

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: 12-02-2013 TIME: 13:39
 2. MANUALLY SUBMITTED COST REPORT
 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY BOARD OF TRUSTEES OF THE UNIVERSITY (14-0150) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2012 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		993,038	237,405			1
2 SUBPROVIDER - IPF		-170,923	-11			2
3 SUBPROVIDER - IRF		-26,140	-10			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		795,975	237,384			200

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 1740 W TAYLOR ST
 2 CITY: CHICAGO

STATE: IL

P.O.BOX:

ZIP CODE: 60612

COUNTY: COOK

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

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	14-0150	16974	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF	14-S150	16974	4	07/01/1984	N	P	O	4
5	SUBPROVIDER - IRF	14-T150	16974	5	07/01/1988	N	P	O	5
6	SUBPROVIDER - (OTHER)								6
7	SWING BEDS - SNF								7
8	SWING BEDS - NF								8
9	HOSPITAL-BASED SNF								9
10	HOSPITAL-BASED NF								10
11	HOSPITAL-BASED OLTC								11
12	HOSPITAL-BASED HHA								12
13	SEPARATELY CERTIFIED ASC								13
14	HOSPITAL-BASED HOSPICE								14
15	HOSPITAL-BASED HEALTH CLINIC - RHC								15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC								16
17	HOSPITAL-BASED (CMHC)								17
18	RENAL DIALYSIS	UIH	14-2316	16974	01/01/2004				18
19	OTHER								19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2012			TO: 06/30/2013				20
21	TYPE OF CONTROL			10					21

INPATIENT PPS INFORMATION

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

		IN-STATE		OUT-OF-STATE		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.	34,941	3,789	284		3,419		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.		1,405			355		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	45
46	IS THIS FACILITY ELIGIBLE FOR ADDITIONAL PAYMENT EXCEPTION FOR EXTRAORDINARY CIRCUMSTANCES PURSUANT TO 42 CFR §412.348(f)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N	N	N	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS

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	UNWEIGHTED DIRECT GME	
	PROGRAM NAME	PROGRAM CODE	FTE COUNT	FTE COUNT	
	1	2	3	4	
					61.10
	OF THE FTEs IN LINE 61.05, SPECIFY EACH EXPANDED PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH EXPANDED PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				
					61.20
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)	3.42			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/ HOSPITAL (COL.1+COL.2))	
64	ENTER IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	4.01	272.42	0.014506	64

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

	PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ HOSPITAL (COL.3+COL.4))	
65	1 FAMILY PRACTICE	2 1350	3 0.08	4 15.66	5 0.005083	65

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

		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ HOSPITAL (COL.1+COL.2))	
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	1.99	314.80	0.006282	66

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

	PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ HOSPITAL (COL.3+COL.4))	
67	1 FAMILY PRACTICE	2 1350	3 0.46	4 18.86	5 0.023810	67

INPATIENT PSYCHIATRIC FACILITY PPS

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

INPATIENT REHABILITATION FACILITY PPS

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

LONG TERM CARE HOSPITAL PPS

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

RURAL PROVIDERS

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

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-1§ 2208.1.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	2		118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 13,917,867 PAID LOSSES: 1,190,936 SELF INSURANCE: 13,917,867			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		121

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

ALL PROVIDERS

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

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

141	NAME:	CONTRACTOR'S NAME:	CONTRACTOR'S NUMBER:	141
142	STREET:	P.O. BOX:		142
143	CITY:	STATE:	ZIP CODE:	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?		Y	144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.		N	145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.		N	146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	149

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

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

MULTICAMPUS

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

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

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.		168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.	0.75	169
170	IF LINE 167 IS 'Y', ENTER IN COLUMNS 1 AND 2 THE EHR BEGINNING DATE AND ENDING DATE FOR THE REPORTING PERIOD, RESPECTIVELY. (mmdyyy) (SEE INSTRUCTIONS)		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)	N		3
FINANCIAL DATA AND REPORTS				
		Y/N	TYPE	DATE
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	1 Y	2 A	3 01/31/2014 4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y		5
APPROVED EDUCATIONAL ACTIVITIES				
		Y/N		Y/N
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	1 N		2 6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y		7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y		9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	Y		10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11
				Y/N
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y 12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14
BED COMPLEMENT				
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			Y 15

		PART A		PART B	
		Y/N	DATE	Y/N	DATE
PS&R REPORT DATA					
		1	2	3	4
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	11/08/2013	Y	11/14/2012 17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		Y	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

	Y/N	DATE	
36	1	2	WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT? 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	N		IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE. 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: CYNTHIA	LAST NAME: SCHMIEGELT	TITLE: ASSOC DIRECTOR OF HO	41
42	EMPLOYER: UNIVERSITY OF ILLINOIS HOSPITA			42
43	PHONE NUMBER: 3124138414	E-MAIL ADDRESS: CSCHMIEG@UIC.EDU		43

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	277,381,056	8,350,673	285,731,729	7,751,248.00	36.86	1
2	NON-PHYSICIAN ANESTHETIST PART A	104,963		104,963	1,887.00	55.62	2
3	NON-PHYSICIAN ANESTHETIST PART B	231,856		231,856	2,966.00	78.17	3
4	PHYSICIAN-PART A ADMINISTRATIVE	3,385,425		3,385,425	26,897.00	125.87	4
4.01	PHYSICIAN-PART A - TEACHING	2,345,592		2,345,592	21,077.00	111.29	4.01
5	PHYSICIAN-PART B	14,288,301		14,288,301	143,080.00	99.86	5
6	NON-PHYSICIAN-PART B	3,542,556		3,542,556	66,329.00	53.41	6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	19,222,213	8,350,673	27,572,886	1,077,564.00	25.59	7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)						7.01
8	HOME OFFICE PERSONNEL						8
9	SNF						9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	14,544,811	-300,544	14,244,267	381,638.00	37.32	10
OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)	1,559,336		1,559,336	39,077.00	39.90	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES	1,583,071		1,583,071	25,652.00	61.71	12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE						13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS						14
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE	2,552,971		2,552,971	9,600.00	265.93	15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING	19,037,446		19,037,446	108,576.00	175.34	16
WAGE-RELATED COSTS							
17	WAGE-RELATED COSTS (CORE)	137,825,087		137,825,087			17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS	8,855,279		8,855,279			19
20	NON-PHYSICIAN ANESTHETIST PART A	54,924		54,924			20
21	NON-PHYSICIAN ANESTHETIST PART B	109,433		109,433			21
22	PHYSICIAN PART A - ADMINISTRATIVE	1,426,959		1,426,959			22
22.01	PHYSICIAN PART A - TEACHING	1,013,434		1,013,434			22.01
23	PHYSICIAN PART B	6,322,389		6,322,389			23
24	WAGE-RELATED COSTS (RHC/FQHC)	1,880,527		1,880,527			24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	20,330,668		20,330,668			25
OVERHEAD COSTS - DIRECT SALARIES							
26	EMPLOYEE BENEFITS DEPARTMENT	1,041,299		1,041,299	27,459.35	37.92	26
27	ADMINISTRATIVE & GENERAL	55,715,978	-2,362,181	53,353,797	1,178,332.79	45.28	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)	492,316		492,316	15,544.00	31.67	28
29	MAINTENANCE & REPAIRS	760,428		760,428	19,297.74	39.41	29
30	OPERATION OF PLANT						30
31	LAUNDRY & LINEN SERVICE						31
32	HOUSEKEEPING	3,188		3,188	79.70	40.00	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)	4,803,866		4,803,866	274,947.00	17.47	33
34	DIETARY	2,980,472	-48,753	2,931,719	167,666.80	17.49	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35
36	CAFETERIA						36
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION	5,044,536	-444,687	4,599,849	126,055.05	36.49	38
39	CENTRAL SERVICES AND SUPPLY	3,063,312		3,063,312	138,321.04	22.15	39
40	PHARMACY	7,143,272	-263,318	6,879,954	193,298.73	35.59	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	2,651,599		2,651,599	110,246.85	24.05	41
42	SOCIAL SERVICE	3,335,310		3,335,310	136,002.37	24.52	42
43	OTHER GENERAL SERVICE	2,159,565		2,159,565	46,343.78	46.60	43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	242,941,757		242,941,757	6,728,836.00	36.10	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	14,544,811	-300,544	14,244,267	381,638.00	37.32	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	228,396,946	300,544	228,697,490	6,347,198.00	36.03	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	5,695,378		5,695,378	74,329.00	76.62	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	139,252,046		139,252,046		60.89	5
6	TOTAL (SUM OF LINES 3 THRU 5)	373,344,370	300,544	373,644,914	6,421,527.00	58.19	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	89,195,141	-3,118,939	86,076,202	2,433,595.20	35.37	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS		1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	93,899,976	4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	76,275,885	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	379,332	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)		11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	2,353,413	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	612,994	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY	7,646,155	18
19 UNEMPLOYMENT INSURANCE		19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	792,258	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	181,960,013	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	3,634,723	2
3	SUBPROVIDER - IPF	3,634,723	3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTG		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 14-2316

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

DESCRIPTION	---- OUTPATIENT ---		---- TRAINING ----		----- HOME -----				
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6			
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD	142				33	20	1		
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00						2		
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	4.50						3		
4 CAPD EXCHANGES PER DAY				4		4	4		
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	312						5		
6 NUMBER OF STATIONS	26						6		
7 TREATMENT CAPACITY PER DAY PER STATION	3						7		
8 UTILIZATION (SEE INSTRUCTIONS)							8		
9 AVERAGE TIMES DIALYZERS RE-USED							9		
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS							10		
ESRD PPS							1	2	
10.01 IS THE DIALYSIS FACILITY APPROVED AS A LOW-VOLUME FACILITY FOR THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)					N		10.01		
10.02 DID YOUR FACILITY ELECT 100% PPS EFFECTIVE JANUARY 1, 2011? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS FOR 'NEW' PROVIDERS.)					Y		10.02		
10.03 IF YOU RESPONDED 'N' TO LINE 10.02, ENTER IN COLUMN 1 THE YEAR OF TRANSITION FOR PERIODS PRIOR TO JANUARY 1 AND ENTER IN COLUMN 2 THE YEAR OF TRANSITION FOR PERIODS AFTER DECEMBER 31. (SEE INSTRUCTIONS)							10.03		
TRANSPLANT INFORMATION									
11 NUMBER OF PATIENTS ON TRANSPLANT LIST							73	11	
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD							10	12	
EPOETIN									
13 NET COSTS OF EPOETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER								13	
14 EPOETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM								14	
15 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT								15	
16 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT								16	
ARANESP									
17 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER								17	
18 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM								18	
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT								19	
20 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT								20	
PHYSICIAN PAYMENT METHOD (ENTER 'X' FOR APPLICABLE METHOD(S))									
21 MCP X INITIAL METHOD								21	
ENTER IN COLUMN 1 THE ESA DESCRIPTION. ENTER IN COLUMN 2 THE NET COSTS OF ESAs FURNISHED TO ALL RENAL DIALYSIS PATIENTS. ENTER IN COLUMN 3 THE NET COST OF ESAs FURNISHED TO ALL HOME DIALYSIS PROGRAM PATIENTS. ENTER IN COLUMN 4 THE NUMBER OF ESA UNITS FURNISHED TO PATIENTS IN THE RENAL DIALYSIS DEPARTMENT. ENTER IN COLUMN 5 THE NUMBER OF UNITS FURNISHED TO PATIENTS IN THE HOME DIALYSIS PROGRAM. (SEE INSTR.)									
EPA DESCRIPTION	1	NET COST OF ESAs FOR RENAL PATIENTS	2	NET COST OF ESAs FOR HOME PATIENTS	3	NUMBER OF ESA UNITS RENAL DIALYSIS DEPT.	4	NUMBER OF ESA UNITS HOME DIALYSIS DEPT.	5

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.345282	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				199,748,844	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID					5
6	MEDICAID CHARGES				530,442,646	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				183,152,298	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.					8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP				1,953,116	9
10	STAND-ALONE SCHIP CHARGES				5,032,568	10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)				1,737,655	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)				486,655	13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)				24,204,995	14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)				8,357,549	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.				7,870,894	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				25,732,399	18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				7,870,894	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	45,358,634	7,156,312	52,514,946		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	15,661,520	2,470,946	18,132,466		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	190,286	433,257	623,543		22
23	COST OF CHARITY CARE	15,471,234	2,037,689	17,508,923		23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM				N	24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			37,781,978		26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			2,802,238		27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			34,979,740		28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			12,077,875		29
30	COST OF UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			29,586,798		30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			37,457,692		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				5,076,731	1
2	00200				15,686,831	2
3	00300					3
4	00400	1,041,299	113,808	1,155,107	-1,770,007	4
5.01	00590	47,225,006	134,483,880	181,708,886	-29,982,312	5.01
5.02	00591	5,060,025	1,632,643	6,692,668	-19,457	5.02
5.03	00592	3,430,947	6,779,189	10,210,136	-37,327	5.03
6	00600	760,428	15,458,549	16,218,977	-416	6
7	00700					7
8	00800					8
9	00900	3,188	6,132,702	6,135,890	-62,700	9
10	01000	2,980,472	3,893,010	6,873,482	-60,163	10
11	01100		185	185		11
12	01200					12
13	01300	5,044,536	528,460	5,572,996	-448,610	13
14	01400	3,063,312	4,107,663	7,170,975	581,131	14
15	01500	7,143,272	34,596,765	41,740,037	-35,336,250	15
16	01600	2,651,599	923,879	3,575,478	-11,016	16
17	01700	3,104,076	339,011	3,443,087	-577	17
17.01	01701	231,234	65,856	297,090		17.01
18	01850	2,159,565	227,592	2,387,157	-76,520	18
19	01900					19
20	02000					20
21	02100	19,222,213	-267,871	18,954,342	8,350,673	21
22	02200	626,635	1,646,317	2,272,952	2,346,238	22
23	02300				1,454,990	23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	40,267,735	3,844,825	44,112,560	-793,370	30
31	03100	6,351,473	756,598	7,108,071	3,298,226	31
31.01	02080	3,256,755	329,702	3,586,457	-1,090,452	31.01
31.02	02060	10,155,986	853,388	11,009,374	-596,350	31.02
32	03200	5,280,904	805,648	6,086,552	-511,733	32
33	03300					33
34	03400					34
40	04000	6,376,679	240,542	6,617,221	-58,312	40
41	04100	1,968,888	152,852	2,121,740	-15,888	41
42	04200					42
43	04300				1,300,830	43
44	04400					44
45	04500					45
46	04600					46
ANCILLARY SERVICE COST CENTERS						
50	05000	10,834,139	36,199,496	47,033,635	-30,693,753	50
51	05100	2,029,507	111,706	2,141,213	-51,627	51
52	05200	9,900,064	1,283,781	11,183,845	-6,048,320	52
53	05300	879,032	2,164,763	3,043,795	-1,673,204	53
54	05400	5,926,538	644,753	6,571,291	-3,774,713	54
54.01	03630	707,881	100,798	808,679	106,865	54.01
54.02	03650	1,326,881	5,200,864	6,527,745	-3,974,578	54.02
54.03	05401	504,348	445,570	949,918	-5,726	54.03
55	05500	1,663,733	3,649,880	5,313,613	435,857	55
56	05600	308,592	648,643	957,235	-522,233	56
57	05700	874,315	284,579	1,158,894	739,541	57
58	05800	785,141	785,798	1,063,939	451,859	58
59	05900	753,779	1,208,757	1,962,536	-1,077,964	59
60	06000	11,510,631	13,429,306	24,939,937	-4,523,431	60
60.01	03420	295,757	1,276,309	1,572,066	-4,276	60.01
60.02	03421	1,490,227	1,627,097	3,117,324	4,454,580	60.02
62	06200					62
62.30	06250					62.30
63	06300	824,984	4,649,345	5,474,329	-1,434	63
64	06400	197,047	9,154,540	9,351,587	-8,904,277	64
65	06500	2,498,197	457,506	2,955,703	-383,400	65
66	06600	3,016,306	207,967	3,224,273	-25,093	66
67	06700	1,314,946	26,744	1,341,690	-16,687	67
68	06800	394,050	28,878	422,928	-347	68
69	06900	182,933	16,680	199,613	-5,632	69
70	07000	270,769	12,652	283,421	-12,431	70
71	07100				47,338,104	71
72	07200					72
73	07300				48,248,013	73
74	07400	3,356,174	2,166,601	5,522,775	-803,797	74
75	07500					75
76	03950					76
76.01	03340	1,417,513	1,216,684	2,634,197	-779,079	76.01
76.02	03951	340,315	615,515	955,830	12,692	76.02

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES 1	OTHER 2	TOTAL	RECLASSIFI- CATIONS 4	
			(COL. 1 + COL. 2) 3		
76.03 03140 CARDIAC SERVICES	1,705,727	1,333,231	3,038,958	-1,369,403	76.03
76.97 07697 CARDIAC REHABILITATION					76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY					76.98
76.99 07699 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
88 08800 RURAL HEALTH CLINIC					88
89 08900 FEDERALLY QUALIFIED HEALTH CENTER					89
90 09000 CLINIC	14,836,690	4,854,200	19,690,890	-1,254,685	90
91 09100 EMERGENCY	7,140,294	1,125,274	8,265,568	-685,975	91
92 09200 OBSERVATION BEDS (NON-DISTINCT PART)					92
93.01 04950 OCC EEI	2,135,297	1,815,227	3,950,524	-1,430,834	93.01
93.02 04952 OCC PSYCH	2,358,749	455,532	2,814,281	-2,370	93.02
93.03 04951 OCC ADOLESCENTS	1,995,029	994,497	2,989,526	-507,647	93.03
OTHER REIMBURSABLE COST CENTERS					
94 09400 HOME PROGRAM DIALYSIS					94
95 09500 AMBULANCE SERVICES					95
SPECIAL PURPOSE COST CENTERS					
105 10500 KIDNEY ACQUISITION	2,165,595	2,913,334	5,078,929	-456,603	105
106 10600 HEART ACQUISITION					106
107 10700 LIVER ACQUISITION	334,881	1,044,367	1,379,248	-75,085	107
108 10800 LUNG ACQUISITION					108
109 10900 PANCREAS ACQUISITION	7,509	1,088,187	1,095,696	71,146	109
110 11000 INTESTINAL ACQUISITION					110
111 11100 ISLET ACQUISITION	67,710	67,810	135,520	26,519	111
112 08600 OTHER ORGAN ACQUISITION (SPECIFY)		85,620	85,620	14,708	112
115 11500 AMBULATORY SURGICAL CENTER (D.P.)					115
116 11600 HOSPICE					116
118 SUBTOTALS (SUM OF LINES 1-117)	273,757,507	320,530,684	594,288,191	59,470	118
NONREIMBURSABLE COST CENTERS					
190 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	118,752	224,603	343,355		190
191 19100 RESEARCH	439,018	106,747	545,765	12,540	191
192 19200 PHYSICIANS' PRIVATE OFFICES	3,065,779	7,176,550	10,242,329	-72,010	192
193 19300 NONPAID WORKERS					193
200 TOTAL (SUM OF LINES 118-199)	277,381,056	328,038,584	605,419,640		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	5,076,731		5,076,731	1
2	00200	15,686,831	-1,809,063	13,877,768	2
3	00300				3
4	00400	-614,900	205,409,583	204,794,683	4
5.01	00590	151,726,574	-80,126,341	71,600,233	5.01
5.02	00591	6,673,211	386,233	7,059,444	5.02
5.03	00592	10,172,809	-282,044	9,890,765	5.03
6	00600	16,218,561	5,819,876	22,038,437	6
7	00700				7
8	00800				8
9	00900	6,073,190		6,073,190	9
10	01000	6,813,319	-2,193,838	4,619,481	10
11	01100	185	-185		11
12	01200				12
13	01300	5,124,386	-117,908	5,006,478	13
14	01400	7,752,106		7,752,106	14
15	01500	6,403,787	-2,015,411	4,388,376	15
16	01600	3,564,462	-163,054	3,401,408	16
17	01700	3,442,510	78	3,442,588	17
17.01	01701	297,090		297,090	17.01
18	01850	2,310,637		2,310,637	18
19	01900				19
20	02000				20
21	02100	27,305,015		27,305,015	21
22	02200	4,619,190	11,628,524	16,247,714	22
23	02300	1,454,990	-252,254	1,202,736	23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	43,319,190	-740,143	42,579,047	30
31	03100	10,406,297	-492	10,405,805	31
31.01	02080	2,496,005	-385	2,495,620	31.01
31.02	02060	10,413,024	-94,871	10,318,153	31.02
32	03200	5,574,819		5,574,819	32
33	03300				33
34	03400				34
40	04000	6,558,909	-87,474	6,471,435	40
41	04100	2,105,852	-94,376	2,011,476	41
42	04200				42
43	04300	1,300,830		1,300,830	43
44	04400				44
45	04500				45
46	04600				46
ANCILLARY SERVICE COST CENTERS					
50	05000	16,339,882	-135,108	16,204,774	50
51	05100	2,089,586		2,089,586	51
52	05200	5,135,525	-944,402	4,191,123	52
53	05300	1,370,591	-231,781	1,138,810	53
54	05400	2,796,578	694	2,797,272	54
54.01	03630	915,544		915,544	54.01
54.02	03650	2,553,167	-110,700	2,442,467	54.02
54.03	05401	944,192	-20,584	923,608	54.03
55	05500	5,749,470	-6,701	5,742,769	55
56	05600	435,002		435,002	56
57	05700	1,898,435		1,898,435	57
58	05800	1,515,798		1,515,798	58
59	05900	884,572	-487	884,085	59
60	06000	20,416,506	-360	20,416,146	60
60.01	03420	1,567,790		1,567,790	60.01
60.02	03421	7,571,904	-14,700	7,557,204	60.02
62	06200				62
62.30	06250				62.30
63	06300	5,472,895		5,472,895	63
64	06400	447,310		447,310	64
65	06500	2,572,303		2,572,303	65
66	06600	3,199,180	-15,074	3,184,106	66
67	06700	1,325,003		1,325,003	67
68	06800	422,581	-150	422,431	68
69	06900	193,981		193,981	69
70	07000	270,990		270,990	70
71	07100	47,338,104		47,338,104	71
72	07200				72
73	07300	48,248,013	-6,457,690	41,790,323	73
74	07400	4,718,978		4,718,978	74
75	07500				75
76	03950				76
76.01	03340	1,855,118	-10,021	1,845,097	76.01
76.02	03951	968,522	-374	968,148	76.02

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	
76.03 03140 CARDIAC SERVICES	1,669,555	-9,981	1,659,574	76.03
76.97 07697 CARDIAC REHABILITATION				76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY				76.98
76.99 07699 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
88 08800 RURAL HEALTH CLINIC				88
89 08900 FEDERALLY QUALIFIED HEALTH CENTER				89
90 09000 CLINIC	18,436,205	-516,062	17,920,143	90
91 09100 EMERGENCY	7,579,593		7,579,593	91
92 09200 OBSERVATION BEDS (NON-DISTINCT PART)				92
93.01 04950 OCC EEI	2,519,690	-10,018	2,509,672	93.01
93.02 04952 OCC PSYCH	2,811,911	-166,245	2,645,666	93.02
93.03 04951 OCC ADOLESCENTS	2,481,879		2,481,879	93.03
OTHER REIMBURSABLE COST CENTERS				
94 09400 HOME PROGRAM DIALYSIS				94
95 09500 AMBULANCE SERVICES				95
SPECIAL PURPOSE COST CENTERS				
105 10500 KIDNEY ACQUISITION	4,622,326	-69,590	4,552,736	105
106 10600 HEART ACQUISITION				106
107 10700 LIVER ACQUISITION	1,304,163	-7,999	1,296,164	107
108 10800 LUNG ACQUISITION				108
109 10900 PANCREAS ACQUISITION	1,166,842	-1,207	1,165,635	109
110 11000 INTESTINAL ACQUISITION				110
111 11100 ISLET ACQUISITION	162,039	-110,195	51,844	111
112 08600 OTHER ORGAN ACQUISITION (SPECIFY)	100,328	-584	99,744	112
115 11500 AMBULATORY SURGICAL CENTER (D.P.)				115
116 11600 HOSPICE				116
118 SUBTOTALS (SUM OF LINES 1-117)	594,347,661	126,427,136	720,774,797	118
NONREIMBURSABLE COST CENTERS				
190 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	343,355	-224,603	118,752	190
191 19100 RESEARCH	558,305	-2,985	555,320	191
192 19200 PHYSICIANS' PRIVATE OFFICES	10,170,319	-8,838,680	1,331,639	192
193 19300 NONPAID WORKERS				193
200 TOTAL (SUM OF LINES 118-199)	605,419,640	117,360,868	722,780,508	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER
			LINE #	SALARY	
1	1	2	3	4	5
1 WOMENS HEALTH	A	ADULTS & PEDIATRICS	30	3,759,500	216,084 1
2 WOMENS HEALTH	A	NURSERY	43	1,230,126	70,704 2
500 TOTAL RECLASSIFICATIONS				4,989,626	286,788 500
CODE LETTER - A					
1 CHARGEABLE MED SPLS	B	CENTRAL SERVICES & SUPPLY	14		1,816,913 1
2 CHARGEABLE MED SPLS	B	I&R SERVICES-OTHER PRGM COSTS	22		646 2
3 CHARGEABLE MED SPLS	B				3 3
4 CHARGEABLE MED SPLS	B				4 4
5 CHARGEABLE MED SPLS	B				5 5
6 CHARGEABLE MED SPLS	B				6 6
7 CHARGEABLE MED SPLS	B				7 7
8 CHARGEABLE MED SPLS	B				8 8
9 CHARGEABLE MED SPLS	B				9 9
10 CHARGEABLE MED SPLS	B				10 10
11 CHARGEABLE MED SPLS	B				11 11
12 CHARGEABLE MED SPLS	B				12 12
13 CHARGEABLE MED SPLS	B				13 13
14 CHARGEABLE MED SPLS	B				14 14
15 CHARGEABLE MED SPLS	B				15 15
16 CHARGEABLE MED SPLS	B				16 16
17 CHARGEABLE MED SPLS	B				17 17
18 CHARGEABLE MED SPLS	B				18 18
19 CHARGEABLE MED SPLS	B				19 19
20 CHARGEABLE MED SPLS	B				20 20
21 CHARGEABLE MED SPLS	B				21 21
22 CHARGEABLE MED SPLS	B				22 22
23 CHARGEABLE MED SPLS	B				23 23
24 CHARGEABLE MED SPLS	B				24 24
25 CHARGEABLE MED SPLS	B				25 25
26 CHARGEABLE MED SPLS	B				26 26
27 CHARGEABLE MED SPLS	B				27 27
28 CHARGEABLE MED SPLS	B				28 28
29 CHARGEABLE MED SPLS	B				29 29
30 CHARGEABLE MED SPLS	B				30 30
31 CHARGEABLE MED SPLS	B				31 31
32 CHARGEABLE MED SPLS	B				32 32
33 CHARGEABLE MED SPLS	B				33 33
34 CHARGEABLE MED SPLS	B				34 34
35 CHARGEABLE MED SPLS	B				35 35
36 CHARGEABLE MED SPLS	B				36 36
37 CHARGEABLE MED SPLS	B				37 37
38 CHARGEABLE MED SPLS	B				38 38
39 CHARGEABLE MED SPLS	B				39 39
40 CHARGEABLE MED SPLS	B				40 40
41 CHARGEABLE MED SPLS	B				41 41
42 CHARGEABLE MED SPLS	B				42 42
43 CHARGEABLE MED SPLS	B				43 43
44 CHARGEABLE MED SPLS	B				44 44
45 CHARGEABLE MED SPLS	B				45 45
46 CHARGEABLE MED SPLS	B				46 46
47 CHARGEABLE MED SPLS	B				47 47
48 CHARGEABLE MED SPLS	B				48 48
49 CHARGEABLE MED SPLS	B				49 49
50 CHARGEABLE MED SPLS	B				50 50
51 CHARGEABLE MED SPLS	B				51 51
52 CHARGEABLE MED SPLS	B				52 52
53 CHARGEABLE MED SPLS	B				53 53
54 CHARGEABLE MED SPLS	B				54 54
55 CHARGEABLE MED SPLS	B				55 55
56 CHARGEABLE MED SPLS	B	MEDICAL SUPPLIES CHARGED TO P	71		47,338,104 56
500 TOTAL RECLASSIFICATIONS					49,155,663 500
CODE LETTER - B					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER	
			LINE #	SALARY		
	1	2	3	4	5	
1 CHARGEABLE DRUGS	C	OCC PSYCH	93.02		12	1
2 CHARGEABLE DRUGS	C					2
3 CHARGEABLE DRUGS	C					3
4 CHARGEABLE DRUGS	C					4
5 CHARGEABLE DRUGS	C					5
6 CHARGEABLE DRUGS	C					6
7 CHARGEABLE DRUGS	C					7
8 CHARGEABLE DRUGS	C					8
9 CHARGEABLE DRUGS	C					9
10 CHARGEABLE DRUGS	C					10
11 CHARGEABLE DRUGS	C					11
12 CHARGEABLE DRUGS	C					12
13 CHARGEABLE DRUGS	C					13
14 CHARGEABLE DRUGS	C					14
15 CHARGEABLE DRUGS	C					15
16 CHARGEABLE DRUGS	C					16
17 CHARGEABLE DRUGS	C					17
18 CHARGEABLE DRUGS	C					18
19 CHARGEABLE DRUGS	C					19
20 CHARGEABLE DRUGS	C					20
21 CHARGEABLE DRUGS	C					21
22 CHARGEABLE DRUGS	C					22
23 CHARGEABLE DRUGS	C					23
24 CHARGEABLE DRUGS	C					24
25 CHARGEABLE DRUGS	C					25
26 CHARGEABLE DRUGS	C					26
27 CHARGEABLE DRUGS	C					27
28 CHARGEABLE DRUGS	C					28
29 CHARGEABLE DRUGS	C					29
30 CHARGEABLE DRUGS	C					30
31 CHARGEABLE DRUGS	C					31
32 CHARGEABLE DRUGS	C					32
33 CHARGEABLE DRUGS	C					33
34 CHARGEABLE DRUGS	C					34
35 CHARGEABLE DRUGS	C					35
36 CHARGEABLE DRUGS	C					36
37 CHARGEABLE DRUGS	C					37
38 CHARGEABLE DRUGS	C					38
39 CHARGEABLE DRUGS	C					39
40 CHARGEABLE DRUGS	C					40
41 CHARGEABLE DRUGS	C					41
42 CHARGEABLE DRUGS	C	DRUGS CHARGED TO PATIENTS	73		48,248,013	42
43 CHARGEABLE DRUGS	C	RENAL DIALYSIS	74		357,586	43
500 TOTAL RECLASSIFICATIONS					48,605,611	500
CODE LETTER - C						
1 PHARMACY ALLIED HEALTH	D	PARAMED ED PRGM-(SPECIFY)	23		1,191,672	1
2 PHARMACY ALLIED HEALTH	D	PARAMED ED PRGM-(SPECIFY)	23	263,318		2
500 TOTAL RECLASSIFICATIONS				263,318	1,191,672	500
CODE LETTER - D						
1 RADIOLOGY ADMIN & NURSING	E	RADIO ULTRASOUND	54.01	166,543	17,936	1
2 RADIOLOGY ADMIN & NURSING	E	RADIO ANGIOGRAPHY	54.02	832,334	89,636	2
3 RADIOLOGY ADMIN & NURSING	E	RADIO WEST HARRISON	54.03	169,949	18,302	3
4 RADIOLOGY ADMIN & NURSING	E	RADIOLOGY-THERAPEUTIC	55	462,289	49,785	4
5 RADIOLOGY ADMIN& NURSING	E	RADIOISOTOPE	56	84,693	9,121	5
6 RADIOLOGY ADMIN & NURSING	E	CT SCAN	57	853,826	91,951	6
7 RADIOLOGY ADMIN & NURSING	E	MRI	58	598,182	64,420	7
500 TOTAL RECLASSIFICATIONS				3,167,816	341,151	500
CODE LETTER - E						
1 DEPRECIATION-BLDG	F	CAP REL COSTS-BLDG & FIXT	1		5,076,731	1
2 DEPRECIATION-EQUIP	F	CAP REL COSTS-MVBLE EQUIP	2		13,877,768	2
3 AMORTIZATION EXP ISSUANCE COST	F	CAP REL COSTS-MVBLE EQUIP	2		23,157	3
4 AMORTIZATION BOND DSCT	F	CAP REL COSTS-MVBLE EQUIP	2		250,733	4
5 INTEREST ON INDEBTEDNESS	F	CAP REL COSTS-MVBLE EQUIP	2		1,314,657	5
6 INTEREST ON RETIREMENT	F	CAP REL COSTS-MVBLE EQUIP	2		220,516	6
500 TOTAL RECLASSIFICATIONS					20,763,562	500
CODE LETTER - F						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
1		2	3		4	5
1 BENEFIT EXPENSE	G	EMPLOYEE BENEFITS DEPARTMENT	4			6,580,666 1
500 TOTAL RECLASSIFICATIONS						6,580,666 500
CODE LETTER - G						
1 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	MEDICAL CENTER ALL OTHER ADMI	5.01		80,075	1
2 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	RENAL DIALYSIS	74		113,324	2
3 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	CLINIC	90		851,700	3
4 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	KIDNEY ACQUISITION	105		283,845	4
5 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	LIVER ACQUISITION	107		103,464	5
6 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	PANCREAS ACQUISITION	109		53,382	6
7 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	ISLET ACQUISITION	111		27,101	7
8 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	OTHER ORGAN ACQUISITION (SPEC	112		4,261	8
9 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H					9
10 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H					10
11 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H					11
12 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H					12
13						13
14						14
15 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H					15
500 TOTAL RECLASSIFICATIONS					1,517,152	500
CODE LETTER - H						
1 PSYCH RESEARCH	I	RESEARCH	191		25,965	979 1
500 TOTAL RECLASSIFICATIONS					25,965	979 500
CODE LETTER - I						
1 OUTREACH LAB	K	LAB OUTREACH	60.02		1,484,773	2,969,857 1
2 OUTREACH LAB	K					2
3 OUTREACH LAB	K					3
500 TOTAL RECLASSIFICATIONS					1,484,773	2,969,857 500
CODE LETTER - K						
1 HOSPITAL PART A - TEACHING	L	I&R SERVICES-OTHER PRGM COSTS	22		2,345,592	1
500 TOTAL RECLASSIFICATIONS					2,345,592	500
CODE LETTER - L						
1 TRANSPLANT DIRECTOR	M	KIDNEY ACQUISITION	105		37,428	88,127 1
2 TRANSPLANT DIRECTOR	M	LIVER ACQUISITION	107		6,200	36,320 2
3 TRANSPLANT DIRECTOR	M	PANCREAS ACQUISITION	109		3,100	21,461 3
4 TRANSPLANT DIRECTOR	M	OTHER ORGAN ACQUISITION (SPEC	112		10,458	4
500 TOTAL RECLASSIFICATIONS					57,186	145,908 500
CODE LETTER - M						
1 RESIDENT BILLING BENEFITS	N	I&R SERVICES-SALARY & FRINGES	21		8,350,673	1
500 TOTAL RECLASSIFICATIONS					8,350,673	500
CODE LETTER - N						
1 RAPID RESPONSE TEAM	O	ADULTS & PEDIATRICS	30		368,616	1,323 1
2 RAPID RESPONSE TEAM	O	INTENSIVE CARE UNIT	31		30,311	109 2
3 RAPID RESPONSE TEAM	O	CORONARY CARE UNIT	32		24,916	89 3
500 TOTAL RECLASSIFICATIONS					423,843	1,521 500
CODE LETTER - O						
1 TRANSPLANT UNIT	P	INTENSIVE CARE UNIT	31		3,499,595	358,267 1
500 TOTAL RECLASSIFICATIONS					3,499,595	358,267 500
CODE LETTER - P						
1 PEDIATRIC STEPDOWN	Q	ADULTS & PEDIATRICS	30		809,517	81,953 1
500 TOTAL RECLASSIFICATIONS					809,517	81,953 500
CODE LETTER - Q						
1 CORRECT PAYROLL POSTING	R	BONE MARROW TRANSPLANT	76.02		14,602	1
500 TOTAL RECLASSIFICATIONS					14,602	500
CODE LETTER - R						
GRAND TOTAL (INCREASES)					26,949,658	130,483,598

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
1	6	7	8	9	10	
1 WOMENS HEALTH	A	DELIVERY ROOM & LABOR ROOM	52	4,989,626	286,788	1
2 WOMENS HEALTH	A					2
500 TOTAL RECLASSIFICATIONS				4,989,626	286,788	500
CODE LETTER - A						
1 CHARGEABLE MED SPLS	B	MEDICAL CENTER ALL OTHER ADM	5.01		2,232	1
2 CHARGEABLE MED SPLS	B	HOSPITAL ADMIN & GENERAL	5.02		18,135	2
3 CHARGEABLE MED SPLS	B	AMBULATORY ADMIN & GENERAL	5.03		9,439	3
4 CHARGEABLE MED SPLS	B	MAINTENANCE & REPAIRS	6		413	4
5 CHARGEABLE MED SPLS	B	HOUSEKEEPING	9		62,700	5
6 CHARGEABLE MED SPLS	B	DIETARY	10		33	6
7 CHARGEABLE MED SPLS	B	NURSING ADMINISTRATION	13		2,402	7
8 CHARGEABLE MED SPLS	B	PHARMACY	15		671,390	8
9 CHARGEABLE MED SPLS	B	MEDICAL RECORDS & LIBRARY	16		11,016	9
10 CHARGEABLE MED SPLS	B	SOCIAL SERVICE	17		577	10
11 CHARGEABLE MED SPLS	B	UTILMGMT / DSCH PLANNING	18		76,520	11
12 CHARGEABLE MED SPLS	B	ADULTS & PEDIATRICS	30		1,580,050	12
13 CHARGEABLE MED SPLS	B	INTENSIVE CARE UNIT	31		527,916	13
14 CHARGEABLE MED SPLS	B	PEDS ICU	31.01		174,646	14
15 CHARGEABLE MED SPLS	B	NEONATAL ICU	31.02		561,111	15
16 CHARGEABLE MED SPLS	B	CORONARY CARE UNIT	32		467,474	16
17 CHARGEABLE MED SPLS	B	SUBPROVIDER - IPF	40		29,778	17
18 CHARGEABLE MED SPLS	B	SUBPROVIDER - IRF	41		13,577	18
19 CHARGEABLE MED SPLS	B	OPERATING ROOM	50		30,620,847	19
20 CHARGEABLE MED SPLS	B	RECOVERY ROOM	51		41,888	20
21 CHARGEABLE MED SPLS	B	DELIVERY ROOM & LABOR ROOM	52		669,501	21
22 CHARGEABLE MED SPLS	B	ANESTHESIOLOGY	53		1,337,462	22
23 CHARGEABLE MED SPLS	B	RADIOLOGY-DIAGNOSTIC	54		246,111	23
24 CHARGEABLE MED SPLS	B	RADIO ULTRASOUND	54.01		65,581	24
25 CHARGEABLE MED SPLS	B	RADIO ANGIOGRAPHY	54.02		4,736,424	25
26 CHARGEABLE MED SPLS	B	RADIO WEST HARRISON	54.03		122,155	26
27 CHARGEABLE MED SPLS	B	RADIOLOGY-THERAPEUTIC	55		72,086	27
28 CHARGEABLE MED SPLS	B	RADIOISOTOPE	56		562,063	28
29 CHARGEABLE MED SPLS	B	CT SCAN	57		147,447	29
30 CHARGEABLE MED SPLS	B	MRI	58		62,008	30
31 CHARGEABLE MED SPLS	B	CARDIAC CATHETERIZATION	59		999,360	31
32 CHARGEABLE MED SPLS	B	LABORATORY	60		49,080	32
33 CHARGEABLE MED SPLS	B	LAB TISSUE TYPING	60.01		55	33
34 CHARGEABLE MED SPLS	B	LAB OUTREACH	60.02		50	34
35 CHARGEABLE MED SPLS	B	BLOOD STORING, PROCESSING & T	63		168	35
36 CHARGEABLE MED SPLS	B	RESPIRATORY THERAPY	65		358,882	36
37 CHARGEABLE MED SPLS	B	PHYSICAL THERAPY	66		24,959	37
38 CHARGEABLE MED SPLS	B	OCCUPATIONAL THERAPY	67		16,687	38
39 CHARGEABLE MED SPLS	B	SPEECH PATHOLOGY	68		347	39
40 CHARGEABLE MED SPLS	B	ELECTROCARDIOLOGY	69		5,608	40
41 CHARGEABLE MED SPLS	B	ELECTROENCEPHALOGRAPHY	70		12,330	41
42 CHARGEABLE MED SPLS	B	RENAL DIALYSIS	74		1,016,185	42
43 CHARGEABLE MED SPLS	B	GASTROENTROLOGY	76.01		765,427	43
44 CHARGEABLE MED SPLS	B	BONE MARROW TRANSPLANT	76.02		178	44
45 CHARGEABLE MED SPLS	B	CARDIAC SERVICES	76.03		1,365,848	45
46 CHARGEABLE MED SPLS	B	CLINIC	90		806,989	46
47 CHARGEABLE MED SPLS	B	EMERGENCY	91		582,258	47
48 CHARGEABLE MED SPLS	B	OCC EEI	93.01		82,234	48
49 CHARGEABLE MED SPLS	B	OCC PSYCH	93.02		2,382	49
50 CHARGEABLE MED SPLS	B	OCC ADOLESCENTS	93.03		92,202	50
51 CHARGEABLE MED SPLS	B	KIDNEY ACQUISITION	105		664	51
52 CHARGEABLE MED SPLS	B	LIVER ACQUISITION	107		34	52
53 CHARGEABLE MED SPLS	B	OTHER ORGAN ACQUISITION (SPEC	112		11	53
54 CHARGEABLE MED SPLS	B	RESEARCH	191		12,638	54
55 CHARGEABLE MED SPLS	B	PHYSICIANS' PRIVATE OFFICES	192		67,523	55
56 CHARGEABLE MED SPLS	B	ISLET ACQUISITION	111		582	56
500 TOTAL RECLASSIFICATIONS					49,155,663	500
CODE LETTER - B						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 CHARGEABLE DRUGS	C	MEDICAL CENTER ALL OTHER ADMI	5.01		156,759	1
2 CHARGEABLE DRUGS	C	HOSPITAL ADMIN & GENERAL	5.02		214	2
3 CHARGEABLE DRUGS	C	MAINTENANCE & REPAIRS	6		3	3
4 CHARGEABLE DRUGS	C	DIETARY	10		11,377	4
5 CHARGEABLE DRUGS	C	CENTRAL SERVICES & SUPPLY	14		1,235,782	5
6 CHARGEABLE DRUGS	C	PHARMACY	15		33,209,870	6
7 CHARGEABLE DRUGS	C	ADULTS & PEDIATRICS	30		462,983	7
8 CHARGEABLE DRUGS	C	INTENSIVE CARE UNIT	31		62,140	8
9 CHARGEABLE DRUGS	C	PEDS ICU	31.01		24,336	9
10 CHARGEABLE DRUGS	C	NEONATAL ICU	31.02		24,213	10
11 CHARGEABLE DRUGS	C	CORONARY CARE UNIT	32		69,264	11
12 CHARGEABLE DRUGS	C	SUBPROVIDER - IPF	40		1,590	12
13 CHARGEABLE DRUGS	C	SUBPROVIDER - IRF	41		2,311	13
14 CHARGEABLE DRUGS	C	OPERATING ROOM	50		71,696	14
15 CHARGEABLE DRUGS	C	RECOVERY ROOM	51		9,739	15
16 CHARGEABLE DRUGS	C	DELIVERY ROOM & LABOR ROOM	52		45,257	16
17 CHARGEABLE DRUGS	C	ANESTHESIOLOGY	53		335,742	17
18 CHARGEABLE DRUGS	C	RADIOLOGY-DIAGNOSTIC	54		19,635	18
19 CHARGEABLE DRUGS	C	RADIO ULTRASOUND	54.01		12,033	19
20 CHARGEABLE DRUGS	C	RADIO ANGIOGRAPHY	54.02		160,124	20
21 CHARGEABLE DRUGS	C	RADIO WEST HARRISON	54.03		71,822	21
22 CHARGEABLE DRUGS	C	RADIOLOGY-THERAPEUTIC	55		4,131	22
23 CHARGEABLE DRUGS	C	RADIOISOTOPE	56		53,984	23
24 CHARGEABLE DRUGS	C	CT SCAN	57		58,789	24
25 CHARGEABLE DRUGS	C	MRI	58		148,735	25
26 CHARGEABLE DRUGS	C	CARDIAC CATHETERIZATION	59		78,604	26
27 CHARGEABLE DRUGS	C	LABORATORY	60		14,965	27
28 CHARGEABLE DRUGS	C	INTRAVENOUS THERAPY	64		8,904,277	28
29 CHARGEABLE DRUGS	C	RESPIRATORY THERAPY	65		24,518	29
30 CHARGEABLE DRUGS	C	PHYSICAL THERAPY	66		134	30
31 CHARGEABLE DRUGS	C	ELECTROCARDIOLOGY	69		24	31
32 CHARGEABLE DRUGS	C	ELECTROENCEPHALOGRAPHY	70		101	32
33 CHARGEABLE DRUGS	C	RENAL DIALYSIS	74		251,161	33
34 CHARGEABLE DRUGS	C	GASTROENTROLOGY	76.01		13,652	34
35 CHARGEABLE DRUGS	C	BONE MARROW TRANSPLANT	76.02		1,732	35
36 CHARGEABLE DRUGS	C	CARDIAC SERVICES	76.03		3,555	36
37 CHARGEABLE DRUGS	C	CLINIC	90		1,186,274	37
38 CHARGEABLE DRUGS	C	EMERGENCY	91		103,717	38
39 CHARGEABLE DRUGS	C	OCC EEI	93.01		1,348,600	39
40 CHARGEABLE DRUGS	C	OCC ADOLESCENTS	93.03		415,445	40
41 CHARGEABLE DRUGS	C	KIDNEY ACQUISITION	105		70	41
42 CHARGEABLE DRUGS	C	RESEARCH	191		1,766	42
43 CHARGEABLE DRUGS	C	PHYSICIANS' PRIVATE OFFICES	192		4,487	43
500 TOTAL RECLASSIFICATIONS CODE LETTER - C					48,605,611	500
1 PHARMACY ALLIED HEALTH	D	PHARMACY	15		1,191,672	1
2 PHARMACY ALLIED HEALTH	D	PHARMACY	15	263,318		2
500 TOTAL RECLASSIFICATIONS CODE LETTER - D				263,318	1,191,672	500
1 RADIOLOGY ADMIN & NURSING	E					1
2 RADIOLOGY ADMIN & NURSING	E					2
3 RADIOLOGY ADMIN & NURSING	E					3
4 RADIOLOGY ADMIN & NURSING	E					4
5 RADIOLOGY ADMIN& NURSING	E					5
6 RADIOLOGY ADMIN & NURSING	E					6
7 RADIOLOGY ADMIN & NURSING	E	RADIOLOGY-DIAGNOSTIC	54	3,167,816	341,151	7
500 TOTAL RECLASSIFICATIONS CODE LETTER - E				3,167,816	341,151	500
1 DEPRECIATION-BLDG	F	MEDICAL CENTER ALL OTHER ADMI	5.01		20,763,562	9 1
2 DEPRECIATION-EQUIP	F					9 2
3 AMORTIZATION EXP ISSUANCE COST	F					14 3
4 AMORTIZATION BOND DSCT	F					14 4
5 INTEREST ON INDEBTEDNESS	F					11 5
6 INTEREST ON RETIREMENT	F					11 6
500 TOTAL RECLASSIFICATIONS CODE LETTER - F					20,763,562	500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 BENEFIT EXPENSE	G	MEDICAL CENTER ALL OTHER ADMI	5.01		6,580,666	1
500 TOTAL RECLASSIFICATIONS					6,580,666	500
CODE LETTER - G						
1 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	MEDICAL CENTER ALL OTHER ADMI	5.01	10,482		1
2 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	HOSPITAL ADMIN & GENERAL	5.02	1,108		2
3 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	AMBULATORY ADMIN & GENERAL	5.03	27,888		3
4 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	DIETARY	10	48,753		4
5 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	NURSING ADMINISTRATION	13	20,844		5
6 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	ADULTS & PEDIATRICS	30	129,468		6
7 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	NEONATAL ICU	31.02	11,026		7
8 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	OPERATING ROOM	50	1,210		8
9 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	DELIVERY ROOM & LABOR ROOM	52	57,148		9
10 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	LABORATORY	60	10,243		10
11 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	RENAL DIALYSIS	74	7,361		11
12 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	CLINIC	90	113,122		12
13		KIDNEY ACQUISITION	105	850,667		13
14		LIVER ACQUISITION	107	221,035		14
15 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	PANCREAS ACQUISITION	109	6,797		15
500 TOTAL RECLASSIFICATIONS				1,517,152		500
CODE LETTER - H						
1 PSYCH RESEARCH	I	SUBPROVIDER - IPF	40	25,965	979	1
500 TOTAL RECLASSIFICATIONS				25,965	979	500
CODE LETTER - I						
1 OUTREACH LAB	K	LABORATORY	60	1,483,539	2,965,604	1
2 OUTREACH LAB	K	LAB TISSUE TYPING	60.01	1,234	2,987	2
3 OUTREACH LAB	K	BLOOD STORING, PROCESSING & T	63		1,266	3
500 TOTAL RECLASSIFICATIONS				1,484,773	2,969,857	500
CODE LETTER - K						
1 HOSPITAL PART A - TEACHING	L	MEDICAL CENTER ALL OTHER ADMI	5.01	2,345,592		1
500 TOTAL RECLASSIFICATIONS				2,345,592		500
CODE LETTER - L						
1 TRANSPLANT DIRECTOR	M	MEDICAL CENTER ALL OTHER ADMI	5.01	57,186	145,908	1
2 TRANSPLANT DIRECTOR	M					2
3 TRANSPLANT DIRECTOR	M					3
4 TRANSPLANT DIRECTOR	M					4
500 TOTAL RECLASSIFICATIONS				57,186	145,908	500
CODE LETTER - M						
1 RESIDENT BILLING BENEFITS	N	EMPLOYEE BENEFITS DEPARTMENT	4		8,350,673	1
500 TOTAL RECLASSIFICATIONS					8,350,673	500
CODE LETTER - N						
1 RAPID RESPONSE TEAM	O	NURSING ADMINISTRATION	13	423,843	1,521	1
2 RAPID RESPONSE TEAM	O					2
3 RAPID RESPONSE TEAM	O					3
500 TOTAL RECLASSIFICATIONS				423,843	1,521	500
CODE LETTER - O						
1 TRANSPLANT UNIT	P	ADULTS & PEDIATRICS	30	3,499,595	358,267	1
500 TOTAL RECLASSIFICATIONS				3,499,595	358,267	500
CODE LETTER - P						
1 PEDIATRIC STEPDOWN	Q	PEDS ICU	31.01	809,517	81,953	1
500 TOTAL RECLASSIFICATIONS				809,517	81,953	500
CODE LETTER - Q						
1 CORRECT PAYROLL POSTING	R	KIDNEY ACQUISITION	105	14,602		1
500 TOTAL RECLASSIFICATIONS				14,602		500
CODE LETTER - R						
GRAND TOTAL (DECREASES)				18,598,985	138,834,271	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	770,917					770,917	1
2 LAND IMPROVEMENTS							2
3 BUILDINGS AND FIXTURES	187,411,576	1,855,131		1,855,131		189,266,707	3
4 BUILDING IMPROVEMENTS	16,449,936	10,677,161		10,677,161		27,127,097	4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT							6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	204,632,429	12,532,292		12,532,292		217,164,721	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	204,632,429	12,532,292		12,532,292		217,164,721	10

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

SUMMARY OF CAPITAL

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	RATIOS		INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL (SUM OF COLS. 5-7) 8
			FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4				
1 CAP REL COSTS-BLDG & FIXT	5,076,731		5,076,731	0.267838				1
2 CAP REL COSTS-MVBLE EQUIP	13,877,768		13,877,768	0.732162				2
3 TOTAL (SUM OF LINES 1-2)	18,954,499		18,954,499	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	5,076,731						5,076,731 1
2 CAP REL COSTS-MVBLE EQUIP	13,877,768		-273,890			273,890	13,877,768 2
3 TOTAL	18,954,499		-273,890			273,890	18,954,499 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)	B	-1,809,063	CAP REL COSTS-MVBLE EQUIP	2	11 2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-18,828,573			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	211,229,459			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS					14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS					18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20 VENDING MACHINES					20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65	23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 BAD DEBT - INPATIENT	A	-21,393,938	MEDICAL CENTER ALL OTHER ADMIN	5.01	33
33.01 BAD DEBT - OUTPATIENT	A	-16,388,040	MEDICAL CENTER ALL OTHER ADMIN	5.01	33.01
34 ORGAN ACQ NON ALLOW	A	-10,510	KIDNEY ACQUISITION	105	34
34.01 ORGAN ACQ NON ALLOW	A	-67,708	ISLET ACQUISITION	111	34.01
35 MOONLIGHTING PHYSICIANS	A	-242,860	MEDICAL CENTER ALL OTHER ADMIN	5.01	35
36 ISLET CELL DATA-FY12	A	-42,467	ISLET ACQUISITION	111	36
37 NON PHYSICIAN ANESTHETIST	A	-231,856	ANESTHESIOLOGY	53	37
38 NURSE PRACTITIONER	A	-1,144,298	MEDICAL CENTER ALL OTHER ADMIN	5.01	38
38.01 NURSE PRACTITIONER	A	-83,451	NURSING ADMINISTRATION	13	38.01
38.02 NURSE PRACTITIONER	A	-740,143	ADULTS & PEDIATRICS	30	38.02
38.03 NURSE PRACTITIONER	A	-492	INTENSIVE CARE UNIT	31	38.03
38.04 NURSE PRACTITIONER	A	-385	PEDS ICU	31.01	38.04
38.05 NURSE PRACTITIONER	A	-94,871	NEONATAL ICU	31.02	38.05
38.06 NURSE PRACTITIONER	A	-87,287	SUBPROVIDER - IPF	40	38.06
38.07 NURSE PRACTITIONER	A	-21,231	OPERATING ROOM	50	38.07
38.08 NURSE PRACTITIONER	A	-941,998	DELIVERY ROOM & LABOR ROOM	52	38.08
38.09 NURSE PRACTITIONER	A	-110,700	RADIO ANGIOGRAPHY	54.02	38.09
38.10 NURSE PRACTITIONER	A	-10,000	GASTROENTROLOGY	76.01	38.10
38.11 NURSE PRACTITIONER	A	-99,129	CLINIC	90	38.11
38.12 NURSE PRACTITIONER	A	-157,845	OCC PSYCH	93.02	38.12
38.13 NURSE PRACTITIONER	A	-50,726	KIDNEY ACQUISITION	105	38.13
39 PHYSICIAN-PART B & NON-ALLOW	A	-14,288,301	MEDICAL CENTER ALL OTHER ADMIN	5.01	39
39.01 PHYSICIAN SUPPORT	A	-880,478	MEDICAL CENTER ALL OTHER ADMIN	5.01	39.01
40 COM - MD SALARIES ADMIN	A	1,559,872	MEDICAL CENTER ALL OTHER ADMIN	5.01	40
40.01 COM - MD SALARIES TEACHING	A	11,631,931	I&R SERVICES-OTHER PRGM COSTS A	22	40.01
41 EMPLOYEE HEALTH SVCS	A	-896,008	MEDICAL CENTER ALL OTHER ADMIN	5.01	41
42 MISC INCOME	B	-1,398,009	MEDICAL CENTER ALL OTHER ADMIN	5.01	42
42.01 MISC INCOME	B	450,338	HOSPITAL ADMIN & GENERAL	5.02	42.01
42.02 MISC INCOME	B	-260,413	AMBULATORY ADMIN & GENERAL	5.03	42.02

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	
42.03 MISC INCOME	B	-2,193,838	DIETARY	10	42.03
42.04 MISC INCOME	B	-185	CAFETERIA	11	42.04
42.05 MISC INCOME	B	-25,174	NURSING ADMINISTRATION	13	42.05
42.06 MISC INCOME	B	-2,000,000	PHARMACY	15	42.06
42.07 MISC INCOME	B	-25,244	MEDICAL RECORDS & LIBRARY	16	42.07
42.08 MISC INCOME	B	78	SOCIAL SERVICE	17	42.08
42.09 MISC INCOME	B	-1,388	I&R SERVICES-OTHER PRGM COSTS A	22	42.09
42.10 MISC INCOME	B	-252,254	PARAMED ED PRGM-(SPECIFY)	23	42.10
42.11 MISC INCOME	B	-94,376	SUBPROVIDER - IRF	41	42.11
42.12 MISC INCOME	B	-112,995	OPERATING ROOM	50	42.12
42.13 MISC INCOME	B	75	ANESTHESIOLOGY	53	42.13
42.14 MISC INCOME	B	-14,054	PHYSICAL THERAPY	66	42.14
42.15 MISC INCOME	B	-14,793	CLINIC	90	42.15
42.16 MISC INCOME	B	-1,512	OCC PSYCH	93.02	42.16
42.17 MISC INCOME	B	-224,603	GIFT, FLOWER, COFFEE SHOP & CAN	190	42.17
42.18 MISC INCOME	B	-6,457,690	DRUGS CHARGED TO PATIENTS	73	42.18
43 NON-ALLOWABLE COST	A	-2,460,298	MEDICAL CENTER ALL OTHER ADMIN	5.01	43
43.01 NON-ALLOWABLE COST	A	-64,105	HOSPITAL ADMIN & GENERAL	5.02	43.01
43.02 NON-ALLOWABLE COST	A	-21,631	AMBULATORY ADMIN & GENERAL	5.03	43.02
43.03 NON-ALLOWABLE COST	A	-9,283	NURSING ADMINISTRATION	13	43.03
43.04 NON-ALLOWABLE COST	A	-203	PHARMACY	15	43.04
43.05 NON-ALLOWABLE COST	A	-137,810	MEDICAL RECORDS & LIBRARY	16	43.05
43.06 NON-ALLOWABLE COST	A	-2,019	I&R SERVICES-OTHER PRGM COSTS A	22	43.06
43.07 NON-ALLOWABLE COST	A	-187	SUBPROVIDER - IPF	40	43.07
43.08 NON-ALLOWABLE COST	A	-882	OPERATING ROOM	50	43.08
43.09 NON-ALLOWABLE COST	A	-2,404	DELIVERY ROOM & LABOR ROOM	52	43.09
43.10 NON-ALLOWABLE COST	A	694	RADIOLOGY-DIAGNOSTIC	54	43.10
43.11 NON-ALLOWABLE COST	A	-20,584	RADIO WEST HARRISON	54.03	43.11
43.12 NON-ALLOWABLE COST	A	-6,701	RADIOLOGY-THERAPEUTIC	55	43.12
43.13 NON-ALLOWABLE COST	A	-487	CARDIAC CATHETERIZATION	59	43.13
43.14 NON-ALLOWABLE COST	A	-360	LABORATORY	60	43.14
43.15 NON-ALLOWABLE COST	A	-1,020	PHYSICAL THERAPY	66	43.15
43.16 NON-ALLOWABLE COST	A	-150	SPEECH PATHOLOGY	68	43.16
43.17 NON-ALLOWABLE COST	A	-21	GASTROENTROLOGY	76.01	43.17
43.18 NON-ALLOWABLE COST	A	-374	BONE MARROW TRANSPLANT	76.02	43.18
43.19 NON-ALLOWABLE COST	A	-9,981	CARDIAC SERVICES	76.03	43.19
43.20 NON-ALLOWABLE COST	A	-402,140	CLINIC	90	43.20
43.21 NON-ALLOWABLE COST	A	-10,018	OCC EEI	93.01	43.21
43.22 NON-ALLOWABLE COST	A	-6,888	OCC PSYCH	93.02	43.22
43.23 NON-ALLOWABLE COST	A	-8,354	KIDNEY ACQUISITION	105	43.23
43.24 NON-ALLOWABLE COST	A	-7,999	LIVER ACQUISITION	107	43.24
43.25 NON-ALLOWABLE COST	A	-1,207	PANCREAS ACQUISITION	109	43.25
43.26 NON-ALLOWABLE COST	A	-20	ISLET ACQUISITION	111	43.26
43.27 NON-ALLOWABLE COST	A	-584	OTHER ORGAN ACQUISITION (SPECIF	112	43.27
43.28 NON-ALLOWABLE COST	A	-2,985	RESEARCH	191	43.28
43.29 NON-ALLOWABLE COST	A	-28	PHYSICIANS' PRIVATE OFFICES	192	43.29
44 TIS DRUG COST ADJUSTMENT	A	-3,460,000	MEDICAL CENTER ALL OTHER ADMIN	5.01	44
45 GAIN/LOSS ON DISPOSAL	A	-42,123	MEDICAL CENTER ALL OTHER ADMIN	5.01	45
46 NON HOSP COST ON WTB	A	-1,015,911	PHYSICIANS' PRIVATE OFFICES	192	46
46.01 PHARMACY RESEARCH	A	-15,208	PHARMACY	15	46.01
47 BERWYN INFUSION CENTER	A	-5,904	MEDICAL CENTER ALL OTHER ADMIN	5.01	47
47.01 BERWYN INFUSION CENTER	A	-7,691,862	PHYSICIANS' PRIVATE OFFICES	192	47.01
48 WWT & FQHC BILLING	A	-257,383	MEDICAL CENTER ALL OTHER ADMIN	5.01	48
48.01 WWT & FQHC BILLING	A	-14,700	LAB OUTREACH	60.02	48.01
48.02 WWT & FQHC BILLING	A	-130,879	PHYSICIANS' PRIVATE OFFICES	192	48.02
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		117,360,868			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1	4	EMPLOYEE BENEFITS DEPARTMENT	211,990,249	6,580,666	205,409,583	1
2	6	MAINTENANCE & REPAIRS	5,819,876		5,819,876	2
3	5.01	MEDICAL CENTER ALL OTHER ADMIN	13,917,867	13,917,867		3
3.01	5.01	MEDICAL CENTER ALL OTHER ADMIN	18,794,903	18,794,903		4.01
3.02	2	CAP REL COSTS-MVBLE EQUIP	11,411,340	11,411,340		9 4.02
3.03	1	CAP REL COSTS-BLDG & FIXT	507,673	507,673		9 4.03
3.04	2	CAP REL COSTS-MVBLE EQUIP	507,673	507,673		9 4.04
3.05	2	CAP REL COSTS-MVBLE EQUIP	235,909	235,909		9 4.05
3.06	2	CAP REL COSTS-MVBLE EQUIP	273,890	273,890		14 4.06
3.07	2	CAP REL COSTS-MVBLE EQUIP	1,535,173	1,535,173		11 4.07
3.08	23	PARAMED ED PRGM-(SPECIFY)	939,418	939,418		4.08
4						4
5		TOTALS (SUM OF LINES 1-4)	265,933,971	54,704,512	211,229,459	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.				

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----		TYPE OF BUSINESS
		PERCENT OF OWNERSHIP	PERCENT OF OWNERSHIP	
1	2	3	4	5
6	A STATE OF ILLINOIS		BOARD OF TRUSTEES FOR THE U OF	UNIVERSITY
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	5.01	MEDICAL CENTER ALL OTHER ANESTHESIOLOGY	4,106,396			200,300	23,765	2,288,524	114,426	1
2	5.01	MEDICAL CENTER ALL OTHER CARDIOLOGY	518,479			177,200	3,974	338,554	16,928	2
3	5.01	MEDICAL CENTER ALL OTHER DERMATOLOGY	233,497			177,200	2,969	252,936	12,647	3
4	5.01	MEDICAL CENTER ALL OTHER EMERGENCY MEDIC	835,785			177,200	6,097	519,418	25,971	4
5	5.01	MEDICAL CENTER ALL OTHER ENDOCRINOLOGY	247,437			177,200	1,882	160,332	8,017	5
6	5.01	MEDICAL CENTER ALL OTHER FAMILY MEDICINE	473,809			138,700	5,078	338,615	16,931	6
7	5.01	MEDICAL CENTER ALL OTHER GASTROENTEROLOG	285,850			177,200	2,777	236,579	11,829	7
8	5.01	MEDICAL CENTER ALL OTHER GENERAL SURGERY	807,970			208,000	4,374	437,400	21,870	8
9	5.01	MEDICAL CENTER ALL OTHER GERIATRIC	64,161			177,200	720	61,338	3,067	9
10	5.01	MEDICAL CENTER ALL OTHER HEMATOLOGY/ONCO	583,935			177,200	4,591	391,118	19,556	10
11	5.01	MEDICAL CENTER ALL OTHER HEPATOLOGY	7,670			177,200	63	5,367	268	11
12	5.01	MEDICAL CENTER ALL OTHER INFECTIOUS DISE	155,194			177,200	1,930	164,421	8,221	12
13	5.01	MEDICAL CENTER ALL OTHER INTERNAL MEDICI	805,275			165,600	14,490	1,153,627	57,681	13
14	5.01	MEDICAL CENTER ALL OTHER NEONATOLOGY	258,378			196,400	920	86,869	4,343	14
15	5.01	MEDICAL CENTER ALL OTHER NEPHROLOGY	76,595			177,200	149	12,694	635	15
16	5.01	MEDICAL CENTER ALL OTHER NEUROLOGY	456,264			177,200	5,773	491,815	24,591	16
17	5.01	MEDICAL CENTER ALL OTHER NEUROSURGERY	386,976			208,200	2,867	286,976	14,349	17
18	5.01	MEDICAL CENTER ALL OTHER OB/GYN	353,309			196,400	2,186	206,409	10,320	18
19	5.01	MEDICAL CENTER ALL OTHER OPHTHALMOLOGY	1,242,301			177,200	15,607	1,329,596	66,480	19
20	5.01	MEDICAL CENTER ALL OTHER ORAL AND MAXILL	475,078			140,600	4,882	330,004	16,500	20
21	5.01	MEDICAL CENTER ALL OTHER ORTHOPAEDICS	726,922			208,000	7,947	794,700	39,735	21
22	5.01	MEDICAL CENTER ALL OTHER OTOLARYNGOLOGY	556,817			177,200	5,038	429,199	21,460	22
23	5.01	MEDICAL CENTER ALL OTHER PATHOLOGY	1,102,898			215,700	11,665	1,209,683	60,484	23
24	5.01	MEDICAL CENTER ALL OTHER PEDIATRIC DENTI	66,991			140,600	936	63,270	3,164	24
25	5.01	MEDICAL CENTER ALL OTHER PEDIATRICS	1,216,211			140,600	16,440	1,111,281	55,564	25
26	5.01	MEDICAL CENTER ALL OTHER PSYCHIATRY	266,027			154,100	2,546	188,624	9,431	26
27	5.01	MEDICAL CENTER ALL OTHER RADIOLOGY	1,746,878			225,300	9,496	1,028,581	51,429	27
28	5.01	MEDICAL CENTER ALL OTHER RESPIRATORY & C	305,678			177,200	659	56,142	2,807	28
29	5.01	MEDICAL CENTER ALL OTHER RHEUMATOLOGY	59,913			177,200	678	57,760	2,888	29
30	5.01	MEDICAL CENTER ALL OTHER SURGICAL ONCOLO				208,000				30
31	5.01	MEDICAL CENTER ALL OTHER UROLOGY	142,523			177,200	2,274	193,727	9,686	31
32	5.01	MEDICAL CENTER ALL OTHER ALLERGY	72,957			177,200	1,114	94,904	4,745	32
33	5.01	MEDICAL CENTER ALL OTHER OCCUPATIONAL ME	190,399			140,600	1,482	100,178	5,009	33
200		TOTAL	18,828,573				165,369	14,420,641	721,032	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
10	11	12	13	14	15	16	17	18
1	5.01 MEDICAL CENTER ALL OTHER ANESTHESIOLOGY					2,288,524		4,106,396 1
2	5.01 MEDICAL CENTER ALL OTHER CARDIOLOGY					338,554		518,479 2
3	5.01 MEDICAL CENTER ALL OTHER DERMATOLOGY					252,936		233,497 3
4	5.01 MEDICAL CENTER ALL OTHER EMERGENCY MEDIC					519,418		835,785 4
5	5.01 MEDICAL CENTER ALL OTHER ENDOCRINOLOGY					160,332		247,437 5
6	5.01 MEDICAL CENTER ALL OTHER FAMILY MEDICINE					338,615		473,809 6
7	5.01 MEDICAL CENTER ALL OTHER GASTROENTEROLOG					236,579		285,850 7
8	5.01 MEDICAL CENTER ALL OTHER GENERAL SURGERY					437,400		807,970 8
9	5.01 MEDICAL CENTER ALL OTHER GERIATRIC					61,338		64,161 9
10	5.01 MEDICAL CENTER ALL OTHER HEMATOLOGY/ONCO					391,118		583,935 10
11	5.01 MEDICAL CENTER ALL OTHER HEPATOLOGY					5,367		7,670 11
12	5.01 MEDICAL CENTER ALL OTHER INFECTIOUS DISE					164,421		155,194 12
13	5.01 MEDICAL CENTER ALL OTHER INTERNAL MEDICI					1,153,627		805,275 13
14	5.01 MEDICAL CENTER ALL OTHER NEONATOLOGY					86,869		258,378 14
15	5.01 MEDICAL CENTER ALL OTHER NEPHROLOGY					12,694		76,595 15
16	5.01 MEDICAL CENTER ALL OTHER NEUROLOGY					491,815		456,264 16
17	5.01 MEDICAL CENTER ALL OTHER NEUROSURGERY					286,976		386,976 17
18	5.01 MEDICAL CENTER ALL OTHER OB/GYN					206,409		353,309 18
19	5.01 MEDICAL CENTER ALL OTHER OPHTHALMOLOGY					1,329,596		1,242,301 19
20	5.01 MEDICAL CENTER ALL OTHER ORAL AND MAXILL					330,004		475,078 20
21	5.01 MEDICAL CENTER ALL OTHER ORTHOPAEDICS					794,700		726,922 21
22	5.01 MEDICAL CENTER ALL OTHER OTOLARYNGOLOGY					429,199		556,817 22
23	5.01 MEDICAL CENTER ALL OTHER PATHOLOGY					1,209,683		1,102,898 23
24	5.01 MEDICAL CENTER ALL OTHER PEDIATRIC DENTI					63,270		66,991 24
25	5.01 MEDICAL CENTER ALL OTHER PEDIATRICS					1,111,281		1,216,211 25
26	5.01 MEDICAL CENTER ALL OTHER PSYCHIATRY					188,624		266,027 26
27	5.01 MEDICAL CENTER ALL OTHER RADIOLOGY					1,028,581		1,746,878 27
28	5.01 MEDICAL CENTER ALL OTHER RESPIRATORY & C					56,142		305,678 28
29	5.01 MEDICAL CENTER ALL OTHER RHEUMATOLOGY					57,760		59,913 29
30	5.01 MEDICAL CENTER ALL OTHER SURGICAL ONCOLO							30 30
31	5.01 MEDICAL CENTER ALL OTHER UROLOGY					193,727		142,523 31
32	5.01 MEDICAL CENTER ALL OTHER ALLERGY					94,904		72,957 32
33	5.01 MEDICAL CENTER ALL OTHER OCCUPATIONAL ME					100,178		190,399 33
200	TOTAL					14,420,641		18,828,573 200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	5,076,731	5,076,731				1
2 CAP REL COSTS-MVBLE EQUIP	13,877,768		13,877,768			2
4 EMPLOYEE BENEFITS DEPARTMENT	204,794,683	33,550		204,828,233		4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN	71,600,233	447,780	3,902,189	32,298,651	108,248,853	5.01
5.02 HOSPITAL ADMIN & GENERAL	7,059,444	63,439	64,471	3,639,774	10,827,128	5.02
5.03 AMBULATORY ADMIN & GENERAL	9,890,765	26,944	54,338	2,448,423	12,420,470	5.03
6 MAINTENANCE & REPAIRS	22,038,437	92,942	1,028,360	547,110	23,706,849	6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	6,073,190	67,114	6,793	2,294	6,149,391	9
10 DIETARY	4,619,481	151,970	25,151	2,109,304	6,905,906	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	5,006,478	25,084	175,598	3,309,486	8,516,646	13
14 CENTRAL SERVICES & SUPPLY	7,752,106	122,877	304,754	2,203,983	10,383,720	14
15 PHARMACY	4,388,376	70,246	28,500	4,949,969	9,437,091	15
16 MEDICAL RECORDS & LIBRARY	3,401,408	82,059	6,621	1,907,764	5,397,852	16
17 SOCIAL SERVICE	3,442,588	23,641	2,046	2,233,311	5,701,586	17
17.01 PALLIATIVE CARE	297,090			166,368	463,458	17.01
18 UTILMGMT / DSCH PLANNING	2,310,637			1,553,757	3,864,394	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	27,305,015			19,838,057	47,143,072	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	16,247,714	11,114		2,138,449	18,397,277	22
23 PARAMED ED PRGM-(SPECIFY)	1,202,736			189,451	1,392,187	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	42,579,047	629,744	21,053	29,913,195	73,143,039	30
31 INTENSIVE CARE UNIT	10,405,805	83,041	9,195	7,109,425	17,607,466	31
31.01 PEDS ICU	2,495,620	25,062	6,242	1,760,731	4,287,655	31.01
31.02 NEONATAL ICU	10,318,153	61,966	71,425	7,299,065	17,750,609	31.02
32 CORONARY CARE UNIT	5,574,819	57,949	20,183	3,817,415	9,470,366	32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
40 SUBPROVIDER - IPF	6,471,435	129,505		4,569,193	11,170,133	40
41 SUBPROVIDER - IRF	2,011,476	50,042		1,416,570	3,478,088	41
42 SUBPROVIDER I						42
43 NURSERY	1,300,830	22,600		885,047	2,208,477	43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	16,204,774	219,918	2,549,284	7,794,043	26,768,019	50
51 RECOVERY ROOM	2,089,586			1,460,184	3,549,770	51
52 DELIVERY ROOM & LABOR ROOM	4,191,123	90,220	292,181	3,491,831	8,065,355	52
53 ANESTHESIOLOGY	1,138,810	28,915	357,864	632,443	2,158,032	53
54 RADIOLOGY-DIAGNOSTIC	2,797,272	38,169	368,370	1,984,837	5,188,648	54
54.01 RADIO ULTRASOUND	915,544	13,375	35,945	629,128	1,593,992	54.01
54.02 RADIO ANGIOGRAPHY	2,442,467	66,839	607,451	1,553,506	4,670,263	54.02
54.03 RADIO WEST HARRISON	923,608		453,174	485,141	1,861,923	54.03
55 RADIOLOGY-THERAPEUTIC	5,742,769	111,212	355,712	1,529,624	7,739,317	55
56 RADIOISOTOPE	435,002	6,799	431,470	282,960	1,156,231	56
57 CT SCAN	1,898,435	68,565	5,585	1,243,358	3,215,943	57
58 MRI	1,515,798	48,033	225,579	995,269	2,784,679	58
59 CARDIAC CATHETERIZATION	884,085	33,646	474,183	542,327	1,934,241	59
60 LABORATORY	20,416,146	330,267	660,682	7,206,892	28,613,987	60
60.01 LAB TISSUE TYPING	1,567,790	6,955	59,042	211,903	1,845,690	60.01
60.02 LAB OUTREACH	7,557,204	67,613		2,140,444	9,765,261	60.02
62 WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	5,472,895	12,557	18,187	593,557	6,097,196	63
64 INTRAVENOUS THERAPY	447,310			141,771	589,081	64
65 RESPIRATORY THERAPY	2,572,303	14,878	125,760	1,797,395	4,510,336	65
66 PHYSICAL THERAPY	3,184,106	102,457	13,485	2,170,163	5,470,211	66
67 OCCUPATIONAL THERAPY	1,325,003	37,470	8,061	946,073	2,316,607	67
68 SPEECH PATHOLOGY	422,431	4,672	15,009	283,510	725,622	68
69 ELECTROCARDIOLOGY	193,981	12,802	513	131,616	338,912	69
70 ELECTROENCEPHALOGRAPHY	270,990	5,438	115,647	194,812	586,887	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	47,338,104		56,217		47,394,321	71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS	41,790,323				41,790,323	73
74 RENAL DIALYSIS	4,718,978	90,197		2,490,928	7,300,103	74
75 ASC (NON-DISTINCT PART)						75
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTEROLOGY	1,845,097	45,459	293,362	1,019,868	3,203,786	76.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	SUBTOTAL (COLS.0-4) 4A	
76.02 BONE MARROW TRANSPLANT	968,148		19,666	255,355	1,243,169	76.02
76.03 CARDIAC SERVICES	1,659,574	60,040	336,894	1,227,231	3,283,739	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
88 OUTPATIENT SERVICE COST CENTERS						88
89 RURAL HEALTH CLINIC						89
90 FEDERALLY QUALIFIED HEALTH CENTER						90
91 CLINIC	17,920,143	663,403	188,922	11,206,047	29,978,515	91
92 EMERGENCY	7,579,593	104,376	26,037	5,137,277	12,847,283	92
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01 OCC EBI	2,509,672	115,534	4,330	1,536,297	4,165,833	93.01
93.02 OCC PSYCH	2,645,666	259,151	22,546	1,697,066	4,624,429	93.02
93.03 OCC ADOLESCENTS	2,481,879	71,220	1,065	1,435,377	3,989,541	93.03
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
105 SPECIAL PURPOSE COST CENTERS						
106 KIDNEY ACQUISITION	4,552,736	17,482	1,834	1,166,703	5,738,755	105
106 HEART ACQUISITION						106
107 LIVER ACQUISITION	1,296,164	2,083		160,810	1,459,057	107
108 LUNG ACQUISITION						108
109 PANCREAS ACQUISITION	1,165,635	424		41,150	1,207,209	109
110 INTESTINAL ACQUISITION						110
111 ISLET ACQUISITION	51,844	16,061	994	68,214	137,113	111
112 OTHER ORGAN ACQUISITION (SPECIFY)	99,744	2,061		10,590	112,395	112
115 AMBULATORY SURGICAL CENTER (D.P.)						115
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	720,774,797	5,046,960	13,851,970	202,202,492	718,093,487	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	118,752	6,145		85,439	210,336	190
191 RESEARCH	555,320	23,626	574	334,545	914,065	191
192 PHYSICIANS' PRIVATE OFFICES	1,331,639		25,224	2,205,757	3,562,620	192
193 NONPAID WORKERS						193
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	722,780,508	5,076,731	13,877,768	204,828,233	722,780,508	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALL OTHER ADMIN 5.01	SUBTOTAL (COLS.0-4)	HOSPITAL ADMIN 5.02	SUBTOTAL (COLS.0-4)	AMBULATORY ADMIN 5.03
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN	108,248,853				5.01
5.02 HOSPITAL ADMIN & GENERAL	1,907,188	12,734,316	12,734,316		5.02
5.03 AMBULATORY ADMIN & GENERAL	2,187,853	14,608,323	282,262	14,890,585	5.03
6 MAINTENANCE & REPAIRS	4,175,938	27,882,787	538,751	28,421,538	6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING	1,083,209	7,232,600	139,748	7,372,348	9
10 DIETARY	1,216,468	8,122,374	156,941	8,279,315	10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	1,500,199	10,016,845	193,545	10,210,390	13
14 CENTRAL SERVICES & SUPPLY	1,829,082	12,212,802	235,976	12,448,778	14
15 PHARMACY	1,662,334	11,099,425	214,463	11,313,888	15
16 MEDICAL RECORDS & LIBRARY	950,826	6,348,678	122,669	6,471,347	16
17 SOCIAL SERVICE	1,004,329	6,705,915	129,572	6,835,487	17
17.01 PALLIATIVE CARE	81,638	545,096	10,532	555,628	17.01
18 UTILMGMT / DSCH PLANNING	680,709	4,545,103	87,820	4,632,923	18
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD	8,304,205	55,447,277	1,071,352	56,518,629	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	3,240,662	21,637,939	418,088	22,056,027	22
23 PARAMED ED PRGM-(SPECIFY)	245,232	1,637,419	31,638	1,669,057	23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	12,883,790	86,026,829	1,662,112	87,688,941	30
31 INTENSIVE CARE UNIT	3,101,538	20,709,004	400,139	21,109,143	31
31.01 PEDS ICU	755,266	5,042,921	97,439	5,140,360	31.01
31.02 NEONATAL ICU	3,126,752	20,877,361	403,392	21,280,753	31.02
32 CORONARY CARE UNIT	1,668,196	11,138,562	215,219	11,353,781	32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
40 SUBPROVIDER - IPF	1,967,608	13,137,741	253,847	13,391,588	40
41 SUBPROVIDER - IRF	612,662	4,090,750	79,041	4,169,791	41
42 SUBPROVIDER I					42
43 NURSERY	389,021	2,597,498	50,189	2,647,687	43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
46 OTHER LONG TERM CARE					46
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	4,715,160	31,483,179	608,318	32,091,497	50
51 RECOVERY ROOM	625,288	4,175,058	80,670	4,255,728	51
52 DELIVERY ROOM & LABOR ROOM	1,420,704	9,486,059	183,290	9,669,349	52
53 ANESTHESIOLOGY	380,135	2,538,167	49,042	2,587,209	53
54 RADIOLOGY-DIAGNOSTIC	913,975	6,102,623	117,915	6,220,538	54
54.01 RADIO ULTRASOUND	280,780	1,874,772	36,224	1,910,996	54.01
54.02 RADIO ANGIOGRAPHY	822,662	5,492,925	106,134	5,599,059	54.02
54.03 RADIO WEST HARRISON	327,976	2,189,899	42,313	2,232,212	54.03
55 RADIOLOGY-THERAPEUTIC	1,363,273	9,102,590	175,880	9,278,470	55
56 RADIOISOTOPE	203,669	1,359,900	26,276	1,386,176	56
57 CT SCAN	566,485	3,782,428	73,084	3,855,512	57
58 MRI	490,518	3,275,197	63,283	3,338,480	58
59 CARDIAC CATHETERIZATION	340,715	2,274,956	43,957	2,318,913	59
60 LABORATORY	5,040,325	33,654,312	650,269	34,304,581	60
60.01 LAB TISSUE TYPING	325,116	2,170,806	41,944	2,212,750	60.01
60.02 LAB OUTREACH	1,720,141	11,485,402	221,921	11,707,323	60.02
62 WHOLE BLOOD & PACKED RED BLOOD CELLS					62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,074,015	7,171,211	138,562	7,309,773	63
64 INTRAVENOUS THERAPY	103,766	692,847		692,847	64
65 RESPIRATORY THERAPY	794,491	5,304,827	102,500	5,407,327	65
66 PHYSICAL THERAPY	963,572	6,433,783	124,314	6,558,097	66
67 OCCUPATIONAL THERAPY	408,068	2,724,675	52,646	2,777,321	67
68 SPEECH PATHOLOGY	127,818	853,440	16,490	869,930	68
69 ELECTROCARDIOLOGY	59,699	398,611	7,702	406,313	69
70 ELECTROENCEPHALOGRAPHY	103,380	690,267	13,337	703,604	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,348,462	55,742,783	1,077,062	56,819,845	71
72 IMPL. DEV. CHARGED TO PATIENTS					72
73 DRUGS CHARGED TO PATIENTS	7,361,324	49,151,647	949,708	50,101,355	73
74 RENAL DIALYSIS	1,285,906	8,586,009	165,899	8,751,908	74
75 ASC (NON-DISTINCT PART)					75
76 OTHER ANCILLARY SVC					76
76.01 GASTROENTROLOGY	564,344	3,768,130	72,808	3,840,938	76.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALL OTHER ADMIN	SUBTOTAL (COLS.0-4)	HOSPITAL ADMIN	SUBTOTAL (COLS.0-4)	AMBULATORY ADMIN	
	5.01		5.02		5.03	
76.02 BONE MARROW TRANSPLANT	218,983	1,462,152	28,252	1,490,404		76.02
76.03 CARDIAC SERVICES	578,427	3,862,166	74,625	3,936,791		76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
88 RURAL HEALTH CLINIC						88
89 FEDERALLY QUALIFIED HEALTH CENTER						89
90 CLINIC	5,280,685	35,259,200		35,259,200	10,298,134	90
91 EMERGENCY	2,263,036	15,110,319	291,962	15,402,281		91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01 OCC EBI	733,807	4,899,640		4,899,640	1,431,038	93.01
93.02 OCC PSYCH	814,589	5,439,018		5,439,018	1,588,574	93.02
93.03 OCC ADOLESCENTS	702,754	4,692,295		4,692,295	1,370,479	93.03
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	1,010,876	6,749,631	130,416	6,880,047		105
106 HEART ACQUISITION						106
107 LIVER ACQUISITION	257,011	1,716,068	33,158	1,749,226		107
108 LUNG ACQUISITION						108
109 PANCREAS ACQUISITION	212,649	1,419,858	27,434	1,447,292		109
110 INTESTINAL ACQUISITION						110
111 ISLET ACQUISITION	24,152	161,265	3,116	164,381		111
112 OTHER ORGAN ACQUISITION (SPECIFY)	19,798	132,193	2,554	134,747		112
115 AMBULATORY SURGICAL CENTER (D.P.)						115
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	107,423,239	717,267,873	12,627,800	717,161,357	14,890,585	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	37,050	247,386	4,780	252,166		190
191 RESEARCH	161,012	1,075,077	20,773	1,095,850		191
192 PHYSICIANS' PRIVATE OFFICES	627,552	4,190,172	80,963	4,271,135		192
193 NONPAID WORKERS						193
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	108,248,853	722,780,508	12,734,316	722,780,508	14,890,585	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 6	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02 HOSPITAL ADMIN & GENERAL						5.02
5.03 AMBULATORY ADMIN & GENERAL						5.03
6 MAINTENANCE & REPAIRS	28,421,538					6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	432,333	7,804,681				9
10 DIETARY	978,956	272,978				10
11 CAFETERIA			9,531,249			11
12 MAINTENANCE OF PERSONNEL			4,956,024	4,956,024		12
13 NURSING ADMINISTRATION	161,586	45,058		100,143	10,517,177	13
14 CENTRAL SERVICES & SUPPLY	791,541	220,718		66,691		14
15 PHARMACY	452,508	126,180		149,783		15
16 MEDICAL RECORDS & LIBRARY	528,605	147,399		57,728		16
17 SOCIAL SERVICE	152,289	42,465		67,579	105	17
17.01 PALLIATIVE CARE				5,034		17.01
18 UTILMGMT / DSCH PLANNING				47,016		18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD				600,289		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	71,592	19,963		64,708		22
23 PARAMED ED PRGM-(SPECIFY)				5,733		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	4,056,660	1,131,184	3,088,612	905,205	3,708,491	30
31 INTENSIVE CARE UNIT	534,930	149,163	394,692	215,128	624,367	31
31.01 PEDS ICU	161,442	45,018	73,024	53,279	224,684	31.01
31.02 NEONATAL ICU	399,173	111,308		220,866	956,718	31.02
32 CORONARY CARE UNIT	373,296	104,092	210,172	115,513	495,481	32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
40 SUBPROVIDER - IPF	834,238	232,624	609,904	138,261	442,015	40
41 SUBPROVIDER - IRF	322,357	89,888	196,324	42,865	148,214	41
42 SUBPROVIDER I						42
43 NURSERY	145,581	40,595		26,781	97,899	43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,416,656	395,029		235,844	837,601	50
51 RECOVERY ROOM				44,184	184,243	51
52 DELIVERY ROOM & LABOR ROOM	581,173	162,058		105,661	382,876	52
53 ANESTHESIOLOGY	186,265	51,939		19,137	75,420	53
54 RADIOLOGY-DIAGNOSTIC	245,877	68,562		60,060	30,252	54
54.01 RADIO ULTRASOUND	86,160	24,025		19,037	10,609	54.01
54.02 RADIO ANGIOGRAPHY	430,560	120,060		47,008	64,180	54.02
54.03 RADIO WEST HARRISON				14,680	10,819	54.03
55 RADIOLOGY-THERAPEUTIC	716,403	199,766		46,286	46,113	55
56 RADIOISOTOPE	43,799	12,213		8,562	5,357	56
57 CT SCAN	441,678	123,160		37,623	54,412	57
58 MRI	309,419	86,280		30,116	38,340	58
59 CARDIAC CATHETERIZATION	216,742	60,438		16,411	37,815	59
60 LABORATORY	2,127,500	593,245		218,077	74,054	60
60.01 LAB TISSUE TYPING	44,805	12,494		6,412		60.01
60.02 LAB OUTREACH	435,544	121,450		64,769	10,399	60.02
62 WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	80,889	22,556		17,961		63
64 INTRAVENOUS THERAPY				4,290		64
65 RESPIRATORY THERAPY	95,840	26,725		54,388		65
66 PHYSICAL THERAPY	660,001	184,039		65,668		66
67 OCCUPATIONAL THERAPY	241,373	67,306		28,628		67
68 SPEECH PATHOLOGY	30,094	8,392		8,579		68
69 ELECTROCARDIOLOGY	82,470	22,996		3,983		69
70 ELECTROENCEPHALOGRAPHY	35,029	9,768		5,895		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	581,029	162,018		75,374	155,777	74
75 ASC (NON-DISTINCT PART)						75
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTROLOGY	292,839	81,657		30,861	109,978	76.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 6	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	
76.02 BONE MARROW TRANSPLANT				7,727	8,193	76.02
76.03 CARDIAC SERVICES	386,762	107,847		37,135	44,538	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
88 RURAL HEALTH CLINIC						88
89 FEDERALLY QUALIFIED HEALTH CENTER						89
90 CLINIC	4,273,495	1,191,647		339,089	686,026	90
91 EMERGENCY	672,364	187,486		155,451	600,417	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01 OCC EEI	744,244	207,530		46,488	21,008	93.01
93.02 OCC PSYCH	1,669,386	465,502		51,352	17,542	93.02
93.03 OCC ADOLESCENTS	458,785	127,930		43,434	112,499	93.03
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	112,612	31,401		35,304	67,857	105
106 HEART ACQUISITION						106
107 LIVER ACQUISITION	13,418	3,741		4,866	9,664	107
108 LUNG ACQUISITION						108
109 PANCREAS ACQUISITION	2,731	762		1,245	2,311	109
110 INTESTINAL ACQUISITION						110
111 ISLET ACQUISITION	103,459	28,849		2,064	1,576	111
112 OTHER ORGAN ACQUISITION (SPECIFY)	13,274	3,701		320	210	112
115 AMBULATORY SURGICAL CENTER (D.P.)						115
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	28,229,762	7,751,205	9,528,752	4,876,571	10,398,060	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	39,582	11,037		2,585		190
191 RESEARCH	152,194	42,439	2,497	10,123	17,332	191
192 PHYSICIANS' PRIVATE OFFICES				66,745	101,785	192
193 NONPAID WORKERS						193
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	28,421,538	7,804,681	9,531,249	4,956,024	10,517,177	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	PALLATIVE CARE 17.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02 HOSPITAL ADMIN & GENERAL						5.02
5.03 AMBULATORY ADMIN & GENERAL						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY	13,527,728					14
15 PHARMACY	185,127	12,227,486				15
16 MEDICAL RECORDS & LIBRARY	3,038		7,208,117			16
17 SOCIAL SERVICE	159			7,098,084		17
17.01 PALLATIVE CARE					560,662	17.01
18 UTILMGMT / DSCH PLANNING	21,099					18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	396,320	81,687	560,511	3,252,138	323,614	30
31 INTENSIVE CARE UNIT	196,894	22,666	133,028	255,476	42,381	31
31.01 PEDS ICU	36,186	3,593	25,115	138,095	7,841	31.01
31.02 NEONATAL ICU	154,719	4,757	161,861	98,968	58,838	31.02
32 CORONARY CARE UNIT	128,900	13,607	72,060	156,508	22,567	32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
40 SUBPROVIDER - IPF	8,211	312	90,730		65,756	40
41 SUBPROVIDER - IRF	3,744	454	30,326	296,904	21,080	41
42 SUBPROVIDER I						42
43 NURSERY			12,247	471,825	18,585	43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	8,443,284	14,085	436,241			50
51 RECOVERY ROOM	11,550	1,913	31,358			51
52 DELIVERY ROOM & LABOR ROOM	184,606	8,891	75,396			52
53 ANESTHESIOLOGY	368,788	65,959	174,098			53
54 RADIOLOGY-DIAGNOSTIC	67,862	3,857	110,077			54
54.01 RADIO ULTRASOUND	18,083	2,364	38,567			54.01
54.02 RADIO ANGIOGRAPHY	1,306,007	31,458	192,748			54.02
54.03 RADIO WEST HARRISON	33,683	14,110	39,356			54.03
55 RADIOLOGY-THERAPEUTIC	19,877	812	107,055			55
56 RADIOISOTOPE	154,982	10,606	19,613			56
57 CT SCAN	40,657	11,550	197,725			57
58 MRI	17,098	29,220	138,525			58
59 CARDIAC CATHETERIZATION	275,561	15,442	45,004			59
60 LABORATORY	13,533	2,940	958,058	92,063		60
60.01 LAB TISSUE TYPING	15		20,575			60.01
60.02 LAB OUTREACH	14		418,864			60.02
62 WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	46		112,290			63
64 INTRAVENOUS THERAPY		1,749,316	20			64
65 RESPIRATORY THERAPY	98,957	4,817	100,476			65
66 PHYSICAL THERAPY	6,882	26	62,098			66
67 OCCUPATIONAL THERAPY	4,601		22,710			67
68 SPEECH PATHOLOGY	96		7,578			68
69 ELECTROCARDIOLOGY	1,546	5	17,127			69
70 ELECTROENCEPHALOGRAPHY	3,400	20	20,922			70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			790,739			71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS		9,478,724	915,302			73
74 RENAL DIALYSIS	280,200	49,343	145,318			74
75 ASC (NON-DISTINCT PART)						75
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTROLOGY	211,057	2,682	80,465			76.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	PALLATIVE CARE 17.01	
76.02 BONE MARROW TRANSPLANT	49	340	3,174	71,349		76.02
76.03 CARDIAC SERVICES	376,615	698	80,316			76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
88 RURAL HEALTH CLINIC						88
89 FEDERALLY QUALIFIED HEALTH CENTER						89
90 CLINIC	222,517	233,053	309,604	1,693,966		90
91 EMERGENCY	160,550	20,376	267,389	115,079		91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01 OCC EBI	22,675	264,943	52,022	80,555		93.01
93.02 OCC PSYCH	657		10,561	92,063		93.02
93.03 OCC ADOLESCENTS	25,424	81,617	49,945			93.03
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	183	14	50,721	209,444		105
106 HEART ACQUISITION						106
107 LIVER ACQUISITION	9		10,166	73,651		107
108 LUNG ACQUISITION						108
109 PANCREAS ACQUISITION			9,353			109
110 INTESTINAL ACQUISITION						110
111 ISLET ACQUISITION	160		18			111
112 OTHER ORGAN ACQUISITION (SPECIFY)	3		665			112
115 AMBULATORY SURGICAL CENTER (D.P.)						115
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	13,505,624	12,226,257	7,208,117	7,098,084	560,662	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH	3,485	347				191
192 PHYSICIANS' PRIVATE OFFICES	18,619	882				192
193 NONPAID WORKERS						193
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	13,527,728	12,227,486	7,208,117	7,098,084	560,662	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	UTILMGMT DSCH PLANNING 18	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION 23	SUBTOTAL 24	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02 HOSPITAL ADMIN & GENERAL						5.02
5.03 AMBULATORY ADMIN & GENERAL						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
17.01 PALLATIVE CARE						17.01
18 UTILMGMT / DSCH PLANNING	4,701,038					18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD		57,118,918				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD			22,212,290			22
23 PARAMED ED PRGM-(SPECIFY)				1,674,790		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,713,431	5,491,651	1,734,356	966,686	116,099,487	30
31 INTENSIVE CARE UNIT	355,355	874,064	411,621	126,599	25,445,507	31
31.01 PEDS ICU	65,747	494,536	77,712	23,423	6,570,055	31.01
31.02 NEONATAL ICU	493,344	1,638,870	500,835	175,758	26,256,768	31.02
32 CORONARY CARE UNIT	189,223	776,307	222,971	67,413	14,301,891	32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
40 SUBPROVIDER - IPF	551,354	753,305	280,741	196,425	17,595,464	40
41 SUBPROVIDER - IRF	176,755			62,971	5,561,673	41
42 SUBPROVIDER I						42
43 NURSERY	155,829	126,509	37,895	55,515	3,836,948	43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		7,446,793	1,349,834		52,666,864	50
51 RECOVERY ROOM			97,029		4,626,005	51
52 DELIVERY ROOM & LABOR ROOM		1,023,575	233,292		12,426,877	52
53 ANESTHESIOLOGY		1,644,620	538,700		5,712,135	53
54 RADIOLOGY-DIAGNOSTIC			340,604		7,147,689	54
54.01 RADIO ULTRASOUND		212,766	119,337		2,441,944	54.01
54.02 RADIO ANGIOGRAPHY		1,707,875	596,410		10,095,365	54.02
54.03 RADIO WEST HARRISON			121,777		2,466,637	54.03
55 RADIOLOGY-THERAPEUTIC		2,104,654	331,253		12,850,689	55
56 RADIOISOTOPE		230,017	60,687		1,932,012	56
57 CT SCAN		994,823	611,810		6,368,950	57
58 MRI		971,821	428,628		5,387,927	58
59 CARDIAC CATHETERIZATION		2,093,153	139,253		5,218,732	59
60 LABORATORY		6,894,753	2,964,090		48,242,894	60
60.01 LAB TISSUE TYPING			63,663		2,360,714	60.01
60.02 LAB OUTREACH			1,296,065		14,054,428	60.02
62 WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		1,391,602	347,453		9,282,570	63
64 INTRAVENOUS THERAPY			62		2,648,895	64
65 RESPIRATORY THERAPY		1,506,610	310,896		7,606,036	65
66 PHYSICAL THERAPY		316,273	192,146		8,045,230	66
67 OCCUPATIONAL THERAPY		166,762	70,271		3,378,972	67
68 SPEECH PATHOLOGY		161,012	23,448		1,109,129	68
69 ELECTROCARDIOLOGY		471,534	52,994		1,058,968	69
70 ELECTROENCEPHALOGRAPHY			64,737		843,375	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,995,396	2,446,735		62,052,715	71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS		9,114,414	2,835,034		72,444,829	73
74 RENAL DIALYSIS		971,821	449,648		11,622,436	74
75 ASC (NON-DISTINCT PART)						75
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTROLOGY			248,977		4,899,454	76.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	UTILMGMT DSCN PLANNING 18	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION 23	SUBTOTAL 24	
76.02 BONE MARROW TRANSPLANT			9,821		1,591,057	76.02
76.03 CARDIAC SERVICES			248,517		5,219,219	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
88 RURAL HEALTH CLINIC						88
89 FEDERALLY QUALIFIED HEALTH CENTER						89
90 CLINIC		1,604,367	957,988		57,069,086	90
91 EMERGENCY		1,673,372	827,366		20,082,131	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01 OCC EEI		333,524	160,969		8,264,636	93.01
93.02 OCC PSYCH		431,281	32,677		9,798,613	93.02
93.03 OCC ADOLESCENTS		592,293	154,541		7,709,242	93.03
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		276,020	156,943		7,820,546	105
106 HEART ACQUISITION						106
107 LIVER ACQUISITION		253,018	31,455		2,149,214	107
108 LUNG ACQUISITION						108
109 PANCREAS ACQUISITION			28,939		1,492,633	109
110 INTESTINAL ACQUISITION						110
111 ISLET ACQUISITION			54		300,561	111
112 OTHER ORGAN ACQUISITION (SPECIFY)		57,504	2,056		212,480	112
115 AMBULATORY SURGICAL CENTER (D.P.)						115
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	4,701,038	56,796,895	22,212,290	1,674,790	716,369,682	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					305,370	190
191 RESEARCH					1,324,267	191
192 PHYSICIANS' PRIVATE OFFICES		322,023			4,781,189	192
193 NONPAID WORKERS						193
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	4,701,038	57,118,918	22,212,290	1,674,790	722,780,508	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS				
1	CAP REL COSTS-BLDG & FIXT			1
2	CAP REL COSTS-MVBLE EQUIP			2
4	EMPLOYEE BENEFITS DEPARTMENT			4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN			5.01
5.02	HOSPITAL ADMIN & GENERAL			5.02
5.03	AMBULATORY ADMIN & GENERAL			5.03
6	MAINTENANCE & REPAIRS			6
7	OPERATION OF PLANT			7
8	LAUNDRY & LINEN SERVICE			8
9	HOUSEKEEPING			9
10	DIETARY			10
11	CAFETERIA			11
12	MAINTENANCE OF PERSONNEL			12
13	NURSING ADMINISTRATION			13
14	CENTRAL SERVICES & SUPPLY			14
15	PHARMACY			15
16	MEDICAL RECORDS & LIBRARY			16
17	SOCIAL SERVICE			17
17.01	PALLIATIVE CARE			17.01
18	UTILMGMT / DSCH PLANNING			18
19	NONPHYSICIAN ANESTHETISTS			19
20	NURSING SCHOOL			20
21	I&R SERVICES-SALARY & FRINGES APPRVD			21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD			22
23	PARAMED ED PRGM-(SPECIFY)			23
INPATIENT ROUTINE SERV COST CENTERS				
30	ADULTS & PEDIATRICS	-7,226,007	108,873,480	30
31	INTENSIVE CARE UNIT	-1,285,685	24,159,822	31
31.01	PEDS ICU	-572,248	5,997,807	31.01
31.02	NEONATAL ICU	-2,139,705	24,117,063	31.02
32	CORONARY CARE UNIT	-999,278	13,302,613	32
33	BURN INTENSIVE CARE UNIT			33
34	SURGICAL INTENSIVE CARE UNIT			34
40	SUBPROVIDER - IPF	-1,034,046	16,561,418	40
41	SUBPROVIDER - IRF		5,561,673	41
42	SUBPROVIDER I			42
43	NURSERY	-164,404	3,672,544	43
44	SKILLED NURSING FACILITY			44
45	NURSING FACILITY			45
46	OTHER LONG TERM CARE			46
ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	-8,796,627	43,870,237	50
51	RECOVERY ROOM	-97,029	4,528,976	51
52	DELIVERY ROOM & LABOR ROOM	-1,256,867	11,170,010	52
53	ANESTHESIOLOGY	-2,183,320	3,528,815	53
54	RADIOLOGY-DIAGNOSTIC	-340,604	6,807,085	54
54.01	RADIO ULTRASOUND	-332,103	2,109,841	54.01
54.02	RADIO ANGIOGRAPHY	-2,304,285	7,791,080	54.02
54.03	RADIO WEST HARRISON	-121,777	2,344,860	54.03
55	RADIOLOGY-THERAPEUTIC	-2,435,907	10,414,782	55
56	RADIOISOTOPE	-290,704	1,641,308	56
57	CT SCAN	-1,606,633	4,762,317	57
58	MRI	-1,400,449	3,987,478	58
59	CARDIAC CATHETERIZATION	-2,232,406	2,986,326	59
60	LABORATORY	-9,858,843	38,384,051	60
60.01	LAB TISSUE TYPING	-63,663	2,297,051	60.01
60.02	LAB OUTREACH	-1,296,065	12,758,363	60.02
62	WHOLE BLOOD & PACKED RED BLOOD CELLS			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63	BLOOD STORING, PROCESSING & TRANS.	-1,739,055	7,543,515	63
64	INTRAVENOUS THERAPY	-62	2,648,833	64
65	RESPIRATORY THERAPY	-1,817,506	5,788,530	65
66	PHYSICAL THERAPY	-508,419	7,536,811	66
67	OCCUPATIONAL THERAPY	-237,033	3,141,939	67
68	SPEECH PATHOLOGY	-184,460	924,669	68
69	ELECTROCARDIOLOGY	-524,528	534,440	69
70	ELECTROENCEPHALOGRAPHY	-64,737	778,638	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	-4,442,131	57,610,584	71
72	IMPL. DEV. CHARGED TO PATIENTS			72
73	DRUGS CHARGED TO PATIENTS	-11,949,448	60,495,381	73
74	RENAL DIALYSIS	-1,421,469	10,200,967	74
75	ASC (NON-DISTINCT PART)			75
76	OTHER ANCILLARY SVC			76
76.01	GASTROENTROLOGY	-248,977	4,650,477	76.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST &	TOTAL	
	POST STEP- DOWN ADJS 25		
76.02 BONE MARROW TRANSPLANT	-9,821	1,581,236	76.02
76.03 CARDIAC SERVICES	-248,517	4,970,702	76.03
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
88 RURAL HEALTH CLINIC			88
89 FEDERALLY QUALIFIED HEALTH CENTER			89
90 CLINIC	-2,562,355	54,506,731	90
91 EMERGENCY	-2,500,738	17,581,393	91
92 OBSERVATION BEDS (NON-DISTINCT PART)			92
93.01 OCC EEI	-494,493	7,770,143	93.01
93.02 OCC PSYCH	-463,958	9,334,655	93.02
93.03 OCC ADOLESCENTS	-746,834	6,962,408	93.03
OTHER REIMBURSABLE COST CENTERS			
94 HOME PROGRAM DIALYSIS			94
95 AMBULANCE SERVICES			95
SPECIAL PURPOSE COST CENTERS			
105 KIDNEY ACQUISITION	-432,963	7,387,583	105
106 HEART ACQUISITION			106
107 LIVER ACQUISITION	-284,473	1,864,741	107
108 LUNG ACQUISITION			108
109 PANCREAS ACQUISITION	-28,939	1,463,694	109
110 INTESTINAL ACQUISITION			110
111 ISLET ACQUISITION	-54	300,507	111
112 OTHER ORGAN ACQUISITION (SPECIFY)	-59,560	152,920	112
115 AMBULATORY SURGICAL CENTER (D.P.)			115
116 HOSPICE			116
118 SUBTOTALS (SUM OF LINES 1-117)	-79,009,185	637,360,497	118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		305,370	190
191 RESEARCH		1,324,267	191
192 PHYSICIANS' PRIVATE OFFICES	-322,023	4,459,166	192
193 NONPAID WORKERS			193
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 TOTAL (SUM OF LINES 118-201)	-79,331,208	643,449,300	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS DEPARTMENT 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT		33,550		33,550	33,550	4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN	447,780		3,902,189	4,349,969	5,254	5.01
5.02 HOSPITAL ADMIN & GENERAL	63,439		64,471	127,910	597	5.02
5.03 AMBULATORY ADMIN & GENERAL	26,944		54,338	81,282	402	5.03
6 MAINTENANCE & REPAIRS	92,942		1,028,360	1,121,302	90	6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	67,114		6,793	73,907		9
10 DIETARY	151,970		25,151	177,121	346	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	25,084		175,598	200,682	543	13
14 CENTRAL SERVICES & SUPPLY	122,877		304,754	427,631	361	14
15 PHARMACY	70,246		28,500	98,746	812	15
16 MEDICAL RECORDS & LIBRARY	82,059		6,621	88,680	313	16
17 SOCIAL SERVICE	23,641		2,046	25,687	366	17
17.01 PALLIATIVE CARE						27
18 UTILMGMT / DSCH PLANNING					255	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD					3,254	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	11,114			11,114	351	22
23 PARAMED ED PRGM-(SPECIFY)					31	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	629,744		21,053	650,797	4,906	30
31 INTENSIVE CARE UNIT	83,041		9,195	92,236	1,166	31
31.01 PEDS ICU	25,062		6,242	31,304	289	31.01
31.02 NEONATAL ICU	61,966		71,425	133,391	1,197	31.02
32 CORONARY CARE UNIT	57,949		20,183	78,132	626	32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
40 SUBPROVIDER - IPF	129,505			129,505	749	40
41 SUBPROVIDER - IRF	50,042			50,042	232	41
42 SUBPROVIDER I						42
43 NURSERY	22,600			22,600	145	43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	219,918		2,549,284	2,769,202	1,278	50
51 RECOVERY ROOM					239	51
52 DELIVERY ROOM & LABOR ROOM	90,220		292,181	382,401	573	52
53 ANESTHESIOLOGY	28,915		357,864	386,779	104	53
54 RADIOLOGY-DIAGNOSTIC	38,169		368,370	406,539	326	54
54.01 RADIO ULTRASOUND	13,375		35,945	49,320	103	54.01
54.02 RADIO ANGIOGRAPHY	66,839		607,451	674,290	255	54.02
54.03 RADIO WEST HARRISON			453,174	453,174	80	54.03
55 RADIOLOGY-THERAPEUTIC	111,212		355,712	466,924	251	55
56 RADIOISOTOPE	6,799		431,470	438,269	46	56
57 CT SCAN	68,565		5,585	74,150	204	57
58 MRI	48,033		225,579	273,612	163	58
59 CARDIAC CATHETERIZATION	33,646		474,183	507,829	89	59
60 LABORATORY	330,267		660,682	990,949	1,182	60
60.01 LAB TISSUE TYPING	6,955		59,042	65,997	35	60.01
60.02 LAB OUTREACH	67,613			67,613	351	60.02
62 WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	12,557		18,187	30,744	97	63
64 INTRAVENOUS THERAPY					23	64
65 RESPIRATORY THERAPY	14,878		125,760	140,638	295	65
66 PHYSICAL THERAPY	102,457		13,485	115,942	356	66
67 OCCUPATIONAL THERAPY	37,470		8,061	45,531	155	67
68 SPEECH PATHOLOGY	4,672		15,009	19,681	46	68
69 ELECTROCARDIOLOGY	12,802		513	13,315	22	69
70 ELECTROENCEPHALOGRAPHY	5,438		115,647	121,085	32	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			56,217	56,217		71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	90,197			90,197	409	74
75 ASC (NON-DISTINCT PART)						75
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTROLOGY	45,459		293,362	338,821	167	76.01

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS	BLDGS & FIXTURES	MOVABLE EQUIPMENT		BENEFITS	DEPARTMENT
	0	1	2	2A	4	
76.02 BONE MARROW TRANSPLANT			19,666	19,666	42	76.02
76.03 CARDIAC SERVICES		60,040	336,894	396,934	201	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
88 OUTPATIENT SERVICE COST CENTERS						88
88 RURAL HEALTH CLINIC						88
89 FEDERALLY QUALIFIED HEALTH CENTER						89
90 CLINIC		663,403	188,922	852,325	1,838	90
91 EMERGENCY		104,376	26,037	130,413	843	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01 OCC EEI		115,534	4,330	119,864	252	93.01
93.02 OCC PSYCH		259,151	22,546	281,697	278	93.02
93.03 OCC ADOLESCENTS		71,220	1,065	72,285	235	93.03
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		17,482	1,834	19,316	191	105
106 HEART ACQUISITION						106
107 LIVER ACQUISITION		2,083		2,083	26	107
108 LUNG ACQUISITION						108
109 PANCREAS ACQUISITION		424		424	7	109
110 INTESTINAL ACQUISITION						110
111 ISLET ACQUISITION		16,061	994	17,055	11	111
112 OTHER ORGAN ACQUISITION (SPECIFY)		2,061		2,061	2	112
115 AMBULATORY SURGICAL CENTER (D.P.)						115
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)		5,046,960	13,851,970	18,898,930	33,119	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		6,145		6,145	14	190
191 RESEARCH		23,626	574	24,200	55	191
192 PHYSICIANS' PRIVATE OFFICES			25,224	25,224	362	192
193 NONPAID WORKERS						193
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		5,076,731	13,877,768	18,954,499	33,550	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ALL OTHER ADMIN	HOSPITAL ADMIN	AMBULATORY ADMIN	MAIN-TENANCE & REPAIRS	HOUSE-KEEPING	
	5.01	5.02	5.03	6	9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN	4,355,223					5.01
5.02 HOSPITAL ADMIN & GENERAL	76,732	205,239				5.02
5.03 AMBULATORY ADMIN & GENERAL	88,024	4,543	174,251			5.03
6 MAINTENANCE & REPAIRS	168,010	8,672		1,298,074		6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	43,581	2,249		19,746	139,483	9
10 DIETARY	48,942	2,526		44,711	4,879	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	60,357	3,115		7,380	805	13
14 CENTRAL SERVICES & SUPPLY	73,589	3,798		36,151	3,945	14
15 PHARMACY	66,881	3,452		20,667	2,255	15
16 MEDICAL RECORDS & LIBRARY	38,255	1,974		24,143	2,634	16
17 SOCIAL SERVICE	40,407	2,086		6,955	759	17
17.01 PALLIATIVE CARE	3,285	170				17.01
18 UTILMGMT / DSCH PLANNING	27,387	1,414				18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	334,103	17,244				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	130,382	6,729		3,270	357	22
23 PARAMED ED PRGM-(SPECIFY)	9,866	509				23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	518,403	27,027		185,277	20,216	30
31 INTENSIVE CARE UNIT	124,784	6,441		24,431	2,666	31
31.01 PEDS ICU	30,387	1,568		7,373	805	31.01
31.02 NEONATAL ICU	125,799	6,493		18,231	1,989	31.02
32 CORONARY CARE UNIT	67,116	3,464		17,049	1,860	32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
40 SUBPROVIDER - IPF	79,163	4,086		38,101	4,157	40
41 SUBPROVIDER - IRF	24,649	1,272		14,723	1,606	41
42 SUBPROVIDER I						42
43 NURSERY	15,651	808		6,649	725	43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	189,705	9,791		64,702	7,060	50
51 RECOVERY ROOM	25,157	1,298				51
52 DELIVERY ROOM & LABOR ROOM	57,159	2,950		26,543	2,896	52
53 ANESTHESIOLOGY	15,294	789		8,507	928	53
54 RADIOLOGY-DIAGNOSTIC	36,772	1,898		11,230	1,225	54
54.01 RADIO ULTRASOUND	11,297	583		3,935	429	54.01
54.02 RADIO ANGIOGRAPHY	33,098	1,708		19,665	2,146	54.02
54.03 RADIO WEST HARRISON	13,195	681				54.03
55 RADIOLOGY-THERAPEUTIC	54,849	2,831		32,720	3,570	55
56 RADIOISOTOPE	8,194	423		2,000	218	56
57 CT SCAN	22,791	1,176		20,172	2,201	57
58 MRI	19,735	1,019		14,132	1,542	58
59 CARDIAC CATHETERIZATION	13,708	708		9,899	1,080	59
60 LABORATORY	202,787	10,466		97,168	10,602	60
60.01 LAB TISSUE TYPING	13,080	675		2,046	223	60.01
60.02 LAB OUTREACH	69,206	3,572		19,892	2,171	60.02
62 WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	43,211	2,230		3,694	403	63
64 INTRAVENOUS THERAPY	4,175		2,368			64
65 RESPIRATORY THERAPY	31,965	1,650		4,377	478	65
66 PHYSICAL THERAPY	38,767	2,001		30,144	3,289	66
67 OCCUPATIONAL THERAPY	16,418	847		11,024	1,203	67
68 SPEECH PATHOLOGY	5,142	265		1,374	150	68
69 ELECTROCARDIOLOGY	2,402	124		3,767	411	69
70 ELECTROENCEPHALOGRAPHY	4,159	215		1,600	175	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	335,884	17,336				71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS	296,168	15,286				73
74 RENAL DIALYSIS	51,736	2,670		26,537	2,896	74
75 ASC (NON-DISTINCT PART)						75
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTEROLOGY	22,705	1,172		13,375	1,459	76.01

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ALL OTHER ADMIN	HOSPITAL ADMIN	AMBULATORY ADMIN	MAIN- TENANCE & REPAIRS 6	HOUSE- KEEPING 9	
	5.01	5.02	5.03			
76.02 BONE MARROW TRANSPLANT	8,810	455				76.02
76.03 CARDIAC SERVICES	23,272	1,201		17,664	1,927	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
88 OUTPATIENT SERVICE COST CENTERS						88
89 RURAL HEALTH CLINIC						89
89 FEDERALLY QUALIFIED HEALTH CENTER						89
90 CLINIC	212,458		120,507	195,181	21,299	90
91 EMERGENCY	91,049	4,699		30,708	3,351	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01 OCC EBI	29,523		16,747	33,991	3,709	93.01
93.02 OCC PSYCH	32,773		18,591	76,245	8,319	93.02
93.03 OCC ADOLESCENTS	28,274		16,038	20,954	2,286	93.03
94 OTHER REIMBURSABLE COST CENTERS						94
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
105 SPECIAL PURPOSE COST CENTERS						105
105 KIDNEY ACQUISITION	40,671	2,099		5,143	561	105
106 HEART ACQUISITION						106
107 LIVER ACQUISITION	10,340	534		613	67	107
108 LUNG ACQUISITION						108
109 PANCREAS ACQUISITION	8,555	442		125	14	109
110 INTESTINAL ACQUISITION						110
111 ISLET ACQUISITION	972	50		4,725	516	111
112 OTHER ORGAN ACQUISITION (SPECIFY)	797	41		606	66	112
115 AMBULATORY SURGICAL CENTER (D.P.)						115
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	4,322,006	203,525	174,251	1,289,315	138,528	118
190 NONREIMBURSABLE COST CENTERS						190
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,491	77		1,808	197	190
191 RESEARCH	6,478	334		6,951	758	191
192 PHYSICIANS' PRIVATE OFFICES	25,248	1,303				192
193 NONPAID WORKERS						193
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	4,355,223	205,239	174,251	1,298,074	139,483	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02 HOSPITAL ADMIN & GENERAL						5.02
5.03 AMBULATORY ADMIN & GENERAL						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	278,525					10
11 CAFETERIA	144,826	144,826				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		2,926	275,808			13
14 CENTRAL SERVICES & SUPPLY		1,948		547,423		14
15 PHARMACY		4,376		7,491	204,680	15
16 MEDICAL RECORDS & LIBRARY		1,686		123		16
17 SOCIAL SERVICE		1,974	3	6		17
17.01 PALLIATIVE CARE		147				17.01
18 UTILMGMT / DSCH PLANNING		1,373		854		18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD		17,536				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		1,890				22
23 PARAMED ED PRGM-(SPECIFY)		167				23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	90,256	26,491	97,252	16,038	1,368	30
31 INTENSIVE CARE UNIT	11,534	6,285	16,374	7,968	379	31
31.01 PEDS ICU	2,134	1,556	5,892	1,464	60	31.01
31.02 NEONATAL ICU		6,452	25,089	6,261	80	31.02
32 CORONARY CARE UNIT	6,142	3,375	12,994	5,216	228	32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
40 SUBPROVIDER - IPF	17,823	4,039	11,592	332	5	40
41 SUBPROVIDER - IRF	5,737	1,252	3,887	151	8	41
42 SUBPROVIDER I						42
43 NURSERY		782	2,567			43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		6,890	21,966	341,677	236	50
51 RECOVERY ROOM		1,291	4,832	467	32	51
52 DELIVERY ROOM & LABOR ROOM		3,087	10,041	7,470	149	52
53 ANESTHESIOLOGY		559	1,978	14,923	1,104	53
54 RADIOLOGY-DIAGNOSTIC		1,755	793	2,746	65	54
54.01 RADIO ULTRASOUND		556	278	732	40	54.01
54.02 RADIO ANGIOGRAPHY		1,373	1,683	52,849	527	54.02
54.03 RADIO WEST HARRISON		429	284	1,363	236	54.03
55 RADIOLOGY-THERAPEUTIC		1,352	1,209	804	14	55
56 RADIOISOTOPE		250	140	6,271	178	56
57 CT SCAN		1,099	1,427	1,645	193	57
58 MRI		880	1,005	692	489	58
59 CARDIAC CATHETERIZATION		479	992	11,151	259	59
60 LABORATORY		6,371	1,942	548	49	60
60.01 LAB TISSUE TYPING		187		1		60.01
60.02 LAB OUTREACH		1,892	273	1		60.02
62 WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		525		2		63
64 INTRAVENOUS THERAPY		125			29,286	64
65 RESPIRATORY THERAPY		1,589		4,004	81	65
66 PHYSICAL THERAPY		1,918		278		66
67 OCCUPATIONAL THERAPY		836		186		67
68 SPEECH PATHOLOGY		251		4		68
69 ELECTROCARDIOLOGY		116		63		69
70 ELECTROENCEPHALOGRAPHY		172		138		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS					158,659	73
74 RENAL DIALYSIS		2,202	4,085	11,339	826	74
75 ASC (NON-DISTINCT PART)						75
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTROLOGY		902	2,884	8,541	45	76.01

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	
76.02 BONE MARROW TRANSPLANT		226	215	2	6	76.02
76.03 CARDIAC SERVICES		1,085	1,168	15,240	12	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
88 OUTPATIENT SERVICE COST CENTERS						88
88 RURAL HEALTH CLINIC						88
89 FEDERALLY QUALIFIED HEALTH CENTER						89
90 CLINIC		9,906	17,991	9,004	3,902	90
91 EMERGENCY		4,541	15,746	6,497	341	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01 OCC EEI		1,358	551	918	4,436	93.01
93.02 OCC PSYCH		1,500	460	27		93.02
93.03 OCC ADOLESCENTS		1,269	2,950	1,029	1,366	93.03
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		1,031	1,780	7		105
106 HEART ACQUISITION						106
107 LIVER ACQUISITION		142	253			107
108 LUNG ACQUISITION						108
109 PANCREAS ACQUISITION		36	61			109
110 INTESTINAL ACQUISITION						110
111 ISLET ACQUISITION		60	41	6		111
112 OTHER ORGAN ACQUISITION (SPECIFY)		9	6			112
115 AMBULATORY SURGICAL CENTER (D.P.)						115
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	278,452	142,504	272,684	546,529	204,659	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		76				190
191 RESEARCH	73	296	455	141	6	191
192 PHYSICIANS' PRIVATE OFFICES		1,950	2,669	753	15	192
193 NONPAID WORKERS						193
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	278,525	144,826	275,808	547,423	204,680	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	PALLATIVE CARE 17.01	UTILMGMT DSCH PLANNING 18	I&R SALARY & FRINGES 21	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02 HOSPITAL ADMIN & GENERAL						5.02
5.03 AMBULATORY ADMIN & GENERAL						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	157,808					16
17 SOCIAL SERVICE		78,243				17
17.01 PALLATIVE CARE			3,629			17.01
18 UTILMGMT / DSCH PLANNING				31,283		18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD					372,137	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	12,201	35,848	2,095	18,056		30
31 INTENSIVE CARE UNIT	2,896	2,816	274	2,365		31
31.01 PEDS ICU	547	1,522	51	438		31.01
31.02 NEONATAL ICU	3,523	1,091	381	3,283		31.02
32 CORONARY CARE UNIT	1,569	1,725	146	1,259		32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
40 SUBPROVIDER - IPF	1,975		426	3,669		40
41 SUBPROVIDER - IRF	660	3,273	136	1,176		41
42 SUBPROVIDER I						42
43 NURSERY	267	5,201	120	1,037		43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	9,496					50
51 RECOVERY ROOM	683					51
52 DELIVERY ROOM & LABOR ROOM	1,641					52
53 ANESTHESIOLOGY	3,790					53
54 RADIOLOGY-DIAGNOSTIC	2,396					54
54.01 RADIO ULTRASOUND	839					54.01
54.02 RADIO ANGIOGRAPHY	4,196					54.02
54.03 RADIO WEST HARRISON	857					54.03
55 RADIOLOGY-THERAPEUTIC	2,330					55
56 RADIOISOTOPE	427					56
57 CT SCAN	4,304					57
58 MRI	3,015					58
59 CARDIAC CATHETERIZATION	980					59
60 LABORATORY	21,764	1,015				60
60.01 LAB TISSUE TYPING	448					60.01
60.02 LAB OUTREACH	9,117					60.02
62 WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	2,444					63
64 INTRAVENOUS THERAPY						64
65 RESPIRATORY THERAPY	2,187					65
66 PHYSICAL THERAPY	1,352					66
67 OCCUPATIONAL THERAPY	494					67
68 SPEECH PATHOLOGY	165					68
69 ELECTROCARDIOLOGY	373					69
70 ELECTROENCEPHALOGRAPHY	455					70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	17,212					71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS	19,923					73
74 RENAL DIALYSIS	3,163					74
75 ASC (NON-DISTINCT PART)						75
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTEROLOGY	1,751					76.01

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL	SOCIAL	PALLATIVE	UTILMGMT	I&R
	RECORDS & LIBRARY 16	SERVICE 17	CARE 17.01	DSCH PLANNING 18	SALARY & FRINGES 21
76.02 BONE MARROW TRANSPLANT	69	786			76.02
76.03 CARDIAC SERVICES	1,748				76.03
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
88 RURAL HEALTH CLINIC					88
89 FEDERALLY QUALIFIED HEALTH CENTER					89
90 CLINIC	6,739	18,673			90
91 EMERGENCY	5,820	1,269			91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
93.01 OCC EEI	1,132	888			93.01
93.02 OCC PSYCH	230	1,015			93.02
93.03 OCC ADOLESCENTS	1,087				93.03
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
95 AMBULANCE SERVICES					95
SPECIAL PURPOSE COST CENTERS					
105 KIDNEY ACQUISITION	1,104	2,309			105
106 HEART ACQUISITION					106
107 LIVER ACQUISITION	221	812			107
108 LUNG ACQUISITION					108
109 PANCREAS ACQUISITION	204				109
110 INTESTINAL ACQUISITION					110
111 ISLET ACQUISITION					111
112 OTHER ORGAN ACQUISITION (SPECIFY)	14				112
115 AMBULATORY SURGICAL CENTER (D.P.)					115
116 HOSPICE					116
118 SUBTOTALS (SUM OF LINES 1-117)	157,808	78,243	3,629	31,283	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					190
191 RESEARCH					191
192 PHYSICIANS' PRIVATE OFFICES					192
193 NONPAID WORKERS					193
200 CROSS FOOT ADJUSTMENTS					372,137
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	157,808	78,243	3,629	31,283	372,137

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R	PARAMED	SUBTOTAL	I&R COST &	TOTAL
	PROGRAM	EDUCATION		POST STEP-	
	COSTS			DOWN ADJS	
	22	23	24	25	26
GENERAL SERVICE COST CENTERS					
1					1
2					2
4					4
5.01					5.01
5.02					5.02
5.03					5.03
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
17.01					17.01
18					18
19					19
20					20
21					21
22	154,093				22
23		10,573			23
INPATIENT ROUTINE SERV COST CENTERS					
30			1,706,231		1,706,231
31			302,615		302,615
31.01			85,390		85,390
31.02			333,260		333,260
32			200,901		200,901
33					33
34					34
40			295,622		295,622
41			108,804		108,804
42					42
43			56,552		56,552
44					44
45					45
46					46
ANCILLARY SERVICE COST CENTERS					
50			3,422,003		3,422,003
51			33,999		33,999
52			494,910		494,910
53			434,755		434,755
54			465,745		465,745
54.01			68,112		68,112
54.02			791,790		791,790
54.03			470,299		470,299
55			566,854		566,854
56			456,416		456,416
57			129,362		129,362
58			316,284		316,284
59			547,174		547,174
60			1,344,843		1,344,843
60.01			82,692		82,692
60.02			174,088		174,088
62					62
62.30					62.30
63			83,350		83,350
64			35,977		35,977
65			187,264		187,264
66			194,047		194,047
67			76,694		76,694
68			27,078		27,078
69			20,593		20,593
70			128,031		128,031
71			426,649		426,649
72					72
73			490,036		490,036
74			196,060		196,060
75					75
76					76
76.01			391,822		391,822

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R	PARAMED	SUBTOTAL	I&R COST &	TOTAL	
	PROGRAM	EDUCATION		POST STEP-		
	COSTS		24	DOWN ADJS	26	
	22	23		25		
76.02 BONE MARROW TRANSPLANT			30,277		30,277	76.02
76.03 CARDIAC SERVICES			460,452		460,452	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
88 OUTPATIENT SERVICE COST CENTERS						88
88 RURAL HEALTH CLINIC						88
89 FEDERALLY QUALIFIED HEALTH CENTER						89
90 CLINIC			1,469,823		1,469,823	90
91 EMERGENCY			295,277		295,277	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01 OCC EEI			213,369		213,369	93.01
93.02 OCC PSYCH			421,135		421,135	93.02
93.03 OCC ADOLESCENTS			147,773		147,773	93.03
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION			74,212		74,212	105
106 HEART ACQUISITION						106
107 LIVER ACQUISITION			15,091		15,091	107
108 LUNG ACQUISITION						108
109 PANCREAS ACQUISITION			9,868		9,868	109
110 INTESTINAL ACQUISITION						110
111 ISLET ACQUISITION			23,436		23,436	111
112 OTHER ORGAN ACQUISITION (SPECIFY)			3,602		3,602	112
115 AMBULATORY SURGICAL CENTER (D.P.)						115
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)			18,310,617		18,310,617	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			9,808		9,808	190
191 RESEARCH			39,747		39,747	191
192 PHYSICIANS' PRIVATE OFFICES			57,524		57,524	192
193 NONPAID WORKERS						193
200 CROSS FOOT ADJUSTMENTS	154,093	10,573	536,803		536,803	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	154,093	10,573	18,954,499		18,954,499	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES 4	RECON-CILIATION 5A.01	ALL OTHER ADMIN 5.01	ACCUM COST 5.01
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	682,453					1
2 CAP REL COSTS-MVBLE EQUIP		11,410,547				2
4 EMPLOYEE BENEFITS DEPARTMENT	4,510		284,690,430			4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN	60,194	3,208,449	44,891,821	-108,248,853	614,531,655	5.01
5.02 HOSPITAL ADMIN & GENERAL	8,528	53,009	5,058,917		10,827,128	5.02
5.03 AMBULATORY ADMIN & GENERAL	3,622	44,678	3,403,059		12,420,470	5.03
6 MAINTENANCE & REPAIRS	12,494	845,536	760,428		23,706,849	6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	9,022	5,585	3,188		6,149,391	9
10 DIETARY	20,429	20,680	2,931,719		6,905,906	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,372	144,380	4,599,849		8,516,646	13
14 CENTRAL SERVICES & SUPPLY	16,518	250,574	3,063,312		10,383,720	14
15 PHARMACY	9,443	23,433	6,879,954		9,437,091	15
16 MEDICAL RECORDS & LIBRARY	11,031	5,444	2,651,599		5,397,852	16
17 SOCIAL SERVICE	3,178	1,682	3,104,076		5,701,586	17
17.01 PALLIATIVE CARE			231,234		463,458	17.01
18 UTILMGMT / DSCH PLANNING			2,159,565		3,864,394	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD			27,572,886		47,143,072	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,494		2,972,227		18,397,277	22
23 PARAMED ED PRGM-(SPECIFY)			263,318		1,392,187	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	84,655	17,310	41,576,305		73,143,039	30
31 INTENSIVE CARE UNIT	11,163	7,560	9,881,379		17,607,466	31
31.01 PEDS ICU	3,369	5,132	2,447,238		4,287,655	31.01
31.02 NEONATAL ICU	8,330	58,727	10,144,960		17,750,609	31.02
32 CORONARY CARE UNIT	7,790	16,595	5,305,820		9,470,366	32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
40 SUBPROVIDER - IPF	17,409		6,350,714		11,170,133	40
41 SUBPROVIDER - IRF	6,727		1,968,888		3,478,088	41
42 SUBPROVIDER I						42
43 NURSERY	3,038		1,230,126		2,208,477	43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	29,563	2,096,066	10,832,929		26,768,019	50
51 RECOVERY ROOM			2,029,507		3,549,770	51
52 DELIVERY ROOM & LABOR ROOM	12,128	240,236	4,853,290		8,065,355	52
53 ANESTHESIOLOGY	3,887	294,242	879,032		2,158,032	53
54 RADIOLOGY-DIAGNOSTIC	5,131	302,880	2,758,722		5,188,648	54
54.01 RADIO ULTRASOUND	1,798	29,555	874,424		1,593,992	54.01
54.02 RADIO ANGIOGRAPHY	8,985	499,457	2,159,215		4,670,263	54.02
54.03 RADIO WEST HARRISON		372,608	674,297		1,861,923	54.03
55 RADIOLOGY-THERAPEUTIC	14,950	292,473	2,126,022		7,739,317	55
56 RADIOISOTOPE	914	354,762	393,285		1,156,231	56
57 CT SCAN	9,217	4,592	1,728,141		3,215,943	57
58 MRI	6,457	185,475	1,383,323		2,784,679	58
59 CARDIAC CATHETERIZATION	4,523	389,882	753,779		1,934,241	59
60 LABORATORY	44,397	543,224	10,016,849		28,613,987	60
60.01 LAB TISSUE TYPING	935	48,545	294,523		1,845,690	60.01
60.02 LAB OUTREACH	9,089		2,975,000		9,765,261	60.02
62 WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,688	14,954	824,984		6,097,196	63
64 INTRAVENOUS THERAPY			197,047		589,081	64
65 RESPIRATORY THERAPY	2,000	103,402	2,498,197		4,510,336	65
66 PHYSICAL THERAPY	13,773	11,088	3,016,306		5,470,211	66
67 OCCUPATIONAL THERAPY	5,037	6,628	1,314,946		2,316,607	67
68 SPEECH PATHOLOGY	628	12,341	394,050		725,622	68
69 ELECTROCARDIOLOGY	1,721	422	182,933		338,912	69
70 ELECTROENCEPHALOGRAPHY	731	95,087	270,769		586,887	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		46,223			47,394,321	71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS					41,790,323	73
74 RENAL DIALYSIS	12,125		3,462,137		7,300,103	74
75 ASC (NON-DISTINCT PART)						75
76 OTHER ANCILLARY SVC						76

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON- CILIATION	ALL OTHER ADMIN	ACCUM COST	
	1	2	4	5A.01	5.01		
76.01 GASTROENTROLOGY	6,111	241,207	1,417,513			3,203,786	76.01
76.02 BONE MARROW TRANSPLANT		16,170	354,917			1,243,169	76.02
76.03 CARDIAC SERVICES	8,071	277,000	1,705,727			3,283,739	76.03
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
88 RURAL HEALTH CLINIC							88
89 FEDERALLY QUALIFIED HEALTH CENTER							89
90 CLINIC	89,180	155,335	15,575,268			29,978,515	90
91 EMERGENCY	14,031	21,408	7,140,294			12,847,283	91
92 OBSERVATION BEDS (NON-DISTINCT PART)							92
93.01 OCC EEI	15,531	3,560	2,135,297			4,165,833	93.01
93.02 OCC PSYCH	34,837	18,538	2,358,749			4,624,429	93.02
93.03 OCC ADOLESCENTS	9,574	876	1,995,029			3,989,541	93.03
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
95 AMBULANCE SERVICES							95
SPECIAL PURPOSE COST CENTERS							
105 KIDNEY ACQUISITION	2,350	1,508	1,621,599			5,738,755	105
106 HEART ACQUISITION							106
107 LIVER ACQUISITION	280		223,510			1,459,057	107
108 LUNG ACQUISITION							108
109 PANCREAS ACQUISITION	57		57,194			1,207,209	109
110 INTESTINAL ACQUISITION							110
111 ISLET ACQUISITION	2,159	817	94,811			137,113	111
112 OTHER ORGAN ACQUISITION (SPECIFY)	277		14,719			112,395	112
115 AMBULATORY SURGICAL CENTER (D.P.)							115
116 HOSPICE							116
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	678,451	11,389,335	281,040,916	-108,248,853		609,844,634	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	826		118,752			210,336	190
191 RESEARCH	3,176	472	464,983			914,065	191
192 PHYSICIANS' PRIVATE OFFICES		20,740	3,065,779			3,562,620	192
193 NONPAID WORKERS							193
200 CROSS FOOT ADJUSTMENTS							200
201 NEGATIVE COST CENTER							201
202 COST TO BE ALLOC PER B PT I	5,076,731	13,877,768	204,828,233			108,248,853	202
203 UNIT COST MULT-WS B PT I	7.438946	1.216223	0.719477			0.176149	203
204 COST TO BE ALLOC PER B PT II			33,550			4,355,223	204
205 UNIT COST MULT-WS B PT II			0.000118			0.007087	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	HOSPITAL ADMIN ACCUM COST 5.02	RECON- CILIATION	AMBULATORY ADMIN ACCUM COST 5.03	MAIN- TENANCE & REPAIRS SQUARE FEET 6	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02 HOSPITAL ADMIN & GENERAL	-12,734,316	659,063,192				5.02
5.03 AMBULATORY ADMIN & GENERAL		14,608,323	-14,890,585	50,983,000		5.03
6 MAINTENANCE & REPAIRS		27,882,787	-28,421,538		593,105	6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING		7,232,600	-7,372,348		9,022	9
10 DIETARY		8,122,374	-8,279,315		20,429	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		10,016,845	-10,210,390		3,372	13
14 CENTRAL SERVICES & SUPPLY		12,212,802	-12,448,778		16,518	14
15 PHARMACY		11,099,425	-11,313,888		9,443	15
16 MEDICAL RECORDS & LIBRARY		6,348,678	-6,471,347		11,031	16
17 SOCIAL SERVICE		6,705,915	-6,835,487		3,178	17
17.01 PALLIATIVE CARE		545,096	-555,628			17.01
18 UTILMGMT / DSCH PLANNING		4,545,103	-4,632,923			18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD		55,447,277	-56,518,629			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		21,637,939	-22,056,027		1,494	22
23 PARAMED ED PRGM-(SPECIFY)		1,637,419	-1,669,057			23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		86,026,829	-87,688,941		84,655	30
31 INTENSIVE CARE UNIT		20,709,004	-21,109,143		11,163	31
31.01 PEDS ICU		5,042,921	-5,140,360		3,369	31.01
31.02 NEONATAL ICU		20,877,361	-21,280,753		8,330	31.02
32 CORONARY CARE UNIT		11,138,562	-11,353,781		7,790	32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
40 SUBPROVIDER - IPF		13,137,741	-13,391,588		17,409	40
41 SUBPROVIDER - IRF		4,090,750	-4,169,791		6,727	41
42 SUBPROVIDER I						42
43 NURSERY		2,597,498	-2,647,687		3,038	43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		31,483,179	-32,091,497		29,563	50
51 RECOVERY ROOM		4,175,058	-4,255,728			51
52 DELIVERY ROOM & LABOR ROOM		9,486,059	-9,669,349		12,128	52
53 ANESTHESIOLOGY		2,538,167	-2,587,209		3,887	53
54 RADIOLOGY-DIAGNOSTIC		6,102,623	-6,220,538		5,131	54
54.01 RADIO ULTRASOUND		1,874,772	-1,910,996		1,798	54.01
54.02 RADIO ANGIOGRAPHY		5,492,925	-5,599,059		8,985	54.02
54.03 RADIO WEST HARRISON		2,189,899	-2,232,212			54.03
55 RADIOLOGY-THERAPEUTIC		9,102,590	-9,278,470		14,950	55
56 RADIOISOTOPE		1,359,900	-1,386,176		914	56
57 CT SCAN		3,782,428	-3,855,512		9,217	57
58 MRI		3,275,197	-3,338,480		6,457	58
59 CARDIAC CATHETERIZATION		2,274,956	-2,318,913		4,523	59
60 LABORATORY		33,654,312	-34,304,581		44,397	60
60.01 LAB TISSUE TYPING		2,170,806	-2,212,750		935	60.01
60.02 LAB OUTREACH		11,485,402	-11,707,323		9,089	60.02
62 WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		7,171,211	-7,309,773		1,688	63
64 INTRAVENOUS THERAPY	-692,847			692,847		64
65 RESPIRATORY THERAPY		5,304,827	-5,407,327		2,000	65
66 PHYSICAL THERAPY		6,433,783	-6,558,097		13,773	66
67 OCCUPATIONAL THERAPY		2,724,675	-2,777,321		5,037	67
68 SPEECH PATHOLOGY		853,440	-869,930		628	68
69 ELECTROCARDIOLOGY		398,611	-406,313		1,721	69
70 ELECTROENCEPHALOGRAPHY		690,267	-703,604		731	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		55,742,783	-56,819,845			71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS		49,151,647	-50,101,355			73
74 RENAL DIALYSIS		8,586,009	-8,751,908		12,125	74
75 ASC (NON-DISTINCT PART)						75
76 OTHER ANCILLARY SVC						76

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	HOSPITAL	RECON- CILIATION	AMBULATORY	MAIN- TENANCE & REPAIRS SQUARE FEET	
		ADMIN		ADMIN		
		ACCUM COST		ACCUM COST		
		5.02		5.03	6	
76.01 GASTROENTROLOGY		3,768,130	-3,840,938		6,111	76.01
76.02 BONE MARROW TRANSPLANT		1,462,152	-1,490,404			76.02
76.03 CARDIAC SERVICES		3,862,166	-3,936,791		8,071	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
88 OUTPATIENT SERVICE COST CENTERS						88
89 RURAL HEALTH CLINIC						89
90 FEDERALLY QUALIFIED HEALTH CENTER	-35,259,200			35,259,200	89,180	90
91 CLINIC					14,031	91
92 EMERGENCY		15,110,319	-15,402,281			92
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01 OCC EEI	-4,899,640			4,899,640	15,531	93.01
93.02 OCC PSYCH	-5,439,018			5,439,018	34,837	93.02
93.03 OCC ADOLESCENTS	-4,692,295			4,692,295	9,574	93.03
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		6,749,631	-6,880,047		2,350	105
106 HEART ACQUISITION						106
107 LIVER ACQUISITION		1,716,068	-1,749,226		280	107
108 LUNG ACQUISITION						108
109 PANCREAS ACQUISITION		1,419,858	-1,447,292		57	109
110 INTESTINAL ACQUISITION						110
111 ISLET ACQUISITION		161,265	-164,381		2,159	111
112 OTHER ORGAN ACQUISITION (SPECIFY)		132,193	-134,747		277	112
115 AMBULATORY SURGICAL CENTER (D.P.)						115
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	-63,717,316	653,550,557	-666,178,357	50,983,000	589,103	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		247,386	-252,166		826	190
191 RESEARCH		1,075,077	-1,095,850		3,176	191
192 PHYSICIANS' PRIVATE OFFICES		4,190,172	-4,271,135			192
193 NONPAID WORKERS						193
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I		12,734,316		14,890,585	28,421,538	202
203 UNIT COST MULT-WS B PT I		0.019322		0.292070	47.919910	203
204 COST TO BE ALLOC PER B PT II		205,239		174,251	1,298,074	204
205 UNIT COST MULT-WS B PT II		0.000311		0.003418	2.188607	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
	SQUARE FEET 9	MEALS SERVED 10	GROSS SALARIES 11	13	14	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02 HOSPITAL ADMIN & GENERAL						5.02
5.03 AMBULATORY ADMIN & GENERAL						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	584,083					9
10 DIETARY	20,429	629,771				10
11 CAFETERIA		327,466	227,641,298			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,372		4,599,849	100,124		13
14 CENTRAL SERVICES & SUPPLY	16,518		3,063,312		49,060,309	14
15 PHARMACY	9,443		6,879,954		671,390	15
16 MEDICAL RECORDS & LIBRARY	11,031		2,651,599		11,016	16
17 SOCIAL SERVICE	3,178		3,104,076	1	577	17
17.01 PALLIATIVE CARE			231,234			17.01
18 UTILMGMT / DSCH PLANNING			2,159,565		76,520	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD			27,572,886			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,494		2,972,227			22
23 PARAMED ED PRGM-(SPECIFY)			263,318			23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	84,655	204,078	41,576,305	35,305	1,437,312	30
31 INTENSIVE CARE UNIT	11,163	26,079	9,881,379	5,944	714,065	31
31.01 PEDI ICU	3,369	4,825	2,447,238	2,139	131,235	31.01
31.02 NEONATAL ICU	8,330		10,144,960	9,108	561,111	31.02
32 CORONARY CARE UNIT	7,790	13,887	5,305,820	4,717	467,474	32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
40 SUBPROVIDER - IPF	17,409	40,299	6,350,714	4,208	29,778	40
41 SUBPROVIDER - IRF	6,727	12,972	1,968,888	1,411	13,577	41
42 SUBPROVIDER I						42
43 NURSERY	3,038		1,230,126	932		43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	29,563		10,832,929	7,974	30,620,847	50
51 RECOVERY ROOM			2,029,507	1,754	41,888	51
52 DELIVERY ROOM & LABOR ROOM	12,128		4,853,290	3,645	669,501	52
53 ANESTHESIOLOGY	3,887		879,032	718	1,337,462	53
54 RADIOLOGY-DIAGNOSTIC	5,131		2,758,722	288	246,111	54
54.01 RADIO ULTRASOUND	1,798		874,424	101	65,581	54.01
54.02 RADIO ANGIOGRAPHY	8,985		2,159,215	611	4,736,424	54.02
54.03 RADIO WEST HARRISON			674,297	103	122,155	54.03
55 RADIOLOGY-THERAPEUTIC	14,950		2,126,022	439	72,086	55
56 RADIOISOTOPE	914		393,285	51	562,063	56
57 CT SCAN	9,217		1,728,141	518	147,447	57
58 MRI	6,457		1,383,323	365	62,008	58
59 CARDIAC CATHETERIZATION	4,523		753,779	360	999,360	59
60 LABORATORY	44,397		10,016,849	705	49,080	60
60.01 LAB TISSUE TYPING	935		294,523		55	60.01
60.02 LAB OUTREACH	9,089		2,975,000	99	50	60.02
62 WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,688		824,984		168	63
64 INTRAVENOUS THERAPY			197,047			64
65 RESPIRATORY THERAPY	2,000		2,498,197		358,882	65
66 PHYSICAL THERAPY	13,773		3,016,306		24,959	66
67 OCCUPATIONAL THERAPY	5,037		1,314,946		16,687	67
68 SPEECH PATHOLOGY	628		394,050		347	68
69 ELECTROCARDIOLOGY	1,721		182,933		5,608	69
70 ELECTROENCEPHALOGRAPHY	731		270,769		12,330	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	12,125		3,462,137	1,483	1,016,185	74
75 ASC (NON-DISTINCT PART)						75
76 OTHER ANCILLARY SVC						76

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
	SQUARE FEET 9	MEALS SERVED 10	GROSS SALARIES 11	13	14	
76.01 GASTROENTROLOGY	6,111		1,417,513	1,047	765,427	76.01
76.02 BONE MARROW TRANSPLANT			354,917	78	178	76.02
76.03 CARDIAC SERVICES	8,071		1,705,727	424	1,365,848	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
88 RURAL HEALTH CLINIC						88
89 FEDERALLY QUALIFIED HEALTH CENTER						89
90 CLINIC	89,180		15,575,268	6,531	806,989	90
91 EMERGENCY	14,031		7,140,294	5,716	582,258	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01 OCC EEI	15,531		2,135,297	200	82,234	93.01
93.02 OCC PSYCH	34,837		2,358,749	167	2,382	93.02
93.03 OCC ADOLESCENTS	9,574		1,995,029	1,071	92,202	93.03
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	2,350		1,621,599	646	664	105
106 HEART ACQUISITION						106
107 LIVER ACQUISITION	280		223,510	92	34	107
108 LUNG ACQUISITION						108
109 PANCREAS ACQUISITION	57		57,194	22		109
110 INTESTINAL ACQUISITION						110
111 ISLET ACQUISITION	2,159		94,811	15	582	111
112 OTHER ORGAN ACQUISITION (SPECIFY)	277		14,719	2	11	112
115 AMBULATORY SURGICAL CENTER (D.P.)						115
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	580,081	629,606	223,991,784	98,990	48,980,148	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	826		118,752			190
191 RESEARCH	3,176	165	464,983	165	12,638	191
192 PHYSICIANS' PRIVATE OFFICES			3,065,779	969	67,523	192
193 NONPAID WORKERS						193
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	7,804,681	9,531,249	4,956,024	10,517,177	13,527,728	202
203 UNIT COST MULT-WS B PT I	13.362281	15.134468	0.021771	105.041519	0.275737	203
204 COST TO BE ALLOC PER B PT II	139,483	278,525	144,826	275,808	547,423	204
205 UNIT COST MULT-WS B PT II	0.238807	0.442264	0.000636	2.754664	0.011158	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE TIME SPENT 17	PALLATIVE CARE PATIENT DAYS 17.01	UTILMGMT DSCH PLANNING PATIENT DAYS 18
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN					5.01
5.02 HOSPITAL ADMIN & GENERAL					5.02
5.03 AMBULATORY ADMIN & GENERAL					5.03
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY	62,239,619				15
16 MEDICAL RECORDS & LIBRARY		1,845,913,234			16
17 SOCIAL SERVICE			3,084		17
17.01 PALLATIVE CARE				117,263	17.01
18 UTILMGMT / DSCH PLANNING					117,263
19 NONPHYSICIAN ANESTHETISTS					18
20 NURSING SCHOOL					19
21 I&R SERVICES-SALARY & FRINGES APPRVD					20
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					21
23 PARAMED ED PRGM-(SPECIFY)					22
INPATIENT ROUTINE SERV COST CENTERS					23
30 ADULTS & PEDIATRICS	415,800	143,536,869	1,413	67,684	67,684
31 INTENSIVE CARE UNIT	115,372	34,066,107	111	8,864	8,864
31.01 PEDS ICU	18,287	6,431,504	60	1,640	1,640
31.02 NEONATAL ICU	24,213	41,449,587	43	12,306	12,306
32 CORONARY CARE UNIT	69,264	18,453,250	68	4,720	4,720
33 BURN INTENSIVE CARE UNIT					32
34 SURGICAL INTENSIVE CARE UNIT					33
40 SUBPROVIDER - IPF	1,590	23,234,409		13,753	13,753
41 SUBPROVIDER - IRF	2,311	7,765,817	129	4,409	4,409
42 SUBPROVIDER I					41
43 NURSERY		3,136,250	205	3,887	3,887
44 SKILLED NURSING FACILITY					42
45 NURSING FACILITY					43
46 OTHER LONG TERM CARE					44
ANCILLARY SERVICE COST CENTERS					45
50 OPERATING ROOM	71,696	111,713,450			50
51 RECOVERY ROOM	9,739	8,030,182			51
52 DELIVERY ROOM & LABOR ROOM	45,257	19,307,448			52
53 ANESTHESIOLOGY	335,742	44,583,315			53
54 RADIOLOGY-DIAGNOSTIC	19,635	28,188,733			54
54.01 RADIO ULTRASOUND	12,033	9,876,403			54.01
54.02 RADIO ANGIOGRAPHY	160,124	49,359,392			54.02
54.03 RADIO WEST HARRISON	71,822	10,078,384			54.03
55 RADIOLOGY-THERAPEUTIC	4,131	27,414,820			55
56 RADIOISOTOPE	53,984	5,022,508			56
57 CT SCAN	58,789	50,633,915			57
58 MRI	148,735	35,473,634			58
59 CARDIAC CATHETERIZATION	78,604	11,524,726			59
60 LABORATORY	14,965	245,386,497	40		60
60.01 LAB TISSUE TYPING		5,268,837			60.01
60.02 LAB OUTREACH		107,263,494			60.02
62 WHOLE BLOOD & PACKED RED BLOOD CELLS					62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.		28,755,520			63
64 INTRAVENOUS THERAPY	8,904,277	5,162			64
65 RESPIRATORY THERAPY	24,518	25,730,008			65
66 PHYSICAL THERAPY	134	15,902,170			66
67 OCCUPATIONAL THERAPY		5,815,671			67
68 SPEECH PATHOLOGY		1,940,576			68
69 ELECTROCARDIOLOGY	24	4,385,804			69
70 ELECTROENCEPHALOGRAPHY	101	5,357,688			70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		202,493,993			71
72 IMPL. DEV. CHARGED TO PATIENTS					72
73 DRUGS CHARGED TO PATIENTS	48,248,013	234,392,415			73
74 RENAL DIALYSIS	251,161	37,213,277			74
75 ASC (NON-DISTINCT PART)					75
76 OTHER ANCILLARY SVC					76

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	PALLATIVE CARE PATIENT DAYS	UTILMGMT DSCH PLANNING PATIENT DAYS	
	COSTED REQUIS. 15	16	17	17.01	18	
76.01 GASTROENTEROLOGY	13,652	20,605,584				76.01
76.02 BONE MARROW TRANSPLANT	1,732	812,759	31			76.02
76.03 CARDIAC SERVICES	3,555	20,567,488				76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
88 OUTPATIENT SERVICE COST CENTERS						88
89 RURAL HEALTH CLINIC						89
90 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	1,186,274	79,283,965	736			90
91 EMERGENCY	103,717	68,473,553	50			91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01 OCC EEI	1,348,600	13,321,928	35			93.01
93.02 OCC PSYCH		2,704,413	40			93.02
93.03 OCC ADOLESCENTS	415,445	12,789,987				93.03
94 OTHER REIMBURSABLE COST CENTERS						94
95 HOME PROGRAM DIALYSIS						95
105 AMBULANCE SERVICES						105
106 SPECIAL PURPOSE COST CENTERS	70	12,988,780	91			106
107 KIDNEY ACQUISITION						107
108 HEART ACQUISITION		2,603,275	32			108
109 LIVER ACQUISITION						109
110 LUNG ACQUISITION		2,395,013				110
111 PANCREAS ACQUISITION						111
112 INTESTINAL ACQUISITION		4,500				112
115 ISLET ACQUISITION		170,174				115
116 OTHER ORGAN ACQUISITION (SPECIFY)						116
118 AMBULATORY SURGICAL CENTER (D.P.)						118
190 HOSPICE	62,233,366	1,845,913,234	3,084	117,263	117,263	190
191 SUBTOTALS (SUM OF LINES 1-117)						191
192 NONREIMBURSABLE COST CENTERS						192
193 GIFT, FLOWER, COFFEE SHOP & CANTEEN						193
200 RESEARCH	1,766					200
201 PHYSICIANS' PRIVATE OFFICES	4,487					201
202 NONPAID WORKERS						202
203 CROSS FOOT ADJUSTMENTS						203
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	12,227,486	7,208,117	7,098,084	560,662	4,701,038	202
203 UNIT COST MULT-WS B PT I	0.196458	0.003905	2,301.583658	4.781235	40.089696	203
204 COST TO BE ALLOC PER B PT II	204,680	157,808	78,243	3,629	31,283	204
205 UNIT COST MULT-WS B PT II	0.003289	0.000085	25.370623	0.030948	0.266776	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R	I&R	PARAMED	
	SALARY & FRINGES ASSIGNED TIME	PROGRAM COSTS GROSS REVENUE	EDUCATION PATIENT DAYS	
	21	22	23	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS DEPARTMENT				4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN				5.01
5.02 HOSPITAL ADMIN & GENERAL				5.02
5.03 AMBULATORY ADMIN & GENERAL				5.03
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE				17
17.01 PALLIATIVE CARE				17.01
18 UTILMGMT / DSCH PLANNING				18
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SERVICES-SALARY & FRINGES APPRVD	9,933			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		1,838,385,006		22
23 PARAMED ED PRGM-(SPECIFY)			117,263	23
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	955	143,536,869	67,684	30
31 INTENSIVE CARE UNIT	152	34,066,107	8,864	31
31.01 PEDIATRIC ICU	86	6,431,504	1,640	31.01
31.02 NEONATAL ICU	285	41,449,587	12,306	31.02
32 CORONARY CARE UNIT	135	18,453,250	4,720	32
33 BURN INTENSIVE CARE UNIT				33
34 SURGICAL INTENSIVE CARE UNIT				34
40 SUBPROVIDER - IPF	131	23,234,409	13,753	40
41 SUBPROVIDER - IRF			4,409	41
42 SUBPROVIDER I				42
43 NURSERY	22	3,136,250	3,887	43
44 SKILLED NURSING FACILITY				44
45 NURSING FACILITY				45
46 OTHER LONG TERM CARE				46
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	1,295	111,713,450		50
51 RECOVERY ROOM		8,030,182		51
52 DELIVERY ROOM & LABOR ROOM	178	19,307,448		52
53 ANESTHESIOLOGY	286	44,583,315		53
54 RADIOLOGY-DIAGNOSTIC		28,188,733		54
54.01 RADIO ULTRASOUND	37	9,876,403		54.01
54.02 RADIO ANGIOGRAPHY	297	49,359,392		54.02
54.03 RADIO WEST HARRISON		10,078,384		54.03
55 RADIOLOGY-THERAPEUTIC	366	27,414,820		55
56 RADIOISOTOPE	40	5,022,508		56
57 CT SCAN	173	50,633,915		57
58 MRI	169	35,473,634		58
59 CARDIAC CATHETERIZATION	364	11,524,726		59
60 LABORATORY	1,199	245,386,497		60
60.01 LAB TISSUE TYPING		5,268,837		60.01
60.02 LAB OUTREACH		107,263,494		60.02
62 WHOLE BLOOD & PACKED RED BLOOD CELLS				62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRANS.	242	28,755,520		63
64 INTRAVENOUS THERAPY		5,162		64
65 RESPIRATORY THERAPY	262	25,730,008		65
66 PHYSICAL THERAPY	55	15,902,170		66
67 OCCUPATIONAL THERAPY	29	5,815,671		67
68 SPEECH PATHOLOGY	28	1,940,576		68
69 ELECTROCARDIOLOGY	82	4,385,804		69
70 ELECTROENCEPHALOGRAPHY		5,357,688		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	347	202,493,993		71
72 IMPL. DEV. CHARGED TO PATIENTS				72
73 DRUGS CHARGED TO PATIENTS	1,585	234,630,004		73
74 RENAL DIALYSIS	169	37,213,277		74
75 ASC (NON-DISTINCT PART)				75
76 OTHER ANCILLARY SVC				76

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R	I&R	PARAMED	
	SALARY & FRINGES ASSIGNED TIME	PROGRAM COSTS GROSS REVENUE	EDUCATION PATIENT DAYS	
	21	22	23	
76.01 GASTROENTROLOGY		20,605,584		76.01
76.02 BONE MARROW TRANSPLANT		812,759		76.02
76.03 CARDIAC SERVICES		20,567,488		76.03
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
88 RURAL HEALTH CLINIC				88
89 FEDERALLY QUALIFIED HEALTH CENTER				89
90 CLINIC	279	79,283,965		90
91 EMERGENCY	291	68,473,553		91
92 OBSERVATION BEDS (NON-DISTINCT PART)				92
93.01 OCC EEI	58	13,321,928		93.01
93.02 OCC PSYCH	75	2,704,413		93.02
93.03 OCC ADOLESCENTS	103	12,789,987		93.03
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
95 AMBULANCE SERVICES				95
SPECIAL PURPOSE COST CENTERS				
105 KIDNEY ACQUISITION	48	12,988,780		105
106 HEART ACQUISITION				106
107 LIVER ACQUISITION	44	2,603,275		107
108 LUNG ACQUISITION				108
109 PANCREAS ACQUISITION		2,395,013		109
110 INTESTINAL ACQUISITION				110
111 ISLET ACQUISITION		4,500		111
112 OTHER ORGAN ACQUISITION (SPECIFY)	10	170,174		112
115 AMBULATORY SURGICAL CENTER (D.P.)				115
116 HOSPICE				116
118 SUBTOTALS (SUM OF LINES 1-117)	9,877	1,838,385,006	117,263	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				190
191 RESEARCH				191
192 PHYSICIANS' PRIVATE OFFICES	56			192
193 NONPAID WORKERS				193
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 COST TO BE ALLOC PER B PT I	57,118,918	22,212,290	1,674,790	202
203 UNIT COST MULT-WS B PT I	5,750.419611	0.012083	14.282340	203
204 COST TO BE ALLOC PER B PT II	372,137	154,093	10,573	204
205 UNIT COST MULT-WS B PT II	37.464714	0.000084	0.090165	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	108,873,480		108,873,480		108,873,480	30
31 INTENSIVE CARE UNIT	24,159,822		24,159,822		24,159,822	31
31.01 PEDI ICU	5,997,807		5,997,807		5,997,807	31.01
31.02 NEONATAL ICU	24,117,063		24,117,063		24,117,063	31.02
32 CORONARY CARE UNIT	13,302,613		13,302,613		13,302,613	32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
40 SUBPROVIDER - IPF	16,561,418		16,561,418		16,561,418	40
41 SUBPROVIDER - IRF	5,561,673		5,561,673		5,561,673	41
42 SUBPROVIDER I						42
43 NURSERY	3,672,544		3,672,544		3,672,544	43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	43,870,237		43,870,237		43,870,237	50
51 RECOVERY ROOM	4,528,976		4,528,976		4,528,976	51
52 DELIVERY ROOM & LABOR ROOM	11,170,010		11,170,010		11,170,010	52
53 ANESTHESIOLOGY	3,528,815		3,528,815		3,528,815	53
54 RADIOLOGY-DIAGNOSTIC	6,807,085		6,807,085		6,807,085	54
54.01 RADIO ULTRASOUND	2,109,841		2,109,841		2,109,841	54.01
54.02 RADIO ANGIOGRAPHY	7,791,080		7,791,080		7,791,080	54.02
54.03 RADIO WEST HARRISON	2,344,860		2,344,860		2,344,860	54.03
55 RADIOLOGY-THERAPEUTIC	10,414,782		10,414,782		10,414,782	55
56 RADIOISOTOPE	1,641,308		1,641,308		1,641,308	56
57 CT SCAN	4,762,317		4,762,317		4,762,317	57
58 MRI	3,987,478		3,987,478		3,987,478	58
59 CARDIAC CATHETERIZATION	2,986,326		2,986,326		2,986,326	59
60 LABORATORY	38,384,051		38,384,051		38,384,051	60
60.01 LAB TISSUE TYPING	2,297,051		2,297,051		2,297,051	60.01
60.02 LAB OUTREACH	12,758,363		12,758,363		12,758,363	60.02
62 WHOLE BLOOD & PACKED RED BL						62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	7,543,515		7,543,515		7,543,515	63
64 INTRAVENOUS THERAPY	2,648,833		2,648,833		2,648,833	64
65 RESPIRATORY THERAPY	5,788,530		5,788,530		5,788,530	65
66 PHYSICAL THERAPY	7,536,811		7,536,811		7,536,811	66
67 OCCUPATIONAL THERAPY	3,141,939		3,141,939		3,141,939	67
68 SPEECH PATHOLOGY	924,669		924,669		924,669	68
69 ELECTROCARDIOLOGY	534,440		534,440		534,440	69
70 ELECTROENCEPHALOGRAPHY	778,638		778,638		778,638	70
71 MEDICAL SUPPLIES CHARGED TO	57,610,584		57,610,584		57,610,584	71
72 IMPL. DEV. CHARGED TO PATIE						72
73 DRUGS CHARGED TO PATIENTS	60,495,381		60,495,381		60,495,381	73
74 RENAL DIALYSIS	10,200,967		10,200,967		10,200,967	74
75 ASC (NON-DISTINCT PART)						75
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTEROLOGY	4,650,477		4,650,477		4,650,477	76.01
76.02 BONE MARROW TRANSPLANT	1,581,236		1,581,236		1,581,236	76.02
76.03 CARDIAC SERVICES	4,970,702		4,970,702		4,970,702	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
88 RURAL HEALTH CLINIC						88
89 FEDERALLY QUALIFIED HEALTH						89
90 CLINIC	54,506,731		54,506,731		54,506,731	90
91 EMERGENCY	17,581,393		17,581,393		17,581,393	91
92 OBSERVATION BEDS (NON-DISTI	7,957,414		7,957,414		7,957,414	92
93.01 OCC EEI	7,770,143		7,770,143		7,770,143	93.01
93.02 OCC PSYCH	9,334,655		9,334,655		9,334,655	93.02
93.03 OCC ADOLESCENTS	6,962,408		6,962,408		6,962,408	93.03
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
105 KIDNEY ACQUISITION	7,387,583		7,387,583		7,387,583	105
106 HEART ACQUISITION						106
107 LIVER ACQUISITION	1,864,741		1,864,741		1,864,741	107
108 LUNG ACQUISITION						108
109 PANCREAS ACQUISITION	1,463,694		1,463,694		1,463,694	109
110 INTESTINAL ACQUISITION						110
111 ISLET ACQUISITION	300,507		300,507		300,507	111
112 OTHER ORGAN ACQUISITION (SP	152,920		152,920		152,920	112
115 AMBULATORY SURGICAL CENTER						115

PROVIDER CCN: 14-0150 BOARD OF TRUSTEES OF THE UNIVE
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
12/02/2013 13:39

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	
116 HOSPICE						116
200 SUBTOTAL (SEE INSTRUCTIONS)	645,317,911		645,317,911		645,317,911	200
201 LESS OBSERVATION BEDS	7,957,414		7,957,414		7,957,414	201
202 TOTAL (SEE INSTRUCTIONS)	637,360,497		637,360,497		637,360,497	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	130,393,064		130,393,064			30
31 INTENSIVE CARE UNIT	34,066,107		34,066,107			31
31.01 PEDIATRIC ICU	6,431,504		6,431,504			31.01
31.02 NEONATAL ICU	41,449,587		41,449,587			31.02
32 CORONARY CARE UNIT	18,453,250		18,453,250			32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
40 SUBPROVIDER - IPF	23,234,409		23,234,409			40
41 SUBPROVIDER - IRF	7,765,817		7,765,817			41
42 SUBPROVIDER I						42
43 NURSERY	3,136,250		3,136,250			43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	60,058,064	51,655,386	111,713,450	0.392703	0.392703	0.392703 50
51 RECOVERY ROOM	3,291,297	4,738,885	8,030,182	0.563994	0.563994	0.563994 51
52 DELIVERY ROOM & LABOR ROOM	15,467,475	3,839,973	19,307,448	0.578534	0.578534	0.578534 52
53 ANESTHESIOLOGY	25,389,826	19,193,489	44,583,315	0.079151	0.079151	0.079151 53
54 RADIOLOGY-DIAGNOSTIC	9,611,192	18,577,541	28,188,733	0.241482	0.241482	0.241482 54
54.01 RADIO ULTRASOUND	3,917,302	5,959,101	9,876,403	0.213624	0.213624	0.213624 54.01
54.02 RADIO ANGIOGRAPHY	27,556,869	21,802,523	49,359,392	0.157844	0.157844	0.157844 54.02
54.03 RADIO WEST HARRISON	69,147	10,009,237	10,078,384	0.232662	0.232662	0.232662 54.03
55 RADIOLOGY-THERAPEUTIC	1,927,151	25,487,669	27,414,820	0.379896	0.379896	0.379896 55
56 RADIOISOTOPE	1,493,242	3,529,266	5,022,508	0.326791	0.326791	0.326791 56
57 CT SCAN	23,199,935	27,433,980	50,633,915	0.094054	0.094054	0.094054 57
58 MRI	11,808,616	23,665,018	35,473,634	0.112407	0.112407	0.112407 58
59 CARDIAC CATHETERIZATION	6,208,590	5,316,136	11,524,726	0.259123	0.259123	0.259123 59
60 LABORATORY	107,419,744	137,966,753	245,386,497	0.156423	0.156423	0.156423 60
60.01 LAB TISSUE TYPING	762,776	4,506,061	5,268,837	0.435969	0.435969	0.435969 60.01
60.02 LAB OUTREACH		107,263,494	107,263,494	0.118944	0.118944	0.118944 60.02
62 WHOLE BLOOD & PACKED RED BL						62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	22,600,972	6,154,548	28,755,520	0.262333	0.262333	0.262333 63
64 INTRAVENOUS THERAPY	5,162		5,162	513.140837	513.140837	513.140837 64
65 RESPIRATORY THERAPY	21,742,042	3,987,966	25,730,008	0.224972	0.224972	0.224972 65
66 PHYSICAL THERAPY	4,992,814	10,909,356	15,902,170	0.473949	0.473949	0.473949 66
67 OCCUPATIONAL THERAPY	4,054,355	1,761,316	5,815,671	0.540254	0.540254	0.540254 67
68 SPEECH PATHOLOGY	1,073,590	866,986	1,940,576	0.476492	0.476492	0.476492 68
69 ELECTROCARDIOLOGY	2,969,739	1,416,065	4,385,804	0.121857	0.121857	0.121857 69
70 ELECTROENCEPHALOGRAPHY	4,529,724	827,964	5,357,688	0.145331	0.145331	0.145331 70
71 MEDICAL SUPPLIES CHARGED TO	138,195,196	64,298,797	202,493,993	0.284505	0.284505	0.284505 71
72 IMPL. DEV. CHARGED TO PATIE						72
73 DRUGS CHARGED TO PATIENTS	147,388,076	87,004,339	234,392,415	0.258094	0.258094	0.258094 73
74 RENAL DIALYSIS	8,132,653	29,080,624	37,213,277	0.274122	0.274122	0.274122 74
75 ASC (NON-DISTINCT PART)						75
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTEROLOGY	5,620,189	14,985,395	20,605,584	0.225690	0.225690	0.225690 76.01
76.02 BONE MARROW TRANSPLANT	686,997	125,762	812,759	1.945516	1.945516	1.945516 76.02
76.03 CARDIAC SERVICES	11,740,760	8,826,728	20,567,488	0.241678	0.241678	0.241678 76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
88 RURAL HEALTH CLINIC						88
89 FEDERALLY QUALIFIED HEALTH						89
90 CLINIC	1,091,504	78,192,461	79,283,965	0.687487	0.687487	0.687487 90
91 EMERGENCY	24,582,106	43,891,447	68,473,553	0.256762	0.256762	0.256762 91
92 OBSERVATION BEDS (NON-DISTI	831,300	12,312,505	13,143,805	0.605412	0.605412	0.605412 92
93.01 OCC EEI	38,998	13,282,930	13,321,928	0.583260	0.583260	0.583260 93.01
93.02 OCC PSYCH	3,283	2,701,130	2,704,413	3.451638	3.451638	3.451638 93.02
93.03 OCC ADOLESCENTS	57,134	12,732,853	12,789,987	0.544364	0.544364	0.544364 93.03
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
105 KIDNEY ACQUISITION	12,988,780		12,988,780			105
106 HEART ACQUISITION						106
107 LIVER ACQUISITION	2,603,275		2,603,275			107
108 LUNG ACQUISITION						108
109 PANCREAS ACQUISITION	2,395,013		2,395,013			109
110 INTESTINAL ACQUISITION						110
111 ISLET ACQUISITION	4,500		4,500			111
112 OTHER ORGAN ACQUISITION (SP	140,674	29,500	170,174			112
115 AMBULATORY SURGICAL CENTER						115

PROVIDER CCN: 14-0150 BOARD OF TRUSTEES OF THE UNIVE
 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
 12/02/2013 13:39

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			
116 HOSPICE						116
200 SUBTOTAL (SEE INSTRUCTIONS)	981,580,050	864,333,184	1,845,913,234			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	981,580,050	864,333,184	1,845,913,234			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 ÷ COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	1,706,231		1,706,231	73.021	23.37	17,719	414,093 30
31 INTENSIVE CARE UNIT	302,615		302,615	8,864	34.14	2,733	93,305 31
31.01 PEDIATRIC ICU	85,390		85,390	1,640	52.07	44	2,291 31.01
31.02 NEONATAL ICU	333,260		333,260	12,306	27.08		
32 CORONARY CARE UNIT	200,901		200,901	4,720	42.56	1,525	64,904 32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF	295,622		295,622	13,753	21.50	3,181	68,392 40
41 SUBPROVIDER - IRF	108,804		108,804	4,409	24.68	1,307	32,257 41
42 SUBPROVIDER I							42
43 NURSERY	56,552		56,552	3,887	14.55		43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	3,089,375		3,089,375	122,600		26,509	675,242 200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[XX] HOSPITAL (14-0150) [] IPF [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA				
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5			
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	3,422,003	111,713,450	0.030632	13,429,232	411,364		50
51	RECOVERY ROOM	33,999	8,030,182	0.004234	760,105	3,218		51
52	DELIVERY ROOM & LABOR ROOM	494,910	19,307,448	0.025633	16,816	431		52
53	ANESTHESIOLOGY	434,755	44,583,315	0.009752	4,425,702	43,159		53
54	RADIOLOGY-DIAGNOSTIC	465,745	28,188,733	0.016522	2,942,634	48,618		54
54.01	RADIO ULTRASOUND	68,112	9,876,403	0.006896	1,084,973	7,482		54.01
54.02	RADIO ANGIOGRAPHY	791,790	49,359,392	0.016041	8,063,680	129,349		54.02
54.03	RADIO WEST HARRISON	470,299	10,078,384	0.046664	40,599	1,895		54.03
55	RADIOLOGY-THERAPEUTIC	566,854	27,414,820	0.020677	288,642	5,968		55
56	RADIOISOTOPE	456,416	5,022,508	0.090874	524,009	47,619		56
57	CT SCAN	129,362	50,633,915	0.002555	7,005,556	17,899		57
58	MRI	316,284	35,473,634	0.008916	2,980,761	26,576		58
59	CARDIAC CATHETERIZATION	547,174	11,524,726	0.047478	2,711,855	128,753		59
60	LABORATORY	1,344,843	245,386,497	0.005481	31,398,174	172,093		60
60.01	LAB TISSUE TYPING	82,692	5,268,837	0.015695	413,745	6,494		60.01
60.02	LAB OUTREACH	174,088	107,263,494	0.001623				60.02
62	WHOLE BLOOD & PACKED RED BLOO							62
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
63	BLOOD STORING, PROCESSING & T	83,350	28,755,520	0.002899	6,696,686	19,414		63
64	INTRAVENOUS THERAPY	35,977	5,162	6.969585				64
65	RESPIRATORY THERAPY	187,264	25,730,008	0.007278	6,025,504	43,854		65
66	PHYSICAL THERAPY	194,047	15,902,170	0.012203	929,388	11,341		66
67	OCCUPATIONAL THERAPY	76,694	5,815,671	0.013187	204,757	2,700		67
68	SPEECH PATHOLOGY	27,078	1,940,576	0.013954	266,606	3,720		68
69	ELECTROCARDIOLOGY	20,593	4,385,804	0.004695	1,101,090	5,170		69
70	ELECTROENCEPHALOGRAPHY	128,031	5,357,688	0.023897	1,455,186	34,775		70
71	MEDICAL SUPPLIES CHARGED TO P	426,649	202,493,993	0.002107	40,823,064	86,014		71
72	IMPL. DEV. CHARGED TO PATIENT							72
73	DRUGS CHARGED TO PATIENTS	490,036	234,392,415	0.002091	33,369,021	69,775		73
74	RENAL DIALYSIS	196,060	37,213,277	0.005269	3,686,994	19,427		74
75	ASC (NON-DISTINCT PART)							75
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTEROLOGY	391,822	20,605,584	0.019015	1,699,867	32,323		76.01
76.02	BONE MARROW TRANSPLANT	30,277	812,759	0.037252	136,889	5,099		76.02
76.03	CARDIAC SERVICES	460,452	20,567,488	0.022387	3,730,529	83,515		76.03
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
88	RURAL HEALTH CLINIC							88
89	FEDERALLY QUALIFIED HEALTH CE							89
90	CLINIC	1,469,823	79,283,965	0.018539	338,198	6,270		90
91	EMERGENCY	295,277	68,473,553	0.004312	6,857,146	29,568		91
92	OBSERVATION BEDS (NON-DISTINC	124,709	13,143,805	0.009488	263,585	2,501		92
93.01	OCC EEI	213,369	13,321,928	0.016016	21,115	338		93.01
93.02	OCC PSYCH	421,135	2,704,413	0.155721	1,499	233		93.02
93.03	OCC ADOLESCENTS	147,773	12,789,987	0.011554	4,351	50		93.03
OTHER REIMBURSABLE COST CENTERS								
94	HOME PROGRAM DIALYSIS							94
95	AMBULANCE SERVICES							95
200	TOTAL (SUM OF LINES 50-199)	15,219,742	1,562,821,504		183,697,958	1,507,005		200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
30 INPAT ROUTINE SERV COST CTRS						30
ADULTS & PEDIATRICS		966,686			966,686	30
31 INTENSIVE CARE UNIT		126,599			126,599	31
31.01 PEDIATRIC ICU		23,423			23,423	31.01
31.02 NEONATAL ICU		175,758			175,758	31.02
32 CORONARY CARE UNIT		67,413			67,413	32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 OTHER SPECIAL CARE (SPECIFY)						35
40 SUBPROVIDER - IPF		196,425			196,425	40
41 SUBPROVIDER - IRF		62,971			62,971	41
42 SUBPROVIDER I						42
43 NURSERY		55,515			55,515	43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		1,674,790			1,674,790	200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	73,021	13.24	17,719	234,600	30
31 INTENSIVE CARE UNIT	8,864	14.28	2,733	39,027	31
31.01 PEDIATRIC ICU	1,640	14.28	44	628	31.01
31.02 NEONATAL ICU	12,306	14.28			31.02
32 CORONARY CARE UNIT	4,720	14.28	1,525	21,777	32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	13,753	14.28	3,181	45,425	40
41 SUBPROVIDER - IRF	4,409	14.28	1,307	18,664	41
42 SUBPROVIDER I					42
43 NURSERY	3,887	14.28			43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	122,600		26,509	360,121	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0150)	[] SUB (OTHER)	[] ICF/MR	[XX] PPS	
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA	
BOXES	[] TITLE XIX	[] IRF	[] NF			
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
51	RECOVERY ROOM					51
52	DELIVERY ROOM & LABOR ROOM					52
53	ANESTHESIOLOGY					53
54	RADIOLOGY-DIAGNOSTIC					54
54.01	RADIO ULTRASOUND					54.01
54.02	RADIO ANGIOGRAPHY					54.02
54.03	RADIO WEST HARRISON					54.03
55	RADIOLOGY-THERAPEUTIC					55
56	RADIOISOTOPE					56
57	CT SCAN					57
58	MRI					58
59	CARDIAC CATHETERIZATION					59
60	LABORATORY					60
60.01	LAB TISSUE TYPING					60.01
60.02	LAB OUTREACH					60.02
62	WHOLE BLOOD & PACKED RED BLOO					62
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
63	BLOOD STORING, PROCESSING & T					63
64	INTRAVENOUS THERAPY					64
65	RESPIRATORY THERAPY					65
66	PHYSICAL THERAPY					66
67	OCCUPATIONAL THERAPY					67
68	SPEECH PATHOLOGY					68
69	ELECTROCARDIOLOGY					69
70	ELECTROENCEPHALOGRAPHY					70
71	MEDICAL SUPPLIES CHARGED TO P					71
72	IMPL. DEV. CHARGED TO PATIENT					72
73	DRUGS CHARGED TO PATIENTS					73
74	RENAL DIALYSIS					74
75	ASC (NON-DISTINCT PART)					75
76	OTHER ANCILLARY SVC					76
76.01	GASTROENTROLOGY					76.01
76.02	BONE MARROW TRANSPLANT					76.02
76.03	CARDIAC SERVICES					76.03
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
88	RURAL HEALTH CLINIC					88
89	FEDERALLY QUALIFIED HEALTH CE					89
90	CLINIC					90
91	EMERGENCY					91
92	OBSERVATION BEDS (NON-DISTINC			70,654	70,654	70,654
93.01	OCC EEI					93.01
93.02	OCC PSYCH					93.02
93.03	OCC ADOLESCENTS					93.03
OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS					94
95	AMBULANCE SERVICES					95
200	TOTAL (SUM OF LINES 50-199)			70,654	70,654	70,654

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0150)	[] SUB (OTHER)	[] ICF/MR	[XX] PPS	
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA	
BOXES	[] TITLE XIX	[] IRF	[] NF			
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12
						13
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	111,713,450		13,429,232		11,130,793
51	RECOVERY ROOM	8,030,182		760,105		708,215
52	DELIVERY ROOM & LABOR ROOM	19,307,448		16,816		34,078
53	ANESTHESIOLOGY	44,583,315		4,425,702		3,882,728
54	RADIOLOGY-DIAGNOSTIC	28,188,733		2,942,634		2,741,433
54.01	RADIO ULTRASOUND	9,876,403		1,084,973		1,232,231
54.02	RADIO ANGIOGRAPHY	49,359,392		8,063,680		7,406,186
54.03	RADIO WEST HARRISON	10,078,384		40,599		1,859,918
55	RADIOLOGY-THERAPEUTIC	27,414,820		288,642		4,570,228
56	RADIOISOTOPE	5,022,508		524,009		1,319,785
57	CT SCAN	50,633,915		7,005,556		7,297,532
58	MRI	35,473,634		2,980,761		4,714,782
59	CARDIAC CATHETERIZATION	11,524,726		2,711,855		2,632,064
60	LABORATORY	245,386,497		31,398,174		3,982,883
60.01	LAB TISSUE TYPING	5,268,837		413,745		
60.02	LAB OUTREACH	107,263,494				
62	WHOLE BLOOD & PACKED RED BLO					
62.30	BLOOD CLOTTING FOR HEMOPHILI					
63	BLOOD STORING, PROCESSING &	28,755,520		6,696,686		687,684
64	INTRAVENOUS THERAPY	5,162				
65	RESPIRATORY THERAPY	25,730,008		6,025,504		1,486,640
66	PHYSICAL THERAPY	15,902,170		929,388		19,478
67	OCCUPATIONAL THERAPY	5,815,671		204,757		2,244
68	SPEECH PATHOLOGY	1,940,576		266,606		
69	ELECTROCARDIOLOGY	4,385,804		1,101,090		640,028
70	ELECTROENCEPHALOGRAPHY	5,357,688		1,455,186		129,152
71	MEDICAL SUPPLIES CHARGED TO	202,493,993		40,823,064		15,714,378
72	IMPL. DEV. CHARGED TO PATIEN					
73	DRUGS CHARGED TO PATIENTS	234,392,415		33,369,021		30,954,020
74	RENAL DIALYSIS	37,213,277		3,686,994		306,959
75	ASC (NON-DISTINCT PART)					
76	OTHER ANCILLARY SVC					
76.01	GASTROENTROLOGY	20,605,584		1,699,867		3,368,390
76.02	BONE MARROW TRANSPLANT	812,759		136,889		3,853
76.03	CARDIAC SERVICES	20,567,488		3,730,529		3,151,881
76.97	CARDIAC REHABILITATION					
76.98	HYPERBARIC OXYGEN THERAPY					
76.99	LITHOTRIPSY					
OUTPATIENT SERVICE COST CENTERS						
88	RURAL HEALTH CLINIC					
89	FEDERALLY QUALIFIED HEALTH C					
90	CLINIC	79,283,965		338,198		17,810,405
91	EMERGENCY	68,473,553		6,857,146		6,102,351
92	OBSERVATION BEDS (NON-DISTIN	13,143,805	0.005375	263,585	1,417	2,835,212
93.01	OCC EEI	13,321,928		21,115		5,004,697
93.02	OCC PSYCH	2,704,413		1,499		499,676
93.03	OCC ADOLESCENTS	12,789,987		4,351		88,669
OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS					
95	AMBULANCE SERVICES					
200	TOTAL (SUM OF LINES 50-199)	1,562,821,504		183,697,958	1,417	142,318,573

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT	PPS	SERVICES	SVCS NOT
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.392703	11,130,793			4,371,096		50
51 RECOVERY ROOM	0.563994	708,215			399,429		51
52 DELIVERY ROOM & LABOR ROOM	0.578534	34,078			19,715		52
53 ANESTHESIOLOGY	0.079151	3,882,728			307,322		53
54 RADIOLOGY-DIAGNOSTIC	0.241482	2,741,433			662,007		54
54.01 RADIO ULTRASOUND	0.213624	1,232,231			263,234		54.01
54.02 RADIO ANGIOGRAPHY	0.157844	7,406,186			1,169,022		54.02
54.03 RADIO WEST HARRISON	0.232662	1,859,918			432,732		54.03
55 RADIOLOGY-THERAPEUTIC	0.379896	4,570,228			1,736,211		55
56 RADIOISOTOPE	0.326791	1,319,785			431,294		56
57 CT SCAN	0.094054	7,297,532			686,362		57
58 MRI	0.112407	4,714,782			529,975		58
59 CARDIAC CATHETERIZATION	0.259123	2,632,064			682,028		59
60 LABORATORY	0.156423	3,982,883			623,015		60
60.01 LAB TISSUE TYPING	0.435969						60.01
60.02 LAB OUTREACH	0.118944						60.02
62 WHOLE BLOOD & PACKED RED BLOOD							62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.262333	687,684			180,402		63
64 INTRAVENOUS THERAPY	513.140837						64
65 RESPIRATORY THERAPY	0.224972	1,486,640			334,452		65
66 PHYSICAL THERAPY	0.473949	19,478			9,232		66
67 OCCUPATIONAL THERAPY	0.540254	2,244			1,212		67
68 SPEECH PATHOLOGY	0.476492						68
69 ELECTROCARDIOLOGY	0.121857	640,028			77,992		69
70 ELECTROENCEPHALOGRAPHY	0.145331	129,152			18,770		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.284505	15,714,378			4,470,819		71
72 IMPL. DEV. CHARGED TO PATIENTS							72
73 DRUGS CHARGED TO PATIENTS	0.258094	30,954,020			7,989,047		73
74 RENAL DIALYSIS	0.274122	306,959			84,144		74
75 ASC (NON-DISTINCT PART)							75
76 OTHER ANCILLARY SVC							76
76.01 GASTROENTEROLOGY	0.225690	3,368,390			760,212		76.01
76.02 BONE MARROW TRANSPLANT	1.945516	3,853			7,496		76.02
76.03 CARDIAC SERVICES	0.241678	3,151,881			761,740		76.03
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
88 RURAL HEALTH CLINIC							88
89 FEDERALLY QUALIFIED HEALTH CENT							89
90 CLINIC	0.687487	17,810,405			12,244,422		90
91 EMERGENCY	0.256762	6,102,351			1,566,852		91
92 OBSERVATION BEDS (NON-DISTINCT	0.605412	2,835,212			1,716,471		92
93.01 OCC EEI	0.583260	5,004,697			2,919,040		93.01
93.02 OCC PSYCH	3.451638	499,676			1,724,701		93.02
93.03 OCC ADOLESCENTS	0.544364	88,669			48,268		93.03
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
95 AMBULANCE SERVICES							95
200 SUBTOTAL (SEE INSTRUCTIONS)		142,318,573			47,228,714		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		142,318,573			47,228,714		202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	CAP-REL COST	TOTAL CHARGES	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)	
	(FROM WKST B, PT. II, COL. 26)	(FROM WKST C, PT. I, COL. 8)	(COL.1 ÷ COL.2)			
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,422,003	111,713,450	0.030632	30,452	933	50
51 RECOVERY ROOM	33,999	8,030,182	0.004234	64,681	274	51
52 DELIVERY ROOM & LABOR ROOM	494,910	19,307,448	0.025633	5,488	141	52
53 ANESTHESIOLOGY	434,755	44,583,315	0.009752	71,902	701	53
54 RADIOLOGY-DIAGNOSTIC	465,745	28,188,733	0.016522	35,909	593	54
54.01 RADIO ULTRASOUND	68,112	9,876,403	0.006896	7,170	49	54.01
54.02 RADIO ANGIOGRAPHY	791,790	49,359,392	0.016041	5,366	86	54.02
54.03 RADIO WEST HARRISON	470,299	10,078,384	0.046664			54.03
55 RADIOLOGY-THERAPEUTIC	566,854	27,414,820	0.020677			55
56 RADIOISOTOPE	456,416	5,022,508	0.090874	2,046	186	56
57 CT SCAN	129,362	50,633,915	0.002555	80,605	206	57
58 MRI	316,284	35,473,634	0.008916	125,364	1,118	58
59 CARDIAC CATHETERIZATION	547,174	11,524,726	0.047478	7,455	354	59
60 LABORATORY	1,344,843	245,386,497	0.005481	634,469	3,478	60
60.01 LAB TISSUE TYPING	82,692	5,268,837	0.015695			60.01
60.02 LAB OUTREACH	174,088	107,263,494	0.001623			60.02
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	83,350	28,755,520	0.002899	2,336	7	63
64 INTRAVENOUS THERAPY	35,977	5,162	6.969585			64
65 RESPIRATORY THERAPY	187,264	25,730,008	0.007278	14,572	106	65
66 PHYSICAL THERAPY	194,047	15,902,170	0.012203	8,187	100	66
67 OCCUPATIONAL THERAPY	76,694	5,815,671	0.013187	276,660	3,648	67
68 SPEECH PATHOLOGY	27,078	1,940,576	0.013954	3,541	49	68
69 ELECTROCARDIOLOGY	20,593	4,385,804	0.004695	18,995	89	69
70 ELECTROENCEPHALOGRAPHY	128,031	5,357,688	0.023897	62,402	1,491	70
71 MEDICAL SUPPLIES CHARGED TO P	426,649	202,493,993	0.002107	200,880	423	71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	490,036	234,392,415	0.002091	722,796	1,511	73
74 RENAL DIALYSIS	196,060	37,213,277	0.005269	9,412	50	74
75 ASC (NON-DISTINCT PART)						75
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTEROLOGY	391,822	20,605,584	0.019015	13,716	261	76.01
76.02 BONE MARROW TRANSPLANT	30,277	812,759	0.037252			76.02
76.03 CARDIAC SERVICES	460,452	20,567,488	0.022387	16,500	369	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
88 RURAL HEALTH CLINIC						88
89 FEDERALLY QUALIFIED HEALTH CE						89
90 CLINIC	1,469,823	79,283,965	0.018539	1,601	30	90
91 EMERGENCY	295,277	68,473,553	0.004312	327,626	1,413	91
92 OBSERVATION BEDS (NON-DISTINC		13,143,805	13,143,805			92
93.01 OCC EEI	213,369	13,321,928	0.016016			93.01
93.02 OCC PSYCH	421,135	2,704,413	0.155721	1,240	193	93.02
93.03 OCC ADOLESCENTS	147,773	12,789,987	0.011554			93.03
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
200 TOTAL (SUM OF LINES 50-199)	15,095,033	1,562,821,504		2,751,371	17,859	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[XX] PPS	
APPLICABLE	[XX] TITLE XVIII-PT A	[XX] IPF (14-S150)	[] SNF		[] TEFRA	
BOXES	[] TITLE XIX	[] IRF	[] NF			
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
51	RECOVERY ROOM					51
52	DELIVERY ROOM & LABOR ROOM					52
53	ANESTHESIOLOGY					53
54	RADIOLOGY-DIAGNOSTIC					54
54.01	RADIO ULTRASOUND					54.01
54.02	RADIO ANGIOGRAPHY					54.02
54.03	RADIO WEST HARRISON					54.03
55	RADIOLOGY-THERAPEUTIC					55
56	RADIOISOTOPE					56
57	CT SCAN					57
58	MRI					58
59	CARDIAC CATHETERIZATION					59
60	LABORATORY					60
60.01	LAB TISSUE TYPING					60.01
60.02	LAB OUTREACH					60.02
62	WHOLE BLOOD & PACKED RED BLOO					62
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
63	BLOOD STORING, PROCESSING & T					63
64	INTRAVENOUS THERAPY					64
65	RESPIRATORY THERAPY					65
66	PHYSICAL THERAPY					66
67	OCCUPATIONAL THERAPY					67
68	SPEECH PATHOLOGY					68
69	ELECTROCARDIOLOGY					69
70	ELECTROENCEPHALOGRAPHY					70
71	MEDICAL SUPPLIES CHARGED TO P					71
72	IMPL. DEV. CHARGED TO PATIENT					72
73	DRUGS CHARGED TO PATIENTS					73
74	RENAL DIALYSIS					74
75	ASC (NON-DISTINCT PART)					75
76	OTHER ANCILLARY SVC					76
76.01	GASTROENTROLOGY					76.01
76.02	BONE MARROW TRANSPLANT					76.02
76.03	CARDIAC SERVICES					76.03
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
88	RURAL HEALTH CLINIC					88
89	FEDERALLY QUALIFIED HEALTH CE					89
90	CLINIC					90
91	EMERGENCY					91
92	OBSERVATION BEDS (NON-DISTINC					92
93.01	OCC EEI					93.01
93.02	OCC PSYCH					93.02
93.03	OCC ADOLESCENTS					93.03
OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS					94
95	AMBULANCE SERVICES					95
200	TOTAL (SUM OF LINES 50-199)					200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[XX] IPF (14-S150)	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[] IRF	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 + COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 + COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	111,713,450			30,452		50
51	RECOVERY ROOM	8,030,182			64,681		51
52	DELIVERY ROOM & LABOR ROOM	19,307,448			5,488		52
53	ANESTHESIOLOGY	44,583,315			71,902		53
54	RADIOLOGY-DIAGNOSTIC	28,188,733			35,909	3,614	54
54.01	RADIO ULTRASOUND	9,876,403			7,170		54.01
54.02	RADIO ANGIOGRAPHY	49,359,392			5,366		54.02
54.03	RADIO WEST HARRISON	10,078,384					54.03
55	RADIOLOGY-THERAPEUTIC	27,414,820					55
56	RADIOISOTOPE	5,022,508			2,046		56
57	CT SCAN	50,633,915			80,605		57
58	MRI	35,473,634			125,364	3,869	58
59	CARDIAC CATHETERIZATION	11,524,726			7,455		59
60	LABORATORY	245,386,497			634,469		60
60.01	LAB TISSUE TYPING	5,268,837					60.01
60.02	LAB OUTREACH	107,263,494					60.02
62	WHOLE BLOOD & PACKED RED BLO						62
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	28,755,520			2,336		63
64	INTRAVENOUS THERAPY	5,162					64
65	RESPIRATORY THERAPY	25,730,008			14,572	1,982	65
66	PHYSICAL THERAPY	15,902,170			8,187		66
67	OCCUPATIONAL THERAPY	5,815,671			276,660		67
68	SPEECH PATHOLOGY	1,940,576			3,541		68
69	ELECTROCARDIOLOGY	4,385,804			18,995	2,497	69
70	ELECTROENCEPHALOGRAPHY	5,357,688			62,402	1,097	70
71	MEDICAL SUPPLIES CHARGED TO	202,493,993			200,880	193	71
72	IMPL. DEV. CHARGED TO PATIEN						72
73	DRUGS CHARGED TO PATIENTS	234,392,415			722,796	1,912	73
74	RENAL DIALYSIS	37,213,277			9,412		74
75	ASC (NON-DISTINCT PART)						75
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTROLOGY	20,605,584			13,716		76.01
76.02	BONE MARROW TRANSPLANT	812,759					76.02
76.03	CARDIAC SERVICES	20,567,488			16,500	881	76.03
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
88	RURAL HEALTH CLINIC						88
89	FEDERALLY QUALIFIED HEALTH C						89
90	CLINIC	79,283,965			1,601		90
91	EMERGENCY	68,473,553			327,626	1,601	91
92	OBSERVATION BEDS (NON-DISTIN	13,143,805					92
93.01	OCC EEI	13,321,928					93.01
93.02	OCC PSYCH	2,704,413			1,240		93.02
93.03	OCC ADOLESCENTS	12,789,987					93.03
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)	1,562,821,504			2,751,371	17,646	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT SUBJECT TO	PPS	COST SERVICES SUBJECT TO	COST SVCS NOT SUBJECT TO
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SERVICES	DED & COINS	DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.392703						50
51 RECOVERY ROOM	0.563994						51
52 DELIVERY ROOM & LABOR ROOM	0.578534						52
53 ANESTHESIOLOGY	0.079151						53
54 RADIOLOGY-DIAGNOSTIC	0.241482	3,614			873		54
54.01 RADIO ULTRASOUND	0.213624						54.01
54.02 RADIO ANGIOGRAPHY	0.157844						54.02
54.03 RADIO WEST HARRISON	0.232662						54.03
55 RADIOLOGY-THERAPEUTIC	0.379896						55
56 RADIOISOTOPE	0.326791						56
57 CT SCAN	0.094054						57
58 MRI	0.112407	3,869			435		58
59 CARDIAC CATHETERIZATION	0.259123						59
60 LABORATORY	0.156423						60
60.01 LAB TISSUE TYPING	0.435969						60.01
60.02 LAB OUTREACH	0.118944						60.02
62 WHOLE BLOOD & PACKED RED BLOOD							62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.262333						63
64 INTRAVENOUS THERAPY	513.140837						64
65 RESPIRATORY THERAPY	0.224972	1,982			446		65
66 PHYSICAL THERAPY	0.473949						66
67 OCCUPATIONAL THERAPY	0.540254						67
68 SPEECH PATHOLOGY	0.476492						68
69 ELECTROCARDIOLOGY	0.121857	2,497			304		69
70 ELECTROENCEPHALOGRAPHY	0.145331	1,097			159		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.284505	193			55		71
72 IMPL. DEV. CHARGED TO PATIENTS							72
73 DRUGS CHARGED TO PATIENTS	0.258094	1,912			493		73
74 RENAL DIALYSIS	0.274122						74
75 ASC (NON-DISTINCT PART)							75
76 OTHER ANCILLARY SVC							76
76.01 GASTROENTEROLOGY	0.225690						76.01
76.02 BONE MARROW TRANSPLANT	1.945516						76.02
76.03 CARDIAC SERVICES	0.241678	881			213		76.03
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
88 RURAL HEALTH CLINIC							88
89 FEDERALLY QUALIFIED HEALTH CENT							89
90 CLINIC	0.687487						90
91 EMERGENCY	0.256762	1,601			411		91
92 OBSERVATION BEDS (NON-DISTINCT	0.605412						92
93.01 OCC EEI	0.583260						93.01
93.02 OCC PSYCH	3.451638						93.02
93.03 OCC ADOLESCENTS	0.544364						93.03
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
95 AMBULANCE SERVICES							95
200 SUBTOTAL (SEE INSTRUCTIONS)		17,646			3,389		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		17,646			3,389		202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (14-T150)	[] SUB (OTHER)	[XX] PPS [] TEFRA						
					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)	
					1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS										
50					3,422,003	111,713,450	0.030632			50
51					33,999	8,030,182	0.004234			51
52					494,910	19,307,448	0.025633			52
53					434,755	44,583,315	0.009752	4,068	40	53
54					465,745	28,188,733	0.016522	17,301	286	54
54.01					68,112	9,876,403	0.006896	7,349	51	54.01
54.02					791,790	49,359,392	0.016041	4,607	74	54.02
54.03					470,299	10,078,384	0.046664			54.03
55					566,854	27,414,820	0.020677	71,797	1,485	55
56					456,416	5,022,508	0.090874	960	87	56
57					129,362	50,633,915	0.002555	40,614	104	57
58					316,284	35,473,634	0.008916	11,509	103	58
59					547,174	11,524,726	0.047478	4,526	215	59
60					1,344,843	245,386,497	0.005481	223,452	1,225	60
60.01					82,692	5,268,837	0.015695	5,516	87	60.01
60.02					174,088	107,263,494	0.001623			60.02
62										62
62.30										62.30
63					83,350	28,755,520	0.002899	47,998	139	63
64					35,977	5,162	6.969585			64
65					187,264	25,730,008	0.007278	48,258	351	65
66					194,047	15,902,170	0.012203	501,322	6,118	66
67					76,694	5,815,671	0.013187	527,884	6,961	67
68					27,078	1,940,576	0.013954	98,057	1,368	68
69					20,593	4,385,804	0.004695	6,291	30	69
70					128,031	5,357,688	0.023897	6,230	149	70
71					426,649	202,493,993	0.002107	356,893	752	71
72										72
73					490,036	234,392,415	0.002091	721,966	1,510	73
74					196,060	37,213,277	0.005269	101,179	533	74
75										75
76										76
76.01					391,822	20,605,584	0.019015	5,295	101	76.01
76.02					30,277	812,759	0.037252	44	2	76.02
76.03					460,452	20,567,488	0.022387	19,853	444	76.03
76.97										76.97
76.98										76.98
76.99										76.99
OUTPATIENT SERVICE COST CENTERS										
88										88
89										89
90					1,469,823	79,283,965	0.018539			90
91					295,277	68,473,553	0.004312			91
92						13,143,805	13,143,805			92
93.01					213,369	13,321,928	0.016016			93.01
93.02					421,135	2,704,413	0.155721			93.02
93.03					147,773	12,789,987	0.011554			93.03
OTHER REIMBURSABLE COST CENTERS										
94										94
95										95
200					15,095,033	1,562,821,504		2,832,969	22,215	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[XX] PPS	
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA	
BOXES	[] TITLE XIX	[XX] IRF (14-T150)	[] NF			
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
51	RECOVERY ROOM					51
52	DELIVERY ROOM & LABOR ROOM					52
53	ANESTHESIOLOGY					53
54	RADIOLOGY-DIAGNOSTIC					54
54.01	RADIO ULTRASOUND					54.01
54.02	RADIO ANGIOGRAPHY					54.02
54.03	RADIO WEST HARRISON					54.03
55	RADIOLOGY-THERAPEUTIC					55
56	RADIOISOTOPE					56
57	CT SCAN					57
58	MRI					58
59	CARDIAC CATHETERIZATION					59
60	LABORATORY					60
60.01	LAB TISSUE TYPING					60.01
60.02	LAB OUTREACH					60.02
62	WHOLE BLOOD & PACKED RED BLOO					62
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
63	BLOOD STORING, PROCESSING & T					63
64	INTRAVENOUS THERAPY					64
65	RESPIRATORY THERAPY					65
66	PHYSICAL THERAPY					66
67	OCCUPATIONAL THERAPY					67
68	SPEECH PATHOLOGY					68
69	ELECTROCARDIOLOGY					69
70	ELECTROENCEPHALOGRAPHY					70
71	MEDICAL SUPPLIES CHARGED TO P					71
72	IMPL. DEV. CHARGED TO PATIENT					72
73	DRUGS CHARGED TO PATIENTS					73
74	RENAL DIALYSIS					74
75	ASC (NON-DISTINCT PART)					75
76	OTHER ANCILLARY SVC					76
76.01	GASTROENTROLOGY					76.01
76.02	BONE MARROW TRANSPLANT					76.02
76.03	CARDIAC SERVICES					76.03
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
88	RURAL HEALTH CLINIC					88
89	FEDERALLY QUALIFIED HEALTH CE					89
90	CLINIC					90
91	EMERGENCY					91
92	OBSERVATION BEDS (NON-DISTINC					92
93.01	OCC EEI					93.01
93.02	OCC PSYCH					93.02
93.03	OCC ADOLESCENTS					93.03
OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS					94
95	AMBULANCE SERVICES					95
200	TOTAL (SUM OF LINES 50-199)					200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[XX] IRF (14-T150)	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	111,713,450					50
51	RECOVERY ROOM	8,030,182					51
52	DELIVERY ROOM & LABOR ROOM	19,307,448					52
53	ANESTHESIOLOGY	44,583,315			4,068		53
54	RADIOLOGY-DIAGNOSTIC	28,188,733			17,301		54
54.01	RADIO ULTRASOUND	9,876,403			7,349		54.01
54.02	RADIO ANGIOGRAPHY	49,359,392			4,607		54.02
54.03	RADIO WEST HARRISON	10,078,384					54.03
55	RADIOLOGY-THERAPEUTIC	27,414,820			71,797		55
56	RADIOISOTOPE	5,022,508			960		56
57	CT SCAN	50,633,915			40,614	1,250	57
58	MRI	35,473,634			11,509	2,851	58
59	CARDIAC CATHETERIZATION	11,524,726			4,526		59
60	LABORATORY	245,386,497			223,452	988	60
60.01	LAB TISSUE TYPING	5,268,837			5,516		60.01
60.02	LAB OUTREACH	107,263,494					60.02
62	WHOLE BLOOD & PACKED RED BLO						62
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	28,755,520			47,998		63
64	INTRAVENOUS THERAPY	5,162					64
65	RESPIRATORY THERAPY	25,730,008			48,258	3,532	65
66	PHYSICAL THERAPY	15,902,170			501,322		66
67	OCCUPATIONAL THERAPY	5,815,671			527,884		67
68	SPEECH PATHOLOGY	1,940,576			98,057		68
69	ELECTROCARDIOLOGY	4,385,804			6,291	233	69
70	ELECTROENCEPHALOGRAPHY	5,357,688			6,230		70
71	MEDICAL SUPPLIES CHARGED TO	202,493,993			356,893	36	71
72	IMPL. DEV. CHARGED TO PATIEN						72
73	DRUGS CHARGED TO PATIENTS	234,392,415			721,966	2,190	73
74	RENAL DIALYSIS	37,213,277			101,179	7,059	74
75	ASC (NON-DISTINCT PART)						75
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTROLOGY	20,605,584			5,295		76.01
76.02	BONE MARROW TRANSPLANT	812,759			44		76.02
76.03	CARDIAC SERVICES	20,567,488			19,853	4,385	76.03
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
88	RURAL HEALTH CLINIC						88
89	FEDERALLY QUALIFIED HEALTH C						89
90	CLINIC	79,283,965					90
91	EMERGENCY	68,473,553					91
92	OBSERVATION BEDS (NON-DISTIN	13,143,805					92
93.01	OCC EEI	13,321,928					93.01
93.02	OCC PSYCH	2,704,413					93.02
93.03	OCC ADOLESCENTS	12,789,987					93.03
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)	1,562,821,504			2,832,969	22,524	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT SUBJECT TO	PPS	COST SERVICES SUBJECT TO	COST SVCS NOT SUBJECT TO
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SERVICES	DED & COINS	DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.392703						50
51 RECOVERY ROOM	0.563994						51
52 DELIVERY ROOM & LABOR ROOM	0.578534						52
53 ANESTHESIOLOGY	0.079151						53
54 RADIOLOGY-DIAGNOSTIC	0.241482						54
54.01 RADIO ULTRASOUND	0.213624						54.01
54.02 RADIO ANGIOGRAPHY	0.157844						54.02
54.03 RADIO WEST HARRISON	0.232662						54.03
55 RADIOLOGY-THERAPEUTIC	0.379896						55
56 RADIOISOTOPE	0.326791						56
57 CT SCAN	0.094054	1,250			118		57
58 MRI	0.112407	2,851			320		58
59 CARDIAC CATHETERIZATION	0.259123						59
60 LABORATORY	0.156423	988			155		60
60.01 LAB TISSUE TYPING	0.435969						60.01
60.02 LAB OUTREACH	0.118944						60.02
62 WHOLE BLOOD & PACKED RED BLOOD							62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.262333						63
64 INTRAVENOUS THERAPY	513.140837						64
65 RESPIRATORY THERAPY	0.224972	3,532			795		65
66 PHYSICAL THERAPY	0.473949						66
67 OCCUPATIONAL THERAPY	0.540254						67
68 SPEECH PATHOLOGY	0.476492						68
69 ELECTROCARDIOLOGY	0.121857	233			28		69
70 ELECTROENCEPHALOGRAPHY	0.145331						70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.284505	36			10		71
72 IMPL. DEV. CHARGED TO PATIENTS							72
73 DRUGS CHARGED TO PATIENTS	0.258094	2,190			565		73
74 RENAL DIALYSIS	0.274122	7,059			1,935		74
75 ASC (NON-DISTINCT PART)							75
76 OTHER ANCILLARY SVC							76
76.01 GASTROENTEROLOGY	0.225690						76.01
76.02 BONE MARROW TRANSPLANT	1.945516						76.02
76.03 CARDIAC SERVICES	0.241678	4,385			1,060		76.03
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
88 RURAL HEALTH CLINIC							88
89 FEDERALLY QUALIFIED HEALTH CENT							89
90 CLINIC	0.687487						90
91 EMERGENCY	0.256762						91
92 OBSERVATION BEDS (NON-DISTINCT	0.605412						92
93.01 OCC EEI	0.583260						93.01
93.02 OCC PSYCH	3.451638						93.02
93.03 OCC ADOLESCENTS	0.544364						93.03
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
95 AMBULANCE SERVICES							95
200 SUBTOTAL (SEE INSTRUCTIONS)		22,524			4,986		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		22,524			4,986		202

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	73,021	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	73,021	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	67,684	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)	17,719	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)	108,873,480	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	108,873,480	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)	108,873,480	37

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,490.99 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 26,418,852 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) 26,418,852 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	24,159,822	8,864	2,725.61	2,733	7,449,092	43
43.01 PEDS ICU	5,997,807	1,640	3,657.20	44	160,917	43.01
43.02 NEONATAL ICU	24,117,063	12,306	1,959.78			43.02
44 CORONARY CARE UNIT	13,302,613	4,720	2,818.35	1,525	4,297,984	44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					44,454,054	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					82,780,899	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 870,625 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 1,508,422 51
 52 TOTAL PROGRAM EXCLUDABLE COST 2,379,047 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 80,401,852 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) 5,337 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 1,490.99 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 7,957,414 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	1,706,231	108,873,480	0.015672	7,957,414	124,709	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST	966,686	108,873,480	0.008879	7,957,414	70,654	92
93 ALL OTHER MEDICAL EDUCATION						93

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	13,753	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	13,753	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	13,753	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)	3,181	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	16,561,418	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	16,561,418	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	16,561,418	37

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,204.20 38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 3,830,560 39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 3,830,560 41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200) 705,051 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS) 4,535,611 49

PASS-THROUGH COST ADJUSTMENTS
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 113,817 50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 17,859 51
52 TOTAL PROGRAM EXCLUDABLE COST 131,676 52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 4,403,935 53

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

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

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	4,409	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,409	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,409	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,307	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)	5,561,673	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	5,561,673	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)	5,561,673	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	1,261.44 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,648,702 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	1,648,702 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	994,353 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,643,055 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	50,921 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	22,215 51
52	TOTAL PROGRAM EXCLUDABLE COST	73,136 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	2,569,919 53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		34,668,725		30
31 INTENSIVE CARE UNIT		13,107,624		31
31.01 PEDIATRIC ICU		131,355		31.01
31.02 NEONATAL ICU				31.02
32 CORONARY CARE UNIT		5,938,045		32
33 BURN INTENSIVE CARE UNIT				33
34 SURGICAL INTENSIVE CARE UNIT				34
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
42 SUBPROVIDER I				42
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.392703	13,429,232	5,273,700	50
51 RECOVERY ROOM	0.563994	760,105	428,695	51
52 DELIVERY ROOM & LABOR ROOM	0.578534	16,816	9,729	52
53 ANESTHESIOLOGY	0.079151	4,425,702	350,299	53
54 RADIOLOGY-DIAGNOSTIC	0.241482	2,942,634	710,593	54
54.01 RADIO ULTRASOUND	0.213624	1,084,973	231,776	54.01
54.02 RADIO ANGIOGRAPHY	0.157844	8,063,680	1,272,804	54.02
54.03 RADIO WEST HARRISON	0.232662	40,599	9,446	54.03
55 RADIOLOGY-THERAPEUTIC	0.379896	288,642	109,654	55
56 RADIOISOTOPE	0.326791	524,009	171,241	56
57 CT SCAN	0.094054	7,005,556	658,901	57
58 MRI	0.112407	2,980,761	335,058	58
59 CARDIAC CATHETERIZATION	0.259123	2,711,855	702,704	59
60 LABORATORY	0.156423	31,398,174	4,911,397	60
60.01 LAB TISSUE TYPING	0.435969	413,745	180,380	60.01
60.02 LAB OUTREACH	0.118944			60.02
62 WHOLE BLOOD & PACKED RED BLOOD				62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.262333	6,696,686	1,756,762	63
64 INTRAVENOUS THERAPY	513.140837			64
65 RESPIRATORY THERAPY	0.224972	6,025,504	1,355,570	65
66 PHYSICAL THERAPY	0.473949	929,388	440,483	66
67 OCCUPATIONAL THERAPY	0.540254	204,757	110,621	67
68 SPEECH PATHOLOGY	0.476492	266,606	127,036	68
69 ELECTROCARDIOLOGY	0.121857	1,101,090	134,176	69
70 ELECTROENCEPHALOGRAPHY	0.145331	1,455,186	211,484	70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.284505	40,823,064	11,614,366	71
72 IMPL. DEV. CHARGED TO PATIENTS				72
73 DRUGS CHARGED TO PATIENTS	0.258094	33,369,021	8,612,344	73
74 RENAL DIALYSIS	0.274122	3,686,994	1,010,686	74
75 ASC (NON-DISTINCT PART)				75
76 OTHER ANCILLARY SVC				76
76.01 GASTROENTEROLOGY	0.225690	1,699,867	383,643	76.01
76.02 BONE MARROW TRANSPLANT	1.945516	136,889	266,320	76.02
76.03 CARDIAC SERVICES	0.241678	3,730,529	901,587	76.03
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
88 RURAL HEALTH CLINIC				88
89 FEDERALLY QUALIFIED HEALTH CENT				89
90 CLINIC	0.687487	338,198	232,507	90
91 EMERGENCY	0.256762	6,857,146	1,760,655	91
92 OBSERVATION BEDS (NON-DISTINCT)	0.605412	263,585	159,578	92
93.01 OCC EEI	0.583260	21,115	12,316	93.01
93.02 OCC PSYCH	3.451638	1,499	5,174	93.02
93.03 OCC ADOLESCENTS	0.544364	4,351	2,369	93.03
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
95 AMBULANCE SERVICES				95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		183,697,958	44,454,054	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		183,697,958		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
31.01 PEDS ICU				31.01
31.02 NEONATAL ICU				31.02
32 CORONARY CARE UNIT				32
33 BURN INTENSIVE CARE UNIT				33
34 SURGICAL INTENSIVE CARE UNIT				34
40 SUBPROVIDER - IPF		5,394,414		40
41 SUBPROVIDER - IRF				41
42 SUBPROVIDER I				42
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.392703	30,452	11,959	50
51 RECOVERY ROOM	0.563994	64,681	36,480	51
52 DELIVERY ROOM & LABOR ROOM	0.578534	5,488	3,175	52
53 ANESTHESIOLOGY	0.079151	71,902	5,691	53
54 RADIOLOGY-DIAGNOSTIC	0.241482	35,909	8,671	54
54.01 RADIO ULTRASOUND	0.213624	7,170	1,532	54.01
54.02 RADIO ANGIOGRAPHY	0.157844	5,366	847	54.02
54.03 RADIO WEST HARRISON	0.232662			54.03
55 RADIOLOGY-THERAPEUTIC	0.379896			55
56 RADIOISOTOPE	0.326791	2,046	669	56
57 CT SCAN	0.094054	80,605	7,581	57
58 MRI	0.112407	125,364	14,092	58
59 CARDIAC CATHETERIZATION	0.259123	7,455	1,932	59
60 LABORATORY	0.156423	634,469	99,246	60
60.01 LAB TISSUE TYPING	0.435969			60.01
60.02 LAB OUTREACH	0.118944			60.02
62 WHOLE BLOOD & PACKED RED BLOOD				62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.262333	2,336	613	63
64 INTRAVENOUS THERAPY	513.140837			64
65 RESPIRATORY THERAPY	0.224972	14,572	3,278	65
66 PHYSICAL THERAPY	0.473949	8,187	3,880	66
67 OCCUPATIONAL THERAPY	0.540254	276,660	149,467	67
68 SPEECH PATHOLOGY	0.476492	3,541	1,687	68
69 ELECTROCARDIOLOGY	0.121857	18,995	2,315	69
70 ELECTROENCEPHALOGRAPHY	0.145331	62,402	9,069	70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.284505	200,880	57,151	71
72 IMPL. DEV. CHARGED TO PATIENTS				72
73 DRUGS CHARGED TO PATIENTS	0.258094	722,796	186,549	73
74 RENAL DIALYSIS	0.274122	9,412	2,580	74
75 ASC (NON-DISTINCT PART)				75
76 OTHER ANCILLARY SVC				76
76.01 GASTROENTROLOGY	0.225690	13,716	3,096	76.01
76.02 BONE MARROW TRANSPLANT	1.945516			76.02
76.03 CARDIAC SERVICES	0.241678	16,500	3,988	76.03
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
88 RURAL HEALTH CLINIC				88
89 FEDERALLY QUALIFIED HEALTH CENT				89
90 CLINIC	0.687487	1,601	1,101	90
91 EMERGENCY	0.256762	327,626	84,122	91
92 OBSERVATION BEDS (NON-DISTINCT	0.605412			92
93.01 OCC EEI	0.583260			93.01
93.02 OCC PSYCH	3.451638	1,240	4,280	93.02
93.03 OCC ADOLESCENTS	0.544364			93.03
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
95 AMBULANCE SERVICES				95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		2,751,371	705,051	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		2,751,371		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
31.01 PEDIATRIC ICU				31.01
31.02 NEONATAL ICU				31.02
32 CORONARY CARE UNIT				32
33 BURN INTENSIVE CARE UNIT				33
34 SURGICAL INTENSIVE CARE UNIT				34
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF		2,325,060		41
42 SUBPROVIDER I				42
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.392703			50
51 RECOVERY ROOM	0.563994			51
52 DELIVERY ROOM & LABOR ROOM	0.578534			52
53 ANESTHESIOLOGY	0.079151	4,068	322	53
54 RADIOLOGY-DIAGNOSTIC	0.241482	17,301	4,178	54
54.01 RADIO ULTRASOUND	0.213624	7,349	1,570	54.01
54.02 RADIO ANGIOGRAPHY	0.157844	4,607	727	54.02
54.03 RADIO WEST HARRISON	0.232662			54.03
55 RADIOLOGY-THERAPEUTIC	0.379896	71,797	27,275	55
56 RADIOISOTOPE	0.326791	960	314	56
57 CT SCAN	0.094054	40,614	3,820	57
58 MRI	0.112407	11,509	1,294	58
59 CARDIAC CATHETERIZATION	0.259123	4,526	1,173	59
60 LABORATORY	0.156423	223,452	34,953	60
60.01 LAB TISSUE TYPING	0.435969	5,516	2,405	60.01
60.02 LAB OUTREACH	0.118944			60.02
62 WHOLE BLOOD & PACKED RED BLOOD				62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.262333	47,998	12,591	63
64 INTRAVENOUS THERAPY	513.140837			64
65 RESPIRATORY THERAPY	0.224972	48,258	10,857	65
66 PHYSICAL THERAPY	0.473949	501,322	237,601	66
67 OCCUPATIONAL THERAPY	0.540254	527,884	285,191	67
68 SPEECH PATHOLOGY	0.476492	98,057	46,723	68
69 ELECTROCARDIOLOGY	0.121857	6,291	767	69
70 ELECTROENCEPHALOGRAPHY	0.145331	6,230	905	70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.284505	356,893	101,538	71
72 IMPL. DEV. CHARGED TO PATIENTS				72
73 DRUGS CHARGED TO PATIENTS	0.258094	721,966	186,335	73
74 RENAL DIALYSIS	0.274122	101,179	27,735	74
75 ASC (NON-DISTINCT PART)				75
76 OTHER ANCILLARY SVC				76
76.01 GASTROENTEROLOGY	0.225690	5,295	1,195	76.01
76.02 BONE MARROW TRANSPLANT	1.945516	44	86	76.02
76.03 CARDIAC SERVICES	0.241678	19,853	4,798	76.03
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
88 RURAL HEALTH CLINIC				88
89 FEDERALLY QUALIFIED HEALTH CENT				89
90 CLINIC	0.687487			90
91 EMERGENCY	0.256762			91
92 OBSERVATION BEDS (NON-DISTINCT)	0.605412			92
93.01 OCC EEI	0.583260			93.01
93.02 OCC PSYCH	3.451638			93.02
93.03 OCC ADOLESCENTS	0.544364			93.03
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
95 AMBULANCE SERVICES				95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		2,832,969	994,353	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		2,832,969		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	
1	ADULTS & PEDIATRICS		335,062	38		1,490.99		196	292,234		1
2	INTENSIVE CARE UNIT		24,489	43		2,725.61		7	19,079		2
2.01	PEDS ICU			43.01		3,657.20					2.01
2.02	NEONATAL ICU			43.02		1,959.78					2.02
3	CORONARY CARE UNIT		11,480	44		2,818.35		5	14,092		3
4	BURN INTENSIVE CARE UNIT			45							4
5	SURGICAL INTENSIVE CARE UNIT			46							5
6	OTHER SPECIAL CARE (SPECIFY)			47							6
7	TOTAL (SUM OF LINES 1-6)		371,031					208	325,405		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	
8	OPERATING ROOM	50	0.392703	1,874,425	736,092						8
9	RECOVERY ROOM	51	0.563994	81,182	45,786						9
10	DELIVERY ROOM & LABOR ROOM	52	0.578534								10
11	ANESTHESIOLOGY	53	0.079151	263,668	20,870						11
12	RADIOLOGY-DIAGNOSTIC	54	0.241482	160,221	38,690						12
12.01	RADIO ULTRASOUND	54.01	0.213624	170,532	36,430						12.01
12.02	RADIO ANGIOGRAPHY	54.02	0.157844	160,952	25,405						12.02
12.03	RADIO WEST HARRISON	54.03	0.232662	2,790	649						12.03
13	RADIOLOGY-THERAPEUTIC	55	0.379896								13
14	RADIOISOTOPE	56	0.326791	120,163	39,268						14
15	CT SCAN	57	0.094054	468,600	44,074						15
16	MRI	58	0.112407	10,491	1,179						16
17	CARDIAC CATHETERIZATION	59	0.259123	117,398	30,421						17
18	LABORATORY	60	0.156423	2,467,191	385,925						18
18.01	LAB TISSUE TYPING	60.01	0.435969	2,542,692	1,108,535						18.01
18.02	LAB OUTREACH	60.02	0.118944								18.02
19	PBP CLINICAL LAB SERVICES-PRGM	61									19
20	WHOLE BLOOD & PACKED RED BLOOD	62									20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30									20.30
21	BLOOD STORING, PROCESSING & TRA	63	0.262333	188,375	49,417						21
22	INTRAVENOUS THERAPY	64	513.140837								22
23	RESPIRATORY THERAPY	65	0.224972	18,463	4,154						23
24	PHYSICAL THERAPY	66	0.473949	1,805	855						24
25	OCCUPATIONAL THERAPY	67	0.540254								25
26	SPEECH PATHOLOGY	68	0.476492								26
27	ELECTROCARDIOLOGY	69	0.121857	47,792	5,824						27
28	ELECTROENCEPHALOGRAPHY	70	0.145331								28
29	MEDICAL SUPPLIES CHARGED TO PAT	71	0.284505	43,132	12,271						29
30	IMPL. DEV. CHARGED TO PATIENTS	72									30
31	DRUGS CHARGED TO PATIENTS	73	0.258094	353,165	91,150						31
32	RENAL DIALYSIS	74	0.274122	9,474	2,597						32
33	ASC (NON-DISTINCT PART)	75									33
34	OTHER ANCILLARY SVC	76									34
34.01	GASTROENTROLOGY	76.01	0.225690	105,926	23,906						34.01
34.02	BONE MARROW TRANSPLANT	76.02	1.945516								34.02
34.03	CARDIAC SERVICES	76.03	0.241678	305,194	73,759						34.03
34.97	CARDIAC REHABILITATION	76.97									34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98									34.98
34.99	LITHOTRIPSY	76.99									34.99
35	RURAL HEALTH CLINIC	88									35
36	FEDERALLY QUALIFIED HEALTH CENT	89									36
37	CLINIC	90	0.687487	668,446	459,548						37
38	EMERGENCY	91	0.256762	11,742	3,015						38
39	OBSERVATION BEDS (NON-DISTINCT	92	0.605412								39
40	OTHER OUTPATIENT SERVICE (SPECI	93									40
40.01	OCC EEI	93.01	0.583260	7,664	4,470						40.01
40.02	OCC PSYCH	93.02	3.451638	489	1,688						40.02
40.03	OCC ADOLESCENTS	93.03	0.544364	1,614	879						40.03
41	TOTAL (SUM OF LINES 8-40)			10,203,586	3,246,857						41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		D	2	3	
42	ADULTS & PEDIATRICS	2	196		42
43	INTENSIVE CARE UNIT	3	7		43
43.01	PEDS ICU	3.01			43.01
43.02	NEONATAL ICU	3.02			43.02
44	CORONARY CARE UNIT	4	5		44
45	BURN INTENSIVE CARE UNIT	5			45
46	SURGICAL INTENSIVE CARE UNIT	6			46
47	OTHER SPECIAL CARE (SPECIFY)	7			47
48	TOTAL (SUM OF LINES 42-47)		208		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	668,446	23		51
52	EMERGENCY	11,742	24		52
53	OBSERVATION BEDS (NON-DISTINCT)		25		53
54	OTHER OUTPATIENT SERVICE (SPECI		26		54
54.01	OCC EEI	7,664	26.01		54.01
54.02	OCC PSYCH	489	26.02		54.02
54.03	OCC ADOLESCENTS	1,614	26.03		54.03
55	TOTAL (SUM OF LINES 49-54)	689,955			55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
56 ROUTINE & ANCILLARY FROM PART I	3,572,262		10,574,617		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	7,387,583		7,387,583		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	10,959,845		17,962,200		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		156			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		100			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.641026			64
65 MEDICARE COST/CHARGES	7,025,546		11,514,237		65
66 REVENUE FOR ORGANS SOLD	121,136				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	6,904,410		11,514,237		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	6,904,410		11,514,237		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER	73	12		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		71		73
74 TOTAL (SUM OF LINES 70-73)	73	83		74
75 ORGANS TRANSPLANTED	73	71	13,328,962	75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		12	121,136	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)	73	83		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	1	2	3	4		
1	ADULTS & PEDIATRICS		1,745	38	1,490.99		1	1,491	1	
2	INTENSIVE CARE UNIT		14,170	43	2,725.61		3	8,177	2	
2.01	PEDS ICU			43.01	3,657.20					2.01
2.02	NEONATAL ICU			43.02	1,959.78					2.02
3	CORONARY CARE UNIT			44	2,818.35					3
4	BURN INTENSIVE CARE UNIT			45						4
5	SURGICAL INTENSIVE CARE UNIT			46						5
6	OTHER SPECIAL CARE (SPECIFY)			47						6
7	TOTAL (SUM OF LINES 1-6)		15,915				4	9,668	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
8	OPERATING ROOM	50	0.392703	50,211	19,718					8
9	RECOVERY ROOM	51	0.563994	492	277					9
10	DELIVERY ROOM & LABOR ROOM	52	0.578534							10
11	ANESTHESIOLOGY	53	0.079151	13,065	1,034					11
12	RADIOLOGY-DIAGNOSTIC	54	0.241482	5,870	1,417					12
12.01	RADIO ULTRASOUND	54.01	0.213624	14,509	3,099					12.01
12.02	RADIO ANGIOGRAPHY	54.02	0.157844	26,193	4,134					12.02
12.03	RADIO WEST HARRISON	54.03	0.232662	14,100	3,281					12.03
13	RADIOLOGY-THERAPEUTIC	55	0.379896							13
14	RADIOISOTOPE	56	0.326791	1,712	559					14
15	CT SCAN	57	0.094054	39,220	3,689					15
16	MRI	58	0.112407							16
17	CARDIAC CATHETERIZATION	59	0.259123	22,410	5,807					17
18	LABORATORY	60	0.156423	102,635	16,054					18
18.01	LAB TISSUE TYPING	60.01	0.435969	1,348	588					18.01
18.02	LAB OUTREACH	60.02	0.118944							18.02
19	PBP CLINICAL LAB SERVICES-PRGM	61								19
20	WHOLE BLOOD & PACKED RED BLOOD	62								20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30								20.30
21	BLOOD STORING, PROCESSING & TRA	63	0.262333	19,545	5,127					21
22	INTRAVENOUS THERAPY	64	513.140837							22
23	RESPIRATORY THERAPY	65	0.224972	12,234	2,752					23
24	PHYSICAL THERAPY	66	0.473949							24
25	OCCUPATIONAL THERAPY	67	0.540254							25
26	SPEECH PATHOLOGY	68	0.476492							26
27	ELECTROCARDIOLOGY	69	0.121857	280	34					27
28	ELECTROENCEPHALOGRAPHY	70	0.145331							28
29	MEDICAL SUPPLIES CHARGED TO PAT	71	0.284505	2,553	726					29
30	IMPL. DEV. CHARGED TO PATIENTS	72								30
31	DRUGS CHARGED TO PATIENTS	73	0.258094	16,311	4,210					31
32	RENAL DIALYSIS	74	0.274122							32
33	ASC (NON-DISTINCT PART)	75								33
34	OTHER ANCILLARY SVC	76								34
34.01	GASTROENTEROLOGY	76.01	0.225690							34.01
34.02	BONE MARROW TRANSPLANT	76.02	1.945516							34.02
34.03	CARDIAC SERVICES	76.03	0.241678	7,836	1,894					34.03
34.97	CARDIAC REHABILITATION	76.97								34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98								34.98
34.99	LITHOTRIPSY	76.99								34.99
35	RURAL HEALTH CLINIC	88								35
36	FEDERALLY QUALIFIED HEALTH CENT	89								36
37	CLINIC	90	0.687487	34,721	23,870					37
38	EMERGENCY	91	0.256762							38
39	OBSERVATION BEDS (NON-DISTINCT	92	0.605412							39
40	OTHER OUTPATIENT SERVICE (SPECI	93								40
40.01	OCC EEI	93.01	0.583260							40.01
40.02	OCC PSYCH	93.02	3.451638							40.02
40.03	OCC ADOLESCENTS	93.03	0.544364							40.03
41	TOTAL (SUM OF LINES 8-40)			385,245	98,270					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	1		42
43	INTENSIVE CARE UNIT	3	3		43
43.01	PEDS ICU	3.01			43.01
43.02	NEONATAL ICU	3.02			43.02
44	CORONARY CARE UNIT	4			44
45	BURN INTENSIVE CARE UNIT	5			45
46	SURGICAL INTENSIVE CARE UNIT	6			46
47	OTHER SPECIAL CARE (SPECIFY)	7			47
48	TOTAL (SUM OF LINES 42-47)		4		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	34,721	23		51
52	EMERGENCY		24		52
53	OBSERVATION BEDS (NON-DISTINCT)		25		53
54	OTHER OUTPATIENT SERVICE (SPECI		26		54
54.01	OCC EEI		26.01		54.01
54.02	OCC PSYCH		26.02		54.02
54.03	OCC ADOLESCENTS		26.03		54.03
55	TOTAL (SUM OF LINES 49-54)	34,721			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	107,938		401,160		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	1,864,741		1,864,741		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	1,972,679		2,265,901		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		33			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		14			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.424242			64
65 MEDICARE COST/CHARGES	836,893		961,290		65
66 REVENUE FOR ORGANS SOLD	60,568				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	776,325		961,290		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	776,325		961,290		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER	1	6		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		26		73
74 TOTAL (SUM OF LINES 70-73)	1	32		74
75 ORGANS TRANSPLANTED	1	26	2,781,783	75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		6	60,568	77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS				78
79 ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80 ORGANS SOLD OUTSIDE THE U.S.				80
81 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				81
82 ORGANS USED FOR RESEARCH				82
83 UNUSABLE/DISCARDED ORGANS				83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)	1	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	1	2	3	4		
1	ADULTS & PEDIATRICS		38		1,490.99				1
2	INTENSIVE CARE UNIT	2,183	43		2,725.61				2
2.01	PEDS ICU		43.01		3,657.20				2.01
2.02	NEONATAL ICU		43.02		1,959.78				2.02
3	CORONARY CARE UNIT		44		2,818.35				3
4	BURN INTENSIVE CARE UNIT		45						4
5	SURGICAL INTENSIVE CARE UNIT		46						5
6	OTHER SPECIAL CARE (SPECIFY)		47						6
7	TOTAL (SUM OF LINES 1-6)	2,183							7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST TO CHARGES (FROM WKST C)		ORGAN ACQUISITION ANCILLARY CHARGES		ORGAN ACQUISITION ANCILLARY COSTS			
		C	1	2	3	4	5		
8	OPERATING ROOM	50	0.392703	11,331	4,450				8
9	RECOVERY ROOM	51	0.563994						9
10	DELIVERY ROOM & LABOR ROOM	52	0.578534						10
11	ANESTHESIOLOGY	53	0.079151	4,753	376				11
12	RADIOLOGY-DIAGNOSTIC	54	0.241482	1,498	362				12
12.01	RADIO ULTRASOUND	54.01	0.213624	807	172				12.01
12.02	RADIO ANGIOGRAPHY	54.02	0.157844	480	76				12.02
12.03	RADIO WEST HARRISON	54.03	0.232662	807	188				12.03
13	RADIOLOGY-THERAPEUTIC	55	0.379896						13
14	RADIOISOTOPE	56	0.326791	6,682	2,184				14
15	CT SCAN	57	0.094054	2,051	193				15
16	MRI	58	0.112407						16
17	CARDIAC CATHETERIZATION	59	0.259123	11,020	2,856				17
18	LABORATORY	60	0.156423	33,771	5,283				18
18.01	LAB TISSUE TYPING	60.01	0.435969	15,767	6,874				18.01
18.02	LAB OUTREACH	60.02	0.118944						18.02
19	PBP CLINICAL LAB SERVICES-PRGM	61							19
20	WHOLE BLOOD & PACKED RED BLOOD	62							20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30							20.30
21	BLOOD STORING, PROCESSING & TRA	63	0.262333	1,768	464				21
22	INTRAVENOUS THERAPY	64	513.140837						22
23	RESPIRATORY THERAPY	65	0.224972	1,370	308				23
24	PHYSICAL THERAPY	66	0.473949						24
25	OCCUPATIONAL THERAPY	67	0.540254						25
26	SPEECH PATHOLOGY	68	0.476492						26
27	ELECTROCARDIOLOGY	69	0.121857	1,229	150				27
28	ELECTROENCEPHALOGRAPHY	70	0.145331						28
29	MEDICAL SUPPLIES CHARGED TO PAT	71	0.284505	54	15				29
30	IMPL. DEV. CHARGED TO PATIENTS	72							30
31	DRUGS CHARGED TO PATIENTS	73	0.258094	3,343	863				31
32	RENAL DIALYSIS	74	0.274122						32
33	ASC (NON-DISTINCT PART)	75							33
34	OTHER ANCILLARY SVC	76							34
34.01	GASTROENTROLOGY	76.01	0.225690						34.01
34.02	BONE MARROW TRANSPLANT	76.02	1.945516						34.02
34.03	CARDIAC SERVICES	76.03	0.241678	1,161	281				34.03
34.97	CARDIAC REHABILITATION	76.97							34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98							34.98
34.99	LITHOTRIPSY	76.99							34.99
35	RURAL HEALTH CLINIC	88							35
36	FEDERALLY QUALIFIED HEALTH CENT	89							36
37	CLINIC	90	0.687487	6,031	4,146				37
38	EMERGENCY	91	0.256762						38
39	OBSERVATION BEDS (NON-DISTINCT	92	0.605412						39
40	OTHER OUTPATIENT SERVICE (SPECI	93							40
40.01	OCC EEI	93.01	0.583260						40.01
40.02	OCC PSYCH	93.02	3.451638						40.02
40.03	OCC ADOLESCENTS	93.03	0.544364						40.03
41	TOTAL (SUM OF LINES 8-40)			103,923	29,241				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 (COL.1 x COL.2)	
	D	1		
42 ADULTS & PEDIATRICS	2		2	42
43 INTENSIVE CARE UNIT	3		2	43
43.01 PEDS ICU	3.01			43.01
43.02 NEONATAL ICU	3.02			43.02
44 CORONARY CARE UNIT	4			44
45 BURN INTENSIVE CARE UNIT	5			45
46 SURGICAL INTENSIVE CARE UNIT	6			46
47 OTHER SPECIAL CARE (SPECIFY)	7			47
48 TOTAL (SUM OF LINES 42-47)				48

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)		ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		D	2		
49 RURAL HEALTH CLINIC		21			49
50 FEDERALLY QUALIFIED HEALTH CENT CLINIC		22			50
51 CLINIC	6,031	23			51
52 EMERGENCY		24			52
53 OBSERVATION BEDS (NON-DISTINCT)		25			53
54 OTHER OUTPATIENT SERVICE (SPECI)		26			54
54.01 OCC EEI		26.01			54.01
54.02 OCC PSYCH		26.02			54.02
54.03 OCC ADOLESCENTS		26.03			54.03
55 TOTAL (SUM OF LINES 49-54)	6,031				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	29,241		106,106		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	1,463,694		1,463,694		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	1,492,935		1,569,800		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		28			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		23			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.821429			64
65 MEDICARE COST/CHARGES	1,226,340		1,289,479		65
66 REVENUE FOR ORGANS SOLD	50,473				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	1,175,867		1,289,479		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	1,175,867		1,289,479		69

PART IV - STATISTICS

	LIVING RELATED 1	CADAVERIC 2	REVENUE 3	
70 ORGANS EXCISED IN PROVIDER		5		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		23		73
74 TOTAL (SUM OF LINES 70-73)		28		74
75 ORGANS TRANSPLANTED		23	2,390,054	75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		5	50,473	77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS				78
79 ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80 ORGANS SOLD OUTSIDE THE U.S.				80
81 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				81
82 ORGANS USED FOR RESEARCH				82
83 UNUSABLE/DISCARDED ORGANS				83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)		28		84

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART I

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

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES		PER DIEM COSTS (FROM WKST D-1, PT. II)		ORGAN ACQUISITION DAYS	COST (COL.2 x COL.3)	
		1	D	2	2	3	4	
1	ADULTS & PEDIATRICS		38		1,490.99			1
2	INTENSIVE CARE UNIT		43		2,725.61			2
2.01	PEDS ICU		43.01		3,657.20			2.01
2.02	NEONATAL ICU		43.02		1,959.78			2.02
3	CORONARY CARE UNIT		44		2,818.35			3
4	BURN INTENSIVE CARE UNIT		45					4
5	SURGICAL INTENSIVE CARE UNIT		46					5
6	OTHER SPECIAL CARE (SPECIFY)		47					6
7	TOTAL (SUM OF LINES 1-6)							7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST TO CHARGES (FROM WKST C)		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS			
		C	1	2	3			
8	OPERATING ROOM	50	0.392703					8
9	RECOVERY ROOM	51	0.563994					9
10	DELIVERY ROOM & LABOR ROOM	52	0.578534					10
11	ANESTHESIOLOGY	53	0.079151					11
12	RADIOLOGY-DIAGNOSTIC	54	0.241482					12
12.01	RADIO ULTRASOUND	54.01	0.213624					12.01
12.02	RADIO ANGIOGRAPHY	54.02	0.157844					12.02
12.03	RADIO WEST HARRISON	54.03	0.232662					12.03
13	RADIOLOGY-THERAPEUTIC	55	0.379896					13
14	RADIOISOTOPE	56	0.326791					14
15	CT SCAN	57	0.094054					15
16	MRI	58	0.112407					16
17	CARDIAC CATHETERIZATION	59	0.259123					17
18	LABORATORY	60	0.156423					18
18.01	LAB TISSUE TYPING	60.01	0.435969					18.01
18.02	LAB OUTREACH	60.02	0.118944					18.02
19	PBP CLINICAL LAB SERVICES-PRGM	61						19
20	WHOLE BLOOD & PACKED RED BLOOD	62						20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30						20.30
21	BLOOD STORING, PROCESSING & TRA	63	0.262333					21
22	INTRAVENOUS THERAPY	64	513.140837					22
23	RESPIRATORY THERAPY	65	0.224972					23
24	PHYSICAL THERAPY	66	0.473949					24
25	OCCUPATIONAL THERAPY	67	0.540254					25
26	SPEECH PATHOLOGY	68	0.476492					26
27	ELECTROCARDIOLOGY	69	0.121857					27
28	ELECTROENCEPHALOGRAPHY	70	0.145331					28
29	MEDICAL SUPPLIES CHARGED TO PAT	71	0.284505					29
30	IMPL. DEV. CHARGED TO PATIENTS	72						30
31	DRUGS CHARGED TO PATIENTS	73	0.258094					31
32	RENAL DIALYSIS	74	0.274122					32
33	ASC (NON-DISTINCT PART)	75						33
34	OTHER ANCILLARY SVC	76						34
34.01	GASTROENTROLOGY	76.01	0.225690					34.01
34.02	BONE MARROW TRANSPLANT	76.02	1.945516					34.02
34.03	CARDIAC SERVICES	76.03	0.241678					34.03
34.97	CARDIAC REHABILITATION	76.97						34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98						34.98
34.99	LITHOTRIPSY	76.99						34.99
35	RURAL HEALTH CLINIC	88						35
36	FEDERALLY QUALIFIED HEALTH CENT	89						36
37	CLINIC	90	0.687487					37
38	EMERGENCY	91	0.256762					38
39	OBSERVATION BEDS (NON-DISTINCT	92	0.605412					39
40	OTHER OUTPATIENT SERVICE (SPECI	93						40
40.01	OCC EEI	93.01	0.583260					40.01
40.02	OCC PSYCH	93.02	3.451638					40.02
40.03	OCC ADOLESCENTS	93.03	0.544364					40.03
41	TOTAL (SUM OF LINES 8-40)							41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART II

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

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

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

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
56 ROUTINE & ANCILLARY FROM PART I					56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	300,507		300,507		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	300,507		300,507		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		4			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)					63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)					64
65 MEDICARE COST/CHARGES					65
66 REVENUE FOR ORGANS SOLD					66
67 SUBTOTAL (LINE 65 MINUS LINE 66)					67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)					69

PART IV - STATISTICS

	LIVING RELATED 1	CADAVERIC 2	REVENUE 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				73
74 TOTAL (SUM OF LINES 70-73)		4		74
75 ORGANS TRANSPLANTED		4	300,000	75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S				77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS				78
79 ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80 ORGANS SOLD OUTSIDE THE U.S.				80
81 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				81
82 ORGANS USED FOR RESEARCH				82
83 UNUSABLE/DISCARDED ORGANS				83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)		4		84

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	38,375,018	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	7,228,520	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	1,938,743	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	416.38	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)	353.91	5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)	86.06	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)	439.97	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	429.40	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS	21.35	11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	450.75	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	447.70	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	442.30	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	446.92	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	446.92	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	1.073346	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	1.111166	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	1.073346	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	18,696,958	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)	-10.57	24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)	18,696,958	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.1795	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (SEE INSTRUCTIONS)	0.4210	31
32	SUM OF LINES 30 AND 31	0.6005	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.3876	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	14,874,157	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)	79,174,653	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)	79,174,653	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	5,131,659	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	6,583,196	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)	8,856,602	55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS	296,032	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	1,417	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	100,043,559	59
60	PRIMARY PAYER PAYMENTS	39,271	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	100,004,288	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,711,620	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	496,194	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	741,920	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	519,344	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	649,127	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	97,315,818	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (SEE INSTRUCTIONS)	97,315,818	71
71.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	486,579	71.01
72	INTERIM PAYMENTS	95,836,201	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS LINES 71.01, 72 AND 73)	993,038	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	509,884	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: [] HOSPITAL [XX] IPF (14-S150) [] IRF
 [] SUB (OTHER) [] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (SEE INSTRUCTIONS)	3,389	2
3	PPS PAYMENTS	2,924	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)	0.937	5
6	LINE 2 TIMES LINE 5	3,175	6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6	0.9209	7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	2,924	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	762	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)	2,162	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	2,162	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	2,162	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF	2,162	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)	2,162	40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	11	40.01
41	INTERIM PAYMENTS	2,162	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)	-11	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (SEE INSTRUCTIONS)	4,986	2
3	PPS PAYMENTS	2,791	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)	0.937	5
6	LINE 2 TIMES LINE 5	4,672	6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6	0.5974	7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	2,791	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	806	25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	1,985	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	1,985	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	1,985	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF	1,985	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)	1,985	40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	10	40.01
41	INTERIM PAYMENTS	1,985	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)	-10	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

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

INPATIENT
 PART A PART B

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		93,204,277		31,443,807
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 02/13/2013	360,636	05/17/2013	170,946
	.02 05/17/2013	2,271,288		
	PROGRAM .03			3.01
	TO .04			3.02
	PROVIDER .05			3.03
	.06			3.04
	.07			3.05
	.08			3.06
	.09			3.07
	.50	NONE	02/13/2013	44,766
	.51			3.08
	PROVIDER .52			3.09
	TO .53			3.50
	PROGRAM .54			3.51
	.55			3.52
	.56			3.53
	.57			3.54
	.58			3.55
	.59			3.56
	.99			3.57
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		2,631,924		126,180
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		95,836,201		31,569,987

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01	NONE		NONE	5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50	NONE		NONE	5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
	.99				5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01	1,479,617		397,241	6.01
	TO PROVIDER .02				6.02
	PROVIDER .02				6.02
	TO PROGRAM .02				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		97,315,818		31,967,228	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [XX] IPF (14-S150) [] 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		2,571,337		2,162
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	NONE		3.01
	.02			3.02
	PROGRAM .03			3.03
	TO .04			3.04
	PROVIDER .05			3.05
	.06			3.06
	.07			3.07
	.08			3.08
	.09			3.09
	.50	NONE		3.50
	.51			3.51
	PROVIDER .52			3.52
	TO .53			3.53
	PROGRAM .54			3.54
	.55			3.55
	.56			3.56
	.57			3.57
	.58			3.58
	.59			3.59
	.99			3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		2,571,337		2,162

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01	NONE		NONE	5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50	NONE		NONE	5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
	.99				5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01				6.01
	TO .02				6.02
	PROVIDER .03				6.03
	TO .04				6.04
	PROGRAM .05				6.05
	.06				6.06
	.07				6.07
	.08				6.08
	.09				6.09
	PROVIDER .50	NONE		NONE	6.50
	TO .51				6.51
	PROGRAM .52				6.52
	.53				6.53
	.54				6.54
	.55				6.55
	.56				6.56
	.57				6.57
	.58				6.58
	.59				6.59
	.99				6.99
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		2,412,476		2,162	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

PROVIDER CCN: 14-0150 BOARD OF TRUSTEES OF THE UNIVE
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
12/02/2013 13:39

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0150) [] CAH
APPLICABLE BOX

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	19,523	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	22,021	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	1,295	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	95,214	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,845,913,234	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	52,514,946	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)		8
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)		30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 (OR LINE 10) MINUS LINE 30 AND LINE 31) (SEE INSTRUCTIONS)		32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART II

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

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	2,280,438	1
2	NET IPF PPS OUTLIER PAYMENT	248,135	2
3	NET IPF PPS ECT PAYMENT		3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	10.00	4
4.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii) (F)(1) OR (2) (SEE INSTRUCTIONS)		4.01
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)	6.52	6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	6.52	8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	37.679452	9
10	TEACHING ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$	0.085665	10
11	TEACHING ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)	195,354	11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	2,723,927	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)	2,723,927	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	2,723,927	18
19	DEDUCTIBLES	135,630	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	2,588,297	20
21	COINSURANCE	221,246	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	2,367,051	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	2,367,051	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)	45,425	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,412,476	31
31.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	12,062	31.01
32	INTERIM PAYMENTS	2,571,337	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 31.01, 32 AND 33)	-170,923	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	1,745,931	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.124800	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	374,502	3
4	OUTLIER PAYMENTS	181,458	4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		5
5.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii)(F)(1) OR (2) (SEE INSTRUCTIONS)		5.01
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R EXCLUDING FTES IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	12.079452	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$		11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)		12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	2,301,891	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENTS (SEE INSTRUCTIONS)		14
15	ORGAN ACQUISITION		15
16	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		16
17	SUBTOTAL (SEE INSTRUCTIONS)	2,301,891	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	2,301,891	19
20	DEDUCTIBLES	11,124	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	2,290,767	21
22	COINSURANCE	39,021	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	2,251,746	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	2,251,746	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IRF ONLY)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	18,664	29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,270,410	32
32.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	11,352	32.01
33	INTERIM PAYMENTS	2,285,198	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS LINES 32.01, 33 AND 34)	-26,140	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43,119	36

TO BE COMPLETED BY CONTRACTOR

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

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			372.01 1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)			2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH 42 CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))			4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			78.41 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)			450.42 5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			452.99 6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			450.42 7
		PRIMARY CARE	OTHER	TOTAL
		1	2	3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	167.55	244.40	411.95 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	166.60	243.01	409.61 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		20.90	10
11	TOTAL WEIGHTED FTE COUNT	166.60	263.91	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	158.31	261.33	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	157.53	256.41	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	160.81	260.55	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	160.81	260.55	17
18	PER RESIDENT AMOUNT	98,014.85	92,811.44	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	15,761,768	24,182,021	39,943,789 19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			2.57 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)			39,943,789 25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED	
		PART A	CARE	
26	INPATIENT DAYS	26,509	1,295	26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	113,376	113,376	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.233815	0.011422	28
29	PROGRAM DIRECT GME AMOUNT	9,339,457	456,238	29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		64,466	30
31	NET PROGRAM DIRECT GME AMOUNT			9,731,229 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)			37,213,277 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)			89,959,565 37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			8,856,602 38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			39,271 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			98,776,896 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			47,237,089 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			2,690 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			47,234,399 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			146,011,295 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.676502 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.323498 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			9,731,229 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			6,583,196 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			3,148,033 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	136,948,514			1
2	TEMPORARY INVESTMENTS	425,177			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	132,862,952			4
5	OTHER RECEIVABLES	10,172,437			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	5,820,828			7
8	PREPAID EXPENSES	4,023,244			8
9	OTHER CURRENT ASSETS	95,883			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	290,349,035			11
FIXED ASSETS					
12	LAND	770,917			12
13	LAND IMPROVEMENTS				13
14	ACCUMULATED DEPRECIATION				14
15	BUILDINGS	214,216,593			15
16	ACCUMULATED DEPRECIATION	-91,659,543			16
17	LEASEHOLD IMPROVEMENTS	2,177,211			17
18	ACCUMULATED AMORTIZATION	-1,960,086			18
19	FIXED EQUIPMENT	30,321,037			19
20	ACCUMULATED DEPRECIATION	-23,641,564			20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	158,218,429			23
24	ACCUMULATED DEPRECIATION	-120,205,526			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)	168,237,468			30
OTHER ASSETS					
31	INVESTMENTS	8,871,653			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	3,929,431			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	12,801,084			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	471,387,587			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	33,694,034			37
38	SALARIES, WAGES & FEES PAYABLE	15,809,119			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	54,611,238			40
41	DEFERRED INCOME	44,014,313			41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	2,729,102			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	150,857,806			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	31,704,969			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	31,704,969			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	182,562,775			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	288,824,812			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)	288,824,812			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	471,387,587			60

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	143,459,959		143,459,959	1
3 SUBPROVIDER IPF	23,234,409		23,234,409	2
5 SUBPROVIDER IRF	7,765,817		7,765,817	3
6 SWING BED - SNF				5
7 SWING BED - NF				6
8 SKILLED NURSING FACILITY				7
9 NURSING FACILITY				8
10 OTHER LONG TERM CARE				9
TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	174,460,185		174,460,185	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT	22,042,987		22,042,987	11
11.01 PEDS ICU	8,523,979		8,523,979	11.01
11.02 NEONATAL ICU	41,449,587		41,449,587	11.02
12 CORONARY CARE UNIT	18,453,250		18,453,250	12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
15 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	90,469,803		90,469,803	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	264,929,988		264,929,988	17
18 ANCILLARY SERVICES	716,664,200		716,664,200	18
19 OUTPATIENT SERVICES		813,057,071	813,057,071	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	981,594,188	813,057,071	1,794,651,259	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		605,419,640	29
30 COM PHYSICIAN SALARIES	9,577,000		30
31 PAYMENTS ON BEHALF - BENEFITS	205,409,583		31
32 UTILITIES	5,819,876		32
33	64,263		33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		220,870,722	36
37 DEDUCT (SPECIFY)			37
38			38
39 OTHER			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		826,290,362	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,794,651,259	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,197,713,991	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	596,937,268	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	826,290,362	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-229,353,094	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	1,669,313	11
12	PARKING LOT RECEIPTS	156,215	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	2,194,022	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	38,847	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	54,867	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	330,948	20
21	RENTAL OF VENDING MACHINES	4,655	21
22	RENTAL OF HOSPITAL SPACE	376,565	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (OTHER OPERATING)	3,655,265	24
24.01	OTHER (EHR INCENTIVE PAYMENTS STATE & FED)		24.01
24.02	OTHER (PAYMENT ON BEHALF OF)	15,396,876	24.02
24.03	OTHER (CAPITATION REV)	2,771,402	24.03
24.04	OTHER (BERWYN & OUTREACH)	14,725,249	24.04
24.05	OTHER (NET INCREASE IN FMV OF INVEST)	1,015,030	24.05
24.06	OTHER (HOSP/MED SRVS INCOME & TELEMEDICINE)	8,767,763	24.06
24.07	OTHER (NON-OPER-ON BEHALF PAYMENTS)	205,409,583	24.07
24.08	OTHER (INVESTMENT INCOME)	1,664,111	24.08
24.09	OTHER (NET OTHER NON OPERATING REVENUE)	725,440	24.09
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	258,956,151	25
26	TOTAL (LINE 5 PLUS LINE 25)	29,603,057	26
27	OTHER EXPENSES (LOSS ON DISPOSAL OF ASSETS)		27
27.01	OTHER EXPENSES (INTEREST ON DEBT)		27.01
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	29,603,057	29

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 14-2316

WORKSHEET I-1

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

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4	
1 REGISTERED NURSES	1,175,075	HOURS OF SERVICE	40,221.00	19.34	1
2 LICENSED PRACTICAL NURSES	57,527	HOURS OF SERVICE	3,026.00	1.45	2
3 NURSES AIDES		HOURS OF SERVICE			3
4 TECHNICIANS	1,295,272	HOURS OF SERVICE	101,874.00	48.98	4
5 SOCIAL WORKERS		HOURS OF SERVICE			5
6 DIETICIANS		HOURS OF SERVICE			6
7 PHYSICIANS		ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	934,263	ACCUMULATED COST			8
9 SUBTOTAL (SUM OF LINES 1-8)	3,462,137				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	184,567	PERCENTAGE OF TIME			13
14 SUPPLIES	943,787	REQUISITIONS			14
15 DRUGS	2,338	REQUISITIONS			15
16 OTHER	126,149	ACCUMULATED COST			16
17 SUBTOTAL (SUM OF LINES 9-16)	4,718,978				17
18 CAPITAL RELATED COSTS-BLDGS. & FIXTURES	90,197	SQUARE FEET			18
19 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME			19
20 EMPLOYEE BENEFITS DEPARTMENT	2,490,928	SALARY			20
21 ADMINISTRATIVE AND GENERAL	1,451,805	ACCUMULATED COST			21
22 MAINT./REPAIRS-OPERATION-HOUSEKEEPING	743,047	SQUARE FEET			22
23 MEDICAL EDUCATION PROGRAM COSTS					23
24 CENTRAL SERVICES & SUPPLIES	280,200	REQUISITIONS			24
25 PHARMACY	49,343	REQUISITIONS			25
26 OTHER ALLOCATED COSTS	376,469	ACCUMULATED COST			26
27 SUBTOTAL (SUM OF LINES 17-26)	10,200,967				27
28 LABORATORY		CHARGES			28
28.01 LAB TISSUE TYPING		CHARGES			28.01
28.02 LAB OUTREACH		CHARGES			28.02
29 RESPIRATORY THERAPY		CHARGES			29
30 OTHER ANCILLARY SVC		CHARGES			30
30.01 GASTROENTROLOGY		CHARGES			30.01
30.02 BONE MARROW TRANSPLANT		CHARGES			30.02
30.03 CARDIAC SERVICES		CHARGES			30.03
30.97 CARDIAC REHABILITATION		CHARGES			30.97
30.98 HYPERBARIC OXYGEN THERAPY		CHARGES			30.98
30.99 LITHOTRIPSY		CHARGES			30.99
31 TOTAL COSTS (SUM OF LINES 27-30)	10,200,967				31

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2316

WORKSHEET I-2

CHECK APPLICABLE BOX:

[XX] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	CAPITAL AND BUILDING 1	RELATED COSTS EQUIPMENT 2	DIRECT PATIENT RNs 3	CARE SALARY OTHER 4	EMPLOYEE BENEFITS DEPARTMENT 5	DRUGS 6	
1 TOTAL RENAL DEPT COSTS MAINTENANCE	833,244	184,567	1,175,075	1,352,799	2,490,928	51,681	1
2 HEMODIALYSIS	725,489	179,215	645,516	743,141	1,368,360	28,383	2
3 INTERMITTENT PERITONEAL TRAINING							3
4 HEMODIALYSIS							4
5 INTERMITTENT PERITONEAL							5
6 CAPD	69		58	80	137		6
7 CCPD	2,405		2,162	2,494	4,585	88	7
HOME							
8 HEMODIALYSIS		5,352	242,634	279,305	514,308	10,699	8
9 INTERMITTENT PERITONEAL							9
10 CAPD			34,065	39,201	72,192	1,503	10
11 CCPD			157,004	180,764	332,835	6,897	11
OTHER BILLABLE SERVICES							
12 INPATIENT DIALYSIS	105,281		93,636	107,814	198,511	4,111	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)	833,244	184,567	1,175,075	1,352,799	2,490,928	51,681	17
18 MEDICAL EDUC PGM COSTS							18
19 TOTAL RENAL COSTS (LINES 17+18)							19

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2316

WORKSHEET I-2
 (CONTINUED)

CHECK APPLICABLE BOX:

[XX] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	MEDICAL SUPPLIES 7	ROUTINE ANCILLARY SERVICES 8	SUBTOTAL (SUM OF COLS.1-8) 9	OVERHEAD 10	TOTAL (COL.9 + COL.10) 11	
1 TOTAL RENAL DEPT COSTS MAINTENANCE	1,223,987		7,312,281	2,888,686	10,200,967	1
2 HEMODIALYSIS	672,383		4,362,487	1,723,382	6,085,869	2
3 INTERMITTENT PERITONEAL TRAINING						3
4 HEMODIALYSIS						4
5 INTERMITTENT PERITONEAL						5
6 CAPD	67		411	162	573	6
7 CCPD	2,253		13,987	5,526	19,513	7
HOME						
8 HEMODIALYSIS	252,718		1,305,016	515,541	1,820,557	8
9 INTERMITTENT PERITONEAL						9
10 CAPD	35,474		182,435	72,070	254,505	10
11 CCPD	163,548		841,048	332,253	1,173,301	11
OTHER BILLABLE SERVICES						
12 INPATIENT DIALYSIS	97,544		606,897	239,752	846,649	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)	1,223,987		7,312,281	2,888,686	10,200,967	17
18 MEDICAL EDUC PGM COSTS						18
19 TOTAL RENAL COSTS (LINES 17+18)					10,200,967	19

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 14-2316

WORKSHEET I-3

CHECK APPLICABLE BOX:

[XX] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY	EMPLOYEE BENEFITS		
	BUILDING (SQUARE FEET)	EQUIPMENT (% OF TIME)	RNs (HOURS)	OTHER (HOURS)	DEPARTMENT (SALARY)	
	1	2	3	4	5	
1 TOTAL RENAL DEPT COSTS MAINTENANCE	833,244	184,567	1,175,075	1,352,799	2,490,928	1
2 HEMODIALYSIS	10,557	179,215.00	22,095.00	56,018.00	1,901,883	2
3 INTERMITTENT PERITONEAL TRAINING						3
4 HEMODIALYSIS						4
5 INTERMITTENT PERITONEAL						5
6 CAPD	1		2.00	6.00	190	6
7 CCPD	35		74.00	188.00	6,372	7
8 HOME HEMODIALYSIS		5,352.00	8,305.00	21,054.00	714,836	8
9 INTERMITTENT PERITONEAL						9
10 CAPD			1,166.00	2,955.00	100,339	10
11 CCPD			5,374.00	13,626.00	462,607	11
12 OTHER BILLABLE SERVICES INPT DIAL TRTMNTS	1,532		3,205.00	8,127.00	275,910	12
13 METHOD II HOME PATIENT						13
14 EPO						14
15 ARANESP						15
16 OTHER						16
17 TOTAL STATISTICAL BASIS	12,125	184,567.00	40,221.00	101,974.00	3,462,137	17
18 UNIT COST MULTIPLIER (LINE 1 ÷ LINE 17)	68.721155	1.000000	29.215460	13.266117	0.719477	18

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 14-2316

WORKSHEET I-3
 (CONTINUED)

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

	DRUGS (REQUIST.) 6	MEDICAL SUPPLIES (REQUIST.) 7	ROUTINE ANCILLARY SERVICES (CHARGES) 8	SUBTOTAL 9	OVERHEAD (ACCUM. COST) 10	
1 TOTAL RENAL DEPT COSTS MAINTENANCE	51,681	1,223,987		7,312,281	2,888,686	1
2 HEMODIALYSIS	1,284	518,458				2
3 INTERMITTENT PERITONEAL TRAINING						3
4 HEMODIALYSIS						4
5 INTERMITTENT PERITONEAL						5
6 CAPD		52				6
7 CCPD	4	1,737				7
8 HOME HEMODIALYSIS	484	194,865				8
9 INTERMITTENT PERITONEAL						9
10 CAPD	68	27,353				10
11 CCPD	312	126,108				11
12 OTHER BILLABLE SERVICES INPT DIAL TRTMNTS	186	75,214				
13 METHOD II HOME PATIENT						13
14 EPO						14
15 ARANESP						15
16 OTHER						16
17 TOTAL STATISTICAL BASIS	2,338	943,787			7,312,281	17
18 UNIT COST MULTIPLIER (LINE 1 ÷ LINE 17)	22.104790	1.296889			0.395046	18

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 14-2316

WORKSHEET I-4

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

	NUMBER OF TOTAL TREATMENTS 1	TOTAL COST (FROM WKST I-2, COL. 11) 2	AVG COST OF PROGRAM TREATMENTS (COL. 2 ÷ COL. 1) 3	NUMBER OF PROGRAM TREATMENTS 4	NUMBER OF PROGRAM TREATMENTS 4.01	NUMBER OF PROGRAM TREATMENTS 4.02	TOTAL PROGRAM EXPENSES (SEE INSTR.) 5	
1 MAINTENANCE - HEMODIALYSIS	19,997	6,085,869	304.34		7,387	6,988	4,374,888	1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD	2	573	286.50					5
6 TRAINING - CCPD	67	19,513	291.24		7		2,039	6
7 HOME PROGRAM - HEMODIALYSIS	7,516	1,820,557	242.22		2,115	1,731	931,578	7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
	PATIENT WEEKS			PATIENT WEEKS				
9 HOME PROGRAM - CAPD	1,030	254,505	247.09		364	279	158,879	9
10 HOME PROGRAM - CCPD	4,856	1,173,301	241.62		1,217	1,526	662,764	10
11 TOTALS (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 6)	27,582	9,354,318			11,090	10,524	6,130,148	11
12 TOTAL TREATMENTS (SUM OF LINES 1-8 PLUS (SUM OF LINES 9 AND 10 TIMES 3))	27,582							12

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 14-2316

WORKSHEET I-4
 (CONTINUED)

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

	TOTAL PROGRAM PAYMENT 6	TOTAL PROGRAM PAYMENT 6.01	TOTAL PROGRAM PAYMENT 6.02	AVERAGE PAYMENT RATE (COL. 6 ÷ COL. 4) 7	AVERAGE PAYMENT RATE (COL. 6.01 ÷ COL. 4.01) 7.01	AVERAGE PAYMENT RATE (COL. 6.02 ÷ COL. 4.02) 7.02	
1 MAINTENANCE - HEMODIALYSIS		1,838,819	1,799,390		248.93	257.50	1
2 MAINTENANCE - PERITONEAL DIALYSIS							2
3 TRAINING - HEMODIALYSIS							3
4 TRAINING - PERITONEAL DIALYSIS							4
5 TRAINING - CAPD							5
6 TRAINING - CCPD		1,846			263.71		6
7 HOME PROGRAM - HEMODIALYSIS		505,037	440,627		238.79	254.55	7
8 HOME PROGRAM - PERITONEAL DIALYSIS							8
9 HOME PROGRAM - CAPD		38,847	31,582		106.72	113.20	9
10 HOME PROGRAM - CCPD		137,299	170,973		112.82	112.04	10
11 TOTALS (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 6)		2,521,848	2,442,572				11
12 TOTAL TREATMENTS (SUM OF LINES 1-8 PLUS (SUM OF LINES 9 AND 10 TIMES 3))							12

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: 14-2316

WORKSHEET I-5

DESCRIPTION

	1	2	
1 TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)		6,130,148	1
2 TOTAL PAYMENT DUE (FROM I-4, COL. 6, LINE 11)(SEE INSTRUCTIONS)			2
2.01 TOTAL PAYMENT DUE (FROM I-4, COL. 6.01, LINE 11)(SEE INSTRUCTIONS)	2,521,848	2,521,848	2.01
2.02 TOTAL PAYMENT DUE (FROM I-4, COL. 6.02, LINE 11)(SEE INSTRUCTIONS)	2,442,572	2,442,572	2.02
2.03 TOTAL PAYMENT DUE (SEE INSTRUCTIONS)	4,964,420	4,964,420	2.03
2.04 OUTLIER PAYMENTS		3,730	2.04
3 DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)	574		3
3.01 DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.01
3.02 DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.02
3.03 TOTAL DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.03
4 COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)	992,760		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)	3,971,536		9
10 UNRECOVERED FROM MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)	2,158,612		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)	9,354,318	12
13 TOTAL COMPOSITE COSTS (FROM WKST I-4, COL. 2, LINE 11)	9,354,318	13
14 FACILITY SPECIFIC COMPOSITE COST PERCENTAGE (LINE 13 DIVIDED BY LINE 12)	1.000000	14

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	3,064,723	1
2	CAPITAL DRG OUTLIER PAYMENTS	55,558	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	260.86	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	446.92	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.5270	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	1,615,109	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.1795	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (SEE INSTRUCTIONS)	0.4210	8
9	SUM OF LINES 7 AND 8	0.6005	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1293	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	396,269	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	5,131,659	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-	SUBTOTAL	SUBTOTAL	I&R COST &	TOTAL
	NARY CAP- REL COSTS	(COLS.0-4) 2A		POST STEP- DOWN ADJS	
	0	2A	24	25	26
GENERAL SERVICE COST CENTERS					
1	CAP REL COSTS-BLDG & FIXT				1
2	CAP REL COSTS-MVBLE EQUIP				2
4	EMPLOYEE BENEFITS DEPARTMENT				4
5.01	MEDICAL CENTER ALL OTHER ADMIN				5.01
5.02	HOSPITAL ADMIN & GENERAL				5.02
5.03	AMBULATORY ADMIN & GENERAL				5.03
6	MAINTENANCE & REPAIRS				6
7	OPERATION OF PLANT				7
8	LAUNDRY & LINEN SERVICE				8
9	HOUSEKEEPING				9
10	DIETARY				10
11	CAFETERIA				11
12	MAINTENANCE OF PERSONNEL				12
13	NURSING ADMINISTRATION				13
14	CENTRAL SERVICES & SUPPLY				14
15	PHARMACY				15
16	MEDICAL RECORDS & LIBRARY				16
17	SOCIAL SERVICE				17
17.01	PALLIATIVE CARE				17.01
18	UTILMGMT / DSCH PLANNING				18
19	NONPHYSICIAN ANESTHETISTS				19
20	NURSING SCHOOL				20
21	I&R SERVICES-SALARY & FRINGES				21
22	I&R SERVICES-OTHER PRGM COSTS				22
23	PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
31.01	PEDS ICU				31.01
31.02	NEONATAL ICU				31.02
32	CORONARY CARE UNIT				32
33	BURN INTENSIVE CARE UNIT				33
34	SURGICAL INTENSIVE CARE UNIT				34
40	SUBPROVIDER - IPF				40
41	SUBPROVIDER - IRF				41
42	SUBPROVIDER I				42
43	NURSERY				43
44	SKILLED NURSING FACILITY				44
45	NURSING FACILITY				45
46	OTHER LONG TERM CARE				46
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM				50
51	RECOVERY ROOM				51
52	DELIVERY ROOM & LABOR ROOM				52
53	ANESTHESIOLOGY				53
54	RADIOLOGY-DIAGNOSTIC				54
54.01	RADIO ULTRASOUND				54.01
54.02	RADIO ANGIOGRAPHY				54.02
54.03	RADIO WEST HARRISON				54.03
55	RADIOLOGY-THERAPEUTIC				55
56	RADIOISOTOPE				56
57	CT SCAN				57
58	MRI				58
59	CARDIAC CATHETERIZATION				59
60	LABORATORY				60
60.01	LAB TISSUE TYPING				60.01
60.02	LAB OUTREACH				60.02
62	WHOLE BLOOD & PACKED RED BLOOD				62
62.30	BLOOD CLOTTING FOR HEMOPHILIAC				62.30
63	BLOOD STORING, PROCESSING & TR				63
64	INTRAVENOUS THERAPY				64
65	RESPIRATORY THERAPY				65
66	PHYSICAL THERAPY				66
67	OCCUPATIONAL THERAPY				67
68	SPEECH PATHOLOGY				68
69	ELECTROCARDIOLOGY				69
70	ELECTROENCEPHALOGRAPHY				70
71	MEDICAL SUPPLIES CHARGED TO PA				71
72	IMPL. DEV. CHARGED TO PATIENTS				72
73	DRUGS CHARGED TO PATIENTS				73
74	RENAL DIALYSIS				74
75	ASC (NON-DISTINCT PART)				75
76	OTHER ANCILLARY SVC				76
76.01	GASTROENTROLOGY				76.01

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
76.02 BONE MARROW TRANSPLANT					76.02
76.03 CARDIAC SERVICES					76.03
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
88 RURAL HEALTH CLINIC					88
89 FEDERALLY QUALIFIED HEALTH CEN OUTPATIENT SERVICE COST CENTERS					89
90 CLINIC					90
91 EMERGENCY					91
92 OBSERVATION BEDS (NON-DISTINCT					92
93.01 OCC EEI					93.01
93.02 OCC PSYCH					93.02
93.03 OCC ADOLESCENTS					93.03
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
95 AMBULANCE SERVICES					95
105 KIDNEY ACQUISITION					105
106 HEART ACQUISITION					106
107 LIVER ACQUISITION					107
SPECIAL PURPOSE COST CENTERS					
108 LUNG ACQUISITION					108
109 PANCREAS ACQUISITION					109
110 INTESTINAL ACQUISITION					110
111 ISLET ACQUISITION					111
112 OTHER ORGAN ACQUISITION (SPECI					112
115 AMBULATORY SURGICAL CENTER (D.					115
116 HOSPICE					116
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
191 RESEARCH					191
192 PHYSICIANS' PRIVATE OFFICES					192
193 NONPAID WORKERS					193
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	06/30/2016	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		07/31/2011	6,600,508	11.01
11.02		08/31/2011	6,600,508	11.02
11.03		09/30/2011	6,600,508	11.03
11.04		10/31/2011	6,600,508	11.04
11.05		11/30/2011	6,600,508	11.05
11.06		12/31/2011	6,600,508	11.06
11.07		01/31/2012	6,600,508	11.07
11.08		02/28/2012	6,600,508	11.08
11.09		03/31/2012	6,600,508	11.09
11.10		04/30/2012	6,600,508	11.10
11.11		05/31/2012	6,600,508	11.11
11.12		06/30/2012	6,600,508	11.12
11.13		07/31/2012	9,374,485	11.13
11.14		08/31/2012	9,374,485	11.14
11.15		09/30/2012	9,374,485	11.15
11.16		10/31/2012	9,374,485	11.16
11.17		11/30/2012	9,374,485	11.17
11.18		12/31/2012	9,374,485	11.18
11.19		01/31/2013	9,374,485	11.19
11.20		02/28/2013	9,374,485	11.20
11.21		03/31/2013	9,374,485	11.21
11.22		04/30/2013	9,374,485	11.22
11.23		05/31/2013	9,374,485	11.23
11.24		06/30/2013	9,374,485	11.24
11.25		07/31/2013	7,500,000	11.25
11.26		08/31/2013	7,500,000	11.26
11.27		09/30/2013	7,500,000	11.27
11.28		10/31/2013	7,500,000	11.28
11.29		11/30/2013	7,500,000	11.29
11.30		12/31/2013	7,500,000	11.30
11.31		01/31/2014	7,500,000	11.31
11.32		02/28/2014	7,500,000	11.32
11.33		03/31/2014	7,500,000	11.33
11.34		04/30/2014	7,500,000	11.34
11.35		05/31/2014	7,500,000	11.35
11.36		06/30/2014	7,500,000	11.36
12	Total calendar months included in averaging period (36 unless Step 2 completed)	36		12
13	Total contributions made during averaging period	281,699,916		13
14	Average monthly contribution (Line 13 divided by Line 12)	7,824,998		14
15	Number of months in provider cost reporting period on Line 2	12		15
16	Average pension contributions (Line 14 times Line 15)	93,899,976		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)	93,899,976		19