	90.02
91	EMERGENCY	5,732,912	1.76	5,564,293	3.47	11,297,205	3.47	91
92	OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS								
94	HOME PROGRAM DIALYSIS							94
OUTPATIENT SERVICE COST CENTERS								
SPECIAL PURPOSE COST CENTERS								
105	KIDNEY ACQUISITION	4,024,349	1.24	1,479,933	0.92	5,504,282	1.69	105
107	LIVER ACQUISITION	2,005,724	0.62	843,200	0.53	2,848,924	0.87	107
109	PANCREAS ACQUISITION	166,547	0.05	52,711	0.03	219,258	0.07	109
NONREIMBURSABLE COST CENTERS								
190	GIFT, FLOWER, COFFEE SHOP & CAN	146,071	0.04	234,756	0.15	380,827	0.12	190
194	DOCTORS MEALS	444,448	0.14	131,327	0.08	575,775	0.18	194

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
194.05 PUBLIC RELATIONS	583,634	0.18	217,029	0.14	800,663	0.25	194.05
194.11 UNIVERSITY SPACE	1,729,640	0.53	2,658,890	1.66	4,388,530	1.35	194.11
194.12 CANCER CENTER	587,742	0.18	903,502	0.56	1,491,244	0.46	194.12
194.13 MARKET SPACE							194.13
194.14 RENTAL PROPERTIES	282,473	0.09	84,826	0.05	367,299	0.11	194.14
194.15 OP CATH LAB-UNIV	31,671	0.01	75,742	0.05	107,413	0.03	194.15
200 CROSS FOOT ADJUSTMENTS							200
201 NEGATIVE COST CENTER							201
202 TOTAL	325,734,092	100.00			325,734,092	100.00	202

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,141,125	101,481,159	0.021099	16,106,585	339,833	50
51 RECOVERY ROOM	525,937	11,685,852	0.045006	2,148,605	96,700	51
53 ANESTHESIOLOGY	24,662	15,113,514	0.001632	2,774,274	4,528	53
54 RADIOLOGY-DIAGNOSTIC	2,347,336	192,192,488	0.012213	29,569,023	361,126	54
54.03 ENDOSCOPY	153,855	13,858,342	0.011102	1,670,511	18,546	54.03
54.05 PET IMAGING	132,527	16,835,025	0.007872	1,047,830	8,249	54.05
55 RADIOLOGY-THERAPEUTIC	328,004	29,294,958	0.011197	245,105	2,744	55
56 RADIOISOTOPE	248,152	3,824,325	0.064888	458,800	29,771	56
59 CARDIAC CATHETERIZATION	27,706	83,330	0.332485			59
60 LABORATORY	927,056	194,169,023	0.004774	37,603,869	179,521	60
60.02 BLOOD CLOTTING FACTORS ADMIN CO						60.02
62.30 BLOOD CLOTTING FACTORS ADMIN CO						62.30
63 BLOOD STORING, PROCESSING & TRA	144,856	23,555,676	0.006150	6,644,178	40,862	63
65 RESPIRATORY THERAPY	194,881	26,966,959	0.007227	8,422,771	60,871	65
66 PHYSICAL THERAPY	429,376	11,705,634	0.036681	3,179,113	116,613	66
69 ELECTROCARDIOLOGY	521,247	41,447,056	0.012576	10,033,470	126,181	69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY	260,570	5,699,632	0.045717	878,797	40,176	70
71 MEDICAL SUPPLIES CHRGD TO PATI	619,143	105,551,153	0.005866	22,891,421	134,281	71
72 IMPL. DEV. CHARGED TO PATIENT	676,333	80,220,236	0.008431	16,125,081	135,951	72
73 DRUGS CHARGED TO PATIENTS	927,226	299,484,035	0.003096	72,187,651	223,493	73
74 RENAL DIALYSIS	172,212	7,610,778	0.022627	3,930,736	88,941	74
75 ASC (NON-DISTINCT PART)	15,958	1,162,838	0.013723	8,089	111	75
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW	76,338	559,095	0.136539	95,748	13,073	76.30
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	317,487	2,432,920	0.130496	4,343	567	90
90.02 TRANSPLANT CLINIC	193,245	1,579,587	0.122339	3,326	407	90.02
91 EMERGENCY	705,438	57,494,617	0.012270	6,468,692	79,371	91
92 OBSERVATION BEDS	231,187	4,600,725	0.050250	484,867	24,365	92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL	12,341,857	1,248,608,957		242,982,885	2,126,281	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	REDUCED	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT	CAPITAL	PATIENT			INPATIENT
	COSTS	AMOUNT	RELATED	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	COST	4	5	DAYS	COSTS
			3			6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
30 ADULTS & PEDIATRICS	3,545,294		3,545,294	63,901	55.48	19,919	1,105,106 30
31 INTENSIVE CARE UNIT	404,187		404,187	4,110	98.34	1,761	173,177 31
31.01 6TH ICU	342,317		342,317	3,909	87.57	415	36,342 31.01
31.02 7TH ICU	358,056		358,056	4,048	88.45	1,367	120,911 31.02
31.03 8TH ICU	335,378		335,378	3,567	94.02	1,309	123,072 31.03
31.04 5TH ICU	423,319		423,319	4,806	88.08	1,411	124,281 31.04
200 TOTAL	5,408,551		5,408,551	84,341		26,182	1,682,889 200
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							1,682,889
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							2,126,281
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							3,809,170
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)							4,513
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)							26,182
PER DISCHARGE CAPITAL COSTS							844.04
PER DIEM CAPITAL COSTS							145.49

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	56,546,296
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	286,071,242
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.198

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))	3,277,235
2. TOTAL MEDICARE CHARGES (WKST D-3 LINE 40 COLUMN 2 PLUS WKST D-3 LINE 202 COLUMN 2) (SEE CR 5619)	8,456,525
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.388

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5)	3,809,170
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.013

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPSS. (WKST D, PART V, COLUMNS 2, 2.01 & 2.02 x (WKST B, PART I, COLUMN 26 - COLUMNS 20 & 23 / WKST C, PART I, COLUMN 8) LESS LINES 61, 66-68, 74, 94, 95 & 96) (SEE CR 5999)	13,578,180
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPSS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	90,405,785
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.150