

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: 05-13-2014 TIME: 15:39
 2. MANUALLY SUBMITTED COST REPORT
 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY BOARD OF TRUSTEES OF THE UNIVERSITY (14-0150) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2011 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.

(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		3,539,267	4,152,703	141,425		1
2 SUBPROVIDER - IPF		91,887	1			2
3 SUBPROVIDER - IRF		-10,760				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		3,620,394	4,152,704	141,425		200

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 1740 W TAYLOR ST
 2 CITY: CHICAGO

STATE: IL

P.O.BOX:

ZIP CODE: 60612

COUNTY: COOK

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

0	COMPONENT NAME	1	CCN NUMBER	CBSA NUMBER	PROV TYPE	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O, OR N)			
							2	3	4	5
3	HOSPITAL	BOARD OF TRUSTEES OF THE UNIVE	14-0150	16974	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF	BOT FOR THE UOFI - PSYCH	14-S150	16974	4	07/01/1984	N	P	O	4
5	SUBPROVIDER - IRF	BOT FOR THE UOFI - REHAB	14-T150	16974	5	07/01/1988	N	P	O	5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF									9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTC									11
12	HOSPITAL-BASED HHA									12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE									14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS	UIMCC	14-2316	16974		01/01/2004				18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2011				TO: 06/30/2012				20
21	TYPE OF CONTROL									21

INPATIENT PPS INFORMATION

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

		IN-STATE MEDICAID		OUT-OF-STATE MEDICAID		MEDICAID HMO	OTHER MEDICAID		
		PAID	UNPAID	PAID	UNPAID				
		DAYS	DAYS	DAYS	DAYS	DAYS	DAYS		
		1	2	3	4	5	6		
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.	37,512	4,663	385		4,170		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 PAID UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.		1,044			307		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	
39	DOES THIS FACILITY QUALIFY FOR THE INPATIENT HOSPITAL PAYMENT ADJUSTMENT FOR LOW VOLUME HOSPITALS IN ACCORDANCE WITH 42 CFR §412.101(b)(2)(ii)? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)(ii)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)							1 N	2 N 39

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
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
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS

56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	2	3	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 HOSPITAL RECEIVE FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1.)(SEE INSTRUCTIONS)	Y/N	IME	DIRECT GME	61
61.01	ENTER THE AVERAGE NUMBER OF UNWEIGHTED PRIMARY CARE FTEs FROM THE HOSPITAL'S 3 MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	N			61.01
61.02	ENTER THE CURRENT YEAR TOTAL UNWEIGHTED PRIMARY CARE FTE COUNT (EXCLUDING OB/GYN AND GENERAL SURGERY) ADDED AS A RESULT OF SECTION 5503. (SEE INSTRUCTIONS)				61.02
61.03	ENTER THE BASE LINE FTE COUNT FOR PRIMARY CARE AND/OR GENERAL SURGERY RESIDENTS, WHICH IS USED FOR DETERMINING COMPLIANCE WITH THE 75% TEST. (SEE INSTRUCTIONS)				61.03
61.04	ENTER THE NUMBER OF UNWEIGHTED PRIMARY CARE/OR SURGERY ALLOPATHIC AND/OR OSTEOPATHIC FTEs IN THE CURRENT COST REPORTING PERIOD. (SEE INSTRUCTIONS)				61.04
61.05	ENTER THE DIFFERENCE BETWEEN THE BASELINE PRIMARY AND/OR GENERAL SURGERY FTE AND THE CURRENT YEAR'S PRIMARY CARE AND/OR GENERAL SURGERY FTE COUNTS (LINE 61.04 MINUS LINE 61.03). (SEE INSTRUCTIONS)				61.05
61.06	ENTER THE AMOUNT OF ACA §5503 AWARD THAT IS BEING USED FOR CAP RELIEF AND/OR FTEs THAT ARE NONPRIMARY CARE OR GENERAL SURGERY. (SEE INSTRUCTIONS)				61.06
	OF THE FTEs IN LINE 61.05, SPECIFY EACH NEW PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH NEW PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				
			UNWEIGHTED IME	UNWEIGHTED DIRECT GME	
	PROGRAM NAME	PROGRAM CODE	FTE COUNT	FTE COUNT	
	1	2	3	4	
					61.10
	OF THE FTEs IN LINE 61.05, SPECIFY EACH EXPANDED PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH EXPANDED PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				
					61.20
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)	1.70			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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

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 IN HOSPITAL	RATIO (COL.1/ HOSPITAL (COL.3+COL.4))	
65	PROGRAM NAME 1 FAMILY PRACTICE	PROGRAM CODE 2 1350	0.08	15.66	0.005083 65

		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ HOSPITAL (COL.1+COL.2))	
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)	4.53	280.85	0.015874	66

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)

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

INPATIENT PSYCHIATRIC FACILITY PPS					
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			Y	70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			Y N	71

INPATIENT REHABILITATION FACILITY PPS					
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			Y	75
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			N	76

LONG TERM CARE HOSPITAL PPS					
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N	80

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEFRA PROVIDERS

85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.	N	85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.	N	86

TITLE V AND XIX INPATIENT SERVICES

90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.	N	Y	90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N		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	
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.	N		105
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.	N	PHY- OCCUP- RESPI- SICAL ATIONAL SPEECH RATORY	109

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 15-1§ 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.	Y		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	2		118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 15,809,208 PAID LOSSES: 16,226,754 SELF INSURANCE: 15,809,208			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.	N		121

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TRANSPLANT CENTER INFORMATION		1	2
125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.	Y	125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.	01/01/1981	126
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		127
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.	01/29/1998	128
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		129
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.	01/01/1980	130
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		131
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.	10/01/2004	132
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		134

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	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.		N	145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.		N	146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	149

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B. SEE 42 CFR §413.13)

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

MULTICAMPUS

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

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

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.		168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.	1.00	169
170	IF LINE 167 IS 'Y', ENTER IN COLUMNS 1 AND 2 THE EHR BEGINNING DATE AND ENDING DATE FOR THE REPORTING PERIOD, RESPECTIVELY. (mmdyyy) (SEE INSTRUCTIONS)		170

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

		Y/N	DATE	
PROVIDER ORGANIZATION AND OPERATION				
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N	2	1
		Y/N	DATE	V/I
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N	2	3 2
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3
FINANCIAL DATA AND REPORTS				
		Y/N	TYPE	DATE
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	Y	A	3 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	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N	2	6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y		7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y		9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	Y		10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11
			Y/N	
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.		Y	15

		PART A		PART B	
		Y/N	DATE	Y/N	DATE
PS&R REPORT DATA					
		1	2	3	4
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	11/14/2012	Y	11/14/2012 17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		Y	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

22	HAVE ASSETS BEEN RELIEFED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS.	22
23	HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	23
24	WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	24
25	HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	25
26	WERE ASSETS SUBJECT TO SEC. 2314 OF 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	
36	1	2	WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?
37			IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.
38	N		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.
39			IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS.
40			IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.

COST REPORT PREPARER CONTACT INFORMATION

41	FIRST NAME: CYNTHIA	LAST NAME: SCHMIEGELT	TITLE: ASSOC DIRECTOR OF HO	41
42	EMPLOYER: UNIVERSITY OF ILLINOIS HOSPITA			42
43	PHONE NUMBER: 3124138414	E-MAIL ADDRESS: CSCHMIEG@UIC.EDU		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	273,651,652	6,732,050	280,383,702	7,624,489.00	36.77	1
2							2
3		193,587		193,587	6,101.00	31.73	3
4		3,549,788		3,549,788	24,285.00	146.17	4
4.01		3,434,696		3,434,696	26,509.00	129.57	4.01
5		13,023,029		13,023,029	134,424.00	96.88	5
6		3,476,448		3,476,448	68,652.00	50.64	6
7	21	15,851,707	6,732,050	22,583,757	910,568.00	24.80	7
7.01							7.01
8							8
9	44						9
10		12,482,519	-147,745	12,334,774	334,492.00	36.88	10
OTHER WAGES & RELATED COSTS							
11		2,759,836		2,759,836	49,979.00	55.22	11
12		2,045,669		2,045,669	7,974.00	256.54	12
13							13
14							14
15		476,067		476,067	2,662.00	178.84	15
16		14,598,779		14,598,779	98,550.00	148.14	16
WAGE-RELATED COSTS							
17		128,091,055		128,091,055			17
18							18
19		6,980,169		6,980,169			19
EXCLUDED AREAS							
20							20
21		87,661		87,661			21
22		1,348,598		1,348,598			22
22.01		1,332,146		1,332,146			22.01
23		5,358,098		5,358,098			23
24		1,727,081		1,727,081			24
25		15,426,961		15,426,961			25
OVERHEAD COSTS - DIRECT SALARIES							
26		160,453		160,453	3,219.00	49.85	26
27		56,330,105	-3,607,566	52,722,539	1,197,948.00	44.01	27
28		1,625,227		1,625,227	17,397.00	93.42	28
29		723,335		723,335	19,612.00	36.88	29
30							30
31							31
32		30,173		30,173	754.00	40.02	32
33		4,735,612		4,735,612	274,886.00	17.23	33
34		3,036,846	-48,835	2,988,011	173,247.00	17.25	34
35							35
36							36
37							37
38		4,798,953	-450	4,798,503	118,458.00	40.51	38
39		3,135,694		3,135,694	145,752.00	21.51	39
40		7,500,309	-222,000	7,278,309	204,068.00	35.67	40
41		2,629,841		2,629,841	109,634.00	23.99	41
42		3,160,174	-45,584	3,114,590	134,356.00	23.18	42
43		2,203,047		2,203,047	46,428.00	47.45	43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	244,033,024		244,033,024	6,770,518.00	36.04	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	12,482,519	-147,745	12,334,774	334,492.00	36.88	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	231,550,505	147,745	231,698,250	6,436,026.00	36.00	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	5,281,572		5,281,572	60,615.00	87.13	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	129,439,653		129,439,653		55.87%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	366,271,730	147,745	366,419,475	6,496,641.00	56.40	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	90,069,769	-3,924,435	86,145,334	2,445,759.00	35.22	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS		1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	81,828,312	4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	66,874,620	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	414,872	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)		11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	2,302,801	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	582,434	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY	7,627,223	18
19 UNEMPLOYMENT INSURANCE		19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		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	721,507	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	160,351,769	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	6,430,732	2
3	SUBPROVIDER - IPF	6,430,732	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 OLTG		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 14-2316

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

DESCRIPTION	---- OUTPATIENT ---		---- TRAINING ----		----- HOME -----				
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6			
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD	143				21	19	1		
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00						2		
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	4.50						3		
4 CAPD EXCHANGES PER DAY				4			4		
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	312						5		
6 NUMBER OF STATIONS	26						6		
7 TREATMENT CAPACITY PER DAY PER STATION	3						7		
8 UTILIZATION (SEE INSTRUCTIONS)	0.81						8		
9 AVERAGE TIMES DIALYZERS RE-USED							9		
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS							10		
ESRD PPS							1	2	
10.01 IS THE DIALYSIS FACILITY APPROVED AS A LOW-VOLUME FACILITY FOR THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)							10.01		
10.02 DID YOUR FACILITY ELECT 100% PPS EFFECTIVE JANUARY 1, 2011? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS FOR 'NEW' PROVIDERS.)							10.02		
10.03 IF YOU RESPONDED 'N' TO LINE 10.02, ENTER IN COLUMN 1 THE YEAR OF TRANSITION FOR PERIODS PRIOR TO JANUARY 1 AND ENTER IN COLUMN 2 THE YEAR OF TRANSITION FOR PERIODS AFTER DECEMBER 31. (SEE INSTRUCTIONS)							10.03		
TRANSPLANT INFORMATION									
11 NUMBER OF PATIENTS ON TRANSPLANT LIST							78		
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD							1		
EPOETIN									
13 NET COSTS OF EPOETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							13		
14 EPOETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							14		
15 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							15		
16 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							16		
ARANESP									
17 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							339,515		
18 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							18		
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							150,189		
20 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							20		
PHYSICIAN PAYMENT METHOD (ENTER 'X' FOR APPLICABLE METHOD(S))									
21 MCP X INITIAL METHOD							21		
ENTER IN COLUMN 1 THE ESA DESCRIPTION. ENTER IN COLUMN 2 THE NET COSTS OF ESAs FURNISHED TO ALL RENAL DIALYSIS PATIENTS. ENTER IN COLUMN 3 THE NET COST OF ESAs FURNISHED TO ALL HOME DIALYSIS PROGRAM PATIENTS. ENTER IN COLUMN 4 THE NUMBER OF ESA UNITS FURNISHED TO PATIENTS IN THE RENAL DIALYSIS DEPARTMENT. ENTER IN COLUMN 5 THE NUMBER OF UNITS FURNISHED TO PATIENTS IN THE HOME DIALYSIS PROGRAM. (SEE INSTR.)									
EPA DESCRIPTION	1	NET COST OF ESAs FOR RENAL PATIENTS	2	NET COST OF ESAs FOR HOME PATIENTS	3	NUMBER OF ESA UNITS RENAL DIALYSIS DEPT.	4	NUMBER OF ESA UNITS HOME DIALYSIS DEPT.	5

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)				0.342558	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				168,052,486	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID					5
6	MEDICAID CHARGES				520,881,630	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				178,432,169	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.				10,379,683	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP				512,173	9
10	STAND-ALONE SCHIP CHARGES				1,503,588	10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)				515,066	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.				2,893	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)				646,704	13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)				17,688,872	14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)				6,059,465	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.				5,412,761	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				26,658,056	18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				15,795,337	19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL		
		1	2	3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	43,004,331	6,631,394	49,635,725		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	14,731,478	2,271,637	17,003,115		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	223,017	16,240	239,257		22
23	COST OF CHARITY CARE	14,508,461	2,255,397	16,763,858		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 IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					N 24
25	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)				35,117,885	25
26	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				2,461,587	26
27	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				32,656,298	27
28	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				11,186,676	28
29	COST OF UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				27,950,534	29
30	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				43,745,871	30
31						31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
GENERAL SERVICE COST CENTERS						
1	00100				4,914,173	1
2	00200				15,965,568	2
3	00300					3
4	00400	160,453	25,648	186,101	240,966	4
5.01	00590	46,955,023	127,848,877	174,803,900	-31,570,764	5.01
5.02	00591	5,805,131	2,301,092	8,106,223	-72,524	5.02
5.03	00592	3,569,951	6,617,834	10,187,785	-65,207	5.03
6	00600	723,335	16,471,975	17,195,310	-478	6
7	00700					7
8	00800					8
9	00900	30,173	6,225,345	6,255,518	-164,450	9
10	01000	3,036,846	3,816,734	6,853,580	-91,918	10
11	01100		725	725		11
12	01200					12
13	01300	4,798,953	732,194	5,531,147	-1,187	13
14	01400	3,135,694	2,930,902	6,066,596	1,480,538	14
15	01500	7,500,309	36,320,347	43,820,656	-37,194,525	15
16	01600	2,629,841	637,993	3,267,834	-2,860	16
17	01700	3,083,618	398,635	3,482,253	-46,067	17
17.01	01701	76,556	25,707	102,263		17.01
18	01850	2,203,047	110,338	2,313,385		18
19	01900					19
20	02000					20
21	02100	15,851,707	-202,279	15,649,428	6,732,050	21
22	02200	494,430	1,842,602	2,337,032	3,426,827	22
23	02300				1,413,672	23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	41,129,912	4,179,528	45,309,440	1,365,899	30
31	03100	7,375,469	890,659	8,266,128	-690,702	31
31.01	02080	3,460,045	378,138	3,838,183	-215,708	31.01
31.02	02060	9,976,256	895,899	10,872,155	-571,272	31.02
32	03200	5,810,767	915,455	6,726,222	-540,440	32
40	04000	6,461,333	315,752	6,777,085	-29,799	40
41	04100	1,599,116	152,551	1,751,667	-17,368	41
43	04300				1,197,577	43
ANCILLARY SERVICE COST CENTERS						
50	05000	10,658,494	36,090,771	46,749,265	-29,837,990	50
51	05100	1,704,054	305,967	2,010,021	-58,288	51
52	05200	10,854,555	1,479,825	12,334,380	-5,421,775	52
53	05300	960,044	2,258,901	3,218,945	-1,743,915	53
54	05400	5,549,431	419,116	5,968,547	-3,149,347	54
54.01	03630	770,658	148,792	919,450	35,047	54.01
54.02	03650	1,315,715	4,738,727	6,054,442	-3,481,364	54.02
54.03	05401	400,286	465,941	866,227	-7,502	54.03
55	05500	1,668,612	3,674,336	5,342,948	378,437	55
56	05600	307,612	1,293,797	1,601,409	-1,143,745	56
57	05700	964,274	372,716	1,336,990	500,927	57
58	05800	794,973	295,800	1,090,773	260,179	58
59	05900	691,642	1,463,048	2,154,690	-1,324,311	59
60	06000	12,020,533	13,886,212	25,906,745	-5,670,251	60
60.01	03420	272,656	1,105,973	1,378,629	-9,585	60.01
60.02	03421	1,558,720	2,161,651	3,720,371	5,510,750	60.02
62.30	06250					62.30
63	06300	979,380	4,653,471	5,632,851	-17,884	63
64	06400	101,996	11,191,621	11,293,617	-11,066,556	64
65	06500	2,533,050	508,373	3,041,423	-377,587	65
66	06600	2,662,475	208,418	2,870,893	-24,074	66
67	06700	1,125,587	38,691	1,164,278	-15,622	67
68	06800	360,766	12,474	373,240	-444	68
69	06900	179,239	40,295	219,534	-17,731	69
70	07000	278,905	78,438	357,343	-21,889	70
71	07100				46,631,869	71
73	07300				51,237,138	73
74	07400	3,391,611	2,445,439	5,837,050	-1,053,940	74
76	03950					76
76.01	03340	1,471,311	1,174,898	2,646,209	-842,693	76.01
76.02	03951	306,626	445,623	752,249	-1,368	76.02
76.03	03140	1,827,577	1,716,277	3,543,854	-1,731,643	76.03
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	14,441,539	3,600,086	18,041,625	-504,016	90
91	09100	6,971,323	992,994	7,964,317	-634,089	91
92	09200					92
93.01	04950	2,148,801	1,591,221	3,740,022	-1,148,223	93.01

PROVIDER CCN: 14-0150 BOARD OF TRUSTEES OF THE UNIVE
 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: 2013.11
 05/13/2014 15:39

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
93.02	04952 OCC PSYCH	2,398,389	154,460	2,552,849	-1,469	93.02
93.03	04951 OCC ADOLESCENTS	1,690,783	839,248	2,530,031	-288,625	93.03
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105	10500 KIDNEY ACQUISITION	1,964,737	2,862,380	4,827,117	-437,595	105
107	10700 LIVER ACQUISITION	337,352	1,568,579	1,905,931	-21,369	107
109	10900 PANCREAS ACQUISITION		825,275	825,275	67,761	109
111	11100 ISLET ACQUISITION	53,108	88,530	141,638	19,545	111
112	08600 OTHER ORGAN ACQUISITION (SPECIFY)		26,500	26,500	992	112
118	SUBTOTALS (SUM OF LINES 1-117)	271,584,779	319,057,515	590,642,294	49,756	118
NONREIMBURSABLE COST CENTERS						
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	115,191	219,729	334,920		190
191	19100 RESEARCH	458,284	89,789	548,073	-15,562	191
192	19200 PHYSICIANS' PRIVATE OFFICES	1,493,398	3,895,738	5,389,136	-34,194	192
200	TOTAL (SUM OF LINES 118-199)	273,651,652	323,262,771	596,914,423		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
GENERAL SERVICE COST CENTERS					
1	00100	4,914,173		4,914,173	1
2	00200	15,965,568	-1,972,020	13,993,548	2
3	00300				3
4	00400	427,067	159,135,224	159,562,291	4
5.01	00590	143,233,136	-58,452,003	84,781,133	5.01
5.02	00591	8,033,699	-465,125	7,568,574	5.02
5.03	00592	10,122,578	-72,471	10,050,107	5.03
6	00600	17,194,832	5,555,422	22,750,254	6
7	00700				7
8	00800				8
9	00900	6,091,068		6,091,068	9
10	01000	6,761,662	-2,233,630	4,528,032	10
11	01100	725		725	11
12	01200				12
13	01300	5,529,960	-65,208	5,464,752	13
14	01400	7,547,134	44	7,547,178	14
15	01500	6,626,131	-6,205,917	420,214	15
16	01600	3,264,974	-36,207	3,228,767	16
17	01700	3,436,186		3,436,186	17
17.01	01701	102,263		102,263	17.01
18	01850	2,313,385		2,313,385	18
19	01900				19
20	02000				20
21	02100	22,381,478	-2,632	22,378,846	21
22	02200	5,763,859	9,433,457	15,197,316	22
23	02300	1,413,672	-375,739	1,037,933	23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	46,675,339	-838,129	45,837,210	30
31	03100	7,575,426	-88,365	7,487,061	31
31.01	02080	3,622,475		3,622,475	31.01
31.02	02060	10,300,883		10,300,883	31.02
32	03200	6,185,782		6,185,782	32
40	04000	6,747,286		6,747,286	40
41	04100	1,734,299	-106,876	1,627,423	41
43	04300	1,197,577		1,197,577	43
ANCILLARY SERVICE COST CENTERS					
50	05000	16,911,275	-370,773	16,540,502	50
51	05100	1,951,733		1,951,733	51
52	05200	6,912,605	-828,025	6,084,580	52
53	05300	1,475,030	-137,874	1,337,156	53
54	05400	2,819,200	-1,846	2,817,354	54
54.01	03630	954,497		954,497	54.01
54.02	03650	2,573,078	-172,067	2,401,011	54.02
54.03	05401	858,725	-7,999	850,726	54.03
55	05500	5,721,385	-9,259	5,712,126	55
56	05600	457,664		457,664	56
57	05700	1,837,917		1,837,917	57
58	05800	1,350,952		1,350,952	58
59	05900	830,379	-1,387	828,992	59
60	06000	20,236,494	-3,535	20,232,959	60
60.01	03420	1,369,044		1,369,044	60.01
60.02	03421	9,231,121	-465	9,230,656	60.02
62.30	06250				62.30
63	06300	5,614,967		5,614,967	63
64	06400	227,061	-200,045	27,016	64
65	06500	2,663,836		2,663,836	65
66	06600	2,846,819	-23,978	2,822,841	66
67	06700	1,148,656	-10,848	1,137,808	67
68	06800	372,796		372,796	68
69	06900	201,803		201,803	69
70	07000	335,454		335,454	70
71	07100	46,631,869		46,631,869	71
73	07300	51,237,138	-2,155,142	49,081,996	73
74	07400	4,783,110	-453	4,782,657	74
76	03950				76
76.01	03340	1,803,516		1,803,516	76.01
76.02	03951	750,881	-1,924	748,957	76.02
76.03	03140	1,812,211	-38,352	1,773,859	76.03
76.97	07697				76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	17,537,609	-576,370	16,961,239	90
91	09100	7,330,228		7,330,228	91
92	09200				92
93.01	04950	2,591,799	-5,745	2,586,054	93.01

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4)	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6)	
		5	7		
93.02	04952 OCC PSYCH	2,551,380	-152,842	2,398,538	93.02
93.03	04951 OCC ADOLESCENTS	2,241,406	-42,709	2,198,697	93.03
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
105	10500 KIDNEY ACQUISITION	4,389,522	-50,490	4,339,032	105
107	10700 LIVER ACQUISITION	1,884,562	-44,323	1,840,239	107
109	10900 PANCREAS ACQUISITION	893,036	-1,981	891,055	109
111	11100 ISLET ACQUISITION	161,183	-24,399	136,784	111
112	08600 OTHER ORGAN ACQUISITION (SPECIFY)	27,492		27,492	112
118	SUBTOTALS (SUM OF LINES 1-117)	590,692,050	98,346,994	689,039,044	118
NONREIMBURSABLE COST CENTERS					
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	334,920	-334,920		190
191	19100 RESEARCH	532,511		532,511	191
192	19200 PHYSICIANS' PRIVATE OFFICES	5,354,942	-4,138,038	1,216,904	192
200	TOTAL (SUM OF LINES 118-199)	596,914,423	93,874,036	690,788,459	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 WOMENS HEALTH	A	ADULTS & PEDIATRICS	30	3,271,147	227,228	1
2 WOMENS HEALTH	A	NURSERY	43	1,119,792	77,785	2
500 TOTAL RECLASSIFICATIONS				4,390,939	305,013	500
CODE LETTER - A						
1 CHARGEABLE MED SPLS	B	CENTRAL SERVICES & SUPPLY	14		2,699,523	1
2 CHARGEABLE MED SPLS	B					2
3 CHARGEABLE MED SPLS	B					3
4 CHARGEABLE MED SPLS	B					4
5 CHARGEABLE MED SPLS	B					5
6 CHARGEABLE MED SPLS	B					6
7 CHARGEABLE MED SPLS	B					7
8 CHARGEABLE MED SPLS	B					8
9 CHARGEABLE MED SPLS	B					9
10 CHARGEABLE MED SPLS	B					10
11 CHARGEABLE MED SPLS	B					11
12 CHARGEABLE MED SPLS	B					12
13 CHARGEABLE MED SPLS	B					13
14 CHARGEABLE MED SPLS	B					14
15 CHARGEABLE MED SPLS	B					15
16 CHARGEABLE MED SPLS	B					16
17 CHARGEABLE MED SPLS	B					17
18 CHARGEABLE MED SPLS	B					18
19 CHARGEABLE MED SPLS	B					19
20 CHARGEABLE MED SPLS	B					20
21 CHARGEABLE MED SPLS	B					21
22 CHARGEABLE MED SPLS	B					22
23 CHARGEABLE MED SPLS	B					23
24 CHARGEABLE MED SPLS	B					24
25 CHARGEABLE MED SPLS	B					25
26 CHARGEABLE MED SPLS	B					26
27 CHARGEABLE MED SPLS	B					27
28 CHARGEABLE MED SPLS	B					28
29 CHARGEABLE MED SPLS	B					29
30 CHARGEABLE MED SPLS	B					30
31 CHARGEABLE MED SPLS	B					31
32 CHARGEABLE MED SPLS	B					32
33 CHARGEABLE MED SPLS	B					33
34 CHARGEABLE MED SPLS	B					34
35 CHARGEABLE MED SPLS	B					35
36 CHARGEABLE MED SPLS	B					36
37 CHARGEABLE MED SPLS	B					37
38 CHARGEABLE MED SPLS	B					38
39 CHARGEABLE MED SPLS	B					39
40 CHARGEABLE MED SPLS	B					40
41 CHARGEABLE MED SPLS	B					41
42 CHARGEABLE MED SPLS	B					42
43 CHARGEABLE MED SPLS	B					43
44 CHARGEABLE MED SPLS	B					44
45 CHARGEABLE MED SPLS	B					45
46 CHARGEABLE MED SPLS	B					46
47 CHARGEABLE MED SPLS	B					47
48 CHARGEABLE MED SPLS	B					48
49 CHARGEABLE MED SPLS	B					49
50 CHARGEABLE MED SPLS	B					50
51 CHARGEABLE MED SPLS	B					51
52 CHARGEABLE MED SPLS	B					52
53 CHARGEABLE MED SPLS	B					53
54 CHARGEABLE MED SPLS	B	MEDICAL SUPPLIES CHARGED TO P	71		46,631,869	54
500 TOTAL RECLASSIFICATIONS					49,331,392	500
CODE LETTER - B						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER	
		COST CENTER	LINE #			
	1	2	3	4	5	
1 CHARGEABLE DRUGS	C					1
2 CHARGEABLE DRUGS	C					2
3 CHARGEABLE DRUGS	C					3
4 CHARGEABLE DRUGS	C					4
5 CHARGEABLE DRUGS	C					5
6 CHARGEABLE DRUGS	C					6
7 CHARGEABLE DRUGS	C					7
8 CHARGEABLE DRUGS	C					8
9 CHARGEABLE DRUGS	C					9
10 CHARGEABLE DRUGS	C					10
11 CHARGEABLE DRUGS	C					11
12 CHARGEABLE DRUGS	C					12
13 CHARGEABLE DRUGS	C					13
14 CHARGEABLE DRUGS	C					14
15 CHARGEABLE DRUGS	C					15
16 CHARGEABLE DRUGS	C					16
17 CHARGEABLE DRUGS	C					17
18 CHARGEABLE DRUGS	C					18
19 CHARGEABLE DRUGS	C					19
20 CHARGEABLE DRUGS	C					20
21 CHARGEABLE DRUGS	C					21
22 CHARGEABLE DRUGS	C					22
23 CHARGEABLE DRUGS	C					23
24 CHARGEABLE DRUGS	C					24
25 CHARGEABLE DRUGS	C					25
26 CHARGEABLE DRUGS	C					26
27 CHARGEABLE DRUGS	C					27
28 CHARGEABLE DRUGS	C					28
29 CHARGEABLE DRUGS	C					29
30 CHARGEABLE DRUGS	C					30
31 CHARGEABLE DRUGS	C					31
32 CHARGEABLE DRUGS	C					32
33 CHARGEABLE DRUGS	C					33
34 CHARGEABLE DRUGS	C					34
35 CHARGEABLE DRUGS	C					35
36 CHARGEABLE DRUGS	C					36
37 CHARGEABLE DRUGS	C					37
38 CHARGEABLE DRUGS	C					38
39 CHARGEABLE DRUGS	C					39
40 CHARGEABLE DRUGS	C					40
41 CHARGEABLE DRUGS	C					41
42 CHARGEABLE DRUGS	C					42
43 CHARGEABLE DRUGS	C					43
44 CHARGEABLE DRUGS	C					44
45 CHARGEABLE DRUGS	C	DRUGS CHARGED TO PATIENTS	73		51,237,138	45
46 CHARGEABLE DRUGS	C	RENAL DIALYSIS	74		339,515	46
500 TOTAL RECLASSIFICATIONS					51,576,653	500
CODE LETTER - C						
1 PHARMACY ALLIED HEALTH	D	PARAMED ED PRGM-(SPECIFY)	23	222,000		1
2 PHARMACY ALLIED HEALTH	D	PARAMED ED PRGM-(SPECIFY)	23		1,191,672	2
500 TOTAL RECLASSIFICATIONS				222,000	1,191,672	500
CODE LETTER - D						
1 RADIOLOGY ADMIN & NURSING	E	RADIO ULTRASOUND	54.01	134,759	6,805	1
2 RADIOLOGY ADMIN & NURSING	E	RADIO ANGIOGRAPHY	54.02	797,054	40,250	2
3 RADIOLOGY ADMIN & NURSING	E	RADIO WEST HARRISON	54.03	152,685	7,710	3
4 RADIOLOGY ADMIN & NURSING	E	RADIOLOGY-THERAPEUTIC	55	412,976	20,855	4
5 RADIOLOGY ADMIN & NURSING	E	RADIOISOTOPE	56	80,580	4,069	5
6 RADIOLOGY ADMIN & NURSING	E	CT SCAN	57	732,132	36,971	6
7 RADIOLOGY ADMIN & NURSING	E	MRI	58	466,388	23,552	7
500 TOTAL RECLASSIFICATIONS				2,776,574	140,212	500
CODE LETTER - E						
1 DEPRECIATION-BLDG	F	CAP REL COSTS-BLDG & FIXT	1		4,914,173	1
2 DEPRECIATION-EQUIP	F	CAP REL COSTS-MVBLE EQUIP	2		13,993,548	2
3 AMORTIZATION EXP ISSUANCE COST	F	CAP REL COSTS-MVBLE EQUIP	2		23,157	3
4 AMORTIZATION BOND DSCT	F	CAP REL COSTS-MVBLE EQUIP	2		250,733	4
5 INTEREST EXPENSE	F	CAP REL COSTS-MVBLE EQUIP	2		1,698,130	5
500 TOTAL RECLASSIFICATIONS					20,879,741	500
CODE LETTER - F						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER	
			LINE #				
	1	2	3	4	5		
1 BENEFIT EXPENSE	G	EMPLOYEE BENEFITS DEPARTMENT	4			6,973,016	1
500 TOTAL RECLASSIFICATIONS						6,973,016	500
CODE LETTER - G							
1 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	MEDICAL CENTER ALL OTHER ADMI	5.01		65,736		1
2 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	RENAL DIALYSIS	74		100,160		2
3 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	CLINIC	90		875,487		3
4 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	KIDNEY ACQUISITION	105		275,560		4
5 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	LIVER ACQUISITION	107		171,341		5
6 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	PANCREAS ACQUISITION	109		46,300		6
7 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	ISLET ACQUISITION	111		20,041		7
8 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	OTHER ORGAN ACQUISITION (SPEC	112		992		8
9 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H						9
10 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H						10
11 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H						11
12 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H						12
13 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H						13
500 TOTAL RECLASSIFICATIONS					1,555,617		500
CODE LETTER - H							
1 OUTREACH LAB	K	LAB OUTREACH	60.02		1,725,937	3,784,870	1
2 OUTREACH LAB	K						2
3 OUTREACH LAB	K						3
500 TOTAL RECLASSIFICATIONS					1,725,937	3,784,870	500
CODE LETTER - K							
1 HOSPITAL PART A - TEACHING	L	I&R SERVICES-OTHER PRGM COSTS	22		3,434,696		1
500 TOTAL RECLASSIFICATIONS					3,434,696		500
CODE LETTER - L							
1 TRANSPLANT DIRECTOR	M	KIDNEY ACQUISITION	105		88,127		1
2 TRANSPLANT DIRECTOR	M	LIVER ACQUISITION	107		36,320		2
3 TRANSPLANT DIRECTOR	M	PANCREAS ACQUISITION	109		21,461		3
500 TOTAL RECLASSIFICATIONS					145,908		500
CODE LETTER - M							
1 RESIDENT BILLING BENEFITS	N	I&R SERVICES-SALARY & FRINGES	21		6,732,050		1
500 TOTAL RECLASSIFICATIONS					6,732,050		500
CODE LETTER - N							
1 WTB - RADIOLOGY	P	RADIO ULTRASOUND	54.01		3,619	1,718	1
2 WTB - RADIOLOGY	P	RADIO ANGIOGRAPHY	54.02		21,408	10,164	2
3 WTB - RADIOLOGY	P	RADIO WEST HARRISON	54.03		4,101	1,947	3
4 WTB - RADIOLOGY	P	RADIOLOGY-THERAPEUTIC	55		11,092	5,266	4
5 WTB - RADIOLOGY	P	RADIOISOTOPE	56		2,164	1,028	5
6 WTB - RADIOLOGY	P	CT SCAN	57		19,664	9,336	6
7 WTB - RADIOLOGY	P	MRI	58		12,527	5,947	7
500 TOTAL RECLASSIFICATIONS					74,575	35,406	500
CODE LETTER - P							
GRAND TOTAL (INCREASES)					21,058,296	134,217,975	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 WOMENS HEALTH	A	DELIVERY ROOM & LABOR ROOM	52	4,390,939	305,013	1
2 WOMENS HEALTH	A					2
500 TOTAL RECLASSIFICATIONS				4,390,939	305,013	500
CODE LETTER - A						
1 CHARGEABLE MED SPLS	B	MEDICAL CENTER ALL OTHER ADMI	5.01		14,108	1
2 CHARGEABLE MED SPLS	B	HOSPITAL ADMIN & GENERAL	5.02		13,677	2
3 CHARGEABLE MED SPLS	B	AMBULATORY ADMIN & GENERAL	5.03		54,510	3
4 CHARGEABLE MED SPLS	B	MAINTENANCE & REPAIRS	6		465	4
5 CHARGEABLE MED SPLS	B	HOUSEKEEPING	9		164,450	5
6 CHARGEABLE MED SPLS	B	DIETARY	10		28,752	6
7 CHARGEABLE MED SPLS	B	NURSING ADMINISTRATION	13		729	7
8 CHARGEABLE MED SPLS	B	PHARMACY	15		740,163	8
9 CHARGEABLE MED SPLS	B	MEDICAL RECORDS & LIBRARY	16		2,860	9
10 CHARGEABLE MED SPLS	B	SOCIAL SERVICE	17		483	10
11 CHARGEABLE MED SPLS	B	I&R SERVICES-OTHER PRGM COSTS	22		7,869	11
12 CHARGEABLE MED SPLS	B	ADULTS & PEDIATRICS	30		1,609,265	12
13 CHARGEABLE MED SPLS	B	INTENSIVE CARE UNIT	31		619,785	13
14 CHARGEABLE MED SPLS	B	PEDS ICU	31.01		190,173	14
15 CHARGEABLE MED SPLS	B	NEONATAL ICU	31.02		548,027	15
16 CHARGEABLE MED SPLS	B	CORONARY CARE UNIT	32		464,481	16
17 CHARGEABLE MED SPLS	B	SUBPROVIDER - IPF	40		28,452	17
18 CHARGEABLE MED SPLS	B	SUBPROVIDER - IRF	41		16,075	18
19 CHARGEABLE MED SPLS	B	OPERATING ROOM	50		29,760,982	19
20 CHARGEABLE MED SPLS	B	RECOVERY ROOM	51		48,552	20
21 CHARGEABLE MED SPLS	B	DELIVERY ROOM & LABOR ROOM	52		677,085	21
22 CHARGEABLE MED SPLS	B	ANESTHESIOLOGY	53		1,357,180	22
23 CHARGEABLE MED SPLS	B	RADIOLOGY-DIAGNOSTIC	54		99,196	23
24 CHARGEABLE MED SPLS	B	RADIO ULTRASOUND	54.01		87,023	24
25 CHARGEABLE MED SPLS	B	RADIO ANGIOGRAPHY	54.02		4,093,567	25
26 CHARGEABLE MED SPLS	B	RADIO WEST HARRISON	54.03		101,355	26
27 CHARGEABLE MED SPLS	B	RADIOLOGY-THERAPEUTIC	55		64,421	27
28 CHARGEABLE MED SPLS	B	RADIOISOTOPE	56		1,182,641	28
29 CHARGEABLE MED SPLS	B	CT SCAN	57		124,485	29
30 CHARGEABLE MED SPLS	B	MRI	58		42,008	30
31 CHARGEABLE MED SPLS	B	CARDIAC CATHETERIZATION	59		1,221,513	31
32 CHARGEABLE MED SPLS	B	LABORATORY	60		73,557	32
33 CHARGEABLE MED SPLS	B	LAB TISSUE TYPING	60.01		159	33
34 CHARGEABLE MED SPLS	B	LAB OUTREACH	60.02		57	34
35 CHARGEABLE MED SPLS	B	BLOOD STORING, PROCESSING & T	63		723	35
36 CHARGEABLE MED SPLS	B	RESPIRATORY THERAPY	65		370,126	36
37 CHARGEABLE MED SPLS	B	PHYSICAL THERAPY	66		23,971	37
38 CHARGEABLE MED SPLS	B	OCCUPATIONAL THERAPY	67		15,622	38
39 CHARGEABLE MED SPLS	B	SPEECH PATHOLOGY	68		444	39
40 CHARGEABLE MED SPLS	B	ELECTROCARDIOLOGY	69		17,604	40
41 CHARGEABLE MED SPLS	B	ELECTROENCEPHALOGRAPHY	70		21,804	41
42 CHARGEABLE MED SPLS	B	RENAL DIALYSIS	74		1,246,473	42
43 CHARGEABLE MED SPLS	B	GASTROENTROLOGY	76.01		831,390	43
44 CHARGEABLE MED SPLS	B	BONE MARROW TRANSPLANT	76.02		81	44
45 CHARGEABLE MED SPLS	B	CARDIAC SERVICES	76.03		1,727,220	45
46 CHARGEABLE MED SPLS	B	CLINIC	90		845,142	46
47 CHARGEABLE MED SPLS	B	EMERGENCY	91		539,760	47
48 CHARGEABLE MED SPLS	B	OCC EEI	93.01		106,407	48
49 CHARGEABLE MED SPLS	B	OCC PSYCH	93.02		1,437	49
50 CHARGEABLE MED SPLS	B	OCC ADOLESCENTS	93.03		99,615	50
51 CHARGEABLE MED SPLS	B	KIDNEY ACQUISITION	105		411	51
52 CHARGEABLE MED SPLS	B	RESEARCH	191		14,131	52
53 CHARGEABLE MED SPLS	B	PHYSICIANS' PRIVATE OFFICES	192		30,478	53
54 CHARGEABLE MED SPLS	B	ISLET ACQUISITION	111		448	54
500 TOTAL RECLASSIFICATIONS					49,331,392	500
CODE LETTER - B						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 CHARGEABLE DRUGS	C	MEDICAL CENTER ALL OTHER ADMI	5.01		165,877	1
2 CHARGEABLE DRUGS	C	MAINTENANCE & REPAIRS	6		13	2
3 CHARGEABLE DRUGS	C	DIETARY	10		14,331	3
4 CHARGEABLE DRUGS	C	NURSING ADMINISTRATION	13		8	4
5 CHARGEABLE DRUGS	C	CENTRAL SERVICES & SUPPLY	14		1,218,985	5
6 CHARGEABLE DRUGS	C	PHARMACY	15		35,040,690	6
7 CHARGEABLE DRUGS	C	ADULTS & PEDIATRICS	30		445,863	7
8 CHARGEABLE DRUGS	C	INTENSIVE CARE UNIT	31		70,917	8
9 CHARGEABLE DRUGS	C	PEDS ICU	31.01		25,535	9
10 CHARGEABLE DRUGS	C	NEONATAL ICU	31.02		23,245	10
11 CHARGEABLE DRUGS	C	CORONARY CARE UNIT	32		75,959	11
12 CHARGEABLE DRUGS	C	SUBPROVIDER - IPF	40		1,347	12
13 CHARGEABLE DRUGS	C	SUBPROVIDER - IRF	41		1,293	13
14 CHARGEABLE DRUGS	C	OPERATING ROOM	50		77,008	14
15 CHARGEABLE DRUGS	C	RECOVERY ROOM	51		9,736	15
16 CHARGEABLE DRUGS	C	DELIVERY ROOM & LABOR ROOM	52		48,738	16
17 CHARGEABLE DRUGS	C	ANESTHESIOLOGY	53		386,735	17
18 CHARGEABLE DRUGS	C	INTRAVENOUS THERAPY	64		11,066,556	18
19 CHARGEABLE DRUGS	C	RADIOLOGY-DIAGNOSTIC	54		23,384	19
20 CHARGEABLE DRUGS	C	RADIO ULTRASOUND	54.01		24,831	20
21 CHARGEABLE DRUGS	C	RADIO ANGIOGRAPHY	54.02		256,673	21
22 CHARGEABLE DRUGS	C	RADIO WEST HARRISON	54.03		72,590	22
23 CHARGEABLE DRUGS	C	RADIOLOGY-THERAPEUTIC	55		7,331	23
24 CHARGEABLE DRUGS	C	RADIOISOTOPE	56		48,945	24
25 CHARGEABLE DRUGS	C	CT SCAN	57		172,691	25
26 CHARGEABLE DRUGS	C	MRI	58		206,227	26
27 CHARGEABLE DRUGS	C	CARDIAC CATHETERIZATION	59		102,798	27
28 CHARGEABLE DRUGS	C	LABORATORY	60		13,062	28
29 CHARGEABLE DRUGS	C	LAB TISSUE TYPING	60.01		391	29
30 CHARGEABLE DRUGS	C	RESPIRATORY THERAPY	65		7,461	30
31 CHARGEABLE DRUGS	C	PHYSICAL THERAPY	66		103	31
32 CHARGEABLE DRUGS	C	ELECTROCARDIOLOGY	69		127	32
33 CHARGEABLE DRUGS	C	ELECTROENCEPHALOGRAPHY	70		85	33
34 CHARGEABLE DRUGS	C	RENAL DIALYSIS	74		221,720	34
35 CHARGEABLE DRUGS	C	GASTROENTROLOGY	76.01		11,303	35
36 CHARGEABLE DRUGS	C	BONE MARROW TRANSPLANT	76.02		1,287	36
37 CHARGEABLE DRUGS	C	CARDIAC SERVICES	76.03		4,423	37
38 CHARGEABLE DRUGS	C	CLINIC	90		443,001	38
39 CHARGEABLE DRUGS	C	EMERGENCY	91		94,329	39
40 CHARGEABLE DRUGS	C	OCC EEI	93.01		1,041,816	40
41 CHARGEABLE DRUGS	C	OCC PSYCH	93.02		32	41
42 CHARGEABLE DRUGS	C	OCC ADOLESCENTS	93.03		143,998	42
43 CHARGEABLE DRUGS	C	KIDNEY ACQUISITION	105		14	43
44 CHARGEABLE DRUGS	C	ISLET ACQUISITION	111		48	44
45 CHARGEABLE DRUGS	C	RESEARCH	191		1,431	45
46 CHARGEABLE DRUGS	C	PHYSICIANS' PRIVATE OFFICES	192		3,716	46
500 TOTAL RECLASSIFICATIONS CODE LETTER - C					51,576,653	500
1 PHARMACY ALLIED HEALTH	D	PHARMACY	15	222,000		1
2 PHARMACY ALLIED HEALTH	D	PHARMACY	15		1,191,672	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - D				222,000	1,191,672	500
1 RADIOLOGY ADMIN & NURSING	E					1
2 RADIOLOGY ADMIN & NURSING	E					2
3 RADIOLOGY ADMIN & NURSING	E					3
4 RADIOLOGY ADMIN & NURSING	E					4
5 RADIOLOGY ADMIN & NURSING	E					5
6 RADIOLOGY ADMIN & NURSING	E					6
7 RADIOLOGY ADMIN & NURSING	E	RADIOLOGY-DIAGNOSTIC	54	2,776,574	140,212	7
500 TOTAL RECLASSIFICATIONS CODE LETTER - E				2,776,574	140,212	500
1 DEPRECIATION-BLDG	F	MEDICAL CENTER ALL OTHER ADMI	5.01		20,879,741	9 1
2 DEPRECIATION-EQUIP	F					9 2
3 AMORTIZATION EXP ISSUANCE COST	F					14 3
4 AMORTIZATION BOND DSCT	F					14 4
5 INTEREST EXPENSE	F					11 5
500 TOTAL RECLASSIFICATIONS CODE LETTER - F					20,879,741	500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 BENEFIT EXPENSE	G	MEDICAL CENTER ALL OTHER ADMI	5.01		6,973,016	1
500 TOTAL RECLASSIFICATIONS					6,973,016	500
CODE LETTER - G						
1 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	MEDICAL CENTER ALL OTHER ADMI	5.01	23,154		1
2 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	HOSPITAL ADMIN & GENERAL	5.02	58,847		2
3 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	AMBULATORY ADMIN & GENERAL	5.03	10,697		3
4 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	DIETARY	10	48,835		4
5 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	NURSING ADMINISTRATION	13	450		5
6 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	SOCIAL SERVICE	17	45,584		6
7 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	ADULTS & PEDIATRICS	30	77,348		7
8 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	LABORATORY	60	99,021		8
9 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	RENAL DIALYSIS	74	25,422		9
10 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	CLINIC	90	91,360		10
11 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	OCC ADOLESCENTS	93.03	45,012		11
12 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	KIDNEY ACQUISITION	105	800,857		12
13 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	LIVER ACQUISITION	107	229,030		13
500 TOTAL RECLASSIFICATIONS				1,555,617		500
CODE LETTER - H						
1 OUTREACH LAB	K	LABORATORY	60	1,722,164	3,762,447	1
2 OUTREACH LAB	K	LAB TISSUE TYPING	60.01	3,773	5,262	2
3 OUTREACH LAB	K	BLOOD STORING, PROCESSING & T	63		17,161	3
500 TOTAL RECLASSIFICATIONS				1,725,937	3,784,870	500
CODE LETTER - K						
1 HOSPITAL PART A - TEACHING	L	MEDICAL CENTER ALL OTHER ADMI	5.01	3,434,696		1
500 TOTAL RECLASSIFICATIONS				3,434,696		500
CODE LETTER - L						
1 TRANSPLANT DIRECTOR	M	MEDICAL CENTER ALL OTHER ADMI	5.01	145,908		1
2 TRANSPLANT DIRECTOR	M					2
3 TRANSPLANT DIRECTOR	M					3
500 TOTAL RECLASSIFICATIONS				145,908		500
CODE LETTER - M						
1 RESIDENT BILLING BENEFITS	N	EMPLOYEE BENEFITS DEPARTMENT	4		6,732,050	1
500 TOTAL RECLASSIFICATIONS					6,732,050	500
CODE LETTER - N						
1 WTB - RADIOLOGY	P					1
2 WTB - RADIOLOGY	P					2
3 WTB - RADIOLOGY	P					3
4 WTB - RADIOLOGY	P					4
5 WTB - RADIOLOGY	P					5
6 WTB - RADIOLOGY	P					6
7 WTB - RADIOLOGY	P	RADIOLOGY-DIAGNOSTIC	54	74,575	35,406	7
500 TOTAL RECLASSIFICATIONS				74,575	35,406	500
CODE LETTER - P						
GRAND TOTAL (DECREASES)				14,326,246	140,950,025	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	770,917					770,917	1
2 LAND IMPROVEMENTS							2
3 BUILDINGS AND FIXTURES	184,891,371	2,520,205		2,520,205		187,411,576	3
4 BUILDING IMPROVEMENTS	5,161,250	11,288,686		11,288,686		16,449,936	4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	192,579,745	22,547,712		22,547,712	25,224,555	189,902,902	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	383,403,283	36,356,603		36,356,603	25,224,555	394,535,331	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	383,403,283	36,356,603		36,356,603	25,224,555	394,535,331	10

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

SUMMARY OF CAPITAL

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	4,914,173						4,914,173 1
2 CAP REL COSTS-MVBLE EQUIP	13,993,548		-273,890			273,890	13,993,548 2
3 TOTAL	18,907,721		-273,890			273,890	18,907,721 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)	B	-1,972,020	CAP REL COSTS-MVBLE EQUIP	2	11 2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-3,706,804			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	164,314,907			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS					14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS					18
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					19
20 VENDING MACHINES					20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		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 BAD DEBT - INPATIENT	A	-19,076,620	MEDICAL CENTER ALL OTHER ADMIN	5.01	33
33.01 BAD DEBT - OUTPATIENT	A	-16,041,265	MEDICAL CENTER ALL OTHER ADMIN	5.01	33.01
34 ORGAN ACQ NON ALLOW	A	-24	AMBULATORY ADMIN & GENERAL	5.03	34
34.01 ORGAN ACQ NON ALLOW	A	-12	NURSING ADMINISTRATION	13	34.01
34.02 ORGAN ACQ NON ALLOW	A	-4,452	ADULTS & PEDIATRICS	30	34.02
34.03 ORGAN ACQ NON ALLOW	A	-453	RENAL DIALYSIS	74	34.03
34.04 ORGAN ACQ NON ALLOW	A	-806	OCC ADOLESCENTS	93.03	34.04
34.05 ORGAN ACQ NON ALLOW	A	-37,886	KIDNEY ACQUISITION	105	34.05
34.06 ORGAN ACQ NON ALLOW	A	-37,276	LIVER ACQUISITION	107	34.06
34.07 ORGAN ACQ NON ALLOW	A	-50,399	ISLET ACQUISITION	111	34.07
35 MOONLIGHTING PHYSICIANS	A	-215,900	MEDICAL CENTER ALL OTHER ADMIN	5.01	35
36 ISLET CELL DATA-FY11	A	-16,467	ISLET ACQUISITION	111	36
36.01 ISLET CELL DATA-FY12	A	42,467	ISLET ACQUISITION	111	36.01
37 NON PHYSICIAN ANESTHETIST	A	-55,913	MEDICAL CENTER ALL OTHER ADMIN	5.01	37
37.01 NON PHYSICIAN ANESTHETIST	A	-137,674	ANESTHESIOLOGY	53	37.01
38 NURSE PRACTITIONER	A	-1,097,115	MEDICAL CENTER ALL OTHER ADMIN	5.01	38
38.01 NURSE PRACTITIONER	A	-833,420	ADULTS & PEDIATRICS	30	38.01
38.02 NURSE PRACTITIONER	A	-88,271	INTENSIVE CARE UNIT	31	38.02
38.03 NURSE PRACTITIONER	A	-78,971	OPERATING ROOM	50	38.03
38.04 NURSE PRACTITIONER	A	-825,869	DELIVERY ROOM & LABOR ROOM	52	38.04
38.05 NURSE PRACTITIONER	A	-171,244	RADIO ANGIOGRAPHY	54.02	38.05
38.06 NURSE PRACTITIONER	A	-36,009	CARDIAC SERVICES	76.03	38.06
38.07 NURSE PRACTITIONER	A	-142,562	CLINIC	90	38.07
38.08 NURSE PRACTITIONER	A	-152,688	OCC PSYCH	93.02	38.08
38.09 NURSE PRACTITIONER	A	-41,903	OCC ADOLESCENTS	93.03	38.09
38.10 NURSE PRACTITIONER	A	-8,396	KIDNEY ACQUISITION	105	38.10
39 PHYSICIAN-PART B & NON-ALLOW	A	-13,023,029	MEDICAL CENTER ALL OTHER ADMIN	5.01	39
40 COM - MD SALARIES ADMIN	A	492,618	MEDICAL CENTER ALL OTHER ADMIN	5.01	40
40.01 COM - MD SALARIES TEACHING	A	9,441,865	I&R SERVICES-OTHER PRGM COSTS A	22	40.01

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
41 EMPLOYEE HEALTH SVCS	A	-954,828	MEDICAL CENTER ALL OTHER ADMIN	5.01	41
42 MISC INCOME	B	-1,860,531	MEDICAL CENTER ALL OTHER ADMIN	5.01	42
42.01 MISC INCOME	B	-450,338	HOSPITAL ADMIN & GENERAL	5.02	42.01
42.02 MISC INCOME	B	-71,893	AMBULATORY ADMIN & GENERAL	5.03	42.02
42.03 MISC INCOME	B	-2,197,711	DIETARY	10	42.03
42.04 MISC INCOME	B	-35,156	DIETARY	10	42.04
42.05 MISC INCOME	B	-33,128	NURSING ADMINISTRATION	13	42.05
42.06 MISC INCOME	B	44	CENTRAL SERVICES & SUPPLY	14	42.06
42.07 MISC INCOME	B	-6,205,917	PHARMACY	15	42.07
42.08 MISC INCOME	B	-31,387	MEDICAL RECORDS & LIBRARY	16	42.08
42.09 MISC INCOME	B	-7,667	I&R SERVICES-OTHER PRGM COSTS A	22	42.09
42.10 MISC INCOME	B	-106,876	SUBPROVIDER - IRF	41	42.10
42.11 MISC INCOME	B	-291,802	OPERATING ROOM	50	42.11
42.12 MISC INCOME	B	-160	DELIVERY ROOM & LABOR ROOM	52	42.12
42.13 MISC INCOME	B	-200,045	INTRAVENOUS THERAPY	64	42.13
42.14 MISC INCOME	B	-23,963	PHYSICAL THERAPY	66	42.14
42.15 MISC INCOME	B	-10,800	OCCUPATIONAL THERAPY	67	42.15
42.16 MISC INCOME	B	-81,309	CLINIC	90	42.16
42.17 MISC INCOME	B	-334,920	GIFT, FLOWER, COFFEE SHOP & CAN	190	42.17
43 NON-ALLOWABLE COST	A	-1,668,844	MEDICAL CENTER ALL OTHER ADMIN	5.01	43
43.01 NON-ALLOWABLE COST	A	-14,787	HOSPITAL ADMIN & GENERAL	5.02	43.01
43.02 NON-ALLOWABLE COST	A	-554	AMBULATORY ADMIN & GENERAL	5.03	43.02
43.03 NON-ALLOWABLE COST	A	-763	DIETARY	10	43.03
43.04 NON-ALLOWABLE COST	A	-32,068	NURSING ADMINISTRATION	13	43.04
43.05 NON-ALLOWABLE COST	A	-4,820	MEDICAL RECORDS & LIBRARY	16	43.05
43.06 NON-ALLOWABLE COST	A	-2,632	I&R SERVICES-SALARY & FRINGES A	21	43.06
43.07 NON-ALLOWABLE COST	A	-741	I&R SERVICES-OTHER PRGM COSTS A	22	43.07
43.08 NON-ALLOWABLE COST	A	-257	ADULTS & PEDIATRICS	30	43.08
43.09 NON-ALLOWABLE COST	A	-94	INTENSIVE CARE UNIT	31	43.09
43.10 NON-ALLOWABLE COST	A	-1,996	DELIVERY ROOM & LABOR ROOM	52	43.10
43.11 NON-ALLOWABLE COST	A	-200	ANESTHESIOLOGY	53	43.11
43.12 NON-ALLOWABLE COST	A	-1,846	RADIOLOGY-DIAGNOSTIC	54	43.12
43.13 NON-ALLOWABLE COST	A	-823	RADIO ANGIOGRAPHY	54.02	43.13
43.14 NON-ALLOWABLE COST	A	-7,999	RADIO WEST HARRISON	54.03	43.14
43.15 NON-ALLOWABLE COST	A	-9,259	RADIOLOGY-THERAPEUTIC	55	43.15
43.16 NON-ALLOWABLE COST	A	-1,387	CARDIAC CATHETERIZATION	59	43.16
43.17 NON-ALLOWABLE COST	A	-3,535	LABORATORY	60	43.17
43.18 NON-ALLOWABLE COST	A	-465	LAB OUTREACH	60.02	43.18
43.19 NON-ALLOWABLE COST	A	-15	PHYSICAL THERAPY	66	43.19
43.20 NON-ALLOWABLE COST	A	-48	OCCUPATIONAL THERAPY	67	43.20
43.21 NON-ALLOWABLE COST	A	-1,924	BONE MARROW TRANSPLANT	76.02	43.21
43.22 NON-ALLOWABLE COST	A	-2,343	CARDIAC SERVICES	76.03	43.22
43.23 NON-ALLOWABLE COST	A	-352,499	CLINIC	90	43.23
43.24 NON-ALLOWABLE COST	A	-5,745	OCC EEI	93.01	43.24
43.25 NON-ALLOWABLE COST	A	-154	OCC PSYCH	93.02	43.25
43.26 NON-ALLOWABLE COST	A	-708	KIDNEY ACQUISITION	105	43.26
43.27 NON-ALLOWABLE COST	A	-7,047	LIVER ACQUISITION	107	43.27
43.28 NON-ALLOWABLE COST	A	-1,981	PANCREAS ACQUISITION	109	43.28
43.29 NON-ALLOWABLE COST	A	-271	PHYSICIANS' PRIVATE OFFICES	192	43.29
44 TIS DRUG COST ADJUSTMENT	A	-2,155,142	DRUGS CHARGED TO PATIENTS	73	44
45 TX REGISTRY FEES	A	-3,500	KIDNEY ACQUISITION	105	45
46 NON HOSP COST ON WTB	A	-63,119	MEDICAL CENTER ALL OTHER ADMIN	5.01	46
47 BERWYN INFUSION CENTER	A	-1,342	MEDICAL CENTER ALL OTHER ADMIN	5.01	47
47.01 BERWYN INFUSION CENTER	A	-4,137,767	PHYSICIANS' PRIVATE OFFICES	192	47.01
48 GAIN/LOSS ON DISPOSAL	A	-1,179,311	MEDICAL CENTER ALL OTHER ADMIN	5.01	48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		93,874,036			50

TRANSFER TO WKST A, COL. 6, LINE 200)

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF	
1	2	3	4	5	6	7	
1	4	EMPLOYEE BENEFITS DEPARTMENT	OTBO - UNIVERSITY BENEFIT	166,108,240	6,973,016	159,135,224	1
2	6	MAINTENANCE & REPAIRS	OTBO - UTILITIES	5,555,422		5,555,422	2
3	5.01	MEDICAL CENTER ALL OTHER ADMIN	MALPRACTICE EXPENSE	15,809,208	15,809,208		3
4	5.01	MEDICAL CENTER ALL OTHER ADMIN	ADMIN ALLOWANCE	16,175,978	16,175,978		4
4.01	2	CAP REL COSTS-MVBLE EQUIP	EQUIPMENT DEPRECIATION	11,561,494	11,561,494		9 4.01
4.02	1	CAP REL COSTS-BLDG & FIXT	BUILDING DEPRECIATION	4,914,173	4,914,173		9 4.02
4.03	2	CAP REL COSTS-MVBLE EQUIP	SOFTWARE DEPRECIATION	2,196,146	2,196,146		9 4.03
4.04	2	CAP REL COSTS-MVBLE EQUIP	LEASEHOLD DEPRECIATION	235,909	235,909		9 4.04
4.05	2	CAP REL COSTS-MVBLE EQUIP	BOND AMORTIZATION	273,890	273,890		14 4.05
4.06	2	CAP REL COSTS-MVBLE EQUIP	INTEREST EXPENSE	1,698,130	1,698,130		11 4.06
4.07	23	PARAMED ED PRGM-(SPECIFY)	PHARMACY RESIDENT EXPENSE	815,933	1,191,672	-375,739	4.07
5		TOTALS (SUM OF LINES 1-4)		225,344,523	61,029,616	164,314,907	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.					

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

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

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

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----						
SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
6	A	STATE OF ILLINOIS	BOARD OF TRUSTEES FOR THE U OF	UNIVERSITY		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	5.01	MEDICAL CENTER ALL OTHER ANESTHESIOLOGY	3,626,395		3,626,395	200,300	21,862	2,105,269	105,263	1
2	5.01	MEDICAL CENTER ALL OTHER CARDIOLOGY	311,740		311,740	177,200	3,475	296,043	14,802	2
3	5.01	MEDICAL CENTER ALL OTHER DERMATOLOGY	238,323		238,323	177,200	2,442	208,040	10,402	3
4	5.01	MEDICAL CENTER ALL OTHER EMERGENCY MEDIC	643,867		643,867	177,200	7,099	604,780	30,239	4
5	5.01	MEDICAL CENTER ALL OTHER ENDOCRINOLOGY	278,833		278,833	177,200	2,976	253,532	12,677	5
6	5.01	MEDICAL CENTER ALL OTHER FAMILY MEDICINE	464,991		464,991	138,700	5,239	349,351	17,468	6
7	5.01	MEDICAL CENTER ALL OTHER GASTROENTEROLOG	190,423		190,423	177,200	1,974	168,170	8,409	7
8	5.01	MEDICAL CENTER ALL OTHER GENERAL SURGERY	2,963,451		2,963,451	208,000	19,811	1,981,100	99,055	8
9	5.01	MEDICAL CENTER ALL OTHER GERIATRIC	44,857		44,857	177,200	535	45,578	2,279	9
10	5.01	MEDICAL CENTER ALL OTHER HEMATOLOGY/ONCO	329,902		329,902	177,200	4,218	359,341	17,967	10
11	5.01	MEDICAL CENTER ALL OTHER HEPATOLOGY	201,138		201,138	177,200	1,733	147,638	7,382	11
12	5.01	MEDICAL CENTER ALL OTHER INFECTIOUS DISE	158,238		158,238	177,200	2,187	186,316	9,316	12
13	5.01	MEDICAL CENTER ALL OTHER INTERNAL MEDICI	366,842		366,842	165,600	3,426	272,762	13,638	13
14	5.01	MEDICAL CENTER ALL OTHER NEONATOLOGY	9,308		9,308	196,400	82	7,743	387	14
15	5.01	MEDICAL CENTER ALL OTHER NEPHROLOGY	176,914		176,914	177,200	2,121	180,693	9,035	15
16	5.01	MEDICAL CENTER ALL OTHER NEUROLOGY	493,441		493,441	177,200	5,765	491,134	24,557	16
17	5.01	MEDICAL CENTER ALL OTHER NEUROSURGERY	388,467		388,467	208,000	2,799	279,900	13,995	17
18	5.01	MEDICAL CENTER ALL OTHER OB/GYN	315,225		315,225	196,400	3,691	348,516	17,426	18
19	5.01	MEDICAL CENTER ALL OTHER OPHTHALMOLOGY	975,244		975,244	177,200	12,581	1,071,804	53,590	19
20	5.01	MEDICAL CENTER ALL OTHER ORAL AND MAXILL	261,980		261,980	140,600	2,798	189,134	9,457	20
21	5.01	MEDICAL CENTER ALL OTHER ORTHOPAEDICS	651,068		651,068	208,000	7,442	744,200	37,210	21
22	5.01	MEDICAL CENTER ALL OTHER OTOLARYNGOLOGY	547,170		547,170	177,200	4,655	396,570	19,829	22
23	5.01	MEDICAL CENTER ALL OTHER PATHOLOGY	815,037		815,037	215,700	8,626	894,533	44,727	23
24	5.01	MEDICAL CENTER ALL OTHER PEDIATRIC DENTI	106,454		106,454	140,600	1,948	131,677	6,584	24
25	5.01	MEDICAL CENTER ALL OTHER PEDIATRICS	630,338		630,338	140,600	6,970	471,145	23,557	25
26	5.01	MEDICAL CENTER ALL OTHER PSYCHIATRY	341,391		341,391	154,100	3,605	267,082	13,354	26
27	5.01	MEDICAL CENTER ALL OTHER RADIOLOGY	1,005,739		1,005,739	225,300	7,428	804,581	40,229	27
28	5.01	MEDICAL CENTER ALL OTHER RESPIRATORY & C	199,297		199,297	177,200	2,454	209,062	10,453	28
29	5.01	MEDICAL CENTER ALL OTHER RHEUMATOLOGY	56,607		56,607	177,200	1,025	87,322	4,366	29
30	5.01	MEDICAL CENTER ALL OTHER SURGICAL ONCOLO	72,887		72,887	208,000	391	39,100	1,955	30
31	5.01	MEDICAL CENTER ALL OTHER UROLOGY	47,624		47,624	177,200	522	44,470	2,224	31
32	5.01	MEDICAL CENTER ALL OTHER ALLERGY	5,775		5,775	177,200	127	10,819	541	32
33	5.01	MEDICAL CENTER ALL OTHER 0								33
200		TOTAL	16,918,966		16,918,966		152,007	13,647,405	682,373	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT		
LINE NO.	10	11	12	13	14	15	16	17	18	
1	5.01	MEDICAL CENTER ALL OTHER ANESTHESIOLOGY					2,105,269	1,521,126	1,521,126	1
2	5.01	MEDICAL CENTER ALL OTHER CARDIOLOGY					296,043	15,697	15,697	2
3	5.01	MEDICAL CENTER ALL OTHER DERMATOLOGY					208,040	30,283	30,283	3
4	5.01	MEDICAL CENTER ALL OTHER EMERGENCY MEDIC					604,780	39,087	39,087	4
5	5.01	MEDICAL CENTER ALL OTHER ENDOCRINOLOGY					253,532	25,301	25,301	5
6	5.01	MEDICAL CENTER ALL OTHER FAMILY MEDICINE					349,351	115,640	115,640	6
7	5.01	MEDICAL CENTER ALL OTHER GASTROENTEROLOG					168,170	22,253	22,253	7
8	5.01	MEDICAL CENTER ALL OTHER GENERAL SURGERY					1,981,100	982,351	982,351	8
9	5.01	MEDICAL CENTER ALL OTHER GERIATRIC					45,578			9
10	5.01	MEDICAL CENTER ALL OTHER HEMATOLOGY/ONCO					359,341			10
11	5.01	MEDICAL CENTER ALL OTHER HEPATOLOGY					147,638	53,500	53,500	11
12	5.01	MEDICAL CENTER ALL OTHER INFECTIOUS DISE					186,316			12
13	5.01	MEDICAL CENTER ALL OTHER INTERNAL MEDICI					272,762	94,080	94,080	13
14	5.01	MEDICAL CENTER ALL OTHER NEONATOLOGY					7,743	1,565	1,565	14
15	5.01	MEDICAL CENTER ALL OTHER NEPHROLOGY					180,693			15
16	5.01	MEDICAL CENTER ALL OTHER NEUROLOGY					491,134	2,307	2,307	16
17	5.01	MEDICAL CENTER ALL OTHER NEUROSURGERY					279,900	108,567	108,567	17
18	5.01	MEDICAL CENTER ALL OTHER OB/GYN					348,516			18
19	5.01	MEDICAL CENTER ALL OTHER OPHTHALMOLOGY					1,071,804			19
20	5.01	MEDICAL CENTER ALL OTHER ORAL AND MAXILL					189,134	72,846	72,846	20
21	5.01	MEDICAL CENTER ALL OTHER ORTHOPAEDICS					744,200			21
22	5.01	MEDICAL CENTER ALL OTHER OTOLARYNGOLOGY					396,570	150,600	150,600	22
23	5.01	MEDICAL CENTER ALL OTHER PATHOLOGY					894,533			23
24	5.01	MEDICAL CENTER ALL OTHER PEDIATRIC DENTI					131,677			24
25	5.01	MEDICAL CENTER ALL OTHER PEDIATRICS					471,145	159,193	159,193	25
26	5.01	MEDICAL CENTER ALL OTHER PSYCHIATRY					267,082	74,309	74,309	26
27	5.01	MEDICAL CENTER ALL OTHER RADIOLOGY					804,581	201,158	201,158	27
28	5.01	MEDICAL CENTER ALL OTHER RESPIRATORY & C					209,062			28
29	5.01	MEDICAL CENTER ALL OTHER RHEUMATOLOGY					87,322			29
30	5.01	MEDICAL CENTER ALL OTHER SURGICAL ONCOLO					39,100	33,787	33,787	30
31	5.01	MEDICAL CENTER ALL OTHER UROLOGY					44,470	3,154	3,154	31
32	5.01	MEDICAL CENTER ALL OTHER ALLERGY					10,819			32
33	5.01	MEDICAL CENTER ALL OTHER 0								33
200		TOTAL					13,647,405	3,706,804	3,706,804	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	4,914,173	4,914,173				1
2 CAP REL COSTS-MVBLE EQUIP	13,993,548		13,993,548			2
4 EMPLOYEE BENEFITS DEPARTMENT	159,562,291	1,965		159,564,256		4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN	84,781,133	466,412	4,624,537	24,722,422	114,594,504	5.01
5.02 HOSPITAL ADMIN & GENERAL	7,568,574	61,370	86,746	3,272,038	10,988,728	5.02
5.03 AMBULATORY ADMIN & GENERAL	10,050,107	25,000	55,575	2,026,703	12,157,385	5.03
6 MAINTENANCE & REPAIRS	22,750,254	89,910	1,046,822	411,880	24,298,866	6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	6,091,068	64,925	5,412	17,181	6,178,586	9
10 DIETARY	4,528,032	147,013	22,179	1,701,427	6,398,651	10
11 CAFETERIA	725				725	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	5,464,752	24,266	262,329	2,732,354	8,483,701	13
14 CENTRAL SERVICES & SUPPLY	7,547,178	118,616	270,187	1,785,521	9,721,502	14
15 PHARMACY	420,214	67,954	11,224	4,144,400	4,643,792	15
16 MEDICAL RECORDS & LIBRARY	3,228,767	79,576	8,912	1,497,479	4,814,734	16
17 SOCIAL SERVICE	3,436,186	22,870	1,018	1,729,911	5,189,985	17
17.01 PALLIATIVE CARE	102,263			43,592	145,855	17.01
18 UTILMGMT / DSCH PLANNING	2,313,385			1,254,455	3,567,840	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	22,378,846			12,859,598	35,238,444	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	15,197,316	10,751		2,237,315	17,445,382	22
23 PARAMED ED PRGM-(SPECIFY)	1,037,933			126,411	1,164,344	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	45,837,210	617,757	82,362	25,238,814	71,776,143	30
31 INTENSIVE CARE UNIT	7,487,061	53,720	6,708	4,199,725	11,747,214	31
31.01 PEDS ICU	3,622,475	32,268	9,039	1,970,212	5,633,994	31.01
31.02 NEONATAL ICU	10,300,883	59,945	67,807	5,680,660	16,109,295	31.02
32 CORONARY CARE UNIT	6,185,782	56,059	4,423	3,308,755	9,555,019	32
40 SUBPROVIDER - IPF	6,747,286	125,280	595	3,679,199	10,552,360	40
41 SUBPROVIDER - IRF	1,627,423	48,409	2,246	910,565	2,588,643	41
43 NURSERY	1,197,577	19,437		637,630	1,854,644	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	16,540,502	212,686	1,845,715	6,069,138	24,668,041	50
51 RECOVERY ROOM	1,951,733			970,319	2,922,052	51
52 DELIVERY ROOM & LABOR ROOM	6,084,580	112,219	208,224	3,680,499	10,085,522	52
53 ANESTHESIOLOGY	1,337,156	27,972	352,977	546,666	2,264,771	53
54 RADIOLOGY-DIAGNOSTIC	2,817,354	31,887	406,824	1,536,450	4,792,515	54
54.01 RADIO ULTRASOUND	954,497	12,313	45,634	517,621	1,530,065	54.01
54.02 RADIO ANGIOGRAPHY	2,401,011	72,826	779,145	1,215,239	4,468,221	54.02
54.03 RADIO WEST HARRISON	850,726		450,989	317,207	1,618,922	54.03
55 RADIOLOGY-THERAPEUTIC	5,712,126	107,584	314,458	1,191,610	7,325,778	55
56 RADIOISOTOPE	457,664	7,362	429,389	222,276	1,116,691	56
57 CT SCAN	1,837,917	66,897	3,741	977,161	2,885,716	57
58 MRI	1,350,952	42,616	34,348	725,375	2,153,291	58
59 CARDIAC CATHETERIZATION	828,992	32,865	758,327	393,833	2,014,017	59
60 LABORATORY	20,232,959	326,099	613,946	5,807,692	26,980,696	60
60.01 LAB TISSUE TYPING	1,369,044	6,729	38,246	153,107	1,567,126	60.01
60.02 LAB OUTREACH	9,230,656	66,731		1,870,343	11,167,730	60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	5,614,967	12,147	21,674	557,677	6,206,465	63
64 INTRAVENOUS THERAPY	27,016			58,078	85,094	64
65 RESPIRATORY THERAPY	2,663,836	14,393	171,291	1,442,364	4,291,884	65
66 PHYSICAL THERAPY	2,822,841	97,452	9,097	1,516,061	4,445,451	66
67 OCCUPATIONAL THERAPY	1,137,808	37,910	8,022	640,929	1,824,669	67
68 SPEECH PATHOLOGY	372,796	4,519	10,188	205,427	592,930	68
69 ELECTROCARDIOLOGY	201,803	12,025	7,823	102,062	323,713	69
70 ELECTROENCEPHALOGRAPHY	335,454	5,260	119,925	158,814	619,453	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	46,631,869				46,631,869	71
73 DRUGS CHARGED TO PATIENTS	49,081,996				49,081,996	73
74 RENAL DIALYSIS	4,782,657	86,837	61,393	1,973,802	6,904,689	74
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTROLOGY	1,803,516	42,508	195,128	837,791	2,878,943	76.01
76.02 BONE MARROW TRANSPLANT	748,957		21,282	174,598	944,837	76.02
76.03 CARDIAC SERVICES	1,773,859	58,124	306,320	1,040,655	3,178,958	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	16,961,239	639,769	138,207	8,669,768	26,408,983	90
91 EMERGENCY	7,330,228	100,971	20,221	3,969,597	11,421,017	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	SUBTOTAL (COLS.0-4) 4A	
93.01 OCC EEI	2,586,054	102,309	4,242	1,223,566	3,916,171	93.01
93.02 OCC PSYCH	2,398,538	250,697	22,438	1,365,686	4,037,359	93.02
93.03 OCC ADOLESCENTS	2,198,697	68,897		937,132	3,204,726	93.03
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	4,339,032	11,514	1,411	869,824	5,221,781	105
107 LIVER ACQUISITION	1,840,239	1,943		179,926	2,022,108	107
109 PANCREAS ACQUISITION	891,055	345		38,584	929,984	109
111 ISLET ACQUISITION	136,784	50		41,652	178,486	111
112 OTHER ORGAN ACQUISITION (SPECIFY)	27,492	17,415		565	45,472	112
118 SUBTOTALS (SUM OF LINES 1-117)	689,039,044	4,885,374	13,968,746	158,387,341	687,808,528	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		5,944		65,592	71,536	190
191 RESEARCH	532,511	22,855	1,043	260,955	817,364	191
192 PHYSICIANS' PRIVATE OFFICES	1,216,904		23,759	850,368	2,091,031	192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	690,788,459	4,914,173	13,993,548	159,564,256	690,788,459	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALL OTHER	SUBTOTAL (COLS. 0-4)	HOSPITAL	SUBTOTAL (COLS. 0-4)	AMBULATORY	
	ADMIN		ADMIN		ADMIN	
	5.01		5.02		5.03	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN	114,594,504					5.01
5.02 HOSPITAL ADMIN & GENERAL	2,185,460	13,174,188	13,174,188			5.02
5.03 AMBULATORY ADMIN & GENERAL	2,417,885	14,575,270	303,545	14,878,815	14,878,815	5.03
6 MAINTENANCE & REPAIRS	4,832,607	29,131,473	606,692	29,738,165		6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	1,228,810	7,407,396	154,266	7,561,662		9
10 DIETARY	1,272,577	7,671,228	159,761	7,830,989		10
11 CAFETERIA	144	869	18	887		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,687,255	10,170,956	211,820	10,382,776		13
14 CENTRAL SERVICES & SUPPLY	1,933,432	11,654,934	242,726	11,897,660		14
15 PHARMACY	923,567	5,567,359	115,946	5,683,305		15
16 MEDICAL RECORDS & LIBRARY	957,564	5,772,298	120,214	5,892,512		16
17 SOCIAL SERVICE	1,032,195	6,222,180	129,583	6,351,763		17
17.01 PALLIATIVE CARE	29,008	174,863	3,642	178,505		17.01
18 UTILMGMT / DSCH PLANNING	709,579	4,277,419	89,082	4,366,501	50,834	18
19 NONPHYSICIAN ANESTHETISTS					1,243,488	19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	7,008,292	42,246,736	879,831	43,126,567		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	3,469,572	20,914,954	435,575	21,350,529		22
23 PARAMED ED PRGM-(SPECIFY)	231,567	1,395,911	29,071	1,424,982		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	14,274,883	86,051,026	1,792,267	87,843,293		30
31 INTENSIVE CARE UNIT	2,336,309	14,083,523	293,303	14,376,826		31
31.01 PEDS ICU	1,120,500	6,754,494	140,669	6,895,163		31.01
31.02 NEONATAL ICU	3,203,849	19,313,144	402,216	19,715,360		31.02
32 CORONARY CARE UNIT	1,900,321	11,455,340	238,569	11,693,909		32
40 SUBPROVIDER - IPF	2,098,674	12,651,034	263,470	12,914,504		40
41 SUBPROVIDER - IRF	514,834	3,103,477	64,633	3,168,110		41
43 NURSERY	368,855	2,223,499	46,307	2,269,806		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4,906,029	29,574,070	615,910	30,189,980		50
51 RECOVERY ROOM	581,144	3,503,196	72,958	3,576,154		51
52 DELIVERY ROOM & LABOR ROOM	2,005,829	12,091,351	251,814	12,343,165		52
53 ANESTHESIOLOGY	450,422	2,715,193	56,547	2,771,740		53
54 RADIOLOGY-DIAGNOSTIC	953,145	5,745,660	119,659	5,865,319		54
54.01 RADIO ULTRASOUND	304,302	1,834,367	38,203	1,872,570		54.01
54.02 RADIO ANGIOGRAPHY	888,649	5,356,870	111,562	5,468,432		54.02
54.03 RADIO WEST HARRISON	321,974	1,940,896	40,421	1,981,317		54.03
55 RADIOLOGY-THERAPEUTIC	1,456,965	8,782,743	182,909	8,965,652		55
56 RADIOISOTOPE	222,090	1,338,781	27,881	1,366,662		56
57 CT SCAN	573,917	3,459,633	72,050	3,531,683		57
58 MRI	428,251	2,581,542	53,763	2,635,305		58
59 CARDIAC CATHETERIZATION	400,552	2,414,569	50,286	2,464,855		59
60 LABORATORY	5,365,975	32,346,671	673,652	33,020,323		60
60.01 LAB TISSUE TYPING	311,673	1,878,799	39,128	1,917,927		60.01
60.02 LAB OUTREACH	2,221,060	13,388,790	278,835	13,667,625		60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,234,354	7,440,819	154,962	7,595,781		63
64 INTRAVENOUS THERAPY	16,924	102,018	2,125	104,143	29,658	64
65 RESPIRATORY THERAPY	853,578	5,145,462	107,159	5,252,621		65
66 PHYSICAL THERAPY	884,120	5,329,571	110,994	5,440,565		66
67 OCCUPATIONAL THERAPY	362,894	2,187,563	45,558	2,233,121		67
68 SPEECH PATHOLOGY	117,923	710,853	14,804	725,657		68
69 ELECTROCARDIOLOGY	64,381	388,094	8,082	396,176		69
70 ELECTROENCEPHALOGRAPHY	123,198	742,651	15,466	758,117		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,274,239	55,906,108	1,164,301	57,070,409		71
73 DRUGS CHARGED TO PATIENTS	9,761,526	58,843,522	1,225,475	60,068,997		73
74 RENAL DIALYSIS	1,373,218	8,277,907	172,396	8,450,303		74
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTEROLOGY	572,570	3,451,513	71,881	3,523,394		76.01
76.02 BONE MARROW TRANSPLANT	187,911	1,132,748	23,591	1,156,339		76.02
76.03 CARDIAC SERVICES	632,238	3,811,196	79,372	3,890,568		76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	5,252,271	31,661,254		31,661,254	9,016,443	90
91 EMERGENCY	2,271,435	13,692,452	285,159	13,977,611		91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALL OTHER	SUBTOTAL (COLS.0-4)	HOSPITAL	SUBTOTAL (COLS.0-4)	AMBULATORY	
	ADMIN		ADMIN		ADMIN	
	5.01		5.02		5.03	
93.01 OCC EEI	778,856	4,695,027		4,695,027	1,337,045	93.01
93.02 OCC PSYCH	802,958	4,840,317		4,840,317	1,378,421	93.02
93.03 OCC ADOLESCENTS	637,362	3,842,088		3,842,088	1,094,146	93.03
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	1,038,518	6,260,299	130,377	6,390,676		105
107 LIVER ACQUISITION	402,161	2,424,269	50,488	2,474,757		107
109 PANCREAS ACQUISITION	184,957	1,114,941	23,220	1,138,161		109
111 ISLET ACQUISITION	35,498	213,984	4,456	218,440		111
112 OTHER ORGAN ACQUISITION (SPECIFY)	9,044	54,516	1,135	55,651		112
118 SUBTOTALS (SUM OF LINES 1-117)	114,001,850	687,215,874	13,099,785	687,141,471	14,150,035	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,227	85,763	1,786	87,549		190
191 RESEARCH	162,559	979,923	20,408	1,000,331		191
192 PHYSICIANS' PRIVATE OFFICES	415,868	2,506,899	52,209	2,559,108	728,780	192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	114,594,504	690,788,459	13,174,188	690,788,459	14,878,815	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 6	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02 HOSPITAL ADMIN & GENERAL						5.02
5.03 AMBULATORY ADMIN & GENERAL						5.03
6 MAINTENANCE & REPAIRS	29,738,165					6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	452,216	8,013,878				9
10 DIETARY	1,023,978	280,204				10
11 CAFETERIA			9,135,171			11
12 MAINTENANCE OF PERSONNEL			4,930,066	4,930,953		12
13 NURSING ADMINISTRATION	169,017	46,250		105,745	10,703,788	13
14 CENTRAL SERVICES & SUPPLY	826,190	226,081		69,101		14
15 PHARMACY	473,318	129,520		160,392	18,687	15
16 MEDICAL RECORDS & LIBRARY	554,268	151,671		57,954		16
17 SOCIAL SERVICE	159,293	43,589		66,949	110	17
17.01 PALLIATIVE CARE				1,687		17.01
18 UTILMGMT / DSCH PLANNING				48,549		18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD				497,678		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	74,885	20,492		86,586		22
23 PARAMED ED PRGM-(SPECIFY)				4,892		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	4,302,822	1,177,435	2,948,462	976,736	3,628,424	30
31 INTENSIVE CARE UNIT	374,174	102,390	264,459	162,533	672,504	31
31.01 PEDS ICU	224,755	61,502	110,313	76,249	328,558	31.01
31.02 NEONATAL ICU	417,531	114,254		219,847	987,761	31.02
32 CORONARY CARE UNIT	390,464	106,847	180,818	128,052	551,260	32
40 SUBPROVIDER - IPF	872,604	238,782	550,517	142,388	392,642	40
41 SUBPROVIDER - IRF	337,182	92,267	150,536	35,240	114,209	41
43 NURSERY	135,384	37,047		24,677	94,863	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,481,407	405,376		234,881	893,008	50
51 RECOVERY ROOM				37,552	158,068	51
52 DELIVERY ROOM & LABOR ROOM	781,630	213,887		142,439	547,633	52
53 ANESTHESIOLOGY	194,831	53,314		21,156	33,966	53
54 RADIOLOGY-DIAGNOSTIC	222,098	60,776		59,462	24,952	54
54.01 RADIO ULTRASOUND	85,762	23,468		20,032	9,673	54.01
54.02 RADIO ANGIOGRAPHY	507,252	138,806		47,031	65,184	54.02
54.03 RADIO WEST HARRISON				12,276		54.03
55 RADIOLOGY-THERAPEUTIC	749,350	205,054		46,116	55,181	55
56 RADIOISOTOPE	51,277	14,031		8,602	5,716	56
57 CT SCAN	465,950	127,504		37,817	52,323	57
58 MRI	296,833	81,226		28,073	33,416	58
59 CARDIAC CATHETERIZATION	228,915	62,641		15,242	29,459	59
60 LABORATORY	2,271,357	621,540		224,763	96,292	60
60.01 LAB TISSUE TYPING	46,866	12,824		5,925		60.01
60.02 LAB OUTREACH	464,797	127,188		72,384		60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	84,609	23,153		21,583		63
64 INTRAVENOUS THERAPY				2,248		64
65 RESPIRATORY THERAPY	100,247	27,432		55,821		65
66 PHYSICAL THERAPY	678,776	185,742		58,673		66
67 OCCUPATIONAL THERAPY	264,052	72,256		24,805		67
68 SPEECH PATHOLOGY	31,478	8,614		7,950		68
69 ELECTROCARDIOLOGY	83,757	22,919		3,950		69
70 ELECTROENCEPHALOGRAPHY	36,640	10,026		6,146		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	604,843	165,511		76,388	144,108	74
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTROLOGY	296,081	81,020		32,423	94,203	76.01
76.02 BONE MARROW TRANSPLANT				6,757	6,925	76.02
76.03 CARDIAC SERVICES	404,849	110,784		40,274	70,240	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	4,456,104	1,219,378		335,528	633,152	90
91 EMERGENCY	703,286	192,449		153,627	618,313	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MAIN-	HOUSE-	DIETARY	CAFETERIA	NURSING	
	TENANCE & REPAIRS 6	KEEPING 9	10	11	ADMINIS- TRATION 13	
93.01 OCC EEI	712,609	195,000		47,353	10,992	93.01
93.02 OCC PSYCH	1,746,161	477,824		52,853	35,945	93.02
93.03 OCC ADOLESCENTS	479,885	131,317		36,268	84,310	93.03
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	80,198	21,946		33,663	86,839	105
107 LIVER ACQUISITION	13,533	3,703		6,963	21,545	107
109 PANCREAS ACQUISITION	2,406	658		1,493	2,968	109
111 ISLET ACQUISITION	351	96		1,612	1,539	111
112 OTHER ORGAN ACQUISITION (SPECIFY)	121,299	33,193		22	110	112
118 SUBTOTALS (SUM OF LINES 1-117)	29,537,570	7,958,987	9,135,171	4,885,406	10,605,078	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	41,402	11,329		2,538		190
191 RESEARCH	159,193	43,562		10,099	33,746	191
192 PHYSICIANS' PRIVATE OFFICES				32,910	64,964	192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	29,738,165	8,013,878	9,135,171	4,930,953	10,703,788	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	PALLATIVE CARE 17.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02 HOSPITAL ADMIN & GENERAL						5.02
5.03 AMBULATORY ADMIN & GENERAL						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY	13,019,032					14
15 PHARMACY	100,706	6,565,928				15
16 MEDICAL RECORDS & LIBRARY	389		6,656,794			16
17 SOCIAL SERVICE	66			6,621,770		17
17.01 PALLATIVE CARE					231,026	17.01
18 UTILMGMT / DSCH PLANNING						18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,071					22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	218,955	41,902	544,511	3,182,058	138,863	30
31 INTENSIVE CARE UNIT	84,327	6,665	88,097	47,237	12,760	31
31.01 PEDS ICU	25,875	2,400	36,273	171,771	5,323	31.01
31.02 NEONATAL ICU	74,564	2,185	140,357	92,327	23,360	31.02
32 CORONARY CARE UNIT	63,197	7,139	62,346	146,005	8,725	32
40 SUBPROVIDER - IPF	3,871	127	81,254		26,563	40
41 SUBPROVIDER - IRF	2,187	122	22,793	276,981	7,264	41
43 NURSERY			13,911	440,163	8,168	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4,049,249	7,237	357,123			50
51 RECOVERY ROOM	6,606	915	27,680			51
52 DELIVERY ROOM & LABOR ROOM	92,124	4,580	100,875			52
53 ANESTHESIOLOGY	184,657	36,345	157,721			53
54 RADIOLOGY-DIAGNOSTIC	13,497	2,198	93,263			54
54.01 RADIO ULTRASOUND	11,840	2,334	36,275			54.01
54.02 RADIO ANGIOGRAPHY	556,967	24,122	209,211			54.02
54.03 RADIO WEST HARRISON	13,790	6,822	38,683			54.03
55 RADIOLOGY-THERAPEUTIC	8,765	689	110,839			55
56 RADIOISOTOPE	160,909	4,600	20,067			56
57 CT SCAN	16,937	16,230	181,835			57
58 MRI	5,716	19,381	120,808			58
59 CARDIAC CATHETERIZATION	166,198	9,661	42,728			59
60 LABORATORY	10,008	1,228	869,099	85,885		60
60.01 LAB TISSUE TYPING	22	37	16,739			60.01
60.02 LAB OUTREACH	8		468,967			60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	98		100,166			63
64 INTRAVENOUS THERAPY		1,040,035	1,857			64
65 RESPIRATORY THERAPY	50,359	701	94,315			65
66 PHYSICAL THERAPY	3,261	10	51,181			66
67 OCCUPATIONAL THERAPY	2,126		19,909			67
68 SPEECH PATHOLOGY	60		5,031			68
69 ELECTROCARDIOLOGY	2,395	12	15,912			69
70 ELECTROENCEPHALOGRAPHY	2,967	8	14,321			70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,344,695		698,202			71
73 DRUGS CHARGED TO PATIENTS		4,815,248	840,554			73
74 RENAL DIALYSIS	169,594	20,837	122,925			74
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTROLOGY	113,118	1,062	78,127			76.01
76.02 BONE MARROW TRANSPLANT	11	121	1,984	66,561		76.02
76.03 CARDIAC SERVICES	235,004	416	76,929			76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	114,989	41,633	287,775	1,580,293		90
91 EMERGENCY	73,439	8,865	233,795	107,357		91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CENTRAL	PHARMACY	MEDICAL	SOCIAL	PALLATIVE	
	SERVICES & SUPPLY 14	15	RECORDS & LIBRARY 16	SERVICE 17	CARE 17.01	
93.01 OCC EEI	14,478	97,910	46,225	75,150		93.01
93.02 OCC PSYCH	196	3	19,477	85,885		93.02
93.03 OCC ADOLESCENTS	13,554	13,533	42,645			93.03
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	56	1	41,262	195,389		105
107 LIVER ACQUISITION			15,166	68,708		107
109 PANCREAS ACQUISITION			7,293			109
111 ISLET ACQUISITION	61	5	288			111
112 OTHER ORGAN ACQUISITION (SPECIFY)						112
118 SUBTOTALS (SUM OF LINES 1-117)	13,012,962	6,237,319	6,656,794	6,621,770	231,026	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH	1,923	134				191
192 PHYSICIANS' PRIVATE OFFICES	4,147	328,475				192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	13,019,032	6,565,928	6,656,794	6,621,770	231,026	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	UTILMGMT DSCH PLANNING 18	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION 23	SUBTOTAL 24	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02 HOSPITAL ADMIN & GENERAL						5.02
5.03 AMBULATORY ADMIN & GENERAL						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
17.01 PALLIATIVE CARE						17.01
18 UTILMGMT / DSCH PLANNING	5,658,538					18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD		43,624,245				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD			21,533,563			22
23 PARAMED ED PRGM-(SPECIFY)				1,429,874		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,401,173	4,194,217	1,767,440	859,453	115,225,744	30
31 INTENSIVE CARE UNIT	312,541	667,561	285,954	78,977	17,537,005	31
31.01 PEDS ICU	130,379	377,699	117,764	32,946	8,596,970	31.01
31.02 NEONATAL ICU	572,165	1,251,677	455,578	144,582	24,211,548	31.02
32 CORONARY CARE UNIT	213,695	592,900	202,796	53,999	14,402,152	32
40 SUBPROVIDER - IPF	650,619	575,332	263,737	164,407	16,877,347	40
41 SUBPROVIDER - IRF	177,914			44,958	4,429,763	41
43 NURSERY	200,052	96,621	45,153	50,552	3,416,397	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		5,687,446	1,163,685		44,469,392	50
51 RECOVERY ROOM			89,846		3,896,821	51
52 DELIVERY ROOM & LABOR ROOM		781,749	328,885		15,336,967	52
53 ANESTHESIOLOGY		1,256,069	512,386		5,222,185	53
54 RADIOLOGY-DIAGNOSTIC			304,945		6,646,510	54
54.01 RADIO ULTRASOUND		162,498	117,744		2,342,196	54.01
54.02 RADIO ANGIOGRAPHY		1,304,379	696,414		9,017,798	54.02
54.03 RADIO WEST HARRISON			133,406		2,186,294	54.03
55 RADIOLOGY-THERAPEUTIC		1,607,417	360,832		12,109,895	55
56 RADIOISOTOPE		175,674	70,405		1,877,943	56
57 CT SCAN		759,790	639,690		5,829,759	57
58 MRI		742,223	407,499		4,370,480	58
59 CARDIAC CATHETERIZATION		1,598,633	141,198		4,759,530	59
60 LABORATORY		5,265,828	2,822,477		45,288,800	60
60.01 LAB TISSUE TYPING			54,333		2,054,673	60.01
60.02 LAB OUTREACH			1,522,199		16,323,168	60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		1,062,828	327,138		9,215,356	63
64 INTRAVENOUS THERAPY			469,909		1,647,850	64
65 RESPIRATORY THERAPY		1,150,665	306,136		7,038,297	65
66 PHYSICAL THERAPY		241,552	166,125		6,825,885	66
67 OCCUPATIONAL THERAPY		127,364	64,621		2,808,254	67
68 SPEECH PATHOLOGY		122,972	16,330		918,092	68
69 ELECTROCARDIOLOGY		360,132	51,649		936,902	69
70 ELECTROENCEPHALOGRAPHY			46,484		874,709	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,523,972	2,266,260		67,903,538	71
73 DRUGS CHARGED TO PATIENTS		6,961,081	2,035,022		74,720,902	73
74 RENAL DIALYSIS		742,223	410,886		10,907,618	74
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTROLOGY			253,590		4,473,018	76.01
76.02 BONE MARROW TRANSPLANT			6,440		1,245,138	76.02
76.03 CARDIAC SERVICES			249,699		5,078,763	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		1,225,326	952,537		51,524,412	90
91 EMERGENCY		1,278,028	759,314		18,106,084	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	UTILMGMT DSCH PLANNING 18	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION 23	SUBTOTAL 24	
93.01 OCC EEI		254,727	191,775		7,678,291	93.01
93.02 OCC PSYCH		329,389	63,220		9,029,691	93.02
93.03 OCC ADOLESCENTS		452,361	185,233		6,375,340	93.03
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		210,809	133,930		7,194,769	105
107 LIVER ACQUISITION		193,241	49,227		2,846,843	107
109 PANCREAS ACQUISITION			23,672		1,176,651	109
111 ISLET ACQUISITION					222,392	111
112 OTHER ORGAN ACQUISITION (SPECIFY)		43,918			254,193	112
118 SUBTOTALS (SUM OF LINES 1-117)	5,658,538	43,378,301	21,533,563	1,429,874	685,432,325	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					142,818	190
191 RESEARCH					1,248,988	191
192 PHYSICIANS' PRIVATE OFFICES		245,944			3,964,328	192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	5,658,538	43,624,245	21,533,563	1,429,874	690,788,459	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS				
1	CAP REL COSTS-BLDG & FIXT			1
2	CAP REL COSTS-MVBLE EQUIP			2
4	EMPLOYEE BENEFITS DEPARTMENT			4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN			5.01
5.02	HOSPITAL ADMIN & GENERAL			5.02
5.03	AMBULATORY ADMIN & GENERAL			5.03
6	MAINTENANCE & REPAIRS			6
7	OPERATION OF PLANT			7
8	LAUNDRY & LINEN SERVICE			8
9	HOUSEKEEPING			9
10	DIETARY			10
11	CAFETERIA			11
12	MAINTENANCE OF PERSONNEL			12
13	NURSING ADMINISTRATION			13
14	CENTRAL SERVICES & SUPPLY			14
15	PHARMACY			15
16	MEDICAL RECORDS & LIBRARY			16
17	SOCIAL SERVICE			17
17.01	PALLIATIVE CARE			17.01
18	UTILMGMT / DSCH PLANNING			18
19	NONPHYSICIAN ANESTHETISTS			19
20	NURSING SCHOOL			20
21	I&R SERVICES-SALARY & FRINGES APPRVD			21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD			22
23	PARAMED ED PRGM-(SPECIFY)			23
INPATIENT ROUTINE SERV COST CENTERS				
30	ADULTS & PEDIATRICS	-5,961,657	109,264,087	30
31	INTENSIVE CARE UNIT	-953,515	16,583,490	31
31.01	PEDS ICU	-495,463	8,101,507	31.01
31.02	NEONATAL ICU	-1,707,255	22,504,293	31.02
32	CORONARY CARE UNIT	-795,696	13,606,456	32
40	SUBPROVIDER - IPF	-839,069	16,038,278	40
41	SUBPROVIDER - IRF		4,429,763	41
43	NURSERY	-141,774	3,274,623	43
ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	-6,851,131	37,618,261	50
51	RECOVERY ROOM	-89,846	3,806,975	51
52	DELIVERY ROOM & LABOR ROOM	-1,110,634	14,226,333	52
53	ANESTHESIOLOGY	-1,768,455	3,453,730	53
54	RADIOLOGY-DIAGNOSTIC	-304,945	6,341,565	54
54.01	RADIO ULTRASOUND	-280,242	2,061,954	54.01
54.02	RADIO ANGIOGRAPHY	-2,000,793	7,017,005	54.02
54.03	RADIO WEST HARRISON	-133,406	2,052,888	54.03
55	RADIOLOGY-THERAPEUTIC	-1,968,249	10,141,646	55
56	RADIOISOTOPE	-246,079	1,631,864	56
57	CT SCAN	-1,399,480	4,430,279	57
58	MRI	-1,149,722	3,220,758	58
59	CARDIAC CATHETERIZATION	-1,739,831	3,019,699	59
60	LABORATORY	-8,088,305	37,200,495	60
60.01	LAB TISSUE TYPING	-54,333	2,000,340	60.01
60.02	LAB OUTREACH	-1,522,199	14,800,969	60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63	BLOOD STORING, PROCESSING & TRANS.	-1,389,966	7,825,390	63
64	INTRAVENOUS THERAPY	-469,909	1,177,941	64
65	RESPIRATORY THERAPY	-1,456,801	5,581,496	65
66	PHYSICAL THERAPY	-407,677	6,418,208	66
67	OCCUPATIONAL THERAPY	-191,985	2,616,269	67
68	SPEECH PATHOLOGY	-139,302	778,790	68
69	ELECTROCARDIOLOGY	-411,781	525,121	69
70	ELECTROENCEPHALOGRAPHY	-46,484	828,225	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	-3,790,232	64,113,306	71
73	DRUGS CHARGED TO PATIENTS	-8,996,103	65,724,799	73
74	RENAL DIALYSIS	-1,492,624	9,414,994	74
76	OTHER ANCILLARY SVC			76
76.01	GASTROENTROLOGY	-253,590	4,219,428	76.01
76.02	BONE MARROW TRANSPLANT	-6,440	1,238,698	76.02
76.03	CARDIAC SERVICES	-249,699	4,829,064	76.03
76.97	CARDIAC REHABILITATION			76.97
76.98	HYPERBARIC OXYGEN THERAPY			76.98
76.99	LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	-2,177,863	49,346,549	90
91	EMERGENCY	-2,037,342	16,068,742	91
92	OBSERVATION BEDS (NON-DISTINCT PART)			92

PROVIDER CCN: 14-0150 BOARD OF TRUSTEES OF THE UNIVE
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: 2013.11
05/13/2014 15:39

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION		I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
93.01	OCC EEI	-446,502	7,231,789	93.01
93.02	OCC PSYCH	-392,609	8,637,082	93.02
93.03	OCC ADOLESCENTS	-637,594	5,737,746	93.03
	OTHER REIMBURSABLE COST CENTERS			
	SPECIAL PURPOSE COST CENTERS			
105	KIDNEY ACQUISITION	-344,739	6,850,030	105
107	LIVER ACQUISITION	-242,468	2,604,375	107
109	PANCREAS ACQUISITION	-23,672	1,152,979	109
111	ISLET ACQUISITION		222,392	111
112	OTHER ORGAN ACQUISITION (SPECIFY)	-43,918	210,275	112
118	SUBTOTALS (SUM OF LINES 1-117)	-65,251,379	620,180,946	118
	NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		142,818	190
191	RESEARCH		1,248,988	191
192	PHYSICIANS' PRIVATE OFFICES	-245,944	3,718,384	192
200	CROSS FOOT ADJUSTMENTS			200
201	NEGATIVE COST CENTER			201
202	TOTAL (SUM OF LINES 118-201)	-65,497,323	625,291,136	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS DEPARTMENT 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT		1,965		1,965	1,965	4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN	466,412	4,624,537	5,090,949	304		5.01
5.02 HOSPITAL ADMIN & GENERAL	61,370	86,746	148,116	40		5.02
5.03 AMBULATORY ADMIN & GENERAL	25,000	55,575	80,575	25		5.03
6 MAINTENANCE & REPAIRS	89,910	1,046,822	1,136,732	5		6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	64,925	5,412	70,337			9
10 DIETARY	147,013	22,179	169,192		21	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	24,266	262,329	286,595		34	13
14 CENTRAL SERVICES & SUPPLY	118,616	270,187	388,803		22	14
15 PHARMACY	67,954	11,224	79,178		51	15
16 MEDICAL RECORDS & LIBRARY	79,576	8,912	88,488		18	16
17 SOCIAL SERVICE	22,870	1,018	23,888		21	17
17.01 PALLIATIVE CARE					1	17.01
18 UTILMGMT / DSCH PLANNING					15	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD					158	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	10,751			10,751		22
23 PARAMED ED PRGM-(SPECIFY)					2	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	617,757	82,362	700,119		310	30
31 INTENSIVE CARE UNIT	53,720	6,708	60,428		52	31
31.01 PEDS ICU	32,268	9,039	41,307		24	31.01
31.02 NEONATAL ICU	59,945	67,807	127,752		70	31.02
32 CORONARY CARE UNIT	56,059	4,423	60,482		41	32
40 SUBPROVIDER - IPF	125,280	595	125,875		45	40
41 SUBPROVIDER - IRF	48,409	2,246	50,655		11	41
43 NURSERY	19,437		19,437		8	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	212,686	1,845,715	2,058,401		75	50
51 RECOVERY ROOM					12	51
52 DELIVERY ROOM & LABOR ROOM	112,219	208,224	320,443		45	52
53 ANESTHESIOLOGY	27,972	352,977	380,949		7	53
54 RADIOLOGY-DIAGNOSTIC	31,887	406,824	438,711		19	54
54.01 RADIO ULTRASOUND	12,313	45,634	57,947		6	54.01
54.02 RADIO ANGIOGRAPHY	72,826	779,145	851,971		15	54.02
54.03 RADIO WEST HARRISON		450,989	450,989		4	54.03
55 RADIOLOGY-THERAPEUTIC	107,584	314,458	422,042		15	55
56 RADIOISOTOPE	7,362	429,389	436,751		3	56
57 CT SCAN	66,897	3,741	70,638		12	57
58 MRI	42,616	34,348	76,964		9	58
59 CARDIAC CATHETERIZATION	32,865	758,327	791,192		5	59
60 LABORATORY	326,099	613,946	940,045		71	60
60.01 LAB TISSUE TYPING	6,729	38,246	44,975		2	60.01
60.02 LAB OUTREACH	66,731		66,731		23	60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	12,147	21,674	33,821		7	63
64 INTRAVENOUS THERAPY					1	64
65 RESPIRATORY THERAPY	14,393	171,291	185,684		18	65
66 PHYSICAL THERAPY	97,452	9,097	106,549		19	66
67 OCCUPATIONAL THERAPY	37,910	8,022	45,932		8	67
68 SPEECH PATHOLOGY	4,519	10,188	14,707		3	68
69 ELECTROCARDIOLOGY	12,025	7,823	19,848		1	69
70 ELECTROENCEPHALOGRAPHY	5,260	119,925	125,185		2	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	86,837	61,393	148,230		24	74
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTROLOGY	42,508	195,128	237,636		10	76.01
76.02 BONE MARROW TRANSPLANT		21,282	21,282		2	76.02
76.03 CARDIAC SERVICES	58,124	306,320	364,444		13	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	639,769	138,207	777,976		107	90
91 EMERGENCY	100,971	20,221	121,192		49	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS	BLDGS & FIXTURES	MOVABLE EQUIPMENT		BENEFITS DEPARTMENT	
	0	1	2	2A	4	
93.01 OCC EEI		102,309	4,242	106,551	15	93.01
93.02 OCC PSYCH		250,697	22,438	273,135	17	93.02
93.03 OCC ADOLESCENTS		68,897		68,897	12	93.03
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		11,514	1,411	12,925	11	105
107 LIVER ACQUISITION		1,943		1,943	2	107
109 PANCREAS ACQUISITION		345		345		109
111 ISLET ACQUISITION		50		50	1	111
112 OTHER ORGAN ACQUISITION (SPECIFY)		17,415		17,415		112
118 SUBTOTALS (SUM OF LINES 1-117)		4,885,374	13,968,746	18,854,120	1,951	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		5,944		5,944	1	190
191 RESEARCH		22,855	1,043	23,898	3	191
192 PHYSICIANS' PRIVATE OFFICES			23,759	23,759	10	192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		4,914,173	13,993,548	18,907,721	1,965	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ALL OTHER ADMIN	HOSPITAL ADMIN	AMBULATORY ADMIN	MAIN-TENANCE & REPAIRS	HOUSE-KEEPING	
	5.01	5.02	5.03	6	9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN	5,091,253					5.01
5.02 HOSPITAL ADMIN & GENERAL	97,096	245,252				5.02
5.03 AMBULATORY ADMIN & GENERAL	107,423	5,655	193,678			5.03
6 MAINTENANCE & REPAIRS	214,705	11,303		1,362,745		6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	54,594	2,874		20,723	148,528	9
10 DIETARY	56,538	2,976		46,924	5,193	10
11 CAFETERIA	6					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	74,962	3,946		7,745	857	13
14 CENTRAL SERVICES & SUPPLY	85,899	4,522		37,860	4,190	14
15 PHARMACY	41,033	2,160		21,690	2,401	15
16 MEDICAL RECORDS & LIBRARY	42,543	2,240		25,399	2,811	16
17 SOCIAL SERVICE	45,859	2,414		7,300	808	17
17.01 PALLIATIVE CARE	1,289	68	662			17.01
18 UTILMGMT / DSCH PLANNING	31,525	1,660	16,187			18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	311,367	16,392				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	154,147	8,115		3,432	380	22
23 PARAMED ED PRGM-(SPECIFY)	10,288	542				23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	634,219	33,199		197,176	21,822	30
31 INTENSIVE CARE UNIT	103,798	5,464		17,146	1,898	31
31.01 PEDS ICU	49,782	2,621		10,299	1,140	31.01
31.02 NEONATAL ICU	142,342	7,493		19,133	2,118	31.02
32 CORONARY CARE UNIT	84,428	4,445		17,893	1,980	32
40 SUBPROVIDER - IPF	93,241	4,909		39,987	4,426	40
41 SUBPROVIDER - IRF	22,873	1,204		15,451	1,710	41
43 NURSERY	16,388	863		6,204	687	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	217,967	11,475		67,885	7,513	50
51 RECOVERY ROOM	25,819	1,359				51
52 DELIVERY ROOM & LABOR ROOM	89,116	4,691		35,818	3,964	52
53 ANESTHESIOLOGY	20,012	1,053		8,928	988	53
54 RADIOLOGY-DIAGNOSTIC	42,347	2,229		10,178	1,126	54
54.01 RADIO ULTRASOUND	13,520	712		3,930	435	54.01
54.02 RADIO ANGIOGRAPHY	39,481	2,078		23,245	2,573	54.02
54.03 RADIO WEST HARRISON	14,305	753				54.03
55 RADIOLOGY-THERAPEUTIC	64,731	3,408		34,339	3,800	55
56 RADIOISOTOPE	9,867	519		2,350	260	56
57 CT SCAN	25,498	1,342		21,352	2,363	57
58 MRI	19,026	1,002		13,602	1,505	58
59 CARDIAC CATHETERIZATION	17,796	937		10,490	1,161	59
60 LABORATORY	238,401	12,551		104,084	11,520	60
60.01 LAB TISSUE TYPING	13,847	729		2,148	238	60.01
60.02 LAB OUTREACH	98,678	5,195		21,299	2,357	60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	54,840	2,887		3,877	429	63
64 INTRAVENOUS THERAPY	752	40	386			64
65 RESPIRATORY THERAPY	37,923	1,996		4,594	508	65
66 PHYSICAL THERAPY	39,280	2,068		31,105	3,443	66
67 OCCUPATIONAL THERAPY	16,123	849		12,100	1,339	67
68 SPEECH PATHOLOGY	5,239	276		1,442	160	68
69 ELECTROCARDIOLOGY	2,860	151		3,838	425	69
70 ELECTROENCEPHALOGRAPHY	5,473	288		1,679	186	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	412,039	21,692				71
73 DRUGS CHARGED TO PATIENTS	433,689	22,831				73
74 RENAL DIALYSIS	61,010	3,212		27,717	3,068	74
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTROLOGY	25,438	1,339		13,568	1,502	76.01
76.02 BONE MARROW TRANSPLANT	8,349	440				76.02
76.03 CARDIAC SERVICES	28,089	1,479		18,552	2,053	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	233,350		117,366	204,200	22,598	90
91 EMERGENCY	100,916	5,313		32,228	3,567	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ALL OTHER ADMIN	HOSPITAL ADMIN	AMBULATORY ADMIN	MAIN- TENANCE & REPAIRS 6	HOUSE- KEEPING 9	
	5.01	5.02	5.03			
93.01 OCC EEI	34,603		17,404	32,655	3,614	93.01
93.02 OCC PSYCH	35,674		17,943	80,017	8,856	93.02
93.03 OCC ADOLESCENTS	28,317		14,243	21,991	2,434	93.03
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	46,140	2,429		3,675	407	105
107 LIVER ACQUISITION	17,867	941		620	69	107
109 PANCREAS ACQUISITION	8,217	433		110	12	109
111 ISLET ACQUISITION	1,577	83		16	2	111
112 OTHER ORGAN ACQUISITION (SPECIFY)	402	21		5,559	615	112
118 SUBTOTALS (SUM OF LINES 1-117)	5,064,923	243,866	184,191	1,353,553	147,511	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	632	33		1,897	210	190
191 RESEARCH	7,222	380		7,295	807	191
192 PHYSICIANS' PRIVATE OFFICES	18,476	973	9,487			192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	5,091,253	245,252	193,678	1,362,745	148,528	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02 HOSPITAL ADMIN & GENERAL						5.02
5.03 AMBULATORY ADMIN & GENERAL						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	280,844					10
11 CAFETERIA	151,566	151,572				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			3,249			13
14 CENTRAL SERVICES & SUPPLY			2,123	523,419		14
15 PHARMACY			4,927	659	4,049	15
16 MEDICAL RECORDS & LIBRARY			1,780		16	16
17 SOCIAL SERVICE			2,057		4	17
17.01 PALLIATIVE CARE			52		3	17.01
18 UTILMGMT / DSCH PLANNING		1,491				18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD		15,289				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		2,660		43		22
23 PARAMED ED PRGM-(SPECIFY)		150				23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	90,645	30,094	127,926	8,803	997	30
31 INTENSIVE CARE UNIT	8,130	4,993	23,711	3,390	158	31
31.01 PEDS ICU	3,391	2,342	11,584	1,040	57	31.01
31.02 NEONATAL ICU		6,754	34,826	2,998	52	31.02
32 CORONARY CARE UNIT	5,559	3,934	19,436	2,541	170	32
40 SUBPROVIDER - IPF	16,925	4,374	13,844	156	3	40
41 SUBPROVIDER - IRF	4,628	1,083	4,027	88	3	41
43 NURSERY		758	3,345			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		7,216	31,485	162,793	172	50
51 RECOVERY ROOM		1,154	5,573	266	22	51
52 DELIVERY ROOM & LABOR ROOM		4,376	19,308	3,704	109	52
53 ANESTHESIOLOGY		650	1,198	7,424	864	53
54 RADIOLOGY-DIAGNOSTIC		1,827	880	543	52	54
54.01 RADIO ULTRASOUND		615	341	476	55	54.01
54.02 RADIO ANGIOGRAPHY		1,445	2,298	22,392	574	54.02
54.03 RADIO WEST HARRISON		377		554	162	54.03
55 RADIOLOGY-THERAPEUTIC		1,417	1,946	352	16	55
56 RADIOISOTOPE		264	202	6,469	109	56
57 CT SCAN		1,162	1,845	681	386	57
58 MRI		862	1,178	230	461	58
59 CARDIAC CATHETERIZATION		468	1,039	6,682	230	59
60 LABORATORY		6,905	3,395	402	29	60
60.01 LAB TISSUE TYPING		182		1	1	60.01
60.02 LAB OUTREACH		2,224				60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		663		4		63
64 INTRAVENOUS THERAPY		69			24,734	64
65 RESPIRATORY THERAPY		1,715		2,025	17	65
66 PHYSICAL THERAPY		1,802		131		66
67 OCCUPATIONAL THERAPY		762		85		67
68 SPEECH PATHOLOGY		244		2		68
69 ELECTROCARDIOLOGY		121		96		69
70 ELECTROENCEPHALOGRAPHY		189		119		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS				255,089		71
73 DRUGS CHARGED TO PATIENTS					114,515	73
74 RENAL DIALYSIS		2,347	5,081	6,818	496	74
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTROLOGY		996	3,321	4,548	25	76.01
76.02 BONE MARROW TRANSPLANT		208	244		3	76.02
76.03 CARDIAC SERVICES		1,237	2,476	9,448	10	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		10,308	22,323	4,623	990	90
91 EMERGENCY		4,720	21,800	2,952	211	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
93.01 OCC EEI		1,455	388	582	2,328	93.01
93.02 OCC PSYCH		1,624	1,267	8		93.02
93.03 OCC ADOLESCENTS		1,114	2,973	545	322	93.03
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		1,034	3,062	2		105
107 LIVER ACQUISITION		214	760			107
109 PANCREAS ACQUISITION		46	105			109
111 ISLET ACQUISITION		50	54	2		111
112 OTHER ORGAN ACQUISITION (SPECIFY)		1	4			112
118 SUBTOTALS (SUM OF LINES 1-117)	280,844	150,173	373,908	523,175	148,333	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		78				190
191 RESEARCH		310	1,190	77	3	191
192 PHYSICIANS' PRIVATE OFFICES		1,011	2,290	167	7,812	192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	280,844	151,572	377,388	523,419	156,148	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	PALLATIVE CARE 17.01	UTILMGMT DSCH PLANNING 18	I&R SALARY & FRINGES 21	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02 HOSPITAL ADMIN & GENERAL						5.02
5.03 AMBULATORY ADMIN & GENERAL						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	163,295					16
17 SOCIAL SERVICE		82,354				17
17.01 PALLATIVE CARE			2,072			17.01
18 UTILMGMT / DSCH PLANNING				50,878		18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD					343,206	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	13,328	39,575	1,246	30,581		30
31 INTENSIVE CARE UNIT	2,156	587	114	2,810		31
31.01 PEDS ICU	888	2,136	48	1,172		31.01
31.02 NEONATAL ICU	3,435	1,148	210	5,145		31.02
32 CORONARY CARE UNIT	1,526	1,816	78	1,921		32
40 SUBPROVIDER - IPF	1,989		238	5,850		40
41 SUBPROVIDER - IRF	558	3,445	65	1,600		41
43 NURSERY	340	5,474	73	1,799		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	8,741					50
51 RECOVERY ROOM	678					51
52 DELIVERY ROOM & LABOR ROOM	2,469					52
53 ANESTHESIOLOGY	3,860					53
54 RADIOLOGY-DIAGNOSTIC	2,283					54
54.01 RADIO ULTRASOUND	888					54.01
54.02 RADIO ANGIOGRAPHY	5,121					54.02
54.03 RADIO WEST HARRISON	947					54.03
55 RADIOLOGY-THERAPEUTIC	2,713					55
56 RADIOISOTOPE	491					56
57 CT SCAN	4,451					57
58 MRI	2,957					58
59 CARDIAC CATHETERIZATION	1,046					59
60 LABORATORY	21,630	1,068				60
60.01 LAB TISSUE TYPING	410					60.01
60.02 LAB OUTREACH	11,479					60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	2,452					63
64 INTRAVENOUS THERAPY	45					64
65 RESPIRATORY THERAPY	2,309					65
66 PHYSICAL THERAPY	1,253					66
67 OCCUPATIONAL THERAPY	487					67
68 SPEECH PATHOLOGY	123					68
69 ELECTROCARDIOLOGY	389					69
70 ELECTROENCEPHALOGRAPHY	351					70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	17,090					71
73 DRUGS CHARGED TO PATIENTS	20,574					73
74 RENAL DIALYSIS	3,009					74
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTROLOGY	1,912					76.01
76.02 BONE MARROW TRANSPLANT	49	828				76.02
76.03 CARDIAC SERVICES	1,883					76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	7,044	19,654				90
91 EMERGENCY	5,722	1,335				91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92

PROVIDER CCN: 14-0150 BOARD OF TRUSTEES OF THE UNIVE
 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: 2013.11
 05/13/2014 15:39

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	PALLATIVE CARE 17.01	UTILMGMT DSCH PLANNING 18	I&R SALARY & FRINGES 21	
93.01 OCC EEI	1,131	935				93.01
93.02 OCC PSYCH	477	1,068				93.02
93.03 OCC ADOLESCENTS	1,044					93.03
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	1,010	2,430				105
107 LIVER ACQUISITION	371	855				107
109 PANCREAS ACQUISITION	179					109
111 ISLET ACQUISITION	7					111
112 OTHER ORGAN ACQUISITION (SPECIFY)						112
118 SUBTOTALS (SUM OF LINES 1-117)	163,295	82,354	2,072	50,878		118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH						191
192 PHYSICIANS' PRIVATE OFFICES						192
200 CROSS FOOT ADJUSTMENTS					343,206	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	163,295	82,354	2,072	50,878	343,206	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R	PARAMED	SUBTOTAL	I&R COST &	TOTAL
	PROGRAM	EDUCATION		POST STEP-	
	COSTS			DOWN ADJS	
	22	23	24	25	26
GENERAL SERVICE COST CENTERS					
1					1
2					2
4					4
5.01					5.01
5.02					5.02
5.03					5.03
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
17.01					17.01
18					18
19					19
20					20
21					21
22	179,556				22
23		10,982			23
INPATIENT ROUTINE SERV COST CENTERS					
30			1,930,040		1,930,040
31			234,835		234,835
31.01			127,831		127,831
31.02			353,476		353,476
32			206,250		206,250
40			311,862		311,862
41			107,401		107,401
43			55,376		55,376
ANCILLARY SERVICE COST CENTERS					
50			2,573,723		2,573,723
51			34,883		34,883
52			484,043		484,043
53			425,933		425,933
54			500,195		500,195
54.01			78,925		78,925
54.02			951,193		951,193
54.03			468,091		468,091
55			534,779		534,779
56			457,285		457,285
57			129,730		129,730
58			117,796		117,796
59			831,046		831,046
60			1,340,101		1,340,101
60.01			62,533		62,533
60.02			207,986		207,986
62.30					62.30
63			98,980		98,980
64			26,027		26,027
65			236,789		236,789
66			185,650		185,650
67			77,685		77,685
68			22,196		22,196
69			27,729		27,729
70			133,472		133,472
71			705,910		705,910
73			591,609		591,609
74			261,012		261,012
76					76
76.01			290,295		290,295
76.02			31,405		31,405
76.03			429,684		429,684
76.97					76.97
76.98					76.98
76.99					76.99
OUTPATIENT SERVICE COST CENTERS					
90			1,420,539		1,420,539
91			300,005		300,005
92					92

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R	PARAMED	SUBTOTAL	I&R COST &	TOTAL	
	PROGRAM	EDUCATION		POST STEP-		
	COSTS		24	DOWN ADJS	26	
	22	23		25		
93.01 OCC EEI			201,661		201,661	93.01
93.02 OCC PSYCH			420,086		420,086	93.02
93.03 OCC ADOLESCENTS			141,892		141,892	93.03
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION			73,125		73,125	105
107 LIVER ACQUISITION			23,642		23,642	107
109 PANCREAS ACQUISITION			9,447		9,447	109
111 ISLET ACQUISITION			1,842		1,842	111
112 OTHER ORGAN ACQUISITION (SPECIFY)			24,017		24,017	112
118 SUBTOTALS (SUM OF LINES 1-117)			18,260,012		18,260,012	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			8,795		8,795	190
191 RESEARCH			41,185		41,185	191
192 PHYSICIANS' PRIVATE OFFICES			63,985		63,985	192
200 CROSS FOOT ADJUSTMENTS	179,556	10,982	533,744		533,744	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	179,556	10,982	18,907,721		18,907,721	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON-CILIATION	ALL OTHER ADMIN	ACCUM COST
	1	2	4	5A.01	5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	682,877					1
2 CAP REL COSTS-MVBLE EQUIP		11,561,495				2
4 EMPLOYEE BENEFITS DEPARTMENT	273		280,223,249			4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN	64,813	3,820,802	43,417,001	-114,594,504	576,193,955	5.01
5.02 HOSPITAL ADMIN & GENERAL	8,528	71,670	5,746,284		10,988,728	5.02
5.03 AMBULATORY ADMIN & GENERAL	3,474	45,916	3,559,254		12,157,385	5.03
6 MAINTENANCE & REPAIRS	12,494	864,886	723,335		24,298,866	6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	9,022	4,471	30,173		6,178,586	9
10 DIETARY	20,429	18,324	2,988,011		6,398,651	10
11 CAFETERIA					725	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,372	216,737	4,798,503		8,483,701	13
14 CENTRAL SERVICES & SUPPLY	16,483	223,229	3,135,694		9,721,502	14
15 PHARMACY	9,443	9,273	7,278,309		4,643,792	15
16 MEDICAL RECORDS & LIBRARY	11,058	7,363	2,629,841		4,814,734	16
17 SOCIAL SERVICE	3,178	841	3,038,034		5,189,985	17
17.01 PALLIATIVE CARE			76,556		145,855	17.01
18 UTILMGMT / DSCH PLANNING			2,203,047		3,567,840	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD			22,583,757		35,238,444	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,494		3,929,126		17,445,382	22
23 PARAMED ED PRGM-(SPECIFY)			222,000		1,164,344	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	85,844	68,048	44,323,711		71,776,143	30
31 INTENSIVE CARE UNIT	7,465	5,542	7,375,469		11,747,214	31
31.01 PEDIATRIC ICU	4,484	7,468	3,460,045		5,633,994	31.01
31.02 NEONATAL ICU	8,330	56,022	9,976,256		16,109,295	31.02
32 CORONARY CARE UNIT	7,790	3,654	5,810,767		9,555,019	32
40 SUBPROVIDER - IPF	17,409	492	6,461,333		10,552,360	40
41 SUBPROVIDER - IRF	6,727	1,856	1,599,116		2,588,643	41
43 NURSERY	2,701		1,119,792		1,854,644	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	29,555	1,524,933	10,658,494		24,668,041	50
51 RECOVERY ROOM			1,704,054		2,922,052	51
52 DELIVERY ROOM & LABOR ROOM	15,594	172,035	6,463,616		10,085,522	52
53 ANESTHESIOLOGY	3,887	291,630	960,044		2,264,771	53
54 RADIOLOGY-DIAGNOSTIC	4,431	336,119	2,698,282		4,792,515	54
54.01 RADIO ULTRASOUND	1,711	37,703	909,036		1,530,065	54.01
54.02 RADIO ANGIOGRAPHY	10,120	643,731	2,134,177		4,468,221	54.02
54.03 RADIO WEST HARRISON		372,608	557,072		1,618,922	54.03
55 RADIOLOGY-THERAPEUTIC	14,950	259,806	2,092,680		7,325,778	55
56 RADIOISOTOPE	1,023	354,762	390,356		1,116,691	56
57 CT SCAN	9,296	3,091	1,716,070		2,885,716	57
58 MRI	5,922	28,378	1,273,888		2,153,291	58
59 CARDIAC CATHETERIZATION	4,567	626,531	691,642		2,014,017	59
60 LABORATORY	45,315	507,243	10,199,348		26,980,696	60
60.01 LAB TISSUE TYPING	935	31,599	268,883		1,567,126	60.01
60.02 LAB OUTREACH	9,273		3,284,657		11,167,730	60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,688	17,907	979,380		6,206,465	63
64 INTRAVENOUS THERAPY			101,996		85,094	64
65 RESPIRATORY THERAPY	2,000	141,521	2,533,050		4,291,884	65
66 PHYSICAL THERAPY	13,542	7,516	2,662,475		4,445,451	66
67 OCCUPATIONAL THERAPY	5,268	6,628	1,125,587		1,824,669	67
68 SPEECH PATHOLOGY	628	8,417	360,766		592,930	68
69 ELECTROCARDIOLOGY	1,671	6,463	179,239		323,713	69
70 ELECTROENCEPHALOGRAPHY	731	99,082	278,905		619,453	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					46,631,869	71
73 DRUGS CHARGED TO PATIENTS					49,081,996	73
74 RENAL DIALYSIS	12,067	50,723	3,466,349		6,904,689	74
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTEROLOGY	5,907	161,215	1,471,311		2,878,943	76.01
76.02 BONE MARROW TRANSPLANT		17,583	306,626		944,837	76.02
76.03 CARDIAC SERVICES	8,077	253,082	1,827,577		3,178,958	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	88,902	114,187	15,225,666		26,408,983	90
91 EMERGENCY	14,031	16,707	6,971,323		11,421,017	91

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES 4	RECON- CILIATION 5A.01	ALL OTHER ADMIN ACCUM COST 5.01	
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01 OCC EEI	14,217	3,505	2,148,801		3,916,171	93.01
93.02 OCC PSYCH	34,837	18,538	2,398,389		4,037,359	93.02
93.03 OCC ADOLESCENTS	9,574		1,645,771		3,204,726	93.03
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	1,600	1,166	1,527,567		5,221,781	105
107 LIVER ACQUISITION	270		315,983		2,022,108	107
109 PANCREAS ACQUISITION	48		67,761		929,984	109
111 ISLET ACQUISITION	7		73,149		178,486	111
112 OTHER ORGAN ACQUISITION (SPECIFY)	2,420		992		45,472	112
118 SUBTOTALS (SUM OF LINES 1-117)	678,875	11,541,003	278,156,376	-114,594,504	573,214,024	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	826		115,191		71,536	190
191 RESEARCH	3,176	862	458,284		817,364	191
192 PHYSICIANS' PRIVATE OFFICES		19,630	1,493,398		2,091,031	192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	4,914,173	13,993,548	159,564,256		114,594,504	202
203 UNIT COST MULT-WS B PT I	7.196278	1.210358	0.569418		0.198882	203
204 COST TO BE ALLOC PER B PT II			1,965		5,091,253	204
205 UNIT COST MULT-WS B PT II			0.000007		0.008836	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	HOSPITAL ADMIN ACCUM COST 5.02	RECON- CILIATION	AMBULATORY ADMIN ACCUM COST 5.03	MAIN- TENANCE & REPAIRS SQUARE FEET 6	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02 HOSPITAL ADMIN & GENERAL	-13,174,188	632,575,585				5.02
5.03 AMBULATORY ADMIN & GENERAL		14,575,270	-14,878,815	52,246,943		5.03
6 MAINTENANCE & REPAIRS		29,131,473	-29,738,165		593,295	6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING		7,407,396	-7,561,662		9,022	9
10 DIETARY		7,671,228	-7,830,989		20,429	10
11 CAFETERIA		869	-887			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		10,170,956	-10,382,776		3,372	13
14 CENTRAL SERVICES & SUPPLY		11,654,934	-11,897,660		16,483	14
15 PHARMACY		5,567,359	-5,683,305		9,443	15
16 MEDICAL RECORDS & LIBRARY		5,772,298	-5,892,512		11,058	16
17 SOCIAL SERVICE		6,222,180	-6,351,763		3,178	17
17.01 PALLIATIVE CARE		174,863		178,505		17.01
18 UTILMGMT / DSCH PLANNING		4,277,419		4,366,501		18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD		42,246,736	-43,126,567			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		20,914,954	-21,350,529		1,494	22
23 PARAMED ED PRGM-(SPECIFY)		1,395,911	-1,424,982			23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		86,051,026	-87,843,293		85,844	30
31 INTENSIVE CARE UNIT		14,083,523	-14,376,826		7,465	31
31.01 PEDS ICU		6,754,494	-6,895,163		4,484	31.01
31.02 NEONATAL ICU		19,313,144	-19,715,360		8,330	31.02
32 CORONARY CARE UNIT		11,455,340	-11,693,909		7,790	32
40 SUBPROVIDER - IPF		12,651,034	-12,914,504		17,409	40
41 SUBPROVIDER - IRF		3,103,477	-3,168,110		6,727	41
43 NURSERY		2,223,499	-2,269,806		2,701	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		29,574,070	-30,189,980		29,555	50
51 RECOVERY ROOM		3,503,196	-3,576,154			51
52 DELIVERY ROOM & LABOR ROOM		12,091,351	-12,343,165		15,594	52
53 ANESTHESIOLOGY		2,715,193	-2,771,740		3,887	53
54 RADIOLOGY-DIAGNOSTIC		5,745,660	-5,865,319		4,431	54
54.01 RADIO ULTRASOUND		1,834,367	-1,872,570		1,711	54.01
54.02 RADIO ANGIOGRAPHY		5,356,870	-5,468,432		10,120	54.02
54.03 RADIO WEST HARRISON		1,940,896	-1,981,317			54.03
55 RADIOLOGY-THERAPEUTIC		8,782,743	-8,965,652		14,950	55
56 RADIOISOTOPE		1,338,781	-1,366,662		1,023	56
57 CT SCAN		3,459,633	-3,531,683		9,296	57
58 MRI		2,581,542	-2,635,305		5,922	58
59 CARDIAC CATHETERIZATION		2,414,569	-2,464,855		4,567	59
60 LABORATORY		32,346,671	-33,020,323		45,315	60
60.01 LAB TISSUE TYPING		1,878,799	-1,917,927		935	60.01
60.02 LAB OUTREACH		13,388,790	-13,667,625		9,273	60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		7,440,819	-7,595,781		1,688	63
64 INTRAVENOUS THERAPY		102,018		104,143		64
65 RESPIRATORY THERAPY		5,145,462	-5,252,621		2,000	65
66 PHYSICAL THERAPY		5,329,571	-5,440,565		13,542	66
67 OCCUPATIONAL THERAPY		2,187,563	-2,233,121		5,268	67
68 SPEECH PATHOLOGY		710,853	-725,657		628	68
69 ELECTROCARDIOLOGY		388,094	-396,176		1,671	69
70 ELECTROENCEPHALOGRAPHY		742,651	-758,117		731	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		55,906,108	-57,070,409			71
73 DRUGS CHARGED TO PATIENTS		58,843,522	-60,068,997			73
74 RENAL DIALYSIS		8,277,907	-8,450,303		12,067	74
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTEROLOGY		3,451,513	-3,523,394		5,907	76.01
76.02 BONE MARROW TRANSPLANT		1,132,748	-1,156,339			76.02
76.03 CARDIAC SERVICES		3,811,196	-3,890,568		8,077	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	-31,661,254			31,661,254	88,902	90
91 EMERGENCY		13,692,452	-13,977,611		14,031	91

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	HOSPITAL ADMIN ACCUM COST 5.02	RECON- CILIATION	AMBULATORY ADMIN ACCUM COST 5.03	MAIN- TENANCE & REPAIRS SQUARE FEET 6	
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01 OCC EEI	-4,695,027			4,695,027	14,217	93.01
93.02 OCC PSYCH	-4,840,317			4,840,317	34,837	93.02
93.03 OCC ADOLESCENTS	-3,842,088			3,842,088	9,574	93.03
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		6,260,299	-6,390,676		1,600	105
107 LIVER ACQUISITION		2,424,269	-2,474,757		270	107
109 PANCREAS ACQUISITION		1,114,941	-1,138,161		48	109
111 ISLET ACQUISITION		213,984	-218,440		7	111
112 OTHER ORGAN ACQUISITION (SPECIFY)		54,516	-55,651		2,420	112
118 SUBTOTALS (SUM OF LINES 1-117)	-58,212,874	629,003,000	-637,453,636	49,687,835	589,293	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		85,763	-87,549		826	190
191 RESEARCH		979,923	-1,000,331		3,176	191
192 PHYSICIANS' PRIVATE OFFICES		2,506,899		2,559,108		192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I		13,174,188		14,878,815	29,738,165	202
203 UNIT COST MULT-WS B PT I		0.020826		0.284779	50.123741	203
204 COST TO BE ALLOC PER B PT II		245,252		193,678	1,362,745	204
205 UNIT COST MULT-WS B PT II		0.000388		0.003707	2.296910	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
	SQUARE FEET 9	MEALS SERVED 10	GROSS SALARIES 11			13 14
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02 HOSPITAL ADMIN & GENERAL						5.02
5.03 AMBULATORY ADMIN & GENERAL						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	584,273					9
10 DIETARY	20,429	617,522				10
11 CAFETERIA		333,264	223,759,191			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,372		4,798,503	97,376		13
14 CENTRAL SERVICES & SUPPLY	16,483		3,135,694		95,686,570	14
15 PHARMACY	9,443		7,278,309	170	740,163	15
16 MEDICAL RECORDS & LIBRARY	11,058		2,629,841		2,860	16
17 SOCIAL SERVICE	3,178		3,038,034	1	483	17
17.01 PALLIATIVE CARE			76,556			17.01
18 UTILMGMT / DSCH PLANNING			2,203,047			18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD			22,583,757			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,494		3,929,126		7,869	22
23 PARAMED ED PRGM-(SPECIFY)			222,000			23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	85,844	199,311	44,323,711	33,009	1,609,265	30
31 INTENSIVE CARE UNIT	7,465	17,877	7,375,469	6,118	619,785	31
31.01 PEDI ICU	4,484	7,457	3,460,045	2,989	190,173	31.01
31.02 NEONATAL ICU	8,330		9,976,256	8,986	548,027	31.02
32 CORONARY CARE UNIT	7,790	12,223	5,810,767	5,015	464,481	32
40 SUBPROVIDER - IPF	17,409	37,214	6,461,333	3,572	28,452	40
41 SUBPROVIDER - IRF	6,727	10,176	1,599,116	1,039	16,075	41
43 NURSERY	2,701		1,119,792	863		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	29,555		10,658,494	8,124	29,760,982	50
51 RECOVERY ROOM			1,704,054	1,438	48,552	51
52 DELIVERY ROOM & LABOR ROOM	15,594		6,463,616	4,982	677,085	52
53 ANESTHESIOLOGY	3,887		960,044	309	1,357,180	53
54 RADIOLOGY-DIAGNOSTIC	4,431		2,698,282	227	99,196	54
54.01 RADIO ULTRASOUND	1,711		909,036	88	87,023	54.01
54.02 RADIO ANGIOGRAPHY	10,120		2,134,177	593	4,093,567	54.02
54.03 RADIO WEST HARRISON			557,072		101,355	54.03
55 RADIOLOGY-THERAPEUTIC	14,950		2,092,680	502	64,421	55
56 RADIOISOTOPE	1,023		390,356	52	1,182,641	56
57 CT SCAN	9,296		1,716,070	476	124,485	57
58 MRI	5,922		1,273,888	304	42,008	58
59 CARDIAC CATHETERIZATION	4,567		691,642	268	1,221,513	59
60 LABORATORY	45,315		10,199,348	876	73,557	60
60.01 LAB TISSUE TYPING	935		268,883		159	60.01
60.02 LAB OUTREACH	9,273		3,284,657		57	60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,688		979,380		723	63
64 INTRAVENOUS THERAPY			101,996			64
65 RESPIRATORY THERAPY	2,000		2,533,050		370,126	65
66 PHYSICAL THERAPY	13,542		2,662,475		23,971	66
67 OCCUPATIONAL THERAPY	5,268		1,125,587		15,622	67
68 SPEECH PATHOLOGY	628		360,766		444	68
69 ELECTROCARDIOLOGY	1,671		179,239		17,604	69
70 ELECTROENCEPHALOGRAPHY	731		278,905		21,804	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					46,631,869	71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	12,067		3,466,349	1,311	1,246,473	74
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTEROLOGY	5,907		1,471,311	857	831,390	76.01
76.02 BONE MARROW TRANSPLANT			306,626	63	81	76.02
76.03 CARDIAC SERVICES	8,077		1,827,577	639	1,727,220	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	88,902		15,225,666	5,760	845,142	90
91 EMERGENCY	14,031		6,971,323	5,625	539,760	91

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
	SQUARE FEET	MEALS SERVED	GROSS SALARIES			
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01 OCC EEI	14,217		2,148,801	100	106,407	93.01
93.02 OCC PSYCH	34,837		2,398,389	327	1,437	93.02
93.03 OCC ADOLESCENTS	9,574		1,645,771	767	99,615	93.03
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	1,600		1,527,567	790	411	105
107 LIVER ACQUISITION	270		315,983	196		107
109 PANCREAS ACQUISITION	48		67,761	27		109
111 ISLET ACQUISITION	7		73,149	14	448	111
112 OTHER ORGAN ACQUISITION (SPECIFY)	2,420		992	1		112
118 SUBTOTALS (SUM OF LINES 1-117)	580,271	617,522	221,692,318	96,478	95,641,961	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	826		115,191			190
191 RESEARCH	3,176		458,284	307	14,131	191
192 PHYSICIANS' PRIVATE OFFICES			1,493,398	591	30,478	192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	8,013,878	9,135,171	4,930,953	10,703,788	13,019,032	202
203 UNIT COST MULT-WS B PT I	13.715982	14.793272	0.022037	109.922240	0.136059	203
204 COST TO BE ALLOC PER B PT II	148,528	280,844	151,572	377,388	523,419	204
205 UNIT COST MULT-WS B PT II	0.254210	0.454792	0.000677	3.875575	0.005470	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	PALLATIVE CARE PATIENT DAYS	UTILMGMT DSCH PLANNING PATIENT DAYS
	15	16	17	17.01	18
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN					5.01
5.02 HOSPITAL ADMIN & GENERAL					5.02
5.03 AMBULATORY ADMIN & GENERAL					5.03
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY	69,865,333				15
16 MEDICAL RECORDS & LIBRARY		1,810,440,204			16
17 SOCIAL SERVICE			3,084		17
17.01 PALLATIVE CARE				119,873	17.01
18 UTILMGMT / DSCH PLANNING					119,873
19 NONPHYSICIAN ANESTHETISTS					18
20 NURSING SCHOOL					19
21 I&R SERVICES-SALARY & FRINGES APPRVD					20
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					21
23 PARAMED ED PRGM-(SPECIFY)					22
INPATIENT ROUTINE SERV COST CENTERS					23
30 ADULTS & PEDIATRICS	445,863	148,085,629	1,482	72,052	72,052
31 INTENSIVE CARE UNIT	70,917	23,959,003	22	6,621	6,621
31.01 PEDS ICU	25,535	9,864,762	80	2,762	2,762
31.02 NEONATAL ICU	23,245	38,171,622	43	12,121	12,121
32 CORONARY CARE UNIT	75,959	16,955,793	68	4,527	4,527
40 SUBPROVIDER - IPF	1,347	22,097,811		13,783	13,783
41 SUBPROVIDER - IRF	1,293	6,198,791	129	3,769	3,769
43 NURSERY		3,783,230	205	4,238	4,238
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	77,008	97,123,532			
51 RECOVERY ROOM	9,736	7,527,967			
52 DELIVERY ROOM & LABOR ROOM	48,738	27,433,951			
53 ANESTHESIOLOGY	386,735	42,893,851			
54 RADIOLOGY-DIAGNOSTIC	23,384	25,363,749			
54.01 RADIO ULTRASOUND	24,831	9,865,402			
54.02 RADIO ANGIOGRAPHY	256,673	56,897,173			
54.03 RADIO WEST HARRISON	72,590	10,520,129			
55 RADIOLOGY-THERAPEUTIC	7,331	30,143,874			
56 RADIOISOTOPE	48,945	5,457,462			
57 CT SCAN	172,691	49,452,001			
58 MRI	206,227	32,855,150			
59 CARDIAC CATHETERIZATION	102,798	11,620,229			
60 LABORATORY	13,062	236,413,809	40		
60.01 LAB TISSUE TYPING	391	4,552,391			
60.02 LAB OUTREACH		127,540,744			
62.30 BLOOD CLOTTING FOR HEMOPHILIACS		27,241,251			
63 BLOOD STORING, PROCESSING & TRANS.		504,960			
64 INTRAVENOUS THERAPY	11,066,556	25,650,065			
65 RESPIRATORY THERAPY	7,461	13,919,182			
66 PHYSICAL THERAPY	103	5,414,395			
67 OCCUPATIONAL THERAPY		1,368,227			
68 SPEECH PATHOLOGY		4,327,531			
69 ELECTROCARDIOLOGY	127	3,894,758			
70 ELECTROENCEPHALOGRAPHY	85	189,883,568			
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		228,597,888			
73 DRUGS CHARGED TO PATIENTS	51,237,138	33,430,784			
74 RENAL DIALYSIS	221,720				
76 OTHER ANCILLARY SVC					
76.01 GASTROENTEROLOGY	11,303	21,247,603			
76.02 BONE MARROW TRANSPLANT	1,287	539,564	31		
76.03 CARDIAC SERVICES	4,423	20,921,588			
76.97 CARDIAC REHABILITATION					
76.98 HYPERBARIC OXYGEN THERAPY					
76.99 LITHOTRIPSY					
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	443,001	78,263,486	736		
91 EMERGENCY	94,329	63,583,041	50		

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	PALLATIVE CARE PATIENT DAYS	UTILMGMT DSCH PLANNING PATIENT DAYS	
	COSTED REQUIS. 15	16	17	17.01	18	
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01 OCC EEI	1,041,816	12,571,371		35		93.01
93.02 OCC PSYCH	32	5,297,042		40		93.02
93.03 OCC ADOLESCENTS	143,998	11,597,847				93.03
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	14	11,221,593		91		105
107 LIVER ACQUISITION		4,124,564		32		107
109 PANCREAS ACQUISITION		1,983,440				109
111 ISLET ACQUISITION	48	78,401				111
112 OTHER ORGAN ACQUISITION (SPECIFY)						112
118 SUBTOTALS (SUM OF LINES 1-117)	66,368,740	1,810,440,204	3,084	119,873	119,873	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH	1,431					191
192 PHYSICIANS' PRIVATE OFFICES	3,495,162					192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	6,565,928	6,656,794	6,621,770	231,026	5,658,538	202
203 UNIT COST MULT-WS B PT I	0.093980	0.003677	2,147.136835	1.927256	47.204441	203
204 COST TO BE ALLOC PER B PT II	156,148	163,295	82,354	2,072	50,878	204
205 UNIT COST MULT-WS B PT II	0.002235	0.000090	26.703632	0.017285	0.424433	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R	I&R	PARAMED	
	SALARY & FRINGES ASSIGNED TIME	PROGRAM COSTS GROSS REVENUE	EDUCATION PATIENT DAYS	
	21	22	23	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS DEPARTMENT				4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN				5.01
5.02 HOSPITAL ADMIN & GENERAL				5.02
5.03 AMBULATORY ADMIN & GENERAL				5.03
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE				17
17.01 PALLIATIVE CARE				17.01
18 UTILMGMT / DSCH PLANNING				18
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SERVICES-SALARY & FRINGES APPRVD	9,933			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		1,804,163,013		22
23 PARAMED ED PRGM-(SPECIFY)			119,873	23
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	955	148,088,796	72,052	30
31 INTENSIVE CARE UNIT	152	23,959,283	6,621	31
31.01 PEDI ICU	86	9,867,107	2,762	31.01
31.02 NEONATAL ICU	285	38,171,622	12,121	31.02
32 CORONARY CARE UNIT	135	16,991,708	4,527	32
40 SUBPROVIDER - IPF	131	22,097,811	13,783	40
41 SUBPROVIDER - IRF			3,769	41
43 NURSERY	22	3,783,230	4,238	43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	1,295	97,501,924		50
51 RECOVERY ROOM		7,527,967		51
52 DELIVERY ROOM & LABOR ROOM	178	27,556,382		52
53 ANESTHESIOLOGY	286	42,931,401		53
54 RADIOLOGY-DIAGNOSTIC		25,550,474		54
54.01 RADIO ULTRASOUND	37	9,865,402		54.01
54.02 RADIO ANGIOGRAPHY	297	58,350,547		54.02
54.03 RADIO WEST HARRISON		11,177,708		54.03
55 RADIOLOGY-THERAPEUTIC	366	30,233,058		55
56 RADIOISOTOPE	40	5,899,055		56
57 CT SCAN	173	53,597,781		57
58 MRI	169	34,143,212		58
59 CARDIAC CATHETERIZATION	364	11,830,563		59
60 LABORATORY	1,199	236,413,809		60
60.01 LAB TISSUE TYPING		4,552,391		60.01
60.02 LAB OUTREACH		127,540,744		60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRANS.	242	27,410,001		63
64 INTRAVENOUS THERAPY		39,372,392		64
65 RESPIRATORY THERAPY	262	25,650,292		65
66 PHYSICAL THERAPY	55	13,919,182		66
67 OCCUPATIONAL THERAPY	29	5,414,395		67
68 SPEECH PATHOLOGY	28	1,368,227		68
69 ELECTROCARDIOLOGY	82	4,327,531		69
70 ELECTROENCEPHALOGRAPHY		3,894,758		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	347	189,883,568		71
73 DRUGS CHARGED TO PATIENTS	1,585	170,508,761		73
74 RENAL DIALYSIS	169	34,426,996		74
76 OTHER ANCILLARY SVC				76
76.01 GASTROENTEROLOGY		21,247,603		76.01
76.02 BONE MARROW TRANSPLANT		539,564		76.02
76.03 CARDIAC SERVICES		20,921,588		76.03
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	279	79,810,350		90
91 EMERGENCY	291	63,620,794		91

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R	I&R	PARAMED	
	SALARY & FRINGES ASSIGNED TIME	PROGRAM COSTS GROSS REVENUE	EDUCATION PATIENT DAYS	
	21	22	23	
92 OBSERVATION BEDS (NON-DISTINCT PART)				92
93.01 OCC EEI	58	16,068,263		93.01
93.02 OCC PSYCH	75	5,297,042		93.02
93.03 OCC ADOLESCENTS	103	15,520,134		93.03
OTHER REIMBURSABLE COST CENTERS				
SPECIAL PURPOSE COST CENTERS				
105 KIDNEY ACQUISITION	48	11,221,593		105
107 LIVER ACQUISITION	44	4,124,564		107
109 PANCREAS ACQUISITION		1,983,440		109
111 ISLET ACQUISITION				111
112 OTHER ORGAN ACQUISITION (SPECIFY)	10			112
118 SUBTOTALS (SUM OF LINES 1-117)	9,877	1,804,163,013	119,873	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				190
191 RESEARCH				191
192 PHYSICIANS' PRIVATE OFFICES	56			192
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 COST TO BE ALLOC PER B PT I	43,624,245	21,533,563	1,429,874	202
203 UNIT COST MULT-WS B PT I	4,391.849894	0.011935	11.928241	203
204 COST TO BE ALLOC PER B PT II	343,206	179,556	10,982	204
205 UNIT COST MULT-WS B PT II	34.552099	0.000100	0.091614	205

PROVIDER CCN: 14-0150 BOARD OF TRUSTEES OF THE UNIVE
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: 2013.11
05/13/2014 15:39

POST STEP DOWN ADJUSTMENTS

WORKSHEET B-2

----- WORKSHEET B -----
PART LINE NO. AMOUNT
2 3 4

1	DESCRIPTION	2	3	4	1
2					2
3	EXCLUDE ARANESP FROM RENAL FACILITY	1	74	-339,515	3
4					4
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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	109,264,087		109,264,087		109,264,087	30
31 INTENSIVE CARE UNIT	16,583,490		16,583,490		16,583,490	31
31.01 PEDS ICU	8,101,507		8,101,507		8,101,507	31.01
31.02 NEONATAL ICU	22,504,293		22,504,293		22,504,293	31.02
32 CORONARY CARE UNIT	13,606,456		13,606,456		13,606,456	32
40 SUBPROVIDER - IPF	16,038,278		16,038,278		16,038,278	40
41 SUBPROVIDER - IRF	4,429,763		4,429,763		4,429,763	41
43 NURSERY	3,274,623		3,274,623		3,274,623	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	37,618,261		37,618,261		37,618,261	50
51 RECOVERY ROOM	3,806,975		3,806,975		3,806,975	51
52 DELIVERY ROOM & LABOR ROOM	14,226,333		14,226,333		14,226,333	52
53 ANESTHESIOLOGY	3,453,730		3,453,730		3,453,730	53
54 RADIOLOGY-DIAGNOSTIC	6,341,565		6,341,565		6,341,565	54
54.01 RADIO ULTRASOUND	2,061,954		2,061,954		2,061,954	54.01
54.02 RADIO ANGIOGRAPHY	7,017,005		7,017,005		7,017,005	54.02
54.03 RADIO WEST HARRISON	2,052,888		2,052,888		2,052,888	54.03
55 RADIOLOGY-THERAPEUTIC	10,141,646		10,141,646		10,141,646	55
56 RADIOISOTOPE	1,631,864		1,631,864		1,631,864	56
57 CT SCAN	4,430,279		4,430,279		4,430,279	57
58 MRI	3,220,758		3,220,758		3,220,758	58
59 CARDIAC CATHETERIZATION	3,019,699		3,019,699		3,019,699	59
60 LABORATORY	37,200,495		37,200,495		37,200,495	60
60.01 LAB TISSUE TYPING	2,000,340		2,000,340		2,000,340	60.01
60.02 LAB OUTREACH	14,800,969		14,800,969		14,800,969	60.02
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	7,825,390		7,825,390		7,825,390	63
64 INTRAVENOUS THERAPY	1,177,941		1,177,941		1,177,941	64
65 RESPIRATORY THERAPY	5,581,496		5,581,496		5,581,496	65
66 PHYSICAL THERAPY	6,418,208		6,418,208		6,418,208	66
67 OCCUPATIONAL THERAPY	2,616,269		2,616,269		2,616,269	67
68 SPEECH PATHOLOGY	778,790		778,790		778,790	68
69 ELECTROCARDIOLOGY	525,121		525,121		525,121	69
70 ELECTROENCEPHALOGRAPHY	828,225		828,225		828,225	70
71 MEDICAL SUPPLIES CHARGED TO	64,113,306		64,113,306		64,113,306	71
73 DRUGS CHARGED TO PATIENTS	65,724,799		65,724,799		65,724,799	73
74 RENAL DIALYSIS	9,414,994		9,414,994		9,414,994	74
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTEROLOGY	4,219,428		4,219,428		4,219,428	76.01
76.02 BONE MARROW TRANSPLANT	1,238,698		1,238,698		1,238,698	76.02
76.03 CARDIAC SERVICES	4,829,064		4,829,064		4,829,064	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	49,346,549		49,346,549		49,346,549	90
91 EMERGENCY	16,068,742		16,068,742		16,068,742	91
92 OBSERVATION BEDS (NON-DISTI	8,449,708		8,449,708		8,449,708	92
93.01 OCC EEI	7,231,789		7,231,789		7,231,789	93.01
93.02 OCC PSYCH	8,637,082		8,637,082		8,637,082	93.02
93.03 OCC ADOLESCENTS	5,737,746		5,737,746		5,737,746	93.03
OTHER REIMBURSABLE COST CENTERS						
105 KIDNEY ACQUISITION	6,850,030		6,850,030		6,850,030	105
107 LIVER ACQUISITION	2,604,375		2,604,375		2,604,375	107
109 PANCREAS ACQUISITION	1,152,979		1,152,979		1,152,979	109
111 ISLET ACQUISITION	222,392		222,392		222,392	111
112 OTHER ORGAN ACQUISITION (SP	210,275		210,275		210,275	112
200 SUBTOTAL (SEE INSTRUCTIONS)	628,630,654		628,630,654		628,630,654	200
201 LESS OBSERVATION BEDS	8,449,708		8,449,708		8,449,708	201
202 TOTAL (SEE INSTRUCTIONS)	620,180,946		620,180,946		620,180,946	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	133,875,897		133,875,897			30
31 INTENSIVE CARE UNIT	23,959,003		23,959,003			31
31.01 PEDIATRIC ICU	9,864,762		9,864,762			31.01
31.02 NEONATAL ICU	38,171,622		38,171,622			31.02
32 CORONARY CARE UNIT	16,955,793		16,955,793			32
40 SUBPROVIDER - IPF	22,097,811		22,097,811			40
41 SUBPROVIDER - IRF	6,198,791		6,198,791			41
43 NURSERY	3,783,230		3,783,230			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	45,977,137	51,146,395	97,123,532	0.387324	0.387324	0.387324 50
51 RECOVERY ROOM	2,845,444	4,682,523	7,527,967	0.505711	0.505711	0.505711 51
52 DELIVERY ROOM & LABOR ROOM	23,209,362	4,224,589	27,433,951	0.518567	0.518567	0.518567 52
53 ANESTHESIOLOGY	23,243,551	19,650,300	42,893,851	0.080518	0.080518	0.080518 53
54 RADIOLOGY-DIAGNOSTIC	8,112,749	17,251,000	25,363,749	0.250025	0.250025	0.250025 54
54.01 RADIO ULTRASOUND	4,323,119	5,542,283	9,865,402	0.209009	0.209009	0.209009 54.01
54.02 RADIO ANGIOGRAPHY	33,749,868	23,147,305	56,897,173	0.123328	0.123328	0.123328 54.02
54.03 RADIO WEST HARRISON	35,459	10,484,670	10,520,129	0.195139	0.195139	0.195139 54.03
55 RADIOLOGY-THERAPEUTIC	1,356,105	28,787,769	30,143,874	0.336441	0.336441	0.336441 55
56 RADIOISOTOPE	1,637,456	3,820,006	5,457,462	0.299015	0.299015	0.299015 56
57 CT SCAN	23,867,940	25,584,061	49,452,001	0.089587	0.089587	0.089587 57
58 MRI	11,519,918	21,335,232	32,855,150	0.098029	0.098029	0.098029 58
59 CARDIAC CATHETERIZATION	5,829,820	5,790,409	11,620,229	0.259866	0.259866	0.259866 59
60 LABORATORY	107,286,803	129,127,006	236,413,809	0.157353	0.157353	0.157353 60
60.01 LAB TISSUE TYPING	576,795	3,975,596	4,552,391	0.439404	0.439404	0.439404 60.01
60.02 LAB OUTREACH		127,540,744	127,540,744	0.116049	0.116049	0.116049 60.02
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	22,145,699	5,095,552	27,241,251	0.287263	0.287263	0.287263 63
64 INTRAVENOUS THERAPY	497	504,463	504,960	2.332741	2.332741	2.332741 64
65 RESPIRATORY THERAPY	21,817,737	3,832,328	25,650,065	0.217602	0.217602	0.217602 65
66 PHYSICAL THERAPY	4,365,165	9,554,017	13,919,182	0.461105	0.461105	0.461105 66
67 OCCUPATIONAL THERAPY	4,033,900	1,380,495	5,414,395	0.483206	0.483206	0.483206 67
68 SPEECH PATHOLOGY	818,154	550,073	1,368,227	0.569196	0.569196	0.569196 68
69 ELECTROCARDIOLOGY	2,872,648	1,454,883	4,327,531	0.121344	0.121344	0.121344 69
70 ELECTROENCEPHALOGRAPHY	3,398,665	496,093	3,894,758	0.212651	0.212651	0.212651 70
71 MEDICAL SUPPLIES CHARGED TO	133,528,965	56,354,603	189,883,568	0.337645	0.337645	0.337645 71
73 DRUGS CHARGED TO PATIENTS	146,668,536	81,929,352	228,597,888	0.287513	0.287513	0.287513 73
74 RENAL DIALYSIS	7,709,079	25,721,705	33,430,784	0.281626	0.281626	0.281626 74
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTEROLOGY	5,469,311	15,778,292	21,247,603	0.198584	0.198584	0.198584 76.01
76.02 BONE MARROW TRANSPLANT	419,591	119,973	539,564	2.295739	2.295739	2.295739 76.02
76.03 CARDIAC SERVICES	12,074,096	8,847,492	20,921,588	0.230817	0.230817	0.230817 76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,237,541	77,025,945	78,263,486	0.630518	0.630518	0.630518 90
91 EMERGENCY	22,151,998	41,431,043	63,583,041	0.252721	0.252721	0.252721 91
92 OBSERVATION BEDS (NON-DISTI	2,243,985	11,965,747	14,209,732	0.594642	0.594642	0.594642 92
93.01 OCC EEI	38,696	12,532,675	12,571,371	0.575259	0.575259	0.575259 93.01
93.02 OCC PSYCH	2,259	5,294,783	5,297,042	1.630548	1.630548	1.630548 93.02
93.03 OCC ADOLESCENTS	115,027	11,482,820	11,597,847	0.494725	0.494725	0.494725 93.03
OTHER REIMBURSABLE COST CENTERS						
105 KIDNEY ACQUISITION	11,221,593		11,221,593			105
107 LIVER ACQUISITION	4,124,564		4,124,564			107
109 PANCREAS ACQUISITION	1,983,440		1,983,440			109
111 ISLET ACQUISITION	78,401		78,401			111
112 OTHER ORGAN ACQUISITION (SP						112
200 SUBTOTAL (SEE INSTRUCTIONS)	956,997,982	853,442,222	1,810,440,204			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	956,997,982	853,442,222	1,810,440,204			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL	REDUCED	TOTAL	PER	INPAT	INPAT PGM	
	COST	CAP-REL	PATIENT	DIEM	PGM	CAP COST	
	(FROM WKST B, PT. II, COL. 26)	COST (COL.1 MINUS COL.2)	DAYS	(COL.3 ÷ COL.4)	DAYS	(COL.5 x COL.6)	
	1	2	3	4	5	6	7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	1,930,040	1,930,040	78,091	24.72	21,704	536,523	30
31 INTENSIVE CARE UNIT	234,835	234,835	6,621	35.47	2,169	76,934	31
31.01 PEDIATRIC ICU	127,831	127,831	2,762	46.28	36	1,666	31.01
31.02 NEONATAL ICU	353,476	353,476	12,121	29.16			31.02
32 CORONARY CARE UNIT	206,250	206,250	4,527	45.56	1,665	75,857	32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF	311,862	311,862	13,783	22.63	2,757	62,391	40
41 SUBPROVIDER - IRF	107,401	107,401	3,769	28.50	1,285	36,623	41
42 SUBPROVIDER I							42
43 NURSERY	55,376	55,376	4,238	13.07			43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	3,327,071	3,327,071	125,912		29,616	789,994	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0150) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX [] IRF

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,573,723	97,123,532	0.026499	12,134,092	321,541	50
51 RECOVERY ROOM	34,883	7,527,967	0.004634	655,881	3,039	51
52 DELIVERY ROOM & LABOR ROOM	484,043	27,433,951	0.017644	274,689	4,847	52
53 ANESTHESIOLOGY	425,933	42,893,851	0.009930	4,449,970	44,188	53
54 RADIOLOGY-DIAGNOSTIC	500,195	25,363,749	0.019721	2,560,442	50,494	54
54.01 RADIO ULTRASOUND	78,925	9,865,402	0.008000	1,270,472	10,164	54.01
54.02 RADIO ANGIOGRAPHY	951,193	56,897,173	0.016718	9,698,427	162,138	54.02
54.03 RADIO WEST HARRISON	468,091	10,520,129	0.044495	20,609	917	54.03
55 RADIOLOGY-THERAPEUTIC	534,779	30,143,874	0.017741	455,173	8,075	55
56 RADIOISOTOPE	457,285	5,457,462	0.083791	607,322	50,888	56
57 CT SCAN	129,730	49,452,001	0.002623	7,714,037	20,234	57
58 MRI	117,796	32,855,150	0.003585	2,932,613	10,513	58
59 CARDIAC CATHETERIZATION	831,046	11,620,229	0.071517	2,402,172	171,796	59
60 LABORATORY	1,340,101	236,413,809	0.005668	32,760,463	185,686	60
60.01 LAB TISSUE TYPING	62,533	4,552,391	0.013736	257,150	3,532	60.01
60.02 LAB OUTREACH	207,986	127,540,744	0.001631			60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	98,980	27,241,251	0.003633	6,724,815	24,431	63
64 INTRAVENOUS THERAPY	26,027	504,960	0.051543			64
65 RESPIRATORY THERAPY	236,789	25,650,065	0.009232	6,774,479	62,542	65
66 PHYSICAL THERAPY	185,650	13,919,182	0.013338	904,281	12,061	66
67 OCCUPATIONAL THERAPY	77,685	5,414,395	0.014348	181,818	2,609	67
68 SPEECH PATHOLOGY	22,196	1,368,227	0.016222	227,145	3,685	68
69 ELECTROCARDIOLOGY	27,729	4,327,531	0.006408	1,056,581	6,771	69
70 ELECTROENCEPHALOGRAPHY	133,472	3,894,758	0.034270	1,236,758	42,384	70
71 MEDICAL SUPPLIES CHARGED TO P	705,910	189,883,568	0.003718	41,010,381	152,477	71
73 DRUGS CHARGED TO PATIENTS	591,609	228,597,888	0.002588	34,425,428	89,093	73
74 RENAL DIALYSIS	261,012	33,430,784	0.007808	4,037,369	31,524	74
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTEROLOGY	290,295	21,247,603	0.013662	1,979,986	27,051	76.01
76.02 BONE MARROW TRANSPLANT	31,405	539,564	0.058204	34,641	2,016	76.02
76.03 CARDIAC SERVICES	429,684	20,921,588	0.020538	4,343,731	89,212	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,420,539	78,263,486	0.018151	387,877	7,040	90
91 EMERGENCY	300,005	63,583,041	0.004718	6,081,875	28,694	91
92 OBSERVATION BEDS (NON-DISTINC	149,256	14,209,732	0.010504	479,732	5,039	92
93.01 OCC EEI	201,661	12,571,371	0.016041	22,958	368	93.01
93.02 OCC PSYCH	420,086	5,297,042	0.079306	542	43	93.02
93.03 OCC ADOLESCENTS	141,892	11,597,847	0.012234	2,483	30	93.03
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	14,950,124	1,538,125,297		188,106,392	1,635,122	200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
30 INPAT ROUTINE SERV COST CTRS						30
ADULTS & PEDIATRICS		859,453			859,453	30
31 INTENSIVE CARE UNIT		78,977			78,977	31
31.01 PEDIATRIC ICU		32,946			32,946	31.01
31.02 NEONATAL ICU		144,582			144,582	31.02
32 CORONARY CARE UNIT		53,999			53,999	32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 OTHER SPECIAL CARE (SPECIFY)						35
40 SUBPROVIDER - IPF		164,407			164,407	40
41 SUBPROVIDER - IRF		44,958			44,958	41
42 SUBPROVIDER I						42
43 NURSERY		50,552			50,552	43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		1,429,874			1,429,874	200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	78,091	11.01	21,704	238,961	30
31 INTENSIVE CARE UNIT	6,621	11.93	2,169	25,876	31
31.01 PEDIATRIC ICU	2,762	11.93	36	429	31.01
31.02 NEONATAL ICU	12,121	11.93			31.02
32 CORONARY CARE UNIT	4,527	11.93	1,665	19,863	32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	13,783	11.93	2,757	32,891	40
41 SUBPROVIDER - IRF	3,769	11.93	1,285	15,330	41
42 SUBPROVIDER I					42
43 NURSERY	4,238	11.93			43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	125,912		29,616	333,350	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0150) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1					
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 RADIO ULTRASOUND						54.01
54.02 RADIO ANGIOGRAPHY						54.02
54.03 RADIO WEST HARRISON						54.03
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
60.01 LAB TISSUE TYPING						60.01
60.02 LAB OUTREACH						60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
64 INTRAVENOUS THERAPY						64
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHARGED TO P						71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTROLOGY						76.01
76.02 BONE MARROW TRANSPLANT						76.02
76.03 CARDIAC SERVICES						76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINC			66,465		66,465	66,465
93.01 OCC EEI						93.01
93.02 OCC PSYCH						93.02
93.03 OCC ADOLESCENTS						93.03
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)			66,465		66,465	66,465

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0150)	[] SUB (OTHER)	[] ICF/MR	[XX] PPS			
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA			
BOXES	[] TITLE XIX	[] IRF	[] NF					
COST CENTER DESCRIPTION	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	97,123,532			12,134,092	10,674,180	50	
51	RECOVERY ROOM	7,527,967			655,881	688,415	51	
52	DELIVERY ROOM & LABOR ROOM	27,433,951			274,689	50,687	52	
53	ANESTHESIOLOGY	42,893,851			4,449,970	3,861,200	53	
54	RADIOLOGY-DIAGNOSTIC	25,363,749			2,560,442	2,724,474	54	
54.01	RADIO ULTRASOUND	9,865,402			1,270,472	1,373,587	54.01	
54.02	RADIO ANGIOGRAPHY	56,897,173			9,698,427	9,710,793	54.02	
54.03	RADIO WEST HARRISON	10,520,129			20,609	2,303,354	54.03	
55	RADIOLOGY-THERAPEUTIC	30,143,874			455,173	4,826,606	55	
56	RADIOISOTOPE	5,457,462			607,322	1,178,472	56	
57	CT SCAN	49,452,001			7,714,037	7,049,147	57	
58	MRI	32,855,150			2,932,613	4,804,088	58	
59	CARDIAC CATHETERIZATION	11,620,229			2,402,172	2,605,607	59	
60	LABORATORY	236,413,809			32,760,463	3,640,353	60	
60.01	LAB TISSUE TYPING	4,552,391			257,150		60.01	
60.02	LAB OUTREACH	127,540,744					60.02	
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30	
63	BLOOD STORING, PROCESSING &	27,241,251			6,724,815	735,724	63	
64	INTRAVENOUS THERAPY	504,960				43,281	64	
65	RESPIRATORY THERAPY	25,650,065			6,774,479	1,497,165	65	
66	PHYSICAL THERAPY	13,919,182			904,281	9,204	66	
67	OCCUPATIONAL THERAPY	5,414,395			181,818	616	67	
68	SPEECH PATHOLOGY	1,368,227			227,145	1,567	68	
69	ELECTROCARDIOLOGY	4,327,531			1,056,581	622,654	69	
70	ELECTROENCEPHALOGRAPHY	3,894,758			1,236,758	171,263	70	
71	MEDICAL SUPPLIES CHARGED TO	189,883,568			41,010,381	15,893,849	71	
73	DRUGS CHARGED TO PATIENTS	228,597,888			34,425,428	29,821,066	73	
74	RENAL DIALYSIS	33,430,784			4,037,369	245,449	74	
76	OTHER ANCILLARY SVC						76	
76.01	GASTROENTROLOGY	21,247,603			1,979,986	3,868,136	76.01	
76.02	BONE MARROW TRANSPLANT	539,564			34,641	987	76.02	
76.03	CARDIAC SERVICES	20,921,588			4,343,731	2,639,552	76.03	
76.97	CARDIAC REHABILITATION						76.97	
76.98	HYPERBARIC OXYGEN THERAPY						76.98	
76.99	LITHOTRIPSY						76.99	
OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	78,263,486			387,877	17,790,364	90	
91	EMERGENCY	63,583,041			6,081,875	6,106,102	91	
92	OBSERVATION BEDS (NON-DISTIN	14,209,732	0.004677	0.004677	479,732	2,244	14,869	
93.01	OCC EEI	12,571,371			22,958	4,668,426	93.01	
93.02	OCC PSYCH	5,297,042			542	525,464	93.02	
93.03	OCC ADOLESCENTS	11,597,847			2,483	90,631	93.03	
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (SUM OF LINES 50-199)	1,538,125,297			188,106,392	2,244	143,401,539	14,869

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0150) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT	COST SERVICES	COST SVCS NOT	
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS				
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.387324	10,674,180			4,134,366		50
51 RECOVERY ROOM	0.505711	688,415			348,139		51
52 DELIVERY ROOM & LABOR ROOM	0.518567	50,687			26,285		52
53 ANESTHESIOLOGY	0.080518	3,861,200			310,896		53
54 RADIOLOGY-DIAGNOSTIC	0.250025	2,724,474			681,187		54
54.01 RADIO ULTRASOUND	0.209009	1,373,587			287,092		54.01
54.02 RADIO ANGIOGRAPHY	0.123328	9,710,793			1,197,613		54.02
54.03 RADIO WEST HARRISON	0.195139	2,303,354			449,474		54.03
55 RADIOLOGY-THERAPEUTIC	0.336441	4,826,606			1,623,868		55
56 RADIOISOTOPE	0.299015	1,178,472			352,381		56
57 CT SCAN	0.089587	7,049,147			631,512		57
58 MRI	0.098029	4,804,088			470,940		58
59 CARDIAC CATHETERIZATION	0.259866	2,605,607			677,109		59
60 LABORATORY	0.157353	3,640,353			572,820		60
60.01 LAB TISSUE TYPING	0.439404						60.01
60.02 LAB OUTREACH	0.116049						60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.287263	735,724			211,346		63
64 INTRAVENOUS THERAPY	2.332741	43,281			100,963		64
65 RESPIRATORY THERAPY	0.217602	1,497,165			325,786		65
66 PHYSICAL THERAPY	0.461105	9,204			4,244		66
67 OCCUPATIONAL THERAPY	0.483206	616			298		67
68 SPEECH PATHOLOGY	0.569196	1,567			892		68
69 ELECTROCARDIOLOGY	0.121344	622,654			75,555		69
70 ELECTROENCEPHALOGRAPHY	0.212651	171,263			36,419		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.337645	15,893,849			5,366,479		71
73 DRUGS CHARGED TO PATIENTS	0.287513	29,821,066			8,573,944		73
74 RENAL DIALYSIS	0.281626	245,449			69,125		74
76 OTHER ANCILLARY SVC							76
76.01 GASTROENTEROLOGY	0.198584	3,868,136			768,150		76.01
76.02 BONE MARROW TRANSPLANT	2.295739	987			2,266		76.02
76.03 CARDIAC SERVICES	0.230817	2,639,552			609,253		76.03
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.630518	17,790,364			11,217,145		90
91 EMERGENCY	0.252721	6,106,102			1,543,140		91
92 OBSERVATION BEDS (NON-DISTINCT	0.594642	3,179,076			1,890,412		92
93.01 OCC EEI	0.575259	4,668,426			2,685,554		93.01
93.02 OCC PSYCH	1.630548	525,464			856,794		93.02
93.03 OCC ADOLESCENTS	0.494725	90,631			44,837		93.03
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		143,401,539			46,146,284		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		143,401,539			46,146,284		202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [XX] IPF (14-S150) [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA				
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5			
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	2,573,723	97,123,532	0.026499	15,099	400		50
51	RECOVERY ROOM	34,883	7,527,967	0.004634	40,042	186		51
52	DELIVERY ROOM & LABOR ROOM	484,043	27,433,951	0.017644	2,184	39		52
53	ANESTHESIOLOGY	425,933	42,893,851	0.009930	48,506	482		53
54	RADIOLOGY-DIAGNOSTIC	500,195	25,363,749	0.019721	19,654	388		54
54.01	RADIO ULTRASOUND	78,925	9,865,402	0.008000	5,950	48		54.01
54.02	RADIO ANGIOGRAPHY	951,193	56,897,173	0.016718	2,054	34		54.02
54.03	RADIO WEST HARRISON	468,091	10,520,129	0.044495				54.03
55	RADIOLOGY-THERAPEUTIC	534,779	30,143,874	0.017741				55
56	RADIOISOTOPE	457,285	5,457,462	0.083791	4,203	352		56
57	CT SCAN	129,730	49,452,001	0.002623	55,188	145		57
58	MRI	117,796	32,855,150	0.003585	94,551	339		58
59	CARDIAC CATHETERIZATION	831,046	11,620,229	0.071517				59
60	LABORATORY	1,340,101	236,413,809	0.005668	546,967	3,100		60
60.01	LAB TISSUE TYPING	62,533	4,552,391	0.013736				60.01
60.02	LAB OUTREACH	207,986	127,540,744	0.001631				60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
63	BLOOD STORING, PROCESSING & T	98,980	27,241,251	0.003633	6,041	22		63
64	INTRAVENOUS THERAPY	26,027	504,960	0.051543				64
65	RESPIRATORY THERAPY	236,789	25,650,065	0.009232	40,459	374		65
66	PHYSICAL THERAPY	185,650	13,919,182	0.013338	10,165	136		66
67	OCCUPATIONAL THERAPY	77,685	5,414,395	0.014348	306,842	4,403		67
68	SPEECH PATHOLOGY	22,196	1,368,227	0.016222	3,082	50		68
69	ELECTROCARDIOLOGY	27,729	4,327,531	0.006408	13,971	90		69
70	ELECTROENCEPHALOGRAPHY	133,472	3,894,758	0.034270	64,494	2,210		70
71	MEDICAL SUPPLIES CHARGED TO P	705,910	189,883,568	0.003718	180,494	671		71
73	DRUGS CHARGED TO PATIENTS	591,609	228,597,888	0.002588	574,729	1,487		73
74	RENAL DIALYSIS	261,012	33,430,784	0.007808	7,688	60		74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTEROLOGY	290,295	21,247,603	0.013662				76.01
76.02	BONE MARROW TRANSPLANT	31,405	539,564	0.058204				76.02
76.03	CARDIAC SERVICES	429,684	20,921,588	0.020538	8,299	170		76.03
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	1,420,539	78,263,486	0.018151	1,927	35		90
91	EMERGENCY	300,005	63,583,041	0.004718	280,969	1,326		91
92	OBSERVATION BEDS (NON-DISTINC		14,209,732	14,209,732				92
93.01	OCC EEI	201,661	12,571,371	0.016041				93.01
93.02	OCC PSYCH	420,086	5,297,042	0.079306	1,322	105		93.02
93.03	OCC ADOLESCENTS	141,892	11,597,847	0.012234				93.03
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (SUM OF LINES 50-199)	14,800,868	1,538,125,297		2,334,880	16,652		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1					
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 RADIO ULTRASOUND						54.01
54.02 RADIO ANGIOGRAPHY						54.02
54.03 RADIO WEST HARRISON						54.03
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
60.01 LAB TISSUE TYPING						60.01
60.02 LAB OUTREACH						60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
64 INTRAVENOUS THERAPY						64
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHARGED TO P						71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTROLOGY						76.01
76.02 BONE MARROW TRANSPLANT						76.02
76.03 CARDIAC SERVICES						76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINC						92
93.01 OCC EEI						93.01
93.02 OCC PSYCH						93.02
93.03 OCC ADOLESCENTS						93.03
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[XX] IPF (14-S150)	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[] IRF	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	97,123,532			15,099		50
51	RECOVERY ROOM	7,527,967			40,042		51
52	DELIVERY ROOM & LABOR ROOM	27,433,951			2,184		52
53	ANESTHESIOLOGY	42,893,851			48,506		53
54	RADIOLOGY-DIAGNOSTIC	25,363,749			19,654	3,082	54
54.01	RADIO ULTRASOUND	9,865,402			5,950	598	54.01
54.02	RADIO ANGIOGRAPHY	56,897,173			2,054		54.02
54.03	RADIO WEST HARRISON	10,520,129					54.03
55	RADIOLOGY-THERAPEUTIC	30,143,874					55
56	RADIOISOTOPE	5,457,462			4,203		56
57	CT SCAN	49,452,001			55,188	3,570	57
58	MRI	32,855,150			94,551		58
59	CARDIAC CATHETERIZATION	11,620,229					59
60	LABORATORY	236,413,809			546,967		60
60.01	LAB TISSUE TYPING	4,552,391					60.01
60.02	LAB OUTREACH	127,540,744					60.02
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	27,241,251			6,041		63
64	INTRAVENOUS THERAPY	504,960					64
65	RESPIRATORY THERAPY	25,650,065			40,459	1,949	65
66	PHYSICAL THERAPY	13,919,182			10,165		66
67	OCCUPATIONAL THERAPY	5,414,395			306,842		67
68	SPEECH PATHOLOGY	1,368,227			3,082		68
69	ELECTROCARDIOLOGY	4,327,531			13,971	4,148	69
70	ELECTROENCEPHALOGRAPHY	3,894,758			64,494	1,605	70
71	MEDICAL SUPPLIES CHARGED TO	189,883,568			180,494		71
73	DRUGS CHARGED TO PATIENTS	228,597,888			574,729	4,370	73
74	RENAL DIALYSIS	33,430,784			7,688		74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTEROLOGY	21,247,603					76.01
76.02	BONE MARROW TRANSPLANT	539,564					76.02
76.03	CARDIAC SERVICES	20,921,588			8,299		76.03
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	78,263,486			1,927		90
91	EMERGENCY	63,583,041			280,969		91
92	OBSERVATION BEDS (NON-DISTIN	14,209,732					92
93.01	OCC EEI	12,571,371					93.01
93.02	OCC PSYCH	5,297,042			1,322		93.02
93.03	OCC ADOLESCENTS	11,597,847					93.03
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	1,538,125,297			2,334,880	19,322	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT SUBJECT TO	PPS	COST SERVICES SUBJECT TO	COST SVCS NOT SUBJECT TO
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES 2	SUBJECT TO DED & COINS 3	SUBJECT TO DED & COINS 4	SERVICES 5	SUBJECT TO DED & COINS 6	SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.387324						50
51 RECOVERY ROOM	0.505711						51
52 DELIVERY ROOM & LABOR ROOM	0.518567						52
53 ANESTHESIOLOGY	0.080518						53
54 RADIOLOGY-DIAGNOSTIC	0.250025	3,082			771		54
54.01 RADIO ULTRASOUND	0.209009		598		125		54.01
54.02 RADIO ANGIOGRAPHY	0.123328						54.02
54.03 RADIO WEST HARRISON	0.195139						54.03
55 RADIOLOGY-THERAPEUTIC	0.336441						55
56 RADIOISOTOPE	0.299015						56
57 CT SCAN	0.089587	3,570			320		57
58 MRI	0.098029						58
59 CARDIAC CATHETERIZATION	0.259866						59
60 LABORATORY	0.157353						60
60.01 LAB TISSUE TYPING	0.439404						60.01
60.02 LAB OUTREACH	0.116049						60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.287263						63
64 INTRAVENOUS THERAPY	2.332741						64
65 RESPIRATORY THERAPY	0.217602	1,949			424		65
66 PHYSICAL THERAPY	0.461105						66
67 OCCUPATIONAL THERAPY	0.483206						67
68 SPEECH PATHOLOGY	0.569196						68
69 ELECTROCARDIOLOGY	0.121344	4,148			503		69
70 ELECTROENCEPHALOGRAPHY	0.212651	1,605			341		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.337645						71
73 DRUGS CHARGED TO PATIENTS	0.287513	4,370			1,256		73
74 RENAL DIALYSIS	0.281626						74
76 OTHER ANCILLARY SVC							76
76.01 GASTROENTROLOGY	0.198584						76.01
76.02 BONE MARROW TRANSPLANT	2.295739						76.02
76.03 CARDIAC SERVICES	0.230817						76.03
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.630518						90
91 EMERGENCY	0.252721						91
92 OBSERVATION BEDS (NON-DISTINCT)	0.594642						92
93.01 OCC EEI	0.575259						93.01
93.02 OCC PSYCH	1.630548						93.02
93.03 OCC ADOLESCENTS	0.494725						93.03
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		19,322			3,740		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		19,322			3,740		202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (14-T150)	[] SUB (OTHER)	[XX] PPS [] TEFRA				
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5			
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	2,573,723	97,123,532	0.026499	9,676	256		50
51	RECOVERY ROOM	34,883	7,527,967	0.004634	1,874	9		51
52	DELIVERY ROOM & LABOR ROOM	484,043	27,433,951	0.017644				52
53	ANESTHESIOLOGY	425,933	42,893,851	0.009930	3,818	38		53
54	RADIOLOGY-DIAGNOSTIC	500,195	25,363,749	0.019721	13,435	265		54
54.01	RADIO ULTRASOUND	78,925	9,865,402	0.008000	7,967	64		54.01
54.02	RADIO ANGIOGRAPHY	951,193	56,897,173	0.016718	9,024	151		54.02
54.03	RADIO WEST HARRISON	468,091	10,520,129	0.044495				54.03
55	RADIOLOGY-THERAPEUTIC	534,779	30,143,874	0.017741	49,526	879		55
56	RADIOISOTOPE	457,285	5,457,462	0.083791	914	77		56
57	CT SCAN	129,730	49,452,001	0.002623	29,659	78		57
58	MRI	117,796	32,855,150	0.003585	10,291	37		58
59	CARDIAC CATHETERIZATION	831,046	11,620,229	0.071517				59
60	LABORATORY	1,340,101	236,413,809	0.005668	212,200	1,203		60
60.01	LAB TISSUE TYPING	62,533	4,552,391	0.013736				60.01
60.02	LAB OUTREACH	207,986	127,540,744	0.001631				60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
63	BLOOD STORING, PROCESSING & T	98,980	27,241,251	0.003633	9,974	36		63
64	INTRAVENOUS THERAPY	26,027	504,960	0.051543				64
65	RESPIRATORY THERAPY	236,789	25,650,065	0.009232	39,814	368		65
66	PHYSICAL THERAPY	185,650	13,919,182	0.013338	463,514	6,182		66
67	OCCUPATIONAL THERAPY	77,685	5,414,395	0.014348	488,535	7,010		67
68	SPEECH PATHOLOGY	22,196	1,368,227	0.016222	73,209	1,188		68
69	ELECTROCARDIOLOGY	27,729	4,327,531	0.006408	6,303	40		69
70	ELECTROENCEPHALOGRAPHY	133,472	3,894,758	0.034270	2,675	92		70
71	MEDICAL SUPPLIES CHARGED TO P	705,910	189,883,568	0.003718	176,591	657		71
73	DRUGS CHARGED TO PATIENTS	591,609	228,597,888	0.002588	479,335	1,241		73
74	RENAL DIALYSIS	261,012	33,430,784	0.007808	87,399	682		74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTEROLOGY	290,295	21,247,603	0.013662	6,084	83		76.01
76.02	BONE MARROW TRANSPLANT	31,405	539,564	0.058204				76.02
76.03	CARDIAC SERVICES	429,684	20,921,588	0.020538	7,793	160		76.03
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	1,420,539	78,263,486	0.018151	836	15		90
91	EMERGENCY	300,005	63,583,041	0.004718	2,439	12		91
92	OBSERVATION BEDS (NON-DISTINC		14,209,732	14,209,732				92
93.01	OCC EEI	201,661	12,571,371	0.016041				93.01
93.02	OCC PSYCH	420,086	5,297,042	0.079306				93.02
93.03	OCC ADOLESCENTS	141,892	11,597,847	0.012234				93.03
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (SUM OF LINES 50-199)	14,800,868	1,538,125,297		2,192,885	20,823		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1					
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
51	RECOVERY ROOM					51
52	DELIVERY ROOM & LABOR ROOM					52
53	ANESTHESIOLOGY					53
54	RADIOLOGY-DIAGNOSTIC					54
54.01	RADIO ULTRASOUND					54.01
54.02	RADIO ANGIOGRAPHY					54.02
54.03	RADIO WEST HARRISON					54.03
55	RADIOLOGY-THERAPEUTIC					55
56	RADIOISOTOPE					56
57	CT SCAN					57
58	MRI					58
59	CARDIAC CATHETERIZATION					59
60	LABORATORY					60
60.01	LAB TISSUE TYPING					60.01
60.02	LAB OUTREACH					60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
63	BLOOD STORING, PROCESSING & T					63
64	INTRAVENOUS THERAPY					64
65	RESPIRATORY THERAPY					65
66	PHYSICAL THERAPY					66
67	OCCUPATIONAL THERAPY					67
68	SPEECH PATHOLOGY					68
69	ELECTROCARDIOLOGY					69
70	ELECTROENCEPHALOGRAPHY					70
71	MEDICAL SUPPLIES CHARGED TO P					71
73	DRUGS CHARGED TO PATIENTS					73
74	RENAL DIALYSIS					74
76	OTHER ANCILLARY SVC					76
76.01	GASTROENTROLOGY					76.01
76.02	BONE MARROW TRANSPLANT					76.02
76.03	CARDIAC SERVICES					76.03
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90	CLINIC					90
91	EMERGENCY					91
92	OBSERVATION BEDS (NON-DISTINC					92
93.01	OCC EEI					93.01
93.02	OCC PSYCH					93.02
93.03	OCC ADOLESCENTS					93.03
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)					200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[XX] IRF (14-T150)	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	97,123,532		9,676			50
51	RECOVERY ROOM	7,527,967		1,874			51
52	DELIVERY ROOM & LABOR ROOM	27,433,951					52
53	ANESTHESIOLOGY	42,893,851		3,818			53
54	RADIOLOGY-DIAGNOSTIC	25,363,749		13,435		194	54
54.01	RADIO ULTRASOUND	9,865,402		7,967		598	54.01
54.02	RADIO ANGIOGRAPHY	56,897,173		9,024			54.02
54.03	RADIO WEST HARRISON	10,520,129					54.03
55	RADIOLOGY-THERAPEUTIC	30,143,874		49,526			55
56	RADIOISOTOPE	5,457,462		914			56
57	CT SCAN	49,452,001		29,659		1,190	57
58	MRI	32,855,150		10,291			58
59	CARDIAC CATHETERIZATION	11,620,229					59
60	LABORATORY	236,413,809		212,200		307	60
60.01	LAB TISSUE TYPING	4,552,391					60.01
60.02	LAB OUTREACH	127,540,744					60.02
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	27,241,251		9,974			63
64	INTRAVENOUS THERAPY	504,960					64
65	RESPIRATORY THERAPY	25,650,065		39,814		2,220	65
66	PHYSICAL THERAPY	13,919,182		463,514			66
67	OCCUPATIONAL THERAPY	5,414,395		488,535			67
68	SPEECH PATHOLOGY	1,368,227		73,209			68
69	ELECTROCARDIOLOGY	4,327,531		6,303		222	69
70	ELECTROENCEPHALOGRAPHY	3,894,758		2,675			70
71	MEDICAL SUPPLIES CHARGED TO	189,883,568		176,591			71
73	DRUGS CHARGED TO PATIENTS	228,597,888		479,335		2,761	73
74	RENAL DIALYSIS	33,430,784		87,399			74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTROLOGY	21,247,603		6,084			76.01
76.02	BONE MARROW TRANSPLANT	539,564					76.02
76.03	CARDIAC SERVICES	20,921,588		7,793			76.03
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	78,263,486		836			90
91	EMERGENCY	63,583,041		2,439			91
92	OBSERVATION BEDS (NON-DISTIN	14,209,732					92
93.01	OCC EEI	12,571,371					93.01
93.02	OCC PSYCH	5,297,042					93.02
93.03	OCC ADOLESCENTS	11,597,847					93.03
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	1,538,125,297		2,192,885		7,492	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT SUBJECT TO	PPS	COST SERVICES SUBJECT TO	COST SVCS NOT SUBJECT TO
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.387324						50
51 RECOVERY ROOM	0.505711						51
52 DELIVERY ROOM & LABOR ROOM	0.518567						52
53 ANESTHESIOLOGY	0.080518						53
54 RADIOLOGY-DIAGNOSTIC	0.250025	194			49		54
54.01 RADIO ULTRASOUND	0.209009	598			125		54.01
54.02 RADIO ANGIOGRAPHY	0.123328						54.02
54.03 RADIO WEST HARRISON	0.195139						54.03
55 RADIOLOGY-THERAPEUTIC	0.336441						55
56 RADIOISOTOPE	0.299015						56
57 CT SCAN	0.089587	1,190			107		57
58 MRI	0.098029						58
59 CARDIAC CATHETERIZATION	0.259866						59
60 LABORATORY	0.157353	307			48		60
60.01 LAB TISSUE TYPING	0.439404						60.01
60.02 LAB OUTREACH	0.116049						60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.287263						63
64 INTRAVENOUS THERAPY	2.332741						64
65 RESPIRATORY THERAPY	0.217602	2,220			483		65
66 PHYSICAL THERAPY	0.461105						66
67 OCCUPATIONAL THERAPY	0.483206						67
68 SPEECH PATHOLOGY	0.569196						68
69 ELECTROCARDIOLOGY	0.121344	222			27		69
70 ELECTROENCEPHALOGRAPHY	0.212651						70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.337645						71
73 DRUGS CHARGED TO PATIENTS	0.287513	2,761			794		73
74 RENAL DIALYSIS	0.281626						74
76 OTHER ANCILLARY SVC							76
76.01 GASTROENTROLOGY	0.198584						76.01
76.02 BONE MARROW TRANSPLANT	2.295739						76.02
76.03 CARDIAC SERVICES	0.230817						76.03
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.630518						90
91 EMERGENCY	0.252721						91
92 OBSERVATION BEDS (NON-DISTINCT	0.594642						92
93.01 OCC EEI	0.575259						93.01
93.02 OCC PSYCH	1.630548						93.02
93.03 OCC ADOLESCENTS	0.494725						93.03
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		7,492			1,633		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		7,492			1,633		202

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0150) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	78,091	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	78,091	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	72,052	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)	21,704	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)	109,264,087	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	109,264,087	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)	109,264,087	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0150) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,399.19 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 30,368,020 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) 30,368,020 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	16,583,490	6,621	2,504.68	2,169	5,432,651	43
43.01 PEDS ICU	8,101,507	2,762	2,933.20	36	105,595	43.01
43.02 NEONATAL ICU	22,504,293	12,121	1,856.64			43.02
44 CORONARY CARE UNIT	13,606,456	4,527	3,005.62	1,665	5,004,357	44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					47,714,058	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					88,624,681	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 976,109 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 1,637,366 51
 52 TOTAL PROGRAM EXCLUDABLE COST 2,613,475 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 86,011,206 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) 6,039 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 1,399.19 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 8,449,708 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	1,930,040	109,264,087	0.017664	8,449,708	149,256	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST	859,453	109,264,087	0.007866	8,449,708	66,465	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-S150) [] 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)	13,783	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	13,783	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	13,783	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,757	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)	16,038,278	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	16,038,278	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)	16,038,278	37

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,163.63 38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 3,208,128 39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 3,208,128 41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200) 624,387 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS) 3,832,515 49

PASS-THROUGH COST ADJUSTMENTS
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 95,282 50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 16,652 51
52 TOTAL PROGRAM EXCLUDABLE COST 111,934 52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 3,720,581 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

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	3,769	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,769	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,769	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,285	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)	4,429,763	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	4,429,763	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)	4,429,763	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	1,175.32 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,510,286 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	1,510,286 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	795,661 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,305,947 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	51,953 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	20,823 51
52	TOTAL PROGRAM EXCLUDABLE COST	72,776 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	2,233,171 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 (14-0150) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		41,149,240		30
31 INTENSIVE CARE UNIT		7,435,368		31
31.01 PEDS ICU		100,243		31.01
31.02 NEONATAL ICU				31.02
32 CORONARY CARE UNIT		6,676,701		32
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.387324	12,134,092	4,699,825	50
51 RECOVERY ROOM	0.505711	655,881	331,686	51
52 DELIVERY ROOM & LABOR ROOM	0.518567	274,689	142,445	52
53 ANESTHESIOLOGY	0.080518	4,449,970	358,303	53
54 RADIOLOGY-DIAGNOSTIC	0.250025	2,560,442	640,175	54
54.01 RADIO ULTRASOUND	0.209009	1,270,472	265,540	54.01
54.02 RADIO ANGIOGRAPHY	0.123328	9,698,427	1,196,088	54.02
54.03 RADIO WEST HARRISON	0.195139	20,609	4,022	54.03
55 RADIOLOGY-THERAPEUTIC	0.336441	455,173	153,139	55
56 RADIOISOTOPE	0.299015	607,322	181,598	56
57 CT SCAN	0.089587	7,714,037	691,077	57
58 MRI	0.098029	2,932,613	287,481	58
59 CARDIAC CATHETERIZATION	0.259866	2,402,172	624,243	59
60 LABORATORY	0.157353	32,760,463	5,154,957	60
60.01 LAB TISSUE TYPING	0.439404	257,150	112,993	60.01
60.02 LAB OUTREACH	0.116049			60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.287263	6,724,815	1,931,791	63
64 INTRAVENOUS THERAPY	2.332741			64
65 RESPIRATORY THERAPY	0.217602	6,774,479	1,474,140	65
66 PHYSICAL THERAPY	0.461105	904,281	416,968	66
67 OCCUPATIONAL THERAPY	0.483206	181,818	87,856	67
68 SPEECH PATHOLOGY	0.569196	227,145	129,290	68
69 ELECTROCARDIOLOGY	0.121344	1,056,581	128,210	69
70 ELECTROENCEPHALOGRAPHY	0.212651	1,236,758	262,998	70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.337645	41,010,381	13,846,950	71
73 DRUGS CHARGED TO PATIENTS	0.287513	34,425,428	9,897,758	73
74 RENAL DIALYSIS	0.281626	4,037,369	1,137,028	74
76 OTHER ANCILLARY SVC				76
76.01 GASTROENTROLOGY	0.198584	1,979,986	393,194	76.01
76.02 BONE MARROW TRANSPLANT	2.295739	34,641	79,527	76.02
76.03 CARDIAC SERVICES	0.230817	4,343,731	1,002,607	76.03
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.630518	387,877	244,563	90
91 EMERGENCY	0.252721	6,081,875	1,537,018	91
92 OBSERVATION BEDS (NON-DISTINCT)	0.594642	479,732	285,269	92
93.01 OCC EEI	0.575259	22,958	13,207	93.01
93.02 OCC PSYCH	1.630548	542	884	93.02
93.03 OCC ADOLESCENTS	0.494725	2,483	1,228	93.03
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		188,106,392	47,714,058	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		188,106,392		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
31.01 PEDS ICU				31.01
31.02 NEONATAL ICU				31.02
32 CORONARY CARE UNIT				32
40 SUBPROVIDER - IPF		4,444,969		40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.387324	15,099	5,848	50
51 RECOVERY ROOM	0.505711	40,042	20,250	51
52 DELIVERY ROOM & LABOR ROOM	0.518567	2,184	1,133	52
53 ANESTHESIOLOGY	0.080518	48,506	3,906	53
54 RADIOLOGY-DIAGNOSTIC	0.250025	19,654	4,914	54
54.01 RADIO ULTRASOUND	0.209009	5,950	1,244	54.01
54.02 RADIO ANGIOGRAPHY	0.123328	2,054	253	54.02
54.03 RADIO WEST HARRISON	0.195139			54.03
55 RADIOLOGY-THERAPEUTIC	0.336441			55
56 RADIOISOTOPE	0.299015	4,203	1,257	56
57 CT SCAN	0.089587	55,188	4,944	57
58 MRI	0.098029	94,551	9,269	58
59 CARDIAC CATHETERIZATION	0.259866			59
60 LABORATORY	0.157353	546,967	86,067	60
60.01 LAB TISSUE TYPING	0.439404			60.01
60.02 LAB OUTREACH	0.116049			60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.287263	6,041	1,735	63
64 INTRAVENOUS THERAPY	2.332741			64
65 RESPIRATORY THERAPY	0.217602	40,459	8,804	65
66 PHYSICAL THERAPY	0.461105	10,165	4,687	66
67 OCCUPATIONAL THERAPY	0.483206	306,842	148,268	67
68 SPEECH PATHOLOGY	0.569196	3,082	1,754	68
69 ELECTROCARDIOLOGY	0.121344	13,971	1,695	69
70 ELECTROENCEPHALOGRAPHY	0.212651	64,494	13,715	70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.337645	180,494	60,943	71
73 DRUGS CHARGED TO PATIENTS	0.287513	574,729	165,242	73
74 RENAL DIALYSIS	0.281626	7,688	2,165	74
76 OTHER ANCILLARY SVC				76
76.01 GASTROENTROLOGY	0.198584			76.01
76.02 BONE MARROW TRANSPLANT	2.295739			76.02
76.03 CARDIAC SERVICES	0.230817	8,299	1,916	76.03
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.630518	1,927	1,215	90
91 EMERGENCY	0.252721	280,969	71,007	91
92 OBSERVATION BEDS (NON-DISTINCT)	0.594642			92
93.01 OCC EEI	0.575259			93.01
93.02 OCC PSYCH	1.630548	1,322	2,156	93.02
93.03 OCC ADOLESCENTS	0.494725			93.03
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		2,334,880	624,387	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		2,334,880		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
31.01 PEDIATRIC ICU				31.01
31.02 NEONATAL ICU				31.02
32 CORONARY CARE UNIT				32
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF		2,158,600		41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.387324	9,676	3,748	50
51 RECOVERY ROOM	0.505711	1,874	948	51
52 DELIVERY ROOM & LABOR ROOM	0.518567			52
53 ANESTHESIOLOGY	0.080518	3,818	307	53
54 RADIOLOGY-DIAGNOSTIC	0.250025	13,435	3,359	54
54.01 RADIO ULTRASOUND	0.209009	7,967	1,665	54.01
54.02 RADIO ANGIOGRAPHY	0.123328	9,024	1,113	54.02
54.03 RADIO WEST HARRISON	0.195139			54.03
55 RADIOLOGY-THERAPEUTIC	0.336441	49,526	16,663	55
56 RADIOISOTOPE	0.299015	914	273	56
57 CT SCAN	0.089587	29,659	2,657	57
58 MRI	0.098029	10,291	1,009	58
59 CARDIAC CATHETERIZATION	0.259866			59
60 LABORATORY	0.157353	212,200	33,390	60
60.01 LAB TISSUE TYPING	0.439404			60.01
60.02 LAB OUTREACH	0.116049			60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.287263	9,974	2,865	63
64 INTRAVENOUS THERAPY	2.332741			64
65 RESPIRATORY THERAPY	0.217602	39,814	8,664	65
66 PHYSICAL THERAPY	0.461105	463,514	213,729	66
67 OCCUPATIONAL THERAPY	0.483206	488,535	236,063	67
68 SPEECH PATHOLOGY	0.569196	73,209	41,670	68
69 ELECTROCARDIOLOGY	0.121344	6,303	765	69
70 ELECTROENCEPHALOGRAPHY	0.212651	2,675	569	70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.337645	176,591	59,625	71
73 DRUGS CHARGED TO PATIENTS	0.287513	479,335	137,815	73
74 RENAL DIALYSIS	0.281626	87,399	24,614	74
76 OTHER ANCILLARY SVC				76
76.01 GASTROENTEROLOGY	0.198584	6,084	1,208	76.01
76.02 BONE MARROW TRANSPLANT	2.295739			76.02
76.03 CARDIAC SERVICES	0.230817	7,793	1,799	76.03
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.630518	836	527	90
91 EMERGENCY	0.252721	2,439	616	91
92 OBSERVATION BEDS (NON-DISTINCT)	0.594642			92
93.01 OCC EEI	0.575259			93.01
93.02 OCC PSYCH	1.630548			93.02
93.03 OCC ADOLESCENTS	0.494725			93.03
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		2,192,885	795,661	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		2,192,885		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	1	2	3	4			
1	ADULTS & PEDIATRICS		263,646	38		1,399.19		165	230,866		1
2	INTENSIVE CARE UNIT		91,925	43		2,504.68		24	60,112		2
2.01	PEDS ICU			43.01		2,933.20					2.01
2.02	NEONATAL ICU			43.02		1,856.64					2.02
3	CORONARY CARE UNIT		14,079	44		3,005.62		3	9,017		3
4	BURN INTENSIVE CARE UNIT			45							4
5	SURGICAL INTENSIVE CARE UNIT			46							5
6	OTHER SPECIAL CARE (SPECIFY)			47							6
7	TOTAL (SUM OF LINES 1-6)		369,650					192	299,995		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	4					
			C								
8	OPERATING ROOM		50	0.387324		1,737,167		672,846		8	
9	RECOVERY ROOM		51	0.505711		57,668		29,163		9	
10	DELIVERY ROOM & LABOR ROOM		52	0.518567		187		97		10	
11	ANESTHESIOLOGY		53	0.080518		249,647		20,101		11	
12	RADIOLOGY-DIAGNOSTIC		54	0.250025		173,027		43,261		12	
12.01	RADIO ULTRASOUND		54.01	0.209009		135,135		28,244		12.01	
12.02	RADIO ANGIOGRAPHY		54.02	0.123328		85,698		10,569		12.02	
12.03	RADIO WEST HARRISON		54.03	0.195139		14,869		2,902		12.03	
13	RADIOLOGY-THERAPEUTIC		55	0.336441						13	
14	RADIOISOTOPE		56	0.299015		130,462		39,010		14	
15	CT SCAN		57	0.089587		421,869		37,794		15	
16	MRI		58	0.098029		27,286		2,675		16	
17	CARDIAC CATHETERIZATION		59	0.259866		76,051		19,763		17	
18	LABORATORY		60	0.157353		2,257,736		355,262		18	
18.01	LAB TISSUE TYPING		60.01	0.439404		1,776,403		780,559		18.01	
18.02	LAB OUTREACH		60.02	0.116049						18.02	
19	PBP CLINICAL LAB SERVICES-PRGM		61							19	
20	WHOLE BLOOD & PACKED RED BLOOD		62							20	
20.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30							20.30	
21	BLOOD STORING, PROCESSING & TRA		63	0.287263		167,410		48,091		21	
22	INTRAVENOUS THERAPY		64	2.332741						22	
23	RESPIRATORY THERAPY		65	0.217602		45,369		9,872		23	
24	PHYSICAL THERAPY		66	0.461105		1,938		894		24	
25	OCCUPATIONAL THERAPY		67	0.483206						25	
26	SPEECH PATHOLOGY		68	0.569196						26	
27	ELECTROCARDIOLOGY		69	0.121344		40,184		4,876		27	
28	ELECTROENCEPHALOGRAPHY		70	0.212651						28	
29	MEDICAL SUPPLIES CHARGED TO PAT		71	0.337645		37,815		12,768		29	
30	IMPL. DEV. CHARGED TO PATIENTS		72							30	
31	DRUGS CHARGED TO PATIENTS		73	0.287513		380,891		109,511		31	
32	RENAL DIALYSIS		74	0.281626		10,692		3,011		32	
33	ASC (NON-DISTINCT PART)		75							33	
34	OTHER ANCILLARY SVC		76							34	
34.01	GASTROENTROLOGY		76.01	0.198584		112,699		22,380		34.01	
34.02	BONE MARROW TRANSPLANT		76.02	2.295739						34.02	
34.03	CARDIAC SERVICES		76.03	0.230817		245,324		56,625		34.03	
34.97	CARDIAC REHABILITATION		76.97							34.97	
34.98	HYPERBARIC OXYGEN THERAPY		76.98							34.98	
34.99	LITHOTRIPSY		76.99							34.99	
35	RURAL HEALTH CLINIC		88							35	
36	FEDERALLY QUALIFIED HEALTH CENT		89							36	
37	CLINIC		90	0.630518		663,842		418,564		37	
38	EMERGENCY		91	0.252721		21,413		5,412		38	
39	OBSERVATION BEDS (NON-DISTINCT		92	0.594642						39	
40	OTHER OUTPATIENT SERVICE (SPECI		93							40	
40.01	OCC EEI		93.01	0.575259		1,091		628		40.01	
40.02	OCC PSYCH		93.02	1.630548						40.02	
40.03	OCC ADOLESCENTS		93.03	0.494725				384		40.03	
41	TOTAL (SUM OF LINES 8-40)					8,872,650		2,735,262		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	2	3	
42	ADULTS & PEDIATRICS	2	165		42
43	INTENSIVE CARE UNIT	3	24		43
43.01	PEDS ICU	3.01			43.01
43.02	NEONATAL ICU	3.02			43.02
44	CORONARY CARE UNIT	4	3		44
45	BURN INTENSIVE CARE UNIT	5			45
46	SURGICAL INTENSIVE CARE UNIT	6			46
47	OTHER SPECIAL CARE (SPECIFY)	7			47
48	TOTAL (SUM OF LINES 42-47)		192		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		21		49
50	FEDERALLY QUALIFIED HEALTH CENT		22		50
51	CLINIC	663,842	23		51
52	EMERGENCY	21,413	24		52
53	OBSERVATION BEDS (NON-DISTINCT)		25		53
54	OTHER OUTPATIENT SERVICE (SPECI		26		54
54.01	OCC EEI	1,091	26.01		54.01
54.02	OCC PSYCH		26.02		54.02
54.03	OCC ADOLESCENTS	777	26.03		54.03
55	TOTAL (SUM OF LINES 49-54)	687,123			55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
56 ROUTINE & ANCILLARY FROM PART I	3,035,257		9,242,300		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	6,850,030		6,850,030		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	9,885,287		16,092,330		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		143			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		98			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.685315			64
65 MEDICARE COST/CHARGES	6,774,535		11,028,315		65
66 REVENUE FOR ORGANS SOLD	164,191				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	6,610,344		11,028,315		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	6,610,344		11,028,315		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER	65	22		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		56		73
74 TOTAL (SUM OF LINES 70-73)	65	78		74
75 ORGANS TRANSPLANTED	65	56	10,799,569	75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		22	164,191	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)	65	78		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	D-1,	2	3	5	4	6	
1	ADULTS & PEDIATRICS		8,631	38		1,399.19		5		6,996	1
2	INTENSIVE CARE UNIT		23,133	43		2,504.68		6		15,028	2
2.01	PEDS ICU			43.01		2,933.20					2.01
2.02	NEONATAL ICU			43.02		1,856.64					2.02
3	CORONARY CARE UNIT		38	44		3,005.62					3
4	BURN INTENSIVE CARE UNIT			45							4
5	SURGICAL INTENSIVE CARE UNIT			46							5
6	OTHER SPECIAL CARE (SPECIFY)			47							6
7	TOTAL (SUM OF LINES 1-6)		31,802					11		22,024	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	4	5	6	7	
			C								
8	OPERATING ROOM		50	0.387324		49,332				19,107	8
9	RECOVERY ROOM		51	0.505711							9
10	DELIVERY ROOM & LABOR ROOM		52	0.518567							10
11	ANESTHESIOLOGY		53	0.080518		17,752				1,429	11
12	RADIOLOGY-DIAGNOSTIC		54	0.250025		6,667				1,667	12
12.01	RADIO ULTRASOUND		54.01	0.209009		24,156				5,049	12.01
12.02	RADIO ANGIOGRAPHY		54.02	0.123328		2,407				297	12.02
12.03	RADIO WEST HARRISON		54.03	0.195139		13,457				2,626	12.03
13	RADIOLOGY-THERAPEUTIC		55	0.336441							13
14	RADIOISOTOPE		56	0.299015		8,361				2,500	14
15	CT SCAN		57	0.089587		57,037				5,110	15
16	MRI		58	0.098029		4,025				395	16
17	CARDIAC CATHETERIZATION		59	0.259866		38,182				9,922	17
18	LABORATORY		60	0.157353		188,826				29,712	18
18.01	LAB TISSUE TYPING		60.01	0.439404		9,524				4,185	18.01
18.02	LAB OUTREACH		60.02	0.116049							18.02
19	PBP CLINICAL LAB SERVICES-PRGM		61								19
20	WHOLE BLOOD & PACKED RED BLOOD		62								20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30								20.30
21	BLOOD STORING, PROCESSING & TRA		63	0.287263		13,666				3,926	21
22	INTRAVENOUS THERAPY		64	2.332741							22
23	RESPIRATORY THERAPY		65	0.217602		21,974				4,782	23
24	PHYSICAL THERAPY		66	0.461105		443				204	24
25	OCCUPATIONAL THERAPY		67	0.483206							25
26	SPEECH PATHOLOGY		68	0.569196							26
27	ELECTROCARDIOLOGY		69	0.121344		3,313				402	27
28	ELECTROENCEPHALOGRAPHY		70	0.212651							28
29	MEDICAL SUPPLIES CHARGED TO PAT		71	0.337645		5,644				1,906	29
30	IMPL. DEV. CHARGED TO PATIENTS		72								30
31	DRUGS CHARGED TO PATIENTS		73	0.287513		28,544				8,207	31
32	RENAL DIALYSIS		74	0.281626		2,241				631	32
33	ASC (NON-DISTINCT PART)		75								33
34	OTHER ANCILLARY SVC		76								34
34.01	GASTROENTEROLOGY		76.01	0.198584		4,198				834	34.01
34.02	BONE MARROW TRANSPLANT		76.02	2.295739							34.02
34.03	CARDIAC SERVICES		76.03	0.230817		20,547				4,743	34.03
34.97	CARDIAC REHABILITATION		76.97								34.97
34.98	HYPERBARIC OXYGEN THERAPY		76.98								34.98
34.99	LITHOTRIPSY		76.99								34.99
35	RURAL HEALTH CLINIC		88								35
36	FEDERALLY QUALIFIED HEALTH CENT		89								36
37	CLINIC		90	0.630518		60,054				37,865	37
38	EMERGENCY		91	0.252721							38
39	OBSERVATION BEDS (NON-DISTINCT		92	0.594642							39
40	OTHER OUTPATIENT SERVICE (SPECI		93								40
40.01	OCC EEI		93.01	0.575259							40.01
40.02	OCC PSYCH		93.02	1.630548							40.02
40.03	OCC ADOLESCENTS		93.03	0.494725							40.03
41	TOTAL (SUM OF LINES 8-40)					580,350				145,499	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	2	3	
42	ADULTS & PEDIATRICS	2	5		42
43	INTENSIVE CARE UNIT	3	6		43
43.01	PEDS ICU	3.01			43.01
43.02	NEONATAL ICU	3.02			43.02
44	CORONARY CARE UNIT	4			44
45	BURN INTENSIVE CARE UNIT	5			45
46	SURGICAL INTENSIVE CARE UNIT	6			46
47	OTHER SPECIAL CARE (SPECIFY)	7			47
48	TOTAL (SUM OF LINES 42-47)		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	3	
49	RURAL HEALTH CLINIC		21		49
50	FEDERALLY QUALIFIED HEALTH CENT		22		50
51	CLINIC	60,054	23		51
52	EMERGENCY		24		52
53	OBSERVATION BEDS (NON-DISTINCT)		25		53
54	OTHER OUTPATIENT SERVICE (SPECI		26		54
54.01	OCC EEI		26.01		54.01
54.02	OCC PSYCH		26.02		54.02
54.03	OCC ADOLESCENTS		26.03		54.03
55	TOTAL (SUM OF LINES 49-54)	60,054			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	167,523		612,152		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	2,604,375		2,604,375		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	2,771,898		3,216,527		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		45			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		22			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.488889			64
65 MEDICARE COST/CHARGES	1,355,150		1,572,525		65
66 REVENUE FOR ORGANS SOLD	74,633				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	1,280,517		1,572,525		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	1,280,517		1,572,525		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER	1	10		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		34		73
74 TOTAL (SUM OF LINES 70-73)	1	44		74
75 ORGANS TRANSPLANTED	1	34	3,447,231	75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		10	74,633	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)	1	44		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	D	D-1	2	3		4	
1	ADULTS & PEDIATRICS		38		1,399.19				1
2	INTENSIVE CARE UNIT	3,616	43		2,504.68		1	2,505	2
2.01	PEDS ICU		43.01		2,933.20				2.01
2.02	NEONATAL ICU		43.02		1,856.64				2.02
3	CORONARY CARE UNIT		44		3,005.62				3
4	BURN INTENSIVE CARE UNIT		45						4
5	SURGICAL INTENSIVE CARE UNIT		46						5
6	OTHER SPECIAL CARE (SPECIFY)		47						6
7	TOTAL (SUM OF LINES 1-6)	3,616					1	2,505	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	4	5	6	7
8	OPERATING ROOM	50	0.387324		9,608		3,721		8
9	RECOVERY ROOM	51	0.505711						9
10	DELIVERY ROOM & LABOR ROOM	52	0.518567						10
11	ANESTHESIOLOGY	53	0.080518		3,660		295		11
12	RADIOLOGY-DIAGNOSTIC	54	0.250025		1,432		358		12
12.01	RADIO ULTRASOUND	54.01	0.209009		2,590		541		12.01
12.02	RADIO ANGIOGRAPHY	54.02	0.123328						12.02
12.03	RADIO WEST HARRISON	54.03	0.195139						12.03
13	RADIOLOGY-THERAPEUTIC	55	0.336441						13
14	RADIOISOTOPE	56	0.299015		159		48		14
15	CT SCAN	57	0.089587		864		77		15
16	MRI	58	0.098029						16
17	CARDIAC CATHETERIZATION	59	0.259866		1,189		309		17
18	LABORATORY	60	0.157353		35,003		5,508		18
18.01	LAB TISSUE TYPING	60.01	0.439404		10,114		4,444		18.01
18.02	LAB OUTREACH	60.02	0.116049						18.02
19	PBP CLINICAL LAB SERVICES-PRGM	61							19
20	WHOLE BLOOD & PACKED RED BLOOD	62							20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30							20.30
21	BLOOD STORING, PROCESSING & TRA	63	0.287263		1,956		562		21
22	INTRAVENOUS THERAPY	64	2.332741						22
23	RESPIRATORY THERAPY	65	0.217602		1,485		323		23
24	PHYSICAL THERAPY	66	0.461105						24
25	OCCUPATIONAL THERAPY	67	0.483206						25
26	SPEECH PATHOLOGY	68	0.569196						26
27	ELECTROCARDIOLOGY	69	0.121344		152		18		27
28	ELECTROENCEPHALOGRAPHY	70	0.212651						28
29	MEDICAL SUPPLIES CHARGED TO PAT	71	0.337645		190		64		29
30	IMPL. DEV. CHARGED TO PATIENTS	72							30
31	DRUGS CHARGED TO PATIENTS	73	0.287513		3,132		900		31
32	RENAL DIALYSIS	74	0.281626						32
33	ASC (NON-DISTINCT PART)	75							33
34	OTHER ANCILLARY SVC	76							34
34.01	GASTROENTEROLOGY	76.01	0.198584						34.01
34.02	BONE MARROW TRANSPLANT	76.02	2.295739						34.02
34.03	CARDIAC SERVICES	76.03	0.230817		6,759		1,560		34.03
34.97	CARDIAC REHABILITATION	76.97							34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98							34.98
34.99	LITHOTRIPSY	76.99							34.99
35	RURAL HEALTH CLINIC	88							35
36	FEDERALLY QUALIFIED HEALTH CENT	89							36
37	CLINIC	90	0.630518		5,948		3,750		37
38	EMERGENCY	91	0.252721						38
39	OBSERVATION BEDS (NON-DISTINCT	92	0.594642						39
40	OTHER OUTPATIENT SERVICE (SPECI	93							40
40.01	OCC EEI	93.01	0.575259						40.01
40.02	OCC PSYCH	93.02	1.630548						40.02
40.03	OCC ADOLESCENTS	93.03	0.494725						40.03
41	TOTAL (SUM OF LINES 8-40)				84,241		22,478		41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		D	2	3	
42	ADULTS & PEDIATRICS	2			42
43	INTENSIVE CARE UNIT	3	1		43
43.01	PEDS ICU	3.01			43.01
43.02	NEONATAL ICU	3.02			43.02
44	CORONARY CARE UNIT	4			44
45	BURN INTENSIVE CARE UNIT	5			45
46	SURGICAL INTENSIVE CARE UNIT	6			46
47	OTHER SPECIAL CARE (SPECIFY)	7			47
48	TOTAL (SUM OF LINES 42-47)		1		48

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		1	D	3	
49	RURAL HEALTH CLINIC		21		49
50	FEDERALLY QUALIFIED HEALTH CENT		22		50
51	CLINIC	5,948	23		51
52	EMERGENCY		24		52
53	OBSERVATION BEDS (NON-DISTINCT)		25		53
54	OTHER OUTPATIENT SERVICE (SPECI		26		54
54.01	OCC EEI		26.01		54.01
54.02	OCC PSYCH		26.02		54.02
54.03	OCC ADOLESCENTS		26.03		54.03
55	TOTAL (SUM OF LINES 49-54)	5,948			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	24,983		87,857		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	1,152,979		1,152,979		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	1,177,962		1,240,836		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		25			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		17			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.680000			64
65 MEDICARE COST/CHARGES	801,014		843,768		65
66 REVENUE FOR ORGANS SOLD	37,315				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	763,699		843,768		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	763,699		843,768		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER		5		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		20		73
74 TOTAL (SUM OF LINES 70-73)		25		74
75 ORGANS TRANSPLANTED		20	1,983,440	75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		5	37,315	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)		25		84

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART I

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

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES		PER DIEM COSTS (FROM WKST D-1, PT. II)		ORGAN ACQUISITION DAYS		COST (COL.2 x COL.3)	
		1	D	D-1,	2	3	4		
1	ADULTS & PEDIATRICS		38		1,399.19				1
2	INTENSIVE CARE UNIT	2,169	43		2,504.68				2
2.01	PEDS ICU		43.01		2,933.20				2.01
2.02	NEONATAL ICU		43.02		1,856.64				2.02
3	CORONARY CARE UNIT		44		3,005.62				3
4	BURN INTENSIVE CARE UNIT		45						4
5	SURGICAL INTENSIVE CARE UNIT		46						5
6	OTHER SPECIAL CARE (SPECIFY)		47						6
7	TOTAL (SUM OF LINES 1-6)	2,169							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	4	5		
8	OPERATING ROOM	50	0.387324	5,765	2,233				8
9	RECOVERY ROOM	51	0.505711						9
10	DELIVERY ROOM & LABOR ROOM	52	0.518567						10
11	ANESTHESIOLOGY	53	0.080518	2,196	177				11
12	RADIOLOGY-DIAGNOSTIC	54	0.250025	310	78				12
12.01	RADIO ULTRASOUND	54.01	0.209009						12.01
12.02	RADIO ANGIOGRAPHY	54.02	0.123328						12.02
12.03	RADIO WEST HARRISON	54.03	0.195139						12.03
13	RADIOLOGY-THERAPEUTIC	55	0.336441						13
14	RADIOISOTOPE	56	0.299015	96	29				14
15	CT SCAN	57	0.089587	518	46				15
16	MRI	58	0.098029						16
17	CARDIAC CATHETERIZATION	59	0.259866						17
18	LABORATORY	60	0.157353	6,205	976				18
18.01	LAB TISSUE TYPING	60.01	0.439404						18.01
18.02	LAB OUTREACH	60.02	0.116049						18.02
19	PBP CLINICAL LAB SERVICES-PRGM	61							19
20	WHOLE BLOOD & PACKED RED BLOOD	62							20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30							20.30
21	BLOOD STORING, PROCESSING & TRA	63	0.287263	738	212				21
22	INTRAVENOUS THERAPY	64	2.332741						22
23	RESPIRATORY THERAPY	65	0.217602	891	194				23
24	PHYSICAL THERAPY	66	0.461105						24
25	OCCUPATIONAL THERAPY	67	0.483206						25
26	SPEECH PATHOLOGY	68	0.569196						26
27	ELECTROCARDIOLOGY	69	0.121344	91	11				27
28	ELECTROENCEPHALOGRAPHY	70	0.212651						28
29	MEDICAL SUPPLIES CHARGED TO PAT	71	0.337645	114	38				29
30	IMPL. DEV. CHARGED TO PATIENTS	72							30
31	DRUGS CHARGED TO PATIENTS	73	0.287513	1,855	533				31
32	RENAL DIALYSIS	74	0.281626						32
33	ASC (NON-DISTINCT PART)	75							33
34	OTHER ANCILLARY SVC	76							34
34.01	GASTROENTROLOGY	76.01	0.198584						34.01
34.02	BONE MARROW TRANSPLANT	76.02	2.295739						34.02
34.03	CARDIAC SERVICES	76.03	0.230817	717	165				34.03
34.97	CARDIAC REHABILITATION	76.97							34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98							34.98
34.99	LITHOTRIPSY	76.99							34.99
35	RURAL HEALTH CLINIC	88							35
36	FEDERALLY QUALIFIED HEALTH CENT	89							36
37	CLINIC	90	0.630518						37
38	EMERGENCY	91	0.252721						38
39	OBSERVATION BEDS (NON-DISTINCT	92	0.594642						39
40	OTHER OUTPATIENT SERVICE (SPECI	93							40
40.01	OCC EEI	93.01	0.575259						40.01
40.02	OCC PSYCH	93.02	1.630548						40.02
40.03	OCC ADOLESCENTS	93.03	0.494725						40.03
41	TOTAL (SUM OF LINES 8-40)			19,496	4,692				41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	AVERAGE COST PER DAY (FROM WKST D-2, PART I, COL. 4)		ORGAN ACQUISITION DAYS (COL.1 x COL.2)	
	D	1		
42 ADULTS & PEDIATRICS	2		2	42
43 INTENSIVE CARE UNIT	3		2	43
43.01 PEDS ICU	3.01			43.01
43.02 NEONATAL ICU	3.02			43.02
44 CORONARY CARE UNIT	4			44
45 BURN INTENSIVE CARE UNIT	5			45
46 SURGICAL INTENSIVE CARE UNIT	6			46
47 OTHER SPECIAL CARE (SPECIFY)	7			47
48 TOTAL (SUM OF LINES 42-47)				48

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)		ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		D	2		
49 RURAL HEALTH CLINIC	1	21		3	49
50 FEDERALLY QUALIFIED HEALTH CENT CLINIC		22			50
51 CLINIC		23			51
52 EMERGENCY		24			52
53 OBSERVATION BEDS (NON-DISTINCT)		25			53
54 OTHER OUTPATIENT SERVICE (SPECI)		26			54
54.01 OCC EEI		26.01			54.01
54.02 OCC PSYCH		26.02			54.02
54.03 OCC ADOLESCENTS		26.03			54.03
55 TOTAL (SUM OF LINES 49-54)					55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
56 ROUTINE & ANCILLARY FROM PART I	4,692		21,665		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	222,392		222,392		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	227,084		244,057		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		5			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		5			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		1.000000			64
65 MEDICARE COST/CHARGES	227,084		244,057		65
66 REVENUE FOR ORGANS SOLD	22,986				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	204,098		244,057		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	204,098		244,057		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER		3		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		2		73
74 TOTAL (SUM OF LINES 70-73)		5		74
75 ORGANS TRANSPLANTED		2	78,401	75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		3	22,389	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)		5		84

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	38,771,108	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	7,552,501	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	371,151	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	402.91	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)	353.91	5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)	78.42	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)	432.33	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	427.64	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS	20.06	11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	447.70	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	442.30	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	446.37	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	445.46	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	445.46	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	1.105607	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	1.091075	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	1.091075	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	18,398,858	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)	-4.69	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)	18,398,858	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.1779	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (SEE INSTRUCTIONS)	0.4489	31
32	SUM OF LINES 30 AND 31	0.6268	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.4093	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	15,869,015	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)	80,591,482	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)	80,591,482	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	5,286,277	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	6,984,521	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	18,848	54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)	8,858,658	55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS	285,129	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	2,244	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	102,027,159	59
60	PRIMARY PAYER PAYMENTS	74,021	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	101,953,138	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,630,868	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	555,433	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	852,575	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	596,803	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	751,827	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	99,363,640	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 (SEE INSTRUCTIONS)	99,363,640	71
71.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		71.01
72	INTERIM PAYMENTS	95,824,373	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS LINES 71.01, 72 AND 73)	3,539,267	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	463,569	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 (14-0150) IPF 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 OPPS (SEE INSTRUCTIONS)	46,131,415	2
3	PPS PAYMENTS	33,316,484	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	994,567	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	14,869	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)	34,325,920	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	7,140,142	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)	27,185,778	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)	3,113,008	28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	30,298,786	30
31	PRIMARY PAYER PAYMENTS	228	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	30,298,558	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)	1,109	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	2,662,393	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,863,675	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	2,458,521	36
37	SUBTOTAL (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF	32,163,342	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R	10	38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)	32,163,332	40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		40.01
41	INTERIM PAYMENTS	28,010,629	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)	4,152,703	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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: [] HOSPITAL [XX] IPF (14-S150) [] 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)	3,740	2
3	PPS PAYMENTS	2,457	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)	0.937	5
6	LINE 2 TIMES LINE 5	3,504	6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6	0.7012	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)	2,457	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	683	25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	1,774	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)	1,774	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	1,774	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 (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF	1,774	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)	1,774	40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		40.01
41	INTERIM PAYMENTS	1,773	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)	1	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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (SEE INSTRUCTIONS)	1,633	2
3	PPS PAYMENTS	1,292	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)	0.937	5
6	LINE 2 TIMES LINE 5	1,530	6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6	0.8444	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)	1,292	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	377	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)	915	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)	915	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	915	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 (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF	915	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)	915	40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		40.01
41	INTERIM PAYMENTS	915	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

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

INPATIENT
 PART A PART B

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		89,612,280		27,168,110	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 04/27/2012	5,808,747	04/27/2012	869,966	3.01
	.02 06/29/2012	403,346			3.02
	PROGRAM .03				3.03
	TO .04				3.04
	PROVIDER .05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50	NONE			3.50
	.51		06/29/2012	27,447	3.51
	PROVIDER .52				3.52
	TO .53				3.53
	PROGRAM .54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
	.99				3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		6,212,093		842,519	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		95,824,373		28,010,629	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	3,539,267		4,152,703	6.01
	TO .02				6.02
	PROVIDER .03				
	PROVIDER .04				
	TO .05				
	PROGRAM .06				
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		99,363,640		32,163,332	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

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

INPATIENT
 PART A PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,122,813		915	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	NONE		NONE	3.01
	.02				3.02
	.03				3.03
	.04				3.04
	.05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50	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)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		2,122,813		915	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				6.01
	TO .02				6.02
	PROVIDER .03				6.03
	TO .04				6.04
	PROGRAM .05				6.05
	TO .06				6.06
	PROGRAM .07				6.07
	TO .08				6.08
	PROGRAM .09				6.09
	TO .10				6.10
	PROGRAM .11				6.11
	TO .12				6.12
	PROGRAM .13				6.13
	TO .14				6.14
	PROGRAM .15				6.15
	TO .16				6.16
	PROGRAM .17				6.17
	TO .18				6.18
	PROGRAM .19				6.19
	TO .20				6.20
	PROGRAM .21				6.21
	TO .22				6.22
	PROGRAM .23				6.23
	TO .24				6.24
	PROGRAM .25				6.25
	TO .26				6.26
	PROGRAM .27				6.27
	TO .28				6.28
	PROGRAM .29				6.29
	TO .30				6.30
	PROGRAM .31				6.31
	TO .32				6.32
	PROGRAM .33				6.33
	TO .34				6.34
	PROGRAM .35				6.35
	TO .36				6.36
	PROGRAM .37				6.37
	TO .38				6.38
	PROGRAM .39				6.39
	TO .40				6.40
	PROGRAM .41				6.41
	TO .42				6.42
	PROGRAM .43				6.43
	TO .44				6.44
	PROGRAM .45				6.45
	TO .46				6.46
	PROGRAM .47				6.47
	TO .48				6.48
	PROGRAM .49				6.49
	TO .50				6.50
	PROGRAM .51				6.51
	TO .52				6.52
	PROGRAM .53				6.53
	TO .54				6.54
	PROGRAM .55				6.55
	TO .56				6.56
	PROGRAM .57				6.57
	TO .58				6.58
	PROGRAM .59				6.59
	TO .60				6.60
	PROGRAM .61				6.61
	TO .62				6.62
	PROGRAM .63				6.63
	TO .64				6.64
	PROGRAM .65				6.65
	TO .66				6.66
	PROGRAM .67				6.67
	TO .68				6.68
	PROGRAM .69				6.69
	TO .70				6.70
	PROGRAM .71				6.71
	TO .72				6.72
	PROGRAM .73				6.73
	TO .74				6.74
	PROGRAM .75				6.75
	TO .76				6.76
	PROGRAM .77				6.77
	TO .78				6.78
	PROGRAM .79				6.79
	TO .80				6.80
	PROGRAM .81				6.81
	TO .82				6.82
	PROGRAM .83				6.83
	TO .84				6.84
	PROGRAM .85				6.85
	TO .86				6.86
	PROGRAM .87				6.87
	TO .88				6.88
	PROGRAM .89				6.89
	TO .90				6.90
	PROGRAM .91				6.91
	TO .92				6.92
	PROGRAM .93				6.93
	TO .94				6.94
	PROGRAM .95				6.95
	TO .96				6.96
	PROGRAM .97				6.97
	TO .98				6.98
	PROGRAM .99				6.99
	TO .00				7.00
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		2,112,053		915	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

PROVIDER CCN: 14-0150 BOARD OF TRUSTEES OF THE UNIVE
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: 2013.11
05/13/2014 15:39

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0150) [] 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	19,167	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	25,574	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	427	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	98,083	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,810,440,204	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	49,635,725	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)	1,527,541	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (SEE INSTRUCTIONS)		10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	1,386,116	30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 (OR LINE 10) MINUS LINE 30 AND LINE 31) (SEE INSTRUCTIONS)	141,425	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART II

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

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	2,163,560	1
2	NET IPF PPS OUTLIER PAYMENT	242,252	2
3	NET IPF PPS ECT PAYMENT		3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	10.00	4
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 EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)	6.89	6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	6.89	8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	37.658470	9
10	TEACHING ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$	0.090384	10
11	TEACHING ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)	195,551	11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	2,601,363	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)	2,601,363	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	2,601,363	18
19	DEDUCTIBLES	129,220	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	2,472,143	20
21	COINSURANCE	141,511	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	2,330,632	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	2,330,632	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)	32,891	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,363,523	31
31.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		31.01
32	INTERIM PAYMENTS	2,271,636	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 31.01, 32 AND 33)	91,887	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	1,761,181	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.152200	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	369,144	3
4	OUTLIER PAYMENTS	17,143	4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		5
5.01	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)		5.01
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R EXCLUDING FTES IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	10.297814	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$		11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)		12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	2,147,468	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENTS (SEE INSTRUCTIONS)		14
15	ORGAN ACQUISITION		15
16	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		16
17	SUBTOTAL (SEE INSTRUCTIONS)	2,147,468	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	2,147,468	19
20	DEDUCTIBLES	9,487	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	2,137,981	21
22	COINSURANCE	41,258	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	2,096,723	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	2,096,723	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IRF ONLY)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	15,330	29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,112,053	32
32.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		32.01
33	INTERIM PAYMENTS	2,122,813	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS LINES 32.01, 33 AND 34)	-10,760	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	296,685	36

TO BE COMPLETED BY CONTRACTOR

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

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			372.01 1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)			2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH 42 CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))			4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			71.50 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 AND 4.02 PLUS APPLICABLE SUBSCRIPTS)			443.51 5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			446.13 6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			443.51 7
		PRIMARY CARE	OTHER	TOTAL
		1	2	3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	159.25	242.87	402.12 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	158.31	241.44	399.75 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		19.89	10
11	TOTAL WEIGHTED FTE COUNT	158.31	261.33	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	157.53	256.41	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	161.19	257.66	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	159.01	258.47	14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	159.01	258.47	17
18	PER RESIDENT AMOUNT	96,452.00	91,332.00	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	15,336,833	23,606,582	38,943,415 19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			2.62 21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			38,943,415 25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED	
		PART A	CARE	
26	INPATIENT DAYS	29,616	427	26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	115,635	115,635	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.256116	0.003693	28
29	PROGRAM DIRECT GME AMOUNT	9,974,032	143,818	29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		20,321	30
31	NET PROGRAM DIRECT GME AMOUNT			10,097,529 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
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			33,430,784 33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			94,763,143 37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			8,858,658 38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			74,021 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			103,547,780 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			46,151,657 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			228 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			46,151,429 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			149,699,209 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.691706 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.308294 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			10,097,529 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			6,984,521 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			3,113,008 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	153,112,357			1
2	TEMPORARY INVESTMENTS	360,584			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	85,595,933			4
5	OTHER RECEIVABLES	9,726,658			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	5,707,170			7
8	PREPAID EXPENSES	541,958			8
9	OTHER CURRENT ASSETS	100,815			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	255,145,475			11
FIXED ASSETS					
12	LAND	770,917			12
13	LAND IMPROVEMENTS				13
14	ACCUMULATED DEPRECIATION				14
15	BUILDINGS	201,684,301			15
16	ACCUMULATED DEPRECIATION	-86,582,812			16
17	LEASEHOLD IMPROVEMENTS	2,177,211			17
18	ACCUMULATED AMORTIZATION	-1,724,176			18
19	FIXED EQUIPMENT	27,262,894			19
20	ACCUMULATED DEPRECIATION	-21,411,046			20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	162,640,008			23
24	ACCUMULATED DEPRECIATION	-118,798,487			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)	166,018,810			30
OTHER ASSETS					
31	INVESTMENTS	7,065,752			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	6,414,289			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	13,480,041			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	434,644,326			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	33,837,414			37
38	SALARIES, WAGES & FEES PAYABLE	16,683,801			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	100,815			40
41	DEFERRED INCOME	34,184,641			41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	7,423,098			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	92,229,769			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	83,192,802			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	83,192,802			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	175,422,571			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	259,221,755			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)	259,221,755			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	434,644,326			60

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	133,875,932		133,875,932	1
3 SUBPROVIDER IPF	22,097,811		22,097,811	2
5 SUBPROVIDER IRF	6,198,791		6,198,791	3
6 SWING BED - SNF				5
7 SWING BED - NF				6
8 SKILLED NURSING FACILITY				7
9 NURSING FACILITY				8
10 OTHER LONG TERM CARE				9
TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	162,172,534		162,172,534	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT	23,959,283		23,959,283	11
11.01 PEDS ICU	9,867,107		9,867,107	11.01
11.02 NEONATAL ICU	38,171,622		38,171,622	11.02
12 CORONARY CARE UNIT	16,991,708		16,991,708	12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
15 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	88,989,720		88,989,720	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	251,162,254		251,162,254	17
18 ANCILLARY SERVICES	705,865,830		705,865,830	18
19 OUTPATIENT SERVICES		781,562,582	781,562,582	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	957,028,084	781,562,582	1,738,590,666	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		596,914,423	29
30 COM PHYSICIAN SALARIES	8,254,000		30
31 PAYMENTS ON BEHALF - BENEFITS	159,135,224		31
32 UTILITIES	5,555,422		32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		172,944,646	36
37 BAD DEBT			37
38 NON OPERATING REVENUE AND EXPENSE			38
39 OTHER			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)		769,859,069	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,738,590,666	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,169,061,884	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	569,528,782	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	769,859,069	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-200,330,287	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	758,245	6
7	INCOME FROM INVESTMENTS	4,250,343	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES	2,154,321	11
12	PARKING LOT RECEIPTS	99,312	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	2,232,866	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	66,150	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	62,113	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	334,908	20
21	RENTAL OF VENDING MACHINES	5,721	21
22	RENTAL OF HOSPITAL SPACE	362,764	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (OTHER OPERATING)	2,600,112	24
24.01	OTHER (EHR INCENTIVE PAYMENTS STATE & FED)	4,354,933	24.01
24.02	OTHER (PAYMENT ON BEHALF OF)	172,944,646	24.02
24.03	OTHER (CAPITATION REV)	3,104,868	24.03
24.04	OTHER (BERWYN & OUTREACH)	14,483,016	24.04
24.05	OTHER (NET INCREASE IN FMV OF INVEST)	1,254,233	24.05
24.06	OTHER (HOSP/MED SRVS INCOME & TELEMEDICINE)	7,095,855	24.06
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	216,164,406	25
26	TOTAL (LINE 5 PLUS LINE 25)	15,834,119	26
27			27
27.01	OTHER EXPENSES (ADJUSTMENT OF FIXED ASSETS)	1,396,459	27.01
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	1,396,459	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	14,437,660	29

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 14-2316

WORKSHEET I-1

CHECK APPLICABLE BOX: [] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4	
1 REGISTERED NURSES	1,235,290	HOURS OF SERVICE	22,475.00	10.81	1
2 LICENSED PRACTICAL NURSES	72,407	HOURS OF SERVICE	2,959.00	1.42	2
3 NURSES AIDES		HOURS OF SERVICE			3
4 TECHNICIANS	1,251,454	HOURS OF SERVICE	55,595.00	26.73	4
5 SOCIAL WORKERS		HOURS OF SERVICE			5
6 DIETICIANS		HOURS OF SERVICE			6
7 PHYSICIANS		ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	907,198	ACCUMULATED COST			8
9 SUBTOTAL (SUM OF LINES 1-8)	3,466,349				9
10 EMPLOYEE BENEFITS		SALARY			10
11 CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11
12 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS	266,374	PERCENTAGE OF TIME			13
14 SUPPLIES	533,070	REQUISITIONS			14
15 DRUGS	341,247	REQUISITIONS			15
16 OTHER	175,617	ACCUMULATED COST			16
17 SUBTOTAL (SUM OF LINES 9-16)	4,782,657				17
18 CAPITAL RELATED COSTS-BLDGS. & FIXTURES	86,837	SQUARE FEET			18
19 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT	61,393	PERCENTAGE OF TIME			19
20 EMPLOYEE BENEFITS DEPARTMENT	1,973,802	SALARY			20
21 ADMINISTRATIVE AND GENERAL	1,545,614	ACCUMULATED COST			21
22 MAINT./REPAIRS-OPERATION-HOUSEKEEPING	770,354	SQUARE FEET			22
23 MEDICAL EDUCATION PROGRAM COSTS					23
24 CENTRAL SERVICES & SUPPLIES	169,594	REQUISITIONS			24
25 PHARMACY	-318,678	REQUISITIONS			25
26 OTHER ALLOCATED COSTS	343,421	ACCUMULATED COST			26
27 SUBTOTAL (SUM OF LINES 17-26)	9,414,994				27
28 LABORATORY		CHARGES			28
28.01 LAB TISSUE TYPING		CHARGES			28.01
28.02 LAB OUTREACH		CHARGES			28.02
29 RESPIRATORY THERAPY		CHARGES			29
30 OTHER ANCILLARY SVC		CHARGES			30
30.01 GASTROENTROLOGY		CHARGES			30.01
30.02 BONE MARROW TRANSPLANT		CHARGES			30.02
30.03 CARDIAC SERVICES		CHARGES			30.03
30.97 CARDIAC REHABILITATION		CHARGES			30.97
30.98 HYPERBARIC OXYGEN THERAPY		CHARGES			30.98
30.99 LITHOTRIPSY		CHARGES			30.99
31 TOTAL COSTS (SUM OF LINES 27-30)	9,414,994				31

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2316

WORKSHEET I-2

CHECK APPLICABLE BOX:

[XX] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	CAPITAL AND BUILDING 1	RELATED COSTS EQUIPMENT 2	DIRECT PATIENT RNs 3	CARE SALARY OTHER 4	EMPLOYEE BENEFITS DEPARTMENT 5	DRUGS 6	
1 TOTAL RENAL DEPT COSTS MAINTENANCE	857,191	327,767	1,235,290	1,323,861	1,973,802	22,569	1
2 HEMODIALYSIS	739,778	282,871	659,364	706,615	1,053,522	12,046	2
3 INTERMITTENT PERITONEAL TRAINING							3
4 HEMODIALYSIS							4
5 INTERMITTENT PERITONEAL							5
6 CAPD	2,344	896	2,089	2,238	3,332	38	6
7 CCPD	1,563	598	1,374	1,476	2,204	25	7
HOME							
8 HEMODIALYSIS			213,430	228,744	341,034	3,900	8
9 INTERMITTENT PERITONEAL							9
10 CAPD			39,465	42,291	63,047	721	10
11 CCPD			218,432	234,102	349,042	3,991	11
OTHER BILLABLE SERVICES							
12 INPATIENT DIALYSIS	113,506	43,402	101,136	108,395	161,621	1,848	12
13 METHOD II HOME PATIENT							13
14 EPO (INCL IN RENAL DEPT)							14
15 ARANESP (INCL IN RENAL DEPT)						339,515	15
16 OTHER							16
17 TOTAL (SUM OF LINES 2-16)	857,191	327,767	1,235,290	1,323,861	1,973,802	22,569	17
18 MEDICAL EDUC PGM COSTS							18
19 TOTAL RENAL COSTS (LINES 17+18)							19

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2316

WORKSHEET I-2
 (CONTINUED)

CHECK APPLICABLE BOX:

[XX] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	MEDICAL SUPPLIES 7	ROUTINE ANCILLARY SERVICES 8	SUBTOTAL (SUM OF COLS.1-8) 9	OVERHEAD 10	TOTAL (COL. 9 + COL.10) 11	
1 TOTAL RENAL DEPT COSTS MAINTENANCE	702,664		6,443,144	2,971,850	9,414,994	1
2 HEMODIALYSIS	375,050		3,829,246	1,766,210	5,595,456	2
3 INTERMITTENT PERITONEAL TRAINING						3
4 HEMODIALYSIS						4
5 INTERMITTENT PERITONEAL						5
6 CAPD	1,186		12,123	5,592	17,715	6
7 CCPD	784		8,024	3,701	11,725	7
HOME						
8 HEMODIALYSIS	121,406		908,514	419,045	1,327,559	8
9 INTERMITTENT PERITONEAL						9
10 CAPD	22,444		167,968	77,474	245,442	10
11 CCPD	124,257		929,824	428,874	1,358,698	11
OTHER BILLABLE SERVICES						
12 INPATIENT DIALYSIS	57,537		587,445	270,954	858,399	12
13 METHOD II HOME PATIENT						13
14 EPO (INCL IN RENAL DEPT)						14
15 ARANESP (INCL IN RENAL DEPT)						15
16 OTHER						16
17 TOTAL (SUM OF LINES 2-16)	702,664		6,443,144	2,971,850	9,414,994	17
18 MEDICAL EDUC PGM COSTS						18
19 TOTAL RENAL COSTS (LINES 17+18)					9,414,994	19

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 14-2316

WORKSHEET I-3

CHECK APPLICABLE BOX:

[XX] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY	EMPLOYEE BENEFITS DEPARTMENT (SALARY)		
	BUILDING (SQUARE FEET)	EQUIPMENT (% OF TIME)	RNs (HOURS)	OTHER (HOURS)		
	1	2	3	4	5	
1 TOTAL RENAL DEPT COSTS MAINTENANCE	857,191	327,767	1,235,290	1,323,861	1,973,802	1
2 HEMODIALYSIS	10,415	10,415.00	11,996.00	29,674.00	1,810,281	2
3 INTERMITTENT PERITONEAL TRAINING						3
4 HEMODIALYSIS						4
5 INTERMITTENT PERITONEAL						5
6 CAPD	33	33.00	38.00	94.00	5,726	6
7 CCPD	22	22.00	25.00	62.00	3,787	7
8 HOME HEMODIALYSIS			3,883.00	9,606.00	586,003	8
9 INTERMITTENT PERITONEAL						9
10 CAPD			718.00	1,776.00	108,334	10
11 CCPD			3,974.00	9,831.00	599,764	11
12 OTHER BILLABLE SERVICES INPT DIAL TRTMNTS	1,598	1,598.00	1,840.00	4,552.00	277,716	12
13 METHOD II HOME PATIENT						13
14 EPO						14
15 ARANESP						15
16 OTHER						16
17 TOTAL STATISTICAL BASIS	12,068	12,068.00	22,474.00	55,595.00	3,391,611	17
18 UNIT COST MULTIPLIER (LINE 1 ÷ LINE 17)	71.030080	27.160010	54.965293	23.812591	0.581966	18

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 14-2316

WORKSHEET I-3
 (CONTINUED)

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

		DRUGS (REQUIST.) 6	MEDICAL SUPPLIES (REQUIST.) 7	ROUTINE ANCILLARY SERVICES (CHARGES) 8	SUBTOTAL 9	OVERHEAD (ACCUM. COST) 10	
1	TOTAL RENAL DEPT COSTS MAINTENANCE	22,569	702,664		6,443,144	2,971,850	1
2	HEMODIALYSIS	182,142	284,528				2
3	INTERMITTENT PERITONEAL TRAINING						3
4	HEMODIALYSIS						4
5	INTERMITTENT PERITONEAL						5
6	CAPD	576	900				6
7	CCPD	381	595				7
8	HOME HEMODIALYSIS	58,961	92,104				8
9	INTERMITTENT PERITONEAL						9
10	CAPD	10,900	17,027				10
11	CCPD	60,345	94,267				11
	OTHER BILLABLE SERVICES						
12	INPT DIAL TRTMNTS	27,942	43,650				
13	METHOD II HOME PATIENT						13
14	EPO						14
15	ARANESP						15
16	OTHER						16
17	TOTAL STATISTICAL BASIS	341,247	533,071			6,443,144	17
18	UNIT COST MULTIPLIER (LINE 1 ÷ LINE 17)	0.066137	1.318143			0.461242	18

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 14-2316

WORKSHEET I-4

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS 1	TOTAL COST (FROM WKST I-2, COL. 11) 2	AVG COST OF PROGRAM TREATMENTS (COL. 2 ÷ COL. 1) 3	NUMBER OF PROGRAM TREATMENTS 4	NUMBER OF PROGRAM TREATMENTS 4.01	NUMBER OF PROGRAM TREATMENTS 4.02	TOTAL PROGRAM EXPENSES (SEE INSTR.) 5	
1 MAINTENANCE - HEMODIALYSIS	19,617	5,595,456	285.24			14,011	3,996,498	1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD	62	17,715	285.73					5
6 TRAINING - CCPD	40	11,725	293.13			9	2,638	6
7 HOME PROGRAM - HEMODIALYSIS	6,344	1,327,559	209.26			3,750	784,725	7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
	PATIENT WEEKS			PATIENT WEEKS PATIENT WEEKS PATIENT WEEKS				
9 HOME PROGRAM - CAPD	1,170	245,442	209.78			839	176,005	9
10 HOME PROGRAM - CCPD	6,492	1,358,698	209.29			3,369	705,098	10
11 TOTALS (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 6)	26,063	8,556,595				21,978	5,664,964	11
12 TOTAL TREATMENTS (SUM OF LINES 1-8 PLUS (SUM OF LINES 9 AND 10 TIMES 3))	26,063							12

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 14-2316

WORKSHEET I-4
 (CONTINUED)

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

	TOTAL PROGRAM PAYMENT 6	TOTAL PROGRAM PAYMENT 6.01	TOTAL PROGRAM PAYMENT 6.02	AVERAGE PAYMENT RATE (COL. 6 ÷ COL. 4) 7	AVERAGE PAYMENT RATE (COL. 6.01 ÷ COL. 4.01) 7.01	AVERAGE PAYMENT RATE (COL. 6.02 ÷ COL. 4.02) 7.02	
1 MAINTENANCE - HEMODIALYSIS			3,526,575			251.70	1
2 MAINTENANCE - PERITONEAL DIALYSIS							2
3 TRAINING - HEMODIALYSIS							3
4 TRAINING - PERITONEAL DIALYSIS							4
5 TRAINING - CAPD							5
6 TRAINING - CCPD			3,530			392.22	6
7 HOME PROGRAM - HEMODIALYSIS			922,874			246.10	7
8 HOME PROGRAM - PERITONEAL DIALYSIS							8
9 HOME PROGRAM - CAPD			90,111			107.40	9
10 HOME PROGRAM - CCPD			370,226			109.89	10
11 TOTALS (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 6)			4,913,316				11
12 TOTAL TREATMENTS (SUM OF LINES 1-8 PLUS (SUM OF LINES 9 AND 10 TIMES 3))							12

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: 14-2316

WORKSHEET I-5

DESCRIPTION		1	2	
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)		5,664,964	1
2	TOTAL PAYMENT DUE (FROM I-4, COL. 6, LINE 11)(SEE INSTRUCTIONS)			2
2.01	TOTAL PAYMENT DUE (FROM I-4, COL. 6.01, LINE 11)(SEE INSTRUCTIONS)			2.01
2.02	TOTAL PAYMENT DUE (FROM I-4, COL. 6.02, LINE 11)(SEE INSTRUCTIONS)	4,913,316	4,819,560	2.02
2.03	TOTAL PAYMENT DUE (SEE INSTRUCTIONS)	4,913,316	4,819,560	2.03
2.04	OUTLIER PAYMENTS			2.04
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)	770		3
3.01	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.01
3.02	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.02
3.03	TOTAL DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.03
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)	992,237		4
4.01	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.01
4.02	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.02
4.03	TOTAL COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.03
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	1,109	1,109	5
5.01	TRANSITION PERIOD 1 (75-25%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2011 BUT BEFORE 1/1/2012			5.01
5.02	TRANSITION PERIOD 2 (50-50%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2012 BUT BEFORE 1/1/2013			5.02
5.03	TRANSITION PERIOD 3 (25-75%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2013 BUT BEFORE 1/1/2014			5.03
5.04	100% PPS BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2014			5.04
5.05	TOTAL BAD DEBTS (SUM OF LINE 5 THROUGH LINE 5.04)	1,109	1,109	5.05
6	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,109		6
7	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,109		7
8	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)	-1,109		8
9	PROGRAM PAYMENT (SEE INSTRUCTIONS)	3,855,648		9
10	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)	1,810,425		10
11	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) (TRANSFER TO WKST E, PART B, LINE 33)	1,109		11

PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE RATE PERCENTAGE

12	TOTAL ALLOWABLE EXPENSES (SEE INSTRUCTIONS)	8,896,110		12
13	TOTAL COMPOSITE COSTS (FROM WKST I-4, COL. 2, LINE 11)	8,556,595		13
14	FACILITY SPECIFIC COMPOSITE COST PERCENTAGE (LINE 13 DIVIDED BY LINE 12)	0.961836		14

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	3,139,382	1
2	CAPITAL DRG OUTLIER PAYMENTS	67,683	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	267.99	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	445.46	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.5270	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	1,654,454	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.1779	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (SEE INSTRUCTIONS)	0.4489	8
9	SUM OF LINES 7 AND 8	0.6268	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1353	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	424,758	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	5,286,277	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
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 MEDICAL CENTER ALL OTHER ADMIN						5.01
5.02 HOSPITAL ADMIN & GENERAL						5.02
5.03 AMBULATORY ADMIN & GENERAL						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
17.01 PALLIATIVE CARE						17.01
18 UTILMGMT / DSCH PLANNING						18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES						21
22 I&R SERVICES-OTHER PRGM COSTS						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS						30
31 INTENSIVE CARE UNIT						31
31.01 PEDS ICU						31.01
31.02 NEONATAL ICU						31.02
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF						40
41 SUBPROVIDER - IRF						41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 RADIO ULTRASOUND						54.01
54.02 RADIO ANGIOGRAPHY						54.02
54.03 RADIO WEST HARRISON						54.03
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
60.01 LAB TISSUE TYPING						60.01
60.02 LAB OUTREACH						60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIAC						62.30
63 BLOOD STORING, PROCESSING & TR						63
64 INTRAVENOUS THERAPY						64
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHARGED TO PA						71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTROLOGY						76.01
76.02 BONE MARROW TRANSPLANT						76.02
76.03 CARDIAC SERVICES						76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINCT						92

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	
93.01 OCC EEI						93.01
93.02 OCC PSYCH						93.02
93.03 OCC ADOLESCENTS						93.03
OTHER REIMBURSABLE COST CENTERS						
105 KIDNEY ACQUISITION						105
107 LIVER ACQUISITION						107
SPECIAL PURPOSE COST CENTERS						
109 PANCREAS ACQUISITION						109
111 ISLET ACQUISITION						111
112 OTHER ORGAN ACQUISITION (SPECI						112
118 SUBTOTALS (SUM OF LINES 1-117)						118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CA						190
191 RESEARCH						191
192 PHYSICIANS' PRIVATE OFFICES						192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND						202
LINES 190-201)						
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204

WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3 Part IV, Line 4)

EXHIBIT 3

STEP 1: Determine the 3-Year Averaging Period			
1	Wage index fiscal year ending date	06/30/2015	1
2	Provider's cost reporting period used for wage index year on Line 1 (FYB in Col 1, FYE in Col 2)	07/01/2011 06/30/2012	2
3	Midpoint of provider's cost reporting period shown on Line 2, adjusted to first of month	01/01/2012	3
4	Date beginning the 3-year averaging period (subtract 18 months from midpoint shown on Line 3)	07/01/2010	4
5	Date ending the 3-year averaging period (add 18 months to midpoint shown on Line 3)	07/01/2013	5
STEP 2 (OPTIONAL): Adjust Averaging Period for a New Plan (SEE INSTRUCTIONS)			
6	Effective date of pension plan		6
7	First day of the provider cost reporting period containing the pension plan effective date		7
8	Starting date of the adjusted averaging period (date on Line 7, adjusted to first of month)		8
If this date occurs after the period shown on line 2, stop here and see instructions.			
STEP 3: Average Pension Contributions During the Averaging Period			
9	Beginning date of averaging period from Line 4 or Line 8, as applicable	07/01/2010	9
10	Ending date of averaging period from Line 5	07/01/2013	10
11	Enter provider contributions made during averaging period on Lines 9 & 10		11
11.01		07/31/2010 5,047,472	11.01
11.02		08/31/2010 5,047,472	11.02
11.03		09/30/2010 5,047,472	11.03
11.04		10/31/2010 5,047,472	11.04
11.05		11/30/2010 5,047,472	11.05
11.06		12/31/2010 5,047,472	11.06
11.07		01/31/2011 5,047,472	11.07
11.08		02/28/2011 5,047,472	11.08
11.09		03/31/2011 5,047,472	11.09
11.10		04/30/2011 5,047,472	11.10
11.11		05/31/2011 5,047,472	11.11
11.12		06/30/2011 5,047,472	11.12
11.13		07/31/2011 6,380,262	11.13
11.14		08/31/2011 6,380,262	11.14
11.15		09/30/2011 6,380,262	11.15
11.16		10/31/2011 6,380,262	11.16
11.17		11/30/2011 6,380,262	11.17
11.18		12/31/2011 6,380,262	11.18
11.19		01/31/2012 6,380,262	11.19
11.20		02/28/2012 6,380,262	11.20
11.21		03/31/2012 6,380,262	11.21
11.22		04/30/2012 6,380,262	11.22
11.23		05/31/2012 6,380,262	11.23
11.24		06/30/2012 6,380,262	11.24
11.25		07/31/2012 9,029,376	11.25
11.26		08/31/2012 9,029,376	11.26
11.27		09/30/2012 9,029,376	11.27
11.28		10/31/2012 9,029,376	11.28
11.29		11/30/2012 9,029,376	11.29
11.30		12/31/2012 9,029,376	11.30
11.31		01/31/2013 9,029,376	11.31
11.32		02/28/2013 9,029,376	11.32
11.33		03/31/2013 9,029,376	11.33
11.34		04/30/2013 9,029,376	11.34
11.35		05/31/2013 9,029,376	11.35
11.36		06/30/2013 9,028,990	11.36
12	Total calendar months included in averaging period (36 unless Step 2 completed)	36	12
13	Total contributions made during averaging period	245,484,934	13
14	Average monthly contribution (Line 13 divided by Line 12)	6,819,026	14
15	Number of months in provider cost reporting period on Line 2	12	15
16	Average pension contributions (Line 14 times Line 15)	81,828,312	16
STEP 4: Total Pension Cost for Wage Index			
17	Annual prefunding installment (SEE INSTRUCTIONS)		17
18	Reportable prefunding installment ((Line 17 times Line 15) divided by 12)		18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)	81,828,312	19