

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
  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.
- DATE: 10-22-2013 TIME: 12:33\_\_\_\_\_
- CONTRACTOR USE ONLY
5.  COST REPORT STATUS
  6. DATE RECEIVED: \_\_\_\_\_
  7. CONTRACTOR NO: \_\_\_\_\_
  8.  INITIAL REPORT FOR THIS PROVIDER CCN
  9.  FINAL REPORT FOR THIS PROVIDER CCN
  10. NPR DATE: \_\_\_\_\_
  11. CONTRACTOR'S VENDOR CODE: \_\_\_\_\_
  12.  IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED - 0-9.
- 1 - AS SUBMITTED
  - 2 - SETTLED WITHOUT AUDIT
  - 3 - SETTLED WITH AUDIT
  - 4 - REOPENED
  - 5 - AMENDED

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY SAINT LOUIS UNIVERSITY HOSPITAL (26-0105) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 06/01/2012 AND ENDING 05/31/2013, 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		-979,705	530,605	215,787	14,961,330	1
2 SUBPROVIDER - IPF		94,734	-1,050		2,494,689	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		-884,971	529,555	215,787	17,456,019	200

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 3635 VISTA AT GRAND BLVD P.O.BOX: 1  
 2 CITY: ST. LOUIS STATE: MO ZIP CODE: 63110 COUNTY: SAINT LOUIS 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)			
						V 6	XVIII 7	XIX 8	
3	HOSPITAL	26-0105	41180	1	07/01/1966	O	P	O	3
4	SUBPROVIDER - IPF	26-S105	41180	4	07/01/1984	N	P	O	4
5	SUBPROVIDER - IRF								5
6	SUBPROVIDER - (OTHER)								6
7	SWING BEDS - SNF								7
8	SWING BEDS - NF								8
9	HOSPITAL-BASED SNF								9
10	HOSPITAL-BASED NF								10
11	HOSPITAL-BASED OLTC								11
12	HOSPITAL-BASED HHA								12
13	SEPARATELY CERTIFIED ASC								13
14	HOSPITAL-BASED HOSPICE								14
15	HOSPITAL-BASED HEALTH CLINIC - RHC								15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC								16
17	HOSPITAL-BASED (CMHC)								17
18	RENAL DIALYSIS	26-2310	41180		07/01/1966				18
19	OTHER								19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 06/01/2012			TO: 05/31/2013				20
21	TYPE OF CONTROL								21

INPATIENT PPS INFORMATION

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

		OUT-OF					
		IN-STATE		OUT-OF		STATE	
		MEDICAID PAID	MEDICAID UNPAID	STATE MEDICAID PAID	STATE MEDICAID UNPAID	MEDICAID HMO	OTHER MEDICAID
		DAYS	DAYS	DAYS	DAYS	DAYS	DAYS
		1	2	3	4	5	6
24	IF THIS PROVIDER IS AN IPHS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	9,254	1,259	3,945	862	644	24
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF STATE MEDICAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.						25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.					1	26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.					1	27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	38

		1	2
39	DOES THE FACILITY POTENTIALLY QUALIFY FOR THE INPATIENT HOSPITAL ADJUSTMENT FOR LOW VOLUME HOSPITALS AS DEEMED BY CMS ACCORDING TO THE FEDERAL REGISTER? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. ADDITIONALLY, DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N	N 39

		V	XVIII	XIX
45	PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	1 N	2 Y	3 N

46	IS THIS FACILITY ELIGIBLE FOR ADDITIONAL PAYMENT EXCEPTION FOR EXTRAORDINARY CIRCUMSTANCES PURSUANT TO 42 CFR §412.348(f)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N	N	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	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 AVERAGE	DIRECT GME AVERAGE
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	N		61

ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)			62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)			62.01

TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS

63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	Y		63
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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)	10.98	202.30	0.051482	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)

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))			
PROGRAM NAME	PROGRAM CODE					
1	2	3	4	5		
65	INTERNAL MEDICINE	1400	2.61	56.20	0.044380	65
65.01	GERIATRIC MEDICINE	1408	0.41	1.75	0.189815	65.01
65.02	INTERNAL MEDICINE PEDIATRICS	1450	0.64	5.67	0.101426	65.02

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

	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)	8.97	206.37	0.041655	66

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

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

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.3+COL.4)	
1	2	3	4	5	
67 INTERNAL MEDICINE	1400	8.53	55.48	0.133260	67
67.01 GERIATRIC MEDICINE	1408	0.76	0.91	0.455090	67.01
67.02 INTERNAL MEDICINE PEDIATRIC	1450	0.26	5.03	0.049149	67.02
67.03 GERIATRIC PSYCH	2202	0.12	1.08	0.100000	67.03

INPATIENT PSYCHIATRIC FACILITY PPS

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

INPATIENT REHABILITATION FACILITY PPS

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

LONG TERM CARE HOSPITAL PPS

80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.	N			80
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TEFRA PROVIDERS

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

TITLE V AND XIX INPATIENT SERVICES

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

RURAL PROVIDERS

105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?			1	2		
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.	N			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- SICAL	OCCUP- ATIONAL	RESPI- RATORY	109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-1§ 2208.1.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	1		118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 186,039 PAID LOSSES: 598,500 SELF INSURANCE:			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		121

TRANSPLANT CENTER INFORMATION

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

ALL PROVIDERS

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

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

141	NAME: TENET HEALTHCARE CORP	CONTRACTOR'S NAME: NOVITAS SOLUTIONS	CONTRACTOR'S NUMBER: 04411	141
142	STREET: 1445 ROSS AVENUE, STE 1400	P.O. BOX:		142
143	CITY: DALLAS	STATE: TX	ZIP CODE: 75202-2703	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	Y		145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N		146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		149

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

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



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	
<b>PROVIDER ORGANIZATION AND OPERATION</b>				
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N	2	1
		Y/N	DATE	V/I
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N	2	3
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
<b>FINANCIAL DATA AND REPORTS</b>				
		Y/N	TYPE	DATE
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	Y	A	02/25/2013
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5
<b>APPROVED EDUCATIONAL ACTIVITIES</b>				
			Y/N	Y/N
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?		N	2
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y		7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y		9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	Y		10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11
<b>BED COMPLEMENT</b>				
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

		PART A		PART B	
		Y/N	DATE	Y/N	DATE
<b>PS&amp;R REPORT DATA</b>					
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N	2	N	4
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	08/31/2013	Y	08/31/2013
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 | N   |      | IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE. 38 |
| 39 |     |      | IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS. 39   |
| 40 |     |      | IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. 40  |

COST REPORT PREPARER CONTACT INFORMATION

- |    |                            |  |                    |    |
|----|----------------------------|--|--------------------|----|
| 41 | FIRST NAME: HANK           | LAST NAME: IRICK                           | TITLE: SR.DIRECTOR | 41 |
| 42 | EMPLOYER: TENET HEALTHCARE |  |                    | 42 |
| 43 | PHONE NUMBER: 469-893-6003 | E-MAIL ADDRESS: HANK.IRICK@TENETHEALTH.COM |                    | 43 |





HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART II & III

PART II - WAGE DATA

LINE	AMOUNT	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)	
NUMBER	REPORTED					
1	2	3	4	5	6	
SALARIES						
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	91,972,442	91,972,442	3,060,229.00	30.05
2	NON-PHYSICIAN ANESTHETIST PART A					2
3	NON-PHYSICIAN ANESTHETIST PART B					3
4	PHYSICIAN-PART A ADMINISTRATIVE					4
4.01	PHYSICIAN-PART A - TEACHING					4.01
5	PHYSICIAN-PART B					5
6	NON-PHYSICIAN-PART B					6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21	69,280	69,280	2,116.00	32.74
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)					7.01
8	HOME OFFICE PERSONNEL					8
9	SNF	44				9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		5,689,646	-648,682	5,040,964	162,197.00
	OTHER WAGES & RELATED COSTS					31.08
11	CONTRACT LABOR (SEE INSTRUCTIONS)		4,160,454		4,160,454	80,175.00
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES					51.89
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		308,319		308,319	2,007.00
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		13,593,737		13,593,737	233,989.00
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE					153.62
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING					58.10
	WAGE-RELATED COSTS					15
17	WAGE-RELATED COSTS (CORE)		18,313,322		18,313,322	17
18	WAGE-RELATED COSTS (OTHER)					18
19	EXCLUDED AREAS		1,308,140		1,308,140	19
20	NON-PHYSICIAN ANESTHETIST PART A					20
21	NON-PHYSICIAN ANESTHETIST PART B					21
22	PHYSICIAN PART A - ADMINISTRATIVE					22
22.01	PHYSICIAN PART A - TEACHING					22.01
23	PHYSICIAN PART B					23
24	WAGE-RELATED COSTS (RHC/FQHC)					24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)		14,925		14,925	25
	OVERHEAD COSTS - DIRECT SALARIES					25
26	EMPLOYEE BENEFITS		567,147		567,147	20,196.00
27	ADMINISTRATIVE & GENERAL		11,550,420	-161,904	11,388,516	326,045.00
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		296,542		296,542	7,187.00
29	MAINTENANCE & REPAIRS		361,903		361,903	11,868.00
30	OPERATION OF PLANT					30.49
31	LAUNDRY & LINEN SERVICE		88,939		88,939	6,634.00
32	HOUSEKEEPING					13.41
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)					32
34	DIETARY					33
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)					34
36	CAFETERIA					35
37	MAINTENANCE OF PERSONNEL					36
38	NURSING ADMINISTRATION		1,347,254		1,347,254	34,561.00
39	CENTRAL SERVICES AND SUPPLY		628,694		628,694	35,464.00
40	PHARMACY		4,217,403	-246,196	3,971,207	103,985.00
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		2,801,577		2,801,577	111,030.00
42	SOCIAL SERVICE		1,889,403		1,889,403	58,599.00
43	OTHER GENERAL SERVICE					32.24

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)		92,199,704		92,199,704	3,065,300.00	30.08	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		5,689,646	-648,682	5,040,964	162,197.00	31.08	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)		86,510,058	648,682	87,158,740	2,903,103.00	30.02	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)		18,062,510		18,062,510	316,171.00	57.13	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)		18,313,322		18,313,322		21.01*	5
6	TOTAL (SUM OF LINES 3 THRU 5)		122,885,890	648,682	123,534,572	3,219,274.00	38.37	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)		23,749,282	-408,100	23,341,182	715,569.00	32.62	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
 PART IV

PART A - CORE LIST

		AMOUNT REPORTED	
RETIREMENT COST			
1	401K EMPLOYER CONTRIBUTIONS	889,282	1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3	NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4	QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)			
5	401K/TSA PLAN ADMINISTRATION FEES		5
6	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST			
8	HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	9,898,261	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN		10
11	LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)		11
12	ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13	DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		13
14	LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15	WORKERS' COMPENSATION INSURANCE	1,408,269	15
16	RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES			
17	FICA-EMPLOYERS PORTION ONLY	6,733,106	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE	79,418	19
20	STATE OR FEDERAL UNEMPLOYMENT TAXES	331,645	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	296,406	23
24	TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	19,636,387	24
PART B - OTHER THAN CORE RELATED COST			
25	OTHER WAGE RELATED (OTHER WAGE RELATED COST)	601,298	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	4,160,454	19,636,387	1
2	HOSPITAL	4,160,454	18,864,680	2
3	SUBPROVIDER - IPF		771,707	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)				0.202235	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				70,428,895	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				258,158,912	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				52,208,768	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.					8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)				2,318,284	13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)				14,569,122	14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)				2,946,386	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.				628,102	16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS				50,354	18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				628,102	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	33,694,796	37,660	33,732,456		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	6,814,267	7,616	6,821,883		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	27,484	400	27,884		22
23	COST OF CHARITY CARE	6,786,783	7,216	6,793,999		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)			34,917,621		26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			1,479,077		27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			33,438,544		28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			6,762,444		29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			13,556,443		30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			14,184,545		31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
GENERAL SERVICE COST CENTERS						
1	00100		4,632,959	4,632,959	1,229,300	1
2	00200		10,964,792	10,964,792	2,798,664	2
3	00300		2,601,600	2,601,600	-2,601,600	3
4	00400	567,147	12,246,233	12,813,380	-3,118	4
5	00500	11,550,420	67,206,695	78,757,115	-959,908	5
6	00600	361,903	230,612	592,515	-277	6
7	00700		11,442,800	11,442,800	-2,030,580	7
8	00800	88,939	988,198	1,077,137	-7	8
9	00900		3,717,534	3,717,534	-2,632	9
10	01000		3,226,930	3,226,930	-2,668,996	10
11	01100				1,910,261	11
12	01200					12
13	01300	1,347,254	267,446	1,614,700	-17,764	13
14	01400	628,694	1,794,347	2,423,041	-1,624,519	14
15	01500	4,217,403	18,244,271	22,461,674	-15,627,368	15
16	01600	2,362,381	1,156,724	3,519,105	-2,003	16
16.01	01601	439,196	201,266	640,462	-248	16.01
17	01700	1,889,403	552,848	2,442,251	-350	17
19	01900					19
20	02000					20
21	02100	69,280		69,280		21
22	02200		36,407,048	36,407,048		22
23	02300				297,903	23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	17,673,699	4,542,984	22,216,683	-2,033,085	30
31	03100	2,622,050	905,788	3,527,838	-150,313	31
31.01	03101	1,930,215	874,733	2,804,948	-160,116	31.01
31.02	03102	2,173,468	933,581	3,107,049	-155,176	31.02
31.03	03103	2,405,850	757,886	3,163,736	-198,494	31.03
31.04	03104	2,523,415	977,373	3,500,788	-149,761	31.04
40	04000	2,901,498	310,554	3,212,052	182,705	40
ANCILLARY SERVICE COST CENTERS						
50	05000	5,665,862	22,614,467	28,280,329	-17,936,587	50
51	05100	2,337,185	534,608	2,871,793	-201,342	51
53	05300	193,763	1,304,530	1,498,293	-955,766	53
54	05400	6,219,061	8,162,012	14,381,073	-5,311,616	54
54.03	03330	970,633	1,591,652	2,562,285	-1,016,451	54.03
54.05	05401	227,854	459,666	687,520	86,858	54.05
55	05500	574,066	1,210,129	1,784,195	26,837	55
56	05600	393,457	1,133,784	1,527,241	-113,852	56
60	06000	4,975,894	10,619,831	15,595,725	-2,149,606	60
60.02	06002					60.02
62.30	06250					62.30
63	06300		3,736,291	3,736,291	19,888	63
65	06500	1,889,466	1,179,543	3,069,009	-831,021	65
66	06600	1,810,271	377,817	2,188,088	-49,209	66
69	06900	2,572,322	6,660,811	9,233,133	-5,567,334	69
69.02	03650					69.02
70	07000	258,172	161,912	420,084	6,263	70
71	07100				18,667,904	71
72	07200				17,071,611	72
73	07300				16,074,256	73
74	07400					74
76	03950	430	1,255,495	1,255,925	-22,246	76
76.01	03551					76.01
76.29	03961					76.29
76.30	03962	178,999	510,776	689,775	20,562	76.30
76.31	03963		300,600	300,600		76.31
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	445,137	434,843	879,980	-10,846	90
90.02	09002				1,556,013	90.02
90.03	09003	315,819	347,373	663,192	-15,035	90.03
91	09100	4,403,688	9,194,227	13,597,915	-881,708	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105	10500	2,781,941	1,794,484	4,576,425	-644,939	105
107	10700		745,190	745,190	1,037,981	107
109	10900		97,277	97,277	4,118	109
113	11300		24,165,284	24,165,284	-165,284	113
118		91,966,235	283,777,804	375,744,039	-3,268,033	118
NONREIMBURSABLE COST CENTERS						
190	19000		89	89		190

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITA  
PERIOD FROM 06/01/2012 TO 05/31/2013

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

VERSION: 2012.11  
10/22/2013 12:33

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
194	07950				758,062	194
194.05	07955				450,288	194.05
194.11	07961				1,537,299	194.11
194.12	07962				522,384	194.12
194.13	07963					194.13
194.14	07964					194.14
194.15	07965	6,207	35,641	41,848		194.15
200						200
	TOTAL (SUM OF LINES 118-199)	91,972,442	283,813,534	375,785,976		

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7		
GENERAL SERVICE COST CENTERS						
1	00100	CAP REL COSTS-BLDG & FIXT	5,862,259	548,562	6,410,821	1
2	00200	CAP REL COSTS-MVBLE EQUIP	13,763,456	-50,803	13,712,653	2
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS	12,810,262		12,810,262	4
5	00500	ADMINISTRATIVE & GENERAL	77,797,207	8,045,441	85,842,648	5
6	00600	MAINTENANCE & REPAIRS	592,238		592,238	6
7	00700	OPERATION OF PLANT	9,412,220	-345,723	9,066,497	7
8	00800	LAUNDRY & LINEN SERVICE	1,077,130		1,077,130	8
9	00900	HOUSEKEEPING	3,714,902		3,714,902	9
10	01000	DIETARY	557,934	-17,010	540,924	10
11	01100	CAFETERIA	1,910,261		1,910,261	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	1,596,936		1,596,936	13
14	01400	CENTRAL SERVICES & SUPPLY	798,522		798,522	14
15	01500	PHARMACY	6,834,306		6,834,306	15
16	01600	MEDICAL RECORDS & LIBRARY	3,517,102	-18,320	3,498,782	16
16.01	01601	QUALITY ASSURANCE	640,214		640,214	16.01
17	01700	SOCIAL SERVICE	2,441,901	-209,152	2,232,749	17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SRVCES-SALARY & FRINGES APPRVD	69,280		69,280	21
22	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	36,407,048		36,407,048	22
23	02300	PARAMED ED PRGM-(SPECIFY)	297,903		297,903	23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	20,183,598	-9,235	20,174,363	30
31	03100	INTENSIVE CARE UNIT	3,377,525	-4,099	3,373,426	31
31.01	03101	6TH ICU	2,644,832		2,644,832	31.01
31.02	03102	7TH ICU	2,951,873		2,951,873	31.02
31.03	03103	8TH ICU	2,965,242		2,965,242	31.03
31.04	03104	5TH ICU	3,351,027		3,351,027	31.04
40	04000	SUBPROVIDER - IPF	3,394,757	-3,262	3,391,495	40
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	10,343,742	-11,200	10,332,542	50
51	05100	RECOVERY ROOM	2,670,451		2,670,451	51
53	05300	ANESTHESIOLOGY	542,527		542,527	53
54	05400	RADIOLOGY-DIAGNOSTIC	9,069,457	-1,544	9,067,913	54
54.03	03330	ENDOSCOPY	1,545,834		1,545,834	54.03
54.05	05401	PET IMAGING	774,378		774,378	54.05
55	05500	RADIOLOGY-THERAPEUTIC	1,811,032	-581,196	1,229,836	55
56	05600	RADIOISOTOPE	1,413,389		1,413,389	56
60	06000	LABORATORY	13,446,119	-40,053	13,406,066	60
60.02	06002	BLOOD CLOTTING FACTORS ADMIN COSTS				60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	06300	BLOOD STORING, PROCESSING & TRANS.	3,756,179	-8,901	3,747,278	63
65	06500	RESPIRATORY THERAPY	2,237,988		2,237,988	65
66	06600	PHYSICAL THERAPY	2,138,879		2,138,879	66
69	06900	ELECTROCARDIOLOGY	3,665,799	-62,000	3,603,799	69
69.02	03650	CARDIOVASCULAR LAB				69.02
70	07000	ELECTROENCEPHALOGRAPHY	426,347		426,347	70
71	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	18,667,904		18,667,904	71
72	07200	IMPL. DEV. CHARGED TO PATIENT	17,071,611		17,071,611	72
73	07300	DRUGS CHARGED TO PATIENTS	16,074,256	-96,750	15,977,506	73
74	07400	RENAL DIALYSIS	1,233,679		1,233,679	74
76	03950	OTHER ANCILLARY SERVICES				76
76.01	03551	PSYCH THERAPY				76.01
76.29	03961	AIR RESCUE				76.29
76.30	03962	BONE MARROW	710,337		710,337	76.30
76.31	03963	CORNEAL TRANSPLANTS	300,600		300,600	76.31
76.97	07697	CARDIAC REHABILITATION				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	CLINIC	869,134		869,134	90
90.02	09002	TRANSPLANT CLINIC	1,556,013		1,556,013	90.02
90.03	09003	BONE MARROW CLINIC	648,157	-541,833	106,324	90.03
91	09100	EMERGENCY	12,716,207	-6,841,146	5,875,061	91
92	09200	OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105	10500	KIDNEY ACQUISITION	3,931,486	-23,480	3,908,006	105
107	10700	LIVER ACQUISITION	1,783,171	-23,878	1,759,293	107
109	10900	PANCREAS ACQUISITION	101,395		101,395	109
113	11300	INTEREST EXPENSE	24,000,000	-24,000,000		113
118		SUBTOTALS (SUM OF LINES 1-117)	372,476,006	-24,295,582	348,180,424	118
NONREIMBURSABLE COST CENTERS						
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	89	133,924	134,013	190

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4)	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6)		
		5		7		
194	07950	DOCTORS MEALS	758,062	758,062	194	
194.05	07955	PUBLIC RELATIONS	450,288	450,288	194.05	
194.11	07961	UNIVERSITY SPACE	1,537,299	1,537,299	194.11	
194.12	07962	CANCER CENTER	522,384	522,384	194.12	
194.13	07963	MARKET SPACE			194.13	
194.14	07964	RENTAL PROPERTIES	41,848	41,848	194.14	
194.15	07965	OP CATH LAB-UNIV			194.15	
200		TOTAL (SUM OF LINES 118-199)	375,785,976	-24,161,658	351,624,318	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
	1	2	3	4	5	
1 RECLASS OF OTHER COC COSTS	C	ADMINISTRATIVE & GENERAL	5			131,597 1
500 TOTAL RECLASSIFICATIONS						131,597 500
CODE LETTER - C						
1 OFFEROR REBATES	D	CENTRAL SERVICES & SUPPLY	14			134,386 1
2 OFFEROR REBATES	D	PHARMACY	15			306,647 2
500 TOTAL RECLASSIFICATIONS						441,033 500
CODE LETTER - D						
1 DIETARY RECLASS - OTHER COSTS	E	CAFETERIA	11			1,910,261 1
2 DIETARY RECLASS - OTHER COSTS	E	DOCTORS MEALS	194			758,062 2
500 TOTAL RECLASSIFICATIONS						2,668,323 500
CODE LETTER - E						
1 RECLASS OF HIGH COST IMPLANTABLES	F	IMPL. DEV. CHARGED TO PATIENT	72			17,233,275 1
500 TOTAL RECLASSIFICATIONS						17,233,275 500
CODE LETTER - F						
1 TENETCARE RECLASS - OTHER	G	ELECTROCARDIOLOGY	69		181,179	36,232 1
2 TENETCARE RECLASS - OTHER	G	ELECTROENCEPHALOGRAPHY	70		9,388	1,877 2
500 TOTAL RECLASSIFICATIONS					190,567	38,109 500
CODE LETTER - G						
1 RECLASS PARAMED ED (OTHER)	H	PARAMED ED PRGM-(SPECIFY)	23		246,196	51,707 1
500 TOTAL RECLASSIFICATIONS					246,196	51,707 500
CODE LETTER - H						
1 RECLASS FLOAT POOL (OTHER)	I	INTENSIVE CARE UNIT	31		120,987	29,961 1
2 RECLASS FLOAT POOL (OTHER)	I	6TH ICU	31.01		101,960	25,249 2
3 RECLASS FLOAT POOL (OTHER)	I	7TH ICU	31.02		101,727	25,191 3
4 RECLASS FLOAT POOL (OTHER)	I	8TH ICU	31.03		112,179	27,779 4
5 RECLASS FLOAT POOL (OTHER)	I	5TH ICU	31.04		138,107	34,200 5
6 RECLASS FLOAT POOL (OTHER)	I	SUBPROVIDER - IPF	40		166,503	41,232 6
500 TOTAL RECLASSIFICATIONS					741,463	183,612 500
CODE LETTER - I						
1 RADIOLOGY CLINIC (SALARIES)	J	RADIOLOGY-THERAPEUTIC	55		8,949	27,003 1
500 TOTAL RECLASSIFICATIONS					8,949	27,003 500
CODE LETTER - J						
1 NUCLEAR MEDICINE (OTHER)	K	PET IMAGING	54.05		81,805	8,180 1
500 TOTAL RECLASSIFICATIONS					81,805	8,180 500
CODE LETTER - K						
1 RECLASS OF LEASED HOSPITAL SPACE	L	UNIVERSITY SPACE	194.11			1,537,299 1
2 RECLASS OF LEASED HOSPITAL SPACE	L	CANCER CENTER	194.12			522,384 2
500 TOTAL RECLASSIFICATIONS						2,059,683 500
CODE LETTER - L						
1 HOSPITAL ADMIN	N	OPERATION OF PLANT	7			222,560 1
500 TOTAL RECLASSIFICATIONS						222,560 500
CODE LETTER - N						
1 RECLASS OF DIRECTORSHIP FEES	O	ADULTS & PEDIATRICS	30			20,821 1
2 RECLASS OF DIRECTORSHIP FEES	O	INTENSIVE CARE UNIT	31			9,296 2
3 RECLASS OF DIRECTORSHIP FEES	O	SUBPROVIDER - IPF	40			6,300 3
4 RECLASS OF DIRECTORSHIP FEES	O	OPERATING ROOM	50			32,000 4
5 RECLASS OF DIRECTORSHIP FEES	O	LABORATORY	60			89,891 5
6 RECLASS OF DIRECTORSHIP FEES	O	BLOOD STORING, PROCESSING & T	63			19,976 6
7 RECLASS OF DIRECTORSHIP FEES	O	EMERGENCY	91			23,856 7
8 RECLASS OF DIRECTORSHIP FEES	O	KIDNEY ACQUISITION	105			67,380 8
9 RECLASS OF DIRECTORSHIP FEES	O	LIVER ACQUISITION	107			68,378 9
500 TOTAL RECLASSIFICATIONS						337,898 500
CODE LETTER - O						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER	
			LINE #				
	1	2	3		4	5	
1 HLA RECLASS	P	BONE MARROW	76.30			20,622	1
2 HLA RECLASS	P	TRANSPLANT CLINIC	90.02			56,691	2
3 HLA RECLASS	P	KIDNEY ACQUISITION	105			1,760,724	3
500 TOTAL RECLASSIFICATIONS CODE LETTER - P						1,838,037	500
1 POST-TRANSPLANT RECLASS	Q	TRANSPLANT CLINIC	90.02		747,595	139,053	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - Q					747,595	139,053	500
1 PRE-TRANSPLANT RECLASS	R	LIVER ACQUISITION	107		336,089	62,513	1
2 PRE-TRANSPLANT RECLASS	R	PANCREAS ACQUISITION	109		1,667	310	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - R					337,756	62,823	500
1 POST-TRANSPLANT RECLASS	S	TRANSPLANT CLINIC	90.02		475,690	136,984	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - S					475,690	136,984	500
1 PRE-TRANSPLANT RECLASS	T	LIVER ACQUISITION	107		443,334	127,667	1
2 PRE-TRANSPLANT RECLASS	T	PANCREAS ACQUISITION	109		1,662	479	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - T					444,996	128,146	500
1 RECLASS OF RENTAL/LEASE EQUIP	W	CAP REL COSTS-MVBLE EQUIP	2			1,396,297	1
2 RECLASS OF RENTAL/LEASE EQUIP	W						2
3 RECLASS OF RENTAL/LEASE EQUIP	W						3
4 RECLASS OF RENTAL/LEASE EQUIP	W						4
5 RECLASS OF RENTAL/LEASE EQUIP	W						5
6 RECLASS OF RENTAL/LEASE EQUIP	W						6
7 RECLASS OF RENTAL/LEASE EQUIP	W						7
8 RECLASS OF RENTAL/LEASE EQUIP	W						8
9 RECLASS OF RENTAL/LEASE EQUIP	W						9
10 RECLASS OF RENTAL/LEASE EQUIP	W						10
11 RECLASS OF RENTAL/LEASE EQUIP	W						11
12 RECLASS OF RENTAL/LEASE EQUIP	W						12
13 RECLASS OF RENTAL/LEASE EQUIP	W						13
14 RECLASS OF RENTAL/LEASE EQUIP	W						14
15 RECLASS OF RENTAL/LEASE EQUIP	W						15
16 RECLASS OF RENTAL/LEASE EQUIP	W						16
17 RECLASS OF RENTAL/LEASE EQUIP	W						17
18 RECLASS OF RENTAL/LEASE EQUIP	W						18
19 RECLASS OF RENTAL/LEASE EQUIP	W						19
20 RECLASS OF RENTAL/LEASE EQUIP	W						20
21 RECLASS OF RENTAL/LEASE EQUIP	W						21
22 RECLASS OF RENTAL/LEASE EQUIP	W						22
23 RECLASS OF RENTAL/LEASE EQUIP	W						23
24 RECLASS OF RENTAL/LEASE EQUIP	W						24
25 RECLASS OF RENTAL/LEASE EQUIP	W						25
26 RECLASS OF RENTAL/LEASE EQUIP	W						26
27 RECLASS OF RENTAL/LEASE EQUIP	W						27
28 RECLASS OF RENTAL/LEASE EQUIP	W						28
29 RECLASS OF RENTAL/LEASE EQUIP	W						29
30 RECLASS OF RENTAL/LEASE EQUIP	W						30
31 RECLASS OF RENTAL/LEASE EQUIP	W						31
32 RECLASS OF RENTAL/LEASE EQUIP	W						32
33 RECLASS OF RENTAL/LEASE EQUIP	W						33
500 TOTAL RECLASSIFICATIONS CODE LETTER - W						1,396,297	500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 CHARGEABLE SUPPLIES	X	MEDICAL SUPPLIES CHRGED TO PA	71		36,035,565	1
2 CHARGEABLE SUPPLIES	X					2
3 CHARGEABLE SUPPLIES	X					3
4 CHARGEABLE SUPPLIES	X					4
5 CHARGEABLE SUPPLIES	X					5
6 CHARGEABLE SUPPLIES	X					6
7 CHARGEABLE SUPPLIES	X					7
8 CHARGEABLE SUPPLIES	X					8
9 CHARGEABLE SUPPLIES	X					9
10 CHARGEABLE SUPPLIES	X					10
11 CHARGEABLE SUPPLIES	X					11
12 CHARGEABLE SUPPLIES	X					12
13 CHARGEABLE SUPPLIES	X					13
14 CHARGEABLE SUPPLIES	X					14
15 CHARGEABLE SUPPLIES	X					15
16 CHARGEABLE SUPPLIES	X					16
17 CHARGEABLE SUPPLIES	X					17
18 CHARGEABLE SUPPLIES	X					18
19 CHARGEABLE SUPPLIES	X					19
20 CHARGEABLE SUPPLIES	X					20
21 CHARGEABLE SUPPLIES	X					21
22 CHARGEABLE SUPPLIES	X					22
23 CHARGEABLE SUPPLIES	X					23
24 CHARGEABLE SUPPLIES	X					24
25 CHARGEABLE SUPPLIES	X					25
26 CHARGEABLE SUPPLIES	X					26
27 CHARGEABLE SUPPLIES	X					27
28 CHARGEABLE SUPPLIES	X					28
29 CHARGEABLE SUPPLIES	X					29
30 CHARGEABLE SUPPLIES	X					30
31 CHARGEABLE SUPPLIES	X					31
32 CHARGEABLE SUPPLIES	X					32
33 CHARGEABLE SUPPLIES	X					33
34 CHARGEABLE SUPPLIES	X					34
35 CHARGEABLE SUPPLIES	X					35
36 CHARGEABLE SUPPLIES	X					36
500 TOTAL RECLASSIFICATIONS					36,035,565	500
CODE LETTER - X						
1 CHARGEABLE DRUGS PER G/L	Y	DRUGS CHARGED TO PATIENTS	73		14,767,112	1
2 CHARGEABLE DRUGS PER G/L	Y					2
3 CHARGEABLE DRUGS PER G/L	Y					3
4 CHARGEABLE DRUGS PER G/L	Y					4
5 CHARGEABLE DRUGS PER G/L	Y					5
6 CHARGEABLE DRUGS PER G/L	Y					6
7 CHARGEABLE DRUGS PER G/L	Y					7
8 CHARGEABLE DRUGS PER G/L	Y					8
9 CHARGEABLE DRUGS PER G/L	Y					9
10 CHARGEABLE DRUGS PER G/L	Y					10
11 CHARGEABLE DRUGS PER G/L	Y					11
12 CHARGEABLE DRUGS PER G/L	Y					12
13 CHARGEABLE DRUGS PER G/L	Y					13
14 CHARGEABLE DRUGS PER G/L	Y					14
15 CHARGEABLE DRUGS PER G/L	Y					15
16 CHARGEABLE DRUGS PER G/L	Y					16
17 CHARGEABLE DRUGS PER G/L	Y					17
500 TOTAL RECLASSIFICATIONS					14,767,112	500
CODE LETTER - Y						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		OTHER	
		COST CENTER	LINE #		
	1	2	3	4	5
1 CHARGEABLE IV SOLUTIONS PER G/L	Z	ADMINISTRATIVE & GENERAL	5		2,006 1
2 CHARGEABLE IV SOLUTIONS PER G/L	Z	DRUGS CHARGED TO PATIENTS	73		1,613,791 2
3 CHARGEABLE IV SOLUTIONS PER G/L	Z				3
4 CHARGEABLE IV SOLUTIONS PER G/L	Z				4
5 CHARGEABLE IV SOLUTIONS PER G/L	Z				5
6 CHARGEABLE IV SOLUTIONS PER G/L	Z				6
7 CHARGEABLE IV SOLUTIONS PER G/L	Z				7
8 CHARGEABLE IV SOLUTIONS PER G/L	Z				8
9 CHARGEABLE IV SOLUTIONS PER G/L	Z				9
10 CHARGEABLE IV SOLUTIONS PER G/L	Z				10
11 CHARGEABLE IV SOLUTIONS PER G/L	Z				11
12 CHARGEABLE IV SOLUTIONS PER G/L	Z				12
13 CHARGEABLE IV SOLUTIONS PER G/L	Z				13
14 CHARGEABLE IV SOLUTIONS PER G/L	Z				14
15 CHARGEABLE IV SOLUTIONS PER G/L	Z				15
16 CHARGEABLE IV SOLUTIONS PER G/L	Z				16
17 CHARGEABLE IV SOLUTIONS PER G/L	Z				17
18 CHARGEABLE IV SOLUTIONS PER G/L	Z				18
19 CHARGEABLE IV SOLUTIONS PER G/L	Z				19
20 CHARGEABLE IV SOLUTIONS PER G/L	Z				20
21 CHARGEABLE IV SOLUTIONS PER G/L	Z				21
22 CHARGEABLE IV SOLUTIONS PER G/L	Z				22
23 CHARGEABLE IV SOLUTIONS PER G/L	Z				23
500 TOTAL RECLASSIFICATIONS					1,615,797 500
CODE LETTER - Z					
1 RECLASS OF NON INTERCOMPANY INTEREST	DD	ADMINISTRATIVE & GENERAL	5		165,284 1
500 TOTAL RECLASSIFICATIONS					165,284 500
CODE LETTER - DD					
1 RECLASS OF IMPLANTABLE DEVICES EQUIP	FF	CAP REL COSTS-MVBLE EQUIP	2		161,664 1
500 TOTAL RECLASSIFICATIONS					161,664 500
CODE LETTER - FF					
1 PUBLIC RELATIONS SALARY EXPENSE	PR	PUBLIC RELATIONS	194.05	161,904	288,384 1
500 TOTAL RECLASSIFICATIONS				161,904	288,384 500
CODE LETTER - PR					
GRAND TOTAL (INCREASES)				3,436,921	80,138,126

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF. 10
1 RECLASS OF OTHER COC COSTS	C	OTHER CAPITAL RELATED COSTS	3		131,597	1
500 TOTAL RECLASSIFICATIONS					131,597	500
CODE LETTER - C						
1 OFFEROR REBATES	D	MEDICAL SUPPLIES CHRGED TO PA	71		134,386	1
2 OFFEROR REBATES	D	DRUGS CHARGED TO PATIENTS	73		306,647	2
500 TOTAL RECLASSIFICATIONS					441,033	500
CODE LETTER - D						
1 DIETARY RECLASS - OTHER COSTS	E	DIETARY	10		2,668,323	1
2 DIETARY RECLASS - OTHER COSTS	E					2
500 TOTAL RECLASSIFICATIONS					2,668,323	500
CODE LETTER - E						
1 RECLASS OF HIGH COST IMPLANTABLES	F	MEDICAL SUPPLIES CHRGED TO PA	71		17,233,275	1
500 TOTAL RECLASSIFICATIONS					17,233,275	500
CODE LETTER - F						
1 TENETCARE RECLASS - OTHER	G	RADIOLOGY-DIAGNOSTIC	54	175,259	35,048	1
2 TENETCARE RECLASS - OTHER	G	RADIOISOTOPE	56	15,308	3,061	2
500 TOTAL RECLASSIFICATIONS				190,567	38,109	500
CODE LETTER - G						
1 RECLASS PARAMED ED (OTHER)	H	PHARMACY	15	246,196	51,707	1
500 TOTAL RECLASSIFICATIONS				246,196	51,707	500
CODE LETTER - H						
1 RECLASS FLOAT POOL (OTHER)	I	ADULTS & PEDIATRICS	30	741,463	158,581	1
2 RECLASS FLOAT POOL (OTHER)	I	ADMINISTRATIVE & GENERAL	5		25,031	2
3 RECLASS FLOAT POOL (OTHER)	I					3
4 RECLASS FLOAT POOL (OTHER)	I					4
5 RECLASS FLOAT POOL (OTHER)	I					5
6 RECLASS FLOAT POOL (OTHER)	I					6
500 TOTAL RECLASSIFICATIONS				741,463	183,612	500
CODE LETTER - I						
1 RADIOLOGY CLINIC (SALARIES)	J	RADIOLOGY-DIAGNOSTIC	54	8,949	27,003	1
500 TOTAL RECLASSIFICATIONS				8,949	27,003	500
CODE LETTER - J						
1 NUCLEAR MEDICINE (OTHER)	K	RADIOISOTOPE	56	81,805	8,180	1
500 TOTAL RECLASSIFICATIONS				81,805	8,180	500
CODE LETTER - K						
1 RECLASS OF LEASED HOSPITAL SPACE	L	OPERATION OF PLANT	7		2,059,683	1
2 RECLASS OF LEASED HOSPITAL SPACE	L					2
500 TOTAL RECLASSIFICATIONS					2,059,683	500
CODE LETTER - L						
1 HOSPITAL ADMIN	N	ADMINISTRATIVE & GENERAL	5		222,560	1
500 TOTAL RECLASSIFICATIONS					222,560	500
CODE LETTER - N						
1 RECLASS OF DIRECTORSHIP FEES	O	ADMINISTRATIVE & GENERAL	5		337,898	1
2 RECLASS OF DIRECTORSHIP FEES	O					2
3 RECLASS OF DIRECTORSHIP FEES	O					3
4 RECLASS OF DIRECTORSHIP FEES	O					4
5 RECLASS OF DIRECTORSHIP FEES	O					5
6 RECLASS OF DIRECTORSHIP FEES	O					6
7 RECLASS OF DIRECTORSHIP FEES	O					7
8 RECLASS OF DIRECTORSHIP FEES	O					8
9 RECLASS OF DIRECTORSHIP FEES	O					9
500 TOTAL RECLASSIFICATIONS					337,898	500
CODE LETTER - O						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF. 10
	1	6	7	8	9	
1 HLA RECLASS	P	LABORATORY	60		1,838,037	1
2 HLA RECLASS	P					2
3 HLA RECLASS	P					3
500 TOTAL RECLASSIFICATIONS CODE LETTER - P					1,838,037	500
1 POST-TRANSPLANT RECLASS	Q	KIDNEY ACQUISITION	105	747,595	139,053	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - Q				747,595	139,053	500
1 PRE-TRANSPLANT RECLASS	R	KIDNEY ACQUISITION	105	337,756	62,823	1
2 PRE-TRANSPLANT RECLASS	R					2
500 TOTAL RECLASSIFICATIONS CODE LETTER - R				337,756	62,823	500
1 POST-TRANSPLANT RECLASS	S	KIDNEY ACQUISITION	105	475,690	136,984	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - S				475,690	136,984	500
1 PRE-TRANSPLANT RECLASS	T	KIDNEY ACQUISITION	105	444,996	128,146	1
2 PRE-TRANSPLANT RECLASS	T					2
500 TOTAL RECLASSIFICATIONS CODE LETTER - T				444,996	128,146	500
1 RECLASS OF RENTAL/LEASE EQUIP	W	EMPLOYEE BENEFITS	4		79	10 1
2 RECLASS OF RENTAL/LEASE EQUIP	W	ADMINISTRATIVE & GENERAL	5		26,397	2
3 RECLASS OF RENTAL/LEASE EQUIP	W	MAINTENANCE & REPAIRS	6		155	3
4 RECLASS OF RENTAL/LEASE EQUIP	W	OPERATION OF PLANT	7		193,230	4
5 RECLASS OF RENTAL/LEASE EQUIP	W	HOUSEKEEPING	9		2,482	5
6 RECLASS OF RENTAL/LEASE EQUIP	W	DIETARY	10		175	6
7 RECLASS OF RENTAL/LEASE EQUIP	W	NURSING ADMINISTRATION	13		7,273	7
8 RECLASS OF RENTAL/LEASE EQUIP	W	CENTRAL SERVICES & SUPPLY	14		399,567	8
9 RECLASS OF RENTAL/LEASE EQUIP	W	PHARMACY	15		369,465	9
10 RECLASS OF RENTAL/LEASE EQUIP	W	MEDICAL RECORDS & LIBRARY	16		2,003	10
11 RECLASS OF RENTAL/LEASE EQUIP	W	SOCIAL SERVICE	17		300	11
12 RECLASS OF RENTAL/LEASE EQUIP	W	ADULTS & PEDIATRICS	30		5,190	12
13 RECLASS OF RENTAL/LEASE EQUIP	W	INTENSIVE CARE UNIT	31		489	13
14 RECLASS OF RENTAL/LEASE EQUIP	W	6TH ICU	31.01		627	14
15 RECLASS OF RENTAL/LEASE EQUIP	W	7TH ICU	31.02		449	15
16 RECLASS OF RENTAL/LEASE EQUIP	W	8TH ICU	31.03		379	16
17 RECLASS OF RENTAL/LEASE EQUIP	W	5TH ICU	31.04		379	17
18 RECLASS OF RENTAL/LEASE EQUIP	W	SUBPROVIDER - IPF	40		1,274	18
19 RECLASS OF RENTAL/LEASE EQUIP	W	OPERATING ROOM	50		92,617	19
20 RECLASS OF RENTAL/LEASE EQUIP	W	RECOVERY ROOM	51		2,612	20
21 RECLASS OF RENTAL/LEASE EQUIP	W	ANESTHESIOLOGY	53		480	21
22 RECLASS OF RENTAL/LEASE EQUIP	W	RADIOLOGY-DIAGNOSTIC	54		3,929	22
23 RECLASS OF RENTAL/LEASE EQUIP	W	ENDOSCOPY	54.03		40	23
24 RECLASS OF RENTAL/LEASE EQUIP	W	RADIOLOGY-THERAPEUTIC	55		3,179	24
25 RECLASS OF RENTAL/LEASE EQUIP	W	LABORATORY	60		22,006	25
26 RECLASS OF RENTAL/LEASE EQUIP	W	BLOOD STORING, PROCESSING & T	63		88	26
27 RECLASS OF RENTAL/LEASE EQUIP	W	RESPIRATORY THERAPY	65		242,402	27
28 RECLASS OF RENTAL/LEASE EQUIP	W	PHYSICAL THERAPY	66		746	28
29 RECLASS OF RENTAL/LEASE EQUIP	W	ELECTROCARDIOLOGY	69		3,941	29
30 RECLASS OF RENTAL/LEASE EQUIP	W	ELECTROENCEPHALOGRAPHY	70		48	30
31 RECLASS OF RENTAL/LEASE EQUIP	W	BONE MARROW	76.30		60	31
32 RECLASS OF RENTAL/LEASE EQUIP	W	BONE MARROW CLINIC	90.03		70	32
33 RECLASS OF RENTAL/LEASE EQUIP	W	EMERGENCY	91		14,166	33
500 TOTAL RECLASSIFICATIONS CODE LETTER - W					1,396,297	500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 CHARGEABLE SUPPLIES	X	EMPLOYEE BENEFITS	4		2,984	1
2 CHARGEABLE SUPPLIES	X	ADMINISTRATIVE & GENERAL	5		196,598	2
3 CHARGEABLE SUPPLIES	X	MAINTENANCE & REPAIRS	6		122	3
4 CHARGEABLE SUPPLIES	X	OPERATION OF PLANT	7		227	4
5 CHARGEABLE SUPPLIES	X	LAUNDRY & LINEN SERVICE	8		7	5
6 CHARGEABLE SUPPLIES	X	HOUSEKEEPING	9		150	6
7 CHARGEABLE SUPPLIES	X	DIETARY	10		498	7
8 CHARGEABLE SUPPLIES	X	NURSING ADMINISTRATION	13		10,491	8
9 CHARGEABLE SUPPLIES	X	CENTRAL SERVICES & SUPPLY	14		1,305,334	9
10 CHARGEABLE SUPPLIES	X	PHARMACY	15		49,466	10
11 CHARGEABLE SUPPLIES	X	QUALITY ASSURANCE	16.01		248	11
12 CHARGEABLE SUPPLIES	X	SOCIAL SERVICE	17		50	12
13 CHARGEABLE SUPPLIES	X	ADULTS & PEDIATRICS	30		927,923	13
14 CHARGEABLE SUPPLIES	X	INTENSIVE CARE UNIT	31		277,411	14
15 CHARGEABLE SUPPLIES	X	6TH ICU	31.01		247,775	15
16 CHARGEABLE SUPPLIES	X	7TH ICU	31.02		244,041	16
17 CHARGEABLE SUPPLIES	X	8TH ICU	31.03		300,037	17
18 CHARGEABLE SUPPLIES	X	5TH ICU	31.04		282,383	18
19 CHARGEABLE SUPPLIES	X	SUBPROVIDER - IPF	40		28,662	19
20 CHARGEABLE SUPPLIES	X	OPERATING ROOM	50		17,788,353	20
21 CHARGEABLE SUPPLIES	X	RECOVERY ROOM	51		144,474	21
22 CHARGEABLE SUPPLIES	X	ANESTHESIOLOGY	53		746,431	22
23 CHARGEABLE SUPPLIES	X	RADIOLOGY-DIAGNOSTIC	54		5,018,094	23
24 CHARGEABLE SUPPLIES	X	ENDOSCOPY	54.03		968,865	24
25 CHARGEABLE SUPPLIES	X	PET IMAGING	54.05		2,876	25
26 CHARGEABLE SUPPLIES	X	RADIOLOGY-THERAPEUTIC	55		5,936	26
27 CHARGEABLE SUPPLIES	X	RADIOISOTOPE	56		4,793	27
28 CHARGEABLE SUPPLIES	X	LABORATORY	60		307,515	28
29 CHARGEABLE SUPPLIES	X	RESPIRATORY THERAPY	65		577,579	29
30 CHARGEABLE SUPPLIES	X	PHYSICAL THERAPY	66		48,463	30
31 CHARGEABLE SUPPLIES	X	ELECTROCARDIOLOGY	69		5,759,258	31
32 CHARGEABLE SUPPLIES	X	ELECTROENCEPHALOGRAPHY	70		4,954	32
33 CHARGEABLE SUPPLIES	X	RENAL DIALYSIS	74		16,938	33
34 CHARGEABLE SUPPLIES	X	CLINIC	90		10,748	34
35 CHARGEABLE SUPPLIES	X	BONE MARROW CLINIC	90.03		12,270	35
36 CHARGEABLE SUPPLIES	X	EMERGENCY	91		743,611	36
500 TOTAL RECLASSIFICATIONS					36,035,565	500
CODE LETTER - X						
1 CHARGEABLE DRUGS PER G/L	Y	EMPLOYEE BENEFITS	4		55	1
2 CHARGEABLE DRUGS PER G/L	Y	ADMINISTRATIVE & GENERAL	5		23	2
3 CHARGEABLE DRUGS PER G/L	Y	CENTRAL SERVICES & SUPPLY	14		326	3
4 CHARGEABLE DRUGS PER G/L	Y	PHARMACY	15		14,754,896	4
5 CHARGEABLE DRUGS PER G/L	Y	ADULTS & PEDIATRICS	30		427	5
6 CHARGEABLE DRUGS PER G/L	Y	INTENSIVE CARE UNIT	31		488	6
7 CHARGEABLE DRUGS PER G/L	Y	6TH ICU	31.01		488	7
8 CHARGEABLE DRUGS PER G/L	Y	7TH ICU	31.02		320	8
9 CHARGEABLE DRUGS PER G/L	Y	8TH ICU	31.03		184	9
10 CHARGEABLE DRUGS PER G/L	Y	5TH ICU	31.04		667	10
11 CHARGEABLE DRUGS PER G/L	Y	OPERATING ROOM	50		1,386	11
12 CHARGEABLE DRUGS PER G/L	Y	RECOVERY ROOM	51		771	12
13 CHARGEABLE DRUGS PER G/L	Y	RADIOLOGY-DIAGNOSTIC	54		6,349	13
14 CHARGEABLE DRUGS PER G/L	Y	LABORATORY	60		1	14
15 CHARGEABLE DRUGS PER G/L	Y	RENAL DIALYSIS	74		2	15
16 CHARGEABLE DRUGS PER G/L	Y	CLINIC	90		20	16
17 CHARGEABLE DRUGS PER G/L	Y	EMERGENCY	91		709	17
500 TOTAL RECLASSIFICATIONS					14,767,112	500
CODE LETTER - Y						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 CHARGEABLE IV SOLUTIONS PER G/L	Z	CENTRAL SERVICES & SUPPLY	14		53,678	1
2 CHARGEABLE IV SOLUTIONS PER G/L	Z	PHARMACY	15		462,285	2
3 CHARGEABLE IV SOLUTIONS PER G/L	Z	ADULTS & PEDIATRICS	30		220,322	3
4 CHARGEABLE IV SOLUTIONS PER G/L	Z	INTENSIVE CARE UNIT	31		32,169	4
5 CHARGEABLE IV SOLUTIONS PER G/L	Z	6TH ICU	31.01		38,435	5
6 CHARGEABLE IV SOLUTIONS PER G/L	Z	7TH ICU	31.02		37,284	6
7 CHARGEABLE IV SOLUTIONS PER G/L	Z	8TH ICU	31.03		37,852	7
8 CHARGEABLE IV SOLUTIONS PER G/L	Z	5TH ICU	31.04		38,639	8
9 CHARGEABLE IV SOLUTIONS PER G/L	Z	SUBPROVIDER - IPF	40		1,394	9
10 CHARGEABLE IV SOLUTIONS PER G/L	Z	OPERATING ROOM	50		86,231	10
11 CHARGEABLE IV SOLUTIONS PER G/L	Z	RECOVERY ROOM	51		53,485	11
12 CHARGEABLE IV SOLUTIONS PER G/L	Z	ANESTHESIOLOGY	53		208,855	12
13 CHARGEABLE IV SOLUTIONS PER G/L	Z	RADIOLOGY-DIAGNOSTIC	54		36,985	13
14 CHARGEABLE IV SOLUTIONS PER G/L	Z	ENDOSCOPY	54.03		47,546	14
15 CHARGEABLE IV SOLUTIONS PER G/L	Z	PET IMAGING	54.05		251	15
16 CHARGEABLE IV SOLUTIONS PER G/L	Z	RADIOISOTOPE	56		705	16
17 CHARGEABLE IV SOLUTIONS PER G/L	Z	LABORATORY	60		71,938	17
18 CHARGEABLE IV SOLUTIONS PER G/L	Z	RESPIRATORY THERAPY	65		11,040	18
19 CHARGEABLE IV SOLUTIONS PER G/L	Z	ELECTROCARDIOLOGY	69		21,546	19
20 CHARGEABLE IV SOLUTIONS PER G/L	Z	RENAL DIALYSIS	74		5,306	20
21 CHARGEABLE IV SOLUTIONS PER G/L	Z	CLINIC	90		78	21
22 CHARGEABLE IV SOLUTIONS PER G/L	Z	BONE MARROW CLINIC	90.03		2,695	22
23 CHARGEABLE IV SOLUTIONS PER G/L	Z	EMERGENCY	91		147,078	23
500 TOTAL RECLASSIFICATIONS CODE LETTER - Z					1,615,797	500
1 RECLASS OF NON INTERCOMPANY INTEREST DD		INTEREST EXPENSE	113		165,284	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - DD					165,284	500
1 RECLASS OF IMPLANTABLE DEVICES EQUIP FF		IMPL. DEV. CHARGED TO PATIENT	72		161,664	10 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - FF					161,664	500
1 PUBLIC RELATIONS SALARY EXPENSE	PR	ADMINISTRATIVE & GENERAL	5	161,904	288,384	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - PR GRAND TOTAL (DECREASES)				161,904	288,384	500
				3,436,921	80,138,126	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	ACQUISITIONS			DISPOSALS	ENDING	FULLY	
	BALANCES	PURCHASE	DONATION	TOTAL	AND RETIREMENTS	BALANCE	DEPRECIATED ASSETS	
	1	2	3	4	5	6	7	
1 LAND								1
2 LAND IMPROVEMENTS	3,105,525	378,095		378,095		3,483,620		2
3 BUILDINGS AND FIXTURES	136,610,970	4,577,087		4,577,087	2,943,055	138,245,002	3,741,344	3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	2,135,558	3,391,226		3,391,226	6,906	5,519,878		5
6 MOVABLE EQUIPMENT	136,969,712	10,743,364		10,743,364	9,541,716	138,171,360	49,975,298	6
7 HIT DESIGNATED ASSETS					1,076,373	-1,076,373		7
8 SUBTOTAL (SUM OF LINES 1-7)	278,821,765	19,089,772		19,089,772	13,568,050	284,343,487	53,716,642	8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	278,821,765	19,089,772		19,089,772	13,568,050	284,343,487	53,716,642	10

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

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE (SEE INSTR.)	TAXES (SEE INSTR.)	SUMMARY OF CAPITAL		
						OTHER CAPITAL- RELATED COSTS (SEE INSTR.)	TOTAL(1) (SUM OF COLS. 9-14)	
	9	10	11	12	13	14	15	
1 CAP REL COSTS-BLDG & FIXT	4,632,959						4,632,959	1
2 CAP REL COSTS-MVBLE EQUIP	10,964,792						10,964,792	2
3 TOTAL (SUM OF LINES 1-2)	15,597,751						15,597,751	3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			
	GROSS ASSETS	CAPITALIZED LEASES	FOR RATIO (COL. 1 - COL. 2)	RATIO (SEE INSTR.)	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL (SUM OF COLS. 5-7)
	1	2	3	4	5	6	7	8
1 CAP REL COSTS-BLDG & FIXT	144,675,741		144,675,741	0.497692	37,758	1,191,542		1,229,300
2 CAP REL COSTS-MVBLE EQUIP	146,017,428		146,017,428	0.502308	38,109	1,202,594		1,240,703
3 TOTAL (SUM OF LINES 1-2)	290,693,169		290,693,169	1.000000	75,867	2,394,136		2,470,003

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE (SEE INSTR.)	TAXES (SEE INSTR.)	SUMMARY OF CAPITAL		
						OTHER CAPITAL- RELATED COSTS (SEE INSTR.)	TOTAL(2) (SUM OF COLS. 9-14)	
	9	10	11	12	13	14	15	
1 CAP REL COSTS-BLDG & FIXT	5,181,521			37,758	1,191,542		6,410,821	1
2 CAP REL COSTS-MVBLE EQUIP	10,913,989	1,557,961		38,109	1,202,594		13,712,653	2
3 TOTAL	16,095,510	1,557,961		75,867	2,394,136		20,123,474	3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
			COST CENTER	LINE NO.	REF
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)	B	-6,068	ADMINISTRATIVE & GENERAL	5	3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)	B	-227,948	ADMINISTRATIVE & GENERAL	5	4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)	B	-41,661	CAP REL COSTS-MVBLE EQUIP	2	9 5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-26,767	ADMINISTRATIVE & GENERAL	5	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-45,934	OPERATION OF PLANT	7	8
9 PARKING LOT (CHAPTER 21)	B	-299,789	OPERATION OF PLANT	7	9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-7,888,613			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)	B	-1,200	RADIOLOGY-DIAGNOSTIC	54	11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST				
	A-8-1	-24,453,679			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS					14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-18,320	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20 VENDING MACHINES	B	-17,010	DIETARY	10	20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST				
	A-8-3		RESPIRATORY THERAPY	65	23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST				
	A-8-3		PHYSICAL THERAPY	66	24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)					
			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT	A	-9,142	CAP REL COSTS-MVBLE EQUIP	2	9 27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST				
	A-8-3		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST				
	A-8-3		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33					33
33.01 8176.XXXX LITIGATION & INVESTIGATI	A	-9,569	ADMINISTRATIVE & GENERAL	5	33.01
33.03 5270.XXXX OTHER EDUCATIONAL REVENU	B	-57,455	EMERGENCY	91	33.03
33.04 5675.XXXX SILVER RECOVERY	B	-271	RADIOLOGY-DIAGNOSTIC	54	33.04
33.09 8770.XXXX CENSUS DEVELOPMENT	A	-1,118,854	ADMINISTRATIVE & GENERAL	5	33.09
33.16 5753.XXXX COST RECOVERY ITEMS	B	-62,136	ADMINISTRATIVE & GENERAL	5	33.16
33.21 5753.XXXX COST RECOVERY ITEMS	B	-96,750	DRUGS CHARGED TO PATIENTS	73	33.21
33.32 MOB REV. 5140,5141,5142,5143,5144,	B	-19,350	ADMINISTRATIVE & GENERAL	5	33.32
33.35 8610.6760 8610.6765 CONTRIBUTION	A	-12,282,725	ADMINISTRATIVE & GENERAL	5	33.35
33.38 ASSOCIATION FEES	A	-51,455	ADMINISTRATIVE & GENERAL	5	33.38
34					34
34.05 TELEPHONE SERVICES	A	-250	CAP REL COSTS-BLDG & FIXT	1	9 34.05
34.06 TELEVISION SERVICE	A	-56,169	ADMINISTRATIVE & GENERAL	5	34.06
34.07 TELEVISION SERVICE	A	-73	RADIOLOGY-DIAGNOSTIC	54	34.07
34.11 ADMIN COSTS-NON-PATIENT CARE	A	-191,715	ADMINISTRATIVE & GENERAL	5	34.11
34.12 LEGAL FEES	A	-14,721	ADMINISTRATIVE & GENERAL	5	34.12
34.13 COMPLIMENTARY LOCAL TRANSPORTATION	A	-82,713	ADMINISTRATIVE & GENERAL	5	34.13
34.14 COMPLEMENTARY LOCAL TRANSPORTTION	A	-46,375	SOCIAL SERVICE	17	34.14
34.17 NURSE PRACTITIONERS	A	-254,333	BONE MARROW CLINIC	90.03	34.17
34.18 CIA TRAINING OTHER EXPENSES	A	-1,241	ADMINISTRATIVE & GENERAL	5	34.18
34.19 NON-ALLOWABLE PATIENT ASSISTANCE	A	-162,777	SOCIAL SERVICE	17	34.19
34.20 FUSZ PAVILLION EXP	A	-18,794	ADMINISTRATIVE & GENERAL	5	34.20
34.21 CHAIFETZ ARENA EXP	A	-150,083	ADMINISTRATIVE & GENERAL	5	34.21
34.22 PPM EXPENSE	A	-312,192	ADMINISTRATIVE & GENERAL	5	34.22
34.23 GIFT SHOP SALARIES	A	133,924	GIFT, FLOWER, COFFEE SHOP & CAN	190	34.23
34.25 FRA TAX ADD-ON	A	23,914,912	ADMINISTRATIVE & GENERAL	5	34.25
34.26 FRA RELATED EXPENSES	A	-180,862	ADMINISTRATIVE & GENERAL	5	34.26
34.28 5290.XXXX RESEARCH/IRB	B	-3,500	ADMINISTRATIVE & GENERAL	5	34.28
35					35

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITA  
PERIOD FROM 06/01/2012 TO 05/31/2013

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

VERSION: 2012.11  
10/22/2013 12:33

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7	
			COST CENTER 3	LINE NO. 4	REF 5	
36						36
37						37
38						38
39						39
40						40
41						41
42						42
43						43
44						44
45						45
46						46
47						47
48						48
49						49
50						50
TOTAL (SUM OF LINES 1 THRU 49)		-24,161,658				
TRANSFER TO WKST A, COL. 6, LINE 200)						

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF	
1	2	3	4	5	6	7	
1	113	INTEREST EXPENSE			24,000,000	-24,000,000	1
2	5	ADMINISTRATIVE & GENERAL					2
3	1	CAP REL COSTS-BLDG & FIXT		11,120,048	12,122,539	-1,002,491	2
4	5	ADMINISTRATIVE & GENERAL		548,812		548,812	9 3
5		INTERCOMPANY JOURNAL ENTRIES	17,170,893	17,170,893			4
		TOTALS (SUM OF LINES 1-4)	28,839,753	53,293,432	-24,453,679		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	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
6	B	100.00	TENET HEALTHCARE CORPORATION		PARENT COMPANY	6
7	B	100.00	CONIFER		CREDIT AND COLLECTION	7
8	C	46.00	BROADLANE, INC.		GROUP PURCHASING ORG	8
9	C		CONCENTRA HEALTH SERVICES INC		OCCUP HEALTH SERVICES	9
10	C		SAINT LOUIS UNIVERSITY		CARDIAC CATH LAB JOINT VENTURE	10

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	2	3	4	5	6	7	8	9	
1 31	INTENSIVE CARE UNIT	9,296		9,296	177,200	61	5,197	260	1
2 30	ADULTS & PEDIATRICS	20,821		20,821	177,200	136	11,586	579	2
3 40	SUBPROVIDER - IPF	6,300		6,300	154,100	41	3,038	152	3
4 50	OPERATING ROOM	32,000		32,000	208,000	208	20,800	1,040	4
5 107	LIVER ACQUISITION	68,378		68,378	208,000	445	44,500	2,225	5
6 105	KIDNEY ACQUISITION	67,380		67,380	208,000	439	43,900	2,195	6
7 60	LABORATORY	89,891		89,891	177,200	585	49,838	2,492	7
8 63	BLOOD STORING, PROCESSIN	19,976		19,976	177,200	130	11,075	554	8
9 69	ELECTROCARDIOLOGY	62,000	62,000						9
10 55	RADIOLOGY-THERAPEUTIC	581,196	581,196						10
11 91	EMERGENCY	5,591,017	5,567,161	23,856	177,200	155	13,205	660	11
12 91	EMERGENCY	1,205,879	1,205,879						12
13 90.03	BONE MARROW CLINIC	287,500	287,500						13
14 5	ADMINISTRATIVE & GENERAL	112,479		112,479	177,200	732	62,361	3,118	14
200	TOTAL	8,154,113	7,703,736	450,377		2,932	265,500	13,275	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	31 INTENSIVE CARE UNIT					5,197	4,099	4,099	1
2	30 ADULTS & PEDIATRICS					11,586	9,235	9,235	2
3	40 SUBPROVIDER - IPF					3,038	3,262	3,262	3
4	50 OPERATING ROOM					20,800	11,200	11,200	4
5	107 LIVER ACQUISITION					44,500	23,878	23,878	5
6	105 KIDNEY ACQUISITION					43,900	23,480	23,480	6
7	60 LABORATORY					49,838	40,053	40,053	7
8	63 BLOOD STORING, PROCESSIN					11,075	8,901	8,901	8
9	69 ELECTROCARDIOLOGY			AGGREGATE				62,000	9
10	55 RADIOLOGY-THERAPEUTIC			AGGREGATE				581,196	10
11	91 EMERGENCY			AGGREGATE		13,205	10,651	5,577,812	11
12	91 EMERGENCY			AGGREGATE				1,205,879	12
13	90.03 BONE MARROW CLINIC			AGGREGATE				287,500	13
14	5 ADMINISTRATIVE & GENERAL					62,361	50,118	50,118	14
200	TOTAL					265,500	184,877	7,888,613	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP- REL COSTS BLDG&FIXT 1	CAP- REL COSTS MOV EQUIP 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	6,410,821	6,410,821				1
2 CAP REL COSTS-MVBLE EQUIP	13,712,653		13,712,653			2
4 EMPLOYEE BENEFITS	12,810,262	58,466	144,628	13,013,356		4
5 ADMINISTRATIVE & GENERAL	85,842,648	641,639	2,328,165	1,621,383	90,433,835	5
6 MAINTENANCE & REPAIRS	592,238	15,612	38,621	51,524	697,995	6
7 OPERATION OF PLANT	9,066,497	957,926	2,369,658		12,394,081	7
8 LAUNDRY & LINEN SERVICE	1,077,130	18,062	44,680	12,662	1,152,534	8
9 HOUSEKEEPING	3,714,902	75,349	186,394		3,976,645	9
10 DIETARY	540,924	112,482	278,249		931,655	10
11 CAFETERIA	1,910,261	34,462	85,251		2,029,974	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,596,936	10,366	25,642	191,809	1,824,753	13
14 CENTRAL SERVICES & SUPPLY	798,522	59,152	146,327	89,507	1,093,508	14
15 PHARMACY	6,834,306	52,117	128,924	565,381	7,580,728	15
16 MEDICAL RECORDS & LIBRARY	3,498,782	55,092	136,284	336,332	4,026,490	16
16.01 QUALITY ASSURANCE	640,214			62,528	702,742	16.01
17 SOCIAL SERVICE	2,232,749	9,205	22,770	268,994	2,533,718	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	69,280			9,863	79,143	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	36,407,048				36,407,048	22
23 PARAMED ED PRGM-(SPECIFY)	297,903			35,051	332,954	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	20,174,363	788,905	1,951,540	2,410,629	25,325,437	30
31 INTENSIVE CARE UNIT	3,373,426	53,889	133,306	390,526	3,951,147	31
31.01 6TH ICU	2,644,832	51,524	127,457	289,321	3,113,134	31.01
31.02 7TH ICU	2,951,873	53,346	131,965	323,920	3,461,104	31.02
31.03 8TH ICU	2,965,242	55,465	137,206	358,492	3,516,405	31.03
31.04 5TH ICU	3,351,027	65,246	161,402	378,921	3,956,596	31.04
40 SUBPROVIDER - IPF	3,391,495	160,022	395,852	436,791	4,384,160	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	10,332,542	401,089	992,187	806,649	12,532,467	50
51 RECOVERY ROOM	2,670,451	80,401	198,890	332,745	3,282,487	51
53 ANESTHESIOLOGY	542,527	55,635	137,626	27,586	763,374	53
54 RADIOLOGY-DIAGNOSTIC	9,067,913	366,822	907,419	859,182	11,201,336	54
54.03 ENDOSCOPY	1,545,834	53,618	132,635	138,189	1,870,276	54.03
54.05 PET IMAGING	774,378			44,086	818,464	54.05
55 RADIOLOGY-THERAPEUTIC	1,229,836	57,601	142,490	83,004	1,512,931	55
56 RADIOISOTOPE	1,413,389	43,642	107,958	42,190	1,607,179	56
60 LABORATORY	13,406,066	194,052	480,033	708,418	14,788,569	60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	3,747,278	25,597	63,319		3,836,194	63
65 RESPIRATORY THERAPY	2,237,988	29,258	72,377	269,003	2,608,626	65
66 PHYSICAL THERAPY	2,138,879	78,418	193,984	257,728	2,669,009	66
69 ELECTROCARDIOLOGY	3,603,799	111,439	275,670	392,016	4,382,924	69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY	426,347			38,093	464,440	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	18,667,904				18,667,904	71
72 IMPL. DEV. CHARGED TO PATIENT	17,071,611				17,071,611	72
73 DRUGS CHARGED TO PATIENTS	15,977,506				15,977,506	73
74 RENAL DIALYSIS	1,233,679	30,674	75,879	61	1,340,293	74
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW	710,337	21,393	52,920	25,484	810,134	76.30
76.31 CORNEAL TRANSPLANTS	300,600				300,600	76.31
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	869,134	63,500	157,083	63,374	1,153,091	90
90.02 TRANSPLANT CLINIC	1,556,013	22,300	114,835	174,159	1,867,307	90.02
90.03 BONE MARROW CLINIC	106,324	46,964	116,177	44,963	314,428	90.03
91 EMERGENCY	5,875,061	132,145	326,892	626,953	6,961,051	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	3,908,006	17,553	66,926	110,465	4,102,950	105
107 LIVER ACQUISITION	1,759,293	10,027	80,428	110,966	1,960,714	107
109 PANCREAS ACQUISITION	101,395	51	335	474	102,255	109
113 INTEREST EXPENSE						113

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP- REL COSTS BLDG&FIXT 1	CAP- REL COSTS MOV EQUIP 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	348,180,424	5,170,506	13,670,384	12,989,422	346,873,906	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	134,013	16,748	41,430		192,191	190
194 DOCTORS MEALS	758,062				758,062	194
194.05 PUBLIC RELATIONS	450,288	339	839	23,050	474,516	194.05
194.11 UNIVERSITY SPACE	1,537,299	912,990			2,450,289	194.11
194.12 CANCER CENTER	522,384	310,238			832,622	194.12
194.13 MARKET SPACE						194.13
194.14 RENTAL PROPERTIES	41,848			884	42,732	194.14
194.15 OP CATH LAB-UNIV						194.15
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	351,624,318	6,410,821	13,712,653	13,013,356	351,624,318	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMINI- STRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	90,433,835					5
6 MAINTENANCE & REPAIRS	241,672	939,667				6
7 OPERATION OF PLANT	4,291,289	201,288	16,886,658			7
8 LAUNDRY & LINEN SERVICE	399,050	3,795	86,798	1,642,177		8
9 HOUSEKEEPING	1,376,862	15,833	362,099		5,731,439	9
10 DIETARY	322,573	23,636	540,542		138,827	10
11 CAFETERIA	702,852	7,242	165,613		42,534	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	631,797	2,178	49,814		12,794	13
14 CENTRAL SERVICES & SUPPLY	378,613	12,430	284,262		73,007	14
15 PHARMACY	2,624,729	10,951	250,455		64,324	15
16 MEDICAL RECORDS & LIBRARY	1,394,120	11,576	264,752		67,996	16
16.01 QUALITY ASSURANCE	243,315					16.01
17 SOCIAL SERVICE	877,267	1,934	44,234		11,361	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	27,402					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	12,605,493					22
23 PARAMED ED PRGM-(SPECIFY)	115,281					23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	8,768,603	165,771	3,791,171	1,087,972	973,684	30
31 INTENSIVE CARE UNIT	1,368,033	11,324	258,968	74,755	66,511	31
31.01 6TH ICU	1,077,882	10,827	247,604	64,141	63,592	31.01
31.02 7TH ICU	1,198,362	11,210	256,361	64,594	65,841	31.02
31.03 8TH ICU	1,217,510	11,655	266,544	71,261	68,456	31.03
31.04 5TH ICU	1,369,920	13,710	313,548	86,031	80,528	31.04
40 SUBPROVIDER - IPF	1,517,958	33,625	769,003	193,423	197,503	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4,339,204	84,280	1,927,476		495,033	50
51 RECOVERY ROOM	1,136,518	16,894	386,375		99,233	51
53 ANESTHESIOLOGY	264,308	11,690	267,359		68,666	53
54 RADIOLOGY-DIAGNOSTIC	3,878,317	77,080	1,762,800		452,739	54
54.03 ENDOSCOPY	647,559	11,267	257,665		66,176	54.03
54.05 PET IMAGING	283,383					54.05
55 RADIOLOGY-THERAPEUTIC	523,833	12,104	276,808		71,093	55
56 RADIOISOTOPE	556,465	9,170	209,724		53,863	56
60 LABORATORY	5,120,350	40,776	932,538		239,503	60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,328,232	5,379	123,008		31,592	63
65 RESPIRATORY THERAPY	903,203	6,148	140,604		36,111	65
66 PHYSICAL THERAPY	924,110	16,478	376,844		96,785	66
69 ELECTROCARDIOLOGY	1,517,530	23,416	535,532		137,541	69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY	160,806					70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	6,463,519					71
72 IMPL. DEV. CHARGED TO PATIENT	5,910,823					72
73 DRUGS CHARGED TO PATIENTS	5,532,004					73
74 RENAL DIALYSIS	464,059	6,445	147,406		37,858	74
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW	280,498	4,495	102,805		26,403	76.30
76.31 CORNEAL TRANSPLANTS	104,079					76.31
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	399,243	13,343	305,157		78,373	90
90.02 TRANSPLANT CLINIC	646,531	4,686	107,163		27,523	90.02
90.03 BONE MARROW CLINIC	108,867	9,868	225,691		57,964	90.03
91 EMERGENCY	2,410,173	27,767	635,038		163,097	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	1,420,593	3,688	84,354		21,665	105
107 LIVER ACQUISITION	678,872	2,107	48,185		12,375	107
109 PANCREAS ACQUISITION	35,404	11	244		63	109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	88,789,066	936,077	16,804,544	1,642,177	4,200,614	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	66,544	3,519	80,485		20,671	190

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITA  
 PERIOD FROM 06/01/2012 TO 05/31/2013

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

VERSION: 2012.11  
 10/22/2013 12:33

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMINI- STRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	
194 DOCTORS MEALS	262,469					194
194.05 PUBLIC RELATIONS	164,295	71	1,629		418	194.05
194.11 UNIVERSITY SPACE	848,381				1,126,834	194.11
194.12 CANCER CENTER	288,285				382,902	194.12
194.13 MARKET SPACE						194.13
194.14 RENTAL PROPERTIES	14,795					194.14
194.15 OP CATH LAB-UNIV						194.15
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	90,433,835	939,667	16,886,658	1,642,177	5,731,439	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	1,957,233					10
11 CAFETERIA		2,948,215				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		49,921	2,571,257			13
14 CENTRAL SERVICES & SUPPLY		23,296		1,865,116		14
15 PHARMACY		147,149		293	10,678,629	15
16 MEDICAL RECORDS & LIBRARY		87,536		9		16
16.01 QUALITY ASSURANCE		16,274				16.01
17 SOCIAL SERVICE		70,010		5	20,229	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		2,567				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)		9,123				23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,296,703	627,386	884,054	18,258	1,424	30
31 INTENSIVE CARE UNIT	89,097	101,640	163,347	3,881	15	31
31.01 6TH ICU	76,446	75,300	123,743	2,662	1	31.01
31.02 7TH ICU	76,986	84,305	134,084	2,811	21	31.02
31.03 8TH ICU	84,933	93,303	149,300	3,517	10	31.03
31.04 5TH ICU	102,536	98,620	156,033	2,730		31.04
40 SUBPROVIDER - IPF	230,532	113,682	146,561	647	2	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		209,943	212,692	4,968	5,572	50
51 RECOVERY ROOM		86,602	151,505	2,747		51
53 ANESTHESIOLOGY		7,180		5,790		53
54 RADIOLOGY-DIAGNOSTIC		223,615	48,369	4,683		54
54.03 ENDOSCOPY		35,966	53,352	2,947		54.03
54.05 PET IMAGING		11,474	198	37		54.05
55 RADIOLOGY-THERAPEUTIC		21,603	14,403	17		55
56 RADIOISOTOPE		10,981	1,453	48	1,477	56
60 LABORATORY		184,377	15,567	793	2,509	60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY		70,012		473		65
66 PHYSICAL THERAPY		67,078		28	42	66
69 ELECTROCARDIOLOGY		102,028	38,756	1,227	416	69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY		9,914		12	120	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				934,560		71
72 IMPL. DEV. CHARGED TO PATIENT				856,580		72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS		16	31	469	10,646,136	74
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW		6,633				76.30
76.31 CORNEAL TRANSPLANTS						76.31
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		16,494	12,277	105		90
90.02 TRANSPLANT CLINIC		45,328	19,688	31	149	90.02
90.03 BONE MARROW CLINIC		11,702	5,323	189		90.03
91 EMERGENCY		163,174	214,348	14,558	309	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		28,750	7,755	12	58	105
107 LIVER ACQUISITION		28,881	18,349	29	138	107
109 PANCREAS ACQUISITION		123	69		1	109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	1,957,233	2,941,986	2,571,257	1,865,116	10,678,629	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITA  
 PERIOD FROM 06/01/2012 TO 05/31/2013

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

VERSION: 2012.11  
 10/22/2013 12:33

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
194 DOCTORS MEALS						194
194.05 PUBLIC RELATIONS		5,999				194.05
194.11 UNIVERSITY SPACE						194.11
194.12 CANCER CENTER						194.12
194.13 MARKET SPACE						194.13
194.14 RENTAL PROPERTIES		230				194.14
194.15 OP CATH LAB-UNIV						194.15
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,957,233	2,948,215	2,571,257	1,865,116	10,678,629	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS	QUALITY ASSURANCE	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I&R PROGRAM COSTS	
	16	16.01	17	21	22	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	5,852,479					16
16.01 QUALITY ASSURANCE		962,331				16.01
17 SOCIAL SERVICE			3,558,758			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD				109,112		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					49,012,541	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	337,234	96,233	2,357,743	46,979	21,102,519	30
31 INTENSIVE CARE UNIT	52,372	28,870	162,002	3,681	1,653,679	31
31.01 6TH ICU	45,262	28,870	138,999	3,681	1,653,679	31.01
31.02 7TH ICU	44,035	28,870	139,981	3,681	1,653,679	31.02
31.03 8TH ICU	48,559	28,870	154,430	3,681	1,653,679	31.03
31.04 5TH ICU	59,783	28,870	186,437	3,681	1,653,679	31.04
40 SUBPROVIDER - IPF	72,075	96,233	419,166	2,710	1,217,480	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	402,996	144,352		12,196	5,478,537	50
51 RECOVERY ROOM	60,840	36,087		904	405,854	51
53 ANESTHESIOLOGY	68,904	36,087		7,589	3,408,862	53
54 RADIOLOGY-DIAGNOSTIC	820,976	24,058		7,002	3,145,081	54
54.03 ENDOSCOPY	55,738					54.03
54.05 PET IMAGING	77,384					54.05
55 RADIOLOGY-THERAPEUTIC	82,296	24,058		1,355	608,699	55
56 RADIOISOTOPE	12,816					56
60 LABORATORY	805,722	96,233		4,969	2,232,032	60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	90,433					63
65 RESPIRATORY THERAPY	98,960					65
66 PHYSICAL THERAPY	59,214					66
69 ELECTROCARDIOLOGY	255,050	36,087				69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY	12,913	36,087		2,259	1,014,553	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	461,688					71
72 IMPL. DEV. CHARGED TO PATIENT	291,423					72
73 DRUGS CHARGED TO PATIENTS	1,135,874					73
74 RENAL DIALYSIS	22,623					74
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW	18,715	24,058		678	304,350	76.30
76.31 CORNEAL TRANSPLANTS	4,896					76.31
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	11,452	24,058		678	304,350	90
90.02 TRANSPLANT CLINIC	6,646					90.02
90.03 BONE MARROW CLINIC	1,170					90.03
91 EMERGENCY	294,513	144,350		3,388	1,521,829	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	27,311					105
107 LIVER ACQUISITION	11,900					107
109 PANCREAS ACQUISITION	706					109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	5,852,479	962,331	3,558,758	109,112	49,012,541	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITA  
 PERIOD FROM 06/01/2012 TO 05/31/2013

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

VERSION: 2012.11  
 10/22/2013 12:33

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS	QUALITY ASSURANCE	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I&R PROGRAM COSTS	
	16	16.01	17	21	22	
194 DOCTORS MEALS						194
194.05 PUBLIC RELATIONS						194.05
194.11 UNIVERSITY SPACE						194.11
194.12 CANCER CENTER						194.12
194.13 MARKET SPACE						194.13
194.14 RENTAL PROPERTIES						194.14
194.15 OP CATH LAB-UNIV						194.15
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	5,852,479	962,331	3,558,758	109,112	49,012,541	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PARAMED	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	ED				
	23	24	25	26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
16.01 QUALITY ASSURANCE					16.01
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)	457,358				23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	219,658	67,100,829	-21,149,498	45,951,331	30
31 INTENSIVE CARE UNIT	14,263	8,003,585	-1,657,360	6,346,225	31
31.01 6TH ICU	14,263	6,740,086	-1,657,360	5,082,726	31.01
31.02 7TH ICU	14,263	7,240,188	-1,657,360	5,582,828	31.02
31.03 8TH ICU	14,263	7,386,376	-1,657,360	5,729,016	31.03
31.04 5TH ICU	14,263	8,126,965	-1,657,360	6,469,605	31.04
40 SUBPROVIDER - IPF	53,695	9,448,455	-1,220,190	8,228,265	40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		25,849,716	-5,490,733	20,358,983	50
51 RECOVERY ROOM		5,666,046	-406,758	5,259,288	51
53 ANESTHESIOLOGY		4,909,809	-3,416,451	1,493,358	53
54 RADIOLOGY-DIAGNOSTIC	74,135	21,720,191	-3,152,083	18,568,108	54
54.03 ENDOSCOPY		3,000,946		3,000,946	54.03
54.05 PET IMAGING	5,339	1,196,279		1,196,279	54.05
55 RADIOLOGY-THERAPEUTIC		3,149,200	-610,054	2,539,146	55
56 RADIOISOTOPE	5,339	2,468,515		2,468,515	56
60 LABORATORY		24,463,938	-2,237,001	22,226,937	60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS					60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.		5,414,838		5,414,838	63
65 RESPIRATORY THERAPY	4,271	3,868,408		3,868,408	65
66 PHYSICAL THERAPY	10,068	4,219,656		4,219,656	66
69 ELECTROCARDIOLOGY	10,106	7,040,613		7,040,613	69
69.02 CARDIOVASCULAR LAB					69.02
70 ELECTROENCEPHALOGRAPHY		1,701,104	-1,016,812	684,292	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		26,527,671		26,527,671	71
72 IMPL. DEV. CHARGED TO PATIENT		24,130,437		24,130,437	72
73 DRUGS CHARGED TO PATIENTS		33,291,520		33,291,520	73
74 RENAL DIALYSIS		2,019,200		2,019,200	74
76 OTHER ANCILLARY SERVICES					76
76.01 PSYCH THERAPY					76.01
76.29 AIR RESCUE					76.29
76.30 BONE MARROW		1,578,769	-305,028	1,273,741	76.30
76.31 CORNEAL TRANSPLANTS		409,575		409,575	76.31
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		2,318,621	-305,028	2,013,593	90
90.02 TRANSPLANT CLINIC		2,725,052		2,725,052	90.02
90.03 BONE MARROW CLINIC		735,202		735,202	90.03
91 EMERGENCY	3,432	12,557,027	-1,525,217	11,031,810	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
105 KIDNEY ACQUISITION		5,697,136		5,697,136	105
107 LIVER ACQUISITION		2,761,550		2,761,550	107
109 PANCREAS ACQUISITION		138,876		138,876	109
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)	457,358	343,606,379	-49,121,653	294,484,726	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		363,410		363,410	190

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITA  
PERIOD FROM 06/01/2012 TO 05/31/2013

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

VERSION: 2012.11  
10/22/2013 12:33

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION	PARAMED	SUBTOTAL	I&R COST &	TOTAL	
	ED		POST STEP-		
	23	24	DOWN ADJS	26	
			25		
194 DOCTORS MEALS		1,020,531		1,020,531	194
194.05 PUBLIC RELATIONS		646,928		646,928	194.05
194.11 UNIVERSITY SPACE		4,425,504		4,425,504	194.11
194.12 CANCER CENTER		1,503,809		1,503,809	194.12
194.13 MARKET SPACE					194.13
194.14 RENTAL PROPERTIES		57,757		57,757	194.14
194.15 OP CATH LAB-UNIV					194.15
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	457,358	351,624,318	-49,121,653	302,502,665	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP- REL COSTS BLDG&FIXT 1	CAP- REL COSTS MOV EQUIP 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	3,744	58,466	144,628	206,838	206,838	4
5 ADMINISTRATIVE & GENERAL	2,306,889	641,639	2,328,165	5,276,693	25,772	5
6 MAINTENANCE & REPAIRS		15,612	38,621	54,233	819	6
7 OPERATION OF PLANT	231,464	957,926	2,369,658	3,559,048		7
8 LAUNDRY & LINEN SERVICE		18,062	44,680	62,742	201	8
9 HOUSEKEEPING		75,349	186,394	261,743		9
10 DIETARY		112,482	278,249	390,731		10
11 CAFETERIA		34,462	85,251	119,713		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		10,366	25,642	36,008	3,049	13
14 CENTRAL SERVICES & SUPPLY		59,152	146,327	205,479	1,423	14
15 PHARMACY		52,117	128,924	181,041	8,987	15
16 MEDICAL RECORDS & LIBRARY		55,092	136,284	191,376	5,346	16
16.01 QUALITY ASSURANCE					994	16.01
17 SOCIAL SERVICE		9,205	22,770	31,975	4,276	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					157	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)					557	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		788,905	1,951,540	2,740,445	38,305	30
31 INTENSIVE CARE UNIT		53,889	133,306	187,195	6,207	31
31.01 6TH ICU		51,524	127,457	178,981	4,599	31.01
31.02 7TH ICU		53,346	131,965	185,311	5,149	31.02
31.03 8TH ICU		55,465	137,206	192,671	5,698	31.03
31.04 5TH ICU		65,246	161,402	226,648	6,023	31.04
40 SUBPROVIDER - IPF		160,022	395,852	555,874	6,943	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		401,089	992,187	1,393,276	12,822	50
51 RECOVERY ROOM		80,401	198,890	279,291	5,289	51
53 ANESTHESIOLOGY		55,635	137,626	193,261	438	53
54 RADIOLOGY-DIAGNOSTIC	26,411	366,822	907,419	1,300,652	13,657	54
54.03 ENDOSCOPY		53,618	132,635	186,253	2,197	54.03
54.05 PET IMAGING					701	54.05
55 RADIOLOGY-THERAPEUTIC		57,601	142,490	200,091	1,319	55
56 RADIOISOTOPE		43,642	107,958	151,600	671	56
60 LABORATORY		194,052	480,033	674,085	11,260	60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		25,597	63,319	88,916		63
65 RESPIRATORY THERAPY		29,258	72,377	101,635	4,276	65
66 PHYSICAL THERAPY		78,418	193,984	272,402	4,097	66
69 ELECTROCARDIOLOGY		111,439	275,670	387,109	6,231	69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY					605	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS		30,674	75,879	106,553	1	74
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW		21,393	52,920	74,313	405	76.30
76.31 CORNEAL TRANSPLANTS						76.31
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		63,500	157,083	220,583	1,007	90
90.02 TRANSPLANT CLINIC	57,685	22,300	114,835	194,820	2,768	90.02
90.03 BONE MARROW CLINIC		46,964	116,177	163,141	715	90.03
91 EMERGENCY		132,145	326,892	459,037	9,966	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	22,721	17,553	66,926	107,200	1,756	105
107 LIVER ACQUISITION	53,773	10,027	80,428	144,228	1,764	107
109 PANCREAS ACQUISITION	202	51	335	588	8	109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	2,702,889	5,170,506	13,670,384	21,543,779	206,458	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		16,748	41,430	58,178		190

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITA  
 PERIOD FROM 06/01/2012 TO 05/31/2013

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

VERSION: 2012.11  
 10/22/2013 12:33

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP-	CAP-	SUBTOTAL	EMPLOYEE	
	CAP-REL	REL COSTS	REL COSTS		BENEFITS	
	COSTS	BLDG&FIXT	MOV EQUIP	2A	4	
	0	1	2			
194 DOCTORS MEALS						194
194.05 PUBLIC RELATIONS		339	839	1,178	366	194.05
194.11 UNIVERSITY SPACE		912,990		912,990		194.11
194.12 CANCER CENTER		310,238		310,238		194.12
194.13 MARKET SPACE						194.13
194.14 RENTAL PROPERTIES					14	194.14
194.15 OP CATH LAB-UNIV						194.15
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,702,889	6,410,821	13,712,653	22,826,363	206,838	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	ADMINI- STRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	5,302,465					5
6 MAINTENANCE & REPAIRS	14,170	69,222				6
7 OPERATION OF PLANT	251,612	14,826	3,825,486			7
8 LAUNDRY & LINEN SERVICE	23,398	280	19,663	106,284		8
9 HOUSEKEEPING	80,730	1,166	82,030		425,669	9
10 DIETARY	18,914	1,741	122,454		10,311	10
11 CAFETERIA	41,211	533	37,518		3,159	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	37,044	160	11,285		950	13
14 CENTRAL SERVICES & SUPPLY	22,199	916	64,396		5,422	14
15 PHARMACY	153,896	807	56,738		4,777	15
16 MEDICAL RECORDS & LIBRARY	81,742	853	59,977		5,050	16
16.01 QUALITY ASSURANCE	14,266					16.01
17 SOCIAL SERVICE	51,437	142	10,021		844	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	1,607					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	739,135					22
23 PARAMED ED PRGM-(SPECIFY)	6,759					23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	514,132	12,212	858,847	70,415	72,315	30
31 INTENSIVE CARE UNIT	80,212	834	58,666	4,838	4,940	31
31.01 6TH ICU	63,200	798	56,092	4,151	4,723	31.01
31.02 7TH ICU	70,264	826	58,076	4,181	4,890	31.02
31.03 8TH ICU	71,387	859	60,383	4,612	5,084	31.03
31.04 5TH ICU	80,323	1,010	71,031	5,568	5,981	31.04
40 SUBPROVIDER - IPF	89,003	2,477	174,209	12,519	14,668	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	254,422	6,209	436,648		36,766	50
51 RECOVERY ROOM	66,638	1,245	87,529		7,370	51
53 ANESTHESIOLOGY	15,497	861	60,567		5,100	53
54 RADIOLOGY-DIAGNOSTIC	227,398	5,678	399,343		33,625	54
54.03 ENDOSCOPY	37,968	830	58,371		4,915	54.03
54.05 PET IMAGING	16,616					54.05
55 RADIOLOGY-THERAPEUTIC	30,714	892	62,708		5,280	55
56 RADIOISOTOPE	32,627	676	47,511		4,000	56
60 LABORATORY	300,223	3,004	211,256		17,788	60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	77,879	396	27,866		2,346	63
65 RESPIRATORY THERAPY	52,958	453	31,852		2,682	65
66 PHYSICAL THERAPY	54,184	1,214	85,370		7,188	66
69 ELECTROCARDIOLOGY	88,978	1,725	121,319		10,215	69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY	9,429					70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	378,977					71
72 IMPL. DEV. CHARGED TO PATIENT	346,571					72
73 DRUGS CHARGED TO PATIENTS	324,359					73
74 RENAL DIALYSIS	27,209	475	33,393		2,812	74
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW	16,447	331	23,289		1,961	76.30
76.31 CORNEAL TRANSPLANTS	6,102					76.31
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	23,409	983	69,130		5,821	90
90.02 TRANSPLANT CLINIC	37,908	345	24,277		2,044	90.02
90.03 BONE MARROW CLINIC	6,383	727	51,128		4,305	90.03
91 EMERGENCY	141,316	2,046	143,861		12,113	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	83,294	272	19,109		1,609	105
107 LIVER ACQUISITION	39,804	155	10,916		919	107
109 PANCREAS ACQUISITION	2,076	1	55		5	109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	5,206,027	68,958	3,806,884	106,284	311,978	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,902	259	18,233		1,535	190

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITA  
 PERIOD FROM 06/01/2012 TO 05/31/2013

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

VERSION: 2012.11  
 10/22/2013 12:33

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	ADMINI- STRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	
194 DOCTORS MEALS	15,389					194
194.05 PUBLIC RELATIONS	9,633		5	369	31	194.05
194.11 UNIVERSITY SPACE	49,743				83,687	194.11
194.12 CANCER CENTER	16,903				28,438	194.12
194.13 MARKET SPACE						194.13
194.14 RENTAL PROPERTIES	868					194.14
194.15 OP CATH LAB-UNIV						194.15
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	5,302,465	69,222	3,825,486	106,284	425,669	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	544,151					10
11 CAFETERIA		202,134				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		3,422	91,918			13
14 CENTRAL SERVICES & SUPPLY		1,597		301,432		14
15 PHARMACY		10,087		47	416,380	15
16 MEDICAL RECORDS & LIBRARY		6,000		1		16
16.01 QUALITY ASSURANCE		1,116				16.01
17 SOCIAL SERVICE		4,799		1	789	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		176				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)		625				23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	360,510	43,044	31,612	2,951	56	30
31 INTENSIVE CARE UNIT	24,771	6,967	5,839	627	1	31
31.01 6TH ICU	21,254	5,162	4,423	430		31.01
31.02 7TH ICU	21,404	5,779	4,793	454	1	31.02
31.03 8TH ICU	23,613	6,396	5,336	568		31.03
31.04 5TH ICU	28,507	6,760	5,577	441		31.04
40 SUBPROVIDER - IPF	64,092	7,793	5,239	104		40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		14,391	7,602	803	217	50
51 RECOVERY ROOM		5,936	5,415	444		51
53 ANESTHESIOLOGY		492		936		53
54 RADIOLOGY-DIAGNOSTIC		15,329	1,729	757		54
54.03 ENDOSCOPY		2,465	1,907	476		54.03
54.05 PET IMAGING		787	7	6		54.05
55 RADIOLOGY-THERAPEUTIC		1,481	515	3		55
56 RADIOISOTOPE		753	52	8	58	56
60 LABORATORY		12,639	556	128	98	60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY		4,799		76		65
66 PHYSICAL THERAPY		4,598		5	2	66
69 ELECTROCARDIOLOGY		6,994	1,385	198	16	69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY		680		2	5	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				151,042		71
72 IMPL. DEV. CHARGED TO PATIENT				138,435		72
73 DRUGS CHARGED TO PATIENTS					415,112	73
74 RENAL DIALYSIS		1	1	76		74
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW		455				76.30
76.31 CORNEAL TRANSPLANTS						76.31
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		1,131	439	17		90
90.02 TRANSPLANT CLINIC		3,107	704	5	6	90.02
90.03 BONE MARROW CLINIC		802	190	31		90.03
91 EMERGENCY		11,185	7,662	2,353	12	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		1,971	277	2	2	105
107 LIVER ACQUISITION		1,980	656	5	5	107
109 PANCREAS ACQUISITION		8	2			109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	544,151	201,707	91,918	301,432	416,380	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITA  
 PERIOD FROM 06/01/2012 TO 05/31/2013

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

VERSION: 2012.11  
 10/22/2013 12:33

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
194 DOCTORS MEALS						194
194.05 PUBLIC RELATIONS		411				194.05
194.11 UNIVERSITY SPACE						194.11
194.12 CANCER CENTER						194.12
194.13 MARKET SPACE						194.13
194.14 RENTAL PROPERTIES		16				194.14
194.15 OP CATH LAB-UNIV						194.15
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	544,151	202,134	91,918	301,432	416,380	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS	QUALITY ASSURANCE	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I&R PROGRAM COSTS	
	16	16.01	17	21	22	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	350,345					16
16.01 QUALITY ASSURANCE		16,376				16.01
17 SOCIAL SERVICE			104,284			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD				1,940		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					739,135	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	20,218	1,638	69,091			30
31 INTENSIVE CARE UNIT	3,140	491	4,747			31
31.01 6TH ICU	2,714	491	4,073			31.01
31.02 7TH ICU	2,640	491	4,102			31.02
31.03 8TH ICU	2,911	491	4,525			31.03
31.04 5TH ICU	3,584	491	5,463			31.04
40 SUBPROVIDER - IPF	4,321	1,638	12,283			40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	24,160	2,459				50
51 RECOVERY ROOM	3,647	614				51
53 ANESTHESIOLOGY	4,131	614				53
54 RADIOLOGY-DIAGNOSTIC	49,219	409				54
54.03 ENDOSCOPY	3,342					54.03
54.05 PET IMAGING	4,639					54.05
55 RADIOLOGY-THERAPEUTIC	4,934	409				55
56 RADIOISOTOPE	768					56
60 LABORATORY	48,305	1,638				60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	5,422					63
65 RESPIRATORY THERAPY	5,933					65
66 PHYSICAL THERAPY	3,550					66
69 ELECTROCARDIOLOGY	15,291	614				69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY	774	614				70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	27,679					71
72 IMPL. DEV. CHARGED TO PATIENT	17,471					72
73 DRUGS CHARGED TO PATIENTS	67,576					73
74 RENAL DIALYSIS	1,356					74
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW	1,122	409				76.30
76.31 CORNEAL TRANSPLANTS	294					76.31
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	687	409				90
90.02 TRANSPLANT CLINIC	398					90.02
90.03 BONE MARROW CLINIC	70					90.03
91 EMERGENCY	17,657	2,456				91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	1,637					105
107 LIVER ACQUISITION	713					107
109 PANCREAS ACQUISITION	42					109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	350,345	16,376	104,284			118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITA  
 PERIOD FROM 06/01/2012 TO 05/31/2013

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

VERSION: 2012.11  
 10/22/2013 12:33

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS	QUALITY ASSURANCE	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I&R PROGRAM COSTS	
	16	16.01	17	21	22	
194 DOCTORS MEALS						194
194.05 PUBLIC RELATIONS						194.05
194.11 UNIVERSITY SPACE						194.11
194.12 CANCER CENTER						194.12
194.13 MARKET SPACE						194.13
194.14 RENTAL PROPERTIES						194.14
194.15 OP CATH LAB-UNIV						194.15
200 CROSS FOOT ADJUSTMENTS				1,940	739,135	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	350,345	16,376	104,284	1,940	739,135	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	PARAMED ED	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	23	24	25	26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
16.01 QUALITY ASSURANCE					16.01
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)	7,941				23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		4,835,791		4,835,791	30
31 INTENSIVE CARE UNIT		389,475		389,475	31
31.01 6TH ICU		351,091		351,091	31.01
31.02 7TH ICU		368,361		368,361	31.02
31.03 8TH ICU		384,534		384,534	31.03
31.04 5TH ICU		447,407		447,407	31.04
40 SUBPROVIDER - IPF		951,163		951,163	40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		2,189,775		2,189,775	50
51 RECOVERY ROOM		463,418		463,418	51
53 ANESTHESIOLOGY		281,897		281,897	53
54 RADIOLOGY-DIAGNOSTIC		2,047,796		2,047,796	54
54.03 ENDOSCOPY		298,724		298,724	54.03
54.05 PET IMAGING		22,756		22,756	54.05
55 RADIOLOGY-THERAPEUTIC		308,346		308,346	55
56 RADIOISOTOPE		238,724		238,724	56
60 LABORATORY		1,280,980		1,280,980	60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS					60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.		202,825		202,825	63
65 RESPIRATORY THERAPY		204,664		204,664	65
66 PHYSICAL THERAPY		432,610		432,610	66
69 ELECTROCARDIOLOGY		640,075		640,075	69
69.02 CARDIOVASCULAR LAB					69.02
70 ELECTROENCEPHALOGRAPHY		12,109		12,109	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		557,698		557,698	71
72 IMPL. DEV. CHARGED TO PATIENT		502,477		502,477	72
73 DRUGS CHARGED TO PATIENTS		807,047		807,047	73
74 RENAL DIALYSIS		171,877		171,877	74
76 OTHER ANCILLARY SERVICES					76
76.01 PSYCH THERAPY					76.01
76.29 AIR RESCUE					76.29
76.30 BONE MARROW		118,732		118,732	76.30
76.31 CORNEAL TRANSPLANTS		6,396		6,396	76.31
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		323,616		323,616	90
90.02 TRANSPLANT CLINIC		266,382		266,382	90.02
90.03 BONE MARROW CLINIC		227,492		227,492	90.03
91 EMERGENCY		809,664		809,664	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
105 KIDNEY ACQUISITION		217,129		217,129	105
107 LIVER ACQUISITION		201,145		201,145	107
109 PANCREAS ACQUISITION		2,785		2,785	109
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)		20,564,961		20,564,961	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		82,107		82,107	190

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITA  
 PERIOD FROM 06/01/2012 TO 05/31/2013

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

VERSION: 2012.11  
 10/22/2013 12:33

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	PARAMED	SUBTOTAL	I&R COST &	TOTAL	
	ED		POST STEP-		
	23	24	DOWN ADJS	26	
			25		
194 DOCTORS MEALS		15,389		15,389	194
194.05 PUBLIC RELATIONS		11,993		11,993	194.05
194.11 UNIVERSITY SPACE		1,046,420		1,046,420	194.11
194.12 CANCER CENTER		355,579		355,579	194.12
194.13 MARKET SPACE					194.13
194.14 RENTAL PROPERTIES		898		898	194.14
194.15 OP CATH LAB-UNIV					194.15
200 CROSS FOOT ADJUSTMENTS	7,941	749,016		749,016	200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	7,941	22,826,363		22,826,363	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP- REL COSTS BLDG&FIXT (SQUARE FEET) 1	CAP- REL COSTS MOV EQUIP (SQUARE FEET) 2	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON- CILIATION 5A	ADMINI- STRATIVE & GENERAL ACCUM COST 5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	756,373					1
2 CAP REL COSTS-MVBLE EQUIP		654,020				2
4 EMPLOYEE BENEFITS	6,898	6,898	91,405,295			4
5 ADMINISTRATIVE & GENERAL	75,703	111,041	11,388,516	-90,433,835	261,190,483	5
6 MAINTENANCE & REPAIRS	1,842	1,842	361,903		697,995	6
7 OPERATION OF PLANT	113,020	113,020			12,394,081	7
8 LAUNDRY & LINEN SERVICE	2,131	2,131	88,939		1,152,534	8
9 HOUSEKEEPING	8,890	8,890			3,976,645	9
10 DIETARY	13,271	13,271			931,655	10
11 CAFETERIA	4,066	4,066			2,029,974	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,223	1,223	1,347,254		1,824,753	13
14 CENTRAL SERVICES & SUPPLY	6,979	6,979	628,694		1,093,508	14
15 PHARMACY	6,149	6,149	3,971,207		7,580,728	15
16 MEDICAL RECORDS & LIBRARY	6,500	6,500	2,362,381		4,026,490	16
16.01 QUALITY ASSURANCE			439,196		702,742	16.01
17 SOCIAL SERVICE	1,086	1,086	1,889,403		2,533,718	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			69,280		79,143	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					36,407,048	22
23 PARAMED ED PRGM-(SPECIFY)			246,196		332,954	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	93,078	93,078	16,932,236		25,325,437	30
31 INTENSIVE CARE UNIT	6,358	6,358	2,743,037		3,951,147	31
31.01 6TH ICU	6,079	6,079	2,032,175		3,113,134	31.01
31.02 7TH ICU	6,294	6,294	2,275,195		3,461,104	31.02
31.03 8TH ICU	6,544	6,544	2,518,029		3,516,405	31.03
31.04 5TH ICU	7,698	7,698	2,661,522		3,956,596	31.04
40 SUBPROVIDER - IPF	18,880	18,880	3,068,001		4,384,160	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	47,322	47,322	5,665,862		12,532,467	50
51 RECOVERY ROOM	9,486	9,486	2,337,185		3,282,487	51
53 ANESTHESIOLOGY	6,564	6,564	193,763		763,374	53
54 RADIOLOGY-DIAGNOSTIC	43,279	43,279	6,034,853		11,201,336	54
54.03 ENDOSCOPY	6,326	6,326	970,633		1,870,276	54.03
54.05 PET IMAGING			309,659		818,464	54.05
55 RADIOLOGY-THERAPEUTIC	6,796	6,796	583,015		1,512,931	55
56 RADIOISOTOPE	5,149	5,149	296,344		1,607,179	56
60 LABORATORY	22,895	22,895	4,975,894		14,788,569	60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	3,020	3,020			3,836,194	63
65 RESPIRATORY THERAPY	3,452	3,452	1,889,466		2,608,626	65
66 PHYSICAL THERAPY	9,252	9,252	1,810,271		2,669,009	66
69 ELECTROCARDIOLOGY	13,148	13,148	2,753,501		4,382,924	69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY			267,560		464,440	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					18,667,904	71
72 IMPL. DEV. CHARGED TO PATIENT					17,071,611	72
73 DRUGS CHARGED TO PATIENTS					15,977,506	73
74 RENAL DIALYSIS	3,619	3,619	430		1,340,293	74
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW	2,524	2,524	178,999		810,134	76.30
76.31 CORNEAL TRANSPLANTS					300,600	76.31
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	7,492	7,492	445,137		1,153,091	90
90.02 TRANSPLANT CLINIC	2,631	5,477	1,223,285		1,867,307	90.02
90.03 BONE MARROW CLINIC	5,541	5,541	315,819		314,428	90.03
91 EMERGENCY	15,591	15,591	4,403,688		6,961,051	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	2,071	3,192	775,904		4,102,950	105
107 LIVER ACQUISITION	1,183	3,836	779,423		1,960,714	107
109 PANCREAS ACQUISITION	6	16	3,329		102,255	109
118 SUBTOTALS (SUM OF LINES 1-117)	610,036	652,004	91,237,184	-90,433,835	256,440,071	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,976	1,976			192,191	190

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP- REL COSTS BLDG&FIXT (SQUARE FEET) 1	CAP- REL COSTS MOV EQUIP (SQUARE FEET) 2	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON- CILIATION 5A	ADMINI- STRATIVE & GENERAL ACCUM COST 5	
194 DOCTORS MEALS					758,062	194
194.05 PUBLIC RELATIONS	40	40	161,904		474,516	194.05
194.11 UNIVERSITY SPACE	107,718				2,450,289	194.11
194.12 CANCER CENTER	36,603				832,622	194.12
194.13 MARKET SPACE						194.13
194.14 RENTAL PROPERTIES			6,207		42,732	194.14
194.15 OP CATH LAB-UNIV						194.15
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	6,410,821	13,712,653	13,013,356		90,433,835	202
203 UNIT COST MULT-WS B PT I	8.475740	20.966718	0.142370		0.346237	203
204 COST TO BE ALLOC PER B PT II			206,838		5,302,465	204
205 UNIT COST MULT-WS B PT II			0.002263		0.020301	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY AND LINEN SERVICE (PATIENT DAYS) 8	HOUSE- KEEPING SQUARE FEET 9	DIETARY  (PATIENT DAYS) 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS	527,609					6
7 OPERATION OF PLANT	113,020	414,589				7
8 LAUNDRY & LINEN SERVICE	2,131	2,131	86,947			8
9 HOUSEKEEPING	8,890	8,890		547,889		9
10 DIETARY	13,271	13,271			86,947	10
11 CAFETERIA	4,066	4,066		4,066		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,223	1,223		1,223		13
14 CENTRAL SERVICES & SUPPLY	6,979	6,979		6,979		14
15 PHARMACY	6,149	6,149		6,149		15
16 MEDICAL RECORDS & LIBRARY	6,500	6,500		6,500		16
16.01 QUALITY ASSURANCE						16.01
17 SOCIAL SERVICE	1,086	1,086		1,086		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	93,078	93,078	57,604	93,078	57,604	30
31 INTENSIVE CARE UNIT	6,358	6,358	3,958	6,358	3,958	31
31.01 6TH ICU	6,079	6,079	3,396	6,079	3,396	31.01
31.02 7TH ICU	6,294	6,294	3,420	6,294	3,420	31.02
31.03 8TH ICU	6,544	6,544	3,773	6,544	3,773	31.03
31.04 5TH ICU	7,698	7,698	4,555	7,698	4,555	31.04
40 SUBPROVIDER - IPF	18,880	18,880	10,241	18,880	10,241	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	47,322	47,322		47,322		50
51 RECOVERY ROOM	9,486	9,486		9,486		51
53 ANESTHESIOLOGY	6,564	6,564		6,564		53
54 RADIOLOGY-DIAGNOSTIC	43,279	43,279		43,279		54
54.03 ENDOSCOPY	6,326	6,326		6,326		54.03
54.05 PET IMAGING						54.05
55 RADIOLOGY-THERAPEUTIC	6,796	6,796		6,796		55
56 RADIOISOTOPE	5,149	5,149		5,149		56
60 LABORATORY	22,895	22,895		22,895		60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	3,020	3,020		3,020		63
65 RESPIRATORY THERAPY	3,452	3,452		3,452		65
66 PHYSICAL THERAPY	9,252	9,252		9,252		66
69 ELECTROCARDIOLOGY	13,148	13,148		13,148		69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	3,619	3,619		3,619		74
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW	2,524	2,524		2,524		76.30
76.31 CORNEAL TRANSPLANTS						76.31
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	7,492	7,492		7,492		90
90.02 TRANSPLANT CLINIC	2,631	2,631		2,631		90.02
90.03 BONE MARROW CLINIC	5,541	5,541		5,541		90.03
91 EMERGENCY	15,591	15,591		15,591		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	2,071	2,071		2,071		105
107 LIVER ACQUISITION	1,183	1,183		1,183		107
109 PANCREAS ACQUISITION	6	6		6		109
118 SUBTOTALS (SUM OF LINES 1-117)	525,593	412,573	86,947	401,552	86,947	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,976	1,976		1,976		190

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITA  
 PERIOD FROM 06/01/2012 TO 05/31/2013

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

VERSION: 2012.11  
 10/22/2013 12:33

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY AND LINEN SERVICE (PATIENT DAYS) 8	HOUSE- KEEPING SQUARE FEET 9	DIETARY  (PATIENT DAYS) 10	
194 DOCTORS MEALS						194
194.05 PUBLIC RELATIONS	40	40		40		194.05
194.11 UNIVERSITY SPACE				107,718		194.11
194.12 CANCER CENTER				36,603		194.12
194.13 MARKET SPACE						194.13
194.14 RENTAL PROPERTIES						194.14
194.15 OP CATH LAB-UNIV						194.15
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	939,667	16,886,658	1,642,177	5,731,439	1,957,233	202
203 UNIT COST MULT-WS B PT I	1.780991	40.731081	18.887104	10.460949	22.510644	203
204 COST TO BE ALLOC PER B PT II	69,222	3,825,486	106,284	425,669	544,151	204
205 UNIT COST MULT-WS B PT II	0.131199	9.227177	1.222400	0.776926	6.258422	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	GROSS SALARIES 11	ADMINI-STRATION (NURSING SALARIES) 13	SERVICES & SUPPLY (COSTED) REQUIS 14	(COSTED) REQUIS 15	RECORDS (GROSS REVENUE) 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	79,565,937					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,347,254	35,608,737				13
14 CENTRAL SERVICES & SUPPLY	628,694		37,523,840			14
15 PHARMACY	3,971,207		5,887	16,432,912		15
16 MEDICAL RECORDS & LIBRARY	2,362,381		174		1,403,462,357	16
16.01 QUALITY ASSURANCE	439,196					16.01
17 SOCIAL SERVICE	1,889,403		97	31,129		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	69,280					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)	246,196					23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	16,932,236	12,243,164	367,325	2,191	80,871,427	30
31 INTENSIVE CARE UNIT	2,743,037	2,262,145	78,084	23	12,559,249	31
31.01 6TH ICU	2,032,175	1,713,682	53,565	2	10,854,092	31.01
31.02 7TH ICU	2,275,195	1,856,890	56,559	33	10,559,976	31.02
31.03 8TH ICU	2,518,029	2,067,608	70,752	16	11,644,933	31.03
31.04 5TH ICU	2,661,522	2,160,856	54,930		14,336,397	31.04
40 SUBPROVIDER - IPF	3,068,001	2,029,680	13,008	3	17,284,088	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	5,665,862	2,945,511	99,948	8,574	96,641,707	50
51 RECOVERY ROOM	2,337,185	2,098,140	55,266		14,589,984	51
53 ANESTHESIOLOGY	193,763		116,486		16,523,851	53
54 RADIOLOGY-DIAGNOSTIC	6,034,853	669,849	94,221		196,876,787	54
54.03 ENDOSCOPY	970,633	738,850	59,283		13,366,492	54.03
54.05 PET IMAGING	309,659	2,748	746		18,557,369	54.05
55 RADIOLOGY-THERAPEUTIC	583,015	199,458	341		19,735,359	55
56 RADIOISOTOPE	296,344	20,129	965	2,273	3,073,481	56
60 LABORATORY	4,975,894	215,586	15,948	3,861	193,218,669	60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.					21,686,653	63
65 RESPIRATORY THERAPY	1,889,466		9,507		23,731,473	65
66 PHYSICAL THERAPY	1,810,271		565	64	14,200,054	66
69 ELECTROCARDIOLOGY	2,753,501	536,722	24,682	640	61,163,131	69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY	267,560		239	185	3,096,592	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			18,802,290		110,716,559	71
72 IMPL. DEV. CHARGED TO PATIENT			17,233,275		69,885,631	72
73 DRUGS CHARGED TO PATIENTS				16,382,909	272,381,423	73
74 RENAL DIALYSIS	430	430	9,439		5,425,197	74
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW	178,999				4,488,096	76.30
76.31 CORNEAL TRANSPLANTS					1,174,175	76.31
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	445,137	170,024	2,109		2,746,344	90
90.02 TRANSPLANT CLINIC	1,223,285	272,655	621	229	1,593,656	90.02
90.03 BONE MARROW CLINIC	315,819	73,717	3,810		280,580	90.03
91 EMERGENCY	4,403,688	2,968,433	292,892	476	70,626,715	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	775,904	107,397	245	90	6,549,331	105
107 LIVER ACQUISITION	779,423	254,110	579	213	2,853,666	107
109 PANCREAS ACQUISITION	3,329	953	2	1	169,220	109
118 SUBTOTALS (SUM OF LINES 1-117)	79,397,826	35,608,737	37,523,840	16,432,912	1,403,462,357	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	GROSS	ADMINI-	SERVICES	(COSTED	(GROSS	
	SALARIES	STRATION	& SUPPLY	REQUIS)	REVENUE)	
	11	(NURSING	(COSTED	REQUIS)	REVENUE)	
		SALARIES)	REQUIS)	REQUIS)	REVENUE)	
		13	14	15	16	
194 DOCTORS MEALS						194
194.05 PUBLIC RELATIONS	161,904					194.05
194.11 UNIVERSITY SPACE						194.11
194.12 CANCER CENTER						194.12
194.13 MARKET SPACE						194.13
194.14 RENTAL PROPERTIES	6,207					194.14
194.15 OP CATH LAB-UNIV						194.15
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	2,948,215	2,571,257	1,865,116	10,678,629	5,852,479	202
203 UNIT COST MULT-WS B PT I	0.037054	0.072209	0.049705	0.649832	0.004170	203
204 COST TO BE ALLOC PER B PT II	202,134	91,918	301,432	416,380	350,345	204
205 UNIT COST MULT-WS B PT II	0.002540	0.002581	0.008033	0.025338	0.000250	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	QUALITY ASSURANCE (TIME SPENT) 16.01	SOCIAL SERVICE (PATIENT DAYS) 17	I/R-SALARY AND FRINGES (ASSIGNED TIME) 21	I&R PROGRAM COSTS (ASSIGNED TIME) 22	PARAMED ED (ASSIGNED TIME) 23	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
16.01 QUALITY ASSURANCE	10,000					16.01
17 SOCIAL SERVICE		86,947				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			604,062			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				604,062		22
23 PARAMED ED PRGM-(SPECIFY)					11,993	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,000	57,604	260,081	260,081	5,760	30
31 INTENSIVE CARE UNIT	300	3,958	20,381	20,381	374	31
31.01 6TH ICU	300	3,396	20,381	20,381	374	31.01
31.02 7TH ICU	300	3,420	20,381	20,381	374	31.02
31.03 8TH ICU	300	3,773	20,381	20,381	374	31.03
31.04 5TH ICU	300	4,555	20,381	20,381	374	31.04
40 SUBPROVIDER - IPF	1,000	10,241	15,005	15,005	1,408	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,500		67,521	67,521		50
51 RECOVERY ROOM	375		5,002	5,002		51
53 ANESTHESIOLOGY	375		42,013	42,013		53
54 RADIOLOGY-DIAGNOSTIC	250		38,762	38,762	1,944	54
54.03 ENDOSCOPY						54.03
54.05 PET IMAGING					140	54.05
55 RADIOLOGY-THERAPEUTIC	250		7,502	7,502		55
56 RADIOISOTOPE					140	56
60 LABORATORY	1,000		27,509	27,509		60
60.02 BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY					112	65
66 PHYSICAL THERAPY					264	66
69 ELECTROCARDIOLOGY	375				265	69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY	375		12,504	12,504		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW	250		3,751	3,751		76.30
76.31 CORNEAL TRANSPLANTS						76.31
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	250		3,751	3,751		90
90.02 TRANSPLANT CLINIC						90.02
90.03 BONE MARROW CLINIC						90.03
91 EMERGENCY	1,500		18,756	18,756	90	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION						105
107 LIVER ACQUISITION						107
109 PANCREAS ACQUISITION						109
118 SUBTOTALS (SUM OF LINES 1-117)	10,000	86,947	604,062	604,062	11,993	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITA  
 PERIOD FROM 06/01/2012 TO 05/31/2013

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

VERSION: 2012.11  
 10/22/2013 12:33

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	QUALITY ASSURANCE  (TIME SPENT)	SOCIAL SERVICE  (PATIENT DAYS)	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED ED  (ASSIGNED TIME)	
	16.01	17	21	22	23	
194 DOCTORS MEALS						194
194.05 PUBLIC RELATIONS						194.05
194.11 UNIVERSITY SPACE						194.11
194.12 CANCER CENTER						194.12
194.13 MARKET SPACE						194.13
194.14 RENTAL PROPERTIES						194.14
194.15 OP CATH LAB-UNIV						194.15
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	962,331	3,558,758	109,112	49,012,541	457,358	202
203 UNIT COST MULT-WS B PT I	96.233100	40.930199	0.180630	81.138262	38.135412	203
204 COST TO BE ALLOC PER B PT II	16,376	104,284	1,940	739,135	7,941	204
205 UNIT COST MULT-WS B PT II	1.637600	1.199397	0.003212	1.223608	0.662136	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	45,951,331		45,951,331	9,235	45,960,566	30
31 INTENSIVE CARE UNIT	6,346,225		6,346,225	4,099	6,350,324	31
31.01 6TH ICU	5,082,726		5,082,726		5,082,726	31.01
31.02 7TH ICU	5,582,828		5,582,828		5,582,828	31.02
31.03 8TH ICU	5,729,016		5,729,016		5,729,016	31.03
31.04 5TH ICU	6,469,605		6,469,605		6,469,605	31.04
40 SUBPROVIDER - IPF	8,228,265		8,228,265	3,262	8,231,527	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	20,358,983		20,358,983	11,200	20,370,183	50
51 RECOVERY ROOM	5,259,288		5,259,288		5,259,288	51
53 ANESTHESIOLOGY	1,493,358		1,493,358		1,493,358	53
54 RADIOLOGY-DIAGNOSTIC	18,568,108		18,568,108		18,568,108	54
54.03 ENDOSCOPY	3,000,946		3,000,946		3,000,946	54.03
54.05 PET IMAGING	1,196,279		1,196,279		1,196,279	54.05
55 RADIOLOGY-THERAPEUTIC	2,539,146		2,539,146		2,539,146	55
56 RADIOISOTOPE	2,468,515		2,468,515		2,468,515	56
60 LABORATORY	22,226,937		22,226,937	40,053	22,266,990	60
60.02 BLOOD CLOTTING FACTORS ADMI						60.02
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	5,414,838		5,414,838	8,901	5,423,739	63
65 RESPIRATORY THERAPY	3,868,408		3,868,408		3,868,408	65
66 PHYSICAL THERAPY	4,219,656		4,219,656		4,219,656	66
69 ELECTROCARDIOLOGY	7,040,613		7,040,613		7,040,613	69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY	684,292		684,292		684,292	70
71 MEDICAL SUPPLIES CHRGED TO	26,527,671		26,527,671		26,527,671	71
72 IMPL. DEV. CHARGED TO PATIE	24,130,437		24,130,437		24,130,437	72
73 DRUGS CHARGED TO PATIENTS	33,291,520		33,291,520		33,291,520	73
74 RENAL DIALYSIS	2,019,200		2,019,200		2,019,200	74
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW	1,273,741		1,273,741		1,273,741	76.30
76.31 CORNEAL TRANSPLANTS	409,575		409,575		409,575	76.31
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,013,593		2,013,593		2,013,593	90
90.02 TRANSPLANT CLINIC	2,725,052		2,725,052		2,725,052	90.02
90.03 BONE MARROW CLINIC	735,202		735,202		735,202	90.03
91 EMERGENCY	11,031,810		11,031,810	10,651	11,042,461	91
92 OBSERVATION BEDS	3,430,410		3,430,410		3,430,410	92
OTHER REIMBURSABLE COST CENTERS						
105 KIDNEY ACQUISITION	5,697,136		5,697,136		5,697,136	105
107 LIVER ACQUISITION	2,761,550		2,761,550		2,761,550	107
109 PANCREAS ACQUISITION	138,876		138,876		138,876	109
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	297,915,136		297,915,136	87,401	298,002,537	200
201 LESS OBSERVATION BEDS	3,430,410		3,430,410		3,430,410	201
202 TOTAL (SEE INSTRUCTIONS)	294,484,726		294,484,726		294,572,127	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	75,385,262		75,385,262			30
31 INTENSIVE CARE UNIT	12,559,249		12,559,249			31
31.01 6TH ICU	10,854,092		10,854,092			31.01
31.02 7TH ICU	10,559,976		10,559,976			31.02
31.03 8TH ICU	11,644,933		11,644,933			31.03
31.04 5TH ICU	14,336,397		14,336,397			31.04
40 SUBPROVIDER - IPF	17,284,088		17,284,088			40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	62,157,900	34,483,807	96,641,707	0.210665	0.210665	0.210780 50
51 RECOVERY ROOM	7,897,358	4,154,776	12,052,134	0.436378	0.436378	0.436378 51
53 ANESTHESIOLOGY	11,705,924	4,817,927	16,523,851	0.090376	0.090376	0.090376 53
54 RADIOLOGY-DIAGNOSTIC	103,634,808	101,210,263	204,845,071	0.090645	0.090645	0.090645 54
54.03 ENDOSCOPY	4,426,253	10,583,645	15,009,898	0.199931	0.199931	0.199931 54.03
54.05 PET IMAGING	3,154,474	15,402,895	18,557,369	0.064464	0.064464	0.064464 54.05
55 RADIOLOGY-THERAPEUTIC	833,760	18,901,599	19,735,359	0.128660	0.128660	0.128660 55
56 RADIOISOTOPE	909,723	2,338,577	3,248,300	0.759941	0.759941	0.759941 56
60 LABORATORY	138,051,647	98,817,099	236,868,746	0.093837	0.093837	0.094006 60
60.02 BLOOD CLOTTING FACTORS ADMI						60.02
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	19,099,735	2,586,918	21,686,653	0.249685	0.249685	0.250096 63
65 RESPIRATORY THERAPY	22,926,633	878,335	23,804,968	0.162504	0.162504	0.162504 65
66 PHYSICAL THERAPY	13,278,764	2,957,876	16,236,640	0.259885	0.259885	0.259885 66
69 ELECTROCARDIOLOGY	35,010,964	26,151,430	61,162,394	0.115113	0.115113	0.115113 69
69.02 CARDIOVASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY	1,816,832	1,279,760	3,096,592	0.220982	0.220982	0.220982 70
71 MEDICAL SUPPLIES CHRGD TO	78,081,153	32,318,420	110,399,573	0.240288	0.240288	0.240288 71
72 IMPL. DEV. CHARGED TO PATIE	52,383,816	17,501,815	69,885,631	0.345285	0.345285	0.345285 72
73 DRUGS CHARGED TO PATIENTS	227,645,123	44,736,300	272,381,423	0.122224	0.122224	0.122224 73
74 RENAL DIALYSIS	5,118,028	307,169	5,425,197	0.372189	0.372189	0.372189 74
76 OTHER ANCILLARY SERVICES						76
76.01 PSYCH THERAPY						76.01
76.29 AIR RESCUE						76.29
76.30 BONE MARROW	837,032	3,651,064	4,488,096	0.283804	0.283804	0.283804 76.30
76.31 CORNEAL TRANSPLANTS	34,272	1,139,903	1,174,175	0.348819	0.348819	0.348819 76.31
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	4,731	2,741,613	2,746,344	0.733190	0.733190	0.733190 90
90.02 TRANSPLANT CLINIC	27,991	1,565,665	1,593,656	1.709937	1.709937	1.709937 90.02
90.03 BONE MARROW CLINIC	7,381	273,199	280,580	2.620294	2.620294	2.620294 90.03
91 EMERGENCY	25,084,079	45,542,636	70,626,715	0.156199	0.156199	0.156350 91
92 OBSERVATION BEDS	1,507,644	3,978,521	5,486,165	0.625284	0.625284	0.625284 92
OTHER REIMBURSABLE COST CENTERS						
105 KIDNEY ACQUISITION	3,033,509	3,515,823	6,549,332			105
107 LIVER ACQUISITION	1,482,564	1,371,101	2,853,665			107
109 PANCREAS ACQUISITION	164,080	5,140	169,220			109
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	972,940,175	483,213,276	1,456,153,451			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	972,940,175	483,213,276	1,456,153,451			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 ÷ COL.4)	PGM DAYS	(COL.5 x COL.6)
	1	2	3	5	6	7
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS	4,835,791		4,835,791	62,100	77.87	30
31 INTENSIVE CARE UNIT	389,475		389,475	3,949	98.63	31
31.01 6TH ICU	351,091		351,091	3,332	105.37	31.01
31.02 7TH ICU	368,361		368,361	3,403	108.25	31.02
31.03 8TH ICU	384,534		384,534	3,638	105.70	31.03
31.04 5TH ICU	447,407		447,407	4,396	101.78	31.04
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 OTHER SPECIAL CARE (SPECIFY)						35
40 SUBPROVIDER - IPF	951,163		951,163	10,466	90.88	40
41 SUBPROVIDER - IRF						41
42 SUBPROVIDER I						42
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (LINES 30-199)	7,727,822		7,727,822	91,284		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[XX] TITLE V [ ] TITLE XVIII-PT A [ ] TITLE XIX	[XX] HOSPITAL (26-0105) [ ] IPF [ ] IRF	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA		
		CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 × COL.4) 5
COST CENTER DESCRIPTION						
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	2,189,775	96,641,707	0.022659		50
51	RECOVERY ROOM	463,418	12,052,134	0.038451		51
53	ANESTHESIOLOGY	281,897	16,523,851	0.017060		53
54	RADIOLOGY-DIAGNOSTIC	2,047,796	204,845,071	0.009997		54
54.03	ENDOSCOPY	298,724	15,009,898	0.019902		54.03
54.05	PET IMAGING	22,756	18,557,369	0.001226		54.05
55	RADIOLOGY-THERAPEUTIC	308,346	19,735,359	0.015624		55
56	RADIOISOTOPE	238,724	3,248,300	0.073492		56
60	LABORATORY	1,280,980	236,868,746	0.005408		60
60.02	BLOOD CLOTTING FACTORS ADMIN					60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
63	BLOOD STORING, PROCESSING & T	202,825	21,686,653	0.009353		63
65	RESPIRATORY THERAPY	204,664	23,804,968	0.008598		65
66	PHYSICAL THERAPY	432,610	16,236,640	0.026644		66
69	ELECTROCARDIOLOGY	640,075	61,162,394	0.010465		69
69.02	CARDIOVASCULAR LAB					69.02
70	ELECTROENCEPHALOGRAPHY	12,109	3,096,592	0.003910		70
71	MEDICAL SUPPLIES CHRGED TO PA	557,698	110,399,573	0.005052		71
72	IMPL. DEV. CHARGED TO PATIENT	502,477	69,885,631	0.007190		72
73	DRUGS CHARGED TO PATIENTS	807,047	272,381,423	0.002963		73
74	RENAL DIALYSIS	171,877	5,425,197	0.031681		74
76	OTHER ANCILLARY SERVICES					76
76.01	PSYCH THERAPY					76.01
76.29	AIR RESCUE					76.29
76.30	BONE MARROW	118,732	4,488,096	0.026455		76.30
76.31	CORNEAL TRANSPLANTS	6,396	1,174,175	0.005447		76.31
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	323,616	2,746,344	0.117835		90
90.02	TRANSPLANT CLINIC	266,382	1,593,656	0.167152		90.02
90.03	BONE MARROW CLINIC	227,492	280,580	0.810792		90.03
91	EMERGENCY	809,664	70,626,715	0.011464		91
92	OBSERVATION BEDS	360,934	5,486,165	0.065790		92
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)	12,777,014	1,293,957,237			200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS		219,658			219,658	30
31 INTENSIVE CARE UNIT		14,263			14,263	31
31.01 6TH ICU		14,263			14,263	31.01
31.02 7TH ICU		14,263			14,263	31.02
31.03 8TH ICU		14,263			14,263	31.03
31.04 5TH ICU		14,263			14,263	31.04
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 OTHER SPECIAL CARE (SPECIFY)						35
40 SUBPROVIDER - IPF		53,695			53,695	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)		344,668			344,668	200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 + COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	62,100	3.54			30
31 INTENSIVE CARE UNIT	3,949	3.61			31
31.01 6TH ICU	3,332	4.28			31.01
31.02 7TH ICU	3,403	4.19			31.02
31.03 8TH ICU	3,638	3.92			31.03
31.04 5TH ICU	4,396	3.24			31.04
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	10,466	5.13			40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	91,284				200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
51 RECOVERY ROOM							51
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC			74,135		74,135	74,135	54
54.03 ENDOSCOPY							54.03
54.05 PET IMAGING			5,339		5,339	5,339	54.05
55 RADIOLOGY-THERAPEUTIC							55
56 RADIOISOTOPE			5,339		5,339	5,339	56
60 LABORATORY							60
60.02 BLOOD CLOTTING FACTORS ADMIN							60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY			4,271		4,271	4,271	65
66 PHYSICAL THERAPY			10,068		10,068	10,068	66
69 ELECTROCARDIOLOGY			10,106		10,106	10,106	69
69.02 CARDIOVASCULAR LAB							69.02
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGD TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76 OTHER ANCILLARY SERVICES							76
76.01 PSYCH THERAPY							76.01
76.29 AIR RESCUE							76.29
76.30 BONE MARROW							76.30
76.31 CORNEAL TRANSPLANTS							76.31
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.02 TRANSPLANT CLINIC							90.02
90.03 BONE MARROW CLINIC							90.03
91 EMERGENCY			3,432		3,432	3,432	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			112,690		112,690	112,690	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	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	96,641,707						50
51 RECOVERY ROOM	12,052,134						51
53 ANESTHESIOLOGY	16,523,851						53
54 RADIOLOGY-DIAGNOSTIC	204,845,071	0.000362	0.000362				54
54.03 ENDOSCOPY	15,009,898						54.03
54.05 PET IMAGING	18,557,369	0.000288	0.000288				54.05
55 RADIOLOGY-THERAPEUTIC	19,735,359						55
56 RADIOISOTOPE	3,248,300	0.001644	0.001644				56
60 LABORATORY	236,868,746						60
60.02 BLOOD CLOTTING FACTORS ADMIN							60.02
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
63 BLOOD STORING, PROCESSING &	21,686,653						63
65 RESPIRATORY THERAPY	23,804,968	0.000179	0.000179				65
66 PHYSICAL THERAPY	16,236,640	0.000620	0.000620				66
69 ELECTROCARDIOLOGY	61,162,394	0.000165	0.000165				69
69.02 CARDIOVASCULAR LAB							69.02
70 ELECTROENCEPHALOGRAPHY	3,096,592						70
71 MEDICAL SUPPLIES CHRGED TO P	110,399,573						71
72 IMPL. DEV. CHARGED TO PATIEN	69,885,631						72
73 DRUGS CHARGED TO PATIENTS	272,381,423						73
74 RENAL DIALYSIS	5,425,197						74
76 OTHER ANCILLARY SERVICES							76
76.01 PSYCH THERAPY							76.01
76.29 AIR RESCUE							76.29
76.30 BONE MARROW	4,488,096						76.30
76.31 CORNEAL TRANSPLANTS	1,174,175						76.31
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	2,746,344						90
90.02 TRANSPLANT CLINIC	1,593,656						90.02
90.03 BONE MARROW CLINIC	280,580						90.03
91 EMERGENCY	70,626,715	0.000049	0.000049				91
92 OBSERVATION BEDS	5,486,165						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	1,293,957,237						200



APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 ÷ COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	4,835,791		4,835,791	77.87	19,703	1,534,273	30
31 INTENSIVE CARE UNIT	389,475		389,475	98.63	1,546	152,482	31
31.01 6TH ICU	351,091		351,091	105.37	647	68,174	31.01
31.02 7TH ICU	368,361		368,361	108.25	1,357	146,895	31.02
31.03 8TH ICU	384,534		384,534	105.70	1,752	185,186	31.03
31.04 5TH ICU	447,407		447,407	101.78	1,278	130,075	31.04
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF	951,163		951,163	90.88	3,992	362,793	40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY							43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	7,727,822		7,727,822		30,275	2,579,878	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[XX] HOSPITAL (26-0105) [ ] IPF [ ] IRF	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA						
					CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS										
50					2,189,775	96,641,707	0.022659	14,952,879	338,817	50
51					463,418	12,052,134	0.038451	2,225,065	85,556	51
53					281,897	16,523,851	0.017060	2,869,351	48,951	53
54					2,047,796	204,845,071	0.009997	29,374,243	293,654	54
54.03					298,724	15,009,898	0.019902	1,467,708	29,210	54.03
54.05					22,756	18,557,369	0.001226	1,168,979	1,433	54.05
55					308,346	19,735,359	0.015624	297,308	4,645	55
56					238,724	3,248,300	0.073492	331,454	24,359	56
60					1,280,980	236,868,746	0.005408	41,384,796	223,809	60
60.02										60.02
62.30										62.30
63					202,825	21,686,653	0.009353	6,082,432	56,889	63
65					204,664	23,804,968	0.008598	7,812,370	67,171	65
66					432,610	16,236,640	0.026644	4,247,537	113,171	66
69					640,075	61,162,394	0.010465	12,353,156	129,276	69
69.02										69.02
70					12,109	3,096,592	0.003910	558,281	2,183	70
71					557,698	110,399,573	0.005052	23,098,770	116,695	71
72					502,477	69,885,631	0.007190	13,981,251	100,525	72
73					807,047	272,381,423	0.002963	76,697,137	227,254	73
74					171,877	5,425,197	0.031681	2,680,421	84,918	74
76										76
76.01										76.01
76.29										76.29
76.30					118,732	4,488,096	0.026455	202,443	5,356	76.30
76.31					6,396	1,174,175	0.005447	22,293	121	76.31
76.97										76.97
76.98										76.98
76.99										76.99
OUTPATIENT SERVICE COST CENTERS										
90					323,616	2,746,344	0.117835	4,426	522	90
90.02					266,382	1,593,656	0.167152	6,124	1,024	90.02
90.03					227,492	280,580	0.810792	5,340	4,330	90.03
91					809,664	70,626,715	0.011464	7,642,543	87,614	91
92					360,934	5,486,165	0.065790	622,441	40,950	92
OTHER REIMBURSABLE COST CENTERS										
200					12,777,014	1,293,957,237		250,088,748	2,088,433	200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS		219,658			219,658	30
31 INTENSIVE CARE UNIT		14,263			14,263	31
31.01 6TH ICU		14,263			14,263	31.01
31.02 7TH ICU		14,263			14,263	31.02
31.03 8TH ICU		14,263			14,263	31.03
31.04 5TH ICU		14,263			14,263	31.04
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 OTHER SPECIAL CARE (SPECIFY)						35
40 SUBPROVIDER - IPF		53,695			53,695	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)		344,668			344,668	200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	62,100	3.54	19,703	69,749	30
31 INTENSIVE CARE UNIT	3,949	3.61	1,546	5,581	31
31.01 6TH ICU	3,332	4.28	647	2,769	31.01
31.02 7TH ICU	3,403	4.19	1,357	5,686	31.02
31.03 8TH ICU	3,638	3.92	1,752	6,868	31.03
31.04 5TH ICU	4,396	3.24	1,278	4,141	31.04
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	10,466	5.13	3,992	20,479	40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	91,284		30,275	115,273	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
51 RECOVERY ROOM							51
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC			74,135		74,135	74,135	54
54.03 ENDOSCOPY							54.03
54.05 PET IMAGING			5,339		5,339	5,339	54.05
55 RADIOLOGY-THERAPEUTIC							55
56 RADIOISOTOPE			5,339		5,339	5,339	56
60 LABORATORY							60
60.02 BLOOD CLOTTING FACTORS ADMIN							60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY			4,271		4,271	4,271	65
66 PHYSICAL THERAPY			10,068		10,068	10,068	66
69 ELECTROCARDIOLOGY			10,106		10,106	10,106	69
69.02 CARDIOVASCULAR LAB							69.02
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76 OTHER ANCILLARY SERVICES							76
76.01 PSYCH THERAPY							76.01
76.29 AIR RESCUE							76.29
76.30 BONE MARROW							76.30
76.31 CORNEAL TRANSPLANTS							76.31
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.02 TRANSPLANT CLINIC							90.02
90.03 BONE MARROW CLINIC							90.03
91 EMERGENCY			3,432		3,432	3,432	91
92 OBSERVATION BEDS			16,394		16,394	16,394	92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			129,084		129,084	129,084	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[XX] HOSPITAL (26-0105)	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS				
APPLICABLE	[XX] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA				
BOXES	[ ] TITLE XIX	[ ] IRF	[ ] NF						
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13		
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	96,641,707			14,952,879	6,990,398	50		
51	RECOVERY ROOM	12,052,134			2,225,065	868,297	51		
53	ANESTHESIOLOGY	16,523,851			2,869,351	972,124	53		
54	RADIOLOGY-DIAGNOSTIC	204,845,071	0.000362	0.000362	29,374,243	10,633	17,117,310	6,196	54
54.03	ENDOSCOPY	15,009,898			1,467,708		2,148,569		54.03
54.05	PET IMAGING	18,557,369	0.000288	0.000288	1,168,979	337	4,122,285	1,187	54.05
55	RADIOLOGY-THERAPEUTIC	19,735,359			297,308		4,365,553		55
56	RADIOISOTOPE	3,248,300	0.001644	0.001644	331,454	545	1,213,053	1,994	56
60	LABORATORY	236,868,746			41,384,796		4,281,906		60
60.02	BLOOD CLOTTING FACTORS ADMIN								60.02
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
63	BLOOD STORING, PROCESSING &	21,686,653			6,082,432		442,831		63
65	RESPIRATORY THERAPY	23,804,968	0.000179	0.000179	7,812,370	1,398	166,962	30	65
66	PHYSICAL THERAPY	16,236,640	0.000620	0.000620	4,247,537	2,633			66
69	ELECTROCARDIOLOGY	61,162,394	0.000165	0.000165	12,353,156	2,038	5,579,314	921	69
69.02	CARDIOVASCULAR LAB								69.02
70	ELECTROENCEPHALOGRAPHY	3,096,592			558,281		418,275		70
71	MEDICAL SUPPLIES CHRGED TO P	110,399,573			23,098,770		7,447,861		71
72	IMPL. DEV. CHARGED TO PATIEN	69,885,631			13,981,251		4,885,392		72
73	DRUGS CHARGED TO PATIENTS	272,381,423			76,697,137		9,908,714		73
74	RENAL DIALYSIS	5,425,197			2,680,421				74
76	OTHER ANCILLARY SERVICES								76
76.01	PSYCH THERAPY								76.01
76.29	AIR RESCUE								76.29
76.30	BONE MARROW	4,488,096			202,443		37,719		76.30
76.31	CORNEAL TRANSPLANTS	1,174,175			22,293				76.31
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90	CLINIC	2,746,344			4,426		433,485		90
90.02	TRANSPLANT CLINIC	1,593,656			6,124		26,676		90.02
90.03	BONE MARROW CLINIC	280,580			5,340		57,596		90.03
91	EMERGENCY	70,626,715	0.000049	0.000049	7,642,543	374	7,975,336	391	91
92	OBSERVATION BEDS	5,486,165	0.002988	0.002988	622,441	1,860	813,403	2,430	92
OTHER REIMBURSABLE COST CENTERS									
200	TOTAL (SUM OF LINES 50-199)	1,293,957,237			250,088,748	19,818	80,273,059	13,149	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES SUBJECT TO DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.210665	6,990,398			1,472,632			50
51 RECOVERY ROOM	0.436378	868,297			378,906			51
53 ANESTHESIOLOGY	0.090376	972,124			87,857			53
54 RADIOLOGY-DIAGNOSTIC	0.090645	17,117,310			1,551,599			54
54.03 ENDOSCOPY	0.199931	2,148,569			429,566			54.03
54.05 PET IMAGING	0.064464	4,122,285			265,739			54.05
55 RADIOLOGY-THERAPEUTIC	0.128660	4,365,553			561,672			55
56 RADIOISOTOPE	0.759941	1,213,053			921,849			56
60 LABORATORY	0.093837	4,281,906	99,304		401,801	9,318		60
60.02 BLOOD CLOTTING FACTORS ADMIN CO								60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63 BLOOD STORING, PROCESSING & TRA	0.249685	442,831			110,568			63
65 RESPIRATORY THERAPY	0.162504	166,962			27,132			65
66 PHYSICAL THERAPY	0.259885							66
69 ELECTROCARDIOLOGY	0.115113	5,579,314			642,252			69
69.02 CARDIOVASCULAR LAB								69.02
70 ELECTROENCEPHALOGRAPHY	0.220982	418,275			92,431			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.240288	7,447,861	839		1,789,632	202		71
72 IMPL. DEV. CHARGED TO PATIENT	0.345285	4,885,392			1,686,853			72
73 DRUGS CHARGED TO PATIENTS	0.122224	9,908,714		350,597	1,211,083		42,851	73
74 RENAL DIALYSIS	0.372189							74
76 OTHER ANCILLARY SERVICES								76
76.01 PSYCH THERAPY								76.01
76.29 AIR RESCUE								76.29
76.30 BONE MARROW	0.283804	37,719			10,705			76.30
76.31 CORNEAL TRANSPLANTS	0.348819		443,496			154,700		76.31
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.733190	433,485			317,827			90
90.02 TRANSPLANT CLINIC	1.709937	26,676			45,614			90.02
90.03 BONE MARROW CLINIC	2.620294	57,596			150,918			90.03
91 EMERGENCY	0.156199	7,975,336			1,245,740			91
92 OBSERVATION BEDS	0.625284	813,403			508,608			92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		80,273,059	543,639	350,597	13,910,984	164,220	42,851	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		80,273,059	543,639	350,597	13,910,984	164,220	42,851	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[ ] HOSPITAL [XX] IPF (26-S105) [ ] IRF	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA			
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	2,189,775	96,641,707	0.022659	228,500	5,178	50
51	RECOVERY ROOM	463,418	12,052,134	0.038451			51
53	ANESTHESIOLOGY	281,897	16,523,851	0.017060	108,024	1,843	53
54	RADIOLOGY-DIAGNOSTIC	2,047,796	204,845,071	0.009997	303,508	3,034	54
54.03	ENDOSCOPY	298,724	15,009,898	0.019902	6,259	125	54.03
54.05	PET IMAGING	22,756	18,557,369	0.001226	8,811	11	54.05
55	RADIOLOGY-THERAPEUTIC	308,346	19,735,359	0.015624			55
56	RADIOISOTOPE	238,724	3,248,300	0.073492	2,039	150	56
60	LABORATORY	1,280,980	236,868,746	0.005408	867,260	4,690	60
60.02	BLOOD CLOTTING FACTORS ADMIN						60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63	BLOOD STORING, PROCESSING & T	202,825	21,686,653	0.009353			63
65	RESPIRATORY THERAPY	204,664	23,804,968	0.008598	17,419	150	65
66	PHYSICAL THERAPY	432,610	16,236,640	0.026644	116,444	3,103	66
69	ELECTROCARDIOLOGY	640,075	61,162,394	0.010465	104,440	1,093	69
69.02	CARDIOVASCULAR LAB						69.02
70	ELECTROENCEPHALOGRAPHY	12,109	3,096,592	0.003910	7,629	30	70
71	MEDICAL SUPPLIES CHRGED TO PA	557,698	110,399,573	0.005052	44,069	223	71
72	IMPL. DEV. CHARGED TO PATIENT	502,477	69,885,631	0.007190			72
73	DRUGS CHARGED TO PATIENTS	807,047	272,381,423	0.002963	1,599,921	4,741	73
74	RENAL DIALYSIS	171,877	5,425,197	0.031681	17,693	561	74
76	OTHER ANCILLARY SERVICES						76
76.01	PSYCH THERAPY						76.01
76.29	AIR RESCUE						76.29
76.30	BONE MARROW	118,732	4,488,096	0.026455			76.30
76.31	CORNEAL TRANSPLANTS	6,396	1,174,175	0.005447			76.31
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	323,616	2,746,344	0.117835			90
90.02	TRANSPLANT CLINIC	266,382	1,593,656	0.167152			90.02
90.03	BONE MARROW CLINIC	227,492	280,580	0.810792			90.03
91	EMERGENCY	809,664	70,626,715	0.011464	465,470	5,336	91
92	OBSERVATION BEDS	360,934	5,486,165	0.065790			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	12,777,014	1,293,957,237		3,897,486	30,268	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
51 RECOVERY ROOM							51
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC			74,135		74,135	74,135	54
54.03 ENDOSCOPY							54.03
54.05 PET IMAGING			5,339		5,339	5,339	54.05
55 RADIOLOGY-THERAPEUTIC							55
56 RADIOISOTOPE			5,339		5,339	5,339	56
60 LABORATORY							60
60.02 BLOOD CLOTTING FACTORS ADMIN							60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY			4,271		4,271	4,271	65
66 PHYSICAL THERAPY			10,068		10,068	10,068	66
69 ELECTROCARDIOLOGY			10,106		10,106	10,106	69
69.02 CARDIOVASCULAR LAB							69.02
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76 OTHER ANCILLARY SERVICES							76
76.01 PSYCH THERAPY							76.01
76.29 AIR RESCUE							76.29
76.30 BONE MARROW							76.30
76.31 CORNEAL TRANSPLANTS							76.31
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.02 TRANSPLANT CLINIC							90.02
90.03 BONE MARROW CLINIC							90.03
91 EMERGENCY			3,432		3,432	3,432	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			112,690		112,690	112,690	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[XX] IPF (26-S105)	[ ] SNF		[ ] TEFRA		
BOXES	[ ] TITLE XIX	[ ] IRF	[ ] NF				
COST CENTER DESCRIPTION	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	96,641,707			228,500		50
51	RECOVERY ROOM	12,052,134					51
53	ANESTHESIOLOGY	16,523,851			108,024		53
54	RADIOLOGY-DIAGNOSTIC	204,845,071	0.000362	0.000362	303,508	110	2 54
54.03	ENDOSCOPY	15,009,898			6,259		54.03
54.05	PET IMAGING	18,557,369	0.000288	0.000288	8,811	3	54.05
55	RADIOLOGY-THERAPEUTIC	19,735,359					55
56	RADIOISOTOPE	3,248,300	0.001644	0.001644	2,039	3	56
60	LABORATORY	236,868,746			867,260		60
60.02	BLOOD CLOTTING FACTORS ADMIN						60.02
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	21,686,653					63
65	RESPIRATORY THERAPY	23,804,968	0.000179	0.000179	17,419	3	65
66	PHYSICAL THERAPY	16,236,640	0.000620	0.000620	116,444	72	66
69	ELECTROCARDIOLOGY	61,162,394	0.000165	0.000165	104,440	17	69
69.02	CARDIOVASCULAR LAB					1,065	69.02
70	ELECTROENCEPHALOGRAPHY	3,096,592			7,629		70
71	MEDICAL SUPPLIES CHRGED TO P	110,399,573			44,069		71
72	IMPL. DEV. CHARGED TO PATIEN	69,885,631					72
73	DRUGS CHARGED TO PATIENTS	272,381,423			1,599,921		73
74	RENAL DIALYSIS	5,425,197			17,693	1,202	74
76	OTHER ANCILLARY SERVICES						76
76.01	PSYCH THERAPY						76.01
76.29	AIR RESCUE						76.29
76.30	BONE MARROW	4,488,096					76.30
76.31	CORNEAL TRANSPLANTS	1,174,175					76.31
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	2,746,344					90
90.02	TRANSPLANT CLINIC	1,593,656					90.02
90.03	BONE MARROW CLINIC	280,580					90.03
91	EMERGENCY	70,626,715	0.000049	0.000049	465,470	23	91
92	OBSERVATION BEDS	5,486,165					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	1,293,957,237			3,897,486	231	6,797 2 200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES				PROGRAM COSTS			
		PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7		
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	0.210665								50
51 RECOVERY ROOM	0.436378								51
53 ANESTHESIOLOGY	0.090376								53
54 RADIOLOGY-DIAGNOSTIC	0.090645	4,530			411				54
54.03 ENDOSCOPY	0.199931								54.03
54.05 PET IMAGING	0.064464								54.05
55 RADIOLOGY-THERAPEUTIC	0.128660								55
56 RADIOISOTOPE	0.759941								56
60 LABORATORY	0.093837								60
60.02 BLOOD CLOTTING FACTORS ADMIN CO									60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS									62.30
63 BLOOD STORING, PROCESSING & TRA	0.249685								63
65 RESPIRATORY THERAPY	0.162504								65
66 PHYSICAL THERAPY	0.259885								66
69 ELECTROCARDIOLOGY	0.115113	1,065			123				69
69.02 CARDIOVASCULAR LAB									69.02
70 ELECTROENCEPHALOGRAPHY	0.220982								70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.240288								71
72 IMPL. DEV. CHARGED TO PATIENT	0.345285								72
73 DRUGS CHARGED TO PATIENTS	0.122224	1,202		13,570	147			1,659	73
74 RENAL DIALYSIS	0.372189								74
76 OTHER ANCILLARY SERVICES									76
76.01 PSYCH THERAPY									76.01
76.29 AIR RESCUE									76.29
76.30 BONE MARROW	0.283804								76.30
76.31 CORNEAL TRANSPLANTS	0.348819								76.31
76.97 CARDIAC REHABILITATION									76.97
76.98 HYPERBARIC OXYGEN THERAPY									76.98
76.99 LITHOTRIPSY									76.99
OUTPATIENT SERVICE COST CENTERS									
90 CLINIC	0.733190								90
90.02 TRANSPLANT CLINIC	1.709937								90.02
90.03 BONE MARROW CLINIC	2.620294								90.03
91 EMERGENCY	0.156199								91
92 OBSERVATION BEDS	0.625284								92
OTHER REIMBURSABLE COST CENTERS									
200 SUBTOTAL (SEE INSTRUCTIONS)		6,797		13,570	681			1,659	200
201 LESS PBP CLINIC LAB SERVICES									201
202 NET CHARGES (LINE 200 - LINE 201)		6,797		13,570	681			1,659	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	SWING-BED	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	ADJUSTMENT	(COL.1 MINUS COL.2)	DAYS	(COL.3 ÷ COL.4)	DAYS	(COL.5 x COL.6)	
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	4,835,791		4,835,791	62,100	77.87	11,521	897,140	30
31 INTENSIVE CARE UNIT	389,475		389,475	3,949	98.63	756	74,564	31
31.01 6TH ICU	351,091		351,091	3,332	105.37	912	96,097	31.01
31.02 7TH ICU	368,361		368,361	3,403	108.25	492	53,259	31.02
31.03 8TH ICU	384,534		384,534	3,638	105.70	677	71,559	31.03
31.04 5TH ICU	447,407		447,407	4,396	101.78	962	97,912	31.04
32 CORONARY CARE UNIT								32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF	951,163		951,163	10,466	90.88	3,265	296,723	40
41 SUBPROVIDER - IRF								41
42 SUBPROVIDER I								42
43 NURSERY								43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	7,727,822		7,727,822	91,284		18,585	1,587,254	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (26-0105) [ ] IPF [ ] IRF	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA [XX] OTHER			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 × COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	2,189,775	96,641,707	0.022659	10,165,176	230,333	50
51	RECOVERY ROOM	463,418	12,052,134	0.038451	1,207,842	46,443	51
53	ANESTHESIOLOGY	281,897	16,523,851	0.017060	1,920,389	32,762	53
54	RADIOLOGY-DIAGNOSTIC	2,047,796	204,845,071	0.009997	15,551,372	155,467	54
54.03	ENDOSCOPY	298,724	15,009,898	0.019902	671,111	13,356	54.03
54.05	PET IMAGING	22,756	18,557,369	0.001226	605,934	743	54.05
55	RADIOLOGY-THERAPEUTIC	308,346	19,735,359	0.015624	161,892	2,529	55
56	RADIOISOTOPE	238,724	3,248,300	0.073492	165,101	12,134	56
60	LABORATORY	1,280,980	236,868,746	0.005408	21,984,504	118,892	60
60.02	BLOOD CLOTTING FACTORS ADMIN						60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63	BLOOD STORING, PROCESSING & T	202,825	21,686,653	0.009353	3,525,630	32,975	63
65	RESPIRATORY THERAPY	204,664	23,804,968	0.008598	4,879,597	41,955	65
66	PHYSICAL THERAPY	432,610	16,236,640	0.026644	1,907,062	50,812	66
69	ELECTROCARDIOLOGY	640,075	61,162,394	0.010465	4,865,683	50,919	69
69.02	CARDIOVASCULAR LAB						69.02
70	ELECTROENCEPHALOGRAPHY	12,109	3,096,592	0.003910	287,037	1,122	70
71	MEDICAL SUPPLIES CHRGED TO PA	557,698	110,399,573	0.005052	16,032,405	80,996	71
72	IMPL. DEV. CHARGED TO PATIENT	502,477	69,885,631	0.007190	5,148,846	37,020	72
73	DRUGS CHARGED TO PATIENTS	807,047	272,381,423	0.002963	44,341,036	131,382	73
74	RENAL DIALYSIS	171,877	5,425,197	0.031681	817,889	25,912	74
76	OTHER ANCILLARY SERVICES						76
76.01	PSYCH THERAPY						76.01
76.29	AIR RESCUE						76.29
76.30	BONE MARROW	118,732	4,488,096	0.026455	123,234	3,260	76.30
76.31	CORNEAL TRANSPLANTS	6,396	1,174,175	0.005447	11,424	62	76.31
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	323,616	2,746,344	0.117835			90
90.02	TRANSPLANT CLINIC	266,382	1,593,656	0.167152	1,379	231	90.02
90.03	BONE MARROW CLINIC	227,492	280,580	0.810792	310	251	90.03
91	EMERGENCY	809,664	70,626,715	0.011464	1,688,460	19,357	91
92	OBSERVATION BEDS	360,934	5,486,165	0.065790	121,407	7,987	92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	12,777,014	1,293,957,237		136,184,720	1,096,900	200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS		219,658			219,658	30
31 INTENSIVE CARE UNIT		14,263			14,263	31
31.01 6TH ICU		14,263			14,263	31.01
31.02 7TH ICU		14,263			14,263	31.02
31.03 8TH ICU		14,263			14,263	31.03
31.04 5TH ICU		14,263			14,263	31.04
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 OTHER SPECIAL CARE (SPECIFY)						35
40 SUBPROVIDER - IPF		53,695			53,695	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)		344,668			344,668	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	62,100	3.54	11,521	40,784	30
31 INTENSIVE CARE UNIT	3,949	3.61	756	2,729	31
31.01 6TH ICU	3,332	4.28	912	3,903	31.01
31.02 7TH ICU	3,403	4.19	492	2,061	31.02
31.03 8TH ICU	3,638	3.92	677	2,654	31.03
31.04 5TH ICU	4,396	3.24	962	3,117	31.04
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	10,466	5.13	3,265	16,749	40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	91,284		18,585	71,997	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
51 RECOVERY ROOM							51
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC			74,135		74,135	74,135	54
54.03 ENDOSCOPY							54.03
54.05 PET IMAGING			5,339		5,339	5,339	54.05
55 RADIOLOGY-THERAPEUTIC							55
56 RADIOISOTOPE			5,339		5,339	5,339	56
60 LABORATORY							60
60.02 BLOOD CLOTTING FACTORS ADMIN							60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY			4,271		4,271	4,271	65
66 PHYSICAL THERAPY			10,068		10,068	10,068	66
69 ELECTROCARDIOLOGY			10,106		10,106	10,106	69
69.02 CARDIOVASCULAR LAB							69.02
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76 OTHER ANCILLARY SERVICES							76
76.01 PSYCH THERAPY							76.01
76.29 AIR RESCUE							76.29
76.30 BONE MARROW							76.30
76.31 CORNEAL TRANSPLANTS							76.31
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.02 TRANSPLANT CLINIC							90.02
90.03 BONE MARROW CLINIC							90.03
91 EMERGENCY			3,432		3,432	3,432	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			112,690		112,690	112,690	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[XX] HOSPITAL (26-0105)	[ ] SUB (OTHER)	[ ] ICF/MR	[ ] PPS		
APPLICABLE	[ ] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA		
BOXES	[XX] TITLE XIX	[ ] IRF	[ ] NF		[XX] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	96,641,707			10,165,176		50
51	RECOVERY ROOM	12,052,134			1,207,842		51
53	ANESTHESIOLOGY	16,523,851			1,920,389		53
54	RADIOLOGY-DIAGNOSTIC	204,845,071	0.000362	0.000362	15,551,372	5,630	54
54.03	ENDOSCOPY	15,009,898			671,111		54.03
54.05	PET IMAGING	18,557,369	0.000288	0.000288	605,934	175	54.05
55	RADIOLOGY-THERAPEUTIC	19,735,359			161,892		55
56	RADIOISOTOPE	3,248,300	0.001644	0.001644	165,101	271	56
60	LABORATORY	236,868,746			21,984,504		60
60.02	BLOOD CLOTTING FACTORS ADMIN						60.02
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	21,686,653			3,525,630		63
65	RESPIRATORY THERAPY	23,804,968	0.000179	0.000179	4,879,597	873	65
66	PHYSICAL THERAPY	16,236,640	0.000620	0.000620	1,907,062	1,182	66
69	ELECTROCARDIOLOGY	61,162,394	0.000165	0.000165	4,865,683	803	69
69.02	CARDIOVASCULAR LAB						69.02
70	ELECTROENCEPHALOGRAPHY	3,096,592			287,037		70
71	MEDICAL SUPPLIES CHRGED TO P	110,399,573			16,032,405		71
72	IMPL. DEV. CHARGED TO PATIEN	69,885,631			5,148,846		72
73	DRUGS CHARGED TO PATIENTS	272,381,423			44,341,036		73
74	RENAL DIALYSIS	5,425,197			817,889		74
76	OTHER ANCILLARY SERVICES						76
76.01	PSYCH THERAPY						76.01
76.29	AIR RESCUE						76.29
76.30	BONE MARROW	4,488,096			123,234		76.30
76.31	CORNEAL TRANSPLANTS	1,174,175			11,424		76.31
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	2,746,344					90
90.02	TRANSPLANT CLINIC	1,593,656			1,379		90.02
90.03	BONE MARROW CLINIC	280,580			310		90.03
91	EMERGENCY	70,626,715	0.000049	0.000049	1,688,460	83	91
92	OBSERVATION BEDS	5,486,165			121,407		92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	1,293,957,237			136,184,720	9,017	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS				
	COST TO	PPS	COST REIMB.	COST REIMB.	COST	COST			
	CHARGE RATIO	REIMBURSED	SUBJECT TO	SUBJECT TO	SUBJECT TO	SVCES NOT			
	FROM WKST C,	SERVICES	DED & COINS	DED & COINS	PPS	SUBJECT TO	SUBJECT TO		
	PT I, COL. 9	2	3	4	5	6	7		
	1								
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	0.210665		3,929,302		827,766			50
51	RECOVERY ROOM	0.436378		480,104		209,507			51
53	ANESTHESIOLOGY	0.090376		482,550		43,611			53
54	RADIOLOGY-DIAGNOSTIC	0.090645		14,251,677		1,291,843			54
54.03	ENDOSCOPY	0.199931		692,275		138,407			54.03
54.05	PET IMAGING	0.064464		848,475		54,696			54.05
55	RADIOLOGY-THERAPEUTIC	0.128660		1,757,035		226,060			55
56	RADIOISOTOPE	0.759941		289,026		219,643			56
60	LABORATORY	0.093837		8,486,503		796,348			60
60.02	BLOOD CLOTTING FACTORS ADMIN CO								60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	BLOOD STORING, PROCESSING & TRA	0.249685		323,051		80,661			63
65	RESPIRATORY THERAPY	0.162504		218,531		35,512			65
66	PHYSICAL THERAPY	0.259885		108,293		28,144			66
69	ELECTROCARDIOLOGY	0.115113		2,369,855		272,801			69
69.02	CARDIOVASCULAR LAB								69.02
70	ELECTROENCEPHALOGRAPHY	0.220982		116,437		25,730			70
71	MEDICAL SUPPLIES CHRGED TO PATI	0.240288		3,201,868		769,370			71
72	IMPL. DEV. CHARGED TO PATIENT	0.345285		2,323,683		802,333			72
73	DRUGS CHARGED TO PATIENTS	0.122224		6,019,057		735,673			73
74	RENAL DIALYSIS	0.372189		51,876		19,308			74
76	OTHER ANCILLARY SERVICES								76
76.01	PSYCH THERAPY								76.01
76.29	AIR RESCUE								76.29
76.30	BONE MARROW	0.283804		190,837		54,160			76.30
76.31	CORNEAL TRANSPLANTS	0.348819		106,488		37,145			76.31
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90	CLINIC	0.733190		347,418		254,723			90
90.02	TRANSPLANT CLINIC	1.709937		3,734		6,385			90.02
90.03	BONE MARROW CLINIC	2.620294		42,005		110,065			90.03
91	EMERGENCY	0.156199		14,807,838		2,312,969			91
92	OBSERVATION BEDS	0.625284		914,149		571,603			92
OTHER REIMBURSABLE COST CENTERS									
200	SUBTOTAL (SEE INSTRUCTIONS)			62,362,067		9,924,463			200
201	LESS PBP CLINIC LAB SERVICES								201
202	NET CHARGES (LINE 200 - LINE 201)			62,362,067		9,924,463			202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[ ] HOSPITAL [XX] IPF (26-S105) [ ] IRF	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA [XX] OTHER				
		CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2)	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)		
	COST CENTER DESCRIPTION	1	2	3	4	5		
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	2,189,775	96,641,707	0.022659				50
51	RECOVERY ROOM	463,418	12,052,134	0.038451				51
53	ANESTHESIOLOGY	281,897	16,523,851	0.017060				53
54	RADIOLOGY-DIAGNOSTIC	2,047,796	204,845,071	0.009997				54
54.03	ENDOSCOPY	298,724	15,009,898	0.019902				54.03
54.05	PET IMAGING	22,756	18,557,369	0.001226				54.05
55	RADIOLOGY-THERAPEUTIC	308,346	19,735,359	0.015624				55
56	RADIOISOTOPE	238,724	3,248,300	0.073492				56
60	LABORATORY	1,280,980	236,868,746	0.005408				60
60.02	BLOOD CLOTTING FACTORS ADMIN							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
63	BLOOD STORING, PROCESSING & T	202,825	21,686,653	0.009353				63
65	RESPIRATORY THERAPY	204,664	23,804,968	0.008598				65
66	PHYSICAL THERAPY	432,610	16,236,640	0.026644				66
69	ELECTROCARDIOLOGY	640,075	61,162,394	0.010465				69
69.02	CARDIOVASCULAR LAB							69.02
70	ELECTROENCEPHALOGRAPHY	12,109	3,096,592	0.003910				70
71	MEDICAL SUPPLIES CHRGED TO PA	557,698	110,399,573	0.005052				71
72	IMPL. DEV. CHARGED TO PATIENT	502,477	69,885,631	0.007190				72
73	DRUGS CHARGED TO PATIENTS	807,047	272,381,423	0.002963				73
74	RENAL DIALYSIS	171,877	5,425,197	0.031681				74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW	118,732	4,488,096	0.026455				76.30
76.31	CORNEAL TRANSPLANTS	6,396	1,174,175	0.005447				76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	323,616	2,746,344	0.117835				90
90.02	TRANSPLANT CLINIC	266,382	1,593,656	0.167152				90.02
90.03	BONE MARROW CLINIC	227,492	280,580	0.810792				90.03
91	EMERGENCY	809,664	70,626,715	0.011464				91
92	OBSERVATION BEDS	360,934	5,486,165	0.065790				92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	12,777,014	1,293,957,237					200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
51 RECOVERY ROOM							51
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC			74,135		74,135	74,135	54
54.03 ENDOSCOPY							54.03
54.05 PET IMAGING			5,339		5,339	5,339	54.05
55 RADIOLOGY-THERAPEUTIC							55
56 RADIOISOTOPE			5,339		5,339	5,339	56
60 LABORATORY							60
60.02 BLOOD CLOTTING FACTORS ADMIN							60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY			4,271		4,271	4,271	65
66 PHYSICAL THERAPY			10,068		10,068	10,068	66
69 ELECTROCARDIOLOGY			10,106		10,106	10,106	69
69.02 CARDIOVASCULAR LAB							69.02
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGD TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76 OTHER ANCILLARY SERVICES							76
76.01 PSYCH THERAPY							76.01
76.29 AIR RESCUE							76.29
76.30 BONE MARROW							76.30
76.31 CORNEAL TRANSPLANTS							76.31
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.02 TRANSPLANT CLINIC							90.02
90.03 BONE MARROW CLINIC							90.03
91 EMERGENCY			3,432		3,432	3,432	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			112,690		112,690	112,690	200





WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK	<input checked="" type="checkbox"/>	TITLE V-INPT	<input checked="" type="checkbox"/>	HOSPITAL (26-0105)	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	ICF/MR	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF	<input type="checkbox"/>	SNF	<input type="checkbox"/>		<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX-INPT	<input type="checkbox"/>	IRF	<input type="checkbox"/>	NF	<input type="checkbox"/>		<input checked="" type="checkbox"/>	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	62,100	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	62,100	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	29,677	3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	27,788	4							
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5							
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6							
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7							
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8							
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)		9							
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10							
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11							
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12							
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13							
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14							
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15							
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16							
SWING-BED ADJUSTMENT										
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17							
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18							
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19							
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20							
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	45,951,331	21							
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22							
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23							
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24							
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25							
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26							
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	45,951,331	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	75,385,262	28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	43,345,088	29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	32,040,174	30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.609553	31							
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)	1,460.56	32							
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,153.02	33							
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)	307.54	34							
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)	187.46	35							
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)	5,563,250	36							
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	40,388,081	37							

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 650.37 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 39  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5
42 NURSERY (TITLES V AND XIX ONLY)					42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	6,346,225	3,949	1,607.05		43
43.01 6TH ICU	5,082,726	3,332	1,525.43		43.01
43.02 7TH ICU	5,582,828	3,403	1,640.56		43.02
43.03 8TH ICU	5,729,016	3,638	1,574.77		43.03
43.04 5TH ICU	6,469,605	4,396	1,471.70		43.04
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 OTHER SPECIAL CARE (SPECIFY)					47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					49

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

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 4,635 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

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

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	62,100	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	62,100	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	29,677	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	27,788	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)	19,703	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)	9,769	14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	45,960,566	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	45,960,566	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	75,385,262	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	43,345,088	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	32,040,174	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.609676	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)	1,460.56	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,153.02	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)	307.54	34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)	187.50	35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)	5,564,438	36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	40,396,128	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 740.11 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 14,582,387 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) 14,582,387 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	6,350,324	3,949	1,608.08	1,546	2,486,092	43
43.01 6TH ICU	5,082,726	3,332	1,525.43	647	986,953	43.01
43.02 7TH ICU	5,582,828	3,403	1,640.56	1,357	2,226,240	43.02
43.03 8TH ICU	5,729,016	3,638	1,574.77	1,752	2,758,997	43.03
43.04 5TH ICU	6,469,605	4,396	1,471.70	1,278	1,880,833	43.04
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					39,460,801	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					64,382,303	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 2,311,879 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 2,108,251 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 4,420,130 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 59,962,173 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 4,635 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 740.11 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 3,430,410 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST					
90 CAPITAL-RELATED COST	4,835,791	45,960,566	0.105216	3,430,410	360,934
91 NURSING SCHOOL COST					91
92 ALLIED HEALTH COST	219,658	45,960,566	0.004779	3,430,410	16,394
93 ALL OTHER MEDICAL EDUCATION					93



WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS			
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	786.50	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	3,139,708	39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)		40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	3,139,708	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	502,634	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	3,642,342	49
PASS-THROUGH COST ADJUSTMENTS			
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	383,272	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	30,499	51
52	TOTAL PROGRAM EXCLUDABLE COST	413,771	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	3,228,571	53
TARGET AMOUNT AND LIMIT COMPUTATION			
54	PROGRAM DISCHARGES		54
55	TARGET AMOUNT PER DISCHARGE		55
56	TARGET AMOUNT (LINE 54 x LINE 55)		56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT		57
58	BONUS PAYMENT (SEE INSTRUCTIONS)		58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET		59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET		60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)		61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)		62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)		63
PROGRAM INPATIENT ROUTINE SWING BED COST			
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)		64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)		65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)		66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)		67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)		68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)		69

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	62,100	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	62,100	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	29,677	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	27,788	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)	11,521	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	45,951,331	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	45,951,331	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	75,385,262	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	43,345,088	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	32,040,174	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.609553	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)	1,460.56	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,153.02	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)	307.54	34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)	187.46	35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)	5,563,250	36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	40,388,081	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 650.37 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 7,492,913 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) 7,492,913 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	6,346,225	3,949	1,607.05	756	1,214,930	43
43.01 6TH ICU	5,082,726	3,332	1,525.43	912	1,391,192	43.01
43.02 7TH ICU	5,582,828	3,403	1,640.56	492	807,156	43.02
43.03 8TH ICU	5,729,016	3,638	1,574.77	677	1,066,119	43.03
43.04 5TH ICU	6,469,605	4,396	1,471.70	962	1,415,775	43.04
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					21,162,569	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					34,550,654	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,345,779 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 1,105,917 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 2,451,696 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 4,635 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

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

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] IPF (26-S105) [ ] 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)	10,466	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	10,466	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,480	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7,986	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,265	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)	8,228,265	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	8,228,265	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	17,284,088	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,466,592	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	12,817,496	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.476060	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)	1,801.05	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,605.00	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)	196.05	34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)	93.33	35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)	231,458	36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	7,996,807	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 (26-S105)			[ ]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[ ]	IRF			[XX]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	764.07 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	2,494,689 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)	2,494,689 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,494,689 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	313,472 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	313,472 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	<input checked="" type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (26-0105)	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	S/B SNF	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF	<input type="checkbox"/>	SNF	<input type="checkbox"/>	S/B NF	<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	IRF	<input type="checkbox"/>	NF	<input type="checkbox"/>	ICF/MR	<input checked="" type="checkbox"/>	OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2)	
			3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
31.01 6TH ICU				31.01
31.02 7TH ICU				31.02
31.03 8TH ICU				31.03
31.04 5TH ICU				31.04
40 SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.210665			50
51 RECOVERY ROOM	0.436378			51
53 ANESTHESIOLOGY	0.090376			53
54 RADIOLOGY-DIAGNOSTIC	0.090645			54
54.03 ENDOSCOPY	0.199931			54.03
54.05 PET IMAGING	0.064464			54.05
55 RADIOLOGY-THERAPEUTIC	0.128660			55
56 RADIOISOTOPE	0.759941			56
60 LABORATORY	0.093837			60
60.02 BLOOD CLOTTING FACTORS ADMIN CO				60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.249685			63
65 RESPIRATORY THERAPY	0.162504			65
66 PHYSICAL THERAPY	0.259885			66
69 ELECTROCARDIOLOGY	0.115113			69
69.02 CARDIOVASCULAR LAB				69.02
70 ELECTROENCEPHALOGRAPHY	0.220982			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.240288			71
72 IMPL. DEV. CHARGED TO PATIENT	0.345285			72
73 DRUGS CHARGED TO PATIENTS	0.122224			73
74 RENAL DIALYSIS	0.372189			74
76 OTHER ANCILLARY SERVICES				76
76.01 PSYCH THERAPY				76.01
76.29 AIR RESCUE				76.29
76.30 BONE MARROW	0.283804			76.30
76.31 CORNEAL TRANSPLANTS	0.348819			76.31
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.733190			90
90.02 TRANSPLANT CLINIC	1.709937			90.02
90.03 BONE MARROW CLINIC	2.620294			90.03
91 EMERGENCY	0.156199			91
92 OBSERVATION BEDS	0.625284			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		26,303,935		30
31 INTENSIVE CARE UNIT		4,757,434		31
31.01 6TH ICU		2,077,441		31.01
31.02 7TH ICU		4,270,900		31.02
31.03 8TH ICU		5,351,484		31.03
31.04 5TH ICU		4,190,045		31.04
40 SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.210780	14,952,879	3,151,768	50
51 RECOVERY ROOM	0.436378	2,225,065	970,969	51
53 ANESTHESIOLOGY	0.090376	2,869,351	259,320	53
54 RADIOLOGY-DIAGNOSTIC	0.090645	29,374,243	2,662,628	54
54.03 ENDOSCOPY	0.199931	1,467,708	293,440	54.03
54.05 PET IMAGING	0.064464	1,168,979	75,357	54.05
55 RADIOLOGY-THERAPEUTIC	0.128660	297,308	38,252	55
56 RADIOISOTOPE	0.759941	331,454	251,885	56
60 LABORATORY	0.094006	41,384,796	3,890,419	60
60.02 BLOOD CLOTTING FACTORS ADMIN CO				60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.250096	6,082,432	1,521,192	63
65 RESPIRATORY THERAPY	0.162504	7,812,370	1,269,541	65
66 PHYSICAL THERAPY	0.259885	4,247,537	1,103,871	66
69 ELECTROCARDIOLOGY	0.115113	12,353,156	1,422,009	69
69.02 CARDIOVASCULAR LAB				69.02
70 ELECTROENCEPHALOGRAPHY	0.220982	558,281	123,370	70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.240288	23,098,770	5,550,357	71
72 IMPL. DEV. CHARGED TO PATIENT	0.345285	13,981,251	4,827,516	72
73 DRUGS CHARGED TO PATIENTS	0.122224	76,697,137	9,374,231	73
74 RENAL DIALYSIS	0.372189	2,680,421	997,623	74
76 OTHER ANCILLARY SERVICES				76
76.01 PSYCH THERAPY				76.01
76.29 AIR RESCUE				76.29
76.30 BONE MARROW	0.283804	202,443	57,454	76.30
76.31 CORNEAL TRANSPLANTS	0.348819	22,293	7,776	76.31
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.733190	4,426	3,245	90
90.02 TRANSPLANT CLINIC	1.709937	6,124	10,472	90.02
90.03 BONE MARROW CLINIC	2.620294	5,340	13,992	90.03
91 EMERGENCY	0.156350	7,642,543	1,194,912	91
92 OBSERVATION BEDS	0.625284	622,441	389,202	92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		250,088,748	39,460,801	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		250,088,748		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
31.01 6TH ICU				31.01
31.02 7TH ICU				31.02
31.03 8TH ICU				31.03
31.04 5TH ICU				31.04
40 SUBPROVIDER - IPF		6,602,885		40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.210780	228,500	48,163	50
51 RECOVERY ROOM	0.436378			51
53 ANESTHESIOLOGY	0.090376	108,024	9,763	53
54 RADIOLOGY-DIAGNOSTIC	0.090645	303,508	27,511	54
54.03 ENDOSCOPY	0.199931	6,259	1,251	54.03
54.05 PET IMAGING	0.064464	8,811	568	54.05
55 RADIOLOGY-THERAPEUTIC	0.128660			55
56 RADIOISOTOPE	0.759941	2,039	1,550	56
60 LABORATORY	0.094006	867,260	81,528	60
60.02 BLOOD CLOTTING FACTORS ADMIN CO				60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.250096			63
65 RESPIRATORY THERAPY	0.162504	17,419	2,831	65
66 PHYSICAL THERAPY	0.259885	116,444	30,262	66
69 ELECTROCARDIOLOGY	0.115113	104,440	12,022	69
69.02 CARDIOVASCULAR LAB				69.02
70 ELECTROENCEPHALOGRAPHY	0.220982	7,629	1,686	70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.240288	44,069	10,589	71
72 IMPL. DEV. CHARGED TO PATIENT	0.345285			72
73 DRUGS CHARGED TO PATIENTS	0.122224	1,599,921	195,549	73
74 RENAL DIALYSIS	0.372189	17,693	6,585	74
76 OTHER ANCILLARY SERVICES				76
76.01 PSYCH THERAPY				76.01
76.29 AIR RESCUE				76.29
76.30 BONE MARROW	0.283804			76.30
76.31 CORNEAL TRANSPLANTS	0.348819			76.31
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.733190			90
90.02 TRANSPLANT CLINIC	1.709937			90.02
90.03 BONE MARROW CLINIC	2.620294			90.03
91 EMERGENCY	0.156350	465,470	72,776	91
92 OBSERVATION BEDS	0.625284			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		3,897,486	502,634	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		3,897,486		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		15,328,586			30
31 INTENSIVE CARE UNIT		2,487,794			31
31.01 6TH ICU		2,927,066			31.01
31.02 7TH ICU		1,487,019			31.02
31.03 8TH ICU		2,035,089			31.03
31.04 5TH ICU		2,762,317			31.04
40 SUBPROVIDER - IPF					40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.210665	10,165,176	2,141,447		50
51 RECOVERY ROOM	0.436378	1,207,842	527,076		51
53 ANESTHESIOLOGY	0.090376	1,920,389	173,557		53
54 RADIOLOGY-DIAGNOSTIC	0.090645	15,551,372	1,409,654		54
54.03 ENDOSCOPY	0.199931	671,111	134,176		54.03
54.05 PET IMAGING	0.064464	605,934	39,061		54.05
55 RADIOLOGY-THERAPEUTIC	0.128660	161,892	20,829		55
56 RADIOISOTOPE	0.759941	165,101	125,467		56
60 LABORATORY	0.093837	21,984,504	2,062,960		60
60.02 BLOOD CLOTTING FACTORS ADMIN CO					60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.249685	3,525,630	880,297		63
65 RESPIRATORY THERAPY	0.162504	4,879,597	792,954		65
66 PHYSICAL THERAPY	0.259885	1,907,062	495,617		66
69 ELECTROCARDIOLOGY	0.115113	4,865,683	560,103		69
69.02 CARDIOVASCULAR LAB					69.02
70 ELECTROENCEPHALOGRAPHY	0.220982	287,037	63,430		70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.240288	16,032,405	3,852,395		71
72 IMPL. DEV. CHARGED TO PATIENT	0.345285	5,148,846	1,777,819		72
73 DRUGS CHARGED TO PATIENTS	0.122224	44,341,036	5,419,539		73
74 RENAL DIALYSIS	0.372189	817,889	304,409		74
76 OTHER ANCILLARY SERVICES					76
76.01 PSYCH THERAPY					76.01
76.29 AIR RESCUE					76.29
76.30 BONE MARROW	0.283804	123,234	34,974		76.30
76.31 CORNEAL TRANSPLANTS	0.348819	11,424	3,985		76.31
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.733190				90
90.02 TRANSPLANT CLINIC	1.709937	1,379	2,358		90.02
90.03 BONE MARROW CLINIC	2.620294	310	812		90.03
91 EMERGENCY	0.156199	1,688,460	263,736		91
92 OBSERVATION BEDS	0.625284	121,407	75,914		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		136,184,720	21,162,569		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		136,184,720			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
31.01 6TH ICU				31.01
31.02 7TH ICU				31.02
31.03 8TH ICU				31.03
31.04 5TH ICU				31.04
40 SUBPROVIDER - IPF		5,382,527		40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.210665			50
51 RECOVERY ROOM	0.436378			51
53 ANESTHESIOLOGY	0.090376			53
54 RADIOLOGY-DIAGNOSTIC	0.090645			54
54.03 ENDOSCOPY	0.199931			54.03
54.05 PET IMAGING	0.064464			54.05
55 RADIOLOGY-THERAPEUTIC	0.128660			55
56 RADIOISOTOPE	0.759941			56
60 LABORATORY	0.093837			60
60.02 BLOOD CLOTTING FACTORS ADMIN CO				60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.249685			63
65 RESPIRATORY THERAPY	0.162504			65
66 PHYSICAL THERAPY	0.259885			66
69 ELECTROCARDIOLOGY	0.115113			69
69.02 CARDIOVASCULAR LAB				69.02
70 ELECTROENCEPHALOGRAPHY	0.220982			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.240288			71
72 IMPL. DEV. CHARGED TO PATIENT	0.345285			72
73 DRUGS CHARGED TO PATIENTS	0.122224			73
74 RENAL DIALYSIS	0.372189			74
76 OTHER ANCILLARY SERVICES				76
76.01 PSYCH THERAPY				76.01
76.29 AIR RESCUE				76.29
76.30 BONE MARROW	0.283804			76.30
76.31 CORNEAL TRANSPLANTS	0.348819			76.31
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.733190			90
90.02 TRANSPLANT CLINIC	1.709937			90.02
90.03 BONE MARROW CLINIC	2.620294			90.03
91 EMERGENCY	0.156199			91
92 OBSERVATION BEDS	0.625284			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PART I

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

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES		PER DIEM COSTS (FROM WKST D-1, PT. II)		ORGAN ACQUISITION DAYS	COST (COL.2 x COL.3)	
		1	D	2		3	4	
1	ADULTS & PEDIATRICS	25,837	38	740.11		15	11,102	1
2	INTENSIVE CARE UNIT	3,294	43	1,608.08				2
2.01	6TH ICU		43.01	1,525.43				2.01
2.02	7TH ICU	4,908	43.02	1,640.56				2.02
2.03	8TH ICU		43.03	1,574.77				2.03
2.04	5TH ICU		43.04	1,471.70				2.04
3	CORONARY CARE UNIT		44					3
4	BURN INTENSIVE CARE UNIT		45					4
5	SURGICAL INTENSIVE CARE UNIT		46					5
6	OTHER SPECIAL CARE (SPECIFY)		47					6
7	TOTAL (SUM OF LINES 1-6)	34,039				15	11,102	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	0.210665	162,016		34,131		8
9	RECOVERY ROOM	51	0.436378	8,572		3,741		9
10	DELIVERY ROOM & LABOR ROOM	52						10
11	ANESTHESIOLOGY	53	0.090376	25,235		2,281		11
12	RADIOLOGY-DIAGNOSTIC	54	0.090645	641,282		58,129		12
12.03	ENDOSCOPY	54.03	0.199931	76,108		15,216		12.03
12.05	PET IMAGING	54.05	0.064464	8,598		554		12.05
13	RADIOLOGY-THERAPEUTIC	55	0.128660					13
14	RADIOISOTOPE	56	0.759941	76,817		58,376		14
15	COMPUTED TOMOGRAPHY (CT) SCAN	57						15
16	MAGNETIC RESONANCE IMAGING (MRI)	58						16
17	CARDIAC CATHETERIZATION	59						17
18	LABORATORY	60	0.093837	1,323,420		124,186		18
18.02	BLOOD CLOTTING FACTORS ADMIN CO	60.02						18.02
19	PBP CLINICAL LAB SERVICES-PRGM	61						19
20	WHOLE BLOOD & PACKED RED BLOOD	62						20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30						20.30
21	BLOOD STORING, PROCESSING & TRA	63	0.249685	4,978		1,243		21
22	INTRAVENOUS THERAPY	64						22
23	RESPIRATORY THERAPY	65	0.162504	5,795		942		23
24	PHYSICAL THERAPY	66	0.259885	1,526		397		24
25	OCCUPATIONAL THERAPY	67						25
26	SPEECH PATHOLOGY	68						26
27	ELECTROCARDIOLOGY	69	0.115113	1,251,032		144,010		27
27.02	CARDIOVASCULAR LAB	69.02						27.02
28	ELECTROENCEPHALOGRAPHY	70	0.220982					28
29	MEDICAL SUPPLIES CHRGD TO PATI	71	0.240288	333,685		80,181		29
30	IMPL. DEV. CHARGED TO PATIENT	72	0.345285					30
31	DRUGS CHARGED TO PATIENTS	73	0.122224	826,688		101,041		31
32	RENAL DIALYSIS	74	0.372189	7,464		2,778		32
33	ASC (NON-DISTINCT PART)	75		38,507				33
34	OTHER ANCILLARY SERVICES	76						34
34.01	PSYCH THERAPY	76.01						34.01
34.29	AIR RESCUE	76.29						34.29
34.30	BONE MARROW	76.30	0.283804					34.30
34.31	CORNEAL TRANSPLANTS	76.31	0.348819					34.31
34.97	CARDIAC REHABILITATION	76.97						34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98						34.98
34.99	LITHOTRIPSY	76.99						34.99
35	RURAL HEALTH CLINIC (RHC)	88						35
36	FEDERALLY QUALIFIED HLTH CTR (F	89						36
37	CLINIC	90	0.733190					37
37.02	TRANSPLANT CLINIC	90.02	1.709937					37.02
37.03	BONE MARROW CLINIC	90.03	2.620294					37.03
38	EMERGENCY	91	0.156199					38
39	OBSERVATION BEDS	92	0.625284	1,623		1,015		39
40	OTHER OUTPATIENT SERV (SPECIFY)	93						40
41	TOTAL (SUM OF LINES 8-40)			4,793,346		628,221		41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	AVERAGE COST PER DAY (FROM WKST D-2, PART I, COL. 4)		ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
	D	1			
42 ADULTS & PEDIATRICS	2		15		42
43 INTENSIVE CARE UNIT	3				43
43.01 6TH ICU	3.01				43.01
43.02 7TH ICU	3.02				43.02
43.03 8TH ICU	3.03				43.03
43.04 5TH ICU	3.04				43.04
44 CORONARY CARE UNIT	4				44
45 BURN INTENSIVE CARE UNIT	5				45
46 SURGICAL INTENSIVE CARE UNIT	6				46
47 OTHER SPECIAL CARE (SPECIFY)	7				47
48 TOTAL (SUM OF LINES 42-47)			15		48

  

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)		ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		D	2		
49 RURAL HEALTH CLINIC (RHC)		21			49
50 FEDERALLY QUALIFIED HLTH CTR (F		22			50
51 CLINIC		23			51
51.02 TRANSPLANT CLINIC		23.02			51.02
51.03 BONE MARROW CLINIC		23.03			51.03
52 EMERGENCY		24			52
53 OBSERVATION BEDS	1,623	25			53
54 OTHER OUTPATIENT SERV (SPECIFY)		26			54
55 TOTAL (SUM OF LINES 49-54)	1,623				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	639,323		4,827,385		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	5,697,136		5,697,136		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	6,336,459		10,524,521		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		45			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		32			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 +LINE 62)		0.711111			64
65 MEDICARE COST/CHARGES	4,505,926		7,484,103		65
66 REVENUE FOR ORGANS SOLD	54,853		119,738		66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	4,451,073		7,364,365		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	4,451,073		7,364,365		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER	4	6		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		35		73
74 TOTAL (SUM OF LINES 70-73)	4	41		74
75 ORGANS TRANSPLANTED	4	35	3,049,250	75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		6	58,477	77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS				78
79 ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80 ORGANS SOLD OUTSIDE THE U.S.				80
81 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				81
82 ORGANS USED FOR RESEARCH				82
83 UNUSABLE/DISCARDED ORGANS				83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)	4	41		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	39,102	38	740.11		1	740	1
2	INTENSIVE CARE UNIT	12,705	43	1,608.08				2
2.01	6TH ICU		43.01	1,525.43				2.01
2.02	7TH ICU	57,665	43.02	1,640.56				2.02
2.03	8TH ICU		43.03	1,574.77				2.03
2.04	5TH ICU		43.04	1,471.70				2.04
3	CORONARY CARE UNIT		44					3
4	BURN INTENSIVE CARE UNIT		45					4
5	SURGICAL INTENSIVE CARE UNIT		46					5
6	OTHER SPECIAL CARE (SPECIFY)		47					6
7	TOTAL (SUM OF LINES 1-6)	109,472				1	740	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	0.210665		47,212		9,946	8
9	RECOVERY ROOM	51	0.436378		1,807		789	9
10	DELIVERY ROOM & LABOR ROOM	52						10
11	ANESTHESIOLOGY	53	0.090376		8,796		795	11
12	RADIOLOGY-DIAGNOSTIC	54	0.090645		875,373		79,348	12
12.03	ENDOSCOPY	54.03	0.199931		10,836		2,166	12.03
12.05	PET IMAGING	54.05	0.064464					12.05
13	RADIOLOGY-THERAPEUTIC	55	0.128660					13
14	RADIOISOTOPE	56	0.759941					14
15	COMPUTED TOMOGRAPHY (CT) SCAN	57						15
16	MAGNETIC RESONANCE IMAGING (MRI)	58						16
17	CARDIAC CATHETERIZATION	59						17
18	LABORATORY	60	0.093837		592,757		55,623	18
18.02	BLOOD CLOTTING FACTORS ADMIN CO	60.02						18.02
19	PBP CLINICAL LAB SERVICES-PRGM	61						19
20	WHOLE BLOOD & PACKED RED BLOOD	62						20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30						20.30
21	BLOOD STORING, PROCESSING & TRA	63	0.249685		22,573		5,636	21
22	INTRAVENOUS THERAPY	64						22
23	RESPIRATORY THERAPY	65	0.162504		34,385		5,588	23
24	PHYSICAL THERAPY	66	0.259885		7,764		2,018	24
25	OCCUPATIONAL THERAPY	67						25
26	SPEECH PATHOLOGY	68						26
27	ELECTROCARDIOLOGY	69	0.115113		411,696		47,392	27
27.02	CARDIOVASCULAR LAB	69.02						27.02
28	ELECTROENCEPHALOGRAPHY	70	0.220982					28
29	MEDICAL SUPPLIES CHRGD TO PATI	71	0.240288		455,476		109,445	29
30	IMPL. DEV. CHARGED TO PATIENT	72	0.345285					30
31	DRUGS CHARGED TO PATIENTS	73	0.122224		611,864		74,784	31
32	RENAL DIALYSIS	74	0.372189					32
33	ASC (NON-DISTINCT PART)	75			15,415			33
34	OTHER ANCILLARY SERVICES	76						34
34.01	PSYCH THERAPY	76.01						34.01
34.29	AIR RESCUE	76.29						34.29
34.30	BONE MARROW	76.30	0.283804					34.30
34.31	CORNEAL TRANSPLANTS	76.31	0.348819					34.31
34.97	CARDIAC REHABILITATION	76.97						34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98						34.98
34.99	LITHOTRIPSY	76.99						34.99
35	RURAL HEALTH CLINIC (RHC)	88						35
36	FEDERALLY QUALIFIED HLTH CTR (F	89						36
37	CLINIC	90	0.733190					37
37.02	TRANSPLANT CLINIC	90.02	1.709937					37.02
37.03	BONE MARROW CLINIC	90.03	2.620294					37.03
38	EMERGENCY	91	0.156199		1,127		176	38
39	OBSERVATION BEDS	92	0.625284		9,685		6,056	39
40	OTHER OUTPATIENT SERV (SPECIFY)	93						40
41	TOTAL (SUM OF LINES 8-40)				3,106,766		399,762	41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PART II

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

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

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

  

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)		ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		D	2		
49 RURAL HEALTH CLINIC (RHC)		21			49
50 FEDERALLY QUALIFIED HLTH CTR (F		22			50
51 CLINIC		23			51
51.02 TRANSPLANT CLINIC		23.02			51.02
51.03 BONE MARROW CLINIC		23.03			51.03
52 EMERGENCY	1,127	24			52
53 OBSERVATION BEDS	9,685	25			53
54 OTHER OUTPATIENT SERV (SPECIFY)		26			54
55 TOTAL (SUM OF LINES 49-54)	10,812				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	400,502		3,216,238		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	2,761,550		2,761,550		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	3,162,052		5,977,788		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		24			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		6			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 +LINE 62)		0.250000			64
65 MEDICARE COST/CHARGES	790,513		1,494,447		65
66 REVENUE FOR ORGANS SOLD	17,239		24,627		66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	773,274		1,469,820		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	773,274		1,469,820		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER	1	1		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		22		73
74 TOTAL (SUM OF LINES 70-73)	1	23		74
75 ORGANS TRANSPLANTED	1	22	7,549,881	75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		1	24,627	77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS				78
79 ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80 ORGANS SOLD OUTSIDE THE U.S.				80
81 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				81
82 ORGANS USED FOR RESEARCH				82
83 UNUSABLE/DISCARDED ORGANS				83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)	1	23		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
1	ADULTS & PEDIATRICS		38	740.11		2
2	INTENSIVE CARE UNIT		43	1,608.08		2
2.01	6TH ICU		43.01	1,525.43		2.01
2.02	7TH ICU		43.02	1,640.56		2.02
2.03	8TH ICU		43.03	1,574.77		2.03
2.04	5TH ICU		43.04	1,471.70		2.04
3	CORONARY CARE UNIT		44			3
4	BURN INTENSIVE CARE UNIT		45			4
5	SURGICAL INTENSIVE CARE UNIT		46			5
6	OTHER SPECIAL CARE (SPECIFY)		47			6
7	TOTAL (SUM OF LINES 1-6)					7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		C	RATIO OF COST TO CHARGES (FROM WKST C) 1	ORGAN ACQUISITION ANCILLARY CHARGES 2	ORGAN ACQUISITION ANCILLARY COSTS 3	
8	OPERATING ROOM	50	0.210665			8
9	RECOVERY ROOM	51	0.436378			9
10	DELIVERY ROOM & LABOR ROOM	52				10
11	ANESTHESIOLOGY	53	0.090376			11
12	RADIOLOGY-DIAGNOSTIC	54	0.090645	474	43	12
12.03	ENDOSCOPY	54.03	0.199931			12.03
12.05	PET IMAGING	54.05	0.064464	227	15	12.05
13	RADIOLOGY-THERAPEUTIC	55	0.128660			13
14	RADIOISOTOPE	56	0.759941	2,708	2,058	14
15	COMPUTED TOMOGRAPHY (CT) SCAN	57				15
16	MAGNETIC RESONANCE IMAGING (MRI)	58				16
17	CARDIAC CATHETERIZATION	59				17
18	LABORATORY	60	0.093837	2,854	268	18
18.02	BLOOD CLOTTING FACTORS ADMIN CO	60.02				18.02
19	PBP CLINICAL LAB SERVICES-PRGM	61				19
20	WHOLE BLOOD & PACKED RED BLOOD	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	BLOOD STORING, PROCESSING & TRA	63	0.249685			21
22	INTRAVENOUS THERAPY	64				22
23	RESPIRATORY THERAPY	65	0.162504			23
24	PHYSICAL THERAPY	66	0.259885			24
25	OCCUPATIONAL THERAPY	67				25
26	SPEECH PATHOLOGY	68				26
27	ELECTROCARDIOLOGY	69	0.115113	5,383	620	27
27.02	CARDIOVASCULAR LAB	69.02				27.02
28	ELECTROENCEPHALOGRAPHY	70	0.220982			28
29	MEDICAL SUPPLIES CHRGD TO PATI	71	0.240288	2,188	526	29
30	IMPL. DEV. CHARGED TO PATIENT	72	0.345285			30
31	DRUGS CHARGED TO PATIENTS	73	0.122224	1,636	200	31
32	RENAL DIALYSIS	74	0.372189			32
33	ASC (NON-DISTINCT PART)	75		113		33
34	OTHER ANCILLARY SERVICES	76				34
34.01	PSYCH THERAPY	76.01				34.01
34.29	AIR RESCUE	76.29				34.29
34.30	BONE MARROW	76.30	0.283804			34.30
34.31	CORNEAL TRANSPLANTS	76.31	0.348819			34.31
34.97	CARDIAC REHABILITATION	76.97				34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98				34.98
34.99	LITHOTRIPSY	76.99				34.99
35	RURAL HEALTH CLINIC (RHC)	88				35
36	FEDERALLY QUALIFIED HLTH CTR (F	89				36
37	CLINIC	90	0.733190			37
37.02	TRANSPLANT CLINIC	90.02	1.709937			37.02
37.03	BONE MARROW CLINIC	90.03	2.620294			37.03
38	EMERGENCY	91	0.156199			38
39	OBSERVATION BEDS	92	0.625284			39
40	OTHER OUTPATIENT SERV (SPECIFY)	93				40
41	TOTAL (SUM OF LINES 8-40)			15,583	3,730	41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PART II

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

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

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

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)		ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		D	2		
49 RURAL HEALTH CLINIC (RHC)	1	21			49
50 FEDERALLY QUALIFIED HLTH CTR (F		22			50
51 CLINIC		23			51
51.02 TRANSPLANT CLINIC		23.02			51.02
51.03 BONE MARROW CLINIC		23.03			51.03
52 EMERGENCY		24			52
53 OBSERVATION BEDS		25			53
54 OTHER OUTPATIENT SERV (SPECIFY)		26			54
55 TOTAL (SUM OF LINES 49-54)					55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
56 ROUTINE & ANCILLARY FROM PART I	3,730		15,583		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	138,876		138,876		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	142,606		154,459		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		3			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		3			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 +LINE 62)		1.000000			64
65 MEDICARE COST/CHARGES	142,606		154,459		65
66 REVENUE FOR ORGANS SOLD					66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	142,606		154,459		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	142,606		154,459		69

PART IV - STATISTICS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	39,113,370	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	3,747,243	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	10,677,256	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	271.30	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)	223.45	5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.	35.84	8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)	259.29	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	271.15	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	259.29	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	256.96	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	251.20	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	255.82	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	255.82	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.942941	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.948962	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.942941	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	20,747,156	22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)	1.73	23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	11.86	24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)	1.73	25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)	0.006377	26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)	0.001701	27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)	84,694	28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)	20,831,850	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.1183	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2095	31
32	SUM OF LINES 30 AND 31	0.3278	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1626	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	6,359,834	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)	70,052,297	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)	70,052,297	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	4,862,541	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	11,761,511	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	63,126	53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)	5,366,953	55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS	94,794	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	19,818	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	92,221,040	59
60	PRIMARY PAYER PAYMENTS	173,490	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	92,047,550	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,275,144	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	488,674	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,545,788	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,082,052	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,300,987	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	89,365,784	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (PAYMENTS FOR CADAVERS)	-18,389	70
70.91	SEQUESTRATION AMT	-218,272	70.91
70.92	SEQUEST. AMT NET OF PS&R	-80,581	70.92
70.93	HVBP INCENTIVE PAYMENT (SEE INSTRUCTIONS)	79,764	70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (SEE INSTRUCTIONS)	-16,185	70.94
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	89,112,121	71
72	INTERIM PAYMENTS	90,091,826	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-979,705	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	114,731	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:        [XX] HOSPITAL (26-0105)        [ ] IPF        [ ] IRF  
                                 [ ] SUB (OTHER)        [ ] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	207,071	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	13,897,835	2
3	PPS PAYMENTS	12,743,022	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	134,927	4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)	0.834	5
6	LINE 2 TIMES LINE 5	11,590,794	6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200	13,149	9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	207,071	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	894,236	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)	894,236	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)	894,236	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	687,165	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)	207,071	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)	12,891,098	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	88,867	25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	2,740,136	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	10,269,166	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)	2,266,775	28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	12,535,941	30
31	PRIMARY PAYER PAYMENTS	9,205	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	12,526,736	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)	499,014	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	349,310	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	361,339	36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	12,876,046	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R	-59	38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
39.01	SEQUESTRATION AMIUNT	-35,168	39.01
39.02	SEQUEST AMT NET OF PS&R	-7,870	39.02
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	12,833,067	40
41	INTERIM PAYMENTS	12,302,462	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	530,605	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	5,254	44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	1,659	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	679	2
3	PPS PAYMENTS	1,410	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200	2	9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	1,659	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	13,570	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)	13,570	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)	13,570	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	11,911	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)	1,659	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)	1,412	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	97	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	2,974	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	2,974	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	2,974	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	2,974	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
39.01	SEQUESTRATION AMOUNT	-12	39.01
39.02	SEQUEST AMT NET OF PS&R	2	39.02
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	2,964	40
41	INTERIM PAYMENTS	4,014	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	-1,050	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK [XX] HOSPITAL (26-0105) [ ] SUB (OTHER)  
 APPLICABLE [ ] IPF [ ] SNF  
 BOX: [ ] IRF [ ] SWING BED SNF

INPATIENT  
 PART A

PART B

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		86,448,362		12,302,462	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 06/04/2013	3,643,464		NONE	3.01
	.02				3.02
	PROGRAM .03				3.03
	TO .04				3.04
	PROVIDER .05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50	NONE		NONE	3.50
	.51				3.51
	PROVIDER .52				3.52
	TO .53				3.53
	PROGRAM .54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)	.99	3,643,464			3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		90,091,826		12,302,462	4

TO BE COMPLETED BY CONTRACTOR

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

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

INPATIENT  
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,060,330		4,014	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	3.01
.01					3.02
.02					3.03
PROGRAM .03					3.04
TO .04					3.05
PROVIDER .05					3.06
.06					3.07
.07					3.08
.08					3.09
.09					3.50
.50				NONE	3.51
.51	05/31/2013	90,308			3.52
PROVIDER .52					3.53
TO .53					3.54
PROGRAM .54					3.55
.55					3.56
.56					3.57
.57					3.58
.58					3.59
.59					3.99
.99					
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		-90,308			
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		2,970,022		4,014	4

TO BE COMPLETED BY CONTRACTOR

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK [XX] HOSPITAL (26-0105) [ ] CAH  
APPLICABLE BOX

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	13,703	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	26,283	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	6,932	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	76,183	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,456,153,451	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	33,732,456	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	2,013,305	8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30	INITIAL/INTERIM HIT PAYMENT(S)	1,797,518	30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	215,787	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART II

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

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	2,988,437	1
2	NET IPF PPS OUTLIER PAYMENT	13,513	2
3	NET IPF PPS ECT PAYMENT	54,631	3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	6.12	4
4.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii) (F)(1) OR (2) (SEE INSTRUCTIONS)		4.01
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)	4.99	6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	4.99	8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	28.673973	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$	0.086135	10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)	257,409	11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	3,313,990	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)	3,313,990	16
17	PRIMARY PAYER PAYMENTS	82	17
18	SUBTOTAL (LINE 16 LESS LINE 17)	3,313,908	18
19	DEDUCTIBLES	226,252	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	3,087,656	20
21	COINSURANCE	81,047	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	3,006,609	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	68,164	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	47,715	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	40,543	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	3,054,324	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)	20,710	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
30.01	SEQUESTRATION AMOUNT	-10,368	30.01
30.02	SEQUEST. AMT NET OF PS&R	90	30.02
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	3,064,756	31
32	INTERIM PAYMENTS	2,970,022	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	94,734	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART VII

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

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

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

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

	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	34,550,654		1
2 MEDICAL AND OTHER SERVICES		9,924,463	2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)			3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	34,550,654	9,924,463	4
5 INPATIENT PRIMARY PAYER PAYMENTS			5
6 OUTPATIENT PRIMARY PAYER PAYMENTS			6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	34,550,654	9,924,463	7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8 ROUTINE SERVICE CHARGES	17,816,380		8
9 ANCILLARY SERVICE CHARGES	136,184,720	62,362,067	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)	154,001,100	62,362,067	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)	154,001,100	62,362,067	16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	119,450,446	52,437,604	17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))			18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	34,550,654	9,924,463	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	34,550,654	9,924,463	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)	34,550,654	9,924,463	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)	34,550,654	9,924,463	36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			37
38 SUBTOTAL (LINE 36 ± LINE 37)	34,550,654	9,924,463	38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	7,360,956		39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	41,911,610	9,924,463	40
41 INTERIM PAYMENTS	28,867,392	8,007,351	41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	13,044,218	1,917,112	42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

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

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

	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	2,494,689	1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	2,494,689	4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	2,494,689	7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8 ROUTINE SERVICE CHARGES	5,382,527	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)	5,382,527	12
CUSTOMARY CHARGES		
13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
14 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		14
15 RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	5,382,527	16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	2,887,838	17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))		18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	2,494,689	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	2,494,689	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)	2,494,689	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)	2,494,689	36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38 SUBTOTAL (LINE 36 ± LINE 37)	2,494,689	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)	2,494,689	40
41 INTERIM PAYMENTS		41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	2,494,689	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 [XX] TITLE V  
 APPLICABLE [ ] TITLE XVIII  
 BOX: [ ] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996		1	
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		2	
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA		3	
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		3.01	
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))		4	
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.01	
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.02	
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)		5	
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)		6	
7	ENTER THE LESSER OF LINE 5 OR LINE 6		7	
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR			8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6			9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT			11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)			12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)			13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)			14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT			17
18	PER RESIDENT AMOUNT			18
19	APPROVED AMOUNT FOR RESIDENT COSTS			19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			25
COMPUTATION OF PROGRAM PATIENT LOAD				
26	INPATIENT DAYS	INPATIENT PART A	MANAGED CARE	26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	86,649		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS			28
29	PROGRAM DIRECT GME AMOUNT			29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			30
31	NET PROGRAM DIRECT GME AMOUNT			31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			50

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996	229.61	1		
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		2		
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA		3		
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		3.01		
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))	31.75	4		
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.01		
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.02		
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)	261.36	5		
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)	289.32	6		
7	ENTER THE LESSER OF LINE 5 OR LINE 6	261.36	7		
		PRIMARY CARE 1	OTHER 2	TOTAL 3	
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	73.88	181.59	255.47	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	66.74	164.04	230.78	9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR				10
11	TOTAL WEIGHTED FTE COUNT	66.74	164.04		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	62.93	167.05		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	60.89	162.18		13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	63.52	164.42		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	63.52	164.42		17
18	PER RESIDENT AMOUNT	136,224.87	136,659.11		18
19	APPROVED AMOUNT FOR RESIDENT COSTS	8,653,004	22,469,491	31,122,495	19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			23.85	20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			27.96	21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			21.06	22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			98,403.85	23
24	MULTIPLY LINE 22 TIMES LINE 23			2,072,385	24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			33,194,880	25
COMPUTATION OF PROGRAM PATIENT LOAD					
		INPATIENT PART A	MANAGED CARE		
26	INPATIENT DAYS	30,275	7,387		26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	86,649	86,649		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.349398	0.085252		28
29	PROGRAM DIRECT GME AMOUNT	11,598,225	2,829,930		29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		399,869		30
31	NET PROGRAM DIRECT GME AMOUNT			14,028,286	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)			5,425,197	33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)				34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)				35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)				36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME PART A REASONABLE COST					
37	REASONABLE COST (SEE INSTRUCTIONS)			68,024,645	37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			5,366,953	38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)				39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			173,572	40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			73,218,026	41
PART B REASONABLE COST					
42	REASONABLE COST (SEE INSTRUCTIONS)			14,120,395	42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			9,205	43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			14,111,190	44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			87,329,216	45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.838414	46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.161586	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			14,028,286	48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			11,761,511	49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			2,266,775	50

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996	229.61	1		
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		2		
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA		3		
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		3.01		
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))	31.75	4		
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.01		
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.02		
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)	261.36	5		
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)	289.32	6		
7	ENTER THE LESSER OF LINE 5 OR LINE 6	261.36	7		
		PRIMARY CARE 1	OTHER 2	TOTAL 3	
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	73.88	181.59	255.47	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	66.74	164.04	230.78	9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR				10
11	TOTAL WEIGHTED FTE COUNT	66.74	164.04		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	62.93	167.05		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	60.89	162.18		13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	63.52	164.42		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	63.52	164.42		17
18	PER RESIDENT AMOUNT	136,224.87	136,659.11		18
19	APPROVED AMOUNT FOR RESIDENT COSTS	8,653,004	22,469,491	31,122,495	19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			23.85	20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			27.96	21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			21.06	22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			98,403.85	23
24	MULTIPLY LINE 22 TIMES LINE 23			2,072,385	24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			33,194,880	25
COMPUTATION OF PROGRAM PATIENT LOAD					
		INPATIENT PART A	MANAGED CARE		
26	INPATIENT DAYS	18,585	733		26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	86,649	86,649		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.214486	0.008459		28
29	PROGRAM DIRECT GME AMOUNT	7,119,837	280,795		29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		39,676		30
31	NET PROGRAM DIRECT GME AMOUNT			7,360,956	31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)				32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)				33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)				34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)				35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)				36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME					
PART A REASONABLE COST					
37	REASONABLE COST (SEE INSTRUCTIONS)				37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)				38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)				39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)				40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)				41
PART B REASONABLE COST					
42	REASONABLE COST (SEE INSTRUCTIONS)				42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)				43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)				44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)				45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)				46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)				47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			7,360,956	48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)				49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)				50

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	-2,093			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	163,246,972			4
5	OTHER RECEIVABLES	10,924,108			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-97,172,611			6
7	INVENTORY	9,353,951			7
8	PREPAID EXPENSES	1,760,029			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	88,110,356			11
FIXED ASSETS					
12	LAND	2,947,119			12
13	LAND IMPROVEMENTS	3,475,498			13
14	ACCUMULATED DEPRECIATION	-2,715,431			14
15	BUILDINGS	138,245,002			15
16	ACCUMULATED DEPRECIATION	-47,438,856			16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT	5,519,878			19
20	ACCUMULATED DEPRECIATION	-418,050			20
21	AUTOMOBILES AND TRUCKS	19,385			21
22	ACCUMULATED DEPRECIATION	-13,327			22
23	MAJOR MOVABLE EQUIPMENT	140,364,754			23
24	ACCUMULATED DEPRECIATION	-96,182,968			24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE	23,380			29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	143,826,384			30
OTHER ASSETS					
31	INVESTMENTS				31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	185,023,004			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	185,023,004			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	416,959,744			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	21,910,522			37
38	SALARIES, WAGES & FEES PAYABLE	7,730,635			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	2,175,628			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	2,290,927			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	34,107,712			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	242,531,741			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES				49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	242,531,741			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	276,639,453			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	140,320,291			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	140,320,291			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	416,959,744			60





STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	75,385,262		75,385,262	1
2 SUBPROVIDER IPF	17,284,088		17,284,088	2
3 SUBPROVIDER IRF				3
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	92,669,350		92,669,350	10
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT	12,559,249		12,559,249	11
11.01 6TH ICU	10,854,092		10,854,092	11.01
11.02 7TH ICU	10,559,976		10,559,976	11.02
11.03 8TH ICU	11,644,933		11,644,933	11.03
11.04 5TH ICU	14,336,397		14,336,397	11.04
12 CORONARY CARE UNIT				12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
15 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	59,954,647		59,954,647	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	152,623,997		152,623,997	17
18 ANCILLARY SERVICES	797,076,430		797,076,430	18
19 OUTPATIENT SERVICES		480,087,120	480,087,120	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)	949,700,427	480,087,120	1,429,787,547	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		375,785,976	29
30 ADD (SPECIFY)	94,624		30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		94,624	36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		375,880,600	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,429,787,547	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,084,260,891	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	345,526,656	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	375,880,600	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-30,353,944	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	6,068	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	227,948	10
11	REBATES AND REFUNDS OF EXPENSES	41,661	11
12	PARKING LOT RECEIPTS	486,685	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	35,330	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	57,455	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	3,510,878	22
23	GOVERNMENTAL APPROPRIATIONS		23
24		3,519,219	24
24.01		849,431	24.01
24.02		2,051,377	24.02
24.03		3,500	24.03
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	10,789,552	25
26	TOTAL (LINE 5 PLUS LINE 25)	-19,564,392	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	-19,564,392	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT		
1 CAPITAL DRG OTHER THAN OUTLIER	3,107,577	1
2 CAPITAL DRG OUTLIER PAYMENTS	247,478	2
3 TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	208.72	3
4 NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	257.55	4
5 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.4165	5
6 INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	1,294,306	6
7 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.1183	7
8 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.2095	8
9 SUM OF LINES 7 AND 8	0.3278	9
10 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0686	10
11 DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	213,180	11
12 TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	4,862,541	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
16.01 QUALITY ASSURANCE					16.01
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
31.01 6TH ICU					31.01
31.02 7TH ICU					31.02
31.03 8TH ICU					31.03
31.04 5TH ICU					31.04
40 SUBPROVIDER - IPF					40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.03 ENDOSCOPY					54.03
54.05 PET IMAGING					54.05
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
60 LABORATORY					60
60.02 BLOOD CLOTTING FACTORS ADMIN C					60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
63 BLOOD STORING, PROCESSING & TR					63
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
69 ELECTROCARDIOLOGY					69
69.02 CARDIOVASCULAR LAB					69.02
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGD TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76 OTHER ANCILLARY SERVICES					76
76.01 PSYCH THERAPY					76.01
76.29 AIR RESCUE					76.29
76.30 BONE MARROW					76.30
76.31 CORNEAL TRANSPLANTS					76.31
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.02 TRANSPLANT CLINIC					90.02
90.03 BONE MARROW CLINIC					90.03
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
105 KIDNEY ACQUISITION					105
107 LIVER ACQUISITION					107
SPECIAL PURPOSE COST CENTERS					
109 PANCREAS ACQUISITION					109
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190

PROVIDER CCN: 26-0105 SAINT LOUIS UNIVERSITY HOSPITA  
 PERIOD FROM 06/01/2012 TO 05/31/2013

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

VERSION: 2012.11  
 10/22/2013 12:33

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

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

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