

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: 03-28-2014 TIME: 14:44
 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 NORTHWESTERN MEMORIAL HOSPITAL (14-0281) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 09/01/2011 AND ENDING 08/31/2012, 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					1
2 SUBPROVIDER - IPF		-1,239,935	295,217	-12,899	2
3 SUBPROVIDER - IRF		40,369	2,291		3
4 SUBPROVIDER (OTHER)					4
5 SWING BED - SNF					5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY					7
8 NURSING FACILITY					8
9 HOME HEALTH AGENCY					9
10 HEALTH CLINIC - RHC					10
11 HEALTH CLINIC - FQHC					11
12 OUTPATIENT REHABILITATION PROVIDER					12
200 TOTAL		-1,199,566	297,508	-12,899	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: 251E HURON
 2 CITY: CHICAGO

STATE: IL

P.O.BOX:
 ZIP CODE: 60611

COUNTY: COOK

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)				
						V 6	XVIII 7	XIX 8		
3	HOSPITAL	NORTHWESTERN MEMORIAL HOSPITAL	14-0281	16974	1	09/01/1972	N	P	O	3
4	SUBPROVIDER - IPF	NORTHWESTERN MEMORIAL PSYCH UN	14-S281	16974	4	09/01/1984	N	P	O	4
5	SUBPROVIDER - IRF									5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF									9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTG									11
12	HOSPITAL-BASED HHA									12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE	NORTHWESTERN MEMORIAL HOSPICE	14-1550	16974		01/21/1996				14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS									18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 09/01/2011			TO: 08/31/2012					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		OUT-OF-STATE		OUT-OF-STATE		HMO	OTHER	
		MEDICAID PAID	MEDICAID ELIGIBLE UNPAID	MEDICAID PAID	MEDICAID ELIGIBLE UNPAID	MEDICAID PAID	MEDICAID ELIGIBLE UNPAID			
		DAYS	DAYS	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.	37,804	7,104	210	66				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 DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.								25	
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.					1			26	
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.					1			27	
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.								35	
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					BEGINNING:	ENDING:		36	
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.								37	
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					BEGINNING:	ENDING:		38	
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	2

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

		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	Y			60
		Y/N	IME	DIRECT GME	
61	DID YOUR HOSPITAL RECEIVE FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1.)(SEE INSTRUCTIONS)	N			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)				61.01
61.02	ENTER THE CURRENT YEAR TOTAL UNWEIGHTED PRIMARY CARE FTE COUNT (EXCLUDING OB/GYN AND GENERAL SURGERY FTEs, AND PRIMARY CARE FTEs ADDED UNDER 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)				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)

SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS
 THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER
 JULY 1, 2009 AND BEFORE JUNE 30, 2010.

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
64 ENTER IN COLUMN 1, 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)	13.16	319.21	0.039594	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)

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))	
65 INTERNAL MEDICINE	1400	21.55	115.30	0.157472	65

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

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
66 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)	13.53	327.95	0.039622	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)

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))	
67 INTERNAL MEDICINE	1400	22.69	113.09	0.167109	67

INPATIENT PSYCHIATRIC FACILITY PPS

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

INPATIENT REHABILITATION FACILITY PPS

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

LONG TERM CARE HOSPITAL PPS

80 IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.		N			80
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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. V XIX
 1 2
 N Y 90
 91 IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?
 ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN. N N 91
 92 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR
 'N' FOR NO IN THE APPLICABLE COLUMN. N 92
 93 DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR
 'N' FOR NO IN THE APPLICABLE COLUMN. N N 93
 94 DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE
 COLUMN. N N 94
 95 IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN. 95
 96 DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE
 COLUMN. N N 96
 97 IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN. 97

RURAL PROVIDERS

105 DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)? 1 2
 N 105
 106 IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR
 OUTPATIENT SERVICES. 106
 107 COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R
 TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION
 WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF
 YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN
 APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER
 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. 107
 108 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE?
 SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO. N 108

109 IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED
 BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY. PHY- OCCUP- RESPI-
 SICAL ATIONAL SPEECH RATORY N 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, N
 ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. 115
 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.
 116 IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. N 116
 117 IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO. Y 117
 118 IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS
 CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE. 1 118
 118.01 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: 118.01
 PREMIUMS: 5,500,000 PAID LOSSES: 25,000,000 SELF INSURANCE: 6,770,000
 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 N 118.02
 COST CENTERS AND AMOUNTS CONTAINED THEREIN.
 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. N N 120
 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.
 121 DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER Y 121
 'Y' FOR YES OR 'N' FOR NO.

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.	07/01/1973	126
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.	09/29/2006	127
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.	02/02/1996	128
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		129
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.	07/01/1999	130
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		131
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		132
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		134

ALL PROVIDERS

		1	2
140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	Y	HB0640 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: NORTHWESTERN MEMORIAL HEALTHCA CONTRACTOR'S NAME: NGS - IL	CONTRACTOR'S NUMBER: 00131	141
142	STREET: 251 E HURON ST	P.O. BOX:	142
143	CITY: CHICAGO	STATE: IL	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y	144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	Y	145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	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	XIX
		1	2	3	4
155	HOSPITAL	N	N		N 155
156	SUBPROVIDER - IPF	N	N		N 156
157	SUBPROVIDER - IRF	N	N		157
158	SUBPROVIDER - (OTHER)	N	N		158
159	SNF	N	N		159
160	HHA	N	N		160
161	CMHC		N		161
161.10	CORF				161.10

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.	0.75	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. (mmddyyyy) (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

PROVIDER ORGANIZATION AND OPERATION		Y/N	DATE		
1		1	2		
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N		1	
2		Y/N	DATE	V/I	
2		1	2	3	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N		2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	Y		3	
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE	
4		1	2	3	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	Y	A	11/18/2011	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5	
APPROVED EDUCATIONAL ACTIVITIES		Y/N	Y/N		
6		1	2		
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	Y		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	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	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y 12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			Y 15	
PS&R REPORT DATA		PART A		PART B	
16		Y/N	DATE	Y/N	DATE
16		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	
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	11/15/2012	Y	11/15/2012
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

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

COST REPORT PREPARER CONTACT INFORMATION

- | | | | |
|---|----------------------------------|-------------------------|----|
| 41 FIRST NAME: JOHN | LAST NAME: VANDER LAAN | TITLE: MANAGER OF REIMB | 41 |
| 42 EMPLOYER: NORTHWESTERN MEMORIAL HOSPITAL | | | 42 |
| 43 PHONE NUMBER: 312 926 6618 | E-MAIL ADDRESS: JVANDERL@NMH.ORG | | 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	411,531,592	-1,786,043	409,745,549	12,163,806.50	33.69	1
2							2
3							3
4		12,027,675		12,027,675	84,266.00	142.73	4
4.01		5,296,859		5,296,859	37,110.00	142.73	4.01
5							5
6							6
7	21	33,505,674	-8,295,116	25,210,558	992,691.02	25.40	7
7.01							7.01
8							8
9	44						9
10		16,678,266	-1,074,255	15,604,011	399,214.17	39.09	10
OTHER WAGES & RELATED COSTS							
11		1,649,002		1,649,002	27,803.00	59.31	11
12							12
13							13
14		52,927,189		52,927,189	970,273.00	54.55	14
15							15
16							16
WAGE-RELATED COSTS							
17		86,684,276		86,684,276			17
18							18
19		3,949,398		3,949,398			19
20							20
21							21
22		2,186,285		2,186,285			22
22.01		962,816		962,816			22.01
23							23
24							24
25		4,582,553		4,582,553			25
OVERHEAD COSTS - DIRECT SALARIES							
26		552		552	18.00	30.67	26
27		52,368,603	-4,742,057	47,626,546	1,296,026.00	36.75	27
28							28
29							29
30		1,217,603	13,612	1,231,215	41,129.85	29.93	30
31							31
32		12,904,100	165,686	13,069,786	673,159.30	19.42	32
33							33
34		8,488,888	-2,623,013	5,865,875	324,095.00	18.10	34
35							35
36			2,724,710	2,724,710	108,031.00	25.22	36
37							37
38		9,102,125	317,423	9,419,548	176,683.00	53.31	38
39		6,379,479	84,732	6,464,211	267,855.00	24.13	39
40		13,095,422	-130,364	12,965,058	325,921.00	39.78	40
41		1,700,414	18,609	1,719,023	63,650.00	27.01	41
42		5,098,793	-2,646	5,096,147	130,490.00	39.05	42
43							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	372,729,059	6,509,073	379,238,132	11,134,005.48	34.06	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	16,678,266	-1,074,255	15,604,011	399,214.17	39.09	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	356,050,793	7,583,328	363,634,121	10,734,791.31	33.87	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	54,576,191		54,576,191	998,076.00	54.68	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	88,870,561		88,870,561		24.44	5
6	TOTAL (SUM OF LINES 3 THRU 5)	499,497,545	7,583,328	507,080,873	11,732,867.31	43.22	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	110,355,979	-4,173,308	106,182,671	3,407,058.15	31.17	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	10,812,917	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)	13,000,000	4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES	72,480	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)	31,810,788	8
9 PRESCRIPTION DRUG PLAN	8,629,652	9
10 DENTAL, HEARING AND VISION PLAN	670,600	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	363,970	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	6,094,425	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	3,038,194	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	19,880,457	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	2,028,845	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	1,963,000	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	98,365,328	24

PART B - OTHER THAN CORE RELATED COST

25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25
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HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

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

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.218669	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				104,463,333	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				468,362,078	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				102,416,267	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.					8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE				1,021,153	17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS				2,985,123	18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)					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	156,365,695	25,883,763	182,249,458		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	34,192,330	5,659,977	39,852,307		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	370,802	965,657	1,336,459		22
23	COST OF CHARITY CARE	33,821,528	4,694,320	38,515,848		23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM					N 24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)				23,365,243	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				2,671,374	27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				20,693,869	28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				4,525,108	29
30	COST OF UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				43,040,956	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				43,040,956	31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100		79,240,696	79,240,696		1
2	00200		34,223,172	34,223,172	8,284,053	2
3	00300					3
4	00400	552	81,149,749	81,150,301	960,069	4
5.01	00540	840,263	18,939	859,202	20,574	5.01
5.02	00550	909,661	3,800,635	4,710,296	2,242,011	5.02
5.03	00560	1,022,845	2,785,963	3,808,808	-3,329,147	5.03
5.04	00570	13,733,941	5,304,006	19,037,947	233,740	5.04
5.05	00591	35,861,893	264,062,253	299,924,146	-20,356,639	5.05
6	00600					6
7	00700	1,217,603	44,613,968	45,831,571	8,550,795	7
8	00800				3,521,670	8
9	00900	12,904,100	5,006,840	17,910,940	165,686	9
10	01000	8,488,888	6,967,892	15,456,780	-5,003,636	10
11	01100				5,114,874	11
12	01200					12
13	01300	9,102,125	2,317,333	11,419,458	-620,090	13
14	01400	6,379,479	6,804,499	13,183,978	86,932	14
15	01500	13,095,422	52,026,940	65,122,362	-49,265,896	15
16	01600	1,700,414	906,331	2,606,745	18,609	16
17	01700	5,098,793	1,489,350	6,588,143	118,343	17
19	01900					19
20	02000					20
21	02100	33,505,674	10,774,734	44,280,408	-20,167,402	21
22	02200				18,433,292	22
23	02300				280,881	23
23.01	02301				94,381	23.01
23.02	02302				461,613	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	73,293,520	20,848,726	94,142,246	1,764,426	30
31	03100	20,652,349	4,640,073	25,292,422	430,806	31
35	02060	13,537,029	1,283,050	14,820,079	135,404	35
40	04000	3,568,847	254,069	3,822,916	150,204	40
43	04300				3,931,146	43
ANCILLARY SERVICE COST CENTERS						
50	05000	21,903,423	84,326,749	106,230,172	-67,173,199	50
51	05100	6,851,632	639,680	7,491,312	75,699	51
52	05200	12,448,689	4,854,336	17,303,025	-1,427,861	52
53	05300	1,139,793	2,711,399	3,851,192	-2,318,698	53
54	05400	16,690,242	12,820,325	29,510,567	-7,880,288	54
55	05500	5,255,831	1,807,399	7,063,230	216,990	55
56	05600	2,033,938	5,118,192	7,152,130	-3,194,451	56
57	05700	4,481,124	2,605,139	7,086,263	-784,479	57
58	05800	6,470,056	3,215,011	9,685,067	-1,041,696	58
59	05900	1,736,630	5,085,184	6,821,814	-4,597,545	59
59.01	03650	1,011,136	56,499	1,067,635	14,753	59.01
59.02	03140	2,584,966	816,210	3,401,176	46,243	59.02
59.03	03560	360,760	127,302	488,062	18,084	59.03
59.04	03290	1,425,253	10,000,741	11,425,994	-9,778,249	59.04
59.05	03340	4,102,852	3,990,860	8,093,712	-298,992	59.05
60	06000	18,186,910	30,610,448	48,797,358	-6,329,383	60
62	06200		13,599,465	13,599,465	-93,172	62
62.30	06250					62.30
63	06300	2,385,918	2,055,223	4,441,141	50,628	63
63.01	06301	230,500	241,111	471,611	25,418	63.01
65	06500	7,376,241	3,279,369	10,655,610	-674,176	65
66	06600	2,154,353	842,061	2,996,414	-550,678	66
67	06700	1,028,405	54,702	1,083,107	-13,882	67
69	06900	998,826	494,191	1,493,017	-586,150	69
70	07000	2,028,976	300,156	2,329,132	74,455	70
71	07100				46,577,279	71
72	07200				51,415,467	72
73	07300				52,707,704	73
76.97	07697	366,260	148,646	514,906	9,124	76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	1,789,425	211,835	2,001,260	-72,582	90
90.01	09001	4,720,707	2,641,170	7,361,877	796,052	90.01
90.02	09002	469,866	252,961	722,827	196,617	90.02
90.03	09003	1,406,449	316,055	1,722,504	547,995	90.03
91	09100	10,176,281	2,393,246	12,569,527	337,678	91
92	09200					92
92.01	09201	1,693,333	142,053	1,835,386	13,891	92.01
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105	10500	851,553	7,574,465	8,426,018	914,205	105

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	
106	10600 HEART ACQUISITION	413,688	1,104,228	1,517,916	97,888	106
107	10700 LIVER ACQUISITION	729,180	5,225,270	5,954,450	368,434	107
109	10900 PANCREAS ACQUISITION	30,934	1,059,248	1,090,182	78,195	109
116	11600 HOSPICE	2,397,346	1,421,981	3,819,327	44,234	116
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	402,844,874	840,662,128	1,243,507,002	4,068,251	118
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN		386	386	13,005	190
191	19100 RESEARCH	144	5,906	6,050	1,791,235	191
191.01	19101 SPONSERED PROJECT	365,264	69,009	434,273	2,760,300	191.01
194	07950 REAL ESTATE	111,532	18,312,136	18,423,668	2,414,543	194
194.01	07951 MARKETING, OTHER NON-REIMB	1,931,065	5,355,386	7,286,451	-2,335,092	194.01
194.02	07952 OTHER COMPANY WIDE ACTIVITY	6,278,713	4,003,931	10,282,644	-8,712,242	194.02
200	TOTAL (SUM OF LINES 118-199)	411,531,592	868,408,882	1,279,940,474		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	CAP REL COSTS-BLDG & FIXT	79,240,696	283,429	79,524,125	1
2	00200	CAP REL COSTS-MVBLE EQUIP	42,507,225	729,174	43,236,399	2
3	00300	OTHER CAP REL COSTS				3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	82,110,370	-783,339	81,327,031	4
5.01	00540	NONPATIENT PHONES	879,776	-19	879,757	5.01
5.02	00550	DATA PROCESSING	6,952,307	-154,852	6,797,455	5.02
5.03	00560	PURCHASING RECEIVING & STORES	479,661	-24,324	455,337	5.03
5.04	00570	ADMITTING	19,271,687	-94,173	19,177,514	5.04
5.05	00591	ADMINISTRATIVE & GENERAL	279,567,507	-90,181,454	189,386,053	5.05
6	00600	MAINTENANCE & REPAIRS				6
7	00700	OPERATION OF PLANT	54,382,366	-6,294,486	48,087,880	7
8	00800	LAUNDRY & LINEN SERVICE	3,521,670		3,521,670	8
9	00900	HOUSEKEEPING	18,076,626	-242,560	17,834,066	9
10	01000	DIETARY	10,453,144		10,453,144	10
11	01100	CAFETERIA	5,114,874	-5,114,874		11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	10,799,368	-253,837	10,545,531	13
14	01400	CENTRAL SERVICES & SUPPLY	13,270,910	-90,902	13,180,008	14
15	01500	PHARMACY	15,856,466	-1,356,125	14,500,341	15
16	01600	MEDICAL RECORDS & LIBRARY	2,625,354	-46,383	2,578,971	16
17	01700	SOCIAL SERVICE	6,706,486	-188,774	6,517,712	17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD	24,113,006		24,113,006	21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	18,433,292	-4,936,293	13,496,999	22
23	02300	PARAMED ED PRGM-(SPECIFY)	280,881		280,881	23
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	94,381		94,381	23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)	461,613		461,613	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	95,906,672	-7,850,346	88,056,326	30
31	03100	INTENSIVE CARE UNIT	25,723,228		25,388,820	31
35	02060	SPECIAL CARE NURSERY	14,955,483	-1,452,436	13,503,047	35
40	04000	SUBPROVIDER - IPF	3,973,120	-119,187	3,853,933	40
43	04300	NURSERY	3,931,146		3,931,146	43
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	39,056,973	-8,637,633	30,419,340	50
51	05100	RECOVERY ROOM	7,567,011	-58,014	7,508,997	51
52	05200	DELIVERY ROOM & LABOR ROOM	15,875,164	-1,655,637	14,219,527	52
53	05300	ANESTHESIOLOGY	1,532,494	-91,283	1,441,211	53
54	05400	RADIOLOGY-DIAGNOSTIC	21,630,279	-276,171	21,354,108	54
55	05500	RADIOLOGY-THERAPEUTIC	7,280,220	-60,135	7,220,085	55
56	05600	RADIOISOTOPE	3,957,679	-61,060	3,896,619	56
57	05700	CT SCAN	6,301,784	-37,937	6,263,847	57
58	05800	MRI	8,643,371	-16,354	8,627,017	58
59	05900	CARDIAC CATHETERIZATION	2,224,269	-44,518	2,179,751	59
59.01	03650	VASCULAR LAB	1,082,388	-28,811	1,053,577	59.01
59.02	03140	CARDIAC GRAPHICS	3,447,419	-110,500	3,336,919	59.02
59.03	03560	PULMONARY FUNCTION	506,146	-13,635	492,511	59.03
59.04	03290	EPS	1,647,745	-87,386	1,560,359	59.04
59.05	03340	GI	7,794,720	-74,809	7,719,911	59.05
60	06000	LABORATORY	42,467,975	-164,231	42,303,744	60
62	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	13,506,293		13,506,293	62
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	06300	BLOOD STORING, PROCESSING & TRANS.	4,491,769	-52,890	4,438,879	63
63.01	06301	CELL THERAPY LAB	497,029	-13,243	483,786	63.01
65	06500	RESPIRATORY THERAPY	9,981,434	-930,770	9,050,664	65
66	06600	PHYSICAL THERAPY	2,445,736	-36,421	2,409,315	66
67	06700	OCCUPATIONAL THERAPY	1,069,225	-26,570	1,042,655	67
69	06900	ELECTROCARDIOLOGY	906,867	-58,154	848,713	69
70	07000	ELECTROENCEPHALOGRAPHY	2,403,587	-101,753	2,301,834	70
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	46,577,279		46,577,279	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS	51,415,467		51,415,467	72
73	07300	DRUGS CHARGED TO PATIENTS	52,707,704		52,707,704	73
76.97	07697	CARDIAC REHABILITATION	524,030	-134,475	389,555	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	CLINIC	1,928,678	-28,047	1,900,631	90
90.01	09001	PSYCH CLINIC	8,157,929	-1,045,080	7,112,849	90.01
90.02	09002	TRANSPLANT CLINIC	919,444	-56,177	863,267	90.02
90.03	09003	OB CLINIC	2,270,499	-950,928	1,319,571	90.03
91	09100	EMERGENCY	12,907,205	-21,037	12,886,168	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92
92.01	09201	OBSERVATION BEDS-DISTINCT	1,849,277	-27	1,849,250	92.01
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105	10500	KIDNEY ACQUISITION	9,340,223	-375,994	8,964,229	105

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	
106	10600 HEART ACQUISITION	1,615,804	-100,066	1,515,738	106
107	10700 LIVER ACQUISITION	6,322,884	-1,165,217	5,157,667	107
109	10900 PANCREAS ACQUISITION	1,168,377	-31,942	1,136,435	109
116	11600 HOSPICE	3,863,561	-74,681	3,788,880	116
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	1,247,575,253	-135,127,755	1,112,447,498	118
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,391	-36	13,355	190
191	19100 RESEARCH	1,797,285	-1,671	1,795,614	191
191.01	19101 SPONSERED PROJECT	3,194,573	-72,777	3,121,796	191.01
194	07950 REAL ESTATE	20,838,211	-20,838,211		194
194.01	07951 MARKETING, OTHER NON-REIMB	4,951,359	-670,995	4,280,364	194.01
194.02	07952 OTHER COMPANY WIDE ACTIVITY	1,570,402	-1,570,402		194.02
200	TOTAL (SUM OF LINES 118-199)	1,279,940,474	-158,281,847	1,121,658,627	200

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 NMH EMPLOYEE BONUS	A	NONPATIENT PHONES	5.01	9,835	1
2 NMH EMPLOYEE BONUS	A	DATA PROCESSING	5.02	2,500	2
3 NMH EMPLOYEE BONUS	A	PURCHASING RECEIVING & STORES	5.03	10,000	3
4 NMH EMPLOYEE BONUS	A	ADMITTING	5.04	127,155	4
5 NMH EMPLOYEE BONUS	A	ADMINISTRATIVE & GENERAL	5.05	108,260	5
6 NMH EMPLOYEE BONUS	A	OPERATION OF PLANT	7	9,000	6
7 NMH EMPLOYEE BONUS	A	HOUSEKEEPING	9	156,050	7
8 NMH EMPLOYEE BONUS	A	DIETARY	10	96,200	8
9 NMH EMPLOYEE BONUS	A	NURSING ADMINISTRATION	13	20,810	9
10 NMH EMPLOYEE BONUS	A	CENTRAL SERVICES & SUPPLY	14	56,605	10
11 NMH EMPLOYEE BONUS	A	PHARMACY	15	68,975	11
12 NMH EMPLOYEE BONUS	A	MEDICAL RECORDS & LIBRARY	16	13,600	12
13 NMH EMPLOYEE BONUS	A	SOCIAL SERVICE	17	29,505	13
14 NMH EMPLOYEE BONUS	A	I&R SERVICES-OTHER PRGM COSTS	22	5,000	14
15 NMH EMPLOYEE BONUS	A	ADULTS & PEDIATRICS	30	551,770	15
16 NMH EMPLOYEE BONUS	A	INTENSIVE CARE UNIT	31	145,315	16
17 NMH EMPLOYEE BONUS	A	SPECIAL CARE NURSEY	35	79,325	17
18 NMH EMPLOYEE BONUS	A	SUBPROVIDER - IPF	40	23,260	18
19 NMH EMPLOYEE BONUS	A	OPERATING ROOM	50	128,090	19
20 NMH EMPLOYEE BONUS	A	RECOVERY ROOM	51	41,360	20
21 NMH EMPLOYEE BONUS	A	DELIVERY ROOM & LABOR ROOM	52	88,845	21
22 NMH EMPLOYEE BONUS	A	ANESTHESIOLOGY	53	7,835	22
23 NMH EMPLOYEE BONUS	A	RADIOLOGY-DIAGNOSTIC	54	104,380	23
24 NMH EMPLOYEE BONUS	A	RADIOLOGY-THERAPEUTIC	55	24,500	24
25 NMH EMPLOYEE BONUS	A	RADIOISOTOPE	56	9,670	25
26 NMH EMPLOYEE BONUS	A	CT SCAN	57	29,645	26
27 NMH EMPLOYEE BONUS	A	MRI	58	37,175	27
28 NMH EMPLOYEE BONUS	A	CARDIAC CATHETERIZATION	59	9,205	28
29 NMH EMPLOYEE BONUS	A	VASCULAR LAB	59.01	5,170	29
30 NMH EMPLOYEE BONUS	A	CARDIAC GRAPHICS	59.02	12,305	30
31 NMH EMPLOYEE BONUS	A	PULMONARY FUNCTION	59.03	2,000	31
32 NMH EMPLOYEE BONUS	A	EPS	59.04	7,100	32
33 NMH EMPLOYEE BONUS	A	GI	59.05	25,740	33
34 NMH EMPLOYEE BONUS	A	LABORATORY	60	111,995	34
35 NMH EMPLOYEE BONUS	A	BLOOD STORING, PROCESSING & T	63	16,370	35
36 NMH EMPLOYEE BONUS	A	CELL THERAPY LAB	63.01	500	36
37 NMH EMPLOYEE BONUS	A	RESPIRATORY THERAPY	65	44,755	37
38 NMH EMPLOYEE BONUS	A	PHYSICAL THERAPY	66	11,105	38
39 NMH EMPLOYEE BONUS	A	OCCUPATIONAL THERAPY	67	7,605	39
40 NMH EMPLOYEE BONUS	A	ELECTROCARDIOLOGY	69	7,670	40
41 NMH EMPLOYEE BONUS	A	ELECTROENCEPHALOGRAPHY	70	13,105	41
42 NMH EMPLOYEE BONUS	A	CARDIAC REHABILITATION	76.97	2,005	42
43 NMH EMPLOYEE BONUS	A	CLINIC	90	9,835	43
44 NMH EMPLOYEE BONUS	A	PSYCH CLINIC	90.01	35,300	44
45 NMH EMPLOYEE BONUS	A	TRANSPLANT CLINIC	90.02	4,100	45
46 NMH EMPLOYEE BONUS	A	OB CLINIC	90.03	10,250	46
47 NMH EMPLOYEE BONUS	A	EMERGENCY	91	69,660	47
48 NMH EMPLOYEE BONUS	A	OBSERVATION BEDS-DISTINCT	92.01	10,180	48
49 NMH EMPLOYEE BONUS	A	KIDNEY ACQUISITION	105	5,500	49
50 NMH EMPLOYEE BONUS	A	HEART ACQUISITION	106	1,500	50
51 NMH EMPLOYEE BONUS	A	LIVER ACQUISITION	107	3,500	51
52 NMH EMPLOYEE BONUS	A	HOSPICE	116	13,270	52
53 NMH EMPLOYEE BONUS	A	GIFT, FLOWER, COFFEE SHOP & C	190	1,100	53
54 NMH EMPLOYEE BONUS	A	SPONSERED PROJECT	191.01	1,000	54
55 NMH EMPLOYEE BONUS	A	REAL ESTATE	194	2,500	55
56 NMH EMPLOYEE BONUS	A	MARKETING, OTHER NON-REIMB	194.01	11,000	56
57 SPECIAL BONUS	A	ADMITTING	5.04	6,302	57
58 SPECIAL BONUS	A	ADMINISTRATIVE & GENERAL	5.05	143,107	58
59 SPECIAL BONUS	A	NURSING ADMINISTRATION	13	1,386	59
60 SPECIAL BONUS	A	I&R SERVICES-OTHER PRGM COSTS	22	4,000	60
61 SPECIAL BONUS	A	ADULTS & PEDIATRICS	30	5,817	61
62 SPECIAL BONUS	A	OPERATING ROOM	50	35,000	62
63 SPECIAL BONUS	A	RADIOLOGY-DIAGNOSTIC	54	64,152	63
64 SPECIAL BONUS	A	CARDIAC CATHETERIZATION	59	4,000	64
65 SPECIAL BONUS	A	CARDIAC GRAPHICS	59.02	4,900	65
66 SPECIAL BONUS	A	EPS	59.04	5,000	66
67 SPECIAL BONUS	A	GI	59.05	500	67
68 SPECIAL BONUS	A	RESPIRATORY THERAPY	65	3,818	68
69 SPECIAL BONUS	A	HOSPICE	116	2,363	69
70 SPECIAL BONUS	A	GIFT, FLOWER, COFFEE SHOP & C	190	8,440	70
71 SPECIAL BONUS	A	SPONSERED PROJECT	191.01	4,000	71
72 SPECIAL BONUS	A	MARKETING, OTHER NON-REIMB	194.01	500	72
73 SPECIAL BONUS (MANAGERS)	A	NONPATIENT PHONES	5.01	10,739	73
74 SPECIAL BONUS (MANAGERS)	A	DATA PROCESSING	5.02	20,176	74
75 SPECIAL BONUS (MANAGERS)	A	PURCHASING RECEIVING & STORES	5.03	4,269	75
76 SPECIAL BONUS (MANAGERS)	A	ADMITTING	5.04	98,148	76
77 SPECIAL BONUS (MANAGERS)	A	ADMINISTRATIVE & GENERAL	5.05	604,742	77
78 SPECIAL BONUS (MANAGERS)	A	OPERATION OF PLANT	7	4,612	78
79 SPECIAL BONUS (MANAGERS)	A	HOUSEKEEPING	9	9,636	79
80 SPECIAL BONUS (MANAGERS)	A	DIETARY	10	6,122	80
81 SPECIAL BONUS (MANAGERS)	A	NURSING ADMINISTRATION	13	294,227	81
82 SPECIAL BONUS (MANAGERS)	A	CENTRAL SERVICES & SUPPLY	14	28,127	82
83 SPECIAL BONUS (MANAGERS)	A	PHARMACY	15	81,542	83
84 SPECIAL BONUS (MANAGERS)	A	MEDICAL RECORDS & LIBRARY	16	5,009	84
85 SPECIAL BONUS (MANAGERS)	A	SOCIAL SERVICE	17	16,163	85
86 SPECIAL BONUS (MANAGERS)	A	I&R SERVICES-OTHER PRGM COSTS	22	7,503	86
87 SPECIAL BONUS (MANAGERS)	A	ADULTS & PEDIATRICS	30	29,344	87
88 SPECIAL BONUS (MANAGERS)	A	INTENSIVE CARE UNIT	31	4,628	88
89 SPECIAL BONUS (MANAGERS)	A	OPERATING ROOM	50	43,892	89
90 SPECIAL BONUS (MANAGERS)	A	RECOVERY ROOM	51	5,561	90

91	SPECIAL BONUS (MANAGERS)	A	DELIVERY ROOM & LABOR ROOM	52	23,327	91
92	SPECIAL BONUS (MANAGERS)	A	ANESTHESIOLOGY	53	4,635	92
93	SPECIAL BONUS (MANAGERS)	A	RADIOLOGY-DIAGNOSTIC	54	62,858	93
94	SPECIAL BONUS (MANAGERS)	A	RADIOLOGY-THERAPEUTIC	55	7,715	94
95	SPECIAL BONUS (MANAGERS)	A	RADIOISOTOPE	56	5,775	95
96	SPECIAL BONUS (MANAGERS)	A	CT SCAN	57	4,442	96
97	SPECIAL BONUS (MANAGERS)	A	MRI	58	6,747	97
98	SPECIAL BONUS (MANAGERS)	A	CARDIAC CATHETERIZATION	59	14,155	98
99	SPECIAL BONUS (MANAGERS)	A	EPS	59.04	3,884	99
100	SPECIAL BONUS (MANAGERS)	A	GI	59.05	5,215	100
101	SPECIAL BONUS (MANAGERS)	A	LABORATORY	60	50,221	101
102	SPECIAL BONUS (MANAGERS)	A	CELL THERAPY LAB	63.01	4,064	102
103	SPECIAL BONUS (MANAGERS)	A	RESPIRATORY THERAPY	65	42,793	103
104	SPECIAL BONUS (MANAGERS)	A	PHYSICAL THERAPY	66	5,863	104
105	SPECIAL BONUS (MANAGERS)	A	ELECTROENCEPHALOGRAPHY	70	4,890	105
106	SPECIAL BONUS (MANAGERS)	A	CLINIC	90	11,037	106
107	SPECIAL BONUS (MANAGERS)	A	OB CLINIC	90.03	4,255	107
108	SPECIAL BONUS (MANAGERS)	A	EMERGENCY	91	3,418	108
109	SPECIAL BONUS (MANAGERS)	A	GIFT, FLOWER, COFFEE SHOP & C	190	3,465	109
110	SPECIAL BONUS (MANAGERS)	A	SPONSERED PROJECT	191.01	4,921	110
111	SPECIAL BONUS (MANAGERS)	A	REAL ESTATE	194	4,602	111
112	SPECIAL BONUS (MANAGERS)	A	MARKETING, OTHER NON-REIMB	194.01	38,244	112
113	NMPG BONUS	A	ADMITTING	5.04	385	113
114	NMPG BONUS	A	ADULTS & PEDIATRICS	30	385	114
115	ANNUAL BONUS	A	DATA PROCESSING	5.02	500	115
116	TUITION REIMB TAXABLE	A	ADMITTING	5.04	1,750	116
117	TUITION REIMB TAXABLE	A	ADMINISTRATIVE & GENERAL	5.05	12,931	117
118	TUITION REIMB TAXABLE	A	NURSING ADMINISTRATION	13	1,000	118
119	TUITION REIMB TAXABLE	A	SOCIAL SERVICE	17	2,102	119
120	TUITION REIMB TAXABLE	A	ADULTS & PEDIATRICS	30	53,918	120
121	TUITION REIMB TAXABLE	A	INTENSIVE CARE UNIT	31	21,887	121
122	TUITION REIMB TAXABLE	A	SPECIAL CARE NURSERY	35	3,032	122
123	TUITION REIMB TAXABLE	A	SUBPROVIDER - IPF	40	3,701	123
124	TUITION REIMB TAXABLE	A	OPERATING ROOM	50	4,908	124
125	TUITION REIMB TAXABLE	A	RECOVERY ROOM	51	8,072	125
126	TUITION REIMB TAXABLE	A	DELIVERY ROOM & LABOR ROOM	52	10,583	126
127	TUITION REIMB TAXABLE	A	RADIOLOGY-DIAGNOSTIC	54	6,245	127
128	TUITION REIMB TAXABLE	A	MRI	58	2,050	128
129	TUITION REIMB TAXABLE	A	CARDIAC CATHETERIZATION	59	5,250	129
130	TUITION REIMB TAXABLE	A	CARDIAC GRAPHICS	59.02	2,460	130
131	TUITION REIMB TAXABLE	A	GI	59.05	1,595	131
132	TUITION REIMB TAXABLE	A	LABORATORY	60	488	132
133	TUITION REIMB TAXABLE	A	RESPIRATORY THERAPY	65	2,748	133
134	TUITION REIMB TAXABLE	A	EMERGENCY	91	3,217	134
135	TUITION REIMB TAXABLE	A	OBSERVATION BEDS-DISTINCT	92.01	3,711	135
136	COMPANY WIDE ACTIVITY	A				136
137	COMPANY WIDE ACTIVITY	A	EMPLOYEE BENEFITS DEPARTMENT	4		755,343 137
138	COMPANY WIDE ACTIVITY	A	ADMINISTRATIVE & GENERAL	5.05		4,166 138
139	COMPANY WIDE ACTIVITY	A	I&R SERVICES-SALARY & FRINGES	21	825,709	139
140	COMPANY WIDE ACTIVITY	A	I&R SERVICES-SALARY & FRINGES	21		202,571 140
141	COMPANY WIDE ACTIVITY	A	I&R SERVICES-OTHER PRGM COSTS	22	298,853	141
142	COMPANY WIDE ACTIVITY	A	I&R SERVICES-OTHER PRGM COSTS	22	27,500	142
143	COMPANY WIDE ACTIVITY	A	I&R SERVICES-OTHER PRGM COSTS	22	104,481	143
144	COMPANY WIDE ACTIVITY	A	I&R SERVICES-OTHER PRGM COSTS	22		35,810 144
145	COMPANY WIDE ACTIVITY	A	I&R SERVICES-OTHER PRGM COSTS	22		26,788 145
146	COMPANY WIDE ACTIVITY	A	I&R SERVICES-OTHER PRGM COSTS	22		6,500 146
147	COMPANY WIDE ACTIVITY	A	I&R SERVICES-OTHER PRGM COSTS	22		385,715 147
148	COMPANY WIDE ACTIVITY	A	ADULTS & PEDIATRICS	30	134,080	148
149	COMPANY WIDE ACTIVITY	A	ADULTS & PEDIATRICS	30		165,356 149
150	COMPANY WIDE ACTIVITY	A	SPECIAL CARE NURSERY	35	70,353	150
151	COMPANY WIDE ACTIVITY	A	SPECIAL CARE NURSERY	35		106,474 151
152	COMPANY WIDE ACTIVITY	A	SUBPROVIDER - IPF	40	50,000	152
153	COMPANY WIDE ACTIVITY	A	SUBPROVIDER - IPF	40		11,250 153
154	COMPANY WIDE ACTIVITY	A	PSYCH CLINIC	90.01	35,505	154
155	COMPANY WIDE ACTIVITY	A	PSYCH CLINIC	90.01	79,339	155
156	COMPANY WIDE ACTIVITY	A	PSYCH CLINIC	90.01		17,851 156
157	COMPANY WIDE ACTIVITY	A	PSYCH CLINIC	90.01		240 157
158	COMPANY WIDE ACTIVITY	A	OB CLINIC	90.03	438,377	158
159	COMPANY WIDE ACTIVITY	A	OB CLINIC	90.03		20,000 159
160	COMPANY WIDE ACTIVITY	A	OB CLINIC	90.03		70,007 160
161	COMPANY WIDE ACTIVITY	A	EMERGENCY	91		93,786 161
162	COMPANY WIDE ACTIVITY	A	EMERGENCY	91	70,609	162
163	COMPANY WIDE ACTIVITY	A	EMERGENCY	91		146,820 163
164	COMPANY WIDE ACTIVITY	A	RESEARCH	191	1,606,775	164
165	COMPANY WIDE ACTIVITY	A	RESEARCH	191		184,460 165
166	COMPANY WIDE ACTIVITY	A	SPONSERED PROJECT	191.01	185,342	166
167	COMPANY WIDE ACTIVITY	A	SPONSERED PROJECT	191.01		1,150 167
168	COMPANY WIDE ACTIVITY	A	SPONSERED PROJECT	191.01	38,738	168
169	COMPANY WIDE ACTIVITY	A	SPONSERED PROJECT	191.01		11,762 169
170	COMPANY WIDE ACTIVITY	A	SPONSERED PROJECT	191.01	1,301,896	170
171	COMPANY WIDE ACTIVITY	A	SPONSERED PROJECT	191.01		319,394 171
172	COMPANY WIDE ACTIVITY	A	SPONSERED PROJECT	191.01		9,060 172
173	COMPANY WIDE ACTIVITY	A	SPONSERED PROJECT	191.01		870,182 173
174	COMPANY WIDE ACTIVITY	A	OTHER COMPANY WIDE ACTIVITY	194.02		356,704 174
175	PART A FRINGES	A	NURSING ADMINISTRATION	13		50,688 175
176	PART A FRINGES	A	PHARMACY	15		12,541 176
177	PART A FRINGES	A	SOCIAL SERVICE	17		44,071 177
178	PART A FRINGES	A	I&R SERVICES-OTHER PRGM COSTS	22		1,697,849 178
179	PART A FRINGES	A	ADULTS & PEDIATRICS	30		169,663 179
180	PART A FRINGES	A	INTENSIVE CARE UNIT	31		118,240 180
181	PART A FRINGES	A	SPECIAL CARE NURSERY	35		27,475 181
182	PART A FRINGES	A	SUBPROVIDER - IPF	40		33,750 182
183	PART A FRINGES	A	OPERATING ROOM	50		113,990 183
184	PART A FRINGES	A	RECOVERY ROOM	51		16,718 184
185	PART A FRINGES	A	DELIVERY ROOM & LABOR ROOM	52		50,007 185
186	PART A FRINGES	A	ANESTHESIOLOGY	53		46,809 186
187	PART A FRINGES	A	RADIOLOGY-DIAGNOSTIC	54		87,791 187
188	PART A FRINGES	A	RADIOLOGY-THERAPEUTIC	55		23,199 188
189	PART A FRINGES	A	RADIOISOTOPE	56		17,263 189
190	PART A FRINGES	A	CT SCAN	57		9,691 190

191	PART A FRINGES	A	MRI	58		9,691	191
192	PART A FRINGES	A	CARDIAC CATHETERIZATION	59		26,675	192
193	PART A FRINGES	A	VASCULAR LAB	59.01		5,984	193
194	PART A FRINGES	A	CARDIAC GRAPHICS	59.02		10,003	194
195	PART A FRINGES	A	PULMONARY FUNCTION	59.03		5,669	195
196	PART A FRINGES	A	EPS	59.04		26,675	196
197	PART A FRINGES	A	GI	59.05		23,695	197
198	PART A FRINGES	A	LABORATORY	60		454,128	198
199	PART A FRINGES	A	BLOOD STORING, PROCESSING & T	63		18,613	199
200	PART A FRINGES	A	CELL THERAPY LAB	63.01		13,023	200
201	PART A FRINGES	A	RESPIRATORY THERAPY	65		13,374	201
202	PART A FRINGES	A	PHYSICAL THERAPY	66		8,541	202
203	PART A FRINGES	A	ELECTROCARDIOLOGY	69		15,561	203
204	PART A FRINGES	A	ELECTROENCEPHALOGRAPHY	70		31,522	204
205	PART A FRINGES	A	CARDIAC REHABILITATION	76.97		4,446	205
206	PART A FRINGES	A	CLINIC	90		10,212	206
207	PART A FRINGES	A	PSYCH CLINIC	90.01		117,816	207
208	PART A FRINGES	A	OB CLINIC	90.03		14,319	208
209	PART A FRINGES	A	EMERGENCY	91		39,056	209
210	PART A FRINGES	A	KIDNEY ACQUISITION	105		11,508	210
211	PART A FRINGES	A	HEART ACQUISITION	106		20,497	211
212	PART A FRINGES	A	LIVER ACQUISITION	107		21,054	212
213	PART A FRINGES	A	PANCREAS ACQUISITION	109		6,905	213
214	PART A FRINGES	A	HOSPICE	116		17,861	214
215	PART A FRINGES	A	SPONSERED PROJECT	191.01		4,749	215
216	RECLASS PART A TO LINE 22	A	I&R SERVICES-OTHER PRGM COSTS	22	7,656,663		216
217	RECLASS ACCT 615251TOSALARY	A	I&R SERVICES-OTHER PRGM COSTS	22	3,429		217
218	RECLASS ACCT 615251TOSALARY	A	ADULTS & PEDIATRICS	30	129,464		218
219	RECLASS ACCT 615251TOSALARY	A	SUBPROVIDER - IPF	40	96,429		219
220	RECLASS ACCT 615251TOSALARY	A	PSYCH CLINIC	90.01	406,199		220
221	RECLASS SALARY NO HOURS TO OTHER	A	DATA PROCESSING	5.02		115,000	221
222	RECLASS SALARY NO HOURS TO OTHER	A	ADMINISTRATIVE & GENERAL	5.05		8,160	222
223	RECLASS SALARY NO HOURS TO OTHER	A	DIETARY	10		625	223
224	RECLASS SALARY NO HOURS TO OTHER	A	SOCIAL SERVICE	17		50,416	224
225	RECLASS SALARY NO HOURS TO OTHER	A	I&R SERVICES-OTHER PRGM COSTS	22		196,846	225
226	RECLASS SALARY NO HOURS TO OTHER	A	ADULTS & PEDIATRICS	30	204,043		226
227	RECLASS SALARY NO HOURS TO OTHER	A	SPECIAL CARE NURSERY	35		1,396,892	227
228	RECLASS SALARY NO HOURS TO OTHER	A	OPERATING ROOM	50		9,031	228
229	RECLASS SALARY NO HOURS TO OTHER	A	RADIOLOGY-DIAGNOSTIC	54	6,167		229
230	RECLASS SALARY NO HOURS TO OTHER	A	LABORATORY	60		1,639	230
231	RECLASS SALARY NO HOURS TO OTHER	A	CLINIC	90	5,330		231
232	RECLASS SALARY NO HOURS TO OTHER	A	EMERGENCY	91	1,008		232
233	RECLASS SALARYSCHOOLS EXPENSE	A	PARAMED ED PRGM-(NM SCHL)	23.02	195,690		233
234	RECLASS SALARYSCHOOLS EXPENSE	A					234
235	RECLASS SALARYSCHOOLS EXPENSE	A					235
236	RECLASS SALARYSCHOOLS EXPENSE	A					236
237	RECLASS SALARYSCHOOLS EXPENSE	A					237
238	RECLASS SALARYSCHOOLS EXPENSE	A					238
239	RECLASS SALARYCHAPLAINCYEXPENSE	A	PARAMED ED PRGM-(CHAPLAINCY)	23.01	94,381		239
240	RECLASS SALARYPHARMACYPARA EXP	A	PARAMED ED PRGM-(SPECIFY)	23	280,881		240
241	RECLASS SAL_OTHERCC1025SCHOOLS	A	PARAMED ED PRGM-(NM SCHL)	23.02	505,302		241
242	RECLASS PART A MALPRACTICE	A	DATA PROCESSING	5.02		49,388	242
243	RECLASS PART A MALPRACTICE	A	NURSING ADMINISTRATION	13		28,606	243
244	RECLASS PART A MALPRACTICE	A	PHARMACY	15		7,541	244
245	RECLASS PART A MALPRACTICE	A	SOCIAL SERVICE	17		26,502	245
246	RECLASS PART A MALPRACTICE	A	I&R SERVICES-OTHER PRGM COSTS	22		1,054,269	246
247	RECLASS PART A MALPRACTICE	A	ADULTS & PEDIATRICS	30		102,024	247
248	RECLASS PART A MALPRACTICE	A	INTENSIVE CARE UNIT	31		71,102	248
249	RECLASS PART A MALPRACTICE	A	SPECIAL CARE NURSERY	35		16,522	249
250	RECLASS PART A MALPRACTICE	A	SUBPROVIDER - IPF	40		28,243	250
251	RECLASS PART A MALPRACTICE	A	OPERATING ROOM	50		73,908	251
252	RECLASS PART A MALPRACTICE	A	RECOVERY ROOM	51		10,053	252
253	RECLASS PART A MALPRACTICE	A	DELIVERY ROOM & LABOR ROOM	52		30,071	253
254	RECLASS PART A MALPRACTICE	A	ANESTHESIOLOGY	53		28,148	254
255	RECLASS PART A MALPRACTICE	A	RADIOLOGY-DIAGNOSTIC	54		52,792	255
256	RECLASS PART A MALPRACTICE	A	RADIOLOGY-THERAPEUTIC	55		13,950	256
257	RECLASS PART A MALPRACTICE	A	RADIOISOTOPE	56		10,381	257
258	RECLASS PART A MALPRACTICE	A	CT SCAN	57		5,828	258
259	RECLASS PART A MALPRACTICE	A	MRI	58		5,828	259
260	RECLASS PART A MALPRACTICE	A	CARDIAC CATHETERIZATION	59		16,041	260
261	RECLASS PART A MALPRACTICE	A	VASCULAR LAB	59.01		3,599	261
262	RECLASS PART A MALPRACTICE	A	CARDIAC GRAPHICS	59.02		17,336	262
263	RECLASS PART A MALPRACTICE	A	PULMONARY FUNCTION	59.03		3,409	263
264	RECLASS PART A MALPRACTICE	A	EPS	59.04		16,041	264
265	RECLASS PART A MALPRACTICE	A	GI	59.05		14,249	265
266	RECLASS PART A MALPRACTICE	A	LABORATORY	60		291,714	266
267	RECLASS PART A MALPRACTICE	A	BLOOD STORING, PROCESSING & T	63		11,193	267
268	RECLASS PART A MALPRACTICE	A	CELL THERAPY LAB	63.01		7,831	268
269	RECLASS PART A MALPRACTICE	A	RESPIRATORY THERAPY	65		8,042	269
270	RECLASS PART A MALPRACTICE	A	PHYSICAL THERAPY	66		5,094	270
271	RECLASS PART A MALPRACTICE	A	ELECTROCARDIOLOGY	69		9,357	271
272	RECLASS PART A MALPRACTICE	A	ELECTROENCEPHALOGRAPHY	70		18,955	272
273	RECLASS PART A MALPRACTICE	A	CARDIAC REHABILITATION	76.97		2,673	273
274	RECLASS PART A MALPRACTICE	A	CLINIC	90		6,141	274
275	RECLASS PART A MALPRACTICE	A	PSYCH CLINIC	90.01		81,582	275
276	RECLASS PART A MALPRACTICE	A	OB CLINIC	90.03		8,610	276
277	RECLASS PART A MALPRACTICE	A	EMERGENCY	91		23,486	277
278	RECLASS PART A MALPRACTICE	A	KIDNEY ACQUISITION	105		6,920	278
279	RECLASS PART A MALPRACTICE	A	HEART ACQUISITION	106		12,326	279
280	RECLASS PART A MALPRACTICE	A	LIVER ACQUISITION	107		12,661	280
281	RECLASS PART A MALPRACTICE	A	PANCREAS ACQUISITION	109		4,152	281
282	RECLASS PART A MALPRACTICE	A	HOSPICE	116		10,740	282
283	RECLASS PART A MALPRACTICE	A	SPONSERED PROJECT	191.01		8,106	283
284	RECLASS PART A FRINGES NO HOURS	A	ADULTS & PEDIATRICS	30		19,085	284
285	RECLASS PART A FRINGES NO HOURS	A	PSYCH CLINIC	90.01		22,220	285
286	RECLASS PART A FRINGES NO HOURS	A	KIDNEY ACQUISITION	105		58,012	286
287	RECLASS PART A FRINGES NO HOURS	A	LIVER ACQUISITION	107		58,012	287
288	RECLASS SALARYAND FRINGE TO LINE 22	A	I&R SERVICES-OTHER PRGM COSTS	22	1,267,316		288
289	RECLASS FICA RESIDENT FRINGE TO 21	A	ADMINISTRATIVE & GENERAL	5.05		6,413,745	289
290	RECLASS CR RESIDENTFRINE TO LN 21	A	EMPLOYEE BENEFITS DEPARTMENT	4		2,913	290

291	RECL 615221TOLN 22 CC1664	A	I&R SERVICES-OTHER PRGM COSTS	22		456,750	291
292	RECL NMFF FRINGE TO LN 22 CC1651	A	I&R SERVICES-OTHER PRGM COSTS	22		17,566	292
293	RECL NMFF FRINGE TO LN 22 CC1665	A	I&R SERVICES-OTHER PRGM COSTS	22		7,215	293
294	RECLOTHTOLINE 22FRLINE21	A	I&R SERVICES-OTHER PRGM COSTS	22		5,173,239	294
295	RECL TRANSP TO CLIN_ORGAN ACQUIS	A					295
296	RECL EXCLUDED TO ADULT AND PEDS	A	ADULTS & PEDIATRICS	30	145,459		296
297	RECL CC1765 INCL SAL TO ORGAN ACQUI	A	TRANSPLANT CLINIC	90.02	170,160	162,126	297
298	RECL CC1447CC1760CC1761CC1762TO ORG	A	KIDNEY ACQUISITION	105	766,350	730,167	298
299	RECL CC1447CC1760CC1761CC1762TO ORG	A	HEART ACQUISITION	106	82,736	78,829	299
300	RECL CC1447CC1760CC1761CC1762TO ORG	A	LIVER ACQUISITION	107	348,082	331,647	300
301	RECL CC1447CC1760CC1761CC1762TO ORG	A	PANCREAS ACQUISITION	109	61,777	58,860	301
302	RECLASS LEASEFORSCHOOLS	A	PARAMED ED PRGM-(NM SCHL)	23.02		109,358	302
303	REFILED OVERHEAD ADJUSTMENT	A	TRANSPLANT CLINIC	90.02	6,036		303
304	REFILED OVERHEAD ADJUSTMENT	A	ADMINISTRATIVE & GENERAL	5.05		139,482	304
305	REFILED OVERHEAD ADJUSTMENT	A	ADMINISTRATIVE & GENERAL	5.05	22,898	634,622	305
306	REFILED OVERHEAD ADJUSTMENT	A	ADMINISTRATIVE & GENERAL	5.05	2,741	68,548	306
307	REFILED OVERHEAD ADJUSTMENT	A	ADMINISTRATIVE & GENERAL	5.05	6,944	287,806	307
308	REFILED OVERHEAD ADJUSTMENT	A	ADMINISTRATIVE & GENERAL	5.05	2,068	51,186	308
309	REFILED NMSCHOOLS REV OFFSET ENTRY	A	ADMINISTRATIVE & GENERAL	5.05	362,677	35,448	309
500	TOTAL RECLASSIFICATIONS				22,574,946	26,171,515	500

CODE LETTER - A

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER
	1	2	3	4	5
1 HOME OFFICE DEPRECIATION RECLASS	B	CAP REL COSTS-MVBLE EQUIP	2		8,284,053 1
500 TOTAL RECLASSIFICATIONS					8,284,053 500
CODE LETTER - B					
1 NON 1594 DRUG RECLASS	C	DRUGS CHARGED TO PATIENTS	73		52,707,704 1
2 NON 1594 DRUG RECLASS	C				2
3 NON 1594 DRUG RECLASS	C				3
4 NON 1594 DRUG RECLASS	C				4
5 NON 1594 DRUG RECLASS	C				5
6 NON 1594 DRUG RECLASS	C				6
7 NON 1594 DRUG RECLASS	C				7
8 NON 1594 DRUG RECLASS	C				8
9 NON 1594 DRUG RECLASS	C				9
10 NON 1594 DRUG RECLASS	C				10
11 NON 1594 DRUG RECLASS	C				11
12 NON 1594 DRUG RECLASS	C				12
13 NON 1594 DRUG RECLASS	C				13
14 NON 1594 DRUG RECLASS	C				14
500 TOTAL RECLASSIFICATIONS					52,707,704 500
CODE LETTER - C					
1 IMPLANT RECLASS	D	IMPL. DEV. CHARGED TO PATIENT	72		51,415,467 1
2 IMPLANT RECLASS	D				2
3 IMPLANT RECLASS	D				3
4 IMPLANT RECLASS	D				4
5 IMPLANT RECLASS	D				5
6 IMPLANT RECLASS	D				6
7 IMPLANT RECLASS	D				7
8 IMPLANT RECLASS	D				8
9 IMPLANT RECLASS	D				9
500 TOTAL RECLASSIFICATIONS					51,415,467 500
CODE LETTER - D					
1 MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		46,577,279 1
2 MED SUPPLY RECLASS	E				2
3 MED SUPPLY RECLASS	E				3
4 MED SUPPLY RECLASS	E				4
5 MED SUPPLY RECLASS	E				5
6 MED SUPPLY RECLASS	E				6
7 MED SUPPLY RECLASS	E				7
8 MED SUPPLY RECLASS	E				8
9 MED SUPPLY RECLASS	E				9
10 MED SUPPLY RECLASS	E				10
11 MED SUPPLY RECLASS	E				11
12 MED SUPPLY RECLASS	E				12
13 MED SUPPLY RECLASS	E				13
14 MED SUPPLY RECLASS	E				14
15 MED SUPPLY RECLASS	E				15
16 MED SUPPLY RECLASS	E				16
17 MED SUPPLY RECLASS	E				17
18 MED SUPPLY RECLASS	E				18
19 MED SUPPLY RECLASS	E				19
20 MED SUPPLY RECLASS	E				20
500 TOTAL RECLASSIFICATIONS					46,577,279 500
CODE LETTER - E					
1 NN RECLASS	F	NURSERY	43	3,462,773	468,373 1
2 NN RECLASS	F				2
3 NN RECLASS	F				3
500 TOTAL RECLASSIFICATIONS				3,462,773	468,373 500
CODE LETTER - F					
1 DIETARY RECLASS	G	CAFETERIA	11	2,724,710	2,390,164 1
500 TOTAL RECLASSIFICATIONS				2,724,710	2,390,164 500
CODE LETTER - G					
1 RECLASS LAUNDRY SERVICES	K	LAUNDRY & LINEN SERVICE	8		3,428,142 1
500 TOTAL RECLASSIFICATIONS					3,428,142 500
CODE LETTER - K					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 CAPITAL RELATED COST RECLASS	M	EMPLOYEE BENEFITS DEPARTMENT	4		759,661	1
2 CAPITAL RELATED COST RECLASS	M	DATA PROCESSING	5.02		2,210,890	2
3 CAPITAL RELATED COST RECLASS	M	PURCHASING RECEIVING & STORES	5.03		84,726	3
4 CAPITAL RELATED COST RECLASS	M	OPERATION OF PLANT	7		8,537,183	4
5 CAPITAL RELATED COST RECLASS	M	LAUNDRY & LINEN SERVICE	8		93,528	5
6 CAPITAL RELATED COST RECLASS	M	DIETARY	10		8,916	6
7 CAPITAL RELATED COST RECLASS	M	CENTRAL SERVICES & SUPPLY	14		2,200	7
8 CAPITAL RELATED COST RECLASS	M	ADULTS & PEDIATRICS	30		4,365,911	8
9 CAPITAL RELATED COST RECLASS	M	INTENSIVE CARE UNIT	31		292,271	9
10 CAPITAL RELATED COST RECLASS	M	RADIOLOGY-THERAPEUTIC	55		222,602	10
11 CAPITAL RELATED COST RECLASS	M	CT SCAN	57		21,800	11
12 CAPITAL RELATED COST RECLASS	M	MRI	58		56,423	12
13 CAPITAL RELATED COST RECLASS	M	CARDIAC CATHETERIZATION	59		88,758	13
14 CAPITAL RELATED COST RECLASS	M	PULMONARY FUNCTION	59.03		8,722	14
15 CAPITAL RELATED COST RECLASS	M	GI	59.05		73,737	15
16 CAPITAL RELATED COST RECLASS	M	BLOOD STORING, PROCESSING & T	63		4,560	16
17 CAPITAL RELATED COST RECLASS	M	ELECTROENCEPHALOGRAPHY	70		5,983	17
18 CAPITAL RELATED COST RECLASS	M	EMERGENCY	91		33,299	18
19		REAL ESTATE	194		2,407,441	19
500 TOTAL RECLASSIFICATIONS						500
CODE LETTER - M						
GRAND TOTAL (INCREASES)				28,762,429	210,721,308	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 NMH EMPLOYEE BONUS	A	ADMINISTRATIVE & GENERAL	5.05	2,439,990		1
2 NMH EMPLOYEE BONUS	A	ADMINISTRATIVE & GENERAL	5.05	293,286		2
3 NMH EMPLOYEE BONUS	A	ADMINISTRATIVE & GENERAL	5.05	1,590,962		3
4 NMH EMPLOYEE BONUS	A	ADMINISTRATIVE & GENERAL	5.05	1,270		4
5 NMH EMPLOYEE BONUS	A	EMPLOYEE BENEFITS DEPARTMENT	4		151,649	5
6 NMH EMPLOYEE BONUS	A					6
7 NMH EMPLOYEE BONUS	A					7
8 NMH EMPLOYEE BONUS	A					8
9 NMH EMPLOYEE BONUS	A					9
10 NMH EMPLOYEE BONUS	A					10
11 NMH EMPLOYEE BONUS	A					11
12 NMH EMPLOYEE BONUS	A					12
13 NMH EMPLOYEE BONUS	A					13
14 NMH EMPLOYEE BONUS	A					14
15 NMH EMPLOYEE BONUS	A					15
16 NMH EMPLOYEE BONUS	A					16
17 NMH EMPLOYEE BONUS	A					17
18 NMH EMPLOYEE BONUS	A					18
19 NMH EMPLOYEE BONUS	A					19
20 NMH EMPLOYEE BONUS	A					20
21 NMH EMPLOYEE BONUS	A					21
22 NMH EMPLOYEE BONUS	A					22
23 NMH EMPLOYEE BONUS	A					23
24 NMH EMPLOYEE BONUS	A					24
25 NMH EMPLOYEE BONUS	A					25
26 NMH EMPLOYEE BONUS	A					26
27 NMH EMPLOYEE BONUS	A					27
28 NMH EMPLOYEE BONUS	A					28
29 NMH EMPLOYEE BONUS	A					29
30 NMH EMPLOYEE BONUS	A					30
31 NMH EMPLOYEE BONUS	A					31
32 NMH EMPLOYEE BONUS	A					32
33 NMH EMPLOYEE BONUS	A					33
34 NMH EMPLOYEE BONUS	A					34
35 NMH EMPLOYEE BONUS	A					35
36 NMH EMPLOYEE BONUS	A					36
37 NMH EMPLOYEE BONUS	A					37
38 NMH EMPLOYEE BONUS	A					38
39 NMH EMPLOYEE BONUS	A					39
40 NMH EMPLOYEE BONUS	A					40
41 NMH EMPLOYEE BONUS	A					41
42 NMH EMPLOYEE BONUS	A					42
43 NMH EMPLOYEE BONUS	A					43
44 NMH EMPLOYEE BONUS	A					44
45 NMH EMPLOYEE BONUS	A					45
46 NMH EMPLOYEE BONUS	A					46
47 NMH EMPLOYEE BONUS	A					47
48 NMH EMPLOYEE BONUS	A					48
49 NMH EMPLOYEE BONUS	A					49
50 NMH EMPLOYEE BONUS	A					50
51 NMH EMPLOYEE BONUS	A					51
52 NMH EMPLOYEE BONUS	A					52
53 NMH EMPLOYEE BONUS	A					53
54 NMH EMPLOYEE BONUS	A					54
55 NMH EMPLOYEE BONUS	A					55
56 NMH EMPLOYEE BONUS	A					56
57 SPECIAL BONUS	A					57
58 SPECIAL BONUS	A					58
59 SPECIAL BONUS	A					59
60 SPECIAL BONUS	A					60
61 SPECIAL BONUS	A					61
62 SPECIAL BONUS	A					62
63 SPECIAL BONUS	A					63
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67 SPECIAL BONUS	A					67
68 SPECIAL BONUS	A					68
69 SPECIAL BONUS	A					69
70 SPECIAL BONUS	A					70
71 SPECIAL BONUS	A					71
72 SPECIAL BONUS	A					72
73 SPECIAL BONUS (MANAGERS)	A					73
74 SPECIAL BONUS (MANAGERS)	A					74
75 SPECIAL BONUS (MANAGERS)	A					75
76 SPECIAL BONUS (MANAGERS)	A					76
77 SPECIAL BONUS (MANAGERS)	A					77
78 SPECIAL BONUS (MANAGERS)	A					78
79 SPECIAL BONUS (MANAGERS)	A					79
80 SPECIAL BONUS (MANAGERS)	A					80
81 SPECIAL BONUS (MANAGERS)	A					81
82 SPECIAL BONUS (MANAGERS)	A					82
83 SPECIAL BONUS (MANAGERS)	A					83
84 SPECIAL BONUS (MANAGERS)	A					84
85 SPECIAL BONUS (MANAGERS)	A					85
86 SPECIAL BONUS (MANAGERS)	A					86
87 SPECIAL BONUS (MANAGERS)	A					87
88 SPECIAL BONUS (MANAGERS)	A					88
89 SPECIAL BONUS (MANAGERS)	A					89
90 SPECIAL BONUS (MANAGERS)	A					90

91	SPECIAL BONUS (MANAGERS)	A					91
92	SPECIAL BONUS (MANAGERS)	A					92
93	SPECIAL BONUS (MANAGERS)	A					93
94	SPECIAL BONUS (MANAGERS)	A					94
95	SPECIAL BONUS (MANAGERS)	A					95
96	SPECIAL BONUS (MANAGERS)	A					96
97	SPECIAL BONUS (MANAGERS)	A					97
98	SPECIAL BONUS (MANAGERS)	A					98
99	SPECIAL BONUS (MANAGERS)	A					99
100	SPECIAL BONUS (MANAGERS)	A					100
101	SPECIAL BONUS (MANAGERS)	A					101
102	SPECIAL BONUS (MANAGERS)	A					102
103	SPECIAL BONUS (MANAGERS)	A					103
104	SPECIAL BONUS (MANAGERS)	A					104
105	SPECIAL BONUS (MANAGERS)	A					105
106	SPECIAL BONUS (MANAGERS)	A					106
107	SPECIAL BONUS (MANAGERS)	A					107
108	SPECIAL BONUS (MANAGERS)	A					108
109	SPECIAL BONUS (MANAGERS)	A					109
110	SPECIAL BONUS (MANAGERS)	A					110
111	SPECIAL BONUS (MANAGERS)	A					111
112	SPECIAL BONUS (MANAGERS)	A					112
113	NMPG BONUS	A					113
114	NMPG BONUS	A					114
115	ANNUAL BONUS	A					115
116	TUITION REIMB TAXABLE	A					116
117	TUITION REIMB TAXABLE	A					117
118	TUITION REIMB TAXABLE	A					118
119	TUITION REIMB TAXABLE	A					119
120	TUITION REIMB TAXABLE	A					120
121	TUITION REIMB TAXABLE	A					121
122	TUITION REIMB TAXABLE	A					122
123	TUITION REIMB TAXABLE	A					123
124	TUITION REIMB TAXABLE	A					124
125	TUITION REIMB TAXABLE	A					125
126	TUITION REIMB TAXABLE	A					126
127	TUITION REIMB TAXABLE	A					127
128	TUITION REIMB TAXABLE	A					128
129	TUITION REIMB TAXABLE	A					129
130	TUITION REIMB TAXABLE	A					130
131	TUITION REIMB TAXABLE	A					131
132	TUITION REIMB TAXABLE	A					132
133	TUITION REIMB TAXABLE	A					133
134	TUITION REIMB TAXABLE	A					134
135	TUITION REIMB TAXABLE	A					135
136	COMPANY WIDE ACTIVITY	A	OTHER COMPANY WIDE ACTIVITY	194.02	6,278,712		136
137	COMPANY WIDE ACTIVITY	A	OTHER COMPANY WIDE ACTIVITY	194.02		2,790,234	137
138	COMPANY WIDE ACTIVITY	A					138
139	COMPANY WIDE ACTIVITY	A					139
140	COMPANY WIDE ACTIVITY	A					140
141	COMPANY WIDE ACTIVITY	A					141
142	COMPANY WIDE ACTIVITY	A					142
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168	COMPANY WIDE ACTIVITY	A					168
169	COMPANY WIDE ACTIVITY	A					169
170	COMPANY WIDE ACTIVITY	A					170
171	COMPANY WIDE ACTIVITY	A					171
172	COMPANY WIDE ACTIVITY	A					172
173	COMPANY WIDE ACTIVITY	A					173
174	COMPANY WIDE ACTIVITY	A					174
175	PART A FRINGES	A	ADMINISTRATIVE & GENERAL	5.05		3,608,653	175
176	PART A FRINGES	A					176
177	PART A FRINGES	A					177
178	PART A FRINGES	A					178
179	PART A FRINGES	A					179
180	PART A FRINGES	A					180
181	PART A FRINGES	A					181
182	PART A FRINGES	A					182
183	PART A FRINGES	A					183
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212	PART A FRINGES	A					212
213	PART A FRINGES	A					213
214	PART A FRINGES	A					214
215	PART A FRINGES	A					215
216	RECLASS PART A TO LINE 22	A	I&R SERVICES-SALARY & FRINGES	21	7,656,663		216
217	RECLASS ACCT 615251TOSALARY	A	I&R SERVICES-SALARY & FRINGES	21		3,429	217
218	RECLASS ACCT 615251TOSALARY	A	ADULTS & PEDIATRICS	30		129,464	218
219	RECLASS ACCT 615251TOSALARY	A	SUBPROVIDER - IPF	40		96,429	219
220	RECLASS ACCT 615251TOSALARY	A	EMPLOYEE BENEFITS DEPARTMENT	4		406,199	220
221	RECLASS SALARY NO HOURS TO OTHER	A	DATA PROCESSING	5.02	115,000		221
222	RECLASS SALARY NO HOURS TO OTHER	A	ADMINISTRATIVE & GENERAL	5.05	8,160		222
223	RECLASS SALARY NO HOURS TO OTHER	A	DIETARY	10	625		223
224	RECLASS SALARY NO HOURS TO OTHER	A	SOCIAL SERVICE	17	50,416		224
225	RECLASS SALARY NO HOURS TO OTHER	A	I&R SERVICES-SALARY & FRINGES	21	196,846		225
226	RECLASS SALARY NO HOURS TO OTHER	A	ADULTS & PEDIATRICS	30		204,043	226
227	RECLASS SALARY NO HOURS TO OTHER	A	SPECIAL CARE NURSERY	35	1,396,892		227
228	RECLASS SALARY NO HOURS TO OTHER	A	OPERATING ROOM	50	9,031		228
229	RECLASS SALARY NO HOURS TO OTHER	A	ADMINISTRATIVE & GENERAL	5.05		6,167	229
230	RECLASS SALARY NO HOURS TO OTHER	A	LABORATORY	60	1,639		230
231	RECLASS SALARY NO HOURS TO OTHER	A	CLINIC	90		5,330	231
232	RECLASS SALARY NO HOURS TO OTHER	A	EMERGENCY	91		1,008	232
233	RECLASS SALARYSCHOOLS EXPENSE	A	ADMINISTRATIVE & GENERAL	5.05	1,606		233
234	RECLASS SALARYSCHOOLS EXPENSE	A	RADIOLOGY-DIAGNOSTIC	54	81,929		234
235	RECLASS SALARYSCHOOLS EXPENSE	A	RADIOLOGY-THERAPEUTIC	55	36,596		235
236	RECLASS SALARYSCHOOLS EXPENSE	A	RADIOISOTOPE	56	67,089		236
237	RECLASS SALARYSCHOOLS EXPENSE	A	CT SCAN	57	7,445		237
238	RECLASS SALARYSCHOOLS EXPENSE	A	ELECTROCARDIOLOGY	69	1,025		238
239	RECLASS SALARYCHAPLAINCYEXPENSE	A	ADMINISTRATIVE & GENERAL	5.05	94,381		239
240	RECLASS SALARYPHARMACYPARA EXP	A	PHARMACY	15	280,881		240
241	RECLASS SAL_OTHERCC1025SCHOOLS	A	ADMINISTRATIVE & GENERAL	5.05	505,302	49,388	241
242	RECLASS PART A MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		2,173,971	242
243	RECLASS PART A MALPRACTICE	A					243
244	RECLASS PART A MALPRACTICE	A					244
245	RECLASS PART A MALPRACTICE	A					245
246	RECLASS PART A MALPRACTICE	A					246
247	RECLASS PART A MALPRACTICE	A					247
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269	RECLASS PART A MALPRACTICE	A					269
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273	RECLASS PART A MALPRACTICE	A					273
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278	RECLASS PART A MALPRACTICE	A					278
279	RECLASS PART A MALPRACTICE	A					279
280	RECLASS PART A MALPRACTICE	A					280
281	RECLASS PART A MALPRACTICE	A					281
282	RECLASS PART A MALPRACTICE	A					282
283	RECLASS PART A MALPRACTICE	A					283
284	RECLASS PART A FRINGES NO HOURS	A					284
285	RECLASS PART A FRINGES NO HOURS	A					285
286	RECLASS PART A FRINGES NO HOURS	A					286
287	RECLASS PART A FRINGES NO HOURS	A					287
288	RECLASS SALARYAND FRINGE TO LINE 22	A	I&R SERVICES-SALARY & FRINGES	21	1,267,316		288
289	RECLASS FICA RESIDENT FRINGE TO 21	A	I&R SERVICES-SALARY & FRINGES	21		6,413,745	289
290	RECLASS CR RESIDENTFRINE TO LN 21	A	I&R SERVICES-SALARY & FRINGES	21		2,913	290

291 RECL 615221TOLN 22 CC1664	A	I&R SERVICES-SALARY & FRINGES	21		456,750	291
292 RECL NMFF FRINGE TO LN 22 CC1651	A	I&R SERVICES-SALARY & FRINGES	21		17,566	292
293 RECL NMFF FRINGE TO LN 22 CC1665	A	I&R SERVICES-SALARY & FRINGES	21		7,215	293
294 RECLOTHTOLINE 22FRLINE21	A	I&R SERVICES-SALARY & FRINGES	21		5,173,239	294
295 RECL TRANSP TO CLIN_ORGAN ACQUIS	A	ADMINISTRATIVE & GENERAL	5.05	1,244,191	1,361,630	295
296 RECL EXCLUDED TO ADULT AND PEDI	A	ADULTS & PEDIATRICS	30	183,306		296
297 RECL CC1765 INCL SAL TO ORGAN ACQUI	A	TRANSPLANT CLINIC	90.02	1,606		297
298 RECL CC1447CC1760CC1761CC1762TO ORG	A	KIDNEY ACQUISITION	105	6,732		298
299 RECL CC1447CC1760CC1761CC1762TO ORG	A	HEART ACQUISITION	106	26,711		299
300 RECL CC1447CC1760CC1761CC1762TO ORG	A	LIVER ACQUISITION	107	111,772		300
301 RECL CC1447CC1760CC1761CC1762TO ORG	A	PANCREAS ACQUISITION	109	245		301
302 RECLASS LEASEFORSCHOOLS	A	ADMINISTRATIVE & GENERAL	5.05		109,358	302
303 REFILED OVERHEAD ADJUSTMENT	A	ADMINISTRATIVE & GENERAL	5.05	6,036		303
304 REFILED OVERHEAD ADJUSTMENT	A	TRANSPLANT CLINIC	90.02		139,482	304
305 REFILED OVERHEAD ADJUSTMENT	A	KIDNEY ACQUISITION	105	22,898	634,622	305
306 REFILED OVERHEAD ADJUSTMENT	A	HEART ACQUISITION	106	2,741	68,548	306
307 REFILED OVERHEAD ADJUSTMENT	A	LIVER ACQUISITION	107	6,944	287,806	307
308 REFILED OVERHEAD ADJUSTMENT	A	PANCREAS ACQUISITION	109	2,068	51,186	308
309 REFILED NMSCHOOLS REV OFFSET ENTRY	A	PARAMED ED PRGM-(NM SCHL)	23.02	362,677	35,448	309
500 TOTAL RECLASSIFICATIONS				24,360,989	24,385,472	500

CODE LETTER - A

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 HOME OFFICE DEPRECIATION RECLASS	B	ADMINISTRATIVE & GENERAL	5.05		8,284,053	14 1
500 TOTAL RECLASSIFICATIONS					8,284,053	500
CODE LETTER - B						
1 NON 1594 DRUG RECLASS	C	RADIOLOGY-DIAGNOSTIC	54		49,359	1
2 NON 1594 DRUG RECLASS	C	RADIOLOGY-THERAPEUTIC	55		2,956	2
3 NON 1594 DRUG RECLASS	C	RADIOISOTOPE	56		637,605	3
4 NON 1594 DRUG RECLASS	C	CT SCAN	57		848,440	4
5 NON 1594 DRUG RECLASS	C	MRI	58		1,048,238	5
6 NON 1594 DRUG RECLASS	C	CARDIAC CATHETERIZATION	59		136,128	6
7 NON 1594 DRUG RECLASS	C	CARDIAC GRAPHICS	59.02		761	7
8 NON 1594 DRUG RECLASS	C	WHOLE BLOOD & PACKED RED BLOO	62		93,172	8
9 NON 1594 DRUG RECLASS	C	RESPIRATORY THERAPY	65		10,749	9
10 NON 1594 DRUG RECLASS	C	ELECTROCARDIOLOGY	69		617,713	10
11 NON 1594 DRUG RECLASS	C	CLINIC	90		109,807	11
12 NON 1594 DRUG RECLASS	C	TRANSPLANT CLINIC	90.02		4,717	12
13 NON 1594 DRUG RECLASS	C	PHARMACY	15		49,002,386	13
14 NON 1594 DRUG RECLASS	C	EMERGENCY	91		145,673	14
500 TOTAL RECLASSIFICATIONS					52,707,704	500
CODE LETTER - C						
1 IMPLANT RECLASS	D	OPERATING ROOM	50		38,599,567	1
2 IMPLANT RECLASS	D	ANESTHESIOLOGY	53		23,552	2
3 IMPLANT RECLASS	D	RADIOLOGY-DIAGNOSTIC	54		1,517,187	3
4 IMPLANT RECLASS	D	RADIOLOGY-THERAPEUTIC	55		31,784	4
5 IMPLANT RECLASS	D	RADIOISOTOPE	56		2,532,846	5
6 IMPLANT RECLASS	D	CARDIAC CATHETERIZATION	59		2,401,752	6
7 IMPLANT RECLASS	D	EPS	59.04		6,166,659	7
8 IMPLANT RECLASS	D	GI	59.05		140,068	8
9 IMPLANT RECLASS	D	PHYSICAL THERAPY	66		2,052	9
500 TOTAL RECLASSIFICATIONS					51,415,467	500
CODE LETTER - D						
1 MED SUPPLY RECLASS	E	PHARMACY	15		153,228	1
2 MED SUPPLY RECLASS	E	ADULTS & PEDIATRICS	30		35,924	2
3 MED SUPPLY RECLASS	E	INTENSIVE CARE UNIT	31		222,637	3
4 MED SUPPLY RECLASS	E	SPECIAL CARE NURSERY	35		109,688	4
5 MED SUPPLY RECLASS	E	OPERATING ROOM	50		28,143,036	5
6 MED SUPPLY RECLASS	E	RECOVERY ROOM	51		6,065	6
7 MED SUPPLY RECLASS	E	DELIVERY ROOM & LABOR ROOM	52		1,516,793	7
8 MED SUPPLY RECLASS	E	ANESTHESIOLOGY	53		2,382,573	8
9 MED SUPPLY RECLASS	E	RADIOLOGY-DIAGNOSTIC	54		6,295,309	9
10 MED SUPPLY RECLASS	E	RADIOLOGY-THERAPEUTIC	55		3,640	10
11 MED SUPPLY RECLASS	E	MRI	58		111,372	11
12 MED SUPPLY RECLASS	E	CARDIAC CATHETERIZATION	59		2,223,749	12
13 MED SUPPLY RECLASS	E	PULMONARY FUNCTION	59.03		1,716	13
14 MED SUPPLY RECLASS	E	EPS	59.04		3,670,290	14
15 MED SUPPLY RECLASS	E	GI	59.05		303,655	15
16 MED SUPPLY RECLASS	E	BLOOD STORING, PROCESSING & T	63		108	16
17 MED SUPPLY RECLASS	E	RESPIRATORY THERAPY	65		778,957	17
18 MED SUPPLY RECLASS	E	PHYSICAL THERAPY	66		579,229	18
19 MED SUPPLY RECLASS	E	OCCUPATIONAL THERAPY	67		21,487	19
20 MED SUPPLY RECLASS	E	OB CLINIC	90.03		17,823	20
500 TOTAL RECLASSIFICATIONS					46,577,279	500
CODE LETTER - E						
1 NN RECLASS	F	ADULTS & PEDIATRICS	30	3,326,076	433,080	1
2 NN RECLASS	F	SPECIAL CARE NURSERY	35	53,440	4,649	2
3 NN RECLASS	F	DELIVERY ROOM & LABOR ROOM	52	83,257	30,644	3
500 TOTAL RECLASSIFICATIONS				3,462,773	468,373	500
CODE LETTER - F						
1 DIETARY RECLASS	G	DIETARY	10	2,724,710	2,390,164	1
500 TOTAL RECLASSIFICATIONS				2,724,710	2,390,164	500
CODE LETTER - G						
1 RECLASS LAUNDRY SERVICES	K	PURCHASING RECEIVING & STORES	5.03		3,428,142	1
500 TOTAL RECLASSIFICATIONS					3,428,142	500
CODE LETTER - K						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 6	DECREASE		WKST A-7 REF. 10	
			LINE # 7	SALARY 8		
1 CAPITAL RELATED COST RECLASS	M	ADMINISTRATIVE & GENERAL	5.05		7,487,766	1
2 CAPITAL RELATED COST RECLASS	M	NURSING ADMINISTRATION	13		1,016,807	2
3 CAPITAL RELATED COST RECLASS	M	OPERATING ROOM	50		830,384	3
4 CAPITAL RELATED COST RECLASS	M	RADIOLOGY-DIAGNOSTIC	54		320,889	4
5 CAPITAL RELATED COST RECLASS	M	LABORATORY	60		7,237,929	5
6 CAPITAL RELATED COST RECLASS	M	MARKETING, OTHER NON-REIMB	194.01		2,384,836	6
7 CAPITAL RELATED COST RECLASS	M					7
8 CAPITAL RELATED COST RECLASS	M					8
9 CAPITAL RELATED COST RECLASS	M					9
10 CAPITAL RELATED COST RECLASS	M					10
11 CAPITAL RELATED COST RECLASS	M					11
12 CAPITAL RELATED COST RECLASS	M					12
13 CAPITAL RELATED COST RECLASS	M					13
14 CAPITAL RELATED COST RECLASS	M					14
15 CAPITAL RELATED COST RECLASS	M					15
16 CAPITAL RELATED COST RECLASS	M					16
17 CAPITAL RELATED COST RECLASS	M					17
18 CAPITAL RELATED COST RECLASS	M					18
19						19
500 TOTAL RECLASSIFICATIONS					19,278,611	500
CODE LETTER - M						
GRAND TOTAL (DECREASES)				30,548,472	208,935,265	

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	175,691,354	6,727,999		6,727,999		182,419,353		1
2 LAND IMPROVEMENTS	13,101,059					13,101,059		2
3 BUILDINGS AND FIXTURES	1,067,469,124	156,946,288		156,946,288	106,346,216	1,118,069,196		3
4 BUILDING IMPROVEMENTS	368,894,175					368,894,175		4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	471,657,494	32,863,312		32,863,312	175,029,176	329,491,630		6
7 HIT DESIGNATED ASSETS	2,199,995					2,199,995		7
8 SUBTOTAL (SUM OF LINES 1-7)	2,099,013,201	196,537,599		196,537,599	281,375,392	2,014,175,408		8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	2,099,013,201	196,537,599		196,537,599	281,375,392	2,014,175,408		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	79,240,696						79,240,696 1
2 CAP REL COSTS-MVBLE EQUIP	34,223,172						34,223,172 2
3 TOTAL (SUM OF LINES 1-2)	113,463,868						113,463,868 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS ALLOCATION OF OTHER CAPITAL

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3		RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL
			(SUM OF COLS. 5-7) 8						
1 CAP REL COSTS-BLDG & FIXT	79,240,696		79,240,696	0.698378					1
2 CAP REL COSTS-MVBLE EQUIP	34,223,172		34,223,172	0.301622					2
3 TOTAL (SUM OF LINES 1-2)	113,463,868		113,463,868	1.000000					3

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	79,240,696					283,429	79,524,125 1
2 CAP REL COSTS-MVBLE EQUIP	34,223,172					9,013,227	43,236,399 2
3 TOTAL	113,463,868					9,296,656	122,760,524 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)	A	283,429	CAP REL COSTS-BLDG & FIXT	1	14 1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)	A	729,174	CAP REL COSTS-MVBLE EQUIP	2	14 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	-32,376,162			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-6,438,919			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					33
34					34
35					35
36					36
37					37
38					38
39 HAP TAX	A	-36,438,232	ADMINISTRATIVE & GENERAL	5.05	39
39.01 OIG EMPLOYEE HEALTH & WELFARE	A	-246,066	EMPLOYEE BENEFITS DEPARTMENT	4	39.01
39.02 OIG NONPATIENT PHONES	A	-19	NONPATIENT PHONES	5.01	39.02
39.03 OIG DATA PROCESSING	A	-90,948	DATA PROCESSING	5.02	39.03
39.04 OIG PURCH REC & STORES	A	-19,701	PURCHASING RECEIVING & STORES	5.03	39.04
39.05 OIG ADMITTING FINANCL SERVICES	A	-88,634	ADMITTING	5.04	39.05
39.06 OIG ADMIN & GENERAL	A	-2,110,719	ADMINISTRATIVE & GENERAL	5.05	39.06
39.07 OIG OPERATION OF PLANT	A	-394,966	OPERATION OF PLANT	7	39.07
39.08 OIG HOUSEKEEPING	A	-13,409	HOUSEKEEPING	9	39.08
39.10 OIG DIETARY	A	-11,115	DIETARY	10	39.10
39.11 OIG NURSING ADMIN	A	-110,452	NURSING ADMINISTRATION	13	39.11
39.12 OIG CENTRAL SERVICE SUPPLY	A	-80,954	CENTRAL SERVICES & SUPPLY	14	39.12
39.13 OIG PHARMACY	A	-25,052	PHARMACY	15	39.13
39.14 OIG MEDICAL RECORDS LIBRARY	A	-46,383	MEDICAL RECORDS & LIBRARY	16	39.14
39.15 OIG SOCIAL SERVICE	A	-168,868	SOCIAL SERVICE	17	39.15
39.16 OIG INTERN RESIDENT SVCE	A	-46,318	I&R SERVICES-OTHER PRGM COSTS A	22	39.16
39.17 OIG INTENSIVE CARE UNIT	A	-525	INTENSIVE CARE UNIT	31	39.17
39.18 OIG SPECIAL CARE NURSERY	A	-1,826	SPECIAL CARE NURSERY	35	39.18
39.19 OIG PSYCHIATRY	A	-2,030	SUBPROVIDER - IPF	40	39.19
39.20 OIG OPERATING ROOM	A	-78,740	OPERATING ROOM	50	39.20
39.21 OIG RECOVERY ROOM	A	-6,185	RECOVERY ROOM	51	39.21
39.22 OIG DELIVERY & LABOR ROOMS	A	-1,434	DELIVERY ROOM & LABOR ROOM	52	39.22
39.23 OIG ANESTHESIOLOGY	A	-361	ANESTHESIOLOGY	53	39.23

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF	
			COST CENTER	LINE NO.		
	1	2	3	4	5	
39.24	OIG RADIOLOGY -DIAGNOSTIC	A	-25,920	RADIOLOGY-DIAGNOSTIC	54	39.24
39.25	OIG RADIOLOGY - THERAPEUTIC	A	-4,385	RADIOLOGY-THERAPEUTIC	55	39.25
39.26	OIG RADIOISOTOPE	A	-2,151	RADIOISOTOPE	56	39.26
39.27	OIG CT	A	-316	CT SCAN	57	39.27
39.28	OIG MRI	A	-15,778	MRI	58	39.28
39.29	OIG CATHETERIZATION LAB	A	-1,311	CARDIAC CATHETERIZATION	59	39.29
39.30	OIG VASCULAR LABORATORY	A	-300	VASCULAR LAB	59.01	39.30
39.31	OIG RADIOLOGY GRAPHICS	A	-7,340	CARDIAC GRAPHICS	59.02	39.31
39.32	OIG PULMONARY FUNCTION	A	-12	PULMONARY FUNCTION	59.03	39.32
39.33	OIG EPS	A	-3,417	EPS	59.04	39.33
39.34	OIG GI LABORATORY	A	-8,098	GI	59.05	39.34
39.35	OIG LABORATORY	A	-109,905	LABORATORY	60	39.35
39.36	OIG BLOOD STOR, PROC& ADMIN	A	-2,089	BLOOD STORING, PROCESSING & TRA	63	39.36
39.37	OIG CELL STORAGE	A	-1,227	CELL THERAPY LAB	63.01	39.37
39.38	OIG OXYGEN(INHALATION) THERAPY	A	-10,249	RESPIRATORY THERAPY	65	39.38
39.39	OIG OCCUPATIONAL THERAPY	A	-575	OCCUPATIONAL THERAPY	67	39.39
39.40	OIG ELECTROCARDIOLOGY	A	-342	ELECTROCARDIOLOGY	69	39.40
39.41	OIG ELECTROENCEPHALOGRAPHY	A	-6,174	ELECTROENCEPHALOGRAPHY	70	39.41
39.42	OIG CARDIAC REHABILITATION	A	-19	CARDIAC REHABILITATION	76.97	39.42
39.43	OIG STD CLINIC	A	-142	CLINIC	90	39.43
39.44	OIG CLINIC PSYCH	A	-30,610	PSYCH CLINIC	90.01	39.44
39.45	OIG SOLID ORGAN TRANSPLANT CLIN	A	-896	TRANSPLANT CLINIC	90.02	39.45
39.46	OIG OB CLINIC	A	-8,524	OB CLINIC	90.03	39.46
39.47	OIG EMERGENCY	A	-2,934	EMERGENCY	91	39.47
39.48	OIG ED OBSERVATION UNIT	A	-27	OBSERVATION BEDS-DISTINCT	92.01	39.48
39.49	OIG KIDNEY ACQUISITION	A	-46,155	KIDNEY ACQUISITION	105	39.49
39.50	OIG LIVER ACQUISITION	A	-144	LIVER ACQUISITION	107	39.50
39.51	OIG OUTPATIENT HOSPICE	A	-74,681	HOSPICE	116	39.51
39.52	OIG GIFT SHOP	A	-36	GIFT, FLOWER, COFFEE SHOP & CAN	190	39.52
39.53	OIG REAL ESTATE	A	-69,654	REAL ESTATE	194	39.53
39.54	OIG MARKETING, OTHER NON-REIM	A	-670,995	MARKETING, OTHER NON-REIMB	194.01	39.54
39.55	OIG ADMIN AND GENERAL COMPANY W	A	-116	ADMINISTRATIVE & GENERAL	5.05	39.55
39.56	OIG INTERNS AND RESIDENTS COMPA	A	-57,226	I&R SERVICES-OTHER PRGM COSTS A	22	39.56
39.57	OIG ADULTS AND PEDI COMPANY WID	A	-18,891	ADULTS & PEDIATRICS	30	39.57
39.58	OIG SPECIAL CARE COMPANY WIDE	A	-10,072	SPECIAL CARE NURSERY	35	39.58
40	OIG OB CLINIC COMPANY WIDE	A	-4,319	OB CLINIC	90.03	40
41	OIG EMERGENCY COMPANY WIDE	A	-18,103	EMERGENCY	91	41
42	OIG RESEARCH COMPANY WIDE	A	-1,671	RESEARCH	191	42
43	OIG SPONSORED PROJECT COMPANY W	A	-72,833	SPONSORED PROJECT	191.01	43
44	BUILDING RENTALS	B	-152,358	EMPLOYEE BENEFITS DEPARTMENT	4	44
45	BUILDING RENTALS	B	-493,941	ADMINISTRATIVE & GENERAL	5.05	45
45.01	BUILDING RENTALS	B	-4,268,514	OPERATION OF PLANT	7	45.01
45.02	BUILDING RENTALS	B	8,601	CARDIAC GRAPHICS	59.02	45.02
45.03	BUILDING RENTALS	B	-283,449	PSYCH CLINIC	90.01	45.03
45.04	BUILDING RENTALS	B	-26,506,288	REAL ESTATE	194	45.04
46	FOOD SERVICE	B	-5,347,949	DIETARY	10	46
47	OTHER INCOME	B	-364,217	EMPLOYEE BENEFITS DEPARTMENT	4	47
47.01	OTHER INCOME	B	-4,623	PURCHASING RECEIVING & STORES	5.03	47.01
47.02	OTHER INCOME	B	-5,539	ADMITTING	5.04	47.02
47.03	OTHER INCOME	B	-1,990,160	ADMINISTRATIVE & GENERAL	5.05	47.03
47.04	OTHER INCOME	B	-1,341,301	OPERATION OF PLANT	7	47.04
47.05	OTHER INCOME	B	-229,151	HOUSEKEEPING	9	47.05
47.06	OTHER INCOME	B	-755,513	DIETARY	10	47.06
47.07	OTHER INCOME	B	3,500	NURSING ADMINISTRATION	13	47.07
47.08	OTHER INCOME	B	-9,948	CENTRAL SERVICES & SUPPLY	14	47.08
47.09	OTHER INCOME	B	-1,305,267	PHARMACY	15	47.09
47.10	OTHER INCOME	B	-19,906	SOCIAL SERVICE	17	47.10
47.11	OTHER INCOME	B	-15,300	ADULTS & PEDIATRICS	30	47.11
47.12	OTHER INCOME	B	-480	RADIOLOGY-THERAPEUTIC	55	47.12
47.13	OTHER INCOME	B	-11,550	VASCULAR LAB	59.01	47.13
47.14	OTHER INCOME	B	-1,372	PULMONARY FUNCTION	59.03	47.14
47.15	OTHER INCOME	B	-54,326	LABORATORY	60	47.15
47.16	OTHER INCOME	B	-6	BLOOD STORING, PROCESSING & TRA	63	47.16
47.17	OTHER INCOME	B	-889,825	RESPIRATORY THERAPY	65	47.17
47.18	OTHER INCOME	B	-18,310	PHYSICAL THERAPY	66	47.18
47.19	OTHER INCOME	B	-25,995	OCCUPATIONAL THERAPY	67	47.19
47.20	OTHER INCOME	B	-3,150	ELECTROCARDIOLOGY	69	47.20
47.21	OTHER INCOME	B	-134,456	CARDIAC REHABILITATION	76.97	47.21
47.22	OTHER INCOME	B	-91,239	PSYCH CLINIC	90.01	47.22
47.23	OTHER INCOME	B	-20	TRANSPLANT CLINIC	90.02	47.23
47.24	OTHER INCOME	B	-457	KIDNEY ACQUISITION	105	47.24
47.25	OTHER INCOME	B	-896	HEART ACQUISITION	106	47.25
47.26	OTHER INCOME	B	-145,355	LIVER ACQUISITION	107	47.26
47.27	OTHER INCOME	B	56	SPONSORED PROJECT	191.01	47.27
47.28	OTHER INCOME	B	-885,670	REAL ESTATE	194	47.28
47.29	OTHER TUITIONS & FEES	B	-13,885	ADMINISTRATIVE & GENERAL	5.05	47.29
47.30	OTHER TUITIONS & FEES	B	-323	NURSING ADMINISTRATION	13	47.30

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	
47.31 OTHER TUITIONS & FEES	B	-780,640	OB CLINIC	90.03	47.31
48 RE TAXES	A	-20,698	EMPLOYEE BENEFITS DEPARTMENT	4	48
48.01 RE TAXES	A	-289,705	OPERATION OF PLANT	7	48.01
48.02 INTEREST EXPENSE	A	-28,242,152	ADMINISTRATIVE & GENERAL	5.05	48.02
48.03 RE TAXES	A	-7,622,456	REAL ESTATE	194	48.03
48.04 INTEREST SWAP	A	-10,569,720	ADMINISTRATIVE & GENERAL	5.05	48.04
49 REAL ESTATE LIMIT TO COST	A	14,245,857	REAL ESTATE	194	49
49.02 ELIMINATE REMAINING COMPANY WID	A	-1,570,402	OTHER COMPANY WIDE ACTIVITY	194.02	49.02
49.03 REVERSE DIETARY OFFSETS	B	6,114,577	DIETARY	10	49.03
49.04 ADD OFFSET TO CAFETERIA LMTD TO	B	-5,114,874	CAFETERIA	11	49.04
50 TOTAL (SUM OF LINES 1 THRU 49)		-158,281,84			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	5.05	ADMINISTRATIVE & GENERAL	MANAGEMENT FEE FROM NMHC	124,965,929	131,404,848	-6,438,919	1
2	4	EMPLOYEE BENEFITS DEPARTMENT	VARIOUS FROM NMPG	1,321,152	1,321,152		2
3	5.05	ADMINISTRATIVE & GENERAL	VARIOUS FROM NMPG	128,071	128,071		3
3.01	5.05	ADMINISTRATIVE & GENERAL	VARIOUS FROM NHC	407,507	407,507		4.01
3.02	21	I&R SERVICES-SALARY & FRINGES A	VARIOUS FROM NMPG	146,548	146,548		4.02
3.03	23.02	PARAMED ED PRGM-(NM SCHL)	VARIOUS FROM NMPG	2,265	2,265		4.03
3.04	52	DELIVERY ROOM & LABOR ROOM	VARIOUS FROM NMPG	803,436	803,436		4.04
3.05	90.03	OB CLINIC	VARIOUS FROM NMPG	33,283	33,283		4.05
3.06	116	HOSPICE	VARIOUS FROM NMPG	918	918		4.06
3.07	194	REAL ESTATE	VARIOUS FROM LFH	663	663		4.07
3.08	191.01	SPONSERED PROJECT	VARIOUS FROM NMPG	12,215	12,215		4.08
4							4
5		TOTALS (SUM OF LINES 1-4)		127,821,987	134,260,906	-6,438,919	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.					

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----		TYPE OF BUSINESS	
		PERCENT OF OWNERSHIP	NAME		
1	2	3	4	5	6
6	B	100.00	NM HEALTH CARE	HEALTH CARE	6
7	B		NM LAKE FOREST	HEALTH CARE	7
8	B		NM PHYS GROUP	100.00 HEALTH CARE	8
9				100.00	9
9.05	B		NM INSURANCE CO	HEALTH CARE	10.05
10					10

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	2	3	4	5	6	7	8	9	
1	5.02 DATA PROCESSING	71,934		71,934	177,200	1	85	4	1
2	5.05 ADMINISTRATIVE & GENERAL	2,136,022		2,136,022	177,200	7,756	660,752	33,038	2
3	13 NURSING ADMINISTRATION	258,997		258,997	177,200	984	83,829	4,191	3
4	15 PHARMACY	68,276		68,276	177,200	410	34,929	1,746	4
5	16 MEDICAL RECORDS & LIBRAR	239,944		239,944	177,200	2,601	221,585	11,079	5
6	22 I&R SERVICES-OTHER PRGM	9,527,285		9,527,285	177,200	50,401	4,293,778	214,689	6
7	30 ADULTS & PEDIATRICS	923,720		923,720	196,400	5,440	513,662	25,683	7
8	31 INTENSIVE CARE UNIT	643,752		643,752	165,600	2,999	238,767	11,938	8
9	35 SPECIAL CARE NURSERY	149,586		149,586	196,400	946	89,324	4,466	9
10	40 SUBPROVIDER - IPF	255,715		255,715	154,100	1,489	110,315	5,516	10
11	50 OPERATING ROOM	669,155		669,155	208,000	4,101	410,100	20,505	11
12	51 RECOVERY ROOM	91,018		91,018	177,200	342	29,136	1,457	12
13	52 DELIVERY ROOM & LABOR RO	272,261		272,261	196,400	334	31,537	1,577	13
14	53 ANESTHESIOLOGY	254,850		254,850	200,300	1,410	135,780	6,789	14
15	54 RADIOLOGY-DIAGNOSTIC	477,975		477,975	225,300	1,615	174,932	8,747	15
16	55 RADIOLOGY-THERAPEUTIC	126,303		126,303	225,300	527	57,083	2,854	16
17	56 RADIOISOTOPE	93,986		93,986	225,300	228	24,696	1,235	17
18	57 CT SCAN	52,764		52,764	225,300	86	9,315	466	18
19	58 MRI	52,764		52,764	225,300	428	46,360	2,318	19
20	59 CARDIAC CATHETERIZATION	145,233		145,233	165,600	1,080	85,985	4,299	20
21	59.01 VASCULAR LAB	32,582		32,582	165,600	151	12,022	601	21
22	59.02 CARDIAC GRAPHICS	156,962		156,962	165,600	350	27,865	1,393	22
23	59.03 PULMONARY FUNCTION	30,867		30,867	165,600	191	15,207	760	23
24	59.04 EPS	145,232		145,232	165,600	568	45,222	2,261	24
25	59.05 GI	129,008		129,008	177,200	564	48,048	2,402	25
26	60 LABORATORY	2,641,156		2,641,156	215,400	29,702	3,075,871	153,794	26
27	63 BLOOD STORING, PROCESSIN	101,340		101,340	215,400	380	39,352	1,968	27
28	63.01 CELL THERAPY LAB	70,901		70,901	215,400	493	51,054	2,553	28
29	65 RESPIRATORY THERAPY	72,815		72,815	177,200	400	34,077	1,704	29
30	66 PHYSICAL THERAPY	46,122		46,122	177,200	269	22,917	1,146	30
31	69 ELECTROCARDIOLOGY	84,719		84,719	165,600	260	20,700	1,035	31
32	70 ELECTROENCEPHALOGRAPHY	171,618		171,618	165,600	717	57,084	2,854	32
33	76.97 CARDIAC REHABILITATION	24,205		24,205	165,600	541	43,072	2,154	33
34	90 CLINIC	55,600		55,600	177,200	253	21,554	1,078	34
35	90.01 PSYCH CLINIC	738,634		738,634	154,100	1,865	138,171	6,909	35
36	90.03 OB CLINIC	77,959		77,959	165,600	664	52,865	2,643	36
37	91 EMERGENCY	212,638		212,638	177,200	2,351	200,287	10,014	37
38	105 KIDNEY ACQUISITION	62,657		62,657	208,000	421	42,100	2,105	38
39	106 HEART ACQUISITION	111,596		111,596	208,000	1	100	5	39
40	107 LIVER ACQUISITION	114,629		114,629	208,000	520	52,000	2,600	40
41	109 PANCREAS ACQUISITION	37,594		37,594	208,000	15	1,500	75	41
44	5.05 ADMINISTRATIVE & GENERAL	2,644,347		2,644,347	177,200	1	85	4	44
45	22 I&R SERVICES-OTHER PRGM	653,596		653,596	177,200	1	85	4	45
46	30 ADULTS & PEDIATRICS	7,508,215		7,508,215	196,400	1	94	5	46
47	35 SPECIAL CARE NURSERY	1,396,892		1,396,892	196,400	1	94	5	47
48	50 OPERATING ROOM	8,373,846		8,373,846	208,000	1	100	5	48
49	52 DELIVERY ROOM & LABOR RO	1,443,644		1,443,644	196,400	1	94	5	49
50	90.01 PSYCH CLINIC	120,975		120,975	154,100	1	74	4	50
51	90.02 TRANSPLANT CLINIC	55,361		55,361	208,000	1	100	5	51
52	90.03 OB CLINIC	141,041		141,041	165,600	1	80	4	52
53	105 KIDNEY ACQUISITION	315,845		315,845	208,000	1	100	5	53
54	107 LIVER ACQUISITION	969,850		969,850	208,000	1	100	5	54
200	TOTAL	45,253,986		45,253,986		123,865	11,254,024	562,702	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11	12	13	14	15	16	17	18	
1	5.02 DATA PROCESSING			7,945	7,945	8,030	63,904	63,904	1
2	5.05 ADMINISTRATIVE & GENERAL			235,922	235,922	896,674	1,239,348	1,239,348	2
3	13 NURSING ADMINISTRATION			28,606	28,606	112,435	146,562	146,562	3
4	15 PHARMACY			7,541	7,541	42,470	25,806	25,806	4
5	16 MEDICAL RECORDS & LIBRAR			26,502	26,502	248,087			5
6	22 I&R SERVICES-OTHER PRGM			1,054,269	1,054,269	5,348,047	4,179,238	4,179,238	6
7	30 ADULTS & PEDIATRICS			102,024	102,024	615,686	308,034	308,034	7
8	31 INTENSIVE CARE UNIT			71,102	71,102	309,869	333,883	333,883	8
9	35 SPECIAL CARE NURSERY			16,522	16,522	105,846	43,740	43,740	9
10	40 SUBPROVIDER - IPF			28,243	28,243	138,558	117,157	117,157	10
11	50 OPERATING ROOM			73,908	73,908	484,008	185,147	185,147	11
12	51 RECOVERY ROOM			10,053	10,053	39,189	51,829	51,829	12
13	52 DELIVERY ROOM & LABOR RO			30,071	30,071	61,608	210,653	210,653	13
14	53 ANESTHESIOLOGY			28,148	28,148	163,928	90,922	90,922	14
15	54 RADIOLOGY-DIAGNOSTIC			52,792	52,792	227,724	250,251	250,251	15
16	55 RADIOLOGY-THERAPEUTIC			13,950	13,950	71,033	55,270	55,270	16
17	56 RADIOISOTOPE			10,381	10,381	35,077	58,909	58,909	17
18	57 CT SCAN			5,828	5,828	15,143	37,621	37,621	18
19	58 MRI			5,828	5,828	52,188	576	576	19
20	59 CARDIAC CATHETERIZATION			16,041	16,041	102,026	43,207	43,207	20
21	59.01 VASCULAR LAB			3,599	3,599	15,621	16,961	16,961	21
22	59.02 CARDIAC GRAPHICS			17,336	17,336	45,201	111,761	111,761	22
23	59.03 PULMONARY FUNCTION			3,409	3,409	18,616	12,251	12,251	23
24	59.04 EPS			16,041	16,041	61,263	83,969	83,969	24
25	59.05 GI			14,249	14,249	62,297	66,711	66,711	25
26	60 LABORATORY			291,714	291,714	3,367,585			26
27	63 BLOOD STORING, PROCESSIN			11,193	11,193	50,545	50,795	50,795	27
28	63.01 CELL THERAPY LAB			7,831	7,831	58,885	12,016	12,016	28
29	65 RESPIRATORY THERAPY			8,042	8,042	42,119	30,696	30,696	29
30	66 PHYSICAL THERAPY			5,094	5,094	28,011	18,111	18,111	30
31	69 ELECTROCARDIOLOGY			9,357	9,357	30,057	54,662	54,662	31
32	70 ELECTROENCEPHALOGRAPHY			18,955	18,955	76,039	95,579	95,579	32
33	76.97 CARDIAC REHABILITATION			2,673	2,673	45,745			33
34	90 CLINIC			6,141	6,141	27,695	27,905	27,905	34
35	90.01 PSYCH CLINIC			81,582	81,582	219,753	518,881	518,881	35
36	90.03 OB CLINIC			8,610	8,610	61,475	16,484	16,484	36
37	91 EMERGENCY			23,486	23,486	223,773			37
38	105 KIDNEY ACQUISITION			6,920	6,920	49,020	13,637	13,637	38
39	106 HEART ACQUISITION			12,326	12,326	12,426	99,170	99,170	39
40	107 LIVER ACQUISITION			12,661	12,661	64,661	49,968	49,968	40
41	109 PANCREAS ACQUISITION			4,152	4,152	5,652	31,942	31,942	41
44	5.05 ADMINISTRATIVE & GENERAL					85	2,644,262	2,644,262	44
45	22 I&R SERVICES-OTHER PRGM					85	653,511	653,511	45
46	30 ADULTS & PEDIATRICS					94	7,508,121	7,508,121	46
47	35 SPECIAL CARE NURSERY					94	1,396,798	1,396,798	47
48	50 OPERATING ROOM					100	8,373,746	8,373,746	48
49	52 DELIVERY ROOM & LABOR RO					94	1,443,550	1,443,550	49
50	90.01 PSYCH CLINIC					74	120,901	120,901	50
51	90.02 TRANSPLANT CLINIC					100	55,261	55,261	51
52	90.03 OB CLINIC					80	140,961	140,961	52
53	105 KIDNEY ACQUISITION					100	315,745	315,745	53
54	107 LIVER ACQUISITION					100	969,750	969,750	54
200	TOTAL			2,391,047	2,391,047	13,645,071	32,376,162	32,376,162	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	NONPATIENT PHONES 5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	79,524,125	79,524,125				1
2 CAP REL COSTS-MVBLE EQUIP	43,236,399		43,236,399			2
4 EMPLOYEE BENEFITS DEPARTMENT	81,327,031	878,382	138,601	82,344,014		4
5.01 NONPATIENT PHONES	879,757	838,677	705,528	193,952	2,617,914	5.01
5.02 DATA PROCESSING	6,797,455	341,845	4,988,222	184,264	324,662	5.02
5.03 PURCHASING RECEIVING & STORES	455,337	2,359	79,609	233,668		5.03
5.04 ADMITTING	19,177,514	128,182	74,363	3,147,002	57,731	5.04
5.05 ADMINISTRATIVE & GENERAL	189,386,053	3,771,064	1,077,228	6,606,802	416,279	5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	48,087,880	25,837,885	582,745	277,400	741,004	7
8 LAUNDRY & LINEN SERVICE	3,521,670	10,513	344			8
9 HOUSEKEEPING	17,834,066	1,417,063	1,136,148	2,944,701	24,038	9
10 DIETARY	10,453,144	2,081,522	843,564	1,316,147	11,587	10
11 CAFETERIA				619,363		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	10,545,531	97,729	201,987	2,075,347	63,879	13
14 CENTRAL SERVICES & SUPPLY	13,180,008	748,996	2,104,529	1,456,426	7,073	14
15 PHARMACY	14,500,341	332,579	496,968	2,908,548		15
16 MEDICAL RECORDS & LIBRARY	2,578,971	63,536	29,105	387,306	2,776	16
17 SOCIAL SERVICE	6,517,712		10,635	1,104,123	12,537	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	24,113,006	801,465	77,486		18,829	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	13,496,999			356,585		22
23 PARAMED ED PRGM-(SPECIFY)	280,881	11,034		63,284		23
23.01 PARAMED ED PRGM-(CHAPLAINCY)	94,381	5,052		21,265		23.01
23.02 PARAMED ED PRGM-(NM SCHL)	461,613	8,709		44,090		23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	88,056,326	11,372,132	1,571,515	16,584,742	90,579	30
31 INTENSIVE CARE UNIT	25,388,820	1,843,202	655,793	4,573,411	25,963	31
35 SPECIAL CARE NURSERY	13,503,047	1,189,415	904,384	2,742,140		35
40 SUBPROVIDER - IPF	3,853,933	581,411	9,748	795,673	3,022	40
43 NURSERY	3,931,146					43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	30,419,340	3,009,040	5,112,349	4,857,605	112,998	50
51 RECOVERY ROOM	7,508,997	287,513	52,979	1,539,364	4,645	51
52 DELIVERY ROOM & LABOR ROOM	14,219,527	1,557,180	670,074	2,782,347	23,347	52
53 ANESTHESIOLOGY	1,441,211	33,642	676,930	212,739	5,026	53
54 RADIOLOGY-DIAGNOSTIC	21,354,108	2,185,407	3,889,956	3,708,972	8,710	54
55 RADIOLOGY-THERAPEUTIC	7,220,085	723,402	3,139,897	1,159,953	3,525	55
56 RADIOISOTOPE	3,896,619	332,825	1,029,510	429,337	3,022	56
57 CT SCAN	6,263,847	357,105	490,020	1,005,922	3,025	57
58 MRI	8,627,017	291,591	4,511,843	1,458,395	8,047	58
59 CARDIAC CATHETERIZATION	2,179,751	104,556	905,171	371,909	6,884	59
59.01 VASCULAR LAB	1,053,577	67,145	185,741	222,987		59.01
59.02 CARDIAC GRAPHICS	3,336,919	74,477	466,873	554,652		59.02
59.03 PULMONARY FUNCTION	492,511	92,147	88,780	76,055		59.03
59.04 EPS	1,560,359	123,058	1,559,676	298,008	9,701	59.04
59.05 GI	7,719,911	300,737	1,442,816	908,116	5,025	59.05
60 LABORATORY	42,303,744	983,448	1,764,211	3,648,139	49,286	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	13,506,293					62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	4,438,879	146,961	190,761	522,611	5,026	63
63.01 CELL THERAPY LAB	483,786	89,156		39,921		63.01
65 RESPIRATORY THERAPY	9,050,664	97,433	422,849	1,669,723	5,464	65
66 PHYSICAL THERAPY	2,409,315	114,921	12,888	480,744	3,022	66
67 OCCUPATIONAL THERAPY	1,042,655	30,467	928	233,419		67
69 ELECTROCARDIOLOGY	848,713	146,792	92,541	210,957		69
70 ELECTROENCEPHALOGRAPHY	2,301,834	278,904	248,858	429,630	3,022	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	46,577,279					71
72 IMPL. DEV. CHARGED TO PATIENTS	51,415,467					72
73 DRUGS CHARGED TO PATIENTS	52,707,704					73
76.97 CARDIAC REHABILITATION	389,555		6,098	78,520	3,022	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,900,631	133,677	25,390	398,845		90
90.01 PSYCH CLINIC	7,112,849	11,443	4,259	1,053,099	62,527	90.01
90.02 TRANSPLANT CLINIC	863,267	193,619	17,459	144,764	12,254	90.02
90.03 OB CLINIC	1,319,571	345,756	103,574	404,580	5,026	90.03
91 EMERGENCY	12,886,168	956,740	195,491	2,286,994	9,065	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	1,849,250		194,594	384,648		92.01
OTHER REIMBURSABLE COST CENTERS						

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP	CAP	EMPLOYEE	NONPATIENT	
		BLDGS & FIXTURES 1	MOVABLE EQUIPMENT 2	BENEFITS DEPARTMENT 4	PHONES 5.01	
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	8,964,229	47,932	532	352,721	30,038	105
106 HEART ACQUISITION	1,515,738	3,637		85,642		106
107 LIVER ACQUISITION	5,157,667	17,086	262	197,234	19,951	107
109 PANCREAS ACQUISITION	1,136,435	1,820		13,919		109
116 HOSPICE	3,788,880	66,764	6,505	525,774	323,339	116
118 SUBTOTALS (SUM OF LINES 1-117)	1,112,447,498	65,569,133	43,198,317	81,384,484	2,524,956	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,355	8,406	82	2,930		190
191 RESEARCH	1,795,614	63,816	10,971	362,048		191
191.01 SPONSERED PROJECT	3,121,796		630	121,535	3,022	191.01
194 REAL ESTATE		13,882,770	23,302	26,729	79,056	194
194.01 MARKETING, OTHER NON-REIMB	4,280,364		3,097	446,288	10,880	194.01
194.02 OTHER COMPANY WIDE ACTIVITY						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,121,658,627	79,524,125	43,236,399	82,344,014	2,617,914	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL (COLS. 0-4) 4A	DATA PROCESSING 5.02	SUBTOTAL (COLS. 0-4)	PURCH REC STORES 5.03	ADMITTING 5.04	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING	12,636,448	12,636,448				5.02
5.03 PURCHASING RECEIVING & STORES	770,973	8,784	779,757	779,757		5.03
5.04 ADMITTING	22,584,792	257,331	22,842,123	15,898	22,858,021	5.04
5.05 ADMINISTRATIVE & GENERAL	201,257,426	2,293,374	203,550,800	141,300		5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	75,526,914	860,554	76,387,468	53,166		7
8 LAUNDRY & LINEN SERVICE	3,532,527	40,250	3,572,777	2,487		8
9 HOUSEKEEPING	23,356,016	266,118	23,622,134	16,441		9
10 DIETARY	14,705,964	167,560	14,873,524	10,352		10
11 CAFETERIA	619,363	7,057	626,420	436		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	12,984,473	147,945	13,132,418	9,140		13
14 CENTRAL SERVICES & SUPPLY	17,497,032	199,361	17,696,393	12,317		14
15 PHARMACY	18,238,436	207,809	18,446,245	12,839		15
16 MEDICAL RECORDS & LIBRARY	3,061,694	34,885	3,096,579	2,155		16
17 SOCIAL SERVICE	7,645,007	87,107	7,732,114	5,382		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	25,010,786	284,973	25,295,759	17,606		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	13,853,584	157,848	14,011,432	9,752		22
23 PARAMED ED PRGM-(SPECIFY)	355,199	4,047	359,246	250		23
23.01 PARAMED ED PRGM-(CHAPLAINCY)	120,698	1,375	122,073	85		23.01
23.02 PARAMED ED PRGM-(NM SCHL)	514,412	5,861	520,273	362		23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	117,675,294	1,340,792	119,016,086	82,835	2,168,278	30
31 INTENSIVE CARE UNIT	32,487,189	370,159	32,857,348	22,869	596,296	31
35 SPECIAL CARE NURSERY	18,338,986	208,954	18,547,940	12,909	470,834	35
40 SUBPROVIDER - IPF	5,243,787	59,748	5,303,535	3,691	96,103	40
43 NURSERY	3,931,146	44,791	3,975,937	2,767	134,455	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	43,511,332	495,768	44,007,100	30,629	2,821,629	50
51 RECOVERY ROOM	9,393,498	107,030	9,500,528	6,612	237,244	51
52 DELIVERY ROOM & LABOR ROOM	19,252,475	219,363	19,471,838	13,552	685,157	52
53 ANESTHESIOLOGY	2,369,548	26,999	2,396,547	1,668	227,128	53
54 RADIOLOGY-DIAGNOSTIC	31,147,153	354,891	31,502,044	21,925	1,298,941	54
55 RADIOLOGY-THERAPEUTIC	12,246,862	139,541	12,386,403	8,621	692,621	55
56 RADIOISOTOPE	5,691,313	64,847	5,756,160	4,006	290,771	56
57 CT SCAN	8,119,919	92,518	8,212,437	5,716	1,080,222	57
58 MRI	14,896,893	169,735	15,066,628	10,486	839,562	58
59 CARDIAC CATHETERIZATION	3,568,271	40,657	3,608,928	2,512	1,357,458	59
59.01 VASCULAR LAB	1,529,450	17,427	1,546,877	1,077	123,453	59.01
59.02 CARDIAC GRAPHICS	4,432,921	50,509	4,483,430	3,120	385,651	59.02
59.03 PULMONARY FUNCTION	749,493	8,540	758,033	528	54,922	59.03
59.04 EPS	3,550,802	40,458	3,591,260	2,500	166,619	59.04
59.05 GI	10,376,605	118,231	10,494,836	7,304	355,839	59.05
60 LABORATORY	48,748,828	555,444	49,304,272	34,316	3,199,188	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	13,506,293	153,891	13,660,184	9,507	375,306	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	5,304,238	60,436	5,364,674	3,734	169,141	63
63.01 CELL THERAPY LAB	612,863	6,983	619,846	431	6,111	63.01
65 RESPIRATORY THERAPY	11,246,133	128,138	11,374,271	7,916	681,708	65
66 PHYSICAL THERAPY	3,020,890	34,420	3,055,310	2,126	57,501	66
67 OCCUPATIONAL THERAPY	1,307,469	14,897	1,322,366	920	31,949	67
69 ELECTROCARDIOLOGY	1,299,003	14,801	1,313,804	914	132,482	69
70 ELECTROENCEPHALOGRAPHY	3,262,248	37,170	3,299,418	2,296	152,895	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	46,577,279	530,702	47,107,981	32,787	775,835	71
72 IMPL. DEV. CHARGED TO PATIENTS	51,415,467	585,828	52,001,295	36,193	726,876	72
73 DRUGS CHARGED TO PATIENTS	52,707,704	600,552	53,308,256	37,103	1,290,291	73
76.97 CARDIAC REHABILITATION	477,195	5,437	482,632	336	13,336	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,458,543	28,013	2,486,556	1,731	18,768	90
90.01 PSYCH CLINIC	8,244,177	93,934	8,338,111	5,803	51,943	90.01
90.02 TRANSPLANT CLINIC	1,231,363	14,030	1,245,393	867	24,941	90.02
90.03 OB CLINIC	2,178,507	24,822	2,203,329	1,534	12,886	90.03
91 EMERGENCY	16,334,458	186,115	16,520,573	11,498	767,358	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	2,428,492	27,670	2,456,162	1,709	46,729	92.01
OTHER REIMBURSABLE COST CENTERS						

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL (COLS.0-4) 4A	DATA	SUBTOTAL (COLS.0-4)	PURCH	ADMITTING	
		PROCESSING 5.02		REC STORES 5.03	5.04	
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	9,395,452	107,052	9,502,504	6,614	105,593	105
106 HEART ACQUISITION	1,605,017	18,288	1,623,305	1,130	11,358	106
107 LIVER ACQUISITION	5,392,200	61,439	5,453,639	3,796	47,784	107
109 PANCREAS ACQUISITION	1,152,174	13,128	1,165,302	811	8,481	109
116 HOSPICE	4,711,262	53,680	4,764,942	3,316	66,378	116
118 SUBTOTALS (SUM OF LINES 1-117)	1,097,401,936	12,360,067	1,097,125,555	762,683	22,858,021	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	24,773	282	25,055	17		190
191 RESEARCH	2,232,449	25,437	2,257,886	1,571		191
191.01 SPONSERED PROJECT	3,246,983	36,996	3,283,979	2,286		191.01
194 REAL ESTATE	14,011,857	159,651	14,171,508	9,863		194
194.01 MARKETING, OTHER NON-REIMB	4,740,629	54,015	4,794,644	3,337		194.01
194.02 OTHER COMPANY WIDE ACTIVITY						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,121,658,627	12,636,448	1,121,658,627	779,757	22,858,021	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL (COLS.0-4)	ADMIN + GENERAL 5.05	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 ADMINISTRATIVE & GENERAL	203,692,100	203,692,100				5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	76,440,634	16,961,794	93,402,428			7
8 LAUNDRY & LINEN SERVICE	3,575,264	793,333	33,222	4,401,819		8
9 HOUSEKEEPING	23,638,575	5,245,282	2,258,426	106,472	31,248,755	9
10 DIETARY	14,883,876	3,302,658	5,265,575	248,241	1,805,940	10
11 CAFETERIA	626,856	139,096				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	13,141,558	2,916,046	2,491,679	117,468	854,574	13
14 CENTRAL SERVICES & SUPPLY	17,708,710	3,929,474	2,009,258	94,725	689,117	14
15 PHARMACY	18,459,084	4,095,978	898,108	42,341	308,025	15
16 MEDICAL RECORDS & LIBRARY	3,098,734	687,594	200,844	9,469	68,884	16
17 SOCIAL SERVICE	7,737,496	1,716,912				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	25,313,365	5,616,909	2,245,532	105,864	770,152	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	14,021,184	3,111,231				22
23 PARAMED ED PRGM-(SPECIFY)	359,496	79,770	9,583	452	3,287	23
23.01 PARAMED ED PRGM-(CHAPLAINCY)	122,158	27,106	15,972	753	5,478	23.01
23.02 PARAMED ED PRGM-(NM SCHL)	520,635	115,526	52,854	2,492	18,127	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	121,267,199	26,908,503	29,084,923	1,371,184	9,975,286	30
31 INTENSIVE CARE UNIT	33,476,513	7,428,271	5,827,219	274,720	1,998,567	31
35 SPECIAL CARE NURSERY	19,031,683	4,223,035	2,343,050	110,461	803,598	35
40 SUBPROVIDER - IPF	5,403,329	1,198,972	1,838,093	86,655	630,413	40
43 NURSERY	4,113,159	912,689				43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	46,859,358	10,397,857	8,454,924	398,601	2,899,794	50
51 RECOVERY ROOM	9,744,384	2,162,230	1,013,225	47,768	347,507	51
52 DELIVERY ROOM & LABOR ROOM	20,170,547	4,475,744	3,067,495	144,615	1,052,062	52
53 ANESTHESIOLOGY	2,625,343	582,550	72,834	3,434	24,980	53
54 RADIOLOGY-DIAGNOSTIC	32,822,910	7,283,240	5,728,539	270,068	1,964,723	54
55 RADIOLOGY-THERAPEUTIC	13,087,645	2,904,083	1,958,959	92,354	671,866	55
56 RADIOISOTOPE	6,050,937	1,342,673	1,052,197	49,605	360,873	56
57 CT SCAN	9,298,375	2,063,263	1,288,239	60,733	441,829	57
58 MRI	15,916,676	3,531,831	1,086,291	51,212	372,566	58
59 CARDIAC CATHETERIZATION	4,968,898	1,102,574	330,540	15,583	113,365	59
59.01 VASCULAR LAB	1,671,407	370,877	212,286	10,008	72,808	59.01
59.02 CARDIAC GRAPHICS	4,872,201	1,081,117	235,461	11,101	80,756	59.02
59.03 PULMONARY FUNCTION	813,483	180,508	291,335	13,735	99,919	59.03
59.04 EPS	3,760,379	834,409	389,027	18,340	133,425	59.04
59.05 GI	10,857,979	2,409,331	950,788	44,824	326,093	59.05
60 LABORATORY	52,537,776	11,657,870	3,455,942	162,928	1,185,288	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	14,044,997	3,116,515				62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	5,537,549	1,228,754	464,591	21,903	159,341	63
63.01 CELL THERAPY LAB	626,388	138,992	372,765	17,574	127,847	63.01
65 RESPIRATORY THERAPY	12,063,895	2,676,918	263,688	12,431	90,437	65
66 PHYSICAL THERAPY	3,114,937	691,189	348,080	16,410	119,381	66
67 OCCUPATIONAL THERAPY	1,355,235	300,720	96,298	4,540	33,028	67
69 ELECTROCARDIOLOGY	1,447,200	321,126	464,068	21,878	159,162	69
70 ELECTROENCEPHALOGRAPHY	3,454,609	766,560	1,101,160	51,913	377,666	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	47,916,603	10,632,455				71
72 IMPL. DEV. CHARGED TO PATIENTS	52,764,364	11,708,149				72
73 DRUGS CHARGED TO PATIENTS	54,635,650	12,123,378				73
76.97 CARDIAC REHABILITATION	496,304	110,127				76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,507,055	556,303	469,179	22,119	160,915	90
90.01 PSYCH CLINIC	8,395,857	1,862,999	36,185	1,706	12,410	90.01
90.02 TRANSPLANT CLINIC	1,271,201	282,073	901,593	42,505	309,220	90.02
90.03 OB CLINIC	2,217,749	492,107	288,315	13,592	98,884	90.03
91 EMERGENCY	17,299,429	3,838,657	3,242,842	152,881	1,112,201	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	2,504,600	555,758				92.01
OTHER REIMBURSABLE COST CENTERS						

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL (COLS.0-4)	ADMIN + GENERAL 5.05	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	HOUSE- KEEPING 9	
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	9,614,711	2,133,456	313,464	14,778	107,509	105
106 HEART ACQUISITION	1,635,793	362,974	23,232	1,095	7,968	106
107 LIVER ACQUISITION	5,505,219	1,221,581	125,862	5,934	43,167	107
109 PANCREAS ACQUISITION	1,174,594	260,637	25,381	1,197	9,104	109
116 HOSPICE	4,834,636	1,072,782	325,719	15,356	111,712	116
118 SUBTOTALS (SUM OF LINES 1-117)	1,097,108,481	198,244,546	93,024,842	4,384,018	31,119,254	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	25,072	5,563	175,231	8,261	60,099	190
191 RESEARCH	2,259,457	501,362	202,355	9,540	69,402	191
191.01 SPONSERED PROJECT	3,286,265	729,206				191.01
194 REAL ESTATE	14,181,371	3,146,775				194
194.01 MARKETING, OTHER NON-REIMB	4,797,981	1,064,648				194.01
194.02 OTHER COMPANY WIDE ACTIVITY						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,121,658,627	203,692,100	93,402,428	4,401,819	31,248,755	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 ADMINISTRATIVE & GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	25,506,290					10
11 CAFETERIA		765,952				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		16,374	19,537,699			13
14 CENTRAL SERVICES & SUPPLY		24,122		24,455,406		14
15 PHARMACY		29,355		104,802	23,937,693	15
16 MEDICAL RECORDS & LIBRARY		5,775		1,924	4,188	16
17 SOCIAL SERVICE		11,764		1,696		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD		3,967		31,103		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM-(CHAPLAINCY)						23.01
23.02 PARAMED ED PRGM-(NM SCHL)						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	21,159,011	208,553	9,159,798	1,121,026	4,016,864	30
31 INTENSIVE CARE UNIT	3,231,853	50,683	2,470,286	631,350	2,135,681	31
35 SPECIAL CARE NURSERY		28,047	1,432,448	166,054	48,424	35
40 SUBPROVIDER - IPF	1,115,426	9,126		5,609	931	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		51,731	2,243,304	10,656,935	1,128,213	50
51 RECOVERY ROOM		15,039	724,409	48,245	1,000,567	51
52 DELIVERY ROOM & LABOR ROOM		32,682	1,495,727	460,154	968,434	52
53 ANESTHESIOLOGY		3,609		354,999	1,600,199	53
54 RADIOLOGY-DIAGNOSTIC		41,186		1,587,350	740,040	54
55 RADIOLOGY-THERAPEUTIC		10,740		50,053	38,278	55
56 RADIOISOTOPE		4,103		670,534	9,397	56
57 CT SCAN		11,156		195,485	140,228	57
58 MRI		14,396		174,836	1,894,628	58
59 CARDIAC CATHETERIZATION		3,542	149,630	745,216	1,828	59
59.01 VASCULAR LAB		2,123	19,721	2,012	7,208	59.01
59.02 CARDIAC GRAPHICS		6,109	80,607	20,417	1,986,469	59.02
59.03 PULMONARY FUNCTION		883		14,955	26,482	59.03
59.04 EPS		3,015	74,193	1,454,556	72,010	59.04
59.05 GI		11,404		433,783	119,338	59.05
60 LABORATORY		50,687		2,207,107	194,156	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS				2,055,518	252,480	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		6,576	64,141	254,767	478,475	63
63.01 CELL THERAPY LAB		377	18,285	3,100		63.01
65 RESPIRATORY THERAPY		20,370		398,647	258,842	65
66 PHYSICAL THERAPY		5,474		71,044	6,999	66
67 OCCUPATIONAL THERAPY		2,887		6,987		67
69 ELECTROCARDIOLOGY		2,928	133,739	18,159	1,572,000	69
70 ELECTROENCEPHALOGRAPHY		5,563		29,863		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION		687	26,326	1,213	147	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		4,639	103,296	8,677	435,555	90
90.01 PSYCH CLINIC		13,377	119,666	6,839	870,366	90.01
90.02 TRANSPLANT CLINIC		1,683	72,661	17,731	75,790	90.02
90.03 OB CLINIC		3,373		7,852	19,186	90.03
91 EMERGENCY		26,616	1,038,795	305,892	1,205,074	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT		4,893	110,667	17,700	84,064	92.01
OTHER REIMBURSABLE COST CENTERS						

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		1,991		315	16,868	105
106 HEART ACQUISITION		542		92		106
107 LIVER ACQUISITION		1,312		294	9,240	107
109 PANCREAS ACQUISITION		2				109
116 HOSPICE		5,873		21,189	2,513,972	116
118 SUBTOTALS (SUM OF LINES 1-117)	25,506,290	759,334	19,537,699	24,366,080	23,932,621	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		2				190
191 RESEARCH		2		777	4,182	191
191.01 SPONSERED PROJECT		1,030		54		191.01
194 REAL ESTATE		364		37,698		194
194.01 MARKETING, OTHER NON-REIMB		5,220		50,797	890	194.01
194.02 OTHER COMPANY WIDE ACTIVITY						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	25,506,290	765,952	19,537,699	24,455,406	23,937,693	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION PHARMACY 23	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 ADMINISTRATIVE & GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	4,077,412					16
17 SOCIAL SERVICE		9,467,868				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD			34,086,892			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD				17,132,415		22
23 PARAMED ED PRGM-(SPECIFY)					452,588	23
23.01 PARAMED ED PRGM-(CHAPLAINCY)						23.01
23.02 PARAMED ED PRGM-(NM SCHL)						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	386,603	5,581,309	8,851,547	4,448,878	375,449	30
31 INTENSIVE CARE UNIT	106,319	823,705	3,754,621	1,887,110	57,347	31
35 SPECIAL CARE NURSERY	83,950	758,376	207,099	104,090		35
40 SUBPROVIDER - IPF	17,135		1,039,328	522,377	19,792	40
43 NURSERY	23,973	947				43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	503,095		8,525,558	4,285,031		50
51 RECOVERY ROOM	42,301	4,734	395,021	198,542		51
52 DELIVERY ROOM & LABOR ROOM	122,163	92,785	1,407,503	707,425		52
53 ANESTHESIOLOGY	40,497		57,527	28,914		53
54 RADIOLOGY-DIAGNOSTIC	231,601		2,584,897	1,299,195		54
55 RADIOLOGY-THERAPEUTIC	123,494	378,715	824,559	414,432		55
56 RADIOISOTOPE	51,844		111,220	55,900		56
57 CT SCAN	192,603					57
58 MRI	149,694					58
59 CARDIAC CATHETERIZATION	242,034		222,439	111,800		59
59.01 VASCULAR LAB	22,012					59.01
59.02 CARDIAC GRAPHICS	68,761		341,329	171,555		59.02
59.03 PULMONARY FUNCTION	9,793		126,560	63,610		59.03
59.04 EPS	29,708					59.04
59.05 GI	63,446		214,769	107,945		59.05
60 LABORATORY	572,249		2,105,502	1,058,247		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	66,917		161,077	80,959		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	30,158					63
63.01 CELL THERAPY LAB	1,090					63.01
65 RESPIRATORY THERAPY	121,548		111,220	55,900		65
66 PHYSICAL THERAPY	10,252		11,505	5,783		66
67 OCCUPATIONAL THERAPY	5,697		11,505	5,783		67
69 ELECTROCARDIOLOGY	23,622					69
70 ELECTROENCEPHALOGRAPHY	27,261		92,044	46,262		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	138,331					71
72 IMPL. DEV. CHARGED TO PATIENTS	129,602					72
73 DRUGS CHARGED TO PATIENTS	230,058					73
76.97 CARDIAC REHABILITATION	2,378		3,835	1,928		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	3,346	899,447	598,285	300,704		90
90.01 PSYCH CLINIC	9,261		191,758	96,379		90.01
90.02 TRANSPLANT CLINIC	4,447		191,758	96,379		90.02
90.03 OB CLINIC	2,298	94,679	659,647	331,545		90.03
91 EMERGENCY	136,820	757,429	1,173,559	589,842		91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	8,332	24,616				92.01
OTHER REIMBURSABLE COST CENTERS						

PROVIDER CCN: 14-0281 NORTHWESTERN MEMORIAL HOSPITAL
 PERIOD FROM 09/01/2011 TO 08/31/2012

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

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 03/28/2014 14:44

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION PHARMACY 23	
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	18,827					105
106 HEART ACQUISITION	2,025					106
107 LIVER ACQUISITION	8,520					107
109 PANCREAS ACQUISITION	1,512					109
116 HOSPICE	11,835					116
118 SUBTOTALS (SUM OF LINES 1-117)	4,077,412	9,416,742	33,975,672	17,076,515	452,588	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH		51,126	111,220	55,900		191
191.01 SPONSERED PROJECT						191.01
194 REAL ESTATE						194
194.01 MARKETING, OTHER NON-REIMB						194.01
194.02 OTHER COMPANY WIDE ACTIVITY						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	4,077,412	9,467,868	34,086,892	17,132,415	452,588	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PARAMED EDUCATION CHAPLAINCY 23.01	PARAMED EDUCATION SCHOOLS 23.02	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 ADMINISTRATIVE & GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM-(CHAPLAINCY)	171,467					23.01
23.02 PARAMED ED PRGM-(NM SCHL)		709,634				23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	142,242	588,684	244,647,059	-13,300,425	231,346,634	30
31 INTENSIVE CARE UNIT	21,727	89,917	64,265,889	-5,641,731	58,624,158	31
35 SPECIAL CARE NURSERY			29,340,315	-311,189	29,029,126	35
40 SUBPROVIDER - IPF	7,498	31,033	11,925,717	-1,561,705	10,364,012	40
43 NURSERY			5,050,768		5,050,768	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM			96,404,401	-12,810,589	83,593,812	50
51 RECOVERY ROOM			15,743,972	-593,563	15,150,409	51
52 DELIVERY ROOM & LABOR ROOM			34,197,336	-2,114,928	32,082,408	52
53 ANESTHESIOLOGY			5,394,886	-86,441	5,308,445	53
54 RADIOLOGY-DIAGNOSTIC			54,553,749	-3,884,092	50,669,657	54
55 RADIOLOGY-THERAPEUTIC			20,555,178	-1,238,991	19,316,187	55
56 RADIOISOTOPE			9,759,283	-167,120	9,592,163	56
57 CT SCAN			13,691,911		13,691,911	57
58 MRI			23,192,130		23,192,130	58
59 CARDIAC CATHETERIZATION			8,007,449	-334,239	7,673,210	59
59.01 VASCULAR LAB			2,390,462		2,390,462	59.01
59.02 CARDIAC GRAPHICS			8,955,883	-512,884	8,442,999	59.02
59.03 PULMONARY FUNCTION			1,641,263	-190,170	1,451,093	59.03
59.04 EPS			6,769,062		6,769,062	59.04
59.05 GI			15,539,700	-322,714	15,216,986	59.05
60 LABORATORY			75,187,752	-3,163,749	72,024,003	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS			19,778,463	-242,036	19,536,427	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.			8,246,255		8,246,255	63
63.01 CELL THERAPY LAB			1,306,418		1,306,418	63.01
65 RESPIRATORY THERAPY			16,073,896	-167,120	15,906,776	65
66 PHYSICAL THERAPY			4,401,054	-17,288	4,383,766	66
67 OCCUPATIONAL THERAPY			1,822,680	-17,288	1,805,392	67
69 ELECTROCARDIOLOGY			4,163,882		4,163,882	69
70 ELECTROENCEPHALOGRAPHY			5,952,901	-138,306	5,814,595	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			58,687,389		58,687,389	71
72 IMPL. DEV. CHARGED TO PATIENTS			64,602,115		64,602,115	72
73 DRUGS CHARGED TO PATIENTS			66,989,086		66,989,086	73
76.97 CARDIAC REHABILITATION			642,945	-5,763	637,182	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC			6,069,520	-898,989	5,170,531	90
90.01 PSYCH CLINIC			11,616,803	-288,137	11,328,666	90.01
90.02 TRANSPLANT CLINIC			3,267,041	-288,137	2,978,904	90.02
90.03 OB CLINIC			4,229,227	-991,192	3,238,035	90.03
91 EMERGENCY			30,880,037	-1,763,401	29,116,636	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT			3,310,630		3,310,630	92.01
OTHER REIMBURSABLE COST CENTERS						

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PARAMED EDUCATION CHAPLAINCY 23.01	PARAMED EDUCATION SCHOOLS 23.02	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION			12,221,919		12,221,919	105
106 HEART ACQUISITION			2,033,721		2,033,721	106
107 LIVER ACQUISITION			6,921,129		6,921,129	107
109 PANCREAS ACQUISITION			1,472,427		1,472,427	109
116 HOSPICE			8,913,074		8,913,074	116
118 SUBTOTALS (SUM OF LINES 1-117)	171,467	709,634	1,090,816,777	-51,052,187	1,039,764,590	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			274,228		274,228	190
191 RESEARCH			3,265,323	-167,120	3,098,203	191
191.01 SPONSERED PROJECT			4,016,555		4,016,555	191.01
194 REAL ESTATE			17,366,208		17,366,208	194
194.01 MARKETING, OTHER NON-REIMB			5,919,536		5,919,536	194.01
194.02 OTHER COMPANY WIDE ACTIVITY						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	171,467	709,634	1,121,658,627	-51,219,307	1,070,439,320	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		878,382	138,601	1,016,983	1,016,983	4
5.01 NONPATIENT PHONES		838,677	705,528	1,544,205	2,396	5.01
5.02 DATA PROCESSING		341,845	4,988,222	5,330,067	2,276	5.02
5.03 PURCHASING RECEIVING & STORES		2,359	79,609	81,968	2,886	5.03
5.04 ADMITTING		128,182	74,363	202,545	38,872	5.04
5.05 ADMINISTRATIVE & GENERAL		3,771,064	1,077,228	4,848,292	81,608	5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		25,837,885	582,745	26,420,630	3,426	7
8 LAUNDRY & LINEN SERVICE		10,513	344	10,857		8
9 HOUSEKEEPING		1,417,063	1,136,148	2,553,211	36,373	9
10 DIETARY		2,081,522	843,564	2,925,086	16,257	10
11 CAFETERIA					7,650	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		97,729	201,987	299,716	25,635	13
14 CENTRAL SERVICES & SUPPLY		748,996	2,104,529	2,853,525	17,990	14
15 PHARMACY		332,579	496,968	829,547	35,927	15
16 MEDICAL RECORDS & LIBRARY		63,536	29,105	92,641	4,784	16
17 SOCIAL SERVICE			10,635	10,635	13,638	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD		801,465	77,486	878,951		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					4,405	22
23 PARAMED ED PRGM-(SPECIFY)		11,034		11,034	782	23
23.01 PARAMED ED PRGM-(CHAPLAINCY)		5,052		5,052	263	23.01
23.02 PARAMED ED PRGM-(NM SCHL)		8,709		8,709	545	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		11,372,132	1,571,515	12,943,647	204,720	30
31 INTENSIVE CARE UNIT		1,843,202	655,793	2,498,995	56,491	31
35 SPECIAL CARE NURSERY		1,189,415	904,384	2,093,799	33,871	35
40 SUBPROVIDER - IPF		581,411	9,748	591,159	9,828	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		3,009,040	5,112,349	8,121,389	60,002	50
51 RECOVERY ROOM		287,513	52,979	340,492	19,014	51
52 DELIVERY ROOM & LABOR ROOM		1,557,180	670,074	2,227,254	34,368	52
53 ANESTHESIOLOGY		33,642	676,930	710,572	2,628	53
54 RADIOLOGY-DIAGNOSTIC		2,185,407	3,889,956	6,075,363	45,814	54
55 RADIOLOGY-THERAPEUTIC		723,402	3,139,897	3,863,299	14,328	55
56 RADIOISOTOPE		332,825	1,029,510	1,362,335	5,303	56
57 CT SCAN		357,105	490,020	847,125	12,425	57
58 MRI		291,591	4,511,843	4,803,434	18,014	58
59 CARDIAC CATHETERIZATION		104,556	905,171	1,009,727	4,594	59
59.01 VASCULAR LAB		67,145	185,741	252,886	2,754	59.01
59.02 CARDIAC GRAPHICS		74,477	466,873	541,350	6,851	59.02
59.03 PULMONARY FUNCTION		92,147	88,780	180,927	939	59.03
59.04 EPS		123,058	1,559,676	1,682,734	3,681	59.04
59.05 GI		300,737	1,442,816	1,743,553	11,217	59.05
60 LABORATORY		983,448	1,764,211	2,747,659	45,062	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		146,961	190,761	337,722	6,455	63
63.01 CELL THERAPY LAB		89,156		89,156	493	63.01
65 RESPIRATORY THERAPY		97,433	422,849	520,282	20,625	65
66 PHYSICAL THERAPY		114,921	12,888	127,809	5,938	66
67 OCCUPATIONAL THERAPY		30,467	928	31,395	2,883	67
69 ELECTROCARDIOLOGY		146,792	92,541	239,333	2,606	69
70 ELECTROENCEPHALOGRAPHY		278,904	248,858	527,762	5,307	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION			6,098	6,098	970	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		133,677	25,390	159,067	4,927	90
90.01 PSYCH CLINIC		11,443	4,259	15,702	13,008	90.01
90.02 TRANSPLANT CLINIC		193,619	17,459	211,078	1,788	90.02
90.03 OB CLINIC		345,756	103,574	449,330	4,997	90.03
91 EMERGENCY		956,740	195,491	1,152,231	28,249	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT			194,594	194,594	4,751	92.01
OTHER REIMBURSABLE COST CENTERS						

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS	BLDGS & FIXTURES	MOVABLE EQUIPMENT		BENEFITS DEPARTMENT	
	0	1	2	2A	4	
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		47,932	532	48,464	4,357	105
106 HEART ACQUISITION		3,637		3,637	1,058	106
107 LIVER ACQUISITION		17,086	262	17,348	2,436	107
109 PANCREAS ACQUISITION		1,820		1,820	172	109
116 HOSPICE		66,764	6,505	73,269	6,494	116
118 SUBTOTALS (SUM OF LINES 1-117)		65,569,133	43,198,317	108,767,450	1,005,131	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		8,406	82	8,488	36	190
191 RESEARCH		63,816	10,971	74,787	4,472	191
191.01 SPONSERED PROJECT			630	630	1,501	191.01
194 REAL ESTATE		13,882,770	23,302	13,906,072	330	194
194.01 MARKETING, OTHER NON-REIMB			3,097	3,097	5,513	194.01
194.02 OTHER COMPANY WIDE ACTIVITY						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		79,524,125	43,236,399	122,760,524	1,016,983	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NONPATIENT	DATA	PURCH	ADMITTING	ADMIN +	
	PHONES	PROCESSING	REC STORES		GENERAL	
	5.01	5.02	5.03	5.04	5.05	
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 NONPATIENT PHONES	1,546,601					5.01
5.02 DATA PROCESSING	191,802	5,524,145				5.02
5.03 PURCHASING RECEIVING & STORES		3,840	88,694			5.03
5.04 ADMITTING	34,106	112,495	1,805	389,823		5.04
5.05 ADMINISTRATIVE & GENERAL	245,927	1,002,569	16,226		6,194,622	5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	437,777	376,200	6,035		515,821	7
8 LAUNDRY & LINEN SERVICE		17,596	282		24,126	8
9 HOUSEKEEPING	14,201	116,336	1,866		159,513	9
10 DIETARY	6,846	73,250	1,175		100,436	10
11 CAFETERIA		3,085	49		4,230	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	37,738	64,676	1,037		88,679	13
14 CENTRAL SERVICES & SUPPLY	4,178	87,153	1,398		119,498	14
15 PHARMACY		90,846	1,457		124,562	15
16 MEDICAL RECORDS & LIBRARY	1,640	15,250	245		20,910	16
17 SOCIAL SERVICE	7,406	38,080	611		52,213	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	11,124	124,579	1,998		170,815	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		69,005	1,107		94,615	22
23 PARAMED ED PRGM-(SPECIFY)		1,769	28		2,426	23
23.01 PARAMED ED PRGM-(CHAPLAINCY)		601	10		824	23.01
23.02 PARAMED ED PRGM-(NM SCHL)		2,562	41		3,513	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	53,512	586,141	9,402	36,774	818,494	30
31 INTENSIVE CARE UNIT	15,338	161,819	2,596	10,113	225,900	31
35 SPECIAL CARE NURSERY		91,346	1,465	7,985	128,426	35
40 SUBPROVIDER - IPF	1,785	26,119	419	1,630	36,462	40
43 NURSERY		19,581	314	2,280	27,756	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	66,756	216,730	3,477	47,855	316,207	50
51 RECOVERY ROOM	2,744	46,789	751	4,024	65,755	51
52 DELIVERY ROOM & LABOR ROOM	13,793	95,897	1,538	11,620	136,111	52
53 ANESTHESIOLOGY	2,969	11,803	189	3,852	17,716	53
54 RADIOLOGY-DIAGNOSTIC	5,145	155,144	2,489	22,030	221,489	54
55 RADIOLOGY-THERAPEUTIC	2,083	61,002	979	11,747	88,315	55
56 RADIOISOTOPE	1,785	28,348	455	4,932	40,832	56
57 CT SCAN	1,787	40,445	649	18,321	62,745	57
58 MRI	4,754	74,201	1,190	14,239	107,406	58
59 CARDIAC CATHETERIZATION	4,067	17,774	285	23,023	33,530	59
59.01 VASCULAR LAB		7,618	122	2,094	11,279	59.01
59.02 CARDIAC GRAPHICS		22,080	354	6,541	32,878	59.02
59.03 PULMONARY FUNCTION		3,733	60	931	5,489	59.03
59.04 EPS	5,731	17,687	284	2,826	25,375	59.04
59.05 GI	2,968	51,686	829	6,035	73,270	59.05
60 LABORATORY	29,117	242,818	3,895	56,405	354,525	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		67,275	1,079	6,365	94,776	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	2,969	26,420	424	2,869	37,367	63
63.01 CELL THERAPY LAB		3,053	49	104	4,227	63.01
65 RESPIRATORY THERAPY	3,228	56,017	899	11,562	81,407	65
66 PHYSICAL THERAPY	1,785	15,047	241	975	21,020	66
67 OCCUPATIONAL THERAPY		6,513	104	542	9,145	67
69 ELECTROCARDIOLOGY		6,470	104	2,247	9,766	69
70 ELECTROENCEPHALOGRAPHY	1,785	16,249	261	2,593	23,312	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		232,001	3,722	13,158	323,341	71
72 IMPL. DEV. CHARGED TO PATIENTS		256,100	4,108	12,328	356,054	72
73 DRUGS CHARGED TO PATIENTS		262,537	4,211	21,884	368,681	73
76.97 CARDIAC REHABILITATION	1,785	2,377	38	226	3,349	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		12,246	196	318	16,918	90
90.01 PSYCH CLINIC	36,939	41,064	659	881	56,655	90.01
90.02 TRANSPLANT CLINIC	7,239	6,133	98	423	8,578	90.02
90.03 OB CLINIC	2,969	10,851	174	219	14,965	90.03
91 EMERGENCY	5,355	81,362	1,305	13,015	116,737	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT		12,096	194	793	16,901	92.01
OTHER REIMBURSABLE COST CENTERS						

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NONPATIENT PHONES	DATA PROCESSING	PURCH REC STORES	ADMITTING	ADMIN + GENERAL	
	5.01	5.02	5.03	5.04	5.05	
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	17,745	46,799	751	1,791	64,880	105
106 HEART ACQUISITION		7,995	128	193	11,038	106
107 LIVER ACQUISITION	11,786	26,859	431	810	37,149	107
109 PANCREAS ACQUISITION		5,739	92	144	7,926	109
116 HOSPICE	191,020	23,467	376	1,126	32,624	116
118 SUBTOTALS (SUM OF LINES 1-117)	1,491,684	5,403,323	86,756	389,823	6,028,957	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		123	2		169	190
191 RESEARCH		11,120	178		15,247	191
191.01 SPONSERED PROJECT	1,785	16,173	259		22,176	191.01
194 REAL ESTATE	46,704	69,793	1,120		95,696	194
194.01 MARKETING, OTHER NON-REIMB	6,428	23,613	379		32,377	194.01
194.02 OTHER COMPANY WIDE ACTIVITY						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,546,601	5,524,145	88,694	389,823	6,194,622	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	+ LINEN	KEEPING			
	7	8	9	10	11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 ADMINISTRATIVE & GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	27,759,889					7
8 LAUNDRY & LINEN SERVICE	9,874	62,735				8
9 HOUSEKEEPING	671,221	1,517	3,554,238			9
10 DIETARY	1,564,968	3,538	205,408	4,896,964		10
11 CAFETERIA					15,014	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	740,545	1,674	97,199		321	13
14 CENTRAL SERVICES & SUPPLY	597,166	1,350	78,380		473	14
15 PHARMACY	266,924	603	35,035		575	15
16 MEDICAL RECORDS & LIBRARY	59,692	135	7,835		113	16
17 SOCIAL SERVICE					231	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	667,389	1,509	87,597		78	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)	2,848	6	374			23
23.01 PARAMED ED PRGM-(CHAPLAINCY)	4,747	11	623			23.01
23.02 PARAMED ED PRGM-(NM SCHL)	15,709	36	2,062			23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	8,644,252	19,541	1,134,592	4,062,328	4,088	30
31 INTENSIVE CARE UNIT	1,731,892	3,915	227,317	620,485	993	31
35 SPECIAL CARE NURSERY	696,372	1,574	91,401		550	35
40 SUBPROVIDER - IPF	546,295	1,235	71,703	214,151	179	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,512,866	5,681	329,823		1,014	50
51 RECOVERY ROOM	301,138	681	39,525		295	51
52 DELIVERY ROOM & LABOR ROOM	911,682	2,061	119,662		641	52
53 ANESTHESIOLOGY	21,647	49	2,841		71	53
54 RADIOLOGY-DIAGNOSTIC	1,702,564	3,849	223,468		807	54
55 RADIOLOGY-THERAPEUTIC	582,217	1,316	76,418		211	55
56 RADIOISOTOPE	312,721	707	41,046		80	56
57 CT SCAN	382,874	866	50,254		219	57
58 MRI	322,854	730	42,376		282	58
59 CARDIAC CATHETERIZATION	98,239	222	12,894		69	59
59.01 VASCULAR LAB	63,093	143	8,281		42	59.01
59.02 CARDIAC GRAPHICS	69,981	158	9,185		120	59.02
59.03 PULMONARY FUNCTION	86,587	196	11,365		17	59.03
59.04 EPS	115,622	261	15,176		59	59.04
59.05 GI	282,581	639	37,090		224	59.05
60 LABORATORY	1,027,131	2,322	134,815		994	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	138,080	312	18,123		129	63
63.01 CELL THERAPY LAB	110,788	250	14,541		7	63.01
65 RESPIRATORY THERAPY	78,370	177	10,286		399	65
66 PHYSICAL THERAPY	103,452	234	13,578		107	66
67 OCCUPATIONAL THERAPY	28,621	65	3,757		57	67
69 ELECTROCARDIOLOGY	137,924	312	18,103		57	69
70 ELECTROENCEPHALOGRAPHY	327,273	740	42,956		109	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION					13	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	139,443	315	18,302		91	90
90.01 PSYCH CLINIC	10,754	24	1,412		262	90.01
90.02 TRANSPLANT CLINIC	267,960	606	35,171		33	90.02
90.03 OB CLINIC	85,689	194	11,247		66	90.03
91 EMERGENCY	963,797	2,179	126,502		522	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	+ LINEN	KEEPING			
	7	8	9	10	11	
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	93,164	211	12,228		39	105
106 HEART ACQUISITION	6,905	16	906		11	106
107 LIVER ACQUISITION	37,407	85	4,910		26	107
109 PANCREAS ACQUISITION	7,544	17	1,035			109
116 HOSPICE	96,806	219	12,706		115	116
118 SUBTOTALS (SUM OF LINES 1-117)	27,647,668	62,481	3,539,508	4,896,964	14,885	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	52,080	118	6,836			190
191 RESEARCH	60,141	136	7,894			191
191.01 SPONSERED PROJECT					20	191.01
194 REAL ESTATE					7	194
194.01 MARKETING, OTHER NON-REIMB					102	194.01
194.02 OTHER COMPANY WIDE ACTIVITY						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	27,759,889	62,735	3,554,238	4,896,964	15,014	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	
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 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 ADMINISTRATIVE & GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,357,220					13
14 CENTRAL SERVICES & SUPPLY		3,761,111				14
15 PHARMACY		16,086	1,401,562			15
16 MEDICAL RECORDS & LIBRARY		295	245	203,785		16
17 SOCIAL SERVICE		260			123,074	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD		4,774				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM-(CHAPLAINCY)						23.01
23.02 PARAMED ED PRGM-(NM SCHL)						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	636,301	172,068	235,180	19,330	72,552	30
31 INTENSIVE CARE UNIT	171,603	96,907	125,046	5,316	10,707	31
35 SPECIAL CARE NURSERY	99,507	25,488	2,835	4,197	9,858	35
40 SUBPROVIDER - IPF		861	55	857		40
43 NURSERY				1,199	12	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	155,835	1,643,165	66,058	25,155		50
51 RECOVERY ROOM	50,322	7,405	58,584	2,115		51
52 DELIVERY ROOM & LABOR ROOM	103,903	70,630	56,703	6,108	1,206	52
53 ANESTHESIOLOGY		54,489	93,693	2,025		53
54 RADIOLOGY-DIAGNOSTIC		243,645	43,330	11,580		54
55 RADIOLOGY-THERAPEUTIC		7,683	2,241	6,175	4,923	55
56 RADIOISOTOPE		102,921	550	2,592		56
57 CT SCAN		30,005	8,210	9,630		57
58 MRI		26,836	110,932	7,485		58
59 CARDIAC CATHETERIZATION	10,394	114,384	107	12,102		59
59.01 VASCULAR LAB	1,370	309	422	1,101		59.01
59.02 CARDIAC GRAPHICS	5,599	3,134	116,310	3,438		59.02
59.03 PULMONARY FUNCTION		2,295	1,551	490		59.03
59.04 EPS	5,154	223,262	4,216	1,485		59.04
59.05 GI		66,582	6,987	3,172		59.05
60 LABORATORY		338,772	11,368	28,526		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		315,504	14,783	3,346		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	4,456	39,105	28,015	1,508		63
63.01 CELL THERAPY LAB	1,270	476		54		63.01
65 RESPIRATORY THERAPY		61,189	15,155	6,077		65
66 PHYSICAL THERAPY		10,905	410	513		66
67 OCCUPATIONAL THERAPY		1,072		285		67
69 ELECTROCARDIOLOGY	9,290	2,787	92,042	1,181		69
70 ELECTROENCEPHALOGRAPHY		4,584		1,363		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS				6,917		71
72 IMPL. DEV. CHARGED TO PATIENTS				6,480		72
73 DRUGS CHARGED TO PATIENTS				11,503		73
76.97 CARDIAC REHABILITATION	1,829	186	9	119		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	7,176	1,332	25,502	167	11,692	90
90.01 PSYCH CLINIC	8,313	1,050	50,961	463		90.01
90.02 TRANSPLANT CLINIC	5,048	2,722	4,438	222		90.02
90.03 OB CLINIC		1,205	1,123	115	1,231	90.03
91 EMERGENCY	72,162	46,952	70,558	6,841	9,846	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	7,688	2,717	4,922	417	320	92.01
OTHER REIMBURSABLE COST CENTERS						

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		48	988	941		105
106 HEART ACQUISITION		14		101		106
107 LIVER ACQUISITION		45	541	426		107
109 PANCREAS ACQUISITION				76		109
116 HOSPICE		3,252	147,195	592		116
118 SUBTOTALS (SUM OF LINES 1-117)	1,357,220	3,747,401	1,401,265	203,785	122,409	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH		119	245		665	191
191.01 SPONSERED PROJECT		8				191.01
194 REAL ESTATE		5,786				194
194.01 MARKETING, OTHER NON-REIMB		7,797	52			194.01
194.02 OTHER COMPANY WIDE ACTIVITY						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,357,220	3,761,111	1,401,562	203,785	123,074	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION PHARMACY 23	PARAMED EDUCATION CHAPLAINCY 23.01	PARAMED EDUCATION SCHOOLS 23.02	
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 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 ADMINISTRATIVE & GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	1,948,814					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		169,132				22
23 PARAMED ED PRGM-(SPECIFY)			19,267			23
23.01 PARAMED ED PRGM-(CHAPLAINCY)				12,131		23.01
23.02 PARAMED ED PRGM-(NM SCHL)					33,177	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS						30
31 INTENSIVE CARE UNIT						31
35 SPECIAL CARE NURSERY						35
40 SUBPROVIDER - IPF						40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION						59
59.01 VASCULAR LAB						59.01
59.02 CARDIAC GRAPHICS						59.02
59.03 PULMONARY FUNCTION						59.03
59.04 EPS						59.04
59.05 GI						59.05
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
63.01 CELL THERAPY LAB						63.01
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 PSYCH CLINIC						90.01
90.02 TRANSPLANT CLINIC						90.02
90.03 OB CLINIC						90.03
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						

PROVIDER CCN: 14-0281 NORTHWESTERN MEMORIAL HOSPITAL
 PERIOD FROM 09/01/2011 TO 08/31/2012

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

VERSION: 2013.11
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION PHARMACY 23	PARAMED EDUCATION CHAPLAINCY 23.01	PARAMED EDUCATION SCHOOLS 23.02	
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION						105
106 HEART ACQUISITION						106
107 LIVER ACQUISITION						107
109 PANCREAS ACQUISITION						109
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)						118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH						191
191.01 SPONSERED PROJECT						191.01
194 REAL ESTATE						194
194.01 MARKETING, OTHER NON-REIMB						194.01
194.02 OTHER COMPANY WIDE ACTIVITY						194.02
200 CROSS FOOT ADJUSTMENTS	1,948,814	169,132	19,267	12,131	33,177	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,948,814	169,132	19,267	12,131	33,177	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS DEPARTMENT				4
5.01 NONPATIENT PHONES				5.01
5.02 DATA PROCESSING				5.02
5.03 PURCHASING RECEIVING & STORES				5.03
5.04 ADMITTING				5.04
5.05 ADMINISTRATIVE & GENERAL				5.05
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE				17
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SERVICES-SALARY & FRINGES APPRVD				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED PRGM-(SPECIFY)				23
23.01 PARAMED ED PRGM-(CHAPLAINCY)				23.01
23.02 PARAMED ED PRGM-(NM SCHL)				23.02
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	29,652,922		29,652,922	30
31 INTENSIVE CARE UNIT	5,965,433		5,965,433	31
35 SPECIAL CARE NURSERY	3,288,674		3,288,674	35
40 SUBPROVIDER - IPF	1,502,738		1,502,738	40
43 NURSERY	51,142		51,142	43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	13,572,013		13,572,013	50
51 RECOVERY ROOM	939,696		939,696	51
52 DELIVERY ROOM & LABOR ROOM	3,793,177		3,793,177	52
53 ANESTHESIOLOGY	924,544		924,544	53
54 RADIOLOGY-DIAGNOSTIC	8,756,717		8,756,717	54
55 RADIOLOGY-THERAPEUTIC	4,722,937		4,722,937	55
56 RADIOISOTOPE	1,904,607		1,904,607	56
57 CT SCAN	1,465,555		1,465,555	57
58 MRI	5,534,733		5,534,733	58
59 CARDIAC CATHETERIZATION	1,341,411		1,341,411	59
59.01 VASCULAR LAB	351,514		351,514	59.01
59.02 CARDIAC GRAPHICS	817,979		817,979	59.02
59.03 PULMONARY FUNCTION	294,580		294,580	59.03
59.04 EPS	2,103,553		2,103,553	59.04
59.05 GI	2,286,833		2,286,833	59.05
60 LABORATORY	5,023,409		5,023,409	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	503,128		503,128	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRANS.	643,954		643,954	63
63.01 CELL THERAPY LAB	224,468		224,468	63.01
65 RESPIRATORY THERAPY	865,673		865,673	65
66 PHYSICAL THERAPY	302,014		302,014	66
67 OCCUPATIONAL THERAPY	84,439		84,439	67
69 ELECTROCARDIOLOGY	522,222		522,222	69
70 ELECTROENCEPHALOGRAPHY	954,294		954,294	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	579,139		579,139	71
72 IMPL. DEV. CHARGED TO PATIENTS	635,070		635,070	72
73 DRUGS CHARGED TO PATIENTS	668,816		668,816	73
76.97 CARDIAC REHABILITATION	16,999		16,999	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	397,692		397,692	90
90.01 PSYCH CLINIC	238,147		238,147	90.01
90.02 TRANSPLANT CLINIC	551,537		551,537	90.02
90.03 OB CLINIC	584,375		584,375	90.03
91 EMERGENCY	2,697,613		2,697,613	91
92 OBSERVATION BEDS (NON-DISTINCT PART)				92
92.01 OBSERVATION BEDS-DISTINCT	245,489		245,489	92.01
OTHER REIMBURSABLE COST CENTERS				

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
SPECIAL PURPOSE COST CENTERS				
105 KIDNEY ACQUISITION	292,406		292,406	105
106 HEART ACQUISITION	32,002		32,002	106
107 LIVER ACQUISITION	140,259		140,259	107
109 PANCREAS ACQUISITION	24,565		24,565	109
116 HOSPICE	589,261		589,261	116
118 SUBTOTALS (SUM OF LINES 1-117)	1,060,877,729		1,060,877,729	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	67,852		67,852	190
191 RESEARCH	175,004		175,004	191
191.01 SPONSERED PROJECT	42,552		42,552	191.01
194 REAL ESTATE	14,125,508		14,125,508	194
194.01 MARKETING, OTHER NON-REIMB	79,358		79,358	194.01
194.02 OTHER COMPANY WIDE ACTIVITY				194.02
200 CROSS FOOT ADJUSTMENTS	2,182,521		2,182,521	200
201 NEGATIVE COST CENTER				201
202 TOTAL (SUM OF LINES 118-201)	122,760,524		122,760,524	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES 4	NONPATIENT PHONES PHONE CHARGES 5.01	RECON-CILIATION 5A.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	79,363,372					1
2 CAP REL COSTS-MVBLE EQUIP		34,943,018				2
4 EMPLOYEE BENEFITS DEPARTMENT	876,606	112,015	365,476,933			4
5.01 NONPATIENT PHONES	836,981	570,197	860,837	36,732,040		5.01
5.02 DATA PROCESSING	341,154	4,031,408	817,837	4,555,315	-12,636,448	5.02
5.03 PURCHASING RECEIVING & STORES	2,354	64,339	1,037,114			5.03
5.04 ADMITTING	127,923	60,099	13,967,681	810,019		5.04
5.05 ADMINISTRATIVE & GENERAL	3,763,439	870,600	29,323,685	5,840,794		5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	25,785,679	470,966	1,231,216	10,397,250		7
8 LAUNDRY & LINEN SERVICE	10,492	278				8
9 HOUSEKEEPING	1,414,198	918,218	13,069,785	337,272		9
10 DIETARY	2,077,313	681,756	5,841,597	162,583		10
11 CAFETERIA			2,748,988			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	97,531	163,243	9,211,239	896,289		13
14 CENTRAL SERVICES & SUPPLY	747,482	1,700,849	6,464,211	99,236		14
15 PHARMACY	331,907	401,642	12,909,322			15
16 MEDICAL RECORDS & LIBRARY	63,408	23,522	1,719,023	38,948		16
17 SOCIAL SERVICE		8,595	4,900,548	175,902		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	799,845	62,623		264,195		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD			1,582,672			22
23 PARAMED ED PRGM-(SPECIFY)	11,012		280,881			23
23.01 PARAMED ED PRGM-(CHAPLAINCY)	5,042		94,381			23.01
23.02 PARAMED ED PRGM-(NM SCHL)	8,691		195,690			23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	11,349,139	1,270,075	73,610,435	1,270,912		30
31 INTENSIVE CARE UNIT	1,839,475	530,002	20,298,666	364,279		31
35 SPECIAL CARE NURSERY	1,187,010	730,910	12,170,736			35
40 SUBPROVIDER - IPF	580,235	7,878	3,531,521	42,397		40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,002,956	4,131,724	21,560,033	1,585,473		50
51 RECOVERY ROOM	286,932	42,817	6,832,325	65,175		51
52 DELIVERY ROOM & LABOR ROOM	1,554,032	541,544	12,349,190	327,579		52
53 ANESTHESIOLOGY	33,574	547,085	944,222	70,516		53
54 RADIOLOGY-DIAGNOSTIC	2,180,988	3,143,805	16,461,932	122,204		54
55 RADIOLOGY-THERAPEUTIC	721,939	2,537,619	5,148,346	49,461		55
56 RADIOISOTOPE	332,152	832,035	1,905,571	42,397		56
57 CT SCAN	356,383	396,027	4,464,692	42,444		57
58 MRI	291,001	3,646,405	6,472,954	112,913		58
59 CARDIAC CATHETERIZATION	104,345	731,546	1,650,683	96,589		59
59.01 VASCULAR LAB	67,009	150,113	989,709			59.01
59.02 CARDIAC GRAPHICS	74,326	377,320	2,461,772			59.02
59.03 PULMONARY FUNCTION	91,961	71,751	337,563			59.03
59.04 EPS	122,809	1,260,507	1,322,681	136,109		59.04
59.05 GI	300,129	1,166,063	4,030,589	70,499		59.05
60 LABORATORY	981,460	1,425,809	16,191,929	691,525		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	146,664	154,170	2,319,562	70,516		63
63.01 CELL THERAPY LAB	88,976		177,185			63.01
65 RESPIRATORY THERAPY	97,236	341,740	7,410,914	76,666		65
66 PHYSICAL THERAPY	114,689	10,416	2,133,740	42,397		66
67 OCCUPATIONAL THERAPY	30,405	750	1,036,010			67
69 ELECTROCARDIOLOGY	146,495	74,790	936,313			69
70 ELECTROENCEPHALOGRAPHY	278,340	201,123	1,906,875	42,397		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION		4,928	348,505	42,397		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	133,407	20,520	1,770,238			90
90.01 PSYCH CLINIC	11,420	3,442	4,674,083	877,317		90.01
90.02 TRANSPLANT CLINIC	193,228	14,110	642,520	171,936		90.02
90.03 OB CLINIC	345,057	83,707	1,795,691	70,516		90.03
91 EMERGENCY	954,806	157,993	10,150,612	127,191		91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT		157,268	1,707,224			92.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP	CAP	EMPLOYEE	NONPATIENT	RECON- CILIATION
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS DEPARTMENT GROSS SALARIES	PHONES PHONE CHARGES	
	1	2	4	5.01	5A.02
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
105 KIDNEY ACQUISITION	47,835	430	1,565,522	421,458	105
106 HEART ACQUISITION	3,630		380,115		106
107 LIVER ACQUISITION	17,051	212	875,405	279,930	107
109 PANCREAS ACQUISITION	1,816		61,777		109
116 HOSPICE	66,629	5,257	2,333,598	4,536,753	116
118 SUBTOTALS (SUM OF LINES 1-117)	65,436,596	34,912,241	361,218,145	35,427,749	-12,636,448 118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,389	66	13,005		190
191 RESEARCH	63,687	8,867	1,606,919		191
191.01 SPONSERED PROJECT		509	539,421	42,397	191.01
194 REAL ESTATE	13,854,700	18,832	118,634	1,109,236	194
194.01 MARKETING, OTHER NON-REIMB		2,503	1,980,809	152,658	194.01
194.02 OTHER COMPANY WIDE ACTIVITY					194.02
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	79,524,125	43,236,399	82,344,014	2,617,914	202
203 UNIT COST MULT-WS B PT I	1.002026	1.237340	0.225306	0.071271	203
204 COST TO BE ALLOC PER B PT II			1,016,983	1,546,601	204
205 UNIT COST MULT-WS B PT II			0.002783	0.042105	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DATA	RECON- CILIATION	PURCH	ADMITTING	RECON- CILIATION
	PROCESSING		REC STORES	GROSS	
	ACCUM		ACCUM	CHARGES	
	COST		COST		
	5.02		5.03	5.04	
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 NONPATIENT PHONES					5.01
5.02 DATA PROCESSING	1,109,022,179				5.02
5.03 PURCHASING RECEIVING & STORES	770,973	-779,757	1,120,878,870		5.03
5.04 ADMITTING	22,584,792		22,842,123	4,970,621,470	5.04
5.05 ADMINISTRATIVE & GENERAL	201,257,426		203,550,800		5.05
6 MAINTENANCE & REPAIRS					-203,692,100
7 OPERATION OF PLANT	75,526,914		76,387,468		6
8 LAUNDRY & LINEN SERVICE	3,532,527		3,572,777		7
9 HOUSEKEEPING	23,356,016		23,622,134		8
10 DIETARY	14,705,964		14,873,524		9
11 CAFETERIA	619,363		626,420		10
12 MAINTENANCE OF PERSONNEL					11
13 NURSING ADMINISTRATION	12,984,473		13,132,418		12
14 CENTRAL SERVICES & SUPPLY	17,497,032		17,696,393		13
15 PHARMACY	18,238,436		18,446,245		14
16 MEDICAL RECORDS & LIBRARY	3,061,694		3,096,579		15
17 SOCIAL SERVICE	7,645,007		7,732,114		16
19 NONPHYSICIAN ANESTHETISTS					17
20 NURSING SCHOOL					19
21 I&R SERVICES-SALARY & FRINGES APPRVD	25,010,786		25,295,759		20
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	13,853,584		14,011,432		21
23 PARAMED ED PRGM-(SPECIFY)	355,199		359,246		22
23.01 PARAMED ED PRGM-(CHAPLAINCY)	120,698		122,073		23
23.02 PARAMED ED PRGM-(NM SCHL)	514,412		520,273		23.01
INPATIENT ROUTINE SERV COST CENTERS					23.02
30 ADULTS & PEDIATRICS	117,675,294		119,016,086	471,467,295	30
31 INTENSIVE CARE UNIT	32,487,189		32,857,348	129,657,718	31
35 SPECIAL CARE NURSERY	18,338,986		18,547,940	102,377,569	35
40 SUBPROVIDER - IPF	5,243,787		5,303,535	20,896,507	40
43 NURSERY	3,931,146		3,975,937	29,235,798	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	43,511,332		44,007,100	613,530,931	50
51 RECOVERY ROOM	9,393,498		9,500,528	51,586,066	51
52 DELIVERY ROOM & LABOR ROOM	19,252,475		19,471,838	148,979,517	52
53 ANESTHESIOLOGY	2,369,548		2,396,547	49,386,326	53
54 RADIOLOGY-DIAGNOSTIC	31,147,153		31,502,044	282,439,837	54
55 RADIOLOGY-THERAPEUTIC	12,246,862		12,386,403	150,602,580	55
56 RADIOISOTOPE	5,691,313		5,756,160	63,224,856	56
57 CT SCAN	8,119,919		8,212,437	234,881,984	57
58 MRI	14,896,893		15,066,628	182,553,083	58
59 CARDIAC CATHETERIZATION	3,568,271		3,608,928	295,163,674	59
59.01 VASCULAR LAB	1,529,450		1,546,877	26,843,548	59.01
59.02 CARDIAC GRAPHICS	4,432,921		4,483,430	83,855,474	59.02
59.03 PULMONARY FUNCTION	749,493		758,033	11,942,155	59.03
59.04 EPS	3,550,802		3,591,260	36,229,373	59.04
59.05 GI	10,376,605		10,494,836	77,373,149	59.05
60 LABORATORY	48,748,828		49,304,272	696,033,162	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	13,506,293		13,660,184	81,606,065	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	5,304,238		5,364,674	36,777,825	63
63.01 CELL THERAPY LAB	612,863		619,846	1,328,817	63.01
65 RESPIRATORY THERAPY	11,246,133		11,374,271	148,229,591	65
66 PHYSICAL THERAPY	3,020,890		3,055,310	12,502,924	66
67 OCCUPATIONAL THERAPY	1,307,469		1,322,366	6,946,987	67
69 ELECTROCARDIOLOGY	1,299,003		1,313,804	28,806,804	69
70 ELECTROENCEPHALOGRAPHY	3,262,248		3,299,418	33,245,357	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	46,577,279		47,107,981	168,696,443	71
72 IMPL. DEV. CHARGED TO PATIENTS	51,415,467		52,001,295	158,050,829	72
73 DRUGS CHARGED TO PATIENTS	52,707,704		53,308,256	280,558,994	73
76.97 CARDIAC REHABILITATION	477,195		482,632	2,899,693	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	2,458,543		2,486,556	4,080,846	90
90.01 PSYCH CLINIC	8,244,177		8,338,111	11,294,349	90.01
90.02 TRANSPLANT CLINIC	1,231,363		1,245,393	5,423,048	90.02
90.03 OB CLINIC	2,178,507		2,203,329	2,801,836	90.03
91 EMERGENCY	16,334,458		16,520,573	166,853,183	91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
92.01 OBSERVATION BEDS-DISTINCT	2,428,492		2,456,162	10,160,648	92.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DATA	RECON- CILIATION	PURCH	ADMITTING	RECON- CILIATION		
	PROCESSING		REC	STORES		GROSS	
	ACCUM		ACCUM	CHARGES			
	COST		COST				
	5.02		5.03	5.04			
OTHER REIMBURSABLE COST CENTERS							
SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION	9,395,452	9,502,504	22,960,000	105		
106	HEART ACQUISITION	1,605,017	1,623,305	2,469,600	106		
107	LIVER ACQUISITION	5,392,200	5,453,639	10,390,000	107		
109	PANCREAS ACQUISITION	1,152,174	1,165,302	1,844,000	109		
116	HOSPICE	4,711,262	4,764,942	14,433,029	116		
118	SUBTOTALS (SUM OF LINES 1-117)	1,084,765,488	-779,757	1,096,345,798	4,970,621,470	-203,692,100	118
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	24,773	25,055		190		
191	RESEARCH	2,232,449	2,257,886		191		
191.01	SPONSERED PROJECT	3,246,983	3,283,979		191.01		
194	REAL ESTATE	14,011,857	14,171,508		194		
194.01	MARKETING, OTHER NON-REIMB	4,740,629	4,794,644		194.01		
194.02	OTHER COMPANY WIDE ACTIVITY				194.02		
200	CROSS FOOT ADJUSTMENTS				200		
201	NEGATIVE COST CENTER				201		
202	COST TO BE ALLOC PER B PT I	12,636,448	779,757	22,858,021	202		
203	UNIT COST MULT-WS B PT I	0.011394	0.000696	0.004599	203		
204	COST TO BE ALLOC PER B PT II	5,524,145	88,694	389,823	204		
205	UNIT COST MULT-WS B PT II	0.004981	0.000079	0.000078	205		

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMIN +	OPERATION	LAUNDRY	HOUSE-	DIETARY
	GENERAL	OF PLANT	+ LINEN	KEEPING	
	ACCUM	SQUARE	SERVICE	SQUARE	MEALS
	COST	FEET	FEET	FEET	SERVED
	5.05	7	8	9	10
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5.01 NONPATIENT PHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING RECEIVING & STORES					5.03
5.04 ADMITTING					5.04
5.05 ADMINISTRATIVE & GENERAL	917,966,527				5.05
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT	76,440,634	1,608,138			7
8 LAUNDRY & LINEN SERVICE	3,575,264	572	1,607,566		8
9 HOUSEKEEPING	23,638,575	38,884	38,884	1,568,702	9
10 DIETARY	14,883,876	90,659	90,659	90,659	674,961 10
11 CAFETERIA	626,856				11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	13,141,558	42,900	42,900	42,900	13
14 CENTRAL SERVICES & SUPPLY	17,708,710	34,594	34,594	34,594	14
15 PHARMACY	18,459,084	15,463	15,463	15,463	15
16 MEDICAL RECORDS & LIBRARY	3,098,734	3,458	3,458	3,458	16
17 SOCIAL SERVICE	7,737,496				17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD	25,313,365	38,662	38,662	38,662	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	14,021,184				22
23 PARAMED ED PRGM-(SPECIFY)	359,496	165	165	165	23
23.01 PARAMED ED PRGM-(CHAPLAINCY)	122,158	275	275	275	23.01
23.02 PARAMED ED PRGM-(NM SCHL)	520,635	910	910	910	23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	121,267,199	500,764	500,764	500,764	559,921 30
31 INTENSIVE CARE UNIT	33,476,513	100,329	100,329	100,329	85,523 31
35 SPECIAL CARE NURSERY	19,031,683	40,341	40,341	40,341	35
40 SUBPROVIDER - IPF	5,403,329	31,647	31,647	31,647	29,517 40
43 NURSERY	4,113,159				43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	46,859,358	145,571	145,571	145,571	50
51 RECOVERY ROOM	9,744,384	17,445	17,445	17,445	51
52 DELIVERY ROOM & LABOR ROOM	20,170,547	52,814	52,814	52,814	52
53 ANESTHESIOLOGY	2,625,343	1,254	1,254	1,254	53
54 RADIOLOGY-DIAGNOSTIC	32,822,910	98,630	98,630	98,630	54
55 RADIOLOGY-THERAPEUTIC	13,087,645	33,728	33,728	33,728	55
56 RADIOISOTOPE	6,050,937	18,116	18,116	18,116	56
57 CT SCAN	9,298,375	22,180	22,180	22,180	57
58 MRI	15,916,676	18,703	18,703	18,703	58
59 CARDIAC CATHETERIZATION	4,968,898	5,691	5,691	5,691	59
59.01 VASCULAR LAB	1,671,407	3,655	3,655	3,655	59.01
59.02 CARDIAC GRAPHICS	4,872,201	4,054	4,054	4,054	59.02
59.03 PULMONARY FUNCTION	813,483	5,016	5,016	5,016	59.03
59.04 EPS	3,760,379	6,698	6,698	6,698	59.04
59.05 GI	10,857,979	16,370	16,370	16,370	59.05
60 LABORATORY	52,537,776	59,502	59,502	59,502	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	14,044,997				62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	5,537,549	7,999	7,999	7,999	63
63.01 CELL THERAPY LAB	626,388	6,418	6,418	6,418	63.01
65 RESPIRATORY THERAPY	12,063,895	4,540	4,540	4,540	65
66 PHYSICAL THERAPY	3,114,937	5,993	5,993	5,993	66
67 OCCUPATIONAL THERAPY	1,355,235	1,658	1,658	1,658	67
69 ELECTROCARDIOLOGY	1,447,200	7,990	7,990	7,990	69
70 ELECTROENCEPHALOGRAPHY	3,454,609	18,959	18,959	18,959	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	47,916,603				71
72 IMPL. DEV. CHARGED TO PATIENTS	52,764,364				72
73 DRUGS CHARGED TO PATIENTS	54,635,650				73
76.97 CARDIAC REHABILITATION	496,304				76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	2,507,055	8,078	8,078	8,078	90
90.01 PSYCH CLINIC	8,395,857	623	623	623	90.01
90.02 TRANSPLANT CLINIC	1,271,201	15,523	15,523	15,523	90.02
90.03 OB CLINIC	2,217,749	4,964	4,964	4,964	90.03
91 EMERGENCY	17,299,429	55,833	55,833	55,833	91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
92.01 OBSERVATION BEDS-DISTINCT	2,504,600				92.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMIN +	OPERATION	LAUNDRY	HOUSE-	DIETARY		
	GENERAL	OF PLANT	+ LINEN	KEEPING			
	ACCUM	SQUARE	SERVICE	SQUARE	MEALS		
	COST	FEET	SQUARE	FEET	SERVED		
	5.05	7	8	9	10		
OTHER REIMBURSABLE COST CENTERS							
SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION	9,614,711	5,397	5,397	5,397	105	
106	HEART ACQUISITION	1,635,793	400	400	400	106	
107	LIVER ACQUISITION	5,505,219	2,167	2,167	2,167	107	
109	PANCREAS ACQUISITION	1,174,594	437	437	457	109	
116	HOSPICE	4,834,636	5,608	5,608	5,608	116	
118	SUBTOTALS (SUM OF LINES 1-117)	893,416,381	1,601,637	1,601,065	1,562,201	674,961	118
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	25,072	3,017	3,017	3,017	190	
191	RESEARCH	2,259,457	3,484	3,484	3,484	191	
191.01	SPONSERED PROJECT	3,286,265				191.01	
194	REAL ESTATE	14,181,371				194	
194.01	MARKETING, OTHER NON-REIMB	4,797,981				194.01	
194.02	OTHER COMPANY WIDE ACTIVITY					194.02	
200	CROSS FOOT ADJUSTMENTS					200	
201	NEGATIVE COST CENTER					201	
202	COST TO BE ALLOC PER B PT I	203,692,100	93,402,428	4,401,819	31,248,755	25,506,290	202
203	UNIT COST MULT-WS B PT I	0.221895	58.081102	2.738189	19.920135	37.789280	203
204	COST TO BE ALLOC PER B PT II	6,194,622	27,759,889	62,735	3,554,238	4,896,964	204
205	UNIT COST MULT-WS B PT II	0.006748	17.262131	0.039025	2.265719	7.255181	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	FTES	ADMINIS- TRATION DIRECT NRSING HRS	SERVICES & SUPPLY COSTED REQUIS.	COSTED REQUIS.	RECORDS + LIBRARY GROSS CHARGES	
	11	13	14	15	16	
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 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 ADMINISTRATIVE & GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	412,785					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	8,824	204,086				13
14 CENTRAL SERVICES & SUPPLY	13,000		16,111,591,766			14
15 PHARMACY	15,820		69,039,238	554,634,478		15
16 MEDICAL RECORDS & LIBRARY	3,112		1,267,189	97,042	4,970,621,470	16
17 SOCIAL SERVICE	6,340		1,117,527			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	2,138		20,489,484			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM-(CHAPLAINCY)						23.01
23.02 PARAMED ED PRGM-(NM SCHL)						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	112,393	95,681	738,489,096	93,066,192	471,467,295	30
31 INTENSIVE CARE UNIT	27,314	25,804	415,908,825	49,484,031	129,657,718	31
35 SPECIAL CARE NURSERY	15,115	14,963	109,390,009	1,121,981	102,377,569	35
40 SUBPROVIDER - IPF	4,918		3,695,027	21,573	20,896,507	40
43 NURSERY					29,235,798	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	27,879	23,433	7,021,688,914	26,140,857	613,530,931	50
51 RECOVERY ROOM	8,105	7,567	31,781,674	23,183,273	51,586,066	51
52 DELIVERY ROOM & LABOR ROOM	17,613	15,624	303,131,778	22,438,740	148,979,517	52
53 ANESTHESIOLOGY	1,945		233,859,780	37,076,825	49,386,326	53
54 RADIOLOGY-DIAGNOSTIC	22,196		1,045,685,317	17,146,838	282,439,837	54
55 RADIOLOGY-THERAPEUTIC	5,788		32,973,309	886,897	150,602,580	55
56 RADIOISOTOPE	2,211		441,721,697	217,729	63,224,856	56
57 CT SCAN	6,012		128,777,830	3,249,091	234,881,984	57
58 MRI	7,758		115,175,365	43,898,797	182,553,083	58
59 CARDIAC CATHETERIZATION	1,909	1,563	490,919,832	42,344	295,163,674	59
59.01 VASCULAR LAB	1,144	206	1,325,500	167,001	26,843,548	59.01
59.02 CARDIAC GRAPHICS	3,292	842	13,449,847	46,026,761	83,855,474	59.02
59.03 PULMONARY FUNCTION	476		9,851,737	613,582	11,942,155	59.03
59.04 EPS	1,625	775	958,205,703	1,668,491	36,229,373	59.04
59.05 GI	6,146		285,759,786	2,765,080	77,373,149	59.05
60 LABORATORY	27,316		1,453,956,945	4,498,610	696,033,162	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS			1,354,096,500	5,850,000	81,606,065	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	3,544	670	167,830,692	11,086,338	36,777,825	63
63.01 CELL THERAPY LAB	203	191	2,042,487		1,328,817	63.01
65 RESPIRATORY THERAPY	10,978		262,613,318	5,997,404	148,229,591	65
66 PHYSICAL THERAPY	2,950		46,800,941	162,174	12,502,924	66
67 OCCUPATIONAL THERAPY	1,556		4,602,589		6,946,987	67
69 ELECTROCARDIOLOGY	1,578	1,397	11,962,234	36,423,456	28,806,804	69
70 ELECTROENCEPHALOGRAPHY	2,998		19,672,755		33,245,357	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					168,696,443	71
72 IMPL. DEV. CHARGED TO PATIENTS					158,050,829	72
73 DRUGS CHARGED TO PATIENTS					280,558,994	73
76.97 CARDIAC REHABILITATION	370	275	798,817	3,398	2,899,693	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,500	1,079	5,716,224	10,091,878	4,080,846	90
90.01 PSYCH CLINIC	7,209	1,250	4,505,316	20,166,490	11,294,349	90.01
90.02 TRANSPLANT CLINIC	907	759	11,680,775	1,756,054	5,423,048	90.02
90.03 OB CLINIC	1,818		5,172,798	444,531	2,801,836	90.03
91 EMERGENCY	14,344	10,851	201,509,820	27,921,722	166,853,183	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	2,637	1,156	11,660,134	1,947,779	10,160,648	92.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	FTES	ADMINIS- TRATION DIRECT NRSING HRS	SERVICES & SUPPLY COSTED REQUIS.	COSTED REQUIS.	RECORDS + LIBRARY GROSS CHARGES	
	11	13	14	15	16	
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	1,073		207,385	390,835	22,960,000	105
106 HEART ACQUISITION	292		60,752		2,469,600	106
107 LIVER ACQUISITION	707		193,974	214,094	10,390,000	107
109 PANCREAS ACQUISITION	1				1,844,000	109
116 HOSPICE	3,165		13,958,364	58,249,073	14,433,029	116
118 SUBTOTALS (SUM OF LINES 1-117)	409,219	204,086	16,052,747,284	554,516,961	4,970,621,470	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1					190
191 RESEARCH	1		511,759	96,889		191
191.01 SPONSERED PROJECT	555		35,264			191.01
194 REAL ESTATE	196		24,834,181			194
194.01 MARKETING, OTHER NON-REIMB	2,813		33,463,278	20,628		194.01
194.02 OTHER COMPANY WIDE ACTIVITY						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	765,952	19,537,699	24,455,406	23,937,693	4,077,412	202
203 UNIT COST MULT-WS B PT I	1.855571	95.732676	0.001518	0.043159	0.000820	203
204 COST TO BE ALLOC PER B PT II	15,014	1,357,220	3,761,111	1,401,562	203,785	204
205 UNIT COST MULT-WS B PT II	0.036372	6.650236	0.000233	0.002527	0.000041	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION PHARMACY PATIENT DAYS	PARAMED EDUCATION CHAPLAINCY PATIENT DAYS	
	TIME SPENT	TIME	TIME	DAYS	DAYS	
	17	21	22	23	23.01	
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 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 ADMINISTRATIVE & GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE	10,000					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD		8,888				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD			8,888			22
23 PARAMED ED PRGM-(SPECIFY)				224,987		23
23.01 PARAMED ED PRGM-(CHAPLAINCY)					224,987	23.01
23.02 PARAMED ED PRGM-(NM SCHL)						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	5,895	2,308	2,308	186,640	186,640	30
31 INTENSIVE CARE UNIT	870	979	979	28,508	28,508	31
35 SPECIAL CARE NURSERY	801	54	54			35
40 SUBPROVIDER - IPF		271	271	9,839	9,839	40
43 NURSERY	1					43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		2,223	2,223			50
51 RECOVERY ROOM	5	103	103			51
52 DELIVERY ROOM & LABOR ROOM	98	367	367			52
53 ANESTHESIOLOGY		15	15			53
54 RADIOLOGY-DIAGNOSTIC		674	674			54
55 RADIOLOGY-THERAPEUTIC	400	215	215			55
56 RADIOISOTOPE		29	29			56
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION		58	58			59
59.01 VASCULAR LAB						59.01
59.02 CARDIAC GRAPHICS		89	89			59.02
59.03 PULMONARY FUNCTION		33	33			59.03
59.04 EPS						59.04
59.05 GI		56	56			59.05
60 LABORATORY		549	549			60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		42	42			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
63.01 CELL THERAPY LAB						63.01
65 RESPIRATORY THERAPY		29	29			65
66 PHYSICAL THERAPY		3	3			66
67 OCCUPATIONAL THERAPY		3	3			67
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY		24	24			70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION		1	1			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	950	156	156			90
90.01 PSYCH CLINIC		50	50			90.01
90.02 TRANSPLANT CLINIC		50	50			90.02
90.03 OB CLINIC	100	172	172			90.03
91 EMERGENCY	800	306	306			91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	26					92.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE TIME SPENT 17	I&R SALARY & FRINGES ASSIGNED TIME 21	I&R PROGRAM COSTS ASSIGNED TIME 22	PARAMED EDUCATION PHARMACY PATIENT DAYS 23	PARAMED EDUCATION CHAPLAINCY PATIENT DAYS 23.01	
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION						105
106 HEART ACQUISITION						106
107 LIVER ACQUISITION						107
109 PANCREAS ACQUISITION						109
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	9,946	8,859	8,859	224,987	224,987	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH	54	29	29			191
191.01 SPONSERED PROJECT						191.01
194 REAL ESTATE						194
194.01 MARKETING, OTHER NON-REIMB						194.01
194.02 OTHER COMPANY WIDE ACTIVITY						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	9,467,868	34,086,892	17,132,415	452,588	171,467	202
203 UNIT COST MULT-WS B PT I	946.786800	3,835.158866	1,927.589446	2.011618	0.762120	203
204 COST TO BE ALLOC PER B PT II	123,074	1,948,814	169,132	19,267	12,131	204
205 UNIT COST MULT-WS B PT II	12.307400	219.263501	19.029253	0.085636	0.053919	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED EDUCATION SCHOOLS PATIENT DAYS 23.02	
GENERAL SERVICE COST CENTERS		
1 CAP REL COSTS-BLDG & FIXT		1
2 CAP REL COSTS-MVBLE EQUIP		2
4 EMPLOYEE BENEFITS DEPARTMENT		4
5.01 NONPATIENT PHONES		5.01
5.02 DATA PROCESSING		5.02
5.03 PURCHASING RECEIVING & STORES		5.03
5.04 ADMITTING		5.04
5.05 ADMINISTRATIVE & GENERAL		5.05
6 MAINTENANCE & REPAIRS		6
7 OPERATION OF PLANT		7
8 LAUNDRY & LINEN SERVICE		8
9 HOUSEKEEPING		9
10 DIETARY		10
11 CAFETERIA		11
12 MAINTENANCE OF PERSONNEL		12
13 NURSING ADMINISTRATION		13
14 CENTRAL SERVICES & SUPPLY		14
15 PHARMACY		15
16 MEDICAL RECORDS & LIBRARY		16
17 SOCIAL SERVICE		17
19 NONPHYSICIAN ANESTHETISTS		19
20 NURSING SCHOOL		20
21 I&R SERVICES-SALARY & FRINGES APPRVD		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		22
23 PARAMED ED PRGM-(SPECIFY)		23
23.01 PARAMED ED PRGM-(CHAPLAINCY)		23.01
23.02 PARAMED ED PRGM-(NM SCHL)	224,987	23.02
INPATIENT ROUTINE SERV COST CENTERS		
30 ADULTS & PEDIATRICS	186,640	30
31 INTENSIVE CARE UNIT	28,508	31
35 SPECIAL CARE NURSERY		35
40 SUBPROVIDER - IPF	9,839	40
43 NURSERY		43
ANCILLARY SERVICE COST CENTERS		
50 OPERATING ROOM		50
51 RECOVERY ROOM		51
52 DELIVERY ROOM & LABOR ROOM		52
53 ANESTHESIOLOGY		53
54 RADIOLOGY-DIAGNOSTIC		54
55 RADIOLOGY-THERAPEUTIC		55
56 RADIOISOTOPE		56
57 CT SCAN		57
58 MRI		58
59 CARDIAC CATHETERIZATION		59
59.01 VASCULAR LAB		59.01
59.02 CARDIAC GRAPHICS		59.02
59.03 PULMONARY FUNCTION		59.03
59.04 EPS		59.04
59.05 GI		59.05
60 LABORATORY		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS		62.30
63 BLOOD STORING, PROCESSING & TRANS.		63
63.01 CELL THERAPY LAB		63.01
65 RESPIRATORY THERAPY		65
66 PHYSICAL THERAPY		66
67 OCCUPATIONAL THERAPY		67
69 ELECTROCARDIOLOGY		69
70 ELECTROENCEPHALOGRAPHY		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		71
72 IMPL. DEV. CHARGED TO PATIENTS		72
73 DRUGS CHARGED TO PATIENTS		73
76.97 CARDIAC REHABILITATION		76.97
76.98 HYPERBARIC OXYGEN THERAPY		76.98
76.99 LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS		
90 CLINIC		90
90.01 PSYCH CLINIC		90.01
90.02 TRANSPLANT CLINIC		90.02
90.03 OB CLINIC		90.03
91 EMERGENCY		91
92 OBSERVATION BEDS (NON-DISTINCT PART)		92
92.01 OBSERVATION BEDS-DISTINCT		92.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED EDUCATION SCHOOLS PATIENT DAYS	
	23.02	
OTHER REIMBURSABLE COST CENTERS		
SPECIAL PURPOSE COST CENTERS		
105 KIDNEY ACQUISITION		105
106 HEART ACQUISITION		106
107 LIVER ACQUISITION		107
109 PANCREAS ACQUISITION		109
116 HOSPICE		116
118 SUBTOTALS (SUM OF LINES 1-117)	224,987	118
NONREIMBURSABLE COST CENTERS		
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		190
191 RESEARCH		191
191.01 SPONSERED PROJECT		191.01
194 REAL ESTATE		194
194.01 MARKETING, OTHER NON-REIMB		194.01
194.02 OTHER COMPANY WIDE ACTIVITY		194.02
200 CROSS FOOT ADJUSTMENTS		200
201 NEGATIVE COST CENTER		201
202 COST TO BE ALLOC PER B PT I	709,634	202
203 UNIT COST MULT-WS B PT I	3.154111	203
204 COST TO BE ALLOC PER B PT II	33,177	204
205 UNIT COST MULT-WS B PT II	0.147462	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	231,346,634		231,346,634	7,816,155	239,162,789	30
31 INTENSIVE CARE UNIT	58,624,158		58,624,158	333,883	58,958,041	31
35 SPECIAL CARE NURSERY	29,029,126		29,029,126	1,440,538	30,469,664	35
40 SUBPROVIDER - IPF	10,364,012		10,364,012	117,157	10,481,169	40
43 NURSERY	5,050,768		5,050,768		5,050,768	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	83,593,812		83,593,812	8,558,893	92,152,705	50
51 RECOVERY ROOM	15,150,409		15,150,409	51,829	15,202,238	51
52 DELIVERY ROOM & LABOR ROOM	32,082,408		32,082,408	1,654,203	33,736,611	52
53 ANESTHESIOLOGY	5,308,445		5,308,445	90,922	5,399,367	53
54 RADIOLOGY-DIAGNOSTIC	50,669,657		50,669,657	250,251	50,919,908	54
55 RADIOLOGY-THERAPEUTIC	19,316,187		19,316,187	55,270	19,371,457	55
56 RADIOISOTOPE	9,592,163		9,592,163	58,909	9,651,072	56
57 CT SCAN	13,691,911		13,691,911	37,621	13,729,532	57
58 MRI	23,192,130		23,192,130	576	23,192,706	58
59 CARDIAC CATHETERIZATION	7,673,210		7,673,210	43,207	7,716,417	59
59.01 VASCULAR LAB	2,390,462		2,390,462	16,961	2,407,423	59.01
59.02 CARDIAC GRAPHICS	8,442,999		8,442,999	111,761	8,554,760	59.02
59.03 PULMONARY FUNCTION	1,451,093		1,451,093	12,251	1,463,344	59.03
59.04 EPS	6,769,062		6,769,062	83,969	6,853,031	59.04
59.05 GI	15,216,986		15,216,986	66,711	15,283,697	59.05
60 LABORATORY	72,024,003		72,024,003		72,024,003	60
62 WHOLE BLOOD & PACKED RED BL	19,536,427		19,536,427		19,536,427	62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	8,246,255		8,246,255	50,795	8,297,050	63
63.01 CELL THERAPY LAB	1,306,418		1,306,418	12,016	1,318,434	63.01
65 RESPIRATORY THERAPY	15,906,776		15,906,776	30,696	15,937,472	65
66 PHYSICAL THERAPY	4,383,766		4,383,766	18,111	4,401,877	66
67 OCCUPATIONAL THERAPY	1,805,392		1,805,392		1,805,392	67
69 ELECTROCARDIOLOGY	4,163,882		4,163,882	54,662	4,218,544	69
70 ELECTROENCEPHALOGRAPHY	5,814,595		5,814,595	95,579	5,910,174	70
71 MEDICAL SUPPLIES CHARGED TO	58,687,389		58,687,389		58,687,389	71
72 IMPL. DEV. CHARGED TO PATIE	64,602,115		64,602,115		64,602,115	72
73 DRUGS CHARGED TO PATIENTS	66,989,086		66,989,086		66,989,086	73
76.97 CARDIAC REHABILITATION	637,182		637,182		637,182	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	5,170,531		5,170,531	27,905	5,198,436	90
90.01 PSYCH CLINIC	11,328,666		11,328,666	639,782	11,968,448	90.01
90.02 TRANSPLANT CLINIC	2,978,904		2,978,904	55,261	3,034,165	90.02
90.03 OB CLINIC	3,238,035		3,238,035	157,445	3,395,480	90.03
91 EMERGENCY	29,116,636		29,116,636		29,116,636	91
92 OBSERVATION BEDS (NON-DISTI	13,019,320		13,019,320		13,019,320	92
92.01 OBSERVATION BEDS-DISTINCT	3,310,630		3,310,630		3,310,630	92.01
OTHER REIMBURSABLE COST CENTERS						
105 KIDNEY ACQUISITION	12,221,919		12,221,919		12,221,919	105
106 HEART ACQUISITION	2,033,721		2,033,721		2,033,721	106
107 LIVER ACQUISITION	6,921,129		6,921,129		6,921,129	107
109 PANCREAS ACQUISITION	1,472,427		1,472,427		1,472,427	109
116 HOSPICE	8,913,074		8,913,074		8,913,074	116
200 SUBTOTAL (SEE INSTRUCTIONS)	1,052,783,910		1,052,783,910	21,943,319	1,074,727,229	200
201 LESS OBSERVATION BEDS	13,019,320		13,019,320		13,019,320	201
202 TOTAL (SEE INSTRUCTIONS)	1,039,764,590		1,039,764,590		1,061,707,909	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	471,562,666		471,562,666			30
31 INTENSIVE CARE UNIT	130,104,362		130,104,362			31
35 SPECIAL CARE NURSERY	102,377,569		102,377,569			35
40 SUBPROVIDER - IPF	20,896,507		20,896,507			40
43 NURSERY	29,235,798		29,235,798			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	383,524,074	230,006,857	613,530,931	0.136250	0.136250	0.150201 50
51 RECOVERY ROOM	23,392,177	28,193,889	51,586,066	0.293692	0.293692	0.294697 51
52 DELIVERY ROOM & LABOR ROOM	139,732,582	9,246,935	148,979,517	0.215348	0.215348	0.226451 52
53 ANESTHESIOLOGY	30,171,614	19,214,712	49,386,326	0.107488	0.107488	0.109329 53
54 RADIOLOGY-DIAGNOSTIC	108,626,135	173,813,702	282,439,837	0.179400	0.179400	0.180286 54
55 RADIOLOGY-THERAPEUTIC	9,935,536	140,667,044	150,602,580	0.128259	0.128259	0.128626 55
56 RADIOISOTOPE	9,521,456	55,703,400	65,224,856	0.147063	0.147063	0.147966 56
57 CT SCAN	71,295,213	163,586,771	234,881,984	0.058293	0.058293	0.058453 57
58 MRI	35,059,596	147,493,487	182,553,083	0.127043	0.127043	0.127046 58
59 CARDIAC CATHETERIZATION	22,616,300	27,254,737	49,871,037	0.153861	0.153861	0.154727 59
59.01 VASCULAR LAB	13,262,856	13,580,692	26,843,548	0.089052	0.089052	0.089683 59.01
59.02 CARDIAC GRAPHICS	34,112,055	49,743,419	83,855,474	0.100685	0.100685	0.102018 59.02
59.03 PULMONARY FUNCTION	2,042,386	9,899,769	11,942,155	0.121510	0.121510	0.122536 59.03
59.04 EPS	8,829,107	27,400,266	36,229,373	0.186839	0.186839	0.189157 59.04
59.05 GI	9,586,676	67,786,473	77,373,149	0.196670	0.196670	0.197532 59.05
60 LABORATORY	304,460,749	391,572,413	696,033,162	0.103478	0.103478	0.103478 60
62 WHOLE BLOOD & PACKED RED BL	72,563,116	9,042,949	81,606,065	0.239399	0.239399	0.239399 62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	23,182,278	13,595,547	36,777,825	0.224218	0.224218	0.225599 63
63.01 CELL THERAPY LAB	201,132	1,124,685	1,325,817	0.985368	0.985368	0.994431 63.01
65 RESPIRATORY THERAPY	145,700,270	2,529,321	148,229,591	0.107312	0.107312	0.107519 65
66 PHYSICAL THERAPY	11,756,918	746,006	12,502,924	0.350619	0.350619	0.352068 66
67 OCCUPATIONAL THERAPY	6,722,285	224,702	6,946,987	0.259881	0.259881	0.259881 67
69 ELECTROCARDIOLOGY	12,454,855	16,351,949	28,806,804	0.144545	0.144545	0.146443 69
70 ELECTROENCEPHALOGRAPHY	14,749,260	18,496,097	33,245,357	0.174899	0.174899	0.177774 70
71 MEDICAL SUPPLIES CHARGED TO	104,624,822	64,071,621	168,696,443	0.347888	0.347888	0.347888 71
72 IMPL. DEV. CHARGED TO PATIE	105,184,954	52,865,875	158,050,829	0.408743	0.408743	0.408743 72
73 DRUGS CHARGED TO PATIENTS	218,654,097	61,904,897	280,558,994	0.238770	0.238770	0.238770 73
76.97 CARDIAC REHABILITATION	6,000	2,893,693	2,899,693	0.219741	0.219741	0.219741 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	116,818	3,964,028	4,080,846	1.267024	1.267024	1.273862 90
90.01 PSYCH CLINIC	579,671	10,714,678	11,294,349	1.003038	1.003038	1.059685 90.01
90.02 TRANSPLANT CLINIC	244,492	5,148,556	5,393,048	0.552360	0.552360	0.562607 90.02
90.03 OB CLINIC	24,436	2,777,400	2,801,836	1.155683	1.155683	1.211877 90.03
91 EMERGENCY	57,349,870	109,503,313	166,853,183	0.174505	0.174505	0.174505 91
92 OBSERVATION BEDS (NON-DISTI	135,671	26,998,433	27,134,104	0.479814	0.479814	0.479814 92
92.01 OBSERVATION BEDS-DISTINCT	2,311,229	7,849,419	10,160,648	0.325829	0.325829	0.325829 92.01
OTHER REIMBURSABLE COST CENTERS						
105 KIDNEY ACQUISITION	22,960,000		22,960,000			105
106 HEART ACQUISITION	2,469,600		2,469,600			106
107 LIVER ACQUISITION	10,390,000		10,390,000			107
109 PANCREAS ACQUISITION	1,844,000		1,844,000			109
116 HOSPICE	4,128	14,428,901	14,433,029			116
200 SUBTOTAL (SEE INSTRUCTIONS)	2,774,575,316	1,980,396,636	4,754,971,952			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	2,774,575,316	1,980,396,636	4,754,971,952			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED	TOTAL PATIENT DAYS	PER	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	CAP-REL COST (COL.1 MINUS COL.2)		DIEM (COL.3 ÷ COL.4)		(COL.5 x COL.6)	
	1	2	3		5		7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	29,652,922		29,652,922	190,072	156.01	58,842	9,179,940	30
31 INTENSIVE CARE UNIT	5,965,433		5,965,433	28,488	209.40	13,807	2,891,186	31
32 CORONARY CARE UNIT								32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 SPECIAL CARE NURSERY	3,288,674		3,288,674	22,664	145.11			35
40 SUBPROVIDER - IPF	1,502,738		1,502,738	9,792	153.47	2,552	391,655	40
41 SUBPROVIDER - IRF								41
42 SUBPROVIDER I								42
43 NURSERY	51,142		51,142	26,760	1.91			43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	40,460,909		40,460,909	277,776		75,201	12,462,781	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	CAP-REL COST	TOTAL CHARGES	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)	
	(FROM WKST B, PT. II, COL. 26)	(FROM WKST C, PT. I, COL. 8)	(COL.1 + COL.2)			
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	13,572,013	613,530,931	0.022121	130,898,966	2,895,616	50
51 RECOVERY ROOM	939,696	51,586,066	0.018216	6,484,037	118,113	51
52 DELIVERY ROOM & LABOR ROOM	3,793,177	148,979,517	0.025461	179,968	4,582	52
53 ANESTHESIOLOGY	924,544	49,386,326	0.018721	10,338,692	193,551	53
54 RADIOLOGY-DIAGNOSTIC	8,756,717	282,439,837	0.031004	41,451,468	1,285,161	54
55 RADIOLOGY-THERAPEUTIC	4,722,937	150,602,580	0.031360	4,045,604	126,870	55
56 RADIOISOTOPE	1,904,607	65,224,856	0.029201	4,393,735	128,301	56
57 CT SCAN	1,465,555	234,881,984	0.006240	27,893,591	174,056	57
58 MRI	5,534,733	182,553,083	0.030318	12,672,232	384,197	58
59 CARDIAC CATHETERIZATION	1,341,411	49,871,037	0.026898	8,990,256	241,820	59
59.01 VASCULAR LAB	351,514	26,843,548	0.013095	6,245,871	81,790	59.01
59.02 CARDIAC GRAPHICS	817,979	83,855,474	0.009755	14,392,282	140,397	59.02
59.03 PULMONARY FUNCTION	294,580	11,942,155	0.024667	1,572,786	38,796	59.03
59.04 EPS	2,103,553	36,229,373	0.058062	7,808,390	453,371	59.04
59.05 GI	2,286,833	77,373,149	0.029556	4,065,273	120,153	59.05
60 LABORATORY	5,023,409	696,033,162	0.007217	121,658,177	878,007	60
62 WHOLE BLOOD & PACKED RED BLOO	503,128	81,606,065	0.006165	24,844,187	153,164	62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	643,954	36,777,825	0.017509	7,817,839	136,883	63
63.01 CELL THERAPY LAB	224,468	1,325,817	0.169305			63.01
65 RESPIRATORY THERAPY	865,673	148,229,591	0.005840	47,248,379	275,931	65
66 PHYSICAL THERAPY	302,014	12,502,924	0.024155	4,843,334	116,991	66
67 OCCUPATIONAL THERAPY	84,439	6,946,987	0.012155	2,931,944	35,638	67
69 ELECTROCARDIOLOGY	522,222	28,806,804	0.018128	5,896,964	106,900	69
70 ELECTROENCEPHALOGRAPHY	954,294	33,245,357	0.028705	4,441,517	127,494	70
71 MEDICAL SUPPLIES CHARGED TO P	579,139	168,696,443	0.003433	32,429,722	111,331	71
72 IMPL. DEV. CHARGED TO PATIENT	635,070	158,050,829	0.004018	45,144,187	181,389	72
73 DRUGS CHARGED TO PATIENTS	668,816	280,558,994	0.002384	69,951,867	166,765	73
76.97 CARDIAC REHABILITATION	16,999	2,899,693	0.005862	5,396	32	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	397,692	4,080,846	0.097453	81,746	7,966	90
90.01 PSYCH CLINIC	238,147	11,294,349	0.021086	134,113	2,828	90.01
90.02 TRANSPLANT CLINIC	551,537	5,393,048	0.102268	207,050	21,175	90.02
90.03 OB CLINIC	584,375	2,801,836	0.208569	5,194	1,083	90.03
91 EMERGENCY	2,697,613	166,853,183	0.016168	23,662,109	382,569	91
92 OBSERVATION BEDS (NON-DISTINC	1,614,213	27,134,104	0.059490	31,059	1,848	92
92.01 OBSERVATION BEDS-DISTINCT	245,489	10,160,648	0.024161	554,031	13,386	92.01
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	66,162,540	3,948,698,421		673,321,966	9,108,154	200

PROVIDER CCN: 14-0281 NORTHWESTERN MEMORIAL HOSPITAL
 PERIOD FROM 09/01/2011 TO 08/31/2012

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

VERSION: 2013.11
 03/28/2014 14:44

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
31 ADULTS & PEDIATRICS		1,106,375			1,106,375	31
32 INTENSIVE CARE UNIT		168,991			168,991	32
33 CORONARY CARE UNIT						33
34 BURN INTENSIVE CARE UNIT						34
35 SURGICAL INTENSIVE CARE UNIT						35
40 SPECIAL CARE NURSERY						40
41 SUBPROVIDER - IPF		58,323			58,323	41
42 SUBPROVIDER - IRF						42
43 SUBPROVIDER I						43
44 NURSERY						44
45 SKILLED NURSING FACILITY						45
200 NURSING FACILITY						200
200 TOTAL (SUM OF LINES 30-199)		1,333,689			1,333,689	200

PROVIDER CCN: 14-0281 NORTHWESTERN MEMORIAL HOSPITAL
 PERIOD FROM 09/01/2011 TO 08/31/2012

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

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 03/28/2014 14:44

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	190,072	5.82	58,842	342,460	30
31 INTENSIVE CARE UNIT	28,488	5.93	13,807	81,876	31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 SPECIAL CARE NURSERY	22,664				35
40 SUBPROVIDER - IPF	9,792	5.96	2,552	15,210	40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	26,760				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	277,776		75,201	439,546	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	(SUM OF COLS.1-4) 5
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION						59
59.01 VASCULAR LAB						59.01
59.02 CARDIAC GRAPHICS						59.02
59.03 PULMONARY FUNCTION						59.03
59.04 EPS						59.04
59.05 GI						59.05
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
63.01 CELL THERAPY LAB						63.01
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHARGED TO P						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 PSYCH CLINIC						90.01
90.02 TRANSPLANT CLINIC						90.02
90.03 OB CLINIC						90.03
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINC			60,227		60,227	60,227
92.01 OBSERVATION BEDS-DISTINCT						92
OTHER REIMBURSABLE COST CENTERS						92.01
200 TOTAL (SUM OF LINES 50-199)			60,227		60,227	60,227

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[XX] HOSPITAL (14-0281) [] IPF [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[XX] PPS [] TEFRA	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS										
50	OPERATING ROOM	613,530,931				130,898,966			42,601,862	50
51	RECOVERY ROOM	51,586,066				6,484,037			5,547,235	51
52	DELIVERY ROOM & LABOR ROOM	148,979,517				179,968			27,931	52
53	ANESTHESIOLOGY	49,386,326				10,338,692			4,137,499	53
54	RADIOLOGY-DIAGNOSTIC	282,439,837				41,451,468			40,710,820	54
55	RADIOLOGY-THERAPEUTIC	150,602,580				4,045,604			43,521,308	55
56	RADIOISOTOPE	65,224,856				4,393,735			20,078,607	56
57	CT SCAN	234,881,984				27,893,591			47,553,234	57
58	MRI	182,553,083				12,672,232			35,890,172	58
59	CARDIAC CATHETERIZATION	49,871,037				8,990,256			11,400,833	59
59.01	VASCULAR LAB	26,843,548				6,245,871			4,845,938	59.01
59.02	CARDIAC GRAPHICS	83,855,474				14,392,282			12,997,733	59.02
59.03	PULMONARY FUNCTION	11,942,155				1,572,786			3,339,041	59.03
59.04	EPS	36,229,373				7,808,390			9,494,097	59.04
59.05	GI	77,373,149				4,065,273			16,578,126	59.05
60	LABORATORY	696,033,162				121,658,177			15,045,073	60
62	WHOLE BLOOD & PACKED RED BLO	81,606,065				24,844,187			3,396,016	62
62.30	BLOOD CLOTTING FOR HEMOPHILI									62.30
63	BLOOD STORING, PROCESSING &	36,777,825				7,817,839			3,128,523	63
63.01	CELL THERAPY LAB	1,325,817								63.01
65	RESPIRATORY THERAPY	148,229,591				47,248,379			454,154	65
66	PHYSICAL THERAPY	12,502,924				4,843,334			367	66
67	OCCUPATIONAL THERAPY	6,946,987				2,931,944				67
69	ELECTROCARDIOLOGY	28,806,804				5,896,964			4,574,036	69
70	ELECTROENCEPHALOGRAPHY	33,245,357				4,441,517			4,399,986	70
71	MEDICAL SUPPLIES CHARGED TO	168,696,443				32,429,722			15,236,654	71
72	IMPL. DEV. CHARGED TO PATIEN	158,050,829				45,144,187			19,372,402	72
73	DRUGS CHARGED TO PATIENTS	280,558,994				69,951,867			17,249,552	73
76.97	CARDIAC REHABILITATION	2,899,693				5,396			1,075,577	76.97
76.98	HYPERBARIC OXYGEN THERAPY									76.98
76.99	LITHOTRIPSY									76.99
OUTPATIENT SERVICE COST CENTERS										
90	CLINIC	4,080,846				81,746			968,464	90
90.01	PSYCH CLINIC	11,294,349				134,113			2,230,354	90.01
90.02	TRANSPLANT CLINIC	5,393,048				207,050			1,851,086	90.02
90.03	OB CLINIC	2,801,836				5,194			37,260	90.03
91	EMERGENCY	166,853,183				23,662,109			16,919,126	91
92	OBSERVATION BEDS (NON-DISTIN	27,134,104	0.002220	0.002220		31,059			6,732,576	14,946
92.01	OBSERVATION BEDS-DISTINCT	10,160,648				554,031			1,655,703	92.01
OTHER REIMBURSABLE COST CENTERS										
200	TOTAL (SUM OF LINES 50-199)	3,948,698,421				673,321,966			69 413,051,345	14,946 200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.136250	42,601,862	53,401		5,804,504	7,276		50
51 RECOVERY ROOM	0.293692	5,547,235			1,629,179			51
52 DELIVERY ROOM & LABOR ROOM	0.215348	27,931		7	6,015		2	52
53 ANESTHESIOLOGY	0.107488	4,137,499		38	444,731		4	53
54 RADIOLOGY-DIAGNOSTIC	0.179400	40,710,820		957	7,303,521		172	54
55 RADIOLOGY-THERAPEUTIC	0.128259	43,521,308			5,581,999			55
56 RADIOISOTOPE	0.147063	20,078,607			2,952,820			56
57 CT SCAN	0.058293	47,553,234			2,772,021			57
58 MRI	0.127043	35,890,172			4,559,595			58
59 CARDIAC CATHETERIZATION	0.153861	11,400,833		45	1,754,144		7	59
59.01 VASCULAR LAB	0.089052	4,845,938			431,540			59.01
59.02 CARDIAC GRAPHICS	0.100685	12,997,733			1,308,677			59.02
59.03 PULMONARY FUNCTION	0.121510	3,339,041		364	405,727		44	59.03
59.04 EPS	0.186839	9,494,097		1,427	1,773,868		267	59.04
59.05 GI	0.196670	16,578,126			3,260,420			59.05
60 LABORATORY	0.103478	15,045,073			1,556,834			60
62 WHOLE BLOOD & PACKED RED BLOOD	0.239399	3,396,016			813,003			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63 BLOOD STORING, PROCESSING & TRA	0.224218	3,128,523			701,471			63
63.01 CELL THERAPY LAB	0.985368							63.01
65 RESPIRATORY THERAPY	0.107312	454,154		219	48,736		24	65
66 PHYSICAL THERAPY	0.350619	367			129			66
67 OCCUPATIONAL THERAPY	0.259881							67
69 ELECTROCARDIOLOGY	0.144545	4,574,036		9	661,154		1	69
70 ELECTROENCEPHALOGRAPHY	0.174899	4,399,986			769,553			70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.347888	15,236,654		7,285	5,300,649		2,534	71
72 IMPL. DEV. CHARGED TO PATIENTS	0.408743	19,372,402		11,880	7,918,334		4,856	72
73 DRUGS CHARGED TO PATIENTS	0.238770	17,249,552		22,625	4,118,676		5,402	73
76.97 CARDIAC REHABILITATION	0.219741	1,075,577			236,348			76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	1.267024	968,464			1,227,067			90
90.01 PSYCH CLINIC	1.003038	2,230,354			2,237,130			90.01
90.02 TRANSPLANT CLINIC	0.552360	1,851,086		198	1,022,466		109	90.02
90.03 OB CLINIC	1.155683	37,260			43,061			90.03
91 EMERGENCY	0.174505	16,919,126			2,952,472			91
92 OBSERVATION BEDS (NON-DISTINCT	0.479814	6,732,576			3,230,384			92
92.01 OBSERVATION BEDS-DISTINCT	0.325829	1,655,703			539,476			92.01
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		413,051,345		98,455	73,365,704		20,698	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		413,051,345		98,455	73,365,704		20,698	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [XX] IPF (14-S281) [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA	
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 + COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	13,572,013	613,530,931	0.022121	50
51	RECOVERY ROOM	939,696	51,586,066	0.018216	51
52	DELIVERY ROOM & LABOR ROOM	3,793,177	148,979,517	0.025461	291,005
53	ANESTHESIOLOGY	924,544	49,386,326	0.018721	20,862
54	RADIOLOGY-DIAGNOSTIC	8,756,717	282,439,837	0.031004	48,439
55	RADIOLOGY-THERAPEUTIC	4,722,937	150,602,580	0.031360	1,502
56	RADIOISOTOPE	1,904,607	65,224,856	0.029201	7,925
57	CT SCAN	1,465,555	234,881,984	0.006240	70,400
58	MRI	5,534,733	182,553,083	0.030318	45,665
59	CARDIAC CATHETERIZATION	1,341,411	49,871,037	0.026898	46,725
59.01	VASCULAR LAB	351,514	26,843,548	0.013095	5,616
59.02	CARDIAC GRAPHICS	817,979	83,855,474	0.009755	17,761
59.03	PULMONARY FUNCTION	294,580	11,942,155	0.024667	1,750
59.04	EPS	2,103,553	36,229,373	0.058062	
59.05	GI	2,286,833	77,373,149	0.029556	
60	LABORATORY	5,023,409	696,033,162	0.007217	563,889
62	WHOLE BLOOD & PACKED RED BLOO	503,128	81,606,065	0.006165	
62.30	BLOOD CLOTTING FOR HEMOPHILIA				4,070
63	BLOOD STORING, PROCESSING & T	643,954	36,777,825	0.017509	1,116
63.01	CELL THERAPY LAB	224,468	1,325,817	0.169305	20
65	RESPIRATORY THERAPY	865,673	148,229,591	0.005840	11,038
66	PHYSICAL THERAPY	302,014	12,502,924	0.024155	9,938
67	OCCUPATIONAL THERAPY	84,439	6,946,987	0.012155	3,014
69	ELECTROCARDIOLOGY	522,222	28,806,804	0.018128	70,410
70	ELECTROENCEPHALOGRAPHY	954,294	33,245,357	0.028705	13,185
71	MEDICAL SUPPLIES CHARGED TO P	579,139	168,696,443	0.003433	60,798
72	IMPL. DEV. CHARGED TO PATIENT	635,070	158,050,829	0.004018	3,028
73	DRUGS CHARGED TO PATIENTS	668,816	280,558,994	0.002384	401,959
76.97	CARDIAC REHABILITATION	16,999	2,899,693	0.005862	
76.98	HYPERBARIC OXYGEN THERAPY				958
76.99	LITHOTRIPSY				
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	397,692	4,080,846	0.097453	
90.01	PSYCH CLINIC	238,147	11,294,349	0.021086	68,678
90.02	TRANSPLANT CLINIC	551,537	5,393,048	0.102268	
90.03	OB CLINIC	584,375	2,801,836	0.208569	
91	EMERGENCY	2,697,613	166,853,183	0.016168	421,449
92	OBSERVATION BEDS (NON-DISTINC		27,134,104	27,134,104	
92.01	OBSERVATION BEDS-DISTINCT	245,489	10,160,648	0.024161	16,758
OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (SUM OF LINES 50-199)	64,548,327	3,948,698,421		2,201,408

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS.1-4) 5	COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION						59
59.01 VASCULAR LAB						59.01
59.02 CARDIAC GRAPHICS						59.02
59.03 PULMONARY FUNCTION						59.03
59.04 EPS						59.04
59.05 GI						59.05
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
63.01 CELL THERAPY LAB						63.01
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHARGED TO P						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 PSYCH CLINIC						90.01
90.02 TRANSPLANT CLINIC						90.02
90.03 OB CLINIC						90.03
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINC						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF COST TO CHARGES	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS
	(FROM WKST C, PT. I, COL. 8)	(COL. 5 ÷ COL. 7)	(COL. 6 ÷ COL. 7)		(COL. 8 x COL. 10)		(COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	613,530,931						50
51 RECOVERY ROOM	51,586,066			291,005			51
52 DELIVERY ROOM & LABOR ROOM	148,979,517						52
53 ANESTHESIOLOGY	49,386,326			20,862			53
54 RADIOLOGY-DIAGNOSTIC	282,439,837			48,439		1,353	54
55 RADIOLOGY-THERAPEUTIC	150,602,580						55
56 RADIOISOTOPE	65,224,856			7,925			56
57 CT SCAN	234,881,984			70,400		1,800	57
58 MRI	182,553,083			45,665			58
59 CARDIAC CATHETERIZATION	49,871,037			46,725			59
59.01 VASCULAR LAB	26,843,548			5,616			59.01
59.02 CARDIAC GRAPHICS	83,855,474			17,761			59.02
59.03 PULMONARY FUNCTION	11,942,155			1,750			59.03
59.04 EPS	36,229,373						59.04
59.05 GI	77,373,149						59.05
60 LABORATORY	696,033,162			563,889			60
62 WHOLE BLOOD & PACKED RED BLO	81,606,065						62
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
63 BLOOD STORING, PROCESSING &	36,777,825			1,116			63
63.01 CELL THERAPY LAB	1,325,817						63.01
65 RESPIRATORY THERAPY	148,229,591			11,038			65
66 PHYSICAL THERAPY	12,502,924			9,938			66
67 OCCUPATIONAL THERAPY	6,946,987			3,014			67
69 ELECTROCARDIOLOGY	28,806,804			70,410		1,769	69
70 ELECTROENCEPHALOGRAPHY	33,245,357			13,185			70
71 MEDICAL SUPPLIES CHARGED TO	168,696,443			60,798			71
72 IMPL. DEV. CHARGED TO PATIEN	158,050,829			3,028			72
73 DRUGS CHARGED TO PATIENTS	280,558,994			401,959			73
76.97 CARDIAC REHABILITATION	2,899,693					1	76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	4,080,846						90
90.01 PSYCH CLINIC	11,294,349			68,678		6,952	90.01
90.02 TRANSPLANT CLINIC	5,393,048						90.02
90.03 OB CLINIC	2,801,836						90.03
91 EMERGENCY	166,853,183			421,449			91
92 OBSERVATION BEDS (NON-DISTIN	27,134,104						92
92.01 OBSERVATION BEDS-DISTINCT	10,160,648			16,758			92.01
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	3,948,698,421			2,201,408		11,875	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-S281) [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	PPS	COST SERVICES SUBJECT TO	COST SVCES NOT SUBJECT TO
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SERVICES	DED & COINS	DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.136250						50
51 RECOVERY ROOM	0.293692						51
52 DELIVERY ROOM & LABOR ROOM	0.215348						52
53 ANESTHESIOLOGY	0.107488						53
54 RADIOLOGY-DIAGNOSTIC	0.179400	1,353			243		54
55 RADIOLOGY-THERAPEUTIC	0.128259						55
56 RADIOISOTOPE	0.147063						56
57 CT SCAN	0.058293	1,800			105		57
58 MRI	0.127043						58
59 CARDIAC CATHETERIZATION	0.153861						59
59.01 VASCULAR LAB	0.089052						59.01
59.02 CARDIAC GRAPHICS	0.100685						59.02
59.03 PULMONARY FUNCTION	0.121510						59.03
59.04 EPS	0.186839						59.04
59.05 GI	0.196670						59.05
60 LABORATORY	0.103478						60
62 WHOLE BLOOD & PACKED RED BLOOD	0.239399						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.224218						63
63.01 CELL THERAPY LAB	0.985368						63.01
65 RESPIRATORY THERAPY	0.107312						65
66 PHYSICAL THERAPY	0.350619						66
67 OCCUPATIONAL THERAPY	0.259881						67
69 ELECTROCARDIOLOGY	0.144545	1,769			256		69
70 ELECTROENCEPHALOGRAPHY	0.174899						70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.347888						71
72 IMPL. DEV. CHARGED TO PATIENTS	0.408743						72
73 DRUGS CHARGED TO PATIENTS	0.238770						73
76.97 CARDIAC REHABILITATION	0.219741	1	1				76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1.267024						90
90.01 PSYCH CLINIC	1.003038	6,952			6,973		90.01
90.02 TRANSPLANT CLINIC	0.552360						90.02
90.03 OB CLINIC	1.155683						90.03
91 EMERGENCY	0.174505						91
92 OBSERVATION BEDS (NON-DISTINCT	0.479814						92
92.01 OBSERVATION BEDS-DISTINCT	0.325829						92.01
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		11,875	1		7,577		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		11,875	1		7,577		202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL. 1 MINUS COL. 2)	(COL. 3 ÷ COL. 4)		(COL. 5 x COL. 6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	29,652,922		29,652,922	190,072	156.01	24,798	3,868,736 30
31 INTENSIVE CARE UNIT	5,965,433		5,965,433	28,488	209.40	2,179	456,283 31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 SPECIAL CARE NURSERY	3,288,674		3,288,674	22,664	145.11	5,578	809,424 35
40 SUBPROVIDER - IPF	1,502,738		1,502,738	9,792	153.47	2,122	325,663 40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY	51,142		51,142	26,760	1.91	4,753	9,078 43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	40,460,909		40,460,909	277,776		39,430	5,469,184 200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	CAP-REL COST	TOTAL CHARGES	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)
	(FROM WKST B, PT. II, COL. 26)	(FROM WKST C, PT. I, COL. 8)	(COL.1 + COL.2)		
	1	2	3	4	5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	13,572,013	613,530,931	0.022121		50
51 RECOVERY ROOM	939,696	51,586,066	0.018216		51
52 DELIVERY ROOM & LABOR ROOM	3,793,177	148,979,517	0.025461		52
53 ANESTHESIOLOGY	924,544	49,386,326	0.018721		53
54 RADIOLOGY-DIAGNOSTIC	8,756,717	282,439,837	0.031004		54
55 RADIOLOGY-THERAPEUTIC	4,722,937	150,602,580	0.031360		55
56 RADIOISOTOPE	1,904,607	65,224,856	0.029201		56
57 CT SCAN	1,465,555	234,881,984	0.006240		57
58 MRI	5,534,733	182,553,083	0.030318		58
59 CARDIAC CATHETERIZATION	1,341,411	49,871,037	0.026898		59
59.01 VASCULAR LAB	351,514	26,843,548	0.013095		59.01
59.02 CARDIAC GRAPHICS	817,979	83,855,474	0.009755		59.02
59.03 PULMONARY FUNCTION	294,580	11,942,155	0.024667		59.03
59.04 EPS	2,103,553	36,229,373	0.058062		59.04
59.05 GI	2,286,833	77,373,149	0.029556		59.05
60 LABORATORY	5,023,409	696,033,162	0.007217		60
62 WHOLE BLOOD & PACKED RED BLOO	503,128	81,606,065	0.006165		62
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
63 BLOOD STORING, PROCESSING & T	643,954	36,777,825	0.017509		63
63.01 CELL THERAPY LAB	224,468	1,325,817	0.169305		63.01
65 RESPIRATORY THERAPY	865,673	148,229,591	0.005840		65
66 PHYSICAL THERAPY	302,014	12,502,924	0.024155		66
67 OCCUPATIONAL THERAPY	84,439	6,946,987	0.012155		67
69 ELECTROCARDIOLOGY	522,222	28,806,804	0.018128		69
70 ELECTROENCEPHALOGRAPHY	954,294	33,245,357	0.028705		70
71 MEDICAL SUPPLIES CHARGED TO P	579,139	168,696,443	0.003433		71
72 IMPL. DEV. CHARGED TO PATIENT	635,070	158,050,829	0.004018		72
73 DRUGS CHARGED TO PATIENTS	668,816	280,558,994	0.002384		73
76.97 CARDIAC REHABILITATION	16,999	2,899,693	0.005862		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	397,692	4,080,846	0.097453		90
90.01 PSYCH CLINIC	238,147	11,294,349	0.021086		90.01
90.02 TRANSPLANT CLINIC	551,537	5,393,048	0.102268		90.02
90.03 OB CLINIC	584,375	2,801,836	0.208569		90.03
91 EMERGENCY	2,697,613	166,853,183	0.016168		91
92 OBSERVATION BEDS (NON-DISTINC	1,614,213	27,134,104	0.059490		92
92.01 OBSERVATION BEDS-DISTINCT	245,489	10,160,648	0.024161		92.01
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)	66,162,540	3,948,698,421			200

PROVIDER CCN: 14-0281 NORTHWESTERN MEMORIAL HOSPITAL
 PERIOD FROM 09/01/2011 TO 08/31/2012

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

VERSION: 2013.11
 03/28/2014 14:44

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
30 INPAT ROUTINE SERV COST CTRS						30
31 ADULTS & PEDIATRICS		1,106,375			1,106,375	31
32 INTENSIVE CARE UNIT		168,991			168,991	32
33 CORONARY CARE UNIT						33
34 BURN INTENSIVE CARE UNIT						34
35 SURGICAL INTENSIVE CARE UNIT						35
40 SPECIAL CARE NURSERY						40
41 SUBPROVIDER - IPF		58,323			58,323	41
42 SUBPROVIDER - IRF						42
43 SUBPROVIDER I						43
44 NURSERY						44
45 SKILLED NURSING FACILITY						45
200 NURSING FACILITY						200
TOTAL (SUM OF LINES 30-199)		1,333,689			1,333,689	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	190,072	5.82	24,798	144,324	30
31 INTENSIVE CARE UNIT	28,488	5.93	2,179	12,921	31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 SPECIAL CARE NURSERY	22,664		5,578		35
40 SUBPROVIDER - IPF	9,792	5.96	2,122	12,647	40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	26,760		4,753		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	277,776		39,430	169,892	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	HEALTH 3	MEDICAL EDUCATION COST 4
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION						59
59.01 VASCULAR LAB						59.01
59.02 CARDIAC GRAPHICS						59.02
59.03 PULMONARY FUNCTION						59.03
59.04 EPS						59.04
59.05 GI						59.05
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
63.01 CELL THERAPY LAB						63.01
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHARGED TO P						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 PSYCH CLINIC						90.01
90.02 TRANSPLANT CLINIC						90.02
90.03 OB CLINIC						90.03
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINC						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	613,530,931						50
51 RECOVERY ROOM	51,586,066						51
52 DELIVERY ROOM & LABOR ROOM	148,979,517						52
53 ANESTHESIOLOGY	49,386,326						53
54 RADIOLOGY-DIAGNOSTIC	282,439,837						54
55 RADIOLOGY-THERAPEUTIC	150,602,580						55
56 RADIOISOTOPE	65,224,856						56
57 CT SCAN	234,881,984						57
58 MRI	182,553,083						58
59 CARDIAC CATHETERIZATION	49,871,037						59
59.01 VASCULAR LAB	26,843,548						59.01
59.02 CARDIAC GRAPHICS	83,855,474						59.02
59.03 PULMONARY FUNCTION	11,942,155						59.03
59.04 EPS	36,229,373						59.04
59.05 GI	77,373,149						59.05
60 LABORATORY	696,033,162						60
62 WHOLE BLOOD & PACKED RED BLO	81,606,065						62
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
63 BLOOD STORING, PROCESSING &	36,777,825						63
63.01 CELL THERAPY LAB	1,325,817						63.01
65 RESPIRATORY THERAPY	148,229,591						65
66 PHYSICAL THERAPY	12,502,924						66
67 OCCUPATIONAL THERAPY	6,946,987						67
69 ELECTROCARDIOLOGY	28,806,804						69
70 ELECTROENCEPHALOGRAPHY	33,245,357						70
71 MEDICAL SUPPLIES CHARGED TO	168,696,443						71
72 IMPL. DEV. CHARGED TO PATIEN	158,050,829						72
73 DRUGS CHARGED TO PATIENTS	280,558,994						73
76.97 CARDIAC REHABILITATION	2,899,693						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	4,080,846						90
90.01 PSYCH CLINIC	11,294,349						90.01
90.02 TRANSPLANT CLINIC	5,393,048						90.02
90.03 OB CLINIC	2,801,836						90.03
91 EMERGENCY	166,853,183						91
92 OBSERVATION BEDS (NON-DISTIN	27,134,104						92
92.01 OBSERVATION BEDS-DISTINCT	10,160,648						92.01
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	3,948,698,421						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.136250						50
51 RECOVERY ROOM	0.293692						51
52 DELIVERY ROOM & LABOR ROOM	0.215348						52
53 ANESTHESIOLOGY	0.107488						53
54 RADIOLOGY-DIAGNOSTIC	0.179400						54
55 RADIOLOGY-THERAPEUTIC	0.128259						55
56 RADIOISOTOPE	0.147063						56
57 CT SCAN	0.058293						57
58 MRI	0.127043						58
59 CARDIAC CATHETERIZATION	0.153861						59
59.01 VASCULAR LAB	0.089052						59.01
59.02 CARDIAC GRAPHICS	0.100685						59.02
59.03 PULMONARY FUNCTION	0.121510						59.03
59.04 EPS	0.186839						59.04
59.05 GI	0.196670						59.05
60 LABORATORY	0.103478						60
62 WHOLE BLOOD & PACKED RED BLOOD	0.239399						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.224218						63
63.01 CELL THERAPY LAB	0.985368						63.01
65 RESPIRATORY THERAPY	0.107312						65
66 PHYSICAL THERAPY	0.350619						66
67 OCCUPATIONAL THERAPY	0.259881						67
69 ELECTROCARDIOLOGY	0.144545						69
70 ELECTROENCEPHALOGRAPHY	0.174899						70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.347888						71
72 IMPL. DEV. CHARGED TO PATIENTS	0.408743						72
73 DRUGS CHARGED TO PATIENTS	0.238770						73
76.97 CARDIAC REHABILITATION	0.219741						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1.267024						90
90.01 PSYCH CLINIC	1.003038						90.01
90.02 TRANSPLANT CLINIC	0.552360						90.02
90.03 OB CLINIC	1.155683						90.03
91 EMERGENCY	0.174505						91
92 OBSERVATION BEDS (NON-DISTINCT	0.479814						92
92.01 OBSERVATION BEDS-DISTINCT	0.325829						92.01
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [XX] IPF (14-S281) [] IRF	[] SUB (OTHER)	[] PPS [] TEFRA [XX] OTHER	
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 + COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	13,572,013	613,530,931	0.022121	50
51	RECOVERY ROOM	939,696	51,586,066	0.018216	51
52	DELIVERY ROOM & LABOR ROOM	3,793,177	148,979,517	0.025461	52
53	ANESTHESIOLOGY	924,544	49,386,326	0.018721	53
54	RADIOLOGY-DIAGNOSTIC	8,756,717	282,439,837	0.031004	54
55	RADIOLOGY-THERAPEUTIC	4,722,937	150,602,580	0.031360	55
56	RADIOISOTOPE	1,904,607	65,224,856	0.029201	56
57	CT SCAN	1,465,555	234,881,984	0.006240	57
58	MRI	5,534,733	182,553,083	0.030318	58
59	CARDIAC CATHETERIZATION	1,341,411	49,871,037	0.026898	59
59.01	VASCULAR LAB	351,514	26,843,548	0.013095	59.01
59.02	CARDIAC GRAPHICS	817,979	83,855,474	0.009755	59.02
59.03	PULMONARY FUNCTION	294,580	11,942,155	0.024667	59.03
59.04	EPS	2,103,553	36,229,373	0.058062	59.04
59.05	GI	2,286,833	77,373,149	0.029556	59.05
60	LABORATORY	5,023,409	696,033,162	0.007217	60
62	WHOLE BLOOD & PACKED RED BLOO	503,128	81,606,065	0.006165	62
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
63	BLOOD STORING, PROCESSING & T	643,954	36,777,825	0.017509	63
63.01	CELL THERAPY LAB	224,468	1,325,817	0.169305	63.01
65	RESPIRATORY THERAPY	865,673	148,229,591	0.005840	65
66	PHYSICAL THERAPY	302,014	12,502,924	0.024155	66
67	OCCUPATIONAL THERAPY	84,439	6,946,987	0.012155	67
69	ELECTROCARDIOLOGY	522,222	28,806,804	0.018128	69
70	ELECTROENCEPHALOGRAPHY	954,294	33,245,357	0.028705	70
71	MEDICAL SUPPLIES CHARGED TO P	579,139	168,696,443	0.003433	71
72	IMPL. DEV. CHARGED TO PATIENT	635,070	158,050,829	0.004018	72
73	DRUGS CHARGED TO PATIENTS	668,816	280,558,994	0.002384	73
76.97	CARDIAC REHABILITATION	16,999	2,899,693	0.005862	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	397,692	4,080,846	0.097453	90
90.01	PSYCH CLINIC	238,147	11,294,349	0.021086	90.01
90.02	TRANSPLANT CLINIC	551,537	5,393,048	0.102268	90.02
90.03	OB CLINIC	584,375	2,801,836	0.208569	90.03
91	EMERGENCY	2,697,613	166,853,183	0.016168	91
92	OBSERVATION BEDS (NON-DISTINC		27,134,104	27,134,104	92
92.01	OBSERVATION BEDS-DISTINCT	245,489	10,160,648	0.024161	92.01
OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (SUM OF LINES 50-199)	64,548,327	3,948,698,421		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			MEDICAL	COST	COST
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS.1-4)	COLS.2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION						59
59.01 VASCULAR LAB						59.01
59.02 CARDIAC GRAPHICS						59.02
59.03 PULMONARY FUNCTION						59.03
59.04 EPS						59.04
59.05 GI						59.05
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
63.01 CELL THERAPY LAB						63.01
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHARGED TO P						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 PSYCH CLINIC						90.01
90.02 TRANSPLANT CLINIC						90.02
90.03 OB CLINIC						90.03
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINC						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT	INPAT PGM	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO		PASS-THRU		PASS-THRU
	(FROM WKST	CHARGES	CHARGES	PGM	COSTS	CHARGES	COSTS
	C, PT. I,	(COL. 5 ÷	(COL. 6 ÷	CHARGES	(COL. 8 x	(COL. 9 x	(COL. 9 x
	COL. 8)	COL. 7)	COL. 7)		COL. 10)	COL. 12)	COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	613,530,931						50
51 RECOVERY ROOM	51,586,066						51
52 DELIVERY ROOM & LABOR ROOM	148,979,517						52
53 ANESTHESIOLOGY	49,386,326						53
54 RADIOLOGY-DIAGNOSTIC	282,439,837						54
55 RADIOLOGY-THERAPEUTIC	150,602,580						55
56 RADIOISOTOPE	65,224,856						56
57 CT SCAN	234,881,984						57
58 MRI	182,553,083						58
59 CARDIAC CATHETERIZATION	49,871,037						59
59.01 VASCULAR LAB	26,843,548						59.01
59.02 CARDIAC GRAPHICS	83,855,474						59.02
59.03 PULMONARY FUNCTION	11,942,155						59.03
59.04 EPS	36,229,373						59.04
59.05 GI	77,373,149						59.05
60 LABORATORY	696,033,162						60
62 WHOLE BLOOD & PACKED RED BLO	81,606,065						62
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
63 BLOOD STORING, PROCESSING &	36,777,825						63
63.01 CELL THERAPY LAB	1,325,817						63.01
65 RESPIRATORY THERAPY	148,229,591						65
66 PHYSICAL THERAPY	12,502,924						66
67 OCCUPATIONAL THERAPY	6,946,987						67
69 ELECTROCARDIOLOGY	28,806,804						69
70 ELECTROENCEPHALOGRAPHY	33,245,357						70
71 MEDICAL SUPPLIES CHARGED TO	168,696,443						71
72 IMPL. DEV. CHARGED TO PATIEN	158,050,829						72
73 DRUGS CHARGED TO PATIENTS	280,558,994						73
76.97 CARDIAC REHABILITATION	2,899,693						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	4,080,846						90
90.01 PSYCH CLINIC	11,294,349						90.01
90.02 TRANSPLANT CLINIC	5,393,048						90.02
90.03 OB CLINIC	2,801,836						90.03
91 EMERGENCY	166,853,183						91
92 OBSERVATION BEDS (NON-DISTIN	27,134,104						92
92.01 OBSERVATION BEDS-DISTINCT	10,160,648						92.01
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	3,948,698,421						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 [] TITLE XVIII-PT B [XX] IPF (14-S281) [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	COST SERVICES	COST SVCES NOT SUBJECT TO	
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.136250						50
51 RECOVERY ROOM	0.293692						51
52 DELIVERY ROOM & LABOR ROOM	0.215348						52
53 ANESTHESIOLOGY	0.107488						53
54 RADIOLOGY-DIAGNOSTIC	0.179400						54
55 RADIOLOGY-THERAPEUTIC	0.128259						55
56 RADIOISOTOPE	0.147063						56
57 CT SCAN	0.058293						57
58 MRI	0.127043						58
59 CARDIAC CATHETERIZATION	0.153861						59
59.01 VASCULAR LAB	0.089052						59.01
59.02 CARDIAC GRAPHICS	0.100685						59.02
59.03 PULMONARY FUNCTION	0.121510						59.03
59.04 EPS	0.186839						59.04
59.05 GI	0.196670						59.05
60 LABORATORY	0.103478						60
62 WHOLE BLOOD & PACKED RED BLOOD	0.239399						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.224218						63
63.01 CELL THERAPY LAB	0.985368						63.01
65 RESPIRATORY THERAPY	0.107312						65
66 PHYSICAL THERAPY	0.350619						66
67 OCCUPATIONAL THERAPY	0.259881						67
69 ELECTROCARDIOLOGY	0.144545						69
70 ELECTROENCEPHALOGRAPHY	0.174899						70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.347888						71
72 IMPL. DEV. CHARGED TO PATIENTS	0.408743						72
73 DRUGS CHARGED TO PATIENTS	0.238770						73
76.97 CARDIAC REHABILITATION	0.219741						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1.267024						90
90.01 PSYCH CLINIC	1.003038						90.01
90.02 TRANSPLANT CLINIC	0.552360						90.02
90.03 OB CLINIC	1.155683						90.03
91 EMERGENCY	0.174505						91
92 OBSERVATION BEDS (NON-DISTINCT	0.479814						92
92.01 OBSERVATION BEDS-DISTINCT	0.325829						92.01
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0281) [] 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)	190,072	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	190,072	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	179,725	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)	58,842	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)	239,162,789	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	239,162,789	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)	239,162,789	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,258.27 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 74,039,123 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 74,039,123 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	58,958,041	28,488	2,069.57	13,807	28,574,553	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 SPECIAL CARE NURSERY	30,469,664	22,664	1,344.41			47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					121,151,493	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					223,765,169	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 12,495,462 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 9,108,223 51
 52 TOTAL PROGRAM EXCLUDABLE COST 21,603,685 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 202,161,484 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) 10,347 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 1,258.27 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 13,019,320 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						(SEE INSTR.)
90 CAPITAL-RELATED COST	29,652,922	239,162,789	0.123986	13,019,320	1,614,213	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST	1,106,375	239,162,789	0.004626	13,019,320	60,227	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-S281) [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	9,792	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,792	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,792	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)	2,552	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)	10,481,169	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	10,481,169	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)	10,481,169	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-S281)			[]	TEFRA
BOXES	[]	TITLE XIX-INPT	[]	IRF			[]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	1,070.38 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	2,731,610 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	2,731,610 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	464,495 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	3,196,105 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	406,865 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	26,726 51
52	TOTAL PROGRAM EXCLUDABLE COST	433,591 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	2,762,514 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 [XX] HOSPITAL (14-0281) [] SUB (OTHER) [] ICF/MR [] PPS
APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
BOXES [XX] TITLE XIX-INPT [] IRF [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	190,072	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	190,072	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	179,725	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)	24,798	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	26,760	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	4,753	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)	231,346,634	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	231,346,634	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)	231,346,634	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,217.15 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 30,182,886 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) 30,182,886 41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
42 NURSERY (TITLES V AND XIX ONLY)	5,050,768	26,760	188.74	4,753	897,081 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	58,624,158	28,488	2,057.85	2,179	4,484,055 43
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 SPECIAL CARE NURSERY	29,029,126	22,664	1,280.85	5,578	7,144,581 47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					42,708,603 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 5,300,766 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 51
 52 TOTAL PROGRAM EXCLUDABLE COST 5,300,766 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 10,347 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

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

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	9,792	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,792	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,792	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)	2,122	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)	10,364,012	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	10,364,012	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)	10,364,012	37

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	1,058.42	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	2,245,967	39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)		40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	2,245,967	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)		48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,245,967	49
PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	338,310	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)		51
52 TOTAL PROGRAM EXCLUDABLE COST	338,310	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)		53
TARGET AMOUNT AND LIMIT COMPUTATION		
54 PROGRAM DISCHARGES		54
55 TARGET AMOUNT PER DISCHARGE		55
56 TARGET AMOUNT (LINE 54 x LINE 55)		56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT		57
58 BONUS PAYMENT (SEE INSTRUCTIONS)		58
59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET		59
60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET		60
61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)		61
62 RELIEF PAYMENT (SEE INSTRUCTIONS)		62
63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)		63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)		64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)		65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)		66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)		67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)		68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)		69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		162,671,538			30
31 INTENSIVE CARE UNIT		55,448,932			31
35 SPECIAL CARE NURSERY					35
40 SUBPROVIDER - IPF					40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.150201	130,898,966	19,661,156		50
51 RECOVERY ROOM	0.294697	6,484,037	1,910,826		51
52 DELIVERY ROOM & LABOR ROOM	0.226451	179,968	40,754		52
53 ANESTHESIOLOGY	0.109329	10,338,692	1,130,319		53
54 RADIOLOGY-DIAGNOSTIC	0.180286	41,451,468	7,473,119		54
55 RADIOLOGY-THERAPEUTIC	0.128626	4,045,604	520,370		55
56 RADIOISOTOPE	0.147966	4,393,735	650,123		56
57 CT SCAN	0.058453	27,893,591	1,630,464		57
58 MRI	0.127046	12,672,232	1,609,956		58
59 CARDIAC CATHETERIZATION	0.154727	8,990,256	1,391,035		59
59.01 VASCULAR LAB	0.089683	6,245,871	560,148		59.01
59.02 CARDIAC GRAPHICS	0.102018	14,392,282	1,468,272		59.02
59.03 PULMONARY FUNCTION	0.122536	1,572,786	192,723		59.03
59.04 EPS	0.189157	7,808,390	1,477,012		59.04
59.05 GI	0.197532	4,065,273	803,022		59.05
60 LABORATORY	0.103478	121,658,177	12,588,945		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.239399	24,844,187	5,947,674		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.225599	7,817,839	1,763,697		63
63.01 CELL THERAPY LAB	0.994431				63.01
65 RESPIRATORY THERAPY	0.107519	47,248,379	5,080,098		65
66 PHYSICAL THERAPY	0.352068	4,843,334	1,705,183		66
67 OCCUPATIONAL THERAPY	0.259881	2,931,944	761,957		67
69 ELECTROCARDIOLOGY	0.146443	5,896,964	863,569		69
70 ELECTROENCEPHALOGRAPHY	0.177774	4,441,517	789,586		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.347888	32,429,722	11,281,911		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.408743	45,144,187	18,452,370		72
73 DRUGS CHARGED TO PATIENTS	0.238770	69,951,867	16,702,407		73
76.97 CARDIAC REHABILITATION	0.219741	5,396	1,186		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	1.273862	81,746	104,133		90
90.01 PSYCH CLINIC	1.059685	134,113	142,118		90.01
90.02 TRANSPLANT CLINIC	0.562607	207,050	116,488		90.02
90.03 OB CLINIC	1.211877	5,194	6,294		90.03
91 EMERGENCY	0.174505	23,662,109	4,129,156		91
92 OBSERVATION BEDS (NON-DISTINCT	0.479814	31,059	14,903		92
92.01 OBSERVATION BEDS-DISTINCT	0.325829	554,031	180,519		92.01
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		673,321,966	121,151,493		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		673,321,966			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
35 SPECIAL CARE NURSERY				35
40 SUBPROVIDER - IPF		5,492,590		40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.150201			50
51 RECOVERY ROOM	0.294697	291,005	85,758	51
52 DELIVERY ROOM & LABOR ROOM	0.226451			52
53 ANESTHESIOLOGY	0.109329	20,862	2,281	53
54 RADIOLOGY-DIAGNOSTIC	0.180286	48,439	8,733	54
55 RADIOLOGY-THERAPEUTIC	0.128626			55
56 RADIOISOTOPE	0.147966	7,925	1,173	56
57 CT SCAN	0.058453	70,400	4,115	57
58 MRI	0.127046	45,665	5,802	58
59 CARDIAC CATHETERIZATION	0.154727	46,725	7,230	59
59.01 VASCULAR LAB	0.089683	5,616	504	59.01
59.02 CARDIAC GRAPHICS	0.102018	17,761	1,812	59.02
59.03 PULMONARY FUNCTION	0.122536	1,750	214	59.03
59.04 EPS	0.189157			59.04
59.05 GI	0.197532			59.05
60 LABORATORY	0.103478	563,889	58,350	60
62 WHOLE BLOOD & PACKED RED BLOOD	0.239399			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.225599	1,116	252	63
63.01 CELL THERAPY LAB	0.994431			63.01
65 RESPIRATORY THERAPY	0.107519	11,038	1,187	65
66 PHYSICAL THERAPY	0.352068	9,938	3,499	66
67 OCCUPATIONAL THERAPY	0.259881	3,014	783	67
69 ELECTROCARDIOLOGY	0.146443	70,410	10,311	69
70 ELECTROENCEPHALOGRAPHY	0.177774	13,185	2,344	70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.347888	60,798	21,151	71
72 IMPL. DEV. CHARGED TO PATIENTS	0.408743	3,028	1,238	72
73 DRUGS CHARGED TO PATIENTS	0.238770	401,959	95,976	73
76.97 CARDIAC REHABILITATION	0.219741			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	1.273862			90
90.01 PSYCH CLINIC	1.059685	68,678	72,777	90.01
90.02 TRANSPLANT CLINIC	0.562607			90.02
90.03 OB CLINIC	1.211877			90.03
91 EMERGENCY	0.174505	421,449	73,545	91
92 OBSERVATION BEDS (NON-DISTINCT	0.479814			92
92.01 OBSERVATION BEDS-DISTINCT	0.325829	16,758	5,460	92.01
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		2,201,408	464,495	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		2,201,408		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	(COL.1 x COL.2) 3
INPATIENT ROUTINE SERVICE COST CENTERS			
30 ADULTS & PEDIATRICS			30
31 INTENSIVE CARE UNIT			31
35 SPECIAL CARE NURSERY			35
40 SUBPROVIDER - IPF			40
43 NURSERY			43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.136250		50
51 RECOVERY ROOM	0.293692		51
52 DELIVERY ROOM & LABOR ROOM	0.215348		52
53 ANESTHESIOLOGY	0.107488		53
54 RADIOLOGY-DIAGNOSTIC	0.179400		54
55 RADIOLOGY-THERAPEUTIC	0.128259		55
56 RADIOISOTOPE	0.147063		56
57 CT SCAN	0.058293		57
58 MRI	0.127043		58
59 CARDIAC CATHETERIZATION	0.153861		59
59.01 VASCULAR LAB	0.089052		59.01
59.02 CARDIAC GRAPHICS	0.100685		59.02
59.03 PULMONARY FUNCTION	0.121510		59.03
59.04 EPS	0.186839		59.04
59.05 GI	0.196670		59.05
60 LABORATORY	0.103478		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.239399		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRA	0.224218		63
63.01 CELL THERAPY LAB	0.985368		63.01
65 RESPIRATORY THERAPY	0.107312		65
66 PHYSICAL THERAPY	0.350619		66
67 OCCUPATIONAL THERAPY	0.259881		67
69 ELECTROCARDIOLOGY	0.144545		69
70 ELECTROENCEPHALOGRAPHY	0.174899		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.347888		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.408743		72
73 DRUGS CHARGED TO PATIENTS	0.238770		73
76.97 CARDIAC REHABILITATION	0.219741		76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	1.267024		90
90.01 PSYCH CLINIC	1.003038		90.01
90.02 TRANSPLANT CLINIC	0.552360		90.02
90.03 OB CLINIC	1.155683		90.03
91 EMERGENCY	0.174505		91
92 OBSERVATION BEDS (NON-DISTINCT	0.479814		92
92.01 OBSERVATION BEDS-DISTINCT	0.325829		92.01
OTHER REIMBURSABLE COST CENTERS			
200 TOTAL (SUM OF LINES 50-94 AND 96-98)			200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			201
202 NET CHARGES (LINE 200 MINUS LINE 201)			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	(COL.1 x COL.2) 3
INPATIENT ROUTINE SERVICE COST CENTERS			
30 ADULTS & PEDIATRICS			30
31 INTENSIVE CARE UNIT			31
35 SPECIAL CARE NURSERY			35
40 SUBPROVIDER - IPF			40
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.136250		50
51 RECOVERY ROOM	0.293692		51
52 DELIVERY ROOM & LABOR ROOM	0.215348		52
53 ANESTHESIOLOGY	0.107488		53
54 RADIOLOGY-DIAGNOSTIC	0.179400		54
55 RADIOLOGY-THERAPEUTIC	0.128259		55
56 RADIOISOTOPE	0.147063		56
57 CT SCAN	0.058293		57
58 MRI	0.127043		58
59 CARDIAC CATHETERIZATION	0.153861		59
59.01 VASCULAR LAB	0.089052		59.01
59.02 CARDIAC GRAPHICS	0.100685		59.02
59.03 PULMONARY FUNCTION	0.121510		59.03
59.04 EPS	0.186839		59.04
59.05 GI	0.196670		59.05
60 LABORATORY	0.103478		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.239399		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRA	0.224218		63
63.01 CELL THERAPY LAB	0.985368		63.01
65 RESPIRATORY THERAPY	0.107312		65
66 PHYSICAL THERAPY	0.350619		66
67 OCCUPATIONAL THERAPY	0.259881		67
69 ELECTROCARDIOLOGY	0.144545		69
70 ELECTROENCEPHALOGRAPHY	0.174899		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.347888		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.408743		72
73 DRUGS CHARGED TO PATIENTS	0.238770		73
76.97 CARDIAC REHABILITATION	0.219741		76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	1.267024		90
90.01 PSYCH CLINIC	1.003038		90.01
90.02 TRANSPLANT CLINIC	0.552360		90.02
90.03 OB CLINIC	1.155683		90.03
91 EMERGENCY	0.174505		91
92 OBSERVATION BEDS (NON-DISTINCT	0.479814		92
92.01 OBSERVATION BEDS-DISTINCT	0.325829		92.01
OTHER REIMBURSABLE COST CENTERS			
200 TOTAL (SUM OF LINES 50-94 AND 96-98)			200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			201
202 NET CHARGES (LINE 200 MINUS LINE 201)			202

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART I

CHECK [] 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	2	3	4		
1	ADULTS & PEDIATRICS	299,250	38	1,258.27	150	188,741	1
2	INTENSIVE CARE UNIT		43	2,069.57			2
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	SPECIAL CARE NURSERY		47	1,344.41			6
7	TOTAL (SUM OF LINES 1-6)	299,250			150	188,741	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST TO CHARGES (FROM WKST C)	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS			
		1	2	3			
8	OPERATING ROOM	50	0.136250	3,972,335	541,231	8	
9	RECOVERY ROOM	51	0.293692	350,199	102,851	9	
10	DELIVERY ROOM & LABOR ROOM	52	0.215348			10	
11	ANESTHESIOLOGY	53	0.107488	280,630	30,164	11	
12	RADIOLOGY-DIAGNOSTIC	54	0.179400	179,425	32,189	12	
13	RADIOLOGY-THERAPEUTIC	55	0.128259			13	
14	RADIOISOTOPE	56	0.147063	183,300	26,957	14	
15	CT SCAN	57	0.058293	1,045,100	60,922	15	
16	MRI	58	0.127043			16	
17	CARDIAC CATHETERIZATION	59	0.153861	9,349	1,438	17	
17.01	VASCULAR LAB	59.01	0.089052			17.01	
17.02	CARDIAC GRAPHICS	59.02	0.100685	10,980	1,106	17.02	
17.03	PULMONARY FUNCTION	59.03	0.121510			17.03	
17.04	EPS	59.04	0.186839			17.04	
17.05	GI	59.05	0.196670			17.05	
18	LABORATORY	60	0.103478	2,012,601	208,260	18	
19	PBP CLINICAL LAB SERVICES-PRGM	61				19	
20	WHOLE BLOOD & PACKED RED BLOOD	62	0.239399	6,098	1,460	20	
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30	
21	BLOOD STORING, PROCESSING & TRA	63	0.224218	175,428	39,334	21	
21.01	CELL THERAPY LAB	63.01	0.985368			21.01	
22	INTRAVENOUS THERAPY	64				22	
23	RESPIRATORY THERAPY	65	0.107312	17,891	1,920	23	
24	PHYSICAL THERAPY	66	0.350619			24	
25	OCCUPATIONAL THERAPY	67	0.259881			25	
26	SPEECH PATHOLOGY	68				26	
27	ELECTROCARDIOLOGY	69	0.144545	138,979	20,089	27	
28	ELECTROENCEPHALOGRAPHY	70	0.174899			28	
29	MEDICAL SUPPLIES CHARGED TO PAT	71	0.347888			29	
30	IMPL. DEV. CHARGED TO PATIENTS	72	0.408743			30	
31	DRUGS CHARGED TO PATIENTS	73	0.238770	67,463	16,108	31	
32	RENAL DIALYSIS	74				32	
33	ASC (NON-DISTINCT PART)	75				33	
34	OTHER ANCILLARY (SPECIFY)	76				34	
34.97	CARDIAC REHABILITATION	76.97	0.219741			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	1.267024	1,470	1,863	37	
37.01	PSYCH CLINIC	90.01	1.003038			37.01	
37.02	TRANSPLANT CLINIC	90.02	0.552360	221,654	122,433	37.02	
37.03	OB CLINIC	90.03	1.155683			37.03	
38	EMERGENCY	91	0.174505	3,088	539	38	
39	OBSERVATION BEDS (NON-DISTINCT	92	0.479814			39	
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.325829			39.01	
40	OTHER OUTPATIENT SERVICE (SPECI	93				40	
41	TOTAL (SUM OF LINES 8-40)			8,675,990	1,208,864	41	

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
D		1	2	3	
42	ADULTS & PEDIATRICS		150		42
43	INTENSIVE CARE UNIT				43
44	CORONARY CARE UNIT				44
45	BURN INTENSIVE CARE UNIT				45
46	SURGICAL INTENSIVE CARE UNIT				46
47	SPECIAL CARE NURSERY				47
48	TOTAL (SUM OF LINES 42-47)		150		48

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
1	D	2	3		
49	RURAL HEALTH CLINIC		21		49
50	FEDERALLY QUALIFIED HEALTH CENT		22		50
51	CLINIC	1,470	23		51
51.01	PSYCH CLINIC		23.01		51.01
51.02	TRANSPLANT CLINIC	221,654	23.02		51.02
51.03	OB CLINIC		23.03		51.03
52	EMERGENCY	3,088	24		52
53	OBSERVATION BEDS (NON-DISTINCT)		25		53
53.01	OBSERVATION BEDS-DISTINCT		25.01		53.01
54	OTHER OUTPATIENT SERVICE (SPECI		26		54
55	TOTAL (SUM OF LINES 49-54)	226,212			55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
56 ROUTINE & ANCILLARY FROM PART I	1,397,605		8,975,240		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	12,221,919		13,434,681		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	13,619,524		22,409,921		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		284			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		170			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.598592			64
65 MEDICARE COST/CHARGES	8,152,538		13,414,399		65
66 REVENUE FOR ORGANS SOLD	1,148,797				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	7,003,741		13,414,399		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	7,003,741		13,414,399		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER	162	8		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		114		73
74 TOTAL (SUM OF LINES 70-73)	162	122		74
75 ORGANS TRANSPLANTED	162	114		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		8		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)	162	122		84

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART I

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

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES		PER DIEM COSTS (FROM WKST D-1, PT. II)		ORGAN ACQUISITION DAYS	COST (COL.2 x COL.3)	
		1	D	2		3	4	
1	ADULTS & PEDIATRICS		38	1,258.27				1
2	INTENSIVE CARE UNIT		43	2,069.57				2
3	CORONARY CARE UNIT		44					3
4	BURN INTENSIVE CARE UNIT		45					4
5	SURGICAL INTENSIVE CARE UNIT		46					5
6	SPECIAL CARE NURSERY		47	1,344.41				6
7	TOTAL (SUM OF LINES 1-6)							7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST TO CHARGES (FROM WKST C)		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS			
		C	1	2	3			
8	OPERATING ROOM	50	0.136250					8
9	RECOVERY ROOM	51	0.293692					9
10	DELIVERY ROOM & LABOR ROOM	52	0.215348					10
11	ANESTHESIOLOGY	53	0.107488					11
12	RADIOLOGY-DIAGNOSTIC	54	0.179400					12
13	RADIOLOGY-THERAPEUTIC	55	0.128259					13
14	RADIOISOTOPE	56	0.147063					14
15	CT SCAN	57	0.058293					15
16	MRI	58	0.127043					16
17	CARDIAC CATHETERIZATION	59	0.153861					17
17.01	VASCULAR LAB	59.01	0.089052					17.01
17.02	CARDIAC GRAPHICS	59.02	0.100685					17.02
17.03	PULMONARY FUNCTION	59.03	0.121510					17.03
17.04	EPS	59.04	0.186839					17.04
17.05	GI	59.05	0.196670					17.05
18	LABORATORY	60	0.103478					18
19	PBP CLINICAL LAB SERVICES-PRGM	61						19
20	WHOLE BLOOD & PACKED RED BLOOD	62	0.239399					20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30						20.30
21	BLOOD STORING, PROCESSING & TRA	63	0.224218					21
21.01	CELL THERAPY LAB	63.01	0.985368					21.01
22	INTRAVENOUS THERAPY	64						22
23	RESPIRATORY THERAPY	65	0.107312					23
24	PHYSICAL THERAPY	66	0.350619					24
25	OCCUPATIONAL THERAPY	67	0.259881					25
26	SPEECH PATHOLOGY	68						26
27	ELECTROCARDIOLOGY	69	0.144545					27
28	ELECTROENCEPHALOGRAPHY	70	0.174899					28
29	MEDICAL SUPPLIES CHARGED TO PAT	71	0.347888					29
30	IMPL. DEV. CHARGED TO PATIENTS	72	0.408743					30
31	DRUGS CHARGED TO PATIENTS	73	0.238770					31
32	RENAL DIALYSIS	74						32
33	ASC (NON-DISTINCT PART)	75						33
34	OTHER ANCILLARY (SPECIFY)	76						34
34.97	CARDIAC REHABILITATION	76.97	0.219741					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	1.267024					37
37.01	PSYCH CLINIC	90.01	1.003038					37.01
37.02	TRANSPLANT CLINIC	90.02	0.552360					37.02
37.03	OB CLINIC	90.03	1.155683					37.03
38	EMERGENCY	91	0.174505					38
39	OBSERVATION BEDS (NON-DISTINCT	92	0.479814					39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.325829					39.01
40	OTHER OUTPATIENT SERVICE (SPECI	93						40
41	TOTAL (SUM OF LINES 8-40)							41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART II

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

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

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

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		1	D 2	3	
49	RURAL HEALTH CLINIC		21		49
50	FEDERALLY QUALIFIED HEALTH CENT		22		50
51	CLINIC		23		51
51.01	PSYCH CLINIC		23.01		51.01
51.02	TRANSPLANT CLINIC		23.02		51.02
51.03	OB CLINIC		23.03		51.03
52	EMERGENCY		24		52
53	OBSERVATION BEDS (NON-DISTINCT)		25		53
53.01	OBSERVATION BEDS-DISTINCT		25.01		53.01
54	OTHER OUTPATIENT SERVICE (SPECI		26		54
55	TOTAL (SUM OF LINES 49-54)				55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
56 ROUTINE & ANCILLARY FROM PART I					56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	2,033,721		2,186,935		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	2,033,721		2,186,935		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		21			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		4			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.190476			64
65 MEDICARE COST/CHARGES	387,375		416,559		65
66 REVENUE FOR ORGANS SOLD					66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	387,375		416,559		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	387,375		416,559		69

PART IV - STATISTICS

	LIVING RELATED 1	CADAVERIC 2	REVENUE 3	
70 ORGANS EXCISED IN PROVIDER				70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		21		73
74 TOTAL (SUM OF LINES 70-73)		21		74
75 ORGANS TRANSPLANTED		21		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S				77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS				78
79 ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80 ORGANS SOLD OUTSIDE THE U.S.				80
81 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				81
82 ORGANS USED FOR RESEARCH				82
83 UNUSABLE/DISCARDED ORGANS				83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)		21		84

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART I

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

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES		PER DIEM COSTS (FROM WKST D-1, PT. II)		ORGAN ACQUISITION DAYS		COST (COL.2 x COL.3)	
		1	D	2		3	4		
1	ADULTS & PEDIATRICS	47,880	38	1,258.27		24	30,198	1	
2	INTENSIVE CARE UNIT	62,440	43	2,069.57		14	28,974	2	
3	CORONARY CARE UNIT		44					3	
4	BURN INTENSIVE CARE UNIT		45					4	
5	SURGICAL INTENSIVE CARE UNIT		46					5	
6	SPECIAL CARE NURSERY		47	1,344.41				6	
7	TOTAL (SUM OF LINES 1-6)	110,320				38	59,172	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		
8	OPERATING ROOM	50	0.136250	647,986		88,288		8	
9	RECOVERY ROOM	51	0.293692					9	
10	DELIVERY ROOM & LABOR ROOM	52	0.215348					10	
11	ANESTHESIOLOGY	53	0.107488	44,525		4,786		11	
12	RADIOLOGY-DIAGNOSTIC	54	0.179400	43,247		7,759		12	
13	RADIOLOGY-THERAPEUTIC	55	0.128259					13	
14	RADIOISOTOPE	56	0.147063					14	
15	CT SCAN	57	0.058293	18,725		1,092		15	
16	MRI	58	0.127043	333,902		42,420		16	
17	CARDIAC CATHETERIZATION	59	0.153861	4,675		719		17	
17.01	VASCULAR LAB	59.01	0.089052					17.01	
17.02	CARDIAC GRAPHICS	59.02	0.100685	5,490		553		17.02	
17.03	PULMONARY FUNCTION	59.03	0.121510					17.03	
17.04	EPS	59.04	0.186839					17.04	
17.05	GI	59.05	0.196670					17.05	
18	LABORATORY	60	0.103478	444,960		46,044		18	
19	PBP CLINICAL LAB SERVICES-PRGM	61						19	
20	WHOLE BLOOD & PACKED RED BLOOD	62	0.239399	5,484		1,313		20	
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30						20.30	
21	BLOOD STORING, PROCESSING & TRA	63	0.224218	19,388		4,347		21	
21.01	CELL THERAPY LAB	63.01	0.985368					21.01	
22	INTRAVENOUS THERAPY	64						22	
23	RESPIRATORY THERAPY	65	0.107312	37,364		4,010		23	
24	PHYSICAL THERAPY	66	0.350619					24	
25	OCCUPATIONAL THERAPY	67	0.259881					25	
26	SPEECH PATHOLOGY	68						26	
27	ELECTROCARDIOLOGY	69	0.144545	4,445		643		27	
28	ELECTROENCEPHALOGRAPHY	70	0.174899					28	
29	MEDICAL SUPPLIES CHARGED TO PAT	71	0.347888					29	
30	IMPL. DEV. CHARGED TO PATIENTS	72	0.408743					30	
31	DRUGS CHARGED TO PATIENTS	73	0.238770	41,856		9,994		31	
32	RENAL DIALYSIS	74						32	
33	ASC (NON-DISTINCT PART)	75						33	
34	OTHER ANCILLARY (SPECIFY)	76						34	
34.97	CARDIAC REHABILITATION	76.97	0.219741					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	1.267024					37	
37.01	PSYCH CLINIC	90.01	1.003038					37.01	
37.02	TRANSPLANT CLINIC	90.02	0.552360	23,375		12,911		37.02	
37.03	OB CLINIC	90.03	1.155683					37.03	
38	EMERGENCY	91	0.174505					38	
39	OBSERVATION BEDS (NON-DISTINCT	92	0.479814					39	
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.325829					39.01	
40	OTHER OUTPATIENT SERVICE (SPECI	93						40	
41	TOTAL (SUM OF LINES 8-40)			1,675,422		224,879		41	

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
D		1	2	3	
42	ADULTS & PEDIATRICS	2	24		42
43	INTENSIVE CARE UNIT	3	14		43
44	CORONARY CARE UNIT	4			44
45	BURN INTENSIVE CARE UNIT	5			45
46	SURGICAL INTENSIVE CARE UNIT	6			46
47	SPECIAL CARE NURSERY	7			47
48	TOTAL (SUM OF LINES 42-47)		38		48

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
1	D	2	3		
49	RURAL HEALTH CLINIC	21			49
50	FEDERALLY QUALIFIED HEALTH CENT	22			50
51	CLINIC	23			51
51.01	PSYCH CLINIC	23.01			51.01
51.02	TRANSPLANT CLINIC	23.02			51.02
51.03	OB CLINIC	23.03			51.03
52	EMERGENCY	24			52
53	OBSERVATION BEDS (NON-DISTINCT)	25			53
53.01	OBSERVATION BEDS-DISTINCT	25.01			53.01
54	OTHER OUTPATIENT SERVICE (SPECI	26			54
55	TOTAL (SUM OF LINES 49-54)	23,375			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	284,051		1,785,742		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	6,921,129		7,508,999		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	7,205,180		9,294,741		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		114			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		49			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.429825			64
65 MEDICARE COST/CHARGES	3,096,966		3,995,112		65
66 REVENUE FOR ORGANS SOLD	262,029				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	2,834,937		3,995,112		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	2,834,937		3,995,112		69

PART IV - STATISTICS

	LIVING RELATED		CADAVERIC 2	REVENUE 3	
	1				
70 ORGANS EXCISED IN PROVIDER		12	4		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS					71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS					72
73 ORGANS PURCHASED FROM OPO'S			98		73
74 TOTAL (SUM OF LINES 70-73)		12	102		74
75 ORGANS TRANSPLANTED		11	98		75
76 ORGANS SOLD TO OTHER HOSPITALS			4		76
77 ORGANS SOLD TO OPO'S					77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS					78
79 ORGANS SOLD TO MILITARY OR VA HOSPITALS					79
80 ORGANS SOLD OUTSIDE THE U.S.					80
81 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)					81
82 ORGANS USED FOR RESEARCH					82
83 UNUSABLE/DISCARDED ORGANS		1			83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)		12	102		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	2		3	4	
1	ADULTS & PEDIATRICS		38	1,258.27				1
2	INTENSIVE CARE UNIT		43	2,069.57				2
3	CORONARY CARE UNIT		44					3
4	BURN INTENSIVE CARE UNIT		45					4
5	SURGICAL INTENSIVE CARE UNIT		46					5
6	SPECIAL CARE NURSERY		47	1,344.41				6
7	TOTAL (SUM OF LINES 1-6)							7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST TO CHARGES (FROM WKST C)		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS			
		C	1	2	3			
8	OPERATING ROOM	50	0.136250	11,279	1,537			8
9	RECOVERY ROOM	51	0.293692					9
10	DELIVERY ROOM & LABOR ROOM	52	0.215348					10
11	ANESTHESIOLOGY	53	0.107488	791	85			11
12	RADIOLOGY-DIAGNOSTIC	54	0.179400	559	100			12
13	RADIOLOGY-THERAPEUTIC	55	0.128259					13
14	RADIOISOTOPE	56	0.147063					14
15	CT SCAN	57	0.058293					15
16	MRI	58	0.127043					16
17	CARDIAC CATHETERIZATION	59	0.153861	1,169	180			17
17.01	VASCULAR LAB	59.01	0.089052					17.01
17.02	CARDIAC GRAPHICS	59.02	0.100685	610	61			17.02
17.03	PULMONARY FUNCTION	59.03	0.121510					17.03
17.04	EPS	59.04	0.186839					17.04
17.05	GI	59.05	0.196670					17.05
18	LABORATORY	60	0.103478	2,556	264			18
19	PBP CLINICAL LAB SERVICES-PRGM	61						19
20	WHOLE BLOOD & PACKED RED BLOOD	62	0.239399	762	182			20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30						20.30
21	BLOOD STORING, PROCESSING & TRA	63	0.224218	121	27			21
21.01	CELL THERAPY LAB	63.01	0.985368					21.01
22	INTRAVENOUS THERAPY	64						22
23	RESPIRATORY THERAPY	65	0.107312	1,995	214			23
24	PHYSICAL THERAPY	66	0.350619					24
25	OCCUPATIONAL THERAPY	67	0.259881					25
26	SPEECH PATHOLOGY	68						26
27	ELECTROCARDIOLOGY	69	0.144545	79	11			27
28	ELECTROENCEPHALOGRAPHY	70	0.174899					28
29	MEDICAL SUPPLIES CHARGED TO PAT	71	0.347888					29
30	IMPL. DEV. CHARGED TO PATIENTS	72	0.408743					30
31	DRUGS CHARGED TO PATIENTS	73	0.238770	328	78			31
32	RENAL DIALYSIS	74						32
33	ASC (NON-DISTINCT PART)	75						33
34	OTHER ANCILLARY (SPECIFY)	76						34
34.97	CARDIAC REHABILITATION	76.97	0.219741					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	1.267024					37
37.01	PSYCH CLINIC	90.01	1.003038					37.01
37.02	TRANSPLANT CLINIC	90.02	0.552360					37.02
37.03	OB CLINIC	90.03	1.155683					37.03
38	EMERGENCY	91	0.174505					38
39	OBSERVATION BEDS (NON-DISTINCT	92	0.479814					39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.325829					39.01
40	OTHER OUTPATIENT SERVICE (SPECI	93						40
41	TOTAL (SUM OF LINES 8-40)			20,249	2,739			41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART II

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

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

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

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		1	D 2	3	
49	RURAL HEALTH CLINIC		21		49
50	FEDERALLY QUALIFIED HEALTH CENT		22		50
51	CLINIC		23		51
51.01	PSYCH CLINIC		23.01		51.01
51.02	TRANSPLANT CLINIC		23.02		51.02
51.03	OB CLINIC		23.03		51.03
52	EMERGENCY		24		52
53	OBSERVATION BEDS (NON-DISTINCT)		25		53
53.01	OBSERVATION BEDS-DISTINCT		25.01		53.01
54	OTHER OUTPATIENT SERVICE (SPECI		26		54
55	TOTAL (SUM OF LINES 49-54)				55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
56 ROUTINE & ANCILLARY FROM PART I	2,739		20,249		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	1,472,427		1,585,444		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	1,475,166		1,605,693		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		23			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		16			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.695652			64
65 MEDICARE COST/CHARGES	1,026,202		1,117,004		65
66 REVENUE FOR ORGANS SOLD	128,637				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	897,565		1,117,004		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	897,565		1,117,004		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER		1		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		22		73
74 TOTAL (SUM OF LINES 70-73)		23		74
75 ORGANS TRANSPLANTED		22		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		1		77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS				78
79 ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80 ORGANS SOLD OUTSIDE THE U.S.				80
81 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				81
82 ORGANS USED FOR RESEARCH				82
83 UNUSABLE/DISCARDED ORGANS				83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)		23		84

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	127,463,855	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	20,505,020	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	4,680,533	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	803.03	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)	296.56	5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)	1.11	6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)	19.12	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)	316.79	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	474.04	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS	2.14	11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	318.93	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	299.90	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	300.46	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	306.43	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	306.43	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.381592	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.371568	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.371568	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	24,352,493	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)	157.25	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)	24,352,493	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0658	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (SEE INSTRUCTIONS)	0.1709	31
32	SUM OF LINES 30 AND 31	0.2367	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0875	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	11,153,087	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)	12,954	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)	183,474,455	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)	183,474,455	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	15,065,450	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	7,174,419	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)	11,123,618	55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS	424,336	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	69	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	217,262,347	59
60	PRIMARY PAYER PAYMENTS	83,982	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	217,178,365	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	9,358,328	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	1,579,531	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,709,792	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,196,854	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,709,792	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	207,437,360	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
70.96	LOW VOLUME ADJUSTMENT FOR FISCAL YEAR (2011)		70.96
70.97	LOW VOLUME ADJUSTMENT FOR FISCAL YEAR (2012)		70.97
71	AMOUNT DUE PROVIDER (SEE INSTRUCTIONS)	207,437,360	71
71.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		71.01
72	INTERIM PAYMENTS	208,677,295	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS LINES 71.01, 72 AND 73)	-1,239,935	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	100,462	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

CHECK APPLICABLE BOX: [] HOSPITAL [XX] IPF (14-S281) [] IRF
 [] SUB (OTHER) [] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	7,577	2
3	PPS PAYMENTS	2,916	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)	0.820	5
6	LINE 2 TIMES LINE 5	6,213	6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6	0.4693	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	1	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)	1	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)	1	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	1	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)	2,916	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	625	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	2,291	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)	2,291	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	2,291	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	2,291	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)	2,291	40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		40.01
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)	2,291	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [XX] HOSPITAL (14-0281) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	MM/DD/YYYY		AMOUNT		
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		21,575,145		3,368,374	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.		187,402,961		47,420,077	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			3.01
	.02				3.02
	.03				3.03
	.04		04/27/2012	6,376	3.04
	.05		08/27/2012	49,976	3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50			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	04/27/2012	295,711		3.58
	.59	08/27/2012	5,100		3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)	.99		-300,811	56,352	3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)			208,677,295	50,844,803	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
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)	.99				5.99
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01			295,217	6.01
	TO .02				6.02
	PROVIDER .03				6.03
	PROVIDER .04				6.04
	TO .05				6.05
	PROGRAM .06				6.06
	.07				6.07
	.08				6.08
	.09				6.09
	PROVIDER .50	NONE		NONE	6.50
	TO .51				6.51
	PROGRAM .52				6.52
	.53				6.53
	.54				6.54
	.55				6.55
	.56				6.56
	.57				6.57
	.58				6.58
	.59				6.59
	.99				6.99
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)			207,437,360	51,140,020	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 [XX] IPF (14-S281) [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				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.		1,989,862	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.		NONE	NONE	3.01
				3.02
				3.03
				3.04
				3.05
				3.06
				3.07
				3.08
				3.09
				3.50
	04/27/2012	2,146	NONE	3.51
				3.52
				3.53
				3.54
				3.55
				3.56
				3.57
				3.58
				3.59
				3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		-2,146		
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		1,987,716		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.		NONE	NONE	5.01
				5.02
				5.03
				5.04
				5.05
				5.06
				5.07
				5.08
				5.09
				5.50
		NONE	NONE	5.51
				5.52
				5.53
				5.54
				5.55
				5.56
				5.57
				5.58
				5.59
				5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT		40,369	2,291	6.01
				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		2,028,085	2,291	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:	NPR DATE:	8

PROVIDER CCN: 14-0281 NORTHWESTERN MEMORIAL HOSPITAL
PERIOD FROM 09/01/2011 TO 08/31/2012

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

VERSION: 2013.11
03/28/2014 14:44

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0281) [] 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	47,818	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	72,649	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	2,846	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	230,877	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	4,754,971,952	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	182,249,458	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)	1,624,401	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)	1,637,300	30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 (OR LINE 10) MINUS LINE 30 AND LINE 31) (SEE INSTRUCTIONS)	-12,899	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART II

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

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	2,001,450	1
2	NET IPF PPS OUTLIER PAYMENT	43,804	2
3	NET IPF PPS ECT PAYMENT	30,721	3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	2.79	4
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)	2.74	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)	2.74	8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	26.754098	9
10	TEACHING ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8/LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$	0.051496	10
11	TEACHING ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)	103,067	11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	2,179,042	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)	2,179,042	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	2,179,042	18
19	DEDUCTIBLES	146,816	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	2,032,226	20
21	COINSURANCE	19,351	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	2,012,875	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)	2,012,875	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)	15,210	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,028,085	31
31.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		31.01
32	INTERIM PAYMENTS	1,987,716	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 31.01, 32 AND 33)	40,369	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

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

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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES		
1 INPATIENT HOSPITAL SNF/NF SERVICES	42,708,603	1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	42,708,603	4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	42,708,603	7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8 ROUTINE SERVICE CHARGES		8
9 ANCILLARY SERVICE CHARGES		9
10 ORGAN ACQUISITION CHARGES, NET OF REVENUE		10
11 INCENTIVE FROM TARGET AMOUNT COMPUTATION		11
12 TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)		12
CUSTOMARY CHARGES		
13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
14 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		14
15 RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	1.000000 15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))		17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	42,708,603	18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)		21
PROSPECTIVE PAYMENT AMOUNT		
22 OTHER THAN OUTLIER PAYMENTS		22
23 OUTLIER PAYMENTS		23
24 PROGRAM CAPITAL PAYMENTS		24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS		26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)		27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)		28
29 SUM OF LINES 27 AND 21		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30 EXCESS OF REASONABLE COST (FROM LINE 18)		30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)		31
32 DEDUCTIBLES		32
33 COINSURANCE		33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35 UTILIZATION REVIEW		35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)		36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38 SUBTOTAL (LINE 36 ± LINE 37)		38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)		39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)		40
41 INTERIM PAYMENTS		41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)		42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

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

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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1 INPATIENT HOSPITAL SNF/NF SERVICES	2,245,967		1
2 MEDICAL AND OTHER SERVICES			2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)			3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	2,245,967		4
5 INPATIENT PRIMARY PAYER PAYMENTS			5
6 OUTPATIENT PRIMARY PAYER PAYMENTS			6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	2,245,967		7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
8 ROUTINE SERVICE CHARGES			8
9 ANCILLARY SERVICE CHARGES			9
10 ORGAN ACQUISITION CHARGES, NET OF REVENUE			10
11 INCENTIVE FROM TARGET AMOUNT COMPUTATION			11
12 TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)			12
CUSTOMARY CHARGES			
13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			13
14 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			14
15 RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	1.000000	15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))			17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	2,245,967		18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)			21
PROSPECTIVE PAYMENT AMOUNT			
22 OTHER THAN OUTLIER PAYMENTS			22
23 OUTLIER PAYMENTS			23
24 PROGRAM CAPITAL PAYMENTS			24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS			26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)			27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)			28
29 SUM OF LINES 27 AND 21			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30 EXCESS OF REASONABLE COST (FROM LINE 18)			30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)			31
32 DEDUCTIBLES			32
33 COINSURANCE			33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)			34
35 UTILIZATION REVIEW			35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)			36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			37
38 SUBTOTAL (LINE 36 ± LINE 37)			38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)			39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)			40
41 INTERIM PAYMENTS			41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)			42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43

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	318.27		1	
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)	1.11		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)	21.59		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)	340.97		5	
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)	478.76		6	
7	ENTER THE LESSER OF LINE 5 OR LINE 6	340.97		7	
			PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	141.40	307.54	448.94	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	100.70	219.03	319.73	9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		2.14		10
11	TOTAL WEIGHTED FTE COUNT	100.70	221.17		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	88.30	215.23		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	89.06	214.46		13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	92.69	216.95		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	92.69	216.95		17
18	PER RESIDENT AMOUNT	96,249.11	91,854.86		18
19	APPROVED AMOUNT FOR RESIDENT COSTS	8,921,330	19,927,912	28,849,242	19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			2.61	20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			137.79	21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			2.45	22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			100,372.00	23
24	MULTIPLY LINE 22 TIMES LINE 23			245,911	24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			29,095,153	25
COMPUTATION OF PROGRAM PATIENT LOAD			INPATIENT PART A	MANAGED CARE	
26	INPATIENT DAYS		75,201	2,846	26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)		240,669	240,669	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS		0.312466	0.011825	28
29	PROGRAM DIRECT GME AMOUNT		9,091,246	344,050	29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			48,614	30
31	NET PROGRAM DIRECT GME AMOUNT			9,386,682	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
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 × LINE 35)				36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME PART A REASONABLE COST					
37	REASONABLE COST (SEE INSTRUCTIONS)			226,961,274	37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			11,123,618	38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)				39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			83,982	40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			238,000,910	41
PART B REASONABLE COST					
42	REASONABLE COST (SEE INSTRUCTIONS)			73,393,979	42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			5,506	43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			73,388,473	44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			311,389,383	45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.764319	46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.235681	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			9,386,682	48
49	PART A MEDICARE GME PAYMENT (LINE 46 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			7,174,419	49
50	PART B MEDICARE GME PAYMENT (LINE 47 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			2,212,263	50

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996		1	
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		2	
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA		3	
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH 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)		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)		5	
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)		6	
7	ENTER THE LESSER OF LINE 5 OR LINE 6		7	
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR			8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6			9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT			11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)			12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)			13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)			14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT			17
18	PER RESIDENT AMOUNT			18
19	APPROVED AMOUNT FOR RESIDENT COSTS			19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			25
COMPUTATION OF PROGRAM PATIENT LOAD				
26	INPATIENT DAYS	INPATIENT PART A	MANAGED CARE	
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	34,677	6,831	26
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	240,669	240,669	27
29	PROGRAM DIRECT GME AMOUNT	0.144086	0.028383	28
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			29
31	NET PROGRAM DIRECT GME AMOUNT			30
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)			31
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			32
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			33
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			34
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 × LINE 35)			35
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			36
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			37
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			38
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			39
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			40
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			41
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			42
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			43
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			44
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			45
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			46
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			47
49	PART A MEDICARE GME PAYMENT (LINE 46 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			48
50	PART B MEDICARE GME PAYMENT (LINE 47 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			49

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	89,641,191			1
2 TEMPORARY INVESTMENTS	147,214,709			2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	265,703,674			4
5 OTHER RECEIVABLES	10,195,289			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-26,918,338			6
7 INVENTORY	25,659,596			7
8 PREPAID EXPENSES	5,155,610			8
9 OTHER CURRENT ASSETS	42,777,388			9
10 DUE FROM OTHER FUNDS	10,932,813			10
11 TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	570,361,932			11
FIXED ASSETS				
12 LAND	182,419,354			12
13 LAND IMPROVEMENTS				13
14 ACCUMULATED DEPRECIATION				14
15 BUILDINGS	1,547,694,116			15
16 ACCUMULATED DEPRECIATION	-697,769,145			16
17 LEASEHOLD IMPROVEMENTS				17
18 ACCUMULATED AMORTIZATION				18
19 FIXED EQUIPMENT				19
20 ACCUMULATED DEPRECIATION				20
21 AUTOMOBILES AND TRUCKS				21
22 ACCUMULATED DEPRECIATION				22
23 MAJOR MOVABLE EQUIPMENT	328,558,724			23
24 ACCUMULATED DEPRECIATION	-238,908,842			24
25 MINOR EQUIPMENT DEPRECIABLE				25
26 ACCUMULATED DEPRECIATION				26
27 HIT DESIGNATED ASSETS				27
28 ACCUMULATED DEPRECIATION				28
29 MINOR EQUIPMENT-NONDEPRECIABLE				29
30 TOTAL FIXED ASSETS (SUM OF LINES 12-29)	1,121,994,207			30
OTHER ASSETS				
31 INVESTMENTS	1,434,403,281			31
32 DEPOSITS ON LEASES				32
33 DUE FROM OWNERS/OFFICERS				33
34 OTHER ASSETS	667,461,573	151,330,477	116,594,337	34
35 TOTAL OTHER ASSETS (SUM OF LINES 31-34)	2,101,864,854	151,330,477	116,594,337	35
36 TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	3,794,220,993	151,330,477	116,594,337	36
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
37 ACCOUNTS PAYABLE	69,363,975			37
38 SALARIES, WAGES & FEES PAYABLE	63,747,050			38
39 PAYROLL TAXES PAYABLE				39
40 NOTES & LOANS PAYABLE (SHORT TERM)	12,810,000			40
41 DEFERRED INCOME				41
42 ACCELERATED PAYMENTS				42
43 DUE TO OTHER FUNDS	181,968,609			43
44 OTHER CURRENT LIABILITIES	119,751,055			44
45 TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	447,640,689			45
LONG-TERM LIABILITIES				
46 MORTGAGE PAYABLE				46
47 NOTES PAYABLE	740,523,476			47
48 UNSECURED LOANS				48
49 OTHER LONG TERM LIABILITIES	608,228,980			49
50 TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	1,348,752,456			50
51 TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	1,796,393,145			51
CAPITAL ACCOUNTS				
52 GENERAL FUND BALANCE	1,997,827,848			52
53 SPECIFIC PURPOSE FUND BALANCE		151,330,477		53
54 DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED			116,594,337	54
55 DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56 GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57 PLANT FUND BALANCE - INVESTED IN PLANT				57
58 PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59 TOTAL FUND BALANCES (SUM OF LINES 52-58)	1,997,827,848	151,330,477	116,594,337	59
60 TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	3,794,220,993	151,330,477	116,594,337	60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD	1,901,586,860			136,547,119		101,459,569			1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)	103,162,357								2
3 TOTAL (SUM OF LINE 1 AND LINE 2)	2,004,749,217			136,547,119		101,459,569			3
4 ADDITIONS (CREDIT ADJUSTMENTS)	906,331								4
5 POSTRETIREMENT BENEFIT RELATED CH	1,047,037								5
6 GIFTS, GRANTS OTHER REVENUE			6,403,934		16,039,795				6
7 INVEST INCOME&CHGIN VALUE SPLIT I			423,983						7
8 UNREALIZED GAINS			1,431,500						8
9 CHG IN INTEREST IN NET ASSET			31,533,305						9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)	1,953,368			39,792,722		16,039,795			10
11 SUBTOTAL (LINE 3 PLUS LINE 10)	2,006,702,585			176,339,841		117,499,364			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)	8,749,853								12
13 CHG IN FAIR VAL OF INTER RATE SWA	124,884								13
14 NET ASSETS RELEAS FOR OPERATING E			24,103,033						14
15 NET ASSETS RELEASED FOR PROP&EQUI			906,331						15
16 CHG IN VALUE OF SPLIT INTEREST					1,024,769				16
17 RECLASSIFICATION					-119,742				17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)	8,874,737			25,009,364		905,027			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)	1,997,827,848			151,330,477		116,594,337			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	704,267,954		704,267,954	2
3 SUBPROVIDER IPF	19,505,120		19,505,120	3
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	723,773,074		723,773,074	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 SPECIAL CARE NURSERY				16
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)				16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	723,773,074		723,773,074	17
18 ANCILLARY SERVICES	2,066,572,554		2,066,572,554	18
19 OUTPATIENT SERVICES		1,840,295,175	1,840,295,175	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)	2,790,345,628	1,840,295,175	4,630,640,803	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		1,279,940,474	29
30 ADD (SPECIFY)			30
31			31
32 BAD DEBT			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		1,279,940,474	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	4,630,640,803	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	3,385,356,546	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	1,245,284,257	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	1,279,940,474	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-34,656,217	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	90,257,170	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		11
12	PARKING LOT RECEIPTS	4,387,435	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	5,029,296	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS	2,023,436	15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	795,798	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	25,835,514	22
23	GOVERNMENTAL APPROPRIATIONS	5,534,251	23
24	OTHER (HAP REVENUE)	55,870,216	24
24.02	OTHER (VENDING MACHING CASH DEPOSITS)	318,653	24.02
24.03	OTHER (INTEREST INCOME TENANTS)	14,645	24.03
24.04	OTHER (NMFF INTEREST INCOME)	137,684	24.04
24.05	OTHER (REAL ESTATE TAXES REVENUE)	164,847	24.05
24.06	OTHER (NMFF REAL ESTATE TAXES REVENUE)	15,666	24.06
24.07	OTHER (NU REAL ESTATE TAXES REVENUE)	380	24.07
24.08	OTHER (FSM REAL ESTATE TAXES REVENUE)	15,494	24.08
24.09	OTHER (OPERATING EXPENSE REVENUE)	913,695	24.09
24.10	OTHER (NMFF OPERATING EXP REVENUE RENT)	1,001,255	24.10
24.11	OTHER (NU OPERATING EXP REVENUE RENT)	8,210	24.11
24.12	OTHER (FSM OPERATING EXP REVENUE RENT)	48,461	24.12
24.13	OTHER (PERCENT RENT REVENUE)	68,936	24.13
24.14	OTHER (FREE CARE TRANSFERS)	367,391	24.14
24.15	OTHER (ADM OVERHEAD GRANTS)	-667,946	24.15
24.16	OTHER (NET ASSETS REL FRM RESTR OPERATIONS)	10,282,514	24.16
24.17	OTHER (INTERNAL TRANSFER)	99,486	24.17
24.18	OTHER (NMFF LAB DISCOUNT)	-1,885,657	24.18
24.19	OTHER (BACTERIOLOGY STUDIES)	-473	24.19
24.20	OTHER (LAB DISCOUNT)	-5,163,999	24.20
24.21	OTHER (LAB CHRGS BILLED TO NMPG)	3,115,393	24.21
24.22	OTHER (NMFF DRUG INCOME)	237,931	24.22
24.23	OTHER (FSM DRUG INCOME)	106,779	24.23
24.24	OTHER (CORPORATE BILLING REVENUE)	16,477,361	24.24
24.25	OTHER (NMFF LAB CHARGES INCOM)	6,911,312	24.25
24.26	OTHER (CORPORATE BILLING ADJUSTMENT)	-5,605,819	24.26
24.27	OTHER (NMPG CORPORATE HEALTH DISCOUNT)	-66,242	24.27
24.28	OTHER (SHARED SERVICE INCOME. EL003)	527,977	24.28
24.29	OTHER (SHARED SERVICE INCOME. EL004)	54,333	24.29
24.30	OTHER (SHARED SERVICES INCOME. EL001)	8,150,936	24.30
24.31	OTHER (SERVICES TO NMFF)	68,016	24.31
24.32	OTHER (RECORD STORAGE INCOME)	580	24.32
24.33	OTHER (NMFF FACILITIES SUPPORT SERVICES)	474,214	24.33
24.34	OTHER (FSM FACILITIES SUPPORT SERVICES)	246,669	24.34
24.35	OTHER (2002 C INTEREST INC)	3	24.35
24.36	OTHER (BOND INTEREST INCOME - 2007A)	7	24.36
24.37	OTHER (BOND INTEREST INCOME - 2008A)	9	24.37
24.38	OTHER (BOND INTEREST INCOME - 2009A)	79	24.38
24.39	OTHER (MANUAL FEES)	93,065	24.39
24.40	OTHER (NMFF MANUAL FEES)	127,088	24.40
24.41	OTHER (FSM MANUAL FEES)	262,921	24.41
24.42	OTHER (NMFF POSTAGE AND DELIVERY)	200,747	24.42
24.43	OTHER (REPAIRS AND MAINTENANCE)	52,730	24.43
24.44	OTHER (SALARIES CHGD INCOME)	86,453	24.44
24.45	OTHER (NMFF LEASE EMP NON PHYSCLINICIAN)	1,276,459	24.45
24.46	OTHER (FSM LEASE EMP NON PHYSCLINICIAN)	249,771	24.46
24.47	OTHER (NMFF FR LEASE EMP NON PHYSCLINICIAN)	355,993	24.47
24.48	OTHER (FSM FR LEASE EMP NONPHYSCLINICIAN)	2,864	24.48
24.49	OTHER (NMFF LEASE EMP NONCLINICIAN)	72,529	24.49
24.50	OTHER (NMFF FRINGE LEASE EMP NONCLINICIAN)	3,040	24.50
24.51	OTHER (OUTSIDE SALARY SUPPORT)	318	24.51
24.52	OTHER (DATA CONNECTION REVENUE)	-331	24.52
24.53	OTHER (NMFF NETWORK AND COMM SERVICES)	37,152	24.53

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
24.54	OTHER (FSM NETWORK AND COMM SERVICES)	4,795	24.54
24.55	OTHER (NMFF MISC INCOME)	156,220	24.55
24.56	OTHER (NU MISC INCOME)	12,646	24.56
24.57	OTHER (FSM MISC INCOME)	521,538	24.57
24.58	OTHER (UNIVERSITY INCOME)	250	24.58
24.59	OTHER (FSM NON PERSONNEL SVCS INC-OTHER)	-54	24.59
24.60	OTHER (CASH SALES)	26,874	24.60
24.61	OTHER (AP CASH SALES)	25,540	24.61
24.62	OTHER (ER PRO FEES)	3,150	24.62
24.63	OTHER (NMFF ER PRO FEES REIMBURSED)	-4,550	24.63
24.64	OTHER (DAILY PARKING REVENUE)	570,681	24.64
24.65	OTHER (NEWSPAPER DELIVERIES)	341	24.65
24.66	OTHER (OTHER OPERATING INCOME)	1,889,572	24.66
24.67	OTHER (NMFF OTHER OP INCOME-RENT)	8,861	24.67
24.68	OTHER (FSM OTHER OP INCOME-RENT)	9,171	24.68
24.69	OTHER (NMFF CLAIMS MGMT PROGR EX)	123,677	24.69
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	232,341,407	25
26	TOTAL (LINE 5 PLUS LINE 25)	197,685,190	26
27	OTHER EXPENSES (CHG IN FAIR VALUE OF INTER RT SWAPS)	30,533,369	27
27.01	OTHER EXPENSES (RESTR FUNDS RELEASED NON OPERATING)	-14,121,074	27.01
27.02	OTHER EXPENSES (CHG IN INT IN NET ASSETS OF FOUNDA)	-29,056,428	27.02
27.03	OTHER EXPENSES (NMF FUNDRAISING FEE)	6,433,500	27.03
27.04	OTHER EXPENSES (EXTERNAL GRANTS&ACADEMIC SUPPORT)	101,884,436	27.04
27.05	OTHER EXPENSES (OTHER)	-1,150,970	27.05
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	94,522,833	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	103,162,357	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-028) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
 BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL FEDERAL AMOUNT			
2	CAPITAL DRG OTHER THAN OUTLIER	10,312,698		1
3	CAPITAL DRG OUTLIER PAYMENTS	2,748,995		2
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	637.96		3
5	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	306.43		4
6	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.1452		5
7	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	1,497,404		6
8	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0658		7
9	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (SEE INSTRUCTIONS)	0.1709		8
10	SUM OF LINES 7 AND 8	0.2367		9
11	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0491		10
12	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	506,353		11
13	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	15,065,450		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 NONPATIENT PHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING RECEIVING & STORES					5.03
5.04 ADMITTING					5.04
5.05 ADMINISTRATIVE & GENERAL					5.05
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES					21
22 I&R SERVICES-OTHER PRGM COSTS					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMED ED PRGM-(CHAPLAINCY)					23.01
23.02 PARAMED ED PRGM-(NM SCHL)					23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
35 SPECIAL CARE NURSERY					35
40 SUBPROVIDER - IPF					40
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
57 CT SCAN					57
58 MRI					58
59 CARDIAC CATHETERIZATION					59
59.01 VASCULAR LAB					59.01
59.02 CARDIAC GRAPHICS					59.02
59.03 PULMONARY FUNCTION					59.03
59.04 EPS					59.04
59.05 GI					59.05
60 LABORATORY					60
62 WHOLE BLOOD & PACKED RED BLOOD					62
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
63 BLOOD STORING, PROCESSING & TR					63
63.01 CELL THERAPY LAB					63.01
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHARGED TO PA					71
72 IMPL. DEV. CHARGED TO PATIENTS					72
73 DRUGS CHARGED TO PATIENTS					73
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.01 PSYCH CLINIC					90.01
90.02 TRANSPLANT CLINIC					90.02
90.03 OB CLINIC					90.03
91 EMERGENCY					91
92 OBSERVATION BEDS (NON-DISTINCT					92
92.01 OBSERVATION BEDS-DISTINCT					92.01
OTHER REIMBURSABLE COST CENTERS					

PROVIDER CCN: 14-0281 NORTHWESTERN MEMORIAL HOSPITAL
PERIOD FROM 09/01/2011 TO 08/31/2012

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

VERSION: 2013.11
03/28/2014 14:44

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
105 KIDNEY ACQUISITION						105
106 HEART ACQUISITION						106
107 LIVER ACQUISITION						107
SPECIAL PURPOSE COST CENTERS						
109 PANCREAS ACQUISITION						109
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)						118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CA						190
191 RESEARCH						191
191.01 SPONSERED PROJECT						191.01
194 REAL ESTATE						194
194.01 MARKETING, OTHER NON-REIMB						194.01
194.02 OTHER COMPANY WIDE ACTIVITY						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204

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	1
2	Provider's cost reporting period used for wage index year on Line 1 (FYB in Col 1, FYE in Col 2)	2
3	Midpoint of provider's cost reporting period shown on Line 2, adjusted to first of month	3
4	Date beginning the 3-year averaging period (subtract 18 months from midpoint shown on Line 3)	4
5	Date ending the 3-year averaging period (add 18 months to midpoint shown on Line 3)	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	9
10	Ending date of averaging period from Line 5	10
11	Enter provider contributions made during averaging period on Lines 9 & 10	11
11.01		11.01
12	Total calendar months included in averaging period (36 unless Step 2 completed)	12
13	Total contributions made during averaging period	13
14	Average monthly contribution (Line 13 divided by Line 12)	14
15	Number of months in provider cost reporting period on Line 2	15
16	Average pension contributions (Line 14 times Line 15)	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)	19

LOW VOLUME ADJUSTMENT CALCULATION SCHEDULE (For Worksheet E Part A, Lines 70.96 and 70.97)

EXHIBIT 4

	Amounts From E Part A (1)	Prior to 10/1/2010 or after 9/30/2013 Pre/Post Entitlement (2)	10/01/2010 through 09/30/2011 (3)	(3.01)	10/01/2011 through 09/30/2012 (4)	(4.01)	(Columns 2 through 4) TOTAL (5)	
1	DRG Amounts Other than Outlier Payments	127,463,855						1
2	Outlier payments for discharges	20,505,020						2
3	Operating outlier reconciliation							3
4	Managed Care Simulated Payments	4,680,533						4
INDIRECT MEDICAL EDUCATION ADJUSTMENT								
5	Amount from Worksheet E Part A, Line 21	0.371568	0.371568	0.371568		0.371568		5
6	IME payment adjustment	24,352,493						6
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON FOR MME SECTION 422								
7	Amount from Worksheet E Part A, Line 27							7
8	IME add-on adjustment							8
9	Total IME payment	24,352,493						9
DISPROPORTIONATE SHARE ADJUSTMENT								
10	Allowable disproportionate share percentage	0.0875	0.0875	0.0875	0.0875	0.0875	0.0875	10
11	Disproportionate share adjustment	11,153,087						11
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES								
12	Total ESRD additional payment							12
13	Subtotal	183,474,455						13
14	Hospital specific payments							14
15	Total payment for inpatient operating costs - E Part A Line 49	183,474,455						15
16	Payment for inpatient program capital	15,065,450						16
17	Special add-on payments for new technologies							17
18	Capital outlier reconciliation adjustment amount							18
19	SUBTOTAL							19
CAPITAL PAYMENTS								
20	Capital DRG other than outlier	10,312,698						20
21	Capital DRG outlier payments	2,748,995						21
22	Indirect medical education percentage	14.5200	14.5200	14.5200		14.5200		22
23	Indirect medical education adjustment	1,497,404						23
24	Allowable disproportionate share percentage	0.0491	0.0491	0.0491		0.0491		24
25	Disproportionate share adjustment	506,353						25
26	Total prospective capital payments	15,065,450						26
LOW VOLUME ADJUSTMENT								
27	Low volume adjustment factor							27
28	Low Volume Adjustment							28
29	Low Volume Adjustment							29