

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: 10-18-2012 TIME: 15:56  
 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 5.  COST REPORT STATUS 6. DATE RECEIVED: \_\_\_\_\_ 10. NPR DATE: \_\_\_\_\_  
 USE ONLY 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 SAINT LOUIS UNIVERSITY HOSPITAL (26-0105) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 06/01/2011 AND ENDING 05/31/2012, 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		3,854,764	562,726		19,172,456	1
2 SUBPROVIDER - IPF		-19,566	-383		2,060,868	2
3 SUBPROVIDER - IRF						3
4 SUBPROVIDER (OTHER)						4
5 SWING BED - SNF						5
6 SWING BED - NF						6
7 SKILLED NURSING FACILITY						7
8 NURSING FACILITY						8
9 HOME HEALTH AGENCY						9
10 HEALTH CLINIC - RHC						10
11 HEALTH CLINIC - FQHC						11
12 OUTPATIENT REHABILITATION PROVIDER						12
200 TOTAL		3,835,198	562,343		21,233,324	200

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

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

STATE: MO

P.O.BOX:  
 ZIP CODE: 63110

COUNTY: SAINT LOUIS

1  
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)			
						V 6	XVIII 7	XIX 8	
3	HOSPITAL	26-0105	41180	1	07/01/1966	O	P	O	3
4	SUBPROVIDER - IPF	26-S105	41180	4	07/01/1984	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 OLTC								11
12	HOSPITAL-BASED HHA								12
13	SEPARATELY CERTIFIED ASC								13
14	HOSPITAL-BASED HOSPICE								14
15	HOSPITAL-BASED HEALTH CLINIC - RHC								15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC								16
17	HOSPITAL-BASED (CMHC)								17
18	RENAL DIALYSIS	26-2310	41180		07/01/1966				18
19	OTHER								19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 06/01/2011			TO: 05/31/2012				20
21	TYPE OF CONTROL			4					21

INPATIENT PPS INFORMATION

		1	2
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.	Y	N
23	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON LINES 24 AND/OR 25 BELOW? IN COLUMN 1, ENTER 1 IF DATE OF ADMISSION, 2 IF CENSUS DAYS, OR 3 IF DATE OF DISCHARGE. IS THE METHOD OF IDENTIFYING THE DAYS IN THIS COST REPORTING PERIOD DIFFERENT FROM THE METHOD USED IN THE PRIOR COST REPORTING PERIOD? IN COLUMN 2, ENTER 'Y' FOR YES OR 'N' FOR NO.	3	N

		IN-STATE		OUT-OF		MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6
		MEDICAID PAID DAYS 1	MEDICAID UNPAID DAYS 2	STATE MEDICAID PAID DAYS 3	STATE MEDICAID UNPAID DAYS 4		
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.	9,864	2,100	3,676	858	627	24
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF STATE MEDICAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.						25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1		26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.				1		27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

		V 1	XVIII 2	XIX 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	N	N

'N' FOR NO.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	Y			60
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	61
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01
TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS					
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	Y			63
SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.					
64	ENTER IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	64
		10.98	202.30	0.051482	
ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 ÷ COLUMN 4)). (SEE INSTRUCTIONS)					
		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))	
PROGRAM NAME	PROGRAM CODE	3	4	5	
65 INTERNAL MEDICINE	1400	2.61	56.20	0.044380	65
65.01 GERIATRIC MEDICINE	1408	0.41	1.75	0.189815	65.01
65.02 INTERNAL MEDICINE PEDIATRICS	1450	0.64	5.67	0.101426	65.02
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010					
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	66
		9.44	211.93	0.042644	

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

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

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.3+COL.4)	
1	2	3	4	5	
67 INTERNAL MEDICINE	1400	3.74	57.05	0.061523	67
67.01 GERIATRIC MEDICINE	1408	0.55	1.68	0.246637	67.01
67.02 INTERNAL MEDICINE PEDIATRICS	1450	0.16	5.46	0.028470	67.02
67.03 GERIATRIC PSYCH	2202	0.15	1.34	0.100671	67.03

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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TEFRA PROVIDERS

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

TITLE V AND XIX INPATIENT SERVICES

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

RURAL PROVIDERS

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-1§ 2208.1.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	1		118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 389,166 PAID LOSSES: 2,007,074 SELF INSURANCE:			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		121

TRANSPLANT CENTER INFORMATION

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

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	1 Y	2 HB0557	140
-----	--	--------	-------------	-----

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

141	NAME: TENET HEALTHCARE CORP	CONTRACTOR'S NAME: NOVITAS SOLUTIONS	CONTRACTOR'S NUMBER: 04411	141
142	STREET: 1445 ROSS AVENUE, STE 1400	P.O. BOX:		142
143	CITY: DALLAS	STATE: TX	ZIP CODE: 75202-2703	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?		Y	144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, 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 PART A	TITLE XVIII PART B	TITLE V	TITLE XIX
155	HOSPITAL	N	N	N
156	SUBPROVIDER - IPF	N	N	N
157	SUBPROVIDER - IRF	N	N	N
158	SUBPROVIDER - (OTHER)	N	N	N
159	SNF	N	N	N
160	HHA	N	N	N
161	CMHC	N	N	N

MULTICAMPUS

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

0

1

2

3

4

5

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

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

N

167

168 IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'),  
ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.

168

169 IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH  
(LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.

169

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
 PART II

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

COMPLETED BY ALL HOSPITALS

PROVIDER ORGANIZATION AND OPERATION		Y/N	DATE	
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N	2	1
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N	2	2
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	Y	A	02/27/2012 4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5
APPROVED EDUCATIONAL ACTIVITIES		Y/N	Y/N	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N	2	6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y		7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y		9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y/N 12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14
BED COMPLEMENT				Y 15
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	
	Y/N	DATE	Y/N	DATE	
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N	2	N	4 16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	09/12/2012	Y	09/12/2012 17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
PART II

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

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

CAPITAL RELATED COST

- |    |   |    |
|----|---|----|
| 22 | HAVE ASSETS BEEN RELIEFED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS.  | 22 |
| 23 | HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 23 |
| 24 | WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.                | 24 |
| 25 | HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.                               | 25 |
| 26 | WERE ASSETS SUBJECT TO SEC. 2314 OF 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:   | LAST NAME:      | TITLE: | 41 |
| 42 | EMPLOYER:     |                 |        | 42 |
| 43 | PHONE NUMBER: | E-MAIL ADDRESS: |        | 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	TOTAL SALARIES (SEE INSTRUCTIONS)	200	90,323,798		90,323,798	3,037,981.00	29.73
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN-PART A ADMINISTRATIVE						
4.01	PHYSICIAN-PART A - TEACHING						4.01
5	PHYSICIAN-PART B						
6	NON-PHYSICIAN-PART B						
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21	63,307		63,307	2,168.00	29.20
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)						7.01
8	HOME OFFICE PERSONNEL						
9	SNF	44					
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		5,631,572	-637,768	4,993,804	162,983.00	30.64
	OTHER WAGES & RELATED COSTS						
11	CONTRACT LABOR (SEE INSTRUCTIONS)		3,404,054		3,404,054	68,261.00	49.87
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		321,454		321,454	2,095.00	153.44
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		11,064,639		11,064,639	243,720.00	45.40
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE						
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING WAGE-RELATED COSTS						
17	WAGE-RELATED COSTS (CORE)		17,832,711		17,832,711		17
18	WAGE-RELATED COSTS (OTHER)						
19	EXCLUDED AREAS		1,153,333		1,153,333		19
20	NON-PHYSICIAN ANESTHETIST PART A						
21	NON-PHYSICIAN ANESTHETIST PART B						
22	PHYSICIAN PART A - ADMINISTRATIVE						
22.01	PHYSICIAN PART A - TEACHING						22.01
23	PHYSICIAN PART B						
24	WAGE-RELATED COSTS (RHC/FQHC)						
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM) OVERHEAD COSTS - DIRECT SALARIES		13,205		13,205		25
26	EMPLOYEE BENEFITS		597,870		597,870	21,941.00	27.25
27	ADMINISTRATIVE & GENERAL		9,491,792	-113,189	9,378,603	272,549.00	34.41
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		66,018		66,018	3,917.00	16.85
29	MAINTENANCE & REPAIRS		366,530		366,530	12,166.00	30.13
30	OPERATION OF PLANT						
31	LAUNDRY & LINEN SERVICE		88,963		88,963	6,679.00	13.32
32	HOUSEKEEPING						
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						
34	DIETARY						
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						
36	CAFETERIA						
37	MAINTENANCE OF PERSONNEL						
38	NURSING ADMINISTRATION		1,282,925		1,282,925	33,496.00	38.30
39	CENTRAL SERVICES AND SUPPLY		726,439		726,439	42,467.00	17.11
40	PHARMACY		4,105,282	-197,122	3,908,160	106,566.00	36.67
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		2,932,455		2,932,455	125,436.00	23.38
42	SOCIAL SERVICE		1,809,086		1,809,086	58,687.00	30.83
43	OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	90,326,509		90,326,509	3,039,730.00	29.72	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	5,631,572	-637,768	4,993,804	162,983.00	30.64	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	84,694,937	637,768	85,332,705	2,876,747.00	29.66	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	14,790,147		14,790,147	314,076.00	47.09	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	17,832,711		17,832,711		20.90%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	117,317,795	637,768	117,955,563	3,190,823.00	36.97	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	21,467,360	-310,311	21,157,049	683,904.00	30.94	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
 PART IV

PART A - CORE LIST

		AMOUNT REPORTED	
RETIREMENT COST			
1	401K EMPLOYER CONTRIBUTIONS	853,472	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)		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)			
5	401K/TSA PLAN ADMINISTRATION FEES		5
6	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST			
8	HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	9,600,773	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN		10
11	LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)		11
12	ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13	DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		13
14	LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15	WORKERS' COMPENSATION INSURANCE	983,662	15
16	RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES			
17	FICA-EMPLOYERS PORTION ONLY	6,701,031	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE	126,412	19
20	STATE OR FEDERAL UNEMPLOYMENT TAXES	314,157	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	419,742	23
24	TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	18,999,249	24

PART B - OTHER THAN CORE RELATED COST

25	OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25
----	--	--	----

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3  
 PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT
0		LABOR	COST
1	2	1	2
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST	3,404,654	1
2	HOSPITAL	3,404,054	2
3	SUBPROVIDER - IPF	600	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)			0.202936	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)					
2	NET REVENUE FROM MEDICAID			51,540,453	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			233,290,072	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)			47,342,954	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)			3,695,996	13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)			20,971,996	14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)			4,255,973	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.			559,977	16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)					
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE				17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS			74,991	18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)			559,977	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	37,975,730	288,681	38,264,411	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	7,706,643	58,584	7,765,227	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	43,109		43,109	22
23	COST OF CHARITY CARE	7,663,534	58,584	7,722,118	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)			71,516,903	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			1,544,259	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			69,972,644	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			14,199,968	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			21,922,086	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			22,482,063	31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS		
		1	2	3	4		
GENERAL SERVICE COST CENTERS							
1	00100		3,819,252	3,819,252	1,470,107	1	
2	00200		11,454,201	11,454,201	2,952,649	2	
3	00300		3,040,715	3,040,715	-3,040,715	3	
4	00400	597,870	11,781,911	12,379,781	-3,080	4	
5	00500	9,491,792	59,698,321	69,190,113	-839,035	5	
6	00600	366,530	222,145	588,675	-590	6	
7	00700		12,880,574	12,880,574	-2,296,246	7	
8	00800	88,963	1,040,311	1,129,274	-3,493	8	
9	00900		3,556,849	3,556,849	-7,795	9	
10	01000		3,156,736	3,156,736	-2,489,559	10	
11	01100				2,038,992	11	
12	01200					12	
13	01300	1,282,925	221,421	1,504,346	-16,500	13	
14	01400	726,439	2,149,539	2,875,978	-1,933,112	14	
15	01500	4,105,282	18,548,944	22,654,226	-15,989,790	15	
16	01600	2,528,429	1,302,539	3,830,968	-2,440	16	
16.01	01850	404,026	157,288	561,314	-109	16.01	
17	01700	1,809,086	404,754	2,213,840	-1,308	17	
19	01900					19	
20	02000					20	
21	02100	63,307		63,307		21	
22	02200		34,618,948	34,618,948		22	
23	02300				242,598	23	
INPATIENT ROUTINE SERV COST CENTERS							
30	03000	18,088,405	4,997,937	23,086,342	-2,028,215	30	
31	03100	2,585,143	744,831	3,329,974	-134,129	31	
31.01	03101	2,095,930	652,300	2,748,230	-161,795	31.01	
31.02	03102	2,168,357	806,676	2,975,033	-167,535	31.02	
31.03	03103	2,228,353	809,436	3,037,789	-153,095	31.03	
31.04	03104	2,521,037	971,692	3,492,729	-155,178	31.04	
40	04000	2,783,528	314,767	3,098,295	152,718	40	
ANCILLARY SERVICE COST CENTERS							
50	05000	5,442,245	24,203,405	29,645,650	-20,570,479	50	
51	05100	2,452,267	662,567	3,114,834	-270,990	51	
53	05300	186,849	1,298,191	1,485,040	-948,716	53	
54	05400	6,651,551	7,664,615	14,316,166	-4,926,718	54	
54.03	03330	905,767	1,217,542	2,123,309	-869,338	54.03	
54.05	05401	244,762	413,740	658,502	84,836	54.05	
55	05500	616,167	1,162,150	1,778,317	239,505	55	
56	05600	409,896	1,135,154	1,545,050	-72,872	56	
60	06000	5,081,218	10,808,246	15,889,464	-2,018,776	60	
60.02	06002					60.02	
62.30	06250					62.30	
63	06300		4,093,579	4,093,579	-361	63	
65	06500	1,872,009	1,076,182	2,948,191	-751,994	65	
66	06600	1,795,099	253,236	2,048,335	-51,546	66	
69	06900	2,514,649	5,163,734	7,678,383	-4,086,459	69	
69.02	03650					69.02	
70	07000	342,880	228,358	571,238	14,090	70	
71	07100				18,368,858	71	
72	07200				17,260,744	72	
73	07300				16,862,496	73	
74	07400		1,368,257	1,368,479	-26,208	74	
76	03950					76	
76.01	03551					76.01	
76.29	03961					76.29	
76.30	03962	169,077	499,599	668,676	30,713	76.30	
76.31	03963		292,425	292,425		76.31	
76.97	07697					76.97	
76.98	07698					76.98	
76.99	07699					76.99	
OUTPATIENT SERVICE COST CENTERS							
90	09000	389,957	472,633	862,590	-11,036	90	
90.02	09002				1,615,855	90.02	
91	09100	4,465,737	8,787,205	13,252,942	-917,117	91	
92	09200					92	
OTHER REIMBURSABLE COST CENTERS							
SPECIAL PURPOSE COST CENTERS							
105	10500	2,842,122	2,221,420	5,063,542	-823,659	105	
107	10700	44	1,330,998	1,331,042	1,082,021	107	
109	10900		118,056	118,056	8,389	109	
113	11300		24,048,029	24,048,029	-48,029	113	
118	SUBTOTALS (SUM OF LINES 1-117)		90,317,920	275,871,408	366,189,328	-3,393,446	118
NONREIMBURSABLE COST CENTERS							
190	19000	-61		-61		190	
194	07950				450,059	194	

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITA  
PERIOD FROM 06/01/2011 TO 05/31/2012

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

VERSION: 2011.10  
10/18/2012 15:56

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
194.05 07955 PUBLIC RELATIONS				577,445	194.05
194.11 07961 UNIVERSITY SPACE				1,737,058	194.11
194.12 07962 CANCER CENTER				590,263	194.12
194.13 07963 MARKET SPACE					194.13
194.14 07964 RENTAL PROPERTIES	5,939	42,826	48,765		194.14
194.15 07965 OP CATH LAB-UNIV				38,621	194.15
200 TOTAL (SUM OF LINES 118-199)	90,323,798	275,914,234	366,238,032		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	5,289,359	639,282	5,928,641	1
2	00200	CAP REL COSTS-MVBLE EQUIP	14,406,850	-75,434	14,331,416	2
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS	12,376,701		12,376,701	4
5	00500	ADMINISTRATIVE & GENERAL	68,351,078	4,149,344	72,500,422	5
6	00600	MAINTENANCE & REPAIRS	588,085		588,085	6
7	00700	OPERATION OF PLANT	10,584,328	-339,189	10,245,139	7
8	00800	LAUNDRY & LINEN SERVICE	1,125,781		1,125,781	8
9	00900	HOUSEKEEPING	3,549,054		3,549,054	9
10	01000	DIETARY	667,177	-17,956	649,221	10
11	01100	CAFETERIA	2,038,992		2,038,992	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	1,487,846		1,487,846	13
14	01400	CENTRAL SERVICES & SUPPLY	942,866		942,866	14
15	01500	PHARMACY	6,664,436		6,664,436	15
16	01600	MEDICAL RECORDS & LIBRARY	3,828,528	-32,225	3,796,303	16
16.01	01850	QUALITY ASSURANCE	561,205		561,205	16.01
17	01700	SOCIAL SERVICE	2,212,532	-140,757	2,071,775	17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SRVCES-SALARY & FRINGES APPRVD	63,307		63,307	21
22	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	34,618,948		34,618,948	22
23	02300	PARAMED ED PRGM-(SPECIFY)	242,598		242,598	23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	21,058,127	-27,586	21,030,541	30
31	03100	INTENSIVE CARE UNIT	3,195,845	-4,097	3,191,748	31
31.01	03101	6TH ICU	2,586,435		2,586,435	31.01
31.02	03102	7TH ICU	2,807,498		2,807,498	31.02
31.03	03103	8TH ICU	2,884,694		2,884,694	31.03
31.04	03104	5TH ICU	3,337,551		3,337,551	31.04
40	04000	SUBPROVIDER - IPF	3,251,013	-2,858	3,248,155	40
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	9,075,171	-5,561	9,069,610	50
51	05100	RECOVERY ROOM	2,843,844		2,843,844	51
53	05300	ANESTHESIOLOGY	536,324		536,324	53
54	05400	RADIOLOGY-DIAGNOSTIC	9,389,448	-199,542	9,189,906	54
54.03	03330	ENDOSCOPY	1,253,971		1,253,971	54.03
54.05	05401	PET IMAGING	743,338		743,338	54.05
55	05500	RADIOLOGY-THERAPEUTIC	2,017,822	-570,829	1,446,993	55
56	05600	RADIOISOTOPE	1,472,178		1,472,178	56
60	06000	LABORATORY	13,870,688	-45,067	13,825,621	60
60.02	06002	BLOOD CLOTTING FACTORS ADMIN COSTS				60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	06300	BLOOD STORING, PROCESSING & TRANS.	4,093,218		4,093,218	63
65	06500	RESPIRATORY THERAPY	2,196,197		2,196,197	65
66	06600	PHYSICAL THERAPY	1,996,789		1,996,789	66
69	06900	ELECTROCARDIOLOGY	3,591,924		3,591,924	69
69.02	03650	CARDIOVASCULAR LAB				69.02
70	07000	ELECTROENCEPHALOGRAPHY	585,328		585,328	70
71	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	18,368,858		18,368,858	71
72	07200	IMPL. DEV. CHARGED TO PATIENT	17,260,744		17,260,744	72
73	07300	DRUGS CHARGED TO PATIENTS	16,862,496	-68,853	16,793,643	73
74	07400	RENAL DIALYSIS	1,342,271		1,342,271	74
76	03950	OTHER ANCILLARY SERVICES				76
76.01	03551	PSYCH THERAPY				76.01
76.29	03961	AIR RESCUE				76.29
76.30	03962	BONE MARROW	699,389		699,389	76.30
76.31	03963	CORNEAL TRANSPLANTS	292,425		292,425	76.31
76.97	07697	CARDIAC REHABILITATION				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	CLINIC	851,554		851,554	90
90.02	09002	TRANSPLANT CLINIC	1,615,855		1,615,855	90.02
91	09100	EMERGENCY	12,335,825	-6,761,908	5,573,917	91
92	09200	OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105	10500	KIDNEY ACQUISITION	4,239,883	-19,908	4,219,975	105
107	10700	LIVER ACQUISITION	2,413,063	-19,144	2,393,919	107
109	10900	PANCREAS ACQUISITION	126,445		126,445	109
113	11300	INTEREST EXPENSE	24,000,000	-24,000,000		113
118		SUBTOTALS (SUM OF LINES 1-117)	362,795,882	-27,542,288	335,253,594	118
NONREIMBURSABLE COST CENTERS						
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-61	143,381	143,320	190
194	07950	DOCTORS MEALS	450,059		450,059	194

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	
194.05	07955 PUBLIC RELATIONS	577,445		577,445	194.05
194.11	07961 UNIVERSITY SPACE	1,737,058		1,737,058	194.11
194.12	07962 CANCER CENTER	590,263		590,263	194.12
194.13	07963 MARKET SPACE				194.13
194.14	07964 RENTAL PROPERTIES	48,765		48,765	194.14
194.15	07965 OP CATH LAB-UNIV	38,621		38,621	194.15
200	TOTAL (SUM OF LINES 118-199)	366,238,032	-27,398,907	338,839,125	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
	1	2	3		4	5
1 RECLASS OF OTHER COC COSTS	C	ADMINISTRATIVE & GENERAL	5			137,168 1
500 TOTAL RECLASSIFICATIONS						137,168 500
CODE LETTER - C						
1 OFFEROR REBATES	D	CENTRAL SERVICES & SUPPLY	14			145,367 1
2 OFFEROR REBATES	D	PHARMACY	15			259,075 2
500 TOTAL RECLASSIFICATIONS						404,442 500
CODE LETTER - D						
1 DIETARY RECLASS - OTHER COSTS	E	CAFETERIA	11			2,038,992 1
2 DIETARY RECLASS - OTHER COSTS	E	DOCTORS MEALS	194			450,059 2
500 TOTAL RECLASSIFICATIONS						2,489,051 500
CODE LETTER - E						
1 RECLASS INPLANTABLE SUPPLIES	F	IMPL. DEV. CHARGED TO PATIENT	72			17,260,744 1
500 TOTAL RECLASSIFICATIONS						17,260,744 500
CODE LETTER - F						
1 TENETCARE RECLASS - OTHER	G	RADIOISOTOPE	56		16,792	8,075 1
2 TENETCARE RECLASS - OTHER	G	ELECTROCARDIOLOGY	69		192,811	92,714 2
3 TENETCARE RECLASS - OTHER	G	ELECTROENCEPHALOGRAPHY	70		8,976	4,316 3
500 TOTAL RECLASSIFICATIONS					218,579	105,105 500
CODE LETTER - G						
1 RECLASS PARAMED ED (OTHER)	H	PARAMED ED PRGM-(SPECIFY)	23		197,122	45,476 1
500 TOTAL RECLASSIFICATIONS					197,122	45,476 500
CODE LETTER - H						
1 RECLASS FLOAT POOL (OTHER)	I	ADMINISTRATIVE & GENERAL	5		136,283	42,916 1
2 RECLASS FLOAT POOL (OTHER)	I	INTENSIVE CARE UNIT	31		92,387	41,010 2
3 RECLASS FLOAT POOL (OTHER)	I	6TH ICU	31.01		85,074	37,763 3
4 RECLASS FLOAT POOL (OTHER)	I	7TH ICU	31.02		76,984	34,173 4
5 RECLASS FLOAT POOL (OTHER)	I	8TH ICU	31.03		84,403	37,466 5
6 RECLASS FLOAT POOL (OTHER)	I	5TH ICU	31.04		110,056	48,853 6
7 RECLASS FLOAT POOL (OTHER)	I	SUBPROVIDER - IPF	40		121,144	53,775 7
500 TOTAL RECLASSIFICATIONS					706,331	295,956 500
CODE LETTER - I						
1 RADIOLOGY CLINIC (SALARIES)	J	RADIOLOGY-THERAPEUTIC	55		63,956	192,130 1
500 TOTAL RECLASSIFICATIONS					63,956	192,130 500
CODE LETTER - J						
1 NUCLEAR MEDICINE (OTHER)	K	PET IMAGING	54.05		79,615	7,962 1
500 TOTAL RECLASSIFICATIONS					79,615	7,962 500
CODE LETTER - K						
1 RECLASS OF LEASED HOSPITAL SPACE	L	UNIVERSITY SPACE	194.11			1,737,058 1
2 RECLASS OF LEASED HOSPITAL SPACE	L	CANCER CENTER	194.12			590,263 2
500 TOTAL RECLASSIFICATIONS						2,327,321 500
CODE LETTER - L						
1 CARDIAC CATH LAB (OTHER)	M	OP CATH LAB-UNIV	194.15			38,621 1
500 TOTAL RECLASSIFICATIONS						38,621 500
CODE LETTER - M						
1 HOSPITAL ADMIN	N	OPERATION OF PLANT	7			228,160 1
500 TOTAL RECLASSIFICATIONS						228,160 500
CODE LETTER - N						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
	1	2	3		4	5
1 RECLASS OF DIRECTORSHIP FEES	O	ADULTS & PEDIATRICS	30			62,004 1
2 RECLASS OF DIRECTORSHIP FEES	O	INTENSIVE CARE UNIT	31			9,209 2
3 RECLASS OF DIRECTORSHIP FEES	O	SUBPROVIDER - IPF	40			5,525 3
4 RECLASS OF DIRECTORSHIP FEES	O	OPERATING ROOM	50			15,961 4
5 RECLASS OF DIRECTORSHIP FEES	O	LABORATORY	60			101,294 5
6 RECLASS OF DIRECTORSHIP FEES	O	EMERGENCY	91			20,834 6
7 RECLASS OF DIRECTORSHIP FEES	O	KIDNEY ACQUISITION	105			57,208 7
8 RECLASS OF DIRECTORSHIP FEES	O	LIVER ACQUISITION	107			54,944 8
500 TOTAL RECLASSIFICATIONS						326,979 500
CODE LETTER - O						
1 HLA RECLASS	P	BONE MARROW	76.30			30,713 1
2 HLA RECLASS	P	TRANSPLANT CLINIC	90.02			127,037 2
3 HLA RECLASS	P	KIDNEY ACQUISITION	105			1,641,679 3
4 HLA RECLASS	P	LIVER ACQUISITION	107			887 4
5 HLA RECLASS	P	PANCREAS ACQUISITION	109			851 5
500 TOTAL RECLASSIFICATIONS						1,801,167 500
CODE LETTER - P						
1 POST-TRANSPLANT RECLASS	Q	TRANSPLANT CLINIC	90.02		734,461	169,549 1
500 TOTAL RECLASSIFICATIONS					734,461	169,549 500
CODE LETTER - Q						
1 PRE-TRANSPLANT RECLASS	R	LIVER ACQUISITION	107		316,383	73,036 1
2 PRE-TRANSPLANT RECLASS	R	PANCREAS ACQUISITION	109		1,731	400 2
500 TOTAL RECLASSIFICATIONS					318,114	73,436 500
CODE LETTER - R						
1 POST-TRANSPLANT RECLASS	S	TRANSPLANT CLINIC	90.02		471,045	113,763 1
500 TOTAL RECLASSIFICATIONS					471,045	113,763 500
CODE LETTER - S						
1 PRE-TRANSPLANT RECLASS	T	LIVER ACQUISITION	107		512,899	123,872 1
2 PRE-TRANSPLANT RECLASS	T	PANCREAS ACQUISITION	109		4,355	1,052 2
500 TOTAL RECLASSIFICATIONS					517,254	124,924 500
CODE LETTER - T						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 RECLASS OF RENTAL/LEASE EQUIP	W	CAP REL COSTS-MVBLE EQUIP	2		1,519,209	1
2 RECLASS OF RENTAL/LEASE EQUIP	W					2
3 RECLASS OF RENTAL/LEASE EQUIP	W					3
4 RECLASS OF RENTAL/LEASE EQUIP	W					4
5 RECLASS OF RENTAL/LEASE EQUIP	W					5
6 RECLASS OF RENTAL/LEASE EQUIP	W					6
7 RECLASS OF RENTAL/LEASE EQUIP	W					7
8 RECLASS OF RENTAL/LEASE EQUIP	W					8
9 RECLASS OF RENTAL/LEASE EQUIP	W					9
10 RECLASS OF RENTAL/LEASE EQUIP	W					10
11 RECLASS OF RENTAL/LEASE EQUIP	W					11
12 RECLASS OF RENTAL/LEASE EQUIP	W					12
13 RECLASS OF RENTAL/LEASE EQUIP	W					13
14 RECLASS OF RENTAL/LEASE EQUIP	W					14
15 RECLASS OF RENTAL/LEASE EQUIP	W					15
16 RECLASS OF RENTAL/LEASE EQUIP	W					16
17 RECLASS OF RENTAL/LEASE EQUIP	W					17
18 RECLASS OF RENTAL/LEASE EQUIP	W					18
19 RECLASS OF RENTAL/LEASE EQUIP	W					19
20 RECLASS OF RENTAL/LEASE EQUIP	W					20
21 RECLASS OF RENTAL/LEASE EQUIP	W					21
22 RECLASS OF RENTAL/LEASE EQUIP	W					22
23 RECLASS OF RENTAL/LEASE EQUIP	W					23
24 RECLASS OF RENTAL/LEASE EQUIP	W					24
25 RECLASS OF RENTAL/LEASE EQUIP	W					25
26 RECLASS OF RENTAL/LEASE EQUIP	W					26
27 RECLASS OF RENTAL/LEASE EQUIP	W					27
28 RECLASS OF RENTAL/LEASE EQUIP	W					28
29 RECLASS OF RENTAL/LEASE EQUIP	W					29
30 RECLASS OF RENTAL/LEASE EQUIP	W					30
31 RECLASS OF RENTAL/LEASE EQUIP	W					31
32 RECLASS OF RENTAL/LEASE EQUIP	W					32
33 RECLASS OF RENTAL/LEASE EQUIP	W					33
500 TOTAL RECLASSIFICATIONS					1,519,209	500
CODE LETTER - W						

1						1
2						2
3						3
4 CHARGEABLE SUPPLIES	X	ADMINISTRATIVE & GENERAL	5		5,515	4
5 CHARGEABLE SUPPLIES	X	ELECTROENCEPHALOGRAPHY	70		870	5
6 CHARGEABLE SUPPLIES	X	MEDICAL SUPPLIES CHRGD TO PA	71		35,774,969	6
7 CHARGEABLE SUPPLIES	X					7
8 CHARGEABLE SUPPLIES	X					8
9 CHARGEABLE SUPPLIES	X					9
10 CHARGEABLE SUPPLIES	X					10
11 CHARGEABLE SUPPLIES	X					11
12 CHARGEABLE SUPPLIES	X					12
13 CHARGEABLE SUPPLIES	X					13
14 CHARGEABLE SUPPLIES	X					14
15 CHARGEABLE SUPPLIES	X					15
16 CHARGEABLE SUPPLIES	X					16
17 CHARGEABLE SUPPLIES	X					17
18 CHARGEABLE SUPPLIES	X					18
19 CHARGEABLE SUPPLIES	X					19
20 CHARGEABLE SUPPLIES	X					20
21 CHARGEABLE SUPPLIES	X					21
22 CHARGEABLE SUPPLIES	X					22
23 CHARGEABLE SUPPLIES	X					23
24 CHARGEABLE SUPPLIES	X					24
25 CHARGEABLE SUPPLIES	X					25
26 CHARGEABLE SUPPLIES	X					26
27 CHARGEABLE SUPPLIES	X					27
28 CHARGEABLE SUPPLIES	X					28
29 CHARGEABLE SUPPLIES	X					29
30 CHARGEABLE SUPPLIES	X					30
31 CHARGEABLE SUPPLIES	X					31
32 CHARGEABLE SUPPLIES	X					32
33 CHARGEABLE SUPPLIES	X					33
500 TOTAL RECLASSIFICATIONS					35,781,354	500
CODE LETTER -						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER	
		COST CENTER	LINE #			
	1	2	3	4	5	
1						1
2						2
3						3
4						4
5						5
6	CHARGEABLE DRUGS PER G/L	Y	ADMINISTRATIVE & GENERAL	5	393	6
7	CHARGEABLE DRUGS PER G/L	Y	NURSING ADMINISTRATION	13	1	7
8	CHARGEABLE DRUGS PER G/L	Y	ANESTHESIOLOGY	53	16	8
9	CHARGEABLE DRUGS PER G/L	Y	RADIOLOGY-THERAPEUTIC	55	67	9
10	CHARGEABLE DRUGS PER G/L	Y	DRUGS CHARGED TO PATIENTS	73	15,592,167	10
11	CHARGEABLE DRUGS PER G/L	Y				11
12	CHARGEABLE DRUGS PER G/L	Y				12
13	CHARGEABLE DRUGS PER G/L	Y				13
14	CHARGEABLE DRUGS PER G/L	Y				14
15	CHARGEABLE DRUGS PER G/L	Y				15
16	CHARGEABLE DRUGS PER G/L	Y				16
17	CHARGEABLE DRUGS PER G/L	Y				17
18	CHARGEABLE DRUGS PER G/L	Y				18
19	CHARGEABLE DRUGS PER G/L	Y				19
20	CHARGEABLE DRUGS PER G/L	Y				20
21	CHARGEABLE DRUGS PER G/L	Y				21
500	TOTAL RECLASSIFICATIONS				15,592,644	500
	CODE LETTER -					
1						1
2						2
3	CHARGEABLE IV SOLUTIONS PER G/L	Z	ADMINISTRATIVE & GENERAL	5	2,272	3
4	CHARGEABLE IV SOLUTIONS PER G/L	Z	DRUGS CHARGED TO PATIENTS	73	1,529,404	4
5	CHARGEABLE IV SOLUTIONS PER G/L	Z				5
6	CHARGEABLE IV SOLUTIONS PER G/L	Z				6
7	CHARGEABLE IV SOLUTIONS PER G/L	Z				7
8	CHARGEABLE IV SOLUTIONS PER G/L	Z				8
9	CHARGEABLE IV SOLUTIONS PER G/L	Z				9
10	CHARGEABLE IV SOLUTIONS PER G/L	Z				10
11	CHARGEABLE IV SOLUTIONS PER G/L	Z				11
12	CHARGEABLE IV SOLUTIONS PER G/L	Z				12
13	CHARGEABLE IV SOLUTIONS PER G/L	Z				13
14	CHARGEABLE IV SOLUTIONS PER G/L	Z				14
15	CHARGEABLE IV SOLUTIONS PER G/L	Z				15
16	CHARGEABLE IV SOLUTIONS PER G/L	Z				16
17	CHARGEABLE IV SOLUTIONS PER G/L	Z				17
18	CHARGEABLE IV SOLUTIONS PER G/L	Z				18
19	CHARGEABLE IV SOLUTIONS PER G/L	Z				19
20	CHARGEABLE IV SOLUTIONS PER G/L	Z				20
21	CHARGEABLE IV SOLUTIONS PER G/L	Z				21
22	CHARGEABLE IV SOLUTIONS PER G/L	Z				22
23	CHARGEABLE IV SOLUTIONS PER G/L	Z				23
24	CHARGEABLE IV SOLUTIONS PER G/L	Z				24
500	TOTAL RECLASSIFICATIONS				1,531,676	500
	CODE LETTER -					
1	HOSPITAL ADMIN	AA	HOUSEKEEPING	9	239	1
500	TOTAL RECLASSIFICATIONS				239	500
	CODE LETTER - AA					
1	RECLASS OF NON INTERCOMPANY INTEREST	DD	ADMINISTRATIVE & GENERAL	5	48,029	1
500	TOTAL RECLASSIFICATIONS				48,029	500
	CODE LETTER - DD					
1	PR	PR	PUBLIC RELATIONS	194.05	249,472	327,973 1
500	TOTAL RECLASSIFICATIONS				249,472	327,973 500
	CODE LETTER - PR					
	GRAND TOTAL (INCREASES)				3,555,949	80,943,078

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF. 10
1 RECLASS OF OTHER COC COSTS	C	OTHER CAPITAL RELATED COSTS	3		137,168	1
500 TOTAL RECLASSIFICATIONS					137,168	500
CODE LETTER - C						
1 OFFEROR REBATES	D	MEDICAL SUPPLIES CHRGED TO PA	71		145,367	1
2 OFFEROR REBATES	D	DRUGS CHARGED TO PATIENTS	73		259,075	2
500 TOTAL RECLASSIFICATIONS					404,442	500
CODE LETTER - D						
1 DIETARY RECLASS - OTHER COSTS	E	DIETARY	10		2,489,051	1
2 DIETARY RECLASS - OTHER COSTS	E					2
500 TOTAL RECLASSIFICATIONS					2,489,051	500
CODE LETTER - E						
1 RECLASS INPLANTABLE SUPPLIES	F	MEDICAL SUPPLIES CHRGED TO PA	71		17,260,744	1
500 TOTAL RECLASSIFICATIONS					17,260,744	500
CODE LETTER - F						
1 TENETCARE RECLASS - OTHER	G	RADIOLOGY-DIAGNOSTIC	54	218,579	105,105	1
2 TENETCARE RECLASS - OTHER	G					2
3 TENETCARE RECLASS - OTHER	G					3
500 TOTAL RECLASSIFICATIONS				218,579	105,105	500
CODE LETTER - G						
1 RECLASS PARAMED ED (OTHER)	H	PHARMACY	15	197,122	45,476	1
500 TOTAL RECLASSIFICATIONS				197,122	45,476	500
CODE LETTER - H						
1 RECLASS FLOAT POOL (OTHER)	I	ADULTS & PEDIATRICS	30	706,331	295,956	1
2 RECLASS FLOAT POOL (OTHER)	I					2
3 RECLASS FLOAT POOL (OTHER)	I					3
4 RECLASS FLOAT POOL (OTHER)	I					4
5 RECLASS FLOAT POOL (OTHER)	I					5
6 RECLASS FLOAT POOL (OTHER)	I					6
7 RECLASS FLOAT POOL (OTHER)	I					7
500 TOTAL RECLASSIFICATIONS				706,331	295,956	500
CODE LETTER - I						
1 RADIOLOGY CLINIC (SALARIES)	J	RADIOLOGY-DIAGNOSTIC	54	63,956	192,130	1
500 TOTAL RECLASSIFICATIONS				63,956	192,130	500
CODE LETTER - J						
1 NUCLEAR MEDICINE (OTHER)	K	RADIOISOTOPE	56	79,615	7,962	1
500 TOTAL RECLASSIFICATIONS				79,615	7,962	500
CODE LETTER - K						
1 RECLASS OF LEASED HOSPITAL SPACE	L	OPERATION OF PLANT	7		2,327,321	1
2 RECLASS OF LEASED HOSPITAL SPACE	L					2
500 TOTAL RECLASSIFICATIONS					2,327,321	500
CODE LETTER - L						
1 CARDIAC CATH LAB (OTHER)	M	ADMINISTRATIVE & GENERAL	5		38,621	1
500 TOTAL RECLASSIFICATIONS					38,621	500
CODE LETTER - M						
1 HOSPITAL ADMIN	N	ADMINISTRATIVE & GENERAL	5		228,160	1
500 TOTAL RECLASSIFICATIONS					228,160	500
CODE LETTER - N						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 RECLASS OF DIRECTORSHIP FEES	O	ADMINISTRATIVE & GENERAL	5		326,979	1
2 RECLASS OF DIRECTORSHIP FEES	O					2
3 RECLASS OF DIRECTORSHIP FEES	O					3
4 RECLASS OF DIRECTORSHIP FEES	O					4
5 RECLASS OF DIRECTORSHIP FEES	O					5
6 RECLASS OF DIRECTORSHIP FEES	O					6
7 RECLASS OF DIRECTORSHIP FEES	O					7
8 RECLASS OF DIRECTORSHIP FEES	O					8
500 TOTAL RECLASSIFICATIONS					326,979	500
CODE LETTER - O						
1 HLA RECLASS	P	LABORATORY	60		1,801,167	1
2 HLA RECLASS	P					2
3 HLA RECLASS	P					3
4 HLA RECLASS	P					4
5 HLA RECLASS	P					5
500 TOTAL RECLASSIFICATIONS					1,801,167	500
CODE LETTER - P						
1 POST-TRANSPLANT RECLASS	Q	KIDNEY ACQUISITION	105	734,461	169,549	1
500 TOTAL RECLASSIFICATIONS				734,461	169,549	500
CODE LETTER - Q						
1 PRE-TRANSPLANT RECLASS	R	KIDNEY ACQUISITION	105	318,114	73,436	1
2 PRE-TRANSPLANT RECLASS	R					2
500 TOTAL RECLASSIFICATIONS				318,114	73,436	500
CODE LETTER - R						
1 POST-TRANSPLANT RECLASS	S	KIDNEY ACQUISITION	105	471,045	113,763	1
500 TOTAL RECLASSIFICATIONS				471,045	113,763	500
CODE LETTER - S						
1 PRE-TRANSPLANT RECLASS	T	KIDNEY ACQUISITION	105	517,254	124,924	1
2 PRE-TRANSPLANT RECLASS	T					2
500 TOTAL RECLASSIFICATIONS				517,254	124,924	500
CODE LETTER - T						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 RECLASS OF RENTAL/LEASE EQUIP	W	EMPLOYEE BENEFITS	4		440	10 1
2 RECLASS OF RENTAL/LEASE EQUIP	W	ADMINISTRATIVE & GENERAL	5		40,406	2
3 RECLASS OF RENTAL/LEASE EQUIP	W	MAINTENANCE & REPAIRS	6		590	3
4 RECLASS OF RENTAL/LEASE EQUIP	W	OPERATION OF PLANT	7		196,767	4
5 RECLASS OF RENTAL/LEASE EQUIP	W	HOUSEKEEPING	9		7,776	5
6 RECLASS OF RENTAL/LEASE EQUIP	W	DIETARY	10		508	6
7 RECLASS OF RENTAL/LEASE EQUIP	W	NURSING ADMINISTRATION	13		9,006	7
8 RECLASS OF RENTAL/LEASE EQUIP	W	CENTRAL SERVICES & SUPPLY	14		910,326	8
9 RECLASS OF RENTAL/LEASE EQUIP	W	PHARMACY	15		46,279	9
10 RECLASS OF RENTAL/LEASE EQUIP	W	MEDICAL RECORDS & LIBRARY	16		2,440	10
11 RECLASS OF RENTAL/LEASE EQUIP	W	QUALITY ASSURANCE	16.01		109	11
12 RECLASS OF RENTAL/LEASE EQUIP	W	SOCIAL SERVICE	17		1,270	12
13 RECLASS OF RENTAL/LEASE EQUIP	W	ADULTS & PEDIATRICS	30		10,472	13
14 RECLASS OF RENTAL/LEASE EQUIP	W	INTENSIVE CARE UNIT	31		556	14
15 RECLASS OF RENTAL/LEASE EQUIP	W	6TH ICU	31.01		550	15
16 RECLASS OF RENTAL/LEASE EQUIP	W	7TH ICU	31.02		426	16
17 RECLASS OF RENTAL/LEASE EQUIP	W	8TH ICU	31.03		436	17
18 RECLASS OF RENTAL/LEASE EQUIP	W	5TH ICU	31.04		436	18
19 RECLASS OF RENTAL/LEASE EQUIP	W	SUBPROVIDER - IPF	40		1,430	19
20 RECLASS OF RENTAL/LEASE EQUIP	W	OPERATING ROOM	50		50,648	20
21 RECLASS OF RENTAL/LEASE EQUIP	W	RECOVERY ROOM	51		3,075	21
22 RECLASS OF RENTAL/LEASE EQUIP	W	ANESTHESIOLOGY	53		950	22
23 RECLASS OF RENTAL/LEASE EQUIP	W	RADIOLOGY-DIAGNOSTIC	54		6,331	23
24 RECLASS OF RENTAL/LEASE EQUIP	W	ENDOSCOPY	54.03		120	24
25 RECLASS OF RENTAL/LEASE EQUIP	W	PET IMAGING	54.05		35	25
26 RECLASS OF RENTAL/LEASE EQUIP	W	RADIOLOGY-THERAPEUTIC	55		3,348	26
27 RECLASS OF RENTAL/LEASE EQUIP	W	LABORATORY	60		51,808	27
28 RECLASS OF RENTAL/LEASE EQUIP	W	BLOOD STORING, PROCESSING & T	63		361	28
29 RECLASS OF RENTAL/LEASE EQUIP	W	RESPIRATORY THERAPY	65		124,641	29
30 RECLASS OF RENTAL/LEASE EQUIP	W	PHYSICAL THERAPY	66		2,586	30
31 RECLASS OF RENTAL/LEASE EQUIP	W	ELECTROCARDIOLOGY	69		5,234	31
32 RECLASS OF RENTAL/LEASE EQUIP	W	ELECTROENCEPHALOGRAPHY	70		72	32
33 RECLASS OF RENTAL/LEASE EQUIP	W	EMERGENCY	91		39,777	33
500 TOTAL RECLASSIFICATIONS					1,519,209	500
CODE LETTER - W						

1						1
2						2
3						3
4 CHARGEABLE SUPPLIES	X	EMPLOYEE BENEFITS	4		2,551	4
5 CHARGEABLE SUPPLIES	X	OPERATION OF PLANT	7		79	5
6 CHARGEABLE SUPPLIES	X	LAUNDRY & LINEN SERVICE	8		3,493	6
7 CHARGEABLE SUPPLIES	X	HOUSEKEEPING	9		258	7
8 CHARGEABLE SUPPLIES	X	NURSING ADMINISTRATION	13		7,495	8
9 CHARGEABLE SUPPLIES	X	CENTRAL SERVICES & SUPPLY	14		1,106,870	9
10 CHARGEABLE SUPPLIES	X	PHARMACY	15		9,032	10
11 CHARGEABLE SUPPLIES	X	SOCIAL SERVICE	17		38	11
12 CHARGEABLE SUPPLIES	X	ADULTS & PEDIATRICS	30		865,832	12
13 CHARGEABLE SUPPLIES	X	INTENSIVE CARE UNIT	31		246,669	13
14 CHARGEABLE SUPPLIES	X	6TH ICU	31.01		243,398	14
15 CHARGEABLE SUPPLIES	X	7TH ICU	31.02		244,812	15
16 CHARGEABLE SUPPLIES	X	8TH ICU	31.03		241,547	16
17 CHARGEABLE SUPPLIES	X	5TH ICU	31.04		276,323	17
18 CHARGEABLE SUPPLIES	X	SUBPROVIDER - IPF	40		24,732	18
19 CHARGEABLE SUPPLIES	X	OPERATING ROOM	50		20,450,609	19
20 CHARGEABLE SUPPLIES	X	RECOVERY ROOM	51		204,354	20
21 CHARGEABLE SUPPLIES	X	ANESTHESIOLOGY	53		730,538	21
22 CHARGEABLE SUPPLIES	X	RADIOLOGY-DIAGNOSTIC	54		4,299,717	22
23 CHARGEABLE SUPPLIES	X	ENDOSCOPY	54.03		820,089	23
24 CHARGEABLE SUPPLIES	X	PET IMAGING	54.05		2,385	24
25 CHARGEABLE SUPPLIES	X	RADIOLOGY-THERAPEUTIC	55		13,300	25
26 CHARGEABLE SUPPLIES	X	RADIOISOTOPE	56		3,385	26
27 CHARGEABLE SUPPLIES	X	LABORATORY	60		200,344	27
28 CHARGEABLE SUPPLIES	X	RESPIRATORY THERAPY	65		615,488	28
29 CHARGEABLE SUPPLIES	X	PHYSICAL THERAPY	66		48,960	29
30 CHARGEABLE SUPPLIES	X	ELECTROCARDIOLOGY	69		4,348,295	30
31 CHARGEABLE SUPPLIES	X	RENAL DIALYSIS	74		19,547	31
32 CHARGEABLE SUPPLIES	X	CLINIC	90		10,740	32
33 CHARGEABLE SUPPLIES	X	EMERGENCY	91		740,474	33
500 TOTAL RECLASSIFICATIONS					35,781,354	500
CODE LETTER -						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1						1
2						2
3						3
4						4
5						5
6	CHARGEABLE DRUGS PER G/L	Y	EMPLOYEE BENEFITS	4	89	6
7	CHARGEABLE DRUGS PER G/L	Y	CENTRAL SERVICES & SUPPLY	14	793	7
8	CHARGEABLE DRUGS PER G/L	Y	PHARMACY	15	15,571,716	8
9	CHARGEABLE DRUGS PER G/L	Y	ADULTS & PEDIATRICS	30	782	9
10	CHARGEABLE DRUGS PER G/L	Y	INTENSIVE CARE UNIT	31	604	10
11	CHARGEABLE DRUGS PER G/L	Y	6TH ICU	31.01	563	11
12	CHARGEABLE DRUGS PER G/L	Y	7TH ICU	31.02	268	12
13	CHARGEABLE DRUGS PER G/L	Y	8TH ICU	31.03	348	13
14	CHARGEABLE DRUGS PER G/L	Y	5TH ICU	31.04	888	14
15	CHARGEABLE DRUGS PER G/L	Y	OPERATING ROOM	50	1,465	15
16	CHARGEABLE DRUGS PER G/L	Y	RADIOLOGY-DIAGNOSTIC	54	9,431	16
17	CHARGEABLE DRUGS PER G/L	Y	RADIOISOTOPE	56	4,850	17
18	CHARGEABLE DRUGS PER G/L	Y	RESPIRATORY THERAPY	65	49	18
19	CHARGEABLE DRUGS PER G/L	Y	RENAL DIALYSIS	74	34	19
20	CHARGEABLE DRUGS PER G/L	Y	CLINIC	90	82	20
21	CHARGEABLE DRUGS PER G/L	Y	EMERGENCY	91	682	21
500	TOTAL RECLASSIFICATIONS				15,592,644	500
	CODE LETTER -					
1						1
2						2
3	CHARGEABLE IV SOLUTIONS PER G/L	Z	CENTRAL SERVICES & SUPPLY	14	60,490	3
4	CHARGEABLE IV SOLUTIONS PER G/L	Z	PHARMACY	15	379,240	4
5	CHARGEABLE IV SOLUTIONS PER G/L	Z	ADULTS & PEDIATRICS	30	210,846	5
6	CHARGEABLE IV SOLUTIONS PER G/L	Z	INTENSIVE CARE UNIT	31	28,906	6
7	CHARGEABLE IV SOLUTIONS PER G/L	Z	6TH ICU	31.01	40,121	7
8	CHARGEABLE IV SOLUTIONS PER G/L	Z	7TH ICU	31.02	33,186	8
9	CHARGEABLE IV SOLUTIONS PER G/L	Z	8TH ICU	31.03	32,633	9
10	CHARGEABLE IV SOLUTIONS PER G/L	Z	5TH ICU	31.04	36,440	10
11	CHARGEABLE IV SOLUTIONS PER G/L	Z	SUBPROVIDER - IPF	40	1,564	11
12	CHARGEABLE IV SOLUTIONS PER G/L	Z	OPERATING ROOM	50	83,718	12
13	CHARGEABLE IV SOLUTIONS PER G/L	Z	RECOVERY ROOM	51	63,561	13
14	CHARGEABLE IV SOLUTIONS PER G/L	Z	ANESTHESIOLOGY	53	217,244	14
15	CHARGEABLE IV SOLUTIONS PER G/L	Z	RADIOLOGY-DIAGNOSTIC	54	31,469	15
16	CHARGEABLE IV SOLUTIONS PER G/L	Z	ENDOSCOPY	54.03	49,129	16
17	CHARGEABLE IV SOLUTIONS PER G/L	Z	PET IMAGING	54.05	321	17
18	CHARGEABLE IV SOLUTIONS PER G/L	Z	RADIOISOTOPE	56	1,927	18
19	CHARGEABLE IV SOLUTIONS PER G/L	Z	LABORATORY	60	66,751	19
20	CHARGEABLE IV SOLUTIONS PER G/L	Z	RESPIRATORY THERAPY	65	11,816	20
21	CHARGEABLE IV SOLUTIONS PER G/L	Z	ELECTROCARDIOLOGY	69	18,455	21
22	CHARGEABLE IV SOLUTIONS PER G/L	Z	RENAL DIALYSIS	74	6,627	22
23	CHARGEABLE IV SOLUTIONS PER G/L	Z	CLINIC	90	214	23
24	CHARGEABLE IV SOLUTIONS PER G/L	Z	EMERGENCY	91	157,018	24
500	TOTAL RECLASSIFICATIONS				1,531,676	500
	CODE LETTER -					
1	HOSPITAL ADMIN	AA	OPERATION OF PLANT	7	239	1
500	TOTAL RECLASSIFICATIONS				239	500
	CODE LETTER - AA					
1	RECLASS OF NON INTERCOMPANY INTEREST	DD	INTEREST EXPENSE	113	48,029	1
500	TOTAL RECLASSIFICATIONS				48,029	500
	CODE LETTER - DD					
1	PR	PR	ADMINISTRATIVE & GENERAL	5	249,472	1
500	TOTAL RECLASSIFICATIONS				249,472	500
	CODE LETTER - PR					
	GRAND TOTAL (DECREASES)			3,555,949	80,943,078	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY	
	BALANCES	PURCHASE	DONATION		AND			BALANCE
	1	2	3	4	RETIREMENTS	6	ASSETS	
					5		7	
1 LAND					1,522,129	-1,522,129		1
2 LAND IMPROVEMENTS	3,647,974				542,449	3,105,525		2
3 BUILDINGS AND FIXTURES	222,114,015	2,674,389		2,674,389	88,177,434	136,610,970	5,438,663	3
4 BUILDING IMPROVEMENTS	27,555				27,555			4
5 FIXED EQUIPMENT	823,449	1,312,109		1,312,109		2,135,558		5
6 MOVABLE EQUIPMENT	208,516,988	16,610,920		16,610,920	90,713,238	134,414,670	47,932,602	6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	435,129,981	20,597,418		20,597,418	180,982,805	274,744,594	53,371,265	8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	435,129,981	20,597,418		20,597,418	180,982,805	274,744,594	53,371,265	10

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

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(1)
							(SUM OF
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	CAPITAL-RELATED COSTS (SEE INSTR.)	COLS. 9-14)
				12	13	14	15
1 CAP REL COSTS-BLDG & FIXT	3,819,252						3,819,252
2 CAP REL COSTS-MVBLE EQUIP	11,454,201						11,454,201
3 TOTAL (SUM OF LINES 1-2)	15,273,453						15,273,453

PART III - RECONCILIATION OF CAPITAL COST CENTERS

DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF OTHER CAPITAL		TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	FOR RATIO (COL. 1 - COL. 2)		INSURANCE	TAXES	
	1	2	3	4	5	6	(SUM OF COLS. 5-7)
							8
1 CAP REL COSTS-BLDG & FIXT	142,663,614		142,663,614	0.506314	36,906	1,433,201	1,470,107
2 CAP REL COSTS-MVBLE EQUIP	139,105,271		139,105,271	0.493686	35,985	1,397,455	1,433,440
3 TOTAL (SUM OF LINES 1-2)	281,768,885		281,768,885	1.000000	72,891	2,830,656	2,903,547

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(2)
							(SUM OF
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	CAPITAL-RELATED COSTS (SEE INSTR.)	COLS. 9-14)
				12	13	14	15
1 CAP REL COSTS-BLDG & FIXT	4,458,534			36,906	1,433,201		5,928,641
2 CAP REL COSTS-MVBLE EQUIP	11,378,767	1,519,209		35,985	1,397,455		14,331,416
3 TOTAL	15,837,301	1,519,209		72,891	2,830,656		20,260,057

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
			COST CENTER	LINE NO.	WKST A-7 REF
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)	B	-1,382	ADMINISTRATIVE & GENERAL	5	3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)	B	-275,784	ADMINISTRATIVE & GENERAL	5	4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)	B	-69,128	CAP REL COSTS-MVBLE EQUIP	2	9 5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-26,152	ADMINISTRATIVE & GENERAL	5	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-23,585	OPERATION OF PLANT	7	8
9 PARKING LOT (CHAPTER 21)	B	-315,604	OPERATION OF PLANT	7	9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-7,602,693			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-23,838,010			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	B	-32,225	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					19
20 VENDING MACHINES	B	-17,956	DIETARY	10	20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		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	A	-6,306	CAP REL COSTS-MVBLE EQUIP	2	9 27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		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
33.01 8176.XXXX LITIGATION & INVESTIGATI	A	-4,091	ADMINISTRATIVE & GENERAL	5	33.01
33.03 5270.XXXX OTHER EDUCATIONAL REVENU	B	-57,150	EMERGENCY	91	33.03
33.04 5675.XXXX SILVER RECOVERY	B	-99	RADIOLOGY-DIAGNOSTIC	54	33.04
33.09 8770.XXXX CENSUS DEVELOPMENT	A	-4,213,290	ADMINISTRATIVE & GENERAL	5	33.09
33.16 5753.XXXX COST RECOVERY ITEMS	B	-184,023	ADMINISTRATIVE & GENERAL	5	33.16
33.21 5753.XXXX COST RECOVERY ITEMS	B	-68,853	DRUGS CHARGED TO PATIENTS	73	33.21
33.32 MOB REV. 5140,5141,5142,5143,5144,	B	-19,158	ADMINISTRATIVE & GENERAL	5	33.32
33.35 8610.6760 8610.6765 CONTRIBUTION	A	-11,650,000	ADMINISTRATIVE & GENERAL	5	33.35
33.38 ASSOCIATION FEES	A	-53,110	ADMINISTRATIVE & GENERAL	5	33.38
34					34
34.05 TELEPHONE SERVICES	A	-250	CAP REL COSTS-BLDG & FIXT	1	9 34.05
34.06 TELEVISION SERVICE	A	-87,476	ADMINISTRATIVE & GENERAL	5	34.06
34.07 TELEVISION SERVICE	A	-370	RADIOLOGY-DIAGNOSTIC	54	34.07
34.11 ADMIN COSTS-NON-PATIENT CARE	A	-82,816	ADMINISTRATIVE & GENERAL	5	34.11
34.12 LEGAL FEES	A	-195,062	ADMINISTRATIVE & GENERAL	5	34.12
34.13 COMPLIMENTARY LOCAL TRANSPORTATION	A	-25,151	ADMINISTRATIVE & GENERAL	5	34.13
34.14 COMPLEMENTARY LOCAL TRANSPORTTION	A	-113,959	SOCIAL SERVICE	17	34.14
34.18 CIA TRAINING OTHER EXPENSES	A	-73,741	ADMINISTRATIVE & GENERAL	5	34.18
34.19 NON-ALLOWABLE PATIENT ASSISTANCE	A	-26,798	SOCIAL SERVICE	17	34.19
34.20 FUSZ PAVILLION EXP	A	-19,255	ADMINISTRATIVE & GENERAL	5	34.20
34.21 CHAIFETZ ARENA EXP	A	-76,084	ADMINISTRATIVE & GENERAL	5	34.21
34.22 PPM EXPENSE	A	-229,282	ADMINISTRATIVE & GENERAL	5	34.22
34.23 GIFT SHOP SALARIES	A	143,381	GIFT, FLOWER, COFFEE SHOP & CAN	190	34.23
34.24 PSYCHIATRIC SERVICES EXP	A	-4,712	ADMINISTRATIVE & GENERAL	5	34.24
34.25 FRA TAX ADD-ON	A	21,986,260	ADMINISTRATIVE & GENERAL	5	34.25
34.26 FRA RELATED EXPENSES	A	-134,993	ADMINISTRATIVE & GENERAL	5	34.26
35					35
36					36

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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	
			COST CENTER 3	LINE NO. 4	REF 5	
37						37
38						38
39						39
40						40
41						41
42						42
43						43
44						44
45						45
46						46
47						47
48						48
49						49
50	TOTAL (SUM OF LINES 1 THRU 49)	-27,398,907				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	113	INTEREST EXPENSE			24,000,000	-24,000,000	1
2	5	ADMINISTRATIVE & GENERAL		9,791,077	10,268,619	-477,542	2
3	1	CAP REL COSTS-BLDG & FIXT		639,532		639,532	9 3
4	5	ADMINISTRATIVE & GENERAL		15,644,826	15,644,826		4
5		TOTALS (SUM OF LINES 1-4)	26,075,435	49,913,445	-23,838,010		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 -----				
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
6	B	100.00	TENET HEALTHCARE CORPORATION		PARENT COMPANY	6
7	B	100.00	CONIFER		CREDIT AND COLLECTION	7
8	C	46.00	BROADLANE, INC.		GROUP PURCHASING ORG	8
9	C		CONCENTRA HEALTH SERVICES INC		OCCUP HEALTH SERVICES	9
10	C		SAINT LOUIS UNIVERSITY		CARDIAC CATH LAB JOINT VENTURE	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 31	INTENSIVE CARE UNIT	9,209		9,209	177,200	60	5,112	256	1
2 30	ADULTS & PEDIATRICS	62,004		62,004	177,200	404	34,418	1,721	2
3 40	SUBPROVIDER - IPF	5,525		5,525	154,100	36	2,667	133	3
4 50	OPERATING ROOM	15,961		15,961	208,000	104	10,400	520	4
5 107	LIVER ACQUISITION	54,944		54,944	208,000	358	35,800	1,790	5
6 105	KIDNEY ACQUISITION	57,208		57,208	208,000	373	37,300	1,865	6
7 60	LABORATORY	101,294		101,294	177,200	660	56,227	2,811	7
8 54	RADIOLOGY-DIAGNOSTIC	199,073	199,073						8
9 55	RADIOLOGY-THERAPEUTIC	570,829	570,829						9
10 91	EMERGENCY	5,550,484	5,529,650	20,834	177,200	136	11,586	579	10
11 91	EMERGENCY	1,165,860	1,165,860						11
12 5	ADMINISTRATIVE & GENERAL	3,812	3,812						12
200	TOTAL	7,796,203	7,469,224	326,979		2,131	193,510	9,675	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	
10	11	12	13	14	15	16	17	18	
1	31 INTENSIVE CARE UNIT					5,112	4,097	4,097	1
2	30 ADULTS & PEDIATRICS					34,418	27,586	27,586	2
3	40 SUBPROVIDER - IPF					2,667	2,858	2,858	3
4	50 OPERATING ROOM					10,400	5,561	5,561	4
5	107 LIVER ACQUISITION					35,800	19,144	19,144	5
6	105 KIDNEY ACQUISITION					37,300	19,908	19,908	6
7	60 LABORATORY					56,227	45,067	45,067	7
8	54 RADIOLOGY-DIAGNOSTIC		AGGREGATE					199,073	8
9	55 RADIOLOGY-THERAPEUTIC		AGGREGATE					570,829	9
10	91 EMERGENCY		AGGREGATE			11,586	9,248	5,538,898	10
11	91 EMERGENCY		AGGREGATE					1,165,860	11
12	5 ADMINISTRATIVE & GENERAL		AGGREGATE					3,812	12
200	TOTAL					193,510	133,469	7,602,693	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP- REL COSTS BLDG&FIXT 1	CAP- REL COSTS MOV EQUIP 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	5,928,641	5,928,641				1
2 CAP REL COSTS-MVBLE EQUIP	14,331,416		14,331,416			2
4 EMPLOYEE BENEFITS	12,376,701	54,419	151,178	12,582,298		4
5 ADMINISTRATIVE & GENERAL	72,500,422	589,325	2,411,634	1,315,161	76,816,542	5
6 MAINTENANCE & REPAIRS	588,085	55,303	153,632	51,399	848,419	6
7 OPERATION OF PLANT	10,245,139	846,258	2,350,925		13,442,322	7
8 LAUNDRY & LINEN SERVICE	1,125,781	16,812	46,703	12,475	1,201,771	8
9 HOUSEKEEPING	3,549,054	69,377	192,731		3,811,162	9
10 DIETARY	649,221	106,101	294,750		1,050,072	10
11 CAFETERIA	2,038,992	32,077	89,111		2,160,180	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,487,846	9,648	26,803	179,905	1,704,202	13
14 CENTRAL SERVICES & SUPPLY	942,866	55,058	152,953	101,869	1,252,746	14
15 PHARMACY	6,664,436	48,510	134,762	548,041	7,395,749	15
16 MEDICAL RECORDS & LIBRARY	3,796,303	51,279	142,455	354,562	4,344,599	16
16.01 QUALITY ASSURANCE	561,205			56,657	617,862	16.01
17 SOCIAL SERVICE	2,071,775	8,568	23,801	253,688	2,357,832	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	63,307			8,878	72,185	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	34,618,948				34,618,948	22
23 PARAMED ED PRGM-(SPECIFY)	242,598			27,642	270,240	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	21,030,541	734,248	2,039,759	2,437,511	26,242,059	30
31 INTENSIVE CARE UNIT	3,191,748	50,159	139,343	375,470	3,756,720	31
31.01 6TH ICU	2,586,435	47,958	133,228	305,842	3,073,463	31.01
31.02 7TH ICU	2,807,498	49,670	137,984	314,864	3,310,016	31.02
31.03 8TH ICU	2,884,694	51,595	143,332	324,318	3,403,939	31.03
31.04 5TH ICU	3,337,551	60,738	168,733	368,958	3,935,980	31.04
40 SUBPROVIDER - IPF	3,248,155	148,947	413,777	407,322	4,218,201	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	9,069,610	373,289	1,037,007	763,166	11,243,072	50
51 RECOVERY ROOM	2,843,844	74,836	207,897	343,881	3,470,458	51
53 ANESTHESIOLOGY	536,324	51,784	143,858	26,202	758,168	53
54 RADIOLOGY-DIAGNOSTIC	9,189,906	316,369	983,575	893,127	11,382,977	54
54.03 ENDOSCOPY	1,253,971	49,907	138,642	127,016	1,569,536	54.03
54.05 PET IMAGING	743,338			45,487	788,825	54.05
55 RADIOLOGY-THERAPEUTIC	1,446,993	53,614	148,942	95,374	1,744,923	55
56 RADIOISOTOPE	1,472,178	40,621	112,846	48,670	1,674,315	56
60 LABORATORY	13,825,621	180,653	501,858	712,539	15,220,671	60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	4,093,218	23,825	66,187		4,183,230	63
65 RESPIRATORY THERAPY	2,196,197	27,233	75,655	262,512	2,561,597	65
66 PHYSICAL THERAPY	1,996,789	72,990	202,768	251,727	2,524,274	66
69 ELECTROCARDIOLOGY	3,591,924	89,518	248,683	379,667	4,309,792	69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY	585,328	51,114	141,995	49,341	827,778	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	18,368,858				18,368,858	71
72 IMPL. DEV. CHARGED TO PATIENT	17,260,744				17,260,744	72
73 DRUGS CHARGED TO PATIENTS	16,793,643				16,793,643	73
74 RENAL DIALYSIS	1,342,271	28,835	80,104	31	1,451,241	74
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW	699,389	19,912	55,316	23,710	798,327	76.30
76.31 CORNEAL TRANSPLANTS	292,425				292,425	76.31
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	851,554	59,105	164,196	54,684	1,129,539	90
90.02 TRANSPLANT CLINIC	1,615,855	20,906	114,665	169,048	1,920,474	90.02
91 EMERGENCY	5,573,917	122,676	340,796	626,230	6,663,619	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	4,219,975	16,512	72,455	112,359	4,421,301	105
107 LIVER ACQUISITION	2,393,919	9,009	86,635	116,296	2,605,859	107
109 PANCREAS ACQUISITION	126,445	47	657	853	128,002	109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	335,253,594	4,768,805	14,272,331	12,546,482	333,998,857	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	143,320	15,589	43,306		202,215	190

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP- REL COSTS BLDG&FIXT 1	CAP- REL COSTS MOV EQUIP 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
194 DOCTORS MEALS	450,059				450,059	194
194.05 PUBLIC RELATIONS	577,445	544	1,512	34,983	614,484	194.05
194.11 UNIVERSITY SPACE	1,737,058	849,802			2,586,860	194.11
194.12 CANCER CENTER	590,263	288,765			879,028	194.12
194.13 MARKET SPACE						194.13
194.14 RENTAL PROPERTIES	48,765			833	49,598	194.14
194.15 OP CATH LAB-UNIV	38,621	5,136	14,267		58,024	194.15
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	338,839,125	5,928,641	14,331,416	12,582,298	338,839,125	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMINI- STRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	76,816,542					5
6 MAINTENANCE & REPAIRS	248,729	1,097,148				6
7 OPERATION OF PLANT	3,940,859	226,947	17,610,128			7
8 LAUNDRY & LINEN SERVICE	352,321	4,509	91,241	1,649,842		8
9 HOUSEKEEPING	1,117,311	18,606	376,525		5,323,604	9
10 DIETARY	307,848	28,455	575,834		130,684	10
11 CAFETERIA	633,296	8,603	174,090		39,509	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	499,617	2,588	52,364		11,884	13
14 CENTRAL SERVICES & SUPPLY	367,265	14,766	298,813		67,815	14
15 PHARMACY	2,168,197	13,010	263,276		59,750	15
16 MEDICAL RECORDS & LIBRARY	1,273,697	13,752	278,305		63,161	16
16.01 QUALITY ASSURANCE	181,137					16.01
17 SOCIAL SERVICE	691,241	2,298	46,498		10,553	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	21,162					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	10,149,070					22
23 PARAMED ED PRGM-(SPECIFY)	79,226					23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	7,693,332	196,914	3,984,935	1,119,192	904,374	30
31 INTENSIVE CARE UNIT	1,101,350	13,452	272,225	71,350	61,781	31
31.01 6TH ICU	901,041	12,862	260,279	66,122	59,070	31.01
31.02 7TH ICU	970,391	13,321	269,570	61,540	61,178	31.02
31.03 8TH ICU	997,926	13,837	280,017	65,381	63,549	31.03
31.04 5TH ICU	1,153,903	16,289	329,641	84,487	74,811	31.04
40 SUBPROVIDER - IPF	1,236,642	39,945	808,368	181,770	183,458	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,296,109	100,110	2,025,929		459,781	50
51 RECOVERY ROOM	1,017,427	20,070	406,153		92,176	51
53 ANESTHESIOLOGY	222,271	13,888	281,045		63,783	53
54 RADIOLOGY-DIAGNOSTIC	3,337,125	84,845	1,717,011		421,146	54
54.03 ENDOSCOPY	460,138	13,384	270,855		61,470	54.03
54.05 PET IMAGING	231,258					54.05
55 RADIOLOGY-THERAPEUTIC	511,556	14,379	290,978		66,037	55
56 RADIOISOTOPE	490,856	10,894	220,460		50,033	56
60 LABORATORY	4,462,214	48,448	980,446		222,510	60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,226,389	6,390	129,305		29,345	63
65 RESPIRATORY THERAPY	750,978	7,304	147,801		33,543	65
66 PHYSICAL THERAPY	740,036	19,575	396,134		89,902	66
69 ELECTROCARDIOLOGY	1,263,493	24,007	485,834		110,259	69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY	242,678	13,708	277,405		62,957	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	5,385,161					71
72 IMPL. DEV. CHARGED TO PATIENT	5,060,298					72
73 DRUGS CHARGED TO PATIENTS	4,923,359					73
74 RENAL DIALYSIS	425,457	7,733	156,493		35,516	74
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW	234,044	5,340	108,068		24,526	76.30
76.31 CORNEAL TRANSPLANTS	85,730					76.31
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	331,145	15,851	320,778		72,800	90
90.02 TRANSPLANT CLINIC	563,022	5,607	113,463		25,750	90.02
91 EMERGENCY	1,953,560	32,900	665,790		151,100	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	1,296,184	4,428	89,614		20,338	105
107 LIVER ACQUISITION	763,954	2,416	48,896		11,097	107
109 PANCREAS ACQUISITION	37,526	13	257		58	109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	75,397,529	1,091,444	17,494,696	1,649,842	3,895,704	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	59,283	4,181	84,605		19,201	190

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COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	ADMINI- STRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	
194 DOCTORS MEALS	131,943					194
194.05 PUBLIC RELATIONS	180,147	146	2,954			194.05
194.11 UNIVERSITY SPACE	758,385				1,046,700	194.11
194.12 CANCER CENTER	257,703				355,673	194.12
194.13 MARKET SPACE						194.13
194.14 RENTAL PROPERTIES	14,541					194.14
194.15 OP CATH LAB-UNIV	17,011	1,377	27,873		6,326	194.15
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	76,816,542	1,097,148	17,610,128	1,649,842	5,323,604	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	2,092,893					10
11 CAFETERIA		3,015,678				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		48,427	2,319,082			13
14 CENTRAL SERVICES & SUPPLY		27,421		2,028,826		14
15 PHARMACY		147,521		184	10,047,687	15
16 MEDICAL RECORDS & LIBRARY		95,441		8		16
16.01 QUALITY ASSURANCE		15,251				16.01
17 SOCIAL SERVICE		68,288		3		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		2,390				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)		7,441				23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,419,740	656,116	811,956	22,393	37,479	30
31 INTENSIVE CARE UNIT	90,511	101,069	146,393	3,689	5,047	31
31.01 6TH ICU	83,879	82,326	122,990	3,158	3,598	31.01
31.02 7TH ICU	78,067	84,755	120,640	3,130	9,617	31.02
31.03 8TH ICU	82,938	87,300	127,860	3,786	4,797	31.03
31.04 5TH ICU	107,176	99,316	143,012	3,152	4,406	31.04
40 SUBPROVIDER - IPF	230,582	109,643	129,778	738	729	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		205,428	193,302	4,803	5,224	50
51 RECOVERY ROOM		92,566	133,824	4,023	824	51
53 ANESTHESIOLOGY		7,053		6,609		53
54 RADIOLOGY-DIAGNOSTIC		240,411	41,625	4,754	4,687	54
54.03 ENDOSCOPY		34,190	41,543	1,704	5,480	54.03
54.05 PET IMAGING		12,244	11	45	549	54.05
55 RADIOLOGY-THERAPEUTIC		25,673	13,369	31		55
56 RADIOISOTOPE		13,101	2,649	47	672	56
60 LABORATORY		191,801	12,801	945	3,439	60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY		70,663		560		65
66 PHYSICAL THERAPY		67,760		30	58	66
69 ELECTROCARDIOLOGY		102,198	23,200	1,460	7,458	69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY		13,282		17	121	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				1,007,091		71
72 IMPL. DEV. CHARGED TO PATIENT				938,570		72
73 DRUGS CHARGED TO PATIENTS					9,945,332	73
74 RENAL DIALYSIS		8	9	563	774	74
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW		6,382				76.30
76.31 CORNEAL TRANSPLANTS						76.31
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		14,720	5,404	110		90
90.02 TRANSPLANT CLINIC		45,504	15,100	32	44	90.02
91 EMERGENCY		168,568	209,939	17,141	7,283	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		30,245	7,096	15	20	105
107 LIVER ACQUISITION		31,305	16,441	35	48	107
109 PANCREAS ACQUISITION		230	140		1	109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	2,092,893	3,006,037	2,319,082	2,028,826	10,047,687	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190

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COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
194 DOCTORS MEALS						194
194.05 PUBLIC RELATIONS		9,417				194.05
194.11 UNIVERSITY SPACE						194.11
194.12 CANCER CENTER						194.12
194.13 MARKET SPACE						194.13
194.14 RENTAL PROPERTIES		224				194.14
194.15 OP CATH LAB-UNIV						194.15
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,092,893	3,015,678	2,319,082	2,028,826	10,047,687	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS	QUALITY ASSURANCE	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I&R PROGRAM COSTS	
	16	16.01	17	21	22	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	6,068,963					16
16.01 QUALITY ASSURANCE		814,250				16.01
17 SOCIAL SERVICE			3,176,713			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD				95,737		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					44,768,018	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	344,266	81,425	2,154,964	41,221	19,274,942	30
31 INTENSIVE CARE UNIT	50,057	24,428	137,383	3,230	1,510,511	31
31.01 6TH ICU	46,094	24,428	127,316	3,230	1,510,511	31.01
31.02 7TH ICU	41,711	24,428	118,494	3,230	1,510,511	31.02
31.03 8TH ICU	45,731	24,428	125,888	3,230	1,510,511	31.03
31.04 5TH ICU	59,630	24,428	162,677	3,230	1,510,511	31.04
40 SUBPROVIDER - IPF	65,638	81,425	349,991	2,378	1,112,006	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	433,252	122,133		10,701	5,004,101	50
51 RECOVERY ROOM	61,147	32,570		793	370,694	51
53 ANESTHESIOLOGY	66,490	32,570		6,659	3,113,676	53
54 RADIOLOGY-DIAGNOSTIC	826,221	24,428		6,143	2,872,744	54
54.03 ENDOSCOPY	70,545					54.03
54.05 PET IMAGING	78,746					54.05
55 RADIOLOGY-THERAPEUTIC	112,510	16,285		1,189	556,003	55
56 RADIOISOTOPE	15,959					56
60 LABORATORY	805,033	81,425		4,360	2,038,627	60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	122,793					63
65 RESPIRATORY THERAPY	104,660					65
66 PHYSICAL THERAPY	48,440					66
69 ELECTROCARDIOLOGY	233,590	32,570				69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY	22,787	24,428		1,982	926,697	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	481,166					71
72 IMPL. DEV. CHARGED TO PATIENT	328,381					72
73 DRUGS CHARGED TO PATIENTS	1,232,641					73
74 RENAL DIALYSIS	31,224					74
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW	6,243	24,428		594	277,964	76.30
76.31 CORNEAL TRANSPLANTS	4,886					76.31
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	12,066	16,285		594	277,964	90
90.02 TRANSPLANT CLINIC	3,231					90.02
91 EMERGENCY	273,392	122,138		2,973	1,390,045	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	22,060					105
107 LIVER ACQUISITION	17,605					107
109 PANCREAS ACQUISITION	768					109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	6,068,963	814,250	3,176,713	95,737	44,768,018	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190

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COST CENTER DESCRIPTION	MEDICAL RECORDS	QUALITY ASSURANCE	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I&R PROGRAM COSTS	
	16	16.01	17	21	22	
194 DOCTORS MEALS						194
194.05 PUBLIC RELATIONS						194.05
194.11 UNIVERSITY SPACE						194.11
194.12 CANCER CENTER						194.12
194.13 MARKET SPACE						194.13
194.14 RENTAL PROPERTIES						194.14
194.15 OP CATH LAB-UNIV						194.15
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	6,068,963	814,250	3,176,713	95,737	44,768,018	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PARAMED	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	ED				
	23	24	25	26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
16.01 QUALITY ASSURANCE					16.01
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)	356,907				23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	145,516	65,130,824	-19,316,163	45,814,661	30
31 INTENSIVE CARE UNIT	12,084	7,361,280	-1,513,741	5,847,539	31
31.01 6TH ICU	12,084	6,392,451	-1,513,741	4,878,710	31.01
31.02 7TH ICU	12,084	6,692,683	-1,513,741	5,178,942	31.02
31.03 8TH ICU	12,084	6,853,202	-1,513,741	5,339,461	31.03
31.04 5TH ICU	12,084	7,724,733	-1,513,741	6,210,992	31.04
40 SUBPROVIDER - IPF	37,889	8,789,181	-1,114,384	7,674,797	40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		23,103,945	-5,014,802	18,089,143	50
51 RECOVERY ROOM		5,702,725	-371,487	5,331,238	51
53 ANESTHESIOLOGY		4,572,212	-3,120,335	1,451,877	53
54 RADIOLOGY-DIAGNOSTIC	50,090	21,014,207	-2,878,887	18,135,320	54
54.03 ENDOSCOPY		2,528,845		2,528,845	54.03
54.05 PET IMAGING	5,457	1,117,135		1,117,135	54.05
55 RADIOLOGY-THERAPEUTIC		3,352,933	-557,192	2,795,741	55
56 RADIOISOTOPE	5,457	2,484,443		2,484,443	56
60 LABORATORY		24,072,720	-2,042,987	22,029,733	60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS					60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.		5,697,452		5,697,452	63
65 RESPIRATORY THERAPY	4,366	3,681,472		3,681,472	65
66 PHYSICAL THERAPY	16,099	3,902,308		3,902,308	66
69 ELECTROCARDIOLOGY	9,160	6,603,021		6,603,021	69
69.02 CARDIOVASCULAR LAB					69.02
70 ELECTROENCEPHALOGRAPHY		2,413,840	-928,679	1,485,161	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		25,242,276		25,242,276	71
72 IMPL. DEV. CHARGED TO PATIENT		23,587,993		23,587,993	72
73 DRUGS CHARGED TO PATIENTS		32,894,975		32,894,975	73
74 RENAL DIALYSIS		2,109,018		2,109,018	74
76 OTHER ANCILLARY SERVICES					76
76.01 PSYCH THERAPY					76.01
76.29 AIR RESCUE					76.29
76.30 BONE MARROW		1,485,916	-278,558	1,207,358	76.30
76.31 CORNEAL TRANSPLANTS		383,041		383,041	76.31
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		2,197,256	-278,558	1,918,698	90
90.02 TRANSPLANT CLINIC		2,692,227		2,692,227	90.02
91 EMERGENCY	22,453	11,680,901	-1,393,018	10,287,883	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
105 KIDNEY ACQUISITION		5,891,301		5,891,301	105
107 LIVER ACQUISITION		3,497,656		3,497,656	107
109 PANCREAS ACQUISITION		166,995		166,995	109
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)	356,907	331,021,167	-44,863,755	286,157,412	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		369,485		369,485	190

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COST CENTER DESCRIPTION	PARAMED	SUBTOTAL	I&R COST &	TOTAL	
	ED		POST STEP-		
	23	24	DOWN ADJS	26	
			25		
194 DOCTORS MEALS		582,002		582,002	194
194.05 PUBLIC RELATIONS		807,148		807,148	194.05
194.11 UNIVERSITY SPACE		4,391,945		4,391,945	194.11
194.12 CANCER CENTER		1,492,404		1,492,404	194.12
194.13 MARKET SPACE					194.13
194.14 RENTAL PROPERTIES		64,363		64,363	194.14
194.15 OP CATH LAB-UNIV		110,611		110,611	194.15
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	356,907	338,839,125	-44,863,755	293,975,370	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP- REL COSTS BLDG&FIXT 1	CAP- REL COSTS MOV EQUIP 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	3,792	54,419	151,178	209,389	209,389	4
5 ADMINISTRATIVE & GENERAL	2,462,109	589,325	2,411,634	5,463,068	21,890	5
6 MAINTENANCE & REPAIRS		55,303	153,632	208,935	855	6
7 OPERATION OF PLANT	236,637	846,258	2,350,925	3,433,820		7
8 LAUNDRY & LINEN SERVICE		16,812	46,703	63,515	208	8
9 HOUSEKEEPING		69,377	192,731	262,108		9
10 DIETARY		106,101	294,750	400,851		10
11 CAFETERIA		32,077	89,111	121,188		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		9,648	26,803	36,451	2,994	13
14 CENTRAL SERVICES & SUPPLY		55,058	152,953	208,011	1,696	14
15 PHARMACY		48,510	134,762	183,272	9,122	15
16 MEDICAL RECORDS & LIBRARY		51,279	142,455	193,734	5,901	16
16.01 QUALITY ASSURANCE					943	16.01
17 SOCIAL SERVICE		8,568	23,801	32,369	4,222	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					148	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)					460	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		734,248	2,039,759	2,774,007	40,538	30
31 INTENSIVE CARE UNIT		50,159	139,343	189,502	6,249	31
31.01 6TH ICU		47,958	133,228	181,186	5,090	31.01
31.02 7TH ICU		49,670	137,984	187,654	5,241	31.02
31.03 8TH ICU		51,595	143,332	194,927	5,398	31.03
31.04 5TH ICU		60,738	168,733	229,471	6,141	31.04
40 SUBPROVIDER - IPF		148,947	413,777	562,724	6,780	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		373,289	1,037,007	1,410,296	12,702	50
51 RECOVERY ROOM		74,836	207,897	282,733	5,724	51
53 ANESTHESIOLOGY		51,784	143,858	195,642	436	53
54 RADIOLOGY-DIAGNOSTIC	120,897	316,369	983,575	1,420,841	14,865	54
54.03 ENDOSCOPY		49,907	138,642	188,549	2,114	54.03
54.05 PET IMAGING					757	54.05
55 RADIOLOGY-THERAPEUTIC	36,112	53,614	148,942	238,668	1,587	55
56 RADIOISOTOPE		40,621	112,846	153,467	810	56
60 LABORATORY		180,653	501,858	682,511	11,860	60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		23,825	66,187	90,012		63
65 RESPIRATORY THERAPY		27,233	75,655	102,888	4,369	65
66 PHYSICAL THERAPY		72,990	202,768	275,758	4,190	66
69 ELECTROCARDIOLOGY		89,518	248,683	338,201	6,319	69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY		51,114	141,995	193,109	821	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS		28,835	80,104	108,939	1	74
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW		19,912	55,316	75,228	395	76.30
76.31 CORNEAL TRANSPLANTS						76.31
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		59,105	164,196	223,301	910	90
90.02 TRANSPLANT CLINIC	50,934	20,906	114,665	186,505	2,814	90.02
91 EMERGENCY		122,676	340,796	463,472	10,423	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	23,928	16,512	72,455	112,895	1,870	105
107 LIVER ACQUISITION	55,452	9,009	86,635	151,096	1,936	107
109 PANCREAS ACQUISITION	474	47	657	1,178	14	109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	2,990,335	4,768,805	14,272,331	22,031,471	208,793	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		15,589	43,306	58,895		190

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP-	CAP-	SUBTOTAL	EMPLOYEE	
	CAP-REL	REL COSTS	REL COSTS		BENEFITS	
	COSTS	BLDG&FIXT	MOV EQUIP	2A	4	
	0	1	2			
194 DOCTORS MEALS						194
194.05 PUBLIC RELATIONS		544	1,512	2,056	582	194.05
194.11 UNIVERSITY SPACE		849,802		849,802		194.11
194.12 CANCER CENTER		288,765		288,765		194.12
194.13 MARKET SPACE						194.13
194.14 RENTAL PROPERTIES					14	194.14
194.15 OP CATH LAB-UNIV		5,136	14,267	19,403		194.15
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,990,335	5,928,641	14,331,416	23,250,392	209,389	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	ADMINI- STRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	5,484,958					5
6 MAINTENANCE & REPAIRS	17,760	227,550				6
7 OPERATION OF PLANT	281,388	47,069	3,762,277			7
8 LAUNDRY & LINEN SERVICE	25,157	935	19,493	109,308		8
9 HOUSEKEEPING	79,779	3,859	80,442		426,188	9
10 DIETARY	21,981	5,902	123,023		10,462	10
11 CAFETERIA	45,219	1,784	37,193		3,163	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	35,674	537	11,187		951	13
14 CENTRAL SERVICES & SUPPLY	26,224	3,062	63,839		5,429	14
15 PHARMACY	154,815	2,698	56,247		4,783	15
16 MEDICAL RECORDS & LIBRARY	90,945	2,852	59,458		5,056	16
16.01 QUALITY ASSURANCE	12,934					16.01
17 SOCIAL SERVICE	49,356	477	9,934		845	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	1,511					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	724,719					22
23 PARAMED ED PRGM-(SPECIFY)	5,657					23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	549,325	40,840	851,353	74,150	72,401	30
31 INTENSIVE CARE UNIT	78,639	2,790	58,159	4,727	4,946	31
31.01 6TH ICU	64,337	2,668	55,607	4,381	4,729	31.01
31.02 7TH ICU	69,289	2,763	57,592	4,077	4,898	31.02
31.03 8TH ICU	71,255	2,870	59,824	4,332	5,088	31.03
31.04 5TH ICU	82,392	3,378	70,425	5,598	5,989	31.04
40 SUBPROVIDER - IPF	88,300	8,285	172,702	12,043	14,687	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	235,351	20,763	432,825		36,808	50
51 RECOVERY ROOM	72,647	4,163	86,772		7,379	51
53 ANESTHESIOLOGY	15,871	2,880	60,043		5,106	53
54 RADIOLOGY-DIAGNOSTIC	238,280	17,597	366,827		33,715	54
54.03 ENDOSCOPY	32,855	2,776	57,866		4,921	54.03
54.05 PET IMAGING	16,512					54.05
55 RADIOLOGY-THERAPEUTIC	36,526	2,982	62,165		5,287	55
56 RADIOISOTOPE	35,048	2,259	47,100		4,005	56
60 LABORATORY	318,614	10,048	209,465		17,813	60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	87,568	1,325	27,625		2,349	63
65 RESPIRATORY THERAPY	53,622	1,515	31,577		2,685	65
66 PHYSICAL THERAPY	52,841	4,060	84,631		7,197	66
69 ELECTROCARDIOLOGY	90,217	4,979	103,795		8,827	69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY	17,328	2,843	59,266		5,040	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	384,515					71
72 IMPL. DEV. CHARGED TO PATIENT	361,319					72
73 DRUGS CHARGED TO PATIENTS	351,541					73
74 RENAL DIALYSIS	30,379	1,604	33,434		2,843	74
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW	16,711	1,108	23,088		1,963	76.30
76.31 CORNEAL TRANSPLANTS	6,121					76.31
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	23,645	3,288	68,532		5,828	90
90.02 TRANSPLANT CLINIC	40,201	1,163	24,240		2,061	90.02
91 EMERGENCY	139,490	6,823	142,241		12,097	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	92,551	918	19,145		1,628	105
107 LIVER ACQUISITION	54,548	501	10,446		888	107
109 PANCREAS ACQUISITION	2,679	3	55		5	109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	5,383,636	226,367	3,737,616	109,308	311,872	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,233	867	18,075		1,537	190

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 PART II

COST CENTER DESCRIPTION		ADMINI- STRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	
194	DOCTORS MEALS	9,421					194
194.05	PUBLIC RELATIONS	12,863	30	631			194.05
194.11	UNIVERSITY SPACE	54,151				83,799	194.11
194.12	CANCER CENTER	18,401				28,474	194.12
194.13	MARKET SPACE						194.13
194.14	RENTAL PROPERTIES	1,038					194.14
194.15	OP CATH LAB-UNIV	1,215	286	5,955		506	194.15
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	5,484,958	227,550	3,762,277	109,308	426,188	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	562,219					10
11 CAFETERIA		208,547				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		3,348	91,142			13
14 CENTRAL SERVICES & SUPPLY		1,896		310,157		14
15 PHARMACY		10,200		28	421,165	15
16 MEDICAL RECORDS & LIBRARY		6,599		1		16
16.01 QUALITY ASSURANCE		1,055				16.01
17 SOCIAL SERVICE		4,722		1		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		165				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)		514				23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	381,388	45,399	31,902	3,423	1,571	30
31 INTENSIVE CARE UNIT	24,314	6,988	5,754	564	212	31
31.01 6TH ICU	22,533	5,692	4,835	483	151	31.01
31.02 7TH ICU	20,971	5,860	4,742	479	403	31.02
31.03 8TH ICU	22,280	6,036	5,026	579	201	31.03
31.04 5TH ICU	28,791	6,867	5,622	482	185	31.04
40 SUBPROVIDER - IPF	61,942	7,581	5,101	113	31	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		14,204	7,598	734	219	50
51 RECOVERY ROOM		6,400	5,260	615	35	51
53 ANESTHESIOLOGY		488		1,010		53
54 RADIOLOGY-DIAGNOSTIC		16,623	1,636	727	196	54
54.03 ENDOSCOPY		2,364	1,633	261	230	54.03
54.05 PET IMAGING		847		7	23	54.05
55 RADIOLOGY-THERAPEUTIC		1,775	526	5		55
56 RADIOISOTOPE		906	104	7	28	56
60 LABORATORY		13,262	503	144	144	60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY		4,886		86		65
66 PHYSICAL THERAPY		4,685		5	2	66
69 ELECTROCARDIOLOGY		7,066	912	223	313	69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY		918		3	5	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				153,952		71
72 IMPL. DEV. CHARGED TO PATIENT				143,489		72
73 DRUGS CHARGED TO PATIENTS					416,874	73
74 RENAL DIALYSIS		1		86	32	74
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW		441				76.30
76.31 CORNEAL TRANSPLANTS						76.31
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		1,018	212	17		90
90.02 TRANSPLANT CLINIC		3,146	594	5	2	90.02
91 EMERGENCY		11,656	8,252	2,621	305	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		2,091	279	2	1	105
107 LIVER ACQUISITION		2,165	646	5	2	107
109 PANCREAS ACQUISITION		16	5			109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	562,219	207,880	91,142	310,157	421,165	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190

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COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
194 DOCTORS MEALS						194
194.05 PUBLIC RELATIONS		651				194.05
194.11 UNIVERSITY SPACE						194.11
194.12 CANCER CENTER						194.12
194.13 MARKET SPACE						194.13
194.14 RENTAL PROPERTIES		16				194.14
194.15 OP CATH LAB-UNIV						194.15
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	562,219	208,547	91,142	310,157	421,165	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS	QUALITY ASSURANCE	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I&R PROGRAM COSTS	
	16	16.01	17	21	22	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	364,546					16
16.01 QUALITY ASSURANCE		14,932				16.01
17 SOCIAL SERVICE			101,926			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD				1,824		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					724,719	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	20,651	1,493	69,142			30
31 INTENSIVE CARE UNIT	3,003	448	4,408			31
31.01 6TH ICU	2,765	448	4,085			31.01
31.02 7TH ICU	2,502	448	3,802			31.02
31.03 8TH ICU	2,743	448	4,039			31.03
31.04 5TH ICU	3,577	448	5,220			31.04
40 SUBPROVIDER - IPF	3,937	1,493	11,230			40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	25,989	2,240				50
51 RECOVERY ROOM	3,668	597				51
53 ANESTHESIOLOGY	3,988	597				53
54 RADIOLOGY-DIAGNOSTIC	49,562	448				54
54.03 ENDOSCOPY	4,232					54.03
54.05 PET IMAGING	4,724					54.05
55 RADIOLOGY-THERAPEUTIC	6,749	299				55
56 RADIOISOTOPE	957					56
60 LABORATORY	48,291	1,493				60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	7,366					63
65 RESPIRATORY THERAPY	6,278					65
66 PHYSICAL THERAPY	2,906					66
69 ELECTROCARDIOLOGY	14,012	597				69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY	1,367	448				70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	28,863					71
72 IMPL. DEV. CHARGED TO PATIENT	19,698					72
73 DRUGS CHARGED TO PATIENTS	74,435					73
74 RENAL DIALYSIS	1,873					74
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW	374	448				76.30
76.31 CORNEAL TRANSPLANTS	293					76.31
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	724	299				90
90.02 TRANSPLANT CLINIC	194					90.02
91 EMERGENCY	16,400	2,240				91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	1,323					105
107 LIVER ACQUISITION	1,056					107
109 PANCREAS ACQUISITION	46					109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	364,546	14,932	101,926			118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190

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COST CENTER DESCRIPTION	MEDICAL RECORDS	QUALITY ASSURANCE	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I&R PROGRAM COSTS	
	16	16.01	17	21	22	
194 DOCTORS MEALS						194
194.05 PUBLIC RELATIONS						194.05
194.11 UNIVERSITY SPACE						194.11
194.12 CANCER CENTER						194.12
194.13 MARKET SPACE						194.13
194.14 RENTAL PROPERTIES						194.14
194.15 OP CATH LAB-UNIV						194.15
200 CROSS FOOT ADJUSTMENTS				1,824	724,719	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	364,546	14,932	101,926	1,824	724,719	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	PARAMED ED	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	23	24	25	26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
16.01 QUALITY ASSURANCE					16.01
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)	6,631				23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		4,957,583		4,957,583	30
31 INTENSIVE CARE UNIT		390,703		390,703	31
31.01 6TH ICU		358,990		358,990	31.01
31.02 7TH ICU		370,721		370,721	31.02
31.03 8TH ICU		385,046		385,046	31.03
31.04 5TH ICU		454,586		454,586	31.04
40 SUBPROVIDER - IPF		956,949		956,949	40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		2,199,729		2,199,729	50
51 RECOVERY ROOM		475,993		475,993	51
53 ANESTHESIOLOGY		286,061		286,061	53
54 RADIOLOGY-DIAGNOSTIC		2,161,317		2,161,317	54
54.03 ENDOSCOPY		297,801		297,801	54.03
54.05 PET IMAGING		22,870		22,870	54.05
55 RADIOLOGY-THERAPEUTIC		356,569		356,569	55
56 RADIOISOTOPE		244,691		244,691	56
60 LABORATORY		1,314,148		1,314,148	60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS					60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.		216,245		216,245	63
65 RESPIRATORY THERAPY		207,906		207,906	65
66 PHYSICAL THERAPY		436,275		436,275	66
69 ELECTROCARDIOLOGY		575,461		575,461	69
69.02 CARDIOVASCULAR LAB					69.02
70 ELECTROENCEPHALOGRAPHY		281,148		281,148	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		567,330		567,330	71
72 IMPL. DEV. CHARGED TO PATIENT		524,506		524,506	72
73 DRUGS CHARGED TO PATIENTS		842,850		842,850	73
74 RENAL DIALYSIS		179,192		179,192	74
76 OTHER ANCILLARY SERVICES					76
76.01 PSYCH THERAPY					76.01
76.29 AIR RESCUE					76.29
76.30 BONE MARROW		119,756		119,756	76.30
76.31 CORNEAL TRANSPLANTS		6,414		6,414	76.31
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		327,774		327,774	90
90.02 TRANSPLANT CLINIC		260,925		260,925	90.02
91 EMERGENCY		816,020		816,020	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
105 KIDNEY ACQUISITION		232,703		232,703	105
107 LIVER ACQUISITION		223,289		223,289	107
109 PANCREAS ACQUISITION		4,001		4,001	109
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)		21,055,552		21,055,552	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		83,607		83,607	190

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITA  
 PERIOD FROM 06/01/2011 TO 05/31/2012

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

VERSION: 2011.10  
 10/18/2012 15:56

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	PARAMED	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	ED 23	24	25	26	
194 DOCTORS MEALS		9,421		9,421	194
194.05 PUBLIC RELATIONS		16,813		16,813	194.05
194.11 UNIVERSITY SPACE		987,752		987,752	194.11
194.12 CANCER CENTER		335,640		335,640	194.12
194.13 MARKET SPACE					194.13
194.14 RENTAL PROPERTIES		1,068		1,068	194.14
194.15 OP CATH LAB-UNIV		27,365		27,365	194.15
200 CROSS FOOT ADJUSTMENTS	6,631	733,174		733,174	200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	6,631	23,250,392		23,250,392	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP- REL COSTS BLDG&FIXT (SQUARE FEET) 1	CAP- REL COSTS MOV EQUIP (SQUARE FEET) 2	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON- CILIATION 5A	ADMINI- STRATIVE & GENERAL ACCUM COST 5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	751,496					1
2 CAP REL COSTS-MVBLE EQUIP		653,920				2
4 EMPLOYEE BENEFITS	6,898	6,898	89,725,989			4
5 ADMINISTRATIVE & GENERAL	74,701	110,039	9,378,603	-76,816,542	262,022,583	5
6 MAINTENANCE & REPAIRS	7,010	7,010	366,530		848,419	6
7 OPERATION OF PLANT	107,269	107,269			13,442,322	7
8 LAUNDRY & LINEN SERVICE	2,131	2,131	88,963		1,201,771	8
9 HOUSEKEEPING	8,794	8,794			3,811,162	9
10 DIETARY	13,449	13,449			1,050,072	10
11 CAFETERIA	4,066	4,066			2,160,180	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,223	1,223	1,282,925		1,704,202	13
14 CENTRAL SERVICES & SUPPLY	6,979	6,979	726,439		1,252,746	14
15 PHARMACY	6,149	6,149	3,908,160		7,395,749	15
16 MEDICAL RECORDS & LIBRARY	6,500	6,500	2,528,429		4,344,599	16
16.01 QUALITY ASSURANCE			404,026		617,862	16.01
17 SOCIAL SERVICE	1,086	1,086	1,809,086		2,357,832	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			63,307		72,185	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					34,618,948	22
23 PARAMED ED PRGM-(SPECIFY)			197,122		270,240	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	93,071	93,071	17,382,074		26,242,059	30
31 INTENSIVE CARE UNIT	6,358	6,358	2,677,530		3,756,720	31
31.01 6TH ICU	6,079	6,079	2,181,004		3,073,463	31.01
31.02 7TH ICU	6,296	6,296	2,245,341		3,310,016	31.02
31.03 8TH ICU	6,540	6,540	2,312,756		3,403,939	31.03
31.04 5TH ICU	7,699	7,699	2,631,093		3,935,980	31.04
40 SUBPROVIDER - IPF	18,880	18,880	2,904,672		4,218,201	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	47,317	47,317	5,442,245		11,243,072	50
51 RECOVERY ROOM	9,486	9,486	2,452,267		3,470,458	51
53 ANESTHESIOLOGY	6,564	6,564	186,849		758,168	53
54 RADIOLOGY-DIAGNOSTIC	40,102	44,879	6,369,016		11,382,977	54
54.03 ENDOSCOPY	6,326	6,326	905,767		1,569,536	54.03
54.05 PET IMAGING			324,377		788,825	54.05
55 RADIOLOGY-THERAPEUTIC	6,796	6,796	680,123		1,744,923	55
56 RADIOISOTOPE	5,149	5,149	347,073		1,674,315	56
60 LABORATORY	22,899	22,899	5,081,218		15,220,671	60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	3,020	3,020			4,183,230	63
65 RESPIRATORY THERAPY	3,452	3,452	1,872,009		2,561,597	65
66 PHYSICAL THERAPY	9,252	9,252	1,795,099		2,524,274	66
69 ELECTROCARDIOLOGY	11,347	11,347	2,707,460		4,309,792	69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY	6,479	6,479	351,856		827,778	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					18,368,858	71
72 IMPL. DEV. CHARGED TO PATIENT					17,260,744	72
73 DRUGS CHARGED TO PATIENTS					16,793,643	73
74 RENAL DIALYSIS	3,655	3,655	222		1,451,241	74
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW	2,524	2,524	169,077		798,327	76.30
76.31 CORNEAL TRANSPLANTS					292,425	76.31
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	7,492	7,492	389,957		1,129,539	90
90.02 TRANSPLANT CLINIC	2,650	5,232	1,205,506		1,920,474	90.02
91 EMERGENCY	15,550	15,550	4,465,737		6,663,619	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	2,093	3,306	801,248		4,421,301	105
107 LIVER ACQUISITION	1,142	3,953	829,326		2,605,859	107
109 PANCREAS ACQUISITION	6	30	6,086		128,002	109
118 SUBTOTALS (SUM OF LINES 1-117)	604,479	651,224	89,470,578	-76,816,542	257,182,315	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,976	1,976			202,215	190

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP- REL COSTS BLDG&FIXT (SQUARE FEET) 1	CAP- REL COSTS MOV EQUIP (SQUARE FEET) 2	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON- CILIATION 5A	ADMINI- STRATIVE & GENERAL ACCUM COST 5	
194 DOCTORS MEALS					450,059	194
194.05 PUBLIC RELATIONS	69	69	249,472		614,484	194.05
194.11 UNIVERSITY SPACE	107,718				2,586,860	194.11
194.12 CANCER CENTER	36,603				879,028	194.12
194.13 MARKET SPACE						194.13
194.14 RENTAL PROPERTIES			5,939		49,598	194.14
194.15 OP CATH LAB-UNIV	651	651			58,024	194.15
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	5,928,641	14,331,416	12,582,298		76,816,542	202
203 UNIT COST MULT-WS B PT I	7.889119	21.916161	0.140230		0.293168	203
204 COST TO BE ALLOC PER B PT II			209,389		5,484,958	204
205 UNIT COST MULT-WS B PT II			0.002334		0.020933	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY AND LINEN SERVICE (PATIENT DAYS) 8	HOUSE- KEEPING SQUARE FEET 9	DIETARY  (PATIENT DAYS) 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS	518,566					6
7 OPERATION OF PLANT	107,269	411,297				7
8 LAUNDRY & LINEN SERVICE	2,131	2,131	86,781			8
9 HOUSEKEEPING	8,794	8,794		547,863		9
10 DIETARY	13,449	13,449		13,449	86,781	10
11 CAFETERIA	4,066	4,066		4,066		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,223	1,223		1,223		13
14 CENTRAL SERVICES & SUPPLY	6,979	6,979		6,979		14
15 PHARMACY	6,149	6,149		6,149		15
16 MEDICAL RECORDS & LIBRARY	6,500	6,500		6,500		16
16.01 QUALITY ASSURANCE						16.01
17 SOCIAL SERVICE	1,086	1,086		1,086		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	93,071	93,071	58,869	93,071	58,869	30
31 INTENSIVE CARE UNIT	6,358	6,358	3,753	6,358	3,753	31
31.01 6TH ICU	6,079	6,079	3,478	6,079	3,478	31.01
31.02 7TH ICU	6,296	6,296	3,237	6,296	3,237	31.02
31.03 8TH ICU	6,540	6,540	3,439	6,540	3,439	31.03
31.04 5TH ICU	7,699	7,699	4,444	7,699	4,444	31.04
40 SUBPROVIDER - IPF	18,880	18,880	9,561	18,880	9,561	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	47,317	47,317		47,317		50
51 RECOVERY ROOM	9,486	9,486		9,486		51
53 ANESTHESIOLOGY	6,564	6,564		6,564		53
54 RADIOLOGY-DIAGNOSTIC	40,102	40,102		43,341		54
54.03 ENDOSCOPY	6,326	6,326		6,326		54.03
54.05 PET IMAGING						54.05
55 RADIOLOGY-THERAPEUTIC	6,796	6,796		6,796		55
56 RADIOISOTOPE	5,149	5,149		5,149		56
60 LABORATORY	22,899	22,899		22,899		60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	3,020	3,020		3,020		63
65 RESPIRATORY THERAPY	3,452	3,452		3,452		65
66 PHYSICAL THERAPY	9,252	9,252		9,252		66
69 ELECTROCARDIOLOGY	11,347	11,347		11,347		69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY	6,479	6,479		6,479		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	3,655	3,655		3,655		74
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW	2,524	2,524		2,524		76.30
76.31 CORNEAL TRANSPLANTS						76.31
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	7,492	7,492		7,492		90
90.02 TRANSPLANT CLINIC	2,650	2,650		2,650		90.02
91 EMERGENCY	15,550	15,550		15,550		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	2,093	2,093		2,093		105
107 LIVER ACQUISITION	1,142	1,142		1,142		107
109 PANCREAS ACQUISITION	6	6		6		109
118 SUBTOTALS (SUM OF LINES 1-117)	515,870	408,601	86,781	400,915	86,781	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,976	1,976		1,976		190

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (PATIENT DAYS)	HOUSE- KEEPING SQUARE FEET	DIETARY  (PATIENT DAYS)	
	6	7	8	9	10	
194 DOCTORS MEALS						194
194.05 PUBLIC RELATIONS	69	69				194.05
194.11 UNIVERSITY SPACE				107,718		194.11
194.12 CANCER CENTER				36,603		194.12
194.13 MARKET SPACE						194.13
194.14 RENTAL PROPERTIES						194.14
194.15 OP CATH LAB-UNIV	651	651		651		194.15
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	1,097,148	17,610,128	1,649,842	5,323,604	2,092,893	202
203 UNIT COST MULT-WS B PT I	2.115735	42.816087	19.011558	9.717035	24.116950	203
204 COST TO BE ALLOC PER B PT II	227,550	3,762,277	109,308	426,188	562,219	204
205 UNIT COST MULT-WS B PT II	0.438806	9.147349	1.259584	0.777910	6.478596	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	GROSS SALARIES 11	ADMINI-STRATION (NURSING SALARIES) 13	SERVICES & SUPPLY (COSTED) 14	(COSTED REQUIS) 15	RECORDS (GROSS REVENUE) 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	79,891,893					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,282,925	36,951,574				13
14 CENTRAL SERVICES & SUPPLY	726,439		37,310,801			14
15 PHARMACY	3,908,160		3,390	17,289,974		15
16 MEDICAL RECORDS & LIBRARY	2,528,429		147		1,394,967,452	16
16.01 QUALITY ASSURANCE	404,026					16.01
17 SOCIAL SERVICE	1,809,086		64			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	63,307					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)	197,122					23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	17,382,074	12,937,445	411,818	64,493	79,123,469	30
31 INTENSIVE CARE UNIT	2,677,530	2,332,584	67,844	8,684	11,504,673	31
31.01 6TH ICU	2,181,004	1,959,694	58,085	6,192	10,593,979	31.01
31.02 7TH ICU	2,245,341	1,922,246	57,562	16,549	9,586,618	31.02
31.03 8TH ICU	2,312,756	2,037,287	69,618	8,254	10,510,529	31.03
31.04 5TH ICU	2,631,093	2,278,712	57,975	7,582	13,704,980	31.04
40 SUBPROVIDER - IPF	2,904,672	2,067,852	13,564	1,254	15,085,727	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	5,442,245	3,080,025	88,325	8,989	99,575,274	50
51 RECOVERY ROOM	2,452,267	2,132,321	73,994	1,418	14,053,643	51
53 ANESTHESIOLOGY	186,849		121,536		15,281,487	53
54 RADIOLOGY-DIAGNOSTIC	6,369,016	663,235	87,427	8,065	189,892,203	54
54.03 ENDOSCOPY	905,767	661,927	31,341	9,430	16,213,547	54.03
54.05 PET IMAGING	324,377	182	821	945	18,098,270	54.05
55 RADIOLOGY-THERAPEUTIC	680,123	213,025	561		25,858,347	55
56 RADIOISOTOPE	347,073	42,211	869	1,157	3,667,804	56
60 LABORATORY	5,081,218	203,962	17,381	5,917	185,022,520	60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.					28,221,881	63
65 RESPIRATORY THERAPY	1,872,009		10,302		24,054,318	65
66 PHYSICAL THERAPY	1,795,099		546	100	11,133,167	66
69 ELECTROCARDIOLOGY	2,707,460	369,667	26,851	12,833	53,686,424	69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY	351,856		305	209	5,237,190	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			18,520,610		110,587,560	71
72 IMPL. DEV. CHARGED TO PATIENT			17,260,744		75,472,435	72
73 DRUGS CHARGED TO PATIENTS				17,113,843	283,424,672	73
74 RENAL DIALYSIS	222	137	10,352	1,332	7,176,193	74
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW	169,077				1,434,803	76.30
76.31 CORNEAL TRANSPLANTS					1,122,954	76.31
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	389,957	86,102	2,028		2,773,050	90
90.02 TRANSPLANT CLINIC	1,205,506	240,594	586	76	742,662	90.02
91 EMERGENCY	4,465,737	3,345,103	315,235	12,533	62,834,241	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	801,248	113,068	276	35	5,070,010	105
107 LIVER ACQUISITION	829,326	261,971	639	83	4,046,275	107
109 PANCREAS ACQUISITION	6,086	2,224	5	1	176,547	109
118 SUBTOTALS (SUM OF LINES 1-117)	79,636,482	36,951,574	37,310,801	17,289,974	1,394,967,452	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITA  
 PERIOD FROM 06/01/2011 TO 05/31/2012

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

VERSION: 2011.10  
 10/18/2012 15:56

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	GROSS	ADMINI-	SERVICES	(COSTED	(GROSS	
	SALARIES	STRATION	& SUPPLY	REQUIS)	REVENUE)	
	11	(NURSING	(COSTED	REQUIS)	REVENUE)	
		SALARIES)	REQUIS)	REQUIS)	REVENUE)	
		13	14	15	16	
194 DOCTORS MEALS						194
194.05 PUBLIC RELATIONS	249,472					194.05
194.11 UNIVERSITY SPACE						194.11
194.12 CANCER CENTER						194.12
194.13 MARKET SPACE						194.13
194.14 RENTAL PROPERTIES	5,939					194.14
194.15 OP CATH LAB-UNIV						194.15
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	3,015,678	2,319,082	2,028,826	10,047,687	6,068,963	202
203 UNIT COST MULT-WS B PT I	0.037747	0.062760	0.054376	0.581128	0.004351	203
204 COST TO BE ALLOC PER B PT II	208,547	91,142	310,157	421,165	364,546	204
205 UNIT COST MULT-WS B PT II	0.002610	0.002467	0.008313	0.024359	0.000261	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	QUALITY ASSURANCE (TIME SPENT) 16.01	SOCIAL SERVICE (PATIENT DAYS) 17	I/R-SALARY AND FRINGES (ASSIGNED TIME) 21	I&R PROGRAM COSTS (ASSIGNED TIME) 22	PARAMED ED (ASSIGNED TIME) 23	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
16.01 QUALITY ASSURANCE	100					16.01
17 SOCIAL SERVICE		86,781				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			597,199			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				597,199		22
23 PARAMED ED PRGM-(SPECIFY)					9,156	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	10	58,869	257,125	257,125	3,733	30
31 INTENSIVE CARE UNIT	3	3,753	20,150	20,150	310	31
31.01 6TH ICU	3	3,478	20,150	20,150	310	31.01
31.02 7TH ICU	3	3,237	20,150	20,150	310	31.02
31.03 8TH ICU	3	3,439	20,150	20,150	310	31.03
31.04 5TH ICU	3	4,444	20,150	20,150	310	31.04
40 SUBPROVIDER - IPF	10	9,561	14,834	14,834	972	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	15		66,754	66,754		50
51 RECOVERY ROOM	4		4,945	4,945		51
53 ANESTHESIOLOGY	4		41,536	41,536		53
54 RADIOLOGY-DIAGNOSTIC	3		38,322	38,322	1,285	54
54.03 ENDOSCOPY						54.03
54.05 PET IMAGING					140	54.05
55 RADIOLOGY-THERAPEUTIC	2		7,417	7,417		55
56 RADIOISOTOPE					140	56
60 LABORATORY	10		27,195	27,195		60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY					112	65
66 PHYSICAL THERAPY					413	66
69 ELECTROCARDIOLOGY	4				235	69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY	3		12,362	12,362		70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW	3		3,708	3,708		76.30
76.31 CORNEAL TRANSPLANTS						76.31
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2		3,708	3,708		90
90.02 TRANSPLANT CLINIC						90.02
91 EMERGENCY	15		18,543	18,543	576	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION						105
107 LIVER ACQUISITION						107
109 PANCREAS ACQUISITION						109
118 SUBTOTALS (SUM OF LINES 1-117)	100	86,781	597,199	597,199	9,156	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITA  
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KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	QUALITY ASSURANCE  (TIME SPENT) 16.01	SOCIAL SERVICE  (PATIENT DAYS) 17	I/R-SALARY AND FRINGES (ASSIGNED TIME) 21	I&R PROGRAM COSTS ASSIGNED TIME 22	PARAMED ED  (ASSIGNED TIME) 23	
194 DOCTORS MEALS						194
194.05 PUBLIC RELATIONS						194.05
194.11 UNIVERSITY SPACE						194.11
194.12 CANCER CENTER						194.12
194.13 MARKET SPACE						194.13
194.14 RENTAL PROPERTIES						194.14
194.15 OP CATH LAB-UNIV						194.15
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	814,250	3,176,713	95,737	44,768,018	356,907	202
203 UNIT COST MULT-WS B PT I	8,142.500000	36.606089	0.160310	74.963317	38.980668	203
204 COST TO BE ALLOC PER B PT II	14,932	101,926	1,824	724,719	6,631	204
205 UNIT COST MULT-WS B PT II	149.320000	1.174520	0.003054	1.213530	0.724225	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	45,814,661		45,814,661	27,586	45,842,247	30
31 INTENSIVE CARE UNIT	5,847,539		5,847,539	4,097	5,851,636	31
31.01 6TH ICU	4,878,710		4,878,710		4,878,710	31.01
31.02 7TH ICU	5,178,942		5,178,942		5,178,942	31.02
31.03 8TH ICU	5,339,461		5,339,461		5,339,461	31.03
31.04 5TH ICU	6,210,992		6,210,992		6,210,992	31.04
40 SUBPROVIDER - IPF	7,674,797		7,674,797	2,858	7,677,655	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	18,089,143		18,089,143	5,561	18,094,704	50
51 RECOVERY ROOM	5,331,238		5,331,238		5,331,238	51
53 ANESTHESIOLOGY	1,451,877		1,451,877		1,451,877	53
54 RADIOLOGY-DIAGNOSTIC	18,135,320		18,135,320		18,135,320	54
54.03 ENDOSCOPY	2,528,845		2,528,845		2,528,845	54.03
54.05 PET IMAGING	1,117,135		1,117,135		1,117,135	54.05
55 RADIOLOGY-THERAPEUTIC	2,795,741		2,795,741		2,795,741	55
56 RADIOISOTOPE	2,484,443		2,484,443		2,484,443	56
60 LABORATORY	22,029,733		22,029,733	45,067	22,074,800	60
60.02 BLOOD CLOTTING FACTORS ADMI						60.02
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	5,697,452		5,697,452		5,697,452	63
65 RESPIRATORY THERAPY	3,681,472		3,681,472		3,681,472	65
66 PHYSICAL THERAPY	3,902,308		3,902,308		3,902,308	66
69 ELECTROCARDIOLOGY	6,603,021		6,603,021		6,603,021	69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY	1,485,161		1,485,161		1,485,161	70
71 MEDICAL SUPPLIES CHRGED TO	25,242,276		25,242,276		25,242,276	71
72 IMPL. DEV. CHARGED TO PATIE	23,587,993		23,587,993		23,587,993	72
73 DRUGS CHARGED TO PATIENTS	32,894,975		32,894,975		32,894,975	73
74 RENAL DIALYSIS	2,109,018		2,109,018		2,109,018	74
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW	1,207,358		1,207,358		1,207,358	76.30
76.31 CORNEAL TRANSPLANTS	383,041		383,041		383,041	76.31
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,918,698		1,918,698		1,918,698	90
90.02 TRANSPLANT CLINIC	2,692,227		2,692,227		2,692,227	90.02
91 EMERGENCY	10,287,883		10,287,883	9,248	10,297,131	91
92 OBSERVATION BEDS	3,226,467		3,226,467		3,226,467	92
OTHER REIMBURSABLE COST CENTERS						
105 KIDNEY ACQUISITION	5,891,301		5,891,301		5,891,301	105
107 LIVER ACQUISITION	3,497,656		3,497,656		3,497,656	107
109 PANCREAS ACQUISITION	166,995		166,995		166,995	109
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	289,383,879		289,383,879	94,417	289,478,296	200
201 LESS OBSERVATION BEDS	3,226,467		3,226,467		3,226,467	201
202 TOTAL (SEE INSTRUCTIONS)	286,157,412		286,157,412		286,251,829	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	74,005,070		74,005,070			30
31 INTENSIVE CARE UNIT	11,504,673		11,504,673			31
31.01 6TH ICU	10,593,979		10,593,979			31.01
31.02 7TH ICU	9,586,618		9,586,618			31.02
31.03 8TH ICU	10,510,529		10,510,529			31.03
31.04 5TH ICU	13,704,980		13,704,980			31.04
40 SUBPROVIDER - IPF	15,085,727		15,085,727			40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	66,433,178	33,142,096	99,575,274	0.181663	0.181663	0.181719 50
51 RECOVERY ROOM	7,483,279	4,647,098	12,130,377	0.439495	0.439495	0.439495 51
53 ANESTHESIOLOGY	11,545,210	3,736,277	15,281,487	0.095009	0.095009	0.095009 53
54 RADIOLOGY-DIAGNOSTIC	95,428,920	95,533,872	190,962,792	0.094968	0.094968	0.094968 54
54.03 ENDOSCOPY	5,369,557	11,019,237	16,388,794	0.154303	0.154303	0.154303 54.03
54.05 PET IMAGING	3,339,749	14,758,521	18,098,270	0.061726	0.061726	0.061726 54.05
55 RADIOLOGY-THERAPEUTIC	836,360	25,021,987	25,858,347	0.108118	0.108118	0.108118 55
56 RADIOISOTOPE	1,076,032	2,621,059	3,697,091	0.671999	0.671999	0.671999 56
60 LABORATORY	116,835,279	83,806,112	200,641,391	0.109797	0.109797	0.110021 60
60.02 BLOOD CLOTTING FACTORS ADMI						60.02
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	25,313,183	2,908,698	28,221,881	0.201881	0.201881	0.201881 63
65 RESPIRATORY THERAPY	23,211,497	904,225	24,115,722	0.152659	0.152659	0.152659 65
66 PHYSICAL THERAPY	8,858,797	2,317,692	11,176,489	0.349153	0.349153	0.349153 66
69 ELECTROCARDIOLOGY	28,613,458	25,059,059	53,672,517	0.123024	0.123024	0.123024 69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY	3,676,046	1,561,144	5,237,190	0.283580	0.283580	0.283580 70
71 MEDICAL SUPPLIES CHRGD TO	79,407,548	30,893,593	110,301,141	0.228849	0.228849	0.228849 71
72 IMPL. DEV. CHARGED TO PATIE	59,258,575	16,213,860	75,472,435	0.312538	0.312538	0.312538 72
73 DRUGS CHARGED TO PATIENTS	242,479,925	40,880,328	283,360,253	0.116089	0.116089	0.116089 73
74 RENAL DIALYSIS	6,795,530	380,663	7,176,193	0.293891	0.293891	0.293891 74
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW	1,116,323	318,480	1,434,803	0.841480	0.841480	0.841480 76.30
76.31 CORNEAL TRANSPLANTS	28,932	1,094,022	1,122,954	0.341101	0.341101	0.341101 76.31
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	5,070	2,767,980	2,773,050	0.691909	0.691909	0.691909 90
90.02 TRANSPLANT CLINIC	68,969	673,393	742,362	3.626569	3.626569	3.626569 90.02
91 EMERGENCY	21,885,472	40,948,769	62,834,241	0.163731	0.163731	0.163878 91
92 OBSERVATION BEDS	1,384,934	3,733,465	5,118,399	0.630366	0.630366	0.630366 92
OTHER REIMBURSABLE COST CENTERS						
105 KIDNEY ACQUISITION	3,512,689	3,448,669	6,961,358			105
107 LIVER ACQUISITION	2,575,111		2,575,111			107
109 PANCREAS ACQUISITION	164,056		164,056			109
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	961,695,255	448,390,299	1,410,085,554			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	961,695,255	448,390,299	1,410,085,554			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 ÷ COL.4)	PGM DAYS	(COL.5 x COL.6)
	1	2	3	5	6	7
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS	4,957,583		4,957,583	78.29		30
31 INTENSIVE CARE UNIT	390,703		390,703	104.10		31
31.01 6TH ICU	358,990		358,990	103.22		31.01
31.02 7TH ICU	370,721		370,721	114.53		31.02
31.03 8TH ICU	385,046		385,046	111.96		31.03
31.04 5TH ICU	454,586		454,586	102.29		31.04
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 OTHER SPECIAL CARE (SPECIFY)						35
40 SUBPROVIDER - IPF	956,949		956,949	100.09		40
41 SUBPROVIDER - IRF						41
42 SUBPROVIDER I						42
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (LINES 30-199)	7,874,578		7,874,578			200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[XX] TITLE V [ ] TITLE XVIII-PT A [ ] TITLE XIX	[XX] HOSPITAL (26-0105) [ ] IPF [ ] IRF	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA				
		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 × COL.4) 5		
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	2,199,729	99,575,274	0.022091				50
51	RECOVERY ROOM	475,993	12,130,377	0.039240				51
53	ANESTHESIOLOGY	286,061	15,281,487	0.018719				53
54	RADIOLOGY-DIAGNOSTIC	2,161,317	190,962,792	0.011318				54
54.03	ENDOSCOPY	297,801	16,388,794	0.018171				54.03
54.05	PET IMAGING	22,870	18,098,270	0.001264				54.05
55	RADIOLOGY-THERAPEUTIC	356,569	25,858,347	0.013789				55
56	RADIOISOTOPE	244,691	3,697,091	0.066185				56
60	LABORATORY	1,314,148	200,641,391	0.006550				60
60.02	BLOOD CLOTTING FACTORS ADMIN							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
63	BLOOD STORING, PROCESSING & T	216,245	28,221,881	0.007662				63
65	RESPIRATORY THERAPY	207,906	24,115,722	0.008621				65
66	PHYSICAL THERAPY	436,275	11,176,489	0.039035				66
69	ELECTROCARDIOLOGY	575,461	53,672,517	0.010722				69
69.02	CARDIOVASCULAR LAB							69.02
70	ELECTROENCEPHALOGRAPHY	281,148	5,237,190	0.053683				70
71	MEDICAL SUPPLIES CHRGED TO PA	567,330	110,301,141	0.005143				71
72	IMPL. DEV. CHARGED TO PATIENT	524,506	75,472,435	0.006950				72
73	DRUGS CHARGED TO PATIENTS	842,850	283,360,253	0.002974				73
74	RENAL DIALYSIS	179,192	7,176,193	0.024970				74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW	119,756	1,434,803	0.083465				76.30
76.31	CORNEAL TRANSPLANTS	6,414	1,122,954	0.005712				76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	327,774	2,773,050	0.118200				90
90.02	TRANSPLANT CLINIC	260,925	742,362	0.351479				90.02
91	EMERGENCY	816,020	62,834,241	0.012987				91
92	OBSERVATION BEDS	348,923	5,118,399	0.068170				92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	13,069,904	1,255,393,453					200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS		145,516			145,516	30
31 INTENSIVE CARE UNIT		12,084			12,084	31
31.01 6TH ICU		12,084			12,084	31.01
31.02 7TH ICU		12,084			12,084	31.02
31.03 8TH ICU		12,084			12,084	31.03
31.04 5TH ICU		12,084			12,084	31.04
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 OTHER SPECIAL CARE (SPECIFY)						35
40 SUBPROVIDER - IPF		37,889			37,889	40
41 SUBPROVIDER - IRF						41
42 SUBPROVIDER I						42
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		243,825			243,825	200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	63,326	2.30			30
31 INTENSIVE CARE UNIT	3,753	3.22			31
31.01 6TH ICU	3,478	3.47			31.01
31.02 7TH ICU	3,237	3.73			31.02
31.03 8TH ICU	3,439	3.51			31.03
31.04 5TH ICU	4,444	2.72			31.04
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	9,561	3.96			40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	91,238				200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
51 RECOVERY ROOM							51
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC			50,090		50,090	50,090	54
54.03 ENDOSCOPY							54.03
54.05 PET IMAGING			5,457		5,457	5,457	54.05
55 RADIOLOGY-THERAPEUTIC							55
56 RADIOISOTOPE			5,457		5,457	5,457	56
60 LABORATORY							60
60.02 BLOOD CLOTTING FACTORS ADMIN							60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY			4,366		4,366	4,366	65
66 PHYSICAL THERAPY			16,099		16,099	16,099	66
69 ELECTROCARDIOLOGY			9,160		9,160	9,160	69
69.02 CARDIOVASCULAR LAB							69.02
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76 OTHER ANCILLARY SERVICES							76
76.01 PSYCH THERAPY							76.01
76.29 AIR RESCUE							76.29
76.30 BONE MARROW							76.30
76.31 CORNEAL TRANSPLANTS							76.31
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.02 TRANSPLANT CLINIC							90.02
91 EMERGENCY			22,453		22,453	22,453	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			113,082		113,082	113,082	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK APPLICABLE BOXES	[XX] TITLE V [ ] TITLE XVIII-PT A [ ] TITLE XIX	[XX] HOSPITAL (26-0105) [ ] IPF [ ] IRF	[ ] SUB (OTHER) [ ] SNF [ ] NF	[ ] ICF/MR	[ ] 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 CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS												
50	OPERATING ROOM					99,575,274						50
51	RECOVERY ROOM					12,130,377						51
53	ANESTHESIOLOGY					15,281,487						53
54	RADIOLOGY-DIAGNOSTIC					190,962,792	0.000262	0.000262				54
54.03	ENDOSCOPY					16,388,794						54.03
54.05	PET IMAGING					18,098,270	0.000302	0.000302				54.05
55	RADIOLOGY-THERAPEUTIC					25,858,347						55
56	RADIOISOTOPE					3,697,091	0.001476	0.001476				56
60	LABORATORY					200,641,391						60
60.02	BLOOD CLOTTING FACTORS ADMIN											60.02
62.30	BLOOD CLOTTING FOR HEMOPHILI											62.30
63	BLOOD STORING, PROCESSING &					28,221,881						63
65	RESPIRATORY THERAPY					24,115,722	0.000181	0.000181				65
66	PHYSICAL THERAPY					11,176,489	0.001440	0.001440				66
69	ELECTROCARDIOLOGY					53,672,517	0.000171	0.000171				69
69.02	CARDIOVASCULAR LAB											69.02
70	ELECTROENCEPHALOGRAPHY					5,237,190						70
71	MEDICAL SUPPLIES CHRGED TO P					110,301,141						71
72	IMPL. DEV. CHARGED TO PATIEN					75,472,435						72
73	DRUGS CHARGED TO PATIENTS					283,360,253						73
74	RENAL DIALYSIS					7,176,193						74
76	OTHER ANCILLARY SERVICES											76
76.01	PSYCH THERAPY											76.01
76.29	AIR RESCUE											76.29
76.30	BONE MARROW					1,434,803						76.30
76.31	CORNEAL TRANSPLANTS					1,122,954						76.31
76.97	CARDIAC REHABILITATION											76.97
76.98	HYPERBARIC OXYGEN THERAPY											76.98
76.99	LITHOTRIPSY											76.99
OUTPATIENT SERVICE COST CENTERS												
90	CLINIC					2,773,050						90
90.02	TRANSPLANT CLINIC					742,362						90.02
91	EMERGENCY					62,834,241	0.000357	0.000357				91
92	OBSERVATION BEDS					5,118,399						92
OTHER REIMBURSABLE COST CENTERS												
200	TOTAL (SUM OF LINES 50-199)					1,255,393,453						200



APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 ÷ COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	4,957,583		4,957,583	78.29	21,387	1,674,388	30
31 INTENSIVE CARE UNIT	390,703		390,703	104.10	1,611	167,705	31
31.01 6TH ICU	358,990		358,990	103.22	573	59,145	31.01
31.02 7TH ICU	370,721		370,721	114.53	1,306	149,576	31.02
31.03 8TH ICU	385,046		385,046	111.96	1,627	182,159	31.03
31.04 5TH ICU	454,586		454,586	102.29	1,619	165,608	31.04
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF	956,949		956,949	100.09	3,809	381,243	40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY							43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	7,874,578		7,874,578		31,932	2,779,824	200



APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS		145,516			145,516	30
31 INTENSIVE CARE UNIT		12,084			12,084	31
31.01 6TH ICU		12,084			12,084	31.01
31.02 7TH ICU		12,084			12,084	31.02
31.03 8TH ICU		12,084			12,084	31.03
31.04 5TH ICU		12,084			12,084	31.04
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 OTHER SPECIAL CARE (SPECIFY)						35
40 SUBPROVIDER - IPF		37,889			37,889	40
41 SUBPROVIDER - IRF						41
42 SUBPROVIDER I						42
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		243,825			243,825	200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	63,326	2.30	21,387	49,190	30
31 INTENSIVE CARE UNIT	3,753	3.22	1,611	5,187	31
31.01 6TH ICU	3,478	3.47	573	1,988	31.01
31.02 7TH ICU	3,237	3.73	1,306	4,871	31.02
31.03 8TH ICU	3,439	3.51	1,627	5,711	31.03
31.04 5TH ICU	4,444	2.72	1,619	4,404	31.04
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	9,561	3.96	3,809	15,084	40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	91,238		31,932	86,435	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
51 RECOVERY ROOM							51
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC			50,090		50,090	50,090	54
54.03 ENDOSCOPY							54.03
54.05 PET IMAGING			5,457		5,457	5,457	54.05
55 RADIOLOGY-THERAPEUTIC							55
56 RADIOISOTOPE			5,457		5,457	5,457	56
60 LABORATORY							60
60.02 BLOOD CLOTTING FACTORS ADMIN							60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY			4,366		4,366	4,366	65
66 PHYSICAL THERAPY			16,099		16,099	16,099	66
69 ELECTROCARDIOLOGY			9,160		9,160	9,160	69
69.02 CARDIOVASCULAR LAB							69.02
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76 OTHER ANCILLARY SERVICES							76
76.01 PSYCH THERAPY							76.01
76.29 AIR RESCUE							76.29
76.30 BONE MARROW							76.30
76.31 CORNEAL TRANSPLANTS							76.31
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.02 TRANSPLANT CLINIC							90.02
91 EMERGENCY			22,453		22,453	22,453	91
92 OBSERVATION BEDS			10,241		10,241	10,241	92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			123,323		123,323	123,323	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[XX] HOSPITAL (26-0105)	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS				
APPLICABLE	[XX] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA				
BOXES	[ ] TITLE XIX	[ ] IRF	[ ] NF						
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13		
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	99,575,274			18,276,361	8,688,943	50		
51	RECOVERY ROOM	12,130,377			2,246,755	1,231,915	51		
53	ANESTHESIOLOGY	15,281,487			3,209,934	991,846	53		
54	RADIOLOGY-DIAGNOSTIC	190,962,792	0.000262	0.000262	31,120,279	8,154	21,431,192	5,615	54
54.03	ENDOSCOPY	16,388,794			2,221,792		3,242,113		54.03
54.05	PET IMAGING	18,098,270	0.000302	0.000302	1,222,473	369	4,691,760	1,417	54.05
55	RADIOLOGY-THERAPEUTIC	25,858,347			235,108		8,043,059		55
56	RADIOISOTOPE	3,697,091	0.001476	0.001476	435,891	643	788,190	1,163	56
60	LABORATORY	200,641,391			41,748,142		7,376,069		60
60.02	BLOOD CLOTTING FACTORS ADMIN								60.02
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
63	BLOOD STORING, PROCESSING &	28,221,881			9,328,968		668,937		63
65	RESPIRATORY THERAPY	24,115,722	0.000181	0.000181	8,674,328	1,570	203,428	37	65
66	PHYSICAL THERAPY	11,176,489	0.001440	0.001440	3,413,781	4,916			66
69	ELECTROCARDIOLOGY	53,672,517	0.000171	0.000171	11,281,958	1,929	7,313,727	1,251	69
69.02	CARDIOVASCULAR LAB								69.02
70	ELECTROENCEPHALOGRAPHY	5,237,190			1,029,659		524,289		70
71	MEDICAL SUPPLIES CHRGED TO P	110,301,141			25,070,208		9,296,484		71
72	IMPL. DEV. CHARGED TO PATIEN	75,472,435			16,707,586		5,864,763		72
73	DRUGS CHARGED TO PATIENTS	283,360,253			83,608,474		10,484,892		73
74	RENAL DIALYSIS	7,176,193			4,237,896				74
76	OTHER ANCILLARY SERVICES								76
76.01	PSYCH THERAPY								76.01
76.29	AIR RESCUE								76.29
76.30	BONE MARROW	1,434,803			223,108		76,483		76.30
76.31	CORNEAL TRANSPLANTS	1,122,954			25,391				76.31
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90	CLINIC	2,773,050			4,435		542,668		90
90.02	TRANSPLANT CLINIC	742,362			23,127		90,295		90.02
91	EMERGENCY	62,834,241	0.000357	0.000357	7,144,172	2,550	4,713,504	1,683	91
92	OBSERVATION BEDS	5,118,399	0.002001	0.002001	647,997	1,297	920,208	1,841	92
OTHER REIMBURSABLE COST CENTERS									
200	TOTAL (SUM OF LINES 50-199)	1,255,393,453			272,137,823	21,428	97,184,765	13,007	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS				
	COST TO	PPS	COST REIMB.	COST REIMB.	COST	COST			
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SVCES NOT DED & COINS	SVCES NOT DED & COINS			
	1	2	3	4	5	6	7		
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	0.181663	8,688,943			1,578,459				50
51 RECOVERY ROOM	0.439495	1,231,915			541,420				51
53 ANESTHESIOLOGY	0.095009	991,846			94,234				53
54 RADIOLOGY-DIAGNOSTIC	0.094968	21,431,192			2,035,277				54
54.03 ENDOSCOPY	0.154303	3,242,113			500,268				54.03
54.05 PET IMAGING	0.061726	4,691,760			289,604				54.05
55 RADIOLOGY-THERAPEUTIC	0.108118	8,043,059			869,599				55
56 RADIOISOTOPE	0.671999	788,190			529,663				56
60 LABORATORY	0.109797	7,376,069			809,870				60
60.02 BLOOD CLOTTING FACTORS ADMIN CO									60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS									62.30
63 BLOOD STORING, PROCESSING & TRA	0.201881	668,937			135,046				63
65 RESPIRATORY THERAPY	0.152659	203,428			31,055				65
66 PHYSICAL THERAPY	0.349153								66
69 ELECTROCARDIOLOGY	0.123024	7,313,727			899,764				69
69.02 CARDIOVASCULAR LAB									69.02
70 ELECTROENCEPHALOGRAPHY	0.283580	524,289			148,678				70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.228849	9,296,484		116	2,127,491		27		71
72 IMPL. DEV. CHARGED TO PATIENT	0.312538	5,864,763			1,832,961				72
73 DRUGS CHARGED TO PATIENTS	0.116089	10,484,892		1,905	305,208	1,217,181	221	35,431	73
74 RENAL DIALYSIS	0.293891								74
76 OTHER ANCILLARY SERVICES									76
76.01 PSYCH THERAPY									76.01
76.29 AIR RESCUE									76.29
76.30 BONE MARROW	0.841480	76,483			64,359				76.30
76.31 CORNEAL TRANSPLANTS	0.341101			487,968			166,446		76.31
76.97 CARDIAC REHABILITATION									76.97
76.98 HYPERBARIC OXYGEN THERAPY									76.98
76.99 LITHOTRIPSY									76.99
OUTPATIENT SERVICE COST CENTERS									
90 CLINIC	0.691909	542,668			375,477				90
90.02 TRANSPLANT CLINIC	3.626569	90,295			327,461				90.02
91 EMERGENCY	0.163731	4,713,504			771,747				91
92 OBSERVATION BEDS	0.630366	920,208			580,068				92
OTHER REIMBURSABLE COST CENTERS									
200 SUBTOTAL (SEE INSTRUCTIONS)		97,184,765	489,989	305,208	15,759,682	166,694		35,431	200
201 LESS PBP CLINIC LAB SERVICES									201
202 NET CHARGES (LINE 200 - LINE 201)		97,184,765	489,989	305,208	15,759,682	166,694		35,431	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[ ] HOSPITAL [XX] IPF (26-S105) [ ] IRF	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA				
		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 × COL.4) 5		
	COST CENTER DESCRIPTION							
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	2,199,729	99,575,274	0.022091	230,740	5,097		50
51	RECOVERY ROOM	475,993	12,130,377	0.039240				51
53	ANESTHESIOLOGY	286,061	15,281,487	0.018719	116,943	2,189		53
54	RADIOLOGY-DIAGNOSTIC	2,161,317	190,962,792	0.011318	404,130	4,574		54
54.03	ENDOSCOPY	297,801	16,388,794	0.018171	3,075	56		54.03
54.05	PET IMAGING	22,870	18,098,270	0.001264	33,678	43		54.05
55	RADIOLOGY-THERAPEUTIC	356,569	25,858,347	0.013789				55
56	RADIOISOTOPE	244,691	3,697,091	0.066185	11,056	732		56
60	LABORATORY	1,314,148	200,641,391	0.006550	945,826	6,195		60
60.02	BLOOD CLOTTING FACTORS ADMIN							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
63	BLOOD STORING, PROCESSING & T	216,245	28,221,881	0.007662				63
65	RESPIRATORY THERAPY	207,906	24,115,722	0.008621	25,489	220		65
66	PHYSICAL THERAPY	436,275	11,176,489	0.039035	66,544	2,598		66
69	ELECTROCARDIOLOGY	575,461	53,672,517	0.010722	87,556	939		69
69.02	CARDIOVASCULAR LAB							69.02
70	ELECTROENCEPHALOGRAPHY	281,148	5,237,190	0.053683	17,352	932		70
71	MEDICAL SUPPLIES CHRGED TO PA	567,330	110,301,141	0.005143	44,197	227		71
72	IMPL. DEV. CHARGED TO PATIENT	524,506	75,472,435	0.006950				72
73	DRUGS CHARGED TO PATIENTS	842,850	283,360,253	0.002974	1,094,365	3,255		73
74	RENAL DIALYSIS	179,192	7,176,193	0.024970	48,716	1,216		74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW	119,756	1,434,803	0.083465				76.30
76.31	CORNEAL TRANSPLANTS	6,414	1,122,954	0.005712				76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	327,774	2,773,050	0.118200				90
90.02	TRANSPLANT CLINIC	260,925	742,362	0.351479				90.02
91	EMERGENCY	816,020	62,834,241	0.012987	457,063	5,936		91
92	OBSERVATION BEDS	348,923	5,118,399	0.068170				92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	13,069,904	1,255,393,453		3,586,730	34,209		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
51 RECOVERY ROOM							51
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC			50,090		50,090	50,090	54
54.03 ENDOSCOPY							54.03
54.05 PET IMAGING			5,457		5,457	5,457	54.05
55 RADIOLOGY-THERAPEUTIC							55
56 RADIOISOTOPE			5,457		5,457	5,457	56
60 LABORATORY							60
60.02 BLOOD CLOTTING FACTORS ADMIN							60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY			4,366		4,366	4,366	65
66 PHYSICAL THERAPY			16,099		16,099	16,099	66
69 ELECTROCARDIOLOGY			9,160		9,160	9,160	69
69.02 CARDIOVASCULAR LAB							69.02
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76 OTHER ANCILLARY SERVICES							76
76.01 PSYCH THERAPY							76.01
76.29 AIR RESCUE							76.29
76.30 BONE MARROW							76.30
76.31 CORNEAL TRANSPLANTS							76.31
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.02 TRANSPLANT CLINIC							90.02
91 EMERGENCY			22,453		22,453	22,453	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			113,082		113,082	113,082	200

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	[ ] HOSPITAL [XX] IPF (26-S105) [ ] 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 CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS												
50						OPERATING ROOM 99,575,274			230,740			50
51						RECOVERY ROOM 12,130,377						51
53						ANESTHESIOLOGY 15,281,487			116,943			53
54						RADIOLOGY-DIAGNOSTIC 190,962,792	0.000262	0.000262	404,130	106	476	54
54.03						ENDOSCOPY 16,388,794			3,075			54.03
54.05						PET IMAGING 18,098,270	0.000302	0.000302	33,678	10		54.05
55						RADIOLOGY-THERAPEUTIC 25,858,347						55
56						RADIOISOTOPE 3,697,091	0.001476	0.001476	11,056	16		56
60						LABORATORY 200,641,391			945,826			60
60.02						BLOOD CLOTTING FACTORS ADMIN						60.02
62.30						BLOOD CLOTTING FOR HEMOPHILI						62.30
63						BLOOD STORING, PROCESSING & 28,221,881						63
65						RESPIRATORY THERAPY 24,115,722	0.000181	0.000181	25,489	5		65
66						PHYSICAL THERAPY 11,176,489	0.001440	0.001440	66,544	96		66
69						ELECTROCARDIOLOGY 53,672,517	0.000171	0.000171	87,556	15	120	69
69.02						CARDIOVASCULAR LAB						69.02
70						ELECTROENCEPHALOGRAPHY 5,237,190			17,352			70
71						MEDICAL SUPPLIES CHRGED TO P 110,301,141			44,197			71
72						IMPL. DEV. CHARGED TO PATIEN 75,472,435						72
73						DRUGS CHARGED TO PATIENTS 283,360,253			1,094,365		472	73
74						RENAL DIALYSIS 7,176,193			48,716			74
76						OTHER ANCILLARY SERVICES						76
76.01						PSYCH THERAPY						76.01
76.29						AIR RESCUE						76.29
76.30						BONE MARROW 1,434,803						76.30
76.31						CORNEAL TRANSPLANTS 1,122,954						76.31
76.97						CARDIAC REHABILITATION						76.97
76.98						HYPERBARIC OXYGEN THERAPY						76.98
76.99						LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS												
90						CLINIC 2,773,050						90
90.02						TRANSPLANT CLINIC 742,362						90.02
91						EMERGENCY 62,834,241	0.000357	0.000357	457,063	163	670	91
92						OBSERVATION BEDS 5,118,399						92
OTHER REIMBURSABLE COST CENTERS												
200						TOTAL (SUM OF LINES 50-199) 1,255,393,453			3,586,730	411	1,738	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES				PROGRAM COSTS			
		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	0.181663								50
51 RECOVERY ROOM	0.439495								51
53 ANESTHESIOLOGY	0.095009								53
54 RADIOLOGY-DIAGNOSTIC	0.094968	476			45				54
54.03 ENDOSCOPY	0.154303								54.03
54.05 PET IMAGING	0.061726								54.05
55 RADIOLOGY-THERAPEUTIC	0.108118								55
56 RADIOISOTOPE	0.671999								56
60 LABORATORY	0.109797								60
60.02 BLOOD CLOTTING FACTORS ADMIN CO									60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS									62.30
63 BLOOD STORING, PROCESSING & TRA	0.201881								63
65 RESPIRATORY THERAPY	0.152659								65
66 PHYSICAL THERAPY	0.349153								66
69 ELECTROCARDIOLOGY	0.123024	120			15				69
69.02 CARDIOVASCULAR LAB									69.02
70 ELECTROENCEPHALOGRAPHY	0.283580								70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.228849								71
72 IMPL. DEV. CHARGED TO PATIENT	0.312538								72
73 DRUGS CHARGED TO PATIENTS	0.116089	472	635	3,944	55	74	458		73
74 RENAL DIALYSIS	0.293891								74
76 OTHER ANCILLARY SERVICES									76
76.01 PSYCH THERAPY									76.01
76.29 AIR RESCUE									76.29
76.30 BONE MARROW	0.841480								76.30
76.31 CORNEAL TRANSPLANTS	0.341101								76.31
76.97 CARDIAC REHABILITATION									76.97
76.98 HYPERBARIC OXYGEN THERAPY									76.98
76.99 LITHOTRIPSY									76.99
OUTPATIENT SERVICE COST CENTERS									
90 CLINIC	0.691909								90
90.02 TRANSPLANT CLINIC	3.626569								90.02
91 EMERGENCY	0.163731	670			110				91
92 OBSERVATION BEDS	0.630366								92
OTHER REIMBURSABLE COST CENTERS									
200 SUBTOTAL (SEE INSTRUCTIONS)		1,738	635	3,944	225	74	458		200
201 LESS PBP CLINIC LAB SERVICES									201
202 NET CHARGES (LINE 200 - LINE 201)		1,738	635	3,944	225	74	458		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	INPAT PGM
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 ÷ COL.4)	PGM DAYS	(COL.5 x COL.6)	(COL.6)
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	4,957,583		4,957,583	78.29	12,658	990,995	30
31 INTENSIVE CARE UNIT	390,703		390,703	104.10	850	88,485	31
31.01 6TH ICU	358,990		358,990	103.22	985	101,672	31.01
31.02 7TH ICU	370,721		370,721	114.53	417	47,759	31.02
31.03 8TH ICU	385,046		385,046	111.96	739	82,738	31.03
31.04 5TH ICU	454,586		454,586	102.29	849	86,844	31.04
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF	956,949		956,949	100.09	2,637	263,937	40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY							43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	7,874,578		7,874,578		19,135	1,662,430	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (26-0105) [ ] IPF [ ] 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 × COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	2,199,729	99,575,274	0.022091	11,418,013	252,235	50
51	RECOVERY ROOM	475,993	12,130,377	0.039240	1,155,388	45,337	51
53	ANESTHESIOLOGY	286,061	15,281,487	0.018719	1,989,201	37,236	53
54	RADIOLOGY-DIAGNOSTIC	2,161,317	190,962,792	0.011318	13,805,946	156,256	54
54.03	ENDOSCOPY	297,801	16,388,794	0.018171	897,241	16,304	54.03
54.05	PET IMAGING	22,870	18,098,270	0.001264	810,018	1,024	54.05
55	RADIOLOGY-THERAPEUTIC	356,569	25,858,347	0.013789	252,675	3,484	55
56	RADIOISOTOPE	244,691	3,697,091	0.066185	178,691	11,827	56
60	LABORATORY	1,314,148	200,641,391	0.006550	19,956,434	130,715	60
60.02	BLOOD CLOTTING FACTORS ADMIN						60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63	BLOOD STORING, PROCESSING & T	216,245	28,221,881	0.007662	3,911,575	29,970	63
65	RESPIRATORY THERAPY	207,906	24,115,722	0.008621	4,911,674	42,344	65
66	PHYSICAL THERAPY	436,275	11,176,489	0.039035	1,531,323	59,775	66
69	ELECTROCARDIOLOGY	575,461	53,672,517	0.010722	5,102,622	54,710	69
69.02	CARDIOVASCULAR LAB						69.02
70	ELECTROENCEPHALOGRAPHY	281,148	5,237,190	0.053683	683,071	36,669	70
71	MEDICAL SUPPLIES CHRGED TO PA	567,330	110,301,141	0.005143	17,673,004	90,892	71
72	IMPL. DEV. CHARGED TO PATIENT	524,506	75,472,435	0.006950	6,954,445	48,333	72
73	DRUGS CHARGED TO PATIENTS	842,850	283,360,253	0.002974	44,554,703	132,506	73
74	RENAL DIALYSIS	179,192	7,176,193	0.024970	926,190	23,127	74
76	OTHER ANCILLARY SERVICES						76
76.01	PSYCH THERAPY						76.01
76.29	AIR RESCUE						76.29
76.30	BONE MARROW	119,756	1,434,803	0.083465	287,469	23,994	76.30
76.31	CORNEAL TRANSPLANTS	6,414	1,122,954	0.005712			76.31
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	327,774	2,773,050	0.118200	190	22	90
90.02	TRANSPLANT CLINIC	260,925	742,362	0.351479	4,000	1,406	90.02
91	EMERGENCY	816,020	62,834,241	0.012987	1,039,834	13,504	91
92	OBSERVATION BEDS	348,923	5,118,399	0.068170	109,354	7,455	92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	13,069,904	1,255,393,453		138,153,061	1,219,125	200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS		145,516			145,516	30
31 INTENSIVE CARE UNIT		12,084			12,084	31
31.01 6TH ICU		12,084			12,084	31.01
31.02 7TH ICU		12,084			12,084	31.02
31.03 8TH ICU		12,084			12,084	31.03
31.04 5TH ICU		12,084			12,084	31.04
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 OTHER SPECIAL CARE (SPECIFY)						35
40 SUBPROVIDER - IPF		37,889			37,889	40
41 SUBPROVIDER - IRF						41
42 SUBPROVIDER I						42
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		243,825			243,825	200

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	63,326	2.30	12,658	29,113	30
31 INTENSIVE CARE UNIT	3,753	3.22	850	2,737	31
31.01 6TH ICU	3,478	3.47	985	3,418	31.01
31.02 7TH ICU	3,237	3.73	417	1,555	31.02
31.03 8TH ICU	3,439	3.51	739	2,594	31.03
31.04 5TH ICU	4,444	2.72	849	2,309	31.04
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	9,561	3.96	2,637	10,443	40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	91,238		19,135	52,169	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
51 RECOVERY ROOM							51
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC			50,090		50,090	50,090	54
54.03 ENDOSCOPY							54.03
54.05 PET IMAGING			5,457		5,457	5,457	54.05
55 RADIOLOGY-THERAPEUTIC							55
56 RADIOISOTOPE			5,457		5,457	5,457	56
60 LABORATORY							60
60.02 BLOOD CLOTTING FACTORS ADMIN							60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY			4,366		4,366	4,366	65
66 PHYSICAL THERAPY			16,099		16,099	16,099	66
69 ELECTROCARDIOLOGY			9,160		9,160	9,160	69
69.02 CARDIOVASCULAR LAB							69.02
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76 OTHER ANCILLARY SERVICES							76
76.01 PSYCH THERAPY							76.01
76.29 AIR RESCUE							76.29
76.30 BONE MARROW							76.30
76.31 CORNEAL TRANSPLANTS							76.31
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.02 TRANSPLANT CLINIC							90.02
91 EMERGENCY			22,453		22,453	22,453	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			113,082		113,082	113,082	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[XX] HOSPITAL (26-0105)	[ ] SUB (OTHER)	[ ] ICF/MR	[ ] PPS		
APPLICABLE	[ ] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA		
BOXES	[XX] TITLE XIX	[ ] IRF	[ ] NF		[XX] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	99,575,274			11,418,013		50
51	RECOVERY ROOM	12,130,377			1,155,388		51
53	ANESTHESIOLOGY	15,281,487			1,989,201		53
54	RADIOLOGY-DIAGNOSTIC	190,962,792	0.000262	0.000262	13,805,946	3,617	54
54.03	ENDOSCOPY	16,388,794			897,241		54.03
54.05	PET IMAGING	18,098,270	0.000302	0.000302	810,018	245	54.05
55	RADIOLOGY-THERAPEUTIC	25,858,347			252,675		55
56	RADIOISOTOPE	3,697,091	0.001476	0.001476	178,691	264	56
60	LABORATORY	200,641,391			19,956,434		60
60.02	BLOOD CLOTTING FACTORS ADMIN						60.02
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	28,221,881			3,911,575		63
65	RESPIRATORY THERAPY	24,115,722	0.000181	0.000181	4,911,674	889	65
66	PHYSICAL THERAPY	11,176,489	0.001440	0.001440	1,531,323	2,205	66
69	ELECTROCARDIOLOGY	53,672,517	0.000171	0.000171	5,102,622	873	69
69.02	CARDIOVASCULAR LAB						69.02
70	ELECTROENCEPHALOGRAPHY	5,237,190			683,071		70
71	MEDICAL SUPPLIES CHRGED TO P	110,301,141			17,673,004		71
72	IMPL. DEV. CHARGED TO PATIEN	75,472,435			6,954,445		72
73	DRUGS CHARGED TO PATIENTS	283,360,253			44,554,703		73
74	RENAL DIALYSIS	7,176,193			926,190		74
76	OTHER ANCILLARY SERVICES						76
76.01	PSYCH THERAPY						76.01
76.29	AIR RESCUE						76.29
76.30	BONE MARROW	1,434,803			287,469		76.30
76.31	CORNEAL TRANSPLANTS	1,122,954					76.31
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	2,773,050			190		90
90.02	TRANSPLANT CLINIC	742,362			4,000		90.02
91	EMERGENCY	62,834,241	0.000357	0.000357	1,039,834	371	91
92	OBSERVATION BEDS	5,118,399			109,354		92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	1,255,393,453			138,153,061	8,464	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO	PPS	COST REIMB.	COST REIMB.	PPS	COST	COST	
	CHARGE RATIO	REIMBURSED	SUBJECT TO	SUBJECT TO	SUBJECT TO	SUBJECT TO	SUBJECT TO	
	FROM WKST C,	PPS	SUBJECT TO	SUBJECT TO	PPS	SUBJECT TO	SUBJECT TO	
	PT I, COL. 9	SERVICES	DED & COINS	DED & COINS	SERVICES	DED & COINS	DED & COINS	
	1	2	3	4	5	6	7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.181663		4,521,461			821,382	50	
51 RECOVERY ROOM	0.439495		551,679			242,460	51	
53 ANESTHESIOLOGY	0.095009		470,575			44,709	53	
54 RADIOLOGY-DIAGNOSTIC	0.094968		14,292,311			1,357,312	54	
54.03 ENDOSCOPY	0.154303		1,001,392			154,518	54.03	
54.05 PET IMAGING	0.061726		1,172,624			72,381	54.05	
55 RADIOLOGY-THERAPEUTIC	0.108118		2,415,717			261,182	55	
56 RADIOISOTOPE	0.671999		267,422			179,707	56	
60 LABORATORY	0.109797		9,080,560			997,018	60	
60.02 BLOOD CLOTTING FACTORS ADMIN CO							60.02	
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
63 BLOOD STORING, PROCESSING & TRA	0.201881		364,022			73,489	63	
65 RESPIRATORY THERAPY	0.152659		204,353			31,196	65	
66 PHYSICAL THERAPY	0.349153		90,435			31,576	66	
69 ELECTROCARDIOLOGY	0.123024		1,797,369			221,120	69	
69.02 CARDIOVASCULAR LAB							69.02	
70 ELECTROENCEPHALOGRAPHY	0.283580		165,507			46,934	70	
71 MEDICAL SUPPLIES CHRGED TO PATI	0.228849		3,543,594			810,948	71	
72 IMPL. DEV. CHARGED TO PATIENT	0.312538		1,671,370			522,367	72	
73 DRUGS CHARGED TO PATIENTS	0.116089		6,447,530			748,487	73	
74 RENAL DIALYSIS	0.293891		77,938			22,905	74	
76 OTHER ANCILLARY SERVICES							76	
76.01 PSYCH THERAPY							76.01	
76.29 AIR RESCUE							76.29	
76.30 BONE MARROW	0.841480		35,875			30,188	76.30	
76.31 CORNEAL TRANSPLANTS	0.341101		128,112			43,699	76.31	
76.97 CARDIAC REHABILITATION							76.97	
76.98 HYPERBARIC OXYGEN THERAPY							76.98	
76.99 LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.691909		376,846			260,743	90	
90.02 TRANSPLANT CLINIC	3.626569		14,657			53,155	90.02	
91 EMERGENCY	0.163731		9,839,705			1,611,065	91	
92 OBSERVATION BEDS	0.630366		823,161			518,893	92	
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)			59,354,215			9,157,434	200	
201 LESS PBP CLINIC LAB SERVICES							201	
202 NET CHARGES (LINE 200 - LINE 201)			59,354,215			9,157,434	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 (26-S105) [ ] 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 × COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	2,199,729	99,575,274	0.022091	50
51	RECOVERY ROOM	475,993	12,130,377	0.039240	51
53	ANESTHESIOLOGY	286,061	15,281,487	0.018719	53
54	RADIOLOGY-DIAGNOSTIC	2,161,317	190,962,792	0.011318	54
54.03	ENDOSCOPY	297,801	16,388,794	0.018171	54.03
54.05	PET IMAGING	22,870	18,098,270	0.001264	54.05
55	RADIOLOGY-THERAPEUTIC	356,569	25,858,347	0.013789	55
56	RADIOISOTOPE	244,691	3,697,091	0.066185	56
60	LABORATORY	1,314,148	200,641,391	0.006550	60
60.02	BLOOD CLOTTING FACTORS ADMIN				60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
63	BLOOD STORING, PROCESSING & T	216,245	28,221,881	0.007662	63
65	RESPIRATORY THERAPY	207,906	24,115,722	0.008621	65
66	PHYSICAL THERAPY	436,275	11,176,489	0.039035	66
69	ELECTROCARDIOLOGY	575,461	53,672,517	0.010722	69
69.02	CARDIOVASCULAR LAB				69.02
70	ELECTROENCEPHALOGRAPHY	281,148	5,237,190	0.053683	70
71	MEDICAL SUPPLIES CHRGED TO PA	567,330	110,301,141	0.005143	71
72	IMPL. DEV. CHARGED TO PATIENT	524,506	75,472,435	0.006950	72
73	DRUGS CHARGED TO PATIENTS	842,850	283,360,253	0.002974	73
74	RENAL DIALYSIS	179,192	7,176,193	0.024970	74
76	OTHER ANCILLARY SERVICES				76
76.01	PSYCH THERAPY				76.01
76.29	AIR RESCUE				76.29
76.30	BONE MARROW	119,756	1,434,803	0.083465	76.30
76.31	CORNEAL TRANSPLANTS	6,414	1,122,954	0.005712	76.31
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	327,774	2,773,050	0.118200	90
90.02	TRANSPLANT CLINIC	260,925	742,362	0.351479	90.02
91	EMERGENCY	816,020	62,834,241	0.012987	91
92	OBSERVATION BEDS	348,923	5,118,399	0.068170	92
OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (SUM OF LINES 50-199)	13,069,904	1,255,393,453		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
51 RECOVERY ROOM							51
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC			50,090		50,090	50,090	54
54.03 ENDOSCOPY							54.03
54.05 PET IMAGING			5,457		5,457	5,457	54.05
55 RADIOLOGY-THERAPEUTIC							55
56 RADIOISOTOPE			5,457		5,457	5,457	56
60 LABORATORY							60
60.02 BLOOD CLOTTING FACTORS ADMIN							60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY			4,366		4,366	4,366	65
66 PHYSICAL THERAPY			16,099		16,099	16,099	66
69 ELECTROCARDIOLOGY			9,160		9,160	9,160	69
69.02 CARDIOVASCULAR LAB							69.02
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76 OTHER ANCILLARY SERVICES							76
76.01 PSYCH THERAPY							76.01
76.29 AIR RESCUE							76.29
76.30 BONE MARROW							76.30
76.31 CORNEAL TRANSPLANTS							76.31
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.02 TRANSPLANT CLINIC							90.02
91 EMERGENCY			22,453		22,453	22,453	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			113,082		113,082	113,082	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[ ] HOSPITAL [XX] IPF (26-S105) [ ] IRF	[ ] SUB (OTHER) [ ] SNF [ ] NF	[ ] ICF/MR	[ ] PPS [ ] TEFRA [XX] OTHER	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS												
50						99,575,274						50
51						12,130,377						51
53						15,281,487						53
54						190,962,792	0.000262	0.000262				54
54.03						16,388,794						54.03
54.05						18,098,270	0.000302	0.000302				54.05
55						25,858,347						55
56						3,697,091	0.001476	0.001476				56
60						200,641,391						60
60.02												60.02
62.30												62.30
63						28,221,881						63
65						24,115,722	0.000181	0.000181				65
66						11,176,489	0.001440	0.001440				66
69						53,672,517	0.000171	0.000171				69
69.02												69.02
70						5,237,190						70
71						110,301,141						71
72						75,472,435						72
73						283,360,253						73
74						7,176,193						74
76												76
76.01												76.01
76.29												76.29
76.30						1,434,803						76.30
76.31						1,122,954						76.31
76.97												76.97
76.98												76.98
76.99												76.99
OUTPATIENT SERVICE COST CENTERS												
90						2,773,050						90
90.02						742,362						90.02
91						62,834,241	0.000357	0.000357				91
92						5,118,399						92
OTHER REIMBURSABLE COST CENTERS												
200						1,255,393,453						200





WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 636.62 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 39  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5
42 NURSERY (TITLES V AND XIX ONLY)					42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	5,847,539	3,753	1,558.10		43
43.01 6TH ICU	4,878,710	3,478	1,402.73		43.01
43.02 7TH ICU	5,178,942	3,237	1,599.92		43.02
43.03 8TH ICU	5,339,461	3,439	1,552.62		43.03
43.04 5TH ICU	6,210,992	4,444	1,397.61		43.04
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 OTHER SPECIAL CARE (SPECIFY)					47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					49

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

TARGET AMOUNT AND LIMIT COMPUTATION  
 54 PROGRAM DISCHARGES 54  
 55 TARGET AMOUNT PER DISCHARGE 55  
 56 TARGET AMOUNT (LINE 54 x LINE 55) 56  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57  
 58 BONUS PAYMENT (SEE INSTRUCTIONS) 58  
 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY 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) 4,457 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 3	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	COST 1			
90 CAPITAL-RELATED COST				90
91 NURSING SCHOOL COST				91
92 ALLIED HEALTH COST				92
93 ALL OTHER MEDICAL EDUCATION				93

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	63,326	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	63,326	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	30,209	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	28,660	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	21,387	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	10,832	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)	45,842,247	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	45,842,247	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	74,005,070	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	42,301,286	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	31,703,784	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.619447	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)	1,400.29	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,106.20	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)	294.09	34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)	182.17	35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)	5,503,174	36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	40,339,073	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 723.91 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 15,482,263 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) 15,482,263 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	5,851,636	3,753	1,559.19	1,611	2,511,855	43
43.01 6TH ICU	4,878,710	3,478	1,402.73	573	803,764	43.01
43.02 7TH ICU	5,178,942	3,237	1,599.92	1,306	2,089,496	43.02
43.03 8TH ICU	5,339,461	3,439	1,552.62	1,627	2,526,113	43.03
43.04 5TH ICU	6,210,992	4,444	1,397.61	1,619	2,262,731	43.04
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					42,751,372	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					68,427,594	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 2,469,932 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 2,492,756 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 4,962,688 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 63,464,906 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) 4,457 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 723.91 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 3,226,467 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST					
90 CAPITAL-RELATED COST	4,957,583	45,842,247	0.108144	3,226,467	348,923
91 NURSING SCHOOL COST					91
92 ALLIED HEALTH COST	145,516	45,842,247	0.003174	3,226,467	10,241
93 ALL OTHER MEDICAL EDUCATION					93



WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	803.02 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	3,058,703 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	3,058,703 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	474,659 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	3,533,362 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	396,327 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	34,620 51
52	TOTAL PROGRAM EXCLUDABLE COST	430,947 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	3,102,415 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

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (26-0105) [ ] 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)	63,326	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	63,326	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	30,209	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	28,660	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	12,658	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)	45,814,661	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	45,814,661	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	74,005,070	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	42,301,286	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	31,703,784	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.619075	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)	1,400.29	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,106.20	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)	294.09	34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)	182.06	35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)	5,499,851	36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	40,314,810	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 636.62 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 8,058,336 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) 8,058,336 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	5,847,539	3,753	1,558.10	850	1,324,385	43
43.01 6TH ICU	4,878,710	3,478	1,402.73	985	1,381,689	43.01
43.02 7TH ICU	5,178,942	3,237	1,599.92	417	667,167	43.02
43.03 8TH ICU	5,339,461	3,439	1,552.62	739	1,147,386	43.03
43.04 5TH ICU	6,210,992	4,444	1,397.61	849	1,186,571	43.04
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					21,662,943	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					35,428,477	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,440,219 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 1,227,589 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 2,667,808 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) 4,457 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

	COMPUTATION OF OBSERVATION BED PASS-THROUGH COST COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
90 CAPITAL-RELATED COST						90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93



WORKSHEET D-1  
PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	781.52	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	2,060,868	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)	2,060,868	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)		48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,060,868	49
PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	274,380	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	274,380	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	<input checked="" type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (26-0105)	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	S/B SNF	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF	<input type="checkbox"/>	SNF	<input type="checkbox"/>	S/B NF	<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	IRF	<input type="checkbox"/>	NF	<input type="checkbox"/>	ICF/MR	<input checked="" type="checkbox"/>	OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	(COL.1 x COL.2) 3
INPATIENT ROUTINE SERVICE COST CENTERS			
30 ADULTS & PEDIATRICS			30
31 INTENSIVE CARE UNIT			31
31.01 6TH ICU			31.01
31.02 7TH ICU			31.02
31.03 8TH ICU			31.03
31.04 5TH ICU			31.04
40 SUBPROVIDER - IPF			40
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.181663		50
51 RECOVERY ROOM	0.439495		51
53 ANESTHESIOLOGY	0.095009		53
54 RADIOLOGY-DIAGNOSTIC	0.094968		54
54.03 ENDOSCOPY	0.154303		54.03
54.05 PET IMAGING	0.061726		54.05
55 RADIOLOGY-THERAPEUTIC	0.108118		55
56 RADIOISOTOPE	0.671999		56
60 LABORATORY	0.109797		60
60.02 BLOOD CLOTTING FACTORS ADMIN CO			60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRA	0.201881		63
65 RESPIRATORY THERAPY	0.152659		65
66 PHYSICAL THERAPY	0.349153		66
69 ELECTROCARDIOLOGY	0.123024		69
69.02 CARDIOVASCULAR LAB			69.02
70 ELECTROENCEPHALOGRAPHY	0.283580		70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.228849		71
72 IMPL. DEV. CHARGED TO PATIENT	0.312538		72
73 DRUGS CHARGED TO PATIENTS	0.116089		73
74 RENAL DIALYSIS	0.293891		74
76 OTHER ANCILLARY SERVICES			76
76.01 PSYCH THERAPY			76.01
76.29 AIR RESCUE			76.29
76.30 BONE MARROW	0.841480		76.30
76.31 CORNEAL TRANSPLANTS	0.341101		76.31
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	0.691909		90
90.02 TRANSPLANT CLINIC	3.626569		90.02
91 EMERGENCY	0.163731		91
92 OBSERVATION BEDS	0.630366		92
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 [XX] HOSPITAL (26-0105) [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		27,335,043		30
31 INTENSIVE CARE UNIT		4,863,957		31
31.01 6TH ICU		1,627,377		31.01
31.02 7TH ICU		4,001,804		31.02
31.03 8TH ICU		4,860,788		31.03
31.04 5TH ICU		4,820,097		31.04
40 SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.181719	18,276,361	3,321,162	50
51 RECOVERY ROOM	0.439495	2,246,755	987,438	51
53 ANESTHESIOLOGY	0.095009	3,209,934	304,973	53
54 RADIOLOGY-DIAGNOSTIC	0.094968	31,120,279	2,955,431	54
54.03 ENDOSCOPY	0.154303	2,221,792	342,829	54.03
54.05 PET IMAGING	0.061726	1,222,473	75,458	54.05
55 RADIOLOGY-THERAPEUTIC	0.108118	235,108	25,419	55
56 RADIOISOTOPE	0.671999	435,891	292,918	56
60 LABORATORY	0.110021	41,748,142	4,593,172	60
60.02 BLOOD CLOTTING FACTORS ADMIN CO				60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.201881	9,328,968	1,883,341	63
65 RESPIRATORY THERAPY	0.152659	8,674,328	1,324,214	65
66 PHYSICAL THERAPY	0.349153	3,413,781	1,191,932	66
69 ELECTROCARDIOLOGY	0.123024	11,281,958	1,387,952	69
69.02 CARDIOVASCULAR LAB				69.02
70 ELECTROENCEPHALOGRAPHY	0.283580	1,029,659	291,991	70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.228849	25,070,208	5,737,292	71
72 IMPL. DEV. CHARGED TO PATIENT	0.312538	16,707,586	5,221,756	72
73 DRUGS CHARGED TO PATIENTS	0.116089	83,608,474	9,706,024	73
74 RENAL DIALYSIS	0.293891	4,237,896	1,245,479	74
76 OTHER ANCILLARY SERVICES				76
76.01 PSYCH THERAPY				76.01
76.29 AIR RESCUE				76.29
76.30 BONE MARROW	0.841480	223,108	187,741	76.30
76.31 CORNEAL TRANSPLANTS	0.341101	25,391	8,661	76.31
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.691909	4,435	3,069	90
90.02 TRANSPLANT CLINIC	3.626569	23,127	83,872	90.02
91 EMERGENCY	0.163878	7,144,172	1,170,773	91
92 OBSERVATION BEDS	0.630366	647,997	408,475	92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		272,137,823	42,751,372	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		272,137,823		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	
				3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
31.01 6TH ICU				31.01
31.02 7TH ICU				31.02
31.03 8TH ICU				31.03
31.04 5TH ICU				31.04
40 SUBPROVIDER - IPF		6,067,760		40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.181719	230,740	41,930	50
51 RECOVERY ROOM	0.439495			51
53 ANESTHESIOLOGY	0.095009	116,943	11,111	53
54 RADIOLOGY-DIAGNOSTIC	0.094968	404,130	38,379	54
54.03 ENDOSCOPY	0.154303	3,075	474	54.03
54.05 PET IMAGING	0.061726	33,678	2,079	54.05
55 RADIOLOGY-THERAPEUTIC	0.108118			55
56 RADIOISOTOPE	0.671999	11,056	7,430	56
60 LABORATORY	0.110021	945,826	104,061	60
60.02 BLOOD CLOTTING FACTORS ADMIN CO				60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.201881			63
65 RESPIRATORY THERAPY	0.152659	25,489	3,891	65
66 PHYSICAL THERAPY	0.349153	66,544	23,234	66
69 ELECTROCARDIOLOGY	0.123024	87,556	10,771	69
69.02 CARDIOVASCULAR LAB				69.02
70 ELECTROENCEPHALOGRAPHY	0.283580	17,352	4,921	70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.228849	44,197	10,114	71
72 IMPL. DEV. CHARGED TO PATIENT	0.312538			72
73 DRUGS CHARGED TO PATIENTS	0.116089	1,094,365	127,044	73
74 RENAL DIALYSIS	0.293891	48,716	14,317	74
76 OTHER ANCILLARY SERVICES				76
76.01 PSYCH THERAPY				76.01
76.29 AIR RESCUE				76.29
76.30 BONE MARROW	0.841480			76.30
76.31 CORNEAL TRANSPLANTS	0.341101			76.31
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.691909			90
90.02 TRANSPLANT CLINIC	3.626569			90.02
91 EMERGENCY	0.163878	457,063	74,903	91
92 OBSERVATION BEDS	0.630366			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		3,586,730	474,659	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		3,586,730		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		14,857,631		30
31 INTENSIVE CARE UNIT		2,265,050		31
31.01 6TH ICU		3,432,257		31.01
31.02 7TH ICU		1,370,304		31.02
31.03 8TH ICU		1,975,908		31.03
31.04 5TH ICU		2,310,234		31.04
40 SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.181663	11,418,013	2,074,230	50
51 RECOVERY ROOM	0.439495	1,155,388	507,787	51
53 ANESTHESIOLOGY	0.095009	1,989,201	188,992	53
54 RADIOLOGY-DIAGNOSTIC	0.094968	13,805,946	1,311,123	54
54.03 ENDOSCOPY	0.154303	897,241	138,447	54.03
54.05 PET IMAGING	0.061726	810,018	49,999	54.05
55 RADIOLOGY-THERAPEUTIC	0.108118	252,675	27,319	55
56 RADIOISOTOPE	0.671999	178,691	120,080	56
60 LABORATORY	0.109797	19,956,434	2,191,157	60
60.02 BLOOD CLOTTING FACTORS ADMIN CO				60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.201881	3,911,575	789,673	63
65 RESPIRATORY THERAPY	0.152659	4,911,674	749,811	65
66 PHYSICAL THERAPY	0.349153	1,531,323	534,666	66
69 ELECTROCARDIOLOGY	0.123024	5,102,622	627,745	69
69.02 CARDIOVASCULAR LAB				69.02
70 ELECTROENCEPHALOGRAPHY	0.283580	683,071	193,705	70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.228849	17,673,004	4,044,449	71
72 IMPL. DEV. CHARGED TO PATIENT	0.312538	6,954,445	2,173,528	72
73 DRUGS CHARGED TO PATIENTS	0.116089	44,554,703	5,172,311	73
74 RENAL DIALYSIS	0.293891	926,190	272,199	74
76 OTHER ANCILLARY SERVICES				76
76.01 PSYCH THERAPY				76.01
76.29 AIR RESCUE				76.29
76.30 BONE MARROW	0.841480	287,469	241,899	76.30
76.31 CORNEAL TRANSPLANTS	0.341101			76.31
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.691909	190	131	90
90.02 TRANSPLANT CLINIC	3.626569	4,000	14,506	90.02
91 EMERGENCY	0.163731	1,039,834	170,253	91
92 OBSERVATION BEDS	0.630366	109,354	68,933	92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		138,153,061	21,662,943	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		138,153,061		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	(COL.1 x COL.2)
			3
INPATIENT ROUTINE SERVICE COST CENTERS			
30 ADULTS & PEDIATRICS			30
31 INTENSIVE CARE UNIT			31
31.01 6TH ICU			31.01
31.02 7TH ICU			31.02
31.03 8TH ICU			31.03
31.04 5TH ICU			31.04
40 SUBPROVIDER - IPF		4,474,113	40
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.181663		50
51 RECOVERY ROOM	0.439495		51
53 ANESTHESIOLOGY	0.095009		53
54 RADIOLOGY-DIAGNOSTIC	0.094968		54
54.03 ENDOSCOPY	0.154303		54.03
54.05 PET IMAGING	0.061726		54.05
55 RADIOLOGY-THERAPEUTIC	0.108118		55
56 RADIOISOTOPE	0.671999		56
60 LABORATORY	0.109797		60
60.02 BLOOD CLOTTING FACTORS ADMIN CO			60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRA	0.201881		63
65 RESPIRATORY THERAPY	0.152659		65
66 PHYSICAL THERAPY	0.349153		66
69 ELECTROCARDIOLOGY	0.123024		69
69.02 CARDIOVASCULAR LAB			69.02
70 ELECTROENCEPHALOGRAPHY	0.283580		70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.228849		71
72 IMPL. DEV. CHARGED TO PATIENT	0.312538		72
73 DRUGS CHARGED TO PATIENTS	0.116089		73
74 RENAL DIALYSIS	0.293891		74
76 OTHER ANCILLARY SERVICES			76
76.01 PSYCH THERAPY			76.01
76.29 AIR RESCUE			76.29
76.30 BONE MARROW	0.841480		76.30
76.31 CORNEAL TRANSPLANTS	0.341101		76.31
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	0.691909		90
90.02 TRANSPLANT CLINIC	3.626569		90.02
91 EMERGENCY	0.163731		91
92 OBSERVATION BEDS	0.630366		92
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	D	2		3	4	
1	ADULTS & PEDIATRICS	30,524	38	723.91		12	8,687	1
2	INTENSIVE CARE UNIT	7,843	43	1,559.19				2
2.01	6TH ICU	2,466	43.01	1,402.73				2.01
2.02	7TH ICU	21,959	43.02	1,599.92				2.02
2.03	8TH ICU		43.03	1,552.62				2.03
2.04	5TH ICU	1,624	43.04	1,397.61				2.04
3	CORONARY CARE UNIT		44					3
4	BURN INTENSIVE CARE UNIT		45					4
5	SURGICAL INTENSIVE CARE UNIT		46					5
6	OTHER SPECIAL CARE (SPECIFY)		47					6
7	TOTAL (SUM OF LINES 1-6)	64,416				12	8,687	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST TO CHARGES (FROM WKST C)		ORGAN ACQUISITION ANCILLARY CHARGES			ORGAN ACQUISITION ANCILLARY COSTS	
		C	1	2		3	3	
8	OPERATING ROOM	50	0.181663	210,055			38,159	8
9	RECOVERY ROOM	51	0.439495	14,903			6,550	9
10	DELIVERY ROOM & LABOR ROOM	52						10
11	ANESTHESIOLOGY	53	0.095009	32,066			3,047	11
12	RADIOLOGY-DIAGNOSTIC	54	0.094968	644,813			61,237	12
12.03	ENDOSCOPY	54.03	0.154303	45,234			6,980	12.03
12.05	PET IMAGING	54.05	0.061726	5,412			334	12.05
13	RADIOLOGY-THERAPEUTIC	55	0.108118					13
14	RADIOISOTOPE	56	0.671999	45,118			30,319	14
15	COMPUTED TOMOGRAPHY (CT) SCAN	57						15
16	MAGNETIC RESONANCE IMAGING (MRI)	58						16
17	CARDIAC CATHETERIZATION	59						17
18	LABORATORY	60	0.109797	1,171,430			128,619	18
18.02	BLOOD CLOTTING FACTORS ADMIN CO	60.02						18.02
19	PBP CLINICAL LAB SERVICES-PRGM	61						19
20	WHOLE BLOOD & PACKED RED BLOOD	62						20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30						20.30
21	BLOOD STORING, PROCESSING & TRA	63	0.201881	33,119			6,686	21
22	INTRAVENOUS THERAPY	64						22
23	RESPIRATORY THERAPY	65	0.152659	14,450			2,206	23
24	PHYSICAL THERAPY	66	0.349153	541			189	24
25	OCCUPATIONAL THERAPY	67						25
26	SPEECH PATHOLOGY	68						26
27	ELECTROCARDIOLOGY	69	0.123024	1,322,502			162,699	27
27.02	CARDIOVASCULAR LAB	69.02						27.02
28	ELECTROENCEPHALOGRAPHY	70	0.283580					28
29	MEDICAL SUPPLIES CHRGD TO PATI	71	0.228849	393,858			90,134	29
30	IMPL. DEV. CHARGED TO PATIENT	72	0.312538					30
31	DRUGS CHARGED TO PATIENTS	73	0.116089	764,268			88,723	31
32	RENAL DIALYSIS	74	0.293891	24,662			7,248	32
33	ASC (NON-DISTINCT PART)	75		38,792				33
34	OTHER ANCILLARY SERVICES	76						34
34.01	PSYCH THERAPY	76.01						34.01
34.29	AIR RESCUE	76.29						34.29
34.30	BONE MARROW	76.30	0.841480					34.30
34.31	CORNEAL TRANSPLANTS	76.31	0.341101					34.31
34.97	CARDIAC REHABILITATION	76.97						34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98						34.98
34.99	LITHOTRIPSY	76.99						34.99
35	RURAL HEALTH CLINIC (RHC)	88						35
36	FEDERALLY QUALIFIED HLTH CTR (F	89						36
37	CLINIC	90	0.691909					37
37.02	TRANSPLANT CLINIC	90.02	3.626569					37.02
38	EMERGENCY	91	0.163731	2,932			480	38
39	OBSERVATION BEDS	92	0.630366	1,811			1,142	39
40	OTHER OUTPATIENT SERV (SPECIFY)	93						40
41	TOTAL (SUM OF LINES 8-40)			4,765,966			634,752	41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	AVERAGE COST PER DAY (FROM WKST D-2, PART I, COL. 4)		ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
	D	1			
42 ADULTS & PEDIATRICS	2		12		42
43 INTENSIVE CARE UNIT	3				43
43.01 6TH ICU	3.01				43.01
43.02 7TH ICU	3.02				43.02
43.03 8TH ICU	3.03				43.03
43.04 5TH ICU	3.04				43.04
44 CORONARY CARE UNIT	4				44
45 BURN INTENSIVE CARE UNIT	5				45
46 SURGICAL INTENSIVE CARE UNIT	6				46
47 OTHER SPECIAL CARE (SPECIFY)	7				47
48 TOTAL (SUM OF LINES 42-47)			12		48

  

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)		ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		D	2		
49 RURAL HEALTH CLINIC (RHC)		21			49
50 FEDERALLY QUALIFIED HLTH CTR (F		22			50
51 CLINIC		23			51
51.02 TRANSPLANT CLINIC		23.02			51.02
52 EMERGENCY	2,932	24			52
53 OBSERVATION BEDS	1,811	25			53
54 OTHER OUTPATIENT SERV (SPECIFY)		26			54
55 TOTAL (SUM OF LINES 49-54)	4,743				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	643,439		4,830,382		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	5,891,301		5,891,301		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	6,534,740		10,721,683		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		64			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		53			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 +LINE 62)		0.828125			64
65 MEDICARE COST/CHARGES	5,411,582		8,878,894		65
66 REVENUE FOR ORGANS SOLD	67,519		96,455		66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	5,344,063		8,782,439		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	5,344,063		8,782,439		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER	8	8		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		49		73
74 TOTAL (SUM OF LINES 70-73)	8	57		74
75 ORGANS TRANSPLANTED	7	49		75
76 ORGANS SOLD TO OTHER HOSPITALS			3,165,117	76
77 ORGANS SOLD TO OPO'S		8	96,455	77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS	1			78
79 ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80 ORGANS SOLD OUTSIDE THE U.S.				80
81 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				81
82 ORGANS USED FOR RESEARCH				82
83 UNUSABLE/DISCARDED ORGANS				83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)	8	57		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	5,043	38	723.91				1
2	INTENSIVE CARE UNIT	4,706	43	1,559.19				2
2.01	6TH ICU	1,234	43.01	1,402.73		1	1,403	2.01
2.02	7TH ICU	21,959	43.02	1,599.92				2.02
2.03	8TH ICU		43.03	1,552.62				2.03
2.04	5TH ICU	812	43.04	1,397.61		1	1,398	2.04
3	CORONARY CARE UNIT		44					3
4	BURN INTENSIVE CARE UNIT		45					4
5	SURGICAL INTENSIVE CARE UNIT		46					5
6	OTHER SPECIAL CARE (SPECIFY)		47					6
7	TOTAL (SUM OF LINES 1-6)	33,754				2	2,801	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST TO CHARGES (FROM WKST C)		ORGAN ACQUISITION ANCILLARY CHARGES		ORGAN ACQUISITION ANCILLARY COSTS		
		C	1	2	3	3		
8	OPERATING ROOM	50	0.181663	4,285	720	778		8
9	RECOVERY ROOM	51	0.439495					9
10	DELIVERY ROOM & LABOR ROOM	52						10
11	ANESTHESIOLOGY	53	0.095009	473,559	68	44,973		11
12	RADIOLOGY-DIAGNOSTIC	54	0.094968					12
12.03	ENDOSCOPY	54.03	0.154303					12.03
12.05	PET IMAGING	54.05	0.061726	10,999	679	679		12.05
13	RADIOLOGY-THERAPEUTIC	55	0.108118					13
14	RADIOISOTOPE	56	0.671999	8,942	6,009	6,009		14
15	COMPUTED TOMOGRAPHY (CT) SCAN	57						15
16	MAGNETIC RESONANCE IMAGING (MRI)	58						16
17	CARDIAC CATHETERIZATION	59						17
18	LABORATORY	60	0.109797	485,590	53,316	53,316		18
18.02	BLOOD CLOTTING FACTORS ADMIN CO	60.02						18.02
19	PBP CLINICAL LAB SERVICES-PRGM	61						19
20	WHOLE BLOOD & PACKED RED BLOOD	62						20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30						20.30
21	BLOOD STORING, PROCESSING & TRA	63	0.201881	31,698	6,399	6,399		21
22	INTRAVENOUS THERAPY	64						22
23	RESPIRATORY THERAPY	65	0.152659	12,006	1,833	1,833		23
24	PHYSICAL THERAPY	66	0.349153	541	189	189		24
25	OCCUPATIONAL THERAPY	67						25
26	SPEECH PATHOLOGY	68						26
27	ELECTROCARDIOLOGY	69	0.123024	387,817	47,711	47,711		27
27.02	CARDIOVASCULAR LAB	69.02						27.02
28	ELECTROENCEPHALOGRAPHY	70	0.283580					28
29	MEDICAL SUPPLIES CHRGD TO PATI	71	0.228849	40,655	9,304	9,304		29
30	IMPL. DEV. CHARGED TO PATIENT	72	0.312538					30
31	DRUGS CHARGED TO PATIENTS	73	0.116089	376,620	43,721	43,721		31
32	RENAL DIALYSIS	74	0.293891	15,756	4,631	4,631		32
33	ASC (NON-DISTINCT PART)	75		11,513				33
34	OTHER ANCILLARY SERVICES	76						34
34.01	PSYCH THERAPY	76.01						34.01
34.29	AIR RESCUE	76.29						34.29
34.30	BONE MARROW	76.30	0.841480					34.30
34.31	CORNEAL TRANSPLANTS	76.31	0.341101					34.31
34.97	CARDIAC REHABILITATION	76.97						34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98						34.98
34.99	LITHOTRIPSY	76.99						34.99
35	RURAL HEALTH CLINIC (RHC)	88						35
36	FEDERALLY QUALIFIED HLTH CTR (F	89						36
37	CLINIC	90	0.691909					37
37.02	TRANSPLANT CLINIC	90.02	3.626569					37.02
38	EMERGENCY	91	0.163731					38
39	OBSERVATION BEDS	92	0.630366					39
40	OTHER OUTPATIENT SERV (SPECIFY)	93						40
41	TOTAL (SUM OF LINES 8-40)			1,860,701	219,611	219,611		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			
42 ADULTS & PEDIATRICS	2				42
43 INTENSIVE CARE UNIT	3				43
43.01 6TH ICU	3.01		1		43.01
43.02 7TH ICU	3.02				43.02
43.03 8TH ICU	3.03				43.03
43.04 5TH ICU	3.04		1		43.04
44 CORONARY CARE UNIT	4				44
45 BURN INTENSIVE CARE UNIT	5				45
46 SURGICAL INTENSIVE CARE UNIT	6				46
47 OTHER SPECIAL CARE (SPECIFY)	7				47
48 TOTAL (SUM OF LINES 42-47)			2		48

  

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PARTS III & IV

CHECK [ ] HEART [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	222,412		1,894,455		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	3,497,656		3,497,656		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	3,720,068		5,392,111		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		34			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		13			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 +LINE 62)		0.382353			64
65 MEDICARE COST/CHARGES	1,422,379		2,061,690		65
66 REVENUE FOR ORGANS SOLD	28,505		40,721		66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	1,393,874		2,020,969		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	1,393,874		2,020,969		69

PART IV - STATISTICS

	LIVING RELATED 1	CADAVERIC 2	REVENUE 3	
70 ORGANS EXCISED IN PROVIDER		2		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		32		73
74 TOTAL (SUM OF LINES 70-73)		34		74
75 ORGANS TRANSPLANTED		32	12,159,459	75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		2	40,721	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)		34		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		723.91			1
2	INTENSIVE CARE UNIT		43		1,559.19			2
2.01	6TH ICU	218	43.01		1,402.73			2.01
2.02	7TH ICU		43.02		1,599.92			2.02
2.03	8TH ICU		43.03		1,552.62			2.03
2.04	5TH ICU		43.04		1,397.61			2.04
3	CORONARY CARE UNIT		44					3
4	BURN INTENSIVE CARE UNIT		45					4
5	SURGICAL INTENSIVE CARE UNIT		46					5
6	OTHER SPECIAL CARE (SPECIFY)		47					6
7	TOTAL (SUM OF LINES 1-6)	218						7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		C	RATIO OF COST TO CHARGES (FROM WKST C)	1	ORGAN ACQUISITION ANCILLARY CHARGES	2	ORGAN ACQUISITION ANCILLARY COSTS	3
8	OPERATING ROOM	50	0.181663					8
9	RECOVERY ROOM	51	0.439495					9
10	DELIVERY ROOM & LABOR ROOM	52						10
11	ANESTHESIOLOGY	53	0.095009					11
12	RADIOLOGY-DIAGNOSTIC	54	0.094968		9,596		911	12
12.03	ENDOSCOPY	54.03	0.154303					12.03
12.05	PET IMAGING	54.05	0.061726					12.05
13	RADIOLOGY-THERAPEUTIC	55	0.108118					13
14	RADIOISOTOPE	56	0.671999					14
15	COMPUTED TOMOGRAPHY (CT) SCAN	57						15
16	MAGNETIC RESONANCE IMAGING (MRI)	58						16
17	CARDIAC CATHETERIZATION	59						17
18	LABORATORY	60	0.109797		12,573		1,380	18
18.02	BLOOD CLOTTING FACTORS ADMIN CO	60.02						18.02
19	PBP CLINICAL LAB SERVICES-PRGM	61						19
20	WHOLE BLOOD & PACKED RED BLOOD	62						20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30						20.30
21	BLOOD STORING, PROCESSING & TRA	63	0.201881		1,578		319	21
22	INTRAVENOUS THERAPY	64						22
23	RESPIRATORY THERAPY	65	0.152659		798		122	23
24	PHYSICAL THERAPY	66	0.349153					24
25	OCCUPATIONAL THERAPY	67						25
26	SPEECH PATHOLOGY	68						26
27	ELECTROCARDIOLOGY	69	0.123024		13,013		1,601	27
27.02	CARDIOVASCULAR LAB	69.02						27.02
28	ELECTROENCEPHALOGRAPHY	70	0.283580					28
29	MEDICAL SUPPLIES CHRGD TO PATI	71	0.228849		1,387		317	29
30	IMPL. DEV. CHARGED TO PATIENT	72	0.312538					30
31	DRUGS CHARGED TO PATIENTS	73	0.116089		7,039		817	31
32	RENAL DIALYSIS	74	0.293891					32
33	ASC (NON-DISTINCT PART)	75			95			33
34	OTHER ANCILLARY SERVICES	76						34
34.01	PSYCH THERAPY	76.01						34.01
34.29	AIR RESCUE	76.29						34.29
34.30	BONE MARROW	76.30	0.841480					34.30
34.31	CORNEAL TRANSPLANTS	76.31	0.341101					34.31
34.97	CARDIAC REHABILITATION	76.97						34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98						34.98
34.99	LITHOTRIPSY	76.99						34.99
35	RURAL HEALTH CLINIC (RHC)	88						35
36	FEDERALLY QUALIFIED HLTH CTR (F	89						36
37	CLINIC	90	0.691909					37
37.02	TRANSPLANT CLINIC	90.02	3.626569					37.02
38	EMERGENCY	91	0.163731					38
39	OBSERVATION BEDS	92	0.630366					39
40	OTHER OUTPATIENT SERV (SPECIFY)	93						40
41	TOTAL (SUM OF LINES 8-40)				46,079		5,467	41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	AVERAGE COST PER DAY (FROM WKST D-2, PART I, COL. 4)		ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
	D	1			
42 ADULTS & PEDIATRICS	2				42
43 INTENSIVE CARE UNIT	3				43
43.01 6TH ICU	3.01				43.01
43.02 7TH ICU	3.02				43.02
43.03 8TH ICU	3.03				43.03
43.04 5TH ICU	3.04				43.04
44 CORONARY CARE UNIT	4				44
45 BURN INTENSIVE CARE UNIT	5				45
46 SURGICAL INTENSIVE CARE UNIT	6				46
47 OTHER SPECIAL CARE (SPECIFY)	7				47
48 TOTAL (SUM OF LINES 42-47)					48

  

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PARTS III & IV

CHECK [ ] HEART [ ] 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	5,467		46,297		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	166,995		166,995		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	172,462		213,292		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		3			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		2			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 +LINE 62)		0.666667			64
65 MEDICARE COST/CHARGES	114,975		142,195		65
66 REVENUE FOR ORGANS SOLD					66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	114,975		142,195		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	114,975		142,195		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		3		73
74 TOTAL (SUM OF LINES 70-73)		3		74
75 ORGANS TRANSPLANTED		3	165,673	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)		3		84

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	39,959,686	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	4,389,459	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	9,025,818	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	270.78	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)	223.45	5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.	33.51	8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)	256.96	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	269.98	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	256.96	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	251.20	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	248.45	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	252.20	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	252.20	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.931383	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.921564	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.921564	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	20,024,735	22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)	1.73	23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	13.02	24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)	1.73	25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)	0.006389	26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)	0.001705	27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)	83,520	28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)	20,108,255	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.1213	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2218	31
32	SUM OF LINES 30 AND 31	0.3431	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1752	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	7,000,937	34
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	71,458,337	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)	71,458,337	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	4,965,734	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	11,472,709	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	54,496	53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)	6,852,912	55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS	71,351	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	21,428	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	94,896,967	59
60	PRIMARY PAYER PAYMENTS	201,429	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	94,695,538	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,340,116	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	576,879	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,569,607	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,098,725	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,303,528	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	91,877,268	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (OPO PAYMENTS FOR CADAVERS AT OPO)	-66,192	70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	91,811,076	71
72	INTERIM PAYMENTS	87,956,312	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	3,854,764	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	1,813,343	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 (26-0105)         IPF         IRF  
                                   SUB (OTHER)                                    SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	202,125	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	15,746,675	2
3	PPS PAYMENTS	13,082,996	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	83,609	4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)	0.834	5
6	LINE 2 TIMES LINE 5	13,132,727	6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200	13,007	9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	202,125	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	795,197	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)	795,197	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)	795,197	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	593,072	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)	202,125	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)	13,179,612	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	97,617	25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	2,902,585	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	10,381,535	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)	2,328,200	28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	12,709,735	30
31	PRIMARY PAYER PAYMENTS	9,427	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	12,700,308	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)	587,434	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	411,204	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	451,295	36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	13,111,512	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	13,111,512	40
41	INTERIM PAYMENTS	12,548,786	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	562,726	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	4,850	44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	532	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	225	2
3	PPS PAYMENTS	682	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	532	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	4,579	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)	4,579	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)	4,579	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	4,047	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)	532	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)	682	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	45	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	1,169	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	1,169	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	1,169	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	1,169	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	1,169	40
41	INTERIM PAYMENTS	1,552	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	-383	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 (26-0105) [ ] SUB (OTHER)  
 APPLICABLE [ ] IPF [ ] SNF  
 BOX: [ ] IRF [ ] SWING BED SNF

INPATIENT  
 PART A

PART B

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		88,474,004		12,138,005	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
		NONE	04/18/2012	410,781	3.01
					3.02
					3.03
					3.04
					3.05
					3.06
					3.07
					3.08
					3.09
	04/18/2012	517,692		NONE	3.50
					3.51
					3.52
					3.53
					3.54
					3.55
					3.56
					3.57
					3.58
					3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		-517,692		410,781	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)		87,956,312		12,548,786	4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
					5.01
					5.02
					5.03
					5.04
					5.05
					5.06
					5.07
					5.08
					5.09
					5.50
					5.51
					5.52
					5.53
					5.54
					5.55
					5.56
					5.57
					5.58
					5.59
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					5.99
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT					
					6.01
					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					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 (26-S105) [ ] SNF  
 BOX: [ ] IRF [ ] SWING BED SNF

INPATIENT  
 PART A

PART B

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,977,511		1,552	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 04/18/2012	14,304		NONE	3.01
	.02				3.02
	PROGRAM .03				3.03
	TO .04				3.04
	PROVIDER .05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50	NONE		NONE	3.50
	.51				3.51
	PROVIDER .52				3.52
	TO .53				3.53
	PROGRAM .54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)	.99	14,304			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)		2,991,815		1,552	4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50				5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
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				6.01
	TO .02				6.02
	PROVIDER .01				6.01
	PROVIDER .02				6.02
	TO .01				6.01
	PROGRAM .02				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7

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

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK [XX] HOSPITAL (26-0105) [ ] 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	13,563	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	28,123	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	6,255	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	77,220	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,410,085,554	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	38,264,411	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)		8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30	INITIAL/INTERIM HIT PAYMENT(S)		30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)		32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART II

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

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	2,867,790	1
2	NET IPF PPS OUTLIER PAYMENT	47,893	2
3	NET IPF PPS ECT PAYMENT	56,270	3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	6.12	4
4.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii) (F)(1) OR (2) (SEE INSTRUCTIONS)		4.01
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)	4.98	6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	4.98	8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	26.122951	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$	0.094023	10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)	269,638	11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	3,241,591	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)	3,241,591	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	3,241,591	18
19	DEDUCTIBLES	284,172	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	2,957,419	20
21	COINSURANCE	34,995	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	2,922,424	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	49,043	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	34,330	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	30,275	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	2,956,754	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)	15,495	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,972,249	31
32	INTERIM PAYMENTS	2,991,815	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	-19,566	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

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

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

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	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))	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 [XX] HOSPITAL (26-0105) [ ] SNF [ ] PPS  
 APPLICABLE [XX] TITLE XIX [ ] IPF [ ] NF [ ] TEFRA  
 BOXES: [ ] IRF [ ] ICF/MR [XX] OTHER  
 [ ] SUB (OTHER)

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

COMPUTATION OF NET COST OF COVERED SERVICES			
1	INPATIENT HOSPITAL SNF/NF SERVICES	35,428,477	1
2	MEDICAL AND OTHER SERVICES	9,157,434	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	44,585,911	4
5	INPATIENT PRIMARY PAYER PAYMENTS		5
6	OUTPATIENT PRIMARY PAYER PAYMENTS		6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	44,585,911	7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8	ROUTINE SERVICE CHARGES	17,122,681	8
9	ANCILLARY SERVICE CHARGES	197,507,276	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)	214,629,957	12
CUSTOMARY CHARGES			
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	214,629,957	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	170,044,046	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))		18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	44,585,911	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	44,585,911	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)	44,585,911	31
32	DEDUCTIBLES		32
33	COINSURANCE		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	UTILIZATION REVIEW		35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	44,585,911	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38	SUBTOTAL (LINE 36 ± LINE 37)	44,585,911	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	7,349,280	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	51,935,191	40
41	INTERIM PAYMENTS	32,762,735	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	19,172,456	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

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

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

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	2,060,868
2	MEDICAL AND OTHER SERVICES	
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	2,060,868
5	INPATIENT PRIMARY PAYER PAYMENTS	
6	OUTPATIENT PRIMARY PAYER PAYMENTS	
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	2,060,868
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	4,474,113
9	ANCILLARY SERVICE CHARGES	
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	4,474,113
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
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)	
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	4,474,113
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	2,413,245
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	2,060,868
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	
23	OUTLIER PAYMENTS	
24	PROGRAM CAPITAL PAYMENTS	
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)	
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)	
29	SUM OF LINES 27 AND 21	2,060,868
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	2,060,868
32	DEDUCTIBLES	
33	COINSURANCE	
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	
35	UTILIZATION REVIEW	
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	2,060,868
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	
38	SUBTOTAL (LINE 36 ± LINE 37)	2,060,868
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	2,060,868
41	INTERIM PAYMENTS	
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	2,060,868
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	

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

WORKSHEET E-4

CHECK [XX] TITLE V  
 APPLICABLE [ ] 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		1	
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		2	
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA		3	
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		3.01	
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))		4	
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.01	
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.02	
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)		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				
		INPATIENT PART A	MANAGED CARE	
26	INPATIENT DAYS			26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	86,781		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS			28
29	PROGRAM DIRECT GME AMOUNT			29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			30
31	NET PROGRAM DIRECT GME AMOUNT			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 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			50

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996	229.61	1		
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		2		
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA		3		
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		3.01		
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))	28.51	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 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)	258.12	5		
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)	291.49	6		
7	ENTER THE LESSER OF LINE 5 OR LINE 6	258.12	7		
		PRIMARY CARE 1	OTHER 2	TOTAL 3	
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	71.07	188.65	259.72	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	62.93	167.05	229.98	9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR				10
11	TOTAL WEIGHTED FTE COUNT	62.93	167.05		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	60.89	162.18		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	62.93	152.12		13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	62.25	160.45		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	62.25	160.45		17
18	PER RESIDENT AMOUNT	133,881.94	134,308.71		18
19	APPROVED AMOUNT FOR RESIDENT COSTS	8,334,151	21,549,833	29,883,984	19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			23.85	20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			33.37	21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			21.25	22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			96,711.40	23
24	MULTIPLY LINE 22 TIMES LINE 23			2,055,117	24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			31,939,101	25
COMPUTATION OF PROGRAM PATIENT LOAD					
		INPATIENT PART A	MANAGED CARE		
26	INPATIENT DAYS	31,932	6,482		26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	86,781	86,781		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.367961	0.074694		28
29	PROGRAM DIRECT GME AMOUNT	11,752,344	2,385,659		29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		337,094		30
31	NET PROGRAM DIRECT GME AMOUNT			13,800,909	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)			7,176,193	33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)				34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)				35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)				36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME PART A REASONABLE COST					
37	REASONABLE COST (SEE INSTRUCTIONS)			71,960,956	37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			6,852,912	38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)				39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			201,429	40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			78,612,439	41
PART B REASONABLE COST					
42	REASONABLE COST (SEE INSTRUCTIONS)			15,962,564	42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			9,427	43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			15,953,137	44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			94,565,576	45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.831301	46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.168699	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			13,800,909	48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			11,472,709	49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			2,328,200	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	229.61	1		
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		2		
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA		3		
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		3.01		
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))	28.51	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 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)	258.12	5		
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)	291.49	6		
7	ENTER THE LESSER OF LINE 5 OR LINE 6	258.12	7		
		PRIMARY CARE 1	OTHER 2	TOTAL 3	
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	71.07	188.65	259.72	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	62.93	167.05	229.98	9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR				10
11	TOTAL WEIGHTED FTE COUNT	62.93	167.05		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	60.89	162.18		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	63.32	152.06		13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	62.38	160.43		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	62.38	160.43		17
18	PER RESIDENT AMOUNT	133,881.94	134,308.71		18
19	APPROVED AMOUNT FOR RESIDENT COSTS	8,351,555	21,547,146	29,898,701	19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			23.85	20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			33.37	21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			21.25	22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			96,711.40	23
24	MULTIPLY LINE 22 TIMES LINE 23			2,055,117	24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			31,953,818	25
COMPUTATION OF PROGRAM PATIENT LOAD					
		INPATIENT PART A	MANAGED CARE		
26	INPATIENT DAYS	19,135	960		26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	86,781	86,781		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.220498	0.011062		28
29	PROGRAM DIRECT GME AMOUNT	7,045,753	353,473		29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		49,946		30
31	NET PROGRAM DIRECT GME AMOUNT			7,349,280	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 x LINE 35)				36
APPORIONMENT OF MEDICARE REASONABLE COST OF GME					
PART A REASONABLE COST					
37	REASONABLE COST (SEE INSTRUCTIONS)				37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)				38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)				39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)				40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)				41
PART B REASONABLE COST					
42	REASONABLE COST (SEE INSTRUCTIONS)				42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)				43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)				44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)				45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)				46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)				47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			7,349,280	48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)				49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)				50

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	288			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	144,837,933			4
5	OTHER RECEIVABLES	14,479,875			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-77,291,537			6
7	INVENTORY	10,051,195			7
8	PREPAID EXPENSES	1,972,364			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	94,050,118			11
FIXED ASSETS					
12	LAND	2,947,119			12
13	LAND IMPROVEMENTS	3,097,403			13
14	ACCUMULATED DEPRECIATION	-2,529,535			14
15	BUILDINGS	136,610,970			15
16	ACCUMULATED DEPRECIATION	-46,091,006			16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT	2,135,558			19
20	ACCUMULATED DEPRECIATION	-292,055			20
21	AUTOMOBILES AND TRUCKS	19,385			21
22	ACCUMULATED DEPRECIATION	-8,481			22
23	MAJOR MOVABLE EQUIPMENT	136,837,318			23
24	ACCUMULATED DEPRECIATION	-88,925,378			24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE	22,979			29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	143,824,277			30
OTHER ASSETS					
31	INVESTMENTS				31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	180,956,354			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	180,956,354			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	418,830,749			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	22,525,174			37
38	SALARIES, WAGES & FEES PAYABLE	7,358,215			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	1,629,075			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	12,259,260			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	43,771,724			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	243,711,885			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES				49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	243,711,885			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	287,483,609			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	131,347,140			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	131,347,140			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	418,830,749			60



STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		168,433,728							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		-50,704,883							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		117,728,845							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 INTERCOMPANY	49,415,620								5
6 MINORITY INTE	18,571,261								6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		67,986,881							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		185,715,726							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13									13
14 RECON ITEM	10,754,858								14
15									15
16									16
17 RETAINED EARN	43,613,728								17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		54,368,586							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		131,347,140							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	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	74,005,070		74,005,070	1
2 SUBPROVIDER IPF				2
3 SUBPROVIDER IRF				3
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	74,005,070		74,005,070	10
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT	11,504,673		11,504,673	11
11.01 6TH ICU	10,593,979		10,593,979	11.01
11.02 7TH ICU	9,586,618		9,586,618	11.02
11.03 8TH ICU	10,510,529		10,510,529	11.03
11.04 5TH ICU	13,704,980		13,704,980	11.04
12 CORONARY CARE UNIT				12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
15 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	55,900,779		55,900,779	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	129,905,849		129,905,849	17
18 ANCILLARY SERVICES	827,495,149	463,607,858	1,291,103,007	18
19 OUTPATIENT SERVICES				19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	957,400,998	463,607,858	1,421,008,856	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		366,238,032	29
30 ADD (SPECIFY)			30
31 OTHER EXPENSES	165,078		31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		165,078	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)		366,403,110	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,421,008,856	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,115,278,385	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	305,730,471	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	366,403,110	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-60,672,639	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	1,382	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	275,784	10
11	REBATES AND REFUNDS OF EXPENSES	69,128	11
12	PARKING LOT RECEIPTS	472,543	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	50,181	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	57,150	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	3,542,635	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (MISCELLANEOUS REVENUE)	4,203,664	24
24.01	OTHER (MEDICAID ARRA REVENUE)	1,295,289	24.01
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	9,967,756	25
26	TOTAL (LINE 5 PLUS LINE 25)	-50,704,883	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	-50,704,883	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK  TITLE V  HOSPITAL ((26-010)  PPS  
 APPLICABLE  TITLE XVIII-PT A  SUB (OTHER)  COST METHOD  
 BOXES  TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	3,212,789	1
2	CAPITAL DRG OUTLIER PAYMENTS	222,372	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	210.98	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	253.93	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.4045	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	1,299,573	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.1213	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.2218	8
9	SUM OF LINES 7 AND 8	0.3431	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0719	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	231,000	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	4,965,734	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					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
16.01 QUALITY ASSURANCE					16.01
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
31.01 6TH ICU					31.01
31.02 7TH ICU					31.02
31.03 8TH ICU					31.03
31.04 5TH ICU					31.04
40 SUBPROVIDER - IPF					40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.03 ENDOSCOPY					54.03
54.05 PET IMAGING					54.05
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
60 LABORATORY					60
60.02 BLOOD CLOTTING FACTORS ADMIN C					60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
63 BLOOD STORING, PROCESSING & TR					63
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
69 ELECTROCARDIOLOGY					69
69.02 CARDIOVASCULAR LAB					69.02
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGD TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76 OTHER ANCILLARY SERVICES					76
76.01 PSYCH THERAPY					76.01
76.29 AIR RESCUE					76.29
76.30 BONE MARROW					76.30
76.31 CORNEAL TRANSPLANTS					76.31
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.02 TRANSPLANT CLINIC					90.02
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
105 KIDNEY ACQUISITION					105
107 LIVER ACQUISITION					107
SPECIAL PURPOSE COST CENTERS					
109 PANCREAS ACQUISITION					109
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITA  
PERIOD FROM 06/01/2011 TO 05/31/2012

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

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	2A	24	25	26	
194 DOCTORS MEALS						194
194.05 PUBLIC RELATIONS						194.05
194.11 UNIVERSITY SPACE						194.11
194.12 CANCER CENTER						194.12
194.13 MARKET SPACE						194.13
194.14 RENTAL PROPERTIES						194.14
194.15 OP CATH LAB-UNIV						194.15
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204