

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1. ELECTRONICALLY FILED COST REPORT DATE: 11-27-2013 TIME: 08:52
 2. MANUALLY SUBMITTED COST REPORT
 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY UNIVERSITY OF CHICAGO HOSPITALS (14-0088) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2012 AND ENDING 06/30/2013, 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		2,676,818	395,701	196,975		1
2 SUBPROVIDER - IPF						2
3 SUBPROVIDER - IRF						3
4 SUBPROVIDER (OTHER)						4
5 SWING BED - SNF						5
6 SWING BED - NF						6
7 SKILLED NURSING FACILITY						7
8 NURSING FACILITY						8
9 HOME HEALTH AGENCY						9
10 HEALTH CLINIC - RHC						10
11 HEALTH CLINIC - FQHC						11
12 OUTPATIENT REHABILITATION PROVIDER						12
200 TOTAL		2,676,818	395,701	196,975		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: 5841 SOUTH MARYLAND AVENUE
 2 CITY: CHICAGO

STATE: IL

P.O.BOX:

ZIP CODE: 60637

COUNTY: COOK

1

2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)				
						V 6	XVIII 7	XIX 8		
3	HOSPITAL	UNIVERSITY OF CHICAGO HOSPITAL	14-0088	16974	1	07/01/1996	N	P	O	3
4	SUBPROVIDER - IPF	UNIVERSITY OF CHICAGO HOSPITAL	14-S088	16974	4	07/01/1984	N	P	N	4
5	SUBPROVIDER - IRF									5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF									9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTC									11
12	HOSPITAL-BASED HHA									12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE									14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS									18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2012			TO: 06/30/2013					20
21	TYPE OF CONTROL									21

INPATIENT PPS INFORMATION

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

		IN-STATE		OUT-OF-STATE		OTHER			
		MEDICAID PAID DAYS	MEDICAID ELIGIBLE UNPAID DAYS	MEDICAID PAID DAYS	MEDICAID ELIGIBLE UNPAID DAYS	MEDICAID HMO UNPAID DAYS	MEDICAID OTHER UNPAID DAYS		
		1	2	3	4	5	6		
24	IF THIS PROVIDER IS AN IPHS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	43,825	4,729	3,898		3,304		24	
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.							25	
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1			26	
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.				1			27	
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							35	
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				BEGINNING:	ENDING:		36	
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							37	
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				BEGINNING:	ENDING:		38	
39	DOES THIS FACILITY QUALIFY FOR THE INPATIENT HOSPITAL PAYMENT ADJUSTMENT FOR LOW VOLUME HOSPITALS IN ACCORDANCE WITH 42 CFR §412.101(b)(2)(ii)? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)(ii)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)							1 N	2 N 39

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS

56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	1 Y	2	3	56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	Y			60
61	DID YOUR HOSPITAL RECEIVE FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1.)(SEE INSTRUCTIONS)	Y/N N	IME	DIRECT GME	61
61.01	ENTER THE AVERAGE NUMBER OF UNWEIGHTED PRIMARY CARE FTEs FROM THE HOSPITAL'S 3 MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)				61.01
61.02	ENTER THE CURRENT YEAR TOTAL UNWEIGHTED PRIMARY CARE FTE COUNT (EXCLUDING OB/GYN AND GENERAL SURGERY) ADDED AS A RESULT OF SECTION 5503. (SEE INSTRUCTIONS)				61.02
61.03	ENTER THE BASE LINE FTE COUNT FOR PRIMARY CARE AND/OR GENERAL SURGERY RESIDENTS, WHICH IS USED FOR DETERMINING COMPLIANCE WITH THE 75% TEST. (SEE INSTRUCTIONS)				61.03
61.04	ENTER THE NUMBER OF UNWEIGHTED PRIMARY CARE/OR SURGERY ALLOPATHIC AND/OR OSTEOPATHIC FTEs IN THE CURRENT COST REPORTING PERIOD. (SEE INSTRUCTIONS)				61.04
61.05	ENTER THE DIFFERENCE BETWEEN THE BASELINE PRIMARY AND/OR GENERAL SURGERY FTE AND THE CURRENT YEAR'S PRIMARY CARE AND/OR GENERAL SURGERY FTE COUNTS (LINE 61.04 MINUS LINE 61.03). (SEE INSTRUCTIONS)				61.05
61.06	ENTER THE AMOUNT OF ACA §5503 AWARD THAT IS BEING USED FOR CAP RELIEF AND/OR FTEs THAT ARE NONPRIMARY CARE OR GENERAL SURGERY. (SEE INSTRUCTIONS)				61.06
	OF THE FTEs IN LINE 61.05, SPECIFY EACH NEW PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH NEW PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				
			UNWEIGHTED IME FTE COUNT	UNWEIGHTED DIRECT GME FTE COUNT	
	PROGRAM NAME 1	PROGRAM CODE 2	3	4	61.10
	OF THE FTEs IN LINE 61.05, SPECIFY EACH EXPANDED PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH EXPANDED PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				61.20
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01
TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS					
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	Y			63

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ COL.1+COL.2)	
64	4.09	568.46	0.007143 64

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)

ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 ÷ COLUMN 4)). (SEE INSTRUCTIONS)

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ COL.3+COL.4)	
65 GERIATRIC MEDICINE	1408	0.03	4	0.038462	65
65.01 PATHOLOGY	1950	0.51	22.56	0.022107	65.01
65.02 PEDIATRICS	2000	3.43	44.23	0.071968	65.02
65.03 DEVELOPMENTAL BEHAVIORAL PEDIATRICS	2015	0.12	3.35	0.034582	65.03

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

UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ COL.1+COL.2)	
66	5.08	429.94	0.011678 66

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)

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

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ COL.3+COL.4)	
67 PEDIATRICS	2000	5.00	54.06	0.084660	67

INPATIENT PSYCHIATRIC FACILITY PPS

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

INPATIENT REHABILITATION FACILITY PPS

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

LONG TERM CARE HOSPITAL PPS

80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	80
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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEFRA PROVIDERS

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

TITLE V AND XIX INPATIENT SERVICES

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

RURAL PROVIDERS

105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?		1	2		
			N		105	
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.				106	
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.				107	
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.		N		108	
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.	PHY- N	OCCUP- N	RESPI- N	RATORY N	109

MISCELLANEOUS COST REPORTING INFORMATION

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	1 Y	2 140
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IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME:	CONTRACTOR'S NAME:	CONTRACTOR'S NUMBER:	141
142	STREET:	P.O. BOX:		142
143	CITY:	STATE:	ZIP CODE:	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?		Y	144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.		Y	145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.		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	1	2	3
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	
161.10	CORF			

MULTICAMPUS

165	IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	165			
166	IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.					
	NAME	COUNTY	STATE	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.	Y	167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.		168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.	1.00	169
170	IF LINE 167 IS 'Y', ENTER IN COLUMNS 1 AND 2 THE EHR BEGINNING DATE AND ENDING DATE FOR THE REPORTING PERIOD, RESPECTIVELY. (mmdyyy) (SEE INSTRUCTIONS)	10/01/2011 09/30/2012	170

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

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

COMPLETED BY ALL HOSPITALS

		Y/N	DATE	
PROVIDER ORGANIZATION AND OPERATION				
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	1 N	2	1
		Y/N	DATE	V/I
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	1 N	2	3 2
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	Y		3
FINANCIAL DATA AND REPORTS				
		Y/N	TYPE	DATE
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	1 Y	2 A	3 4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y		5
APPROVED EDUCATIONAL ACTIVITIES				
		Y/N	1	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
				Y/N
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y 12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14
BED COMPLEMENT				
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15

		PART A		PART B	
		Y/N	DATE	Y/N	DATE
PS&R REPORT DATA					
		1	2	3	4
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	11/09/2013	Y	11/09/2013
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	
36	WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?	1	2	36
37	IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.			37
38	IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE.	N		38
39	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS.			39
40	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.			40

COST REPORT PREPARER CONTACT INFORMATION

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

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	439,483,698	454,491	439,938,189	12,498,396.00	35.20 1
2	NON-PHYSICIAN ANESTHETIST PART A						2
3	NON-PHYSICIAN ANESTHETIST PART B		4,309,367		4,309,367	59,169.00	72.83 3
4	PHYSICIAN-PART A ADMINISTRATIVE		5,716,336		5,716,336	35,030.67	163.18 4
4.01	PHYSICIAN-PART A - TEACHING		11,138,655		11,138,655	80,204.00	138.88 4.01
5	PHYSICIAN-PART B						5
6	NON-PHYSICIAN-PART B						6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21	32,224,102		32,224,102	1,682,080.00	19.16 7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)						7.01
8	HOME OFFICE PERSONNEL						8
9	SNF	44					9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		5,453,676	-141,646	5,312,030	138,859.00	38.25 10
	OTHER WAGES & RELATED COSTS						
11	CONTRACT LABOR (SEE INSTRUCTIONS)		8,671,279		8,671,279	209,500.00	41.39 11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE						13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS						14
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE						15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING						16
	WAGE-RELATED COSTS						
17	WAGE-RELATED COSTS (CORE)		138,422,686		138,422,686		17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS		1,847,072		1,847,072		19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B		1,498,525		1,498,525		21
22	PHYSICIAN PART A - ADMINISTRATIVE		1,266,931		1,266,931		22
22.01	PHYSICIAN PART A - TEACHING		2,483,920		2,483,920		22.01
23	PHYSICIAN PART B						23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)		7,176,664		7,176,664		25
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS DEPARTMENT		6,153,703		6,153,703	100,178.00	61.43 26
27	ADMINISTRATIVE & GENERAL		73,497,697	1,018,287	74,515,984	1,790,547.00	41.62 27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		75,123		75,123	2,340.00	32.10 28
29	MAINTENANCE & REPAIRS						29
30	OPERATION OF PLANT		7,401,145		7,401,145	370,058.00	20.00 30
31	LAUNDRY & LINEN SERVICE						31
32	HOUSEKEEPING		13,084,823		13,084,823	823,705.00	15.89 32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34	DIETARY		3,316,293	-10,216	3,306,077	174,647.00	18.93 34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)		3,510,569		3,510,569	146,778.00	23.92 35
36	CAFETERIA		1,573,840		1,573,840	87,592.00	17.97 36
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION		6,370,579		6,370,579	172,279.00	36.98 38
39	CENTRAL SERVICES AND SUPPLY		2,658,594		2,658,594	117,671.00	22.59 39
40	PHARMACY		16,986,567	-436,460	16,550,107	395,855.00	41.81 40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		2,911,963		2,911,963	94,162.00	30.93 41
42	SOCIAL SERVICE		644,772		644,772	28,915.00	22.30 42
43	OTHER GENERAL SERVICE		4,532,937		4,532,937	216,308.00	20.96 43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)		395,397,266	454,491	395,851,757	10,826,061.00	36.56 1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		5,453,676	-141,646	5,312,030	138,859.00	38.25 2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)		389,943,590	596,137	390,539,727	10,687,202.00	36.54 3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)		8,671,279		8,671,279	209,500.00	41.39 4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)		139,689,617		139,689,617		35.77% 5
6	TOTAL (SUM OF LINES 3 THRU 5)		538,304,486	596,137	538,900,623	10,896,702.00	49.46 6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)		142,718,605	571,611	143,290,216	4,521,035.00	31.69 7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
 PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	11,329,228	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)	39,233,328	4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES	403,285	5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES	289,917	7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	55,681,242	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	716,221	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	270,745	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	1,351,536	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	3,400,002	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	32,673,998	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	820,931	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)	1,334,554	21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	1,439,955	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	148,944,942	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

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

HOSPITAL 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)				0.219092	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				131,447,454	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				N	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID				54,206,189	5
6	MEDICAID CHARGES				897,603,001	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				196,657,637	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.				11,003,994	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS					18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				11,003,994	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	35,863,273	53,123,861	88,987,134		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	7,857,356	11,639,013	19,496,369		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE			0		22
23	COST OF CHARITY CARE	7,857,356	11,639,013	19,496,369		23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM					24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			28,871,282		26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			3,362,587		27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			25,508,695		28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			5,588,751		29
30	COST OF UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			25,085,120		30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			36,089,114		31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4
GENERAL SERVICE COST CENTERS					
1	00100		22,207,147	22,207,147	1
1.01	00101		3,389,875	3,389,875	1.01
2	00200		46,691,394	46,691,394	2
3	00300				3
4	00400	6,153,703	110,023,080	116,176,783	4
5.01	00540	1,212,071	-82,063	1,130,008	5.01
5.02	00550	22,235,589	18,880,626	41,116,215	5.02
5.03	00560	5,144,764	2,205,326	7,350,090	5.03
5.04	00570	2,172,610	139,659	2,312,269	-117,677 5.04
5.05	00580	4,224,634	6,500,318	10,724,952	5.05
5.06	00590	38,508,029	45,837,116	84,345,145	-443,929 5.06
6	00600				6
7	00700	7,401,145	24,345,262	31,746,407	7
8	00800		2,986,218	2,986,218	8
9	00900	13,084,823	6,858,010	19,942,833	9
10	01000	3,316,293	3,420,052	6,736,345	-20,751 10
11	01100	1,573,840	9,537,884	11,111,724	11
12	01200				12
13	01300	6,370,579	753,284	7,123,863	13
14	01400	2,658,594	2,126,933	4,785,527	14
15	01500	16,986,567	66,119,749	83,106,316	-64,956,339 15
16	01600	2,911,963	1,658,015	4,569,978	16
17	01700	644,772	145,180	789,952	17
18	01850				18
18.01	01851	209,009	122,993	332,002	18.01
18.02	01852	3,222,657	1,178,757	4,401,414	18.02
18.03	01853	1,101,271	511,304	1,612,575	18.03
19	01900				19
20	02000				20
21	02100	32,224,102		32,224,102	21
22	02200	13,437,876	18,908,598	32,346,474	22
23	02300				23
23.01	02301	1,032,651	49,263	1,081,914	529,224 23.01
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	55,362,187	11,357,796	66,719,983	-516,546 30
31	03100	20,743,324	4,694,029	25,437,353	1,513,906 31
32	03200	5,090,778	480,054	5,570,832	-1,914,770 32
33	03300	1,870,181	403,031	2,273,212	-89,959 33
34.01	02060	2,152,046	147,152	2,299,198	-1,783 34.01
35	02061	13,054,110	1,012,659	14,066,769	-5,294 35
43	04300		96,613	96,613	442,450 43
ANCILLARY SERVICE COST CENTERS					
50	05000	22,974,996	50,742,215	73,717,211	-25,322,077 50
52	05200	4,110,809	781,896	4,892,705	-117,367 52
53	05300	5,561,695	3,136,487	8,698,182	-322,680 53
54	05400	14,003,669	11,019,050	25,022,719	-3,367,518 54
55	05500	5,049,052	1,974,708	7,023,760	261,171 55
57	05700	2,340,051	722,756	3,062,807	381,812 57
58	05800	1,943,561	705,584	2,649,145	210,943 58
59	05900	1,337,942	4,919,341	6,257,283	-3,023,381 59
60	06000	17,219,972	13,773,073	30,993,045	-26,602 60
62.30	06250				62.30
63	06300	2,729,698	9,984,775	12,714,473	-101,201 63
65	06500	6,520,333	3,170,454	9,690,787	-46,453 65
66	06600	4,881,554	692,835	5,574,389	-88,172 66
69	06900	5,646,679	8,162,399	13,809,078	-10,601,627 69
70	07000	2,631,390	291,858	2,923,248	-26,549 70
70.01	07001	88,586	148,823	237,409	-66,780 70.01
71	07100		763	763	13,084,973 71
72	07200				30,793,004 72
73	07300		215,111	215,111	64,506,515 73
74	07400	1,754,771	604,267	2,359,038	-14,469 74
76.97	07697	100,339	9,190	109,529	76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	36,673,780	23,834,877	60,508,657	-1,209,303 90
90.01	09001				90.01
90.02	09002				1,441,042 90.02
90.03	09003	638,762	1,788,351	2,427,113	90.03
90.04	09004	184,828	7,626,105	7,810,933	90.04
91	09100	14,570,038	2,507,918	17,077,956	-519 91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
94	09400				94
95	09500	1,105,892	270,191	1,376,083	-88 95

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSIFI-	
		1	2	(COL. 1 + COL. 2)	CATIONS	
				3	4	
99.10	09910 CORF					99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY					99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS					99.40
105	10500 KIDNEY ACQUISITION	1,303,929	2,083,072	3,387,001	-700,715	105
106	10600 HEART ACQUISITION	117,359	1,299,273	1,416,632	131,312	106
107	10700 LIVER ACQUISITION	784,753	986,471	1,771,224	-373,936	107
108	10800 LUNG ACQUISITION	452,394	768,699	1,221,093	-199,058	108
109	10900 PANCREAS ACQUISITION				358,440	109
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	438,827,000	564,925,856	1,003,752,856	-20,751	118
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN		57,496	57,496		190
191	19100 RESEARCH					191
191.01	19101 OTHER NONREIMBURSABLE	656,698	4,849,846	5,506,544	20,751	191.01
191.02	19102 MEDICAL SCHOOL					191.02
200	TOTAL (SUM OF LINES 118-199)	439,483,698	569,833,198	1,009,316,896		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	22,207,147		22,207,147	1
1.01	00101	3,389,875		3,389,875	1.01
2	00200	46,691,394		46,691,394	2
3	00300				3
4	00400				4
5.01	00540	116,176,783	294,368	116,471,151	5.01
5.02	00550	1,130,008	-398,144	731,864	5.02
5.03	00560	41,116,215		41,116,215	5.03
5.04	00570	7,350,090		7,350,090	5.04
5.05	00580	2,194,592		2,194,592	5.05
5.06	00590	10,724,952		10,724,952	5.06
6	00600	83,901,216	-1,580,991	82,320,225	6
7	00700				7
8	00800	31,746,407	-19,285	31,727,122	8
9	00900	2,986,218		2,986,218	9
10	01000	19,942,833		19,942,833	10
11	01100	6,715,594		6,715,594	11
12	01200	11,111,724	-6,983,654	4,128,070	12
13	01300				13
14	01400	7,123,863		7,123,863	14
15	01500	4,785,527		4,785,527	15
16	01600	18,149,977		18,149,977	16
17	01700	4,569,978		4,569,978	17
18	01850	789,952		789,952	18
18.01	01851				18.01
18.02	01852	332,002		332,002	18.02
18.03	01853	4,401,414		4,401,414	18.03
19	01900	1,612,575		1,612,575	19
20	02000				20
21	02100				21
22	02200	32,224,102		32,224,102	22
23	02300	32,346,474	-5,929,929	26,416,545	23
23.01	02301				23.01
30	03000	1,611,138	-75,000	1,536,138	30
31	03100				31
32	03200	66,203,437	-154,908	66,048,529	32
33	03300	26,951,259	-72,865	26,878,394	33
34.01	02060	3,656,062		3,656,062	34.01
35	02061	2,183,253		2,183,253	35
43	04300	2,297,415		2,297,415	43
ANCILLARY SERVICE COST CENTERS					
50	05000	14,061,475		14,061,475	50
52	05200	539,063		539,063	52
53	05300	48,395,134	-41,931	48,353,203	53
54	05400	4,775,338		4,775,338	54
55	05500	8,375,502	-4,468,724	3,906,778	55
57	05700	21,655,201	-191,409	21,463,792	57
58	05800	7,284,931	-767,802	6,517,129	58
59	05900	3,444,619	-7,354	3,437,265	59
60	06000	2,860,088	-11,548	2,848,540	60
62.30	06250	3,233,902		3,233,902	62.30
63	06300	30,966,443	-2,381,716	28,584,727	63
65	06500	12,613,272	-1,292,121	11,321,151	65
66	06600	9,644,334		9,644,334	66
69	06900	5,486,217	57,202	5,543,419	69
70	07000	3,207,451	-347,175	2,860,276	70
70.01	07001	2,896,699	-336,671	2,560,028	70.01
71	07100	170,629		170,629	71
72	07200	13,085,736		13,085,736	72
73	07300	30,793,004		30,793,004	73
74	07400	64,721,626	-7,633,618	57,088,008	74
76.97	07697	2,344,569		2,344,569	76.97
76.98	07698	109,529		109,529	76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	59,299,354	-2,881,973	56,417,381	90
90.01	09001				90.01
90.02	09002	1,441,042		1,441,042	90.02
90.03	09003	2,427,113		2,427,113	90.03
90.04	09004	7,810,933		7,810,933	90.04
91	09100	17,077,437	-23,587	17,053,850	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
94	09400				94
95	09500	1,375,995		1,375,995	95

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
99.10	09910 CORF				99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS				99.40
105	10500 KIDNEY ACQUISITION	2,686,286	381,425	3,067,711	105
106	10600 HEART ACQUISITION	1,547,944	163,816	1,711,760	106
107	10700 LIVER ACQUISITION	1,397,288	538,531	1,935,819	107
108	10800 LUNG ACQUISITION	1,022,035	221,611	1,243,646	108
109	10900 PANCREAS ACQUISITION	358,440	26,891	385,331	109
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	1,003,732,105	-33,916,561	969,815,544	118
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	57,496	-46,460	11,036	190
191	19100 RESEARCH				191
191.01	19101 OTHER NONREIMBURSABLE	5,527,295	-5,034,484	492,811	191.01
191.02	19102 MEDICAL SCHOOL				191.02
200	TOTAL (SUM OF LINES 118-199)	1,009,316,896	-38,997,505	970,319,391	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER
			LINE #	SALARY	
1	2	3	4	5	
1 NRCC DIETARY	A	OTHER NONREIMBURSABLE	191.01	10,216	1
2 NRCC DIETARY	A				2
3 NRCC DIETARY	A	OTHER NONREIMBURSABLE	191.01		10,535 3
4 NRCC DIETARY	A				4
500 TOTAL RECLASSIFICATIONS				10,216	10,535 500
CODE LETTER - A					
1 CRITICAL CARE CENTER	B	BURN INTENSIVE CARE UNIT	33	373,933	1
2 CRITICAL CARE CENTER	B	INTENSIVE CARE UNIT	31	1,495,733	2
3 CRITICAL CARE CENTER	B	BURN INTENSIVE CARE UNIT	33		8,996 3
4 CRITICAL CARE CENTER	B	INTENSIVE CARE UNIT	31		35,983 4
500 TOTAL RECLASSIFICATIONS				1,869,666	44,979 500
CODE LETTER - B					
1 PHARMACY DISCOUNTS	C	PHARMACY	15		1,680 1
2 PHARMACY DISCOUNTS	C				2
500 TOTAL RECLASSIFICATIONS					1,680 500
CODE LETTER - C					
1 DRUGS CHARGED	D	DRUGS CHARGED TO PATIENTS	73		64,506,515 1
500 TOTAL RECLASSIFICATIONS					64,506,515 500
CODE LETTER - D					
1 NURSERY	F	NURSERY	43	379,095	1
2 NURSERY	F				2
3 NURSERY	F	NURSERY	43		63,355 3
4 NURSERY	F				4
500 TOTAL RECLASSIFICATIONS				379,095	63,355 500
CODE LETTER - F					
1 MED SUPP & IMPLANTS CHARGED	G	MEDICAL SUPPLIES CHARGED TO P	71		13,084,973 1
2 MED SUPP & IMPLANTS CHARGED	G	IMPL. DEV. CHARGED TO PATIENT	72		30,793,004 2
3 MED SUPP & IMPLANTS CHARGED	G				3
4 MED SUPP & IMPLANTS CHARGED	G				4
5 MED SUPP & IMPLANTS CHARGED	G				5
6 MED SUPP & IMPLANTS CHARGED	G				6
7 MED SUPP & IMPLANTS CHARGED	G				7
8 MED SUPP & IMPLANTS CHARGED	G				8
9 MED SUPP & IMPLANTS CHARGED	G				9
10 MED SUPP & IMPLANTS CHARGED	G				10
11 MED SUPP & IMPLANTS CHARGED	G				11
12 MED SUPP & IMPLANTS CHARGED	G				12
13 MED SUPP & IMPLANTS CHARGED	G				13
14 MED SUPP & IMPLANTS CHARGED	G				14
15 MED SUPP & IMPLANTS CHARGED	G				15
16 MED SUPP & IMPLANTS CHARGED	G				16
17 MED SUPP & IMPLANTS CHARGED	G				17
18 MED SUPP & IMPLANTS CHARGED	G				18
19 MED SUPP & IMPLANTS CHARGED	G				19
20 MED SUPP & IMPLANTS CHARGED	G				20
21 MED SUPP & IMPLANTS CHARGED	G				21
22 MED SUPP & IMPLANTS CHARGED	G				22
23 MED SUPP & IMPLANTS CHARGED	G				23
24					24
25					25
26					26
27					27
28 MED SUPP & IMPLANTS CHARGED	G				28
500 TOTAL RECLASSIFICATIONS					43,877,977 500
CODE LETTER - G					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
1		2	3	4	5	
1 ORGAN ACQ	H	KIDNEY ACQUISITION	105	347,915		1
2 ORGAN ACQ	H	HEART ACQUISITION	106	193,590		2
3 ORGAN ACQ	H	LIVER ACQUISITION	107	138,456		3
4 ORGAN ACQ	H	LUNG ACQUISITION	108	122,649		4
5 ORGAN ACQ	H	PANCREAS ACQUISITION	109	51,093		5
6 ORGAN ACQ	H	TRANSPLANT CLINIC	90.02	1,246,361		6
7 ORGAN ACQ	H	KIDNEY ACQUISITION	105		45,733	7
8 ORGAN ACQ	H	HEART ACQUISITION	106		13,665	8
9 ORGAN ACQ	H	LIVER ACQUISITION	107		14,191	9
10 ORGAN ACQ	H	LUNG ACQUISITION	108		14,770	10
11 ORGAN ACQ	H	PANCREAS ACQUISITION	109		307,347	11
12 ORGAN ACQ	H	TRANSPLANT CLINIC	90.02		194,681	12
13 ORGAN ACQ	H					13
14 ORGAN ACQ	H					14
15 ORGAN ACQ	H					15
16 ORGAN ACQ	H					16
17 ORGAN ACQ	H					17
18 ORGAN ACQ	H					18
500 TOTAL RECLASSIFICATIONS				2,100,064	590,387	500
CODE LETTER - H						
1 PHARMACY RESIDENT COST	K	PARAMED ED PRGM - PHARMACY	23.01	410,878		1
2 PHARMACY RESIDENT COST	K					2
3 PHARMACY RESIDENT COST	K	PARAMED ED PRGM - PHARMACY	23.01	118,346		3
4 PHARMACY RESIDENT COST	K					4
500 TOTAL RECLASSIFICATIONS				529,224		500
CODE LETTER - K						
1 WAGE INDEX SALARY - PDP	L	CLINIC	90		541,724	1
2 WAGE INDEX SALARY - IS CAP PROJ	L	OTHER ADMIN & GENERAL	5.06		1,374,326	2
3 WAGE INDEX SALARY - SMG	L	OTHER ADMIN & GENERAL	5.06	2,860,716		3
4 WAGE INDEX SALARY - OCC MED	L	PHYSICAL THERAPY	66	57,202		4
5 WAGE INDEX SALARY - NON ALLOWABLE	L	ADULTS & PEDIATRICS	30		118,555	5
6 WAGE INDEX SALARY - NON ALLOWABLE	L	INTENSIVE CARE UNIT	31		59,579	6
7 WAGE INDEX SALARY - NON ALLOWABLE	L	ELECTROCARDIOLOGY	69		101,602	7
8 WAGE INDEX SALARY - NON ALLOWABLE	L	ELECTROENCEPHALOGRAPHY	70		267,641	8
500 TOTAL RECLASSIFICATIONS				2,917,918	2,463,427	500
CODE LETTER - L						
1 RADIOLOGY SUPPORT RECLASS	M	RADIOLOGY-THERAPEUTIC	55	183,803	105,805	1
2 RADIOLOGY SUPPORT RECLASS	M	CT SCAN	57	299,713	172,528	2
3 RADIOLOGY SUPPORT RECLASS	M	MRI	58	158,538	91,262	3
500 TOTAL RECLASSIFICATIONS				642,054	369,595	500
CODE LETTER - M						
GRAND TOTAL (INCREASES)				8,448,237	111,928,450	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
1	1	6	7	8	9	10
1 NRCC DIETARY	A					1
2 NRCC DIETARY	A	DIETARY	10	10,216		2
3 NRCC DIETARY	A					3
4 NRCC DIETARY	A	DIETARY	10		10,535	4
500 TOTAL RECLASSIFICATIONS CODE LETTER - A				10,216	10,535	500
1 CRITICAL CARE CENTER	B					1
2 CRITICAL CARE CENTER	B	CORONARY CARE UNIT	32	1,869,666		2
3 CRITICAL CARE CENTER	B					3
4 CRITICAL CARE CENTER	B	CORONARY CARE UNIT	32		44,979	4
500 TOTAL RECLASSIFICATIONS CODE LETTER - B				1,869,666	44,979	500
1 PHARMACY DISCOUNTS	C					1
2 PHARMACY DISCOUNTS	C	OTHER ADMIN & GENERAL	5.06		1,680	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - C					1,680	500
1 DRUGS CHARGED	D	PHARMACY	15		64,506,515	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - D					64,506,515	500
1 NURSERY	F					1
2 NURSERY	F	ADULTS & PEDIATRICS	30	379,095		2
3 NURSERY	F					3
4 NURSERY	F	ADULTS & PEDIATRICS	30		63,355	4
500 TOTAL RECLASSIFICATIONS CODE LETTER - F				379,095	63,355	500
1 MED SUPP & IMPLANTS CHARGED	G					1
2 MED SUPP & IMPLANTS CHARGED	G					2
3 MED SUPP & IMPLANTS CHARGED	G	PHARMACY	15		15,044	3
4 MED SUPP & IMPLANTS CHARGED	G	ADULTS & PEDIATRICS	30		74,096	4
5 MED SUPP & IMPLANTS CHARGED	G	INTENSIVE CARE UNIT	31		17,810	5
6 MED SUPP & IMPLANTS CHARGED	G	CORONARY CARE UNIT	32		125	6
7 MED SUPP & IMPLANTS CHARGED	G	BURN INTENSIVE CARE UNIT	33		472,888	7
8 MED SUPP & IMPLANTS CHARGED	G	NURSERY SPECIAL CARE	34.01		1,783	8
9 MED SUPP & IMPLANTS CHARGED	G	NURSERY ICU	35		5,294	9
10 MED SUPP & IMPLANTS CHARGED	G	OPERATING ROOM	50		25,322,077	10
11 MED SUPP & IMPLANTS CHARGED	G	DELIVERY ROOM & LABOR ROOM	52		117,367	11
12 MED SUPP & IMPLANTS CHARGED	G	ANESTHESIOLOGY	53		322,680	12
13 MED SUPP & IMPLANTS CHARGED	G	RADIOLOGY-DIAGNOSTIC	54		2,355,869	13
14 MED SUPP & IMPLANTS CHARGED	G	RADIOLOGY-THERAPEUTIC	55		28,437	14
15 MED SUPP & IMPLANTS CHARGED	G	CT SCAN	57		90,429	15
16 MED SUPP & IMPLANTS CHARGED	G	MRI	58		38,857	16
17 MED SUPP & IMPLANTS CHARGED	G	CARDIAC CATHETERIZATION	59		3,023,381	17
18 MED SUPP & IMPLANTS CHARGED	G	BLOOD STORING, PROCESSING & T	63		101,201	18
19 MED SUPP & IMPLANTS CHARGED	G	RESPIRATORY THERAPY	65		46,453	19
20 MED SUPP & IMPLANTS CHARGED	G	PHYSICAL THERAPY	66		88,172	20
21 MED SUPP & IMPLANTS CHARGED	G	ELECTROCARDIOLOGY	69		10,556,639	21
22 MED SUPP & IMPLANTS CHARGED	G	ELECTROENCEPHALOGRAPHY	70		26,549	22
23 MED SUPP & IMPLANTS CHARGED	G	BRACE AND PLASTER ROOM	70.01		66,780	23
24		RENAL DIALYSIS	74		14,469	24
25		CLINIC	90		1,090,957	25
26		EMERGENCY	91		519	26
27		AMBULANCE SERVICES	95		88	27
28 MED SUPP & IMPLANTS CHARGED	G	KIDNEY ACQUISITION	105		13	28
500 TOTAL RECLASSIFICATIONS CODE LETTER - G					43,877,977	500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 ORGAN ACQ	H	KIDNEY ACQUISITION	105	719,514		1
2 ORGAN ACQ	H	HEART ACQUISITION	106	65,395		2
3 ORGAN ACQ	H	LIVER ACQUISITION	107	477,091		3
4 ORGAN ACQ	H	LUNG ACQUISITION	108	272,789		4
5 ORGAN ACQ	H	KIDNEY ACQUISITION	105		374,836	5
6 ORGAN ACQ	H	HEART ACQUISITION	106		10,548	6
7 ORGAN ACQ	H	LIVER ACQUISITION	107		49,492	7
8 ORGAN ACQ	H	LUNG ACQUISITION	108		63,688	8
9 ORGAN ACQ	H					9
10 ORGAN ACQ	H					10
11 ORGAN ACQ	H					11
12 ORGAN ACQ	H					12
13 ORGAN ACQ	H	ADMITTING	5.04	117,677		13
14 ORGAN ACQ	H	OTHER ADMIN & GENERAL	5.06	350,426		14
15 ORGAN ACQ	H	PHARMACY	15	25,582		15
16 ORGAN ACQ	H	LABORATORY	60	26,602		16
17 ORGAN ACQ	H	ELECTROCARDIOLOGY	69	44,988		17
18 ORGAN ACQ	H	OTHER ADMIN & GENERAL	5.06		91,823	18
500 TOTAL RECLASSIFICATIONS CODE LETTER - H				2,100,064	590,387	500
1 PHARMACY RESIDENT COST	K					1
2 PHARMACY RESIDENT COST	K	PHARMACY	15	410,878		2
3 PHARMACY RESIDENT COST	K					3
4 PHARMACY RESIDENT COST	K	CLINIC	90	118,346		4
500 TOTAL RECLASSIFICATIONS CODE LETTER - K				529,224		500
1 WAGE INDEX SALARY - PDP	L	CLINIC	90	541,724		1
2 WAGE INDEX SALARY - IS CAP PROJ	L	OTHER ADMIN & GENERAL	5.06	1,374,326		2
3 WAGE INDEX SALARY - SMG	L	OTHER ADMIN & GENERAL	5.06		2,860,716	3
4 WAGE INDEX SALARY - OCC MED	L	PHYSICAL THERAPY	66		57,202	4
5 WAGE INDEX SALARY - NON ALLOWABLE	L	ADULTS & PEDIATRICS	30	118,555		5
6 WAGE INDEX SALARY - NON ALLOWABLE	L	INTENSIVE CARE UNIT	31	59,579		6
7 WAGE INDEX SALARY - NON ALLOWABLE	L	ELECTROCARDIOLOGY	69	101,602		7
8 WAGE INDEX SALARY - NON ALLOWABLE	L	ELECTROENCEPHALOGRAPHY	70	267,641		8
500 TOTAL RECLASSIFICATIONS CODE LETTER - L				2,463,427	2,917,918	500
1 RADIOLOGY SUPPORT RECLASS	M	RADIOLOGY-DIAGNOSTIC	54	183,803	105,805	1
2 RADIOLOGY SUPPORT RECLASS	M	RADIOLOGY-DIAGNOSTIC	54	299,713	172,528	2
3 RADIOLOGY SUPPORT RECLASS	M	RADIOLOGY-DIAGNOSTIC	54	158,538	91,262	3
500 TOTAL RECLASSIFICATIONS CODE LETTER - M				642,054	369,595	500
GRAND TOTAL (DECREASES)				7,993,746	112,382,941	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	36,008,345					36,008,345	1
2 LAND IMPROVEMENTS							2
3 BUILDINGS AND FIXTURES	1,259,775,389	194,678,100		194,678,100	124,223,796	1,330,229,693	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	479,832,198	96,541,627		96,541,627		576,373,825	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	1,775,615,932	291,219,727		291,219,727	124,223,796	1,942,611,863	8
9 RECONCILING ITEMS	613,432,803	194,678,100		194,678,100	730,199,139	77,911,764	9
10 TOTAL (LINE 7 MINUS LINE 9)	1,162,183,129	96,541,627		96,541,627	605,975,343	1,864,700,099	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	22,207,147						22,207,147 1
1.01 DCAM CAPITAL	3,389,875						3,389,875 1.01
2 CAP REL COSTS-MVBLE EQUIP	46,691,394						46,691,394 2
3 TOTAL (SUM OF LINES 1-2)	72,288,416						72,288,416 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS ALLOCATION OF OTHER CAPITAL

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3		RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 7	TOTAL
			5-7)	COLS. 9-14) 8					
1 CAP REL COSTS-BLDG & FIXT	1,211,019,799		1,211,019,799	0.623398					1
1.01 DCAM CAPITAL	155,218,240		155,218,240	0.079902					1.01
2 CAP REL COSTS-MVBLE EQUIP	576,373,825		576,373,825	0.296700					2
3 TOTAL (SUM OF LINES 1-2)	1,942,611,864		1,942,611,864	1.000000					3

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	22,207,147						22,207,147 1
1.01 DCAM CAPITAL	3,389,875						3,389,875 1.01
2 CAP REL COSTS-MVBLE EQUIP	46,691,394						46,691,394 2
3 TOTAL	72,288,416						72,288,416 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)	A	-5,034,484	OTHER NONREIMBURSABLE	191.01	9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-3,120,810			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1				12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-6,983,654	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-7,633,618	DRUGS CHARGED TO PATIENTS	73	17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS					18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20 VENDING MACHINES					20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65	23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 OTHER OPERATING	B	-596,416	OTHER ADMIN & GENERAL	5.06	33
33.01 OTHER OPERATING	B	-19,285	OPERATION OF PLANT	7	33.01
33.04 OTHER OPERATING	B	-9,915	ADULTS & PEDIATRICS	30	33.04
33.05 OTHER OPERATING	B	-5,999	OPERATING ROOM	50	33.05
33.06 OTHER OPERATING	B	-6,906	RADIOLOGY-DIAGNOSTIC	54	33.06
33.07 OTHER OPERATING	B	-24,930	RADIOLOGY-THERAPEUTIC	55	33.07
33.08 OTHER OPERATING	B	-7,354	CT SCAN	57	33.08
33.09 OTHER OPERATING	B	-11,548	MRI	58	33.09
33.10 OTHER OPERATING	B	-2,180,645	LABORATORY	60	33.10
33.11 OTHER OPERATING	B	-1,292,121	BLOOD STORING, PROCESSING & TRA	63	33.11
33.12 OTHER OPERATING	B	-5,468	ELECTROCARDIOLOGY	69	33.12
33.13 OTHER OPERATING	B	-423,221	CLINIC	90	33.13
33.14 OTHER OPERATING	B	-5,201	EMERGENCY	91	33.14
33.15 OTHER OPERATING	B	-46,460	GIFT, FLOWER, COFFEE SHOP & CAN	190	33.15
33.16 PHARMACY RESIDENTS INCOME	B	-75,000	PARAMED ED PRGM - PHARMACY	23.01	33.16
34					34
35					35
36 ADVERTISING EXPENSE	A	-4,056,185	OTHER ADMIN & GENERAL	5.06	36
36.01 NON PATIENT CARE RELATED EXPENSE	A	-197,455	OTHER ADMIN & GENERAL	5.06	36.01
36.02 CRNA EXPENSE	A	-4,468,724	ANESTHESIOLOGY	53	36.02
36.03 PSYCH PDP COSTS	A	-662,628	CLINIC	90	36.03
36.04 PATIENT TV AND PHONE OFFSET	A	-398,144	NON-PATIENT PHONES	5.01	36.04
37 NON ALLOWABLE EXPENSE - BSD	A	-144,993	ADULTS & PEDIATRICS	30	37
37.01 NON ALLOWABLE EXPENSE - BSD	A	-72,865	INTENSIVE CARE UNIT	31	37.01
37.02 NON ALLOWABLE EXPENSE - BSD	A	-124,259	ELECTROCARDIOLOGY	69	37.02
37.03 NON ALLOWABLE EXPENSE - BSD	A	-327,325	ELECTROENCEPHALOGRAPHY	70	37.03
38 NON ALLOWABLE EXPENSE	A	-2,987	OTHER ADMIN & GENERAL	5.06	38
38.01 AHA & IHA DUES	A	-226,603	OTHER ADMIN & GENERAL	5.06	38.01
38.02 NON EMERGENCY PATIENT TRANSPORT	A	-84,872	CLINIC	90	38.02

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
39 ORGAN ACQUISITION S&B	A	381,425	KIDNEY ACQUISITION	105	39
39.01 ORGAN ACQUISITON S&B	A	163,816	HEART ACQUISITION	106	39.01
39.02 ORGAN ACQUISITON S&B	A	538,531	LIVER ACQUISITION	107	39.02
39.03 ORGARN ACQUISITION S&B	A	221,611	LUNG ACQUISITION	108	39.03
39.04 ORGAN ACQUISITION S&B	A	26,891	PANCREAS ACQUISITION	109	39.04
39.05 ORGAN ACQUISITION S&B	A	294,368	EMPLOYEE BENEFITS DEPARTMENT	4	39.05
40 BSD OCC MED	A	57,202	PHYSICAL THERAPY	66	40
40.01 SMG SALARY & BENEFITS	A	3,498,655	OTHER ADMIN & GENERAL	5.06	40.01
41 NORTHSHORE REVENUE	B	-607,753	I&R SERVICES-OTHER PRGM COSTS A	22	41
42					42
43					43
44					44
45 MEDICAL STUDENT OFFSET	A	-2,299,221	I&R SERVICES-OTHER PRGM COSTS A	22	45
45.01 MEDICAL STUDENT OFFSET	A	-3,022,955	I&R SERVICES-OTHER PRGM COSTS A	22	45.01
46					46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-38,997,505			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF	
1	2	3	4	5	6	7	
1	2	CAP REL COSTS-MVBLE EQUIP	PBP DIRECTS AND INDIRECTS	1,039,515	1,039,515	9	1
2	5.06	OTHER ADMIN & GENERAL	UNIVERSITY OVERHEAD	8,150,534	8,150,534		2
3	5.06	OTHER ADMIN & GENERAL	PBP DIRECTS AND INDIRECTS	8,343,924	8,343,924		3
4	5.06	OTHER ADMIN & GENERAL	MALPRACTICE	6,069,664	6,069,664		4
4.01	7	OPERATION OF PLANT	STEAM AND ELECTRICITY	12,951,651	12,951,651		4.01
4.02	21	I&R SERVICES-SALARY & FRINGES A	PBP DIRECTS AND INDIRECTS	31,105,643	31,105,643		4.02
4.03	30	ADULTS & PEDIATRICS	PBP DIRECTS AND INDIRECTS	26,141	26,141		4.03
4.04	50	OPERATING ROOM	PBP DIRECTS AND INDIRECTS	49,247	49,247		4.04
4.05	54	RADIOLOGY-DIAGNOSTIC	PBP DIRECTS AND INDIRECTS	682,032	682,032		4.05
4.06	55	RADIOLOGY-THERAPEUTIC	PBP DIRECTS AND INDIRECTS	1,053,476	1,053,476		4.06
4.07	60	LABORATORY	PBP DIRECTS AND INDIRECTS	848,817	848,817		4.07
4.08	69	ELECTROCARDIOLOGY	PBP DIRECTS AND INDIRECTS	868,686	868,686		4.08
4.09	70	ELECTROENCEPHALOGRAPHY	PBP DIRECTS AND INDIRECTS	74,414	74,414		4.09
4.10	90	CLINIC	PBP DIRECTS AND INDIRECTS	5,712,453	5,712,453		4.10
4.11	91	EMERGENCY	PBP DIRECTS AND INDIRECTS	44,800	44,800		4.11
5		TOTALS (SUM OF LINES 1-4)		77,020,997	77,020,997		5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.					

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

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

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

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT		
LINE NO.	1	2	3	4	5	6	7	8	9		
1	50	OPERATING ROOM	AGGREGATE	39,832		39,832	208,000	39	3,900	195	1
2	54	RADIOLOGY-DIAGNOSTIC	AGGREGATE	325,532		325,532	225,300	1,302	141,029	7,051	2
3	55	RADIOLOGY-THERAPEUTIC	AGGREGATE	933,944		933,944	225,300	1,764	191,072	9,554	3
4	60	LABORATORY	AGGREGATE	652,693		652,693	215,700	4,355	451,622	22,581	4
5	69	ELECTROCARDIOLOGY	AGGREGATE	454,794		454,794	177,200	2,786	237,346	11,867	5
6	70	ELECTROENCEPHALOGRAPHY	AGGREGATE	57,309		57,309	177,200	563	47,963	2,398	6
7	90	CLINIC	AGGREGATE	2,969,031		2,969,031	177,200	14,764	1,257,779	62,889	7
8	91	EMERGENCY	AGGREGATE	33,380		33,380	177,200	176	14,994	750	8
200		TOTAL		5,466,515		5,466,515		25,749	2,345,705	117,285	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11		12	13	14	15	16	17	18	
1	50	OPERATING ROOM	AGGREGATE				3,900	35,932	35,932	1
2	54	RADIOLOGY-DIAGNOSTIC	AGGREGATE				141,029	184,503	184,503	2
3	55	RADIOLOGY-THERAPEUTIC	AGGREGATE				191,072	742,872	742,872	3
4	60	LABORATORY	AGGREGATE				451,622	201,071	201,071	4
5	69	ELECTROCARDIOLOGY	AGGREGATE				237,346	217,448	217,448	5
6	70	ELECTROENCEPHALOGRAPHY	AGGREGATE				47,963	9,346	9,346	6
7	90	CLINIC	AGGREGATE				1,257,779	1,711,252	1,711,252	7
8	91	EMERGENCY	AGGREGATE				14,994	18,386	18,386	8
200		TOTAL					2,345,705	3,120,810	3,120,810	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		NET EXP FOR COST ALLOCATION (FROM WKST A, COL. 7) 0	CAP BLDGS & FIXTURES 1	DCAM 1.01	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	22,207,147	22,207,147				1
1.01	DCAM CAPITAL	3,389,875		3,389,875			1.01
2	CAP REL COSTS-MVBLE EQUIP	46,691,394			46,691,394		2
4	EMPLOYEE BENEFITS DEPARTMENT	116,471,151	314,738		49,233	116,835,122	4
5.01	NON-PATIENT PHONES	731,864			2,228	326,458	5.01
5.02	DATA PROCESSING	41,116,215	1,245,042	35,341	23,514,784	5,988,911	5.02
5.03	PURCHASING	7,350,090	760,860	1,759	363,697	1,385,686	5.03
5.04	ADMITTING	2,194,592	51,403	6,241	5,120	553,474	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	10,724,952	206,475		661	1,137,859	5.05
5.06	OTHER ADMIN & GENERAL	82,320,225	3,458,007	232,789	3,729,877	10,677,673	5.06
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT	31,727,122	261,094	6,062	384,030	1,993,417	7
8	LAUNDRY & LINEN SERVICE	2,986,218	20,160				8
9	HOUSEKEEPING	19,942,833	691,447	64,587	308,776	3,524,253	9
10	DIETARY	6,715,594	63,385		16,182	890,455	10
11	CAFETERIA	4,128,070	733,973	121,857	135,322	423,896	11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	7,123,863	133,607		183,216	1,715,845	13
14	CENTRAL SERVICES & SUPPLY	4,785,527	480,065	57,315	104,324	716,063	14
15	PHARMACY	18,149,977	435,518	24,136	275,505	4,457,589	15
16	MEDICAL RECORDS & LIBRARY	4,569,978	185,395		7,879	784,305	16
17	SOCIAL SERVICE	789,952	49,014		778	173,662	17
18	OCCUPATIONAL THERAPY						18
18.01	VOLUNTEERS	332,002	25,784		1,862	56,294	18.01
18.02	PATIENT TRANSPORT	4,401,414	171,814		9,485	867,987	18.02
18.03	MEDICAL ELECTRONICS	1,612,575	168,690		407,918	296,615	18.03
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD	32,224,102	345,025		23,659	8,679,207	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	26,416,545				3,619,344	22
23	PARAMED ED PRGM-(SPECIFY)						23
23.01	PARAMED ED PRGM - PHARMACY	1,536,138	20,032	9,031		420,674	23.01
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	66,048,529	3,839,141		501,752	14,777,207	30
31	INTENSIVE CARE UNIT	26,878,394	834,978		171,129	5,973,798	31
32	CORONARY CARE UNIT	3,656,062	178,393		160,407	867,571	32
33	BURN INTENSIVE CARE UNIT	2,183,253	92,238		2,270	604,427	33
34.01	NURSERY SPECIAL CARE	2,297,415	132,559		11,623	579,630	34.01
35	NURSERY ICU	14,061,475	362,227		36,594	3,515,981	35
43	NURSERY	539,063	26,611		1,470	102,105	43
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	48,353,203	1,433,047	219,611	4,379,938	6,188,062	50
52	DELIVERY ROOM & LABOR ROOM	4,775,338	303,160		10,663	1,107,201	52
53	ANESTHESIOLOGY	3,906,778	95,565	11,048	1,071,070	1,497,981	53
54	RADIOLOGY-DIAGNOSTIC	21,463,792	937,030	355,710	2,539,570	3,598,804	54
55	RADIOLOGY-THERAPEUTIC	6,517,129		260,992	1,219,653	1,409,412	55
57	CT SCAN	3,437,265	25,288		718,388	710,991	57
58	MRI	2,848,540	956	45,157	901,119	566,177	58
59	CARDIAC CATHETERIZATION	3,233,902	107,731		267,544	360,360	59
60	LABORATORY	28,584,727	1,075,617	49,998	1,555,082	4,630,845	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	11,321,151	101,942	26,736	77,219	735,214	63
65	RESPIRATORY THERAPY	9,644,334	92,165	39,554	275,654	1,756,180	65
66	PHYSICAL THERAPY	5,543,419	205,997	10,275	13,737	1,330,200	66
69	ELECTROCARDIOLOGY	2,860,276	101,225	117,050	1,062,228	1,481,388	69
70	ELECTROENCEPHALOGRAPHY	2,560,028	91,283	40,137	188,652	636,650	70
70.01	BRACE AND PLASTER ROOM	170,629		7,127		23,860	70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,085,736					71
72	IMPL. DEV. CHARGED TO PATIENTS	30,793,004					72
73	DRUGS CHARGED TO PATIENTS	57,088,008			2,586		73
74	RENAL DIALYSIS	2,344,569	117,453		15,312	472,628	74
76.97	CARDIAC REHABILITATION	109,529	3,087		2,607	27,025	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPS						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	56,417,381	804,011	1,607,415	1,623,780	9,699,897	90
90.01	DENTAL CLINIC						90.01
90.02	TRANSPLANT CLINIC	1,441,042	11,909	3,093	2,109	335,694	90.02
90.03	SILVER CROSS	2,427,113			114,123	172,044	90.03
90.04	SILVER CROSS PHARMACY	7,810,933			3,208	49,781	90.04
91	EMERGENCY	17,053,850	442,189		146,843	3,924,279	91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	DCAM 1.01	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	1,375,995	45,044		21,810	297,860	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	3,067,711	15,401	7,586		251,113	105
106 HEART ACQUISITION	1,711,760	9,814	4,841		66,137	106
107 LIVER ACQUISITION	1,935,819	4,870	3,485		120,157	107
108 LUNG ACQUISITION	1,243,646	23,064		7,868	81,409	108
109 PANCREAS ACQUISITION	385,331	3,143	1,546		13,761	109
118 SUBTOTALS (SUM OF LINES 1-117)	969,815,544	21,338,666	3,370,479	46,630,544	116,655,496	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,036	102,861	18,858			190
191 RESEARCH						191
191.01 OTHER NONREIMBURSABLE	492,811	765,620	538	60,850	179,626	191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	970,319,391	22,207,147	3,389,875	46,691,394	116,835,122	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NON PATIENT PHONES 5.01	SUBTOTAL (COLS.0-4) 4A	DATA PROCESSING 5.02	PURCHASING ADMIT, REC AND STORES 5.03	ADMITTING 5.04	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NON-PATIENT PHONES	1,060,550					5.01
5.02 DATA PROCESSING	6,977	71,907,270	71,907,270			5.02
5.03 PURCHASING	6,977	9,869,069	789,901	10,658,970		5.03
5.04 ADMITTING	6,977	2,817,807	225,532	2,772	3,046,111	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	6,977	12,076,924	966,613	2,948		5.05
5.06 OTHER ADMIN & GENERAL	697,745	101,116,316	8,093,307	59,425		5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	6,977	34,378,702	2,751,603	103,822		7
8 LAUNDRY & LINEN SERVICE	6,977	3,013,355	241,183	5,002		8
9 HOUSEKEEPING	6,977	24,538,873	1,964,042	92,048		9
10 DIETARY	6,977	7,692,593	615,700	108,301		10
11 CAFETERIA	6,977	5,550,095	444,219	259,406		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	6,977	9,163,508	733,429	776		13
14 CENTRAL SERVICES & SUPPLY	6,977	6,150,271	492,255	105,555		14
15 PHARMACY	6,977	23,349,702	1,868,863	4,399,195		15
16 MEDICAL RECORDS & LIBRARY	6,977	5,554,534	444,574	5,117		16
17 SOCIAL SERVICE	6,977	1,020,383	81,669	64		17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS	6,977	422,919	33,850			18.01
18.02 PATIENT TRANSPORT	6,977	5,457,677	436,822	3,797		18.02
18.03 MEDICAL ELECTRONICS	6,977	2,492,775	199,517	706		18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD		41,271,993	3,303,328			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	6,977	30,042,866	2,404,571	1,694		22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM - PHARMACY	6,977	1,992,852	159,504	84		23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	6,977	85,173,606	6,817,125	341,732	419,464	30
31 INTENSIVE CARE UNIT	6,977	33,865,276	2,710,509	271,562	228,411	31
32 CORONARY CARE UNIT	6,977	4,869,410	389,738		27,678	32
33 BURN INTENSIVE CARE UNIT	6,977	2,889,165	231,243		23,478	33
34.01 NURSERY SPECIAL CARE	6,977	3,028,204	242,371	7,441	18,217	34.01
35 NURSERY ICU	6,977	17,983,254	1,439,344	60,651	100,079	35
43 NURSERY	6,977	676,226	54,124	5,924	5,621	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	13,955	60,587,816	4,849,328	1,471,968	324,488	50
52 DELIVERY ROOM & LABOR ROOM	6,977	6,203,339	496,503	28,945	25,753	52
53 ANESTHESIOLOGY	6,977	6,589,419	527,404	161,138	98,018	53
54 RADIOLOGY-DIAGNOSTIC	6,977	28,901,883	2,313,249	238,669	88,904	54
55 RADIOLOGY-THERAPEUTIC	6,977	9,414,163	753,491	23,336	46,013	55
57 CT SCAN	6,977	4,898,909	392,099	40,037	67,144	57
58 MRI	6,977	4,368,926	349,680	36,953	32,020	58
59 CARDIAC CATHETERIZATION	6,977	3,976,514	318,272	72,240	38,307	59
60 LABORATORY	6,977	35,903,246	2,873,624	581,498	289,366	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	6,977	12,269,239	982,005	616,370	122,299	63
65 RESPIRATORY THERAPY	6,977	11,814,864	945,638	166,056	149,786	65
66 PHYSICAL THERAPY	6,977	7,110,605	569,119	16,239	22,588	66
69 ELECTROCARDIOLOGY	6,977	5,629,144	450,545		92,874	69
70 ELECTROENCEPHALOGRAPHY	6,977	3,523,727	282,032	6,374	13,036	70
70.01 BRACE AND PLASTER ROOM	6,977	208,593	16,695		21	70.01
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		13,085,736	1,047,356		59,975	71
72 IMPL. DEV. CHARGED TO PATIENTS		30,793,004	2,464,610		148,639	72
73 DRUGS CHARGED TO PATIENTS		57,090,594	4,569,417	14,623	423,179	73
74 RENAL DIALYSIS	6,977	2,956,939	236,667	28,827	27,258	74
76.97 CARDIAC REHABILITATION		142,248	11,385	213	2	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	6,977	70,159,461	5,615,423	659,475	47,710	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC	6,977	1,800,824	144,134	797	2,718	90.02
90.03 SILVER CROSS		2,713,280	217,166	12,535	1	90.03
90.04 SILVER CROSS PHARMACY		7,863,922	629,413	506,488		90.04
91 EMERGENCY	6,977	21,574,138	1,726,751	127,952	86,777	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NON PATIENT PHONES 5.01	SUBTOTAL (COLS.0-4) 4A	DATA PROCESSING 5.02	PURCHASING ADMIT, REC AND STORES 5.03	ADMITTING 5.04	
95 AMBULANCE SERVICES	6,977	1,747,686	139,881	542	685	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	6,977	3,348,788	268,030	409	4,492	105
106 HEART ACQUISITION	6,977	1,799,529	144,031	1,259	5,109	106
107 LIVER ACQUISITION	6,977	2,071,308	165,783	973	3,147	107
108 LUNG ACQUISITION	6,977	1,362,964	109,089	1,539	1,936	108
109 PANCREAS ACQUISITION	6,977	410,758	32,876	84	918	109
118 SUBTOTALS (SUM OF LINES 1-117)	1,060,550	968,687,191	71,776,632	10,653,561	3,046,111	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		132,755	10,625			190
191 RESEARCH						191
191.01 OTHER NONREIMBURSABLE		1,499,445	120,013	5,409		191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,060,550	970,319,391	71,907,270	10,658,970	3,046,111	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CASHIERING ACCOUNTS RECEIVABLE 5.05	SUBTOTAL (COLS.0-4)	OTHER ADMIN & GEERAL 5.06	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NON-PATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	13,046,485					5.05
5.06 OTHER ADMIN & GENERAL		109,269,048	109,269,048			5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		37,234,127	4,725,085	41,959,212		7
8 LAUNDRY & LINEN SERVICE		3,259,540	413,642	40,269	3,713,451	8
9 HOUSEKEEPING		26,594,963	3,374,954	1,592,713		9
10 DIETARY		8,416,594	1,068,083	126,608		10
11 CAFETERIA		6,253,720	793,610	1,865,274		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		9,897,713	1,256,040	266,872		13
14 CENTRAL SERVICES & SUPPLY		6,748,081	856,345	1,146,666		14
15 PHARMACY		29,617,760	3,758,553	948,991		15
16 MEDICAL RECORDS & LIBRARY		6,004,225	761,948	370,316		16
17 SOCIAL SERVICE		1,102,116	139,861	97,902		17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS		456,769	57,965	51,502		18.01
18.02 PATIENT TRANSPORT		5,898,296	748,506	343,189		18.02
18.03 MEDICAL ELECTRONICS		2,692,998	341,747	336,948		18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD		44,575,321	5,656,697	689,167		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		32,449,131	4,117,860			22
23 PARAMED ED PRGM-(SPECIFY)				40,012		23
23.01 PARAMED ED PRGM - PHARMACY		2,152,440	273,149			23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,083,211	93,835,138	11,907,903	7,698,051	2,559,610	30
31 INTENSIVE CARE UNIT	561,237	37,636,995	4,776,210	1,667,818	482,807	31
32 CORONARY CARE UNIT	68,010	5,354,836	679,539	356,330	90,129	32
33 BURN INTENSIVE CARE UNIT	57,688	3,201,574	406,286	184,240	60,126	33
34.01 NURSERY SPECIAL CARE	44,763	3,340,996	423,979	264,779	132,829	34.01
35 NURSERY ICU	245,909	19,829,237	2,516,370	723,526	334,977	35
43 NURSERY	13,812	755,707	95,901	53,154	52,973	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,263,427	68,497,027	8,692,410	3,581,878		50
52 DELIVERY ROOM & LABOR ROOM	69,274	6,823,814	865,956	605,545		52
53 ANESTHESIOLOGY	414,108	7,790,087	988,578	227,079		53
54 RADIOLOGY-DIAGNOSTIC	532,432	32,075,137	4,070,399	3,036,976		54
55 RADIOLOGY-THERAPEUTIC	326,264	10,563,267	1,340,500	855,017		55
57 CT SCAN	532,013	5,930,202	752,554	50,511		57
58 MRI	281,418	5,068,997	643,266	149,844		58
59 CARDIAC CATHETERIZATION	172,707	4,578,040	580,962	215,186		59
60 LABORATORY	1,392,005	41,039,739	5,208,025	2,312,275		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	342,544	14,332,457	1,818,817	291,209		63
65 RESPIRATORY THERAPY	391,647	13,467,991	1,709,115	313,675		65
66 PHYSICAL THERAPY	105,099	7,823,650	992,837	445,128		66
69 ELECTROCARDIOLOGY	417,946	6,590,509	836,349	585,649		69
70 ELECTROENCEPHALOGRAPHY	62,177	3,887,346	493,312	313,822		70
70.01 BRACE AND PLASTER ROOM	3,383	228,692	29,021	23,347		70.01
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	218,851	14,411,918	1,828,901			71
72 IMPL. DEV. CHARGED TO PATIENTS	486,004	33,892,257	4,300,995			72
73 DRUGS CHARGED TO PATIENTS	2,043,009	64,140,822	8,139,599			73
74 RENAL DIALYSIS	69,956	3,319,647	421,270	234,605		74
76.97 CARDIAC REHABILITATION	1,930	155,778	19,769	6,167		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	909,218	77,391,287	9,821,109	6,871,886		90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC	7,169	1,955,642	248,175	33,955		90.02
90.03 SILVER CROSS	35,010	2,977,992	377,913			90.03
90.04 SILVER CROSS PHARMACY	207,220	9,207,043	1,168,392			90.04
91 EMERGENCY	640,086	24,155,704	3,065,407	883,246		91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94

PROVIDER CCN: 14-0088 UNIVERSITY OF CHICAGO HOSPITAL
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
 11/27/2013 08:52

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CASHIERING ACCOUNTS RECEIVABLE 5.05	SUBTOTAL (COLS.0-4)	OTHER ADMIN & GEERAL 5.06	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	
95 AMBULANCE SERVICES	6,821	1,895,615	240,557	89,973		95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	12,199	3,633,918	461,151	55,614		105
106 HEART ACQUISITION	12,554	1,962,482	249,043	35,461		106
107 LIVER ACQUISITION	8,106	2,249,317	285,443	21,144		107
108 LUNG ACQUISITION	5,022	1,480,550	187,885	46,069		108
109 PANCREAS ACQUISITION	2,256	446,892	56,711	11,343		109
118 SUBTOTALS (SUM OF LINES 1-117)	13,046,485	968,551,144	109,044,654	40,160,931	3,713,451	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		143,380	18,195	267,239		190
191 RESEARCH						191
191.01 OTHER NONREIMBURSABLE		1,624,867	206,199	1,531,042		191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	13,046,485	970,319,391	109,269,048	41,959,212	3,713,451	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	
	KEEPING			ADMINIS-	SERVICES &	
	9	10	11	TRATION	SUPPLY	
				13	14	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NON-PATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMIN & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	31,562,630					9
10 DIETARY	123,890	9,735,175				10
11 CAFETERIA	1,152,798		10,065,402			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	111,354		186,034	11,718,013		13
14 CENTRAL SERVICES & SUPPLY	664,795		127,055	1,750	9,544,692	14
15 PHARMACY	453,691		427,431	52,190	4,238,340	15
16 MEDICAL RECORDS & LIBRARY	527,975		101,675		4,930	16
17 SOCIAL SERVICE	94,055		31,219		61	17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS	42,049		9,096			18.01
18.02 PATIENT TRANSPORT	164,650		191,267		3,658	18.02
18.03 MEDICAL ELECTRONICS	336,105		33,218		680	18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD			1,833,143		1,632	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	773,964					22
23 PARAMED ED PRGM-(SPECIFY)					81	23
23.01 PARAMED ED PRGM - PHARMACY	67,156		49,995	173,118		23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	4,923,373	6,710,270	1,534,944	3,418,365	329,235	30
31 INTENSIVE CARE UNIT	968,987	1,265,726	469,678	1,582,090	261,631	31
32 CORONARY CARE UNIT	170,273	236,281	138,689	267,394		32
33 BURN INTENSIVE CARE UNIT	179,764	157,626	47,076	158,082		33
34.01 NURSERY SPECIAL CARE	258,346	348,224	43,549	154,104	7,169	34.01
35 NURSERY ICU	741,550	878,174	293,616	921,918	58,433	35
43 NURSERY	51,863	138,874			5,707	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,373,792		537,933	1,285,975	1,418,139	50
52 DELIVERY ROOM & LABOR ROOM	609,960		97,296	262,462	27,886	52
53 ANESTHESIOLOGY	74,248		118,138	212,499	155,246	53
54 RADIOLOGY-DIAGNOSTIC	2,544,566		394,528	164,208	229,941	54
55 RADIOLOGY-THERAPEUTIC	847,640		119,621	43,200	22,482	55
57 CT SCAN	71,526		60,641		38,573	57
58 MRI	205,660		54,802		35,601	58
59 CARDIAC CATHETERIZATION	281,448		31,983	54,020	69,598	59
60 LABORATORY	1,909,356		621,147		560,232	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	226,469		88,222	20,924	593,829	63
65 RESPIRATORY THERAPY	276,577		215,658		159,983	65
66 PHYSICAL THERAPY	358,275		159,936	16,389	15,645	66
69 ELECTROCARDIOLOGY	521,958		165,730	98,811		69
70 ELECTROENCEPHALOGRAPHY	293,697		110,906	38,188	6,141	70
70.01 BRACE AND PLASTER ROOM	22,779		4,582			70.01
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS					14,088	73
74 RENAL DIALYSIS	121,526		46,851	86,559	27,772	74
76.97 CARDIAC REHABILITATION					206	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	6,304,650		1,229,020	1,653,612	635,358	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC	33,131		12,757	32,301	767	90.02
90.03 SILVER CROSS						90.03
90.04 SILVER CROSS PHARMACY						90.04
91 EMERGENCY	856,773		390,822	849,759	487,966	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	
	9	10	11	13	14	
95 AMBULANCE SERVICES	46,096		27,176	48,849	123,273	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	54,262		26,300	66,113	394	105
106 HEART ACQUISITION	34,599		2,763	1,989	1,213	106
107 LIVER ACQUISITION	20,630		15,497	34,289	937	107
108 LUNG ACQUISITION	44,950		5,323	18,855	1,483	108
109 PANCREAS ACQUISITION	11,067		5,368		80	109
118 SUBTOTALS (SUM OF LINES 1-117)	29,952,273	9,735,175	10,060,685	11,718,013	9,538,390	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	174,069				1,091	190
191 RESEARCH	1,436,288					191
191.01 OTHER NONREIMBURSABLE			4,717		5,211	191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	31,562,630	9,735,175	10,065,402	11,718,013	9,544,692	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	VOLUNTEERS	PATIENT TRANSPORT	
	15	16	17	18.01	18.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NON-PATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMIN & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	39,496,956					15
16 MEDICAL RECORDS & LIBRARY		7,771,069				16
17 SOCIAL SERVICE			1,465,214			17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS				617,381		18.01
18.02 PATIENT TRANSPORT					7,349,566	18.02
18.03 MEDICAL ELECTRONICS	86					18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM - PHARMACY						23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	6,001	1,070,422	1,009,943	207,034	2,869,614	30
31 INTENSIVE CARE UNIT	9,955	582,876	190,501		75,108	31
32 CORONARY CARE UNIT	4	70,632	35,562		16,815	32
33 BURN INTENSIVE CARE UNIT		59,912	23,724		22,047	33
34.01 NURSERY SPECIAL CARE		46,489	52,410		3,176	34.01
35 NURSERY ICU	741	255,390	132,172	41,638	105,189	35
43 NURSERY		14,344	20,902	1,851		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	153,679	828,053		43,952	17,749	50
52 DELIVERY ROOM & LABOR ROOM	144	65,720			132,654	52
53 ANESTHESIOLOGY	275,275	250,130				53
54 RADIOLOGY-DIAGNOSTIC	175,643	226,872		8,166	805,263	54
55 RADIOLOGY-THERAPEUTIC	40,542	117,421		13,879	35,499	55
57 CT SCAN	94,043	171,344		8,328	820,770	57
58 MRI	155,374	81,711		4,303	424,865	58
59 CARDIAC CATHETERIZATION	197,697	97,754		1,920	24,289	59
60 LABORATORY	3,467	738,427		173,493	79,405	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	25,248	312,092				63
65 RESPIRATORY THERAPY	800,825	382,235				65
66 PHYSICAL THERAPY	84,618	57,643			158,997	66
69 ELECTROCARDIOLOGY	9,436	237,003		1,087	13,826	69
70 ELECTROENCEPHALOGRAPHY	29	33,265		694		70
70.01 BRACE AND PLASTER ROOM		55				70.01
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		153,048				71
72 IMPL. DEV. CHARGED TO PATIENTS		379,308				72
73 DRUGS CHARGED TO PATIENTS	32,137,621	1,077,658				73
74 RENAL DIALYSIS	2,521	69,558			51,754	74
76.97 CARDIAC REHABILITATION		5				76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,606,691	121,751			860,940	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC	1,488	6,936				90.02
90.03 SILVER CROSS	235	4				90.03
90.04 SILVER CROSS PHARMACY	3,699,700					90.04
91 EMERGENCY	10,144	221,445		111,036	806,944	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94

PROVIDER CCN: 14-0088 UNIVERSITY OF CHICAGO HOSPITAL
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
 11/27/2013 08:52

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	VOLUNTEERS	PATIENT TRANSPORT	
	15	16	17	18.01	18.02	
95 AMBULANCE SERVICES		1,749				95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	961	11,463				105
106 HEART ACQUISITION		13,038				106
107 LIVER ACQUISITION	4,202	8,032				107
108 LUNG ACQUISITION	586	4,941				108
109 PANCREAS ACQUISITION		2,343				109
118 SUBTOTALS (SUM OF LINES 1-117)	39,496,956	7,771,069	1,465,214	617,381	7,324,904	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH						191
191.01 OTHER NONREIMBURSABLE					24,662	191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	39,496,956	7,771,069	1,465,214	617,381	7,349,566	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL ELECTRONIC 18.03	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION 23	PARAMED ED PRGM PHARMACY 23.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NON-PATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMIN & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS						18.01
18.02 PATIENT TRANSPORT						18.02
18.03 MEDICAL ELECTRONICS	3,741,782					18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD		52,755,960				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD			37,340,955			22
23 PARAMED ED PRGM-(SPECIFY)				40,093		23
23.01 PARAMED ED PRGM - PHARMACY					2,715,858	23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	689,228	16,094,252	11,391,599			30
31 INTENSIVE CARE UNIT	265,362	3,109,343	2,200,810			31
32 CORONARY CARE UNIT	86,376	978,929	692,891			32
33 BURN INTENSIVE CARE UNIT	34,729	238,925	169,112			33
34.01 NURSERY SPECIAL CARE	57,881	19,910	14,093			34.01
35 NURSERY ICU	386,467	1,596,152	1,129,765			35
43 NURSERY	1,781					43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	357,081	5,601,463	3,964,746			50
52 DELIVERY ROOM & LABOR ROOM	83,705	1,768,708	1,251,901			52
53 ANESTHESIOLOGY	4,452	3,743,158	2,649,427			53
54 RADIOLOGY-DIAGNOSTIC	22,262	2,342,792	1,658,241	40,093		54
55 RADIOLOGY-THERAPEUTIC	7,124	554,173	392,247			55
57 CT SCAN	22,262	331,840	234,878			57
58 MRI	11,576	69,686	49,324			58
59 CARDIAC CATHETERIZATION	48,976	351,751	248,971			59
60 LABORATORY	162,067	3,069,522	2,172,624			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	12,467	19,910	14,093			63
65 RESPIRATORY THERAPY	631,348					65
66 PHYSICAL THERAPY	35,619					66
69 ELECTROCARDIOLOGY	27,605	288,701	204,344			69
70 ELECTROENCEPHALOGRAPHY		411,482	291,249			70
70.01 BRACE AND PLASTER ROOM						70.01
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS					2,715,858	73
74 RENAL DIALYSIS	27,605	66,368	46,976			74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	357,081	5,203,255	3,682,892			90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC		175,875	124,486			90.02
90.03 SILVER CROSS						90.03
90.04 SILVER CROSS PHARMACY						90.04
91 EMERGENCY	193,233	1,626,017	1,150,904			91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94

PROVIDER CCN: 14-0088 UNIVERSITY OF CHICAGO HOSPITAL
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
 11/27/2013 08:52

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL ELECTRONIC	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	PARAMED ED PRGM PHARMACY	
	18.03	21	22	23	23.01	
95 AMBULANCE SERVICES	109,529					95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	2,671					105
106 HEART ACQUISITION						106
107 LIVER ACQUISITION						107
108 LUNG ACQUISITION						108
109 PANCREAS ACQUISITION						109
118 SUBTOTALS (SUM OF LINES 1-117)	3,638,487	47,662,212	33,735,573	40,093	2,715,858	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH						191
191.01 OTHER NONREIMBURSABLE	103,295	5,093,748	3,605,382			191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,741,782	52,755,960	37,340,955	40,093	2,715,858	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP-DOWN ADJS			TOTAL	
	24	25	26		
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 DCAM CAPITAL					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5.01 NON-PATIENT PHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 OTHER ADMIN & GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
18 OCCUPATIONAL THERAPY					18
18.01 VOLUNTEERS					18.01
18.02 PATIENT TRANSPORT					18.02
18.03 MEDICAL ELECTRONICS					18.03
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMED ED PRGM - PHARMACY					23.01
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	166,254,982	-27,485,851	138,769,131		30
31 INTENSIVE CARE UNIT	55,545,897	-5,310,153	50,235,744		31
32 CORONARY CARE UNIT	9,174,680	-1,671,820	7,502,860		32
33 BURN INTENSIVE CARE UNIT	4,943,223	-408,037	4,535,186		33
34.01 NURSERY SPECIAL CARE	5,167,934	-34,003	5,133,931		34.01
35 NURSERY ICU	29,945,315	-2,725,917	27,219,398		35
43 NURSERY	1,193,057		1,193,057		43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	97,353,877	-9,566,209	87,787,668		50
52 DELIVERY ROOM & LABOR ROOM	12,595,751	-3,020,609	9,575,142		52
53 ANESTHESIOLOGY	16,488,317	-6,392,585	10,095,732		53
54 RADIOLOGY-DIAGNOSTIC	47,795,087	-4,001,033	43,794,054		54
55 RADIOLOGY-THERAPEUTIC	14,952,612	-946,420	14,006,192		55
57 CT SCAN	8,587,472	-566,718	8,020,754		57
58 MRI	6,955,009	-119,010	6,835,999		58
59 CARDIAC CATHETERIZATION	6,782,595	-600,722	6,181,873		59
60 LABORATORY	58,049,779	-5,242,146	52,807,633		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	17,755,737	-34,003	17,721,734		63
65 RESPIRATORY THERAPY	17,957,407		17,957,407		65
66 PHYSICAL THERAPY	10,148,737		10,148,737		66
69 ELECTROCARDIOLOGY	9,581,008	-493,045	9,087,963		69
70 ELECTROENCEPHALOGRAPHY	5,880,131	-702,731	5,177,400		70
70.01 BRACE AND PLASTER ROOM	308,476		308,476		70.01
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	16,393,867		16,393,867		71
72 IMPL. DEV. CHARGED TO PATIENTS	38,572,560		38,572,560		72
73 DRUGS CHARGED TO PATIENTS	108,225,646		108,225,646		73
74 RENAL DIALYSIS	4,523,012	-113,344	4,409,668		74
76.97 CARDIAC REHABILITATION	181,925		181,925		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	115,739,532	-8,886,147	106,853,385		90
90.01 DENTAL CLINIC					90.01
90.02 TRANSPLANT CLINIC	2,625,513	-300,361	2,325,152		90.02
90.03 SILVER CROSS	3,356,144		3,356,144		90.03
90.04 SILVER CROSS PHARMACY	14,075,135		14,075,135		90.04
91 EMERGENCY	34,809,400	-2,776,921	32,032,479		91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94

PROVIDER CCN: 14-0088 UNIVERSITY OF CHICAGO HOSPITAL
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
 11/27/2013 08:52

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP-DOWN ADJS		TOTAL	
	SUBTOTAL 24	25		
95 AMBULANCE SERVICES	2,582,817		2,582,817	95
99.10 CORF				99.10
99.20 OUTPATIENT PHYSICAL THERAPY				99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40 OUTPATIENT SPEECH PATHOLOGY				99.40
SPECIAL PURPOSE COST CENTERS				
105 KIDNEY ACQUISITION	4,312,847		4,312,847	105
106 HEART ACQUISITION	2,300,588		2,300,588	106
107 LIVER ACQUISITION	2,639,491		2,639,491	107
108 LUNG ACQUISITION	1,790,642		1,790,642	108
109 PANCREAS ACQUISITION	533,804		533,804	109
118 SUBTOTALS (SUM OF LINES 1-117)	956,080,006	-81,397,785	874,682,221	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	603,974		603,974	190
191 RESEARCH	1,436,288		1,436,288	191
191.01 OTHER NONREIMBURSABLE	12,199,123	-8,699,130	3,499,993	191.01
191.02 MEDICAL SCHOOL				191.02
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 TOTAL (SUM OF LINES 118-201)	970,319,391	-90,096,915	880,222,476	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	DCAM	CAP	SUBTOTAL	
	CAP-REL COSTS 0	BLDGS & FIXTURES 1	1.01	MOVABLE EQUIPMENT 2		
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT		314,738		49,233	363,971	4
5.01 NON-PATIENT PHONES				2,228	2,228	5.01
5.02 DATA PROCESSING		1,245,042	35,341	23,514,784	24,795,167	5.02
5.03 PURCHASING		760,860	1,759	363,697	1,126,316	5.03
5.04 ADMITTING		51,403	6,241	5,120	62,764	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE		206,475		661	207,136	5.05
5.06 OTHER ADMIN & GENERAL		3,458,007	232,789	3,729,877	7,420,673	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		261,094	6,062	384,030	651,186	7
8 LAUNDRY & LINEN SERVICE		20,160			20,160	8
9 HOUSEKEEPING		691,447	64,587	308,776	1,064,810	9
10 DIETARY		63,385		16,182	79,567	10
11 CAFETERIA		733,973	121,857	135,322	991,152	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		133,607		183,216	316,823	13
14 CENTRAL SERVICES & SUPPLY		480,065	57,315	104,324	641,704	14
15 PHARMACY		435,518	24,136	275,505	735,159	15
16 MEDICAL RECORDS & LIBRARY		185,395		7,879	193,274	16
17 SOCIAL SERVICE		49,014		778	49,792	17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS		25,784		1,862	27,646	18.01
18.02 PATIENT TRANSPORT		171,814		9,485	181,299	18.02
18.03 MEDICAL ELECTRONICS		168,690		407,918	576,608	18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD		345,025		23,659	368,684	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM - PHARMACY		20,032	9,031		29,063	23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		3,839,141		501,752	4,340,893	30
31 INTENSIVE CARE UNIT		834,978		171,129	1,006,107	31
32 CORONARY CARE UNIT		178,393		160,407	338,800	32
33 BURN INTENSIVE CARE UNIT		92,238		2,270	94,508	33
34.01 NURSERY SPECIAL CARE		132,559		11,623	144,182	34.01
35 NURSERY ICU		362,227		36,594	398,821	35
43 NURSERY		26,611		1,470	28,081	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		1,433,047	219,611	4,379,938	6,032,596	50
52 DELIVERY ROOM & LABOR ROOM		303,160		10,663	313,823	52
53 ANESTHESIOLOGY		95,565	11,048	1,071,070	1,177,683	53
54 RADIOLOGY-DIAGNOSTIC		937,030	355,710	2,539,570	3,832,310	54
55 RADIOLOGY-THERAPEUTIC			260,992	1,219,653	1,480,645	55
57 CT SCAN		25,288		718,388	743,676	57
58 MRI		956	45,157	901,119	947,232	58
59 CARDIAC CATHETERIZATION		107,731		267,544	375,275	59
60 LABORATORY		1,075,617	49,998	1,555,082	2,680,697	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		101,942	26,736	77,219	205,897	63
65 RESPIRATORY THERAPY		92,165	39,554	275,654	407,373	65
66 PHYSICAL THERAPY		205,997	10,275	13,737	230,009	66
69 ELECTROCARDIOLOGY		101,225	117,050	1,062,228	1,280,503	69
70 ELECTROENCEPHALOGRAPHY		91,283	40,137	188,652	320,072	70
70.01 BRACE AND PLASTER ROOM			7,127		7,127	70.01
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS				2,586	2,586	73
74 RENAL DIALYSIS		117,453		15,312	132,765	74
76.97 CARDIAC REHABILITATION		3,087		2,607	5,694	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		804,011	1,607,415	1,623,780	4,035,206	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC		11,909	3,093	2,109	17,111	90.02
90.03 SILVER CROSS				114,123	114,123	90.03
90.04 SILVER CROSS PHARMACY				3,208	3,208	90.04
91 EMERGENCY		442,189		146,843	589,032	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	DCAM 1.01	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	
95 AMBULANCE SERVICES		45,044		21,810	66,854	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		15,401	7,586		22,987	105
106 HEART ACQUISITION		9,814	4,841		14,655	106
107 LIVER ACQUISITION		4,870	3,485		8,355	107
108 LUNG ACQUISITION		23,064		7,868	30,932	108
109 PANCREAS ACQUISITION		3,143	1,546		4,689	109
118 SUBTOTALS (SUM OF LINES 1-117)		21,338,666	3,370,479	46,630,544	71,339,689	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		102,861	18,858		121,719	190
191 RESEARCH						191
191.01 OTHER NONREIMBURSABLE		765,620	538	60,850	827,008	191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		22,207,147	3,389,875	46,691,394	72,288,416	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS DEPARTMENT 4	NON PATIENT PHONES 5.01	DATA PROCESSING 5.02	PURCHASING ADMIT, REC AND STORES 5.03	ADMITTING 5.04	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT	363,971					4
5.01 NON-PATIENT PHONES	1,017	3,245				5.01
5.02 DATA PROCESSING	18,656	21	24,813,844			5.02
5.03 PURCHASING	4,316	21	272,584	1,403,237		5.03
5.04 ADMITTING	1,724	21	77,828	365	142,702	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	3,544	21	333,565	388		5.05
5.06 OTHER ADMIN & GENERAL	33,261	2,152	2,792,532	7,823		5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	6,210	21	949,540	13,667		7
8 LAUNDRY & LINEN SERVICE		21	83,229	659		8
9 HOUSEKEEPING	10,978	21	677,764	12,117		9
10 DIETARY	2,774	21	212,469	14,257		10
11 CAFETERIA	1,320	21	153,294	34,149		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	5,345	21	253,096	102		13
14 CENTRAL SERVICES & SUPPLY	2,231	21	169,870	13,895		14
15 PHARMACY	13,886	21	644,919	579,188		15
16 MEDICAL RECORDS & LIBRARY	2,443	21	153,416	674		16
17 SOCIAL SERVICE	541	21	28,183	8		17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS	175	21	11,681			18.01
18.02 PATIENT TRANSPORT	2,704	21	150,741	500		18.02
18.03 MEDICAL ELECTRONICS	924	21	68,850	93		18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	27,036		1,139,932			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	11,274	21	829,784	223		22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM - PHARMACY	1,310	21	55,043	11		23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	46,056	21	2,352,495	44,986	19,554	30
31 INTENSIVE CARE UNIT	18,609	21	935,359	35,749	10,648	31
32 CORONARY CARE UNIT	2,703	21	134,493		1,290	32
33 BURN INTENSIVE CARE UNIT	1,883	21	79,799		1,094	33
34.01 NURSERY SPECIAL CARE	1,806	21	83,639	980	849	34.01
35 NURSERY ICU	10,952	21	496,697	7,984	4,665	35
43 NURSERY	318	21	18,677	780	262	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	19,276	43	1,673,435	193,772	15,126	50
52 DELIVERY ROOM & LABOR ROOM	3,449	21	171,336	3,810	1,201	52
53 ANESTHESIOLOGY	4,666	21	182,000	21,213	4,569	53
54 RADIOLOGY-DIAGNOSTIC	11,210	21	798,270	31,419	4,144	54
55 RADIOLOGY-THERAPEUTIC	4,390	21	260,019	3,072	2,145	55
57 CT SCAN	2,215	21	135,308	5,271	3,130	57
58 MRI	1,764	21	120,670	4,865	1,493	58
59 CARDIAC CATHETERIZATION	1,123	21	109,831	9,510	1,786	59
60 LABORATORY	14,425	21	991,648	76,549	13,489	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	2,290	21	338,876	81,140	5,701	63
65 RESPIRATORY THERAPY	5,471	21	326,327	21,860	6,982	65
66 PHYSICAL THERAPY	4,144	21	196,395	2,138	1,053	66
69 ELECTROCARDIOLOGY	4,615	21	155,477		4,329	69
70 ELECTROENCEPHALOGRAPHY	1,983	21	97,325	839	608	70
70.01 BRACE AND PLASTER ROOM	74	21	5,761		1	70.01
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			361,428		2,796	71
72 IMPL. DEV. CHARGED TO PATIENTS			850,503		6,929	72
73 DRUGS CHARGED TO PATIENTS			1,576,842	1,925	20,432	73
74 RENAL DIALYSIS	1,472	21	81,671	3,795	1,271	74
76.97 CARDIAC REHABILITATION	84		3,929	28		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	30,216	21	1,937,804	86,814	2,224	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC	1,046	21	49,739	105	127	90.02
90.03 SILVER CROSS	536		74,941	1,650		90.03
90.04 SILVER CROSS PHARMACY	155		217,202	66,675		90.04
91 EMERGENCY	12,224	21	595,878	16,844	4,045	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS DEPARTMENT 4	NON PATIENT PHONES 5.01	DATA PROCESSING 5.02	PURCHASING ADMIT, REC AND STORES 5.03	ADMITTING 5.04	
95 AMBULANCE SERVICES	928	21	48,271	71	32	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	782	21	92,494	54	209	105
106 HEART ACQUISITION	206	21	49,703	166	238	106
107 LIVER ACQUISITION	374	21	57,210	128	147	107
108 LUNG ACQUISITION	254	21	37,645	203	90	108
109 PANCREAS ACQUISITION	43	21	11,345	11	43	109
118 SUBTOTALS (SUM OF LINES 1-117)	363,411	3,245	24,768,762	1,402,525	142,702	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			3,667			190
191 RESEARCH						191
191.01 OTHER NONREIMBURSABLE	560		41,415	712		191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	363,971	3,245	24,813,844	1,403,237	142,702	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CASHIERING ACCOUNTS RECEIVABLE 5.05	OTHER ADMIN & GERERAL 5.06	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NON-PATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	544,654					5.05
5.06 OTHER ADMIN & GENERAL		10,256,441				5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		443,533	2,064,157			7
8 LAUNDRY & LINEN SERVICE		38,828	1,981	144,878		8
9 HOUSEKEEPING		316,799	78,352		2,160,841	9
10 DIETARY		100,258	6,228		8,482	10
11 CAFETERIA		74,494	91,761		78,923	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		117,902	13,129		7,624	13
14 CENTRAL SERVICES & SUPPLY		80,383	56,410		45,513	14
15 PHARMACY		352,807	46,685		31,061	15
16 MEDICAL RECORDS & LIBRARY		71,522	18,217		36,146	16
17 SOCIAL SERVICE		13,128	4,816		6,439	17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS		5,441	2,534		2,879	18.01
18.02 PATIENT TRANSPORT		70,261	16,883		11,272	18.02
18.03 MEDICAL ELECTRONICS		32,079	16,576		23,010	18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD		530,981	33,903			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		386,534			52,987	22
23 PARAMED ED PRGM-(SPECIFY)			1,968			23
23.01 PARAMED ED PRGM - PHARMACY		25,640			4,598	23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	45,079	1,117,372	378,702	99,862	337,064	30
31 INTENSIVE CARE UNIT	23,356	448,332	82,047	18,836	66,339	31
32 CORONARY CARE UNIT	2,830	63,787	17,529	3,516	11,657	32
33 BURN INTENSIVE CARE UNIT	2,401	38,137	9,064	2,346	12,307	33
34.01 NURSERY SPECIAL CARE	1,863	39,798	13,026	5,182	17,687	34.01
35 NURSERY ICU	10,234	236,206	35,593	13,069	50,768	35
43 NURSERY	575	9,002	2,615	2,067	3,551	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	52,578	815,937	176,208		162,515	50
52 DELIVERY ROOM & LABOR ROOM	2,883	81,285	29,789		41,759	52
53 ANESTHESIOLOGY	17,233	92,796	11,171		5,083	53
54 RADIOLOGY-DIAGNOSTIC	22,158	382,079	149,402		174,206	54
55 RADIOLOGY-THERAPEUTIC	13,578	125,830	42,062		58,031	55
57 CT SCAN	22,140	70,641	2,485		4,897	57
58 MRI	11,711	60,382	7,372		14,080	58
59 CARDIAC CATHETERIZATION	7,187	54,534	10,586		19,269	59
60 LABORATORY	57,929	488,865	113,751		130,718	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	14,255	170,728	14,326		15,505	63
65 RESPIRATORY THERAPY	16,299	160,431	15,431		18,935	65
66 PHYSICAL THERAPY	4,374	93,195	21,898		24,528	66
69 ELECTROCARDIOLOGY	17,393	78,506	28,811		35,734	69
70 ELECTROENCEPHALOGRAPHY	2,588	46,306	15,438		20,107	70
70.01 BRACE AND PLASTER ROOM	141	2,724	1,149		1,560	70.01
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,108	171,675				71
72 IMPL. DEV. CHARGED TO PATIENTS	20,225	403,725				72
73 DRUGS CHARGED TO PATIENTS	86,736	764,045				73
74 RENAL DIALYSIS	2,911	39,544	11,541		8,320	74
76.97 CARDIAC REHABILITATION	80	1,856	303			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	37,838	921,885	338,058		431,628	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC	298	23,296	1,670		2,268	90.02
90.03 SILVER CROSS	1,457	35,474				90.03
90.04 SILVER CROSS PHARMACY	8,624	109,674				90.04
91 EMERGENCY	26,638	287,743	43,451		58,656	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CASHIERING ACCOUNTS RECEIVABLE 5.05	OTHER ADMIN & GEERAL 5.06	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
95 AMBULANCE SERVICES	284	22,581	4,426		3,156	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	508	43,287	2,736		3,715	105
106 HEART ACQUISITION	522	23,377	1,744		2,369	106
107 LIVER ACQUISITION	337	26,794	1,040		1,412	107
108 LUNG ACQUISITION	209	17,636	2,266		3,077	108
109 PANCREAS ACQUISITION	94	5,323	558		758	109
118 SUBTOTALS (SUM OF LINES 1-117)	544,654	10,235,378	1,975,691	144,878	2,050,593	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		1,708	13,147		11,917	190
191 RESEARCH					98,331	191
191.01 OTHER NONREIMBURSABLE		19,355	75,319			191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	544,654	10,256,441	2,064,157	144,878	2,160,841	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NON-PATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMIN & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	424,056					10
11 CAFETERIA		1,425,114				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		26,340	740,382			13
14 CENTRAL SERVICES & SUPPLY		17,989	111	1,028,127		14
15 PHARMACY		60,518	3,298	456,526	2,924,068	15
16 MEDICAL RECORDS & LIBRARY		14,396		531		16
17 SOCIAL SERVICE		4,420		7		17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS		1,288				18.01
18.02 PATIENT TRANSPORT		27,081		394		18.02
18.03 MEDICAL ELECTRONICS		4,703		73	6	18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD		259,543		176		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)				9		23
23.01 PARAMED ED PRGM - PHARMACY		7,079	10,938			23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	292,294	217,326	215,981	35,465	444	30
31 INTENSIVE CARE UNIT	55,134	66,500	99,962	28,183	737	31
32 CORONARY CARE UNIT	10,292	19,636	16,895			32
33 BURN INTENSIVE CARE UNIT	6,866	6,665	9,988			33
34.01 NURSERY SPECIAL CARE	15,168	6,166	9,737	772		34.01
35 NURSERY ICU	38,253	41,572	58,250	6,294	55	35
43 NURSERY	6,049			615		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		76,164	81,252	152,762	11,377	50
52 DELIVERY ROOM & LABOR ROOM		13,776	16,583	3,004	11	52
53 ANESTHESIOLOGY		16,727	13,426	16,723	20,379	53
54 RADIOLOGY-DIAGNOSTIC		55,859	10,375	24,769	13,003	54
55 RADIOLOGY-THERAPEUTIC		16,937	2,730	2,422	3,001	55
57 CT SCAN		8,586		4,155	6,962	57
58 MRI		7,759		3,835	11,503	58
59 CARDIAC CATHETERIZATION		4,528	3,413	7,497	14,636	59
60 LABORATORY		87,945		60,348	257	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		12,491	1,322	63,967	1,869	63
65 RESPIRATORY THERAPY		30,534		17,233	59,287	65
66 PHYSICAL THERAPY		22,645	1,036	1,685	6,265	66
69 ELECTROCARDIOLOGY		23,465	6,243		699	69
70 ELECTROENCEPHALOGRAPHY		15,703	2,413	662	2	70
70.01 BRACE AND PLASTER ROOM		649				70.01
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS				1,518	2,379,240	73
74 RENAL DIALYSIS		6,633	5,469	2,992	187	74
76.97 CARDIAC REHABILITATION				22		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		174,011	104,481	68,441	118,947	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC		1,806	2,041	83	110	90.02
90.03 SILVER CROSS					17	90.03
90.04 SILVER CROSS PHARMACY					273,898	90.04
91 EMERGENCY		55,335	53,691	52,564	751	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
95 AMBULANCE SERVICES		3,848	3,086	13,279		95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		3,724	4,177	42	71	105
106 HEART ACQUISITION		391	126	131		106
107 LIVER ACQUISITION		2,194	2,167	101	311	107
108 LUNG ACQUISITION		754	1,191	160	43	108
109 PANCREAS ACQUISITION		760		9		109
118 SUBTOTALS (SUM OF LINES 1-117)	424,056	1,424,446	740,382	1,027,449	2,924,068	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				117		190
191 RESEARCH						191
191.01 OTHER NONREIMBURSABLE		668		561		191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	424,056	1,425,114	740,382	1,028,127	2,924,068	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	VOLUNTEERS 18.01	PATIENT TRANSPORT 18.02	MEDICAL ELECTRONIC 18.03	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NON-PATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMIN & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	490,640					16
17 SOCIAL SERVICE		107,355				17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS			51,665			18.01
18.02 PATIENT TRANSPORT				461,156		18.02
18.03 MEDICAL ELECTRONICS					722,943	18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM - PHARMACY						23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	67,493	73,998	17,326	180,058	133,165	30
31 INTENSIVE CARE UNIT	36,752	13,958		4,713	51,270	31
32 CORONARY CARE UNIT	4,454	2,606		1,055	16,689	32
33 BURN INTENSIVE CARE UNIT	3,778	1,738		1,383	6,710	33
34.01 NURSERY SPECIAL CARE	2,931	3,840		199	11,183	34.01
35 NURSERY ICU	16,103	9,684	3,484	6,600	74,669	35
43 NURSERY	904	1,531	155		344	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	52,211		3,678	1,114	68,991	50
52 DELIVERY ROOM & LABOR ROOM	4,144			8,323	16,172	52
53 ANESTHESIOLOGY	15,771				860	53
54 RADIOLOGY-DIAGNOSTIC	14,305		683	50,527	4,301	54
55 RADIOLOGY-THERAPEUTIC	7,404		1,161	2,227	1,376	55
57 CT SCAN	10,804		697	51,500	4,301	57
58 MRI	5,152		360	26,659	2,237	58
59 CARDIAC CATHETERIZATION	6,164		161	1,524	9,463	59
60 LABORATORY	46,560		14,519	4,982	31,313	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	19,678				2,409	63
65 RESPIRATORY THERAPY	24,101				121,982	65
66 PHYSICAL THERAPY	3,635			9,976	6,882	66
69 ELECTROCARDIOLOGY	14,944		91	868	5,333	69
70 ELECTROENCEPHALOGRAPHY	2,097		58			70
70.01 BRACE AND PLASTER ROOM	3					70.01
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,650					71
72 IMPL. DEV. CHARGED TO PATIENTS	23,916					72
73 DRUGS CHARGED TO PATIENTS	68,602					73
74 RENAL DIALYSIS	4,386			3,247	5,333	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	7,677			54,021	68,991	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC	437					90.02
90.03 SILVER CROSS						90.03
90.04 SILVER CROSS PHARMACY						90.04
91 EMERGENCY	13,963		9,292	50,633	37,334	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94

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 PERIOD FROM 07/01/2012 TO 06/30/2013

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VERSION: 2013.11
 11/27/2013 08:52

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	VOLUNTEERS 18.01	PATIENT TRANSPORT 18.02	MEDICAL ELECTRONIC 18.03	
95 AMBULANCE SERVICES	110				21,162	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	723				516	105
106 HEART ACQUISITION	822					106
107 LIVER ACQUISITION	506					107
108 LUNG ACQUISITION	312					108
109 PANCREAS ACQUISITION	148					109
118 SUBTOTALS (SUM OF LINES 1-117)	490,640	107,355	51,665	459,609	702,986	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH						191
191.01 OTHER NONREIMBURSABLE				1,547	19,957	191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	490,640	107,355	51,665	461,156	722,943	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION 23	PARAMED ED PRGM PHARMACY 23.01	SUBTOTAL 24	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NON-PATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMIN & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS						18.01
18.02 PATIENT TRANSPORT						18.02
18.03 MEDICAL ELECTRONICS						18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	2,360,255					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		1,280,823				22
23 PARAMED ED PRGM-(SPECIFY)			1,977			23
23.01 PARAMED ED PRGM - PHARMACY				133,703		23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS					10,015,634	30
31 INTENSIVE CARE UNIT					3,002,612	31
32 CORONARY CARE UNIT					648,253	32
33 BURN INTENSIVE CARE UNIT					278,688	33
34.01 NURSERY SPECIAL CARE					359,029	34.01
35 NURSERY ICU					1,519,974	35
43 NURSERY					75,547	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM					9,589,035	50
52 DELIVERY ROOM & LABOR ROOM					711,369	52
53 ANESTHESIOLOGY					1,600,321	53
54 RADIOLOGY-DIAGNOSTIC					5,579,041	54
55 RADIOLOGY-THERAPEUTIC					2,027,051	55
57 CT SCAN					1,076,789	57
58 MRI					1,227,095	58
59 CARDIAC CATHETERIZATION					636,508	59
60 LABORATORY					4,814,016	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.					950,475	63
65 RESPIRATORY THERAPY					1,232,267	65
66 PHYSICAL THERAPY					629,879	66
69 ELECTROCARDIOLOGY					1,657,032	69
70 ELECTROENCEPHALOGRAPHY					526,222	70
70.01 BRACE AND PLASTER ROOM					19,210	70.01
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					554,657	71
72 IMPL. DEV. CHARGED TO PATIENTS					1,305,298	72
73 DRUGS CHARGED TO PATIENTS					4,901,926	73
74 RENAL DIALYSIS					311,558	74
76.97 CARDIAC REHABILITATION					11,996	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC					8,418,263	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC					100,158	90.02
90.03 SILVER CROSS					228,198	90.03
90.04 SILVER CROSS PHARMACY					679,436	90.04
91 EMERGENCY					1,908,095	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94

PROVIDER CCN: 14-0088 UNIVERSITY OF CHICAGO HOSPITAL
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VERSION: 2013.11
 11/27/2013 08:52

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION 23	PARAMED ED PRGM PHARMACY 23.01	SUBTOTAL 24	
95 AMBULANCE SERVICES					188,109	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION					176,046	105
106 HEART ACQUISITION					94,471	106
107 LIVER ACQUISITION					101,097	107
108 LUNG ACQUISITION					94,793	108
109 PANCREAS ACQUISITION					23,802	109
118 SUBTOTALS (SUM OF LINES 1-117)					67,273,950	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					152,275	190
191 RESEARCH					98,331	191
191.01 OTHER NONREIMBURSABLE					987,102	191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS	2,360,255	1,280,823	1,977	133,703	3,776,758	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,360,255	1,280,823	1,977	133,703	72,288,416	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
1.01 DCAM CAPITAL			1.01
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS DEPARTMENT			4
5.01 NON-PATIENT PHONES			5.01
5.02 DATA PROCESSING			5.02
5.03 PURCHASING			5.03
5.04 ADMITTING			5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06 OTHER ADMIN & GENERAL			5.06
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE			17
18 OCCUPATIONAL THERAPY			18
18.01 VOLUNTEERS			18.01
18.02 PATIENT TRANSPORT			18.02
18.03 MEDICAL ELECTRONICS			18.03
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SERVICES-SALARY & FRINGES APPRVD			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED PRGM-(SPECIFY)			23
23.01 PARAMED ED PRGM - PHARMACY			23.01
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	10,015,634		30
31 INTENSIVE CARE UNIT	3,002,612		31
32 CORONARY CARE UNIT	648,253		32
33 BURN INTENSIVE CARE UNIT	278,688		33
34.01 NURSERY SPECIAL CARE	359,029		34.01
35 NURSERY ICU	1,519,974		35
43 NURSERY	75,547		43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	9,589,035		50
52 DELIVERY ROOM & LABOR ROOM	711,369		52
53 ANESTHESIOLOGY	1,600,321		53
54 RADIOLOGY-DIAGNOSTIC	5,579,041		54
55 RADIOLOGY-THERAPEUTIC	2,027,051		55
57 CT SCAN	1,076,789		57
58 MRI	1,227,095		58
59 CARDIAC CATHETERIZATION	636,508		59
60 LABORATORY	4,814,016		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRANS.	950,475		63
65 RESPIRATORY THERAPY	1,232,267		65
66 PHYSICAL THERAPY	629,879		66
69 ELECTROCARDIOLOGY	1,657,032		69
70 ELECTROENCEPHALOGRAPHY	526,222		70
70.01 BRACE AND PLASTER ROOM	19,210		70.01
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	554,657		71
72 IMPL. DEV. CHARGED TO PATIENTS	1,305,298		72
73 DRUGS CHARGED TO PATIENTS	4,901,926		73
74 RENAL DIALYSIS	311,558		74
76.97 CARDIAC REHABILITATION	11,996		76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	8,418,263		90
90.01 DENTAL CLINIC			90.01
90.02 TRANSPLANT CLINIC	100,158		90.02
90.03 SILVER CROSS	228,198		90.03
90.04 SILVER CROSS PHARMACY	679,436		90.04
91 EMERGENCY	1,908,095		91
92 OBSERVATION BEDS (NON-DISTINCT PART)			92
OTHER REIMBURSABLE COST CENTERS			
94 HOME PROGRAM DIALYSIS			94

PROVIDER CCN: 14-0088 UNIVERSITY OF CHICAGO HOSPITAL
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
11/27/2013 08:52

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION	I&R COST &	TOTAL	
	POST STEP- DOWN ADJS 25		
95 AMBULANCE SERVICES		188,109	95
99.10 CORF			99.10
99.20 OUTPATIENT PHYSICAL THERAPY			99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40 OUTPATIENT SPEECH PATHOLOGY			99.40
SPECIAL PURPOSE COST CENTERS			
105 KIDNEY ACQUISITION		176,046	105
106 HEART ACQUISITION		94,471	106
107 LIVER ACQUISITION		101,097	107
108 LUNG ACQUISITION		94,793	108
109 PANCREAS ACQUISITION		23,802	109
118 SUBTOTALS (SUM OF LINES 1-117)		67,273,950	118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		152,275	190
191 RESEARCH		98,331	191
191.01 OTHER NONREIMBURSABLE		987,102	191.01
191.02 MEDICAL SCHOOL			191.02
200 CROSS FOOT ADJUSTMENTS		3,776,758	200
201 NEGATIVE COST CENTER			201
202 TOTAL (SUM OF LINES 118-201)		72,288,416	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	DCAM SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NON PATIENT PHONES NUMBER OF PHONES
	1	1.01	2	4	5.01
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT	1,208,367				1
1.01 DCAM CAPITAL		302,526			1.01
2 CAP REL COSTS-MVBLE EQUIP			45,021,720		2
4 EMPLOYEE BENEFITS DEPARTMENT	17,126		47,472	433,784,486	4
5.01 NON-PATIENT PHONES			2,148	1,212,071	152
5.02 DATA PROCESSING	67,747	3,154	22,673,904	22,235,589	1
5.03 PURCHASING	41,401	157	350,691	5,144,764	1
5.04 ADMITTING	2,797	557	4,937	2,054,933	1
5.05 CASHIERING/ACCOUNTS RECEIVABLE	11,235		637	4,224,634	1
5.06 OTHER ADMIN & GENERAL	188,162	20,775	3,596,497	39,643,993	100
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT	14,207	541	370,297	7,401,145	1
8 LAUNDRY & LINEN SERVICE	1,097				1
9 HOUSEKEEPING	37,624	5,764	297,734	13,084,823	1
10 DIETARY	3,449		15,603	3,306,077	1
11 CAFETERIA	39,938	10,875	130,483	1,573,840	1
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	7,270		176,664	6,370,579	1
14 CENTRAL SERVICES & SUPPLY	26,122	5,115	100,593	2,658,594	1
15 PHARMACY	23,698	2,154	265,653	16,550,107	1
16 MEDICAL RECORDS & LIBRARY	10,088		7,597	2,911,963	1
17 SOCIAL SERVICE	2,667		750	644,772	1
18 OCCUPATIONAL THERAPY					18
18.01 VOLUNTEERS	1,403		1,795	209,009	1
18.02 PATIENT TRANSPORT	9,349		9,146	3,222,657	1
18.03 MEDICAL ELECTRONICS	9,179		393,331	1,101,271	1
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD	18,774		22,813	32,224,102	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD				13,437,876	1
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMED ED PRGM - PHARMACY	1,090	806		1,561,875	1
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	208,901		483,809	54,864,537	1
31 INTENSIVE CARE UNIT	45,434		165,009	22,179,478	1
32 CORONARY CARE UNIT	9,707		154,671	3,221,112	1
33 BURN INTENSIVE CARE UNIT	5,019		2,189	2,244,114	1
34.01 NURSERY SPECIAL CARE	7,213		11,207	2,152,046	1
35 NURSERY ICU	19,710		35,285	13,054,110	1
43 NURSERY	1,448		1,417	379,095	1
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	77,977	19,599	4,223,312	22,974,996	2
52 DELIVERY ROOM & LABOR ROOM	16,496		10,282	4,110,809	1
53 ANESTHESIOLOGY	5,200	986	1,032,769	5,561,695	1
54 RADIOLOGY-DIAGNOSTIC	50,987	31,745	2,448,755	13,361,615	1
55 RADIOLOGY-THERAPEUTIC		23,292	1,176,038	5,232,855	1
57 CT SCAN	1,376		692,699	2,639,764	1
58 MRI	52	4,030	868,895	2,102,099	1
59 CARDIAC CATHETERIZATION	5,862		257,977	1,337,942	1
60 LABORATORY	58,528	4,462	1,499,473	17,193,370	1
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	5,547	2,386	74,458	2,729,698	1
65 RESPIRATORY THERAPY	5,015	3,530	265,797	6,520,333	1
66 PHYSICAL THERAPY	11,209	917	13,246	4,938,756	1
69 ELECTROCARDIOLOGY	5,508	10,446	1,024,243	5,500,089	1
70 ELECTROENCEPHALOGRAPHY	4,967	3,582	181,906	2,363,749	1
70.01 BRACE AND PLASTER ROOM		636		88,586	1
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENTS					72
73 DRUGS CHARGED TO PATIENTS			2,494		73
74 RENAL DIALYSIS	6,391		14,764	1,754,771	1
76.97 CARDIAC REHABILITATION	168		2,514	100,339	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	43,749	143,452	1,565,714	36,013,710	1
90.01 DENTAL CLINIC					90.01
90.02 TRANSPLANT CLINIC	648	276	2,034	1,246,361	1
90.03 SILVER CROSS			110,042	638,762	90.03
90.04 SILVER CROSS PHARMACY			3,093	184,828	90.04
91 EMERGENCY	24,061		141,592	14,570,038	1
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP	DCAM	CAP	EMPLOYEE	NON	
	BLDGS & FIXTURES SQUARE FEET	SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS DEPARTMENT GROSS SALARIES	PATIENT PHONES NUMBER OF PHONES	
	1	1.01	2	4	5.01	
95 AMBULANCE SERVICES	2,451		21,030	1,105,892	1	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	838	677		932,330	1	105
106 HEART ACQUISITION	534	432		245,554	1	106
107 LIVER ACQUISITION	265	311		446,118	1	107
108 LUNG ACQUISITION	1,255		7,587	302,254	1	108
109 PANCREAS ACQUISITION	171	138		51,093	1	109
118 SUBTOTALS (SUM OF LINES 1-117)	1,161,110	300,795	44,963,046	433,117,572	152	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,597	1,683				190
191 RESEARCH						191
191.01 OTHER NONREIMBURSABLE	41,660	48	58,674	666,914		191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	22,207,147	3,389,875	46,691,394	116,835,122	1,060,550	202
203 UNIT COST MULT-WS B PT I	18.377817	11.205235	1.037086	0.269339	6,977.302632	203
204 COST TO BE ALLOC PER B PT II				363,971	3,245	204
205 UNIT COST MULT-WS B PT II				0.000839	21.348684	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	DATA	PURCHASING	ADMITTING	CASHIERING	
		PROCESSING	ADMIT, REC AND STORES	INPATIENT	ACCOUNTS RECEIVABLE	
	5A.02	ACCUM COST	5.02	5.03	5.04	5.05
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NON-PATIENT PHONES						5.01
5.02 DATA PROCESSING	-71,907,270	898,412,121				5.02
5.03 PURCHASING		9,869,069	156,796,608			5.03
5.04 ADMITTING		2,817,807	40,776	2,289,876,756		5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE		12,076,924	43,361		3,992,307,908	5.05
5.06 OTHER ADMIN & GENERAL		101,116,316	874,147			5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		34,378,702	1,527,245			7
8 LAUNDRY & LINEN SERVICE		3,013,355	73,584			8
9 HOUSEKEEPING		24,538,873	1,354,050			9
10 DIETARY		7,692,593	1,593,136			10
11 CAFETERIA		5,550,095	3,815,916			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		9,163,508	11,408			13
14 CENTRAL SERVICES & SUPPLY		6,150,271	1,552,743			14
15 PHARMACY		23,349,702	64,714,053			15
16 MEDICAL RECORDS & LIBRARY		5,554,534	75,274			16
17 SOCIAL SERVICE		1,020,383	935			17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS		422,919				18.01
18.02 PATIENT TRANSPORT		5,457,677	55,848			18.02
18.03 MEDICAL ELECTRONICS		2,492,775	10,386			18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD		41,271,993				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		30,042,866	24,922			22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM - PHARMACY		1,992,852	1,237			23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		85,173,606	5,026,943	315,386,459	331,460,033	30
31 INTENSIVE CARE UNIT		33,865,276	3,994,736	171,737,224	171,737,224	31
32 CORONARY CARE UNIT		4,869,410		20,810,759	20,810,759	32
33 BURN INTENSIVE CARE UNIT		2,889,165		17,652,424	17,652,424	33
34.01 NURSERY SPECIAL CARE		3,028,204	109,457	13,697,274	13,697,274	34.01
35 NURSERY ICU		17,983,254	892,185	75,247,483	75,247,483	35
43 NURSERY		676,226	87,140	4,226,373	4,226,373	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		60,587,816	21,652,963	243,975,573	386,605,458	50
52 DELIVERY ROOM & LABOR ROOM		6,203,339	425,783	19,363,519	21,197,604	52
53 ANESTHESIOLOGY		6,589,419	2,370,380	73,697,719	126,715,917	53
54 RADIOLOGY-DIAGNOSTIC		28,901,883	3,510,865	66,844,968	162,923,035	54
55 RADIOLOGY-THERAPEUTIC		9,414,163	343,273	34,596,585	99,836,072	55
57 CT SCAN		4,898,909	588,956	50,484,241	162,794,716	57
58 MRI		4,368,926	543,581	24,074,990	86,113,075	58
59 CARDIAC CATHETERIZATION		3,976,514	1,062,667	28,801,913	52,847,926	59
60 LABORATORY		35,903,246	8,553,951	217,568,472	425,950,111	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		12,269,239	9,066,926	91,954,040	104,817,720	63
65 RESPIRATORY THERAPY		11,814,864	2,442,714	112,620,940	119,843,089	65
66 PHYSICAL THERAPY		7,110,605	238,880	16,983,669	32,160,088	66
69 ELECTROCARDIOLOGY		5,629,144		69,829,888	127,890,323	69
70 ELECTROENCEPHALOGRAPHY		3,523,727	93,767	9,801,160	19,026,046	70
70.01 BRACE AND PLASTER ROOM		208,593		16,074	1,035,296	70.01
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		13,085,736		45,093,662	66,967,772	71
72 IMPL. DEV. CHARGED TO PATIENTS		30,793,004		111,758,338	148,716,050	72
73 DRUGS CHARGED TO PATIENTS		57,090,594	215,111	317,747,245	625,271,118	73
74 RENAL DIALYSIS		2,956,939	424,045	20,494,400	21,406,482	74
76.97 CARDIAC REHABILITATION		142,248	3,140	1,429	590,647	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		70,159,461	9,701,010	35,872,433	278,218,516	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC		1,800,824	11,717	2,043,601	2,193,663	90.02
90.03 SILVER CROSS		2,713,280	184,396	1,100	10,713,026	90.03
90.04 SILVER CROSS PHARMACY		7,863,922	7,450,545		63,408,923	90.04
91 EMERGENCY		21,574,138	1,882,198	65,245,929	195,864,700	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	DATA	PURCHASING	ADMITTING	CASHIERING	
		PROCESSING	ADMIT, REC AND STORES COSTED	INPATIENT	ACCOUNTS RECEIVABLE GROSS REVENUE	
	5A.02	ACCUM COST 5.02	REQUIS 5.03	REVENUE 5.04	REVENUE 5.05	
95 AMBULANCE SERVICES		1,747,686	7,967	515,320	2,087,159	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		3,348,788	6,020	3,377,518	3,732,925	105
106 HEART ACQUISITION		1,799,529	18,522	3,841,377	3,841,377	106
107 LIVER ACQUISITION		2,071,308	14,314	2,366,482	2,480,543	107
108 LUNG ACQUISITION		1,362,964	22,642	1,455,781	1,536,567	108
109 PANCREAS ACQUISITION		410,758	1,229	690,394	690,394	109
118 SUBTOTALS (SUM OF LINES 1-117)	-71,907,270	896,779,921	156,717,044	2,289,876,756	3,992,307,908	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		132,755				190
191 RESEARCH						191
191.01 OTHER NONREIMBURSABLE		1,499,445	79,564			191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I		71,907,270	10,658,970	3,046,111	13,046,485	202
203 UNIT COST MULT-WS B PT I		0.080038	0.067980	0.001330	0.003268	203
204 COST TO BE ALLOC PER B PT II		24,813,844	1,403,237	142,702	544,654	204
205 UNIT COST MULT-WS B PT II		0.027620	0.008949	0.000062	0.000136	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	OTHER ADMIN & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE PATIENT DAYS	HOUSE- KEEPING HOURS OF SERVICE	
		5.06	7	8	9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NON-PATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMIN & GENERAL	-109,269,048	861,050,343				5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		37,234,127	1,143,035			7
8 LAUNDRY & LINEN SERVICE		3,259,540	1,097	154,712		8
9 HOUSEKEEPING		26,594,963	43,388		881,225	9
10 DIETARY		8,416,594	3,449		3,459	10
11 CAFETERIA		6,253,720	50,813		32,186	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		9,897,713	7,270		3,109	13
14 CENTRAL SERVICES & SUPPLY		6,748,081	31,237		18,561	14
15 PHARMACY		29,617,760	25,852		12,667	15
16 MEDICAL RECORDS & LIBRARY		6,004,225	10,088		14,741	16
17 SOCIAL SERVICE		1,102,116	2,667		2,626	17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS		456,769	1,403		1,174	18.01
18.02 PATIENT TRANSPORT		5,898,296	9,349		4,597	18.02
18.03 MEDICAL ELECTRONICS		2,692,998	9,179		9,384	18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD		44,575,321	18,774			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		32,449,131			21,609	22
23 PARAMED ED PRGM-(SPECIFY)			1,090			23
23.01 PARAMED ED PRGM - PHARMACY		2,152,440			1,875	23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		93,835,138	209,707	106,640	137,460	30
31 INTENSIVE CARE UNIT		37,636,995	45,434	20,115	27,054	31
32 CORONARY CARE UNIT		5,354,836	9,707	3,755	4,754	32
33 BURN INTENSIVE CARE UNIT		3,201,574	5,019	2,505	5,019	33
34.01 NURSERY SPECIAL CARE		3,340,996	7,213	5,534	7,213	34.01
35 NURSERY ICU		19,829,237	19,710	13,956	20,704	35
43 NURSERY		755,707	1,448	2,207	1,448	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		68,497,027	97,576		66,276	50
52 DELIVERY ROOM & LABOR ROOM		6,823,814	16,496		17,030	52
53 ANESTHESIOLOGY		7,790,087	6,186		2,073	53
54 RADIOLOGY-DIAGNOSTIC		32,075,137	82,732		71,044	54
55 RADIOLOGY-THERAPEUTIC		10,563,267	23,292		23,666	55
57 CT SCAN		5,930,202	1,376		1,997	57
58 MRI		5,068,997	4,082		5,742	58
59 CARDIAC CATHETERIZATION		4,578,040	5,862		7,858	59
60 LABORATORY		41,039,739	62,990		53,309	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		14,332,457	7,933		6,323	63
65 RESPIRATORY THERAPY		13,467,991	8,545		7,722	65
66 PHYSICAL THERAPY		7,823,650	12,126		10,003	66
69 ELECTROCARDIOLOGY		6,590,509	15,954		14,573	69
70 ELECTROENCEPHALOGRAPHY		3,887,346	8,549		8,200	70
70.01 BRACE AND PLASTER ROOM		228,692	636		636	70.01
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		14,411,918				71
72 IMPL. DEV. CHARGED TO PATIENTS		33,892,257				72
73 DRUGS CHARGED TO PATIENTS		64,140,822				73
74 RENAL DIALYSIS		3,319,647	6,391		3,393	74
76.97 CARDIAC REHABILITATION		155,778	168			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		77,391,287	187,201		176,025	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC		1,955,642	925		925	90.02
90.03 SILVER CROSS		2,977,992				90.03
90.04 SILVER CROSS PHARMACY		9,207,043				90.04
91 EMERGENCY		24,155,704	24,061		23,921	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	OTHER ADMIN & GEERAL ACCUM COST 5.06	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE PATIENT DAYS 8	HOUSE- KEEPING HOURS OF SERVICE 9	
95 AMBULANCE SERVICES		1,895,615	2,451		1,287	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		3,633,918	1,515		1,515	105
106 HEART ACQUISITION		1,962,482	966		966	106
107 LIVER ACQUISITION		2,249,317	576		576	107
108 LUNG ACQUISITION		1,480,550	1,255		1,255	108
109 PANCREAS ACQUISITION		446,892	309		309	109
118 SUBTOTALS (SUM OF LINES 1-117)	-109,269,048	859,282,096	1,094,047	154,712	836,264	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		143,380	7,280		4,860	190
191 RESEARCH					40,101	191
191.01 OTHER NONREIMBURSABLE		1,624,867	41,708			191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I		109,269,048	41,959,212	3,713,451	31,562,630	202
203 UNIT COST MULT-WS B PT I		0.126902	36.708598	24.002346	35.816766	203
204 COST TO BE ALLOC PER B PT II		10,256,441	2,064,157	144,878	2,160,841	204
205 UNIT COST MULT-WS B PT II		0.011912	1.805856	0.936437	2.452088	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION DIRECT NRSNG HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	
	PATIENT DAYS 10	FTES 11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NON-PATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMIN & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	154,712					10
11 CAFETERIA		448,153				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		8,283	147,289			13
14 CENTRAL SERVICES & SUPPLY		5,657	22	145,734,530		14
15 PHARMACY		19,031	656	64,714,053	79,542,506	15
16 MEDICAL RECORDS & LIBRARY		4,527		75,274		16
17 SOCIAL SERVICE		1,390		935		17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS		405				18.01
18.02 PATIENT TRANSPORT		8,516		55,848		18.02
18.03 MEDICAL ELECTRONICS		1,479		10,386	173	18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD		81,619		24,922		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)				1,237		23
23.01 PARAMED ED PRGM - PHARMACY		2,226	2,176			23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	106,640	68,342	42,967	5,026,943	12,086	30
31 INTENSIVE CARE UNIT	20,115	20,912	19,886	3,994,736	20,048	31
32 CORONARY CARE UNIT	3,755	6,175	3,361		9	32
33 BURN INTENSIVE CARE UNIT	2,505	2,096	1,987			33
34.01 NURSERY SPECIAL CARE	5,534	1,939	1,937	109,457		34.01
35 NURSERY ICU	13,956	13,073	11,588	892,185	1,493	35
43 NURSERY	2,207			87,140		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		23,951	16,164	21,652,963	309,493	50
52 DELIVERY ROOM & LABOR ROOM		4,332	3,299	425,783	289	52
53 ANESTHESIOLOGY		5,260	2,671	2,370,380	554,373	53
54 RADIOLOGY-DIAGNOSTIC		17,566	2,064	3,510,865	353,726	54
55 RADIOLOGY-THERAPEUTIC		5,326	543	343,273	81,647	55
57 CT SCAN		2,700		588,956	189,392	57
58 MRI		2,440		543,581	312,906	58
59 CARDIAC CATHETERIZATION		1,424	679	1,062,667	398,140	59
60 LABORATORY		27,656		8,553,951	6,983	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		3,928	263	9,066,926	50,847	63
65 RESPIRATORY THERAPY		9,602		2,442,714	1,612,771	65
66 PHYSICAL THERAPY		7,121	206	238,880	170,412	66
69 ELECTROCARDIOLOGY		7,379	1,242		19,004	69
70 ELECTROENCEPHALOGRAPHY		4,938	480	93,767	58	70
70.01 BRACE AND PLASTER ROOM		204				70.01
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS				215,111	64,721,626	73
74 RENAL DIALYSIS		2,086	1,088	424,045	5,077	74
76.97 CARDIAC REHABILITATION				3,140	1	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		54,721	20,785	9,701,010	3,235,695	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC		568	406	11,717	2,996	90.02
90.03 SILVER CROSS					473	90.03
90.04 SILVER CROSS PHARMACY					7,450,780	90.04
91 EMERGENCY		17,401	10,681	7,450,545	20,429	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY
	PATIENT DAYS 10	FTES 11	DIRECT NRSING HRS 13	SERVICES & SUPPLY COSTED REQUIS. 14	COSTED REQUIS. 15
95 AMBULANCE SERVICES		1,210	614	1,882,198	95
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
105 KIDNEY ACQUISITION		1,171	831	6,020	1,936 105
106 HEART ACQUISITION		123	25	18,522	106
107 LIVER ACQUISITION		690	431	14,314	8,463 107
108 LUNG ACQUISITION		237	237	22,642	1,180 108
109 PANCREAS ACQUISITION		239		1,229	109
118 SUBTOTALS (SUM OF LINES 1-117)	154,712	447,943	147,289	145,638,315	79,542,506 118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				16,651	190
191 RESEARCH					191
191.01 OTHER NONREIMBURSABLE		210		79,564	191.01
191.02 MEDICAL SCHOOL					191.02
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	9,735,175	10,065,402	11,718,013	9,544,692	39,496,956 202
203 UNIT COST MULT-WS B PT I	62.924498	22.459745	79.557964	0.065494	0.496552 203
204 COST TO BE ALLOC PER B PT II	424,056	1,425,114	740,382	1,028,127	2,924,068 204
205 UNIT COST MULT-WS B PT II	2.740938	3.179972	5.026730	0.007055	0.036761 205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY REVENUE	SOCIAL SERVICE PATIENT DAYS	VOLUNTEERS VOLUNTEER HOURS	PATIENT TRANSPORT NUMBER OF TRANSPORTS	MEDICAL ELECTRONIC HOURS WORKED	
	16	17	18.01	18.02	18.03	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DCAM CAPITAL						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NON-PATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMIN & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	2,289,876,756					16
17 SOCIAL SERVICE		154,712				17
18 OCCUPATIONAL THERAPY						18
18.01 VOLUNTEERS			26,689			18.01
18.02 PATIENT TRANSPORT				39,337		18.02
18.03 MEDICAL ELECTRONICS					4,202	18.03
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM - PHARMACY						23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	315,386,459	106,640	8,950	15,359	774	30
31 INTENSIVE CARE UNIT	171,737,224	20,115		402	298	31
32 CORONARY CARE UNIT	20,810,759	3,755		90	97	32
33 BURN INTENSIVE CARE UNIT	17,652,424	2,505		118	39	33
34.01 NURSERY SPECIAL CARE	13,697,274	5,534		17	65	34.01
35 NURSERY ICU	75,247,483	13,956	1,800	563	434	35
43 NURSERY	4,226,373	2,207	80		2	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	243,975,573		1,900	95	401	50
52 DELIVERY ROOM & LABOR ROOM	19,363,519			710	94	52
53 ANESTHESIOLOGY	73,697,719				5	53
54 RADIOLOGY-DIAGNOSTIC	66,844,968		353	4,310	25	54
55 RADIOLOGY-THERAPEUTIC	34,596,585		600	190	8	55
57 CT SCAN	50,484,241		360	4,393	25	57
58 MRI	24,074,990		186	2,274	13	58
59 CARDIAC CATHETERIZATION	28,801,913		83	130	55	59
60 LABORATORY	217,568,472		7,500	425	182	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	91,954,040				14	63
65 RESPIRATORY THERAPY	112,620,940				709	65
66 PHYSICAL THERAPY	16,983,669			851	40	66
69 ELECTROCARDIOLOGY	69,829,888		47	74	31	69
70 ELECTROENCEPHALOGRAPHY	9,801,160		30			70
70.01 BRACE AND PLASTER ROOM	16,074					70.01
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	45,093,662					71
72 IMPL. DEV. CHARGED TO PATIENTS	111,758,338					72
73 DRUGS CHARGED TO PATIENTS	317,747,245					73
74 RENAL DIALYSIS	20,494,400			277	31	74
76.97 CARDIAC REHABILITATION	1,429					76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	35,872,433			4,608	401	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC	2,043,601					90.02
90.03 SILVER CROSS	1,100					90.03
90.04 SILVER CROSS PHARMACY						90.04
91 EMERGENCY	65,245,929		4,800	4,319	217	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY INPATIENT REVENUE	SOCIAL SERVICE PATIENT DAYS	VOLUNTEERS VOLUNTEER HOURS	PATIENT TRANSPORT NUMBER OF TRANSPORTS	MEDICAL ELECTRONIC HOURS WORKED	
	16	17	18.01	18.02	18.03	
95 AMBULANCE SERVICES	515,320				123	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	3,377,518				3	105
106 HEART ACQUISITION	3,841,377					106
107 LIVER ACQUISITION	2,366,482					107
108 LUNG ACQUISITION	1,455,781					108
109 PANCREAS ACQUISITION	690,394					109
118 SUBTOTALS (SUM OF LINES 1-117)	2,289,876,756	154,712	26,689	39,205	4,086	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH						191
191.01 OTHER NONREIMBURSABLE				132	116	191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	7,771,069	1,465,214	617,381	7,349,566	3,741,782	202
203 UNIT COST MULT-WS B PT I	0.003394	9.470591	23.132414	186.835956	890.476440	203
204 COST TO BE ALLOC PER B PT II	490,640	107,355	51,665	461,156	722,943	204
205 UNIT COST MULT-WS B PT II	0.000214	0.693902	1.935816	11.723212	172.047358	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SALARY & FRINGES ASSIGNED TIME 21	I&R PROGRAM COSTS ASSIGNED TIME 22	PARAMED EDUCATION ASSIGNED TIME 23	PARAMED ED PRGM PHARMACY TIME SPENT 23.01	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 DCAM CAPITAL					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5.01 NON-PATIENT PHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 OTHER ADMIN & GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
18 OCCUPATIONAL THERAPY					18
18.01 VOLUNTEERS					18.01
18.02 PATIENT TRANSPORT					18.02
18.03 MEDICAL ELECTRONICS					18.03
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD	15,898				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		15,898			22
23 PARAMED ED PRGM-(SPECIFY)			100		23
23.01 PARAMED ED PRGM - PHARMACY				1,000	23.01
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	4,850	4,850			30
31 INTENSIVE CARE UNIT	937	937			31
32 CORONARY CARE UNIT	295	295			32
33 BURN INTENSIVE CARE UNIT	72	72			33
34.01 NURSERY SPECIAL CARE	6	6			34.01
35 NURSERY ICU	481	481			35
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	1,688	1,688			50
52 DELIVERY ROOM & LABOR ROOM	533	533			52
53 ANESTHESIOLOGY	1,128	1,128			53
54 RADIOLOGY-DIAGNOSTIC	706	706	100		54
55 RADIOLOGY-THERAPEUTIC	167	167			55
57 CT SCAN	100	100			57
58 MRI	21	21			58
59 CARDIAC CATHETERIZATION	106	106			59
60 LABORATORY	925	925			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	6	6			63
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
69 ELECTROCARDIOLOGY	87	87			69
70 ELECTROENCEPHALOGRAPHY	124	124			70
70.01 BRACE AND PLASTER ROOM					70.01
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENTS					72
73 DRUGS CHARGED TO PATIENTS				1,000	73
74 RENAL DIALYSIS	20	20			74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	1,568	1,568			90
90.01 DENTAL CLINIC					90.01
90.02 TRANSPLANT CLINIC	53	53			90.02
90.03 SILVER CROSS					90.03
90.04 SILVER CROSS PHARMACY					90.04
91 EMERGENCY	490	490			91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94

PROVIDER CCN: 14-0088 UNIVERSITY OF CHICAGO HOSPITAL
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
 11/27/2013 08:52

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SALARY & FRINGES ASSIGNED TIME 21	I&R PROGRAM COSTS ASSIGNED TIME 22	PARAMED EDUCATION ASSIGNED TIME 23	PARAMED ED PRGM PHARMACY TIME SPENT 23.01	
95 AMBULANCE SERVICES					95
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
105 KIDNEY ACQUISITION					105
106 HEART ACQUISITION					106
107 LIVER ACQUISITION					107
108 LUNG ACQUISITION					108
109 PANCREAS ACQUISITION					109
118 SUBTOTALS (SUM OF LINES 1-117)	14,363	14,363	100	1,000	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					190
191 RESEARCH					191
191.01 OTHER NONREIMBURSABLE	1,535	1,535			191.01
191.02 MEDICAL SCHOOL					191.02
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	52,755,960	37,340,955	40,093	2,715,858	202
203 UNIT COST MULT-WS B PT I	3,318.402315	2,348.783180	400.930000	2,715.858000	203
204 COST TO BE ALLOC PER B PT II	2,360,255	1,280,823	1,977	133,703	204
205 UNIT COST MULT-WS B PT II	148.462385	80.565040	19.770000	133.703000	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	138,769,131		138,769,131		138,769,131	30
31 INTENSIVE CARE UNIT	50,235,744		50,235,744		50,235,744	31
32 CORONARY CARE UNIT	7,502,860		7,502,860		7,502,860	32
33 BURN INTENSIVE CARE UNIT	4,535,186		4,535,186		4,535,186	33
34.01 NURSERY SPECIAL CARE	5,133,931		5,133,931		5,133,931	34.01
35 NURSERY ICU	27,219,398		27,219,398		27,219,398	35
43 NURSERY	1,193,057		1,193,057		1,193,057	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	87,787,668		87,787,668	35,932	87,823,600	50
52 DELIVERY ROOM & LABOR ROOM	9,575,142		9,575,142		9,575,142	52
53 ANESTHESIOLOGY	10,095,732		10,095,732		10,095,732	53
54 RADIOLOGY-DIAGNOSTIC	43,794,054		43,794,054	184,503	43,978,557	54
55 RADIOLOGY-THERAPEUTIC	14,006,192		14,006,192	742,872	14,749,064	55
57 CT SCAN	8,020,754		8,020,754		8,020,754	57
58 MRI	6,835,999		6,835,999		6,835,999	58
59 CARDIAC CATHETERIZATION	6,181,873		6,181,873		6,181,873	59
60 LABORATORY	52,807,633		52,807,633	201,071	53,008,704	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	17,721,734		17,721,734		17,721,734	63
65 RESPIRATORY THERAPY	17,957,407		17,957,407		17,957,407	65
66 PHYSICAL THERAPY	10,148,737		10,148,737		10,148,737	66
69 ELECTROCARDIOLOGY	9,087,963		9,087,963	217,448	9,305,411	69
70 ELECTROENCEPHALOGRAPHY	5,177,400		5,177,400	9,346	5,186,746	70
70.01 BRACE AND PLASTER ROOM	308,476		308,476		308,476	70.01
71 MEDICAL SUPPLIES CHARGED TO	16,393,867		16,393,867		16,393,867	71
72 IMPL. DEV. CHARGED TO PATIE	38,572,560		38,572,560		38,572,560	72
73 DRUGS CHARGED TO PATIENTS	108,225,646		108,225,646		108,225,646	73
74 RENAL DIALYSIS	4,409,668		4,409,668		4,409,668	74
76.97 CARDIAC REHABILITATION	181,925		181,925		181,925	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	106,853,385		106,853,385	1,711,252	108,564,637	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC	2,325,152		2,325,152		2,325,152	90.02
90.03 SILVER CROSS	3,356,144		3,356,144		3,356,144	90.03
90.04 SILVER CROSS PHARMACY	14,075,135		14,075,135		14,075,135	90.04
91 EMERGENCY	32,032,479		32,032,479	18,386	32,050,865	91
92 OBSERVATION BEDS (NON-DISTI	3,633,120		3,633,120		3,633,120	92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	2,582,817		2,582,817		2,582,817	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
105 KIDNEY ACQUISITION	4,312,847		4,312,847		4,312,847	105
106 HEART ACQUISITION	2,300,588		2,300,588		2,300,588	106
107 LIVER ACQUISITION	2,639,491		2,639,491		2,639,491	107
108 LUNG ACQUISITION	1,790,642		1,790,642		1,790,642	108
109 PANCREAS ACQUISITION	533,804		533,804		533,804	109
200 SUBTOTAL (SEE INSTRUCTIONS)	878,315,341		878,315,341	3,120,810	881,436,151	200
201 LESS OBSERVATION BEDS	3,633,120		3,633,120		3,633,120	201
202 TOTAL (SEE INSTRUCTIONS)	874,682,221		874,682,221		877,803,031	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	315,386,459		315,386,459			30
31 INTENSIVE CARE UNIT	171,737,224		171,737,224			31
32 CORONARY CARE UNIT	20,810,759		20,810,759			32
33 BURN INTENSIVE CARE UNIT	17,652,424		17,652,424			33
34.01 NURSERY SPECIAL CARE	13,697,274		13,697,274			34.01
35 NURSERY ICU	75,247,483		75,247,483			35
43 NURSERY	4,226,373		4,226,373			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	243,975,573	142,629,885	386,605,458	0.227073	0.227073	0.227166 50
52 DELIVERY ROOM & LABOR ROOM	19,363,519	1,834,085	21,197,604	0.451709	0.451709	0.451709 52
53 ANESTHESIOLOGY	73,697,719	53,018,198	126,715,917	0.079672	0.079672	0.079672 53
54 RADIOLOGY-DIAGNOSTIC	66,844,968	96,078,067	162,923,035	0.268802	0.268802	0.269935 54
55 RADIOLOGY-THERAPEUTIC	34,596,585	65,239,487	99,836,072	0.140292	0.140292	0.147733 55
57 CT SCAN	50,484,241	112,310,475	162,794,716	0.049269	0.049269	0.049269 57
58 MRI	24,074,990	62,038,085	86,113,075	0.079384	0.079384	0.079384 58
59 CARDIAC CATHETERIZATION	28,801,913	24,046,013	52,847,926	0.116975	0.116975	0.116975 59
60 LABORATORY	217,568,472	208,381,639	425,950,111	0.123976	0.123976	0.124448 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	91,954,040	12,863,680	104,817,720	0.169072	0.169072	0.169072 63
65 RESPIRATORY THERAPY	112,620,940	7,222,149	119,843,089	0.149841	0.149841	0.149841 65
66 PHYSICAL THERAPY	16,983,669	15,176,419	32,160,088	0.315569	0.315569	0.315569 66
69 ELECTROCARDIOLOGY	69,829,888	58,060,435	127,890,323	0.071061	0.071061	0.072761 69
70 ELECTROENCEPHALOGRAPHY	9,801,160	9,224,886	19,026,046	0.272122	0.272122	0.272613 70
70.01 BRACE AND PLASTER ROOM	16,074	1,019,222	1,035,296	0.297959	0.297959	0.297959 70.01
71 MEDICAL SUPPLIES CHARGED TO	45,093,662	21,874,110	66,967,772	0.244802	0.244802	0.244802 71
72 IMPL. DEV. CHARGED TO PATIE	111,758,338	36,957,712	148,716,050	0.259371	0.259371	0.259371 72
73 DRUGS CHARGED TO PATIENTS	317,747,245	307,523,873	625,271,118	0.173086	0.173086	0.173086 73
74 RENAL DIALYSIS	20,494,400	912,082	21,406,482	0.205997	0.205997	0.205997 74
76.97 CARDIAC REHABILITATION	1,429	589,218	590,647	0.308010	0.308010	0.308010 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	35,872,433	242,346,083	278,218,516	0.384063	0.384063	0.390214 90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC	2,043,601	150,062	2,193,663	1.059940	1.059940	1.059940 90.02
90.03 SILVER CROSS	1,100	10,711,926	10,713,026	0.313277	0.313277	0.313277 90.03
90.04 SILVER CROSS PHARMACY		63,408,923	63,408,923	0.221974	0.221974	0.221974 90.04
91 EMERGENCY	65,245,929	130,618,771	195,864,700	0.163544	0.163544	0.163638 91
92 OBSERVATION BEDS (NON-DISTI	1,928,511	14,145,063	16,073,574	0.226031	0.226031	0.226031 92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	515,320	1,571,839	2,087,159	1.237480	1.237480	1.237480 95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
105 KIDNEY ACQUISITION	3,377,518	355,407	3,732,925			105
106 HEART ACQUISITION	3,841,377		3,841,377			106
107 LIVER ACQUISITION	2,366,482	114,061	2,480,543			107
108 LUNG ACQUISITION	1,455,781	80,786	1,536,567			108
109 PANCREAS ACQUISITION	690,394		690,394			109
200 SUBTOTAL (SEE INSTRUCTIONS)	2,291,805,267	1,700,502,641	3,992,307,908			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	2,291,805,267	1,700,502,641	3,992,307,908			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL	PER DIEM	INPAT PGM	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	PATIENT DAYS	(COL.3 ÷ COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	4	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	10,015,634		109,507	91.46	35,991	3,291,737	30
31 INTENSIVE CARE UNIT	3,002,612		20,115	149.27	6,304	940,998	31
32 CORONARY CARE UNIT	648,253		3,755	172.64	2,025	349,596	32
33 BURN INTENSIVE CARE UNIT	278,688		2,505	111.25	469	52,176	33
34 SURGICAL INTENSIVE CARE UNIT							34
34.01 NURSERY SPECIAL CARE	359,029		5,534	64.88			34.01
35 NURSERY ICU	1,519,974		13,956	108.91			35
40 SUBPROVIDER - IPF							40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY	75,547	75,547	2,207	34.23			43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	15,899,737	15,899,737	157,579		44,789	4,634,507	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	9,589,035	386,605,458	0.024803	73,955,185	1,834,310	50
52 DELIVERY ROOM & LABOR ROOM	711,369	21,197,604	0.033559	379,161	12,724	52
53 ANESTHESIOLOGY	1,600,321	126,715,917	0.012629	22,166,287	279,938	53
54 RADIOLOGY-DIAGNOSTIC	5,579,041	162,923,035	0.034243	25,694,599	879,860	54
55 RADIOLOGY-THERAPEUTIC	2,027,051	99,836,072	0.020304	10,685,555	216,960	55
57 CT SCAN	1,076,789	162,794,716	0.006614	18,973,115	125,488	57
58 MRI	1,227,095	86,113,075	0.014250	7,176,915	102,271	58
59 CARDIAC CATHETERIZATION	636,508	52,847,926	0.012044	13,386,976	161,233	59
60 LABORATORY	4,814,016	425,950,111	0.011302	78,347,749	885,486	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	950,475	104,817,720	0.009068	30,908,777	280,281	63
65 RESPIRATORY THERAPY	1,232,267	119,843,089	0.010282	30,459,341	313,183	65
66 PHYSICAL THERAPY	629,879	32,160,088	0.019586	7,056,541	138,209	66
69 ELECTROCARDIOLOGY	1,657,032	127,890,323	0.012957	29,674,326	384,490	69
70 ELECTROENCEPHALOGRAPHY	526,222	19,026,046	0.027658	2,085,731	57,687	70
70.01 BRACE AND PLASTER ROOM	19,210	1,035,296	0.018555	4,088	76	70.01
71 MEDICAL SUPPLIES CHARGED TO P	554,657	66,967,772	0.008282	16,788,117	139,039	71
72 IMPL. DEV. CHARGED TO PATIENT	1,305,298	148,716,050	0.008777	48,096,932	422,147	72
73 DRUGS CHARGED TO PATIENTS	4,901,926	625,271,118	0.007840	99,740,148	781,963	73
74 RENAL DIALYSIS	311,558	21,406,482	0.014554	10,401,509	151,384	74
76.97 CARDIAC REHABILITATION	11,996	590,647	0.020310	318	6	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	8,418,263	278,218,516	0.030258	8,470,536	256,301	90
90.01 DENTAL CLINIC						90.01
90.02 TRANSPLANT CLINIC	100,158	2,193,663	0.045658			90.02
90.03 SILVER CROSS	228,198	10,713,026	0.021301			90.03
90.04 SILVER CROSS PHARMACY	679,436	63,408,923	0.010715			90.04
91 EMERGENCY	1,908,095	195,864,700	0.009742	21,822,274	212,593	91
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS	262,220	16,073,574	0.016314			92
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
200 TOTAL (SUM OF LINES 50-199)	50,958,115	3,359,180,947		556,274,180	7,635,629	200

PROVIDER CCN: 14-0088 UNIVERSITY OF CHICAGO HOSPITAL
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
 11/27/2013 08:52

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
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
34.01 NURSERY SPECIAL CARE					34.01
35 NURSERY ICU					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

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	PER DIEM	INPATIENT	INPAT PGM
	PATIENT	COL.5 ÷	PROGRAM	PASS THRU
	DAYS	COL.6)	DAYS	COSTS
	6	7	8	(COL.7 x
				COL.8)
				9
INPAT ROUTINE SERV COST CTRS				
30 ADULTS & PEDIATRICS	109,507		35,991	30
31 INTENSIVE CARE UNIT	20,115		6,304	31
32 CORONARY CARE UNIT	3,755		2,025	32
33 BURN INTENSIVE CARE UNIT	2,505		469	33
34 SURGICAL INTENSIVE CARE UNIT				34
34.01 NURSERY SPECIAL CARE	5,534			34.01
35 NURSERY ICU	13,956			35
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
42 SUBPROVIDER I				42
43 NURSERY	2,207			43
44 SKILLED NURSING FACILITY				44
45 NURSING FACILITY				45
200 TOTAL (SUM OF LINES 30-199)	157,579		44,789	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX]	HOSPITAL (14-0088)	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS																																																																																																																																																																																																																																																												
APPLICABLE	[XX] TITLE XVIII-PT A	[]	IPF	[]	SNF	[]		[]	TEFRA																																																																																																																																																																																																																																																												
BOXES	[] TITLE XIX	[]	IRF	[]	NF	[]		[]																																																																																																																																																																																																																																																													
<table border="1"> <thead> <tr> <th>COST CENTER DESCRIPTION</th> <th>NON PHYSICIAN ANESTHETIST COST 1</th> <th>NURSING SCHOOL 2</th> <th>ALLIED HEALTH 3</th> <th>ALL OTHER MEDICAL EDUCATION COST 4</th> <th>TOTAL COST (SUM OF COLS.1-4) 5</th> <th>TOTAL O/P COST (SUM OF COLS.2-4) 6</th> </tr> </thead> <tbody> <tr> <td colspan="7">ANCILLARY SERVICE COST CENTERS</td> </tr> <tr> <td>50</td> <td>OPERATING ROOM</td> <td></td> <td></td> <td></td> <td></td> <td>50</td> </tr> <tr> <td>52</td> <td>DELIVERY ROOM & LABOR ROOM</td> <td></td> <td></td> <td></td> <td></td> <td>52</td> </tr> <tr> <td>53</td> <td>ANESTHESIOLOGY</td> <td></td> <td></td> <td></td> <td></td> <td>53</td> </tr> <tr> <td>54</td> <td>RADIOLOGY-DIAGNOSTIC</td> <td></td> <td>40,093</td> <td></td> <td>40,093</td> <td>54</td> </tr> <tr> <td>55</td> <td>RADIOLOGY-THERAPEUTIC</td> <td></td> <td></td> <td></td> <td></td> <td>55</td> </tr> <tr> <td>57</td> <td>CT SCAN</td> <td></td> <td></td> <td></td> <td></td> <td>57</td> </tr> <tr> <td>58</td> <td>MRI</td> <td></td> <td></td> <td></td> <td></td> <td>58</td> </tr> <tr> <td>59</td> <td>CARDIAC CATHETERIZATION</td> <td></td> <td></td> <td></td> <td></td> <td>59</td> </tr> <tr> <td>60</td> <td>LABORATORY</td> <td></td> <td></td> <td></td> <td></td> <td>60</td> </tr> <tr> <td>62.30</td> <td>BLOOD CLOTTING FOR HEMOPHILIA</td> <td></td> <td></td> <td></td> <td></td> <td>62.30</td> </tr> <tr> <td>63</td> <td>BLOOD STORING, PROCESSING & T</td> <td></td> <td></td> <td></td> <td></td> <td>63</td> </tr> <tr> <td>65</td> <td>RESPIRATORY THERAPY</td> <td></td> <td></td> <td></td> <td></td> <td>65</td> </tr> <tr> <td>66</td> <td>PHYSICAL THERAPY</td> <td></td> <td></td> <td></td> <td></td> <td>66</td> </tr> <tr> <td>69</td> <td>ELECTROCARDIOLOGY</td> <td></td> <td></td> <td></td> <td></td> <td>69</td> </tr> <tr> <td>70</td> <td>ELECTROENCEPHALOGRAPHY</td> <td></td> <td></td> <td></td> <td></td> <td>70</td> </tr> <tr> <td>70.01</td> <td>BRACE AND PLASTER ROOM</td> <td></td> <td></td> <td></td> <td></td> <td>70.01</td> </tr> <tr> <td>71</td> <td>MEDICAL SUPPLIES CHARGED TO P</td> <td></td> <td></td> <td></td> <td></td> <td>71</td> </tr> <tr> <td>72</td> <td>IMPL. DEV. 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DEV. CHARGED TO PATIENT					72	73	DRUGS CHARGED TO PATIENTS		2,715,858		2,715,858	73	74	RENAL DIALYSIS					74	76.97	CARDIAC REHABILITATION					76.97	76.98	HYPERBARIC OXYGEN THERAPY					76.98	76.99	LITHOTRIPSY					76.99	OUTPATIENT SERVICE COST CENTERS							90	CLINIC					90	90.01	DENTAL CLINIC					90.01	90.02	TRANSPLANT CLINIC					90.02	90.03	SILVER CROSS					90.03	90.04	SILVER CROSS PHARMACY					90.04	91	EMERGENCY					91	92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS					92	94	HOME PROGRAM DIALYSIS					94	95	AMBULANCE SERVICES					95	200	TOTAL (SUM OF LINES 50-199)		2,755,951		2,755,951	200
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																																																																																																																																																																																																																																																															
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS				
	COST TO	PPS	COST REIMB.	COST REIMB.	COST	COST			
	CHARGE RATIO	REIMBURSED	SERVICES	SVCES NOT	SERVICES	SVCES NOT			
FROM WKST C,	REIMBURSED	SUBJECT TO	SUBJECT TO	SERVICES	SUBJECT TO	SUBJECT TO	SUBJECT TO		
PT I, COL. 9	SERVICES	DED & COINS	DED & COINS	SERVICES	DED & COINS	DED & COINS	DED & COINS		
	1	2	3	4	5	6	7		
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	0.227073	33,681,839			7,648,236			50	
52 DELIVERY ROOM & LABOR ROOM	0.451709	102,285			46,203			52	
53 ANESTHESIOLOGY	0.079672	13,527,218			1,077,741			53	
54 RADIOLOGY-DIAGNOSTIC	0.268802	32,241,321			8,666,532			54	
55 RADIOLOGY-THERAPEUTIC	0.140292	27,880,403			3,911,397			55	
57 CT SCAN	0.049269	43,896,519			2,162,738			57	
58 MRI	0.079384	14,828,458			1,177,142			58	
59 CARDIAC CATHETERIZATION	0.116975	12,183,172			1,425,127			59	
60 LABORATORY	0.123976	10,458,459	126,593		1,296,598	15,694		60	
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30	
63 BLOOD STORING, PROCESSING & TRA	0.169072	3,031,459			512,535			63	
65 RESPIRATORY THERAPY	0.149841	2,829,027			423,904			65	
66 PHYSICAL THERAPY	0.315569	35,035			11,056			66	
69 ELECTROCARDIOLOGY	0.071061	23,965,069			1,702,982			69	
70 ELECTROENCEPHALOGRAPHY	0.272122	2,511,107			683,327			70	
70.01 BRACE AND PLASTER ROOM	0.297959	77,730			23,160			70.01	
71 MEDICAL SUPPLIES CHARGED TO PAT	0.244802	9,253,097	44,502		2,265,177	10,894		71	
72 IMPL. DEV. CHARGED TO PATIENTS	0.259371	16,557,259			4,294,473			72	
73 DRUGS CHARGED TO PATIENTS	0.173086	104,824,748	16,247		18,143,696	2,812		73	
74 RENAL DIALYSIS	0.205997	912,082			187,886			74	
76.97 CARDIAC REHABILITATION	0.308010	299,159			92,144			76.97	
76.98 HYPERBARIC OXYGEN THERAPY								76.98	
76.99 LITHOTRIPSY								76.99	
OUTPATIENT SERVICE COST CENTERS									
90 CLINIC	0.384063	75,864,678			29,136,816			90	
90.01 DENTAL CLINIC								90.01	
90.02 TRANSPLANT CLINIC	1.059940							90.02	
90.03 SILVER CROSS	0.313277	2,759,975			864,637			90.03	
90.04 SILVER CROSS PHARMACY	0.221974	29,235,304			6,489,477			90.04	
91 EMERGENCY	0.163544	22,882,054			3,742,223			91	
92 OBSERVATION BEDS (NON-DISTINCT	0.226031	2,702,253			610,793			92	
OTHER REIMBURSABLE COST CENTERS									
94 HOME PROGRAM DIALYSIS								94	
95 AMBULANCE SERVICES	1.237480							95	
200 SUBTOTAL (SEE INSTRUCTIONS)		486,539,710	187,342		96,596,000	29,400		200	
201 LESS PBP CLINIC LAB SERVICES								201	
202 NET CHARGES (LINE 200 - LINE 201)		486,539,710	187,342		96,596,000	29,400		202	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [XX] IPF (14-S088) [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA				
		CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2)	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)		
	COST CENTER DESCRIPTION	1	2	3	4	5		
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	9,589,035	386,605,458	0.024803				50
52	DELIVERY ROOM & LABOR ROOM	711,369	21,197,604	0.033559				52
53	ANESTHESIOLOGY	1,600,321	126,715,917	0.012629				53
54	RADIOLOGY-DIAGNOSTIC	5,579,041	162,923,035	0.034243				54
55	RADIOLOGY-THERAPEUTIC	2,027,051	99,836,072	0.020304				55
57	CT SCAN	1,076,789	162,794,716	0.006614				57
58	MRI	1,227,095	86,113,075	0.014250				58
59	CARDIAC CATHETERIZATION	636,508	52,847,926	0.012044				59
60	LABORATORY	4,814,016	425,950,111	0.011302				60
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
63	BLOOD STORING, PROCESSING & T	950,475	104,817,720	0.009068				63
65	RESPIRATORY THERAPY	1,232,267	119,843,089	0.010282				65
66	PHYSICAL THERAPY	629,879	32,160,088	0.019586				66
69	ELECTROCARDIOLOGY	1,657,032	127,890,323	0.012957				69
70	ELECTROENCEPHALOGRAPHY	526,222	19,026,046	0.027658				70
70.01	BRACE AND PLASTER ROOM	19,210	1,035,296	0.018555				70.01
71	MEDICAL SUPPLIES CHARGED TO P	554,657	66,967,772	0.008282				71
72	IMPL. DEV. CHARGED TO PATIENT	1,305,298	148,716,050	0.008777				72
73	DRUGS CHARGED TO PATIENTS	4,901,926	625,271,118	0.007840				73
74	RENAL DIALYSIS	311,558	21,406,482	0.014554				74
76.97	CARDIAC REHABILITATION	11,996	590,647	0.020310				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	8,418,263	278,218,516	0.030258				90
90.01	DENTAL CLINIC							90.01
90.02	TRANSPLANT CLINIC	100,158	2,193,663	0.045658				90.02
90.03	SILVER CROSS	228,198	10,713,026	0.021301				90.03
90.04	SILVER CROSS PHARMACY	679,436	63,408,923	0.010715				90.04
91	EMERGENCY	1,908,095	195,864,700	0.009742				91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		16,073,574	16,073,574				92
94	HOME PROGRAM DIALYSIS							94
95	AMBULANCE SERVICES							95
200	TOTAL (SUM OF LINES 50-199)	50,695,895	3,359,180,947					200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[XX] PPS	
APPLICABLE	[XX] TITLE XVIII-PT A	[XX] IPF (14-S088)	[] SNF		[] TEFRA	
BOXES	[] TITLE XIX	[] IRF	[] NF			
COST CENTER DESCRIPTION	NON 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
52	DELIVERY ROOM & LABOR ROOM					52
53	ANESTHESIOLOGY					53
54	RADIOLOGY-DIAGNOSTIC		40,093		40,093	54
55	RADIOLOGY-THERAPEUTIC					55
57	CT SCAN					57
58	MRI					58
59	CARDIAC CATHETERIZATION					59
60	LABORATORY					60
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
63	BLOOD STORING, PROCESSING & T					63
65	RESPIRATORY THERAPY					65
66	PHYSICAL THERAPY					66
69	ELECTROCARDIOLOGY					69
70	ELECTROENCEPHALOGRAPHY					70
70.01	BRACE AND PLASTER ROOM					70.01
71	MEDICAL SUPPLIES CHARGED TO P					71
72	IMPL. DEV. CHARGED TO PATIENT					72
73	DRUGS CHARGED TO PATIENTS		2,715,858		2,715,858	73
74	RENAL DIALYSIS					74
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90	CLINIC					90
90.01	DENTAL CLINIC					90.01
90.02	TRANSPLANT CLINIC					90.02
90.03	SILVER CROSS					90.03
90.04	SILVER CROSS PHARMACY					90.04
91	EMERGENCY					91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS					92
94	HOME PROGRAM DIALYSIS					94
95	AMBULANCE SERVICES					95
200	TOTAL (SUM OF LINES 50-199)		2,755,951		2,755,951	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[XX] IPF (14-S088)	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[] IRF	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	386,605,458					50
52	DELIVERY ROOM & LABOR ROOM	21,197,604					52
53	ANESTHESIOLOGY	126,715,917					53
54	RADIOLOGY-DIAGNOSTIC	162,923,035	0.000246	0.000246			54
55	RADIOLOGY-THERAPEUTIC	99,836,072					55
57	CT SCAN	162,794,716					57
58	MRI	86,113,075					58
59	CARDIAC CATHETERIZATION	52,847,926					59
60	LABORATORY	425,950,111					60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	104,817,720					63
65	RESPIRATORY THERAPY	119,843,089					65
66	PHYSICAL THERAPY	32,160,088					66
69	ELECTROCARDIOLOGY	127,890,323					69
70	ELECTROENCEPHALOGRAPHY	19,026,046					70
70.01	BRACE AND PLASTER ROOM	1,035,296					70.01
71	MEDICAL SUPPLIES CHARGED TO	66,967,772					71
72	IMPL. DEV. CHARGED TO PATIEN	148,716,050					72
73	DRUGS CHARGED TO PATIENTS	625,271,118	0.004343	0.004343			73
74	RENAL DIALYSIS	21,406,482					74
76.97	CARDIAC REHABILITATION	590,647					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	278,218,516					90
90.01	DENTAL CLINIC						90.01
90.02	TRANSPLANT CLINIC	2,193,663					90.02
90.03	SILVER CROSS	10,713,026					90.03
90.04	SILVER CROSS PHARMACY	63,408,923					90.04
91	EMERGENCY	195,864,700					91
92	OBSERVATION BEDS (NON-DISTIN	16,073,574					92
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)	3,359,180,947					200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT	COST SERVICES	COST SVCS NOT	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS				
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.227073						50
52 DELIVERY ROOM & LABOR ROOM	0.451709						52
53 ANESTHESIOLOGY	0.079672						53
54 RADIOLOGY-DIAGNOSTIC	0.268802						54
55 RADIOLOGY-THERAPEUTIC	0.140292						55
57 CT SCAN	0.049269						57
58 MRI	0.079384						58
59 CARDIAC CATHETERIZATION	0.116975						59
60 LABORATORY	0.123976						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.169072						63
65 RESPIRATORY THERAPY	0.149841						65
66 PHYSICAL THERAPY	0.315569						66
69 ELECTROCARDIOLOGY	0.071061						69
70 ELECTROENCEPHALOGRAPHY	0.272122						70
70.01 BRACE AND PLASTER ROOM	0.297959						70.01
71 MEDICAL SUPPLIES CHARGED TO PAT	0.244802						71
72 IMPL. DEV. CHARGED TO PATIENTS	0.259371						72
73 DRUGS CHARGED TO PATIENTS	0.173086						73
74 RENAL DIALYSIS	0.205997						74
76.97 CARDIAC REHABILITATION	0.308010						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.384063						90
90.01 DENTAL CLINIC							90.01
90.02 TRANSPLANT CLINIC	1.059940						90.02
90.03 SILVER CROSS	0.313277						90.03
90.04 SILVER CROSS PHARMACY	0.221974						90.04
91 EMERGENCY	0.163544						91
92 OBSERVATION BEDS (NON-DISTINCT	0.226031						92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
95 AMBULANCE SERVICES	1.237480						95
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	109,507	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	109,507	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	106,640	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)	35,991	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)	138,769,131	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	138,769,131	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	138,769,131	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,267.22 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 45,608,515 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) 45,608,515 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	50,235,744	20,115	2,497.43	6,304	15,743,799	43
44 CORONARY CARE UNIT	7,502,860	3,755	1,998.10	2,025	4,046,153	44
45 BURN INTENSIVE CARE UNIT	4,535,186	2,505	1,810.45	469	849,101	45
46 SURGICAL INTENSIVE CARE UNIT						46
46.01 NURSERY SPECIAL CARE	5,133,931	5,534	927.71			46.01
47 NURSERY ICU	27,219,398	13,956	1,950.37			47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					97,685,600	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					163,933,168	49
PASS-THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)					4,634,507	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)					8,075,121	51
52 TOTAL PROGRAM EXCLUDABLE COST					12,709,628	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)					151,223,540	53
TARGET AMOUNT AND LIMIT COMPUTATION						
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT (LINE 54 x LINE 55)						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT (SEE INSTRUCTIONS)						58
59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET						59
60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET						60
61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)						61
62 RELIEF PAYMENT (SEE INSTRUCTIONS)						62
63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)						63
PROGRAM INPATIENT ROUTINE SWING BED COST						
64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)						64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)						65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)						66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)						67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)						68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)						69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 2,867 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 1,267.22 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 3,633,120 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	10,015,634	138,769,131	0.072175	3,633,120	262,220	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	1								
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	2								
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3								
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4								
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	5								
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	6								
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	7								
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	8								
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	9								
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	10								
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	11								
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	12								
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	13								
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	14								
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	15								
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	16								
SWING-BED ADJUSTMENT										
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	17								
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	18								
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	19								
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	20								
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	21								
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)	22								
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)	23								
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)	24								
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)	25								
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	26								
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	27								
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	28								
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	29								
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	30								
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	31								
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)	32								
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	33								
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)	34								
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)	35								
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)	36								
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	37								

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

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

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		98,983,790		30
31 INTENSIVE CARE UNIT		47,658,464		31
32 CORONARY CARE UNIT		16,514,154		32
33 BURN INTENSIVE CARE UNIT		3,068,730		33
34.01 NURSERY SPECIAL CARE				34.01
35 NURSERY ICU				35
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.227166	73,955,185	16,800,104	50
52 DELIVERY ROOM & LABOR ROOM	0.451709	379,161	171,270	52
53 ANESTHESIOLOGY	0.079672	22,166,287	1,766,032	53
54 RADIOLOGY-DIAGNOSTIC	0.269935	25,694,599	6,935,872	54
55 RADIOLOGY-THERAPEUTIC	0.147733	10,685,555	1,578,609	55
57 CT SCAN	0.049269	18,973,115	934,786	57
58 MRI	0.079384	7,176,915	569,732	58
59 CARDIAC CATHETERIZATION	0.116975	13,386,976	1,565,942	59
60 LABORATORY	0.124448	78,347,749	9,750,221	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.169072	30,908,777	5,225,809	63
65 RESPIRATORY THERAPY	0.149841	30,459,341	4,564,058	65
66 PHYSICAL THERAPY	0.315569	7,056,541	2,226,826	66
69 ELECTROCARDIOLOGY	0.072761	29,674,326	2,159,134	69
70 ELECTROENCEPHALOGRAPHY	0.272613	2,085,731	568,597	70
70.01 BRACE AND PLASTER ROOM	0.297959	4,088	1,218	70.01
71 MEDICAL SUPPLIES CHARGED TO PAT	0.244802	16,788,117	4,109,765	71
72 IMPL. DEV. CHARGED TO PATIENTS	0.259371	48,096,932	12,474,949	72
73 DRUGS CHARGED TO PATIENTS	0.173086	99,740,148	17,263,623	73
74 RENAL DIALYSIS	0.205997	10,401,509	2,142,680	74
76.97 CARDIAC REHABILITATION	0.308010	318	98	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.390214	8,470,536	3,305,322	90
90.01 DENTAL CLINIC				90.01
90.02 TRANSPLANT CLINIC	1.059940			90.02
90.03 SILVER CROSS	0.313277			90.03
90.04 SILVER CROSS PHARMACY	0.221974			90.04
91 EMERGENCY	0.163638	21,822,274	3,570,953	91
92 OBSERVATION BEDS (NON-DISTINCT	0.226031			92
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
95 AMBULANCE SERVICES				95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		556,274,180	97,685,600	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		556,274,180		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
32 CORONARY CARE UNIT				32
33 BURN INTENSIVE CARE UNIT				33
34.01 NURSERY SPECIAL CARE				34.01
35 NURSERY ICU				35
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.227166			50
52 DELIVERY ROOM & LABOR ROOM	0.451709			52
53 ANESTHESIOLOGY	0.079672			53
54 RADIOLOGY-DIAGNOSTIC	0.269935			54
55 RADIOLOGY-THERAPEUTIC	0.147733			55
57 CT SCAN	0.049269			57
58 MRI	0.079384			58
59 CARDIAC CATHETERIZATION	0.116975			59
60 LABORATORY	0.124448			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.169072			63
65 RESPIRATORY THERAPY	0.149841			65
66 PHYSICAL THERAPY	0.315569			66
69 ELECTROCARDIOLOGY	0.072761			69
70 ELECTROENCEPHALOGRAPHY	0.272613			70
70.01 BRACE AND PLASTER ROOM	0.297959			70.01
71 MEDICAL SUPPLIES CHARGED TO PAT	0.244802			71
72 IMPL. DEV. CHARGED TO PATIENTS	0.259371			72
73 DRUGS CHARGED TO PATIENTS	0.173086			73
74 RENAL DIALYSIS	0.205997			74
76.97 CARDIAC REHABILITATION	0.308010			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.390214			90
90.01 DENTAL CLINIC				90.01
90.02 TRANSPLANT CLINIC	1.059940			90.02
90.03 SILVER CROSS	0.313277			90.03
90.04 SILVER CROSS PHARMACY	0.221974			90.04
91 EMERGENCY	0.163638			91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.226031			92
94 HOME PROGRAM DIALYSIS				94
95 AMBULANCE SERVICES				95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART I

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

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

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES		PER DIEM COSTS (FROM WKST D-1, PT. II)		ORGAN ACQUISITION DAYS		COST (COL.2 x COL.3)		
			1	D	D-1,	2	3	4	5	6	
					PT. II)						
1	ADULTS & PEDIATRICS		107,966	38		1,267.22		36		45,620	1
2	INTENSIVE CARE UNIT		50,646	43		2,497.43		5		12,487	2
3	CORONARY CARE UNIT			44		1,998.10					3
4	BURN INTENSIVE CARE UNIT			45		1,810.45					4
5	SURGICAL INTENSIVE CARE UNIT			46							5
5.01	NURSERY SPECIAL CARE			46.01		927.71					5.01
6	NURSERY ICU			47		1,950.37					6
7	TOTAL (SUM OF LINES 1-6)		158,612					41		58,107	7
	COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST TO CHARGES (FROM WKST C)		ORGAN ACQUISITION ANCILLARY CHARGES		ORGAN ACQUISITION ANCILLARY COSTS				
			C	1	2	3	4	5	6	7	
8	OPERATING ROOM		50	0.227073		557,002				126,480	8
9	RECOVERY ROOM		51								9
10	DELIVERY ROOM & LABOR ROOM		52	0.451709							10
11	ANESTHESIOLOGY		53	0.079672		136,508				10,876	11
12	RADIOLOGY-DIAGNOSTIC		54	0.268802		708,389				190,416	12
13	RADIOLOGY-THERAPEUTIC		55	0.140292							13
14	RADIOISOTOPE		56								14
15	CT SCAN		57	0.049269		610,219				30,065	15
16	MRI		58	0.079384		11,600				921	16
17	CARDIAC CATHETERIZATION		59	0.116975		93,399				10,925	17
18	LABORATORY		60	0.123976		4,203,733				521,162	18
19	PBP CLINICAL LAB SERVICES-PRGM		61								19
20	WHOLE BLOOD & PACKED RED BLOOD		62								20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30								20.30
21	BLOOD STORING, PROCESSING & TRA		63	0.169072		118,883				20,100	21
22	INTRAVENOUS THERAPY		64								22
23	RESPIRATORY THERAPY		65	0.149841		28,670				4,296	23
24	PHYSICAL THERAPY		66	0.315569		12,935				4,082	24
25	OCCUPATIONAL THERAPY		67								25
26	SPEECH PATHOLOGY		68								26
27	ELECTROCARDIOLOGY		69	0.071061		1,530,491				108,758	27
28	ELECTROENCEPHALOGRAPHY		70	0.272122							28
28.01	BRACE AND PLASTER ROOM		70.01	0.297959							28.01
29	MEDICAL SUPPLIES CHARGED TO PAT		71	0.244802							29
30	IMPL. DEV. CHARGED TO PATIENTS		72	0.259371							30
31	DRUGS CHARGED TO PATIENTS		73	0.173086							31
32	RENAL DIALYSIS		74	0.205997		10,494				2,162	32
33	ASC (NON-DISTINCT PART)		75								33
34	OTHER ANCILLARY (SPECIFY)		76								34
34.97	CARDIAC REHABILITATION		76.97	0.308010							34.97
34.98	HYPERBARIC OXYGEN THERAPY		76.98								34.98
34.99	LITHOTRIPSY		76.99								34.99
35	RURAL HEALTH CLINIC		88								35
36	FEDERALLY QUALIFIED HEALTH CENT		89								36
37	CLINIC		90	0.384063		314,443				120,766	37
37.01	DENTAL CLINIC		90.01								37.01
37.02	TRANSPLANT CLINIC		90.02	1.059940							37.02
37.03	SILVER CROSS		90.03	0.313277							37.03
37.04	SILVER CROSS PHARMACY		90.04	0.221974							37.04
38	EMERGENCY		91	0.163544		2,934				480	38
39	OBSERVATION BEDS (NON-DISTINCT		92	0.226031							39
40	OTHER OUTPATIENT SERVICE (SPECI		93								40
41	TOTAL (SUM OF LINES 8-40)					8,339,700				1,151,489	41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
	D	1	2	3	
42	ADULTS & PEDIATRICS	2	36		42
43	INTENSIVE CARE UNIT	3	5		43
44	CORONARY CARE UNIT	4			44
45	BURN INTENSIVE CARE UNIT	5			45
46	SURGICAL INTENSIVE CARE UNIT	6			46
46.01	NURSERY SPECIAL CARE	6.01			46.01
47	NURSERY ICU	7			47
48	TOTAL (SUM OF LINES 42-47)		41		48

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
	1	D	2	3	
49	RURAL HEALTH CLINIC		21		49
50	FEDERALLY QUALIFIED HEALTH CENT		22		50
51	CLINIC	314,443	23		51
51.01	DENTAL CLINIC		23.01		51.01
51.02	TRANSPLANT CLINIC		23.02		51.02
51.03	SILVER CROSS		23.03		51.03
51.04	SILVER CROSS PHARMACY		23.04		51.04
52	EMERGENCY	2,934	24		52
53	OBSERVATION BEDS (NON-DISTINCT		25		53
54	OTHER OUTPATIENT SERVICE (SPECI		26		54
55	TOTAL (SUM OF LINES 49-54)	317,377			55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
56 ROUTINE & ANCILLARY FROM PART I	1,209,596		8,498,312		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	4,312,847		4,312,847		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	5,522,443		12,811,159		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		69			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		47			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.681159			64
65 MEDICARE COST/CHARGES	3,761,662		8,726,436		65
66 REVENUE FOR ORGANS SOLD	83,896				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	3,677,766		8,726,436		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	3,677,766		8,726,436		69

PART IV - STATISTICS

	LIVING RELATED 1	CADAVERIC 2	REVENUE 3	
70 ORGANS EXCISED IN PROVIDER	11	18		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS	1			71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		39		73
74 TOTAL (SUM OF LINES 70-73)	12	57		74
75 ORGANS TRANSPLANTED	11	39		75
76 ORGANS SOLD TO OTHER HOSPITALS	1		14,660	76
77 ORGANS SOLD TO OPO'S		18	69,236	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)	12	57		84

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART I

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

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES		PER DIEM COSTS (FROM WKST D-1, PT. II)		ORGAN ACQUISITION DAYS	COST (COL.2 x COL.3)	
		1	D	2	3		4	
1	ADULTS & PEDIATRICS	12,276	38	1,267.22		8	10,138	1
2	INTENSIVE CARE UNIT	6,007	43	2,497.43		1	2,497	2
3	CORONARY CARE UNIT		44	1,998.10				3
4	BURN INTENSIVE CARE UNIT		45	1,810.45				4
5	SURGICAL INTENSIVE CARE UNIT		46					5
5.01	NURSERY SPECIAL CARE		46.01	927.71				5.01
6	NURSERY ICU		47	1,950.37				6
7	TOTAL (SUM OF LINES 1-6)	18,283				9	12,635	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST TO CHARGES (FROM WKST C)		ORGAN ACQUISITION ANCILLARY CHARGES			ORGAN ACQUISITION ANCILLARY COSTS	
		C	1	2	3		4	
8	OPERATING ROOM	50	0.227073	15,027			3,412	8
9	RECOVERY ROOM	51						9
10	DELIVERY ROOM & LABOR ROOM	52	0.451709					10
11	ANESTHESIOLOGY	53	0.079672	2,265			180	11
12	RADIOLOGY-DIAGNOSTIC	54	0.268802	53,192			14,298	12
13	RADIOLOGY-THERAPEUTIC	55	0.140292					13
14	RADIOISOTOPE	56						14
15	CT SCAN	57	0.049269	17,292			852	15
16	MRI	58	0.079384					16
17	CARDIAC CATHETERIZATION	59	0.116975	276,434			32,336	17
18	LABORATORY	60	0.123976	339,308			42,066	18
19	PBP CLINICAL LAB SERVICES-PRGM	61						19
20	WHOLE BLOOD & PACKED RED BLOOD	62						20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30						20.30
21	BLOOD STORING, PROCESSING & TRA	63	0.169072	9,578			1,619	21
22	INTRAVENOUS THERAPY	64						22
23	RESPIRATORY THERAPY	65	0.149841	24,176			3,623	23
24	PHYSICAL THERAPY	66	0.315569					24
25	OCCUPATIONAL THERAPY	67						25
26	SPEECH PATHOLOGY	68						26
27	ELECTROCARDIOLOGY	69	0.071061	174,665			12,412	27
28	ELECTROENCEPHALOGRAPHY	70	0.272122					28
28.01	BRACE AND PLASTER ROOM	70.01	0.297959					28.01
29	MEDICAL SUPPLIES CHARGED TO PAT	71	0.244802					29
30	IMPL. DEV. CHARGED TO PATIENTS	72	0.259371					30
31	DRUGS CHARGED TO PATIENTS	73	0.173086					31
32	RENAL DIALYSIS	74	0.205997	3,544			730	32
33	ASC (NON-DISTINCT PART)	75						33
34	OTHER ANCILLARY (SPECIFY)	76						34
34.97	CARDIAC REHABILITATION	76.97	0.308010					34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98						34.98
34.99	LITHOTRIPSY	76.99						34.99
35	RURAL HEALTH CLINIC	88						35
36	FEDERALLY QUALIFIED HEALTH CENT	89						36
37	CLINIC	90	0.384063	96,809			37,181	37
37.01	DENTAL CLINIC	90.01						37.01
37.02	TRANSPLANT CLINIC	90.02	1.059940					37.02
37.03	SILVER CROSS	90.03	0.313277					37.03
37.04	SILVER CROSS PHARMACY	90.04	0.221974					37.04
38	EMERGENCY	91	0.163544					38
39	OBSERVATION BEDS (NON-DISTINCT	92	0.226031					39
40	OTHER OUTPATIENT SERVICE (SPECI	93						40
41	TOTAL (SUM OF LINES 8-40)			1,012,290			148,709	41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		D	2	3	
42	ADULTS & PEDIATRICS	2	8		42
43	INTENSIVE CARE UNIT	3	1		43
44	CORONARY CARE UNIT	4			44
45	BURN INTENSIVE CARE UNIT	5			45
46	SURGICAL INTENSIVE CARE UNIT	6			46
46.01	NURSERY SPECIAL CARE	6.01			46.01
47	NURSERY ICU	7			47
48	TOTAL (SUM OF LINES 42-47)		9		48

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		1	2	3	
49	RURAL HEALTH CLINIC		21		49
50	FEDERALLY QUALIFIED HEALTH CENT		22		50
51	CLINIC	96,809	23		51
51.01	DENTAL CLINIC		23.01		51.01
51.02	TRANSPLANT CLINIC		23.02		51.02
51.03	SILVER CROSS		23.03		51.03
51.04	SILVER CROSS PHARMACY		23.04		51.04
52	EMERGENCY		24		52
53	OBSERVATION BEDS (NON-DISTINCT		25		53
54	OTHER OUTPATIENT SERVICE (SPECI		26		54
55	TOTAL (SUM OF LINES 49-54)	96,809			55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
56 ROUTINE & ANCILLARY FROM PART I	161,344		1,030,573		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	2,300,588		2,300,588		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	2,461,932		3,331,161		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		35			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		19			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.542857			64
65 MEDICARE COST/CHARGES	1,336,477		1,808,344		65
66 REVENUE FOR ORGANS SOLD	15,386				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	1,321,091		1,808,344		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	1,321,091		1,808,344		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER		4		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		31		73
74 TOTAL (SUM OF LINES 70-73)		35		74
75 ORGANS TRANSPLANTED		31		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		4	15,386	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)		35		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	2,298	38		1,267.22		4	5,069	1
2	INTENSIVE CARE UNIT	14,860	43		2,497.43		4	9,990	2
3	CORONARY CARE UNIT	20,301	44		1,998.10				3
4	BURN INTENSIVE CARE UNIT		45		1,810.45				4
5	SURGICAL INTENSIVE CARE UNIT		46						5
5.01	NURSERY SPECIAL CARE		46.01		927.71				5.01
6	NURSERY ICU		47		1,950.37				6
7	TOTAL (SUM OF LINES 1-6)	37,459					8	15,059	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST TO CHARGES (FROM WKST C)		ORGAN ACQUISITION ANCILLARY CHARGES		ORGAN ACQUISITION ANCILLARY COSTS			
		C	1	2	3	4	5	6	7
8	OPERATING ROOM	50	0.227073	89,498	20,323				8
9	RECOVERY ROOM	51							9
10	DELIVERY ROOM & LABOR ROOM	52	0.451709						10
11	ANESTHESIOLOGY	53	0.079672	20,523	1,635				11
12	RADIOLOGY-DIAGNOSTIC	54	0.268802	245,785	66,067				12
13	RADIOLOGY-THERAPEUTIC	55	0.140292						13
14	RADIOISOTOPE	56							14
15	CT SCAN	57	0.049269	289,870	14,282				15
16	MRI	58	0.079384	207,532	16,475				16
17	CARDIAC CATHETERIZATION	59	0.116975						17
18	LABORATORY	60	0.123976	592,843	73,498				18
19	PBP CLINICAL LAB SERVICES-PRGM	61							19
20	WHOLE BLOOD & PACKED RED BLOOD	62							20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30							20.30
21	BLOOD STORING, PROCESSING & TRA	63	0.169072	29,117	4,923				21
22	INTRAVENOUS THERAPY	64							22
23	RESPIRATORY THERAPY	65	0.149841	76,238	11,424				23
24	PHYSICAL THERAPY	66	0.315569						24
25	OCCUPATIONAL THERAPY	67							25
26	SPEECH PATHOLOGY	68							26
27	ELECTROCARDIOLOGY	69	0.071061	310,086	22,035				27
28	ELECTROENCEPHALOGRAPHY	70	0.272122						28
28.01	BRACE AND PLASTER ROOM	70.01	0.297959						28.01
29	MEDICAL SUPPLIES CHARGED TO PAT	71	0.244802						29
30	IMPL. DEV. CHARGED TO PATIENTS	72	0.259371						30
31	DRUGS CHARGED TO PATIENTS	73	0.173086						31
32	RENAL DIALYSIS	74	0.205997						32
33	ASC (NON-DISTINCT PART)	75							33
34	OTHER ANCILLARY (SPECIFY)	76							34
34.97	CARDIAC REHABILITATION	76.97	0.308010						34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98							34.98
34.99	LITHOTRIPSY	76.99							34.99
35	RURAL HEALTH CLINIC	88							35
36	FEDERALLY QUALIFIED HEALTH CENT	89							36
37	CLINIC	90	0.384063	261,877	100,577				37
37.01	DENTAL CLINIC	90.01							37.01
37.02	TRANSPLANT CLINIC	90.02	1.059940						37.02
37.03	SILVER CROSS	90.03	0.313277						37.03
37.04	SILVER CROSS PHARMACY	90.04	0.221974						37.04
38	EMERGENCY	91	0.163544						38
39	OBSERVATION BEDS (NON-DISTINCT	92	0.226031						39
40	OTHER OUTPATIENT SERVICE (SPECI	93							40
41	TOTAL (SUM OF LINES 8-40)			2,123,369	331,239				41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		D	2	3	
42	ADULTS & PEDIATRICS	2	4		42
43	INTENSIVE CARE UNIT	3	4		43
44	CORONARY CARE UNIT	4			44
45	BURN INTENSIVE CARE UNIT	5			45
46	SURGICAL INTENSIVE CARE UNIT	6			46
46.01	NURSERY SPECIAL CARE	6.01			46.01
47	NURSERY ICU	7			47
48	TOTAL (SUM OF LINES 42-47)		8		48

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		1	2	3	
49	RURAL HEALTH CLINIC		21		49
50	FEDERALLY QUALIFIED HEALTH CENT		22		50
51	CLINIC	261,877	23		51
51.01	DENTAL CLINIC		23.01		51.01
51.02	TRANSPLANT CLINIC		23.02		51.02
51.03	SILVER CROSS		23.03		51.03
51.04	SILVER CROSS PHARMACY		23.04		51.04
52	EMERGENCY		24		52
53	OBSERVATION BEDS (NON-DISTINCT		25		53
54	OTHER OUTPATIENT SERVICE (SPECI		26		54
55	TOTAL (SUM OF LINES 49-54)	261,877			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	346,298		2,160,828		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	2,639,491		2,639,491		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	2,985,789		4,800,319		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		31			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		15			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.483871			64
65 MEDICARE COST/CHARGES	1,444,737		2,322,735		65
66 REVENUE FOR ORGANS SOLD	30,772				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	1,413,965		2,322,735		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	1,413,965		2,322,735		69

PART IV - STATISTICS

	LIVING RELATED 1	CADAVERIC 2	REVENUE 3	
70 ORGANS EXCISED IN PROVIDER		8		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		23		73
74 TOTAL (SUM OF LINES 70-73)		31		74
75 ORGANS TRANSPLANTED		23		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		8	30,772	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)		31		84

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART I

CHECK
 APPLICABLE BOX

[] HEART
 [] KIDNEY

[] LIVER
 [XX] LUNG

[] PANCREAS
 [] INTESTINE

[] ISLET
 [] OTHER (specify)

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

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES		PER DIEM COSTS (FROM WKST D-1, PT. II)		ORGAN ACQUISITION DAYS	COST (COL.2 x COL.3)	
	1	D	1	D	2	3			
1	ADULTS & PEDIATRICS			38		1,267.22			1
2	INTENSIVE CARE UNIT		7,396	43		2,497.43	2	4,995	2
3	CORONARY CARE UNIT			44		1,998.10			3
4	BURN INTENSIVE CARE UNIT			45		1,810.45			4
5	SURGICAL INTENSIVE CARE UNIT			46					5
5.01	NURSERY SPECIAL CARE			46.01		927.71			5.01
6	NURSERY ICU			47		1,950.37			6
7	TOTAL (SUM OF LINES 1-6)		7,396				2	4,995	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION									
		C		RATIO OF COST TO CHARGES (FROM WKST C)			ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
				1			2	3	
8	OPERATING ROOM	50		0.227073			20,570	4,671	8
9	RECOVERY ROOM	51							9
10	DELIVERY ROOM & LABOR ROOM	52		0.451709					10
11	ANESTHESIOLOGY	53		0.079672			2,986	238	11
12	RADIOLOGY-DIAGNOSTIC	54		0.268802			102,948	27,673	12
13	RADIOLOGY-THERAPEUTIC	55		0.140292					13
14	RADIOISOTOPE	56							14
15	CT SCAN	57		0.049269			50,988	2,512	15
16	MRI	58		0.079384			2,896	230	16
17	CARDIAC CATHETERIZATION	59		0.116975			369,916	43,271	17
18	LABORATORY	60		0.123976			263,484	32,666	18
19	PBP CLINICAL LAB SERVICES-PRGM	61							19
20	WHOLE BLOOD & PACKED RED BLOOD	62							20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30							20.30
21	BLOOD STORING, PROCESSING & TRA	63		0.169072			8,453	1,429	21
22	INTRAVENOUS THERAPY	64							22
23	RESPIRATORY THERAPY	65		0.149841			41,849	6,271	23
24	PHYSICAL THERAPY	66		0.315569					24
25	OCCUPATIONAL THERAPY	67							25
26	SPEECH PATHOLOGY	68							26
27	ELECTROCARDIOLOGY	69		0.071061			60,286	4,284	27
28	ELECTROENCEPHALOGRAPHY	70		0.272122			3,509	955	28
28.01	BRACE AND PLASTER ROOM	70.01		0.297959					28.01
29	MEDICAL SUPPLIES CHARGED TO PAT	71		0.244802					29
30	IMPL. DEV. CHARGED TO PATIENTS	72		0.259371					30
31	DRUGS CHARGED TO PATIENTS	73		0.173086					31
32	RENAL DIALYSIS	74		0.205997					32
33	ASC (NON-DISTINCT PART)	75							33
34	OTHER ANCILLARY (SPECIFY)	76							34
34.97	CARDIAC REHABILITATION	76.97		0.308010					34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98							34.98
34.99	LITHOTRIPSY	76.99							34.99
35	RURAL HEALTH CLINIC	88							35
36	FEDERALLY QUALIFIED HEALTH CENT	89							36
37	CLINIC	90		0.384063			220,739	84,778	37
37.01	DENTAL CLINIC	90.01							37.01
37.02	TRANSPLANT CLINIC	90.02		1.059940					37.02
37.03	SILVER CROSS	90.03		0.313277					37.03
37.04	SILVER CROSS PHARMACY	90.04		0.221974					37.04
38	EMERGENCY	91		0.163544					38
39	OBSERVATION BEDS (NON-DISTINCT	92		0.226031					39
40	OTHER OUTPATIENT SERVICE (SPECI	93							40
41	TOTAL (SUM OF LINES 8-40)						1,148,624	208,978	41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		D	2	3	
42	ADULTS & PEDIATRICS	2			42
43	INTENSIVE CARE UNIT	3	2		43
44	CORONARY CARE UNIT	4			44
45	BURN INTENSIVE CARE UNIT	5			45
46	SURGICAL INTENSIVE CARE UNIT	6			46
46.01	NURSERY SPECIAL CARE	6.01			46.01
47	NURSERY ICU	7			47
48	TOTAL (SUM OF LINES 42-47)		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)	
		1	D	3	
49	RURAL HEALTH CLINIC		21		49
50	FEDERALLY QUALIFIED HEALTH CENT		22		50
51	CLINIC	220,739	23		51
51.01	DENTAL CLINIC		23.01		51.01
51.02	TRANSPLANT CLINIC		23.02		51.02
51.03	SILVER CROSS		23.03		51.03
51.04	SILVER CROSS PHARMACY		23.04		51.04
52	EMERGENCY		24		52
53	OBSERVATION BEDS (NON-DISTINCT		25		53
54	OTHER OUTPATIENT SERVICE (SPECI		26		54
55	TOTAL (SUM OF LINES 49-54)	220,739			55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
56 ROUTINE & ANCILLARY FROM PART I	213,973		1,156,020		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	1,790,642		1,790,642		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	2,004,615		2,946,662		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		32			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		16			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.500000			64
65 MEDICARE COST/CHARGES	1,002,308		1,473,331		65
66 REVENUE FOR ORGANS SOLD	30,772				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	971,536		1,473,331		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	971,536		1,473,331		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER		8		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		24		73
74 TOTAL (SUM OF LINES 70-73)		32		74
75 ORGANS TRANSPLANTED		24		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		8	30,772	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)		32		84

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART I

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

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES		PER DIEM COSTS (FROM WKST D-1, PT. II)		ORGAN ACQUISITION DAYS	COST (COL.2 x COL.3)	
		1	D	2		3	4	
1	ADULTS & PEDIATRICS		38	1,267.22				1
2	INTENSIVE CARE UNIT	7,162	43	2,497.43				2
3	CORONARY CARE UNIT		44	1,998.10				3
4	BURN INTENSIVE CARE UNIT		45	1,810.45				4
5	SURGICAL INTENSIVE CARE UNIT		46					5
5.01	NURSERY SPECIAL CARE		46.01	927.71				5.01
6	NURSERY ICU		47	1,950.37				6
7	TOTAL (SUM OF LINES 1-6)	7,162						7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		C	RATIO OF COST TO CHARGES (FROM WKST C)	ORGAN ACQUISITION ANCILLARY CHARGES		ORGAN ACQUISITION ANCILLARY COSTS		
		1		2		3		
8	OPERATING ROOM	50	0.227073	13,423		3,048	8	
9	RECOVERY ROOM	51					9	
10	DELIVERY ROOM & LABOR ROOM	52	0.451709				10	
11	ANESTHESIOLOGY	53	0.079672	2,315		184	11	
12	RADIOLOGY-DIAGNOSTIC	54	0.268802	34,393		9,245	12	
13	RADIOLOGY-THERAPEUTIC	55	0.140292				13	
14	RADIOISOTOPE	56					14	
15	CT SCAN	57	0.049269	28,899		1,424	15	
16	MRI	58	0.079384				16	
17	CARDIAC CATHETERIZATION	59	0.116975				17	
18	LABORATORY	60	0.123976	143,540		17,796	18	
19	PBP CLINICAL LAB SERVICES-PRGM	61					19	
20	WHOLE BLOOD & PACKED RED BLOOD	62					20	
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30					20.30	
21	BLOOD STORING, PROCESSING & TRA	63	0.169072	3,503		592	21	
22	INTRAVENOUS THERAPY	64					22	
23	RESPIRATORY THERAPY	65	0.149841	7,445		1,116	23	
24	PHYSICAL THERAPY	66	0.315569				24	
25	OCCUPATIONAL THERAPY	67					25	
26	SPEECH PATHOLOGY	68					26	
27	ELECTROCARDIOLOGY	69	0.071061	79,064		5,618	27	
28	ELECTROENCEPHALOGRAPHY	70	0.272122				28	
28.01	BRACE AND PLASTER ROOM	70.01	0.297959				28.01	
29	MEDICAL SUPPLIES CHARGED TO PAT	71	0.244802				29	
30	IMPL. DEV. CHARGED TO PATIENTS	72	0.259371				30	
31	DRUGS CHARGED TO PATIENTS	73	0.173086				31	
32	RENAL DIALYSIS	74	0.205997				32	
33	ASC (NON-DISTINCT PART)	75					33	
34	OTHER ANCILLARY (SPECIFY)	76					34	
34.97	CARDIAC REHABILITATION	76.97	0.308010				34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98					34.98	
34.99	LITHOTRIPSY	76.99					34.99	
35	RURAL HEALTH CLINIC	88					35	
36	FEDERALLY QUALIFIED HEALTH CENT	89					36	
37	CLINIC	90	0.384063	5,242		2,013	37	
37.01	DENTAL CLINIC	90.01					37.01	
37.02	TRANSPLANT CLINIC	90.02	1.059940				37.02	
37.03	SILVER CROSS	90.03	0.313277				37.03	
37.04	SILVER CROSS PHARMACY	90.04	0.221974				37.04	
38	EMERGENCY	91	0.163544				38	
39	OBSERVATION BEDS (NON-DISTINCT	92	0.226031				39	
40	OTHER OUTPATIENT SERVICE (SPECI	93					40	
41	TOTAL (SUM OF LINES 8-40)			317,824		41,036	41	

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART II

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

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

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

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		1	D	3	
49	RURAL HEALTH CLINIC		21		49
50	FEDERALLY QUALIFIED HEALTH CENT		22		50
51	CLINIC	5,242	23		51
51.01	DENTAL CLINIC		23.01		51.01
51.02	TRANSPLANT CLINIC		23.02		51.02
51.03	SILVER CROSS		23.03		51.03
51.04	SILVER CROSS PHARMACY		23.04		51.04
52	EMERGENCY		24		52
53	OBSERVATION BEDS (NON-DISTINCT		25		53
54	OTHER OUTPATIENT SERVICE (SPECI		26		54
55	TOTAL (SUM OF LINES 49-54)	5,242			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	41,036		324,986		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	533,804		533,804		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	574,840		858,790		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		11			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		10			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.909091			64
65 MEDICARE COST/CHARGES	522,582		780,718		65
66 REVENUE FOR ORGANS SOLD	26,925				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	495,657		780,718		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	495,657		780,718		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER		7		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		4		73
74 TOTAL (SUM OF LINES 70-73)		11		74
75 ORGANS TRANSPLANTED		4		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		7	26,925	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)		11		84

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	81,891,849	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	14,690,950	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	7,660,672	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	567.74	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)	491.27	5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)	1.66	6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)	492.93	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	559.55	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	492.93	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	492.93	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	492.93	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	492.93	15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT	492.93	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.868232	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.874051	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.868232	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	34,822,856	22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	66.62	24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)	34,822,856	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0920	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (SEE INSTRUCTIONS)	0.3515	31
32	SUM OF LINES 30 AND 31	0.4435	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.2618	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	21,439,286	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)	152,844,941	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)	152,844,941	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	11,140,007	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	8,204,817	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	29,326	53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)	7,880,015	55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	439,492	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	180,538,598	59
60	PRIMARY PAYER PAYMENTS	32,368	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	180,506,230	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,956,800	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	990,208	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,514,476	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,060,133	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	175,619,355	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
70.93	HVBP PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	-32,908	70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (SEE INSTRUCTIONS)	-314,962	70.94
71	AMOUNT DUE PROVIDER (SEE INSTRUCTIONS)	175,271,485	71
71.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	876,357	71.01
72	INTERIM PAYMENTS	171,718,310	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS LINES 71.01, 72 AND 73)	2,676,818	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	1,105,741	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: HOSPITAL (14-0088) IPF IRF
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	29,400	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	96,132,815	2
3	PPS PAYMENTS	69,917,530	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	1,855,599	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	463,185	9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	29,400	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	187,342	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)	187,342	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)	187,342	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	157,942	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)	29,400	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)	72,236,314	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	9,218	25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	14,761,074	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	57,495,422	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)	4,615,129	28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	62,110,551	30
31	PRIMARY PAYER PAYMENTS	234	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	62,110,317	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)	3,289,220	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	2,302,454	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF	64,412,771	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)	64,412,771	40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	322,064	40.01
41	INTERIM PAYMENTS	63,695,006	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)	395,701	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	985,000	44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)		40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		40.01
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)		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 HOSPITAL (14-0088) SUB (OTHER)
 APPLICABLE IPF SNF
 BOX: IRF SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		168,115,342		63,744,474
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
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 06/03/2013	3,608,486		NONE
	.02			3.01
	.03			3.02
	.04			3.03
	.05			3.04
	.06			3.05
	.07			3.06
	.08			3.07
	.09			3.08
	.10			3.09
	.11			3.10
	.12			3.11
	.13			3.12
	.14			3.13
	.15			3.14
	.16			3.15
	.17			3.16
	.18			3.17
	.19			3.18
	.20			3.19
	.21			3.20
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PROVIDER CCN: 14-0088 UNIVERSITY OF CHICAGO HOSPITAL
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
11/27/2013 08:52

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

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

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	25,311	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	44,789	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	4,361	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	152,505	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	3,992,307,908	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	88,987,134	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)	2,099,618	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (SEE INSTRUCTIONS)		10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	1,902,643	30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 (OR LINE 10) MINUS LINE 30 AND LINE 31) (SEE INSTRUCTIONS)	196,975	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART II

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

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	1
2	NET IPF PPS OUTLIER PAYMENT	2
3	NET IPF PPS ECT PAYMENT	3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	4
4.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii) (F)(1) OR (2) (SEE INSTRUCTIONS)	4.01
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)	5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)	6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)	7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	9
10	TEACHING ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$	10
11	TEACHING ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)	11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	13
14	ORGAN ACQUISITION	14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)	15
16	SUBTOTAL (SEE INSTRUCTIONS)	16
17	PRIMARY PAYER PAYMENTS	17
18	SUBTOTAL (LINE 16 LESS LINE 17)	18
19	DEDUCTIBLES	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	20
21	COINSURANCE	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IPF ONLY)	27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	28
29	OUTLIER PAYMENTS RECONCILIATION	29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	31
31.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	31.01
32	INTERIM PAYMENTS	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)	33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 31.01, 32 AND 33)	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	35

TO BE COMPLETED BY CONTRACTOR

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

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			479.65 1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)			1.66 2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH 42 CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))			4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			0.26 4.02
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 AND 4.02 PLUS APPLICABLE SUBSCRIPTS)			481.57 5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			632.14 6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			481.57 7
		PRIMARY CARE	OTHER	TOTAL
		1	2	3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	188.29	351.34	539.63 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	143.44	267.65	411.09 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT	143.44	267.65	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	138.41	273.76	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	143.41	272.20	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	141.75	271.20	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	141.75	271.20	17
18	PER RESIDENT AMOUNT	101,074.10	95,708.27	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	14,327,254	25,956,083	40,283,337 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)			150.57 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)			40,283,337 25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED	
		PART A	CARE	
26	INPATIENT DAYS	44,789	4,361	26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	152,505	152,505	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.293689	0.028596	28
29	PROGRAM DIRECT GME AMOUNT	11,830,773	1,151,942	29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		162,769	30
31	NET PROGRAM DIRECT GME AMOUNT			12,819,946 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)			21,406,482 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)			163,933,168 37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			7,880,015 38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			32,368 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			171,780,815 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			96,625,400 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			234 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			96,625,166 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			268,405,981 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.640004 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.359996 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			12,819,946 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			8,204,817 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			4,615,129 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	164,504,000			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	229,035,000			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY				7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	35,176,000			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	428,715,000			11
FIXED ASSETS					
12	LAND				12
13	LAND IMPROVEMENTS				13
14	ACCUMULATED DEPRECIATION				14
15	BUILDINGS				15
16	ACCUMULATED DEPRECIATION				16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT	1,942,612,000			19
20	ACCUMULATED DEPRECIATION	-752,989,000			20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT				23
24	ACCUMULATED DEPRECIATION				24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	1,189,623,000			30
OTHER ASSETS					
31	INVESTMENTS	797,305,000			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	117,008,000			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	914,313,000			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	2,532,651,000			36
LIABILITIES AND FUND BALANCES		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	131,206,000			37
38	SALARIES, WAGES & FEES PAYABLE				38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	12,418,000			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS	14,799,000			43
44	OTHER CURRENT LIABILITIES	74,338,000			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	232,761,000			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	820,341,000			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	241,859,000			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	1,062,200,000			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	1,294,961,000			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	1,237,690,000			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	1,237,690,000			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	2,532,651,000			60

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	320,177,759		320,177,759	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	320,177,759		320,177,759	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	173,180,305		173,180,305	11
13 CORONARY CARE UNIT	20,844,619		20,844,619	12
14 BURN INTENSIVE CARE UNIT	20,362,950		20,362,950	13
14 SURGICAL INTENSIVE CARE UNIT				14
14.01 NURSERY SPECIAL CARE	13,868,026		13,868,026	14.01
15 NURSERY ICU	75,780,536		75,780,536	15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	304,036,436		304,036,436	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	624,214,195		624,214,195	17
18 ANCILLARY SERVICES	1,708,911,739		1,708,911,739	18
19 OUTPATIENT SERVICES		1,900,886,382	1,900,886,382	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE	532,768	1,572,087	2,104,855	23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	2,333,658,702	1,902,458,469	4,236,117,171	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		1,009,316,896	29
30 ADD (SPECIFY)			30
31 BAD DEBTS AND EXCLUDED AREAS	297,105,104		31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		297,105,104	36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		1,306,422,000	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	4,236,117,171	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	2,932,330,171	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	1,303,787,000	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	1,306,422,000	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-2,635,000	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS	7,674,725	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	6,983,654	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	9,962,834	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24			24
24.01	OTHER (CAPITATION REVENUE)	32,657,765	24.01
24.02	OTHER (OTHER MISC REVENUE)	23,905,022	24.02
24.03	OTHER (UNRESTRICTED GIFTS)	41,000	24.03
24.04	OTHER (INVESTMENT INCOME)	59,747,000	24.04
24.05	OTHER (DERIVATIVE INEFFECTIVENESS)	2,993,000	24.05
24.06	OTHER (OTHER)		24.06
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	143,965,000	25
26	TOTAL (LINE 5 PLUS LINE 25)	141,330,000	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)	141,330,000	29

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: -

WORKSHEET I-1

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

	TOTAL COSTS	BASIS	STATISTICS	FTEs PER 2080 HOURS
	1	2	3	4
1 REGISTERED NURSES		HOURS OF SERVICE		1
2 LICENSED PRACTICAL NURSES		HOURS OF SERVICE		2
3 NURSES AIDES		HOURS OF SERVICE		3
4 TECHNICIANS		HOURS OF SERVICE		4
5 SOCIAL WORKERS		HOURS OF SERVICE		5
6 DIETICIANS		HOURS OF SERVICE		6
7 PHYSICIANS		ACCUMULATED COST		7
8 NON-PATIENT CARE SALARY		ACCUMULATED COST		8
9 SUBTOTAL (SUM OF LINES 1-8)				9
10 EMPLOYEE BENEFITS		SALARY		10
11 CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET		11
12 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME		12
13 MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME		13
14 SUPPLIES		REQUISITIONS		14
15 DRUGS		REQUISITIONS		15
16 OTHER		ACCUMULATED COST		16
17 SUBTOTAL (SUM OF LINES 9-16)				17
18 CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET		18
19 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME		19
20 EMPLOYEE BENEFITS DEPARTMENT		SALARY		20
21 ADMINISTRATIVE AND GENERAL		ACCUMULATED COST		21
22 MAINT./REPAIRS-OPERATION-HOUSEKEEPING		SQUARE FEET		22
23 MEDICAL EDUCATION PROGRAM COSTS				23
24 CENTRAL SERVICES & SUPPLIES		REQUISITIONS		24
25 PHARMACY		REQUISITIONS		25
26 OTHER ALLOCATED COSTS		ACCUMULATED COST		26
27 SUBTOTAL (SUM OF LINES 17-26)				27
28 LABORATORY		CHARGES		28
29 RESPIRATORY THERAPY		CHARGES		29
30 OTHER ANCILLARY (SPECIFY)		CHARGES		30
30.97 CARDIAC REHABILITATION		CHARGES		30.97
30.98 HYPERBARIC OXYGEN THERAPY		CHARGES		30.98
30.99 LITHOTRIPSY		CHARGES		30.99
31 TOTAL COSTS (SUM OF LINES 27-30)				31

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: -

WORKSHEET I-2

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

	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE	SALARY	EMPLOYEE BENEFITS	DRUGS	
	BUILDING	EQUIPMENT	RNs	OTHER	DEPARTMENT		
	1	2	3	4	5	6	
1	TOTAL RENAL DEPT COSTS						1
	MAINTENANCE						
2	HEMODIALYSIS						2
3	INTERMITTENT PERITONEAL TRAINING						3
4	HEMODIALYSIS						4
5	INTERMITTENT PERITONEAL						5
6	CAPD						6
7	CCPD						7
	HOME						
8	HEMODIALYSIS						8
9	INTERMITTENT PERITONEAL						9
10	CAPD						10
11	CCPD						11
	OTHER BILLABLE SERVICES						
12	INPATIENT DIALYSIS						12
13	METHOD II HOME PATIENT						13
14	EPO (INCL IN RENAL DEPT)						14
15	ARANESP (INCL IN RENAL DEPT)						15
16	OTHER						16
17	TOTAL (SUM OF LINES 2-16)						17
18	MEDICAL EDUC PGM COSTS						18
19	TOTAL RENAL COSTS (LINES 17+18)						19

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: -

WORKSHEET I-2
 (CONTINUED)

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

	MEDICAL SUPPLIES 7	ROUTINE ANCILLARY SERVICES 8	SUBTOTAL (SUM OF COLS.1-8) 9	OVERHEAD 10	TOTAL (COL.9 + COL.10) 11	
1						1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: -

WORKSHEET I-3

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

	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY RNs (HOURS)	OTHER SALARY (HOURS)	EMPLOYEE BENEFITS DEPARTMENT (SALARY)	
	BUILDING (SQUARE FEET)	EQUIPMENT (% OF TIME)				
	1	2	3	4	5	
1 TOTAL RENAL DEPT COSTS MAINTENANCE						1
2 HEMODIALYSIS						2
3 INTERMITTENT PERITONEAL TRAINING						3
4 HEMODIALYSIS						4
5 INTERMITTENT PERITONEAL						5
6 CAPD						6
7 CCPD						7
8 HOME HEMODIALYSIS						8
9 INTERMITTENT PERITONEAL						9
10 CAPD						10
11 CCPD						11
OTHER BILLABLE SERVICES						
12 INPT DIAL TRTMNTS						13
13 METHOD II HOME PATIENT						14
14 EPO						15
15 ARANESP						16
16 OTHER						17
17 TOTAL STATISTICAL BASIS						18
18 UNIT COST MULTIPLIER (LINE 1 ÷ LINE 17)						

PROVIDER CCN: 14-0088 UNIVERSITY OF CHICAGO HOSPITAL
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
11/27/2013 08:52

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
STATISTICAL BASIS

COMPONENT NO: -

WORKSHEET I-3
(CONTINUED)

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

	DRUGS (REQUIST.) 6	MEDICAL SUPPLIES (REQUIST.) 7	ROUTINE ANCILLARY SERVICES (CHARGES) 8	SUBTOTAL 9	OVERHEAD (ACCUM. COST) 10	
1						1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						
13						13
14						14
15						15
16						16
17						17
18						18

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: -

WORKSHEET I-4
 (CONTINUED)

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

	TOTAL PROGRAM PAYMENT	TOTAL PROGRAM PAYMENT	TOTAL PROGRAM PAYMENT	AVERAGE PAYMENT RATE (COL. 6 ÷ COL. 4)	AVERAGE PAYMENT RATE (COL. 6.01 ÷ COL. 4.01)	AVERAGE PAYMENT RATE (COL. 6.02 ÷ COL. 4.02)	
1 MAINTENANCE - HEMODIALYSIS							1
2 MAINTENANCE - PERITONEAL DIALYSIS							2
3 TRAINING - HEMODIALYSIS							3
4 TRAINING - PERITONEAL DIALYSIS							4
5 TRAINING - CAPD							5
6 TRAINING - CCPD							6
7 HOME PROGRAM - HEMODIALYSIS		6.01	6.02		7.01	7.02	7
8 HOME PROGRAM - PERITONEAL DIALYSIS							8
9 HOME PROGRAM - CAPD							9
10 HOME PROGRAM - CCPD							10
11 TOTALS (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 6)	6	6.01	6.02		7.01	7.02	11
12 TOTAL TREATMENTS (SUM OF LINES 1-8 PLUS (SUM OF LINES 9 AND 10 TIMES 3))							12

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: -

WORKSHEET I-5

DESCRIPTION

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

PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE RATE PERCENTAGE

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

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	6,539,668	1
2	CAPITAL DRG OUTLIER PAYMENTS	1,442,333	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	423.45	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	492.93	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.3889	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	2,543,277	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0920	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (SEE INSTRUCTIONS)	0.3515	8
9	SUM OF LINES 7 AND 8	0.4435	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0940	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	614,729	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	11,140,007	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 DCAM CAPITAL					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5.01 NON-PATIENT PHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 OTHER ADMIN & GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
18 OCCUPATIONAL THERAPY					18
18.01 VOLUNTEERS					18.01
18.02 PATIENT TRANSPORT					18.02
18.03 MEDICAL ELECTRONICS					18.03
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES					21
22 I&R SERVICES-OTHER PRGM COSTS					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMED ED PRGM - PHARMACY					23.01
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34.01 NURSERY SPECIAL CARE					34.01
35 NURSERY ICU					35
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
55 RADIOLOGY-THERAPEUTIC					55
57 CT SCAN					57
58 MRI					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIC					62.30
63 BLOOD STORING, PROCESSING & TR					63
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
70.01 BRACE AND PLASTER ROOM					70.01
71 MEDICAL SUPPLIES CHARGED TO PA					71
72 IMPL. DEV. CHARGED TO PATIENTS					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.01 DENTAL CLINIC					90.01
90.02 TRANSPLANT CLINIC					90.02
90.03 SILVER CROSS					90.03
90.04 SILVER CROSS PHARMACY					90.04
91 EMERGENCY					91
92 OBSERVATION BEDS (NON-DISTINCT					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
95 AMBULANCE SERVICES						95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
105 KIDNEY ACQUISITION						105
106 HEART ACQUISITION						106
107 LIVER ACQUISITION						107
SPECIAL PURPOSE COST CENTERS						
108 LUNG ACQUISITION						108
109 PANCREAS ACQUISITION						109
118 SUBTOTALS (SUM OF LINES 1-117)						118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CA						190
191 RESEARCH						191
191.01 OTHER NONREIMBURSABLE						191.01
191.02 MEDICAL SCHOOL						191.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204

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

EXHIBIT 3

STEP 1: Determine the 3-Year Averaging Period				
1	Wage index fiscal year ending date	09/30/2016	1	
2	Provider's cost reporting period used for wage index year on Line 1 (FYB in Col 1, FYE in Col 2)	07/01/2012	06/30/2013	2
3	Midpoint of provider's cost reporting period shown on Line 2, adjusted to first of month	01/01/2013		3
4	Date beginning the 3-year averaging period (subtract 18 months from midpoint shown on Line 3)	07/01/2011		4
5	Date ending the 3-year averaging period (add 18 months to midpoint shown on Line 3)	07/01/2014		5
STEP 2 (OPTIONAL): Adjust Averaging Period for a New Plan (SEE INSTRUCTIONS)				
6	Effective date of pension plan			6
7	First day of the provider cost reporting period containing the pension plan effective date			7
8	Starting date of the adjusted averaging period (date on Line 7, adjusted to first of month)			8
If this date occurs after the period shown on line 2, stop here and see instructions.				
STEP 3: Average Pension Contributions During the Averaging Period				
9	Beginning date of averaging period from Line 4 or Line 8, as applicable	07/01/2011		9
10	Ending date of averaging period from Line 5	07/01/2014		10
11	Enter provider contributions made during averaging period on Lines 9 & 10			11
11.01		07/01/2011	35,000,000	11.01
11.02		07/01/2011	17,700,000	11.02
11.03		07/01/2012	6,711,000	11.03
11.04		07/01/2012	25,789,000	11.04
11.05		07/01/2013	32,500,000	11.05
12	Total calendar months included in averaging period (36 unless Step 2 completed)	36		12
13	Total contributions made during averaging period	117,700,000		13
14	Average monthly contribution (Line 13 divided by Line 12)	3,269,444		14
15	Number of months in provider cost reporting period on Line 2	12		15
16	Average pension contributions (Line 14 times Line 15)	39,233,328		16
STEP 4: Total Pension Cost for Wage Index				
17	Annual prefunding installment (SEE INSTRUCTIONS)			17
18	Reportable prefunding installment ((Line 17 times Line 15) divided by 12)			18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)	39,233,328		19