

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: 01-30-2014 TIME: 14:32
2. MANUALLY SUBMITTED COST REPORT
3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY NORTHWESTERN MEMORIAL HOSPITAL (14-0281) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 09/01/2012 AND ENDING 08/31/2013, 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		-1,255,996	511,514	6,243		1
2 SUBPROVIDER - IPF		71,701	8			2
3 SUBPROVIDER - IRF						3
4 SUBPROVIDER (OTHER)						4
5 SWING BED - SNF						5
6 SWING BED - NF						6
7 SKILLED NURSING FACILITY						7
8 NURSING FACILITY						8
9 HOME HEALTH AGENCY						9
10 HEALTH CLINIC - RHC						10
11 HEALTH CLINIC - FQHC						11
12 OUTPATIENT REHABILITATION PROVIDER						12
200 TOTAL		-1,184,295	511,522	6,243		200

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 251E HURON P.O.BOX: 1
 2 CITY: CHICAGO STATE: IL ZIP CODE: 60611 COUNTY: COOK 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)				
						V 6	XVIII 7	XIX 8		
3	HOSPITAL	NORTHWESTERN MEMORIAL HOSPITAL	14-0281	16974	1	09/01/1972	N	P	O	3
4	SUBPROVIDER - IPF	NORTHWESTERN MEMORIAL PSYCH UN	14-S281	16974	4	09/01/1984	N	P	O	4
5	SUBPROVIDER - IRF									5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF									9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTC									11
12	HOSPITAL-BASED HHA									12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE	NORTHWESTERN MEMORIAL HOSPICE	14-1550	16974		01/21/1996				14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS									18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 09/01/2012			TO: 08/31/2013					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		MEDICAID HMO PAID DAYS 5	OTHER MEDICAID DAYS 6		
		MEDICAID PAID DAYS 1	ELIGIBLE UNPAID DAYS 2	MEDICAID PAID DAYS 3	ELIGIBLE UNPAID DAYS 4				
24	IF THIS PROVIDER IS AN IPHS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	30,734	10,843	98	224	1,201	41	24	
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.								25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1				26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.				1				27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.								35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:			36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.								37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:			38
39	DOES THIS FACILITY QUALIFY FOR THE INPATIENT HOSPITAL PAYMENT ADJUSTMENT FOR LOW VOLUME HOSPITALS IN ACCORDANCE WITH 42 CFR §412.101(b)(2)(ii)? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)(ii)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)								1 2 N N 39

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

		V 1	XVIII 2	XIX 3	
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	N	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 FTEs, AND PRIMARY CARE FTEs ADDED UNDER SECTION 5503). (SEE INSTRUCTIONS)			61.02
61.03	ENTER THE BASE LINE FTE COUNT FOR PRIMARY CARE AND/OR GENERAL SURGERY RESIDENTS, WHICH IS USED FOR DETERMINING COMPLIANCE WITH THE 75% TEST. (SEE INSTRUCTIONS)			61.03
61.04	ENTER THE NUMBER OF UNWEIGHTED PRIMARY CARE/OR SURGERY ALLOPATHIC AND/OR OSTEOPATHIC FTEs IN THE CURRENT COST REPORTING PERIOD. (SEE INSTRUCTIONS)			61.04
61.05	ENTER THE DIFFERENCE BETWEEN THE BASELINE PRIMARY AND/OR GENERAL SURGERY FTE AND THE CURRENT YEAR'S PRIMARY CARE AND/OR GENERAL SURGERY FTE COUNTS (LINE 61.04 MINUS LINE 61.03). (SEE INSTRUCTIONS)			61.05
61.06	ENTER THE AMOUNT OF ACA §5503 AWARD THAT IS BEING USED FOR CAP RELIEF AND/OR FTEs THAT ARE NONPRIMARY CARE OR GENERAL SURGERY. (SEE INSTRUCTIONS)			61.06
	OF THE FTEs IN LINE 61.05, SPECIFY EACH NEW PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH NEW PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.		UNWEIGHTED IME	UNWEIGHTED DIRECT GME
		PROGRAM NAME 1	PROGRAM CODE 2	FTE COUNT 3
				FTE COUNT 4
				61.10
	OF THE FTEs IN LINE 61.05, SPECIFY EACH EXPANDED PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH EXPANDED PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.			61.20
	ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)			
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)			62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)			62.01
	TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS			
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	Y		63

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
64 ENTER IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	13.16	319.21	0.039594	64

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

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

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

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
66 ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	12.42	316.88	0.037716	66

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

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))	
67 INTERNAL MEDICINE	1400	22.87	132.72	0.146989	67

INPATIENT PSYCHIATRIC FACILITY PPS

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

INPATIENT REHABILITATION FACILITY PPS

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

LONG TERM CARE HOSPITAL PPS

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

WORKSHEET S-2
 PART I (CONT)

TEFRA PROVIDERS

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

TITLE V AND XIX INPATIENT SERVICES

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

RURAL PROVIDERS

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

109 IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED
 BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY. PHY- OCCUP- RESPI-
 SICAL ATIONAL SPEECH RATORY N 109

MISCELLANEOUS COST REPORTING INFORMATION

115 IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, N
 ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. 115
 IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98'
 PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS
 PROVIDERS) BASED ON THE DEFINITION IN CMS 15-1§ 2208.1.
 116 IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. N 116
 117 IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO. Y 117
 118 IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS
 CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE. 1 118
 118.01 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: 118.01
 PREMIUMS: 4,814,031 PAID LOSSES: 24,949,545 SELF INSURANCE: 14,137,045
 118.02 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE
 ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING N 118.02
 COST CENTERS AND AMOUNTS CONTAINED THEREIN.
 120 IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121
 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. N N 120
 IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS
 PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y'
 FOR YES OR 'N' FOR NO.
 121 DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER Y 121
 'Y' FOR YES OR 'N' FOR NO.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TRANSPLANT CENTER INFORMATION		1	2
125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.	Y	125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.	07/01/1973	126
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.	09/29/2006	127
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.	02/02/1996	128
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		129
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.	07/01/1999	130
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		131
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		132
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		134

ALL PROVIDERS

		1	2
140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	Y	HB0640 140

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

141	NAME: NORTHWESTERN MEMORIAL HEALTHCA CONTRACTOR'S NAME: NGS - IL	CONTRACTOR'S NUMBER: 00131	141
142	STREET: 251 E HURON ST	P.O. BOX:	142
143	CITY: CHICAGO	STATE: IL	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y	144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	Y	145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N	146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	149

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

	TITLE XVIII		TITLE	TITLE
	PART A	PART B	V	XIX
	1	2	3	4
155	HOSPITAL	N	N	N 155
156	SUBPROVIDER - IPF	N	N	N 156
157	SUBPROVIDER - IRF	N	N	157
158	SUBPROVIDER - (OTHER)	N	N	158
159	SNF	N	N	159
160	HHA	N	N	160
161	CMHC		N	161
161.10	CORF			161.10

MULTICAMPUS

165	IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	165
-----	--	---	-----

166 IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.

0	1	2	3	4	5
NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS

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

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.		168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.	0.50	169
170	IF LINE 167 IS 'Y', ENTER IN COLUMNS 1 AND 2 THE EHR BEGINNING DATE AND ENDING DATE FOR THE REPORTING PERIOD, RESPECTIVELY. (mmddyyyy) (SEE INSTRUCTIONS)	10/01/2012 09/30/2013	170

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

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

COMPLETED BY ALL HOSPITALS

		Y/N	DATE		
PROVIDER ORGANIZATION AND OPERATION					
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N		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.	N		2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	Y		3	
FINANCIAL DATA AND REPORTS					
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	Y	A 11/21/2013	4	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5	
APPROVED EDUCATIONAL ACTIVITIES					
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	Y		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	Y		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
BED COMPLEMENT					
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y/N	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			Y 12 N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			Y 15	
PS&R REPORT DATA					
		PART A		PART B	
		Y/N	DATE	Y/N	DATE
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	12/06/2013	Y	12/06/2013
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

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

COST REPORT PREPARER CONTACT INFORMATION

- | | | | |
|---|----------------------------------|-------------------------|----|
| 41 FIRST NAME: JOHN | LAST NAME: VANDER LAAN | TITLE: MANAGER OF REIMB | 41 |
| 42 EMPLOYER: NORTHWESTERN MEMORIAL HOSPITAL | | | 42 |
| 43 PHONE NUMBER: 312 926 6618 | E-MAIL ADDRESS: JVANDERL@NMH.ORG | | 43 |

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	200	396,547,890	-2,455,294	394,092,596	12,285,173.00	32.08	1
2							2
3							3
4		9,299,976		9,299,976	89,773.00	103.59	4
4.01		5,561,581		5,561,581	53,686.00	103.59	4.01
5							5
6							6
7	21	32,670,609	-6,073,687	26,596,922	1,013,986.00	26.23	7
7.01							7.01
8							8
9	44						9
10		15,526,187	-1,885,172	13,641,015	377,877.00	36.10	10
OTHER WAGES & RELATED COSTS							
11		1,891,592		1,891,592	35,861.00	52.75	11
12							12
13							13
14		66,908,194		66,908,194	1,045,611.00	63.99	14
15							15
16							16
WAGE-RELATED COSTS							
17		73,782,971		73,782,971			17
18							18
19		2,703,868		2,703,868			19
20							20
21							21
22		900,274		900,274			22
22.01		538,382		538,382			22.01
23							23
24							24
25		5,182,682		5,182,682			25
OVERHEAD COSTS - DIRECT SALARIES							
26							26
27		48,088,113	-1,088,552	46,999,561	1,296,702.00	36.25	27
28		1,071,149		1,071,149	18,281.00	58.59	28
29							29
30		1,200,842		1,200,842	41,808.00	28.72	30
31							31
32		9,604,540		9,604,540	599,089.00	16.03	32
33							33
34		8,201,340	-2,357,072	5,844,268	303,067.00	19.28	34
35							35
36			2,356,947	2,356,947	122,224.00	19.28	36
37							37
38		17,848,834		17,848,834	469,004.00	38.06	38
39		6,258,426		6,258,426	269,321.00	23.24	39
40		13,088,328	-439,343	12,648,985	310,286.00	40.77	40
41		1,652,598	-931	1,651,667	57,940.00	28.51	41
42		963,746	5,940	969,686	36,831.00	26.33	42
43							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	359,386,849	3,618,393	363,005,242	11,235,782.00	32.31	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	15,526,187	-1,885,172	13,641,015	377,877.00	36.10	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	343,860,662	5,503,565	349,364,227	10,857,905.00	32.18	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	68,799,786		68,799,786	1,081,472.00	63.62	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	74,683,245		74,683,245		21.38	5
6	TOTAL (SUM OF LINES 3 THRU 5)	487,343,693	5,503,565	492,847,258	11,939,377.00	41.28	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	107,977,916	-1,523,011	106,454,905	3,524,553.00	30.20	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	15,737,531	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES	22,000	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)	24,089,988	8
9 PRESCRIPTION DRUG PLAN	7,854,622	9
10 DENTAL, HEARING AND VISION PLAN	606,223	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	70,114	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	3,193,910	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	3,960,063	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	24,977,713	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	628,577	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	1,967,436	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	83,108,177	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

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

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.200372	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				81,811,901	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				416,787,886	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				83,512,622	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.				1,700,721	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE				1,119,965	17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS				6,513,430	18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				1,700,721	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	180,932,309	16,154,153	197,086,462		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	36,253,769	3,236,840	39,490,609		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	286,205	680,456	966,661		22
23	COST OF CHARITY CARE	35,967,564	2,556,384	38,523,948		23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM					N 24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)				21,556,118	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				2,914,178	27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				18,641,940	28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				3,735,323	29
30	COST OF UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				42,259,271	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				43,959,992	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		77,314,614	77,314,614	4,397,795	1
2	00200		33,134,834	33,134,834	4,650,051	2
3	00300					3
4	00400		56,995,639	56,995,639	770,622	4
5.01	00540	559,976	18,984	578,960		5.01
5.02	00550	584,786	10,290,255	10,875,041	-126,277	5.02
5.03	00560	981,474	2,577,329	3,558,803	-3,022,478	5.03
5.04	00570	14,484,899	4,627,638	19,112,537	394,396	5.04
5.05	00591	31,476,978	299,663,307	331,140,285	-15,084,521	5.05
6	00600					6
7	00700	1,200,842	44,951,665	46,152,507	4,312,030	7
8	00800		4,428	4,428	3,029,317	8
9	00900	9,604,540	3,625,010	13,229,550		9
10	01000	8,201,340	7,041,574	15,242,914	-4,560,727	10
11	01100				4,560,727	11
12	01200					12
13	01300	17,848,834	2,181,431	20,030,265	26,324	13
14	01400	6,258,426	8,320,769	14,579,195	-1,846	14
15	01500	13,088,328	54,291,059	67,379,387	-51,393,066	15
16	01600	1,652,598	981,330	2,633,928		16
17	01700	963,746	395,733	1,359,479	14,481	17
19	01900					19
20	02000					20
21	02100	32,670,609	10,584,344	43,254,953	-10,950,016	21
22	02200				14,873,302	22
23	02300				461,093	23
23.01	02301				107,368	23.01
23.02	02302				139,251	23.02
23.03	02303				106,442	23.03
23.04	02304				102,686	23.04
23.05	02305				99,702	23.05
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	76,831,365	19,564,758	96,396,123	-3,433,926	30
31	03100	19,546,649	4,327,055	23,873,704	-8,783	31
35	02060	12,372,059	1,368,750	13,740,809	-276,194	35
40	04000	3,423,981	216,504	3,640,485	72,887	40
43	04300				3,763,455	43
ANCILLARY SERVICE COST CENTERS						
50	05000	20,541,292	83,018,811	103,560,103	-69,146,500	50
51	05100	6,840,810	721,402	7,562,212	9,080	51
52	05200	12,831,783	4,754,972	17,586,755	-766,986	52
53	05300	1,071,399	2,738,539	3,809,938	-456,699	53
54	05400	17,123,131	13,797,485	30,920,616	-7,732,798	54
55	05500	5,166,566	1,393,700	6,560,266	-60,293	55
56	05600	1,871,047	5,574,661	7,445,708	-3,071,481	56
57	05700	4,457,377	2,522,537	6,979,914	-633,257	57
58	05800	6,449,195	3,372,876	9,822,071	-1,278,577	58
59	05900	1,599,815	5,103,533	6,703,348	-4,794,662	59
59.01	03650	992,478	19,461	1,011,939	6,656	59.01
59.02	03140	3,158,360	1,483,202	4,641,562	-132,425	59.02
59.03	03560	362,942	153,648	516,590	6,658	59.03
59.04	03290	1,096,778	9,085,203	10,181,981	-8,579,782	59.04
59.05	03340	4,198,099	3,796,087	7,994,186	-305,819	59.05
60	06000	16,470,023	28,208,811	44,678,834	-2,575,889	60
62	06200		12,259,859	12,259,859	-76,238	62
62.30	06250					62.30
63	06300	2,590,348	1,981,893	4,572,241	30,461	63
63.01	06301					63.01
65	06500	2,624,082	2,924,423	5,548,505	-191,407	65
66	06600	365,293	972,844	1,338,137	-163,532	66
67	06700	239,069	85,627	324,696	-14,372	67
70	07000	1,945,809	430,155	2,375,964	19,715	70
71	07100				41,974,455	71
72	07200				54,096,781	72
73	07300				53,021,059	73
74	07400					74
76.97	07697	290,071	106,268	396,339	4,945	76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	1,884,852	226,531	2,111,383	-159,515	90
90.01	09001	4,957,499	2,298,758	7,256,257	153,840	90.01
90.02	09002	420,995	180,038	601,033	196,965	90.02
90.03	09003	1,039,487	583,205	1,622,692	535,386	90.03
91	09100	10,302,440	2,035,544	12,337,984	364,987	91
92	09200					92

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSIFI-	
		1	2	(COL. 1 +	CATIONS	
				COL. 2)	4	
				3		
92.01	09201 OBSERVATION BEDS-DISTINCT OTHER REIMBURSABLE COST CENTERS	1,803,214	142,126	1,945,340		92.01
94	09400 HOME PROGRAM DIALYSIS SPECIAL PURPOSE COST CENTERS					94
105	10500 KIDNEY ACQUISITION	766,521	8,130,145	8,896,666	941,770	105
106	10600 HEART ACQUISITION	438,673	1,110,392	1,549,065	128,189	106
107	10700 LIVER ACQUISITION	663,543	5,617,362	6,280,905	545,060	107
109	10900 PANCREAS ACQUISITION	28,781	1,563,002	1,591,783	115,705	109
116	11600 HOSPICE	1,061,789	446,087	1,507,876	86,394	116
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	387,404,991	849,316,197	1,236,721,188	5,121,969	118
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,913	680	7,593		190
191	19100 RESEARCH	-144	7,409	7,265	1,808,938	191
191.01	19101 SPONSERED PROJECT	298,885	33,936	332,821	4,699,280	191.01
194	07950 REAL ESTATE	22,725	26,842,337	26,865,062	2,204,361	194
194.01	07951 MARKETING, OTHER NON-REIMB	1,613,452	8,520,122	10,133,574	-1,915,044	194.01
194.02	07952 OTHER COMPANY WIDE ACTIVITY	7,201,068	4,719,603	11,920,671	-11,919,504	194.02
200	TOTAL (SUM OF LINES 118-199)	396,547,890	889,440,284	1,285,988,174		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7		
GENERAL SERVICE COST CENTERS						
1	00100	CAP REL COSTS-BLDG & FIXT	81,712,409		81,712,409	1
2	00200	CAP REL COSTS-MVBLE EQUIP	37,784,885	-333,039	37,451,846	2
3	00300	OTHER CAP REL COSTS				3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	57,766,261	-3,298,302	54,467,959	4
5.01	00540	NONPATIENT PHONES	578,960		578,960	5.01
5.02	00550	DATA PROCESSING	10,748,764	-157,912	10,590,852	5.02
5.03	00560	PURCHASING RECEIVING & STORES	536,325	-17,415	518,910	5.03
5.04	00570	ADMITTING	19,506,933	-180,053	19,326,880	5.04
5.05	00591	ADMINISTRATIVE & GENERAL	316,055,764	-108,880,368	207,175,396	5.05
6	00600	MAINTENANCE & REPAIRS				6
7	00700	OPERATION OF PLANT	50,464,537	-6,831,307	43,633,230	7
8	00800	LAUNDRY & LINEN SERVICE	3,033,745		3,033,745	8
9	00900	HOUSEKEEPING	13,229,550	-219,314	13,010,236	9
10	01000	DIETARY	10,682,187	-561,397	10,120,790	10
11	01100	CAFETERIA	4,560,727	-4,560,727		11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	20,056,589	-153,806	19,902,783	13
14	01400	CENTRAL SERVICES & SUPPLY	14,577,349	-101,622	14,475,727	14
15	01500	PHARMACY	15,986,321	-1,443,092	14,543,229	15
16	01600	MEDICAL RECORDS & LIBRARY	2,633,928	-48,590	2,585,338	16
17	01700	SOCIAL SERVICE	1,373,960	-140,543	1,233,417	17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD	32,304,937		32,304,937	21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	14,873,302	-4,149,603	10,723,699	22
23	02300	PARAMED ED PRGM-(SPECIFY)	461,093		461,093	23
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	107,368	-1,522	105,846	23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)	139,251		139,251	23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)	106,442		106,442	23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)	102,686		102,686	23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)	99,702		99,702	23.05
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	92,962,197	-8,033,763	84,928,434	30
31	03100	INTENSIVE CARE UNIT	23,864,921	-219,482	23,645,439	31
35	02060	SPECIAL CARE NURSERY	13,464,615	-1,400,854	12,063,761	35
40	04000	SUBPROVIDER - IPF	3,713,372	-189,667	3,523,705	40
43	04300	NURSERY	3,763,455		3,763,455	43
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	34,413,603	-8,572,596	25,841,007	50
51	05100	RECOVERY ROOM	7,571,292	-39,517	7,531,775	51
52	05200	DELIVERY ROOM & LABOR ROOM	16,819,769	-1,627,930	15,191,839	52
53	05300	ANESTHESIOLOGY	3,353,239	-81,051	3,272,188	53
54	05400	RADIOLOGY-DIAGNOSTIC	23,187,818	-325,381	22,862,437	54
55	05500	RADIOLOGY-THERAPEUTIC	6,499,973	-232,238	6,267,735	55
56	05600	RADIOISOTOPE	4,374,227	-194,850	4,179,377	56
57	05700	CT SCAN	6,346,657	-384	6,346,273	57
58	05800	MRI	8,543,494	-9,831	8,533,663	58
59	05900	CARDIAC CATHETERIZATION	1,908,686	-115,121	1,793,565	59
59.01	03650	VASCULAR LAB	1,018,595	-39,174	979,421	59.01
59.02	03140	CARDIAC GRAPHICS	4,509,137	-227,152	4,281,985	59.02
59.03	03560	PULMONARY FUNCTION	523,248	-5,723	517,525	59.03
59.04	03290	EPS	1,602,199	-93,357	1,508,842	59.04
59.05	03340	GI	7,688,367	-105,434	7,582,933	59.05
60	06000	LABORATORY	42,102,945	-762,274	41,340,671	60
62	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	12,183,621		12,183,621	62
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	06300	BLOOD STORING, PROCESSING & TRANS.	4,602,702	-29,258	4,573,444	63
63.01	06301	CELL THERAPY LAB				63.01
65	06500	RESPIRATORY THERAPY	5,357,098	-1,092,600	4,264,498	65
66	06600	PHYSICAL THERAPY	1,174,605	-60,029	1,114,576	66
67	06700	OCCUPATIONAL THERAPY	310,324	-31,442	278,882	67
70	07000	ELECTROENCEPHALOGRAPHY	2,395,679	-56,880	2,338,799	70
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	41,974,455		41,974,455	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS	54,096,781		54,096,781	72
73	07300	DRUGS CHARGED TO PATIENTS	53,021,059		53,021,059	73
74	07400	RENAL DIALYSIS				74
76.97	07697	CARDIAC REHABILITATION	401,284	-117,188	284,096	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	CLINIC	1,951,868	-4,440	1,947,428	90
90.01	09001	PSYCH CLINIC	7,410,097	-1,333,231	6,076,866	90.01
90.02	09002	TRANSPLANT CLINIC	797,998	-15,166	782,832	90.02
90.03	09003	OB CLINIC	2,158,078	-1,266,405	891,673	90.03
91	09100	EMERGENCY	12,702,971	-312,848	12,390,123	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4)	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6)	
		5	7		
92.01	09201 OBSERVATION BEDS-DISTINCT OTHER REIMBURSABLE COST CENTERS	1,945,340	-61	1,945,279	92.01
94	09400 HOME PROGRAM DIALYSIS SPECIAL PURPOSE COST CENTERS				94
105	10500 KIDNEY ACQUISITION	9,838,436	-622,124	9,216,312	105
106	10600 HEART ACQUISITION	1,677,254	-102,032	1,575,222	106
107	10700 LIVER ACQUISITION	6,825,965	-1,298,224	5,527,741	107
109	10900 PANCREAS ACQUISITION	1,707,488	-27,514	1,679,974	109
116	11600 HOSPICE	1,594,270	-55,824	1,538,446	116
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	1,241,843,157	-159,779,657	1,082,063,500	118
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,593	-36	7,557	190
191	19100 RESEARCH	1,816,203	-1,676	1,814,527	191
191.01	19101 SPONSERED PROJECT	5,032,101	-156,780	4,875,321	191.01
194	07950 REAL ESTATE	29,069,423	-29,069,423		194
194.01	07951 MARKETING, OTHER NON-REIMB	8,218,530	-1,365,082	6,853,448	194.01
194.02	07952 OTHER COMPANY WIDE ACTIVITY	1,167	-1	1,166	194.02
200	TOTAL (SUM OF LINES 118-199)	1,285,988,174	-190,372,655	1,095,615,519	200

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1 CREDIT CC 1054 RECL TO NONSALARY	A	ADMINISTRATIVE & GENERAL	5.05	271,855	1
2 FRINGE CHRG TO SALARY RCL TO NON	A	ADMINISTRATIVE & GENERAL	5.05		1,057
3 AP VOUCHER NO HOURS RCL TO NON	A	ADMINISTRATIVE & GENERAL	5.05		66,559
4 CC 1300 RCL SALARY TO NON	A	DIETARY	10		125
5 CC 1878 RCL SALARY TO NON	A	MEDICAL RECORDS & LIBRARY	16		931
6 CC 1384 RCL SALARY TO NON	A	SOCIAL SERVICE	17	5,940	
7 CC 1630 RCL SALARY TO NON	A	I&R SERVICES-OTHER PRGM COSTS	22		13,889
8 CC 1667 RCL SALARY TO NON	A	I&R SERVICES-OTHER PRGM COSTS	22		877
9 CC 1677 RCL SALARY TO NON	A	I&R SERVICES-OTHER PRGM COSTS	22		200,438
10 CC 1481 CHILDR SURG FUND SAL TO NON	A	SPECIAL CARE NURSERY	35		80,277
11 CC 1481 NICU HOSPITIST SAL TO NON	A	SPECIAL CARE NURSERY	35		1,287,884
12 CC 1481 ADJ ENTRIES	A	SPECIAL CARE NURSERY	35	4,212	
13 CC 1481 RVS FY11 NICU HOSP	A	SPECIAL CARE NURSERY	35	60,955	
14 CC 1481 FAC BIL YR END ACCRUAL	A	SPECIAL CARE NURSERY	35		34,717
15 CC 1507 SAL TO NON AUTOPSY	A	LABORATORY	60		5,830
16 CC 1528 SAL TO NON SAL	A	ELECTROENCEPHALOGRAPHY	70		4,800
17 CC 1558 SAL TO NON SAL	A	OB CLINIC	90.03	5,679	
18 CC 1658 FRINGE BENEFITS PART A	A	I&R SERVICES-OTHER PRGM COSTS	22		16,284
19 CC 1486,88,89 FRINGE BENEF PART A	A	ADULTS & PEDIATRICS	30		8,079
20 CC 1481FRINGE BENEFIT PART A	A	SPECIAL CARE NURSERY	35		25,766
21 CC 1499 FRINGE BENEFIT PART A	A	LABORATORY	60		7,380
22 CC 1534 FRINGE BENEFIT PART A	A	PHYSICAL THERAPY	66		3,200
23 FELLOW SAL TO FRINGE SAL TO NON SAL	A	OTHER COMPANY WIDE ACTIVITY	194.02		1,220,005
24 RECLASS COMPANY WIDE TO FRINGE BEN	A	EMPLOYEE BENEFITS DEPARTMENT	4		770,622
25 RECLASS COMPANY WIDE TO NON	A	ADMINISTRATIVE & GENERAL	5.05		5,248
26 RCL COMPANY WIDE TO LINE 21 FELLOWS	A	I&R SERVICES-SALARY & FRINGES	21	1,254,723	468,798
27 RCL COMPANY WIDE TO LINE 22	A	I&R SERVICES-OTHER PRGM COSTS	22	666,194	611,233
28 RCL COMPANY WIDE TO LINE 23.01	A	PARAMED ED PRGM-(CHAPLAINCY)	23.01		12,896
29 RCL COMPANY WIDE TO LINE 30	A	ADULTS & PEDIATRICS	30	136,286	179,817
30 RCL COMPANY WIDE TO LINE 35	A	SPECIAL CARE NURSERY	35	110,150	108,154
31 RCL COMPANY WIDE TO LINE 40	A	SUBPROVIDER - IPF	40	48,740	11,258
32 RCL COMPANY WIDE TO LINE 90.01	A	PSYCH CLINIC	90.01	54,383	4,437
33 RCL COMPANY WIDE TO LINE 90.03	A	OB CLINIC	90.03	403,133	143,761
34 RCL COMPANY WIDE TO LINE 91	A	EMERGENCY	91	209,325	133,370
35 RCL COMPANY WIDE TO LINE 116	A	HOSPICE	116		81,399
36 RCL COMPANY WIDE TO LINE 191	A	RESEARCH	191	1,567,038	241,900
37 RCL COMPANY WIDE TO LINE 191.01	A	SPONSERED PROJECT	191.01	1,556,674	3,139,965
38 RCL ACCT 600000 LN 21 TO LN 22	A	I&R SERVICES-OTHER PRGM COSTS	22	1,399,640	
39 RCL ACCT 600200 LN 21 TO LN 22	A	I&R SERVICES-OTHER PRGM COSTS	22	3,226	
40 RCL ACCT 600300 LN 21 TO LN 22	A	I&R SERVICES-OTHER PRGM COSTS	22	1,370	
41 RCL ACCT 615200 LN 21 TO LN 22	A	I&R SERVICES-OTHER PRGM COSTS	22	72,375	
42 RCL ACCT 615201 LN 21 TO LN 22	A	I&R SERVICES-OTHER PRGM COSTS	22	2,897,368	
43 RCL ACCT 615203 LN 21 TO LN 22	A	I&R SERVICES-OTHER PRGM COSTS	22	367,463	
44 RCL ACCT 615211 LN 21 TO LN 22	A	I&R SERVICES-OTHER PRGM COSTS	22	2,119,569	
45 RCL ACCT 615213 LN 21 TO LN 22	A	I&R SERVICES-OTHER PRGM COSTS	22	147,263	
46 RCL ACCT 615251 LN 21 TO LN 22	A	I&R SERVICES-OTHER PRGM COSTS	22	3,429	
47 RCL ACCT 633300 LN 21 TO LN 22	A	I&R SERVICES-OTHER PRGM COSTS	22	101,503	
48 RCL NON SALARY LN 21 TO LN 22	A	I&R SERVICES-OTHER PRGM COSTS	22		5,358,613
49 PART A FRINGE RECLASS ACCT 615201	A	NURSING ADMINISTRATION	13		3,726
50 PART A FRINGE RECLASS ACCT 615201	A	PHARMACY	15		7,056
51 PART A FRINGE RECLASS ACCT 615201	A	SOCIAL SERVICE	17		12,399
52 PART A FRINGE RECLASS ACCT 615201	A	I&R SERVICES-OTHER PRGM COSTS	22		390,605
53 PART A FRINGE RECLASS ACCT 615201	A	ADULTS & PEDIATRICS	30		61,517
54 PART A FRINGE RECLASS ACCT 615201	A	INTENSIVE CARE UNIT	31		52,979
55 PART A FRINGE RECLASS ACCT 615201	A	SUBPROVIDER - IPF	40		8,139
56 PART A FRINGE RECLASS ACCT 615201	A	OPERATING ROOM	50		68,325
57 PART A FRINGE RECLASS ACCT 615201	A	RECOVERY ROOM	51		10,613
58 PART A FRINGE RECLASS ACCT 615201	A	DELIVERY ROOM & LABOR ROOM	52		26,191
59 PART A FRINGE RECLASS ACCT 615201	A	ANESTHESIOLOGY	53		20,377
60 PART A FRINGE RECLASS ACCT 615201	A	RADIOLOGY-DIAGNOSTIC	54		48,361
61 PART A FRINGE RECLASS ACCT 615201	A	RADIOLOGY-THERAPEUTIC	55		10,493
62 PART A FRINGE RECLASS ACCT 615201	A	RADIOISOTOPE	56		7,671
63 PART A FRINGE RECLASS ACCT 615201	A	CT SCAN	57		4,614
64 PART A FRINGE RECLASS ACCT 615201	A	MRI	58		4,614
65 PART A FRINGE RECLASS ACCT 615201	A	CARDIAC CATHETERIZATION	59		13,971
66 PART A FRINGE RECLASS ACCT 615201	A	VASCULAR LAB	59.01		5,699
67 PART A FRINGE RECLASS ACCT 615201	A	CARDIAC GRAPHICS	59.02		30,189
68 PART A FRINGE RECLASS ACCT 615201	A	PULMONARY FUNCTION	59.03		2,699
69 PART A FRINGE RECLASS ACCT 615201	A	EPS	59.04		13,971
70 PART A FRINGE RECLASS ACCT 615201	A	GI	59.05		12,410
71 PART A FRINGE RECLASS ACCT 615201	A	LABORATORY	60		262,414
72 PART A FRINGE RECLASS ACCT 615201	A	BLOOD STORING, PROCESSING & T	63		5,612
73 PART A FRINGE RECLASS ACCT 615201	A	BLOOD STORING, PROCESSING & T	63		6,118
74 PART A FRINGE RECLASS ACCT 615201	A	RESPIRATORY THERAPY	65		20,196
75 PART A FRINGE RECLASS ACCT 615201	A	PHYSICAL THERAPY	66		8,856
76 PART A FRINGE RECLASS ACCT 615201	A	CARDIAC GRAPHICS	59.02		794
77 PART A FRINGE RECLASS ACCT 615201	A	ELECTROENCEPHALOGRAPHY	70		16,881
78 PART A FRINGE RECLASS ACCT 615201	A	CARDIAC REHABILITATION	76.97		4,234
79 PART A FRINGE RECLASS ACCT 615201	A	CLINIC	90		5,775
80 PART A FRINGE RECLASS ACCT 615201	A	PSYCH CLINIC	90.01		12,809
81 PART A FRINGE RECLASS ACCT 615201	A	OB CLINIC	90.03		4,614
82 PART A FRINGE RECLASS ACCT 615201	A	EMERGENCY	91		21,240
83 PART A FRINGE RECLASS ACCT 615201	A	KIDNEY ACQUISITION	105		6,476
84 PART A FRINGE RECLASS ACCT 615201	A	HEART ACQUISITION	106		12,745
85 PART A FRINGE RECLASS ACCT 615201	A	LIVER ACQUISITION	107		10,445
86 PART A FRINGE RECLASS ACCT 615201	A	PANCREAS ACQUISITION	109		3,885
87 PART A FRINGE RECLASS ACCT 615201	A	HOSPICE	116		4,490
88 PART A FRINGE RECLASS ACCT 615203	A	NURSING ADMINISTRATION	13		27,220
89 PART A FRINGE RECLASS ACCT 615203	A	I&R SERVICES-OTHER PRGM COSTS	22		90,028
90 PART A FRINGE RECLASS ACCT 615203	A	PHYSICAL THERAPY	66		8,856

91	PART A FRINGE RECLASS ACCT 615211	A	I&R SERVICES-OTHER PRGM COSTS	22		238,452	91
92	PART A FRINGE RECLASS ACCT 615213	A	I&R SERVICES-OTHER PRGM COSTS	22		36,079	92
93	PART A FRINGE RECLASS ACCT 615251	A	I&R SERVICES-OTHER PRGM COSTS	22		463	93
94	PART A FRINGE RECLASS ACCT 615251	A	ADULTS & PEDIATRICS	30		28,929	94
95	PART A FRINGE RECLASS ACCT 615251	A	PSYCH CLINIC	90.01		68,169	95
96	PART A FRINGE RECLASS ACCT 615201	A	SPONSERED PROJECT	191.01		2,261	96
97	RCL ACCT 642000 MCGAW FRINGE	A	I&R SERVICES-SALARY & FRINGES	21		13,486	97
98	RCL ACCT 641831 ON CALL FRINGE	A	KIDNEY ACQUISITION	105		69,612	98
99	RCL ACCT 641831 ON CALL FRINGE	A	LIVER ACQUISITION	107		69,612	99
100	MALPRACTICE	A	NURSING ADMINISTRATION	13		3,388	100
101	MALPRACTICE	A	PHARMACY	15		1,741	101
102	MALPRACTICE	A	SOCIAL SERVICE	17		2,082	102
103	MALPRACTICE	A	I&R SERVICES-OTHER PRGM COSTS	22		136,941	103
104	MALPRACTICE	A	ADULTS & PEDIATRICS	30		16,063	104
105	MALPRACTICE	A	INTENSIVE CARE UNIT	31		8,895	105
106	MALPRACTICE	A	SPECIAL CARE NURSERY	35		2,801	106
107	MALPRACTICE	A	SUBPROVIDER - IPF	40		4,750	107
108	MALPRACTICE	A	OPERATING ROOM	50		11,534	108
109	MALPRACTICE	A	RECOVERY ROOM	51		1,782	109
110	MALPRACTICE	A	DELIVERY ROOM & LABOR ROOM	52		4,397	110
111	MALPRACTICE	A	ANESTHESIOLOGY	53		3,421	111
112	MALPRACTICE	A	RADIOLOGY-DIAGNOSTIC	54		8,119	112
113	MALPRACTICE	A	RADIOLOGY-THERAPEUTIC	55		1,762	113
114	MALPRACTICE	A	RADIOISOTOPE	56		1,288	114
115	MALPRACTICE	A	CT SCAN	57		775	115
116	MALPRACTICE	A	MRI	58		775	116
117	MALPRACTICE	A	CARDIAC CATHETERIZATION	59		2,346	117
118	MALPRACTICE	A	VASCULAR LAB	59.01		957	118
119	MALPRACTICE	A	CARDIAC GRAPHICS	59.02		5,201	119
120	MALPRACTICE	A	PULMONARY FUNCTION	59.03		453	120
121	MALPRACTICE	A	EPS	59.04		2,346	121
122	MALPRACTICE	A	GI	59.05		2,084	122
123	MALPRACTICE	A	LABORATORY	60		44,990	123
124	MALPRACTICE	A	BLOOD STORING, PROCESSING & T	63		942	124
125	MALPRACTICE	A	BLOOD STORING, PROCESSING & T	63		1,027	125
126	MALPRACTICE	A	RESPIRATORY THERAPY	65		3,391	126
127	MALPRACTICE	A	PHYSICAL THERAPY	66		1,432	127
128	MALPRACTICE	A	ELECTROENCEPHALOGRAPHY	70		2,834	128
129	MALPRACTICE	A	CARDIAC REHABILITATION	76.97		711	129
130	MALPRACTICE	A	CLINIC	90		970	130
131	MALPRACTICE	A	PSYCH CLINIC	90.01		14,042	131
132	MALPRACTICE	A	OB CLINIC	90.03		775	132
133	MALPRACTICE	A	EMERGENCY	91		7,743	133
134	MALPRACTICE	A	KIDNEY ACQUISITION	105		1,087	134
135	MALPRACTICE	A	HEART ACQUISITION	106		2,140	135
136	MALPRACTICE	A	LIVER ACQUISITION	107		1,754	136
137	MALPRACTICE	A	PANCREAS ACQUISITION	109		652	137
138	MALPRACTICE	A	HOSPICE	116		505	138
139	MALPRACTICE	A	SPONSERED PROJECT	191.01		380	139
140	RECLASSCC1025 NON SALRY TO SALARY	A	ADMINISTRATIVE & GENERAL	5.05	126,350		140
141	RECLCC1025 TO PARA SCH RADIOGRAPHY	A	PARAMED ED PRGM-(NM SCHL)	23.02	47,854		141
142	RECLCC1025 TO PARA SCH RADIA THERAP	A	PARAMED ED PRGM-(RAD THER)	23.03	25,087		142
143	RECLCC1025 TO PARA SCH NUCLEAR MED	A	PARAMED ED PRGM-(NUCLEAR MED)	23.04	26,183		143
144	RECLCC1025 TO PARA SCH SONOGRAPHY	A	PARAMED ED PRGM-(SONOGRAPHY)	23.05	27,226		144
145	RECLSALTO PARA SCH RADIOGRAPHY	A	PARAMED ED PRGM-(NM SCHL)	23.02	52,806		145
146	RECLSALTO PARA SCH RADIA THERAPY	A	PARAMED ED PRGM-(RAD THER)	23.03	54,547		146
147	RECLSALTO PARA SCH NUCLEAR MED	A	PARAMED ED PRGM-(NUCLEAR MED)	23.04	47,641		147
148	RECLSALTO PARA SCH NUCLEAR MED	A	PARAMED ED PRGM-(NUCLEAR MED)	23.04	3,062		148
149	RECLSALTO PARA SCH DMS	A	PARAMED ED PRGM-(SONOGRAPHY)	23.05	47,952		149
150	RECLSALTOPARA SCH RADIOGRAPHY	A	PARAMED ED PRGM-(NM SCHL)	23.02	4,731		150
151	RECLSALTOPARA SCH PHARMACY	A	PARAMED ED PRGM-(SPECIFY)	23	308,051		151
152	RECLSALTOPARA SCH CHAPLAINCY	A	PARAMED ED PRGM-(CHAPLAINCY)	23.01	94,472		152
153	RECLSBONUS TOTRANSPLANT CLINIC	A	TRANSPLANT CLINIC	90.02	2,826		153
154	RECLSBONUS TO KIDNEYACQUISITION	A	KIDNEY ACQUISITION	105	12,446		154
155	RECLSBONUS TO HEART ACQUISITION	A	HEART ACQUISITION	106	1,442		155
156	RECLSBONUS TO LIVER ACQUISITION	A	LIVER ACQUISITION	107	2,952		156
157	RECLSBONUS OVERHEAD TO CLINIC	A	TRANSPLANT CLINIC	90.02	7,714		157
158	RECLSBONUS OVERHEAD TO 1568	A	KIDNEY ACQUISITION	105	14,986		158
159	RECLSBONUS OVERHEAD TO 1569	A	KIDNEY ACQUISITION	105	15,436		159
160	RECLSBONUS OVERHEAD TO 1711	A	HEART ACQUISITION	106	3,994		160
161	RECLSBONUS OVERHEAD TO 1445	A	LIVER ACQUISITION	107	14,307		161
162	RECLSBONUS OVERHEAD TO 1457	A	LIVER ACQUISITION	107	2,126		162
163	RECLSBONUS OVERHEAD TO 1456	A	PANCREAS ACQUISITION	109	3,969		163
164	RECL OVERHEAD TO CLINIC FRM 5.05	A	TRANSPLANT CLINIC	90.02	137,684		164
165	RECL OVERHEAD TO CLINIC FRM 30	A	TRANSPLANT CLINIC	90.02	25,944		165
166	RECL OVERHEAD TO CLINIC FRM 90	A	TRANSPLANT CLINIC	90.02	8,637		166
167	RECL NON OVERHEAD TO CL FRM 5.05	A	TRANSPLANT CLINIC	90.02		33,955	167
168	RECL OVERHEAD TO KID AC FRM 5.05	A	KIDNEY ACQUISITION	105	543,008		168
169	RECL OVERHEAD TO KID AC FRM 30	A	KIDNEY ACQUISITION	105	102,322		169
170	RECL OVERHEAD TO KID AC FRM 90	A	KIDNEY ACQUISITION	105	34,062		170
171	RECL OVERHEAD TO KID AC FRM 90.02	A	KIDNEY ACQUISITION	105	8,422		171
172	RECL NON WAGE TO KID AC FRM 5.05	A	KIDNEY ACQUISITION	105		133,913	172
173	RECL OVERHEAD TO HEART FRM 5.05	A	HEART ACQUISITION	106	71,280		173
174	RECL OVERHEAD TO HEART FRM 30	A	HEART ACQUISITION	106	13,432		174
175	RECL OVERHEAD TO HEART FRM 90	A	HEART ACQUISITION	106	4,471		175
176	RECL OVERHEAD TO HEART FRM 90.02	A	HEART ACQUISITION	106	1,106		176
177	RECL NON WAGE TO HEART FRM 5.05	A	HEART ACQUISITION	106		17,579	177
178	RECL OVERHEAD TO LIVER FRM 5.05	A	LIVER ACQUISITION	107	293,311		178
179	RECL OVERHEAD TO LIVER FRM 30	A	LIVER ACQUISITION	107	55,270		179
180	RECL OVERHEAD TO LIVER FRM 90	A	LIVER ACQUISITION	107	18,399		180
181	RECL OVERHEAD TO LIVER FRM 90.02	A	LIVER ACQUISITION	107	4,549		181
182	RECL NONWAGE TO LIVER FRM 5.05	A	LIVER ACQUISITION	107		72,335	182
183	RECL OVERHEAD TO PANC FRM 5.05	A	PANCREAS ACQUISITION	109	70,838		183
184	RECL OVERHEAD TO PANC FRM 30	A	PANCREAS ACQUISITION	109	13,348		184
185	RECL OVERHEAD TO PANC FRM 90	A	PANCREAS ACQUISITION	109	4,444		185
186	RECL OVERHEAD TO PANC FRM 90.02	A	PANCREAS ACQUISITION	109	1,099		186
187	RECL NON WAGE TO PANC FRM 5.05	A	PANCREAS ACQUISITION	109		17,470	187
188	RECLPRECEPTORSALARYTO PARA SCH	A	PARAMED ED PRGM-(SPECIFY)	23	131,292		188
189	RECL1025NONEXPTO PARA RADIOGRAPH	A	PARAMED ED PRGM-(NM SCHL)	23.02		2,629	189
190	RECL1025NONEXPTO PARA RADIATION THE	A	PARAMED ED PRGM-(RAD THER)	23.03		2,629	190

191 RECL1025NONEXP TO PARA NUCLEAR	A	PARAMED ED PRGM-(NUCLEAR MED)	23.04		2,629	191
192 RECL1025NONEXP TO PARA SONOGRAPHY	A	PARAMED ED PRGM-(SONOGRAPHY)	23.05		2,629	192
193 RECL PARA EXPENSES FROM PHARM	A	PARAMED ED PRGM-(SPECIFY)	23		21,750	193
500 TOTAL RECLASSIFICATIONS				15,959,571	16,743,733	500
CODE LETTER - A						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE	SALARY	OTHER
	1	2	LINE #	4	5
1 HOME OFFICE DEPRECIATION RECLASS	B	CAP REL COSTS-MVBLE EQUIP	2		9,047,846 1
500 TOTAL RECLASSIFICATIONS					9,047,846 500
CODE LETTER - B					
1 DRUG RECLASS	C	DRUGS CHARGED TO PATIENTS	73		50,618,230 1
2 DRUG RECLASS	C	DRUGS CHARGED TO PATIENTS	73		36,044 2
3 DRUG RECLASS	C	DRUGS CHARGED TO PATIENTS	73		1,845 3
4 DRUG RECLASS	C	DRUGS CHARGED TO PATIENTS	73		69,069 4
5 DRUG RECLASS	C	DRUGS CHARGED TO PATIENTS	73		630,853 5
6 DRUG RECLASS	C	DRUGS CHARGED TO PATIENTS	73		1,202,401 6
7 DRUG RECLASS	C	DRUGS CHARGED TO PATIENTS	73		110,046 7
8 DRUG RECLASS	C	DRUGS CHARGED TO PATIENTS	73		94,885 8
9 DRUG RECLASS	C	DRUGS CHARGED TO PATIENTS	73		76,238 9
10 DRUG RECLASS	C	DRUGS CHARGED TO PATIENTS	73		167 10
11 DRUG RECLASS	C	DRUGS CHARGED TO PATIENTS	73		73,724 11
12 DRUG RECLASS	C	DRUGS CHARGED TO PATIENTS	73		96,247 12
13 DRUG RECLASS	C	DRUGS CHARGED TO PATIENTS	73		4,619 13
14 DRUG RECLASS	C	DRUGS CHARGED TO PATIENTS	73		6,691 14
500 TOTAL RECLASSIFICATIONS					53,021,059 500
CODE LETTER - C					
1 IMPLANT RECLASS	D	IMPL. DEV. CHARGED TO PATIENT	72		40,579,155 1
2 IMPLANT RECLASS	D	IMPL. DEV. CHARGED TO PATIENT	72		608 2
3 IMPLANT RECLASS	D	IMPL. DEV. CHARGED TO PATIENT	72		1,879,452 3
4 IMPLANT RECLASS	D	IMPL. DEV. CHARGED TO PATIENT	72		16,681 4
5 IMPLANT RECLASS	D	IMPL. DEV. CHARGED TO PATIENT	72		2,963,730 5
6 IMPLANT RECLASS	D	IMPL. DEV. CHARGED TO PATIENT	72		15 6
7 IMPLANT RECLASS	D	IMPL. DEV. CHARGED TO PATIENT	72		2,582,644 7
8 IMPLANT RECLASS	D	IMPL. DEV. CHARGED TO PATIENT	72		1,388 8
9 IMPLANT RECLASS	D	IMPL. DEV. CHARGED TO PATIENT	72		6,054,369 9
10 IMPLANT RECLASS	D	IMPL. DEV. CHARGED TO PATIENT	72		18,131 10
11 IMPLANT RECLASS	D	IMPL. DEV. CHARGED TO PATIENT	72		608 11
500 TOTAL RECLASSIFICATIONS					54,096,781 500
CODE LETTER - D					
1 MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		337,721 1
2 MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		1,179 2
3 MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		70,657 3
4 MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		522,069 4
5 MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		28,520,978 5
6 MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		3,315 6
7 MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		688,237 7
8 MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		479,889 8
9 MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		5,719,448 9
10 MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		1,205 10
11 MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		116,350 11
12 MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		2,118,289 12
13 MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		1,286 13
14 MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		2,660,286 14
15 MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		302,182 15
16 MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		214,827 16
17 MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		185,268 17
18 MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		14,372 18
19 MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		16,897 19
500 TOTAL RECLASSIFICATIONS					41,974,455 500
CODE LETTER - E					
1 NN RECLASS	F	NURSERY	43	3,208,053	445,069 1
2 NN RECLASS	F	NURSERY	43	896	100 2
3 NN RECLASS	F	NURSERY	43	80,950	28,387 3
500 TOTAL RECLASSIFICATIONS				3,289,899	473,556 500
CODE LETTER - F					
1 DIETARY RECLASS	G	CAFETERIA	11	2,356,947	2,203,780 1
500 TOTAL RECLASSIFICATIONS				2,356,947	2,203,780 500
CODE LETTER - G					
1 EQUIPMENT DEPRECIATION RECLASS	H	CAP REL COSTS-BLDG & FIXT	1		4,397,795 1
500 TOTAL RECLASSIFICATIONS					4,397,795 500
CODE LETTER - H					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1 RECLASS SCHOOLS	I	PARAMED ED PRGM-(NM SCHL)	23.02		31,231 1
2		PARAMED ED PRGM-(RAD THER)	23.03		24,179 2
3		PARAMED ED PRGM-(NUCLEAR MED)	23.04		23,171 3
4		PARAMED ED PRGM-(SONOGRAPHY)	23.05		21,895 4
500 TOTAL RECLASSIFICATIONS					100,476 500
CODE LETTER - I					
1 RECLASS LAUNDRY SERVICES	K	LAUNDRY & LINEN SERVICE	8		3,029,317 1
500 TOTAL RECLASSIFICATIONS					3,029,317 500
CODE LETTER - K					
1 CAPITAL RELATED COST RECLASS	M	ADMITTING	5.04		126,277 1
2 CAPITAL RELATED COST RECLASS	M	ADMITTING	5.04		254,972 2
3 CAPITAL RELATED COST RECLASS	M	ADMITTING	5.04		13,147 3
4 CAPITAL RELATED COST RECLASS	M	OPERATION OF PLANT	7		2,809,132 4
5 CAPITAL RELATED COST RECLASS	M	REAL ESTATE	194		289,317 5
6 CAPITAL RELATED COST RECLASS	M	ADMINISTRATIVE & GENERAL	5.05		7,540 6
7 CAPITAL RELATED COST RECLASS	M	BLOOD STORING, PROCESSING & T	63		11,340 7
8 CAPITAL RELATED COST RECLASS	M	LABORATORY	60		1,846 8
9 CAPITAL RELATED COST RECLASS	M	ADMINISTRATIVE & GENERAL	5.05		1,490 9
10 CAPITAL RELATED COST RECLASS	M	PULMONARY FUNCTION	59.03		6,180 10
11 CAPITAL RELATED COST RECLASS	M	EPS	59.04		118,556 11
12 CAPITAL RELATED COST RECLASS	M	ADMINISTRATIVE & GENERAL	5.05		17,046 12
13 CAPITAL RELATED COST RECLASS	M	RADIOLOGY-THERAPEUTIC	55		1,730 13
14 CAPITAL RELATED COST RECLASS	M	MRI	58		34,800 14
15 CAPITAL RELATED COST RECLASS	M	PURCHASING RECEIVING & STORES	5.03		6,839 15
16 CAPITAL RELATED COST RECLASS	M	ADMINISTRATIVE & GENERAL	5.05		1,351,309 16
17 CAPITAL RELATED COST RECLASS	M	OPERATION OF PLANT	7		1,502,898 17
18 CAPITAL RELATED COST RECLASS	M	NURSING ADMINISTRATION	13		10,870 18
19 CAPITAL RELATED COST RECLASS	M	PHARMACY	15		15,181 19
20 CAPITAL RELATED COST RECLASS	M	BLOOD STORING, PROCESSING & T	63		5,422 20
21 CAPITAL RELATED COST RECLASS	M	REAL ESTATE	194		1,915,044 21
500 TOTAL RECLASSIFICATIONS					8,500,936 500
CODE LETTER - M					
GRAND TOTAL (INCREASES)				21,606,417	193,589,734

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 CREDIT CC 1054 RECL TO NONSALARY	A	ADMINISTRATIVE & GENERAL	5.05		271,855	1
2 FRINGE CHR TO SALARY RCL TO NON	A	ADMINISTRATIVE & GENERAL	5.05	1,057		2
3 AP VOUCHER NO HOURS RCL TO NON	A	ADMINISTRATIVE & GENERAL	5.05	66,559		3
4 CC 1300 RCL SALARY TO NON	A	DIETARY	10	125		4
5 CC 1878 RCL SALARY TO NON	A	MEDICAL RECORDS & LIBRARY	16	931		5
6 CC 1384 RCL SALARY TO NON	A	SOCIAL SERVICE	17		5,940	6
7 CC 1630 RCL SALARY TO NON	A	I&R SERVICES-SALARY & FRINGES	21	13,889		7
8 CC 1667 RCL SALARY TO NON	A	I&R SERVICES-SALARY & FRINGES	21	877		8
9 CC 1677 RCL SALARY TO NON	A	I&R SERVICES-SALARY & FRINGES	21	200,438		9
10 CC 1481 CHLD SURG FUND SAL TO NON	A	SPECIAL CARE NURSERY	35	80,277		10
11 CC 1481 NICU HOSPITIST SAL TO NON	A	SPECIAL CARE NURSERY	35	1,287,884		11
12 CC 1481 ADJ ENTRIES	A	SPECIAL CARE NURSERY	35		4,212	12
13 CC 1481 RVS FY11 NICU HOSP	A	SPECIAL CARE NURSERY	35		60,955	13
14 CC 1481 FAC BIL YR END ACCRUAL	A	SPECIAL CARE NURSERY	35	34,717		14
15 CC 1507 SAL TO NON AUTOPSY	A	LABORATORY	60	5,830		15
16 CC 1528 SAL TO NON SAL	A	ELECTROENCEPHALOGRAPHY	70	4,800		16
17 CC 1558 SAL TO NON SAL	A	OB CLINIC	90.03		5,679	17
18 CC 1658 FRINGE BENEFITS PART A	A	ADMINISTRATIVE & GENERAL	5.05		16,284	18
19 CC 1486,88,89 FRINGE BENEF PART A	A	ADMINISTRATIVE & GENERAL	5.05		8,079	19
20 CC 1481FRINGE BENEFIT PART A	A	ADMINISTRATIVE & GENERAL	5.05		25,766	20
21 CC 1499 FRINGE BENEFIT PART A	A	ADMINISTRATIVE & GENERAL	5.05		7,380	21
22 CC 1534 FRINGE BENEFIT PART A	A	ADMINISTRATIVE & GENERAL	5.05		3,200	22
23 FELLOW SAL TO FRINGE SAL TO NON SAL	A	OTHER COMPANY WIDE ACTIVITY	194.02	1,220,005		23
24 RECLASS COMPANY WIDE TO FRINGE BEN	A	OTHER COMPANY WIDE ACTIVITY	194.02		770,622	24
25 RECLASS COMPANY WIDE TO NON	A	OTHER COMPANY WIDE ACTIVITY	194.02		5,248	25
26 RCL COMPANY WIDE TO LINE 21 FELLOWS	A	OTHER COMPANY WIDE ACTIVITY	194.02	1,254,723	468,798	26
27 RCL COMPANY WIDE TO LINE 22	A	OTHER COMPANY WIDE ACTIVITY	194.02	666,194	611,233	27
28 RCL COMPANY WIDE TO LINE 23.01	A	OTHER COMPANY WIDE ACTIVITY	194.02	12,896		28
29 RCL COMPANY WIDE TO LINE 30	A	OTHER COMPANY WIDE ACTIVITY	194.02	136,286	179,817	29
30 RCL COMPANY WIDE TO LINE 35	A	OTHER COMPANY WIDE ACTIVITY	194.02	110,150	108,154	30
31 RCL COMPANY WIDE TO LINE 40	A	OTHER COMPANY WIDE ACTIVITY	194.02	48,740	11,258	31
32 RCL COMPANY WIDE TO LINE 90.01	A	OTHER COMPANY WIDE ACTIVITY	194.02	54,383	4,437	32
33 RCL COMPANY WIDE TO LINE 90.03	A	OTHER COMPANY WIDE ACTIVITY	194.02	403,133	143,761	33
34 RCL COMPANY WIDE TO LINE 91	A	OTHER COMPANY WIDE ACTIVITY	194.02	209,325	133,370	34
35 RCL COMPANY WIDE TO LINE 116	A	OTHER COMPANY WIDE ACTIVITY	194.02		81,399	35
36 RCL COMPANY WIDE TO LINE 191	A	OTHER COMPANY WIDE ACTIVITY	194.02	1,567,038	241,900	36
37 RCL COMPANY WIDE TO LINE 191.01	A	OTHER COMPANY WIDE ACTIVITY	194.02	1,556,674	3,139,965	37
38 RCL ACCT 600000 LN 21 TO LN 22	A	I&R SERVICES-SALARY & FRINGES	21	1,399,640		38
39 RCL ACCT 600200 LN 21 TO LN 22	A	I&R SERVICES-SALARY & FRINGES	21	3,226		39
40 RCL ACCT 600300 LN 21 TO LN 22	A	I&R SERVICES-SALARY & FRINGES	21	1,370		40
41 RCL ACCT 615200 LN 21 TO LN 22	A	I&R SERVICES-SALARY & FRINGES	21	72,375		41
42 RCL ACCT 615201 LN 21 TO LN 22	A	I&R SERVICES-SALARY & FRINGES	21	2,897,368		42
43 RCL ACCT 615203 LN 21 TO LN 22	A	I&R SERVICES-SALARY & FRINGES	21	367,463		43
44 RCL ACCT 615211 LN 21 TO LN 22	A	I&R SERVICES-SALARY & FRINGES	21	2,119,569		44
45 RCL ACCT 615213 LN 21 TO LN 22	A	I&R SERVICES-SALARY & FRINGES	21	147,263		45
46 RCL ACCT 615251 LN 21 TO LN 22	A	I&R SERVICES-SALARY & FRINGES	21	3,429		46
47 RCL ACCT 633300 LN 21 TO LN 22	A	I&R SERVICES-SALARY & FRINGES	21	101,503		47
48 RCL NON SALARY LN 21 TO LN 22	A	I&R SERVICES-SALARY & FRINGES	21		5,358,613	48
49 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		3,726	49
50 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		7,056	50
51 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		12,399	51
52 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		390,605	52
53 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		61,517	53
54 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		52,979	54
55 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		8,139	55
56 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		68,325	56
57 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		10,613	57
58 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		26,191	58
59 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		20,377	59
60 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		48,361	60
61 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		10,493	61
62 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		7,671	62
63 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		4,614	63
64 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		4,614	64
65 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		13,971	65
66 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		5,699	66
67 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		30,189	67
68 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		2,699	68
69 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		13,971	69
70 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		12,410	70
71 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		262,414	71
72 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		5,612	72
73 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		6,118	73
74 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		20,196	74
75 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		8,856	75
76 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		794	76
77 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		16,881	77
78 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		4,234	78
79 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		5,775	79
80 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		12,809	80
81 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		4,614	81
82 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		21,240	82
83 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		6,476	83
84 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		12,745	84
85 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		10,445	85
86 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		3,885	86
87 PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		4,490	87
88 PART A FRINGE RECLASS ACCT 615203	A	ADMINISTRATIVE & GENERAL	5.05		27,220	88
89 PART A FRINGE RECLASS ACCT 615203	A	ADMINISTRATIVE & GENERAL	5.05		90,028	89
90 PART A FRINGE RECLASS ACCT 615203	A	ADMINISTRATIVE & GENERAL	5.05		8,856	90

91	PART A FRINGE RECLASS ACCT 615211	A	ADMINISTRATIVE & GENERAL	5.05		238,452	91
92	PART A FRINGE RECLASS ACCT 615213	A	ADMINISTRATIVE & GENERAL	5.05		36,079	92
93	PART A FRINGE RECLASS ACCT 615251	A	ADMINISTRATIVE & GENERAL	5.05		463	93
94	PART A FRINGE RECLASS ACCT 615251	A	ADMINISTRATIVE & GENERAL	5.05		28,929	94
95	PART A FRINGE RECLASS ACCT 615251	A	ADMINISTRATIVE & GENERAL	5.05		68,169	95
96	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		2,261	96
97	RCL ACCT 642000 MCGAW FRINGE	A	ADMINISTRATIVE & GENERAL	5.05		13,486	97
98	RCL ACCT 641831 ON CALL FRINGE	A	ADMINISTRATIVE & GENERAL	5.05		69,612	98
99	RCL ACCT 641831 ON CALL FRINGE	A	ADMINISTRATIVE & GENERAL	5.05		69,612	99
100	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		3,388	100
101	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		1,741	101
102	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		2,082	102
103	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		136,941	103
104	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		16,063	104
105	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		8,895	105
106	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		2,801	106
107	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		4,750	107
108	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		11,534	108
109	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		1,782	109
110	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		4,397	110
111	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		3,421	111
112	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		8,119	112
113	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		1,762	113
114	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		1,288	114
115	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		775	115
116	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		775	116
117	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		2,346	117
118	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		957	118
119	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		5,201	119
120	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		453	120
121	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		2,346	121
122	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		2,084	122
123	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		44,990	123
124	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		942	124
125	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		1,027	125
126	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		3,391	126
127	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		1,432	127
128	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		2,834	128
129	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		711	129
130	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		970	130
131	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		14,042	131
132	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		775	132
133	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		7,743	133
134	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		1,087	134
135	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		2,140	135
136	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		1,754	136
137	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		652	137
138	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		505	138
139	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		380	139
140	RECLASSCC1025 NON SALRY TO SALARY	A	ADMINISTRATIVE & GENERAL	5.05		126,350	140
141	RECLCC1025 TO PARA SCH RADIOGRAPHY	A	ADMINISTRATIVE & GENERAL	5.05	47,854		141
142	RECLCC1025 TO PARA SCH RADIA THERAP	A	ADMINISTRATIVE & GENERAL	5.05	25,087		142
143	RECLCC1025 TO PARA SCH NUCLEAR MED	A	ADMINISTRATIVE & GENERAL	5.05	26,183		143
144	RECLCC1025 TO PARA SCH SONOGRAPHY	A	ADMINISTRATIVE & GENERAL	5.05	27,226		144
145	RECLSALTO PARA SCH RADIOGRAPHY	A	RADIOLOGY-DIAGNOSTIC	54	52,806		145
146	RECLSALTO PARA SCH RADIA THERAPY	A	RADIOLOGY-THERAPEUTIC	55	54,547		146
147	RECLSALTO PARA SCH NUCLEAR MED	A	RADIOISOTOPE	56	47,641		147
148	RECLSALTO PARA SCH NUCLEAR MED	A	CT SCAN	57	3,062		148
149	RECLSALTO PARA SCH DMS	A	RADIOLOGY-DIAGNOSTIC	54	47,952		149
150	RECLSALTOPARA SCH RADIOGRAPHY	A	CT SCAN	57	4,731		150
151	RECLSALTOPARA SCH PHARMACY	A	PHARMACY	15	308,051		151
152	RECLSALTOPARA SCH CHAPLAINCY	A	ADMINISTRATIVE & GENERAL	5.05	94,472		152
153	RECLSBONUS TOTRANSPLANT CLINIC	A	ADMINISTRATIVE & GENERAL	5.05	2,826		153
154	RECLSBONUS TO KIDNEYACQUISITION	A	ADMINISTRATIVE & GENERAL	5.05	12,446		154
155	RECLSBONUS TO HEART ACQUISITION	A	ADMINISTRATIVE & GENERAL	5.05	1,442		155
156	RECLSBONUS TO LIVER ACQUISITION	A	ADMINISTRATIVE & GENERAL	5.05	2,952		156
157	RECLSBONUS OVERHEAD TO CLINIC	A	ADMINISTRATIVE & GENERAL	5.05	7,714		157
158	RECLSBONUS OVERHEAD TO 1568	A	ADMINISTRATIVE & GENERAL	5.05	14,986		158
159	RECLSBONUS OVERHEAD TO 1569	A	ADMINISTRATIVE & GENERAL	5.05	15,436		159
160	RECLSBONUS OVERHEAD TO 1711	A	ADMINISTRATIVE & GENERAL	5.05	3,994		160
161	RECLSBONUS OVERHEAD TO 1445	A	ADMINISTRATIVE & GENERAL	5.05	14,307		161
162	RECLSBONUS OVERHEAD TO 1457	A	ADMINISTRATIVE & GENERAL	5.05	2,126		162
163	RECLSBONUS OVERHEAD TO 1456	A	ADMINISTRATIVE & GENERAL	5.05	3,969		163
164	RECL OVERHEAD TO CLINIC FRM 5.05	A	ADMINISTRATIVE & GENERAL	5.05	137,684		164
165	RECL OVERHEAD TO CLINIC FRM 30	A	ADULTS & PEDIATRICS	30	25,944		165
166	RECL OVERHEAD TO CLINIC FRM 90	A	CLINIC	90	8,637		166
167	RECL NON OVERHEAD TO CL FRM 5.05	A	ADMINISTRATIVE & GENERAL	5.05		33,955	167
168	RECL OVERHEAD TO KID AC FRM 5.05	A	ADMINISTRATIVE & GENERAL	5.05	543,008		168
169	RECL OVERHEAD TO KID AC FRM 30	A	ADULTS & PEDIATRICS	30	102,322		169
170	RECL OVERHEAD TO KID AC FRM 90	A	CLINIC	90	34,062		170
171	RECL OVERHEAD TO KID AC FRM 90.02	A	TRANSPLANT CLINIC	90.02	8,422		171
172	RECL NON WAGE TO KID AC FRM 5.05	A	ADMINISTRATIVE & GENERAL	5.05		133,913	172
173	RECL OVERHEAD TO HEART FRM 5.05	A	ADMINISTRATIVE & GENERAL	5.05	71,280		173
174	RECL OVERHEAD TO HEART FRM 30	A	ADULTS & PEDIATRICS	30	13,432		174
175	RECL OVERHEAD TO HEART FRM 90	A	CLINIC	90	4,471		175
176	RECL OVERHEAD TO HEART FRM 90.02	A	TRANSPLANT CLINIC	90.02	1,106		176
177	RECL NON WAGE TO HEART FRM 5.05	A	ADMINISTRATIVE & GENERAL	5.05		17,579	177
178	RECL OVERHEAD TO LIVER FRM 5.05	A	ADMINISTRATIVE & GENERAL	5.05	293,311		178
179	RECL OVERHEAD TO LIVER FRM 30	A	ADULTS & PEDIATRICS	30	55,270		179
180	RECL OVERHEAD TO LIVER FRM 90	A	CLINIC	90	18,399		180
181	RECL OVERHEAD TO LIVER FRM 90.02	A	TRANSPLANT CLINIC	90.02	4,549		181
182	RECL NONWAGE TO LIVER FRM 5.05	A	ADMINISTRATIVE & GENERAL	5.05		72,335	182
183	RECL OVERHEAD TO PANC FRM 5.05	A	ADMINISTRATIVE & GENERAL	5.05	70,838		183
184	RECL OVERHEAD TO PANC FRM 30	A	ADULTS & PEDIATRICS	30	13,348		184
185	RECL OVERHEAD TO PANC FRM 90	A	CLINIC	90	4,444		185
186	RECL OVERHEAD TO PANC FRM 90.02	A	TRANSPLANT CLINIC	90.02	1,099		186
187	RECL NON WAGE TO PANC FRM 5.05	A	ADMINISTRATIVE & GENERAL	5.05		17,470	187
188	RECLPRECEPTORSALARYTO PARA SCH	A	PHARMACY	15	131,292		188
189	RECL1025NONEXPTO PARA RADIOGRAPH	A	ADMINISTRATIVE & GENERAL	5.05		2,629	189
190	RECL1025NONEXPTO PARA RADIATION THE	A	ADMINISTRATIVE & GENERAL	5.05		2,629	190

191 RECL1025NONEXP TO PARA NUCLEAR	A	ADMINISTRATIVE & GENERAL	5.05		2,629	191
192 RECL1025NONEXP TO PARA SONOGRAPHY	A	ADMINISTRATIVE & GENERAL	5.05		2,629	192
193 RECL PARA EXPENSES FROM PHARM	A	PHARMACY	15		21,750	193
500 TOTAL RECLASSIFICATIONS				18,414,865	14,288,439	500
CODE LETTER - A						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 HOME OFFICE DEPRECIATION RECLASS	B	ADMINISTRATIVE & GENERAL	5.05		9,047,846	14 1
500 TOTAL RECLASSIFICATIONS					9,047,846	500
CODE LETTER - B						
1 DRUG RECLASS	C	PHARMACY	15		50,618,230	1
2 DRUG RECLASS	C	RADIOLOGY-DIAGNOSTIC	54		36,044	2
3 DRUG RECLASS	C	RADIOLOGY-THERAPEUTIC	55		1,845	3
4 DRUG RECLASS	C	RADIOISOTOPE	56		69,069	4
5 DRUG RECLASS	C	CT SCAN	57		630,853	5
6 DRUG RECLASS	C	MRI	58		1,202,401	6
7 DRUG RECLASS	C	CARDIAC CATHETERIZATION	59		110,046	7
8 DRUG RECLASS	C	CARDIAC GRAPHICS	59.02		94,885	8
9 DRUG RECLASS	C	WHOLE BLOOD & PACKED RED BLOO	62		76,238	9
10 DRUG RECLASS	C	RESPIRATORY THERAPY	65		167	10
11 DRUG RECLASS	C	CARDIAC GRAPHICS	59.02		73,724	11
12 DRUG RECLASS	C	CLINIC	90		96,247	12
13 DRUG RECLASS	C	TRANSPLANT CLINIC	90.02		4,619	13
14 DRUG RECLASS	C	EMERGENCY	91		6,691	14
500 TOTAL RECLASSIFICATIONS					53,021,059	500
CODE LETTER - C						
1 IMPLANT RECLASS	D	OPERATING ROOM	50		40,579,155	1
2 IMPLANT RECLASS	D	ANESTHESIOLOGY	53		608	2
3 IMPLANT RECLASS	D	RADIOLOGY-DIAGNOSTIC	54		1,879,452	3
4 IMPLANT RECLASS	D	RADIOLOGY-THERAPEUTIC	55		16,681	4
5 IMPLANT RECLASS	D	RADIOISOTOPE	56		2,963,730	5
6 IMPLANT RECLASS	D	MRI	58		15	6
7 IMPLANT RECLASS	D	CARDIAC CATHETERIZATION	59		2,582,644	7
8 IMPLANT RECLASS	D	PULMONARY FUNCTION	59.03		1,388	8
9 IMPLANT RECLASS	D	EPS	59.04		6,054,369	9
10 IMPLANT RECLASS	D	GI	59.05		18,131	10
11 IMPLANT RECLASS	D	PHYSICAL THERAPY	66		608	11
500 TOTAL RECLASSIFICATIONS					54,096,781	500
CODE LETTER - D						
1 MED SUPPLY RECLASS	E	PHARMACY	15		337,721	1
2 MED SUPPLY RECLASS	E	ADULTS & PEDIATRICS	30		1,179	2
3 MED SUPPLY RECLASS	E	INTENSIVE CARE UNIT	31		70,657	3
4 MED SUPPLY RECLASS	E	SPECIAL CARE NURSERY	35		522,069	4
5 MED SUPPLY RECLASS	E	OPERATING ROOM	50		28,520,978	5
6 MED SUPPLY RECLASS	E	RECOVERY ROOM	51		3,315	6
7 MED SUPPLY RECLASS	E	DELIVERY ROOM & LABOR ROOM	52		688,237	7
8 MED SUPPLY RECLASS	E	ANESTHESIOLOGY	53		479,889	8
9 MED SUPPLY RECLASS	E	RADIOLOGY-DIAGNOSTIC	54		5,719,448	9
10 MED SUPPLY RECLASS	E	RADIOLOGY-THERAPEUTIC	55		1,205	10
11 MED SUPPLY RECLASS	E	MRI	58		116,350	11
12 MED SUPPLY RECLASS	E	CARDIAC CATHETERIZATION	59		2,118,289	12
13 MED SUPPLY RECLASS	E	PULMONARY FUNCTION	59.03		1,286	13
14 MED SUPPLY RECLASS	E	EPS	59.04		2,660,286	14
15 MED SUPPLY RECLASS	E	GI	59.05		302,182	15
16 MED SUPPLY RECLASS	E	RESPIRATORY THERAPY	65		214,827	16
17 MED SUPPLY RECLASS	E	PHYSICAL THERAPY	66		185,268	17
18 MED SUPPLY RECLASS	E	OCCUPATIONAL THERAPY	67		14,372	18
19 MED SUPPLY RECLASS	E	OB CLINIC	90.03		16,897	19
500 TOTAL RECLASSIFICATIONS					41,974,455	500
CODE LETTER - E						
1 NN RECLASS	F	ADULTS & PEDIATRICS	30	3,208,053	445,069	1
2 NN RECLASS	F	SPECIAL CARE NURSERY	35	896	100	2
3 NN RECLASS	F	DELIVERY ROOM & LABOR ROOM	52	80,950	28,387	3
500 TOTAL RECLASSIFICATIONS				3,289,899	473,556	500
CODE LETTER - F						
1 DIETARY RECLASS	G	DIETARY	10	2,356,947	2,203,780	1
500 TOTAL RECLASSIFICATIONS				2,356,947	2,203,780	500
CODE LETTER - G						
1 EQUIPMENT DEPRECIATION RECLASS	H	CAP REL COSTS-MVBLE EQUIP	2		4,397,795	14 1
500 TOTAL RECLASSIFICATIONS					4,397,795	500
CODE LETTER - H						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 RECLASS SCHOOLS	I	ADMINISTRATIVE & GENERAL	5.05		31,231	1
2		ADMINISTRATIVE & GENERAL	5.05		24,179	2
3		ADMINISTRATIVE & GENERAL	5.05		23,171	3
4		ADMINISTRATIVE & GENERAL	5.05		21,895	4
500 TOTAL RECLASSIFICATIONS CODE LETTER - I					100,476	500
1 RECLASS LAUNDRY SERVICES	K	PURCHASING RECEIVING & STORES	5.03		3,029,317	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - K					3,029,317	500
1 CAPITAL RELATED COST RECLASS	M	DATA PROCESSING	5.02		126,277	1
2 CAPITAL RELATED COST RECLASS	M	ADMINISTRATIVE & GENERAL	5.05		254,972	2
3 CAPITAL RELATED COST RECLASS	M	ADMINISTRATIVE & GENERAL	5.05		13,147	3
4 CAPITAL RELATED COST RECLASS	M	ADMINISTRATIVE & GENERAL	5.05		2,809,132	4
5 CAPITAL RELATED COST RECLASS	M	ADMINISTRATIVE & GENERAL	5.05		289,317	5
6 CAPITAL RELATED COST RECLASS	M	NURSING ADMINISTRATION	13		7,540	6
7 CAPITAL RELATED COST RECLASS	M	NURSING ADMINISTRATION	13		11,340	7
8 CAPITAL RELATED COST RECLASS	M	CENTRAL SERVICES & SUPPLY	14		1,846	8
9 CAPITAL RELATED COST RECLASS	M	OPERATING ROOM	50		1,490	9
10 CAPITAL RELATED COST RECLASS	M	OPERATING ROOM	50		6,180	10
11 CAPITAL RELATED COST RECLASS	M	OPERATING ROOM	50		118,556	11
12 CAPITAL RELATED COST RECLASS	M	RADIOLOGY-DIAGNOSTIC	54		17,046	12
13 CAPITAL RELATED COST RECLASS	M	RADIOLOGY-DIAGNOSTIC	54		1,730	13
14 CAPITAL RELATED COST RECLASS	M	RADIOLOGY-DIAGNOSTIC	54		34,800	14
15 CAPITAL RELATED COST RECLASS	M	LABORATORY	60		6,839	15
16 CAPITAL RELATED COST RECLASS	M	LABORATORY	60		1,351,309	16
17 CAPITAL RELATED COST RECLASS	M	LABORATORY	60		1,502,898	17
18 CAPITAL RELATED COST RECLASS	M	LABORATORY	60		10,870	18
19 CAPITAL RELATED COST RECLASS	M	LABORATORY	60		15,181	19
20 CAPITAL RELATED COST RECLASS	M	LABORATORY	60		5,422	20
21 CAPITAL RELATED COST RECLASS	M	MARKETING, OTHER NON-REIMB	194.01		1,915,044	21
500 TOTAL RECLASSIFICATIONS CODE LETTER - M					8,500,936	500
GRAND TOTAL (DECREASES)				24,061,711	191,134,440	

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	182,419,354					182,419,354		1
2 LAND IMPROVEMENTS	13,101,059					13,101,059		2
3 BUILDINGS AND FIXTURES	1,118,069,196	37,450,878		37,450,878	11,549,393	1,143,970,681		3
4 BUILDING IMPROVEMENTS	368,894,175					368,894,175		4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	329,491,630	20,595,314		20,595,314	12,954,305	337,132,639		6
7 HIT DESIGNATED ASSETS	2,199,995					2,199,995		7
8 SUBTOTAL (SUM OF LINES 1-7)	2,014,175,409	58,046,192		58,046,192	24,503,698	2,047,717,903		8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	2,014,175,409	58,046,192		58,046,192	24,503,698	2,047,717,903		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	77,314,614						77,314,614 1
2 CAP REL COSTS-MVBLE EQUIP	33,134,834						33,134,834 2
3 TOTAL (SUM OF LINES 1-2)	110,449,448						110,449,448 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS ALLOCATION OF OTHER CAPITAL

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3		RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL
									(SUM OF COLS. 5-7) 8
1 CAP REL COSTS-BLDG & FIXT	77,314,614		77,314,614	0.700000					1
2 CAP REL COSTS-MVBLE EQUIP	33,134,834		33,134,834	0.300000					2
3 TOTAL (SUM OF LINES 1-2)	110,449,448		110,449,448	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	77,314,614					4,397,795	81,712,409 1
2 CAP REL COSTS-MVBLE EQUIP	33,134,834					4,317,012	37,451,846 2
3 TOTAL	110,449,448					8,714,807	119,164,255 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-7,898,646			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-20,643,003			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	A	-333,039	CAP REL COSTS-MVBLE EQUIP	2	14 27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33					33
34					34
35					35
36					36
37					37
38					38
39					39
39.01 615221NMFF CONTR CLIN BASE CC 1343	A	-365,000	ADMINISTRATIVE & GENERAL	5.05	39.01
39.02 615221NMFF CONTR CLIN BASE CC 1447	A	-36,347	ADMINISTRATIVE & GENERAL	5.05	39.02
39.03 615221NMFF CONTR CLIN BASE CC1710	A	-597,036	ADMINISTRATIVE & GENERAL	5.05	39.03
39.04 615231NMFF CLIN SUPP GOALS CC1054	A	-64,387	ADMINISTRATIVE & GENERAL	5.05	39.04
39.05 615231NMFF CLIN SUPP GOALS CC1447	A	-173,638	ADMINISTRATIVE & GENERAL	5.05	39.05
39.06 615231NMFF CLIN SUPP GOALS CC 1710	A	-94,579	ADMINISTRATIVE & GENERAL	5.05	39.06
39.07 615221NMFF CONTR CLIN BASE CC1664	A	-428,348	I&R SERVICES-OTHER PRGM COSTS A	22	39.07
39.08 615231NMFF CLIN SUPP GOALS CC1675	A	-45,492	I&R SERVICES-OTHER PRGM COSTS A	22	39.08
39.10 615221NMFF CONTR CLIN BASE CC1795	A	-6,161,061	ADULTS & PEDIATRICS	30	39.10
39.11 615231NMFF CLIN SUPP GOALS CC1795	A	-1,085,282	ADULTS & PEDIATRICS	30	39.11
39.12 615241NMFF CLIN SHARED CORR CC 179	A	-349,171	ADULTS & PEDIATRICS	30	39.12
39.13 615231NMFF CLIN SUPP GOALS CC1455	A	-40,192	SUBPROVIDER - IPF	40	39.13
39.14 615221NMFF CONTR CLIN BASE CC 1425	A	-7,632,437	OPERATING ROOM	50	39.14
39.15 615231NMFF CLIN SUPP GOALS CC1425	A	-839,763	OPERATING ROOM	50	39.15
39.16 615210 CHRG FR NMPG PROF SERV CC 1	A	-755,745	DELIVERY ROOM & LABOR ROOM	52	39.16
39.17 615221NMFF CONTR CLIN BASE CC 1803	A	-716,312	DELIVERY ROOM & LABOR ROOM	52	39.17
39.18 615231NMFF CLIN SUPP GOALS CC 1803	A	-5,288	DELIVERY ROOM & LABOR ROOM	52	39.18
39.19 615241NMFF CLIN SHARED CORR CC1803	A	-28,590	DELIVERY ROOM & LABOR ROOM	52	39.19
39.20 615241NMFF CLIN SHARED CORR CC1054	A	112,553	ADMINISTRATIVE & GENERAL	5.05	39.20
39.21 615241NMFF CLIN SHARED CORR CC1710	A	19,294	ADMINISTRATIVE & GENERAL	5.05	39.21
39.22 615221NMFF CONTR CLIN BASE CC1446	A	-14,406	TRANSPLANT CLINIC	90.02	39.22
39.23 615221NMFF CONTR CLIN BASE CC1558	A	-426,097	OB CLINIC	90.03	39.23

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
39.24 615231NMFF CLIN SUPP GOALS CC 1558	A	779	OB CLINIC	90.03	39.24
39.25 615241NMFF CLIN SHARED CORR CC1558	A	-5,405	OB CLINIC	90.03	39.25
39.26 615231NMFF CLIN SUPP GOALS 1433	A	-112,538	EMERGENCY	91	39.26
39.27 615221NMFF CONTR CLIN BASE CC 1568	A	-515,648	KIDNEY ACQUISITION	105	39.27
39.28 641831 FRINGE CC1568	A	-69,612	KIDNEY ACQUISITION	105	39.28
39.29 615221 CONTR CLIN BASE CC 1445	A	-1,006,318	LIVER ACQUISITION	107	39.29
39.30 615231NMFF CLIN SUPP GOALS CC 1445	A	-59,731	LIVER ACQUISITION	107	39.30
39.31 615241NMFF CLIN SHARED CORR CC 144	A	-24,534	LIVER ACQUISITION	107	39.31
39.32 641831 FRINGE CC1445	A	-69,612	LIVER ACQUISITION	107	39.32
39.33 615221NMFF CONTR CLIN BASE CC1550	A	-21,408	HOSPICE	116	39.33
39.34 615200 CR BAL CC 1054	A	271,855	ADMINISTRATIVE & GENERAL	5.05	39.34
39.35 615200 AP VOUCHER NO HOURS	A	-66,559	ADMINISTRATIVE & GENERAL	5.05	39.35
39.36 615200 CC 1300 NO HOURS	A	-125	DIETARY	10	39.36
39.37 615200 CC 1878 NO HOURS	A	-931	MEDICAL RECORDS & LIBRARY	16	39.37
39.38 615200 CC 1384 NO HOURS	A	5,940	SOCIAL SERVICE	17	39.38
39.39 615200 CC1630 NO HOURS	A	-13,899	I&R SERVICES-OTHER PRGM COSTS A	22	39.39
39.40 615200 CC1667 NO HOURS	A	-877	I&R SERVICES-OTHER PRGM COSTS A	22	39.40
39.41 615200 CC1677 NO HOURS	A	-200,438	I&R SERVICES-OTHER PRGM COSTS A	22	39.41
39.42 615200 CC1481 CHLD SURGICAL FUND	A	-80,277	SPECIAL CARE NURSERY	35	39.42
39.43 615200 CC1481 NICU HOSPITALIS NO H	A	-1,287,884	SPECIAL CARE NURSERY	35	39.43
39.44 615200 CC1481 ADJ ENTRIES NO HOURS	A	4,212	SPECIAL CARE NURSERY	35	39.44
39.45 615200 CC1481 RVS FYLLNICU HOSPITA	A	60,955	SPECIAL CARE NURSERY	35	39.45
39.46 615200 1481 FAC BIL YR END ACCRUAL	A	-34,717	SPECIAL CARE NURSERY	35	39.46
39.47 615200 CC 1507 AUTOPSY NO HOURS	A	-5,830	LABORATORY	60	39.47
39.48 615200 CC1528 NO HOURS	A	-4,800	ELECTROENCEPHALOGRAPHY	70	39.48
39.49 615200 CC 1558 NO HOURS	A	5,679	OB CLINIC	90.03	39.49
39.50 OIG EMPLOYEE HEALTH WELFARE	A	-128,303	EMPLOYEE BENEFITS DEPARTMENT	4	39.50
39.51 OIG DATA PROCESSING	A	-157,912	DATA PROCESSING	5.02	39.51
39.52 OIG ADMITTING FINANCIAL SERVICES	A	-175,808	ADMITTING	5.04	39.52
39.53 OIG ADMINISTRATION AND GENERAL	A	-2,631,677	ADMINISTRATIVE & GENERAL	5.05	39.53
39.54 OIG OPERATION OF PLANT	A	-472,288	OPERATION OF PLANT	7	39.54
39.55 OIG HOUSEKEEPING	A	-10,167	HOUSEKEEPING	9	39.55
39.56 OIG DIETARY	A	-11,345	DIETARY	10	39.56
39.57 OIG NURSING ADMINISTRATION	A	-65,784	NURSING ADMINISTRATION	13	39.57
39.58 OIG CENTRAL SERVICE SUPPLY	A	-91,674	CENTRAL SERVICES & SUPPLY	14	39.58
39.59 OIG PHARMACY	A	-22,215	PHARMACY	15	39.59
39.60 OIG MEDICAL RECORDS LIBRARY	A	-47,659	MEDICAL RECORDS & LIBRARY	16	39.60
39.61 OIG SOCIAL SERVICE	A	-31,663	SOCIAL SERVICE	17	39.61
39.62 OIG INTERN RESIDENT SERVICE	A	-51,208	I&R SERVICES-OTHER PRGM COSTS A	22	39.62
39.63 OIG ADULTS AND PEDIATRICS	A	-2,431	ADULTS & PEDIATRICS	30	39.63
39.64 OIG INTENSIVE CARE UNIT	A	-625	INTENSIVE CARE UNIT	31	39.64
39.65 OIG SPECIAL CARE NURSERY	A	-1,452	SPECIAL CARE NURSERY	35	39.65
39.66 OIG PSYCHIATRY	A	-3,108	SUBPROVIDER - IPF	40	39.66
39.67 OIG OPERATING ROOM	A	-28,121	OPERATING ROOM	50	39.67
39.68 OIG RECOVERY ROOM	A	-5,233	RECOVERY ROOM	51	39.68
39.69 OIG DELIVERY AND LABOR ROOMS	A	-1,093	DELIVERY ROOM & LABOR ROOM	52	39.69
39.70 OIG ANESTHESIOLOGY	A	-3,293	ANESTHESIOLOGY	53	39.70
39.71 OIG RADIOLOGY DIAGNOSTIC	A	-14,214	RADIOLOGY-DIAGNOSTIC	54	39.71
39.72 OIG RADIOLOGY THERAPEUTIC	A	-8,305	RADIOLOGY-THERAPEUTIC	55	39.72
39.73 OIG RADIOISOTOPE	A	-1,655	RADIOISOTOPE	56	39.73
39.74 OIG CT	A	-384	CT SCAN	57	39.74
39.75 OIG MRI	A	-9,831	MRI	58	39.75
39.76 OIG CATHETERIZATION LAB	A	-89	CARDIAC CATHETERIZATION	59	39.76
39.77 OIG VASCULAR LABORATORY	A	-170	VASCULAR LAB	59.01	39.77
39.78 OIG CARDIOLOGY GRAPHICS	A	-34,092	CARDIAC GRAPHICS	59.02	39.78
39.79 OIG PULMONARY FUNCTION	A	-334	PULMONARY FUNCTION	59.03	39.79
39.80 OIG EPS	A	-219	EPS	59.04	39.80
39.81 OIG GI LABORATORY	A	-3,267	GI	59.05	39.81
39.82 OIG LABORATORY	A	-176,544	LABORATORY	60	39.82
39.83 OIG BLOOD STOR PROC AND ADMIN	A	-1,951	BLOOD STORING, PROCESSING & TRA	63	39.83
39.84 OIG CELL STORAGE	A	-417	BLOOD STORING, PROCESSING & TRA	63	39.84
39.85 OIG OXYGEN THERAPY	A	-9,145	RESPIRATORY THERAPY	65	39.85
39.86 OIG PHYSICAL THERAPY	A	-446	PHYSICAL THERAPY	66	39.86
39.87 OIG OCCUPATIONAL THERAPY	A	-168	OCCUPATIONAL THERAPY	67	39.87
39.88 OIG ELECTROENCEPHALOGRAPHY	A	-124	ELECTROENCEPHALOGRAPHY	70	39.88
39.89 OIG CLINIC	A	-1,019	CLINIC	90	39.89
39.90 OIG PSYCH CLINIC	A	-39,347	PSYCH CLINIC	90.01	39.90
39.91 OIG TRANSPLANT CLINIC	A	-760	TRANSPLANT CLINIC	90.02	39.91
39.92 OIG OB CLINIC	A	-8,501	OB CLINIC	90.03	39.92
39.93 OIG EMERGENCY	A	-5,475	EMERGENCY	91	39.93
39.94 OIG EMERGENCY OBSERVATION UNIT	A	-61	OBSERVATION BEDS-DISTINCT	92.01	39.94
39.95 OIG KIDNEY ACQUISITION	A	-36,864	KIDNEY ACQUISITION	105	39.95
39.96 OIG HEART TRANSPLANT	A	-1,023	HEART ACQUISITION	106	39.96
39.97 OIG HOSPICE	A	-23,257	HOSPICE	116	39.97
39.98 OIG SPONSORED PROJECT	A	-436	SPONSORED PROJECT	191.01	39.98
39.99 OIG REAL ESTATE	A	-91,779	REAL ESTATE	194	39.99
40 OIG MARKETING AND OTHER	A	-1,320,738	MARKETING, OTHER NON-REIMB	194.01	40

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	
40.01	OIG PURCHASING	A	-13,080	PURCHASING RECEIVING & STORES	5.03	40.01
40.02	OIG GIFT SHOP	A	-36	GIFT, FLOWER, COFFEE SHOP & CAN	190	40.02
40.03	OIG COMPANY WIDE	A	-253	ADMINISTRATIVE & GENERAL	5.05	40.03
40.04	OIG COMPANY WIDE	A	-85,178	I&R SERVICES-OTHER PRGM COSTS A	22	40.04
40.05	OIG COMPANY WIDE	A	-1,522	PARAMED ED PRGM-(CHAPLAINCY)	23.01	40.05
40.06	OIG COMPANY WIDE	A	-21,806	ADULTS & PEDIATRICS	30	40.06
40.07	OIG COMPANY WIDE	A	-12,494	SPECIAL CARE NURSERY	35	40.07
40.08	OIG COMPANY WIDE	A	-140	CLINIC	90	40.08
40.09	OIG COMPANY WIDE	A	-13,478	OB CLINIC	90.03	40.09
40.10	OIG COMPANY WIDE	A	-5,886	EMERGENCY	91	40.10
40.11	OIG COMPANY WIDE	A	-10,159	HOSPICE	116	40.11
40.12	OIG COMPANY WIDE	A	-1,676	RESEARCH	191	40.12
40.13	OIG COMPANY WIDE	A	-156,344	SPONSERED PROJECT	191.01	40.13
41	ELIMINATE NEGATIVE OFFSET	A	91,779	REAL ESTATE	194	41
42						42
43						43
44	BUILDING RENTALS	B	-2,646,153	EMPLOYEE BENEFITS DEPARTMENT	4	44
45	BUILDING RENTALS	B	-493,941	ADMINISTRATIVE & GENERAL	5.05	45
45.01	BUILDING RENTALS	B	-4,277,751	OPERATION OF PLANT	7	45.01
45.02	BUILDING RENTALS	B	-283,449	PSYCH CLINIC	90.01	45.02
45.03	BUILDING RENTALS	B	-33,307,826	REAL ESTATE	194	45.03
46	FOOD SERVICE	B	-5,373,509	CAFETERIA	11	46
47	OTHER INCOME	B	-498,778	EMPLOYEE BENEFITS DEPARTMENT	4	47
47.01	OTHER INCOME	B	-4,335	PURCHASING RECEIVING & STORES	5.03	47.01
47.02	OTHER INCOME	B	-4,245	ADMITTING	5.04	47.02
47.03	OTHER INCOME	B	-2,809,972	ADMINISTRATIVE & GENERAL	5.05	47.03
47.04	OTHER INCOME	B	-1,566,269	OPERATION OF PLANT	7	47.04
47.05	OTHER INCOME	B	-209,147	HOUSEKEEPING	9	47.05
47.06	OTHER INCOME	B	-549,927	DIETARY	10	47.06
47.07	OTHER INCOME	B	-335	NURSING ADMINISTRATION	13	47.07
47.08	OTHER INCOME	B	-9,948	CENTRAL SERVICES & SUPPLY	14	47.08
47.09	OTHER INCOME	B	-1,373,260	PHARMACY	15	47.09
47.10	OTHER INCOME	B	-12,741	SOCIAL SERVICE	17	47.10
47.11	OTHER INCOME	B	-38,021	ADULTS & PEDIATRICS	30	47.11
47.12	OTHER INCOME	B	-142,458	RADIOLOGY-THERAPEUTIC	55	47.12
47.13	OTHER INCOME	B	-193,195	RADIOISOTOPE	56	47.13
47.14	OTHER INCOME	B	-10,600	VASCULAR LAB	59.01	47.14
47.15	OTHER INCOME	B	-2,025	CARDIAC GRAPHICS	59.02	47.15
47.16	OTHER INCOME	B	-1,300	PULMONARY FUNCTION	59.03	47.16
47.17	OTHER INCOME	B	-579,900	LABORATORY	60	47.17
47.18	OTHER INCOME	B	-14	BLOOD STORING, PROCESSING & TRA	63	47.18
47.19	OTHER INCOME	B	-1,083,455	RESPIRATORY THERAPY	65	47.19
47.20	OTHER INCOME	B	-12,914	PHYSICAL THERAPY	66	47.20
47.21	OTHER INCOME	B	-31,274	OCCUPATIONAL THERAPY	67	47.21
47.22	OTHER INCOME	B	-120	ELECTROENCEPHALOGRAPHY	70	47.22
47.23	OTHER INCOME	B	-117,188	CARDIAC REHABILITATION	76.97	47.23
47.24	OTHER INCOME	B	-509,473	PSYCH CLINIC	90.01	47.24
47.25	OTHER INCOME	B	-125,364	LIVER ACQUISITION	107	47.25
47.26	OTHER INCOME	B	-1,000	HOSPICE	116	47.26
47.27	OTHER INCOME	B	-1,533,024	REAL ESTATE	194	47.27
47.28	OTHER INCOME	B	-44,344	MARKETING, OTHER NON-REIMB	194.01	47.28
47.29	OTHER TUITIONS & FEES	B	-9,916	ADMINISTRATIVE & GENERAL	5.05	47.29
47.30	OTHER TUITIONS & FEES	B	-3,810	NURSING ADMINISTRATION	13	47.30
47.31	OTHER TUITIONS & FEES	B	-794,420	OB CLINIC	90.03	47.31
47.32	TUITION	B	-400	EMERGENCY	91	47.32
47.33	OTHER INCOME	B	-8,138,455	ADMINISTRATIVE & GENERAL	5.05	47.33
48	RE TAXES	A	-25,068	EMPLOYEE BENEFITS DEPARTMENT	4	48
48.01	RE TAXES	A	-1,315,834	ADMINISTRATIVE & GENERAL	5.05	48.01
48.02	INTEREST EXPENSE	A	-34,070,792	ADMINISTRATIVE & GENERAL	5.05	48.02
48.03	RE TAXES	A	-514,999	OPERATION OF PLANT	7	48.03
48.04	RE TAXES	A	-9,328,099	REAL ESTATE	194	48.04
48.05	HAP IDPA ASSESSMENT TAX	A	-36,438,232	ADMINISTRATIVE & GENERAL	5.05	48.05
48.06	LIMIT OFFSET TO COST	A	812,782	CAFETERIA	11	48.06
49	REAL ESTATE LIMIT TO COST	A	15,099,526	REAL ESTATE	194	49
49.02	ELIMINATE REMAINING COMPANY WIDE	A	-1	OTHER COMPANY WIDE ACTIVITY	194.02	49.02
50	TOTAL (SUM OF LINES 1 THRU 49)		-190,372,65			50

TRANSFER TO WKST A, COL. 6, LINE 200)

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF	
1	2	3	4	5	6	7	
1	5.05	ADMINISTRATIVE & GENERAL	MANAGEMENT FEE FROM NMHC	118,515,303	139,158,306	-20,643,003	1
2	4	EMPLOYEE BENEFITS DEPARTMENT	VARIOUS FROM NMPG	1,210,220	1,210,220		2
3	5.05	ADMINISTRATIVE & GENERAL	VARIOUS FROM NMPG	14,984,058	14,984,058		3
3.01	5.05	ADMINISTRATIVE & GENERAL	VARIOUS FROM NHC	366,759	366,759		4.01
3.02	21	I&R SERVICES-SALARY & FRINGES A	VARIOUS FROM NMPG	137,234	137,234		4.02
3.03	10	DIETARY	VARIOUS FROM NMPG	288	288		4.03
3.04	52	DELIVERY ROOM & LABOR ROOM	VARIOUS FROM NMPG	755,745	755,745		4.04
3.05	90.03	OB CLINIC	VARIOUS FROM NMPG	19,983	19,983		4.05
3.06	116	HOSPICE	VARIOUS FROM NMPG	371	371		4.06
3.07	194	REAL ESTATE	VARIOUS FROM LFH	663	663		4.07
3.08	191.01	SPONSERED PROJECT	VARIOUS FROM NMPG	116	116		4.08
3.09	194.02	OTHER COMPANY WIDE ACTIVITY	VARIOUS FROM NMPG	249,223	249,223		4.09
3.10	17	SOCIAL SERVICE	VARIOUS FROM LFH	132,289	132,289		4.10
4							4
5		TOTALS (SUM OF LINES 1-4)		136,372,252	157,015,255	-20,643,003	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.					

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

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

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

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
1	2	3	4	5	6	7	8	9	
1	5.05 ADMINISTRATIVE & GENERAL	2,119,393		2,119,393	177,200	8,717	742,621	37,131	1
2	13 NURSING ADMINISTRATION	169,646		169,646	177,200	967	82,381	4,119	2
3	15 PHARMACY	87,183		87,183	177,200	444	37,825	1,891	3
4	17 SOCIAL SERVICE	104,246		104,246	177,200	1	85	4	4
5	22 I&R SERVICES-OTHER PRGM	6,857,551		6,857,551	177,200	39,868	3,396,447	169,822	5
6	30 ADULTS & PEDIATRICS	804,400		804,400	196,400	4,367	412,346	20,617	6
7	31 INTENSIVE CARE UNIT	445,420		445,420	165,600	2,734	217,668	10,883	7
8	35 SPECIAL CARE NURSERY	140,284		140,284	196,400	935	88,286	4,414	8
9	40 SUBPROVIDER - IPF	237,872		237,872	154,100	1,171	86,755	4,338	9
10	50 OPERATING ROOM	577,609		577,609	208,000	4,938	493,800	24,690	10
11	51 RECOVERY ROOM	89,226		89,226	177,200	624	53,160	2,658	11
12	52 DELIVERY ROOM & LABOR RO	220,194		220,194	196,400	1,005	94,895	4,745	12
13	53 ANESTHESIOLOGY	171,314		171,314	200,300	936	90,135	4,507	13
14	54 RADIOLOGY-DIAGNOSTIC	406,590		406,590	225,300	806	87,304	4,365	14
15	55 RADIOLOGY-THERAPEUTIC	88,220		88,220	225,300	46	4,983	249	15
16	56 RADIOISOTOPE	64,495		64,495	225,300	739	80,046	4,002	16
17	57 CT SCAN	38,794		38,794	225,300	515	55,783	2,789	17
18	58 MRI	38,794		38,794	225,300	448	48,526	2,426	18
19	59 CARDIAC CATHETERIZATION	117,458		117,458	165,600	1	80	4	19
20	59.01 VASCULAR LAB	47,911		47,911	165,600	233	18,550	928	20
21	59.02 CARDIAC GRAPHICS	253,812		253,812	165,600	786	62,578	3,129	21
22	59.03 PULMONARY FUNCTION	22,694		22,694	165,600	228	18,152	908	22
23	59.04 EPS	117,458		117,458	165,600	276	21,974	1,099	23
24	59.05 GI	104,336		104,336	177,200	1	85	4	24
25	60 LABORATORY	2,252,960		2,252,960	215,400	66,372	6,873,331	343,667	25
26	63 BLOOD STORING, PROCESSIN	47,183		47,183	215,400	187	19,365	968	26
27	63.01 CELL THERAPY LAB	51,435		51,435	215,400	490	50,743	2,537	27
28	65 RESPIRATORY THERAPY	169,794		169,794	177,200	2,025	172,514	8,626	28
29	66 PHYSICAL THERAPY	71,699		71,699	177,200	277	23,598	1,180	29
30	59.02 CARDIAC GRAPHICS	6,674		6,674	165,600	21	1,672	84	30
31	70 ELECTROENCEPHALOGRAPHY	141,928		141,928	165,600	1,096	87,258	4,363	31
32	76.97 CARDIAC REHABILITATION	35,593		35,593	165,600	536	42,674	2,134	32
33	90 CLINIC	48,551		48,551	177,200	520	44,300	2,215	33
34	90.01 PSYCH CLINIC	703,184		703,184	154,100	2,540	188,180	9,409	34
35	90.03 OB CLINIC	38,794		38,794	165,600	164	13,057	653	35
36	91 EMERGENCY	387,765		313,256	177,200	2,265	192,961	9,648	36
37	105 KIDNEY ACQUISITION	54,444		54,444	208,000	536	53,600	2,680	37
38	106 HEART ACQUISITION	107,149		107,149	208,000	40	4,000	200	38
39	107 LIVER ACQUISITION	87,819		87,819	208,000	734	73,400	3,670	39
40	109 PANCREAS ACQUISITION	32,666		32,666	208,000	45	4,500	225	40
200	TOTAL	17,562,538		17,488,029		148,634	14,039,618	701,981	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11	12	13	14	15	16	17	18	
1	5.05 ADMINISTRATIVE & GENERAL			42,323	42,323	784,944	1,334,449	1,334,449	1
2	13 NURSING ADMINISTRATION			3,388	3,388	85,769	83,877	83,877	2
3	15 PHARMACY			1,741	1,741	39,566	47,617	47,617	3
4	17 SOCIAL SERVICE			2,082	2,082	2,167	102,079	102,079	4
5	22 I&R SERVICES-OTHER PRGM			136,941	136,941	3,533,388	3,324,163	3,324,163	5
6	30 ADULTS & PEDIATRICS			16,063	16,063	428,409	375,991	375,991	6
7	31 INTENSIVE CARE UNIT			8,895	8,895	226,563	218,857	218,857	7
8	35 SPECIAL CARE NURSERY			2,801	2,801	91,087	49,197	49,197	8
9	40 SUBPROVIDER - IPF			4,750	4,750	91,505	146,367	146,367	9
10	50 OPERATING ROOM			11,534	11,534	505,334	72,275	72,275	10
11	51 RECOVERY ROOM			1,782	1,782	54,942	34,284	34,284	11
12	52 DELIVERY ROOM & LABOR RO			4,397	4,397	99,292	120,902	120,902	12
13	53 ANESTHESIOLOGY			3,421	3,421	93,556	77,758	77,758	13
14	54 RADIOLOGY-DIAGNOSTIC			8,119	8,119	95,423	311,167	311,167	14
15	55 RADIOLOGY-THERAPEUTIC			1,762	1,762	6,745	81,475	81,475	15
16	56 RADIOISOTOPE			1,288	1,288	81,334			16
17	57 CT SCAN			775	775	56,558			17
18	58 MRI			775	775	49,301			18
19	59 CARDIAC CATHETERIZATION			2,346	2,346	2,426	115,032	115,032	19
20	59.01 VASCULAR LAB			957	957	19,507	28,404	28,404	20
21	59.02 CARDIAC GRAPHICS			5,068	5,068	67,646	186,166	186,166	21
22	59.03 PULMONARY FUNCTION			453	453	18,605	4,089	4,089	22
23	59.04 EPS			2,346	2,346	24,320	93,138	93,138	23
24	59.05 GI			2,084	2,084	2,169	102,167	102,167	24
25	60 LABORATORY			44,990	44,990	6,918,321			25
26	63 BLOOD STORING, PROCESSIN			942	942	20,307	26,876	26,876	26
27	63.01 CELL THERAPY LAB			1,027	1,027	51,770			27
28	65 RESPIRATORY THERAPY			3,391	3,391	175,905			28
29	66 PHYSICAL THERAPY			1,432	1,432	25,030	46,669	46,669	29
30	59.02 CARDIAC GRAPHICS			133	133	1,805	4,869	4,869	30
31	70 ELECTROENCEPHALOGRAPHY			2,834	2,834	90,092	51,836	51,836	31
32	76.97 CARDIAC REHABILITATION			711	711	43,385			32
33	90 CLINIC			970	970	45,270	3,281	3,281	33
34	90.01 PSYCH CLINIC			14,042	14,042	202,222	500,962	500,962	34
35	90.03 OB CLINIC			775	775	13,832	24,962	24,962	35
36	91 EMERGENCY			7,743	6,255	199,216	114,040	188,549	36
37	105 KIDNEY ACQUISITION			1,087	1,087	54,687			37
38	106 HEART ACQUISITION			2,140	2,140	6,140	101,009	101,009	38
39	107 LIVER ACQUISITION			1,754	1,754	75,154	12,665	12,665	39
40	109 PANCREAS ACQUISITION			652	652	5,152	27,514	27,514	40
200	TOTAL			350,714	349,226	14,388,844	7,824,137	7,898,646	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	NONPATIENT PHONES 5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	81,712,409	81,712,409				1
2 CAP REL COSTS-MVBLE EQUIP	37,451,846		37,451,846			2
4 EMPLOYEE BENEFITS DEPARTMENT	54,467,959	1,055,775	3,858	55,527,592		4
5.01 NONPATIENT PHONES	578,960	831,699	41,613	88,595	1,540,867	5.01
5.02 DATA PROCESSING	10,590,852	164,733	1,070,000	92,521	221,144	5.02
5.03 PURCHASING RECEIVING & STORES	518,910	62,152	49,324	155,282		5.03
5.04 ADMITTING	19,326,880	77,280	190,246	2,291,699	21,035	5.04
5.05 ADMINISTRATIVE & GENERAL	207,175,396	3,467,312	1,289,269	4,519,932	218,188	5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	43,633,230	25,662,853	458,524	189,989	566,490	7
8 LAUNDRY & LINEN SERVICE	3,033,745	10,782				8
9 HOUSEKEEPING	13,010,236	962,611	1,268,182	1,519,563	2,268	9
10 DIETARY	10,120,790	2,057,195	830,909	1,297,539	2,884	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	19,902,783	1,315,375	262,031	2,788,603	20,570	13
14 CENTRAL SERVICES & SUPPLY	14,475,727	975,930	2,135,413	990,164	4,949	14
15 PHARMACY	14,543,229	331,517	573,063	1,988,557	24	15
16 MEDICAL RECORDS & LIBRARY	2,585,338	49,074	19,442	261,315		16
17 SOCIAL SERVICE	1,233,417		21,871	138,886	853	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	32,304,937					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	10,723,699	858,443	96,296	278,087		22
23 PARAMED ED PRGM-(SPECIFY)	461,093	3,109		69,510		23
23.01 PARAMED ED PRGM-(CHAPLAINCY)	105,846	5,181		14,947		23.01
23.02 PARAMED ED PRGM-(NM SCHL)	139,251	5,312		9,103		23.02
23.03 PARAMED ED PRGM-(RAD THER)	106,442	4,113		8,630		23.03
23.04 PARAMED ED PRGM-(NUCLEAR MED)	102,686	3,942		8,022		23.04
23.05 PARAMED ED PRGM-(SONOGRAPHY)	99,702	3,771		7,587		23.05
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	84,928,434	11,193,420	1,619,075	12,032,324	28,199	30
31 INTENSIVE CARE UNIT	23,645,439	1,890,461	602,497	3,030,445	33,399	31
35 SPECIAL CARE NURSERY	12,063,761	1,156,857	905,024	1,745,086		35
40 SUBPROVIDER - IPF	3,523,705	596,266	3,441	516,923	499	40
43 NURSERY	3,763,455					43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	25,841,007	2,980,457	4,499,805	3,169,324	2,840	50
51 RECOVERY ROOM	7,531,775	282,680	682,051	1,069,867		51
52 DELIVERY ROOM & LABOR ROOM	15,191,839	1,487,604	522,629	1,999,461	24,142	52
53 ANESTHESIOLOGY	3,272,188	42,803	662,141	145,629	1,381	53
54 RADIOLOGY-DIAGNOSTIC	22,862,437	2,182,399	3,120,290	2,636,484	2,869	54
55 RADIOLOGY-THERAPEUTIC	6,267,735	724,043	3,133,455	796,491	165	55
56 RADIOISOTOPE	4,179,377	341,328	592,302	279,496	528	56
57 CT SCAN	6,346,273	368,188	291,523	698,574	334	57
58 MRI	8,533,663	301,143	4,154,740	1,014,939	1,357	58
59 CARDIAC CATHETERIZATION	1,793,565	105,406	485,947	236,738	834	59
59.01 VASCULAR LAB	979,421	68,859	124,011	150,344		59.01
59.02 CARDIAC GRAPHICS	4,281,985	226,923	439,339	463,383		59.02
59.03 PULMONARY FUNCTION	517,525	94,501	73,639	54,259		59.03
59.04 EPS	1,508,842	148,536	2,375,879	157,152	7,139	59.04
59.05 GI	7,582,933	308,420	1,057,706	649,650		59.05
60 LABORATORY	41,340,671	958,588	1,628,978	2,291,087	84,087	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	12,183,621					62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	4,573,444	272,408	339,091	396,080	853	63
63.01 CELL THERAPY LAB						63.01
65 RESPIRATORY THERAPY	4,264,498	97,311	436,442	391,496	1,866	65
66 PHYSICAL THERAPY	1,114,576	116,960	24,489	48,358	165	66
67 OCCUPATIONAL THERAPY	278,882	31,245	209,106	37,824		67
70 ELECTROENCEPHALOGRAPHY	2,338,799	290,616	253,472	287,309	15,253	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	41,974,455					71
72 IMPL. DEV. CHARGED TO PATIENTS	54,096,781					72
73 DRUGS CHARGED TO PATIENTS	53,021,059					73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION	284,096			40,931	499	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,947,428	249,216	233,953	280,364		90
90.01 PSYCH CLINIC	6,076,866	145,738	9,099	695,168	36,608	90.01
90.02 TRANSPLANT CLINIC	782,832	54,069	475	93,128	6,558	90.02
90.03 OB CLINIC	891,673	296,201	14,882	223,732	853	90.03
91 EMERGENCY	12,390,123	788,846	129,795	1,606,641	1,168	91

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP	CAP	EMPLOYEE	NONPATIENT	
		BLDGS & FIXTURES 1	MOVABLE EQUIPMENT 2	BENEFITS DEPARTMENT 4	PHONES 5.01	
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	1,945,279		167,701	285,292		92.01
94 OTHER REIMBURSABLE COST CENTERS						94
94 HOME PROGRAM DIALYSIS SPECIAL PURPOSE COST CENTERS						94
105 KIDNEY ACQUISITION	9,216,312	32,960		229,288	14,342	105
106 HEART ACQUISITION	1,575,222	2,502		69,613		106
107 LIVER ACQUISITION	5,527,741	15,375	74	154,587	10,018	107
109 PANCREAS ACQUISITION	1,679,974	1,251		14,824		109
116 HOSPICE	1,538,446	59,254		164,700	132,661	116
118 SUBTOTALS (SUM OF LINES 1-117)	1,082,063,500	65,820,993	37,103,092	54,875,522	1,467,022	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,557	28,172		1,094		190
191 RESEARCH	1,814,527	63,387	14,969	247,903		191
191.01 SPONSERED PROJECT	4,875,321		201,757	144,209	499	191.01
194 REAL ESTATE		15,780,428	130,997	3,595	22,741	194
194.01 MARKETING, OTHER NON-REIMB	6,853,448	19,429	1,031	255,269	446	194.01
194.02 OTHER COMPANY WIDE ACTIVITY	1,166				50,159	194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,095,615,519	81,712,409	37,451,846	55,527,592	1,540,867	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL (COLS. 0-4) 4A	DATA	SUBTOTAL (COLS. 0-4)	PURCH	ADMITTING	
		PROCESSING 5.02		REC STORES 5.03	5.04	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING	12,139,250	12,139,250				5.02
5.03 PURCHASING RECEIVING & STORES	785,668	8,803	794,471	794,471		5.03
5.04 ADMITTING	21,907,140	245,448	22,152,588	16,083	22,168,671	5.04
5.05 ADMINISTRATIVE & GENERAL	216,670,097	2,427,553	219,097,650	158,696		5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	70,511,086	790,006	71,301,092	51,765		7
8 LAUNDRY & LINEN SERVICE	3,044,527	34,111	3,078,638	2,235		8
9 HOUSEKEEPING	16,762,860	187,811	16,950,671	12,306		9
10 DIETARY	14,309,317	160,322	14,469,639	10,505		10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	24,289,362	272,138	24,561,500	17,832		13
14 CENTRAL SERVICES & SUPPLY	18,582,183	208,195	18,790,378	13,642		14
15 PHARMACY	17,436,390	195,357	17,631,747	12,801		15
16 MEDICAL RECORDS & LIBRARY	2,915,169	32,662	2,947,831	2,140		16
17 SOCIAL SERVICE	1,395,027	15,630	1,410,657	1,024		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	32,304,937	361,945	32,666,882	23,716		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	11,956,525	133,961	12,090,486	8,778		22
23 PARAMED ED PRGM-(SPECIFY)	533,712	5,980	539,692	392		23
23.01 PARAMED ED PRGM-(CHAPLAINCY)	125,974	1,411	127,385	92		23.01
23.02 PARAMED ED PRGM-(NM SCHL)	153,666	1,722	155,388	113		23.02
23.03 PARAMED ED PRGM-(RAD THER)	119,185	1,335	120,520	87		23.03
23.04 PARAMED ED PRGM-(NUCLEAR MED)	114,650	1,285	115,935	84		23.04
23.05 PARAMED ED PRGM-(SONOGRAPHY)	111,060	1,244	112,304	82		23.05
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	109,801,452	1,230,215	111,031,667	80,609	1,962,571	30
31 INTENSIVE CARE UNIT	29,202,241	327,182	29,529,423	21,438	565,865	31
35 SPECIAL CARE NURSERY	15,870,728	177,816	16,048,544	11,651	389,386	35
40 SUBPROVIDER - IPF	4,640,834	51,996	4,692,830	3,407	83,974	40
43 NURSERY	3,763,455	42,166	3,805,621	2,763	114,605	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	36,493,433	408,872	36,902,305	26,791	3,295,000	50
51 RECOVERY ROOM	9,566,373	107,182	9,673,555	7,023	281,596	51
52 DELIVERY ROOM & LABOR ROOM	19,225,675	215,404	19,441,079	14,114	660,999	52
53 ANESTHESIOLOGY	4,124,142	46,207	4,170,349	3,028	253,320	53
54 RADIOLOGY-DIAGNOSTIC	30,804,479	345,133	31,149,612	22,615	1,359,122	54
55 RADIOLOGY-THERAPEUTIC	10,921,889	122,369	11,044,258	8,018	749,405	55
56 RADIOISOTOPE	5,393,031	60,424	5,453,455	3,959	284,592	56
57 CT SCAN	7,704,892	86,326	7,791,218	5,656	1,184,443	57
58 MRI	14,005,842	156,921	14,162,763	10,282	974,555	58
59 CARDIAC CATHETERIZATION	2,622,490	29,382	2,651,872	1,925	241,174	59
59.01 VASCULAR LAB	1,322,635	14,819	1,337,454	971	131,492	59.01
59.02 CARDIAC GRAPHICS	5,411,630	60,632	5,472,262	3,973	620,887	59.02
59.03 PULMONARY FUNCTION	739,924	8,290	748,214	543	49,783	59.03
59.04 EPS	4,197,548	47,029	4,244,577	3,082	137,914	59.04
59.05 GI	9,598,709	107,544	9,706,253	7,047	402,979	59.05
60 LABORATORY	46,303,411	518,783	46,822,194	33,993	3,093,893	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	12,183,621	136,505	12,320,126	8,944	303,390	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	5,581,876	62,539	5,644,415	4,098	168,768	63
63.01 CELL THERAPY LAB						63.01
65 RESPIRATORY THERAPY	5,191,613	58,167	5,249,780	3,811	602,225	65
66 PHYSICAL THERAPY	1,304,548	14,616	1,319,164	958	46,809	66
67 OCCUPATIONAL THERAPY	557,057	6,241	563,298	409	23,290	67
70 ELECTROENCEPHALOGRAPHY	3,185,449	35,690	3,221,139	2,339	173,905	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	41,974,455	470,282	42,444,737	30,815	719,520	71
72 IMPL. DEV. CHARGED TO PATIENTS	54,096,781	606,100	54,702,881	39,714	742,622	72
73 DRUGS CHARGED TO PATIENTS	53,021,059	594,048	53,615,107	38,925	1,243,008	73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION	325,526	3,647	329,173	239	12,608	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,710,961	30,374	2,741,335	1,990	23,015	90
90.01 PSYCH CLINIC	6,963,479	78,019	7,041,498	5,112	45,895	90.01
90.02 TRANSPLANT CLINIC	937,062	10,499	947,561	688	24,184	90.02
90.03 OB CLINIC	1,427,341	15,992	1,443,333	1,048	9,977	90.03
91 EMERGENCY	14,916,573	167,125	15,083,698	10,951	954,591	91

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL (COLS.0-4) 4A	DATA	SUBTOTAL (COLS.0-4)	PURCH REC STORES 5.03	ADMITTING 5.04	
		PROCESSING 5.02				
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	2,398,272	26,870	2,425,142	1,761	55,326	92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	9,492,902	106,358	9,599,260	6,969	92,310	105
106 HEART ACQUISITION	1,647,337	18,457	1,665,794	1,209	12,118	106
107 LIVER ACQUISITION	5,707,795	63,950	5,771,745	4,190	49,862	107
109 PANCREAS ACQUISITION	1,696,049	19,003	1,715,052	1,245	12,042	109
116 HOSPICE	1,895,061	21,232	1,916,293	1,391	15,651	116
118 SUBTOTALS (SUM OF LINES 1-117)	1,065,097,415	11,797,325	1,064,755,490	772,067	22,168,671	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	36,823	413	37,236	27		190
191 RESEARCH	2,140,786	23,985	2,164,771	1,572		191
191.01 SPONSERED PROJECT	5,221,786	58,505	5,280,291	3,833		191.01
194 REAL ESTATE	15,937,761	178,567	16,116,328	11,700		194
194.01 MARKETING, OTHER NON-REIMB	7,129,623	79,880	7,209,503	5,234		194.01
194.02 OTHER COMPANY WIDE ACTIVITY	51,325	575	51,900	38		194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,095,615,519	12,139,250	1,095,615,519	794,471	22,168,671	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL (COLS.0-4)	ADMIN + GENERAL 5.05	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 ADMINISTRATIVE & GENERAL	219,256,346	219,256,346				5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	71,352,857	17,851,771	89,204,628			7
8 LAUNDRY & LINEN SERVICE	3,080,873	770,804	31,697	3,883,374		8
9 HOUSEKEEPING	16,962,977	4,243,967	2,165,078	94,287	23,466,309	9
10 DIETARY	14,480,144	3,622,787	5,023,772	218,779	1,354,928	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	24,579,332	6,149,503	3,025,102	131,740	815,880	13
14 CENTRAL SERVICES & SUPPLY	18,804,020	4,704,578	1,916,823	83,475	516,974	14
15 PHARMACY	17,644,548	4,414,489	856,866	37,315	231,100	15
16 MEDICAL RECORDS & LIBRARY	2,949,971	738,053	21,501	936	5,799	16
17 SOCIAL SERVICE	1,411,681	353,188				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	32,690,598	8,178,861				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	12,099,264	3,027,115	2,423,695	105,549	653,679	22
23 PARAMED ED PRGM-(SPECIFY)	540,084	135,124	9,143	398	2,466	23
23.01 PARAMED ED PRGM-(CHAPLAINCY)	127,477	31,893	15,239	664	4,110	23.01
23.02 PARAMED ED PRGM-(NM SCHL)	155,501	38,905	15,627	681	4,215	23.02
23.03 PARAMED ED PRGM-(RAD THER)	120,607	30,175	12,080	526	3,258	23.03
23.04 PARAMED ED PRGM-(NUCLEAR MED)	116,019	29,027	11,582	504	3,124	23.04
23.05 PARAMED ED PRGM-(SONOGRAPHY)	112,386	28,118	11,138	485	3,004	23.05
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	113,074,847	28,290,240	27,464,086	1,196,029	7,407,153	30
31 INTENSIVE CARE UNIT	30,116,726	7,534,904	5,560,068	242,134	1,499,569	31
35 SPECIAL CARE NURSERY	16,449,581	4,115,521	2,235,453	97,351	602,909	35
40 SUBPROVIDER - IPF	4,780,211	1,195,961	1,753,685	76,371	472,975	40
43 NURSERY	3,922,989	981,493				43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	40,224,096	10,063,667	8,055,191	350,794	2,172,512	50
51 RECOVERY ROOM	9,962,174	2,492,436	947,855	41,278	255,640	51
52 DELIVERY ROOM & LABOR ROOM	20,116,192	5,032,870	2,926,631	127,451	789,322	52
53 ANESTHESIOLOGY	4,426,697	1,107,515	99,690	4,341	26,887	53
54 RADIOLOGY-DIAGNOSTIC	32,531,349	8,139,018	5,465,975	238,037	1,474,192	54
55 RADIOLOGY-THERAPEUTIC	11,801,681	2,952,663	1,893,162	82,445	510,592	55
56 RADIOISOTOPE	5,742,006	1,436,592	1,003,879	43,718	270,749	56
57 CT SCAN	8,981,317	2,247,036	1,229,081	53,525	331,487	57
58 MRI	15,147,600	3,789,778	1,035,908	45,113	279,388	58
59 CARDIAC CATHETERIZATION	2,894,971	724,293	310,041	13,502	83,619	59
59.01 VASCULAR LAB	1,469,917	367,759	202,538	8,820	54,625	59.01
59.02 CARDIAC GRAPHICS	6,097,122	1,525,439	667,405	29,065	180,001	59.02
59.03 PULMONARY FUNCTION	798,540	199,787	277,956	12,105	74,966	59.03
59.04 EPS	4,385,573	1,097,227	436,883	19,026	117,829	59.04
59.05 GI	10,116,279	2,530,992	907,126	39,504	244,655	59.05
60 LABORATORY	49,950,080	12,497,011	3,212,179	139,887	866,336	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	12,632,460	3,160,515				62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	5,817,281	1,455,426	954,616	41,572	257,463	63
63.01 CELL THERAPY LAB						63.01
65 RESPIRATORY THERAPY	5,855,816	1,465,067	251,579	10,956	67,852	65
66 PHYSICAL THERAPY	1,366,931	341,992	332,096	14,462	89,567	66
67 OCCUPATIONAL THERAPY	586,997	146,861	91,876	4,001	24,779	67
70 ELECTROENCEPHALOGRAPHY	3,397,383	849,991	1,050,593	45,752	283,348	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	43,195,072	10,806,975				71
72 IMPL. DEV. CHARGED TO PATIENTS	55,485,217	13,881,846				72
73 DRUGS CHARGED TO PATIENTS	54,897,040	13,734,690				73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION	342,020	85,570				76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,766,340	692,111	1,002,604	43,662	270,406	90
90.01 PSYCH CLINIC	7,092,505	1,774,474	34,523	1,503	9,311	90.01
90.02 TRANSPLANT CLINIC	972,433	243,293	860,190	37,460	231,996	90.02
90.03 OB CLINIC	1,454,358	363,866	214,895	9,358	57,958	90.03
91 EMERGENCY	16,049,240	4,015,359	2,264,657	98,623	610,785	91

PROVIDER CCN: 14-0281 NORTHWESTERN MEMORIAL HOSPITAL
 PERIOD FROM 09/01/2012 TO 08/31/2013

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

VERSION: 2013.11
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL (COLS.0-4)	ADMIN + GENERAL 5.05	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	HOUSE- KEEPING 9	
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	2,482,229	621,029				92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS SPECIAL PURPOSE COST CENTERS						94
105 KIDNEY ACQUISITION	9,698,539	2,426,477	276,460	12,040	74,562	105
106 HEART ACQUISITION	1,679,121	420,099	24,715	1,076	6,666	106
107 LIVER ACQUISITION	5,825,797	1,457,556	129,447	5,637	34,912	107
109 PANCREAS ACQUISITION	1,728,339	432,413	34,911	1,520	9,416	109
116 HOSPICE	1,933,335	483,701	168,514	7,339	45,449	116
118 SUBTOTALS (SUM OF LINES 1-117)	1,064,733,086	211,529,871	88,915,811	3,870,796	23,388,413	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	37,263	9,323	95,755	4,170	25,826	190
191 RESEARCH	2,166,343	541,997	193,062	8,408	52,070	191
191.01 SPONSERED PROJECT	5,284,124	1,322,035				191.01
194 REAL ESTATE	16,128,028	4,035,071				194
194.01 MARKETING, OTHER NON-REIMB	7,214,737	1,805,055				194.01
194.02 OTHER COMPANY WIDE ACTIVITY	51,938	12,994				194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,095,615,519	219,256,346	89,204,628	3,883,374	23,466,309	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY 10	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 ADMINISTRATIVE & GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	24,700,410					10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		34,701,557				13
14 CENTRAL SERVICES & SUPPLY			26,025,870			14
15 PHARMACY		17,897	111,636	23,313,851		15
16 MEDICAL RECORDS & LIBRARY			2,049		3,718,309	16
17 SOCIAL SERVICE			1,807			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD		29,778	33,131			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		4,662				22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM-(CHAPLAINCY)						23.01
23.02 PARAMED ED PRGM-(NM SCHL)						23.02
23.03 PARAMED ED PRGM-(RAD THER)						23.03
23.04 PARAMED ED PRGM-(NUCLEAR MED)						23.04
23.05 PARAMED ED PRGM-(SONOGRAPHY)						23.05
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	20,478,468	15,045,409	1,194,137	3,607,167	328,994	30
31 INTENSIVE CARE UNIT	3,131,468	3,800,568	672,525	1,845,207	94,858	31
35 SPECIAL CARE NURSERY		2,062,031	176,884	11,962	65,274	35
40 SUBPROVIDER - IPF	1,090,474	213,858	5,975	636	14,077	40
43 NURSERY					19,212	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		3,490,007	11,349,448	1,124,957	554,440	50
51 RECOVERY ROOM		1,155,315	51,391	1,077,009	47,205	51
52 DELIVERY ROOM & LABOR ROOM		2,414,100	490,164	1,054,769	110,806	52
53 ANESTHESIOLOGY			378,151	1,462,287	42,465	53
54 RADIOLOGY-DIAGNOSTIC		735,269	1,690,873	593,899	227,835	54
55 RADIOLOGY-THERAPEUTIC		121,668	53,318	35,558	125,626	55
56 RADIOISOTOPE		25,116	714,264	14,400	47,707	56
57 CT SCAN		255,066	208,234	3,496	198,553	57
58 MRI		365,604	186,239	3,564,752	163,368	58
59 CARDIAC CATHETERIZATION		196,112	793,817	5,876	40,429	59
59.01 VASCULAR LAB		31,883	2,143	36	22,042	59.01
59.02 CARDIAC GRAPHICS		186,938	41,091	3,862,350	104,082	59.02
59.03 PULMONARY FUNCTION		19,100	15,930	32,287	8,345	59.03
59.04 EPS		123,923	1,549,419	67,208	23,119	59.04
59.05 GI		605,330	462,074	124,925	67,553	59.05
60 LABORATORY		602	2,351,048	266,169	518,642	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS			2,189,574	381,543	50,859	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		180,321	696,028	609,891	28,291	63
63.01 CELL THERAPY LAB						63.01
65 RESPIRATORY THERAPY		15,039	75,677	210,163	100,953	65
66 PHYSICAL THERAPY		9,024	75,677	1,345	7,847	66
67 OCCUPATIONAL THERAPY		8,873	7,442		3,904	67
70 ELECTROENCEPHALOGRAPHY			31,811		29,152	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					120,616	71
72 IMPL. DEV. CHARGED TO PATIENTS					124,489	72
73 DRUGS CHARGED TO PATIENTS					208,370	73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION		9,625	1,292		2,114	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		178,817	9,243	498,938	3,858	90
90.01 PSYCH CLINIC		202,579	7,285	725,925	7,694	90.01
90.02 TRANSPLANT CLINIC		52,186	18,888	105,105	4,054	90.02
90.03 OB CLINIC		191,901	8,364	13,316	1,673	90.03
91 EMERGENCY		2,090,305	325,841	1,216,143	160,022	91

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		DIETARY	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	
		10	13	14	15	16	
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01	OBSERVATION BEDS-DISTINCT		355,829	18,854	99,543	9,274	92.01
	OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS						94
	SPECIAL PURPOSE COST CENTERS						
105	KIDNEY ACQUISITION		129,488	335	15,335	15,474	105
106	HEART ACQUISITION		1,955	98		2,031	106
107	LIVER ACQUISITION		88,280	314	15,332	8,359	107
109	PANCREAS ACQUISITION					2,019	109
116	HOSPICE		251,306	22,571	660,783	2,624	116
118	SUBTOTALS (SUM OF LINES 1-117)	24,700,410	34,665,764	26,025,042	23,308,312	3,718,309	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191	RESEARCH			828	5,539		191
191.01	SPONSERED PROJECT		35,793				191.01
194	REAL ESTATE						194
194.01	MARKETING, OTHER NON-REIMB						194.01
194.02	OTHER COMPANY WIDE ACTIVITY						194.02
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	24,700,410	34,701,557	26,025,870	23,313,851	3,718,309	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE 17	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION PHARMACY 23	PARAMED EDUCATION CHAPLAINCY 23.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 ADMINISTRATIVE & GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE	1,766,676					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD		40,932,368				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD			18,313,964			22
23 PARAMED ED PRGM-(SPECIFY)				687,215		23
23.01 PARAMED ED PRGM-(CHAPLAINCY)					179,383	23.01
23.02 PARAMED ED PRGM-(NM SCHL)						23.02
23.03 PARAMED ED PRGM-(RAD THER)						23.03
23.04 PARAMED ED PRGM-(NUCLEAR MED)						23.04
23.05 PARAMED ED PRGM-(SONOGRAPHY)						23.05
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,041,456	10,630,347	4,756,231	523,527	136,655	30
31 INTENSIVE CARE UNIT	153,701	4,509,147	2,017,483	80,055	20,897	31
35 SPECIAL CARE NURSERY	141,511	248,717	111,281			35
40 SUBPROVIDER - IPF		1,248,191	558,466	83,633	21,831	40
43 NURSERY	177					43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		10,238,849	4,581,067			50
51 RECOVERY ROOM	883	474,405	212,258			51
52 DELIVERY ROOM & LABOR ROOM	17,313	1,690,354	756,299			52
53 ANESTHESIOLOGY		69,088	30,911			53
54 RADIOLOGY-DIAGNOSTIC		3,104,356	1,388,951			54
55 RADIOLOGY-THERAPEUTIC	70,667	990,262	443,063			55
56 RADIOISOTOPE		133,570	59,762			56
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION		267,140	119,524			59
59.01 VASCULAR LAB						59.01
59.02 CARDIAC GRAPHICS		409,922	183,408			59.02
59.03 PULMONARY FUNCTION		151,994	68,005			59.03
59.04 EPS						59.04
59.05 GI		257,929	115,402			59.05
60 LABORATORY		2,528,623	1,131,357			60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		193,447	86,552			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
63.01 CELL THERAPY LAB						63.01
65 RESPIRATORY THERAPY		133,570	59,762			65
66 PHYSICAL THERAPY		9,212	4,122			66
67 OCCUPATIONAL THERAPY		13,818	6,182			67
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		110,541	49,458			71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION		4,606	2,061			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		718,516	321,478			90
90.01 PSYCH CLINIC	167,834	230,294	103,038			90.01
90.02 TRANSPLANT CLINIC		230,294	103,038			90.02
90.03 OB CLINIC	17,667	792,210	354,451			90.03
91 EMERGENCY	141,334	1,409,396	630,592			91

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COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	SOCIAL SERVICE 17	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION PHARMACY 23	PARAMED EDUCATION CHAPLAINCY 23.01	
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	4,593					92.01
94 HOME PROGRAM DIALYSIS						94
94 SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION						105
106 HEART ACQUISITION						106
107 LIVER ACQUISITION						107
109 PANCREAS ACQUISITION						109
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	1,757,136	40,798,798	18,254,202	687,215	179,383	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH	9,540	133,570	59,762			191
191.01 SPONSERED PROJECT						191.01
194 REAL ESTATE						194
194.01 MARKETING, OTHER NON-REIMB						194.01
194.02 OTHER COMPANY WIDE ACTIVITY						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,766,676	40,932,368	18,313,964	687,215	179,383	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PARAMED EDUCATION SCHOOLS 23.02	PARAMED EDUCATION SCHOOLS 23.03	PARAMED EDUCATION SCHOOLS 23.04	PARAMED EDUCATION SCHOOLS 23.05	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 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 ADMINISTRATIVE & GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM-(CHAPLAINCY)						23.01
23.02 PARAMED ED PRGM-(NM SCHL)	214,929					23.02
23.03 PARAMED ED PRGM-(RAD THER)		166,646				23.03
23.04 PARAMED ED PRGM-(NUCLEAR MED)			160,256			23.04
23.05 PARAMED ED PRGM-(SONOGRAPHY)				155,131		23.05
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	163,734	126,952	122,084	118,180	235,705,696	30
31 INTENSIVE CARE UNIT	25,038	19,413	18,669	18,072	61,360,502	31
35 SPECIAL CARE NURSERY					26,318,475	35
40 SUBPROVIDER - IPF	26,157	20,281	19,503	18,879	11,601,164	40
43 NURSERY					4,923,871	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM					92,205,028	50
51 RECOVERY ROOM					16,717,849	51
52 DELIVERY ROOM & LABOR ROOM					35,526,271	52
53 ANESTHESIOLOGY					7,648,032	53
54 RADIOLOGY-DIAGNOSTIC					55,589,754	54
55 RADIOLOGY-THERAPEUTIC					19,080,705	55
56 RADIOISOTOPE					9,491,763	56
57 CT SCAN					13,507,795	57
58 MRI					24,577,750	58
59 CARDIAC CATHETERIZATION					5,449,324	59
59.01 VASCULAR LAB					2,159,763	59.01
59.02 CARDIAC GRAPHICS					13,286,823	59.02
59.03 PULMONARY FUNCTION					1,659,015	59.03
59.04 EPS					7,820,207	59.04
59.05 GI					15,471,769	59.05
60 LABORATORY					73,461,934	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS					18,694,950	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.					10,040,889	63
63.01 CELL THERAPY LAB						63.01
65 RESPIRATORY THERAPY					8,246,434	65
66 PHYSICAL THERAPY					2,252,275	66
67 OCCUPATIONAL THERAPY					894,733	67
70 ELECTROENCEPHALOGRAPHY					5,688,030	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					54,282,662	71
72 IMPL. DEV. CHARGED TO PATIENTS					69,491,552	72
73 DRUGS CHARGED TO PATIENTS					68,840,100	73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION					447,288	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC					6,505,973	90
90.01 PSYCH CLINIC					10,356,965	90.01
90.02 TRANSPLANT CLINIC					2,858,937	90.02
90.03 OB CLINIC					3,480,017	90.03
91 EMERGENCY					29,012,297	91

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COST CENTER DESCRIPTION	PARAMED EDUCATION SCHOOLS 23.02	PARAMED EDUCATION SCHOOLS 23.03	PARAMED EDUCATION SCHOOLS 23.04	PARAMED EDUCATION SCHOOLS 23.05	SUBTOTAL 24	
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT					3,591,351	92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION					12,648,710	105
106 HEART ACQUISITION					2,135,761	106
107 LIVER ACQUISITION					7,565,634	107
109 PANCREAS ACQUISITION					2,208,618	109
116 HOSPICE					3,575,622	116
118 SUBTOTALS (SUM OF LINES 1-117)	214,929	166,646	160,256	155,131	1,056,382,288	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					172,337	190
191 RESEARCH					3,171,119	191
191.01 SPONSERED PROJECT					6,641,952	191.01
194 REAL ESTATE					20,163,099	194
194.01 MARKETING, OTHER NON-REIMB					9,019,792	194.01
194.02 OTHER COMPANY WIDE ACTIVITY					64,932	194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	214,929	166,646	160,256	155,131	1,095,615,519	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 NONPATIENT PHONES			5.01
5.02 DATA PROCESSING			5.02
5.03 PURCHASING RECEIVING & STORES			5.03
5.04 ADMITTING			5.04
5.05 ADMINISTRATIVE & GENERAL			5.05
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE			17
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SERVICES-SALARY & FRINGES APPRVD			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED PRGM-(SPECIFY)			23
23.01 PARAMED ED PRGM-(CHAPLAINCY)			23.01
23.02 PARAMED ED PRGM-(NM SCHL)			23.02
23.03 PARAMED ED PRGM-(RAD THER)			23.03
23.04 PARAMED ED PRGM-(NUCLEAR MED)			23.04
23.05 PARAMED ED PRGM-(SONOGRAPHY)			23.05
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	-15,386,578	220,319,118	30
31 INTENSIVE CARE UNIT	-6,526,630	54,833,872	31
35 SPECIAL CARE NURSERY	-359,998	25,958,477	35
40 SUBPROVIDER - IPF	-1,806,657	9,794,507	40
43 NURSERY		4,923,871	43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	-14,819,916	77,385,112	50
51 RECOVERY ROOM	-686,663	16,031,186	51
52 DELIVERY ROOM & LABOR ROOM	-2,446,653	33,079,618	52
53 ANESTHESIOLOGY	-99,999	7,548,033	53
54 RADIOLOGY-DIAGNOSTIC	-4,493,307	51,096,447	54
55 RADIOLOGY-THERAPEUTIC	-1,433,325	17,647,380	55
56 RADIOISOTOPE	-193,332	9,298,431	56
57 CT SCAN		13,507,795	57
58 MRI		24,577,750	58
59 CARDIAC CATHETERIZATION	-386,664	5,062,660	59
59.01 VASCULAR LAB		2,159,763	59.01
59.02 CARDIAC GRAPHICS	-593,330	12,693,493	59.02
59.03 PULMONARY FUNCTION	-219,999	1,439,016	59.03
59.04 EPS		7,820,207	59.04
59.05 GI	-373,331	15,098,438	59.05
60 LABORATORY	-3,659,980	69,801,954	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	-279,999	18,414,951	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRANS.		10,040,889	63
63.01 CELL THERAPY LAB			63.01
65 RESPIRATORY THERAPY	-193,332	8,053,102	65
66 PHYSICAL THERAPY	-13,334	2,238,941	66
67 OCCUPATIONAL THERAPY	-20,000	874,733	67
70 ELECTROENCEPHALOGRAPHY		5,688,030	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	-159,999	54,122,663	71
72 IMPL. DEV. CHARGED TO PATIENTS		69,491,552	72
73 DRUGS CHARGED TO PATIENTS		68,840,100	73
74 RENAL DIALYSIS			74
76.97 CARDIAC REHABILITATION	-6,667	440,621	76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	-1,039,994	5,465,979	90
90.01 PSYCH CLINIC	-333,332	10,023,633	90.01
90.02 TRANSPLANT CLINIC	-333,332	2,525,605	90.02
90.03 OB CLINIC	-1,146,661	2,333,356	90.03
91 EMERGENCY	-2,039,988	26,972,309	91

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COST CENTER DESCRIPTION		I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
92	OBSERVATION BEDS (NON-DISTINCT PART)			92
92.01	OBSERVATION BEDS-DISTINCT		3,591,351	92.01
	OTHER REIMBURSABLE COST CENTERS			
94	HOME PROGRAM DIALYSIS			94
	SPECIAL PURPOSE COST CENTERS			
105	KIDNEY ACQUISITION		12,648,710	105
106	HEART ACQUISITION		2,135,761	106
107	LIVER ACQUISITION		7,565,634	107
109	PANCREAS ACQUISITION		2,208,618	109
116	HOSPICE		3,575,622	116
118	SUBTOTALS (SUM OF LINES 1-117)	-59,053,000	997,329,288	118
	NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		172,337	190
191	RESEARCH	-193,332	2,977,787	191
191.01	SPONSERED PROJECT		6,641,952	191.01
194	REAL ESTATE		20,163,099	194
194.01	MARKETING, OTHER NON-REIMB		9,019,792	194.01
194.02	OTHER COMPANY WIDE ACTIVITY		64,932	194.02
200	CROSS FOOT ADJUSTMENTS			200
201	NEGATIVE COST CENTER			201
202	TOTAL (SUM OF LINES 118-201)	-59,246,332	1,036,369,187	202

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	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT		1,055,775	3,858	1,059,633	1,059,633	4
5.01 NONPATIENT PHONES		831,699	41,613	873,312	1,691	5.01
5.02 DATA PROCESSING		164,733	1,070,000	1,234,733	1,765	5.02
5.03 PURCHASING RECEIVING & STORES		62,152	49,324	111,476	2,963	5.03
5.04 ADMITTING		77,280	190,246	267,526	43,730	5.04
5.05 ADMINISTRATIVE & GENERAL		3,467,312	1,289,269	4,756,581	86,249	5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		25,662,853	458,524	26,121,377	3,625	7
8 LAUNDRY & LINEN SERVICE				10,782		8
9 HOUSEKEEPING		962,611	1,268,182	2,230,793	28,996	9
10 DIETARY		2,057,195	830,909	2,888,104	24,759	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		1,315,375	262,031	1,577,406	53,212	13
14 CENTRAL SERVICES & SUPPLY		975,930	2,135,413	3,111,343	18,894	14
15 PHARMACY		331,517	573,063	904,580	37,945	15
16 MEDICAL RECORDS & LIBRARY		49,074	19,442	68,516	4,986	16
17 SOCIAL SERVICE			21,871	21,871	2,650	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		858,443	96,296	954,739	5,306	22
23 PARAMED ED PRGM-(SPECIFY)		3,109		3,109	1,326	23
23.01 PARAMED ED PRGM-(CHAPLAINCY)		5,181		5,181	285	23.01
23.02 PARAMED ED PRGM-(NM SCHL)		5,312		5,312	174	23.02
23.03 PARAMED ED PRGM-(RAD THER)		4,113		4,113	165	23.03
23.04 PARAMED ED PRGM-(NUCLEAR MED)		3,942		3,942	153	23.04
23.05 PARAMED ED PRGM-(SONOGRAPHY)		3,771		3,771	145	23.05
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		11,193,420	1,619,075	12,812,495	229,663	30
31 INTENSIVE CARE UNIT		1,890,461	602,497	2,492,958	57,827	31
35 SPECIAL CARE NURSERY		1,156,857	905,024	2,061,881	33,300	35
40 SUBPROVIDER - IPF		596,266	3,441	599,707	9,864	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		2,980,457	4,499,805	7,480,262	60,477	50
51 RECOVERY ROOM		282,680	682,051	964,731	20,415	51
52 DELIVERY ROOM & LABOR ROOM		1,487,604	522,629	2,010,233	38,153	52
53 ANESTHESIOLOGY		42,803	662,141	704,944	2,779	53
54 RADIOLOGY-DIAGNOSTIC		2,182,399	3,120,290	5,302,689	50,309	54
55 RADIOLOGY-THERAPEUTIC		724,043	3,133,455	3,857,498	15,199	55
56 RADIOISOTOPE		341,328	592,302	933,630	5,333	56
57 CT SCAN		368,188	291,523	659,711	13,330	57
58 MRI		301,143	4,154,740	4,455,883	19,367	58
59 CARDIAC CATHETERIZATION		105,406	485,947	591,353	4,517	59
59.01 VASCULAR LAB		68,859	124,011	192,870	2,869	59.01
59.02 CARDIAC GRAPHICS		226,923	439,339	666,262	8,842	59.02
59.03 PULMONARY FUNCTION		94,501	73,639	168,140	1,035	59.03
59.04 EPS		148,536	2,375,879	2,524,415	2,999	59.04
59.05 GI		308,420	1,057,706	1,366,126	12,397	59.05
60 LABORATORY		958,588	1,628,978	2,587,566	43,718	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		272,408	339,091	611,499	7,558	63
63.01 CELL THERAPY LAB						63.01
65 RESPIRATORY THERAPY		97,311	436,442	533,753	7,470	65
66 PHYSICAL THERAPY		116,960	24,489	141,449	923	66
67 OCCUPATIONAL THERAPY		31,245	209,106	240,351	722	67
70 ELECTROENCEPHALOGRAPHY		290,616	253,472	544,088	5,482	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION					781	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		249,216	233,953	483,169	5,350	90
90.01 PSYCH CLINIC		145,738	9,099	154,837	13,265	90.01
90.02 TRANSPLANT CLINIC		54,069	475	54,544	1,777	90.02
90.03 OB CLINIC		296,201	14,882	311,083	4,269	90.03
91 EMERGENCY		788,846	129,795	918,641	30,658	91

PROVIDER CCN: 14-0281 NORTHWESTERN MEMORIAL HOSPITAL
 PERIOD FROM 09/01/2012 TO 08/31/2013

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

VERSION: 2013.11
 01/30/2014 14:32

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	
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT			167,701	167,701	5,444	92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		32,960		32,960	4,375	105
106 HEART ACQUISITION		2,502		2,502	1,328	106
107 LIVER ACQUISITION		15,375	74	15,449	2,950	107
109 PANCREAS ACQUISITION		1,251		1,251	283	109
116 HOSPICE		59,254		59,254	3,143	116
118 SUBTOTALS (SUM OF LINES 1-117)		65,820,993	37,103,092	102,924,085	1,047,190	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		28,172		28,172	21	190
191 RESEARCH		63,387	14,969	78,356	4,730	191
191.01 SPONSERED PROJECT			201,757	201,757	2,752	191.01
194 REAL ESTATE		15,780,428	130,997	15,911,425	69	194
194.01 MARKETING, OTHER NON-REIMB		19,429	1,031	20,460	4,871	194.01
194.02 OTHER COMPANY WIDE ACTIVITY						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		81,712,409	37,451,846	119,164,255	1,059,633	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NONPATIENT	DATA	PURCH	ADMITTING	ADMIN +	
	PHONES	PROCESSING	REC STORES		GENERAL	
	5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT PHONES	875,003					5.01
5.02 DATA PROCESSING	125,580	1,362,078				5.02
5.03 PURCHASING RECEIVING & STORES		988	115,427			5.03
5.04 ADMITTING	11,945	27,537	2,326	353,064		5.04
5.05 ADMINISTRATIVE & GENERAL	123,901	272,501	23,473		5,262,705	5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	321,690	88,632	7,487		428,474	7
8 LAUNDRY & LINEN SERVICE		3,827	323		18,501	8
9 HOUSEKEEPING	1,288	21,071	1,780		101,863	9
10 DIETARY	1,638	17,987	1,519		86,953	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	11,681	30,532	2,579		147,599	13
14 CENTRAL SERVICES & SUPPLY	2,810	23,358	1,973		112,918	14
15 PHARMACY	14	21,918	1,851		105,956	15
16 MEDICAL RECORDS & LIBRARY		3,664	310		17,715	16
17 SOCIAL SERVICE	484	1,754	148		8,477	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD		40,607	3,430		196,307	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		15,029	1,270		72,656	22
23 PARAMED ED PRGM-(SPECIFY)		671	57		3,243	23
23.01 PARAMED ED PRGM-(CHAPLAINCY)		158	13		765	23.01
23.02 PARAMED ED PRGM-(NM SCHL)		193	16		934	23.02
23.03 PARAMED ED PRGM-(RAD THER)		150	13		724	23.03
23.04 PARAMED ED PRGM-(NUCLEAR MED)		144	12		697	23.04
23.05 PARAMED ED PRGM-(SONOGRAPHY)		140	12		675	23.05
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	16,013	138,020	11,658	31,103	679,182	30
31 INTENSIVE CARE UNIT	18,966	36,707	3,101	8,968	180,851	31
35 SPECIAL CARE NURSERY		19,950	1,685	6,171	98,780	35
40 SUBPROVIDER - IPF	283	5,834	493	1,331	28,705	40
43 NURSERY		4,731	400	1,816	23,558	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,613	45,872	3,875	53,950	241,546	50
51 RECOVERY ROOM		12,025	1,016	4,463	59,823	51
52 DELIVERY ROOM & LABOR ROOM	13,709	24,167	2,041	10,476	120,798	52
53 ANESTHESIOLOGY	784	5,184	438	4,015	26,582	53
54 RADIOLOGY-DIAGNOSTIC	1,629	38,721	3,271	21,540	195,351	54
55 RADIOLOGY-THERAPEUTIC	94	13,729	1,160	11,877	70,869	55
56 RADIOISOTOPE	300	6,779	573	4,510	34,481	56
57 CT SCAN	190	9,685	818	18,771	53,933	57
58 MRI	771	17,605	1,487	15,445	90,961	58
59 CARDIAC CATHETERIZATION	473	3,296	278	3,822	17,384	59
59.01 VASCULAR LAB		1,663	140	2,084	8,827	59.01
59.02 CARDIAC GRAPHICS		6,802	575	9,840	36,613	59.02
59.03 PULMONARY FUNCTION		930	79	789	4,795	59.03
59.04 EPS		5,276	446	2,186	26,335	59.04
59.05 GI		12,066	1,019	6,386	60,748	59.05
60 LABORATORY	47,750	58,203	4,916	49,033	299,950	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		15,315	1,294	4,808	75,858	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	484	7,016	593	2,675	34,933	63
63.01 CELL THERAPY LAB						63.01
65 RESPIRATORY THERAPY	1,060	6,526	551	9,544	35,164	65
66 PHYSICAL THERAPY	94	1,640	139	742	8,208	66
67 OCCUPATIONAL THERAPY		700	59	369	3,525	67
70 ELECTROENCEPHALOGRAPHY	8,662	4,004	338	2,756	20,401	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		52,762	4,457	11,403	259,386	71
72 IMPL. DEV. CHARGED TO PATIENTS		68,000	5,744	11,769	333,189	72
73 DRUGS CHARGED TO PATIENTS		66,647	5,630	19,699	329,657	73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION	283	409	35	200	2,054	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		3,408	288	365	16,612	90
90.01 PSYCH CLINIC	20,788	8,753	739	727	42,590	90.01
90.02 TRANSPLANT CLINIC	3,724	1,178	99	383	5,839	90.02
90.03 OB CLINIC	484	1,794	152	158	8,733	90.03
91 EMERGENCY	663	18,750	1,584	15,129	96,376	91

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NONPATIENT PHONES	DATA PROCESSING	PURCH REC STORES	ADMITTING	ADMIN + GENERAL	
	5.01	5.02	5.03	5.04	5.05	
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT		3,015	255	877	14,906	92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	8,144	11,933	1,008	1,463	58,240	105
106 HEART ACQUISITION		2,071	175	192	10,083	106
107 LIVER ACQUISITION	5,689	7,175	606	790	34,984	107
109 PANCREAS ACQUISITION		2,132	180	191	10,379	109
116 HOSPICE	75,334	2,382	201	248	11,610	116
118 SUBTOTALS (SUM OF LINES 1-117)	833,069	1,323,716	112,188	353,064	5,077,256	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		46	4		224	190
191 RESEARCH		2,691	227		13,009	191
191.01 SPONSERED PROJECT	283	6,564	554		31,731	191.01
194 REAL ESTATE	12,914	20,034	1,692		96,849	194
194.01 MARKETING, OTHER NON-REIMB	253	8,962	757		43,324	194.01
194.02 OTHER COMPANY WIDE ACTIVITY	28,484	65	5		312	194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	875,003	1,362,078	115,427	353,064	5,262,705	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	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 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 ADMINISTRATIVE & GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	26,971,285					7
8 LAUNDRY & LINEN SERVICE	9,584	43,017				8
9 HOUSEKEEPING	654,618	1,044	3,041,453			9
10 DIETARY	1,518,952	2,423	175,611	4,717,946		10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	914,649	1,459	105,746		2,844,863	13
14 CENTRAL SERVICES & SUPPLY	579,557	925	67,005			14
15 PHARMACY	259,076	413	29,953		1,467	15
16 MEDICAL RECORDS & LIBRARY	6,501	10	752			16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD					2,441	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	732,811	1,169	84,723		382	22
23 PARAMED ED PRGM-(SPECIFY)	2,765	4	320			23
23.01 PARAMED ED PRGM-(CHAPLAINCY)	4,608	7	533			23.01
23.02 PARAMED ED PRGM-(NM SCHL)	4,725	8	546			23.02
23.03 PARAMED ED PRGM-(RAD THER)	3,652	6	422			23.03
23.04 PARAMED ED PRGM-(NUCLEAR MED)	3,502	6	405			23.04
23.05 PARAMED ED PRGM-(SONOGRAPHY)	3,368	5	389			23.05
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	8,303,845	13,250	960,031	3,911,526	1,233,438	30
31 INTENSIVE CARE UNIT	1,681,103	2,682	194,358	598,132	311,574	31
35 SPECIAL CARE NURSERY	675,896	1,078	78,143		169,047	35
40 SUBPROVIDER - IPF	530,232	846	61,302	208,288	17,532	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,435,511	3,886	281,578		286,114	50
51 RECOVERY ROOM	286,587	457	33,133		94,714	51
52 DELIVERY ROOM & LABOR ROOM	884,876	1,412	102,304		197,910	52
53 ANESTHESIOLOGY	30,141	48	3,485			53
54 RADIOLOGY-DIAGNOSTIC	1,652,654	2,637	191,069		60,278	54
55 RADIOLOGY-THERAPEUTIC	572,403	913	66,178		9,974	55
56 RADIOISOTOPE	303,526	484	35,092		2,059	56
57 CT SCAN	371,616	593	42,964		20,910	57
58 MRI	313,210	500	36,211		29,973	58
59 CARDIAC CATHETERIZATION	93,742	150	10,838		16,077	59
59.01 VASCULAR LAB	61,238	98	7,080		2,614	59.01
59.02 CARDIAC GRAPHICS	201,792	322	23,330		15,325	59.02
59.03 PULMONARY FUNCTION	84,041	134	9,716		1,566	59.03
59.04 EPS	132,093	211	15,272		10,159	59.04
59.05 GI	274,272	438	31,710		49,625	59.05
60 LABORATORY	971,212	1,550	112,285		49	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	288,631	461	33,370		14,783	63
63.01 CELL THERAPY LAB						63.01
65 RESPIRATORY THERAPY	76,066	121	8,794		1,233	65
66 PHYSICAL THERAPY	100,410	160	11,609		740	66
67 OCCUPATIONAL THERAPY	27,779	44	3,212		727	67
70 ELECTROENCEPHALOGRAPHY	317,650	507	36,725			70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION					789	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	303,140	484	35,047		14,660	90
90.01 PSYCH CLINIC	10,438	17	1,207		16,608	90.01
90.02 TRANSPLANT CLINIC	260,081	415	30,069		4,278	90.02
90.03 OB CLINIC	64,974	104	7,512		15,732	90.03
91 EMERGENCY	684,726	1,092	79,164		171,365	91

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	NURSING	
	OF PLANT	+ LINEN	KEEPING		ADMINIS-	
	7	SERVICE	9	10	TRATION	
		8			13	
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT					29,171	92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	83,589	133	9,664		10,616	105
106 HEART ACQUISITION	7,473	12	864		160	106
107 LIVER ACQUISITION	39,139	62	4,525		7,237	107
109 PANCREAS ACQUISITION	10,555	17	1,220			109
116 HOSPICE	50,951	81	5,891		20,602	116
118 SUBTOTALS (SUM OF LINES 1-117)	26,883,960	42,878	3,031,357	4,717,946	2,841,929	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	28,952	46	3,347			190
191 RESEARCH	58,373	93	6,749			191
191.01 SPONSERED PROJECT					2,934	191.01
194 REAL ESTATE						194
194.01 MARKETING, OTHER NON-REIMB						194.01
194.02 OTHER COMPANY WIDE ACTIVITY						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	26,971,285	43,017	3,041,453	4,717,946	2,844,863	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	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 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 ADMINISTRATIVE & GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY	3,918,783					14
15 PHARMACY	16,777	1,379,950				15
16 MEDICAL RECORDS & LIBRARY	308		102,762			16
17 SOCIAL SERVICE	272			35,656		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	4,979				247,764	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM-(CHAPLAINCY)						23.01
23.02 PARAMED ED PRGM-(NM SCHL)						23.02
23.03 PARAMED ED PRGM-(RAD THER)						23.03
23.04 PARAMED ED PRGM-(NUCLEAR MED)						23.04
23.05 PARAMED ED PRGM-(SONOGRAPHY)						23.05
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	179,453	213,475	9,200	21,019		30
31 INTENSIVE CARE UNIT	101,066	109,201	2,652	3,102		31
35 SPECIAL CARE NURSERY	26,582	708	1,825	2,856		35
40 SUBPROVIDER - IPF	898	38	394			40
43 NURSERY			537	4		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,713,233	66,576	14,294			50
51 RECOVERY ROOM	7,723	63,738	1,320	18		51
52 DELIVERY ROOM & LABOR ROOM	73,661	62,422	3,098	349		52
53 ANESTHESIOLOGY	56,828	86,539	1,187			53
54 RADIOLOGY-DIAGNOSTIC	254,102	35,147	6,371			54
55 RADIOLOGY-THERAPEUTIC	8,013	2,104	3,513	1,426		55
56 RADIOISOTOPE	107,338	852	1,334			56
57 CT SCAN	31,293	207	5,552			57
58 MRI	27,988	210,965	4,568			58
59 CARDIAC CATHETERIZATION	119,294	348	1,131			59
59.01 VASCULAR LAB	322	2	616			59.01
59.02 CARDIAC GRAPHICS	6,175	228,794	2,910			59.02
59.03 PULMONARY FUNCTION	2,394	1,911	233			59.03
59.04 EPS	232,844	3,977	646			59.04
59.05 GI	69,440	7,393	1,889			59.05
60 LABORATORY	353,312	15,752	14,503			60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	329,045	22,580	1,422			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	104,598	36,094	791			63
63.01 CELL THERAPY LAB						63.01
65 RESPIRATORY THERAPY	11,373	12,438	2,823			65
66 PHYSICAL THERAPY	11,373	80	219			66
67 OCCUPATIONAL THERAPY	1,118		109			67
70 ELECTROENCEPHALOGRAPHY	4,780		815			70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			3,373			71
72 IMPL. DEV. CHARGED TO PATIENTS			3,481			72
73 DRUGS CHARGED TO PATIENTS			5,827			73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION	194		59			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,389	29,528	108			90
90.01 PSYCH CLINIC	1,095	42,961	215	3,387		90.01
90.02 TRANSPLANT CLINIC	2,838	6,220	113			90.02
90.03 OB CLINIC	1,257	788	47	357		90.03
91 EMERGENCY	48,967	71,972	4,475	2,852		91

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	I&R SALARY & FRINGES 21	
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	2,833	5,891	259	93		92.01
94 HOME PROGRAM DIALYSIS						94
94 SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	50	908	433			105
106 HEART ACQUISITION	15		57			106
107 LIVER ACQUISITION	47	907	234			107
109 PANCREAS ACQUISITION			56			109
116 HOSPICE	3,392	39,106	73			116
118 SUBTOTALS (SUM OF LINES 1-117)	3,918,659	1,379,622	102,762	35,463		118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH	124	328		193		191
191.01 SPONSERED PROJECT						191.01
194 REAL ESTATE						194
194.01 MARKETING, OTHER NON-REIMB						194.01
194.02 OTHER COMPANY WIDE ACTIVITY						194.02
200 CROSS FOOT ADJUSTMENTS					247,764	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,918,783	1,379,950	102,762	35,656	247,764	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R PROGRAM COSTS 22	PARAMED EDUCATION PHARMACY 23	PARAMED EDUCATION CHAPLAINCY 23.01	PARAMED EDUCATION SCHOOLS 23.02	PARAMED EDUCATION SCHOOLS 23.03	
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 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 ADMINISTRATIVE & GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,868,085					22
23 PARAMED ED PRGM-(SPECIFY)		11,495				23
23.01 PARAMED ED PRGM-(CHAPLAINCY)			11,550			23.01
23.02 PARAMED ED PRGM-(NM SCHL)				11,908		23.02
23.03 PARAMED ED PRGM-(RAD THER)					9,245	23.03
23.04 PARAMED ED PRGM-(NUCLEAR MED)						23.04
23.05 PARAMED ED PRGM-(SONOGRAPHY)						23.05
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS						30
31 INTENSIVE CARE UNIT						31
35 SPECIAL CARE NURSERY						35
40 SUBPROVIDER - IPF						40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION						59
59.01 VASCULAR LAB						59.01
59.02 CARDIAC GRAPHICS						59.02
59.03 PULMONARY FUNCTION						59.03
59.04 EPS						59.04
59.05 GI						59.05
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
63.01 CELL THERAPY LAB						63.01
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 PSYCH CLINIC						90.01
90.02 TRANSPLANT CLINIC						90.02
90.03 OB CLINIC						90.03
91 EMERGENCY						91

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R PROGRAM COSTS 22	PARAMED EDUCATION PHARMACY 23	PARAMED EDUCATION CHAPLAINCY 23.01	PARAMED EDUCATION SCHOOLS 23.02	PARAMED EDUCATION SCHOOLS 23.03	
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION						105
106 HEART ACQUISITION						106
107 LIVER ACQUISITION						107
109 PANCREAS ACQUISITION						109
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)						118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH						191
191.01 SPONSERED PROJECT						191.01
194 REAL ESTATE						194
194.01 MARKETING, OTHER NON-REIMB						194.01
194.02 OTHER COMPANY WIDE ACTIVITY						194.02
200 CROSS FOOT ADJUSTMENTS	1,868,085	11,495	11,550	11,908	9,245	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,868,085	11,495	11,550	11,908	9,245	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PARAMED EDUCATION SCHOOLS 23.04	PARAMED EDUCATION SCHOOLS 23.05	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 ADMINISTRATIVE & GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM-(CHAPLAINCY)						23.01
23.02 PARAMED ED PRGM-(NM SCHL)						23.02
23.03 PARAMED ED PRGM-(RAD THER)						23.03
23.04 PARAMED ED PRGM-(NUCLEAR MED)	8,861					23.04
23.05 PARAMED ED PRGM-(SONOGRAPHY)		8,505				23.05
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS			28,763,371		28,763,371	30
31 INTENSIVE CARE UNIT			5,803,248		5,803,248	31
35 SPECIAL CARE NURSERY			3,177,902		3,177,902	35
40 SUBPROVIDER - IPF			1,465,747		1,465,747	40
43 NURSERY			31,046		31,046	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM			12,688,787		12,688,787	50
51 RECOVERY ROOM			1,550,163		1,550,163	51
52 DELIVERY ROOM & LABOR ROOM			3,545,609		3,545,609	52
53 ANESTHESIOLOGY			922,954		922,954	53
54 RADIOLOGY-DIAGNOSTIC			7,815,768		7,815,768	54
55 RADIOLOGY-THERAPEUTIC			4,634,950		4,634,950	55
56 RADIOISOTOPE			1,436,291		1,436,291	56
57 CT SCAN			1,229,573		1,229,573	57
58 MRI			5,224,934		5,224,934	58
59 CARDIAC CATHETERIZATION			862,703		862,703	59
59.01 VASCULAR LAB			280,423		280,423	59.01
59.02 CARDIAC GRAPHICS			1,207,582		1,207,582	59.02
59.03 PULMONARY FUNCTION			275,763		275,763	59.03
59.04 EPS			2,960,913		2,960,913	59.04
59.05 GI			1,893,509		1,893,509	59.05
60 LABORATORY			4,559,799		4,559,799	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS			450,322		450,322	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.			1,143,486		1,143,486	63
63.01 CELL THERAPY LAB						63.01
65 RESPIRATORY THERAPY			706,916		706,916	65
66 PHYSICAL THERAPY			277,786		277,786	66
67 OCCUPATIONAL THERAPY			278,715		278,715	67
70 ELECTROENCEPHALOGRAPHY			946,208		946,208	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			331,381		331,381	71
72 IMPL. DEV. CHARGED TO PATIENTS			422,183		422,183	72
73 DRUGS CHARGED TO PATIENTS			427,460		427,460	73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION			4,804		4,804	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC			893,548		893,548	90
90.01 PSYCH CLINIC			317,627		317,627	90.01
90.02 TRANSPLANT CLINIC			371,558		371,558	90.02
90.03 OB CLINIC			417,444		417,444	90.03
91 EMERGENCY			2,146,414		2,146,414	91

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PARAMED EDUCATION SCHOOLS 23.04	PARAMED EDUCATION SCHOOLS 23.05	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT			230,445		230,445	92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION			223,516		223,516	105
106 HEART ACQUISITION			24,932		24,932	106
107 LIVER ACQUISITION			119,794		119,794	107
109 PANCREAS ACQUISITION			26,264		26,264	109
116 HOSPICE			272,268		272,268	116
118 SUBTOTALS (SUM OF LINES 1-117)			100,364,106		100,364,106	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			60,812		60,812	190
191 RESEARCH			164,873		164,873	191
191.01 SPONSERED PROJECT			246,575		246,575	191.01
194 REAL ESTATE			16,042,983		16,042,983	194
194.01 MARKETING, OTHER NON-REIMB			78,627		78,627	194.01
194.02 OTHER COMPANY WIDE ACTIVITY			28,866		28,866	194.02
200 CROSS FOOT ADJUSTMENTS	8,861	8,505	2,177,413		2,177,413	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	8,861	8,505	119,164,255		119,164,255	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP	CAP	EMPLOYEE	NONPATIENT	RECON- CILIATION
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS DEPARTMENT GROSS SALARIES	PHONES PHONE CHARGES	
	1	2	4	5.01	5A.02
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT	81,712,112				1
2 CAP REL COSTS-MVBLE EQUIP		28,404,002			2
4 EMPLOYEE BENEFITS DEPARTMENT	1,055,771	2,926	350,967,351		4
5.01 NONPATIENT PHONES	831,696	31,560	559,976	317,915	5.01
5.02 DATA PROCESSING	164,732	811,503	584,786	45,627	-12,139,250
5.03 PURCHASING RECEIVING & STORES	62,152	37,408	981,474		5.03
5.04 ADMITTING	77,280	144,285	14,484,899	4,340	5.04
5.05 ADMINISTRATIVE & GENERAL	3,467,298	977,800	28,568,653	45,017	5.05
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT	25,662,775	347,751	1,200,842	116,879	7
8 LAUNDRY & LINEN SERVICE	10,782				8
9 HOUSEKEEPING	962,607	961,807	9,604,540	468	9
10 DIETARY	2,057,187	630,173	8,201,215	595	10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	1,315,370	198,728	17,625,626	4,244	13
14 CENTRAL SERVICES & SUPPLY	975,926	1,619,527	6,258,426	1,021	14
15 PHARMACY	331,516	434,619	12,568,859	5	15
16 MEDICAL RECORDS & LIBRARY	49,074	14,745	1,651,667		16
17 SOCIAL SERVICE		16,587	877,840	176	17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	858,440	73,032	1,757,673		22
23 PARAMED ED PRGM-(SPECIFY)	3,109		439,343		23
23.01 PARAMED ED PRGM-(CHAPLAINCY)	5,181		94,472		23.01
23.02 PARAMED ED PRGM-(NM SCHL)	5,312		57,538		23.02
23.03 PARAMED ED PRGM-(RAD THER)	4,113		54,547		23.03
23.04 PARAMED ED PRGM-(NUCLEAR MED)	3,942		50,703		23.04
23.05 PARAMED ED PRGM-(SONOGRAPHY)	3,771		47,952		23.05
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	11,193,375	1,227,929	76,051,460	5,818	30
31 INTENSIVE CARE UNIT	1,890,453	456,942	19,154,209	6,891	31
35 SPECIAL CARE NURSERY	1,156,852	686,383	11,029,980		35
40 SUBPROVIDER - IPF	596,264	2,610	3,267,263	103	40
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	2,980,445	3,412,712	20,032,009	586	50
51 RECOVERY ROOM	282,679	517,277	6,762,197		51
52 DELIVERY ROOM & LABOR ROOM	1,487,598	396,369	12,637,779	4,981	52
53 ANESTHESIOLOGY	42,803	502,177	920,462	285	53
54 RADIOLOGY-DIAGNOSTIC	2,182,390	2,366,472	16,664,144	592	54
55 RADIOLOGY-THERAPEUTIC	724,040	2,376,456	5,034,293	34	55
56 RADIOISOTOPE	341,327	449,210	1,766,582	109	56
57 CT SCAN	368,187	221,095	4,415,404	69	57
58 MRI	301,142	3,151,013	6,415,015	280	58
59 CARDIAC CATHETERIZATION	105,406	368,549	1,496,327	172	59
59.01 VASCULAR LAB	68,859	94,052	950,266		59.01
59.02 CARDIAC GRAPHICS	226,922	333,201	2,928,857		59.02
59.03 PULMONARY FUNCTION	94,501	55,849	342,947		59.03
59.04 EPS	148,535	1,801,900	993,291	1,473	59.04
59.05 GI	308,419	802,179	4,106,173		59.05
60 LABORATORY	958,584	1,235,440	14,481,027	17,349	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS					62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	272,407	257,171	2,503,459	176	63
63.01 CELL THERAPY LAB					63.01
65 RESPIRATORY THERAPY	97,311	331,004	2,474,484	385	65
66 PHYSICAL THERAPY	116,960	18,573	305,650	34	66
67 OCCUPATIONAL THERAPY	31,245	158,589	239,069		67
70 ELECTROENCEPHALOGRAPHY	290,615	192,237	1,815,962	3,147	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENTS					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION			258,711	103	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	249,215	177,433	1,772,064		90
90.01 PSYCH CLINIC	145,737	6,901	4,393,873	7,553	90.01
90.02 TRANSPLANT CLINIC	54,069	360	588,626	1,353	90.02
90.03 OB CLINIC	296,200	11,287	1,414,119	176	90.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES 4	NONPATIENT PHONES PHONE CHARGES 5.01	RECON- CILIATION 5A.02
91	EMERGENCY	788,843	98,438	10,154,921	241	91
92	OBSERVATION BEDS (NON-DISTINCT PART)					92
92.01	OBSERVATION BEDS-DISTINCT		127,187	1,803,214		92.01
	OTHER REIMBURSABLE COST CENTERS					
94	HOME PROGRAM DIALYSIS SPECIAL PURPOSE COST CENTERS					94
105	KIDNEY ACQUISITION	32,960		1,449,234	2,959	105
106	HEART ACQUISITION	2,502		439,993		106
107	LIVER ACQUISITION	15,375	56	977,084	2,067	107
109	PANCREAS ACQUISITION	1,251		93,697		109
116	HOSPICE	59,254		1,041,004	27,371	116
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	65,820,759	28,139,502	346,845,880	302,679	-12,139,250 118
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	28,172		6,913		190
191	RESEARCH	63,387	11,353	1,566,894		191
191.01	SPONSERED PROJECT		153,015	911,487	103	191.01
194	REAL ESTATE	15,780,365	99,350	22,725	4,692	194
194.01	MARKETING, OTHER NON-REIMB	19,429	782	1,613,452	92	194.01
194.02	OTHER COMPANY WIDE ACTIVITY				10,349	194.02
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	COST TO BE ALLOC PER B PT I	81,712,409	37,451,846	55,527,592	1,540,867	202
203	UNIT COST MULT-WS B PT I	1.000004	1.318541	0.158213	4.846789	203
204	COST TO BE ALLOC PER B PT II			1,059,633	875,003	204
205	UNIT COST MULT-WS B PT II			0.003019	2.752317	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DATA	RECON- CILIATION	PURCH	ADMITTING	RECON- CILIATION
	PROCESSING		REC	GROSS	
	ACCUM		STORES	CHARGES	
	COST		COST		
	5.02		5.03	5.04	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5.01 NONPATIENT PHONES					5.01
5.02 DATA PROCESSING	1,083,476,269				5.02
5.03 PURCHASING RECEIVING & STORES	785,668	-794,471	1,094,821,048		5.03
5.04 ADMITTING	21,907,140		22,152,588	4,947,979,297	5.04
5.05 ADMINISTRATIVE & GENERAL	216,670,097		219,097,650		5.05
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT	70,511,086		71,301,092		7
8 LAUNDRY & LINEN SERVICE	3,044,527		3,078,638		8
9 HOUSEKEEPING	16,762,860		16,950,671		9
10 DIETARY	14,309,317		14,469,639		10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	24,289,362		24,561,500		13
14 CENTRAL SERVICES & SUPPLY	18,582,183		18,790,378		14
15 PHARMACY	17,436,390		17,631,747		15
16 MEDICAL RECORDS & LIBRARY	2,915,169		2,947,831		16
17 SOCIAL SERVICE	1,395,027		1,410,657		17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD	32,304,937		32,666,882		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	11,956,525		12,090,486		22
23 PARAMED ED PRGM-(SPECIFY)	533,712		539,692		23
23.01 PARAMED ED PRGM-(CHAPLAINCY)	125,974		127,385		23.01
23.02 PARAMED ED PRGM-(NM SCHL)	153,666		155,388		23.02
23.03 PARAMED ED PRGM-(RAD THER)	119,185		120,520		23.03
23.04 PARAMED ED PRGM-(NUCLEAR MED)	114,650		115,935		23.04
23.05 PARAMED ED PRGM-(SONOGRAPHY)	111,060		112,304		23.05
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	109,801,452		111,031,667	438,073,950	30
31 INTENSIVE CARE UNIT	29,202,241		29,529,423	126,309,231	31
35 SPECIAL CARE NURSERY	15,870,728		16,048,544	86,916,561	35
40 SUBPROVIDER - IPF	4,640,834		4,692,830	18,744,117	40
43 NURSERY	3,763,455		3,805,621	25,581,497	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	36,493,433		36,902,305	735,106,112	50
51 RECOVERY ROOM	9,566,373		9,673,555	62,856,224	51
52 DELIVERY ROOM & LABOR ROOM	19,225,675		19,441,079	147,544,345	52
53 ANESTHESIOLOGY	4,124,142		4,170,349	56,544,668	53
54 RADIOLOGY-DIAGNOSTIC	30,804,479		31,149,612	303,375,428	54
55 RADIOLOGY-THERAPEUTIC	10,921,889		11,044,258	167,277,848	55
56 RADIOISOTOPE	5,393,031		5,453,455	63,525,089	56
57 CT SCAN	7,704,892		7,791,218	264,384,580	57
58 MRI	14,005,842		14,162,763	217,534,546	58
59 CARDIAC CATHETERIZATION	2,622,490		2,651,872	53,833,427	59
59.01 VASCULAR LAB	1,322,635		1,337,454	29,350,854	59.01
59.02 CARDIAC GRAPHICS	5,411,630		5,472,262	138,590,794	59.02
59.03 PULMONARY FUNCTION	739,924		748,214	11,112,361	59.03
59.04 EPS	4,197,548		4,244,577	30,784,406	59.04
59.05 GI	9,598,709		9,706,253	89,950,666	59.05
60 LABORATORY	46,303,411		46,822,194	690,601,217	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	12,183,621		12,320,126	67,721,078	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	5,581,876		5,644,415	37,671,482	63
63.01 CELL THERAPY LAB					63.01
65 RESPIRATORY THERAPY	5,191,613		5,249,780	134,425,215	65
66 PHYSICAL THERAPY	1,304,548		1,319,164	10,448,351	66
67 OCCUPATIONAL THERAPY	557,057		563,298	5,198,746	67
70 ELECTROENCEPHALOGRAPHY	3,185,449		3,221,139	38,818,109	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	41,974,455		42,444,737	160,607,068	71
72 IMPL. DEV. CHARGED TO PATIENTS	54,096,781		54,702,881	165,763,947	72
73 DRUGS CHARGED TO PATIENTS	53,021,059		53,615,107	277,457,220	73
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION	325,526		329,173	2,814,374	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	2,710,961		2,741,335	5,137,175	90
90.01 PSYCH CLINIC	6,963,479		7,041,498	10,244,417	90.01
90.02 TRANSPLANT CLINIC	937,062		947,561	5,398,140	90.02
90.03 OB CLINIC	1,427,341		1,443,333	2,227,064	90.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		DATA PROCESSING ACCUM COST	RECON- CILIATION	PURCH REC STORES ACCUM COST	ADMITTING GROSS CHARGES	RECON- CILIATION
		5.02		5.03	5.04	
91	EMERGENCY	14,916,573		15,083,698	213,078,274	91
92	OBSERVATION BEDS (NON-DISTINCT PART)					92
92.01	OBSERVATION BEDS-DISTINCT	2,398,272		2,425,142	12,349,493	92.01
94	OTHER REIMBURSABLE COST CENTERS					94
	HOME PROGRAM DIALYSIS					
	SPECIAL PURPOSE COST CENTERS					
105	KIDNEY ACQUISITION	9,492,902		9,599,260	20,605,000	105
106	HEART ACQUISITION	1,647,337		1,665,794	2,704,800	106
107	LIVER ACQUISITION	5,707,795		5,771,745	11,130,000	107
109	PANCREAS ACQUISITION	1,696,049		1,715,052	2,688,000	109
116	HOSPICE	1,895,061		1,916,293	3,493,423	116
118	SUBTOTALS (SUM OF LINES 1-117)	1,052,958,165	-794,471	1,063,961,019	4,947,979,297	-219,256,346
	NONREIMBURSABLE COST CENTERS					
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	36,823		37,236		190
191	RESEARCH	2,140,786		2,164,771		191
191.01	SPONSERED PROJECT	5,221,786		5,280,291		191.01
194	REAL ESTATE	15,937,761		16,116,328		194
194.01	MARKETING, OTHER NON-REIMB	7,129,623		7,209,503		194.01
194.02	OTHER COMPANY WIDE ACTIVITY	51,325		51,900		194.02
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	COST TO BE ALLOC PER B PT I	12,139,250		794,471	22,168,671	202
203	UNIT COST MULT-WS B PT I	0.011204		0.000726	0.004480	203
204	COST TO BE ALLOC PER B PT II	1,362,078		115,427	353,064	204
205	UNIT COST MULT-WS B PT II	0.001257		0.000105	0.000071	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMIN +	OPERATION	LAUNDRY	HOUSE-	DIETARY
	GENERAL	OF PLANT	+ LINEN	KEEPING	
	ACCUM	SQUARE	SERVICE	SQUARE	MEALS
	COST	FEET	FEET	FEET	SERVED
	5.05	7	8	9	10
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5.01 NONPATIENT PHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING RECEIVING & STORES					5.03
5.04 ADMITTING					5.04
5.05 ADMINISTRATIVE & GENERAL	876,359,173				5.05
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT	71,352,857	1,609,787			7
8 LAUNDRY & LINEN SERVICE	3,080,873	572	1,609,215		8
9 HOUSEKEEPING	16,962,977	39,071	39,071	1,570,144	9
10 DIETARY	14,480,144	90,659	90,659	90,659	638,013 10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	24,579,332	54,591	54,591	54,591	13
14 CENTRAL SERVICES & SUPPLY	18,804,020	34,591	34,591	34,591	14
15 PHARMACY	17,644,548	15,463	15,463	15,463	15
16 MEDICAL RECORDS & LIBRARY	2,949,971	388	388	388	16
17 SOCIAL SERVICE	1,411,681				17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD	32,690,598				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	12,099,264	43,738	43,738	43,738	22
23 PARAMED ED PRGM-(SPECIFY)	540,084	165	165	165	23
23.01 PARAMED ED PRGM-(CHAPLAINCY)	127,477	275	275	275	23.01
23.02 PARAMED ED PRGM-(NM SCHL)	155,501	282	282	282	23.02
23.03 PARAMED ED PRGM-(RAD THER)	120,607	218	218	218	23.03
23.04 PARAMED ED PRGM-(NUCLEAR MED)	116,019	209	209	209	23.04
23.05 PARAMED ED PRGM-(SONOGRAPHY)	112,386	201	201	201	23.05
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	113,074,847	495,617	495,617	495,617	528,960 30
31 INTENSIVE CARE UNIT	30,116,726	100,337	100,337	100,337	80,886 31
35 SPECIAL CARE NURSERY	16,449,581	40,341	40,341	40,341	35
40 SUBPROVIDER - IPF	4,780,211	31,647	31,647	31,647	28,167 40
43 NURSERY	3,922,989				43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	40,224,096	145,364	145,364	145,364	50
51 RECOVERY ROOM	9,962,174	17,105	17,105	17,105	51
52 DELIVERY ROOM & LABOR ROOM	20,116,192	52,814	52,814	52,814	52
53 ANESTHESIOLOGY	4,426,697	1,799	1,799	1,799	53
54 RADIOLOGY-DIAGNOSTIC	32,531,349	98,639	98,639	98,639	54
55 RADIOLOGY-THERAPEUTIC	11,801,681	34,164	34,164	34,164	55
56 RADIOISOTOPE	5,742,006	18,116	18,116	18,116	56
57 CT SCAN	8,981,317	22,180	22,180	22,180	57
58 MRI	15,147,600	18,694	18,694	18,694	58
59 CARDIAC CATHETERIZATION	2,894,971	5,595	5,595	5,595	59
59.01 VASCULAR LAB	1,469,917	3,655	3,655	3,655	59.01
59.02 CARDIAC GRAPHICS	6,097,122	12,044	12,044	12,044	59.02
59.03 PULMONARY FUNCTION	798,540	5,016	5,016	5,016	59.03
59.04 EPS	4,385,573	7,884	7,884	7,884	59.04
59.05 GI	10,116,279	16,370	16,370	16,370	59.05
60 LABORATORY	49,950,080	57,967	57,967	57,967	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	12,632,460				62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	5,817,281	17,227	17,227	17,227	63
63.01 CELL THERAPY LAB					63.01
65 RESPIRATORY THERAPY	5,855,816	4,540	4,540	4,540	65
66 PHYSICAL THERAPY	1,366,931	5,993	5,993	5,993	66
67 OCCUPATIONAL THERAPY	586,997	1,658	1,658	1,658	67
70 ELECTROENCEPHALOGRAPHY	3,397,383	18,959	18,959	18,959	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	43,195,072				71
72 IMPL. DEV. CHARGED TO PATIENTS	55,485,217				72
73 DRUGS CHARGED TO PATIENTS	54,897,040				73
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION	342,020				76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	2,766,340	18,093	18,093	18,093	90
90.01 PSYCH CLINIC	7,092,505	623	623	623	90.01
90.02 TRANSPLANT CLINIC	972,433	15,523	15,523	15,523	90.02
90.03 OB CLINIC	1,454,358	3,878	3,878	3,878	90.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		ADMIN + GENERAL	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE- KEEPING	DIETARY
		ACCUM COST	SQUARE FEET	SQUARE FEET	SQUARE FEET	MEALS SERVED
		5.05	7	8	9	10
91	EMERGENCY	16,049,240	40,868	40,868	40,868	91
92	OBSERVATION BEDS (NON-DISTINCT PART)					92
92.01	OBSERVATION BEDS-DISTINCT	2,482,229				92.01
OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS SPECIAL PURPOSE COST CENTERS					94
105	KIDNEY ACQUISITION	9,698,539	4,989	4,989	4,989	105
106	HEART ACQUISITION	1,679,121	446	446	446	106
107	LIVER ACQUISITION	5,825,797	2,336	2,336	2,336	107
109	PANCREAS ACQUISITION	1,728,339	630	630	630	109
116	HOSPICE	1,933,335	3,041	3,041	3,041	116
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	845,476,740	1,604,575	1,604,003	1,564,932	638,013
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	37,263	1,728	1,728	1,728	190
191	RESEARCH	2,166,343	3,484	3,484	3,484	191
191.01	SPONSERED PROJECT	5,284,124				191.01
194	REAL ESTATE	16,128,028				194
194.01	MARKETING, OTHER NON-REIMB	7,214,737				194.01
194.02	OTHER COMPANY WIDE ACTIVITY	51,938				194.02
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	COST TO BE ALLOC PER B PT I	219,256,346	89,204,628	3,883,374	23,466,309	24,700,410
203	UNIT COST MULT-WS B PT I	0.250190	55.413932	2.413210	14.945323	38.714587
204	COST TO BE ALLOC PER B PT II	5,262,705	26,971,285	43,017	3,041,453	4,717,946
205	UNIT COST MULT-WS B PT II	0.006005	16.754568	0.026732	1.937054	7.394749

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	FTES	ADMINIS- TRATION DIRECT NRSING HRS	SERVICES & SUPPLY COSTED REQUIS.	COSTED REQUIS.	RECORDS + LIBRARY GROSS CHARGES	
	11	13	14	15	16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 ADMINISTRATIVE & GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	403,564					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	25,783	230,740				13
14 CENTRAL SERVICES & SUPPLY	12,886		16,098,017,497			14
15 PHARMACY	15,342	119	69,039,238	500,269,132		15
16 MEDICAL RECORDS & LIBRARY	2,705		1,267,189		4,947,979,297	16
17 SOCIAL SERVICE	1,576		1,117,527			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	1,924	198	20,489,484			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		31				22
23 PARAMED ED PRGM-(SPECIFY)	856					23
23.01 PARAMED ED PRGM-(CHAPLAINCY)	100					23.01
23.02 PARAMED ED PRGM-(NM SCHL)	137					23.02
23.03 PARAMED ED PRGM-(RAD THER)	89					23.03
23.04 PARAMED ED PRGM-(NUCLEAR MED)	92					23.04
23.05 PARAMED ED PRGM-(SONOGRAPHY)	83					23.05
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	117,487	100,041	738,489,096	77,402,032	438,073,950	30
31 INTENSIVE CARE UNIT	26,157	25,271	415,908,825	39,594,158	126,309,231	31
35 SPECIAL CARE NURSERY	14,138	13,711	109,390,009	256,681	86,916,561	35
40 SUBPROVIDER - IPF	4,528	1,422	3,695,027	13,640	18,744,117	40
43 NURSERY					25,581,497	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	25,271	23,206	7,021,688,914	24,139,158	735,106,112	50
51 RECOVERY ROOM	7,899	7,682	31,781,674	23,110,296	62,856,224	51
52 DELIVERY ROOM & LABOR ROOM	17,734	16,052	303,131,778	22,633,077	147,544,345	52
53 ANESTHESIOLOGY	1,940		233,859,780	31,377,531	56,544,668	53
54 RADIOLOGY-DIAGNOSTIC	22,399	4,889	1,045,685,317	12,743,799	303,375,428	54
55 RADIOLOGY-THERAPEUTIC	5,651	809	32,973,309	762,991	167,277,848	55
56 RADIOISOTOPE	2,019	167	441,721,697	308,993	63,525,089	56
57 CT SCAN	5,819	1,696	128,777,830	75,020	264,384,580	57
58 MRI	7,539	2,431	115,175,365	76,491,907	217,534,546	58
59 CARDIAC CATHETERIZATION	1,745	1,304	490,919,832	126,080	53,833,427	59
59.01 VASCULAR LAB	1,075	212	1,325,500	771	29,350,854	59.01
59.02 CARDIAC GRAPHICS	4,370	1,243	25,412,081	82,881,815	138,590,794	59.02
59.03 PULMONARY FUNCTION	495	127	9,851,737	692,814	11,112,361	59.03
59.04 EPS	1,258	824	958,205,703	1,442,147	30,784,406	59.04
59.05 GI	5,901	4,025	285,759,786	2,680,628	89,950,666	59.05
60 LABORATORY	24,863	4	1,453,956,945	5,711,416	690,601,217	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS			1,354,096,500	8,187,084	67,721,078	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	3,552	1,199	430,444,010	13,086,953	37,671,482	63
63.01 CELL THERAPY LAB						63.01
65 RESPIRATORY THERAPY	3,694	100	46,800,941	4,509,649	134,425,215	65
66 PHYSICAL THERAPY	586	60	46,800,941	28,858	10,448,351	66
67 OCCUPATIONAL THERAPY	426	59	4,602,589		5,198,746	67
70 ELECTROENCEPHALOGRAPHY	2,800		19,672,755		38,818,109	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					160,607,068	71
72 IMPL. DEV. CHARGED TO PATIENTS					165,763,947	72
73 DRUGS CHARGED TO PATIENTS					277,457,220	73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION	329	64	798,817		2,814,374	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,586	1,189	5,716,224	10,706,130	5,137,175	90
90.01 PSYCH CLINIC	6,661	1,347	4,505,316	15,576,787	10,244,417	90.01
90.02 TRANSPLANT CLINIC	811	347	11,680,775	2,255,329	5,398,140	90.02
90.03 OB CLINIC	1,342	1,276	5,172,798	285,733	2,227,064	90.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAFETERIA	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY GROSS CHARGES	
		FTEs	13	14	15	16	
91	EMERGENCY	14,836	13,899	201,509,820	26,095,806	213,078,274	91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01	OBSERVATION BEDS-DISTINCT	2,624	2,366	11,660,134	2,135,975	12,349,493	92.01
94	OTHER REIMBURSABLE COST CENTERS						94
	HOME PROGRAM DIALYSIS						
	SPECIAL PURPOSE COST CENTERS						
105	KIDNEY ACQUISITION	936	861	207,385	329,046	20,605,000	105
106	HEART ACQUISITION	310	13	60,752		2,704,800	106
107	LIVER ACQUISITION	694	587	193,974	329,001	11,130,000	107
109	PANCREAS ACQUISITION					2,688,000	109
116	HOSPICE	1,145	1,671	13,958,364	14,178,979	3,493,423	116
118	SUBTOTALS (SUM OF LINES 1-117)	403,193	230,502	16,097,505,738	500,150,284	4,947,979,297	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191	RESEARCH			511,759	118,848		191
191.01	SPONSERED PROJECT	371	238				191.01
194	REAL ESTATE						194
194.01	MARKETING, OTHER NON-REIMB						194.01
194.02	OTHER COMPANY WIDE ACTIVITY						194.02
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I		34,701,557	26,025,870	23,313,851	3,718,309	202
203	UNIT COST MULT-WS B PT I		150.392463	0.001617	0.046603	0.000751	203
204	COST TO BE ALLOC PER B PT II		2,844,863	3,918,783	1,379,950	102,762	204
205	UNIT COST MULT-WS B PT II		12.329301	0.000243	0.002758	0.000021	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION PHARMACY PATIENT DAYS	PARAMED EDUCATION CHAPLAINCY PATIENT DAYS	
	TIME SPENT	21	22	23	23.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 ADMINISTRATIVE & GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE	10,000					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD		8,887				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD			8,887			22
23 PARAMED ED PRGM-(SPECIFY)				231,449		23
23.01 PARAMED ED PRGM-(CHAPLAINCY)					231,449	23.01
23.02 PARAMED ED PRGM-(NM SCHL)						23.02
23.03 PARAMED ED PRGM-(RAD THER)						23.03
23.04 PARAMED ED PRGM-(NUCLEAR MED)						23.04
23.05 PARAMED ED PRGM-(SONOGRAPHY)						23.05
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	5,895	2,308	2,308	176,320	176,320	30
31 INTENSIVE CARE UNIT	870	979	979	26,962	26,962	31
35 SPECIAL CARE NURSERY	801	54	54			35
40 SUBPROVIDER - IPF		271	271	28,167	28,167	40
43 NURSERY	1					43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		2,223	2,223			50
51 RECOVERY ROOM	5	103	103			51
52 DELIVERY ROOM & LABOR ROOM	98	367	367			52
53 ANESTHESIOLOGY		15	15			53
54 RADIOLOGY-DIAGNOSTIC		674	674			54
55 RADIOLOGY-THERAPEUTIC	400	215	215			55
56 RADIOISOTOPE		29	29			56
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION		58	58			59
59.01 VASCULAR LAB						59.01
59.02 CARDIAC GRAPHICS		89	89			59.02
59.03 PULMONARY FUNCTION		33	33			59.03
59.04 EPS						59.04
59.05 GI		56	56			59.05
60 LABORATORY		549	549			60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		42	42			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
63.01 CELL THERAPY LAB						63.01
65 RESPIRATORY THERAPY		29	29			65
66 PHYSICAL THERAPY		2	2			66
67 OCCUPATIONAL THERAPY		3	3			67
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		24	24			71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION		1	1			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		156	156			90
90.01 PSYCH CLINIC	950	50	50			90.01
90.02 TRANSPLANT CLINIC		50	50			90.02
90.03 OB CLINIC	100	172	172			90.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		SOCIAL SERVICE	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION PHARMACY PATIENT DAYS	PARAMED EDUCATION CHAPLAINCY PATIENT DAYS	
		TIME SPENT	TIME	TIME	DAYS	DAYS	
		17	21	22	23	23.01	
91	EMERGENCY	800	306	306			91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01	OBSERVATION BEDS-DISTINCT	26					92.01
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS SPECIAL PURPOSE COST CENTERS						94
105	KIDNEY ACQUISITION						105
106	HEART ACQUISITION						106
107	LIVER ACQUISITION						107
109	PANCREAS ACQUISITION						109
116	HOSPICE						116
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	9,946	8,858	8,858	231,449	231,449	118
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191	RESEARCH	54	29	29			191
191.01	SPONSERED PROJECT						191.01
194	REAL ESTATE						194
194.01	MARKETING, OTHER NON-REIMB						194.01
194.02	OTHER COMPANY WIDE ACTIVITY						194.02
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	1,766,676	40,932,368	18,313,964	687,215	179,383	202
203	UNIT COST MULT-WS B PT I	176.667600	4,605.870147	2,060.758861	2.969185	0.775043	203
204	COST TO BE ALLOC PER B PT II	35,656	247,764	1,868,085	11,495	11,550	204
205	UNIT COST MULT-WS B PT II	3.565600	27.879374	210.204231	0.049665	0.049903	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED	PARAMED	PARAMED	PARAMED	
	EDUCATION SCHOOLS PATIENT DAYS 23.02	EDUCATION SCHOOLS PATIENT DAYS 23.03	EDUCATION SCHOOLS PATIENT DAYS 23.04	EDUCATION SCHOOLS PATIENT DAYS 23.05	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5.01 NONPATIENT PHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING RECEIVING & STORES					5.03
5.04 ADMITTING					5.04
5.05 ADMINISTRATIVE & GENERAL					5.05
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMED ED PRGM-(CHAPLAINCY)					23.01
23.02 PARAMED ED PRGM-(NM SCHL)	231,449				23.02
23.03 PARAMED ED PRGM-(RAD THER)		231,449			23.03
23.04 PARAMED ED PRGM-(NUCLEAR MED)			231,449		23.04
23.05 PARAMED ED PRGM-(SONOGRAPHY)				231,449	23.05
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	176,320	176,320	176,320	176,320	30
31 INTENSIVE CARE UNIT	26,962	26,962	26,962	26,962	31
35 SPECIAL CARE NURSERY					35
40 SUBPROVIDER - IPF	28,167	28,167	28,167	28,167	40
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
57 CT SCAN					57
58 MRI					58
59 CARDIAC CATHETERIZATION					59
59.01 VASCULAR LAB					59.01
59.02 CARDIAC GRAPHICS					59.02
59.03 PULMONARY FUNCTION					59.03
59.04 EPS					59.04
59.05 GI					59.05
60 LABORATORY					60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS					62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.					63
63.01 CELL THERAPY LAB					63.01
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENTS					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.01 PSYCH CLINIC					90.01
90.02 TRANSPLANT CLINIC					90.02
90.03 OB CLINIC					90.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED EDUCATION SCHOOLS PATIENT DAYS 23.02	PARAMED EDUCATION SCHOOLS PATIENT DAYS 23.03	PARAMED EDUCATION SCHOOLS PATIENT DAYS 23.04	PARAMED EDUCATION SCHOOLS PATIENT DAYS 23.05	
91 EMERGENCY					91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
92.01 OBSERVATION BEDS-DISTINCT					92.01
94 OTHER REIMBURSABLE COST CENTERS					94
94 HOME PROGRAM DIALYSIS					94
SPECIAL PURPOSE COST CENTERS					
105 KIDNEY ACQUISITION					105
106 HEART ACQUISITION					106
107 LIVER ACQUISITION					107
109 PANCREAS ACQUISITION					109
116 HOSPICE					116
118 SUBTOTALS (SUM OF LINES 1-117)	231,449	231,449	231,449	231,449	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					190
191 RESEARCH					191
191.01 SPONSERED PROJECT					191.01
194 REAL ESTATE					194
194.01 MARKETING, OTHER NON-REIMB					194.01
194.02 OTHER COMPANY WIDE ACTIVITY					194.02
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	214,929	166,646	160,256	155,131	202
203 UNIT COST MULT-WS B PT I	0.928624	0.720012	0.692403	0.670260	203
204 COST TO BE ALLOC PER B PT II	11,908	9,245	8,861	8,505	204
205 UNIT COST MULT-WS B PT II	0.051450	0.039944	0.038285	0.036747	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	220,319,118		220,319,118	375,991	220,695,109	30
31 INTENSIVE CARE UNIT	54,833,872		54,833,872	218,857	55,052,729	31
35 SPECIAL CARE NURSERY	25,958,477		25,958,477	49,197	26,007,674	35
40 SUBPROVIDER - IPF	9,794,507		9,794,507	146,367	9,940,874	40
43 NURSERY	4,923,871		4,923,871		4,923,871	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	77,385,112		77,385,112	72,275	77,457,387	50
51 RECOVERY ROOM	16,031,186		16,031,186	34,284	16,065,470	51
52 DELIVERY ROOM & LABOR ROOM	33,079,618		33,079,618	120,902	33,200,520	52
53 ANESTHESIOLOGY	7,548,033		7,548,033	77,758	7,625,791	53
54 RADIOLOGY-DIAGNOSTIC	51,096,447		51,096,447	311,167	51,407,614	54
55 RADIOLOGY-THERAPEUTIC	17,647,380		17,647,380	81,475	17,728,855	55
56 RADIOISOTOPE	9,298,431		9,298,431		9,298,431	56
57 CT SCAN	13,507,795		13,507,795		13,507,795	57
58 MRI	24,577,750		24,577,750		24,577,750	58
59 CARDIAC CATHETERIZATION	5,062,660		5,062,660	115,032	5,177,692	59
59.01 VASCULAR LAB	2,159,763		2,159,763	28,404	2,188,167	59.01
59.02 CARDIAC GRAPHICS	12,693,493		12,693,493	191,035	12,884,528	59.02
59.03 PULMONARY FUNCTION	1,439,016		1,439,016	4,089	1,443,105	59.03
59.04 EPS	7,820,207		7,820,207	93,138	7,913,345	59.04
59.05 GI	15,098,438		15,098,438	102,167	15,200,605	59.05
60 LABORATORY	69,801,954		69,801,954		69,801,954	60
62 WHOLE BLOOD & PACKED RED BL	18,414,951		18,414,951		18,414,951	62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	10,040,889		10,040,889	26,876	10,067,765	63
63.01 CELL THERAPY LAB						63.01
65 RESPIRATORY THERAPY	8,053,102		8,053,102		8,053,102	65
66 PHYSICAL THERAPY	2,238,941		2,238,941	46,669	2,285,610	66
67 OCCUPATIONAL THERAPY	874,733		874,733		874,733	67
70 ELECTROENCEPHALOGRAPHY	5,688,030		5,688,030	51,836	5,739,866	70
71 MEDICAL SUPPLIES CHARGED TO	54,122,663		54,122,663		54,122,663	71
72 IMPL. DEV. CHARGED TO PATIE	69,491,552		69,491,552		69,491,552	72
73 DRUGS CHARGED TO PATIENTS	68,840,100		68,840,100		68,840,100	73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION	440,621		440,621		440,621	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	5,465,979		5,465,979	3,281	5,469,260	90
90.01 PSYCH CLINIC	10,023,633		10,023,633	500,962	10,524,595	90.01
90.02 TRANSPLANT CLINIC	2,525,605		2,525,605		2,525,605	90.02
90.03 OB CLINIC	2,333,356		2,333,356	24,962	2,358,318	90.03
91 EMERGENCY	26,972,309		26,972,309	114,040	27,086,349	91
92 OBSERVATION BEDS (NON-DISTI	14,084,916		14,084,916		14,084,916	92
92.01 OBSERVATION BEDS-DISTINCT	3,591,351		3,591,351		3,591,351	92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
105 KIDNEY ACQUISITION	12,648,710		12,648,710		12,648,710	105
106 HEART ACQUISITION	2,135,761		2,135,761		2,135,761	106
107 LIVER ACQUISITION	7,565,634		7,565,634		7,565,634	107
109 PANCREAS ACQUISITION	2,208,618		2,208,618		2,208,618	109
116 HOSPICE	3,575,622		3,575,622		3,575,622	116
200 SUBTOTAL (SEE INSTRUCTIONS)	1,011,414,204		1,011,414,204	2,790,764	1,014,204,968	200
201 LESS OBSERVATION BEDS	14,084,916		14,084,916		14,084,916	201
202 TOTAL (SEE INSTRUCTIONS)	997,329,288		997,329,288		1,000,120,052	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	438,073,950		438,073,950			30
31 INTENSIVE CARE UNIT	126,309,231		126,309,231			31
35 SPECIAL CARE NURSERY	86,916,561		86,916,561			35
40 SUBPROVIDER - IPF	18,744,117		18,744,117			40
43 NURSERY	25,581,497		25,581,497			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	427,297,181	307,808,931	735,106,112	0.105271	0.105271	0.105369 50
51 RECOVERY ROOM	25,308,671	37,547,553	62,856,224	0.255045	0.255045	0.255591 51
52 DELIVERY ROOM & LABOR ROOM	139,337,240	8,207,105	147,544,345	0.224201	0.224201	0.225021 52
53 ANESTHESIOLOGY	32,013,705	24,530,963	56,544,668	0.133488	0.133488	0.134863 53
54 RADIOLOGY-DIAGNOSTIC	103,140,935	200,234,493	303,375,428	0.168426	0.168426	0.169452 54
55 RADIOLOGY-THERAPEUTIC	8,007,485	159,278,363	167,277,848	0.105497	0.105497	0.105984 55
56 RADIOISOTOPE	7,891,263	55,633,826	63,525,089	0.146374	0.146374	0.146374 56
57 CT SCAN	77,345,856	187,038,724	264,384,580	0.051091	0.051091	0.051091 57
58 MRI	43,090,147	174,444,399	217,534,546	0.112983	0.112983	0.112983 58
59 CARDIAC CATHETERIZATION	25,816,189	28,017,238	53,833,427	0.094043	0.094043	0.096180 59
59.01 VASCULAR LAB	13,371,890	15,978,964	29,350,854	0.073584	0.073584	0.074552 59.01
59.02 CARDIAC GRAPHICS	52,415,081	86,175,713	138,590,794	0.091590	0.091590	0.092968 59.02
59.03 PULMONARY FUNCTION	2,310,436	8,801,925	11,112,361	0.129497	0.129497	0.129865 59.03
59.04 EPS	7,705,802	23,078,604	30,784,406	0.254031	0.254031	0.257057 59.04
59.05 GI	10,476,883	79,473,783	89,950,666	0.167852	0.167852	0.168988 59.05
60 LABORATORY	270,783,950	419,817,267	690,601,217	0.101074	0.101074	0.101074 60
62 WHOLE BLOOD & PACKED RED BL	60,644,734	7,076,344	67,721,078	0.271923	0.271923	0.271923 62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	23,132,233	14,539,249	37,671,482	0.266538	0.266538	0.267252 63
63.01 CELL THERAPY LAB						63.01
65 RESPIRATORY THERAPY	131,532,792	2,892,423	134,425,215	0.059908	0.059908	0.059908 65
66 PHYSICAL THERAPY	9,692,348	756,003	10,448,351	0.214287	0.214287	0.218753 66
67 OCCUPATIONAL THERAPY	4,980,449	218,297	5,198,746	0.168258	0.168258	0.168258 67
70 ELECTROENCEPHALOGRAPHY	18,532,140	20,285,969	38,818,109	0.146530	0.146530	0.147866 70
71 MEDICAL SUPPLIES CHARGED TO	97,344,132	63,262,936	160,607,068	0.336988	0.336988	0.336988 71
72 IMPL. DEV. CHARGED TO PATIE	106,153,697	59,610,250	165,763,947	0.419220	0.419220	0.419220 72
73 DRUGS CHARGED TO PATIENTS	206,311,443	71,145,777	277,457,220	0.248111	0.248111	0.248111 73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION	2,640	2,811,734	2,814,374	0.156561	0.156561	0.156561 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	147,129	4,990,046	5,137,175	1.064005	1.064005	1.064644 90
90.01 PSYCH CLINIC	342,959	9,901,458	10,244,417	0.978448	0.978448	1.027349 90.01
90.02 TRANSPLANT CLINIC	219,171	5,178,969	5,398,140	0.467866	0.467866	0.467866 90.02
90.03 OB CLINIC	22,818	2,204,246	2,227,064	1.047727	1.047727	1.058936 90.03
91 EMERGENCY	64,328,391	148,749,883	213,078,274	0.126584	0.126584	0.127119 91
92 OBSERVATION BEDS (NON-DISTI		29,418,753	29,418,753	0.478773	0.478773	0.478773 92
92.01 OBSERVATION BEDS-DISTINCT	2,074,480	10,275,013	12,349,493	0.290810	0.290810	0.290810 92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
105 KIDNEY ACQUISITION	20,605,000		20,605,000			105
106 HEART ACQUISITION	2,704,800		2,704,800			106
107 LIVER ACQUISITION	11,130,000		11,130,000			107
109 PANCREAS ACQUISITION	2,688,000		2,688,000			109
116 HOSPICE		3,493,423	3,493,423			116
200 SUBTOTAL (SEE INSTRUCTIONS)	2,704,527,426	2,272,870,624	4,977,398,050			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	2,704,527,426	2,272,870,624	4,977,398,050			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.3 ÷ COL.4)		(COL.5 x COL.6)	
	1	2	4	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	28,763,371		188,340	152.72	57,033	8,710,080	30
31 INTENSIVE CARE UNIT	5,803,248		26,962	215.24	12,820	2,759,377	31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 SPECIAL CARE NURSERY	3,177,902		20,738	153.24			35
40 SUBPROVIDER - IPF	1,465,747		9,389	156.11	2,624	409,633	40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY	31,046		26,499	1.17			43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	39,241,314		271,928		72,477	11,879,090	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT	CAPITAL	
	COST	CHARGES	COST TO			
	(FROM WKST	(FROM WKST	CHARGES	PROGRAM	(COL. 3 x	
	B, PT. II,	C, PT. I,	(COL.1 +	CHARGES	COL.4)	
	COL. 26)	COL. 8)	COL.2)			
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	12,688,787	735,106,112	0.017261	146,075,827	2,521,415	50
51 RECOVERY ROOM	1,550,163	62,856,224	0.024662	8,272,184	204,009	51
52 DELIVERY ROOM & LABOR ROOM	3,545,609	147,544,345	0.024031	209,855	5,043	52
53 ANESTHESIOLOGY	922,954	56,544,668	0.016323	10,819,678	176,610	53
54 RADIOLOGY-DIAGNOSTIC	7,815,768	303,375,428	0.025763	39,219,465	1,010,411	54
55 RADIOLOGY-THERAPEUTIC	4,634,950	167,277,848	0.027708	2,203,577	61,057	55
56 RADIOISOTOPE	1,436,291	63,525,089	0.022610	3,115,759	70,447	56
57 CT SCAN	1,229,573	264,384,580	0.004651	29,678,476	138,035	57
58 MRI	5,224,934	217,534,546	0.024019	15,602,056	374,746	58
59 CARDIAC CATHETERIZATION	862,703	53,833,427	0.016025	11,974,981	191,899	59
59.01 VASCULAR LAB	280,423	29,350,854	0.009554	5,846,574	55,858	59.01
59.02 CARDIAC GRAPHICS	1,207,582	138,590,794	0.008713	23,054,829	200,877	59.02
59.03 PULMONARY FUNCTION	275,763	11,112,361	0.024816	1,089,332	27,033	59.03
59.04 EPS	2,960,913	30,784,406	0.096182	3,705,902	356,441	59.04
59.05 GI	1,893,509	89,950,666	0.021051	4,401,587	92,658	59.05
60 LABORATORY	4,559,799	690,601,217	0.006603	101,335,213	669,116	60
62 WHOLE BLOOD & PACKED RED BLOO	450,322	67,721,078	0.006650	22,135,029	147,198	62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	1,143,486	37,671,482	0.030354	7,423,801	225,342	63
63.01 CELL THERAPY LAB						63.01
65 RESPIRATORY THERAPY	706,916	134,425,215	0.005259	46,017,363	242,005	65
66 PHYSICAL THERAPY	277,786	10,448,351	0.026587	3,941,516	104,793	66
67 OCCUPATIONAL THERAPY	278,715	5,198,746	0.053612	2,094,644	112,298	67
70 ELECTROENCEPHALOGRAPHY	946,208	38,818,109	0.024375	6,108,050	148,884	70
71 MEDICAL SUPPLIES CHARGED TO P	331,381	160,607,068	0.002063	30,389,995	62,695	71
72 IMPL. DEV. CHARGED TO PATIENT	422,183	165,763,947	0.002547	45,475,592	115,826	72
73 DRUGS CHARGED TO PATIENTS	427,460	277,457,220	0.001541	68,863,700	106,119	73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION	4,804	2,814,374	0.001707	1,584	3	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	893,548	5,137,175	0.173938	44,893	7,809	90
90.01 PSYCH CLINIC	317,627	10,244,417	0.031005	10,133	314	90.01
90.02 TRANSPLANT CLINIC	371,558	5,398,140	0.068831	136,536	9,398	90.02
90.03 OB CLINIC	417,444	2,227,064	0.187441	1,648	309	90.03
91 EMERGENCY	2,146,414	213,078,274	0.010073	24,973,120	251,554	91
92 OBSERVATION BEDS (NON-DISTINC	1,835,701	29,418,753	0.062399			92
92.01 OBSERVATION BEDS-DISTINCT	230,445	12,349,493	0.018660	366,296	6,835	92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)	62,291,719	4,241,151,471		664,589,195	7,697,037	200

PROVIDER CCN: 14-0281 NORTHWESTERN MEMORIAL HOSPITAL
 PERIOD FROM 09/01/2012 TO 08/31/2013

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

VERSION: 2013.11
 01/30/2014 14:32

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS		1,191,132			1,191,132	30
31 INTENSIVE CARE UNIT		182,144			182,144	31
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 SPECIAL CARE NURSERY						35
40 SUBPROVIDER - IPF		190,284			190,284	40
41 SUBPROVIDER - IRF						41
42 SUBPROVIDER I						42
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		1,563,560			1,563,560	200

PROVIDER CCN: 14-0281 NORTHWESTERN MEMORIAL HOSPITAL
 PERIOD FROM 09/01/2012 TO 08/31/2013

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

VERSION: 2013.11
 01/30/2014 14:32

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	188,340	6.32	57,033	360,449	30
31 INTENSIVE CARE UNIT	26,962	6.76	12,820	86,663	31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 SPECIAL CARE NURSERY	20,738				35
40 SUBPROVIDER - IPF	9,389	20.27	2,624	53,188	40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	26,499				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	271,928		72,477	500,300	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	(SUM OF COLS.1-4) 5
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION						59
59.01 VASCULAR LAB						59.01
59.02 CARDIAC GRAPHICS						59.02
59.03 PULMONARY FUNCTION						59.03
59.04 EPS						59.04
59.05 GI						59.05
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
63.01 CELL THERAPY LAB						63.01
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
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
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 PSYCH CLINIC						90.01
90.02 TRANSPLANT CLINIC						90.02
90.03 OB CLINIC						90.03
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINC			76,016		76,016	76,016
92.01 OBSERVATION BEDS-DISTINCT						92
OTHER REIMBURSABLE COST CENTERS						92.01
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)			76,016		76,016	76,016

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[XX] HOSPITAL (14-0281) [] IPF [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[XX] PPS [] TEFRA							
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13					
ANCILLARY SERVICE COST CENTERS												
50	OPERATING ROOM	735,106,112			146,075,827	63,197,996		50				
51	RECOVERY ROOM	62,856,224			8,272,184	7,114,956		51				
52	DELIVERY ROOM & LABOR ROOM	147,544,345			209,855	21,927		52				
53	ANESTHESIOLOGY	56,544,668			10,819,678	5,442,581		53				
54	RADIOLOGY-DIAGNOSTIC	303,375,428			39,219,465	45,774,610		54				
55	RADIOLOGY-THERAPEUTIC	167,277,848			2,203,577	48,434,727		55				
56	RADIOISOTOPE	63,525,089			3,115,759	20,406,755		56				
57	CT SCAN	264,384,580			29,678,476	56,995,523		57				
58	MRI	217,534,546			15,602,056	45,350,537		58				
59	CARDIAC CATHETERIZATION	53,833,427			11,974,981	11,492,564		59				
59.01	VASCULAR LAB	29,350,854			5,846,574	5,853,316		59.01				
59.02	CARDIAC GRAPHICS	138,590,794			23,054,829	25,548,564		59.02				
59.03	PULMONARY FUNCTION	11,112,361			1,089,332	3,010,881		59.03				
59.04	EPS	30,784,406			3,705,902	8,066,995		59.04				
59.05	GI	89,950,666			4,401,587	19,229,038		59.05				
60	LABORATORY	690,601,217			101,335,213	21,065,767		60				
62	WHOLE BLOOD & PACKED RED BLO	67,721,078			22,135,029	2,859,880		62				
62.30	BLOOD CLOTTING FOR HEMOPHILI							62.30				
63	BLOOD STORING, PROCESSING &	37,671,482			7,423,801	4,067,652		63				
63.01	CELL THERAPY LAB							63.01				
65	RESPIRATORY THERAPY	134,425,215			46,017,363	670,649		65				
66	PHYSICAL THERAPY	10,448,351			3,941,516	3,617		66				
67	OCCUPATIONAL THERAPY	5,198,746			2,094,644			67				
70	ELECTROENCEPHALOGRAPHY	38,818,109			6,108,050	4,833,200		70				
71	MEDICAL SUPPLIES CHARGED TO	160,607,068			30,389,995	15,608,749		71				
72	IMPL. DEV. CHARGED TO PATIEN	165,763,947			45,475,592	23,555,466		72				
73	DRUGS CHARGED TO PATIENTS	277,457,220			68,863,700	22,491,386		73				
74	RENAL DIALYSIS							74				
76.97	CARDIAC REHABILITATION	2,814,374			1,584	1,180,513		76.97				
76.98	HYPERBARIC OXYGEN THERAPY							76.98				
76.99	LITHOTRIPSY							76.99				
OUTPATIENT SERVICE COST CENTERS												
90	CLINIC	5,137,175			44,893	1,260,957		90				
90.01	PSYCH CLINIC	10,244,417			10,133	2,299,923		90.01				
90.02	TRANSPLANT CLINIC	5,398,140			136,536	2,131,851		90.02				
90.03	OB CLINIC	2,227,064			1,648	48,574		90.03				
91	EMERGENCY	213,078,274			24,973,120	25,076,702		91				
92	OBSERVATION BEDS (NON-DISTIN	29,418,753	0.002584	0.002584				92				
92.01	OBSERVATION BEDS-DISTINCT	12,349,493			366,296	2,598,516		92.01				
OTHER REIMBURSABLE COST CENTERS												
94	HOME PROGRAM DIALYSIS							94				
200	TOTAL (SUM OF LINES 50-199)	4,241,151,471			664,589,195	495,694,372		200				

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.105271	63,197,996	40,486		6,652,916	4,262		50
51 RECOVERY ROOM	0.255045	7,114,956			1,814,634			51
52 DELIVERY ROOM & LABOR ROOM	0.224201	21,927			4,916			52
53 ANESTHESIOLOGY	0.133488	5,442,581		12	726,519	2		53
54 RADIOLOGY-DIAGNOSTIC	0.168426	45,774,610	1,000		7,709,634	168		54
55 RADIOLOGY-THERAPEUTIC	0.105497	48,434,727			5,109,718			55
56 RADIOISOTOPE	0.146374	20,406,755		5	2,987,018	1		56
57 CT SCAN	0.051091	56,995,523			2,911,958			57
58 MRI	0.112983	45,350,537			5,123,840			58
59 CARDIAC CATHETERIZATION	0.094043	11,492,564		8	1,080,795	1		59
59.01 VASCULAR LAB	0.073584	5,853,316			430,710			59.01
59.02 CARDIAC GRAPHICS	0.091590	25,548,564		18	2,339,993	2		59.02
59.03 PULMONARY FUNCTION	0.129497	3,010,881		379	389,900	49		59.03
59.04 EPS	0.254031	8,066,995	1,964		2,049,267	499		59.04
59.05 GI	0.167852	19,229,038		14	3,227,632	2		59.05
60 LABORATORY	0.101074	21,065,767	37,738		2,129,201	3,814		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.271923	2,859,880			777,667			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63 BLOOD STORING, PROCESSING & TRA	0.266538	4,067,652	27		1,084,184	7		63
63.01 CELL THERAPY LAB								63.01
65 RESPIRATORY THERAPY	0.059908	670,649	521		40,177	31		65
66 PHYSICAL THERAPY	0.214287	3,617			775			66
67 OCCUPATIONAL THERAPY	0.168258							67
70 ELECTROENCEPHALOGRAPHY	0.146530	4,833,200			708,209			70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.336988	15,608,749	14,111		5,259,961	4,755		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.419220	23,555,466			9,874,922			72
73 DRUGS CHARGED TO PATIENTS	0.248111	22,491,386	34,867		5,580,360	8,651		73
74 RENAL DIALYSIS								74
76.97 CARDIAC REHABILITATION	0.156561	1,180,513			184,822			76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	1.064005	1,260,957	113		1,341,665	120		90
90.01 PSYCH CLINIC	0.978448	2,299,923			2,250,355			90.01
90.02 TRANSPLANT CLINIC	0.467866	2,131,851	518		997,421	242		90.02
90.03 OB CLINIC	1.047727	48,574	3		50,892	3		90.03
91 EMERGENCY	0.126584	25,076,702	128		3,174,309	16		91
92 OBSERVATION BEDS (NON-DISTINCT	0.478773							92
92.01 OBSERVATION BEDS-DISTINCT	0.290810	2,598,516			755,674			92.01
OTHER REIMBURSABLE COST CENTERS								
94 HOME PROGRAM DIALYSIS								94
200 SUBTOTAL (SEE INSTRUCTIONS)		495,694,372	131,912		76,770,044	22,625		200
201 LESS BPB CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		495,694,372	131,912		76,770,044	22,625		202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [XX] IPF (14-S281) [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 + COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	12,688,787	735,106,112	0.017261	976	17	50
51	RECOVERY ROOM	1,550,163	62,856,224	0.024662	400,195	9,870	51
52	DELIVERY ROOM & LABOR ROOM	3,545,609	147,544,345	0.024031			52
53	ANESTHESIOLOGY	922,954	56,544,668	0.016323	33,400	545	53
54	RADIOLOGY-DIAGNOSTIC	7,815,768	303,375,428	0.025763	23,721	611	54
55	RADIOLOGY-THERAPEUTIC	4,634,950	167,277,848	0.027708			55
56	RADIOISOTOPE	1,436,291	63,525,089	0.022610	12,700	287	56
57	CT SCAN	1,229,573	264,384,580	0.004651	70,546	328	57
58	MRI	5,224,934	217,534,546	0.024019	71,150	1,709	58
59	CARDIAC CATHETERIZATION	862,703	53,833,427	0.016025			59
59.01	VASCULAR LAB	280,423	29,350,854	0.009554	1,321	13	59.01
59.02	CARDIAC GRAPHICS	1,207,582	138,590,794	0.008713	72,288	630	59.02
59.03	PULMONARY FUNCTION	275,763	11,112,361	0.024816	250	6	59.03
59.04	EPS	2,960,913	30,784,406	0.096182	3,582	345	59.04
59.05	GI	1,893,509	89,950,666	0.021051	2,049	43	59.05
60	LABORATORY	4,559,799	690,601,217	0.006603	449,557	2,968	60
62	WHOLE BLOOD & PACKED RED BLOO	450,322	67,721,078	0.006650			62
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63	BLOOD STORING, PROCESSING & T	1,143,486	37,671,482	0.030354			63
63.01	CELL THERAPY LAB						63.01
65	RESPIRATORY THERAPY	706,916	134,425,215	0.005259	20,931	110	65
66	PHYSICAL THERAPY	277,786	10,448,351	0.026587	5,984	159	66
67	OCCUPATIONAL THERAPY	278,715	5,198,746	0.053612			67
70	ELECTROENCEPHALOGRAPHY	946,208	38,818,109	0.024375	14,650	357	70
71	MEDICAL SUPPLIES CHARGED TO P	331,381	160,607,068	0.002063	61,034	126	71
72	IMPL. DEV. CHARGED TO PATIENT	422,183	165,763,947	0.002547			72
73	DRUGS CHARGED TO PATIENTS	427,460	277,457,220	0.001541	262,272	404	73
74	RENAL DIALYSIS						74
76.97	CARDIAC REHABILITATION	4,804	2,814,374	0.001707			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	893,548	5,137,175	0.173938			90
90.01	PSYCH CLINIC	317,627	10,244,417	0.031005	35,393	1,097	90.01
90.02	TRANSPLANT CLINIC	371,558	5,398,140	0.068831			90.02
90.03	OB CLINIC	417,444	2,227,064	0.187441			90.03
91	EMERGENCY	2,146,414	213,078,274	0.010073	488,024	4,916	91
92	OBSERVATION BEDS (NON-DISTINC		29,418,753	29,418,753			92
92.01	OBSERVATION BEDS-DISTINCT	230,445	12,349,493	0.018660	1,085	20	92.01
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	60,456,018	4,241,151,471		2,031,108	24,561	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	COST (SUM OF COLS.1-4) 5
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION						59
59.01 VASCULAR LAB						59.01
59.02 CARDIAC GRAPHICS						59.02
59.03 PULMONARY FUNCTION						59.03
59.04 EPS						59.04
59.05 GI						59.05
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
63.01 CELL THERAPY LAB						63.01
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
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
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 PSYCH CLINIC						90.01
90.02 TRANSPLANT CLINIC						90.02
90.03 OB CLINIC						90.03
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINC						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [XX] IPF (14-S281) [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[XX] PPS [] TEFRA				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13		
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	735,106,112			976				50
51	RECOVERY ROOM	62,856,224			400,195				51
52	DELIVERY ROOM & LABOR ROOM	147,544,345							52
53	ANESTHESIOLOGY	56,544,668			33,400				53
54	RADIOLOGY-DIAGNOSTIC	303,375,428			23,721				54
55	RADIOLOGY-THERAPEUTIC	167,277,848				38			55
56	RADIOISOTOPE	63,525,089			12,700				56
57	CT SCAN	264,384,580			70,546				57
58	MRI	217,534,546			71,150				58
59	CARDIAC CATHETERIZATION	53,833,427							59
59.01	VASCULAR LAB	29,350,854			1,321				59.01
59.02	CARDIAC GRAPHICS	138,590,794			72,288	590			59.02
59.03	PULMONARY FUNCTION	11,112,361			250				59.03
59.04	EPS	30,784,406			3,582				59.04
59.05	GI	89,950,666			2,049				59.05
60	LABORATORY	690,601,217			449,557				60
62	WHOLE BLOOD & PACKED RED BLO	67,721,078							62
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
63	BLOOD STORING, PROCESSING &	37,671,482				6			63
63.01	CELL THERAPY LAB								63.01
65	RESPIRATORY THERAPY	134,425,215			20,931				65
66	PHYSICAL THERAPY	10,448,351			5,984				66
67	OCCUPATIONAL THERAPY	5,198,746							67
70	ELECTROENCEPHALOGRAPHY	38,818,109			14,650				70
71	MEDICAL SUPPLIES CHARGED TO	160,607,068			61,034				71
72	IMPL. DEV. CHARGED TO PATIEN	165,763,947							72
73	DRUGS CHARGED TO PATIENTS	277,457,220			262,272				73
74	RENAL DIALYSIS								74
76.97	CARDIAC REHABILITATION	2,814,374							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90	CLINIC	5,137,175				76			90
90.01	PSYCH CLINIC	10,244,417			35,393	382			90.01
90.02	TRANSPLANT CLINIC	5,398,140				52			90.02
90.03	OB CLINIC	2,227,064							90.03
91	EMERGENCY	213,078,274			488,024				91
92	OBSERVATION BEDS (NON-DISTIN	29,418,753							92
92.01	OBSERVATION BEDS-DISTINCT	12,349,493			1,085				92.01
OTHER REIMBURSABLE COST CENTERS									
94	HOME PROGRAM DIALYSIS								94
200	TOTAL (SUM OF LINES 50-199)	4,241,151,471			2,031,108	1,144			200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	COST SERVICES	COST SVCES NOT SUBJECT TO	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.105271						50
51 RECOVERY ROOM	0.255045						51
52 DELIVERY ROOM & LABOR ROOM	0.224201						52
53 ANESTHESIOLOGY	0.133488						53
54 RADIOLOGY-DIAGNOSTIC	0.168426						54
55 RADIOLOGY-THERAPEUTIC	0.105497	38			4		55
56 RADIOISOTOPE	0.146374						56
57 CT SCAN	0.051091						57
58 MRI	0.112983						58
59 CARDIAC CATHETERIZATION	0.094043						59
59.01 VASCULAR LAB	0.073584						59.01
59.02 CARDIAC GRAPHICS	0.091590	590			54		59.02
59.03 PULMONARY FUNCTION	0.129497						59.03
59.04 EPS	0.254031						59.04
59.05 GI	0.167852						59.05
60 LABORATORY	0.101074						60
62 WHOLE BLOOD & PACKED RED BLOOD	0.271923						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.266538	6			2		63
63.01 CELL THERAPY LAB							63.01
65 RESPIRATORY THERAPY	0.059908						65
66 PHYSICAL THERAPY	0.214287						66
67 OCCUPATIONAL THERAPY	0.168258						67
70 ELECTROENCEPHALOGRAPHY	0.146530						70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.336988						71
72 IMPL. DEV. CHARGED TO PATIENTS	0.419220						72
73 DRUGS CHARGED TO PATIENTS	0.248111						73
74 RENAL DIALYSIS							74
76.97 CARDIAC REHABILITATION	0.156561						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1.064005	76			81		90
90.01 PSYCH CLINIC	0.978448	382			374		90.01
90.02 TRANSPLANT CLINIC	0.467866	52			24		90.02
90.03 OB CLINIC	1.047727						90.03
91 EMERGENCY	0.126584						91
92 OBSERVATION BEDS (NON-DISTINCT	0.478773						92
92.01 OBSERVATION BEDS-DISTINCT	0.290810						92.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 SUBTOTAL (SEE INSTRUCTIONS)		1,144			539		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		1,144			539		202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)	(COL.3 ÷ COL.4)		(COL.5 x COL.6)	
	1	2	4	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	28,763,371		188,340	152.72	24,639	3,762,868	30
31 INTENSIVE CARE UNIT	5,803,248		26,962	215.24	2,674	575,552	31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 SPECIAL CARE NURSERY	3,177,902		20,738	153.24	5,781	885,880	35
40 SUBPROVIDER - IPF	1,465,747		9,389	156.11	968	151,114	40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY	31,046		26,499	1.17	4,921	5,758	43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	39,241,314		271,928		38,983	5,381,172	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

[] PPS
 [] TEFRA
 [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT	CAPITAL
	COST	CHARGES	COST TO		
	(FROM WKST	(FROM WKST	CHARGES	PROGRAM	(COL.3 x
	B, PT. II,	C, PT. I,	(COL.1 +	CHARGES	COL.4)
	COL. 26)	COL. 8)	COL.2)	4	5
	1	2	3		
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	12,688,787	735,106,112	0.017261		50
51 RECOVERY ROOM	1,550,163	62,856,224	0.024662		51
52 DELIVERY ROOM & LABOR ROOM	3,545,609	147,544,345	0.024031		52
53 ANESTHESIOLOGY	922,954	56,544,668	0.016323		53
54 RADIOLOGY-DIAGNOSTIC	7,815,768	303,375,428	0.025763		54
55 RADIOLOGY-THERAPEUTIC	4,634,950	167,277,848	0.027708		55
56 RADIOISOTOPE	1,436,291	63,525,089	0.022610		56
57 CT SCAN	1,229,573	264,384,580	0.004651		57
58 MRI	5,224,934	217,534,546	0.024019		58
59 CARDIAC CATHETERIZATION	862,703	53,833,427	0.016025		59
59.01 VASCULAR LAB	280,423	29,350,854	0.009554		59.01
59.02 CARDIAC GRAPHICS	1,207,582	138,590,794	0.008713		59.02
59.03 PULMONARY FUNCTION	275,763	11,112,361	0.024816		59.03
59.04 EPS	2,960,913	30,784,406	0.096182		59.04
59.05 GI	1,893,509	89,950,666	0.021051		59.05
60 LABORATORY	4,559,799	690,601,217	0.006603		60
62 WHOLE BLOOD & PACKED RED BLOO	450,322	67,721,078	0.006650		62
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
63 BLOOD STORING, PROCESSING & T	1,143,486	37,671,482	0.030354		63
63.01 CELL THERAPY LAB					63.01
65 RESPIRATORY THERAPY	706,916	134,425,215	0.005259		65
66 PHYSICAL THERAPY	277,786	10,448,351	0.026587		66
67 OCCUPATIONAL THERAPY	278,715	5,198,746	0.053612		67
70 ELECTROENCEPHALOGRAPHY	946,208	38,818,109	0.024375		70
71 MEDICAL SUPPLIES CHARGED TO P	331,381	160,607,068	0.002063		71
72 IMPL. DEV. CHARGED TO PATIENT	422,183	165,763,947	0.002547		72
73 DRUGS CHARGED TO PATIENTS	427,460	277,457,220	0.001541		73
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION	4,804	2,814,374	0.001707		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	893,548	5,137,175	0.173938		90
90.01 PSYCH CLINIC	317,627	10,244,417	0.031005		90.01
90.02 TRANSPLANT CLINIC	371,558	5,398,140	0.068831		90.02
90.03 OB CLINIC	417,444	2,227,064	0.187441		90.03
91 EMERGENCY	2,146,414	213,078,274	0.010073		91
92 OBSERVATION BEDS (NON-DISTINC	1,835,701	29,418,753	0.062399		92
92.01 OBSERVATION BEDS-DISTINCT	230,445	12,349,493	0.018660		92.01
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
200 TOTAL (SUM OF LINES 50-199)	62,291,719	4,241,151,471			200

PROVIDER CCN: 14-0281 NORTHWESTERN MEMORIAL HOSPITAL
 PERIOD FROM 09/01/2012 TO 08/31/2013

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

VERSION: 2013.11
 01/30/2014 14:32

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS		1,191,132			1,191,132	30
31 INTENSIVE CARE UNIT		182,144			182,144	31
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 SPECIAL CARE NURSERY						35
40 SUBPROVIDER - IPF		190,284			190,284	40
41 SUBPROVIDER - IRF						41
42 SUBPROVIDER I						42
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		1,563,560			1,563,560	200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	188,340	6.32	24,639	155,718	30
31 INTENSIVE CARE UNIT	26,962	6.76	2,674	18,076	31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 SPECIAL CARE NURSERY	20,738		5,781		35
40 SUBPROVIDER - IPF	9,389	20.27	968	19,621	40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	26,499		4,921		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	271,928		38,983	193,415	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS.1-4) 5	COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION						59
59.01 VASCULAR LAB						59.01
59.02 CARDIAC GRAPHICS						59.02
59.03 PULMONARY FUNCTION						59.03
59.04 EPS						59.04
59.05 GI						59.05
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
63.01 CELL THERAPY LAB						63.01
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
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
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 PSYCH CLINIC						90.01
90.02 TRANSPLANT CLINIC						90.02
90.03 OB CLINIC						90.03
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINC						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13		
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	735,106,112							50	
51 RECOVERY ROOM	62,856,224							51	
52 DELIVERY ROOM & LABOR ROOM	147,544,345							52	
53 ANESTHESIOLOGY	56,544,668							53	
54 RADIOLOGY-DIAGNOSTIC	303,375,428							54	
55 RADIOLOGY-THERAPEUTIC	167,277,848							55	
56 RADIOISOTOPE	63,525,089							56	
57 CT SCAN	264,384,580							57	
58 MRI	217,534,546							58	
59 CARDIAC CATHETERIZATION	53,833,427							59	
59.01 VASCULAR LAB	29,350,854							59.01	
59.02 CARDIAC GRAPHICS	138,590,794							59.02	
59.03 PULMONARY FUNCTION	11,112,361							59.03	
59.04 EPS	30,784,406							59.04	
59.05 GI	89,950,666							59.05	
60 LABORATORY	690,601,217							60	
62 WHOLE BLOOD & PACKED RED BLO	67,721,078							62	
62.30 BLOOD CLOTTING FOR HEMOPHILI								62.30	
63 BLOOD STORING, PROCESSING &	37,671,482							63	
63.01 CELL THERAPY LAB								63.01	
65 RESPIRATORY THERAPY	134,425,215							65	
66 PHYSICAL THERAPY	10,448,351							66	
67 OCCUPATIONAL THERAPY	5,198,746							67	
70 ELECTROENCEPHALOGRAPHY	38,818,109							70	
71 MEDICAL SUPPLIES CHARGED TO	160,607,068							71	
72 IMPL. DEV. CHARGED TO PATIEN	165,763,947							72	
73 DRUGS CHARGED TO PATIENTS	277,457,220							73	
74 RENAL DIALYSIS								74	
76.97 CARDIAC REHABILITATION	2,814,374							76.97	
76.98 HYPERBARIC OXYGEN THERAPY								76.98	
76.99 LITHOTRIPSY								76.99	
OUTPATIENT SERVICE COST CENTERS									
90 CLINIC	5,137,175							90	
90.01 PSYCH CLINIC	10,244,417							90.01	
90.02 TRANSPLANT CLINIC	5,398,140							90.02	
90.03 OB CLINIC	2,227,064							90.03	
91 EMERGENCY	213,078,274							91	
92 OBSERVATION BEDS (NON-DISTIN	29,418,753							92	
92.01 OBSERVATION BEDS-DISTINCT	12,349,493							92.01	
OTHER REIMBURSABLE COST CENTERS									
94 HOME PROGRAM DIALYSIS								94	
200 TOTAL (SUM OF LINES 50-199)	4,241,151,471							200	

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO		COST REIMB.	COST REIMB.	COST	COST	
	CHARGE RATIO	PPS	SERVICES	SVCES NOT	SERVICES	SVCES NOT	
	FROM WKST C,	REIMBURSED	SUBJECT TO	SUBJECT TO	PPS	SUBJECT TO	SUBJECT TO
	PT I, COL. 9	SERVICES	DED & COINS	DED & COINS	SERVICES	DED & COINS	DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.105271						50
51 RECOVERY ROOM	0.255045						51
52 DELIVERY ROOM & LABOR ROOM	0.224201						52
53 ANESTHESIOLOGY	0.133488						53
54 RADIOLOGY-DIAGNOSTIC	0.168426						54
55 RADIOLOGY-THERAPEUTIC	0.105497						55
56 RADIOISOTOPE	0.146374						56
57 CT SCAN	0.051091						57
58 MRI	0.112983						58
59 CARDIAC CATHETERIZATION	0.094043						59
59.01 VASCULAR LAB	0.073584						59.01
59.02 CARDIAC GRAPHICS	0.091590						59.02
59.03 PULMONARY FUNCTION	0.129497						59.03
59.04 EPS	0.254031						59.04
59.05 GI	0.167852						59.05
60 LABORATORY	0.101074						60
62 WHOLE BLOOD & PACKED RED BLOOD	0.271923						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.266538						63
63.01 CELL THERAPY LAB							63.01
65 RESPIRATORY THERAPY	0.059908						65
66 PHYSICAL THERAPY	0.214287						66
67 OCCUPATIONAL THERAPY	0.168258						67
70 ELECTROENCEPHALOGRAPHY	0.146530						70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.336988						71
72 IMPL. DEV. CHARGED TO PATIENTS	0.419220						72
73 DRUGS CHARGED TO PATIENTS	0.248111						73
74 RENAL DIALYSIS							74
76.97 CARDIAC REHABILITATION	0.156561						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1.064005						90
90.01 PSYCH CLINIC	0.978448						90.01
90.02 TRANSPLANT CLINIC	0.467866						90.02
90.03 OB CLINIC	1.047727						90.03
91 EMERGENCY	0.126584						91
92 OBSERVATION BEDS (NON-DISTINCT	0.478773						92
92.01 OBSERVATION BEDS-DISTINCT	0.290810						92.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [XX] IPF (14-S281) [] IRF	[] SUB (OTHER)	[] PPS [] TEFRA [XX] OTHER	
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 + COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	12,688,787	735,106,112	0.017261	50
51	RECOVERY ROOM	1,550,163	62,856,224	0.024662	51
52	DELIVERY ROOM & LABOR ROOM	3,545,609	147,544,345	0.024031	52
53	ANESTHESIOLOGY	922,954	56,544,668	0.016323	53
54	RADIOLOGY-DIAGNOSTIC	7,815,768	303,375,428	0.025763	54
55	RADIOLOGY-THERAPEUTIC	4,634,950	167,277,848	0.027708	55
56	RADIOISOTOPE	1,436,291	63,525,089	0.022610	56
57	CT SCAN	1,229,573	264,384,580	0.004651	57
58	MRI	5,224,934	217,534,546	0.024019	58
59	CARDIAC CATHETERIZATION	862,703	53,833,427	0.016025	59
59.01	VASCULAR LAB	280,423	29,350,854	0.009554	59.01
59.02	CARDIAC GRAPHICS	1,207,582	138,590,794	0.008713	59.02
59.03	PULMONARY FUNCTION	275,763	11,112,361	0.024816	59.03
59.04	EPS	2,960,913	30,784,406	0.096182	59.04
59.05	GI	1,893,509	89,950,666	0.021051	59.05
60	LABORATORY	4,559,799	690,601,217	0.006603	60
62	WHOLE BLOOD & PACKED RED BLOO	450,322	67,721,078	0.006650	62
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
63	BLOOD STORING, PROCESSING & T	1,143,486	37,671,482	0.030354	63
63.01	CELL THERAPY LAB				63.01
65	RESPIRATORY THERAPY	706,916	134,425,215	0.005259	65
66	PHYSICAL THERAPY	277,786	10,448,351	0.026587	66
67	OCCUPATIONAL THERAPY	278,715	5,198,746	0.053612	67
70	ELECTROENCEPHALOGRAPHY	946,208	38,818,109	0.024375	70
71	MEDICAL SUPPLIES CHARGED TO P	331,381	160,607,068	0.002063	71
72	IMPL. DEV. CHARGED TO PATIENT	422,183	165,763,947	0.002547	72
73	DRUGS CHARGED TO PATIENTS	427,460	277,457,220	0.001541	73
74	RENAL DIALYSIS				74
76.97	CARDIAC REHABILITATION	4,804	2,814,374	0.001707	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	893,548	5,137,175	0.173938	90
90.01	PSYCH CLINIC	317,627	10,244,417	0.031005	90.01
90.02	TRANSPLANT CLINIC	371,558	5,398,140	0.068831	90.02
90.03	OB CLINIC	417,444	2,227,064	0.187441	90.03
91	EMERGENCY	2,146,414	213,078,274	0.010073	91
92	OBSERVATION BEDS (NON-DISTINC				92
92.01	OBSERVATION BEDS-DISTINCT	230,445	12,349,493	0.018660	92.01
OTHER REIMBURSABLE COST CENTERS					
94	HOME PROGRAM DIALYSIS				94
200	TOTAL (SUM OF LINES 50-199)	60,456,018	4,241,151,471		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	HEALTH 3	MEDICAL EDUCATION COST 4
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION						59
59.01 VASCULAR LAB						59.01
59.02 CARDIAC GRAPHICS						59.02
59.03 PULMONARY FUNCTION						59.03
59.04 EPS						59.04
59.05 GI						59.05
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
63.01 CELL THERAPY LAB						63.01
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
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
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 PSYCH CLINIC						90.01
90.02 TRANSPLANT CLINIC						90.02
90.03 OB CLINIC						90.03
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINC						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT	INPAT PGM	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO		PASS-THRU		PASS-THRU
	(FROM WKST	CHARGES	CHARGES	PGM	COSTS	CHARGES	COSTS
	C, PT. I,	(COL. 5 ÷	(COL. 6 ÷	CHARGES	(COL. 8 x	(COL. 9 x	(COL. 9 x
	COL. 8)	COL. 7)	COL. 7)		COL. 10)	COL. 12)	COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	735,106,112						50
51 RECOVERY ROOM	62,856,224						51
52 DELIVERY ROOM & LABOR ROOM	147,544,345						52
53 ANESTHESIOLOGY	56,544,668						53
54 RADIOLOGY-DIAGNOSTIC	303,375,428						54
55 RADIOLOGY-THERAPEUTIC	167,277,848						55
56 RADIOISOTOPE	63,525,089						56
57 CT SCAN	264,384,580						57
58 MRI	217,534,546						58
59 CARDIAC CATHETERIZATION	53,833,427						59
59.01 VASCULAR LAB	29,350,854						59.01
59.02 CARDIAC GRAPHICS	138,590,794						59.02
59.03 PULMONARY FUNCTION	11,112,361						59.03
59.04 EPS	30,784,406						59.04
59.05 GI	89,950,666						59.05
60 LABORATORY	690,601,217						60
62 WHOLE BLOOD & PACKED RED BLO	67,721,078						62
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
63 BLOOD STORING, PROCESSING &	37,671,482						63
63.01 CELL THERAPY LAB							63.01
65 RESPIRATORY THERAPY	134,425,215						65
66 PHYSICAL THERAPY	10,448,351						66
67 OCCUPATIONAL THERAPY	5,198,746						67
70 ELECTROENCEPHALOGRAPHY	38,818,109						70
71 MEDICAL SUPPLIES CHARGED TO	160,607,068						71
72 IMPL. DEV. CHARGED TO PATIEN	165,763,947						72
73 DRUGS CHARGED TO PATIENTS	277,457,220						73
74 RENAL DIALYSIS							74
76.97 CARDIAC REHABILITATION	2,814,374						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	5,137,175						90
90.01 PSYCH CLINIC	10,244,417						90.01
90.02 TRANSPLANT CLINIC	5,398,140						90.02
90.03 OB CLINIC	2,227,064						90.03
91 EMERGENCY	213,078,274						91
92 OBSERVATION BEDS (NON-DISTIN	29,418,753						92
92.01 OBSERVATION BEDS-DISTINCT	12,349,493						92.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)	4,241,151,471						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	COST SERVICES	COST SVCES NOT SUBJECT TO	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.105271						50
51 RECOVERY ROOM	0.255045						51
52 DELIVERY ROOM & LABOR ROOM	0.224201						52
53 ANESTHESIOLOGY	0.133488						53
54 RADIOLOGY-DIAGNOSTIC	0.168426						54
55 RADIOLOGY-THERAPEUTIC	0.105497						55
56 RADIOISOTOPE	0.146374						56
57 CT SCAN	0.051091						57
58 MRI	0.112983						58
59 CARDIAC CATHETERIZATION	0.094043						59
59.01 VASCULAR LAB	0.073584						59.01
59.02 CARDIAC GRAPHICS	0.091590						59.02
59.03 PULMONARY FUNCTION	0.129497						59.03
59.04 EPS	0.254031						59.04
59.05 GI	0.167852						59.05
60 LABORATORY	0.101074						60
62 WHOLE BLOOD & PACKED RED BLOOD	0.271923						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.266538						63
63.01 CELL THERAPY LAB							63.01
65 RESPIRATORY THERAPY	0.059908						65
66 PHYSICAL THERAPY	0.214287						66
67 OCCUPATIONAL THERAPY	0.168258						67
70 ELECTROENCEPHALOGRAPHY	0.146530						70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.336988						71
72 IMPL. DEV. CHARGED TO PATIENTS	0.419220						72
73 DRUGS CHARGED TO PATIENTS	0.248111						73
74 RENAL DIALYSIS							74
76.97 CARDIAC REHABILITATION	0.156561						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1.064005						90
90.01 PSYCH CLINIC	0.978448						90.01
90.02 TRANSPLANT CLINIC	0.467866						90.02
90.03 OB CLINIC	1.047727						90.03
91 EMERGENCY	0.126584						91
92 OBSERVATION BEDS (NON-DISTINCT	0.478773						92
92.01 OBSERVATION BEDS-DISTINCT	0.290810						92.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS BPP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	188,340	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	188,340	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	176,320	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)	57,033	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)	220,695,109	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	220,695,109	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)	220,695,109	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,171.79 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 66,830,699 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) 66,830,699 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	55,052,729	26,962	2,041.86	12,820	26,176,645	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 SPECIAL CARE NURSERY	26,007,674	20,738	1,254.11			47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					108,112,338	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					201,119,682	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 11,916,569 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 7,697,037 51
 52 TOTAL PROGRAM EXCLUDABLE COST 19,613,606 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 181,506,076 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) 12,020 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 1,171.79 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 14,084,916 89

	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST			
90 CAPITAL-RELATED COST	28,763,371	220,695,109	0.130331
91 NURSING SCHOOL COST			
92 ALLIED HEALTH COST	1,191,132	220,695,109	0.005397
93 ALL OTHER MEDICAL EDUCATION			

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	9,389	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,389	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,389	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,624	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)	9,940,874	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	9,940,874	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)	9,940,874	37

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	1,058.78 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	2,778,239 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	2,778,239 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	367,055 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	3,145,294 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	462,821 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	24,561 51
52	TOTAL PROGRAM EXCLUDABLE COST	487,382 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	2,657,912 53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS		
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	188,340 1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	188,340 2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3 3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	176,320 4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	5 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 6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	7 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 8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	24,639 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 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 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 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 13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	14 14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	26,499 15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	4,921 16
SWING-BED ADJUSTMENT		
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	17 17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	18 18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	19 19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	20 20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	220,319,118 21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)	22 22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)	23 23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)	24 24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)	25 25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	26 26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	220,319,118 27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	28 28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	29 29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	30 30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	31 31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)	32 32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	33 33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)	34 34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)	35 35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)	36 36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	220,319,118 37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,169.79 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 28,822,456 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) 28,822,456 41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
42 NURSERY (TITLES V AND XIX ONLY)	4,923,871	26,499	185.81	4,921	914,371 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	54,833,872	26,962	2,033.75	2,674	5,438,248 43
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 SPECIAL CARE NURSERY	25,958,477	20,738	1,251.73	5,781	7,236,251 47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					42,411,326 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 5,403,852 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 51
 52 TOTAL PROGRAM EXCLUDABLE COST 5,403,852 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 12,020 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

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

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	9,389	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,389	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,389	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)	968	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)	9,794,507	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	9,794,507	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)	9,794,507	37

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	1,043.19	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,009,808	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)	1,009,808	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)		48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,009,808	49
PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	170,735	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)		51
52 TOTAL PROGRAM EXCLUDABLE COST	170,735	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)		53
TARGET AMOUNT AND LIMIT COMPUTATION		
54 PROGRAM DISCHARGES		54
55 TARGET AMOUNT PER DISCHARGE		55
56 TARGET AMOUNT (LINE 54 x LINE 55)		56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT		57
58 BONUS PAYMENT (SEE INSTRUCTIONS)		58
59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET		59
60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET		60
61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)		61
62 RELIEF PAYMENT (SEE INSTRUCTIONS)		62
63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)		63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)		64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)		65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)		66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)		67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)		68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)		69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		146,946,863		30
31 INTENSIVE CARE UNIT		52,151,494		31
35 SPECIAL CARE NURSERY				35
40 SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.105369	146,075,827	15,391,864	50
51 RECOVERY ROOM	0.255591	8,272,184	2,114,296	51
52 DELIVERY ROOM & LABOR ROOM	0.225021	209,855	47,222	52
53 ANESTHESIOLOGY	0.134863	10,819,678	1,459,174	53
54 RADIOLOGY-DIAGNOSTIC	0.169452	39,219,465	6,645,817	54
55 RADIOLOGY-THERAPEUTIC	0.105984	2,203,577	233,544	55
56 RADIOISOTOPE	0.146374	3,115,759	456,066	56
57 CT SCAN	0.051091	29,678,476	1,516,303	57
58 MRI	0.112983	15,602,056	1,762,767	58
59 CARDIAC CATHETERIZATION	0.096180	11,974,981	1,151,754	59
59.01 VASCULAR LAB	0.074552	5,846,574	435,874	59.01
59.02 CARDIAC GRAPHICS	0.092968	23,054,829	2,143,361	59.02
59.03 PULMONARY FUNCTION	0.129865	1,089,332	141,466	59.03
59.04 EPS	0.257057	3,705,902	952,628	59.04
59.05 GI	0.168988	4,401,587	743,815	59.05
60 LABORATORY	0.101074	101,335,213	10,242,355	60
62 WHOLE BLOOD & PACKED RED BLOOD	0.271923	22,135,029	6,019,023	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.267252	7,423,801	1,984,026	63
63.01 CELL THERAPY LAB				63.01
65 RESPIRATORY THERAPY	0.059908	46,017,363	2,756,808	65
66 PHYSICAL THERAPY	0.218753	3,941,516	862,218	66
67 OCCUPATIONAL THERAPY	0.168258	2,094,644	352,441	67
70 ELECTROENCEPHALOGRAPHY	0.147866	6,108,050	903,173	70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.336988	30,389,995	10,241,064	71
72 IMPL. DEV. CHARGED TO PATIENTS	0.419220	45,475,592	19,064,278	72
73 DRUGS CHARGED TO PATIENTS	0.248111	68,863,700	17,085,841	73
74 RENAL DIALYSIS				74
76.97 CARDIAC REHABILITATION	0.156561	1,584	248	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	1.064644	44,893	47,795	90
90.01 PSYCH CLINIC	1.027349	10,133	10,410	90.01
90.02 TRANSPLANT CLINIC	0.467866	136,536	63,881	90.02
90.03 OB CLINIC	1.058936	1,648	1,745	90.03
91 EMERGENCY	0.127119	24,973,120	3,174,558	91
92 OBSERVATION BEDS (NON-DISTINCT	0.478773			92
92.01 OBSERVATION BEDS-DISTINCT	0.290810	366,296	106,523	92.01
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		664,589,195	108,112,338	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		664,589,195		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
35 SPECIAL CARE NURSERY				35
40 SUBPROVIDER - IPF		5,232,078		40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.105369	976	103	50
51 RECOVERY ROOM	0.255591	400,195	102,286	51
52 DELIVERY ROOM & LABOR ROOM	0.225021			52
53 ANESTHESIOLOGY	0.134863	33,400	4,504	53
54 RADIOLOGY-DIAGNOSTIC	0.169452	23,721	4,020	54
55 RADIOLOGY-THERAPEUTIC	0.105984			55
56 RADIOISOTOPE	0.146374	12,700	1,859	56
57 CT SCAN	0.051091	70,546	3,604	57
58 MRI	0.112983	71,150	8,039	58
59 CARDIAC CATHETERIZATION	0.096180			59
59.01 VASCULAR LAB	0.074552	1,321	98	59.01
59.02 CARDIAC GRAPHICS	0.092968	72,288	6,720	59.02
59.03 PULMONARY FUNCTION	0.129865	250	32	59.03
59.04 EPS	0.257057	3,582	921	59.04
59.05 GI	0.168988	2,049	346	59.05
60 LABORATORY	0.101074	449,557	45,439	60
62 WHOLE BLOOD & PACKED RED BLOOD	0.271923			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.267252			63
63.01 CELL THERAPY LAB				63.01
65 RESPIRATORY THERAPY	0.059908	20,931	1,254	65
66 PHYSICAL THERAPY	0.218753	5,984	1,309	66
67 OCCUPATIONAL THERAPY	0.168258			67
70 ELECTROENCEPHALOGRAPHY	0.147866	14,650	2,166	70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.336988	61,034	20,568	71
72 IMPL. DEV. CHARGED TO PATIENTS	0.419220			72
73 DRUGS CHARGED TO PATIENTS	0.248111	262,272	65,073	73
74 RENAL DIALYSIS				74
76.97 CARDIAC REHABILITATION	0.156561			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	1.064644			90
90.01 PSYCH CLINIC	1.027349	35,393	36,361	90.01
90.02 TRANSPLANT CLINIC	0.467866			90.02
90.03 OB CLINIC	1.058936			90.03
91 EMERGENCY	0.127119	488,024	62,037	91
92 OBSERVATION BEDS (NON-DISTINCT	0.478773			92
92.01 OBSERVATION BEDS-DISTINCT	0.290810	1,085	316	92.01
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		2,031,108	367,055	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		2,031,108		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	(COL.1 x COL.2) 3
INPATIENT ROUTINE SERVICE COST CENTERS			
30 ADULTS & PEDIATRICS			30
31 INTENSIVE CARE UNIT			31
35 SPECIAL CARE NURSERY			35
40 SUBPROVIDER - IPF			40
43 NURSERY			43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.105271		50
51 RECOVERY ROOM	0.255045		51
52 DELIVERY ROOM & LABOR ROOM	0.224201		52
53 ANESTHESIOLOGY	0.133488		53
54 RADIOLOGY-DIAGNOSTIC	0.168426		54
55 RADIOLOGY-THERAPEUTIC	0.105497		55
56 RADIOISOTOPE	0.146374		56
57 CT SCAN	0.051091		57
58 MRI	0.112983		58
59 CARDIAC CATHETERIZATION	0.094043		59
59.01 VASCULAR LAB	0.073584		59.01
59.02 CARDIAC GRAPHICS	0.091590		59.02
59.03 PULMONARY FUNCTION	0.129497		59.03
59.04 EPS	0.254031		59.04
59.05 GI	0.167852		59.05
60 LABORATORY	0.101074		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.271923		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRA	0.266538		63
63.01 CELL THERAPY LAB			63.01
65 RESPIRATORY THERAPY	0.059908		65
66 PHYSICAL THERAPY	0.214287		66
67 OCCUPATIONAL THERAPY	0.168258		67
70 ELECTROENCEPHALOGRAPHY	0.146530		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.336988		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.419220		72
73 DRUGS CHARGED TO PATIENTS	0.248111		73
74 RENAL DIALYSIS			74
76.97 CARDIAC REHABILITATION	0.156561		76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	1.064005		90
90.01 PSYCH CLINIC	0.978448		90.01
90.02 TRANSPLANT CLINIC	0.467866		90.02
90.03 OB CLINIC	1.047727		90.03
91 EMERGENCY	0.126584		91
92 OBSERVATION BEDS (NON-DISTINCT	0.478773		92
92.01 OBSERVATION BEDS-DISTINCT	0.290810		92.01
OTHER REIMBURSABLE COST CENTERS			
94 HOME PROGRAM DIALYSIS			94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)			200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			201
202 NET CHARGES (LINE 200 MINUS LINE 201)			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	(COL.1 x COL.2) 3
INPATIENT ROUTINE SERVICE COST CENTERS			
30 ADULTS & PEDIATRICS			30
31 INTENSIVE CARE UNIT			31
35 SPECIAL CARE NURSERY			35
40 SUBPROVIDER - IPF			40
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.105271		50
51 RECOVERY ROOM	0.255045		51
52 DELIVERY ROOM & LABOR ROOM	0.224201		52
53 ANESTHESIOLOGY	0.133488		53
54 RADIOLOGY-DIAGNOSTIC	0.168426		54
55 RADIOLOGY-THERAPEUTIC	0.105497		55
56 RADIOISOTOPE	0.146374		56
57 CT SCAN	0.051091		57
58 MRI	0.112983		58
59 CARDIAC CATHETERIZATION	0.094043		59
59.01 VASCULAR LAB	0.073584		59.01
59.02 CARDIAC GRAPHICS	0.091590		59.02
59.03 PULMONARY FUNCTION	0.129497		59.03
59.04 EPS	0.254031		59.04
59.05 GI	0.167852		59.05
60 LABORATORY	0.101074		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.271923		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRA	0.266538		63
63.01 CELL THERAPY LAB			63.01
65 RESPIRATORY THERAPY	0.059908		65
66 PHYSICAL THERAPY	0.214287		66
67 OCCUPATIONAL THERAPY	0.168258		67
70 ELECTROENCEPHALOGRAPHY	0.146530		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.336988		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.419220		72
73 DRUGS CHARGED TO PATIENTS	0.248111		73
74 RENAL DIALYSIS			74
76.97 CARDIAC REHABILITATION	0.156561		76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	1.064005		90
90.01 PSYCH CLINIC	0.978448		90.01
90.02 TRANSPLANT CLINIC	0.467866		90.02
90.03 OB CLINIC	1.047727		90.03
91 EMERGENCY	0.126584		91
92 OBSERVATION BEDS (NON-DISTINCT	0.478773		92
92.01 OBSERVATION BEDS-DISTINCT	0.290810		92.01
OTHER REIMBURSABLE COST CENTERS			
94 HOME PROGRAM DIALYSIS			94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)			200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			201
202 NET CHARGES (LINE 200 MINUS LINE 201)			202

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART I

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

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES	PER DIEM COSTS (FROM WKST D-1, PT. II)	ORGAN ACQUISITION DAYS	COST (COL.2 x COL.3)		
		1	2	3	4		
1	ADULTS & PEDIATRICS	256,253	38	1,171.79	136	159,363	1
2	INTENSIVE CARE UNIT		43	2,041.86			2
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	SPECIAL CARE NURSERY		47	1,254.11			6
7	TOTAL (SUM OF LINES 1-6)	256,253			136	159,363	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST TO CHARGES (FROM WKST C)	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS			
		1	2	3			
8	OPERATING ROOM	50	0.105271	4,265,930	449,079	8	
9	RECOVERY ROOM	51	0.255045	345,508	88,120	9	
10	DELIVERY ROOM & LABOR ROOM	52	0.224201			10	
11	ANESTHESIOLOGY	53	0.133488	305,857	40,828	11	
12	RADIOLOGY-DIAGNOSTIC	54	0.168426	178,310	30,032	12	
13	RADIOLOGY-THERAPEUTIC	55	0.105497			13	
14	RADIOISOTOPE	56	0.146374	144,124	21,096	14	
15	CT SCAN	57	0.051091	1,032,719	52,763	15	
16	MRI	58	0.112983	38,421	4,341	16	
17	CARDIAC CATHETERIZATION	59	0.094043	17,820	1,676	17	
17.01	VASCULAR LAB	59.01	0.073584	1,872	138	17.01	
17.02	CARDIAC GRAPHICS	59.02	0.091590	45,950	4,209	17.02	
17.03	PULMONARY FUNCTION	59.03	0.129497			17.03	
17.04	EPS	59.04	0.254031			17.04	
17.05	GI	59.05	0.167852	3,163	531	17.05	
18	LABORATORY	60	0.101074	1,756,984	177,585	18	
19	PBP CLINICAL LAB SERVICES-PRGM	61				19	
20	WHOLE BLOOD & PACKED RED BLOOD	62	0.271923	3,458	940	20	
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30	
21	BLOOD STORING, PROCESSING & TRA	63	0.266538	154,654	41,221	21	
21.01	CELL THERAPY LAB	63.01				21.01	
22	INTRAVENOUS THERAPY	64				22	
23	RESPIRATORY THERAPY	65	0.059908	15,127	906	23	
24	PHYSICAL THERAPY	66	0.214287			24	
25	OCCUPATIONAL THERAPY	67	0.168258			25	
26	SPEECH PATHOLOGY	68				26	
27	ELECTROCARDIOLOGY	69		88,058		27	
28	ELECTROENCEPHALOGRAPHY	70	0.146530			28	
29	MEDICAL SUPPLIES CHARGED TO PAT	71	0.336988			29	
30	IMPL. DEV. CHARGED TO PATIENTS	72	0.419220			30	
31	DRUGS CHARGED TO PATIENTS	73	0.248111	106,113	26,328	31	
32	RENAL DIALYSIS	74				32	
33	ASC (NON-DISTINCT PART)	75				33	
34	OTHER ANCILLARY (SPECIFY)	76				34	
34.97	CARDIAC REHABILITATION	76.97	0.156561			34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98				34.98	
34.99	LITHOTRIPSY	76.99				34.99	
35	RURAL HEALTH CLINIC	88				35	
36	FEDERALLY QUALIFIED HEALTH CENT	89				36	
37	CLINIC	90	1.064005	3,291	3,502	37	
37.01	PSYCH CLINIC	90.01	0.978448			37.01	
37.02	TRANSPLANT CLINIC	90.02	0.467866	268,837	125,780	37.02	
37.03	OB CLINIC	90.03	1.047727			37.03	
38	EMERGENCY	91	0.126584	1,548	196	38	
39	OBSERVATION BEDS (NON-DISTINCT	92	0.478773			39	
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.290810			39.01	
40	OTHER OUTPATIENT SERVICE (SPECI	93				40	
41	TOTAL (SUM OF LINES 8-40)			8,777,744	1,069,271	41	

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
D		1	2	3	
42	ADULTS & PEDIATRICS				42
43	INTENSIVE CARE UNIT		136		43
44	CORONARY CARE UNIT				44
45	BURN INTENSIVE CARE UNIT				45
46	SURGICAL INTENSIVE CARE UNIT				46
47	SPECIAL CARE NURSERY				47
48	TOTAL (SUM OF LINES 42-47)		136		48

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
1	D	2	3		
49	RURAL HEALTH CLINIC				49
50	FEDERALLY QUALIFIED HEALTH CENT				50
51	CLINIC	3,291			51
51.01	PSYCH CLINIC		23.01		51.01
51.02	TRANSPLANT CLINIC	268,837	23.02		51.02
51.03	OB CLINIC		23.03		51.03
52	EMERGENCY	1,548	24		52
53	OBSERVATION BEDS (NON-DISTINCT)		25		53
53.01	OBSERVATION BEDS-DISTINCT		25.01		53.01
54	OTHER OUTPATIENT SERVICE (SPECI		26		54
55	TOTAL (SUM OF LINES 49-54)	273,676			55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
56 ROUTINE & ANCILLARY FROM PART I	1,228,634		9,033,997		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	12,648,710		12,648,710		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	13,877,344		21,682,707		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		269			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		147			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.546468			64
65 MEDICARE COST/CHARGES	7,583,524		11,848,906		65
66 REVENUE FOR ORGANS SOLD	505,285				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	7,078,239		11,848,906		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	7,078,239		11,848,906		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER	134	9		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		126		73
74 TOTAL (SUM OF LINES 70-73)	134	135		74
75 ORGANS TRANSPLANTED	123	126		75
76 ORGANS SOLD TO OTHER HOSPITALS		11		76
77 ORGANS SOLD TO OPO'S		9		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)	123	146		84

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART I

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

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES		PER DIEM COSTS (FROM WKST D-1, PT. II)		ORGAN ACQUISITION DAYS	COST (COL.2 x COL.3)	
		1	D	2		3	4	
1	ADULTS & PEDIATRICS		38	1,171.79				1
2	INTENSIVE CARE UNIT		43	2,041.86				2
3	CORONARY CARE UNIT		44					3
4	BURN INTENSIVE CARE UNIT		45					4
5	SURGICAL INTENSIVE CARE UNIT		46					5
6	SPECIAL CARE NURSERY		47	1,254.11				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	0.105271	12,919		1,360		8
9	RECOVERY ROOM	51	0.255045					9
10	DELIVERY ROOM & LABOR ROOM	52	0.224201					10
11	ANESTHESIOLOGY	53	0.133488	1,043		139		11
12	RADIOLOGY-DIAGNOSTIC	54	0.168426	481		81		12
13	RADIOLOGY-THERAPEUTIC	55	0.105497					13
14	RADIOISOTOPE	56	0.146374					14
15	CT SCAN	57	0.051091					15
16	MRI	58	0.112983	402		45		16
17	CARDIAC CATHETERIZATION	59	0.094043	1,980		186		17
17.01	VASCULAR LAB	59.01	0.073584					17.01
17.02	CARDIAC GRAPHICS	59.02	0.091590	812		74		17.02
17.03	PULMONARY FUNCTION	59.03	0.129497					17.03
17.04	EPS	59.04	0.254031					17.04
17.05	GI	59.05	0.167852					17.05
18	LABORATORY	60	0.101074	2,360		239		18
19	PBP CLINICAL LAB SERVICES-PRGM	61						19
20	WHOLE BLOOD & PACKED RED BLOOD	62	0.271923	119		32		20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30						20.30
21	BLOOD STORING, PROCESSING & TRA	63	0.266538					21
21.01	CELL THERAPY LAB	63.01						21.01
22	INTRAVENOUS THERAPY	64						22
23	RESPIRATORY THERAPY	65	0.059908	932		56		23
24	PHYSICAL THERAPY	66	0.214287					24
25	OCCUPATIONAL THERAPY	67	0.168258					25
26	SPEECH PATHOLOGY	68						26
27	ELECTROCARDIOLOGY	69		16				27
28	ELECTROENCEPHALOGRAPHY	70	0.146530					28
29	MEDICAL SUPPLIES CHARGED TO PAT	71	0.336988					29
30	IMPL. DEV. CHARGED TO PATIENTS	72	0.419220					30
31	DRUGS CHARGED TO PATIENTS	73	0.248111	204		51		31
32	RENAL DIALYSIS	74						32
33	ASC (NON-DISTINCT PART)	75						33
34	OTHER ANCILLARY (SPECIFY)	76						34
34.97	CARDIAC REHABILITATION	76.97	0.156561					34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98						34.98
34.99	LITHOTRIPSY	76.99						34.99
35	RURAL HEALTH CLINIC	88						35
36	FEDERALLY QUALIFIED HEALTH CENT	89						36
37	CLINIC	90	1.064005					37
37.01	PSYCH CLINIC	90.01	0.978448					37.01
37.02	TRANSPLANT CLINIC	90.02	0.467866					37.02
37.03	OB CLINIC	90.03	1.047727					37.03
38	EMERGENCY	91	0.126584					38
39	OBSERVATION BEDS (NON-DISTINCT	92	0.478773					39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.290810					39.01
40	OTHER OUTPATIENT SERVICE (SPECI	93						40
41	TOTAL (SUM OF LINES 8-40)			21,268		2,263		41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART II

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

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

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

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
56 ROUTINE & ANCILLARY FROM PART I	2,263		21,268		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	2,135,761		2,135,761		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	2,138,024		2,157,029		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		24			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		8			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.333333			64
65 MEDICARE COST/CHARGES	712,674		719,009		65
66 REVENUE FOR ORGANS SOLD	4,233				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	708,441		719,009		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	708,441		719,009		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER		1		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		23		73
74 TOTAL (SUM OF LINES 70-73)		24		74
75 ORGANS TRANSPLANTED		23		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		1		77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS				78
79 ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80 ORGANS SOLD OUTSIDE THE U.S.				80
81 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				81
82 ORGANS USED FOR RESEARCH				82
83 UNUSABLE/DISCARDED ORGANS				83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)		24		84

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART I

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

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES		PER DIEM COSTS (FROM WKST D-1, PT. II)		ORGAN ACQUISITION DAYS		COST (COL.2 x COL.3)	
		1	D	2		3	4		
1	ADULTS & PEDIATRICS	31,280	38	1,171.79		17	19,920		
2	INTENSIVE CARE UNIT	47,057	43	2,041.86		20	40,837		
3	CORONARY CARE UNIT		44						
4	BURN INTENSIVE CARE UNIT		45						
5	SURGICAL INTENSIVE CARE UNIT		46						
6	SPECIAL CARE NURSERY		47	1,254.11					
7	TOTAL (SUM OF LINES 1-6)	78,337				37	60,757		
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	0.105271	751,613		79,123		8	
9	RECOVERY ROOM	51	0.255045	13,346		3,404		9	
10	DELIVERY ROOM & LABOR ROOM	52	0.224201					10	
11	ANESTHESIOLOGY	53	0.133488	52,971		7,071		11	
12	RADIOLOGY-DIAGNOSTIC	54	0.168426	67,892		11,435		12	
13	RADIOLOGY-THERAPEUTIC	55	0.105497					13	
14	RADIOISOTOPE	56	0.146374					14	
15	CT SCAN	57	0.051091	18,132		926		15	
16	MRI	58	0.112983	535,315		60,481		16	
17	CARDIAC CATHETERIZATION	59	0.094043	7,920		745		17	
17.01	VASCULAR LAB	59.01	0.073584					17.01	
17.02	CARDIAC GRAPHICS	59.02	0.091590	5,017		460		17.02	
17.03	PULMONARY FUNCTION	59.03	0.129497					17.03	
17.04	EPS	59.04	0.254031					17.04	
17.05	GI	59.05	0.167852					17.05	
18	LABORATORY	60	0.101074	558,286		56,428		18	
19	PBP CLINICAL LAB SERVICES-PRGM	61						19	
20	WHOLE BLOOD & PACKED RED BLOOD	62	0.271923	477		130		20	
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30						20.30	
21	BLOOD STORING, PROCESSING & TRA	63	0.266538	18,805		5,012		21	
21.01	CELL THERAPY LAB	63.01						21.01	
22	INTRAVENOUS THERAPY	64						22	
23	RESPIRATORY THERAPY	65	0.059908	30,128		1,805		23	
24	PHYSICAL THERAPY	66	0.214287					24	
25	OCCUPATIONAL THERAPY	67	0.168258					25	
26	SPEECH PATHOLOGY	68						26	
27	ELECTROCARDIOLOGY	69		3,016				27	
28	ELECTROENCEPHALOGRAPHY	70	0.146530					28	
29	MEDICAL SUPPLIES CHARGED TO PAT	71	0.336988					29	
30	IMPL. DEV. CHARGED TO PATIENTS	72	0.419220					30	
31	DRUGS CHARGED TO PATIENTS	73	0.248111	24,845		6,164		31	
32	RENAL DIALYSIS	74						32	
33	ASC (NON-DISTINCT PART)	75						33	
34	OTHER ANCILLARY (SPECIFY)	76						34	
34.97	CARDIAC REHABILITATION	76.97	0.156561					34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98						34.98	
34.99	LITHOTRIPSY	76.99						34.99	
35	RURAL HEALTH CLINIC	88						35	
36	FEDERALLY QUALIFIED HEALTH CENT	89						36	
37	CLINIC	90	1.064005	198		211		37	
37.01	PSYCH CLINIC	90.01	0.978448					37.01	
37.02	TRANSPLANT CLINIC	90.02	0.467866	30,428		14,236		37.02	
37.03	OB CLINIC	90.03	1.047727					37.03	
38	EMERGENCY	91	0.126584					38	
39	OBSERVATION BEDS (NON-DISTINCT	92	0.478773					39	
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.290810					39.01	
40	OTHER OUTPATIENT SERVICE (SPECI	93						40	
41	TOTAL (SUM OF LINES 8-40)			2,118,389		247,631		41	

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
D		1	2	3	
42	ADULTS & PEDIATRICS	2	17		42
43	INTENSIVE CARE UNIT	3	20		43
44	CORONARY CARE UNIT	4			44
45	BURN INTENSIVE CARE UNIT	5			45
46	SURGICAL INTENSIVE CARE UNIT	6			46
47	SPECIAL CARE NURSERY	7			47
48	TOTAL (SUM OF LINES 42-47)		37		48

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		1	D 2	3	
49	RURAL HEALTH CLINIC		21		49
50	FEDERALLY QUALIFIED HEALTH CENT		22		50
51	CLINIC	198	23		51
51.01	PSYCH CLINIC		23.01		51.01
51.02	TRANSPLANT CLINIC	30,428	23.02		51.02
51.03	OB CLINIC		23.03		51.03
52	EMERGENCY		24		52
53	OBSERVATION BEDS (NON-DISTINCT)		25		53
53.01	OBSERVATION BEDS-DISTINCT		25.01		53.01
54	OTHER OUTPATIENT SERVICE (SPECI		26		54
55	TOTAL (SUM OF LINES 49-54)	30,626			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	308,388		2,196,726		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	7,565,634		7,565,634		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	7,874,022		9,762,360		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		128			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		40			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.312500			64
65 MEDICARE COST/CHARGES	2,460,632		3,050,738		65
66 REVENUE FOR ORGANS SOLD	129,976				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	2,330,656		3,050,738		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	2,330,656		3,050,738		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER	22	4		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		102		73
74 TOTAL (SUM OF LINES 70-73)	22	106		74
75 ORGANS TRANSPLANTED		118		75
76 ORGANS SOLD TO OTHER HOSPITALS		6		76
77 ORGANS SOLD TO OPO'S		4		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)		128		84

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART I

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

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES		PER DIEM COSTS (FROM WKST D-1, PT. II)	ORGAN ACQUISITION DAYS	COST (COL.2 x COL.3)	
		1	D	2	3	4	
1	ADULTS & PEDIATRICS		38	1,171.79			1
2	INTENSIVE CARE UNIT		43	2,041.86			2
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	SPECIAL CARE NURSERY		47	1,254.11			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	0.105271	25,839	2,720		8
9	RECOVERY ROOM	51	0.255045				9
10	DELIVERY ROOM & LABOR ROOM	52	0.224201				10
11	ANESTHESIOLOGY	53	0.133488	2,085	278		11
12	RADIOLOGY-DIAGNOSTIC	54	0.168426	963	162		12
13	RADIOLOGY-THERAPEUTIC	55	0.105497				13
14	RADIOISOTOPE	56	0.146374				14
15	CT SCAN	57	0.051091				15
16	MRI	58	0.112983	803	91		16
17	CARDIAC CATHETERIZATION	59	0.094043	3,960	372		17
17.01	VASCULAR LAB	59.01	0.073584				17.01
17.02	CARDIAC GRAPHICS	59.02	0.091590	1,623	149		17.02
17.03	PULMONARY FUNCTION	59.03	0.129497				17.03
17.04	EPS	59.04	0.254031				17.04
17.05	GI	59.05	0.167852				17.05
18	LABORATORY	60	0.101074	4,720	477		18
19	PBP CLINICAL LAB SERVICES-PRGM	61					19
20	WHOLE BLOOD & PACKED RED BLOOD	62	0.271923	238	65		20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30					20.30
21	BLOOD STORING, PROCESSING & TRA	63	0.266538				21
21.01	CELL THERAPY LAB	63.01					21.01
22	INTRAVENOUS THERAPY	64					22
23	RESPIRATORY THERAPY	65	0.059908	1,863	112		23
24	PHYSICAL THERAPY	66	0.214287				24
25	OCCUPATIONAL THERAPY	67	0.168258				25
26	SPEECH PATHOLOGY	68					26
27	ELECTROCARDIOLOGY	69		33			27
28	ELECTROENCEPHALOGRAPHY	70	0.146530				28
29	MEDICAL SUPPLIES CHARGED TO PAT	71	0.336988				29
30	IMPL. DEV. CHARGED TO PATIENTS	72	0.419220				30
31	DRUGS CHARGED TO PATIENTS	73	0.248111	407	101		31
32	RENAL DIALYSIS	74					32
33	ASC (NON-DISTINCT PART)	75					33
34	OTHER ANCILLARY (SPECIFY)	76					34
34.97	CARDIAC REHABILITATION	76.97	0.156561				34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98					34.98
34.99	LITHOTRIPSY	76.99					34.99
35	RURAL HEALTH CLINIC	88					35
36	FEDERALLY QUALIFIED HEALTH CENT	89					36
37	CLINIC	90	1.064005				37
37.01	PSYCH CLINIC	90.01	0.978448				37.01
37.02	TRANSPLANT CLINIC	90.02	0.467866				37.02
37.03	OB CLINIC	90.03	1.047727				37.03
38	EMERGENCY	91	0.126584				38
39	OBSERVATION BEDS (NON-DISTINCT	92	0.478773				39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.290810				39.01
40	OTHER OUTPATIENT SERVICE (SPECI	93					40
41	TOTAL (SUM OF LINES 8-40)			42,534	4,527		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	2	3	
42	ADULTS & PEDIATRICS	2			42
43	INTENSIVE CARE UNIT	3			43
44	CORONARY CARE UNIT	4			44
45	BURN INTENSIVE CARE UNIT	5			45
46	SURGICAL INTENSIVE CARE UNIT	6			46
47	SPECIAL CARE NURSERY	7			47
48	TOTAL (SUM OF LINES 42-47)				48

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
56 ROUTINE & ANCILLARY FROM PART I	4,527		42,534		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	2,208,618		2,208,618		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	2,213,145		2,251,152		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		34			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		23			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.676471			64
65 MEDICARE COST/CHARGES	1,497,128		1,522,839		65
66 REVENUE FOR ORGANS SOLD	347,639				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	1,149,489		1,522,839		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	1,149,489		1,522,839		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER		2		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		32		73
74 TOTAL (SUM OF LINES 70-73)		34		74
75 ORGANS TRANSPLANTED		32		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		2		77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS				78
79 ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80 ORGANS SOLD OUTSIDE THE U.S.				80
81 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				81
82 ORGANS USED FOR RESEARCH				82
83 UNUSABLE/DISCARDED ORGANS				83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)		34		84

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	127,681,012	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	14,912,340	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	6,215,507	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	833.63	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)	296.56	5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)	1.11	6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)	32.55	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)	330.22	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	481.66	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS	2.07	11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	332.29	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	318.93	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	299.90	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	317.04	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	317.04	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.380313	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.379132	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.379132	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	25,133,582	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)	151.44	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)	25,133,582	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0669	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (SEE INSTRUCTIONS)	0.1680	31
32	SUM OF LINES 30 AND 31	0.2349	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0859	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	10,967,799	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)	178,694,733	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)	178,694,733	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	14,312,600	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	7,296,384	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)	11,266,825	55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS	447,112	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	212,017,654	59
60	PRIMARY PAYER PAYMENTS	78,501	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	211,939,153	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	9,126,560	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	1,370,940	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,978,542	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,384,979	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,978,542	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	202,826,632	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
70.93	HVBP PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	-87,305	70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (SEE INSTRUCTIONS)	-843,019	70.94
71	AMOUNT DUE PROVIDER (SEE INSTRUCTIONS)	201,896,308	71
71.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	1,695,929	71.01
72	INTERIM PAYMENTS	201,456,375	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS LINES 71.01, 72 AND 73)	-1,255,996	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2		75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	539	2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	8	4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	8	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	8	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)	8	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	8	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	8	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)	8	40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		40.01
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)	8	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

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

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		21,158,036		3,510,459
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.		179,366,141		54,237,955
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 08/07/2013	932,198	08/07/2013	94,875
PROGRAM .02				3.01
TO .03				3.02
PROVIDER .04				3.03
PROGRAM .05				3.04
TO .06				3.05
PROVIDER .07				3.06
PROGRAM .08				3.07
TO .09				3.08
PROVIDER .50		NONE		3.09
PROGRAM .51				3.50
TO .52				3.51
PROVIDER .53				3.52
PROGRAM .54				3.53
TO .55				3.54
PROVIDER .56				3.55
PROGRAM .57				3.56
TO .58				3.57
PROVIDER .59				3.58
PROGRAM .99				3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		932,198		94,875
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		201,456,375		57,843,289

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
	TO .04				5.04
	PROVIDER .05				5.05
	TO .06				5.06
	PROVIDER .07				5.07
	TO .08				5.08
	PROVIDER .09				5.09
	TO .50				5.50
	PROVIDER .51	NONE		NONE	5.51
	TO .52				5.52
	PROVIDER .53				5.53
	TO .54				5.54
	PROVIDER .55				5.55
	TO .56				5.56
	PROVIDER .57				5.57
	TO .58				5.58
	PROVIDER .59				5.59
	PROGRAM .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	439,933		1,005,847	6.01
	TO .02				6.02
	PROVIDER .03				
	TO .04				
	PROVIDER .05				
	TO .06				
	PROVIDER .07				
	TO .08				
	PROVIDER .09				
	TO .50				
	PROVIDER .51				
	TO .52				
	PROVIDER .53				
	TO .54				
	PROVIDER .55				
	TO .56				
	PROVIDER .57				
	TO .58				
	PROVIDER .59				
	PROGRAM .99				
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		201,896,308		58,849,136	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

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

INPATIENT
 PART A
 PART B
 MM/DD/YYYY AMOUNT MM/DD/YYYY AMOUNT
 1 2 3 4

1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER							1
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		2,010,360				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 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99		NONE			NONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
	SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)							
4	TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		2,010,360					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 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99		NONE			NONE	5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 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 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROGRAM .06			89,338			8 6.01 6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		2,099,698					8 7
8	NAME OF CONTRACTOR:			CONTRACTOR NUMBER:		NPR DATE:		8

PROVIDER CCN: 14-0281 NORTHWESTERN MEMORIAL HOSPITAL
PERIOD FROM 09/01/2012 TO 08/31/2013

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

VERSION: 2013.11
01/30/2014 14:32

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0281) [] CAH
APPLICABLE BOX

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	46,565	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	69,853	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	3,505	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	224,020	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	4,977,398,050	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	197,086,462	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	1,086,119	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	21,722	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (SEE INSTRUCTIONS)	1,064,397	10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	1,058,154	30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 (OR LINE 10) MINUS LINE 30 AND LINE 31) (SEE INSTRUCTIONS)	6,243	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART II

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

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	2,095,696	1
2	NET IPF PPS OUTLIER PAYMENT	18,338	2
3	NET IPF PPS ECT PAYMENT	38,806	3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	2.74	4
4.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii) (F)(1) OR (2) (SEE INSTRUCTIONS)		4.01
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)	2.74	6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	2.74	8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	25.723288	9
10	TEACHING ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8/LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$	0.053510	10
11	TEACHING ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)	112,141	11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	2,264,981	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)	2,264,981	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	2,264,981	18
19	DEDUCTIBLES	150,432	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	2,114,549	20
21	COINSURANCE	68,039	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	2,046,510	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)	2,046,510	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)	53,188	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,099,698	31
31.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	17,637	31.01
32	INTERIM PAYMENTS	2,010,360	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 31.01, 32 AND 33)	71,701	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

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

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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES		
1 INPATIENT HOSPITAL SNF/NF SERVICES	42,411,326	1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	42,411,326	4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	42,411,326	7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8 ROUTINE SERVICE CHARGES		8
9 ANCILLARY SERVICE CHARGES		9
10 ORGAN ACQUISITION CHARGES, NET OF REVENUE		10
11 INCENTIVE FROM TARGET AMOUNT COMPUTATION		11
12 TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)		12
CUSTOMARY CHARGES		
13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
14 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		14
15 RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	1.000000 15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))		17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	42,411,326	18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)		21
PROSPECTIVE PAYMENT AMOUNT		
22 OTHER THAN OUTLIER PAYMENTS		22
23 OUTLIER PAYMENTS		23
24 PROGRAM CAPITAL PAYMENTS		24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS		26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)		27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)		28
29 SUM OF LINES 27 AND 21		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30 EXCESS OF REASONABLE COST (FROM LINE 18)		30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)		31
32 DEDUCTIBLES		32
33 COINSURANCE		33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35 UTILIZATION REVIEW		35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)		36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38 SUBTOTAL (LINE 36 ± LINE 37)		38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)		39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)		40
41 INTERIM PAYMENTS		41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)		42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

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

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

	INPATIENT	OUTPATIENT
	TITLE V OR	TITLE V OR
	TITLE XIX	TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES		
1 INPATIENT HOSPITAL SNF/NF SERVICES	1,009,808	1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	1,009,808	4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	1,009,808	7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8 ROUTINE SERVICE CHARGES		8
9 ANCILLARY SERVICE CHARGES		9
10 ORGAN ACQUISITION CHARGES, NET OF REVENUE		10
11 INCENTIVE FROM TARGET AMOUNT COMPUTATION		11
12 TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)		12
CUSTOMARY CHARGES		
13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
14 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		14
15 RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	1.000000 15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))		17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	1,009,808	18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)		21
PROSPECTIVE PAYMENT AMOUNT		
22 OTHER THAN OUTLIER PAYMENTS		22
23 OUTLIER PAYMENTS		23
24 PROGRAM CAPITAL PAYMENTS		24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS		26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)		27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)		28
29 SUM OF LINES 27 AND 21		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30 EXCESS OF REASONABLE COST (FROM LINE 18)		30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)		31
32 DEDUCTIBLES		32
33 COINSURANCE		33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35 UTILIZATION REVIEW		35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)		36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38 SUBTOTAL (LINE 36 ± LINE 37)		38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)		39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)		40
41 INTERIM PAYMENTS		41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)		42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996		318.27 1	
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		1.11 2	
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA		3 3	
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 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	
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.01 4.01	
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		36.76 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)		356.14 5	
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)		484.89 6	
7	ENTER THE LESSER OF LINE 5 OR LINE 6		356.14 7	
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	144.31	310.22	454.53 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	105.99	227.85	333.84 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		2.07	10
11	TOTAL WEIGHTED FTE COUNT	105.99	229.92	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	96.71	227.22	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	88.30	215.23	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	97.00	224.12	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	97.00	224.12	17
18	PER RESIDENT AMOUNT	97,628.84	93,180.30	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	9,469,997	20,883,569	30,353,566 19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			2.61 20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			128.75 21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			2.45 22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			100,372.00 23
24	MULTIPLY LINE 22 TIMES LINE 23			245,911 24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			30,599,477 25
COMPUTATION OF PROGRAM PATIENT LOAD				
		INPATIENT PART A	MANAGED CARE	
26	INPATIENT DAYS	72,477	3,505	26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	233,409	233,409	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.310515	0.015017	28
29	PROGRAM DIRECT GME AMOUNT	9,501,597	459,512	29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		64,929	30
31	NET PROGRAM DIRECT GME AMOUNT			9,896,180 31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 × LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			204,264,976 37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			11,266,825 38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			78,501 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			215,453,300 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			76,793,208 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			24,320 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			76,768,888 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			292,222,188 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.737293 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.262707 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			9,896,180 48
49	PART A MEDICARE GME PAYMENT (LINE 46 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			7,296,384 49
50	PART B MEDICARE GME PAYMENT (LINE 47 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			2,599,796 50

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996		1	
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		2	
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA		3	
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH 42 CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		3.01	
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))		4	
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.01	
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.02	
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 AND 4.02 PLUS APPLICABLE SUBSCRIPTS)		5	
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)		6	
7	ENTER THE LESSER OF LINE 5 OR LINE 6		7	
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR			8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6			9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT			11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)			12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)			13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)			14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT			17
18	PER RESIDENT AMOUNT			18
19	APPROVED AMOUNT FOR RESIDENT COSTS			19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			25
COMPUTATION OF PROGRAM PATIENT LOAD				
26	INPATIENT DAYS	INPATIENT PART A	MANAGED CARE	
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	34,062	3,469	26
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	233,409	233,409	27
29	PROGRAM DIRECT GME AMOUNT	0.145933	0.014862	28
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			29
31	NET PROGRAM DIRECT GME AMOUNT			30
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			31
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			32
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			33
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			34
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 × LINE 35)			35
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			36
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			37
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			38
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			39
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			40
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			41
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			42
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			43
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			44
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			45
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			46
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			47
49	PART A MEDICARE GME PAYMENT (LINE 46 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			48
50	PART B MEDICARE GME PAYMENT (LINE 47 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			49

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	158,986,502			1
2	TEMPORARY INVESTMENTS	224,436,948			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	244,169,748			4
5	OTHER RECEIVABLES	16,207,579			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-32,204,732			6
7	INVENTORY	27,952,545			7
8	PREPAID EXPENSES	6,436,489			8
9	OTHER CURRENT ASSETS	37,898,974			9
10	DUE FROM OTHER FUNDS	21,367,049			10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	705,251,102			11
FIXED ASSETS					
12	LAND	182,419,354			12
13	LAND IMPROVEMENTS				13
14	ACCUMULATED DEPRECIATION				14
15	BUILDINGS	1,656,017,227			15
16	ACCUMULATED DEPRECIATION	-774,426,396			16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	336,199,734			23
24	ACCUMULATED DEPRECIATION	-252,237,579			24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	1,147,972,340			30
OTHER ASSETS					
31	INVESTMENTS	1,519,172,393	3,814,266	6,436,930	31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	827,221,165	149,871,517	119,128,802	34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	2,346,393,558	153,685,783	125,565,732	35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	4,199,617,000	153,685,783	125,565,732	36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	91,486,088			37
38	SALARIES, WAGES & FEES PAYABLE	56,602,233			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	13,435,000			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS	203,848,883			43
44	OTHER CURRENT LIABILITIES	188,496,946			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	553,869,150			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	793,819,451			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	712,357,400			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	1,506,176,851			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	2,060,046,001			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	2,139,570,999			52
53	SPECIFIC PURPOSE FUND BALANCE		153,685,783		53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED			125,565,732	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)	2,139,570,999	153,685,783	125,565,732	59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	4,199,617,000	153,685,783	125,565,732	60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD	1,997,827,848		151,330,477			116,594,337			1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)	92,555,193								2
3 TOTAL (SUM OF LINE 1 AND LINE 2)	2,090,383,041		151,330,477			116,594,337			3
4 ADDITIONS (CREDIT ADJUSTMENTS)					-22,635,338				4
5 NET ASSETS RELSD PROP & EQUIP	763,386				-763,386				5
6	50,958,772								6
7 RECLASSIFICATIONS					-5,380,170				7
8 GIFTS GRANTS OTHER REVENUE					4,116,024				8
9					16,042,849				9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)	51,722,158					-8,620,021			10
11 SUBTOTAL (LINE 3 PLUS LINE 10)	2,142,105,199		151,330,477			107,974,316			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13									13
14 RECLASSIFICATION	5,000								14
15 CHANGE IN SWAPS	2,529,200								15
16 CHANGE IN NMF ASSETS			-2,355,306		1,359,329				16
17					-18,950,745				17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)	2,534,200		-2,355,306			-17,591,416			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)	2,139,570,999		153,685,783			125,565,732			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	635,224,737		635,224,737	2
3 SUBPROVIDER IPF	17,376,960		17,376,960	3
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	652,601,697		652,601,697	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 SPECIAL CARE NURSERY				16
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)				16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	652,601,697		652,601,697	17
18 ANCILLARY SERVICES	2,054,843,062		2,054,843,062	18
19 OUTPATIENT SERVICES		2,147,224,056	2,147,224,056	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	2,707,444,759	2,147,224,056	4,854,668,815	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		1,285,988,174	29
30 ADD (SPECIFY)			30
31			31
32 BAD DEBT			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 **DEDUCT (SPECIFY)** NON OPERATING			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		1,285,988,174	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	4,854,668,815	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	3,543,208,230	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	1,311,460,585	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	1,285,988,174	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	25,472,411	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	77,332,738	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS	5,911,544	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	5,373,509	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS	2,329,643	15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	808,546	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	30,811,510	22
23	GOVERNMENTAL APPROPRIATIONS	5,646,119	23
24	OTHER (SHARED, TELECOM, OTHER)		24
24.01	OTHER (OTHER)		24.01
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	128,213,609	25
26	TOTAL (LINE 5 PLUS LINE 25)	153,686,020	26
27			27
27.01		61,130,827	27.01
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	61,130,827	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	92,555,193	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL FEDERAL AMOUNT			
2	CAPITAL DRG OTHER THAN OUTLIER	10,168,038		1
3	CAPITAL DRG OUTLIER PAYMENTS	2,071,299		2
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	620.62		3
5	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	317.04		4
6	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.1551		5
7	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	1,577,063		6
8	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0669		7
9	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (SEE INSTRUCTIONS)	0.1680		8
10	SUM OF LINES 7 AND 8	0.2349		9
11	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0488		10
12	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	496,200		11
13	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	14,312,600		12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5.01 NONPATIENT PHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING RECEIVING & STORES					5.03
5.04 ADMITTING					5.04
5.05 ADMINISTRATIVE & GENERAL					5.05
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES					21
22 I&R SERVICES-OTHER PRGM COSTS					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMED ED PRGM-(CHAPLAINCY)					23.01
23.02 PARAMED ED PRGM-(NM SCHL)					23.02
23.03 PARAMED ED PRGM-(RAD THER)					23.03
23.04 PARAMED ED PRGM-(NUCLEAR MED)					23.04
23.05 PARAMED ED PRGM-(SONOGRAPHY)					23.05
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
35 SPECIAL CARE NURSERY					35
40 SUBPROVIDER - IPF					40
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
57 CT SCAN					57
58 MRI					58
59 CARDIAC CATHETERIZATION					59
59.01 VASCULAR LAB					59.01
59.02 CARDIAC GRAPHICS					59.02
59.03 PULMONARY FUNCTION					59.03
59.04 EPS					59.04
59.05 GI					59.05
60 LABORATORY					60
62 WHOLE BLOOD & PACKED RED BLOOD					62
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
63 BLOOD STORING, PROCESSING & TR					63
63.01 CELL THERAPY LAB					63.01
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHARGED TO PA					71
72 IMPL. DEV. CHARGED TO PATIENTS					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.01 PSYCH CLINIC					90.01
90.02 TRANSPLANT CLINIC					90.02
90.03 OB CLINIC					90.03
91 EMERGENCY					91

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	
92 OBSERVATION BEDS (NON-DISTINCT						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
105 KIDNEY ACQUISITION						105
106 HEART ACQUISITION						106
107 LIVER ACQUISITION						107
SPECIAL PURPOSE COST CENTERS						
109 PANCREAS ACQUISITION						109
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)						118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CA						190
191 RESEARCH						191
191.01 SPONSERED PROJECT						191.01
194 REAL ESTATE						194
194.01 MARKETING, OTHER NON-REIMB						194.01
194.02 OTHER COMPANY WIDE ACTIVITY						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204

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

EXHIBIT 3

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