

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: 07-30-2014 TIME: 11:44  
 2.  MANUALLY SUBMITTED COST REPORT  
 3.  IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT  
 4.  MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY 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		1,411,000	899,229			1
2 SUBPROVIDER - IPF		1,397				2
3 SUBPROVIDER - IRF		17,884				3
4 SUBPROVIDER (OTHER)						4
5 SWING BED - SNF						5
6 SWING BED - NF						6
7 SKILLED NURSING FACILITY						7
8 NURSING FACILITY						8
9 HOME HEALTH AGENCY						9
10 HEALTH CLINIC - RHC						10
11 HEALTH CLINIC - FQHC						11
12 OUTPATIENT REHABILITATION PROVIDER						12
200 TOTAL		1,430,281	899,229			200

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 1740 W TAYLOR ST  
 2 CITY: CHICAGO

STATE: IL

P.O.BOX:

ZIP CODE: 60612

COUNTY: COOK

1  
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

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

INPATIENT PPS INFORMATION

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

		IN-STATE		OUT-OF-STATE		OUT-OF-STATE		MEDICAID	OTHER	
		MEDICAID PAID	MEDICAID UNPAID	MEDICAID PAID	MEDICAID UNPAID	MEDICAID HMO	MEDICAID			
		1	2	3	4	5	6			
24	IF THIS PROVIDER IS AN IPHS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	37,289	5,870		328			2,863		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.		1,541					340		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

		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	Y			60
		Y/N	IME	DIRECT GME	
61	DID YOUR HOSPITAL RECEIVE FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. )(SEE INSTRUCTIONS)	N			61
61.01	ENTER THE AVERAGE NUMBER OF UNWEIGHTED PRIMARY CARE FTEs FROM THE HOSPITAL'S 3 MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)				61.01
61.02	ENTER THE CURRENT YEAR TOTAL UNWEIGHTED PRIMARY CARE FTE COUNT (EXCLUDING OB/GYN AND GENERAL SURGERY) 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.				
	PROGRAM NAME	PROGRAM CODE	UNWEIGHTED IME FTE COUNT	UNWEIGHTED DIRECT GME 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	322.43	0.006134	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- SICAL N	OCCUP- ATIONAL SPEECH RESPI- RATORY	109

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	N		115
116	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.			
117	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
118	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.	N	N	120
120	IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.			
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' 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

		1	2
140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	Y	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 PART A	TITLE XVIII PART B	TITLE V	TITLE XIX
155	HOSPITAL	1	2	3	4
156	SUBPROVIDER - IPF	N	N		N 155
157	SUBPROVIDER - IRF	N	N		N 156
158	SUBPROVIDER - (OTHER)	N	N		N 157
159	SNF	N	N		158
160	HHA	N	N		159
161	CMHC		N		160
161.10	CORF				161
					161.10

MULTICAMPUS

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

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

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.		N
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.		167
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	168
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)		169
			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	
<b>PROVIDER ORGANIZATION AND OPERATION</b>				
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
<b>FINANCIAL DATA AND REPORTS</b>				
		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
<b>APPROVED EDUCATIONAL ACTIVITIES</b>				
		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
<b>BED COMPLEMENT</b>				
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
<b>PS&amp;R REPORT DATA</b>					
		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 OLTIC		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)				0.352180	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				199,618,414	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				529,344,592	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				186,424,578	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				2,083,546	9
10	STAND-ALONE SCHIP CHARGES				6,130,622	10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)				2,159,082	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.				75,536	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)				31,378,376	14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)				11,050,836	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.				10,564,181	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)				10,639,718	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)	15,974,404	2,520,310	18,494,714		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	190,286	433,257	623,543		22
23	COST OF CHARITY CARE	15,784,118	2,087,053	17,871,171		23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					N 24
25	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)				37,781,978	25
26	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				3,656,820	26
27	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				34,125,158	27
28	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				12,018,198	28
29	COST OF UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				29,889,369	29
30	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				40,529,087	30
31						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	2,173,022	30
31	03100	6,351,473	756,598	7,108,071	-559,636	31
31.01	02080	3,256,755	329,702	3,586,457	-198,982	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	-75,633	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	-4,442,423	60
60.01	03420	295,757	1,276,309	1,572,066	-4,480	60.01
60.02	03421	1,490,227	1,627,097	3,117,324	4,373,776	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	42,149	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	29,861	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	-67,111,753	84,614,821	5.01
5.02	00591	6,673,211	466,660	7,139,871	5.02
5.03	00592	10,172,809	-282,044	9,890,765	5.03
6	00600	16,218,561	5,954,424	22,172,985	6
7	00700				7
8	00800				8
9	00900	6,073,190	48,489	6,121,679	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	11,845,648	16,464,838	22
23	02300	1,454,990	-252,254	1,202,736	23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	46,285,582	-740,143	45,545,439	30
31	03100	6,548,435	-492	6,547,943	31
31.01	02080	3,387,475	-385	3,387,090	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	6,541,588	-87,474	6,454,114	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	-127,258	16,212,624	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	20,497,514	374,824	20,872,338	60
60.01	03420	1,567,586		1,567,586	60.01
60.02	03421	7,491,100	-9,700	7,481,400	60.02
62	06200				62
62.30	06250				62.30
63	06300	5,472,895	72,489	5,545,384	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	12,486	206,467	69
70	07000	270,990		270,990	70
71	07100	47,338,104	21,697	47,359,801	71
72	07200				72
73	07300	48,248,013	-6,090,965	42,157,048	73
74	07400	4,718,978	126,577	4,845,555	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	2,501	971,023	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	-41,654	4,580,672	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)	594,330,340	140,941,131	735,271,471	118
NONREIMBURSABLE COST CENTERS				
190 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	343,355	-224,603	118,752	190
191 19100 RESEARCH	575,626	-2,985	572,641	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	131,874,863	737,294,503	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
4 CHARGEABLE MED SPLS	B				4
5 CHARGEABLE MED SPLS	B				5
6 CHARGEABLE MED SPLS	B				6
7 CHARGEABLE MED SPLS	B				7
8 CHARGEABLE MED SPLS	B				8
9 CHARGEABLE MED SPLS	B				9
10 CHARGEABLE MED SPLS	B				10
11 CHARGEABLE MED SPLS	B				11
12 CHARGEABLE MED SPLS	B				12
13 CHARGEABLE MED SPLS	B				13
14 CHARGEABLE MED SPLS	B				14
15 CHARGEABLE MED SPLS	B				15
16 CHARGEABLE MED SPLS	B				16
17 CHARGEABLE MED SPLS	B				17
18 CHARGEABLE MED SPLS	B				18
19 CHARGEABLE MED SPLS	B				19
20 CHARGEABLE MED SPLS	B				20
21 CHARGEABLE MED SPLS	B				21
22 CHARGEABLE MED SPLS	B				22
23 CHARGEABLE MED SPLS	B				23
24 CHARGEABLE MED SPLS	B				24
25 CHARGEABLE MED SPLS	B				25
26 CHARGEABLE MED SPLS	B				26
27 CHARGEABLE MED SPLS	B				27
28 CHARGEABLE MED SPLS	B				28
29 CHARGEABLE MED SPLS	B				29
30 CHARGEABLE MED SPLS	B				30
31 CHARGEABLE MED SPLS	B				31
32 CHARGEABLE MED SPLS	B				32
33 CHARGEABLE MED SPLS	B				33
34 CHARGEABLE MED SPLS	B				34
35 CHARGEABLE MED SPLS	B				35
36 CHARGEABLE MED SPLS	B				36
37 CHARGEABLE MED SPLS	B				37
38 CHARGEABLE MED SPLS	B				38
39 CHARGEABLE MED SPLS	B				39
40 CHARGEABLE MED SPLS	B				40
41 CHARGEABLE MED SPLS	B				41
42 CHARGEABLE MED SPLS	B				42
43 CHARGEABLE MED SPLS	B				43
44 CHARGEABLE MED SPLS	B				44
45 CHARGEABLE MED SPLS	B				45
46 CHARGEABLE MED SPLS	B				46
47 CHARGEABLE MED SPLS	B				47
48 CHARGEABLE MED SPLS	B				48
49 CHARGEABLE MED SPLS	B				49
50 CHARGEABLE MED SPLS	B				50
51 CHARGEABLE MED SPLS	B				51
52 CHARGEABLE MED SPLS	B				52
53 CHARGEABLE MED SPLS	B				53
54 CHARGEABLE MED SPLS	B				54
55 CHARGEABLE MED SPLS	B				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 LINE #	SALARY	OTHER
1		2	3	4	5
1 BENEFIT EXPENSE	G	EMPLOYEE BENEFITS DEPARTMENT	4		6,580,666
500 TOTAL RECLASSIFICATIONS					6,580,666
CODE LETTER - G					500
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	42,656	1,609
500 TOTAL RECLASSIFICATIONS				42,656	1,609
CODE LETTER - I					500
1 OUTREACH LAB	K	LAB OUTREACH	60.02	1,477,639	2,896,187
2 OUTREACH LAB	K				2
3 OUTREACH LAB	K				3
500 TOTAL RECLASSIFICATIONS				1,477,639	2,896,187
CODE LETTER - K					500
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
2 TRANSPLANT DIRECTOR	M	LIVER ACQUISITION	107	6,200	36,320
3 TRANSPLANT DIRECTOR	M	PANCREAS ACQUISITION	109	3,100	21,461
4 TRANSPLANT DIRECTOR	M	OTHER ORGAN ACQUISITION (SPEC	112	10,458	4
500 TOTAL RECLASSIFICATIONS				57,186	145,908
CODE LETTER - M					500
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
2 RAPID RESPONSE TEAM	O	INTENSIVE CARE UNIT	31	30,311	109
3 RAPID RESPONSE TEAM	O	CORONARY CARE UNIT	32	24,916	89
500 TOTAL RECLASSIFICATIONS				423,843	1,521
CODE LETTER - O					500
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)				22,650,103	129,970,338

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	42,656	1,609	1
500 TOTAL RECLASSIFICATIONS				42,656	1,609	500
CODE LETTER - I						
1 OUTREACH LAB	K	LABORATORY	60	1,476,205	2,891,930	1
2 OUTREACH LAB	K	LAB TISSUE TYPING	60.01	1,434	2,991	2
3 OUTREACH LAB	K	BLOOD STORING, PROCESSING & T	63		1,266	3
500 TOTAL RECLASSIFICATIONS				1,477,639	2,896,187	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 CORRECT PAYROLL POSTING	R	KIDNEY ACQUISITION	105	14,602		1
500 TOTAL RECLASSIFICATIONS				14,602		500
CODE LETTER - R						
GRAND TOTAL (DECREASES)				14,299,430	138,321,011	

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	-5,155,510			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 AP LOG-REMOVE RESERVE	A	-1,400,000	MEDICAL CENTER ALL OTHER ADMIN	5.01	49
49.01 AP LOG	A	741,525	MEDICAL CENTER ALL OTHER ADMIN	5.01	49.01
49.02 AP LOG	A	80,427	HOSPITAL ADMIN & GENERAL	5.02	49.02
49.03 AP LOG	A	134,548	MAINTENANCE & REPAIRS	6	49.03
49.04 AP LOG	A	48,489	HOUSEKEEPING	9	49.04
49.05 AP LOG	A	21,697	MEDICAL SUPPLIES CHARGED TO PAT	71	49.05
49.06 AP LOG	A	366,725	DRUGS CHARGED TO PATIENTS	73	49.06
49.07 AP LOG	A	217,124	I&R SERVICES-OTHER PRGM COSTS A	22	49.07
49.08 AP LOG	A	7,850	OPERATING ROOM	50	49.08
49.09 AP LOG	A	375,184	LABORATORY	60	49.09
49.10 AP LOG	A	5,000	LAB OUTREACH	60.02	49.10
49.11 AP LOG	A	72,489	BLOOD STORING, PROCESSING & TRA	63	49.11
49.12 AP LOG	A	12,486	ELECTROCARDIOLOGY	69	49.12
49.13 AP LOG	A	126,577	RENAL DIALYSIS	74	49.13
49.14 AP LOG	A	2,875	BONE MARROW TRANSPLANT	76.02	49.14
49.15 AP LOG	A	27,936	KIDNEY ACQUISITION	105	49.15
50 TOTAL (SUM OF LINES 1 THRU 49)		131,874,863			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	5,076,731	5,076,731		9 4.03
3.04	2	CAP REL COSTS-MVBLE EQUIP	2,230,518	2,230,518		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) TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.	272,225,874	60,996,415	211,229,459	5

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

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	1,817,872	1,817,872	1
2	5.01 MEDICAL CENTER ALL OTHER CARDIOLOGY					338,554	179,925	179,925	2
3	5.01 MEDICAL CENTER ALL OTHER DERMATOLOGY					252,936			3
4	5.01 MEDICAL CENTER ALL OTHER EMERGENCY MEDIC					519,418	316,367	316,367	4
5	5.01 MEDICAL CENTER ALL OTHER ENDOCRINOLOGY					160,332	87,105	87,105	5
6	5.01 MEDICAL CENTER ALL OTHER FAMILY MEDICINE					338,615	135,194	135,194	6
7	5.01 MEDICAL CENTER ALL OTHER GASTROENTEROLOG					236,579	49,271	49,271	7
8	5.01 MEDICAL CENTER ALL OTHER GENERAL SURGERY					437,400	370,570	370,570	8
9	5.01 MEDICAL CENTER ALL OTHER GERIATRIC					61,338	2,823	2,823	9
10	5.01 MEDICAL CENTER ALL OTHER HEMATOLOGY/ONCO					391,118	192,817	192,817	10
11	5.01 MEDICAL CENTER ALL OTHER HEPATOLOGY					5,367	2,303	2,303	11
12	5.01 MEDICAL CENTER ALL OTHER INFECTIOUS DISE					164,421			12
13	5.01 MEDICAL CENTER ALL OTHER INTERNAL MEDICI					1,153,627			13
14	5.01 MEDICAL CENTER ALL OTHER NEONATOLOGY					86,869	171,509	171,509	14
15	5.01 MEDICAL CENTER ALL OTHER NEPHROLOGY					12,694	63,901	63,901	15
16	5.01 MEDICAL CENTER ALL OTHER NEUROLOGY					491,815			16
17	5.01 MEDICAL CENTER ALL OTHER NEUROSURGERY					286,976	100,000	100,000	17
18	5.01 MEDICAL CENTER ALL OTHER OB/GYN					206,409	146,900	146,900	18
19	5.01 MEDICAL CENTER ALL OTHER OPHTHALMOLOGY					1,329,596			19
20	5.01 MEDICAL CENTER ALL OTHER ORAL AND MAXILL					330,004	145,074	145,074	20
21	5.01 MEDICAL CENTER ALL OTHER ORTHOPAEDICS					794,700			21
22	5.01 MEDICAL CENTER ALL OTHER OTOLARYNGOLOGY					429,199	127,618	127,618	22
23	5.01 MEDICAL CENTER ALL OTHER PATHOLOGY					1,209,683			23
24	5.01 MEDICAL CENTER ALL OTHER PEDIATRIC DENTI					63,270	3,721	3,721	24
25	5.01 MEDICAL CENTER ALL OTHER PEDIATRICS					1,111,281	104,930	104,930	25
26	5.01 MEDICAL CENTER ALL OTHER PSYCHIATRY					188,624	77,403	77,403	26
27	5.01 MEDICAL CENTER ALL OTHER RADIOLOGY					1,028,581	718,297	718,297	27
28	5.01 MEDICAL CENTER ALL OTHER RESPIRATORY & C					56,142	249,536	249,536	28
29	5.01 MEDICAL CENTER ALL OTHER RHEUMATOLOGY					57,760	2,153	2,153	29
30	5.01 MEDICAL CENTER ALL OTHER SURGICAL ONCOLO								30
31	5.01 MEDICAL CENTER ALL OTHER UROLOGY					193,727			31
32	5.01 MEDICAL CENTER ALL OTHER ALLERGY					94,904			32
33	5.01 MEDICAL CENTER ALL OTHER OCCUPATIONAL ME					100,178	90,221	90,221	33
200	TOTAL					14,420,641	5,155,510	5,155,510	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	84,614,821	447,780	3,902,189	32,298,652	121,263,442	5.01
5.02 HOSPITAL ADMIN & GENERAL	7,139,871	63,439	64,471	3,639,774	10,907,555	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	22,172,985	92,942	1,028,360	547,110	23,841,397	6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	6,121,679	67,114	6,793	2,294	6,197,880	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	16,464,838	11,114		2,138,449	18,614,401	22
23 PARAMED ED PRGM-(SPECIFY)	1,202,736			189,451	1,392,187	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	45,545,439	648,959	21,053	31,848,644	78,064,095	30
31 INTENSIVE CARE UNIT	6,547,943	55,532	9,195	4,591,547	11,204,217	31
31.01 PEDS ICU	3,387,090	33,356	6,242	2,343,160	5,769,848	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	6,454,114	128,642		4,557,184	11,139,940	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	16,212,624	219,918	2,549,284	7,794,043	26,775,869	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	20,872,338	330,267	660,682	7,212,169	29,075,456	60
60.01 LAB TISSUE TYPING	1,567,586	6,955	59,042	211,759	1,845,342	60.01
60.02 LAB OUTREACH	7,481,400	67,613		2,135,311	9,684,324	60.02
62 WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	5,545,384	12,557	18,187	593,557	6,169,685	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	206,467	12,802	513	131,616	351,398	69
70 ELECTROENCEPHALOGRAPHY	270,990	5,438	115,647	194,812	586,887	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	47,359,801		56,217		47,416,018	71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS	42,157,048				42,157,048	73
74 RENAL DIALYSIS	4,845,555	90,197		2,490,928	7,426,680	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	971,023		19,666	255,355	1,246,044	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
OUTPATIENT SERVICE COST CENTERS						
88 RURAL HEALTH CLINIC						88
89 FEDERALLY QUALIFIED HEALTH CENTER						89
90 CLINIC	17,920,143	663,403	188,922	11,206,047	29,978,515	90
91 EMERGENCY	7,579,593	104,376	26,037	5,137,277	12,847,283	91
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
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	4,580,672	17,482	1,834	1,166,703	5,766,691	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)	735,271,471	5,046,097	13,851,970	202,190,484	732,577,290	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	118,752	6,145		85,439	210,336	190
191 RESEARCH	572,641	24,489	574	346,553	944,257	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)	737,294,503	5,076,731	13,877,768	204,828,233	737,294,503	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	121,263,442				5.01
5.02 HOSPITAL ADMIN & GENERAL	2,147,109	13,054,664	13,054,664		5.02
5.03 AMBULATORY ADMIN & GENERAL	2,444,920	14,865,390	288,626	15,154,016	5.03
6 MAINTENANCE & REPAIRS	4,693,084	28,534,481	554,025	29,088,506	6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING	1,220,028	7,417,908	144,026	7,561,934	9
10 DIETARY	1,359,400	8,265,306	160,479	8,425,785	10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	1,676,468	10,193,114	197,910	10,391,024	13
14 CENTRAL SERVICES & SUPPLY	2,043,994	12,427,714	241,296	12,669,010	14
15 PHARMACY	1,857,654	11,294,745	219,299	11,514,044	15
16 MEDICAL RECORDS & LIBRARY	1,062,546	6,460,398	125,435	6,585,833	16
17 SOCIAL SERVICE	1,122,334	6,823,920	132,493	6,956,413	17
17.01 PALLIATIVE CARE	91,230	554,688	10,770	565,458	17.01
18 UTILMGMT / DSCH PLANNING	760,691	4,625,085	89,801	4,714,886	18
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD	9,279,925	56,422,997	1,095,509	57,518,506	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	3,664,170	22,278,571	432,561	22,711,132	22
23 PARAMED ED PRGM-(SPECIFY)	274,046	1,666,233	32,352	1,698,585	23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	15,366,795	93,430,890	1,814,182	95,245,072	30
31 INTENSIVE CARE UNIT	2,205,505	13,409,722	260,363	13,670,085	31
31.01 PEDS ICU	1,135,771	6,905,619	134,079	7,039,698	31.01
31.02 NEONATAL ICU	3,494,136	21,244,745	412,488	21,657,233	31.02
32 CORONARY CARE UNIT	1,864,204	11,334,570	220,072	11,554,642	32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
40 SUBPROVIDER - IPF	2,192,853	13,332,793	258,870	13,591,663	40
41 SUBPROVIDER - IRF	684,648	4,162,736	80,824	4,243,560	41
42 SUBPROVIDER I					42
43 NURSERY	434,730	2,643,207	51,321	2,694,528	43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
46 OTHER LONG TERM CARE					46
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	5,270,723	32,046,592	622,217	32,668,809	50
51 RECOVERY ROOM	698,758	4,248,528	82,489	4,331,017	51
52 DELIVERY ROOM & LABOR ROOM	1,587,633	9,652,988	187,422	9,840,410	52
53 ANESTHESIOLOGY	424,800	2,582,832	50,148	2,632,980	53
54 RADIOLOGY-DIAGNOSTIC	1,021,365	6,210,013	120,574	6,330,587	54
54.01 RADIO ULTRASOUND	313,771	1,907,763	37,041	1,944,804	54.01
54.02 RADIO ANGIOGRAPHY	919,323	5,589,586	108,527	5,698,113	54.02
54.03 RADIO WEST HARRISON	366,512	2,228,435	43,267	2,271,702	54.03
55 RADIOLOGY-THERAPEUTIC	1,523,454	9,262,771	179,846	9,442,617	55
56 RADIOISOTOPE	227,599	1,383,830	26,868	1,410,698	56
57 CT SCAN	633,046	3,848,989	74,732	3,923,721	57
58 MRI	548,153	3,332,832	64,710	3,397,542	58
59 CARDIAC CATHETERIZATION	380,748	2,314,989	44,948	2,359,937	59
60 LABORATORY	5,723,387	34,798,843	675,654	35,474,497	60
60.01 LAB TISSUE TYPING	363,248	2,208,590	42,882	2,251,472	60.01
60.02 LAB OUTREACH	1,906,320	11,590,644	225,044	11,815,688	60.02
62 WHOLE BLOOD & PACKED RED BLOOD CELLS					62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,214,478	7,384,163	143,371	7,527,534	63
64 INTRAVENOUS THERAPY	115,958	705,039		705,039	64
65 RESPIRATORY THERAPY	887,842	5,398,178	104,811	5,502,989	65
66 PHYSICAL THERAPY	1,076,789	6,547,000	127,117	6,674,117	66
67 OCCUPATIONAL THERAPY	456,015	2,772,622	53,833	2,826,455	67
68 SPEECH PATHOLOGY	142,836	868,458	16,862	885,320	68
69 ELECTROCARDIOLOGY	69,171	420,569	8,166	428,735	69
70 ELECTROENCEPHALOGRAPHY	115,526	702,413	13,638	716,051	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,333,653	56,749,671	1,101,852	57,851,523	71
72 IMPL. DEV. CHARGED TO PATIENTS					72
73 DRUGS CHARGED TO PATIENTS	8,298,446	50,455,494	979,644	51,435,138	73
74 RENAL DIALYSIS	1,461,912	8,888,592	172,581	9,061,173	74
75 ASC (NON-DISTINCT PART)					75
76 OTHER ANCILLARY SVC					76
76.01 GASTROENTEROLOGY	630,652	3,834,438	74,449	3,908,887	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	245,279	1,491,323	28,956	1,520,279		76.02
76.03 CARDIAC SERVICES	646,391	3,930,130	76,307	4,006,437		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	5,901,151	35,879,666		35,879,666	10,480,319	91
92 EMERGENCY	2,528,936	15,376,219	298,545	15,674,764		92
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01 OCC EBI	820,028	4,985,861		4,985,861	1,456,355	93.01
93.02 OCC PSYCH	910,300	5,534,729		5,534,729	1,616,678	93.02
93.03 OCC ADOLESCENTS	785,325	4,774,866		4,774,866	1,394,724	93.03
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	1,135,150	6,901,841	134,006	7,035,847		105
106 HEART ACQUISITION						106
107 LIVER ACQUISITION	287,210	1,746,267	33,906	1,780,173		107
108 LUNG ACQUISITION						108
109 PANCREAS ACQUISITION	237,634	1,444,843	28,053	1,472,896		109
110 INTESTINAL ACQUISITION						110
111 ISLET ACQUISITION	26,990	164,103	3,186	167,289		111
112 OTHER ORGAN ACQUISITION (SPECIFY)	22,125	134,520	2,612	137,132		112
115 AMBULATORY SURGICAL CENTER (D.P.)						115
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	120,334,878	731,648,726	12,945,045	731,539,107	15,154,016	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	41,404	251,740	4,888	256,628		190
191 RESEARCH	185,873	1,130,130	21,943	1,152,073		191
192 PHYSICIANS' PRIVATE OFFICES	701,287	4,263,907	82,788	4,346,695		192
193 NONPAID WORKERS						193
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	121,263,442	737,294,503	13,054,664	737,294,503	15,154,016	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 6	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02 HOSPITAL ADMIN & GENERAL						5.02
5.03 AMBULATORY ADMIN & GENERAL						5.03
6 MAINTENANCE & REPAIRS	29,088,506					6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	442,479	8,004,413				9
10 DIETARY	1,001,929	279,964	9,707,678			10
11 CAFETERIA			5,047,763	5,047,763		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	165,378	46,211		101,997	10,704,610	13
14 CENTRAL SERVICES & SUPPLY	810,116	226,367		67,926		14
15 PHARMACY	463,127	129,409		152,556		15
16 MEDICAL RECORDS & LIBRARY	541,009	151,171		58,797		16
17 SOCIAL SERVICE	155,863	43,552		68,830	107	17
17.01 PALLIATIVE CARE				5,127		17.01
18 UTILMGMT / DSCH PLANNING				47,886		18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD				611,401		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	73,272	20,474		65,906		22
23 PARAMED ED PRGM-(SPECIFY)				5,839		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	4,278,539	1,195,530	3,243,096	981,610	3,712,575	30
31 INTENSIVE CARE UNIT	366,117	102,302	260,415	141,510	621,916	31
31.01 PEDS ICU	219,915	61,450	118,646	72,215	304,276	31.01
31.02 NEONATAL ICU	408,540	114,156		224,954	973,768	31.02
32 CORONARY CARE UNIT	382,056	106,756	214,063	117,651	504,311	32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
40 SUBPROVIDER - IPF	848,126	236,987	619,560	140,451	448,716	40
41 SUBPROVIDER - IRF	329,922	92,188	199,958	43,658	150,855	41
42 SUBPROVIDER I						42
43 NURSERY	148,997	41,633		27,277	99,643	43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,449,901	405,138		240,209	852,528	50
51 RECOVERY ROOM				45,002	187,526	51
52 DELIVERY ROOM & LABOR ROOM	594,811	166,205		107,617	389,700	52
53 ANESTHESIOLOGY	190,636	53,268		19,492	76,764	53
54 RADIOLOGY-DIAGNOSTIC	251,647	70,316		61,172	30,791	54
54.01 RADIO ULTRASOUND	88,182	24,640		19,389	10,798	54.01
54.02 RADIO ANGIOGRAPHY	440,664	123,133		47,878	65,324	54.02
54.03 RADIO WEST HARRISON				14,952	11,012	54.03
55 RADIOLOGY-THERAPEUTIC	733,214	204,878		47,142	46,935	55
56 RADIOISOTOPE	44,827	12,526		8,721	5,453	56
57 CT SCAN	452,043	126,312		38,320	55,381	57
58 MRI	316,680	88,488		30,674	39,023	58
59 CARDIAC CATHETERIZATION	221,828	61,984		16,714	38,489	59
60 LABORATORY	2,177,426	608,427		222,276	75,374	60
60.01 LAB TISSUE TYPING	45,857	12,813		6,526		60.01
60.02 LAB OUTREACH	445,765	124,558		65,809	10,584	60.02
62 WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	82,787	23,133		18,293		63
64 INTRAVENOUS THERAPY				4,369		64
65 RESPIRATORY THERAPY	98,089	27,408		55,395		65
66 PHYSICAL THERAPY	675,489	188,748		66,884		66
67 OCCUPATIONAL THERAPY	247,037	69,028		29,158		67
68 SPEECH PATHOLOGY	30,800	8,606		8,738		68
69 ELECTROCARDIOLOGY	84,405	23,585		4,056		69
70 ELECTROENCEPHALOGRAPHY	35,851	10,018		6,004		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	594,664	166,164		76,769	158,553	74
75 ASC (NON-DISTINCT PART)						75
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTROLOGY	299,711	83,747		31,432	111,938	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				7,870	8,339	76.02
76.03 CARDIAC SERVICES	395,838	110,607		37,823	45,331	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	4,373,785	1,222,149		345,366	698,252	90
91 EMERGENCY	688,143	192,284		158,329	611,118	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01 OCC EEI	761,709	212,841		47,348	21,383	93.01
93.02 OCC PSYCH	1,708,561	477,415		52,303	17,855	93.02
93.03 OCC ADOLESCENTS	469,552	131,204		44,238	114,504	93.03
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	115,254	32,205		35,957	69,066	105
106 HEART ACQUISITION						106
107 LIVER ACQUISITION	13,732	3,837		4,956	9,836	107
108 LUNG ACQUISITION						108
109 PANCREAS ACQUISITION	2,796	781		1,268	2,352	109
110 INTESTINAL ACQUISITION						110
111 ISLET ACQUISITION	105,887	29,587		2,102	1,604	111
112 OTHER ORGAN ACQUISITION (SPECIFY)	13,585	3,796		326	214	112
115 AMBULATORY SURGICAL CENTER (D.P.)						115
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	28,886,541	7,947,979	9,703,501	4,966,468	10,582,194	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	40,511	11,320		2,633		190
191 RESEARCH	161,454	45,114	4,177	10,681	20,634	191
192 PHYSICIANS' PRIVATE OFFICES				67,981	101,782	192
193 NONPAID WORKERS						193
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	29,088,506	8,004,413	9,707,678	5,047,763	10,704,610	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	13,773,419					14
15 PHARMACY	188,489	12,447,625				15
16 MEDICAL RECORDS & LIBRARY	3,093		7,339,903			16
17 SOCIAL SERVICE	162			7,224,927		17
17.01 PALLATIVE CARE					570,585	17.01
18 UTILMGMT / DSCH PLANNING	21,483					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	443,591	92,594	610,340	3,471,899	339,782	30
31 INTENSIVE CARE UNIT	148,210	12,428	87,665	51,540	27,940	31
31.01 PEDS ICU	49,031	4,867	33,900	187,417	12,729	31.01
31.02 NEONATAL ICU	157,529	4,842	164,845	100,737	59,879	31.02
32 CORONARY CARE UNIT	131,241	13,852	73,389	159,304	22,967	32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
40 SUBPROVIDER - IPF	8,360	318	91,887		66,920	40
41 SUBPROVIDER - IRF	3,812	462	30,885	302,210	21,454	41
42 SUBPROVIDER I						42
43 NURSERY			12,473	480,256	18,914	43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	8,596,634	14,339	444,284			50
51 RECOVERY ROOM	11,760	1,948	31,936			51
52 DELIVERY ROOM & LABOR ROOM	187,959	9,051	76,786			52
53 ANESTHESIOLOGY	375,486	67,147	177,308			53
54 RADIOLOGY-DIAGNOSTIC	69,094	3,927	112,107			54
54.01 RADIO ULTRASOUND	18,412	2,407	39,278			54.01
54.02 RADIO ANGIOGRAPHY	1,329,727	32,024	196,302			54.02
54.03 RADIO WEST HARRISON	34,294	14,364	40,082			54.03
55 RADIOLOGY-THERAPEUTIC	20,238	826	109,029			55
56 RADIOISOTOPE	157,796	10,797	19,975			56
57 CT SCAN	41,395	11,758	201,371			57
58 MRI	17,408	29,746	141,079			58
59 CARDIAC CATHETERIZATION	280,565	15,720	45,834			59
60 LABORATORY	13,779	2,993	975,123	93,709		60
60.01 LAB TISSUE TYPING	15		20,954			60.01
60.02 LAB OUTREACH	14		426,587			60.02
62 WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	47		114,361			63
64 INTRAVENOUS THERAPY		1,780,811	21			64
65 RESPIRATORY THERAPY	100,754	4,903	102,328			65
66 PHYSICAL THERAPY	7,007	27	63,243			66
67 OCCUPATIONAL THERAPY	4,685		23,129			67
68 SPEECH PATHOLOGY	97		7,718			68
69 ELECTROCARDIOLOGY	1,574	5	17,442			69
70 ELECTROENCEPHALOGRAPHY	3,462	20	21,308			70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			805,319			71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS		9,649,375	932,179			73
74 RENAL DIALYSIS	285,289	50,231	147,997			74
75 ASC (NON-DISTINCT PART)						75
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTROLOGY	214,890	2,730	81,948			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	50	346	3,232	72,624		76.02
76.03 CARDIAC SERVICES	383,455	711	81,797			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	226,558	237,249	315,312	1,724,237		90
91 EMERGENCY	163,466	20,743	272,319	117,136		91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01 OCC EBI	23,087	269,713	52,981	81,995		93.01
93.02 OCC PSYCH	669		10,755	93,709		93.02
93.03 OCC ADOLESCENTS	25,885	83,087	50,866			93.03
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	186	14	51,656	213,187		105
106 HEART ACQUISITION						106
107 LIVER ACQUISITION	10		10,353	74,967		107
108 LUNG ACQUISITION						108
109 PANCREAS ACQUISITION			9,525			109
110 INTESTINAL ACQUISITION						110
111 ISLET ACQUISITION	163		18			111
112 OTHER ORGAN ACQUISITION (SPECIFY)	3		677			112
115 AMBULATORY SURGICAL CENTER (D.P.)						115
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	13,750,914	12,446,375	7,339,903	7,224,927	570,585	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH	3,548	353				191
192 PHYSICIANS' PRIVATE OFFICES	18,957	897				192
193 NONPAID WORKERS						193
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	13,773,419	12,447,625	7,339,903	7,224,927	570,585	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	UTILMGMT DSCH PLANNING 18	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION 23	SUBTOTAL 24	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02 HOSPITAL ADMIN & GENERAL						5.02
5.03 AMBULATORY ADMIN & GENERAL						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
17.01 PALLIATIVE CARE						17.01
18 UTILMGMT / DSCH PLANNING	4,784,255					18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD		58,129,907				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD			22,870,784			22
23 PARAMED ED PRGM-(SPECIFY)				1,704,424		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,849,019	5,588,851	1,785,742	1,014,983	124,853,223	30
31 INTENSIVE CARE UNIT	234,270	889,534	423,816	83,460	17,121,208	31
31.01 PEDS ICU	106,731	503,289	80,014	38,024	8,832,202	31.01
31.02 NEONATAL ICU	502,077	1,667,877	515,674	178,868	26,730,979	31.02
32 CORONARY CARE UNIT	192,573	790,047	229,577	68,605	14,561,034	32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
40 SUBPROVIDER - IPF	561,114	766,638	289,059	199,901	17,869,700	40
41 SUBPROVIDER - IRF	179,884			64,085	5,662,933	41
42 SUBPROVIDER I						42
43 NURSERY	158,587	128,748	39,018	56,498	3,906,572	43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		7,578,600	1,389,827		53,640,269	50
51 RECOVERY ROOM			99,903		4,709,092	51
52 DELIVERY ROOM & LABOR ROOM		1,041,692	240,204		12,654,435	52
53 ANESTHESIOLOGY		1,673,729	554,661		5,821,471	53
54 RADIOLOGY-DIAGNOSTIC			350,696		7,280,337	54
54.01 RADIO ULTRASOUND		216,531	122,872		2,487,313	54.01
54.02 RADIO ANGIOGRAPHY		1,738,104	614,080		10,285,349	54.02
54.03 RADIO WEST HARRISON			125,385		2,511,791	54.03
55 RADIOLOGY-THERAPEUTIC		2,141,905	341,068		13,087,852	55
56 RADIOISOTOPE		234,088	62,485		1,967,366	56
57 CT SCAN		1,012,431	629,937		6,492,669	57
58 MRI		989,022	441,327		5,490,989	58
59 CARDIAC CATHETERIZATION		2,130,201	143,379		5,314,651	59
60 LABORATORY		7,016,788	3,052,293		49,712,685	60
60.01 LAB TISSUE TYPING			65,550		2,403,187	60.01
60.02 LAB OUTREACH			1,334,465		14,223,470	60.02
62 WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		1,416,233	357,747		9,540,135	63
64 INTRAVENOUS THERAPY			64		2,696,244	64
65 RESPIRATORY THERAPY		1,533,277	320,107		7,745,250	65
66 PHYSICAL THERAPY		321,871	197,839		8,195,225	66
67 OCCUPATIONAL THERAPY		169,714	72,353		3,441,559	67
68 SPEECH PATHOLOGY		163,862	24,143		1,129,284	68
69 ELECTROCARDIOLOGY		479,880	54,564		1,094,246	69
70 ELECTROENCEPHALOGRAPHY			66,655		859,369	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,030,714	2,519,228		63,206,784	71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS		9,275,737	2,919,032		74,211,461	73
74 RENAL DIALYSIS		989,022	462,970		11,992,832	74
75 ASC (NON-DISTINCT PART)						75
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTROLOGY			256,354		4,991,637	76.01

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  
 07/30/2014 11:44

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			10,112		1,622,852	76.02
76.03 CARDIAC SERVICES			255,880		5,317,879	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		1,632,764	986,372		58,122,029	90
91 EMERGENCY		1,702,990	851,879		20,453,171	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01 OCC EEI		339,428	165,738		8,418,439	93.01
93.02 OCC PSYCH		438,915	33,646		9,985,235	93.02
93.03 OCC ADOLESCENTS		602,777	159,120		7,850,823	93.03
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		280,906	161,593		7,995,871	105
106 HEART ACQUISITION						106
107 LIVER ACQUISITION		257,497	32,387		2,187,748	107
108 LUNG ACQUISITION						108
109 PANCREAS ACQUISITION			29,796		1,519,414	109
110 INTESTINAL ACQUISITION						110
111 ISLET ACQUISITION			56		306,706	111
112 OTHER ORGAN ACQUISITION (SPECIFY)		58,522	2,117		216,372	112
115 AMBULATORY SURGICAL CENTER (D.P.)						115
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	4,784,255	57,802,184	22,870,784	1,704,424	730,721,342	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					311,092	190
191 RESEARCH					1,398,034	191
192 PHYSICIANS' PRIVATE OFFICES		327,723			4,864,035	192
193 NONPAID WORKERS						193
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	4,784,255	58,129,907	22,870,784	1,704,424	737,294,503	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	-7,374,593	117,478,630	30
31 INTENSIVE CARE UNIT	-1,313,350	15,807,858	31
31.01 PEDS ICU	-583,303	8,248,899	31.01
31.02 NEONATAL ICU	-2,183,551	24,547,428	31.02
32 CORONARY CARE UNIT	-1,019,624	13,541,410	32
33 BURN INTENSIVE CARE UNIT			33
34 SURGICAL INTENSIVE CARE UNIT			34
40 SUBPROVIDER - IPF	-1,055,697	16,814,003	40
41 SUBPROVIDER - IRF		5,662,933	41
42 SUBPROVIDER I			42
43 NURSERY	-167,766	3,738,806	43
44 SKILLED NURSING FACILITY			44
45 NURSING FACILITY			45
46 OTHER LONG TERM CARE			46
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	-8,968,427	44,671,842	50
51 RECOVERY ROOM	-99,903	4,609,189	51
52 DELIVERY ROOM & LABOR ROOM	-1,281,896	11,372,539	52
53 ANESTHESIOLOGY	-2,228,390	3,593,081	53
54 RADIOLOGY-DIAGNOSTIC	-350,696	6,929,641	54
54.01 RADIO ULTRASOUND	-339,403	2,147,910	54.01
54.02 RADIO ANGIOGRAPHY	-2,352,184	7,933,165	54.02
54.03 RADIO WEST HARRISON	-125,385	2,386,406	54.03
55 RADIOLOGY-THERAPEUTIC	-2,482,973	10,604,879	55
56 RADIOISOTOPE	-296,573	1,670,793	56
57 CT SCAN	-1,642,368	4,850,301	57
58 MRI	-1,430,349	4,060,640	58
59 CARDIAC CATHETERIZATION	-2,273,580	3,041,071	59
60 LABORATORY	-10,069,081	39,643,604	60
60.01 LAB TISSUE TYPING	-65,550	2,337,637	60.01
60.02 LAB OUTREACH	-1,334,465	12,889,005	60.02
62 WHOLE BLOOD & PACKED RED BLOOD CELLS			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRANS.	-1,773,980	7,766,155	63
64 INTRAVENOUS THERAPY	-64	2,696,180	64
65 RESPIRATORY THERAPY	-1,853,384	5,891,866	65
66 PHYSICAL THERAPY	-519,710	7,675,515	66
67 OCCUPATIONAL THERAPY	-242,067	3,199,492	67
68 SPEECH PATHOLOGY	-188,005	941,279	68
69 ELECTROCARDIOLOGY	-534,444	559,802	69
70 ELECTROENCEPHALOGRAPHY	-66,655	792,714	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	-4,549,942	58,656,842	71
72 IMPL. DEV. CHARGED TO PATIENTS			72
73 DRUGS CHARGED TO PATIENTS	-12,194,769	62,016,692	73
74 RENAL DIALYSIS	-1,451,992	10,540,840	74
75 ASC (NON-DISTINCT PART)			75
76 OTHER ANCILLARY SVC			76
76.01 GASTROENTROLOGY	-256,354	4,735,283	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	-10,112	1,612,740	76.02
76.03 CARDIAC SERVICES	-255,880	5,061,999	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	-2,619,136	55,502,893	90
91 EMERGENCY	-2,554,869	17,898,302	91
92 OBSERVATION BEDS (NON-DISTINCT PART)			92
93.01 OCC EEI	-505,166	7,913,273	93.01
93.02 OCC PSYCH	-472,561	9,512,674	93.02
93.03 OCC ADOLESCENTS	-761,897	7,088,926	93.03
OTHER REIMBURSABLE COST CENTERS			
94 HOME PROGRAM DIALYSIS			94
95 AMBULANCE SERVICES			95
SPECIAL PURPOSE COST CENTERS			
105 KIDNEY ACQUISITION	-442,499	7,553,372	105
106 HEART ACQUISITION			106
107 LIVER ACQUISITION	-289,884	1,897,864	107
108 LUNG ACQUISITION			108
109 PANCREAS ACQUISITION	-29,796	1,489,618	109
110 INTESTINAL ACQUISITION			110
111 ISLET ACQUISITION	-56	306,650	111
112 OTHER ORGAN ACQUISITION (SPECIFY)	-60,639	155,733	112
115 AMBULATORY SURGICAL CENTER (D.P.)			115
116 HOSPICE			116
118 SUBTOTALS (SUM OF LINES 1-117)	-80,672,968	650,048,374	118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		311,092	190
191 RESEARCH		1,398,034	191
192 PHYSICIANS' PRIVATE OFFICES	-327,723	4,536,312	192
193 NONPAID WORKERS			193
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 TOTAL (SUM OF LINES 118-201)	-81,000,691	656,293,812	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	5,255	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	648,959		21,053	670,012	5,223	30
31 INTENSIVE CARE UNIT	55,532		9,195	64,727	753	31
31.01 PEDS ICU	33,356		6,242	39,598	384	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	128,642			128,642	747	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	1,183	60
60.01 LAB TISSUE TYPING	6,955		59,042	65,997	35	60.01
60.02 LAB OUTREACH	67,613			67,613	350	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 GASTROENTEROLOGY	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
94 OTHER REIMBURSABLE COST CENTERS						94
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
105 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)		5,046,097	13,851,970	18,898,067	33,117	118
190 NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		6,145		6,145	14	190
191 RESEARCH		24,489	574	25,063	57	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 5.01	HOSPITAL ADMIN 5.02	AMBULATORY ADMIN 5.03	MAIN-TENANCE & REPAIRS 6	HOUSE-KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN	4,355,224					5.01
5.02 HOSPITAL ADMIN & GENERAL	77,116	205,623				5.02
5.03 AMBULATORY ADMIN & GENERAL	87,813	4,549	174,046			5.03
6 MAINTENANCE & REPAIRS	168,559	8,732		1,298,683		6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	43,819	2,270		19,755	139,751	9
10 DIETARY	48,825	2,529		44,732	4,888	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	60,213	3,119		7,383	807	13
14 CENTRAL SERVICES & SUPPLY	73,413	3,803		36,168	3,952	14
15 PHARMACY	66,720	3,456		20,677	2,259	15
16 MEDICAL RECORDS & LIBRARY	38,163	1,977		24,154	2,639	16
17 SOCIAL SERVICE	40,310	2,088		6,959	760	17
17.01 PALLIATIVE CARE	3,277	170				17.01
18 UTILMGMT / DSCH PLANNING	27,321	1,415				18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	333,302	17,265				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	131,604	6,817		3,271	357	22
23 PARAMED ED PRGM-(SPECIFY)	9,843	510				23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	551,795	28,474		191,019	20,873	30
31 INTENSIVE CARE UNIT	79,214	4,103		16,346	1,786	31
31.01 PEDS ICU	40,793	2,113		9,818	1,073	31.01
31.02 NEONATAL ICU	125,497	6,501		18,240	1,993	31.02
32 CORONARY CARE UNIT	66,955	3,468		17,057	1,864	32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
40 SUBPROVIDER - IPF	78,759	4,080		37,865	4,138	40
41 SUBPROVIDER - IRF	24,590	1,274		14,730	1,610	41
42 SUBPROVIDER I						42
43 NURSERY	15,614	809		6,652	727	43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	189,305	9,806		64,732	7,073	50
51 RECOVERY ROOM	25,097	1,300				51
52 DELIVERY ROOM & LABOR ROOM	57,022	2,954		26,556	2,902	52
53 ANESTHESIOLOGY	15,257	790		8,511	930	53
54 RADIOLOGY-DIAGNOSTIC	36,684	1,900		11,235	1,228	54
54.01 RADIO ULTRASOUND	11,270	584		3,937	430	54.01
54.02 RADIO ANGIOGRAPHY	33,019	1,710		19,674	2,150	54.02
54.03 RADIO WEST HARRISON	13,164	682				54.03
55 RADIOLOGY-THERAPEUTIC	54,717	2,834		32,735	3,577	55
56 RADIOISOTOPE	8,175	423		2,001	219	56
57 CT SCAN	22,737	1,178		20,182	2,205	57
58 MRI	19,688	1,020		14,138	1,545	58
59 CARDIAC CATHETERIZATION	13,675	708		9,904	1,082	59
60 LABORATORY	205,563	10,648		97,213	10,623	60
60.01 LAB TISSUE TYPING	13,047	676		2,047	224	60.01
60.02 LAB OUTREACH	68,468	3,547		19,902	2,175	60.02
62 WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	43,620	2,260		3,696	404	63
64 INTRAVENOUS THERAPY	4,165		2,365			64
65 RESPIRATORY THERAPY	31,888	1,652		4,379	479	65
66 PHYSICAL THERAPY	38,674	2,003		30,158	3,295	66
67 OCCUPATIONAL THERAPY	16,378	848		11,029	1,205	67
68 SPEECH PATHOLOGY	5,130	266		1,375	150	68
69 ELECTROCARDIOLOGY	2,484	129		3,768	412	69
70 ELECTROENCEPHALOGRAPHY	4,149	215		1,601	175	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	335,231	17,365				71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS	298,050	15,439				73
74 RENAL DIALYSIS	52,507	2,720		26,549	2,901	74
75 ASC (NON-DISTINCT PART)						75
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTEROLOGY	22,651	1,173		13,381	1,462	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	456				76.02
76.03 CARDIAC SERVICES	23,216	1,203		17,673	1,931	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	211,948		120,364	195,272	21,337	90
91 EMERGENCY	90,830	4,705		30,723	3,357	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01 OCC EBI	29,452		16,728	34,007	3,716	93.01
93.02 OCC PSYCH	32,695		18,569	76,280	8,335	93.02
93.03 OCC ADOLESCENTS	28,206		16,020	20,964	2,291	93.03
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	40,771	2,112		5,146	562	105
106 HEART ACQUISITION						106
107 LIVER ACQUISITION	10,316	534		613	67	107
108 LUNG ACQUISITION						108
109 PANCREAS ACQUISITION	8,535	442		125	14	109
110 INTESTINAL ACQUISITION						110
111 ISLET ACQUISITION	969	50		4,727	517	111
112 OTHER ORGAN ACQUISITION (SPECIFY)	795	41		607	66	112
115 AMBULATORY SURGICAL CENTER (D.P.)						115
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	4,321,873	203,895	174,046	1,289,666	138,765	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,487	77		1,809	198	190
191 RESEARCH	6,676	346		7,208	788	191
192 PHYSICIANS' PRIVATE OFFICES	25,188	1,305				192
193 NONPAID WORKERS						193
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	4,355,224	205,623	174,046	1,298,683	139,751	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	278,441					10
11 CAFETERIA	144,783	144,783				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		2,926	275,673			13
14 CENTRAL SERVICES & SUPPLY		1,948		547,276		14
15 PHARMACY		4,376		7,489	204,535	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	93,020	28,160	95,608	17,625	1,521	30
31 INTENSIVE CARE UNIT	7,469	4,059	16,016	5,889	204	31
31.01 PEDS ICU	3,403	2,071	7,836	1,948	80	31.01
31.02 NEONATAL ICU		6,452	25,077	6,259	80	31.02
32 CORONARY CARE UNIT	6,140	3,375	12,987	5,215	228	32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
40 SUBPROVIDER - IPF	17,771	4,028	11,556	332	5	40
41 SUBPROVIDER - IRF	5,735	1,252	3,885	151	8	41
42 SUBPROVIDER I						42
43 NURSERY		782	2,566			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	21,955	341,585	236	50
51 RECOVERY ROOM		1,291	4,829	467	32	51
52 DELIVERY ROOM & LABOR ROOM		3,087	10,036	7,468	149	52
53 ANESTHESIOLOGY		559	1,977	14,919	1,103	53
54 RADIOLOGY-DIAGNOSTIC		1,755	793	2,745	65	54
54.01 RADIO ULTRASOUND		556	278	732	40	54.01
54.02 RADIO ANGIOGRAPHY		1,373	1,682	52,835	526	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	6,270	177	56
57 CT SCAN		1,099	1,426	1,645	193	57
58 MRI		880	1,005	692	489	58
59 CARDIAC CATHETERIZATION		479	991	11,148	258	59
60 LABORATORY		6,375	1,941	547	49	60
60.01 LAB TISSUE TYPING		187		1		60.01
60.02 LAB OUTREACH		1,888	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			29,259	64
65 RESPIRATORY THERAPY		1,589		4,003	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					158,558	73
74 RENAL DIALYSIS		2,202	4,083	11,336	825	74
75 ASC (NON-DISTINCT PART)						75
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTEROLOGY		902	2,883	8,538	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	1,167	15,236	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	17,982	9,002	3,898	90
91 EMERGENCY		4,541	15,738	6,495	341	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01 OCC EEI		1,358	551	917	4,431	93.01
93.02 OCC PSYCH		1,500	460	27		93.02
93.03 OCC ADOLESCENTS		1,269	2,949	1,029	1,365	93.03
94 OTHER REIMBURSABLE COST CENTERS						94
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
95 SPECIAL PURPOSE COST CENTERS						95
105 KIDNEY ACQUISITION		1,031	1,779	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)	278,321	142,451	272,521	546,382	204,514	118
190 NONREIMBURSABLE COST CENTERS						190
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		76				190
191 RESEARCH	120	306	531	141	6	191
192 PHYSICIANS' PRIVATE OFFICES		1,950	2,621	753	15	192
193 NONPAID WORKERS						193
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	278,441	144,783	275,673	547,276	204,535	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	157,735					16
17 SOCIAL SERVICE		78,153				17
17.01 PALLATIVE CARE			3,621			17.01
18 UTILMGMT / DSCH PLANNING				31,218		18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD					371,357	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	13,045	37,555	2,156	18,590		30
31 INTENSIVE CARE UNIT	1,874	558	177	1,529		31
31.01 PEDS ICU	725	2,027	81	696		31.01
31.02 NEONATAL ICU	3,523	1,090	380	3,276		31.02
32 CORONARY CARE UNIT	1,569	1,723	146	1,257		32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
40 SUBPROVIDER - IPF	1,964		425	3,661		40
41 SUBPROVIDER - IRF	660	3,269	136	1,174		41
42 SUBPROVIDER I						42
43 NURSERY	267	5,195	120	1,035		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	21,702	1,014				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 RECORDS & LIBRARY 16	SOCIAL SERVICE 17	PALLATIVE CARE 17.01	UTILMGMT DSCH PLANNING 18	I&R 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	18,651				90
91 EMERGENCY	5,820	1,267				91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01 OCC EEI	1,132	887				93.01
93.02 OCC PSYCH	230	1,014				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	2,306				105
106 HEART ACQUISITION						106
107 LIVER ACQUISITION	221	811				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)	157,735	78,153	3,621	31,218		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					371,357	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	157,735	78,153	3,621	31,218	371,357	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	I&R	PARAMED	SUBTOTAL	I&R COST &	TOTAL
	PROGRAM	EDUCATION		POST STEP-	
	COSTS			DOWN ADJS	
	22	23	24	25	26
GENERAL SERVICE COST CENTERS					
1					1
2					2
4					4
5.01					5.01
5.02					5.02
5.03					5.03
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
17.01					17.01
18					18
19					19
20					20
21					21
22	155,404				22
23		10,551			23
INPATIENT ROUTINE SERV COST CENTERS					
30			1,774,676		1,774,676
31			204,704		204,704
31.01			112,646		112,646
31.02			332,956		332,956
32			200,742		200,742
33					33
34					34
40			293,973		293,973
41			108,748		108,748
42					42
43			56,512		56,512
44					44
45					45
46					46
ANCILLARY SERVICE COST CENTERS					
50			3,421,558		3,421,558
51			33,938		33,938
52			494,789		494,789
53			434,719		434,719
54			465,666		465,666
54.01			68,089		68,089
54.02			791,710		791,710
54.03			470,269		470,269
55			566,747		566,747
56			456,397		456,397
57			129,323		129,323
58			316,247		316,247
59			547,143		547,143
60			1,347,807		1,347,807
60.01			82,662		82,662
60.02			173,334		173,334
62					62
62.30					62.30
63			83,792		83,792
64			35,937		35,937
65			187,191		187,191
66			193,976		193,976
67			76,662		76,662
68			27,068		27,068
69			20,682		20,682
70			128,022		128,022
71			426,025		426,025
72					72
73			491,970		491,970
74			196,892		196,892
75					75
76					76
76.01			391,774		391,774

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			30,278		30,278	76.02
76.03 CARDIAC SERVICES			460,406		460,406	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			1,469,262		1,469,262	90
91 EMERGENCY			295,073		295,073	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01 OCC EEI			213,295		213,295	93.01
93.02 OCC PSYCH			421,085		421,085	93.02
93.03 OCC ADOLESCENTS			147,700		147,700	93.03
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION			74,325		74,325	105
106 HEART ACQUISITION						106
107 LIVER ACQUISITION			15,066		15,066	107
108 LUNG ACQUISITION						108
109 PANCREAS ACQUISITION			9,848		9,848	109
110 INTESTINAL ACQUISITION						110
111 ISLET ACQUISITION			23,436		23,436	111
112 OTHER ORGAN ACQUISITION (SPECIFY)			3,601		3,601	112
115 AMBULATORY SURGICAL CENTER (D.P.)						115
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)			18,308,721		18,308,721	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			9,806		9,806	190
191 RESEARCH			41,242		41,242	191
192 PHYSICIANS' PRIVATE OFFICES			57,418		57,418	192
193 NONPAID WORKERS						193
200 CROSS FOOT ADJUSTMENTS	155,404	10,551	537,312		537,312	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	155,404	10,551	18,954,499		18,954,499	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON- CILIATION	ALL OTHER ADMIN	ACCUM COST	
	1	2	4	5A.01	5.01		
GENERAL SERVICE COST CENTERS							
1 CAP REL COSTS-BLDG & FIXT	682,453						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	-121,263,442	616,031,061		5.01
5.02 HOSPITAL ADMIN & GENERAL	8,528	53,009	5,058,917		10,907,555		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		23,841,397		6
7 OPERATION OF PLANT							7
8 LAUNDRY & LINEN SERVICE							8
9 HOUSEKEEPING	9,022	5,585	3,188		6,197,880		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		18,614,401		22
23 PARAMED ED PRGM-(SPECIFY)			263,318		1,392,187		23
INPATIENT ROUTINE SERV COST CENTERS							
30 ADULTS & PEDIATRICS	87,238	17,310	44,266,383		78,064,095		30
31 INTENSIVE CARE UNIT	7,465	7,560	6,381,784		11,204,217		31
31.01 PEDIATRIC ICU	4,484	5,132	3,256,755		5,769,848		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	17,293		6,334,023		11,139,940		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		26,775,869		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	10,024,183		29,075,456		60
60.01 LAB TISSUE TYPING	935	48,545	294,323		1,845,342		60.01
60.02 LAB OUTREACH	9,089		2,967,866		9,684,324		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		6,169,685		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		351,398		69
70 ELECTROENCEPHALOGRAPHY	731	95,087	270,769		586,887		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		46,223			47,416,018		71
72 IMPL. DEV. CHARGED TO PATIENTS							72
73 DRUGS CHARGED TO PATIENTS					42,157,048		73
74 RENAL DIALYSIS	12,125		3,462,137		7,426,680		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			76.01
76.02 BONE MARROW TRANSPLANT		16,170	354,917			76.02
76.03 CARDIAC SERVICES	8,071	277,000	1,705,727			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		5,766,691	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	678,335	11,389,335	281,024,225	-121,263,442	611,313,848	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	826		118,752		210,336	190
191 RESEARCH	3,292	472	481,674		944,257	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		121,263,442	202
203 UNIT COST MULT-WS B PT I	7.438946	1.216223	0.719477		0.196846	203
204 COST TO BE ALLOC PER B PT II			33,550		4,355,224	204
205 UNIT COST MULT-WS B PT II			0.000118		0.007070	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	HOSPITAL ADMIN ACCUM COST 5.02	RECON- CILIATION	AMBULATORY ADMIN ACCUM COST 5.03	MAIN- TENANCE & REPAIRS SQUARE FEET 6	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02 HOSPITAL ADMIN & GENERAL	-13,054,664	672,359,678				5.02
5.03 AMBULATORY ADMIN & GENERAL		14,865,390	-15,154,016	51,880,161		5.03
6 MAINTENANCE & REPAIRS		28,534,481	-29,088,506		593,105	6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING		7,417,908	-7,561,934		9,022	9
10 DIETARY		8,265,306	-8,425,785		20,429	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		10,193,114	-10,391,024		3,372	13
14 CENTRAL SERVICES & SUPPLY		12,427,714	-12,669,010		16,518	14
15 PHARMACY		11,294,745	-11,514,044		9,443	15
16 MEDICAL RECORDS & LIBRARY		6,460,398	-6,585,833		11,031	16
17 SOCIAL SERVICE		6,823,920	-6,956,413		3,178	17
17.01 PALLIATIVE CARE		554,688	-565,458			17.01
18 UTILMGMT / DSCH PLANNING		4,625,085	-4,714,886			18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD		56,422,997	-57,518,506			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		22,278,571	-22,711,132		1,494	22
23 PARAMED ED PRGM-(SPECIFY)		1,666,233	-1,698,585			23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		93,430,890	-95,245,072		87,238	30
31 INTENSIVE CARE UNIT		13,409,722	-13,670,085		7,465	31
31.01 PEDS ICU		6,905,619	-7,039,698		4,484	31.01
31.02 NEONATAL ICU		21,244,745	-21,657,233		8,330	31.02
32 CORONARY CARE UNIT		11,334,570	-11,554,642		7,790	32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
40 SUBPROVIDER - IPF		13,332,793	-13,591,663		17,293	40
41 SUBPROVIDER - IRF		4,162,736	-4,243,560		6,727	41
42 SUBPROVIDER I						42
43 NURSERY		2,643,207	-2,694,528		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		32,046,592	-32,668,809		29,563	50
51 RECOVERY ROOM		4,248,528	-4,331,017			51
52 DELIVERY ROOM & LABOR ROOM		9,652,988	-9,840,410		12,128	52
53 ANESTHESIOLOGY		2,582,832	-2,632,980		3,887	53
54 RADIOLOGY-DIAGNOSTIC		6,210,013	-6,330,587		5,131	54
54.01 RADIO ULTRASOUND		1,907,763	-1,944,804		1,798	54.01
54.02 RADIO ANGIOGRAPHY		5,589,586	-5,698,113		8,985	54.02
54.03 RADIO WEST HARRISON		2,228,435	-2,271,702			54.03
55 RADIOLOGY-THERAPEUTIC		9,262,771	-9,442,617		14,950	55
56 RADIOISOTOPE		1,383,830	-1,410,698		914	56
57 CT SCAN		3,848,989	-3,923,721		9,217	57
58 MRI		3,332,832	-3,397,542		6,457	58
59 CARDIAC CATHETERIZATION		2,314,989	-2,359,937		4,523	59
60 LABORATORY		34,798,843	-35,474,497		44,397	60
60.01 LAB TISSUE TYPING		2,208,590	-2,251,472		935	60.01
60.02 LAB OUTREACH		11,590,644	-11,815,688		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.		7,384,163	-7,527,534		1,688	63
64 INTRAVENOUS THERAPY	-705,039			705,039		64
65 RESPIRATORY THERAPY		5,398,178	-5,502,989		2,000	65
66 PHYSICAL THERAPY		6,547,000	-6,674,117		13,773	66
67 OCCUPATIONAL THERAPY		2,772,622	-2,826,455		5,037	67
68 SPEECH PATHOLOGY		868,458	-885,320		628	68
69 ELECTROCARDIOLOGY		420,569	-428,735		1,721	69
70 ELECTROENCEPHALOGRAPHY		702,413	-716,051		731	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		56,749,671	-57,851,523			71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS		50,455,494	-51,435,138			73
74 RENAL DIALYSIS		8,888,592	-9,061,173		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 ACCUM COST 5.02		ADMIN ACCUM COST 5.03		
76.01 GASTROENTROLOGY		3,834,438	-3,908,887		6,111	76.01
76.02 BONE MARROW TRANSPLANT		1,491,323	-1,520,279			76.02
76.03 CARDIAC SERVICES		3,930,130	-4,006,437		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	-35,879,666			35,879,666	89,180	90
91 CLINIC		15,376,219	-15,674,764		14,031	91
92 EMERGENCY						92
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01 OCC EEI	-4,985,861			4,985,861	15,531	93.01
93.02 OCC PSYCH	-5,534,729			5,534,729	34,837	93.02
93.03 OCC ADOLESCENTS	-4,774,866			4,774,866	9,574	93.03
94 OTHER REIMBURSABLE COST CENTERS						94
95 HOME PROGRAM DIALYSIS						95
95 AMBULANCE SERVICES						95
105 SPECIAL PURPOSE COST CENTERS						105
105 KIDNEY ACQUISITION		6,901,841	-7,035,847		2,350	105
106 HEART ACQUISITION						106
107 LIVER ACQUISITION		1,746,267	-1,780,173		280	107
108 LUNG ACQUISITION						108
109 PANCREAS ACQUISITION		1,444,843	-1,472,896		57	109
110 INTESTINAL ACQUISITION						110
111 ISLET ACQUISITION		164,103	-167,289		2,159	111
112 OTHER ORGAN ACQUISITION (SPECIFY)		134,520	-137,132		277	112
115 AMBULATORY SURGICAL CENTER (D.P.)						115
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	-64,934,825	666,713,901	-679,658,946	51,880,161	588,987	118
190 NONREIMBURSABLE COST CENTERS						190
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		251,740	-256,628		826	190
191 RESEARCH		1,130,130	-1,152,073		3,292	191
192 PHYSICIANS' PRIVATE OFFICES		4,263,907	-4,346,695			192
193 NONPAID WORKERS						193
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I		13,054,664		15,154,016	29,088,506	202
203 UNIT COST MULT-WS B PT I		0.019416		0.292097	49.044446	203
204 COST TO BE ALLOC PER B PT II		205,623		174,046	1,298,683	204
205 UNIT COST MULT-WS B PT II		0.000306		0.003355	2.189634	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	87,238	210,391	44,266,383	34,725	1,580,050	30
31 INTENSIVE CARE UNIT	7,465	16,894	6,381,784	5,817	527,916	31
31.01 PEDI ICU	4,484	7,697	3,256,755	2,846	174,646	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	17,293	40,193	6,334,023	4,197	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		10,024,183	705	49,080	60
60.01 LAB TISSUE TYPING	935		294,323		55	60.01
60.02 LAB OUTREACH	9,089		2,967,866	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)	579,965	629,500	223,975,093	98,979	48,980,148	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	826		118,752			190
191 RESEARCH	3,292	271	481,674	193	12,638	191
192 PHYSICIANS' PRIVATE OFFICES			3,065,779	952	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	8,004,413	9,707,678	5,047,763	10,704,610	13,773,419	202
203 UNIT COST MULT-WS B PT I	13.704239	15.414616	0.022174	106.913527	0.280745	203
204 COST TO BE ALLOC PER B PT II	139,751	278,441	144,783	275,673	547,276	204
205 UNIT COST MULT-WS B PT II	0.239266	0.442131	0.000636	2.753316	0.011155	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		1,845,783,514				16
17 SOCIAL SERVICE			3,084			17
17.01 PALLATIVE CARE				117,263		17.01
18 UTILMGMT / DSCH PLANNING					117,263	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	462,983	153,467,514	1,482	69,830	69,830	30
31 INTENSIVE CARE UNIT	62,140	22,042,987	22	5,742	5,742	31
31.01 PEDS ICU	24,336	8,523,979	80	2,616	2,616	31.01
31.02 NEONATAL ICU	24,213	41,449,587	43	12,306	12,306	31.02
32 CORONARY CARE UNIT	69,264	18,453,250	68	4,720	4,720	32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
40 SUBPROVIDER - IPF	1,590	23,104,689		13,753	13,753	40
41 SUBPROVIDER - IRF	2,311	7,765,817	129	4,409	4,409	41
42 SUBPROVIDER I						42
43 NURSERY		3,136,250	205	3,887	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	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	1,845,783,514	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	12,447,625	7,339,903	7,224,927	570,585	4,784,255	202
203 UNIT COST MULT-WS B PT I	0.199995	0.003977	2,342.713035	4.865857	40.799357	203
204 COST TO BE ALLOC PER B PT II	204,535	157,735	78,153	3,621	31,218	204
205 UNIT COST MULT-WS B PT II	0.003286	0.000085	25.341440	0.030879	0.266222	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	69,830	30
31 INTENSIVE CARE UNIT	152	34,066,107	5,742	31
31.01 PEDIATRIC ICU	86	6,431,504	2,616	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	58,129,907	22,870,784	1,704,424	202
203 UNIT COST MULT-WS B PT I	5,852.200443	0.012441	14.535054	203
204 COST TO BE ALLOC PER B PT II	371,357	155,404	10,551	204
205 UNIT COST MULT-WS B PT II	37.386187	0.000085	0.089977	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	117,478,630		117,478,630		117,478,630	30
31 INTENSIVE CARE UNIT	15,807,858		15,807,858		15,807,858	31
31.01 PEDI ICU	8,248,899		8,248,899		8,248,899	31.01
31.02 NEONATAL ICU	24,547,428		24,547,428		24,547,428	31.02
32 CORONARY CARE UNIT	13,541,410		13,541,410		13,541,410	32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
40 SUBPROVIDER - IPF	16,814,003		16,814,003		16,814,003	40
41 SUBPROVIDER - IRF	5,662,933		5,662,933		5,662,933	41
42 SUBPROVIDER I						42
43 NURSERY	3,738,806		3,738,806		3,738,806	43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	44,671,842		44,671,842		44,671,842	50
51 RECOVERY ROOM	4,609,189		4,609,189		4,609,189	51
52 DELIVERY ROOM & LABOR ROOM	11,372,539		11,372,539		11,372,539	52
53 ANESTHESIOLOGY	3,593,081		3,593,081		3,593,081	53
54 RADIOLOGY-DIAGNOSTIC	6,929,641		6,929,641		6,929,641	54
54.01 RADIO ULTRASOUND	2,147,910		2,147,910		2,147,910	54.01
54.02 RADIO ANGIOGRAPHY	7,933,165		7,933,165		7,933,165	54.02
54.03 RADIO WEST HARRISON	2,386,406		2,386,406		2,386,406	54.03
55 RADIOLOGY-THERAPEUTIC	10,604,879		10,604,879		10,604,879	55
56 RADIOISOTOPE	1,670,793		1,670,793		1,670,793	56
57 CT SCAN	4,850,301		4,850,301		4,850,301	57
58 MRI	4,060,640		4,060,640		4,060,640	58
59 CARDIAC CATHETERIZATION	3,041,071		3,041,071		3,041,071	59
60 LABORATORY	39,643,604		39,643,604		39,643,604	60
60.01 LAB TISSUE TYPING	2,337,637		2,337,637		2,337,637	60.01
60.02 LAB OUTREACH	12,889,005		12,889,005		12,889,005	60.02
62 WHOLE BLOOD & PACKED RED BL						62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	7,766,155		7,766,155		7,766,155	63
64 INTRAVENOUS THERAPY	2,696,180		2,696,180		2,696,180	64
65 RESPIRATORY THERAPY	5,891,866		5,891,866		5,891,866	65
66 PHYSICAL THERAPY	7,675,515		7,675,515		7,675,515	66
67 OCCUPATIONAL THERAPY	3,199,492		3,199,492		3,199,492	67
68 SPEECH PATHOLOGY	941,279		941,279		941,279	68
69 ELECTROCARDIOLOGY	559,802		559,802		559,802	69
70 ELECTROENCEPHALOGRAPHY	792,714		792,714		792,714	70
71 MEDICAL SUPPLIES CHARGED TO	58,656,842		58,656,842		58,656,842	71
72 IMPL. DEV. CHARGED TO PATIE						72
73 DRUGS CHARGED TO PATIENTS	62,016,692		62,016,692		62,016,692	73
74 RENAL DIALYSIS	10,540,840		10,540,840		10,540,840	74
75 ASC (NON-DISTINCT PART)						75
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTEROLOGY	4,735,283		4,735,283		4,735,283	76.01
76.02 BONE MARROW TRANSPLANT	1,612,740		1,612,740		1,612,740	76.02
76.03 CARDIAC SERVICES	5,061,999		5,061,999		5,061,999	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	55,502,893		55,502,893		55,502,893	90
91 EMERGENCY	17,898,302		17,898,302		17,898,302	91
92 OBSERVATION BEDS (NON-DISTI	8,341,197		8,341,197		8,341,197	92
93.01 OCC EEI	7,913,273		7,913,273		7,913,273	93.01
93.02 OCC PSYCH	9,512,674		9,512,674		9,512,674	93.02
93.03 OCC ADOLESCENTS	7,088,926		7,088,926		7,088,926	93.03
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
105 KIDNEY ACQUISITION	7,553,372		7,553,372		7,553,372	105
106 HEART ACQUISITION						106
107 LIVER ACQUISITION	1,897,864		1,897,864		1,897,864	107
108 LUNG ACQUISITION						108
109 PANCREAS ACQUISITION	1,489,618		1,489,618		1,489,618	109
110 INTESTINAL ACQUISITION						110
111 ISLET ACQUISITION	306,650		306,650		306,650	111
112 OTHER ORGAN ACQUISITION (SP	155,733		155,733		155,733	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  
07/30/2014 11:44

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)	658,389,571		658,389,571		658,389,571	200
201	LESS OBSERVATION BEDS	8,341,197		8,341,197		8,341,197	201
202	TOTAL (SEE INSTRUCTIONS)	650,048,374		650,048,374		650,048,374	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	140,323,709		140,323,709				30
31 INTENSIVE CARE UNIT	22,042,987		22,042,987				31
31.01 PEDIATRIC ICU	8,523,979		8,523,979				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	23,104,689		23,104,689				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	0.399879	0.399879	0.399879	50
51 RECOVERY ROOM	3,291,297	4,738,885	8,030,182	0.573983	0.573983	0.573983	51
52 DELIVERY ROOM & LABOR ROOM	15,467,475	3,839,973	19,307,448	0.589023	0.589023	0.589023	52
53 ANESTHESIOLOGY	25,389,826	19,193,489	44,583,315	0.080593	0.080593	0.080593	53
54 RADIOLOGY-DIAGNOSTIC	9,611,192	18,577,541	28,188,733	0.245830	0.245830	0.245830	54
54.01 RADIO ULTRASOUND	3,917,302	5,959,101	9,876,403	0.217479	0.217479	0.217479	54.01
54.02 RADIO ANGIOGRAPHY	27,556,869	21,802,523	49,359,392	0.160723	0.160723	0.160723	54.02
54.03 RADIO WEST HARRISON	69,147	10,009,237	10,078,384	0.236785	0.236785	0.236785	54.03
55 RADIOLOGY-THERAPEUTIC	1,927,151	25,487,669	27,414,820	0.386830	0.386830	0.386830	55
56 RADIOISOTOPE	1,493,242	3,529,266	5,022,508	0.332661	0.332661	0.332661	56
57 CT SCAN	23,199,935	27,433,980	50,633,915	0.095792	0.095792	0.095792	57
58 MRI	11,808,616	23,665,018	35,473,634	0.114469	0.114469	0.114469	58
59 CARDIAC CATHETERIZATION	6,208,590	5,316,136	11,524,726	0.263874	0.263874	0.263874	59
60 LABORATORY	107,419,744	137,966,753	245,386,497	0.161556	0.161556	0.161556	60
60.01 LAB TISSUE TYPING	762,776	4,506,061	5,268,837	0.443672	0.443672	0.443672	60.01
60.02 LAB OUTREACH		107,263,494	107,263,494	0.120162	0.120162	0.120162	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	0.270075	0.270075	0.270075	63
64 INTRAVENOUS THERAPY	5,162		5,162	522.313057	522.313057	522.313057	64
65 RESPIRATORY THERAPY	21,742,042	3,987,966	25,730,008	0.228988	0.228988	0.228988	65
66 PHYSICAL THERAPY	4,992,814	10,909,356	15,902,170	0.482671	0.482671	0.482671	66
67 OCCUPATIONAL THERAPY	4,054,355	1,761,316	5,815,671	0.550150	0.550150	0.550150	67
68 SPEECH PATHOLOGY	1,073,590	866,986	1,940,576	0.485051	0.485051	0.485051	68
69 ELECTROCARDIOLOGY	2,969,739	1,416,065	4,385,804	0.127640	0.127640	0.127640	69
70 ELECTROENCEPHALOGRAPHY	4,529,724	827,964	5,357,688	0.147958	0.147958	0.147958	70
71 MEDICAL SUPPLIES CHARGED TO	138,195,196	64,298,797	202,493,993	0.289672	0.289672	0.289672	71
72 IMPL. DEV. CHARGED TO PATIE							72
73 DRUGS CHARGED TO PATIENTS	147,388,076	87,004,339	234,392,415	0.264585	0.264585	0.264585	73
74 RENAL DIALYSIS	8,132,653	29,080,624	37,213,277	0.283255	0.283255	0.283255	74
75 ASC (NON-DISTINCT PART)							75
76 OTHER ANCILLARY SVC							76
76.01 GASTROENTEROLOGY	5,620,189	14,985,395	20,605,584	0.229806	0.229806	0.229806	76.01
76.02 BONE MARROW TRANSPLANT	686,997	125,762	812,759	1.984278	1.984278	1.984278	76.02
76.03 CARDIAC SERVICES	11,740,760	8,826,728	20,567,488	0.246117	0.246117	0.246117	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	0.700052	0.700052	0.700052	90
91 EMERGENCY	24,582,106	43,891,447	68,473,553	0.261390	0.261390	0.261390	91
92 OBSERVATION BEDS (NON-DISTI	831,300	12,312,505	13,143,805	0.634611	0.634611	0.634611	92
93.01 OCC EEI	38,998	13,282,930	13,321,928	0.594004	0.594004	0.594004	93.01
93.02 OCC PSYCH	3,283	2,701,130	2,704,413	3.517463	3.517463	3.517463	93.02
93.03 OCC ADOLESCENTS	57,134	12,732,853	12,789,987	0.554256	0.554256	0.554256	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  
 07/30/2014 11:44

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)	981,450,330	864,333,184	1,845,783,514			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	981,450,330	864,333,184	1,845,783,514			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)		(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	1,774,676		1,774,676	23.61	18,548	437,918	30
31 INTENSIVE CARE UNIT	204,704		204,704	35.65	1,904	67,878	31
31.01 PEDIATRIC ICU	112,646		112,646	43.06	42	1,809	31.01
31.02 NEONATAL ICU	332,956		332,956	27.06			31.02
32 CORONARY CARE UNIT	200,742		200,742	42.53	1,525	64,858	32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF	293,973		293,973	21.38	3,181	68,010	40
41 SUBPROVIDER - IRF	108,748		108,748	24.67	1,307	32,244	41
42 SUBPROVIDER I							42
43 NURSERY	56,512		56,512	14.54			43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	3,084,957		3,084,957		26,507	672,717	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

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

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,421,558	111,713,450	0.030628	13,429,232	411,311	50
51 RECOVERY ROOM	33,938	8,030,182	0.004226	760,105	3,212	51
52 DELIVERY ROOM & LABOR ROOM	494,789	19,307,448	0.025627	16,816	431	52
53 ANESTHESIOLOGY	434,719	44,583,315	0.009751	4,425,702	43,155	53
54 RADIOLOGY-DIAGNOSTIC	465,666	28,188,733	0.016520	2,942,634	48,612	54
54.01 RADIO ULTRASOUND	68,089	9,876,403	0.006894	1,084,973	7,480	54.01
54.02 RADIO ANGIOGRAPHY	791,710	49,359,392	0.016040	8,063,680	129,341	54.02
54.03 RADIO WEST HARRISON	470,269	10,078,384	0.046661	40,599	1,894	54.03
55 RADIOLOGY-THERAPEUTIC	566,747	27,414,820	0.020673	288,642	5,967	55
56 RADIOISOTOPE	456,397	5,022,508	0.090870	524,009	47,617	56
57 CT SCAN	129,323	50,633,915	0.002554	7,005,556	17,892	57
58 MRI	316,247	35,473,634	0.008915	2,980,761	26,573	58
59 CARDIAC CATHETERIZATION	547,143	11,524,726	0.047476	2,711,855	128,748	59
60 LABORATORY	1,347,807	245,386,497	0.005493	31,398,174	172,470	60
60.01 LAB TISSUE TYPING	82,662	5,268,837	0.015689	413,745	6,491	60.01
60.02 LAB OUTREACH	173,334	107,263,494	0.001616			60.02
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	83,792	28,755,520	0.002914	6,696,686	19,514	63
64 INTRAVENOUS THERAPY	35,937	5,162	6.961836			64
65 RESPIRATORY THERAPY	187,191	25,730,008	0.007275	6,025,504	43,836	65
66 PHYSICAL THERAPY	193,976	15,902,170	0.012198	929,388	11,337	66
67 OCCUPATIONAL THERAPY	76,662	5,815,671	0.013182	204,757	2,699	67
68 SPEECH PATHOLOGY	27,068	1,940,576	0.013948	266,606	3,719	68
69 ELECTROCARDIOLOGY	20,682	4,385,804	0.004716	1,101,090	5,193	69
70 ELECTROENCEPHALOGRAPHY	128,022	5,357,688	0.023895	1,455,186	34,772	70
71 MEDICAL SUPPLIES CHARGED TO P	426,025	202,493,993	0.002104	40,823,064	85,892	71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	491,970	234,392,415	0.002099	33,369,021	70,042	73
74 RENAL DIALYSIS	196,892	37,213,277	0.005291	3,686,994	19,508	74
75 ASC (NON-DISTINCT PART)						75
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTEROLOGY	391,774	20,605,584	0.019013	1,699,867	32,320	76.01
76.02 BONE MARROW TRANSPLANT	30,278	812,759	0.037253	136,889	5,100	76.02
76.03 CARDIAC SERVICES	460,406	20,567,488	0.022385	3,730,529	83,508	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	1,469,262	79,283,965	0.018532	338,198	6,267	90
91 EMERGENCY	295,073	68,473,553	0.004309	6,857,146	29,547	91
92 OBSERVATION BEDS (NON-DISTINC	126,002	13,143,805	0.009586	263,585	2,527	92
93.01 OCC EEI	213,295	13,321,928	0.016011	21,115	338	93.01
93.02 OCC PSYCH	421,085	2,704,413	0.155703	1,499	233	93.02
93.03 OCC ADOLESCENTS	147,700	12,789,987	0.011548	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)	15,223,490	1,562,821,504		183,697,958	1,507,596	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
30 ADULTS & PEDIATRICS		1,014,983			1,014,983	30
31 INTENSIVE CARE UNIT		83,460			83,460	31
31.01 PEDIATRIC ICU		38,024			38,024	31.01
31.02 NEONATAL ICU		178,868			178,868	31.02
32 CORONARY CARE UNIT		68,605			68,605	32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 OTHER SPECIAL CARE (SPECIFY)						35
40 SUBPROVIDER - IPF		199,901			199,901	40
41 SUBPROVIDER - IRF		64,085			64,085	41
42 SUBPROVIDER I						42
43 NURSERY		56,498			56,498	43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		1,704,424			1,704,424	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	75,167	13.50	18,548	250,398	30
31 INTENSIVE CARE UNIT	5,742	14.54	1,904	27,684	31
31.01 PEDS ICU	2,616	14.54	42	611	31.01
31.02 NEONATAL ICU	12,306	14.54			31.02
32 CORONARY CARE UNIT	4,720	14.53	1,525	22,158	32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	13,753	14.54	3,181	46,252	40
41 SUBPROVIDER - IRF	4,409	14.54	1,307	19,004	41
42 SUBPROVIDER I					42
43 NURSERY	3,887	14.54			43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	122,600		26,507	366,107	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		72,068		72,068	72,068
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)		72,068		72,068	72,068

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	0.005483	263,585	1,445	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	1,445	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	0.399879	11,130,793			4,450,970		50
51 RECOVERY ROOM	0.573983	708,215			406,503		51
52 DELIVERY ROOM & LABOR ROOM	0.589023	34,078			20,073		52
53 ANESTHESIOLOGY	0.080593	3,882,728			312,921		53
54 RADIOLOGY-DIAGNOSTIC	0.245830	2,741,433			673,926		54
54.01 RADIO ULTRASOUND	0.217479	1,232,231			267,984		54.01
54.02 RADIO ANGIOGRAPHY	0.160723	7,406,186			1,190,344		54.02
54.03 RADIO WEST HARRISON	0.236785	1,859,918			440,401		54.03
55 RADIOLOGY-THERAPEUTIC	0.386830	4,570,228			1,767,901		55
56 RADIOISOTOPE	0.332661	1,319,785			439,041		56
57 CT SCAN	0.095792	7,297,532			699,045		57
58 MRI	0.114469	4,714,782			539,696		58
59 CARDIAC CATHETERIZATION	0.263874	2,632,064			694,533		59
60 LABORATORY	0.161556	3,982,883			643,459		60
60.01 LAB TISSUE TYPING	0.443672						60.01
60.02 LAB OUTREACH	0.120162						60.02
62 WHOLE BLOOD & PACKED RED BLOOD							62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.270075	687,684			185,726		63
64 INTRAVENOUS THERAPY	522.313057						64
65 RESPIRATORY THERAPY	0.228988	1,486,640			340,423		65
66 PHYSICAL THERAPY	0.482671	19,478			9,401		66
67 OCCUPATIONAL THERAPY	0.550150	2,244			1,235		67
68 SPEECH PATHOLOGY	0.485051						68
69 ELECTROCARDIOLOGY	0.127640	640,028			81,693		69
70 ELECTROENCEPHALOGRAPHY	0.147958	129,152			19,109		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.289672	15,714,378			4,552,015		71
72 IMPL. DEV. CHARGED TO PATIENTS							72
73 DRUGS CHARGED TO PATIENTS	0.264585	30,954,020			8,189,969		73
74 RENAL DIALYSIS	0.283255	306,959			86,948		74
75 ASC (NON-DISTINCT PART)							75
76 OTHER ANCILLARY SVC							76
76.01 GASTROENTEROLOGY	0.229806	3,368,390			774,076		76.01
76.02 BONE MARROW TRANSPLANT	1.984278	3,853			7,645		76.02
76.03 CARDIAC SERVICES	0.246117	3,151,881			775,731		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	0.700052	17,810,405			12,468,210		90
91 EMERGENCY	0.261390	6,102,351			1,595,094		91
92 OBSERVATION BEDS (NON-DISTINCT	0.634611	2,835,212			1,799,257		92
93.01 OCC EEI	0.594004	5,004,697			2,972,810		93.01
93.02 OCC PSYCH	3.517463	499,676			1,757,592		93.02
93.03 OCC ADOLESCENTS	0.554256	88,669			49,145		93.03
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
95 AMBULANCE SERVICES							95
200 SUBTOTAL (SEE INSTRUCTIONS)		142,318,573			48,212,876		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		142,318,573			48,212,876		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 (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	3,421,558	111,713,450	0.030628	30,452	933	50
51 RECOVERY ROOM	33,938	8,030,182	0.004226	64,681	273	51
52 DELIVERY ROOM & LABOR ROOM	494,789	19,307,448	0.025627	5,488	141	52
53 ANESTHESIOLOGY	434,719	44,583,315	0.009751	71,902	701	53
54 RADIOLOGY-DIAGNOSTIC	465,666	28,188,733	0.016520	35,909	593	54
54.01 RADIO ULTRASOUND	68,089	9,876,403	0.006894	7,170	49	54.01
54.02 RADIO ANGIOGRAPHY	791,710	49,359,392	0.016040	5,366	86	54.02
54.03 RADIO WEST HARRISON	470,269	10,078,384	0.046661			54.03
55 RADIOLOGY-THERAPEUTIC	566,747	27,414,820	0.020673			55
56 RADIOISOTOPE	456,397	5,022,508	0.090870	2,046	186	56
57 CT SCAN	129,323	50,633,915	0.002554	80,605	206	57
58 MRI	316,247	35,473,634	0.008915	125,364	1,118	58
59 CARDIAC CATHETERIZATION	547,143	11,524,726	0.047476	7,455	354	59
60 LABORATORY	1,347,807	245,386,497	0.005493	634,469	3,485	60
60.01 LAB TISSUE TYPING	82,662	5,268,837	0.015689			60.01
60.02 LAB OUTREACH	173,334	107,263,494	0.001616			60.02
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	83,792	28,755,520	0.002914	2,336	7	63
64 INTRAVENOUS THERAPY	35,937	5,162	6.961836			64
65 RESPIRATORY THERAPY	187,191	25,730,008	0.007275	14,572	106	65
66 PHYSICAL THERAPY	193,976	15,902,170	0.012198	8,187	100	66
67 OCCUPATIONAL THERAPY	76,662	5,815,671	0.013182	276,660	3,647	67
68 SPEECH PATHOLOGY	27,068	1,940,576	0.013948	3,541	49	68
69 ELECTROCARDIOLOGY	20,682	4,385,804	0.004716	18,995	90	69
70 ELECTROENCEPHALOGRAPHY	128,022	5,357,688	0.023895	62,402	1,491	70
71 MEDICAL SUPPLIES CHARGED TO P	426,025	202,493,993	0.002104	200,880	423	71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	491,970	234,392,415	0.002099	722,796	1,517	73
74 RENAL DIALYSIS	196,892	37,213,277	0.005291	9,412	50	74
75 ASC (NON-DISTINCT PART)						75
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTEROLOGY	391,774	20,605,584	0.019013	13,716	261	76.01
76.02 BONE MARROW TRANSPLANT	30,278	812,759	0.037253			76.02
76.03 CARDIAC SERVICES	460,406	20,567,488	0.022385	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	1,469,262	79,283,965	0.018532	1,601	30	90
91 EMERGENCY	295,073	68,473,553	0.004309	327,626	1,412	91
92 OBSERVATION BEDS (NON-DISTINC		13,143,805	13,143,805			92
93.01 OCC EEI	213,295	13,321,928	0.016011			93.01
93.02 OCC PSYCH	421,085	2,704,413	0.155703	1,240	193	93.02
93.03 OCC ADOLESCENTS	147,700	12,789,987	0.011548			93.03
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
200 TOTAL (SUM OF LINES 50-199)	15,097,488	1,562,821,504		2,751,371	17,870	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 CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.399879						50
51 RECOVERY ROOM	0.573983						51
52 DELIVERY ROOM & LABOR ROOM	0.589023						52
53 ANESTHESIOLOGY	0.080593						53
54 RADIOLOGY-DIAGNOSTIC	0.245830	3,614			888		54
54.01 RADIO ULTRASOUND	0.217479						54.01
54.02 RADIO ANGIOGRAPHY	0.160723						54.02
54.03 RADIO WEST HARRISON	0.236785						54.03
55 RADIOLOGY-THERAPEUTIC	0.386830						55
56 RADIOISOTOPE	0.332661						56
57 CT SCAN	0.095792						57
58 MRI	0.114469	3,869			443		58
59 CARDIAC CATHETERIZATION	0.263874						59
60 LABORATORY	0.161556						60
60.01 LAB TISSUE TYPING	0.443672						60.01
60.02 LAB OUTREACH	0.120162						60.02
62 WHOLE BLOOD & PACKED RED BLOOD							62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.270075						63
64 INTRAVENOUS THERAPY	522.313057						64
65 RESPIRATORY THERAPY	0.228988	1,982			454		65
66 PHYSICAL THERAPY	0.482671						66
67 OCCUPATIONAL THERAPY	0.550150						67
68 SPEECH PATHOLOGY	0.485051						68
69 ELECTROCARDIOLOGY	0.127640	2,497			319		69
70 ELECTROENCEPHALOGRAPHY	0.147958	1,097			162		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.289672	193			56		71
72 IMPL. DEV. CHARGED TO PATIENTS							72
73 DRUGS CHARGED TO PATIENTS	0.264585	1,912			506		73
74 RENAL DIALYSIS	0.283255						74
75 ASC (NON-DISTINCT PART)							75
76 OTHER ANCILLARY SVC							76
76.01 GASTROENTEROLOGY	0.229806						76.01
76.02 BONE MARROW TRANSPLANT	1.984278						76.02
76.03 CARDIAC SERVICES	0.246117	881			217		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	0.700052						90
91 EMERGENCY	0.261390	1,601			418		91
92 OBSERVATION BEDS (NON-DISTINCT	0.634611						92
93.01 OCC EEI	0.594004						93.01
93.02 OCC PSYCH	3.517463						93.02
93.03 OCC ADOLESCENTS	0.554256						93.03
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
95 AMBULANCE SERVICES							95
200 SUBTOTAL (SEE INSTRUCTIONS)		17,646			3,463		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		17,646			3,463		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					3,421,558	111,713,450	0.030628		
51					33,938	8,030,182	0.004226		
52					494,789	19,307,448	0.025627		
53					434,719	44,583,315	0.009751	4,068	40
54					465,666	28,188,733	0.016520	17,301	286
54.01					68,089	9,876,403	0.006894	7,349	51
54.02					791,710	49,359,392	0.016040	4,607	74
54.03					470,269	10,078,384	0.046661		
55					566,747	27,414,820	0.020673	71,797	1,484
56					456,397	5,022,508	0.090870	960	87
57					129,323	50,633,915	0.002554	40,614	104
58					316,247	35,473,634	0.008915	11,509	103
59					547,143	11,524,726	0.047476	4,526	215
60					1,347,807	245,386,497	0.005493	223,452	1,227
60.01					82,662	5,268,837	0.015689	5,516	87
60.02					173,334	107,263,494	0.001616		
62									
62.30									
63					83,792	28,755,520	0.002914	47,998	140
64					35,937	5,162	6.961836		
65					187,191	25,730,008	0.007275	48,258	351
66					193,976	15,902,170	0.012198	501,322	6,115
67					76,662	5,815,671	0.013182	527,884	6,959
68					27,068	1,940,576	0.013948	98,057	1,368
69					20,682	4,385,804	0.004716	6,291	30
70					128,022	5,357,688	0.023895	6,230	149
71					426,025	202,493,993	0.002104	356,893	751
72									
73					491,970	234,392,415	0.002099	721,966	1,515
74					196,892	37,213,277	0.005291	101,179	535
75									
76									
76.01					391,774	20,605,584	0.019013	5,295	101
76.02					30,278	812,759	0.037253	44	2
76.03					460,406	20,567,488	0.022385	19,853	444
76.97									
76.98									
76.99									
OUTPATIENT SERVICE COST CENTERS									
88									
89									
90					1,469,262	79,283,965	0.018532		
91					295,073	68,473,553	0.004309		
92							13,143,805		
93.01					213,295	13,321,928	0.016011		
93.02					421,085	2,704,413	0.155703		
93.03					147,700	12,789,987	0.011548		
OTHER REIMBURSABLE COST CENTERS									
94									
95									
200					15,097,488	1,562,821,504		2,832,969	22,218

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	ICF/MR	<input type="checkbox"/>	PPS	<input checked="" type="checkbox"/>
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF	<input type="checkbox"/>	SNF	<input type="checkbox"/>			TEFRA	<input type="checkbox"/>
BOXES	<input type="checkbox"/>	TITLE XIX	<input checked="" type="checkbox"/>	IRF (14-T150)	<input type="checkbox"/>	NF	<input type="checkbox"/>				
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 CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES DED & COINS	COST REIMB. SVCS NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES DED & COINS	COST SVCS NOT SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.399879						50
51 RECOVERY ROOM	0.573983						51
52 DELIVERY ROOM & LABOR ROOM	0.589023						52
53 ANESTHESIOLOGY	0.080593						53
54 RADIOLOGY-DIAGNOSTIC	0.245830						54
54.01 RADIO ULTRASOUND	0.217479						54.01
54.02 RADIO ANGIOGRAPHY	0.160723						54.02
54.03 RADIO WEST HARRISON	0.236785						54.03
55 RADIOLOGY-THERAPEUTIC	0.386830						55
56 RADIOISOTOPE	0.332661						56
57 CT SCAN	0.095792	1,250			120		57
58 MRI	0.114469	2,851			326		58
59 CARDIAC CATHETERIZATION	0.263874						59
60 LABORATORY	0.161556	988			160		60
60.01 LAB TISSUE TYPING	0.443672						60.01
60.02 LAB OUTREACH	0.120162						60.02
62 WHOLE BLOOD & PACKED RED BLOOD							62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.270075						63
64 INTRAVENOUS THERAPY	522.313057						64
65 RESPIRATORY THERAPY	0.228988	3,532			809		65
66 PHYSICAL THERAPY	0.482671						66
67 OCCUPATIONAL THERAPY	0.550150						67
68 SPEECH PATHOLOGY	0.485051						68
69 ELECTROCARDIOLOGY	0.127640	233			30		69
70 ELECTROENCEPHALOGRAPHY	0.147958						70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.289672	36			10		71
72 IMPL. DEV. CHARGED TO PATIENTS							72
73 DRUGS CHARGED TO PATIENTS	0.264585	2,190			579		73
74 RENAL DIALYSIS	0.283255	7,059			1,999		74
75 ASC (NON-DISTINCT PART)							75
76 OTHER ANCILLARY SVC							76
76.01 GASTROENTEROLOGY	0.229806						76.01
76.02 BONE MARROW TRANSPLANT	1.984278						76.02
76.03 CARDIAC SERVICES	0.246117	4,385			1,079		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	0.700052						90
91 EMERGENCY	0.261390						91
92 OBSERVATION BEDS (NON-DISTINCT	0.634611						92
93.01 OCC EEI	0.594004						93.01
93.02 OCC PSYCH	3.517463						93.02
93.03 OCC ADOLESCENTS	0.554256						93.03
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
95 AMBULANCE SERVICES							95
200 SUBTOTAL (SEE INSTRUCTIONS)		22,524			5,112		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		22,524			5,112		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)	75,167	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	75,167	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	69,830	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)	18,548	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)	117,478,630	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	117,478,630	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)	117,478,630	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,562.90 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 28,988,669 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) 28,988,669 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	15,807,858	5,742	2,753.02	1,904	5,241,750	43
43.01 PEDS ICU	8,248,899	2,616	3,153.25	42	132,437	43.01
43.02 NEONATAL ICU	24,547,428	12,306	1,994.75			43.02
44 CORONARY CARE UNIT	13,541,410	4,720	2,868.94	1,525	4,375,134	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)					45,438,328	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					84,176,318	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 873,314 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 1,509,041 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 2,382,355 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 81,793,963 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) 1,562.90 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 8,341,197 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	1,774,676	117,478,630	0.015106	8,341,197	126,002	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST	1,014,983	117,478,630	0.008640	8,341,197	72,068	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)	16,814,003	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	16,814,003	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)	16,814,003	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) 1,222.57 38  
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 3,888,995 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) 3,888,995 41  
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200) 720,731 48  
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS) 4,609,726 49

PASS-THROUGH COST ADJUSTMENTS  
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 114,262 50  
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II  
AND IV) 17,870 51  
52 TOTAL PROGRAM EXCLUDABLE COST 132,132 52  
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL  
EDUCATION COSTS (LINE 49 MINUS LINE 52) 4,477,594 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)	5,662,933	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	5,662,933	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)	5,662,933	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)	1,284.40 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,678,711 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)	1,678,711 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	1,014,902 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,693,613 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	51,248 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	22,218 51
52	TOTAL PROGRAM EXCLUDABLE COST	73,466 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	2,620,147 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		40,826,385			30
31 INTENSIVE CARE UNIT		6,906,513			31
31.01 PEDIATRIC ICU		174,806			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	0.399879	13,429,232	5,370,068		50
51 RECOVERY ROOM	0.573983	760,105	436,287		51
52 DELIVERY ROOM & LABOR ROOM	0.589023	16,816	9,905		52
53 ANESTHESIOLOGY	0.080593	4,425,702	356,681		53
54 RADIOLOGY-DIAGNOSTIC	0.245830	2,942,634	723,388		54
54.01 RADIO ULTRASOUND	0.217479	1,084,973	235,959		54.01
54.02 RADIO ANGIOGRAPHY	0.160723	8,063,680	1,296,019		54.02
54.03 RADIO WEST HARRISON	0.236785	40,599	9,613		54.03
55 RADIOLOGY-THERAPEUTIC	0.386830	288,642	111,655		55
56 RADIOISOTOPE	0.332661	524,009	174,317		56
57 CT SCAN	0.095792	7,005,556	671,076		57
58 MRI	0.114469	2,980,761	341,205		58
59 CARDIAC CATHETERIZATION	0.263874	2,711,855	715,588		59
60 LABORATORY	0.161556	31,398,174	5,072,563		60
60.01 LAB TISSUE TYPING	0.443672	413,745	183,567		60.01
60.02 LAB OUTREACH	0.120162				60.02
62 WHOLE BLOOD & PACKED RED BLOOD					62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.270075	6,696,686	1,808,607		63
64 INTRAVENOUS THERAPY	522.313057				64
65 RESPIRATORY THERAPY	0.228988	6,025,504	1,379,768		65
66 PHYSICAL THERAPY	0.482671	929,388	448,589		66
67 OCCUPATIONAL THERAPY	0.550150	204,757	112,647		67
68 SPEECH PATHOLOGY	0.485051	266,606	129,318		68
69 ELECTROCARDIOLOGY	0.127640	1,101,090	140,543		69
70 ELECTROENCEPHALOGRAPHY	0.147958	1,455,186	215,306		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.289672	40,823,064	11,825,299		71
72 IMPL. DEV. CHARGED TO PATIENTS					72
73 DRUGS CHARGED TO PATIENTS	0.264585	33,369,021	8,828,942		73
74 RENAL DIALYSIS	0.283255	3,686,994	1,044,359		74
75 ASC (NON-DISTINCT PART)					75
76 OTHER ANCILLARY SVC					76
76.01 GASTROENTEROLOGY	0.229806	1,699,867	390,640		76.01
76.02 BONE MARROW TRANSPLANT	1.984278	136,889	271,626		76.02
76.03 CARDIAC SERVICES	0.246117	3,730,529	918,147		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	0.700052	338,198	236,756		90
91 EMERGENCY	0.261390	6,857,146	1,792,389		91
92 OBSERVATION BEDS (NON-DISTINCT)	0.634611	263,585	167,274		92
93.01 OCC EEI	0.594004	21,115	12,542		93.01
93.02 OCC PSYCH	3.517463	1,499	5,273		93.02
93.03 OCC ADOLESCENTS	0.554256	4,351	2,412		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	45,438,328		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 TO CHARGES		INPATIENT PROGRAM CHARGES		INPATIENT PROGRAM COSTS
	1		2		(COL.1 x COL.2)
INPATIENT ROUTINE SERVICE COST CENTERS					
30					30
31					31
31.01					31.01
31.02					31.02
32					32
33					33
34					34
40			5,394,414		40
41					41
42					42
ANCILLARY SERVICE COST CENTERS					
50					50
51					51
52					52
53					53
54					54
54.01					54.01
54.02					54.02
54.03					54.03
55					55
56					56
57					57
58					58
59					59
60					60
60.01					60.01
60.02					60.02
62					62
62.30					62.30
63					63
64					64
65					65
66					66
67					67
68					68
69					69
70					70
71					71
72					72
73					73
74					74
75					75
76					76
76.01					76.01
76.02					76.02
76.03					76.03
76.97					76.97
76.98					76.98
76.99					76.99
OUTPATIENT SERVICE COST CENTERS					
88					88
89					89
90					90
91					91
92					92
93.01					93.01
93.02					93.02
93.03					93.03
OTHER REIMBURSABLE COST CENTERS					
94					94
95					95
200					200
201					201
202					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	0.399879			50
51 RECOVERY ROOM	0.573983			51
52 DELIVERY ROOM & LABOR ROOM	0.589023			52
53 ANESTHESIOLOGY	0.080593	4,068	328	53
54 RADIOLOGY-DIAGNOSTIC	0.245830	17,301	4,253	54
54.01 RADIO ULTRASOUND	0.217479	7,349	1,598	54.01
54.02 RADIO ANGIOGRAPHY	0.160723	4,607	740	54.02
54.03 RADIO WEST HARRISON	0.236785			54.03
55 RADIOLOGY-THERAPEUTIC	0.386830	71,797	27,773	55
56 RADIOISOTOPE	0.332661	960	319	56
57 CT SCAN	0.095792	40,614	3,890	57
58 MRI	0.114469	11,509	1,317	58
59 CARDIAC CATHETERIZATION	0.263874	4,526	1,194	59
60 LABORATORY	0.161556	223,452	36,100	60
60.01 LAB TISSUE TYPING	0.443672	5,516	2,447	60.01
60.02 LAB OUTREACH	0.120162			60.02
62 WHOLE BLOOD & PACKED RED BLOOD				62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.270075	47,998	12,963	63
64 INTRAVENOUS THERAPY	522.313057			64
65 RESPIRATORY THERAPY	0.228988	48,258	11,051	65
66 PHYSICAL THERAPY	0.482671	501,322	241,974	66
67 OCCUPATIONAL THERAPY	0.550150	527,884	290,415	67
68 SPEECH PATHOLOGY	0.485051	98,057	47,563	68
69 ELECTROCARDIOLOGY	0.127640	6,291	803	69
70 ELECTROENCEPHALOGRAPHY	0.147958	6,230	922	70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.289672	356,893	103,382	71
72 IMPL. DEV. CHARGED TO PATIENTS				72
73 DRUGS CHARGED TO PATIENTS	0.264585	721,966	191,021	73
74 RENAL DIALYSIS	0.283255	101,179	28,659	74
75 ASC (NON-DISTINCT PART)				75
76 OTHER ANCILLARY SVC				76
76.01 GASTROENTEROLOGY	0.229806	5,295	1,217	76.01
76.02 BONE MARROW TRANSPLANT	1.984278	44	87	76.02
76.03 CARDIAC SERVICES	0.246117	19,853	4,886	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	0.700052			90
91 EMERGENCY	0.261390			91
92 OBSERVATION BEDS (NON-DISTINCT)	0.634611			92
93.01 OCC EEI	0.594004			93.01
93.02 OCC PSYCH	3.517463			93.02
93.03 OCC ADOLESCENTS	0.554256			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	1,014,902	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  
 APPLICABLE BOX

[ ] HEART  
 [XX] KIDNEY

[ ] LIVER  
 [ ] LUNG

[ ] PANCREAS  
 [ ] INTESTINE

[ ] ISLET  
 [ ] OTHER (specify)

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

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES		PER DIEM COSTS (FROM WKST D-1, PT. II)		ORGAN ACQUISITION DAYS		COST (COL.2 x COL.3)		
			1	D	D-1,	2	3	4	5	6	
					PT. II)						
1	ADULTS & PEDIATRICS		335,062	38		1,562.90		196		306,328	1
2	INTENSIVE CARE UNIT		24,489	43		2,753.02		7		19,271	2
2.01	PEDS ICU			43.01		3,153.25					2.01
2.02	NEONATAL ICU			43.02		1,994.75					2.02
3	CORONARY CARE UNIT		11,480	44		2,868.94		5		14,345	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		339,944	7
	COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST TO CHARGES (FROM WKST C)		ORGAN ACQUISITION ANCILLARY CHARGES		ORGAN ACQUISITION ANCILLARY COSTS				
			C	1	2	3	4	5	6	7	
8	OPERATING ROOM		50	0.399879		1,874,425		749,543			8
9	RECOVERY ROOM		51	0.573983		81,182		46,597			9
10	DELIVERY ROOM & LABOR ROOM		52	0.589023							10
11	ANESTHESIOLOGY		53	0.080593		263,668		21,250			11
12	RADIOLOGY-DIAGNOSTIC		54	0.245830		160,221		39,387			12
12.01	RADIO ULTRASOUND		54.01	0.217479		170,532		37,087			12.01
12.02	RADIO ANGIOGRAPHY		54.02	0.160723		160,952		25,869			12.02
12.03	RADIO WEST HARRISON		54.03	0.236785		2,790		661			12.03
13	RADIOLOGY-THERAPEUTIC		55	0.386830							13
14	RADIOISOTOPE		56	0.332661		120,163		39,974			14
15	CT SCAN		57	0.095792		468,600		44,888			15
16	MRI		58	0.114469		10,491		1,201			16
17	CARDIAC CATHETERIZATION		59	0.263874		117,398		30,978			17
18	LABORATORY		60	0.161556		2,467,191		398,590			18
18.01	LAB TISSUE TYPING		60.01	0.443672		2,542,692		1,128,121			18.01
18.02	LAB OUTREACH		60.02	0.120162							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	0.270075		188,375		50,875			21
22	INTRAVENOUS THERAPY		64	522.313057							22
23	RESPIRATORY THERAPY		65	0.228988		18,463		4,228			23
24	PHYSICAL THERAPY		66	0.482671		1,805		871			24
25	OCCUPATIONAL THERAPY		67	0.550150							25
26	SPEECH PATHOLOGY		68	0.485051							26
27	ELECTROCARDIOLOGY		69	0.127640		47,792		6,100			27
28	ELECTROENCEPHALOGRAPHY		70	0.147958							28
29	MEDICAL SUPPLIES CHARGED TO PAT		71	0.289672		43,132		12,494			29
30	IMPL. DEV. CHARGED TO PATIENTS		72								30
31	DRUGS CHARGED TO PATIENTS		73	0.264585		353,165		93,442			31
32	RENAL DIALYSIS		74	0.283255		9,474		2,684			32
33	ASC (NON-DISTINCT PART)		75								33
34	OTHER ANCILLARY SVC		76								34
34.01	GASTROENTROLOGY		76.01	0.229806		105,926		24,342			34.01
34.02	BONE MARROW TRANSPLANT		76.02	1.984278							34.02
34.03	CARDIAC SERVICES		76.03	0.246117		305,194		75,113			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	0.700052		668,446		467,947			37
38	EMERGENCY		91	0.261390		11,742		3,069			38
39	OBSERVATION BEDS (NON-DISTINCT		92	0.634611							39
40	OTHER OUTPATIENT SERVICE (SPECI		93								40
40.01	OCC EEI		93.01	0.594004		7,664		4,552			40.01
40.02	OCC PSYCH		93.02	3.517463		489		1,720			40.02
40.03	OCC ADOLESCENTS		93.03	0.554256		1,614		895			40.03
41	TOTAL (SUM OF LINES 8-40)					10,203,586		3,312,478			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	3,652,422		10,574,617		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	7,553,372		7,553,372		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	11,205,794		18,127,989		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	7,183,205		11,620,512		65
66 REVENUE FOR ORGANS SOLD	121,136				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	7,062,069		11,620,512		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	7,062,069		11,620,512		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER				70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS	73	12		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	5	6
1	ADULTS & PEDIATRICS	1,745	38	1,562.90		1	1,563		1
2	INTENSIVE CARE UNIT	21,870	43	2,753.02		5	13,765		2
2.01	PEDS ICU		43.01	3,153.25					2.01
2.02	NEONATAL ICU		43.02	1,994.75					2.02
3	CORONARY CARE UNIT		44	2,868.94					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)	23,615				6	15,328		7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST TO CHARGES (FROM WKST C)		ORGAN ACQUISITION ANCILLARY CHARGES		ORGAN ACQUISITION ANCILLARY COSTS			
		C	1	2	3	4	5	6	7
8	OPERATING ROOM	50	0.399879	50,211	20,078				8
9	RECOVERY ROOM	51	0.573983	492	282				9
10	DELIVERY ROOM & LABOR ROOM	52	0.589023						10
11	ANESTHESIOLOGY	53	0.080593	13,065	1,053				11
12	RADIOLOGY-DIAGNOSTIC	54	0.245830	6,686	1,644				12
12.01	RADIO ULTRASOUND	54.01	0.217479	14,509	3,155				12.01
12.02	RADIO ANGIOGRAPHY	54.02	0.160723	30,920	4,970				12.02
12.03	RADIO WEST HARRISON	54.03	0.236785	14,100	3,339				12.03
13	RADIOLOGY-THERAPEUTIC	55	0.386830						13
14	RADIOISOTOPE	56	0.332661	1,712	570				14
15	CT SCAN	57	0.095792	40,941	3,922				15
16	MRI	58	0.114469						16
17	CARDIAC CATHETERIZATION	59	0.263874	22,410	5,913				17
18	LABORATORY	60	0.161556	113,230	18,293				18
18.01	LAB TISSUE TYPING	60.01	0.443672	1,348	598				18.01
18.02	LAB OUTREACH	60.02	0.120162						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	0.270075	22,019	5,947				21
22	INTRAVENOUS THERAPY	64	522.313057						22
23	RESPIRATORY THERAPY	65	0.228988	12,812	2,934				23
24	PHYSICAL THERAPY	66	0.482671						24
25	OCCUPATIONAL THERAPY	67	0.550150						25
26	SPEECH PATHOLOGY	68	0.485051						26
27	ELECTROCARDIOLOGY	69	0.127640	746	95				27
28	ELECTROENCEPHALOGRAPHY	70	0.147958						28
29	MEDICAL SUPPLIES CHARGED TO PAT	71	0.289672	6,959	2,016				29
30	IMPL. DEV. CHARGED TO PATIENTS	72							30
31	DRUGS CHARGED TO PATIENTS	73	0.264585	20,505	5,425				31
32	RENAL DIALYSIS	74	0.283255						32
33	ASC (NON-DISTINCT PART)	75							33
34	OTHER ANCILLARY SVC	76							34
34.01	GASTROENTROLOGY	76.01	0.229806						34.01
34.02	BONE MARROW TRANSPLANT	76.02	1.984278						34.02
34.03	CARDIAC SERVICES	76.03	0.246117	7,836	1,929				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	0.700052	34,721	24,307				37
38	EMERGENCY	91	0.261390						38
39	OBSERVATION BEDS (NON-DISTINCT	92	0.634611						39
40	OTHER OUTPATIENT SERVICE (SPECI	93							40
40.01	OCC EEI	93.01	0.594004						40.01
40.02	OCC PSYCH	93.02	3.517463						40.02
40.03	OCC ADOLESCENTS	93.03	0.554256						40.03
41	TOTAL (SUM OF LINES 8-40)			415,222	106,470				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	5		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)		6		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	121,798		438,837		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	1,897,864		1,897,864		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	2,019,662		2,336,701		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	856,825		991,327		65
66 REVENUE FOR ORGANS SOLD	60,568				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	796,257		991,327		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	796,257		991,327		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		1,562.90				1
2	INTENSIVE CARE UNIT	2,183	43		2,753.02				2
2.01	PEDS ICU		43.01		3,153.25				2.01
2.02	NEONATAL ICU		43.02		1,994.75				2.02
3	CORONARY CARE UNIT		44		2,868.94				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	0.399879	11,331	4,531				8
9	RECOVERY ROOM	51	0.573983						9
10	DELIVERY ROOM & LABOR ROOM	52	0.589023						10
11	ANESTHESIOLOGY	53	0.080593	4,753	383				11
12	RADIOLOGY-DIAGNOSTIC	54	0.245830	1,498	368				12
12.01	RADIO ULTRASOUND	54.01	0.217479	807	176				12.01
12.02	RADIO ANGIOGRAPHY	54.02	0.160723	480	77				12.02
12.03	RADIO WEST HARRISON	54.03	0.236785	807	191				12.03
13	RADIOLOGY-THERAPEUTIC	55	0.386830						13
14	RADIOISOTOPE	56	0.332661	6,682	2,223				14
15	CT SCAN	57	0.095792	2,051	196				15
16	MRI	58	0.114469						16
17	CARDIAC CATHETERIZATION	59	0.263874	11,020	2,908				17
18	LABORATORY	60	0.161556	33,771	5,456				18
18.01	LAB TISSUE TYPING	60.01	0.443672	15,767	6,995				18.01
18.02	LAB OUTREACH	60.02	0.120162						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	0.270075	1,768	477				21
22	INTRAVENOUS THERAPY	64	522.313057						22
23	RESPIRATORY THERAPY	65	0.228988	1,370	314				23
24	PHYSICAL THERAPY	66	0.482671						24
25	OCCUPATIONAL THERAPY	67	0.550150						25
26	SPEECH PATHOLOGY	68	0.485051						26
27	ELECTROCARDIOLOGY	69	0.127640	1,229	157				27
28	ELECTROENCEPHALOGRAPHY	70	0.147958						28
29	MEDICAL SUPPLIES CHARGED TO PAT	71	0.289672	54	16				29
30	IMPL. DEV. CHARGED TO PATIENTS	72							30
31	DRUGS CHARGED TO PATIENTS	73	0.264585	3,343	885				31
32	RENAL DIALYSIS	74	0.283255						32
33	ASC (NON-DISTINCT PART)	75							33
34	OTHER ANCILLARY SVC	76							34
34.01	GASTROENTROLOGY	76.01	0.229806						34.01
34.02	BONE MARROW TRANSPLANT	76.02	1.984278						34.02
34.03	CARDIAC SERVICES	76.03	0.246117	1,161	286				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	0.700052	6,031	4,222				37
38	EMERGENCY	91	0.261390						38
39	OBSERVATION BEDS (NON-DISTINCT	92	0.634611						39
40	OTHER OUTPATIENT SERVICE (SPECI	93							40
40.01	OCC EEI	93.01	0.594004						40.01
40.02	OCC PSYCH	93.02	3.517463						40.02
40.03	OCC ADOLESCENTS	93.03	0.554256						40.03
41	TOTAL (SUM OF LINES 8-40)			103,923	29,861				41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	AVERAGE COST PER DAY (FROM WKST D-2, PART I, COL. 4)		ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
	D	1			
42 ADULTS & PEDIATRICS	2				42
43 INTENSIVE CARE UNIT	3				43
43.01 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	29,861		106,106		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	1,489,618		1,489,618		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	1,519,479		1,595,724		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	1,248,144		1,310,774		65
66 REVENUE FOR ORGANS SOLD	50,473				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	1,197,671		1,310,774		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	1,197,671		1,310,774		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER		5		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		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		1,562.90			1
2	INTENSIVE CARE UNIT		43		2,753.02			2
2.01	PEDS ICU		43.01		3,153.25			2.01
2.02	NEONATAL ICU		43.02		1,994.75			2.02
3	CORONARY CARE UNIT		44		2,868.94			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	0.399879					8
9	RECOVERY ROOM	51	0.573983					9
10	DELIVERY ROOM & LABOR ROOM	52	0.589023					10
11	ANESTHESIOLOGY	53	0.080593					11
12	RADIOLOGY-DIAGNOSTIC	54	0.245830					12
12.01	RADIO ULTRASOUND	54.01	0.217479					12.01
12.02	RADIO ANGIOGRAPHY	54.02	0.160723					12.02
12.03	RADIO WEST HARRISON	54.03	0.236785					12.03
13	RADIOLOGY-THERAPEUTIC	55	0.386830					13
14	RADIOISOTOPE	56	0.332661					14
15	CT SCAN	57	0.095792					15
16	MRI	58	0.114469					16
17	CARDIAC CATHETERIZATION	59	0.263874					17
18	LABORATORY	60	0.161556					18
18.01	LAB TISSUE TYPING	60.01	0.443672					18.01
18.02	LAB OUTREACH	60.02	0.120162					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	0.270075					21
22	INTRAVENOUS THERAPY	64	522.313057					22
23	RESPIRATORY THERAPY	65	0.228988					23
24	PHYSICAL THERAPY	66	0.482671					24
25	OCCUPATIONAL THERAPY	67	0.550150					25
26	SPEECH PATHOLOGY	68	0.485051					26
27	ELECTROCARDIOLOGY	69	0.127640					27
28	ELECTROENCEPHALOGRAPHY	70	0.147958					28
29	MEDICAL SUPPLIES CHARGED TO PAT	71	0.289672					29
30	IMPL. DEV. CHARGED TO PATIENTS	72						30
31	DRUGS CHARGED TO PATIENTS	73	0.264585					31
32	RENAL DIALYSIS	74	0.283255					32
33	ASC (NON-DISTINCT PART)	75						33
34	OTHER ANCILLARY SVC	76						34
34.01	GASTROENTROLOGY	76.01	0.229806					34.01
34.02	BONE MARROW TRANSPLANT	76.02	1.984278					34.02
34.03	CARDIAC SERVICES	76.03	0.246117					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	0.700052					37
38	EMERGENCY	91	0.261390					38
39	OBSERVATION BEDS (NON-DISTINCT	92	0.634611					39
40	OTHER OUTPATIENT SERVICE (SPECI	93						40
40.01	OCC EEI	93.01	0.594004					40.01
40.02	OCC PSYCH	93.02	3.517463					40.02
40.03	OCC ADOLESCENTS	93.03	0.554256					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	1			
42 ADULTS & PEDIATRICS	2				42
43 INTENSIVE CARE UNIT	3				43
43.01 PEDIATRIC ICU	3.01				43.01
43.02 NEONATAL ICU	3.02				43.02
44 CORONARY CARE UNIT	4				44
45 BURN INTENSIVE CARE UNIT	5				45
46 SURGICAL INTENSIVE CARE UNIT	6				46
47 OTHER SPECIAL CARE (SPECIFY)	7				47
48 TOTAL (SUM OF LINES 42-47)					48

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)		ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		D	2		
49 RURAL HEALTH CLINIC	1	21			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	306,650		306,650		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	306,650		306,650		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	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER		4		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S				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	429.77	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS	21.35	11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	451.12	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	447.04	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	447.04	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	1.073635	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	1.111166	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	1.073635	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	18,701,030	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)	-10.20	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)	18,701,030	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)	0.4599	31
32	SUM OF LINES 30 AND 31	0.6394	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.4197	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	16,105,995	34
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	80,410,563	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	80,410,563	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	5,159,241	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)	6,575,485	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)	9,055,997	55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS	300,851	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	1,445	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	101,503,582	59
60	PRIMARY PAYER PAYMENTS	39,271	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	101,464,311	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)	682,017	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	477,412	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)	98,733,909	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)	98,733,909	71
71.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	493,670	71.01
72	INTERIM PAYMENTS	96,829,239	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS LINES 71.01, 72 AND 73)	1,411,000	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	589,167	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)	3,463	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	3,245	6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6	0.9011	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	2,151	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (SEE INSTRUCTIONS)	5,112	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	4,790	6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6	0.5827	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	1,975	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

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

INPATIENT  
 PART A

PART B

DESCRIPTION	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	02/28/2014	237,405
	PROGRAM .03 02/28/2014	993,038		
	TO .04			
	PROVIDER .05			
	.06			
	.07			
	.08			
	.09			
	.50	NONE	02/13/2013	44,766
	.51			
	PROVIDER .52			
	TO .53			
	PROGRAM .54			
	.55			
	.56			
	.57			
	.58			
	.59			
	.99			
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		3,624,962		363,585
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		96,829,239		31,807,392

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	1,904,670		1,063,584	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.)		98,733,909		32,870,976	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.		NONE		NONE
	.01			3.01
	.02			3.02
	.03			3.03
	.04			3.04
	.05			3.05
	.06			3.06
	.07			3.07
	.08			3.08
	.09			3.09
	.50	02/28/2014	02/28/2014	11
	.51	02/13/2013		
	.52			11
	.53			3.50
	.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)		-170,923		-11
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		2,400,414		2,151

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE
	.01			5.01
	.02			5.02
	.03			5.03
	.04			5.04
	.05			5.05
	.06			5.06
	.07			5.07
	.08			5.08
	.09			5.09
	.50			5.10
	.51			5.11
	.52			5.12
	.53			5.13
	.54			5.14
	.55			5.15
	.56			5.16
	.57			5.17
	.58			5.18
	.59			5.19
	.99			5.20
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		13,466		11
	.01			6.01
	.02			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		2,413,880		2,162
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:	NPR DATE:	8

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK APPLICABLE BOX:	[ ] HOSPITAL [ ] IPF [XX] IRF (14-T150)	[ ] SUB (OTHER) [ ] SNF [ ] SWING BED SNF	INPATIENT		PART B	
			MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
DESCRIPTION						
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			2,285,198		1,985 1
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.			NONE		NONE 2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		.01 02/13/2013	3,108		NONE 3.01
		PROGRAM	.02			3.02
		TO	.03			3.03
		PROVIDER	.04			3.04
			.05			3.05
			.06			3.06
			.07			3.07
			.08			3.08
			.09			3.09
			.50		02/28/2014	10 3.50
		PROVIDER	.51 02/28/2014	29,248		3.51
		TO	.52			3.52
		PROGRAM	.53			3.53
			.54			3.54
			.55			3.55
			.56			3.56
			.57			3.57
			.58			3.58
			.59			3.59
			.99	-26,140		-10 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)			2,259,058		1,975 4
TO BE COMPLETED BY CONTRACTOR						
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		PROGRAM .01	NONE		NONE 5.01
		TO	.02			5.02
		PROVIDER	.03			5.03
			.04			5.04
			.05			5.05
			.06			5.06
			.07			5.07
			.08			5.08
			.09			5.09
		PROVIDER	.50	NONE		NONE 5.50
		TO	.51			5.51
		PROGRAM	.52			5.52
			.53			5.53
			.54			5.54
			.55			5.55
			.56			5.56
			.57			5.57
			.58			5.58
			.59			5.59
			.99			5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)						
6	DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT		PROGRAM .01	29,326		10 6.01
		TO	.02			6.02
		PROVIDER				
		PROVIDER				
		TO				
		PROGRAM				
7	TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)			2,288,384		1,985 7
8	NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	

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  
07/30/2014 11:44

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	22,019	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	1,845,783,514	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)	6.54	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)	6.54	8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	37.679452	9
10	TEACHING ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$	0.085918	10
11	TEACHING ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)	195,931	11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	2,724,504	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)	2,724,504	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	2,724,504	18
19	DEDUCTIBLES	135,630	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	2,588,874	20
21	COINSURANCE	221,246	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	2,367,628	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)	2,367,628	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)	46,252	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,413,880	31
31.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	12,069	31.01
32	INTERIM PAYMENTS	2,400,414	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 31.01, 32 AND 33)	1,397	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)	392,136	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)	2,319,525	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)	2,319,525	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	2,319,525	19
20	DEDUCTIBLES	11,124	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	2,308,401	21
22	COINSURANCE	39,021	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	2,269,380	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)	2,269,380	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)	19,004	29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,288,384	32
32.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	11,442	32.01
33	INTERIM PAYMENTS	2,259,058	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS LINES 32.01, 33 AND 34)	17,884	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	44,956	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)		453.37 6	
7	ENTER THE LESSER OF LINE 5 OR LINE 6		450.42 7	
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	167.53	244.76	412.29 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	166.44	243.17	409.61 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		20.90	10
11	TOTAL WEIGHTED FTE COUNT	166.44	264.07	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)	160.76	260.60	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	160.76	260.60	17
18	PER RESIDENT AMOUNT	98,014.85	92,811.44	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	15,756,867	24,186,661	39,943,528 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)			2.95 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)			39,943,528 25
COMPUTATION OF PROGRAM PATIENT LOAD				
		INPATIENT PART A	MANAGED CARE	
26	INPATIENT DAYS	26,507	1,295	26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	113,376	113,376	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.233797	0.011422	28
29	PROGRAM DIRECT GME AMOUNT	9,338,677	456,235	29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		64,466	30
31	NET PROGRAM DIRECT GME AMOUNT			9,730,446 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)			91,479,657 37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			9,055,997 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)			100,496,383 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			48,221,451 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			2,690 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			48,218,761 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			148,715,144 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.675764 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.324236 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			9,730,446 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			6,575,485 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			3,154,961 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	199,853	PERCENTAGE OF TIME			13
14 SUPPLIES	1,055,078	REQUISITIONS			14
15 DRUGS	2,338	REQUISITIONS			15
16 OTHER	126,149	ACCUMULATED COST			16
17 SUBTOTAL (SUM OF LINES 9-16)	4,845,555				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	1,634,493	ACCUMULATED COST			21
22 MAINT./REPAIRS-OPERATION-HOUSEKEEPING	760,828	SQUARE FEET			22
23 MEDICAL EDUCATION PROGRAM COSTS					23
24 CENTRAL SERVICES & SUPPLIES	285,289	REQUISITIONS			24
25 PHARMACY	50,231	REQUISITIONS			25
26 OTHER ALLOCATED COSTS	383,319	ACCUMULATED COST			26
27 SUBTOTAL (SUM OF LINES 17-26)	10,540,840				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)	10,540,840				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	851,025	199,853	1,175,075	1,352,799	2,490,928	52,569	1
2 HEMODIALYSIS	740,971	194,058	645,516	743,141	1,368,360	28,870	2
3 INTERMITTENT PERITONEAL TRAINING							3
4 HEMODIALYSIS							4
5 INTERMITTENT PERITONEAL							5
6 CAPD	70		58	80	137		6
7 CCPD	2,457		2,162	2,494	4,585	90	7
HOME							
8 HEMODIALYSIS		5,795	242,634	279,305	514,308	10,883	8
9 INTERMITTENT PERITONEAL							9
10 CAPD			34,065	39,201	72,192	1,529	10
11 CCPD			157,004	180,764	332,835	7,015	11
OTHER BILLABLE SERVICES							
12 INPATIENT DIALYSIS	107,527		93,636	107,814	198,511	4,182	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)	851,025	199,853	1,175,075	1,352,799	2,490,928	52,569	17
18 MEDICAL EDUC PGM COSTS							18
19 TOTAL RENAL COSTS (LINES 17+18)							19

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2316

WORKSHEET I-2  
 (CONTINUED)

CHECK APPLICABLE BOX:

[  ] 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	1,340,367		7,462,616	3,078,224	10,540,840	1
2 HEMODIALYSIS	736,314		4,457,230	1,838,544	6,295,774	2
3 INTERMITTENT PERITONEAL TRAINING						3
4 HEMODIALYSIS						4
5 INTERMITTENT PERITONEAL						5
6 CAPD	74		419	173	592	6
7 CCPD	2,467		14,255	5,880	20,135	7
HOME						
8 HEMODIALYSIS	276,747		1,329,672	548,471	1,878,143	8
9 INTERMITTENT PERITONEAL						9
10 CAPD	38,847		185,834	76,654	262,488	10
11 CCPD	179,099		856,717	353,384	1,210,101	11
OTHER BILLABLE SERVICES						
12 INPATIENT DIALYSIS	106,819		618,489	255,118	873,607	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)	1,340,367		7,462,616	3,078,224	10,540,840	17
18 MEDICAL EDUC PGM COSTS						18
19 TOTAL RENAL COSTS (LINES 17+18)					10,540,840	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			
	BUILDING	EQUIPMENT	RNs	BENEFITS			
	(SQUARE	(% OF	(HOURS)	DEPARTMENT			
	FEET)	TIME)		(SALARY)			
	1	2	3	5			
1	TOTAL RENAL DEPT COSTS	851,025	199,853	1,175,075	1,352,799	2,490,928	1
	MAINTENANCE						
2	HEMODIALYSIS	10,557	179,215.00	22,095.00	56,018.00	1,901,883	2
3	INTERMITTENT PERITONEAL						3
	TRAINING						
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
	HOME						
8	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
	OTHER BILLABLE SERVICES						
12	INPT DIAL TRTMNTS	1,532		3,205.00	8,127.00	275,910	
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	70.187629	1.082821	29.215460	13.266117	0.719477	18
	(LINE 1 ÷ LINE 17)						

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	52,569	1,340,367		7,462,616	3,078,224	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
	OTHER BILLABLE SERVICES						
12	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			7,462,616	17
18	UNIT COST MULTIPLIER (LINE 1 ÷ LINE 17)	22.484602	1.420201			0.412486	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	6,295,774	314.84		7,387	6,988	4,525,825	1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD	2	592	296.00					5
6 TRAINING - CCPD	67	20,135	300.52		7		2,104	6
7 HOME PROGRAM - HEMODIALYSIS	7,516	1,878,143	249.89		2,115	1,731	961,077	7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
	PATIENT WEEKS			PATIENT WEEKS				
9 HOME PROGRAM - CAPD	1,030	262,488	254.84		364	279	163,862	9
10 HOME PROGRAM - CCPD	4,856	1,210,101	249.20		1,217	1,526	683,556	10
11 TOTALS (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 6)	27,582	9,667,233			11,090	10,524	6,336,424	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)		6,336,424	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)	2,364,888		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)	9,667,233	12
13 TOTAL COMPOSITE COSTS (FROM WKST I-4, COL. 2, LINE 11)	9,667,233	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)	447.04	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)	0.4599	8
9 SUM OF LINES 7 AND 8	0.6394	9
10 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1383	10
11 DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	423,851	11
12 TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	5,159,241	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	2A	24	25	26	
GENERAL SERVICE COST CENTERS						
1						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						22
23						23
INPATIENT ROUTINE SERV COST CENTERS						
30						30
31						31
31.01						31.01
31.02						31.02
32						32
33						33
34						34
40						40
41						41
42						42
43						43
44						44
45						45
46						46
ANCILLARY SERVICE COST CENTERS						
50						50
51						51
52						52
53						53
54						54
54.01						54.01
54.02						54.02
54.03						54.03
55						55
56						56
57						57
58						58
59						59
60						60
60.01						60.01
60.02						60.02
62						62
62.30						62.30
63						63
64						64
65						65
66						66
67						67
68						68
69						69
70						70
71						71
72						72
73						73
74						74
75						75
76						76
76.01						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