

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1. ELECTRONICALLY FILED COST REPORT DATE: 11/27/2012 TIME: 09:48
 2. MANUALLY SUBMITTED COST REPORT
 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

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

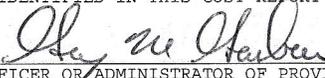
PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY UNIVERSITY OF CHICAGO HOSPITALS (14-0088) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2011 AND ENDING 06/30/2012, 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, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR Encryption: 11/27/2012 09:48
 Mvwpn4Jmf.VgKQGacSqk7nHukVB10
 ss01H0ajtISENmjc3Y3SA1JV8zDYZZ
 jhgplj2g5w0Gf867

(SIGNED) 
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)
 Vice President of Finance
 TITLE
 November 27, 2012
 DATE

PI Encryption: 11/27/2012 09:48
 JT18AwnIZfKbPKtTiiGwU.q0hgOCV0
 ESjCI0QoPSSMbU0UL:Potzjee9Elmh
 8rt60hPWR10H29.e
 PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1 HOSPITAL		7,215,436	-288,040		1
2 SUBPROVIDER - IPF					2
3 SUBPROVIDER - IRF					3
4 SUBPROVIDER (OTHER)					4
5 SWING BED - SNF					5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY					7
8 NURSING FACILITY					8
9 HOME HEALTH AGENCY					9
10 HEALTH CLINIC - RHC					10
11 HEALTH CLINIC - FQHC					11
12 OUTPATIENT REHABILITATION PROVIDER					12
200 TOTAL		7,215,436	-288,040		200

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

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

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

WORKSHEET S
 PARTS I, II & III

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

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1 HOSPITAL		7,215,436	-288,040		1
2 SUBPROVIDER - IPF					2
3 SUBPROVIDER - IRF					3
4 SUBPROVIDER (OTHER)					4
5 SWING BED - SNF					5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY					7
8 NURSING FACILITY					8
9 HOME HEALTH AGENCY					9
10 HEALTH CLINIC - RHC					10
11 HEALTH CLINIC - FQHC					11
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200 TOTAL		7,215,436	-288,040		200

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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 5841 SOUTH MARYLAND AVENUE
 2 CITY: CHICAGO

STATE: IL

P.O.BOX:
 ZIP CODE: 60637

COUNTY: COOK

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)			3	
						V 6	XVIII 7	XIX 8		
3	HOSPITAL	UNIVERSITY OF CHICAGO HOSPITAL	14-0088	16974	1	07/01/1996	N	P	O	3
4	SUBPROVIDER - IPF	UNIVERSITY OF CHICAGO HOSPITAL	14-S088	16974	4	07/01/1984	N	P	N	4
5	SUBPROVIDER - IRF									5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF									9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTC									11
12	HOSPITAL-BASED HHA									12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE									14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS									18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2011			TO: 06/30/2012					20
21	TYPE OF CONTROL				2					21

INPATIENT PPS INFORMATION

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

		IN-STATE		OUT-OF STATE		OUT-OF STATE		MEDICAID	OTHER MEDICAID
		IN-STATE	IN-STATE	STATE	STATE	MEDICAID	MEDICAID		
		MEDICAID PAID	MEDICAID ELIGIBLE UNPAID	MEDICAID PAID	MEDICAID ELIGIBLE UNPAID	MEDICAID HMO	MEDICAID		
1	2	3	4	5	6	7	8	9	10
24	IF THIS PROVIDER IS AN IPHS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	41,418	1,722	3,271	65	5,615			24
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF STATE MEDICAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID 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 IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.				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 ADDITIONAL PAYMENT EXCEPTION FOR EXTRAORDINARY CIRCUMSTANCES PURSUANT TO 42 CFR §412.348(f)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N	N	N	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS		1	2	3		
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			56	
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57	
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58	
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59	
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	Y			60	
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IIME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	Y/N N	IIME AVERAGE	DIRECT GME AVERAGE	61	
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)						
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62	
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01	
TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS						
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	Y			63	
SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS						
THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.						
64	ENTER IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	64	
		4.09	568.46	0.007143		
ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, 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 HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))		
PROGRAM NAME	PROGRAM CODE	1	2	3	4	
1	2	3	4	5		
65	GERIATRIC MEDICINE	1408	0.03	0.75	0.038462	65
65.01	PATHOLOGY	1950	0.51	22.56	0.022107	65.01
65.02	PEDIATRICS	2000	3.43	44.23	0.071968	65.02
65.03	DEVELOPMENTAL BEHAVIORAL PEDIATRICS	2015	0.12	3.35	0.034582	65.03
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS						
EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010						
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	66	
		0.53	429.94	0.001231		

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/(COL.3+COL.4))	
1	2	3	4	5	
67 PEDIATRICS	2000	4.56	54.06	0.077789	67
INPATIENT PSYCHIATRIC FACILITY PPS					
70 IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.					Y 70
71 IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.					N 71
INPATIENT REHABILITATION FACILITY PPS					
75 IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.					N 75
76 IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.					N 76
LONG TERM CARE HOSPITAL PPS					
80 IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.					N 80
TEFRA PROVIDERS					
85 IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.					N 85
86 DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.					N 86
TITLE V AND XIX INPATIENT SERVICES					
90 DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.					V 1 2 Y Y 90
91 IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.					N N 91
92 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.					N 92
93 DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.					N N 93
94 DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.					N N 94
95 IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.					95
96 DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.					N N 96
97 IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.					97
RURAL PROVIDERS					
105 DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?					1 2 N 105
106 IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.					106
107 COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.					107
108 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.					N 108
109 IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.					PHY- OCCUP- RESPI- SICAL ATIONAL SPEECH RATORY N N N N 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-18 2208.1.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.			118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: SELF INSURANCE:			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		121

TRANSPLANT CENTER INFORMATION

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

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	1 Y	2	140
-----	--	--------	---	-----

IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME:	CONTRACTOR'S NAME:	CONTRACTOR'S NUMBER:	141
142	STREET:	P.O. BOX:		142
143	CITY:	STATE:	ZIP CODE:	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 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.	Y		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)

	TITLE XVIII	TITLE	TITLE	
	PART A	PART B	V	XIX
	1	2	3	4
155	HOSPITAL	N	N	N 155
156	SUBPROVIDER - IPF	N	N	156
157	SUBPROVIDER - IRF	N	N	157
158	SUBPROVIDER - (OTHER)	N	N	158
159	SNF	N	N	159
160	HHA	N	N	160
161	CMHC	N	N	161

MULTICAMPUS

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

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

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.	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			169

(LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

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

COMPLETED BY ALL HOSPITALS

PROVIDER ORGANIZATION AND OPERATION		Y/N	DATE		
1	2	1	2	3	
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N		1	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N		2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	Y		3	
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE	
4	5	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.	Y		5	
APPROVED EDUCATIONAL ACTIVITIES		Y/N	Y/N		
6	7	1	2	3	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y 12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
BED COMPLEMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15	
PS&R REPORT DATA		PART A		PART B	
16	17	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	11/01/2012	Y	11/01/2012
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		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. | N | | 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 |

COST REPORT PREPARER CONTACT INFORMATION

- 41 FIRST NAME: MARGARITA LAST NAME: SAUCEDO TITLE: DIRECTOR 41
- 42 EMPLOYER: UNIVERSITY OF CHICAGO MEDICAL 42
- 43 PHONE NUMBER: 773-702-9782 E-MAIL ADDRESS: MARGARITA.SAUCEDO@UCHOSPITALS. 43

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	200	408,031,817	1,137,196	409,169,013	11,805,055.00	34.66	1
2							2
3		4,107,043		4,107,043	56,835.00	72.26	3
4		6,789,848		6,789,848	43,887.00	154.71	4
4.01		12,606,925		12,606,925	86,004.00	146.59	4.01
5							5
6							6
7	21	32,197,350		32,197,350	1,682,080.00	19.14	7
7.01							7.01
8							8
9	44						9
10		4,888,517	470,161	5,358,678	100,115.00	53.53	10
OTHER WAGES & RELATED COSTS							
11		6,536,673		6,536,673	161,828.00	40.39	11
12							12
13							13
14							14
15							15
16							16
WAGE-RELATED COSTS							
17		105,889,946		105,889,946			17
18							18
19		1,424,960		1,424,960			19
20							20
21		1,197,167		1,197,167			21
22		1,514,136		1,514,136			22
22.01		2,811,344					22.01
23							23
24							24
25		7,776,840		7,776,840			25
OVERHEAD COSTS - DIRECT SALARIES							
26		5,567,869		5,567,869	59,237.00	93.99	26
27		66,905,119	974,620	67,879,739	1,651,357.00	41.11	27
28		72,337		72,337	2,080.00	34.78	28
29							29
30		4,051,809		4,051,809	228,327.00	17.75	30
31							31
32		9,630,445		9,630,445	645,549.00	14.92	32
33							33
34		2,985,176	-17,562	2,967,614	158,293.00	18.75	34
35		3,434,417		3,434,417	146,133.00	23.50	35
36		1,666,252		1,666,252	95,186.00	17.51	36
37							37
38		6,179,893		6,179,893	158,788.00	38.92	38
39		2,749,004		2,749,004	127,642.00	21.54	39
40		14,500,381	-1,025,255	13,475,126	354,846.00	37.97	40
41		2,815,604		2,815,604	97,212.00	28.96	41
42		649,383		649,383	27,655.00	23.48	42
43		3,813,921		3,813,921	183,654.00	20.77	43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	375,234,178	1,137,196	376,371,374	10,214,353.	36.85	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	4,888,517	470,161	5,358,678	100,115.00	53.53	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	370,345,661	667,035	371,012,696	10,114,238.	36.68	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	6,536,673		6,536,673	161,828.00	40.39	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	107,404,082		107,404,082		28.95%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	484,286,416	667,035	484,953,451	10,276,066.	47.19	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	125,021,610	-68,197	124,953,413	3,935,959.0	31.75	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS		1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION	26,536,543	2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	636,488	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	289,917	7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	49,899,675	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	677,171	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	238,622	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	1,266,307	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	2,402,999	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	29,925,532	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	817,670	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES	69,895	20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	3,528,093	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	116,288,912	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

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

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.226440	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				130,230,283	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				N	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID				61,715,520	5
6	MEDICAID CHARGES				828,341,244	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				187,569,591	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.					8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS					18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)					19
		UNINSURED	INSURED	TOTAL		
		PATIENTS	PATIENTS			
		1	2	3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	25,339,269	45,233,487	70,572,756		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	5,737,824	10,242,671	15,980,495		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	26,062	294,430	320,492		22
23	COST OF CHARITY CARE	5,711,762	9,948,241	15,660,003		23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM					24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			38,948,882		26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			2,928,622		27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			36,020,260		28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			8,156,428		29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			23,816,431		30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			23,816,431		31

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
GENERAL SERVICE COST CENTERS					
1	00100		19,040,912	19,040,912	1
1.01	00101		5,292,835	5,292,835	1.01
2	00200		43,490,634	43,490,634	2
3	00300				3
4	00400	5,567,869	96,573,590	102,141,459	4
5.01	00540	1,076,583	-667,330	409,253	5.01
5.02	00550	20,151,325	18,451,605	38,602,930	5.02
5.03	00560	3,197,687	2,273,587	5,471,274	5.03
5.04	00570	2,773,521	143,463	2,916,984	-129,587 5.04
5.05	00580	4,609,755	6,781,540	11,391,295	5.05
5.06	00590	35,096,248	54,497,898	89,594,146	-268,918 5.06
6	00600				6
7	00700		4,051,809	29,488,788	7
8	00800		25,436,979	2,691,861	8
9	00900		2,691,861	15,098,312	9
10	01000	9,630,445	5,467,867	6,061,946	-35,662 10
11	01100	2,985,176	3,076,770	8,003,995	11
12	01200	1,666,252	6,337,743		12
13	01300			7,067,640	13
14	01400	6,179,893	887,747	4,518,353	14
15	01500	2,749,004	1,769,349	71,445,343	-57,681,266 15
16	01600	14,500,381	56,944,962	4,584,569	16
17	01700	2,815,604	1,768,965	726,378	17
18	01850	649,383	76,995		18
18.01	01851	270,522	138,411	408,933	18.01
18.02	01852	2,583,211	941,094	3,524,305	18.02
18.03	01853	960,188	305,573	1,265,761	18.03
19	01900				19
20	02000				20
21	02100	32,197,350		32,197,350	21
22	02200	15,209,223	20,028,441	35,237,664	22
23	02300				106,284 23
23.01	02301	843,165	122,412	965,577	1,093,322 23.01
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	55,321,259	9,563,291	64,884,550	-588,441 30
31	03100	13,516,435	2,782,219	16,298,654	1,266,810 31
32	03200	5,384,666	550,780	5,935,446	-1,611,178 32
33	03300	1,916,455	384,535	2,300,990	-499,490 33
34.01	02060	1,635,781	124,945	1,760,726	-3,685 34.01
35	02061	12,607,558	1,014,465	13,622,023	-10,790 35
43	04300		70,287	70,287	438,668 43
ANCILLARY SERVICE COST CENTERS					
50	05000	22,259,744	47,238,717	69,498,461	-24,919,170 50
52	05200	3,995,466	603,037	4,598,503	-186,339 52
53	05300	5,226,525	2,846,428	8,072,953	-398,987 53
54	05400	13,348,221	10,712,859	24,061,080	-4,176,495 54
55	05500	4,181,859	1,688,525	5,870,384	223,810 55
57	05700	2,167,934	750,101	2,918,035	477,073 57
58	05800	1,826,658	586,262	2,412,920	293,928 58
59	05900	1,351,775	4,796,916	6,148,691	-3,029,471 59
60	06000	16,447,206	13,333,722	29,780,928	-22,104 60
62.30	06250				62.30
63	06300	2,730,701	10,462,976	13,193,677	-175,850 63
65	06500	5,947,826	2,878,646	8,826,472	-8,376 65
66	06600	4,614,778	730,535	5,345,313	-115,753 66
69	06900	5,756,619	9,600,962	15,357,581	-8,020,348 69
70	07000	2,517,496	295,061	2,812,557	-66,170 70
70.01	03950	104,237	138,998	243,235	-48,469 70.01
71	07100				12,933,994 71
72	07200				29,001,820 72
73	07300		148,819	148,819	56,628,387 73
74	07400	1,556,271	744,824	2,301,095	-182,619 74
76.97	07697	107,799	8,270	116,069	76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	35,059,424	23,140,466	58,199,890	-780,497 90
90.01	09001				90.01
90.02	09002				1,363,399 90.02
90.03	09003		154,815	154,815	90.03
90.04	09004	279,605	3,853,107	4,132,712	90.04
91	09100	14,359,573	2,434,738	16,794,311	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
95	09500	994,443	2,081,234	3,075,677	95
99.10	09910				99.10

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSIFI-	
		1	2	(COL. 1 + COL. 2)	CATIONS	
				3	4	
99.20	09920					99.20
99.30	09930					99.30
99.40	09940					99.40
105	10500	1,240,199	2,919,719	4,159,918	-1,209,420	105
106	10600	35,104	1,150,647	1,185,751	145,176	106
107	10700	838,082	1,179,137	2,017,219	-418,335	107
108	10800	540,044	355,901	895,945	-305,400	108
109	10900				884,487	109
118		407,634,337	531,199,847	938,834,184	-35,662	118
190	19000					190
191.01	19101	397,480	5,339,774	5,737,254	35,662	191.01
191.02	19102					191.02
200		408,031,817	536,539,621	944,571,438		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	19,040,912		19,040,912	1
1.01	00101	5,292,835		5,292,835	1.01
2	00200	43,490,634		43,490,634	2
3	00300				3
4	00400				4
5.01	00540	102,141,459	244,233	102,385,692	5.01
5.02	00550	409,253	-406,196	3,057	5.02
5.03	00560	38,602,930		38,602,930	5.03
5.04	00570	5,471,274		5,471,274	5.04
5.05	00580	2,787,397		2,787,397	5.05
5.06	00590	11,391,295		11,391,295	5.06
6	00600	89,325,228	-861,822	88,463,406	6
7	00700				7
8	00800	29,488,788	-13,123	29,475,665	8
9	00900	2,691,861		2,691,861	9
10	01000	15,098,312	-1,353	15,096,959	10
11	01100	6,026,284		6,026,284	11
12	01200	8,003,995	-5,819,792	2,184,203	12
13	01300				13
14	01400	7,067,640		7,067,640	14
15	01500	4,518,353		4,518,353	15
16	01600	4,518,353		4,518,353	16
17	01700	13,764,077		13,764,077	17
18	01850	4,584,569		4,584,569	18
18.01	01851	726,378	-9,316	717,062	18.01
18.02	01852				18.02
18.03	01853	408,933		408,933	18.03
19	01900	3,524,305		3,524,305	19
20	02000	1,265,761		1,265,761	20
21	02100				21
22	02200	32,197,350		32,197,350	22
23	02300	35,237,664	-5,751,653	29,486,011	23
23.01	02301	106,284		106,284	23.01
30	03000	2,058,899	-81,633	1,977,266	30
31	03100				31
32	03200	64,296,109	-9,915	64,286,194	32
33	03300	17,565,464		17,565,464	33
34.01	02060	4,324,268		4,324,268	34.01
35	02061	1,801,500		1,801,500	35
43	04300	1,757,041		1,757,041	43
ANCILLARY SERVICE COST CENTERS					
50	05000	13,611,233		13,611,233	50
52	05200	508,955		508,955	52
53	05300				53
54	05400	44,579,291	-20,845	44,558,446	54
55	05500	4,412,164		4,412,164	55
57	05700	7,673,966	-4,107,043	3,566,923	57
58	05800	19,884,585	-362,040	19,522,545	58
59	05900	6,094,194	-544,436	5,549,758	59
60	06000	3,395,108	-34,494	3,360,614	60
62.30	06250	2,706,848	-20,990	2,685,858	62.30
63	06300	3,119,220		3,119,220	63
65	06500	29,758,824	-1,950,065	27,808,759	65
66	06600				66
69	06900	13,017,827	-1,145,267	11,872,560	69
70	07000	8,818,096		8,818,096	70
70.01	03950	5,229,560	-111,716	5,117,844	70.01
71	07100	7,337,233	-295,477	7,041,756	71
72	07200	2,746,387	-49,519	2,696,868	72
73	07300	194,766		194,766	73
74	07400	12,933,994		12,933,994	74
76.97	07697	12,933,994		12,933,994	76.97
76.98	07698	29,001,820		29,001,820	76.98
76.99	07699	56,777,206	-7,633,618	49,143,588	76.99
90	09000	2,118,476		2,118,476	90
90.01	09001	116,069		116,069	90.01
90.02	09002				90.02
90.03	09003				90.03
90.04	09004				90.04
91	09100	57,419,393	-2,788,167	54,631,226	91
92	09200	1,363,399		1,363,399	92
95	09500	154,815		154,815	95
99.10	09910	4,132,712		4,132,712	99.10
OTHER REIMBURSABLE COST CENTERS					
95	09500	16,794,311	-280,370	16,513,941	95
99.10	09910	3,075,677		3,075,677	99.10

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
99.20	09920				99.20
99.30	09930				99.30
99.40	09940				99.40
105	10500	2,950,498	277,234	3,227,732	105
106	10600	1,330,927	181,337	1,512,264	106
107	10700	1,598,884	431,630	2,030,514	107
108	10800	590,545	167,607	758,152	108
109	10900	884,487	37,406	921,893	109
118		938,798,522	-30,959,403	907,839,119	118
190	19000		-57,555	-57,555	190
191.01	19101	5,772,916	-4,235,563	1,537,353	191.01
191.02	19102				191.02
200		944,571,438	-35,252,521	909,318,917	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
	1	2	3		4	5
1 NRCC DIETARY	A	OTHER NONREIMBURSABLE	191.01		17,562	1
2 NRCC DIETARY	A					2
3 NRCC DIETARY	A	OTHER NONREIMBURSABLE	191.01			18,100
4 NRCC DIETARY	A					4
500 TOTAL RECLASSIFICATIONS					17,562	18,100
CODE LETTER - A						500
1 CRITICAL CARE CENTER	B	BURN INTENSIVE CARE UNIT	33		312,652	1
2 CRITICAL CARE CENTER	B	INTENSIVE CARE UNIT	31		1,250,608	2
3 CRITICAL CARE CENTER	B	BURN INTENSIVE CARE UNIT	33			9,584
4 CRITICAL CARE CENTER	B	INTENSIVE CARE UNIT	31			38,334
500 TOTAL RECLASSIFICATIONS					1,563,260	47,918
CODE LETTER - B						500
1 PHARMACY DISCOUNTS	C	PHARMACY	15			20,401
2 PHARMACY DISCOUNTS	C					2
500 TOTAL RECLASSIFICATIONS						20,401
CODE LETTER - C						500
1 DRUGS CHARGED	D	DRUGS CHARGED TO PATIENTS	73			56,628,387
500 TOTAL RECLASSIFICATIONS						56,628,387
CODE LETTER - D						500
1 MEDICAL PHYSICS	E	PARAMED ED PRGM-(SPECIFY)	23		100,756	5,528
2 MEDICAL PHYSICS	E					2
500 TOTAL RECLASSIFICATIONS					100,756	5,528
CODE LETTER - E						500
1 NURSERY	F	NURSERY	43		397,928	1
2 NURSERY	F					2
3 NURSERY	F	NURSERY	43			40,740
4 NURSERY	F					4
500 TOTAL RECLASSIFICATIONS					397,928	40,740
CODE LETTER - F						500
1 MED SUPP & IMPLANTS CHARGED	G	MEDICAL SUPPLIES CHRGED TO PA	71			12,933,994
2 MED SUPP & IMPLANTS CHARGED	G	IMPL. DEV. CHARGED TO PATIENT	72			29,001,820
3 MED SUPP & IMPLANTS CHARGED	G					3
4 MED SUPP & IMPLANTS CHARGED	G					4
5 MED SUPP & IMPLANTS CHARGED	G					5
6 MED SUPP & IMPLANTS CHARGED	G					6
7 MED SUPP & IMPLANTS CHARGED	G					7
8 MED SUPP & IMPLANTS CHARGED	G					8
9 MED SUPP & IMPLANTS CHARGED	G					9
10 MED SUPP & IMPLANTS CHARGED	G					10
11 MED SUPP & IMPLANTS CHARGED	G					11
12 MED SUPP & IMPLANTS CHARGED	G					12
13 MED SUPP & IMPLANTS CHARGED	G					13
14 MED SUPP & IMPLANTS CHARGED	G					14
15 MED SUPP & IMPLANTS CHARGED	G					15
16 MED SUPP & IMPLANTS CHARGED	G					16
17 MED SUPP & IMPLANTS CHARGED	G					17
18 MED SUPP & IMPLANTS CHARGED	G					18
19 MED SUPP & IMPLANTS CHARGED	G					19
20 MED SUPP & IMPLANTS CHARGED	G					20
21 MED SUPP & IMPLANTS CHARGED	G					21
22 MED SUPP & IMPLANTS CHARGED	G					22
23 MED SUPP & IMPLANTS CHARGED	G					23
24 MED SUPP & IMPLANTS CHARGED	G					24
500 TOTAL RECLASSIFICATIONS						41,935,814
CODE LETTER - G						500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER	
			LINE #				
1		2	3		4	5	
1 ORGAN ACQ	H	KIDNEY ACQUISITION	105		292,267		1
2 ORGAN ACQ	H	HEART ACQUISITION	106		216,038		2
3 ORGAN ACQ	H	LIVER ACQUISITION	107		132,929		3
4 ORGAN ACQ	H	LUNG ACQUISITION	108		45,037		4
5 ORGAN ACQ	H	PANCREAS ACQUISITION	109		74,149		5
6 ORGAN ACQ	H	TRANSPLANT CLINIC	90.02		1,158,511		6
7 ORGAN ACQ	H	KIDNEY ACQUISITION	105			19,468	7
8 ORGAN ACQ	H	HEART ACQUISITION	106			3,982	8
9 ORGAN ACQ	H	LIVER ACQUISITION	107			7,291	9
10 ORGAN ACQ	H	LUNG ACQUISITION	108			3,261	10
11 ORGAN ACQ	H	PANCREAS ACQUISITION	109			810,338	11
12 ORGAN ACQ	H	TRANSPLANT CLINIC	90.02			204,888	12
13 ORGAN ACQ	H						13
14 ORGAN ACQ	H						14
15 ORGAN ACQ	H						15
16 ORGAN ACQ	H						16
17 ORGAN ACQ	H						17
18 ORGAN ACQ	H						18
500 TOTAL RECLASSIFICATIONS					1,918,931	1,049,228	500
CODE LETTER - H							
1 PHARMACY RESIDENT COST	K	PARAMED ED PRGM - PHARMACY	23.01		1,014,376	8,513	1
2 PHARMACY RESIDENT COST	K						2
3 PHARMACY RESIDENT COST	K	PARAMED ED PRGM - PHARMACY	23.01		70,433		3
4 PHARMACY RESIDENT COST	K						4
500 TOTAL RECLASSIFICATIONS					1,084,809	8,513	500
CODE LETTER - K							
1 WAGE INDEX SALARY - PDP	L	CLINIC	90			69,450	1
2 WAGE INDEX SALARY - IS CAP PROJ	L	OTHER ADMIN & GENERAL	5.06			1,602,478	2
3 WAGE INDEX SALARY - SMG	L	OTHER ADMIN & GENERAL	5.06		2,920,840		3
4 WAGE INDEX SALARY - OCC MED	L	PHYSICAL THERAPY	66			111,716	4
500 TOTAL RECLASSIFICATIONS					2,920,840	1,783,644	500
CODE LETTER - L							
1 RADIOLOGY SUPPORT RECLASS	M	RADIOLOGY-THERAPEUTIC	55		186,747	166,034	1
2 RADIOLOGY SUPPORT RECLASS	M	COMPUTED TOMOGRAPHY (CT) SCAN	57		326,294	290,104	2
3 RADIOLOGY SUPPORT RECLASS	M	MAGNETIC RESONANCE IMAGING (M	58		178,232	158,464	3
500 TOTAL RECLASSIFICATIONS					691,273	614,602	500
CODE LETTER - M							
GRAND TOTAL (INCREASES)					8,695,359	102,152,875	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 NRCC DIETARY	A					1
2 NRCC DIETARY	A	DIETARY	10	17,562		2
3 NRCC DIETARY	A					3
4 NRCC DIETARY	A	DIETARY	10		18,100	4
500 TOTAL RECLASSIFICATIONS CODE LETTER - A				17,562	18,100	500
1 CRITICAL CARE CENTER	B					1
2 CRITICAL CARE CENTER	B	CORONARY CARE UNIT	32	1,563,260		2
3 CRITICAL CARE CENTER	B					3
4 CRITICAL CARE CENTER	B	CORONARY CARE UNIT	32		47,918	4
500 TOTAL RECLASSIFICATIONS CODE LETTER - B				1,563,260	47,918	500
1 PHARMACY DISCOUNTS	C					1
2 PHARMACY DISCOUNTS	C	OTHER ADMIN & GENERAL	5.06		20,401	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - C					20,401	500
1 DRUGS CHARGED	D	PHARMACY	15		56,628,387	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - D					56,628,387	500
1 MEDICAL PHYSICS	E	RADIOLOGY-THERAPEUTIC	55	100,756	5,528	1
2 MEDICAL PHYSICS	E					2
500 TOTAL RECLASSIFICATIONS CODE LETTER - E				100,756	5,528	500
1 NURSERY	F					1
2 NURSERY	F	ADULTS & PEDIATRICS	30	397,928		2
3 NURSERY	F					3
4 NURSERY	F	ADULTS & PEDIATRICS	30		40,740	4
500 TOTAL RECLASSIFICATIONS CODE LETTER - F				397,928	40,740	500
1 MED SUPP & IMPLANTS CHARGED	G					1
2 MED SUPP & IMPLANTS CHARGED	G					2
3 MED SUPP & IMPLANTS CHARGED	G	PHARMACY	15		39,512	3
4 MED SUPP & IMPLANTS CHARGED	G	ADULTS & PEDIATRICS	30		149,773	4
5 MED SUPP & IMPLANTS CHARGED	G	INTENSIVE CARE UNIT	31		22,132	5
6 MED SUPP & IMPLANTS CHARGED	G	BURN INTENSIVE CARE UNIT	33		821,726	6
7 MED SUPP & IMPLANTS CHARGED	G	NURSERY SPECIAL CARE	34.01		3,685	7
8 MED SUPP & IMPLANTS CHARGED	G	NURSERY ICU	35		10,790	8
9 MED SUPP & IMPLANTS CHARGED	G	OPERATING ROOM	50		24,919,170	9
10 MED SUPP & IMPLANTS CHARGED	G	DELIVERY ROOM & LABOR ROOM	52		186,339	10
11 MED SUPP & IMPLANTS CHARGED	G	ANESTHESIOLOGY	53		398,987	11
12 MED SUPP & IMPLANTS CHARGED	G	RADIOLOGY-DIAGNOSTIC	54		2,870,620	12
13 MED SUPP & IMPLANTS CHARGED	G	RADIOLOGY-THERAPEUTIC	55		22,687	13
14 MED SUPP & IMPLANTS CHARGED	G	COMPUTED TOMOGRAPHY (CT) SCAN	57		139,325	14
15 MED SUPP & IMPLANTS CHARGED	G	MAGNETIC RESONANCE IMAGING (M	58		42,768	15
16 MED SUPP & IMPLANTS CHARGED	G	CARDIAC CATHETERIZATION	59		3,029,471	16
17 MED SUPP & IMPLANTS CHARGED	G	BLOOD STORING, PROCESSING & T	63		175,850	17
18 MED SUPP & IMPLANTS CHARGED	G	RESPIRATORY THERAPY	65		8,376	18
19 MED SUPP & IMPLANTS CHARGED	G	PHYSICAL THERAPY	66		115,753	19
20 MED SUPP & IMPLANTS CHARGED	G	ELECTROCARDIOLOGY	69		7,971,528	20
21 MED SUPP & IMPLANTS CHARGED	G	ELECTROENCEPHALOGRAPHY	70		66,170	21
22 MED SUPP & IMPLANTS CHARGED	G	RENAL DIALYSIS	74		182,619	22
23 MED SUPP & IMPLANTS CHARGED	G	BRACE & PLASTER ROOM	70.01		48,469	23
24 MED SUPP & IMPLANTS CHARGED	G	CLINIC	90		710,064	24
500 TOTAL RECLASSIFICATIONS CODE LETTER - G					41,935,814	500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1		6	7	8	9	10
1 ORGAN ACQ	H	KIDNEY ACQUISITION	105	624,288		1
2 ORGAN ACQ	H	HEART ACQUISITION	106	31,806		2
3 ORGAN ACQ	H	LIVER ACQUISITION	107	534,573		3
4 ORGAN ACQ	H	LUNG ACQUISITION	108	302,719		4
5 ORGAN ACQ	H	KIDNEY ACQUISITION	105		896,867	5
6 ORGAN ACQ	H	HEART ACQUISITION	106		43,038	6
7 ORGAN ACQ	H	LIVER ACQUISITION	107		23,982	7
8 ORGAN ACQ	H	LUNG ACQUISITION	108		50,979	8
9 ORGAN ACQ	H					9
10 ORGAN ACQ	H					10
11 ORGAN ACQ	H					11
12 ORGAN ACQ	H					12
13 ORGAN ACQ	H	ADMITTING	5.04	129,587		13
14 ORGAN ACQ	H	OTHER ADMIN & GENERAL	5.06	214,155		14
15 ORGAN ACQ	H	PHARMACY	15	10,879		15
16 ORGAN ACQ	H	LABORATORY	60	22,104		16
17 ORGAN ACQ	H	ELECTROCARDIOLOGY	69	48,820		17
18 ORGAN ACQ	H	OTHER ADMIN & GENERAL	5.06		34,362	18
500 TOTAL RECLASSIFICATIONS CODE LETTER - H				1,918,931	1,049,228	500
1 PHARMACY RESIDENT COST	K					1
2 PHARMACY RESIDENT COST	K	PHARMACY	15	1,014,376	8,513	2
3 PHARMACY RESIDENT COST	K					3
4 PHARMACY RESIDENT COST	K	CLINIC	90	70,433		4
500 TOTAL RECLASSIFICATIONS CODE LETTER - K				1,084,809	8,513	500
1 WAGE INDEX SALARY - PDP	L	CLINIC	90	69,450		1
2 WAGE INDEX SALARY - IS CAP PROJ	L	OTHER ADMIN & GENERAL	5.06	1,602,478		2
3 WAGE INDEX SALARY - SMG	L	OTHER ADMIN & GENERAL	5.06		2,920,840	3
4 WAGE INDEX SALARY - OCC MED	L	PHYSICAL THERAPY	66	111,716		4
500 TOTAL RECLASSIFICATIONS CODE LETTER - L				1,783,644	2,920,840	500
1 RADIOLOGY SUPPORT RECLASS	M	RADIOLOGY-DIAGNOSTIC	54	186,747	166,034	1
2 RADIOLOGY SUPPORT RECLASS	M	RADIOLOGY-DIAGNOSTIC	54	326,294	290,104	2
3 RADIOLOGY SUPPORT RECLASS	M	RADIOLOGY-DIAGNOSTIC	54	178,232	158,464	3
500 TOTAL RECLASSIFICATIONS CODE LETTER - M				691,273	614,602	500
GRAND TOTAL (DECREASES)				7,558,163	103,290,071	

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	36,008,345					36,008,345	1
2 LAND IMPROVEMENTS							2
3 BUILDINGS AND FIXTURES	901,804,911	239,251,199		239,251,199	44,895,013	1,096,161,097	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	431,693,800	45,067,013		45,067,013	1,034,671	475,726,142	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	1,369,507,056	284,318,212		284,318,212	45,929,684	1,607,895,584	8
9 RECONCILING ITEMS	434,710,450	239,251,199		239,251,199	55,124,997	618,836,652	9
10 TOTAL (LINE 7 MINUS LINE 9)	934,796,606	45,067,013		45,067,013	9,195,313	989,058,932	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	19,040,912						19,040,912 1
1.01 DCAM CAPITAL	5,292,835						5,292,835 1.01
2 CAP REL COSTS-MVBLE EQUIP	43,490,634						43,490,634 2
3 TOTAL (SUM OF LINES 1-2)	67,824,381						67,824,381 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	980,495,514		980,495,514	0.609800				1
1.01 DCAM CAPITAL	151,673,929		151,673,929	0.094331				1.01
2 CAP REL COSTS-MVBLE EQUIP	475,726,142		475,726,142	0.295869				2
3 TOTAL (SUM OF LINES 1-2)	1,607,895,585		1,607,895,585	1.000000				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	19,040,912						19,040,912 1
1.01 DCAM CAPITAL	5,292,835						5,292,835 1.01
2 CAP REL COSTS-MVBLE EQUIP	43,490,634						43,490,634 2
3 TOTAL	67,824,381						67,824,381 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)	A	-4,235,563	OTHER NONREIMBURSABLE	191.01	9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-3,700,879			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1				12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-5,819,792	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-7,633,618	DRUGS CHARGED TO PATIENTS	73	17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS					18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20 VENDING MACHINES					20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65	23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 OTHER OPERATING	B	-600,516	OTHER ADMIN & GENERAL	5.06	33
33.01 OTHER OPERATING	B	-13,123	OPERATION OF PLANT	7	33.01
33.02 OTHER OPERATING	B	-1,353	HOUSEKEEPING	9	33.02
33.03 OTHER OPERATING	B	-9,316	SOCIAL SERVICE	17	33.03
33.04 OTHER OPERATING	B	-9,915	ADULTS & PEDIATRICS	30	33.04
33.05 OTHER OPERATING	B	-500	OPERATING ROOM	50	33.05
33.06 OTHER OPERATING	B	-19,382	RADIOLOGY-DIAGNOSTIC	54	33.06
33.07 OTHER OPERATING	B	-24,462	RADIOLOGY-THERAPEUTIC	55	33.07
33.08 OTHER OPERATING	B	-34,494	COMPUTED TOMOGRAPHY (CT) SCAN	57	33.08
33.09 OTHER OPERATING	B	-20,990	MAGNETIC RESONANCE IMAGING (MRI)	58	33.09
33.10 OTHER OPERATING	B	-1,710,771	LABORATORY	60	33.10
33.11 OTHER OPERATING	B	-1,145,267	BLOOD STORING, PROCESSING & TRA	63	33.11
33.12 OTHER OPERATING	B	-1,393	ELECTROCARDIOLOGY	69	33.12
33.13 OTHER OPERATING	B	-533,854	CLINIC	90	33.13
33.14 OTHER OPERATING	B	-56,165	EMERGENCY	91	33.14
33.15 OTHER OPERATING	B	-57,555	GIFT, FLOWER, COFFEE SHOP & CAN	190	33.15
33.16 PHARMACY RESIDENTS INCOME	B	-96,352	PARAMED ED PRGM - PHARMACY	23.01	33.16
34					34
35					35
36 ADVERTISING EXPENSE	A	-2,791,523	OTHER ADMIN & GENERAL	5.06	36
36.01 NON PATIENT CARE RELATED EXPENSE	A	-163,465	OTHER ADMIN & GENERAL	5.06	36.01
36.02 CRNA EXPENSE	A	-4,107,043	ANESTHESIOLOGY	53	36.02
36.03 PSYCH PDP COSTS	A	-161,113	CLINIC	90	36.03
36.04 PATIENT TV AND PHONE OFFSET	A	-406,196	NON-PATIENT PHONES	5.01	36.04
37 RENAL PHYSICIAN SALARY					37
38 NON ALLOWABLE EXPENSE	A	-555	OTHER ADMIN & GENERAL	5.06	38
38.01 AHA & IHA DUES	A	-226,603	OTHER ADMIN & GENERAL	5.06	38.01
38.02 NON EMERGENCY PATIENT TRANSPORT	A	-82,400	CLINIC	90	38.02
39 ORGAN ACQUISITION S&B	A	277,234	KIDNEY ACQUISITION	105	39

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
39.01 ORGAN ACQUISITON S&B	A	181,337	HEART ACQUISITION	106	39.01
39.02 ORGAN ACQUISITON S&B	A	431,630	LIVER ACQUISITION	107	39.02
39.03 ORGARN ACQUISITION S&B	A	167,607	LUNG ACQUISITION	108	39.03
39.04 ORGAN ACQUISITION S&B	A	37,406	PANCREAS ACQUISITION	109	39.04
39.05 ORGAN ACQUISITION S&B	A	244,233	EMPLOYEE BENEFITS	4	39.05
40 BSD OCC MED	A	-111,716	PHYSICAL THERAPY	66	40
40.01 SMG SALARY & BENEFITS	A	2,920,840	OTHER ADMIN & GENERAL	5.06	40.01
41 NORTHSHORE REVENUE	B	-578,812	I&R SRVCES-OTHER PRGM COSTS APP	22	41
42 PHARMACY RESIDENTS TRAVEL	A	14,719	PARAMED ED PRGM - PHARMACY	23.01	42
43					43
44					44
45 MEDICAL STUDENT OFFSET	A	-2,602,298	I&R SRVCES-OTHER PRGM COSTS APP	22	45
45.01 MEDICAL STUDENT OFFSET	A	-2,570,543	I&R SRVCES-OTHER PRGM COSTS APP	22	45.01
46					46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-35,252,521			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1	2	CAP REL COSTS-MVBLE EQUIP	PBP DIRECTS AND INDIRECTS	1,124,306	1,124,306	9
2	5.06	OTHER ADMIN & GENERAL	UNIVERSITY OVERHEAD	7,472,267	7,472,267	2
3	5.06	OTHER ADMIN & GENERAL	PBP DIRECTS AND INDIRECTS	10,409,142	10,409,142	3
4	5.06	OTHER ADMIN & GENERAL	MALPRACTICE	12,804,987	12,804,987	4
4.01	7	OPERATION OF PLANT	STEAM AND ELECTRICITY	13,466,387	13,466,387	4.01
4.02	21	I&R SRVCES-SALARY & FRINGES APP	PBP DIRECTS AND INDIRECTS	34,060,611	34,060,611	4.02
4.03	30	ADULTS & PEDIATRICS	PBP DIRECTS AND INDIRECTS	48,905	48,905	4.03
4.04	50	OPERATING ROOM	PBP DIRECTS AND INDIRECTS	33,031	33,031	4.04
4.05	54	RADIOLOGY-DIAGNOSTIC	PBP DIRECTS AND INDIRECTS	894,722	894,722	4.05
4.06	55	RADIOLOGY-THERAPEUTIC	PBP DIRECTS AND INDIRECTS	778,644	778,644	4.06
4.07	60	LABORATORY	PBP DIRECTS AND INDIRECTS	970,970	970,970	4.07
4.08	69	ELECTROCARDIOLOGY	PBP DIRECTS AND INDIRECTS	947,092	947,092	4.08
4.09	70	ELECTROENCEPHALOGRAPHY	PBP DIRECTS AND INDIRECTS	103,810	103,810	4.09
4.10	90	CLINIC	PBP DIRECTS AND INDIRECTS	5,831,103	5,831,103	4.10
4.11	91	EMERGENCY	PBP DIRECTS AND INDIRECTS	289,111	289,111	4.11
5		TOTALS (SUM OF LINES 1-4)		89,235,088	89,235,088	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.				

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

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

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

SYMBOL (1)	NAME (2)	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS (6)	
		PERCENT OF OWNERSHIP (3)	NAME (4)	PERCENT OF OWNERSHIP (5)			
6	B U OF C MEDICAL CENTER	100.00	UNIVERSITY OF CHICAGO		UNIVERSITY/MEDICAL SCHOOL	6	
7						7	
8						8	
9						9	
10						10	

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	1	2	3	4	5	6	7	8	9	
1	50	OPERATING ROOM	AGGREGATE	24,245	24,245	208,000	39	3,900	195	1
2	54	RADIOLOGY-DIAGNOSTIC	AGGREGATE	553,877	553,877	225,300	1,950	211,219	10,561	2
3	55	RADIOLOGY-THERAPEUTIC	AGGREGATE	664,361	664,361	225,300	1,333	144,387	7,219	3
4	60	LABORATORY	AGGREGATE	781,033	781,033	215,700	5,224	541,739	27,087	4
5	69	ELECTROCARDIOLOGY	AGGREGATE	588,679	588,679	177,200	3,458	294,595	14,730	5
6	70	ELECTROENCEPHALOGRAPHY	AGGREGATE	87,941	87,941	177,200	451	38,422	1,921	6
7	90	CLINIC	AGGREGATE	3,357,690	3,357,690	177,200	15,810	1,346,890	67,345	7
8	91	EMERGENCY	AGGREGATE	279,069	279,069	177,200	644	54,864	2,743	8
200		TOTAL		6,336,895	6,336,895		28,909	2,636,016	131,801	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11		12	13	14	15	16	17	18	
1	50	OPERATING ROOM	AGGREGATE				3,900	20,345	20,345	1
2	54	RADIOLOGY-DIAGNOSTIC	AGGREGATE				211,219	342,658	342,658	2
3	55	RADIOLOGY-THERAPEUTIC	AGGREGATE				144,387	519,974	519,974	3
4	60	LABORATORY	AGGREGATE				541,739	239,294	239,294	4
5	69	ELECTROCARDIOLOGY	AGGREGATE				294,595	294,084	294,084	5
6	70	ELECTROENCEPHALOGRAPHY	AGGREGATE				38,422	49,519	49,519	6
7	90	CLINIC	AGGREGATE				1,346,890	2,010,800	2,010,800	7
8	91	EMERGENCY	AGGREGATE				54,864	224,205	224,205	8
200		TOTAL					2,636,016	3,700,879	3,700,879	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	DCAM 1.01	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	19,040,912	19,040,912				1
1.01	DCAM CAPITAL	5,292,835		5,292,835			1.01
2	CAP REL COSTS-MVBLE EQUIP	43,490,634			43,490,634		2
4	EMPLOYEE BENEFITS	102,385,692	389,960		66,495	102,842,147	4
5.01	NON-PATIENT PHONES	3,057			2,288	274,325	5.01
5.02	DATA PROCESSING	38,602,930	1,124,181	55,498	23,459,591	5,134,779	5.02
5.03	PURCHASING	5,471,274	486,342	2,763	262,906	814,806	5.03
5.04	ADMITTING	2,787,397	69,542	66,971	5,186	673,703	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	11,391,295	271,316		661	1,174,616	5.05
5.06	OTHER ADMIN & GENERAL	88,463,406	1,592,885	220,074	3,023,457	9,224,274	5.06
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT	29,475,665	110,328	9,519	404,481	1,032,446	7
8	LAUNDRY & LINEN SERVICE	2,691,861	26,288				8
9	HOUSEKEEPING	15,096,959	536,234	103,957	59,321	2,453,943	9
10	DIETARY	6,026,284	82,866		9,700	756,181	10
11	CAFETERIA	2,184,203	508,124	192,078	134,785	424,579	11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	7,067,640	100,312		77,414	1,574,705	13
14	CENTRAL SERVICES & SUPPLY	4,518,353	334,364	90,004	89,737	700,476	14
15	PHARMACY	13,764,077	294,681	37,902	164,105	3,433,610	15
16	MEDICAL RECORDS & LIBRARY	4,584,569	241,745		7,958	717,447	16
17	SOCIAL SERVICE	717,062	40,642			165,470	17
18	OCCUPATIONAL THERAPY						18
18.01	VOLUNTEERS	408,933	28,109		1,862	68,932	18.01
18.02	PATIENT TRANSPORT	3,524,305	110,161		2,343	658,231	18.02
18.03	MEDICAL ELECTRONICS	1,265,761	215,409		419,476	244,666	18.03
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APPRVD	32,197,350	479,752		1,357	8,204,239	21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD	29,486,011				3,875,477	22
23	PARAMED ED PRGM-(SPECIFY)	106,284				25,674	23
23.01	PARAMED ED PRGM - PHARMACY	1,977,266	36,688			491,269	23.01
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	64,286,194	3,264,850		642,907	13,995,207	30
31	INTENSIVE CARE UNIT	17,565,464	645,556		125,382	3,762,805	31
32	CORONARY CARE UNIT	4,324,268	113,995		191,376	973,736	32
33	BURN INTENSIVE CARE UNIT	1,801,500	110,041		1,870	568,001	33
34.01	NURSERY SPECIAL CARE	1,757,041	172,850		10,634	416,815	34.01
35	NURSERY ICU	13,611,233	496,143		36,883	3,212,544	35
43	NURSERY	508,955	34,699			101,396	43
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	44,558,446	1,088,140	344,865	3,412,989	5,672,028	50
52	DELIVERY ROOM & LABOR ROOM	4,412,164	392,165		5,773	1,018,089	52
53	ANESTHESIOLOGY	3,566,923	26,048	17,350	774,289	1,331,776	53
54	RADIOLOGY-DIAGNOSTIC	19,522,545	920,011	569,513	1,780,007	3,225,130	54
55	RADIOLOGY-THERAPEUTIC	5,549,758		417,272	1,382,547	1,087,495	55
57	COMPUTED TOMOGRAPHY (CT) SCAN	3,360,614	47,855		625,736	635,557	57
58	MAGNETIC RESONANCE IMAGING (MRI)	2,685,858	41,026	70,912	1,180,186	510,868	58
59	CARDIAC CATHETERIZATION	3,119,220	155,093		260,566	344,447	59
60	LABORATORY	27,808,759	1,219,796	78,514	1,245,413	4,185,297	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	11,872,560	63,480	41,984	69,259	695,813	63
65	RESPIRATORY THERAPY	8,818,096	95,830	62,096	228,923	1,515,571	65
66	PHYSICAL THERAPY	5,117,844	213,372	16,136	19,522	1,147,430	66
69	ELECTROCARDIOLOGY	7,041,756	96,286	182,066	1,342,131	1,454,410	69
70	ELECTROENCEPHALOGRAPHY	2,696,868	110,664	63,029	170,921	641,486	70
70.01	BRACE & PLASTER ROOM	194,766		11,191		26,561	70.01
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	12,933,994					71
72	IMPL. DEV. CHARGED TO PATIENT	29,001,820					72
73	DRUGS CHARGED TO PATIENTS	49,143,588			2,587		73
74	RENAL DIALYSIS	2,118,476	121,208		6,970	396,555	74
76.97	CARDIAC REHABILITATION	116,069	4,026		2,607	27,468	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	54,631,226	760,509	2,559,835	1,410,040	8,897,883	90
90.01	DENTAL CLINIC						90.01
90.02	TRANSPLANT CLINIC	1,363,399	17,254	10,927	3,310	295,201	90.02
90.03	SILVER CROSS	154,815					90.03
90.04	SILVER CROSS PHARMACY	4,132,712				71,246	90.04
91	EMERGENCY	16,513,941	575,247		173,180	3,658,977	91
92	OBSERVATION BEDS						92

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	CAP	DCAM	CAP	EMPLOYEE	
	FOR COST					
	ALLOCATION	FIXTURES		EQUIPMENT		
	(FROM WKST	1	1.01	2	4	
	A, COL.7)					
	0					
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	3,075,677	16,391		119,514	253,395	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	3,227,732	18,356	33,626	113	231,414	105
106 HEART ACQUISITION	1,512,264	7,069	12,951		55,889	106
107 LIVER ACQUISITION	2,030,514	6,686	12,247		111,209	107
108 LUNG ACQUISITION	758,152	26,863		7,826	71,949	108
109 PANCREAS ACQUISITION	921,893	4,769	8,710		18,894	109
118 SUBTOTALS (SUM OF LINES 1-117)	907,839,119	17,946,207	5,291,990	43,426,584	102,736,390	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	-57,555	134,124				190
191.01 OTHER NONREIMBURSABLE	1,537,353	960,581	845	64,050	105,757	191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	909,318,917	19,040,912	5,292,835	43,490,634	102,842,147	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NON PATIENT PHONES 5.01	SUBTOTAL (COLS. 0-4) 4A	DATA PROCESSING 5.02	PURCHASING ADMIT, REC AND STORES 5.03	ADMITTING 5.04	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT PHONES	279,670					5.01
5.02 DATA PROCESSING	1,840	68,378,819	68,378,819			5.02
5.03 PURCHASING	1,840	7,039,931	572,431	7,612,362		5.03
5.04 ADMITTING	1,840	3,604,639	293,100	1,107	3,898,846	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	1,840	12,839,728	1,044,024	2,091		5.05
5.06 OTHER ADMIN & GENERAL	183,990	102,708,086	8,351,699	16,360		5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	1,840	31,034,279	2,523,459	46,849		7
8 LAUNDRY & LINEN SERVICE	1,840	2,719,989	221,168	11,238		8
9 HOUSEKEEPING	1,840	18,252,254	1,484,127	42,054		9
10 DIETARY	1,840	6,876,871	559,172	65,524		10
11 CAFETERIA	1,840	3,445,609	280,169	111,160		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,840	8,821,911	717,327	7,989		13
14 CENTRAL SERVICES & SUPPLY	1,840	5,734,774	466,306	57,942		14
15 PHARMACY	1,840	17,696,215	1,438,915	2,400,257		15
16 MEDICAL RECORDS & LIBRARY	1,840	5,553,559	451,571	2,050		16
17 SOCIAL SERVICE	1,840	925,014	75,215	15		17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS	1,840	509,676	41,443	827		18.01
18.02 PATIENT TRANSPORT	1,840	4,296,880	349,388	678		18.02
18.03 MEDICAL ELECTRONICS	1,840	2,147,152	174,589	210		18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		40,882,698	3,324,254			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	1,840	33,363,328	2,712,839	1,336		22
23 PARAMED ED PRGM-(SPECIFY)		131,958	10,730			23
23.01 PARAMED ED PRGM - PHARMACY	1,840	2,507,063	203,854	87		23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,840	82,190,998	6,683,114	215,176	597,533	30
31 INTENSIVE CARE UNIT	1,840	22,101,047	1,797,080	102,722	190,426	31
32 CORONARY CARE UNIT	1,840	5,605,215	455,771		53,263	32
33 BURN INTENSIVE CARE UNIT	1,840	2,483,252	201,918	14,072	29,746	33
34.01 NURSERY SPECIAL CARE	1,840	2,359,180	191,830	2,868	20,802	34.01
35 NURSERY ICU	1,840	17,358,643	1,411,466	36,662	110,092	35
43 NURSERY	1,840	646,890	52,600	2,697	8,662	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,680	55,080,148	4,478,677	815,457	390,831	50
52 DELIVERY ROOM & LABOR ROOM	1,840	5,830,031	474,051	11,283	27,917	52
53 ANESTHESIOLOGY	1,840	5,718,226	464,960	83,633	118,821	53
54 RADIOLOGY-DIAGNOSTIC	1,840	26,019,046	2,115,661	103,420	113,105	54
55 RADIOLOGY-THERAPEUTIC	1,840	8,438,912	686,185	14,452	53,821	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,840	4,671,602	379,857	23,865	77,366	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,840	4,490,690	365,147	21,081	40,191	58
59 CARDIAC CATHETERIZATION	1,840	3,881,166	315,585	46,401	64,839	59
60 LABORATORY	1,840	34,539,619	2,808,486	346,283	331,563	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,840	12,744,936	1,036,316	411,635	163,153	63
65 RESPIRATORY THERAPY	1,840	10,722,356	871,856	108,189	255,566	65
66 PHYSICAL THERAPY	1,840	6,516,144	529,841	7,267	26,901	66
69 ELECTROCARDIOLOGY	1,840	10,118,489	822,755		117,958	69
70 ELECTROENCEPHALOGRAPHY	1,840	3,684,808	299,619	1,769	13,060	70
70.01 BRACE & PLASTER ROOM	1,840	234,358	19,056		46	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		12,933,994	1,051,689	558,768	77,172	71
72 IMPL. DEV. CHARGED TO PATIENT		29,001,820	2,358,196	1,247,136	225,615	72
73 DRUGS CHARGED TO PATIENTS		49,146,175	3,996,174	6,400	539,514	73
74 RENAL DIALYSIS	1,840	2,645,049	215,074	20,188	46,267	74
76.97 CARDIAC REHABILITATION		150,170	12,211	110	4	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,840	68,261,333	5,550,466	398,051	57,435	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC	1,840	1,691,931	137,574	638	3,883	90.02
90.03 SILVER CROSS		154,815	12,588	250		90.03
90.04 SILVER CROSS PHARMACY		4,203,958	341,832	160,096		90.04
91 EMERGENCY	1,840	20,923,185	1,701,306	68,163	116,724	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	1,840	3,466,817	281,894	11,127	2,748	95

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NON PATIENT PHONES 5.01	SUBTOTAL (COLS.0-4) 4A	DATA PROCESSING 5.02	PURCHASING ADMIT, REC AND STORES 5.03	ADMITTING 5.04	
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	1,840	3,513,081	285,656	1,005	8,295	105
106 HEART ACQUISITION	1,840	1,590,013	129,287	833	5,869	106
107 LIVER ACQUISITION	1,840	2,162,496	175,837	592	5,074	107
108 LUNG ACQUISITION	1,840	866,630	70,467	548	1,233	108
109 PANCREAS ACQUISITION	1,840	956,106	77,743	203	3,351	109
118 SUBTOTALS (SUM OF LINES 1-117)	279,670	906,573,762	68,155,605	7,610,814	3,898,846	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		76,569	6,226			190
191.01 OTHER NONREIMBURSABLE		2,668,586	216,988	1,548		191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	279,670	909,318,917	68,378,819	7,612,362	3,898,846	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CASHIERING ACCOUNTS RECEIVABLE 5.05	SUBTOTAL (COLS.0-4)	OTHER ADMIN & GENERAL 5.06	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	13,885,843					5.05
5.06 OTHER ADMIN & GENERAL		111,076,145	111,076,145			5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		33,604,587	4,676,112	38,280,699		7
8 LAUNDRY & LINEN SERVICE		2,952,395	410,829	46,329	3,409,553	8
9 HOUSEKEEPING		19,778,435	2,752,189	1,194,544		9
10 DIETARY		7,501,567	1,043,851	146,082		10
11 CAFETERIA		3,836,938	533,914	1,356,548		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		9,547,227	1,328,506	176,785		13
14 CENTRAL SERVICES & SUPPLY		6,259,022	870,949	805,288		14
15 PHARMACY		21,535,387	2,996,671	610,301		15
16 MEDICAL RECORDS & LIBRARY		6,007,180	835,905	426,041		16
17 SOCIAL SERVICE		1,000,244	139,185	71,626		17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS		551,946	76,804	49,539		18.01
18.02 PATIENT TRANSPORT		4,646,946	646,627	194,142		18.02
18.03 MEDICAL ELECTRONICS		2,321,951	323,102	379,627		18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		44,206,952	6,151,442	845,493		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		36,077,503	5,020,221			22
23 PARAMED ED PRGM-(SPECIFY)		142,688	19,855			23
23.01 PARAMED ED PRGM - PHARMACY		2,711,004	377,239	64,658		23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,274,873	90,961,694	12,657,275	5,753,831	2,301,022	30
31 INTENSIVE CARE UNIT	396,415	24,587,690	3,421,402	1,137,699	457,951	31
32 CORONARY CARE UNIT	110,879	6,225,128	866,233	200,900	105,232	32
33 BURN INTENSIVE CARE UNIT	61,923	2,790,911	388,358	193,931	61,000	33
34.01 NURSERY SPECIAL CARE	43,305	2,617,985	364,295	304,623	106,015	34.01
35 NURSERY ICU	229,182	19,146,045	2,664,191	874,380	327,057	35
43 NURSERY	18,032	728,881	101,425	61,153	51,276	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,266,575	62,031,688	8,631,771	2,745,404		50
52 DELIVERY ROOM & LABOR ROOM	63,962	6,407,244	891,574	691,134		52
53 ANESTHESIOLOGY	408,880	6,794,520	945,464	87,548		53
54 RADIOLOGY-DIAGNOSTIC	592,137	28,943,369	4,027,499	2,988,282		54
55 RADIOLOGY-THERAPEUTIC	323,990	9,517,360	1,324,350	1,001,500		55
57 COMPUTED TOMOGRAPHY (CT) SCAN	566,092	5,718,782	795,774	84,338		57
58 MAGNETIC RESONANCE IMAGING (MRI)	309,217	5,226,326	727,248	242,499		58
59 CARDIAC CATHETERIZATION	225,986	4,533,977	630,907	273,328		59
60 LABORATORY	1,382,067	39,408,018	5,483,665	2,338,156		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	392,898	14,748,938	2,052,329	212,640		63
65 RESPIRATORY THERAPY	561,026	12,518,993	1,742,030	317,926		65
66 PHYSICAL THERAPY	107,864	7,188,017	1,000,220	414,765		66
69 ELECTROCARDIOLOGY	441,667	11,500,869	1,600,357	606,669		69
70 ELECTROENCEPHALOGRAPHY	55,174	4,054,430	564,178	346,306		70
70.01 BRACE & PLASTER ROOM	4,099	257,559	35,840	26,860		70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	240,058	14,861,681	2,068,018			71
72 IMPL. DEV. CHARGED TO PATIENT	601,408	33,434,175	4,652,399			72
73 DRUGS CHARGED TO PATIENTS	2,224,700	55,912,963	7,780,345			73
74 RENAL DIALYSIS	101,046	3,027,624	421,297	213,612		74
76.97 CARDIAC REHABILITATION	2,118	164,613	22,906	7,095		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	898,217	75,165,502	10,459,355	7,484,176		90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC	8,433	1,842,459	256,380	56,591		90.02
90.03 SILVER CROSS		167,653	23,329			90.03
90.04 SILVER CROSS PHARMACY	138,151	4,844,037	674,053			90.04
91 EMERGENCY	767,160	23,576,538	3,280,699	1,013,789		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	17,052	3,779,638	525,940	28,887		95

PROVIDER CCN: 14-0088 UNIVERSITY OF CHICAGO HOSPITAL
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
 11/27/2012 09:48

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CASHIERING ACCOUNTS RECEIVABLE 5.05	SUBTOTAL (COLS.0-4)	OTHER ADMIN & GEERAL 5.06	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	18,933	3,826,970	532,527	113,014		105
106 HEART ACQUISITION	12,218	1,738,220	241,875	43,542		106
107 LIVER ACQUISITION	10,563	2,354,562	327,640	41,177		107
108 LUNG ACQUISITION	2,568	941,446	131,003	47,343		108
109 PANCREAS ACQUISITION	6,975	1,044,378	145,326	29,309		109
118 SUBTOTALS (SUM OF LINES 1-117)	13,885,843	906,349,000	110,662,878	36,349,410	3,409,553	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		82,795	11,521	236,375		190
191.01 OTHER NONREIMBURSABLE		2,887,122	401,746	1,694,914		191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	13,885,843	909,318,917	111,076,145	38,280,699	3,409,553	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING 9	DIETARY 10	CAFETERIA 11	NURSING ADMINIS-TRATION 13	CENTRAL SERVICES & SUPPLY 14	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMIN & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	23,725,168					9
10 DIETARY	83,360	8,774,860				10
11 CAFETERIA	774,096		6,501,496			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	100,880		114,498	11,267,896		13
14 CENTRAL SERVICES & SUPPLY	459,527		91,949		8,486,735	14
15 PHARMACY	348,260		255,605	40,118	2,810,979	15
16 MEDICAL RECORDS & LIBRARY	243,114		70,029		2,401	16
17 SOCIAL SERVICE	40,873		19,927		18	17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS	28,269		8,810			18.01
18.02 PATIENT TRANSPORT	110,785		102,856		794	18.02
18.03 MEDICAL ELECTRONICS	216,629		20,616		246	18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	2,521,612		1,207,034		1,565	22
23 PARAMED ED PRGM-(SPECIFY)			32,452			23
23.01 PARAMED ED PRGM - PHARMACY	36,896			173,792	102	23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,283,345	5,921,931	1,060,819	3,634,380	252,000	30
31 INTENSIVE CARE UNIT	649,213	1,178,588	202,581	1,077,653	120,301	31
32 CORONARY CARE UNIT	114,641	270,827	94,780	295,029		32
33 BURN INTENSIVE CARE UNIT	110,664	156,990	31,509	163,842	16,480	33
34.01 NURSERY SPECIAL CARE	173,829	272,841	23,043	123,323	3,359	34.01
35 NURSERY ICU	498,953	841,718	192,183	915,255	42,936	35
43 NURSERY	34,896	131,965			3,159	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,569,712		382,568	1,220,714	955,007	50
52 DELIVERY ROOM & LABOR ROOM	394,386		64,066	266,545	13,214	52
53 ANESTHESIOLOGY	49,958		74,254	203,158	97,946	53
54 RADIOLOGY-DIAGNOSTIC	1,754,795		251,829	159,108	121,119	54
55 RADIOLOGY-THERAPEUTIC	571,492		72,771	34,582	16,925	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	48,126		38,491		27,949	57
58 MAGNETIC RESONANCE IMAGING (MRI)	138,379		33,606		24,689	58
59 CARDIAC CATHETERIZATION	155,971		22,055	52,956	54,341	59
60 LABORATORY	1,451,938		406,765		405,543	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	121,340		58,792	21,022	482,079	63
65 RESPIRATORY THERAPY	181,420		132,821		126,703	65
66 PHYSICAL THERAPY	236,680		103,770	15,646	8,511	66
69 ELECTROCARDIOLOGY	397,519		111,576	101,980		69
70 ELECTROENCEPHALOGRAPHY	206,074		68,276	31,934	2,071	70
70.01 BRACE & PLASTER ROOM	15,327		3,476			70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					651,369	71
72 IMPL. DEV. CHARGED TO PATIENT					1,460,561	72
73 DRUGS CHARGED TO PATIENTS					7,495	73
74 RENAL DIALYSIS	121,895		26,684	75,663	23,643	74
76.97 CARDIAC REHABILITATION	4,049		2,877		129	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	4,577,790		784,718	1,638,023	466,170	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC	32,293		9,334	27,762	747	90.02
90.03 SILVER CROSS					293	90.03
90.04 SILVER CROSS PHARMACY					187,494	90.04
91 EMERGENCY	591,061		266,077	841,277	79,828	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	16,484		16,601	41,402	13,031	95

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	
	9	10	11	13	14	
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	64,490		16,271	86,334	1,177	105
106 HEART ACQUISITION	24,846		360		975	106
107 LIVER ACQUISITION	23,497		12,196	9,468	694	107
108 LUNG ACQUISITION	27,015		6,338	16,930	642	108
109 PANCREAS ACQUISITION	16,725		3,281		237	109
118 SUBTOTALS (SUM OF LINES 1-117)	22,623,104	8,774,860	6,498,544	11,267,896	8,484,922	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	134,884					190
191.01 OTHER NONREIMBURSABLE	967,180		2,952		1,813	191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	23,725,168	8,774,860	6,501,496	11,267,896	8,486,735	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	VOLUNTEERS 18.01	PATIENT TRANSPORT 18.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMIN & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	28,597,321					15
16 MEDICAL RECORDS & LIBRARY		7,584,670				16
17 SOCIAL SERVICE			1,271,873			17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS				715,368		18.01
18.02 PATIENT TRANSPORT					5,702,150	18.02
18.03 MEDICAL ELECTRONICS						18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM - PHARMACY						23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	7,763	1,161,919	858,354	239,895	2,226,387	30
31 INTENSIVE CARE UNIT	3,592	370,476	170,831		58,272	31
32 CORONARY CARE UNIT	4,021	103,624	39,255		13,046	32
33 BURN INTENSIVE CARE UNIT	192	57,871	22,755		17,105	33
34.01 NURSERY SPECIAL CARE		40,471	39,547		2,464	34.01
35 NURSERY ICU	2,340	214,185	122,003	48,247	81,610	35
43 NURSERY	36	16,852	19,128	2,144		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	134,682	760,367		50,927	13,771	50
52 DELIVERY ROOM & LABOR ROOM	1,140	54,314			102,919	52
53 ANESTHESIOLOGY	243,860	231,167				53
54 RADIOLOGY-DIAGNOSTIC	155,650	220,047		9,462	624,762	54
55 RADIOLOGY-THERAPEUTIC	17,752	104,709		16,082	27,542	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	112,762	150,516		9,649	636,793	57
58 MAGNETIC RESONANCE IMAGING (MRI)	148,272	78,192		4,986	329,631	58
59 CARDIAC CATHETERIZATION	139,566	126,146		2,225	18,844	59
60 LABORATORY	2,098	645,060		201,029	61,606	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	29,668	317,416				63
65 RESPIRATORY THERAPY	727,547	497,206				65
66 PHYSICAL THERAPY	64,627	52,337			123,358	66
69 ELECTROCARDIOLOGY	12,605	229,489		1,260	10,727	69
70 ELECTROENCEPHALOGRAPHY	146	25,408		804		70
70.01 BRACE & PLASTER ROOM		90				70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		150,140				71
72 IMPL. DEV. CHARGED TO PATIENT		438,937				72
73 DRUGS CHARGED TO PATIENTS	23,786,239	1,049,632				73
74 RENAL DIALYSIS		90,013			40,153	74
76.97 CARDIAC REHABILITATION		7				76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,397,569	111,740			667,959	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC	2,720	7,555				90.02
90.03 SILVER CROSS						90.03
90.04 SILVER CROSS PHARMACY	1,559,423					90.04
91 EMERGENCY	29,053	227,088		128,658	626,067	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	421	5,347				95

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	VOLUNTEERS	PATIENT TRANSPORT	
	15	16	17	18.01	18.02	
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	5,662	16,139				105
106 HEART ACQUISITION	28	11,419				106
107 LIVER ACQUISITION	5,340	9,872				107
108 LUNG ACQUISITION	263	2,400				108
109 PANCREAS ACQUISITION	2,284	6,519				109
118 SUBTOTALS (SUM OF LINES 1-117)	28,597,321	7,584,670	1,271,873	715,368	5,683,016	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191.01 OTHER NONREIMBURSABLE					19,134	191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	28,597,321	7,584,670	1,271,873	715,368	5,702,150	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL ELECTRONIC 18.03	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION 23	PARAMED ED PRGM PHARMACY 23.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMIN & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS						18.01
18.02 PATIENT TRANSPORT						18.02
18.03 MEDICAL ELECTRONICS	3,262,171					18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		51,203,887				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			44,827,935			22
23 PARAMED ED PRGM-(SPECIFY)				194,995		23
23.01 PARAMED ED PRGM - PHARMACY					3,363,691	23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	600,886	21,950,617	19,217,310			30
31 INTENSIVE CARE UNIT	231,349	1,773,849	1,552,968			31
32 CORONARY CARE UNIT	75,305	170,680	149,426			32
33 BURN INTENSIVE CARE UNIT	30,277	36,574	32,020			33
34.01 NURSERY SPECIAL CARE	50,462	292,594	256,160			34.01
35 NURSERY ICU	336,931	1,103,322	965,935			35
43 NURSERY	1,553	335,264	293,516			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	311,311	2,176,165	1,905,187			50
52 DELIVERY ROOM & LABOR ROOM	72,976	822,920	720,449			52
53 ANESTHESIOLOGY	3,882	615,666	539,003			53
54 RADIOLOGY-DIAGNOSTIC	19,408	786,345	688,429	194,995		54
55 RADIOLOGY-THERAPEUTIC	6,211	548,613	480,299			55
57 COMPUTED TOMOGRAPHY (CT) SCAN	19,408	798,537	699,102			57
58 MAGNETIC RESONANCE IMAGING (MRI)	10,092	414,508	362,893			58
59 CARDIAC CATHETERIZATION	42,699	97,531				59
60 LABORATORY	141,293	1,907,954	1,670,374			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	10,869	170,680	149,426			63
65 RESPIRATORY THERAPY	550,423					65
66 PHYSICAL THERAPY	31,054					66
69 ELECTROCARDIOLOGY	24,066	54,861	133,416			69
70 ELECTROENCEPHALOGRAPHY		585,187	512,319			70
70.01 BRACE & PLASTER ROOM						70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS					3,363,691	73
74 RENAL DIALYSIS	24,066	176,775	154,763			74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	311,311	8,546,173	7,481,996			90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC						90.02
90.03 SILVER CROSS						90.03
90.04 SILVER CROSS PHARMACY						90.04
91 EMERGENCY	168,465	2,901,554	2,540,250			91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	95,490					95

PROVIDER CCN: 14-0088 UNIVERSITY OF CHICAGO HOSPITAL
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
 11/27/2012 09:48

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL ELECTRONIC	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	PARAMED ED PRGM PHARMACY	
	18.03	21	22	23	23.01	
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	2,329					105
106 HEART ACQUISITION						106
107 LIVER ACQUISITION						107
108 LUNG ACQUISITION						108
109 PANCREAS ACQUISITION						109
118 SUBTOTALS (SUM OF LINES 1-117)	3,172,116	46,266,369	40,505,241	194,995	3,363,691	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191.01 OTHER NONREIMBURSABLE	90,055	4,937,518	4,322,694			191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,262,171	51,203,887	44,827,935	194,995	3,363,691	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
1.01 DCAM CAPITAL				1.01
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5.01 NON-PATIENT PHONES				5.01
5.02 DATA PROCESSING				5.02
5.03 PURCHASING				5.03
5.04 ADMITTING				5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06 OTHER ADMIN & GENERAL				5.06
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE				17
18 OCCUPATIONAL THERAPY				18
18.01 VOLUNTEERS				18.01
18.02 PATIENT TRANSPORT				18.02
18.03 MEDICAL ELECTRONICS				18.03
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SRVCES-SALARY & FRINGES APPRVD				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED PRGM-(SPECIFY)				23
23.01 PARAMED ED PRGM - PHARMACY				23.01
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	172,089,428	-41,167,927	130,921,501	30
31 INTENSIVE CARE UNIT	36,994,415	-3,326,817	33,667,598	31
32 CORONARY CARE UNIT	8,728,127	-320,106	8,408,021	32
33 BURN INTENSIVE CARE UNIT	4,110,479	-68,594	4,041,885	33
34.01 NURSERY SPECIAL CARE	4,671,011	-548,754	4,122,257	34.01
35 NURSERY ICU	28,377,291	-2,069,257	26,308,034	35
43 NURSERY	1,781,248	-628,780	1,152,468	43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	82,889,274	-4,081,352	78,807,922	50
52 DELIVERY ROOM & LABOR ROOM	10,502,881	-1,543,369	8,959,512	52
53 ANESTHESIOLOGY	9,886,426	-1,154,669	8,731,757	53
54 RADIOLOGY-DIAGNOSTIC	40,945,099	-1,474,774	39,470,325	54
55 RADIOLOGY-THERAPEUTIC	13,740,188	-1,028,912	12,711,276	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	9,140,227	-1,497,639	7,642,588	57
58 MAGNETIC RESONANCE IMAGING (MRI)	7,741,321	-777,401	6,963,920	58
59 CARDIAC CATHETERIZATION	6,150,546	-97,531	6,053,015	59
60 LABORATORY	54,123,499	-3,578,328	50,545,171	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRANS.	18,375,199	-320,106	18,055,093	63
65 RESPIRATORY THERAPY	16,795,069		16,795,069	65
66 PHYSICAL THERAPY	9,238,985		9,238,985	66
69 ELECTROCARDIOLOGY	14,785,394	-188,277	14,597,117	69
70 ELECTROENCEPHALOGRAPHY	6,397,133	-1,097,506	5,299,627	70
70.01 BRACE & PLASTER ROOM	339,152		339,152	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	17,731,208		17,731,208	71
72 IMPL. DEV. CHARGED TO PATIENT	39,986,072		39,986,072	72
73 DRUGS CHARGED TO PATIENTS	91,900,365		91,900,365	73
74 RENAL DIALYSIS	4,396,188	-331,538	4,064,650	74
76.97 CARDIAC REHABILITATION	201,676		201,676	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	119,092,482	-16,028,169	103,064,313	90
90.01 DENTAL CLINIC				90.01
90.02 TRANSPLANT CLINIC	2,235,841		2,235,841	90.02
90.03 SILVER CROSS	191,275		191,275	90.03
90.04 SILVER CROSS PHARMACY	7,265,007		7,265,007	90.04
91 EMERGENCY	36,270,404	-5,441,804	30,828,600	91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES	4,523,241		4,523,241	95

PROVIDER CCN: 14-0088 UNIVERSITY OF CHICAGO HOSPITAL
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
11/27/2012 09:48

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
99.10 CORF				99.10
99.20 OUTPATIENT PHYSICAL THERAPY				99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40 OUTPATIENT SPEECH PATHOLOGY				99.40
SPECIAL PURPOSE COST CENTERS				
105 KIDNEY ACQUISITION	4,664,913		4,664,913	105
106 HEART ACQUISITION	2,061,265		2,061,265	106
107 LIVER ACQUISITION	2,784,446		2,784,446	107
108 LUNG ACQUISITION	1,173,380		1,173,380	108
109 PANCREAS ACQUISITION	1,248,059		1,248,059	109
118 SUBTOTALS (SUM OF LINES 1-117)	893,528,214	-86,771,610	806,756,604	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	465,575		465,575	190
191.01 OTHER NONREIMBURSABLE	15,325,128	-9,260,212	6,064,916	191.01
191.02 MEDICAL SCHOOL				191.02
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 TOTAL (SUM OF LINES 118-201)	909,318,917	-96,031,822	813,287,095	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	DCAM 1.01	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS		389,960		66,495	456,455	4
5.01 NON-PATIENT PHONES				2,288	2,288	5.01
5.02 DATA PROCESSING		1,124,181	55,498	23,459,591	24,639,270	5.02
5.03 PURCHASING		486,342	2,763	262,906	752,011	5.03
5.04 ADMITTING		69,542	66,971	5,186	141,699	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE		271,316		661	271,977	5.05
5.06 OTHER ADMIN & GENERAL		1,592,885	220,074	3,023,457	4,836,416	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		110,328	9,519	404,481	524,328	7
8 LAUNDRY & LINEN SERVICE		26,288			26,288	8
9 HOUSEKEEPING		536,234	103,957	59,321	699,512	9
10 DIETARY		82,866		9,700	92,566	10
11 CAFETERIA		508,124	192,078	134,785	834,987	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		100,312		77,414	177,726	13
14 CENTRAL SERVICES & SUPPLY		334,364	90,004	89,737	514,105	14
15 PHARMACY		294,681	37,902	164,105	496,688	15
16 MEDICAL RECORDS & LIBRARY		241,745		7,958	249,703	16
17 SOCIAL SERVICE		40,642			40,642	17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS		28,109		1,862	29,971	18.01
18.02 PATIENT TRANSPORT		110,161		2,343	112,504	18.02
18.03 MEDICAL ELECTRONICS		215,409		419,476	634,885	18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		479,752		1,357	481,109	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM - PHARMACY		36,688			36,688	23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		3,264,850		642,907	3,907,757	30
31 INTENSIVE CARE UNIT		645,556		125,382	770,938	31
32 CORONARY CARE UNIT		113,995		191,376	305,371	32
33 BURN INTENSIVE CARE UNIT		110,041		1,870	111,911	33
34.01 NURSERY SPECIAL CARE		172,850		10,634	183,484	34.01
35 NURSERY ICU		496,143		36,883	533,026	35
43 NURSERY		34,699			34,699	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		1,088,140	344,865	3,412,989	4,845,994	50
52 DELIVERY ROOM & LABOR ROOM		392,165		5,773	397,938	52
53 ANESTHESIOLOGY		26,048	17,350	774,289	817,687	53
54 RADIOLOGY-DIAGNOSTIC		920,011	569,513	1,780,007	3,269,531	54
55 RADIOLOGY-THERAPEUTIC			417,272	1,382,547	1,799,819	55
57 COMPUTED TOMOGRAPHY (CT) SCAN		47,855		625,736	673,591	57
58 MAGNETIC RESONANCE IMAGING (MRI)		41,026	70,912	1,180,186	1,292,124	58
59 CARDIAC CATHETERIZATION		155,093		260,566	415,659	59
60 LABORATORY		1,219,796	78,514	1,245,413	2,543,723	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		63,480	41,984	69,259	174,723	63
65 RESPIRATORY THERAPY		95,830	62,096	228,923	386,849	65
66 PHYSICAL THERAPY		213,372	16,136	19,522	249,030	66
69 ELECTROCARDIOLOGY		96,286	182,066	1,342,131	1,620,483	69
70 ELECTROENCEPHALOGRAPHY		110,664	63,029	170,921	344,614	70
70.01 BRACE & PLASTER ROOM			11,191		11,191	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS				2,587	2,587	73
74 RENAL DIALYSIS		121,208		6,970	128,178	74
76.97 CARDIAC REHABILITATION		4,026		2,607	6,633	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		760,509	2,559,835	1,410,040	4,730,384	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC		17,254	10,927	3,310	31,491	90.02
90.03 SILVER CROSS						90.03
90.04 SILVER CROSS PHARMACY						90.04
91 EMERGENCY		575,247		173,180	748,427	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES		16,391		119,514	135,905	95

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	DCAM 1.01	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
105 KIDNEY ACQUISITION		18,356	33,626	113	52,095	105
106 HEART ACQUISITION		7,069	12,951		20,020	106
107 LIVER ACQUISITION		6,686	12,247		18,933	107
108 LUNG ACQUISITION		26,863		7,826	34,689	108
109 PANCREAS ACQUISITION		4,769	8,710		13,479	109
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS		17,946,207	5,291,990	43,426,584	66,664,781	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		134,124			134,124	190
191.01 OTHER NONREIMBURSABLE		960,581	845	64,050	1,025,476	191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		19,040,912	5,292,835	43,490,634	67,824,381	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	NON PATIENT PHONES	DATA PROCESSING	PURCHASING ADMIT, REC AND STORES	ADMITTING	
	4	5.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	456,455					4
5.01 NON-PATIENT PHONES	1,218	3,506				5.01
5.02 DATA PROCESSING	22,791	23	24,662,084			5.02
5.03 PURCHASING	3,617	23	206,460	962,111		5.03
5.04 ADMITTING	2,990	23	105,713	140	250,565	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	5,214	23	376,551	264		5.05
5.06 OTHER ADMIN & GENERAL	40,943	2,310	3,011,956	2,068		5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	4,583	23	910,142	5,921		7
8 LAUNDRY & LINEN SERVICE		23	79,769	1,420		8
9 HOUSEKEEPING	10,892	23	535,284	5,315		9
10 DIETARY	3,356	23	201,678	8,282		10
11 CAFETERIA	1,885	23	101,049	14,049		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	6,989	23	258,720	1,010		13
14 CENTRAL SERVICES & SUPPLY	3,109	23	168,184	7,323		14
15 PHARMACY	15,240	23	518,977	303,354		15
16 MEDICAL RECORDS & LIBRARY	3,184	23	162,869	259		16
17 SOCIAL SERVICE	734	23	27,128	2		17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS	306	23	14,947	105		18.01
18.02 PATIENT TRANSPORT	2,922	23	126,015	86		18.02
18.03 MEDICAL ELECTRONICS	1,086	23	62,970	27		18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	36,415		1,198,967			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	17,202	23	978,446	169		22
23 PARAMED ED PRGM-(SPECIFY)	114		3,870			23
23.01 PARAMED ED PRGM - PHARMACY	2,181	23	73,525	11		23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	62,099	23	2,410,415	27,196	38,946	30
31 INTENSIVE CARE UNIT	16,702	23	648,157	12,983	12,207	31
32 CORONARY CARE UNIT	4,322	23	164,384		3,414	32
33 BURN INTENSIVE CARE UNIT	2,521	23	72,826	1,779	1,907	33
34.01 NURSERY SPECIAL CARE	1,850	23	69,188	362	1,333	34.01
35 NURSERY ICU	14,259	23	509,077	4,634	7,057	35
43 NURSERY	450	23	18,971	341	555	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	25,176	46	1,615,336	103,065	25,053	50
52 DELIVERY ROOM & LABOR ROOM	4,519	23	170,977	1,426	1,790	52
53 ANESTHESIOLOGY	5,911	23	167,698	10,570	7,617	53
54 RADIOLOGY-DIAGNOSTIC	14,315	23	763,061	13,071	7,250	54
55 RADIOLOGY-THERAPEUTIC	4,827	23	247,488	1,827	3,450	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,821	23	137,004	3,016	4,959	57
58 MAGNETIC RESONANCE IMAGING (MRI)	2,268	23	131,698	2,664	2,576	58
59 CARDIAC CATHETERIZATION	1,529	23	113,823	5,865	4,156	59
60 LABORATORY	18,577	23	1,012,943	43,767	21,254	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	3,088	23	373,771	52,026	10,459	63
65 RESPIRATORY THERAPY	6,727	23	314,455	13,674	16,382	65
66 PHYSICAL THERAPY	5,093	23	191,099	918	1,724	66
69 ELECTROCARDIOLOGY	6,456	23	296,745		7,561	69
70 ELECTROENCEPHALOGRAPHY	2,847	23	108,064	224	837	70
70.01 BRACE & PLASTER ROOM	118	23	6,873		3	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			379,315	70,622	4,947	71
72 IMPL. DEV. CHARGED TO PATIENT			850,536	157,625	14,462	72
73 DRUGS CHARGED TO PATIENTS			1,441,310	809	34,584	73
74 RENAL DIALYSIS	1,760	23	77,571	2,552	2,966	74
76.97 CARDIAC REHABILITATION	122		4,404	14		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	39,494	23	2,001,900	50,309	3,682	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC	1,310	23	49,619	81	249	90.02
90.03 SILVER CROSS			4,540	32		90.03
90.04 SILVER CROSS PHARMACY	316		123,289	20,235		90.04
91 EMERGENCY	16,241	23	613,614	8,615	7,482	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	1,125	23	101,671	1,406	176	95

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	NON PATIENT PHONES	DATA PROCESSING	PURCHASING ADMIT, REC AND STORES	ADMITTING	
	4	5.01	5.02	5.03	5.04	
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	1,027	23	103,028	127	532	105
106 HEART ACQUISITION	248	23	46,630	105	376	106
107 LIVER ACQUISITION	494	23	63,420	75	325	107
108 LUNG ACQUISITION	319	23	25,416	69	79	108
109 PANCREAS ACQUISITION	84	23	28,040	26	215	109
118 SUBTOTALS (SUM OF LINES 1-117)	455,986	3,506	24,581,576	961,915	250,565	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			2,246			190
191.01 OTHER NONREIMBURSABLE	469		78,262	196		191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	456,455	3,506	24,662,084	962,111	250,565	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CASHIERING ACCOUNTS RECEIVABLE 5.05	OTHER ADMIN & GENERAL 5.06	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	654,029					5.05
5.06 OTHER ADMIN & GENERAL		7,893,693				5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		332,316	1,777,313			7
8 LAUNDRY & LINEN SERVICE		29,196	2,151	138,847		8
9 HOUSEKEEPING		195,589	55,461		1,502,076	9
10 DIETARY		74,183	6,782		5,278	10
11 CAFETERIA		37,943	62,982		49,009	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		94,413	8,208		6,387	13
14 CENTRAL SERVICES & SUPPLY		61,895	37,388		29,093	14
15 PHARMACY		212,963	28,335		22,049	15
16 MEDICAL RECORDS & LIBRARY		59,405	19,780		15,392	16
17 SOCIAL SERVICE		9,891	3,325		2,588	17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS		5,458	2,300		1,790	18.01
18.02 PATIENT TRANSPORT		45,954	9,014		7,014	18.02
18.03 MEDICAL ELECTRONICS		22,962	17,626		13,715	18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		437,163	39,255			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		356,770			159,647	22
23 PARAMED ED PRGM-(SPECIFY)		1,411				23
23.01 PARAMED ED PRGM - PHARMACY		26,809	3,002		2,336	23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	60,194	899,394	267,141	93,705	207,874	30
31 INTENSIVE CARE UNIT	18,717	243,148	52,822	18,649	41,103	31
32 CORONARY CARE UNIT	5,235	61,560	9,327	4,285	7,258	32
33 BURN INTENSIVE CARE UNIT	2,924	27,599	9,004	2,484	7,006	33
34.01 NURSERY SPECIAL CARE	2,045	25,889	14,143	4,317	11,005	34.01
35 NURSERY ICU	10,821	189,335	40,596	13,319	31,589	35
43 NURSERY	851	7,208	2,839	2,088	2,209	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	59,802	613,431	127,465		99,381	50
52 DELIVERY ROOM & LABOR ROOM	3,020	63,361	32,088		24,969	52
53 ANESTHESIOLOGY	19,306	67,191	4,065		3,163	53
54 RADIOLOGY-DIAGNOSTIC	27,958	286,221	138,741		111,099	54
55 RADIOLOGY-THERAPEUTIC	15,297	94,117	46,498		36,182	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	26,728	56,553	3,916		3,047	57
58 MAGNETIC RESONANCE IMAGING (MRI)	14,600	51,683	11,259		8,761	58
59 CARDIAC CATHETERIZATION	10,670	44,836	12,690		9,875	59
60 LABORATORY	65,255	389,706	108,557		91,924	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	18,551	145,852	9,873		7,682	63
65 RESPIRATORY THERAPY	26,489	123,800	14,761		11,486	65
66 PHYSICAL THERAPY	5,093	71,082	19,257		14,985	66
69 ELECTROCARDIOLOGY	20,854	113,732	28,167		25,168	69
70 ELECTROENCEPHALOGRAPHY	2,605	40,094	16,078		13,047	70
70.01 BRACE & PLASTER ROOM	194	2,547	1,247		970	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	11,335	146,967				71
72 IMPL. DEV. CHARGED TO PATIENT	28,396	330,631				72
73 DRUGS CHARGED TO PATIENTS	103,440	552,923				73
74 RENAL DIALYSIS	4,771	29,940	9,918		7,717	74
76.97 CARDIAC REHABILITATION	100	1,628	329		256	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	42,410	743,312	347,479		289,825	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC	398	18,220	2,627		2,045	90.02
90.03 SILVER CROSS		1,658				90.03
90.04 SILVER CROSS PHARMACY	6,523	47,903				90.04
91 EMERGENCY	36,222	233,148	47,069		37,421	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	805	37,377	1,341		1,044	95

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CASHIERING ACCOUNTS RECEIVABLE 5.05	OTHER ADMIN & GEEERAL 5.06	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	894	37,845	5,247		4,083	105
106 HEART ACQUISITION	577	17,189	2,022		1,573	106
107 LIVER ACQUISITION	499	23,284	1,912		1,488	107
108 LUNG ACQUISITION	121	9,310	2,198		1,710	108
109 PANCREAS ACQUISITION	329	10,328	1,361		1,059	109
118 SUBTOTALS (SUM OF LINES 1-117)	654,029	7,864,323	1,687,646	138,847	1,432,302	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		819	10,975		8,540	190
191.01 OTHER NONREIMBURSABLE		28,551	78,692		61,234	191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	654,029	7,893,693	1,777,313	138,847	1,502,076	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMIN & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	392,148					10
11 CAFETERIA		1,101,927				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		19,406	572,882			13
14 CENTRAL SERVICES & SUPPLY		15,584		836,704		14
15 PHARMACY		43,322	2,040	277,144	1,920,135	15
16 MEDICAL RECORDS & LIBRARY		11,869		237		16
17 SOCIAL SERVICE		3,377		2		17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS		1,493				18.01
18.02 PATIENT TRANSPORT		17,433		78		18.02
18.03 MEDICAL ELECTRONICS		3,494		24		18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		204,578		154		22
23 PARAMED ED PRGM-(SPECIFY)		5,500				23
23.01 PARAMED ED PRGM - PHARMACY			8,836	10		23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	264,652	179,796	184,780	24,844	521	30
31 INTENSIVE CARE UNIT	52,671	34,335	54,790	11,860	241	31
32 CORONARY CARE UNIT	12,103	16,064	15,000		270	32
33 BURN INTENSIVE CARE UNIT	7,016	5,340	8,330	1,625	13	33
34.01 NURSERY SPECIAL CARE	12,193	3,906	6,270	331		34.01
35 NURSERY ICU	37,616	32,573	46,533	4,233	157	35
43 NURSERY	5,897			311	2	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		64,841	62,064	94,152	9,043	50
52 DELIVERY ROOM & LABOR ROOM		10,858	13,552	1,303	77	52
53 ANESTHESIOLOGY		12,585	10,329	9,656	16,374	53
54 RADIOLOGY-DIAGNOSTIC		42,682	8,089	11,941	10,451	54
55 RADIOLOGY-THERAPEUTIC		12,334	1,758	1,669	1,192	55
57 COMPUTED TOMOGRAPHY (CT) SCAN		6,524		2,755	7,571	57
58 MAGNETIC RESONANCE IMAGING (MRI)		5,696		2,434	9,955	58
59 CARDIAC CATHETERIZATION		3,738	2,692	5,357	9,371	59
60 LABORATORY		68,942		39,982	141	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		9,965	1,069	47,527	1,992	63
65 RESPIRATORY THERAPY		22,512		12,491	48,850	65
66 PHYSICAL THERAPY		17,588	795	839	4,339	66
69 ELECTROCARDIOLOGY		18,911	5,185		846	69
70 ELECTROENCEPHALOGRAPHY		11,572	1,624	204	10	70
70.01 BRACE & PLASTER ROOM		589				70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				64,217		71
72 IMPL. DEV. CHARGED TO PATIENT				143,994		72
73 DRUGS CHARGED TO PATIENTS				739	1,597,103	73
74 RENAL DIALYSIS		4,523	3,847	2,331		74
76.97 CARDIAC REHABILITATION		488		13		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		133,000	83,280	45,959	93,837	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC		1,582	1,411	74	183	90.02
90.03 SILVER CROSS				29		90.03
90.04 SILVER CROSS PHARMACY				18,485	104,705	90.04
91 EMERGENCY		45,097	42,772	7,870	1,951	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES		2,814	2,105	1,285	28	95

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		2,758	4,389	116	380	105
106 HEART ACQUISITION		61		96	2	106
107 LIVER ACQUISITION		2,067	481	68	359	107
108 LUNG ACQUISITION		1,074	861	63	18	108
109 PANCREAS ACQUISITION		556		23	153	109
118 SUBTOTALS (SUM OF LINES 1-117)	392,148	1,101,427	572,882	836,525	1,920,135	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191.01 OTHER NONREIMBURSABLE		500		179		191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	392,148	1,101,927	572,882	836,704	1,920,135	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	VOLUNTEERS 18.01	PATIENT TRANSPORT 18.02	MEDICAL ELECTRONIC 18.03	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMIN & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	522,721					16
17 SOCIAL SERVICE		87,712				17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS			56,393			18.01
18.02 PATIENT TRANSPORT				321,043		18.02
18.03 MEDICAL ELECTRONICS					756,812	18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM - PHARMACY						23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	80,078	59,195	18,912	125,349	139,405	30
31 INTENSIVE CARE UNIT	25,533	11,781		3,281	53,672	31
32 CORONARY CARE UNIT	7,142	2,707		735	17,470	32
33 BURN INTENSIVE CARE UNIT	3,988	1,569		963	7,024	33
34.01 NURSERY SPECIAL CARE	2,789	2,727		139	11,707	34.01
35 NURSERY ICU	14,761	8,414	3,803	4,595	78,167	35
43 NURSERY	1,161	1,319	169		360	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	52,403		4,015	775	72,223	50
52 DELIVERY ROOM & LABOR ROOM	3,743			5,795	16,930	52
53 ANESTHESIOLOGY	15,932				901	53
54 RADIOLOGY-DIAGNOSTIC	15,165		746	35,175	4,503	54
55 RADIOLOGY-THERAPEUTIC	7,216		1,268	1,551	1,441	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	10,373		761	35,853	4,503	57
58 MAGNETIC RESONANCE IMAGING (MRI)	5,389		393	18,559	2,341	58
59 CARDIAC CATHETERIZATION	8,694		175	1,061	9,906	59
60 LABORATORY	44,456		15,847	3,469	32,780	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	21,876				2,522	63
65 RESPIRATORY THERAPY	34,267				127,696	65
66 PHYSICAL THERAPY	3,607			6,945	7,204	66
69 ELECTROCARDIOLOGY	15,816		99	604	5,583	69
70 ELECTROENCEPHALOGRAPHY	1,751		63			70
70.01 BRACE & PLASTER ROOM	6					70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	10,347					71
72 IMPL. DEV. CHARGED TO PATIENT	30,251					72
73 DRUGS CHARGED TO PATIENTS	72,339					73
74 RENAL DIALYSIS	6,204			2,261	5,583	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	7,701			37,607	72,223	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC	521					90.02
90.03 SILVER CROSS						90.03
90.04 SILVER CROSS PHARMACY						90.04
91 EMERGENCY	15,650		10,142	35,249	39,083	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	369				22,153	95

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	VOLUNTEERS	PATIENT TRANSPORT	MEDICAL ELECTRONIC	
	16	17	18.01	18.02	18.03	
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	1,112				540	105
106 HEART ACQUISITION	787					106
107 LIVER ACQUISITION	680					107
108 LUNG ACQUISITION	165					108
109 PANCREAS ACQUISITION	449					109
118 SUBTOTALS (SUM OF LINES 1-117)	522,721	87,712	56,393	319,966	735,920	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191.01 OTHER NONREIMBURSABLE				1,077	20,892	191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	522,721	87,712	56,393	321,043	756,812	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION 23	PARAMED ED PRGM PHARMACY 23.01	SUBTOTAL 24	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMIN & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS						18.01
18.02 PATIENT TRANSPORT						18.02
18.03 MEDICAL ELECTRONICS						18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	2,192,909					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		1,716,989				22
23 PARAMED ED PRGM-(SPECIFY)			10,895			23
23.01 PARAMED ED PRGM - PHARMACY				153,421		23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS					9,052,276	30
31 INTENSIVE CARE UNIT					2,083,613	31
32 CORONARY CARE UNIT					636,670	32
33 BURN INTENSIVE CARE UNIT					275,852	33
34.01 NURSERY SPECIAL CARE					353,701	34.01
35 NURSERY ICU					1,584,588	35
43 NURSERY					79,453	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM					7,874,265	50
52 DELIVERY ROOM & LABOR ROOM					752,369	52
53 ANESTHESIOLOGY					1,169,008	53
54 RADIOLOGY-DIAGNOSTIC					4,760,022	54
55 RADIOLOGY-THERAPEUTIC					2,277,957	55
57 COMPUTED TOMOGRAPHY (CT) SCAN					979,998	57
58 MAGNETIC RESONANCE IMAGING (MRI)					1,562,423	58
59 CARDIAC CATHETERIZATION					660,120	59
60 LABORATORY					4,501,346	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.					880,999	63
65 RESPIRATORY THERAPY					1,160,462	65
66 PHYSICAL THERAPY					599,621	66
69 ELECTROCARDIOLOGY					2,166,233	69
70 ELECTROENCEPHALOGRAPHY					543,657	70
70.01 BRACE & PLASTER ROOM					23,761	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					687,750	71
72 IMPL. DEV. CHARGED TO PATIENT					1,555,895	72
73 DRUGS CHARGED TO PATIENTS					3,805,834	73
74 RENAL DIALYSIS					290,145	74
76.97 CARDIAC REHABILITATION					13,987	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC					8,722,425	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC					109,834	90.02
90.03 SILVER CROSS					6,259	90.03
90.04 SILVER CROSS PHARMACY					321,456	90.04
91 EMERGENCY					1,946,076	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES					309,627	95

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION 23	PARAMED ED PRGM PHARMACY 23.01	SUBTOTAL 24	
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION					214,196	105
106 HEART ACQUISITION					89,709	106
107 LIVER ACQUISITION					114,108	107
108 LUNG ACQUISITION					76,115	108
109 PANCREAS ACQUISITION					56,125	109
118 SUBTOTALS (SUM OF LINES 1-117)					62,297,935	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					156,704	190
191.01 OTHER NONREIMBURSABLE					1,295,528	191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS	2,192,909	1,716,989	10,895	153,421	4,074,214	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,192,909	1,716,989	10,895	153,421	67,824,381	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS		TOTAL	
	25	26		
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
1.01 DCAM CAPITAL				1.01
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5.01 NON-PATIENT PHONES				5.01
5.02 DATA PROCESSING				5.02
5.03 PURCHASING				5.03
5.04 ADMITTING				5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06 OTHER ADMIN & GENERAL				5.06
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE				17
18 OCCUPATIONAL THERAPY				18
18.01 VOLUNTEERS				18.01
18.02 PATIENT TRANSPORT				18.02
18.03 MEDICAL ELECTRONICS				18.03
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SRVCES-SALARY & FRINGES APPRVD				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED PRGM-(SPECIFY)				23
23.01 PARAMED ED PRGM - PHARMACY				23.01
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS		9,052,276		30
31 INTENSIVE CARE UNIT		2,083,613		31
32 CORONARY CARE UNIT		636,670		32
33 BURN INTENSIVE CARE UNIT		275,852		33
34.01 NURSERY SPECIAL CARE		353,701		34.01
35 NURSERY ICU		1,584,588		35
43 NURSERY		79,453		43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM		7,874,265		50
52 DELIVERY ROOM & LABOR ROOM		752,369		52
53 ANESTHESIOLOGY		1,169,008		53
54 RADIOLOGY-DIAGNOSTIC		4,760,022		54
55 RADIOLOGY-THERAPEUTIC		2,277,957		55
57 COMPUTED TOMOGRAPHY (CT) SCAN		979,998		57
58 MAGNETIC RESONANCE IMAGING (MRI)		1,562,423		58
59 CARDIAC CATHETERIZATION		660,120		59
60 LABORATORY		4,501,346		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRANS.		880,999		63
65 RESPIRATORY THERAPY		1,160,462		65
66 PHYSICAL THERAPY		599,621		66
69 ELECTROCARDIOLOGY		2,166,233		69
70 ELECTROENCEPHALOGRAPHY		543,657		70
70.01 BRACE & PLASTER ROOM		23,761		70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		687,750		71
72 IMPL. DEV. CHARGED TO PATIENT		1,555,895		72
73 DRUGS CHARGED TO PATIENTS		3,805,834		73
74 RENAL DIALYSIS		290,145		74
76.97 CARDIAC REHABILITATION		13,987		76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC		8,722,425		90
90.01 DENTAL CLINIC				90.01
90.02 TRANSPLANT CLINIC		109,834		90.02
90.03 SILVER CROSS		6,259		90.03
90.04 SILVER CROSS PHARMACY		321,456		90.04
91 EMERGENCY		1,946,076		91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES		309,627		95

PROVIDER CCN: 14-0088 UNIVERSITY OF CHICAGO HOSPITAL
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
11/27/2012 09:48

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
99.10 CORF			99.10
99.20 OUTPATIENT PHYSICAL THERAPY			99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40 OUTPATIENT SPEECH PATHOLOGY			99.40
SPECIAL PURPOSE COST CENTERS			
105 KIDNEY ACQUISITION		214,196	105
106 HEART ACQUISITION		89,709	106
107 LIVER ACQUISITION		114,108	107
108 LUNG ACQUISITION		76,115	108
109 PANCREAS ACQUISITION		56,125	109
118 SUBTOTALS (SUM OF LINES 1-117)		62,297,935	118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		156,704	190
191.01 OTHER NONREIMBURSABLE		1,295,528	191.01
191.02 MEDICAL SCHOOL			191.02
200 CROSS FOOT ADJUSTMENTS		4,074,214	200
201 NEGATIVE COST CENTER			201
202 TOTAL (SUM OF LINES 118-201)		67,824,381	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP	DCAM	CAP	EMPLOYEE	NON
	BLDGS & FIXTURES SQUARE FEET 1	SQUARE FEET 1.01	MOVABLE EQUIPMENT DOLLAR VALUE 2	BENEFITS GROSS SALARIES 4	PATIENT PHONES NUMBER OF PHONES 5.01
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT	794,576				1
1.01 DCAM CAPITAL		300,797			1.01
2 CAP REL COSTS-MVBLE EQUIP			41,931,571		2
4 EMPLOYEE BENEFITS	16,273		64,111	403,601,144	4
5.01 NON-PATIENT PHONES			2,206	1,076,583	152
5.02 DATA PROCESSING	46,912	3,154	22,618,604	20,151,325	1
5.03 PURCHASING	20,295	157	253,481	3,197,687	1
5.04 ADMITTING	2,902	3,806	5,000	2,643,934	1
5.05 CASHIERING/ACCOUNTS RECEIVABLE	11,322		637	4,609,755	1
5.06 OTHER ADMIN & GENERAL	66,471	12,507	2,915,072	36,200,455	100
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT	4,604	541	389,981	4,051,809	1
8 LAUNDRY & LINEN SERVICE	1,097				1
9 HOUSEKEEPING	22,377	5,908	57,194	9,630,445	1
10 DIETARY	3,458		9,352	2,967,614	1
11 CAFETERIA	21,204	10,916	129,953	1,666,252	1
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	4,186		74,639	6,179,893	1
14 CENTRAL SERVICES & SUPPLY	13,953	5,115	86,520	2,749,004	1
15 PHARMACY	12,297	2,154	158,222	13,475,126	1
16 MEDICAL RECORDS & LIBRARY	10,088		7,673	2,815,604	1
17 SOCIAL SERVICE	1,696			649,383	1
18 OCCUPATIONAL THERAPY					18
18.01 VOLUNTEERS	1,173		1,795	270,522	1
18.02 PATIENT TRANSPORT	4,597		2,259	2,583,211	1
18.03 MEDICAL ELECTRONICS	8,989		404,439	960,188	1
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD	20,020		1,308	32,197,350	1
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				15,209,223	1
23 PARAMED ED PRGM-(SPECIFY)				100,756	23
23.01 PARAMED ED PRGM - PHARMACY	1,531			1,927,974	1
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	136,242		619,860	54,923,331	1
31 INTENSIVE CARE UNIT	26,939		120,887	14,767,043	1
32 CORONARY CARE UNIT	4,757		184,516	3,821,406	1
33 BURN INTENSIVE CARE UNIT	4,592		1,803	2,229,107	1
34.01 NURSERY SPECIAL CARE	7,213		10,253	1,635,781	1
35 NURSERY ICU	20,704		35,561	12,607,558	1
43 NURSERY	1,448			397,928	1
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	45,408	19,599	3,290,640	22,259,744	2
52 DELIVERY ROOM & LABOR ROOM	16,365		5,566	3,995,466	1
53 ANESTHESIOLOGY	1,087	986	746,532	5,226,525	1
54 RADIOLOGY-DIAGNOSTIC	38,392	32,366	1,716,197	12,656,948	1
55 RADIOLOGY-THERAPEUTIC		23,714	1,332,985	4,267,850	1
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,997		603,305	2,494,228	1
58 MAGNETIC RESONANCE IMAGING (MRI)	1,712	4,030	1,137,879	2,004,890	1
59 CARDIAC CATHETERIZATION	6,472		251,225	1,351,775	1
60 LABORATORY	50,902	4,462	1,200,767	16,425,102	1
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	2,649	2,386	66,776	2,730,701	1
65 RESPIRATORY THERAPY	3,999	3,529	220,717	5,947,826	1
66 PHYSICAL THERAPY	8,904	917	18,822	4,503,062	1
69 ELECTROCARDIOLOGY	4,018	10,347	1,294,018	5,707,799	1
70 ELECTROENCEPHALOGRAPHY	4,618	3,582	164,794	2,517,496	1
70.01 BRACE & PLASTER ROOM		636		104,237	1
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS			2,494		73
74 RENAL DIALYSIS	5,058		6,720	1,556,271	1
76.97 CARDIAC REHABILITATION	168		2,514	107,799	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	31,736	145,478	1,359,493	34,919,541	1
90.01 DENTAL CLINIC					90.01
90.02 TRANSPLANT CLINIC	720	621	3,191	1,158,511	1
90.03 SILVER CROSS					90.03
90.04 SILVER CROSS PHARMACY				279,605	90.04
91 EMERGENCY	24,005		166,972	14,359,573	1
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP	DCAM	CAP	EMPLOYEE	NON
	BLDGS & FIXTURES SQUARE FEET	SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	GROSS SALARIES	PATIENT PHONES NUMBER OF PHONES
	1	1.01	2	4	5.01
95 AMBULANCE SERVICES	684		115,230	994,443	1 95
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
105 KIDNEY ACQUISITION	766	1,911	109	908,178	1 105
106 HEART ACQUISITION	295	736		219,336	1 106
107 LIVER ACQUISITION	279	696		436,438	1 107
108 LUNG ACQUISITION	1,121		7,545	282,362	1 108
109 PANCREAS ACQUISITION	199	495		74,149	1 109
118 SUBTOTALS (SUM OF LINES 1-117)	748,894	300,749	41,869,817	403,186,102	152 118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,597				190
191.01 OTHER NONREIMBURSABLE	40,085	48	61,754	415,042	191.01
191.02 MEDICAL SCHOOL					191.02
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	19,040,912	5,292,835	43,490,634	102,842,147	279,670 202
203 UNIT COST MULT-WS B PT I	23.963613	17.596037	1.037181	0.254811	1,839.934211 203
204 COST TO BE ALLOC PER B PT II				456,455	3,506 204
205 UNIT COST MULT-WS B PT II				0.001131	23.065789 205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	DATA	PURCHASING	ADMITTING	CASHIERING	
		PROCESSING	ADMIT, REC AND STORES	INPATIENT	ACCOUNTS RECEIVABLE	
	5A.02	ACCUM COST	REQUIS	REVENUE	GROSS REVENUE	
		5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT PHONES						5.01
5.02 DATA PROCESSING	-68,378,819	840,940,098				5.02
5.03 PURCHASING		7,039,931	177,023,432			5.03
5.04 ADMITTING		3,604,639	25,753	2,082,718,961		5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE		12,839,728	48,627		3,562,782,664	5.05
5.06 OTHER ADMIN & GENERAL		102,708,086	380,449			5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		31,034,279	1,089,455			7
8 LAUNDRY & LINEN SERVICE		2,719,989	261,339			8
9 HOUSEKEEPING		18,252,254	977,963			9
10 DIETARY		6,876,871	1,523,737			10
11 CAFETERIA		3,445,609	2,584,986			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		8,821,911	185,772			13
14 CENTRAL SERVICES & SUPPLY		5,734,774	1,347,426			14
15 PHARMACY		17,696,215	55,817,311			15
16 MEDICAL RECORDS & LIBRARY		5,553,559	47,681			16
17 SOCIAL SERVICE		925,014	359			17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS		509,676	19,229			18.01
18.02 PATIENT TRANSPORT		4,296,880	15,764			18.02
18.03 MEDICAL ELECTRONICS		2,147,152	4,889			18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		40,882,698				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		33,363,328	31,067			22
23 PARAMED ED PRGM-(SPECIFY)		131,958				23
23.01 PARAMED ED PRGM - PHARMACY		2,507,063	2,016			23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		82,190,998	5,003,870	319,195,798	327,142,101	30
31 INTENSIVE CARE UNIT		22,101,047	2,388,777	101,723,124	101,723,124	31
32 CORONARY CARE UNIT		5,605,215		28,452,527	28,452,527	32
33 BURN INTENSIVE CARE UNIT		2,483,252	327,242	15,889,996	15,889,996	33
34.01 NURSERY SPECIAL CARE		2,359,180	66,695	11,112,394	11,112,394	34.01
35 NURSERY ICU		17,358,643	852,567	58,809,773	58,809,773	35
43 NURSERY		646,890	62,720	4,627,060	4,627,060	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		55,080,148	18,963,227	208,777,218	325,012,766	50
52 DELIVERY ROOM & LABOR ROOM		5,830,031	262,390	14,913,183	16,413,166	52
53 ANESTHESIOLOGY		5,718,226	1,944,871	63,472,656	104,921,704	53
54 RADIOLOGY-DIAGNOSTIC		26,019,046	2,405,009	60,419,138	151,946,789	54
55 RADIOLOGY-THERAPEUTIC		3,438,912	336,073	28,750,481	83,138,188	55
57 COMPUTED TOMOGRAPHY (CT) SCAN		4,671,602	554,982	41,327,887	145,263,524	57
58 MAGNETIC RESONANCE IMAGING (MRI)		4,490,690	490,231	21,469,652	79,347,371	58
59 CARDIAC CATHETERIZATION		3,881,166	1,079,039	34,636,419	57,989,748	59
60 LABORATORY		34,539,619	8,052,719	177,117,042	354,649,047	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		12,744,936	9,572,470	87,154,245	100,820,599	63
65 RESPIRATORY THERAPY		10,722,356	2,515,896	136,520,105	143,963,653	65
66 PHYSICAL THERAPY		6,516,144	168,993	14,370,402	27,678,701	66
69 ELECTROCARDIOLOGY		10,118,489		63,011,897	113,335,133	69
70 ELECTROENCEPHALOGRAPHY		3,684,808	41,132	6,976,489	14,157,972	70
70.01 BRACE & PLASTER ROOM		234,358		24,785	1,051,849	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		12,933,994	12,993,994	41,224,561	61,600,614	71
72 IMPL. DEV. CHARGED TO PATIENT		29,001,820	29,001,820	120,520,792	154,325,995	72
73 DRUGS CHARGED TO PATIENTS		49,146,175	148,819	288,201,988	570,444,427	73
74 RENAL DIALYSIS		2,645,049	469,461	24,715,377	25,929,157	74
76.97 CARDIAC REHABILITATION		150,170	2,557	1,906	543,371	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		68,261,333	9,256,575	30,681,078	230,489,457	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC		1,691,931	14,826	2,074,299	2,163,982	90.02
90.03 SILVER CROSS		154,815	5,813			90.03
90.04 SILVER CROSS PHARMACY		4,203,958	3,723,000		35,450,515	90.04
91 EMERGENCY		20,923,185	1,585,116	62,352,492	196,859,113	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	DATA	PURCHASING	ADMITTING	CASHIERING	
		PROCESSING	ADMIT, REC AND STORES	INPATIENT	ACCOUNTS RECEIVABLE	
	5A.02	ACCUM COST	COSTED REQUIS	REVENUE	GROSS REVENUE	
		5.02	5.03	5.04	5.05	
95 AMBULANCE SERVICES		3,466,817	258,747	1,468,184	4,375,765	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		3,513,081	23,379	4,431,289	4,858,359	105
106 HEART ACQUISITION		1,590,013	19,361	3,135,323	3,135,323	106
107 LIVER ACQUISITION		2,162,496	13,778	2,710,563	2,710,563	107
108 LUNG ACQUISITION		866,630	12,740	658,915	658,915	108
109 PANCREAS ACQUISITION		956,106	4,715	1,789,923	1,789,923	109
118 SUBTOTALS (SUM OF LINES 1-117)	-68,378,819	838,194,943	176,987,427	2,082,718,961	3,562,782,664	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		76,569				190
191.01 OTHER NONREIMBURSABLE		2,668,586	36,005			191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I		68,378,819	7,612,362	3,898,846	13,885,843	202
203 UNIT COST MULT-WS B PT I		0.081312	0.043002	0.001872	0.003897	203
204 COST TO BE ALLOC PER B PT II		24,662,084	962,111	250,565	654,029	204
205 UNIT COST MULT-WS B PT II		0.029327	0.005435	0.000120	0.000184	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	OTHER ADMIN & GENERAL ACCUM COST 5.06	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE PATIENT DAYS 8	HOUSE- KEEPING HOURS OF SERVICE 9
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 DCAM CAPITAL					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 NON-PATIENT PHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 OTHER ADMIN & GENERAL	-111,076,145	798,242,772			5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT		33,604,587	906,429		7
8 LAUNDRY & LINEN SERVICE		2,952,395	1,097	143,760	8
9 HOUSEKEEPING		19,778,435	28,285		984,473
10 DIETARY		7,501,567	3,459		3,459
11 CAFETERIA		3,836,938	32,121		32,121
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION		9,547,227	4,186		4,186
14 CENTRAL SERVICES & SUPPLY		6,259,022	19,068		19,068
15 PHARMACY		21,535,387	14,451		14,451
16 MEDICAL RECORDS & LIBRARY		6,007,180	10,088		10,088
17 SOCIAL SERVICE		1,000,244	1,696		1,696
18 OCCUPATIONAL THERAPY					18
18.01 VOLUNTEERS		551,946	1,173		1,173
18.02 PATIENT TRANSPORT		4,646,946	4,597		4,597
18.03 MEDICAL ELECTRONICS		2,321,951	8,989		8,989
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD		44,206,952	20,020		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		36,077,503			104,634
23 PARAMED ED PRGM-(SPECIFY)		142,688			23
23.01 PARAMED ED PRGM - PHARMACY		2,711,004	1,531		1,531
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		90,961,694	136,242	97,020	136,242
31 INTENSIVE CARE UNIT		24,587,690	26,939	19,309	26,939
32 CORONARY CARE UNIT		6,225,128	4,757	4,437	4,757
33 BURN INTENSIVE CARE UNIT		2,790,911	4,592	2,572	4,592
34.01 NURSERY SPECIAL CARE		2,617,985	7,213	4,470	7,213
35 NURSERY ICU		19,146,045	20,704	13,790	20,704
43 NURSERY		728,881	1,448	2,162	1,448
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		62,031,688	65,007		65,135
52 DELIVERY ROOM & LABOR ROOM		6,407,244	16,365		16,365
53 ANESTHESIOLOGY		6,794,520	2,073		2,073
54 RADIOLOGY-DIAGNOSTIC		28,943,369	70,758		72,815
55 RADIOLOGY-THERAPEUTIC		9,517,360	23,714		23,714
57 COMPUTED TOMOGRAPHY (CT) SCAN		5,718,782	1,997		1,997
58 MAGNETIC RESONANCE IMAGING (MRI)		5,226,326	5,742		5,742
59 CARDIAC CATHETERIZATION		4,533,977	6,472		6,472
60 LABORATORY		39,408,018	55,364		60,248
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.		14,748,938	5,035		5,035
65 RESPIRATORY THERAPY		12,518,993	7,528		7,528
66 PHYSICAL THERAPY		7,188,017	9,821		9,821
69 ELECTROCARDIOLOGY		11,500,869	14,365		16,495
70 ELECTROENCEPHALOGRAPHY		4,054,430	8,200		8,551
70.01 BRACE & PLASTER ROOM		257,559	636		636
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		14,861,681			71
72 IMPL. DEV. CHARGED TO PATIENT		33,434,175			72
73 DRUGS CHARGED TO PATIENTS		55,912,963			73
74 RENAL DIALYSIS		3,027,624	5,058		5,058
76.97 CARDIAC REHABILITATION		164,613	168		168
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		75,165,502	177,214		189,955
90.01 DENTAL CLINIC					90.01
90.02 TRANSPLANT CLINIC		1,842,459	1,340		1,340
90.03 SILVER CROSS		167,653			90.03
90.04 SILVER CROSS PHARMACY		4,844,037			90.04
91 EMERGENCY		23,576,538	24,005		24,526
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		RECON- CILIATION	OTHER ADMIN & GEERAL ACCUM COST 5.06	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE PATIENT DAYS 8	HOUSE- KEEPING HOURS OF SERVICE 9	
95	AMBULANCE SERVICES		3,779,638	684		684	95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	SPECIAL PURPOSE COST CENTERS						
105	KIDNEY ACQUISITION		3,826,970	2,676		2,676	105
106	HEART ACQUISITION		1,738,220	1,031		1,031	106
107	LIVER ACQUISITION		2,354,562	975		975	107
108	LUNG ACQUISITION		941,446	1,121		1,121	108
109	PANCREAS ACQUISITION		1,044,378	694		694	109
118	SUBTOTALS (SUM OF LINES 1-117)	-111,076,145	795,272,855	860,699	143,760	938,743	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		82,795	5,597		5,597	190
191.01	OTHER NONREIMBURSABLE		2,887,122	40,133		40,133	191.01
191.02	MEDICAL SCHOOL						191.02
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I		111,076,145	38,280,699	3,409,553	23,725,168	202
203	UNIT COST MULT-WS B PT I		0.139151	42.232430	23.716980	24.099359	203
204	COST TO BE ALLOC PER B PT II		7,893,693	1,777,313	138,847	1,502,076	204
205	UNIT COST MULT-WS B PT II		0.009889	1.960786	0.965825	1.525767	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY
	PATIENT DAYS 10	FTES 11	ADMINIS- TRATION DIRECT NRSNG HRS 13	SERVICES & SUPPLY COSTED REQUIS. 14	COSTED REQUIS. 15
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 DCAM CAPITAL					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 NON-PATIENT PHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 OTHER ADMIN & GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY	143,760				10
11 CAFETERIA		433,934			11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION		7,642	140,434		13
14 CENTRAL SERVICES & SUPPLY		6,137		168,518,696	14
15 PHARMACY		17,060	500	55,817,311	68,261,147
16 MEDICAL RECORDS & LIBRARY		4,674		47,681	16
17 SOCIAL SERVICE		1,330		359	17
18 OCCUPATIONAL THERAPY					18
18.01 VOLUNTEERS		588			18.01
18.02 PATIENT TRANSPORT		6,865		15,764	18.02
18.03 MEDICAL ELECTRONICS		1,376		4,889	18.03
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		80,562		31,067	22
23 PARAMED ED PRGM-(SPECIFY)		2,166			23
23.01 PARAMED ED PRGM - PHARMACY			2,166	2,016	23.01
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	97,020	70,803	45,296	5,003,870	18,529
31 INTENSIVE CARE UNIT	19,309	13,521	13,431	2,388,777	8,574
32 CORONARY CARE UNIT	4,437	6,326	3,677		9,598
33 BURN INTENSIVE CARE UNIT	2,572	2,103	2,042	327,242	458
34.01 NURSERY SPECIAL CARE	4,470	1,538	1,537	66,695	
35 NURSERY ICU	13,790	12,827	11,407	852,567	5,585
43 NURSERY	2,162			62,720	86
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		25,534	15,214	18,963,227	321,482
52 DELIVERY ROOM & LABOR ROOM		4,276	3,322	262,390	2,720
53 ANESTHESIOLOGY		4,956	2,532	1,944,871	582,087
54 RADIOLOGY-DIAGNOSTIC		16,808	1,983	2,405,009	371,533
55 RADIOLOGY-THERAPEUTIC		4,857	431	336,073	42,374
57 COMPUTED TOMOGRAPHY (CT) SCAN		2,569		554,982	269,161
58 MAGNETIC RESONANCE IMAGING (MRI)		2,243		490,231	353,922
59 CARDIAC CATHETERIZATION		1,472	660	1,079,039	333,141
60 LABORATORY		27,149		8,052,719	5,009
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					
63 BLOOD STORING, PROCESSING & TRANS.		3,924	262	9,572,470	70,818
65 RESPIRATORY THERAPY		8,865		2,515,896	1,736,637
66 PHYSICAL THERAPY		6,926	195	168,993	154,264
69 ELECTROCARDIOLOGY		7,447	1,271		30,088
70 ELECTROENCEPHALOGRAPHY		4,557	398	41,132	349
70.01 BRACE & PLASTER ROOM		232			
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				12,933,994	
72 IMPL. DEV. CHARGED TO PATIENT				29,001,820	
73 DRUGS CHARGED TO PATIENTS				148,819	56,777,206
74 RENAL DIALYSIS		1,781	943	469,461	
76.97 CARDIAC REHABILITATION		192		2,557	
76.98 HYPERBARIC OXYGEN THERAPY					
76.99 LITHOTRIPSY					
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		52,375	20,415	9,256,575	3,335,965
90.01 DENTAL CLINIC					
90.02 TRANSPLANT CLINIC		623	346	14,826	6,492
90.03 SILVER CROSS				5,813	
90.04 SILVER CROSS PHARMACY				3,723,000	3,722,306
91 EMERGENCY		17,759	10,485	1,585,116	69,349
92 OBSERVATION BEDS					
OTHER REIMBURSABLE COST CENTERS					

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	
	PATIENT DAYS	FTES	ADMINIS- TRATION DIRECT NRSING HRS	SERVICES & SUPPLY COSTED REQUIS.	COSTED REQUIS.	
	10	11	13	14	15	
95 AMBULANCE SERVICES		1,108	516	258,747	1,006	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		1,086	1,076	23,379	13,515	105
106 HEART ACQUISITION		24		19,361	66	106
107 LIVER ACQUISITION		814	118	13,778	12,747	107
108 LUNG ACQUISITION		423	211	12,740	628	108
109 PANCREAS ACQUISITION		219		4,715	5,452	109
118 SUBTOTALS (SUM OF LINES 1-117)	143,760	433,737	140,434	168,482,691	68,261,147	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191.01 OTHER NONREIMBURSABLE		197		36,005		191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	8,774,860	6,501,496	11,267,896	8,486,735	28,597,321	202
203 UNIT COST MULT-WS B PT I	61.038258	14.982684	80.236239	0.050361	0.418940	203
204 COST TO BE ALLOC PER B PT II	392,148	1,101,927	572,882	836,704	1,920,135	204
205 UNIT COST MULT-WS B PT II	2.727796	2.539388	4.079368	0.004965	0.028129	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY INPATIENT REVENUE	SOCIAL SERVICE PATIENT DAYS	VOLUNTEERS VOLUNTEER HOURS	PATIENT TRANSPORT NUMBER OF TRANSPORTS	MEDICAL ELECTRONIC HOURS WORKED
	16	17	18.01	18.02	18.03
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 DCAM CAPITAL					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 NON-PATIENT PHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 OTHER ADMIN & GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY	2,082,718,961				16
17 SOCIAL SERVICE		143,760			17
18 OCCUPATIONAL THERAPY					18
18.01 VOLUNTEERS			26,689		18.01
18.02 PATIENT TRANSPORT				39,337	18.02
18.03 MEDICAL ELECTRONICS					4,202
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMED ED PRGM - PHARMACY					23.01
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	319,195,798	97,020	8,950	15,359	774
31 INTENSIVE CARE UNIT	101,723,124	19,309		402	298
32 CORONARY CARE UNIT	28,452,527	4,437		90	97
33 BURN INTENSIVE CARE UNIT	15,889,996	2,572		118	39
34.01 NURSERY SPECIAL CARE	11,112,394	4,470		17	65
35 NURSERY ICU	58,809,773	13,790	1,800	563	434
43 NURSERY	4,627,060	2,162	80		2
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	208,777,218		1,900	95	401
52 DELIVERY ROOM & LABOR ROOM	14,913,183			710	94
53 ANESTHESIOLOGY	63,472,656				5
54 RADIOLOGY-DIAGNOSTIC	60,419,138		353	4,310	25
55 RADIOLOGY-THERAPEUTIC	28,750,481		600	190	8
57 COMPUTED TOMOGRAPHY (CT) SCAN	41,327,887		360	4,393	25
58 MAGNETIC RESONANCE IMAGING (MRI)	21,469,652		186	2,274	13
59 CARDIAC CATHETERIZATION	34,636,419		83	130	55
60 LABORATORY	177,117,042		7,500	425	182
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					
63 BLOOD STORING, PROCESSING & TRANS.	87,154,245				14
65 RESPIRATORY THERAPY	136,520,105				709
66 PHYSICAL THERAPY	14,370,402			851	40
69 ELECTROCARDIOLOGY	63,011,897		47	74	31
70 ELECTROENCEPHALOGRAPHY	6,976,489		30		
70.01 BRACE & PLASTER ROOM	24,785				
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	41,224,561				
72 IMPL. DEV. CHARGED TO PATIENT	120,520,792				
73 DRUGS CHARGED TO PATIENTS	288,201,988				
74 RENAL DIALYSIS	24,715,377			277	31
76.97 CARDIAC REHABILITATION	1,906				
76.98 HYPERBARIC OXYGEN THERAPY					
76.99 LITHOTRIPSY					
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	30,681,078			4,608	401
90.01 DENTAL CLINIC					
90.02 TRANSPLANT CLINIC	2,074,299				
90.03 SILVER CROSS					
90.04 SILVER CROSS PHARMACY					
91 EMERGENCY	62,352,492		4,800	4,319	217
92 OBSERVATION BEDS					
OTHER REIMBURSABLE COST CENTERS					

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY INPATIENT REVENUE	SOCIAL SERVICE PATIENT DAYS	VOLUNTEERS VOLUNTEER HOURS	PATIENT TRANSPORT NUMBER OF TRANSPORTS	MEDICAL ELECTRONIC HOURS WORKED	
	16	17	18.01	18.02	18.03	
95 AMBULANCE SERVICES	1,468,184				123	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	4,431,289				3	105
106 HEART ACQUISITION	3,135,323					106
107 LIVER ACQUISITION	2,710,563					107
108 LUNG ACQUISITION	658,915					108
109 PANCREAS ACQUISITION	1,789,923					109
118 SUBTOTALS (SUM OF LINES 1-117)	2,082,718,961	143,760	26,689	39,205	4,086	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191.01 OTHER NONREIMBURSABLE				132	116	191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	7,584,670	1,271,873	715,368	5,702,150	3,262,171	202
203 UNIT COST MULT-WS B PT I	0.003642	8.847197	26.803852	144.956402	776.337696	203
204 COST TO BE ALLOC PER B PT II	522,721	87,712	56,393	321,043	756,812	204
205 UNIT COST MULT-WS B PT II	0.000251	0.610128	2.112968	8.161349	180.107568	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SALARY & FRINGES ASSIGNED TIME 21	I&R PROGRAM COSTS ASSIGNED TIME 22	PARAMED EDUCATION ASSIGNED TIME 23	PARAMED ED PRGM PHARMACY TIME SPENT 23.01	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 DCAM CAPITAL					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 NON-PATIENT PHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 OTHER ADMIN & GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
18 OCCUPATIONAL THERAPY					18
18.01 VOLUNTEERS					18.01
18.02 PATIENT TRANSPORT					18.02
18.03 MEDICAL ELECTRONICS					18.03
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD	8,400				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		8,400			22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMED ED PRGM - PHARMACY			100	100	23.01
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	3,601	3,601			30
31 INTENSIVE CARE UNIT	291	291			31
32 CORONARY CARE UNIT	28	28			32
33 BURN INTENSIVE CARE UNIT	6	6			33
34.01 NURSERY SPECIAL CARE	48	48			34.01
35 NURSERY ICU	181	181			35
43 NURSERY	55	55			43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	357	357			50
52 DELIVERY ROOM & LABOR ROOM	135	135			52
53 ANESTHESIOLOGY	101	101			53
54 RADIOLOGY-DIAGNOSTIC	129	129	100		54
55 RADIOLOGY-THERAPEUTIC	90	90			55
57 COMPUTED TOMOGRAPHY (CT) SCAN	131	131			57
58 MAGNETIC RESONANCE IMAGING (MRI)	68	68			58
59 CARDIAC CATHETERIZATION	16				59
60 LABORATORY	313	313			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	28	28			63
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
69 ELECTROCARDIOLOGY	9	25			69
70 ELECTROENCEPHALOGRAPHY	96	96			70
70.01 BRACE & PLASTER ROOM					70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS				100	73
74 RENAL DIALYSIS	29	29			74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	1,402	1,402			90
90.01 DENTAL CLINIC					90.01
90.02 TRANSPLANT CLINIC					90.02
90.03 SILVER CROSS					90.03
90.04 SILVER CROSS PHARMACY					90.04
91 EMERGENCY	476	476			91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SALARY & FRINGES ASSIGNED TIME 21	I&R PROGRAM COSTS ASSIGNED TIME 22	PARAMED EDUCATION ASSIGNED TIME 23	PARAMED ED PRGM PHARMACY TIME SPENT 23.01	
95 AMBULANCE SERVICES					95
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
105 KIDNEY ACQUISITION					105
106 HEART ACQUISITION					106
107 LIVER ACQUISITION					107
108 LUNG ACQUISITION					108
109 PANCREAS ACQUISITION					109
118 SUBTOTALS (SUM OF LINES 1-117)	7,590	7,590	100	100	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					190
191.01 OTHER NONREIMBURSABLE	810	810			191.01
191.02 MEDICAL SCHOOL					191.02
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	51,203,887	44,827,935	194,995	3,363,691	202
203 UNIT COST MULT-WS B PT I	6,095.700833	5,336.658929	1,949.950000	33,636.910000	203
204 COST TO BE ALLOC PER B PT II	2,192,909	1,716,989	10,895	153,421	204
205 UNIT COST MULT-WS B PT II	261.060595	204.403452	108.950000	1,534.210000	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	130,921,501		130,921,501		130,921,501	30
31 INTENSIVE CARE UNIT	33,667,598		33,667,598		33,667,598	31
32 CORONARY CARE UNIT	8,408,021		8,408,021		8,408,021	32
33 BURN INTENSIVE CARE UNIT	4,041,885		4,041,885		4,041,885	33
34.01 NURSERY SPECIAL CARE	4,122,257		4,122,257		4,122,257	34.01
35 NURSERY ICU	26,308,034		26,308,034		26,308,034	35
43 NURSERY	1,152,468		1,152,468		1,152,468	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	78,807,922		78,807,922	20,345	78,828,267	50
52 DELIVERY ROOM & LABOR ROOM	8,959,512		8,959,512		8,959,512	52
53 ANESTHESIOLOGY	8,731,757		8,731,757		8,731,757	53
54 RADIOLOGY-DIAGNOSTIC	39,470,325		39,470,325	342,658	39,812,983	54
55 RADIOLOGY-THERAPEUTIC	12,711,276		12,711,276	519,974	13,231,250	55
57 COMPUTED TOMOGRAPHY (CT) SC	7,642,588		7,642,588		7,642,588	57
58 MAGNETIC RESONANCE IMAGING	6,963,920		6,963,920		6,963,920	58
59 CARDIAC CATHETERIZATION	6,053,015		6,053,015		6,053,015	59
60 LABORATORY	50,545,171		50,545,171	239,294	50,784,465	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	18,055,093		18,055,093		18,055,093	63
65 RESPIRATORY THERAPY	16,795,069		16,795,069		16,795,069	65
66 PHYSICAL THERAPY	9,238,985		9,238,985		9,238,985	66
69 ELECTROCARDIOLOGY	14,597,117		14,597,117	294,084	14,891,201	69
70 ELECTROENCEPHALOGRAPHY	5,299,627		5,299,627	49,519	5,349,146	70
70.01 BRACE & PLASTER ROOM	339,152		339,152		339,152	70.01
71 MEDICAL SUPPLIES CHRGED TO	17,731,208		17,731,208		17,731,208	71
72 IMPL. DEV. CHARGED TO PATIE	39,986,072		39,986,072		39,986,072	72
73 DRUGS CHARGED TO PATIENTS	91,900,365		91,900,365		91,900,365	73
74 RENAL DIALYSIS	4,064,650		4,064,650		4,064,650	74
76.97 CARDIAC REHABILITATION	201,676		201,676		201,676	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	103,064,313		103,064,313	2,010,800	105,075,113	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC	2,235,841		2,235,841		2,235,841	90.02
90.03 SILVER CROSS	191,275		191,275		191,275	90.03
90.04 SILVER CROSS PHARMACY	7,265,007		7,265,007		7,265,007	90.04
91 EMERGENCY	30,828,600		30,828,600	224,205	31,052,805	91
92 OBSERVATION BEDS	3,386,229		3,386,229		3,386,229	92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	4,523,241		4,523,241		4,523,241	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
105 KIDNEY ACQUISITION	4,664,913		4,664,913		4,664,913	105
106 HEART ACQUISITION	2,061,265		2,061,265		2,061,265	106
107 LIVER ACQUISITION	2,784,446		2,784,446		2,784,446	107
108 LUNG ACQUISITION	1,173,380		1,173,380		1,173,380	108
109 PANCREAS ACQUISITION	1,248,059		1,248,059		1,248,059	109
200 SUBTOTAL (SEE INSTRUCTIONS)	810,142,833		810,142,833	3,700,879	813,843,712	200
201 LESS OBSERVATION BEDS	3,386,229		3,386,229		3,386,229	201
202 TOTAL (SEE INSTRUCTIONS)	806,756,604		806,756,604		810,457,483	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	319,195,798		319,195,798			30
31 INTENSIVE CARE UNIT	101,723,124		101,723,124			31
32 CORONARY CARE UNIT	28,452,527		28,452,527			32
33 BURN INTENSIVE CARE UNIT	15,889,996		15,889,996			33
34.01 NURSERY SPECIAL CARE	11,112,394		11,112,394			34.01
35 NURSERY ICU	58,809,773		58,809,773			35
43 NURSERY	4,627,060		4,627,060			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	208,777,218	116,235,548	325,012,766	0.242476	0.242476	0.242539 50
52 DELIVERY ROOM & LABOR ROOM	14,913,183	1,499,983	16,413,166	0.545873	0.545873	0.545873 52
53 ANESTHESIOLOGY	63,472,656	41,449,048	104,921,704	0.083222	0.083222	0.083222 53
54 RADIOLOGY-DIAGNOSTIC	60,419,138	91,527,651	151,946,789	0.259764	0.259764	0.262019 54
55 RADIOLOGY-THERAPEUTIC	28,750,481	54,387,707	83,138,188	0.152893	0.152893	0.159148 55
57 COMPUTED TOMOGRAPHY (CT) SC	41,327,887	103,935,637	145,263,524	0.052612	0.052612	0.052612 57
58 MAGNETIC RESONANCE IMAGING	21,469,652	57,877,719	79,347,371	0.087765	0.087765	0.087765 58
59 CARDIAC CATHETERIZATION	34,636,419	23,353,329	57,989,748	0.104381	0.104381	0.104381 59
60 LABORATORY	177,117,042	177,532,005	354,649,047	0.142522	0.142522	0.143196 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	87,154,245	13,666,354	100,820,599	0.179081	0.179081	0.179081 63
65 RESPIRATORY THERAPY	136,520,105	7,443,548	143,963,653	0.116662	0.116662	0.116662 65
66 PHYSICAL THERAPY	14,370,402	13,308,299	27,678,701	0.333794	0.333794	0.333794 66
69 ELECTROCARDIOLOGY	63,011,897	50,323,236	113,335,133	0.128796	0.128796	0.131391 69
70 ELECTROENCEPHALOGRAPHY	6,976,489	7,181,483	14,157,972	0.374321	0.374321	0.377819 70
70.01 BRACE & PLASTER ROOM	24,785	1,027,064	1,051,849	0.322434	0.322434	0.322434 70.01
71 MEDICAL SUPPLIES CHRGD TO	41,224,561	20,376,053	61,600,614	0.287841	0.287841	0.287841 71
72 IMPL. DEV. CHARGED TO PATIE	120,520,792	33,805,203	154,325,995	0.259101	0.259101	0.259101 72
73 DRUGS CHARGED TO PATIENTS	288,201,988	282,242,439	570,444,427	0.161103	0.161103	0.161103 73
74 RENAL DIALYSIS	24,715,377	1,213,780	25,929,157	0.156760	0.156760	0.156760 74
76.97 CARDIAC REHABILITATION	1,906	541,465	543,371	0.371157	0.371157	0.371157 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	30,681,078	199,808,379	230,489,457	0.447154	0.447154	0.455878 90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC	2,074,299	89,683	2,163,982	1.033207	1.033207	1.033207 90.02
90.03 SILVER CROSS						90.03
90.04 SILVER CROSS PHARMACY		35,450,515	35,450,515	0.204934	0.204934	0.204934 90.04
91 EMERGENCY	62,352,492	134,506,621	196,859,113	0.156602	0.156602	0.157741 91
92 OBSERVATION BEDS	899,779	7,046,524	7,946,303	0.426139	0.426139	0.426139 92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	1,468,184	2,907,581	4,375,765	1.033703	1.033703	1.033703 95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
105 KIDNEY ACQUISITION	4,431,289	427,070	4,858,359			105
106 HEART ACQUISITION	3,135,323		3,135,323			106
107 LIVER ACQUISITION	2,710,563		2,710,563			107
108 LUNG ACQUISITION	658,915		658,915			108
109 PANCREAS ACQUISITION	1,789,923		1,789,923			109
200 SUBTOTAL (SEE INSTRUCTIONS)	2,083,618,740	1,479,163,924	3,562,782,664			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	2,083,618,740	1,479,163,924	3,562,782,664			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, 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	9,052,276		9,052,276	99,596	31,635	2,875,305	30
31 INTENSIVE CARE UNIT	2,083,613		2,083,613	19,309	6,289	678,646	31
32 CORONARY CARE UNIT	636,670		636,670	4,437	2,101	301,472	32
33 BURN INTENSIVE CARE UNIT	275,852		275,852	2,572	468	50,193	33
34 SURGICAL INTENSIVE CARE UNIT							34
34.01 NURSERY SPECIAL CARE	353,701		353,701	4,470			34.01
35 NURSERY ICU	1,584,588		1,584,588	13,790			35
40 SUBPROVIDER - IPF							40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY	79,453		79,453	2,162	36.75		43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	14,066,153		14,066,153	146,336	40,493	3,905,616	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	7,874,265	325,012,766	0.024228	62,709,449	1,519,325	50
52 DELIVERY ROOM & LABOR ROOM	752,369	16,413,166	0.045839	413,009	18,932	52
53 ANESTHESIOLOGY	1,169,008	104,921,704	0.011142	18,724,245	208,626	53
54 RADIOLOGY-DIAGNOSTIC	4,760,022	151,946,789	0.031327	22,984,540	720,037	54
55 RADIOLOGY-THERAPEUTIC	2,277,957	83,138,188	0.027400	8,119,699	222,480	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	979,998	145,263,524	0.006746	15,091,342	101,806	57
58 MAGNETIC RESONANCE IMAGING (M	1,562,423	79,347,371	0.019691	6,442,580	126,861	58
59 CARDIAC CATHETERIZATION	660,120	57,989,748	0.011383	16,283,696	185,357	59
60 LABORATORY	4,501,346	354,649,047	0.012692	64,152,795	814,227	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	880,999	100,820,599	0.008738	28,561,347	249,569	63
65 RESPIRATORY THERAPY	1,160,462	143,963,653	0.008061	30,449,441	245,453	65
66 PHYSICAL THERAPY	599,621	27,678,701	0.021664	5,566,848	120,600	66
69 ELECTROCARDIOLOGY	2,166,233	113,335,133	0.019114	30,852,231	589,710	69
70 ELECTROENCEPHALOGRAPHY	543,657	14,157,972	0.038399	1,415,849	54,367	70
70.01 BRACE & PLASTER ROOM	23,761	1,051,849	0.022590	5,478	124	70.01
71 MEDICAL SUPPLIES CHRGD TO PA	687,750	61,600,614	0.011165	14,975,995	167,207	71
72 IMPL. DEV. CHARGED TO PATIENT	1,555,895	154,325,995	0.010082	52,705,013	531,372	72
73 DRUGS CHARGED TO PATIENTS	3,805,834	570,444,427	0.006672	87,984,212	587,031	73
74 RENAL DIALYSIS	290,145	25,929,157	0.011190	12,745,848	142,626	74
76.97 CARDIAC REHABILITATION	13,987	543,371	0.025741			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	8,722,425	230,489,457	0.037843	5,646,308	213,673	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC	109,834	2,163,982	0.050756			90.02
90.03 SILVER CROSS	6,259					90.03
90.04 SILVER CROSS PHARMACY	321,456	35,450,515	0.009068			90.04
91 EMERGENCY	1,946,076	196,859,113	0.009886	21,125,556	208,847	91
92 OBSERVATION BEDS	234,134	7,946,303	0.029465			92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
200 TOTAL (SUM OF LINES 50-199)	47,606,036	3,005,443,144		506,955,481	7,028,230	200

PROVIDER CCN: 14-0088 UNIVERSITY OF CHICAGO HOSPITAL
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
 11/27/2012 09:48

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

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

PROVIDER CCN: 14-0088 UNIVERSITY OF CHICAGO HOSPITAL
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
 11/27/2012 09:48

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	99,596		31,635		30
31 INTENSIVE CARE UNIT	19,309		6,289		31
32 CORONARY CARE UNIT	4,437		2,101		32
33 BURN INTENSIVE CARE UNIT	2,572		468		33
34 SURGICAL INTENSIVE CARE UNIT					34
34.01 NURSERY SPECIAL CARE	4,470				34.01
35 NURSERY ICU	13,790				35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	2,162				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	146,336		40,493		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC			194,995		194,995	54
55 RADIOLOGY-THERAPEUTIC						55
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
70.01 BRACE & PLASTER ROOM						70.01
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS			3,363,691		3,363,691	73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC						90.02
90.03 SILVER CROSS						90.03
90.04 SILVER CROSS PHARMACY						90.04
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
200 TOTAL (SUM OF LINES 50-199)			3,558,686		3,558,686	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0088)	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[] IRF	[] NF				
COST CENTER DESCRIPTION	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	325,012,766			62,709,449		26,869,534	50
52 DELIVERY ROOM & LABOR ROOM	16,413,166			413,009		116,318	52
53 ANESTHESIOLOGY	104,921,704			18,724,245		9,920,816	53
54 RADIOLOGY-DIAGNOSTIC	151,946,789	0.001283	0.001283	22,984,540	29,489	30,841,444	39,570
55 RADIOLOGY-THERAPEUTIC	83,138,188			8,119,699		25,184,931	55
57 COMPUTED TOMOGRAPHY (CT) SCA	145,263,524			15,091,342		40,200,173	57
58 MAGNETIC RESONANCE IMAGING (79,347,371			6,442,580		14,036,201	58
59 CARDIAC CATHETERIZATION	57,989,748			16,283,696		10,914,050	59
60 LABORATORY	354,649,047			64,152,795		8,485,189	60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
63 BLOOD STORING, PROCESSING &	100,820,599			28,561,347		3,661,552	63
65 RESPIRATORY THERAPY	143,963,653			30,449,441		2,634,463	65
66 PHYSICAL THERAPY	27,678,701			5,566,848		44,434	66
69 ELECTROCARDIOLOGY	113,335,133			30,852,231		20,156,762	69
70 ELECTROENCEPHALOGRAPHY	14,157,972			1,415,849		1,766,234	70
70.01 BRACE & PLASTER ROOM	1,051,849			5,478		72,355	70.01
71 MEDICAL SUPPLIES CHRGED TO P	61,600,614			14,975,995		7,742,017	71
72 IMPL. DEV. CHARGED TO PATIEN	154,325,995			52,705,013		15,415,031	72
73 DRUGS CHARGED TO PATIENTS	570,444,427	0.005897	0.005897	87,984,212	518,843	108,391,513	639,185
74 RENAL DIALYSIS	25,929,157			12,745,848		1,175,390	74
76.97 CARDIAC REHABILITATION	543,371						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	230,489,457			5,646,308		73,452,846	90
90.01 DENTAL CLINIC							90.01
90.02 TRANSPLANT CLINIC	2,163,982						90.02
90.03 SILVER CROSS							90.03
90.04 SILVER CROSS PHARMACY	35,450,515						90.04
91 EMERGENCY	196,859,113			21,125,556		22,454,689	91
92 OBSERVATION BEDS	7,946,303						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
200 TOTAL (SUM OF LINES 50-199)	3,005,443,144			506,955,481	548,332	423,535,942	678,755 200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE FROM WKST C, PT I, COL. 9 1	RATIO PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	COST SERVICES SUBJECT TO DED & COINS 5	COST SVCS NOT SUBJECT TO DED & COINS 6	COST SERVICES SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.242476	26,869,534			6,515,217			50
52 DELIVERY ROOM & LABOR ROOM	0.545873	116,318			63,495			52
53 ANESTHESIOLOGY	0.083222	9,920,816			825,630			53
54 RADIOLOGY-DIAGNOSTIC	0.259764	30,841,444			8,011,497			54
55 RADIOLOGY-THERAPEUTIC	0.152893	25,184,931			3,850,600			55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.052612	40,200,173			2,115,012			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.087765	14,036,201			1,231,887			58
59 CARDIAC CATHETERIZATION	0.104381	10,914,050			1,139,219			59
60 LABORATORY	0.142522	8,485,189	1,722		1,209,326	245		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63 BLOOD STORING, PROCESSING & TRA	0.179081	3,661,552			655,714			63
65 RESPIRATORY THERAPY	0.116662	2,634,463			307,342			65
66 PHYSICAL THERAPY	0.333794	44,434			14,832			66
69 ELECTROCARDIOLOGY	0.128796	20,156,762			2,596,110			69
70 ELECTROENCEPHALOGRAPHY	0.374321	1,766,234			661,138			70
70.01 BRACE & PLASTER ROOM	0.322434	72,355			23,330			70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.287841	7,742,017	198,671		2,228,470	57,186		71
72 IMPL. DEV. CHARGED TO PATIENT	0.259101	15,415,031			3,994,050			72
73 DRUGS CHARGED TO PATIENTS	0.161103	108,391,513	26,100	661,761	17,462,198	4,205	106,612	73
74 RENAL DIALYSIS	0.156760	1,175,390			184,254			74
76.97 CARDIAC REHABILITATION	0.371157							76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.447154	73,452,846			32,844,734			90
90.01 DENTAL CLINIC								90.01
90.02 TRANSPLANT CLINIC	1.033207							90.02
90.03 SILVER CROSS								90.03
90.04 SILVER CROSS PHARMACY	0.204934							90.04
91 EMERGENCY	0.156602	22,454,689			3,516,449			91
92 OBSERVATION BEDS	0.426139							92
OTHER REIMBURSABLE COST CENTERS								
95 AMBULANCE SERVICES	1.033703							95
200 SUBTOTAL (SEE INSTRUCTIONS)		423,535,942	226,493	661,761	89,450,504	61,636	106,612	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		423,535,942	226,493	661,761	89,450,504	61,636	106,612	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S088) [] 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	7,874,265	325,012,766	0.024228		50
52 DELIVERY ROOM & LABOR ROOM	752,369	16,413,166	0.045839		52
53 ANESTHESIOLOGY	1,169,008	104,921,704	0.011142		53
54 RADIOLOGY-DIAGNOSTIC	4,760,022	151,946,789	0.031327		54
55 RADIOLOGY-THERAPEUTIC	2,277,957	83,138,188	0.027400		55
57 COMPUTED TOMOGRAPHY (CT) SCAN	979,998	145,263,524	0.006746		57
58 MAGNETIC RESONANCE IMAGING (M	1,562,423	79,347,371	0.019691		58
59 CARDIAC CATHETERIZATION	660,120	57,989,748	0.011383		59
60 LABORATORY	4,501,346	354,649,047	0.012692		60
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
63 BLOOD STORING, PROCESSING & T	880,999	100,820,599	0.008738		63
65 RESPIRATORY THERAPY	1,160,462	143,963,653	0.008061		65
66 PHYSICAL THERAPY	599,621	27,678,701	0.021664		66
69 ELECTROCARDIOLOGY	2,166,233	113,335,133	0.019114		69
70 ELECTROENCEPHALOGRAPHY	543,657	14,157,972	0.038399		70
70.01 BRACE & PLASTER ROOM	23,761	1,051,849	0.022590		70.01
71 MEDICAL SUPPLIES CHRGD TO PA	687,750	61,600,614	0.011165		71
72 IMPL. DEV. CHARGED TO PATIENT	1,555,895	154,325,995	0.010082		72
73 DRUGS CHARGED TO PATIENTS	3,805,834	570,444,427	0.006672		73
74 RENAL DIALYSIS	290,145	25,929,157	0.011190		74
76.97 CARDIAC REHABILITATION	13,987	543,371	0.025741		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	8,722,425	230,489,457	0.037843		90
90.01 DENTAL CLINIC					90.01
90.02 TRANSPLANT CLINIC	109,834	2,163,982	0.050756		90.02
90.03 SILVER CROSS	6,259				90.03
90.04 SILVER CROSS PHARMACY	321,456	35,450,515	0.009068		90.04
91 EMERGENCY	1,946,076	196,859,113	0.009886		91
92 OBSERVATION BEDS	234,134	7,946,303	0.029465		92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
200 TOTAL (SUM OF LINES 50-199)	47,606,036	3,005,443,144			200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S088) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC			194,995		194,995	194,995	54
55 RADIOLOGY-THERAPEUTIC							55
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
69 ELECTROCARDIOLOGY							69
70 ELECTROENCEPHALOGRAPHY							70
70.01 BRACE & PLASTER ROOM							70.01
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS			3,363,691		3,363,691	3,363,691	73
74 RENAL DIALYSIS							74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.01 DENTAL CLINIC							90.01
90.02 TRANSPLANT CLINIC							90.02
90.03 SILVER CROSS							90.03
90.04 SILVER CROSS PHARMACY							90.04
91 EMERGENCY							91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
200 TOTAL (SUM OF LINES 50-199)			3,558,686		3,558,686	3,558,686	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[XX] IPF (14-S088)	[] 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	325,012,766						50
52 DELIVERY ROOM & LABOR ROOM	16,413,166						52
53 ANESTHESIOLOGY	104,921,704						53
54 RADIOLOGY-DIAGNOSTIC	151,946,789	0.001283	0.001283				54
55 RADIOLOGY-THERAPEUTIC	83,138,188						55
57 COMPUTED TOMOGRAPHY (CT) SCA	145,263,524						57
58 MAGNETIC RESONANCE IMAGING (79,347,371						58
59 CARDIAC CATHETERIZATION	57,989,748						59
60 LABORATORY	354,649,047						60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
63 BLOOD STORING, PROCESSING &	100,820,599						63
65 RESPIRATORY THERAPY	143,963,653						65
66 PHYSICAL THERAPY	27,678,701						66
69 ELECTROCARDIOLOGY	113,335,133						69
70 ELECTROENCEPHALOGRAPHY	14,157,972						70
70.01 BRACE & PLASTER ROOM	1,051,849						70.01
71 MEDICAL SUPPLIES CHRGD TO P	61,600,614						71
72 IMPL. DEV. CHARGED TO PATIEN	154,325,995						72
73 DRUGS CHARGED TO PATIENTS	570,444,427	0.005897	0.005897				73
74 RENAL DIALYSIS	25,929,157						74
76.97 CARDIAC REHABILITATION	543,371						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	230,489,457						90
90.01 DENTAL CLINIC							90.01
90.02 TRANSPLANT CLINIC	2,163,982						90.02
90.03 SILVER CROSS							90.03
90.04 SILVER CROSS PHARMACY	35,450,515						90.04
91 EMERGENCY	196,859,113						91
92 OBSERVATION BEDS	7,946,303						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
200 TOTAL (SUM OF LINES 50-199)	3,005,443,144						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] IPF (14-S088) [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	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	0.242476						50
52 DELIVERY ROOM & LABOR ROOM	0.545873						52
53 ANESTHESIOLOGY	0.083222						53
54 RADIOLOGY-DIAGNOSTIC	0.259764						54
55 RADIOLOGY-THERAPEUTIC	0.152893						55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.052612						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.087765						58
59 CARDIAC CATHETERIZATION	0.104381						59
60 LABORATORY	0.142522						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.179081						63
65 RESPIRATORY THERAPY	0.116662						65
66 PHYSICAL THERAPY	0.333794						66
69 ELECTROCARDIOLOGY	0.128796						69
70 ELECTROENCEPHALOGRAPHY	0.374321						70
70.01 BRACE & PLASTER ROOM	0.322434						70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.287841						71
72 IMPL. DEV. CHARGED TO PATIENT	0.259101						72
73 DRUGS CHARGED TO PATIENTS	0.161103						73
74 RENAL DIALYSIS	0.156760						74
76.97 CARDIAC REHABILITATION	0.371157						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.447154						90
90.01 DENTAL CLINIC							90.01
90.02 TRANSPLANT CLINIC	1.033207						90.02
90.03 SILVER CROSS							90.03
90.04 SILVER CROSS PHARMACY	0.204934						90.04
91 EMERGENCY	0.156602						91
92 OBSERVATION BEDS	0.426139						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES	1.033703						95
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	99,596	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	99,596	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	97,020	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)	31,635	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)	130,921,501	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	130,921,501	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	130,921,501	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,314.53 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 41,585,157 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) 41,585,157 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	33,667,598	19,309	1,743.62	6,289	10,965,626	43
44 CORONARY CARE UNIT	8,408,021	4,437	1,894.98	2,101	3,981,353	44
45 BURN INTENSIVE CARE UNIT	4,041,885	2,572	1,571.49	468	735,457	45
46 SURGICAL INTENSIVE CARE UNIT						46
46.01 NURSERY SPECIAL CARE	4,122,257	4,470	922.21			46.01
47 NURSERY ICU	26,308,034	13,790	1,907.76			47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					91,714,632	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					148,982,225	49

PASS-THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)					3,905,616	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)					7,576,562	51
52 TOTAL PROGRAM EXCLUDABLE COST					11,482,178	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)					137,500,047	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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)						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 INSTRUCTIONS) (TITLE XVIII ONLY)						64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)						65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)						66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)						67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)						68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)						69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS)					2,576	87
88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2)					1,314.53	88
89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS)					3,386,229	89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	9,052,276	130,921,501	0.069143	3,386,229	234,134	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	IPF (14-S088)	[]	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)	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	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)	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	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)	34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)	35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)	36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	37

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	IPF (14-S088)			[]	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)	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
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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	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 INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2)		
			3	3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		89,155,399			30
31 INTENSIVE CARE UNIT		41,723,308			31
32 CORONARY CARE UNIT		13,125,846			32
33 BURN INTENSIVE CARE UNIT		2,918,744			33
34.01 NURSERY SPECIAL CARE					34.01
35 NURSERY ICU					35
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.242539	62,709,449	15,209,487		50
52 DELIVERY ROOM & LABOR ROOM	0.545873	413,009	225,450		52
53 ANESTHESIOLOGY	0.083222	18,724,245	1,558,269		53
54 RADIOLOGY-DIAGNOSTIC	0.262019	22,984,540	6,022,386		54
55 RADIOLOGY-THERAPEUTIC	0.159148	8,119,699	1,292,234		55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.052612	15,091,342	793,986		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.087765	6,442,580	565,433		58
59 CARDIAC CATHETERIZATION	0.104381	16,283,696	1,699,708		59
60 LABORATORY	0.143196	64,152,795	9,186,424		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.179081	28,561,347	5,114,795		63
65 RESPIRATORY THERAPY	0.116662	30,449,441	3,552,293		65
66 PHYSICAL THERAPY	0.333794	5,566,848	1,858,180		66
69 ELECTROCARDIOLOGY	0.131391	30,852,231	4,053,705		69
70 ELECTROENCEPHALOGRAPHY	0.377819	1,415,849	534,935		70
70.01 BRACE & PLASTER ROOM	0.322434	5,478	1,766		70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.287841	14,975,995	4,310,705		71
72 IMPL. DEV. CHARGED TO PATIENT	0.259101	52,705,013	13,655,922		72
73 DRUGS CHARGED TO PATIENTS	0.161103	87,984,212	14,174,521		73
74 RENAL DIALYSIS	0.156760	12,745,848	1,998,039		74
76.97 CARDIAC REHABILITATION	0.371157				76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.455878	5,646,308	2,574,028		90
90.01 DENTAL CLINIC					90.01
90.02 TRANSPLANT CLINIC	1.033207				90.02
90.03 SILVER CROSS					90.03
90.04 SILVER CROSS PHARMACY	0.204934				90.04
91 EMERGENCY	0.157741	21,125,556	3,332,366		91
92 OBSERVATION BEDS	0.426139				92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		506,955,481	91,714,632		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		506,955,481			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S088) [] 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
32 CORONARY CARE UNIT				32
33 BURN INTENSIVE CARE UNIT				33
34.01 NURSERY SPECIAL CARE				34.01
35 NURSERY ICU				35
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.242539			50
52 DELIVERY ROOM & LABOR ROOM	0.545873			52
53 ANESTHESIOLOGY	0.083222			53
54 RADIOLOGY-DIAGNOSTIC	0.262019			54
55 RADIOLOGY-THERAPEUTIC	0.159148			55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.052612			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.087765			58
59 CARDIAC CATHETERIZATION	0.104381			59
60 LABORATORY	0.143196			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.179081			63
65 RESPIRATORY THERAPY	0.116662			65
66 PHYSICAL THERAPY	0.333794			66
69 ELECTROCARDIOLOGY	0.131391			69
70 ELECTROENCEPHALOGRAPHY	0.377819			70
70.01 BRACE & PLASTER ROOM	0.322434			70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.287841			71
72 IMPL. DEV. CHARGED TO PATIENT	0.259101			72
73 DRUGS CHARGED TO PATIENTS	0.161103			73
74 RENAL DIALYSIS	0.156760			74
76.97 CARDIAC REHABILITATION	0.371157			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.455878			90
90.01 DENTAL CLINIC				90.01
90.02 TRANSPLANT CLINIC	1.033207			90.02
90.03 SILVER CROSS				90.03
90.04 SILVER CROSS PHARMACY	0.204934			90.04
91 EMERGENCY	0.157741			91
92 OBSERVATION BEDS	0.426139			92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
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			
1	ADULTS & PEDIATRICS	160,078	38	1,314.53		63	82,815	1
2	INTENSIVE CARE UNIT	6,508	43	1,743.62		3	5,231	2
3	CORONARY CARE UNIT		44	1,894.98				3
4	BURN INTENSIVE CARE UNIT		45	1,571.49				4
5	SURGICAL INTENSIVE CARE UNIT		46					5
5.01	NURSERY SPECIAL CARE		46.01	922.21				5.01
6	NURSERY ICU		47	1,907.76				6
7	TOTAL (SUM OF LINES 1-6)	166,586				66	88,046	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	0.242476		879,638		213,291	8
9	RECOVERY ROOM	51						9
10	DELIVERY ROOM & LABOR ROOM	52	0.545873					10
11	ANESTHESIOLOGY	53	0.083222		198,644		16,532	11
12	RADIOLOGY-DIAGNOSTIC	54	0.259764		575,343		149,453	12
13	RADIOLOGY-THERAPEUTIC	55	0.152893					13
14	RADIOISOTOPE	56						14
15	COMPUTED TOMOGRAPHY (CT) SCAN	57	0.052612		555,477		29,225	15
16	MAGNETIC RESONANCE IMAGING (MRI)	58	0.087765		28,797		2,527	16
17	CARDIAC CATHETERIZATION	59	0.104381		26,116		2,726	17
18	LABORATORY	60	0.142522		3,984,224		567,840	18
19	PBP CLINICAL LAB SERVICES-PRGM	61						19
20	WHOLE BLOOD & PACKED RED BLOOD	62						20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30						20.30
21	BLOOD STORING, PROCESSING & TRA	63	0.179081		111,362		19,943	21
22	INTRAVENOUS THERAPY	64						22
23	RESPIRATORY THERAPY	65	0.116662		14,154		1,651	23
24	PHYSICAL THERAPY	66	0.333794		776		259	24
25	OCCUPATIONAL THERAPY	67						25
26	SPEECH PATHOLOGY	68						26
27	ELECTROCARDIOLOGY	69	0.128796		1,250,493		161,058	27
28	ELECTROENCEPHALOGRAPHY	70	0.374321					28
28.01	BRACE & PLASTER ROOM	70.01	0.322434					28.01
29	MEDICAL SUPPLIES CHRGD TO PATI	71	0.287841					29
30	IMPL. DEV. CHARGED TO PATIENT	72	0.259101					30
31	DRUGS CHARGED TO PATIENTS	73	0.161103		158,408		25,520	31
32	RENAL DIALYSIS	74	0.156760					32
33	ASC (NON-DISTINCT PART)	75						33
34	OTHER ANCILLARY (SPECIFY)	76						34
34.97	CARDIAC REHABILITATION	76.97	0.371157					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	0.447154		280,869		125,592	37
37.01	DENTAL CLINIC	90.01						37.01
37.02	TRANSPLANT CLINIC	90.02	1.033207					37.02
37.03	SILVER CROSS	90.03						37.03
37.04	SILVER CROSS PHARMACY	90.04	0.204934					37.04
38	EMERGENCY	91	0.156602					38
39	OBSERVATION BEDS	92	0.426139					39
40	OTHER OUTPATIENT SERV (SPECIFY)	93						40
41	TOTAL (SUM OF LINES 8-40)				8,064,301		1,315,617	41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
D		1	2	3	
42	ADULTS & PEDIATRICS	2	63		42
43	INTENSIVE CARE UNIT	3	3		43
44	CORONARY CARE UNIT	4			44
45	BURN INTENSIVE CARE UNIT	5			45
46	SURGICAL INTENSIVE CARE UNIT	6			46
46.01	NURSERY SPECIAL CARE	6.01			46.01
47	NURSERY ICU	7			47
48	TOTAL (SUM OF LINES 42-47)		66		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	280,869	23		51
51.01	DENTAL CLINIC		23.01		51.01
51.02	TRANSPLANT CLINIC		23.02		51.02
51.03	SILVER CROSS		23.03		51.03
51.04	SILVER CROSS PHARMACY		23.04		51.04
52	EMERGENCY		24		52
53	OBSERVATION BEDS		25		53
54	OTHER OUTPATIENT SERV (SPECIFY)		26		54
55	TOTAL (SUM OF LINES 49-54)	280,869			55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
56 ROUTINE & ANCILLARY FROM PART I	1,403,663		8,230,887		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	4,664,913		4,664,913		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	6,068,576		12,895,800		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		84			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		55			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.654762			64
65 MEDICARE COST/CHARGES	3,973,473		8,443,680		65
66 REVENUE FOR ORGANS SOLD	51,927				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	3,921,546		8,443,680		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	3,921,546		8,443,680		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER	20	12		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS	1			71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		51		73
74 TOTAL (SUM OF LINES 70-73)	21	63		74
75 ORGANS TRANSPLANTED	21	51		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		12	51,927	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)	21	63		84

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART I

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

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

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE CHARGES		PER DIEM COSTS (FROM WKST D-1, PT. II)	ORGAN ACQUISITION DAYS	COST (COL. 2 x COL. 3)	
		1	D				
		2	3				
1	ADULTS & PEDIATRICS	17,097	38	1,314.53	4	5,258	1
2	INTENSIVE CARE UNIT	249	43	1,743.62	1	1,744	2
3	CORONARY CARE UNIT	6,427	44	1,894.98	1	1,895	3
4	BURN INTENSIVE CARE UNIT		45	1,571.49			4
5	SURGICAL INTENSIVE CARE UNIT		46				5
5.01	NURSERY SPECIAL CARE		46.01	922.21			5.01
6	NURSERY ICU		47	1,907.76			6
7	TOTAL (SUM OF LINES 1-6)	23,773			6	8,897	7
	COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	RATIO OF COST TO CHARGES (FROM WKST C)		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION COSTS		
	C	1	2				
	3	4	5				
8	OPERATING ROOM	50	0.242476	103,442	25,082	8	
9	RECOVERY ROOM	51				9	
10	DELIVERY ROOM & LABOR ROOM	52	0.545873			10	
11	ANESTHESIOLOGY	53	0.083222	9,487	790	11	
12	RADIOLOGY-DIAGNOSTIC	54	0.259764	23,399	6,078	12	
13	RADIOLOGY-THERAPEUTIC	55	0.152893			13	
14	RADIOISOTOPE	56				14	
15	COMPUTED TOMOGRAPHY (CT) SCAN	57	0.052612	27,897	1,468	15	
16	MAGNETIC RESONANCE IMAGING (MRI)	58	0.087765			16	
17	CARDIAC CATHETERIZATION	59	0.104381	375,094	39,153	17	
18	LABORATORY	60	0.142522	333,144	47,480	18	
19	PBP CLINICAL LAB SERVICES-PRGM	61				19	
20	WHOLE BLOOD & PACKED RED BLOOD	62				20	
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30	
21	BLOOD STORING, PROCESSING & TRA	63	0.179081	10,511	1,882	21	
22	INTRAVENOUS THERAPY	64				22	
23	RESPIRATORY THERAPY	65	0.116662	27,936	3,259	23	
24	PHYSICAL THERAPY	66	0.333794	776	259	24	
25	OCCUPATIONAL THERAPY	67				25	
26	SPEECH PATHOLOGY	68				26	
27	ELECTROCARDIOLOGY	69	0.128796	398,028	51,264	27	
28	ELECTROENCEPHALOGRAPHY	70	0.374321			28	
28.01	BRACE & PLASTER ROOM	70.01	0.322434			28.01	
29	MEDICAL SUPPLIES CHRGED TO PATI	71	0.287841			29	
30	IMPL. DEV. CHARGED TO PATIENT	72	0.259101			30	
31	DRUGS CHARGED TO PATIENTS	73	0.161103	8,870	1,429	31	
32	RENAL DIALYSIS	74	0.156760			32	
33	ASC (NON-DISTINCT PART)	75				33	
34	OTHER ANCILLARY (SPECIFY)	76				34	
34.97	CARDIAC REHABILITATION	76.97	0.371157			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	0.447154	119,128	53,269	37	
37.01	DENTAL CLINIC	90.01				37.01	
37.02	TRANSPLANT CLINIC	90.02	1.033207			37.02	
37.03	SILVER CROSS	90.03				37.03	
37.04	SILVER CROSS PHARMACY	90.04	0.204934			37.04	
38	EMERGENCY	91	0.156602			38	
39	OBSERVATION BEDS	92	0.426139			39	
40	OTHER OUTPATIENT SERV (SPECIFY)	93				40	
41	TOTAL (SUM OF LINES 8-40)			1,437,712	231,413	41	

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)
		D	2	3
42	ADULTS & PEDIATRICS	2	4	42
43	INTENSIVE CARE UNIT	3	1	43
44	CORONARY CARE UNIT	4	1	44
45	BURN INTENSIVE CARE UNIT	5		45
46	SURGICAL INTENSIVE CARE UNIT	6		46
46.01	NURSERY SPECIAL CARE	6.01		46.01
47	NURSERY ICU	7		47
48	TOTAL (SUM OF LINES 42-47)		6	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	3
49	RURAL HEALTH CLINIC (RHC)		21	49
50	FEDERALLY QUALIFIED HLTH CTR (F		22	50
51	CLINIC	119,128	23	51
51.01	DENTAL CLINIC		23.01	51.01
51.02	TRANSPLANT CLINIC		23.02	51.02
51.03	SILVER CROSS		23.03	51.03
51.04	SILVER CROSS PHARMACY		23.04	51.04
52	EMERGENCY		24	52
53	OBSERVATION BEDS		25	53
54	OTHER OUTPATIENT SERV (SPECIFY)		26	54
55	TOTAL (SUM OF LINES 49-54)	119,128		55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
56 ROUTINE & ANCILLARY FROM PART I	240,310		1,461,485		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	2,061,265		2,061,265		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	2,301,575		3,522,750		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		28			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		12			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.428571			64
65 MEDICARE COST/CHARGES	986,388		1,509,748		65
66 REVENUE FOR ORGANS SOLD	8,655				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	977,733		1,509,748		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	977,733		1,509,748		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER		2		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		26		73
74 TOTAL (SUM OF LINES 70-73)		28		74
75 ORGANS TRANSPLANTED		26		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		2	8,655	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)		28		84

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART I

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

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

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE CHARGES		PER DIEM COSTS (FROM WKST D-1, PT. II)		ORGAN ACQUISITION DAYS	COST (COL. 2 x COL. 3)	
		1	D	2	3			
1	ADULTS & PEDIATRICS	30,997	38	1,314.53		9	11,831	1
2	INTENSIVE CARE UNIT	1,495	43	1,743.62		2	3,487	2
3	CORONARY CARE UNIT		44	1,894.98				3
4	BURN INTENSIVE CARE UNIT		45	1,571.49				4
5	SURGICAL INTENSIVE CARE UNIT		46					5
5.01	NURSERY SPECIAL CARE		46.01	922.21				5.01
6	NURSERY ICU		47	1,907.76				6
7	TOTAL (SUM OF LINES 1-6)	32,492				11	15,318	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	0.242476		97,596		23,665	8
9	RECOVERY ROOM	51						9
10	DELIVERY ROOM & LABOR ROOM	52	0.545873					10
11	ANESTHESIOLOGY	53	0.083222		17,482		1,455	11
12	RADIOLOGY-DIAGNOSTIC	54	0.259764		111,670		29,008	12
13	RADIOLOGY-THERAPEUTIC	55	0.152893					13
14	RADIOISOTOPE	56						14
15	COMPUTED TOMOGRAPHY (CT) SCAN	57	0.052612		265,415		13,964	15
16	MAGNETIC RESONANCE IMAGING (MRI)	58	0.087765		147,654		12,959	16
17	CARDIAC CATHETERIZATION	59	0.104381					17
18	LABORATORY	60	0.142522		409,518		58,365	18
19	PBP CLINICAL LAB SERVICES-PRGM	61						19
20	WHOLE BLOOD & PACKED RED BLOOD	62						20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30						20.30
21	BLOOD STORING, PROCESSING & TRA	63	0.179081		26,629		4,769	21
22	INTRAVENOUS THERAPY	64						22
23	RESPIRATORY THERAPY	65	0.116662		55,388		6,462	23
24	PHYSICAL THERAPY	66	0.333794		623		208	24
25	OCCUPATIONAL THERAPY	67						25
26	SPEECH PATHOLOGY	68						26
27	ELECTROCARDIOLOGY	69	0.128796		256,757		33,069	27
28	ELECTROENCEPHALOGRAPHY	70	0.374321					28
28.01	BRACE & PLASTER ROOM	70.01	0.322434					28.01
29	MEDICAL SUPPLIES CHRGD TO PATI	71	0.287841					29
30	IMPL. DEV. CHARGED TO PATIENT	72	0.259101					30
31	DRUGS CHARGED TO PATIENTS	73	0.161103		33,621		5,416	31
32	RENAL DIALYSIS	74	0.156760					32
33	ASC (NON-DISTINCT PART)	75						33
34	OTHER ANCILLARY (SPECIFY)	76						34
34.97	CARDIAC REHABILITATION	76.97	0.371157					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	0.447154		177,261		79,263	37
37.01	DENTAL CLINIC	90.01						37.01
37.02	TRANSPLANT CLINIC	90.02	1.033207					37.02
37.03	SILVER CROSS	90.03						37.03
37.04	SILVER CROSS PHARMACY	90.04	0.204934					37.04
38	EMERGENCY	91	0.156602		14,657		2,295	38
39	OBSERVATION BEDS	92	0.426139					39
40	OTHER OUTPATIENT SERV (SPECIFY)	93						40
41	TOTAL (SUM OF LINES 8-40)				1,614,271		270,898	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	9		42
43	INTENSIVE CARE UNIT	3	2		43
44	CORONARY CARE UNIT	4			44
45	BURN INTENSIVE CARE UNIT	5			45
46	SURGICAL INTENSIVE CARE UNIT	6			46
46.01	NURSERY SPECIAL CARE	6.01			46.01
47	NURSERY ICU	7			47
48	TOTAL (SUM OF LINES 42-47)		11		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	177,261	23		51
51.01	DENTAL CLINIC		23.01		51.01
51.02	TRANSPLANT CLINIC		23.02		51.02
51.03	SILVER CROSS		23.03		51.03
51.04	SILVER CROSS PHARMACY		23.04		51.04
52	EMERGENCY	14,657	24		52
53	OBSERVATION BEDS		25		53
54	OTHER OUTPATIENT SERV (SPECIFY)		26		54
55	TOTAL (SUM OF LINES 49-54)	191,918			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	286,216		1,646,763		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	2,784,446		2,784,446		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	3,070,662		4,431,209		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		32			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		12			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.375000			64
65 MEDICARE COST/CHARGES	1,151,498		1,661,703		65
66 REVENUE FOR ORGANS SOLD	25,964				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	1,125,534		1,661,703		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	1,125,534		1,661,703		69

PART IV - STATISTICS

	LIVING RELATED		CADAVERIC 2	REVENUE 3	
	1	3			
70 ORGANS EXCISED IN PROVIDER		3	6		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS					71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS					72
73 ORGANS PURCHASED FROM OPO'S			23		73
74 TOTAL (SUM OF LINES 70-73)		3	29		74
75 ORGANS TRANSPLANTED		3	23		75
76 ORGANS SOLD TO OTHER HOSPITALS					76
77 ORGANS SOLD TO OPO'S			6	25,964	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)		3	29		84

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART I

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

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES	PER DIEM COSTS (FROM WKST D-1, PT. II)	ORGAN ACQUISITION DAYS	COST (COL.2 x COL.3)	
		1	2	3	4	
1	ADULTS & PEDIATRICS	38	1,314.53			1
2	INTENSIVE CARE UNIT	43	1,743.62			2
3	CORONARY CARE UNIT	44	1,894.98			3
4	BURN INTENSIVE CARE UNIT	45	1,571.49			4
5	SURGICAL INTENSIVE CARE UNIT	46				5
5.01	NURSERY SPECIAL CARE	46.01	922.21			5.01
6	NURSERY ICU	47	1,907.76			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	0.242476			8
9	RECOVERY ROOM	51				9
10	DELIVERY ROOM & LABOR ROOM	52	0.545873			10
11	ANESTHESIOLOGY	53	0.083222			11
12	RADIOLOGY-DIAGNOSTIC	54	0.259764	71,551	18,586	12
13	RADIOLOGY-THERAPEUTIC	55	0.152893			13
14	RADIOISOTOPE	56				14
15	COMPUTED TOMOGRAPHY (CT) SCAN	57	0.052612	49,581	2,609	15
16	MAGNETIC RESONANCE IMAGING (MRI)	58	0.087765			16
17	CARDIAC CATHETERIZATION	59	0.104381	239,477	24,997	17
18	LABORATORY	60	0.142522	185,772	26,477	18
19	PBP CLINICAL LAB SERVICES-PRGM	61				19
20	WHOLE BLOOD & PACKED RED BLOOD	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	BLOOD STORING, PROCESSING & TRA	63	0.179081	4,967	889	21
22	INTRAVENOUS THERAPY	64				22
23	RESPIRATORY THERAPY	65	0.116662	24,716	2,883	23
24	PHYSICAL THERAPY	66	0.333794			24
25	OCCUPATIONAL THERAPY	67				25
26	SPEECH PATHOLOGY	68				26
27	ELECTROCARDIOLOGY	69	0.128796	23,469	3,023	27
28	ELECTROENCEPHALOGRAPHY	70	0.374321			28
28.01	BRACE & PLASTER ROOM	70.01	0.322434			28.01
29	MEDICAL SUPPLIES CHRGED TO PATI	71	0.287841			29
30	IMPL. DEV. CHARGED TO PATIENT	72	0.259101			30
31	DRUGS CHARGED TO PATIENTS	73	0.161103	12,474	2,010	31
32	RENAL DIALYSIS	74	0.156760			32
33	ASC (NON-DISTINCT PART)	75				33
34	OTHER ANCILLARY (SPECIFY)	76				34
34.97	CARDIAC REHABILITATION	76.97	0.371157			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	0.447154	262,709	117,471	37
37.01	DENTAL CLINIC	90.01				37.01
37.02	TRANSPLANT CLINIC	90.02	1.033207			37.02
37.03	SILVER CROSS	90.03				37.03
37.04	SILVER CROSS PHARMACY	90.04	0.204934			37.04
38	EMERGENCY	91	0.156602			38
39	OBSERVATION BEDS	92	0.426139			39
40	OTHER OUTPATIENT SERV (SPECIFY)	93				40
41	TOTAL (SUM OF LINES 8-40)			874,716	198,945	41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART II

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

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

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

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	ORGAN CHARGES (SEE INSTR.)	D	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
	1	D	2	3	
49 RURAL HEALTH CLINIC (RHC)		21			49
50 FEDERALLY QUALIFIED HLTH CTR (F		22			50
51 CLINIC	262,709	23			51
51.01 DENTAL CLINIC		23.01			51.01
51.02 TRANSPLANT CLINIC		23.02			51.02
51.03 SILVER CROSS		23.03			51.03
51.04 SILVER CROSS PHARMACY		23.04			51.04
52 EMERGENCY		24			52
53 OBSERVATION BEDS		25			53
54 OTHER OUTPATIENT SERV (SPECIFY)		26			54
55 TOTAL (SUM OF LINES 49-54)	262,709				55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
56 ROUTINE & ANCILLARY FROM PART I	198,945		874,716		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	1,173,380		1,173,380		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	1,372,325		2,048,096		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		15			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		8			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.533333			64
65 MEDICARE COST/CHARGES	731,906		1,092,317		65
66 REVENUE FOR ORGANS SOLD	17,309				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	714,597		1,092,317		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	714,597		1,092,317		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		11		73
74 TOTAL (SUM OF LINES 70-73)		15		74
75 ORGANS TRANSPLANTED		11		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		4	17,309	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)		15		84

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4

PART I

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

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES	PER DIEM COSTS (FROM WKST D-1, PT. II)	ORGAN ACQUISITION DAYS	COST (COL.2 x COL.3)	
		1	2	3	4	
1	ADULTS & PEDIATRICS	38	1,314.53			1
2	INTENSIVE CARE UNIT	43	1,743.62			2
3	CORONARY CARE UNIT	44	1,894.98			3
4	BURN INTENSIVE CARE UNIT	45	1,571.49			4
5	SURGICAL INTENSIVE CARE UNIT	46				5
5.01	NURSERY SPECIAL CARE	46.01	922.21			5.01
6	NURSERY ICU	47	1,907.76			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	0.242476	6,374	1,546	8
9	RECOVERY ROOM	51				9
10	DELIVERY ROOM & LABOR ROOM	52	0.545873			10
11	ANESTHESIOLOGY	53	0.083222	1,189	99	11
12	RADIOLOGY-DIAGNOSTIC	54	0.259764	37,741	9,804	12
13	RADIOLOGY-THERAPEUTIC	55	0.152893			13
14	RADIOISOTOPE	56				14
15	COMPUTED TOMOGRAPHY (CT) SCAN	57	0.052612	11,115	585	15
16	MAGNETIC RESONANCE IMAGING (MRI)	58	0.087765			16
17	CARDIAC CATHETERIZATION	59	0.104381			17
18	LABORATORY	60	0.142522	160,438	22,866	18
19	PBP CLINICAL LAB SERVICES-PRGM	61				19
20	WHOLE BLOOD & PACKED RED BLOOD	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	BLOOD STORING, PROCESSING & TRA	63	0.179081	3,563	638	21
22	INTRAVENOUS THERAPY	64				22
23	RESPIRATORY THERAPY	65	0.116662	512	60	23
24	PHYSICAL THERAPY	66	0.333794			24
25	OCCUPATIONAL THERAPY	67				25
26	SPEECH PATHOLOGY	68				26
27	ELECTROCARDIOLOGY	69	0.128796	60,561	7,800	27
28	ELECTROENCEPHALOGRAPHY	70	0.374321			28
28.01	BRACE & PLASTER ROOM	70.01	0.322434			28.01
29	MEDICAL SUPPLIES CHRGED TO PATI	71	0.287841			29
30	IMPL. DEV. CHARGED TO PATIENT	72	0.259101			30
31	DRUGS CHARGED TO PATIENTS	73	0.161103	1,169	188	31
32	RENAL DIALYSIS	74	0.156760			32
33	ASC (NON-DISTINCT PART)	75				33
34	OTHER ANCILLARY (SPECIFY)	76				34
34.97	CARDIAC REHABILITATION	76.97	0.371157			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	0.447154	4,908	2,195	37
37.01	DENTAL CLINIC	90.01				37.01
37.02	TRANSPLANT CLINIC	90.02	1.033207			37.02
37.03	SILVER CROSS	90.03				37.03
37.04	SILVER CROSS PHARMACY	90.04	0.204934			37.04
38	EMERGENCY	91	0.156602			38
39	OBSERVATION BEDS	92	0.426139			39
40	OTHER OUTPATIENT SERV (SPECIFY)	93				40
41	TOTAL (SUM OF LINES 8-40)			287,570	45,781	41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART II

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

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

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

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	ORGAN CHARGES (SEE INSTR.)	D	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
	1	D	2	3	
49 RURAL HEALTH CLINIC (RHC)		21			49
50 FEDERALLY QUALIFIED HLTH CTR (F		22			50
51 CLINIC	4,908	23			51
51.01 DENTAL CLINIC		23.01			51.01
51.02 TRANSPLANT CLINIC		23.02			51.02
51.03 SILVER CROSS		23.03			51.03
51.04 SILVER CROSS PHARMACY		23.04			51.04
52 EMERGENCY		24			52
53 OBSERVATION BEDS		25			53
54 OTHER OUTPATIENT SERV (SPECIFY)		26			54
55 TOTAL (SUM OF LINES 49-54)	4,908				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	45,781		287,570		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	1,248,059		1,248,059		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	1,293,840		1,535,629		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		18			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		10			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.555556			64
65 MEDICARE COST/CHARGES	718,801		853,128		65
66 REVENUE FOR ORGANS SOLD	17,309				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	701,492		853,128		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	701,492		853,128		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		14		73
74 TOTAL (SUM OF LINES 70-73)		18		74
75 ORGANS TRANSPLANTED		14		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		4	17,309	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)		18		84

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	77,234,906	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	10,560,907	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	5,084,935	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	563.96	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)	491.27	5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)	1.66	6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)	492.93	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	549.94	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	492.93	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	492.93	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	492.93	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	492.93	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	492.93	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.874051	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.874082	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.874051	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	32,190,845	22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	57.01	24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)	32,190,845	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.1014	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.3533	31
32	SUM OF LINES 30 AND 31	0.4547	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.2636	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	20,359,121	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)	140,345,779	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)	140,345,779	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	10,557,437	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	7,564,832	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)	7,440,902	55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	548,332	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	166,457,282	59
60	PRIMARY PAYER PAYMENTS	17,428	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	166,439,854	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,616,364	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	734,327	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,299,090	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	909,363	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,113,080	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	161,998,526	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)	161,998,526	71
72	INTERIM PAYMENTS	154,783,090	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	7,215,436	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	1,514,225	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: [] HOSPITAL [XX] IPF (14-S088) [] IRF
 [] SUB (OTHER) [] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

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

INPATIENT
 PART A PART B

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		152,669,961		60,085,224	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 04/01/2012	2,113,129	04/01/2012	1,197,635	3.01
	.02				3.02
	.03				3.03
	.04				3.04
	.05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50	NONE		NONE	3.50
	.51				3.51
	.52				3.52
	.53				3.53
	.54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
	.99				3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		2,113,129		1,197,635	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		154,783,090		61,282,859	4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01	NONE		NONE	5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50	NONE		NONE	5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
	.99				5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01	7,215,436			6.01
	TO .02				
	PROVIDER .03				
	PROVIDER .04				
	TO .05				
	PROGRAM .06			-288,040	6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		161,998,526		60,994,819	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

PROVIDER CCN: 14-0088 UNIVERSITY OF CHICAGO HOSPITAL
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
11/27/2012 09:48

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0088) [] CAH
APPLICABLE BOX

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

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	23,441	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	40,493	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	2,448	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	141,598	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	3,562,782,664	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	70,572,756	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)		8

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)		30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)		32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART II

CHECK [] HOSPITAL
APPLICABLE BOX: [XX] IPF (14-S088)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	1
2	NET IPF PPS OUTLIER PAYMENT	2
3	NET IPF PPS ECT PAYMENT	3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	4
4.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii) (F)(1) OR (2) (SEE INSTRUCTIONS)	4.01
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)	5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)	6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)	7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$	10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)	11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	13
14	ORGAN ACQUISITION	14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)	15
16	SUBTOTAL (SEE INSTRUCTIONS)	16
17	PRIMARY PAYER PAYMENTS	17
18	SUBTOTAL (LINE 16 LESS LINE 17)	18
19	DEDUCTIBLES	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	20
21	COINSURANCE	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IPF ONLY)	27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	28
29	OUTLIER PAYMENTS RECONCILIATION	29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	31
32	INTERIM PAYMENTS	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)	33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	35
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART II, LINE 2 (SEE INSTRUCTIONS)	50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)	52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	53

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996		479.65 1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		1.66 2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA		3 3
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 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
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.01 4.01
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 4.02
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)		481.31 5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)		605.24 6
7	ENTER THE LESSER OF LINE 5 OR LINE 6		481.31 7
		PRIMARY CARE 1	OTHER 2
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	174.05	344.25 518.30 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	138.41	273.76 412.17 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		10 10
11	TOTAL WEIGHTED FTE COUNT	138.41	273.76 11 11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	143.41	272.20 12 12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	137.42	271.88 13 13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	139.75	272.61 14 14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS		15 15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		16 16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	139.75	272.61 17 17
18	PER RESIDENT AMOUNT	99,413.88	94,136.19 18 18
19	APPROVED AMOUNT FOR RESIDENT COSTS	13,893,090	25,662,467 39,555,557 19 19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)		20 20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		123.93 21 21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		22 22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)		23 23
24	MULTIPLY LINE 22 TIMES LINE 23		24 24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)		39,555,557 25 25
COMPUTATION OF PROGRAM PATIENT LOAD			
		INPATIENT PART A	MANAGED CARE
26	INPATIENT DAYS	40,493	2,448 26 26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	141,598	141,598 27 27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.285972	0.017288 28 28
29	PROGRAM DIRECT GME AMOUNT	11,311,782	683,836 29 29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		96,626 30 30
31	NET PROGRAM DIRECT GME AMOUNT		11,898,992 31 31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)		32 32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)		25,929,157 33 33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)		34 34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)		35 35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)		36 36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME			
PART A REASONABLE COST			
37	REASONABLE COST (SEE INSTRUCTIONS)		148,982,225 37 37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)		7,440,902 38 38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		39 39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		17,428 40 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)		156,405,699 41 41
PART B REASONABLE COST			
42	REASONABLE COST (SEE INSTRUCTIONS)		89,618,752 42 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		8,430 43 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)		89,610,322 44 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)		246,016,021 45 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)		0.635754 46 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)		0.364246 47 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48	TOTAL PROGRAM GME PAYMENT (LINE 31)		11,898,992 48 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)		7,564,832 49 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)		4,334,160 50 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	74,348,000			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	209,006,000			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY				7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	73,088,000			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	356,442,000			11
FIXED ASSETS					
12	LAND				12
13	LAND IMPROVEMENTS				13
14	ACCUMULATED DEPRECIATION				14
15	BUILDINGS				15
16	ACCUMULATED DEPRECIATION				16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT	1,775,616,000			19
20	ACCUMULATED DEPRECIATION	-709,122,000			20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT				23
24	ACCUMULATED DEPRECIATION				24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	1,066,494,000			30
OTHER ASSETS					
31	INVESTMENTS	897,405,000			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	133,507,000			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	1,030,912,000			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	2,453,848,000			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	117,678,000			37
38	SALARIES, WAGES & FEES PAYABLE				38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	11,978,000			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	60,601,000			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	190,257,000			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	833,255,000			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	300,982,000			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	1,134,237,000			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	1,324,494,000			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	1,129,354,000			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	1,129,354,000			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	2,453,848,000			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		1,164,975,000							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		139,789,995							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		1,304,764,995							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 TEMPORARILY RESTRICTED CONT	3,345,000								5
6 PERMANENTLY RESTRICTED CONT	-20,000								6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		3,325,000							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		1,308,089,995							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 MINIMUM PENSION LIABILITY-WE	2,659,000								13
14 CHANGE IN VALUATION OF DERIV	85,079,000								14
15 NET TRANSFER TO U OF C	90,396,000								15
16 EXPENDED FOR OPERATING PURPO	4,539,000								16
17 OTHER	-3,387,000								17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		179,286,000							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		1,128,803,995							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	324,612,890		324,612,890	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	324,612,890		324,612,890	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	102,524,356		102,524,356	11
13 CORONARY CARE UNIT	28,476,729		28,476,729	12
14 BURN INTENSIVE CARE UNIT	18,058,479		18,058,479	13
14 SURGICAL INTENSIVE CARE UNIT				14
14.01 NURSERY SPECIAL CARE	11,213,728		11,213,728	14.01
15 NURSERY ICU	59,607,297		59,607,297	15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	219,880,589		219,880,589	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	544,493,479		544,493,479	17
18 ANCILLARY SERVICES	1,579,741,375		1,579,741,375	18
19 OUTPATIENT SERVICES		1,695,096,024	1,695,096,024	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE	1,468,184	2,907,581	4,375,765	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)	2,125,703,038	1,698,003,605	3,823,706,643	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		944,571,438	29
30 ADD (SPECIFY)			30
31 BAD DEBTS AND EXCLUDED AREAS	271,834,567		31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		271,834,567	36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		1,216,406,005	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	3,823,706,643	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	2,556,602,643	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	1,267,104,000	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	1,216,406,005	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	50,697,995	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS	7,401,758	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	5,819,792	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	7,633,618	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24			24
24.01	OTHER (CAPITATION REVENUE)	32,145,194	24.01
24.02	OTHER (OTHER MISC REVENUE)	14,913,638	24.02
24.03	OTHER (UNRESTRICTED GIFTS)	1,018,400	24.03
24.04	OTHER (INVESTMENT INCOME)	23,838,600	24.04
24.05	OTHER (DERIVATIVE INEFFECTIVENESS)	-3,679,000	24.05
24.06	OTHER (OTHER)		24.06
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	89,092,000	25
26	TOTAL (LINE 5 PLUS LINE 25)	139,789,995	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)	139,789,995	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL FEDERAL AMOUNT			
2	CAPITAL DRG OTHER THAN OUTLIER	6,254,215		1
3	CAPITAL DRG OUTLIER PAYMENTS	1,046,653		2
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	393.32		3
5	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	492.93		4
6	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.4243		5
7	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	2,653,663		6
8	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.1014		7
9	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.3533		8
10	SUM OF LINES 7 AND 8	0.4547		9
11	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0964		10
12	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	602,906		11
13	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	10,557,437		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	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 DCAM CAPITAL					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 NON-PATIENT PHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 OTHER ADMIN & GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
18 OCCUPATIONAL THERAPY					18
18.01 VOLUNTEERS					18.01
18.02 PATIENT TRANSPORT					18.02
18.03 MEDICAL ELECTRONICS					18.03
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMED ED PRGM - PHARMACY					23.01
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34.01 NURSERY SPECIAL CARE					34.01
35 NURSERY ICU					35
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
55 RADIOLOGY-THERAPEUTIC					55
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (MR					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
63 BLOOD STORING, PROCESSING & TR					63
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
70.01 BRACE & PLASTER ROOM					70.01
71 MEDICAL SUPPLIES CHRGD TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.01 DENTAL CLINIC					90.01
90.02 TRANSPLANT CLINIC					90.02
90.03 SILVER CROSS					90.03
90.04 SILVER CROSS PHARMACY					90.04
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95

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VERSION: 2011.10
 11/27/2012 09:48

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)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAP					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
105 KIDNEY ACQUISITION					105
106 HEART ACQUISITION					106
107 LIVER ACQUISITION					107
SPECIAL PURPOSE COST CENTERS					
108 LUNG ACQUISITION					108
109 PANCREAS ACQUISITION					109
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
191.01 OTHER NONREIMBURSABLE					191.01
191.02 MEDICAL SCHOOL					191.02
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)					202
203 TOTAL STATISTICAL BASIS					203
204 UNIT COST MULTIPLIER					204
204 UNIT COST MULTIPLIER					204