

PROVIDER NO. 14-0088 UNIVERSITY OF CHICAGO HOSPITAL  
PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.09  
11/24/2010 23:51

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

WORKSHEET S  
PARTS I & II

INTERMEDIARY [ ] AUDITED DATE RECEIVED [ XX ] INITIAL [ ] RE-OPENING  
USE ONLY: [ ] DESK REVIEWED INTERMEDIARY NO. [ ] FINAL [ XX ] MCR CODE 1

PART I - CERTIFICATION

CHECK XX ELECTRONICALLY FILED COST REPORT DATE: 11/24/2010  
APPLICABLE BOX \_\_\_ MANUALLY SUBMITTED COST REPORT TIME: 23:51

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY UNIVERSITY OF CHICAGO HOSPITALS (14-0088) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2009 AND ENDING 06/30/2010, AND THAT 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.

ECR Encryption: 11/24/2010 23:51  
WXPu5dBitOx8d8vj9E1B3mFVBDun10  
FlvqR0dIhtKdSDVfJ2Brdze3YfHxeb  
FT3111k7zXGqj5Fe

(SIGNED)

*M. B. Keel*  
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

Vice President for Finance  
TITLE

November 29, 2010  
DATE

PI Encryption: 11/24/2010 23:51  
nFsyxp7VxdRoDNvtktM2CDoy4TNTI0  
KqcKS0aMjPv:Wz7q86V.V6ez897LuP  
sIv:aWS:9eOu2Wt:

PART II - SETTLEMENT SUMMARY

TITLE V	TITLE XVIII		TITLE XIX
	PART A	PART B	
1 HOSPITAL			1
2 SUBPROVIDER I	-1484916	102475	2
3 SWING BED - SNF			3
4 SWING BED - NF			4
5 SKILLED NURSING FACILITY			5
6 NURSING FACILITY			6
7 HOME HEALTH AGENCY			7
8 OUTPATIENT REHABILITATION PROVIDER			8
9 HEALTH CLINIC			9
100 TOTAL	-1484916	102475	100

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 657 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: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

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

WORKSHEET S  
 PARTS I & II

INTERMEDIARY [ ] AUDITED DATE RECEIVED \_\_\_\_\_ [ XX ] INITIAL [ ] RE-OPENING  
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PART I - CERTIFICATION

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(SIGNED) \_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
	1	2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	-1484916	102475		2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	-1484916	102475	=( \$1,382,441)	100

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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 5841 SOUTH MARYLAND AVENUE P.O. BOX: 1  
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60637 COUNTY: COOK 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	UNIVERSITY OF CHICAGO HOSPITALS	14-0088	07/01/1996	N	P	O	2
3	SUBPROVIDER I	UNIVERSITY OF CHICAGO PSYCH UNIT	14-S088	07/01/1984	N	P	N	3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS	U OF C RENAL DIALYSIS CENTER	14-2310	07/01/1984				16
16.01	RENAL DIALYSIS II	U OF C RENAL DIALYSIS CENTER	14-3523	07/01/1984				16.01
16.02	RENAL DIALYSIS III	U OF C RENAL DIALYSIS CENTER	14-3524	07/01/1984				16.02
16.03	RENAL DIALYSIS IV	U OF C RENAL DIALYSIS CENTER	14-3527	07/01/1984				16.03
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 07/01/2009	TO: 06/30/2010				17
			1	2				
18	TYPE OF CONTROL							18
19	HOSPITAL				1			19
20	SUBPROVIDER I				4			20

TYPE OF HOSPITAL/SUBPROVIDER

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.							21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.			YES				21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.							21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.			1	N		N 16974	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1				21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1				21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.			NO				21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS).			NO		NO		21.07
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.							21.08
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?			NO				22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW			YES				23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.			09/01/1977				23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.			05/01/2000				23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.			03/08/1990				23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.			03/28/2008				23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.			07/01/1999				23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.							24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.							24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	YES		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	YES		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	YES		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02
	A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)			
28.03	STAFFING	0.00	NO	28.03
28.04	RECRUITMENT	0.00	NO	28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO	28.05
28.06	TRAINING	0.00	NO	28.06
28.07	OTHER (SPECIFY)		NO	28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03
30.04	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. 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.			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35
			V	XVIII	XIX
			1	2	3
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	YES	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES			38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.	YES			40
40.01	NAME:		FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:	40.01
40.02	STREET:			P.O. BOX:	40.02
40.03	CITY:			STATE: ZIP CODE:	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COST OR CHARGES, ENTER A 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION; ENTER 'N' IF NOT EXEMPT (SEE 42 CFR 413.13).

		PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
		1	2	3	4	5	
47	HOSPITAL	N	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N				49
50	HOME HEALTH AGENCY	N	N				50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?						52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.						52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.						53
53.01	MDH PERIOD:		BEGINNING:		ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:						54
	PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE:						
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.						54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.						55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$	
		0	1	2	3	4	
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		YES				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		NO				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)						58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		YES				60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES 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. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		NO				60.01
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO				61
	COUNTY:			STATE:	ZIP CODE	CBSA	FTE/ CAMPUS
	1			2	3	4	5
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	10/19/2010			63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I

		-----I/P DAYS / O/P VISITS / TRIPS-----							
COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH	TITLE	TITLE	LTCH	TITLE	OBS.	
			PATIENT HOURS 2.01	V 3	XVIII 4	NONCOVERED DAYS 4.01	XIX 5	BEDS ADMITTED 5.01	
1	HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	407	148555			29362		24574	1
2	HMO					1442		8329	2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF								3
4	HOSPITAL ADULTS & PEDS - SWING BED NF								4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	407	148555			29362		24574	5
6	INTENSIVE CARE UNIT	66	24090			5969		3377	6
7	CORONARY CARE UNIT	19	6935			1613		251	7
8	BURN INTENSIVE CARE UNIT	8	2920			460		702	8
9	SURGICAL INTENSIVE CARE UNIT								9
9.01	NURSERY SPECIAL CARE	24	8760					4593	9.01
10	NURSERY ICU	47	17155					9364	10
11	NURSERY							1460	11
12	TOTAL HOSPITAL	571	208415			37404		44321	12
13	RPCH VISITS								13
14	SUBPROVIDER I								14
15	SKILLED NURSING FACILITY								15
16	NURSING FACILITY								16
17	OTHER LONG TERM CARE								17
18	HOME HEALTH AGENCY								18
20	ASC (DISTINCT PART)								20
21	HOSPICE (DISTINCT PART)								21
23	O/P REHAB PROVIDER								23
24	RHC I								24
25	TOTAL	571							25
26	OBSERVATION BED DAYS							674	30
27	AMBULANCE TRIPS								27
28	EMPLOYEE DISCOUNT DAYS								28
29	LABOR & DELIVERY DAYS								29

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

COMPONENT	----I/P DAYS / O/P VISITS / TRIPS----				---INTERNS & RES FTES----			--FULL TIME EQUIV--		
	OBS.	TOTAL ALL	OBS.	OBS.	LESS I&R	REPL NON-	NET	EMPLOYEES	NONPAID	
	BEDS NOT ADMITTED	PATIENTS	BEDS ADMITTED	BEDS NOT ADMITTED	TOTAL	PHYS ANES		ON PAYROLL	WORKERS	
	5.02	6	6.01	6.02	7	8	9	10	11	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		92332								1
2 HMO XIX										2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF										3
4 HOSPITAL ADULTS & PEDS - SWING BED NF										4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS		92332								5
6 INTENSIVE CARE UNIT		19427								6
7 CORONARY CARE UNIT		4495								7
8 BURN INTENSIVE CARE UNIT		2627								8
9 SURGICAL INTENSIVE CARE UNIT										9
9.01 NURSERY SPECIAL CARE		6428								9.01
10 NURSERY ICU		14336								10
11 NURSERY		2466								11
12 TOTAL HOSPITAL		142111			520.55		520.55	5744.81		12
13 RPCH VISITS										13
14 SUBPROVIDER I										14
15 SKILLED NURSING FACILITY										15
16 NURSING FACILITY										16
17 OTHER LONG TERM CARE										17
18 HOME HEALTH AGENCY										18
20 ASC (DISTINCT PART)										20
21 HOSPICE (DISTINCT PART)										21
23 O/P REHAB PROVIDER										23
24 RHC I										24
25 TOTAL					520.55		520.55	5744.81		25
26 OBSERVATION BED DAYS	644	3481	230	3251						26
27 AMBULANCE TRIPS										27
28 EMPLOYEE DISCOUNT DAYS		2127								28
29 LABOR & DELIVERY DAYS										29



HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

COMPONENT	-----DISCHARGES-----				TOTAL ALL PATIENTS
	TITLE V	TITLE XVIII	TITLE XIX		
	12	13	14	15	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		6197	7175	22022	1
2 HMO XIX					2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4 HOSPITAL ADULTS & PEDS - SWING BED NF					4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6 INTENSIVE CARE UNIT					6
7 CORONARY CARE UNIT					7
8 BURN INTENSIVE CARE UNIT					8
9 SURGICAL INTENSIVE CARE UNIT					9
9.01 NURSERY SPECIAL CARE					9.01
10 NURSERY ICU					10
11 NURSERY					11
12 TOTAL HOSPITAL		6197	7175	22022	12
13 RPCH VISITS					13
14 SUBPROVIDER I					14
15 SKILLED NURSING FACILITY					15
16 NURSING FACILITY					16
17 OTHER LONG TERM CARE					17
18 HOME HEALTH AGENCY					18
20 ASC (DISTINCT PART)					20
21 HOSPICE (DISTINCT PART)					21
23 O/P REHAB PROVIDER					23
24 RHC I					24
25 TOTAL					25
26 OBSERVATION BED DAYS					26
27 AMBULANCE TRIPS					27
28 EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART II

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS.	ADJUSTED	PAID HOURS	AVERAGE	DATA SOURCE	
		OF SALARIES FROM WKST. A-6	SALARIES (COL.1 + COL.2)	RELATED TO SALARY IN COL.3	HOURLY WAGE (COL.3 / COL.4)		
SALARIES	1	2	3	4	5	6	
1 TOTAL SALARIES	375152342	810630	375962972	11900556.00	31.59		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B	3769120		3769120	49098.00	76.77		3
4 PHYSICIAN - PART A	9834856		9834856	70706.00	139.10		4
4.01 TEACHING PHYSICIAN SALARIES	15465239		15465239	129198.00	119.70		4.01
5 PHYSICIAN - PART B							5
5.01 NON-PHYSICIAN - PART B	22438		22438	299.00	75.04		5.01
6 INTERNS & RESIDENTS (IN APPR PGM)	26707684		26707684	1563531.00	17.08		6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	5230700	-66304	5164396	92433.00	55.87		8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	7833174		7833174	133792.00	58.55		9
9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10 CONTRACT LABOR: PHYSICIAN PART A							10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS							11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	116136170		116136170			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	1778532		1778532			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B	1298271		1298271			CMS 339	17
18 PHYSICIAN PART A	2193173		2193173			CMS 339	18
18.01 PART A TEACHING PHYSICIANS	3448748		3448748			CMS 339	18.01
19 PHYSICIAN PART B						CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)	7729		7729				19.01
20 INTERNS & RESIDENTS (IN APPR PGM)	5982093		5982093			CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	2562074		2562074	67046.71	38.21		21
22 ADMINISTRATIVE & GENERAL	59724201	786798	60510999	1507514.00	40.14		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	67610		67610	2080.00	32.50		22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	3099999		3099999	253250.00	12.24		24
25 LAUNDRY & LINEN SERVICE	334142		334142	21210.00	15.75		25
26 HOUSEKEEPING	10885349		10885349	782759.00	13.91		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	2602697	-18041	2584656				27
27.01 DIETARY UNDER CONTRACT	2771377		2771377	121328.00	22.84		27.01
28 CAFETERIA	1234050		1234050	75512.19	16.34		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	6213095		6213095	166430.41	37.33		30
31 CENTRAL SERVICES AND SUPPLY	2304258		2304258	120946.08	19.05		31
32 PHARMACY	12543352	-631208	11912144	345909.90	34.44		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	2902084		2902084	112823.56	25.72		33
34 SOCIAL SERVICE	712175		712175	27156.95	26.22		34
35 OTHER GENERAL SERVICE	3773994		3773994	221607.00	17.03		35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART III

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS.	ADJUSTED	PAID HOURS	AVERAGE	
		OF SALARIES FROM WKST. A-6	SALARIES (COL.1 + COL.2)	RELATED TO SALARY IN COL.3	HOURLY WAGE (COL.3 / COL.4)	
	1	2	3	4	5	
1 NET SALARIES	332026848	810630	332837478	10281838.00	32.37	1
2 EXCLUDED AREA SALARIES	5230700	-66304	5164396	92433.00	55.87	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	326796148	876934	327673082	10189405.00	32.16	3
4 SUBTOTAL OTHER WAGES & REL COSTS	7833174		7833174	133792.00	58.55	4
5 SUBTOTAL WAGE-RELATED COSTS	118329343		118329343		36.11%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	452958665	876934	453835599	10323197.00	43.96	6
7 NET SALARIES						7
8 EXCLUDED AREA SALARIES						8
9 SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10 SUBTOTAL OTHER WAGES & REL COSTS						10
11 SUBTOTAL WAGE-RELATED COSTS						11
12 TOTAL (SUM OF LINES 9 THRU 11)						12
13 TOTAL OVERHEAD COSTS	111730457	137549	111868006	3825573.80	29.24	13

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 14-2310

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

	---- OUTPATIENT ---		---- TRAINING ----		----- HOME -----		
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6	
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD	403				8	35	1
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00				6.00	7.00	2
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	3.70						3
4 CAPD EXCHANGES PER DAY					4		4
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	312						5
6 NUMBER OF STATIONS	62		1	2			6
7 TREATMENT CAPACITY PER DAY PER STATION	4						7
8 UTILIZATION	.83						8
9 AVERAGE TIMES DIALYZERS RE-USED							9
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS							10
TRANSPLANT INFORMATION							
11 NUMBER OF PATIENTS ON TRANSPLANT LIST						282	11
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD						7	12
EPOIETIN							
13 NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							13
13.01 EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							13.01
14 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							14
14.01 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							14.01
PHYSICIAN PAYMENT METHOD (ENTER 'X' IF METHOD(S) IS APPLICABLE)							
15 MCP INITIAL METHOD X							15
ARANESP							
16 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						1818575	16
17 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						158353	17
18 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						852790	18
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						74257	19

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	203141448 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	2394 18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	42897 20
21	NON-RESTRICTED GRANTS	990735 21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	204177474 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	6751 23
24	COST TO CHARGE RATIO	0.232561 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	1570 25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	703153676 28
29	TOTAL GROSS MEDICAID COST	163526122 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	89742643 30
31	UNCOMPENSATED CARE COST	20870639 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	163527692 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION
		1	2	3	4	5	6	7
GENERAL SERVICE COST CENTERS								
1	0100							1
2	0200							2
3	0300		19081520	19081520		19081520	-531000	18550520
3.01	0301		5141432	5141432		5141432		5141432
4	0400		42178673	42178673	-83790	42094883	-282254	41812629
5	0500	2562074	3539143	6101217		6101217		6101217
6.01	0610	1169444	-477880	691564		691564	-410948	280616
6.02	0620	14847954	14239453	29087407		29087407		29087407
6.03	0630	2552060	1916107	4468167		4468167		4468167
6.04	0640	2023298	654073	2677371	-172994	2504377		2504377
6.05	0650	4480375	6391972	10872347		10872347		10872347
6.06	0660	34651070	50397957	85049027	-123506	84925521	554814	85480335
7	0700							7
8	0800	3099999	23152872	26252871		26252871	-68704	26184167
9	0900	334142	1878210	2212352		2212352	1	2212353
10	1000	10885349	5124406	16009755		16009755	-11636	15998119
11	1100	2602697	2425514	5028211	-34338	4993873	-1534	4992339
12	1200	1234050	5803973	7038023		7038023	-5201953	1836070
13	1300							13
14	1400	6213095	2294473	8507568		8507568		8507568
15	1500	2304258	1731819	4036077		4036077		4036077
16	1600	12543352	50920129	63463481	-35787616	27675865	-6335702	21340163
17	1700	2902084	4650329	7552413		7552413		7552413
18	1800	712175	243813	955988		955988	-35690	920298
19	1950							19
19.01	1951	179111	148223	327334		327334		327334
19.02	1952	2876967	967341	3844308		3844308		3844308
19.03	1953	717916	460340	1178256		1178256		1178256
20	2000							20
21	2100							21
22	2200	26707684		26707684		26707684	-3192306	23515378
23	2300	18657545	25971773	44629318		44629318	-3293230	41336088
24	2400				117319	117319		117319
24.01	2401	256830	86666	343496	764194	1107690	8459	1116149
INPATIENT ROUTINE SERV COST CENTERS								
25	2500	48439204	23286837	71726041	-874726	70851315	-392355	70458960
26	2600	12874385	6118505	18992890	1089353	20082243		20082243
27	2700	4382921	1538551	5921472	-1411662	4509810		4509810
28	2800	1822389	875297	2697686	36690	2734376		2734376
29.01	2060	2188901	965168	3154069	-3511	3150558		3150558
30	2061	12518351	4207097	16725448	-8873	16716575		16716575
31	3100							31
33	3300	48840	96916	145756	509311	655067		655067
ANCILLARY SERVICE COST CENTERS								
37	3700	19938774	43007980	62946754	-21353168	41593586	-139893	41453693
39	3900	3762205	1553062	5315267	-54896	5260371		5260371
40	4000	4772971	3836297	8609268	-141340	8467928	-3824095	4643833
41	4100	16637308	15332255	31969563	-3394942	28574621	-350198	28224423
42	4200	3792470	2612270	6404740	-140373	6264367	-196708	6067659
44	4400	15514907	15958950	31473857	-39655	31434202	-1228335	30205867
46.30	4650							46.30
47	4700	2570470	10804409	13374879	-141502	13233377	-1712353	11521024
49	4900	5446549	4568857	10015406	-25479	9989927	-318	9989609
50	5000	3810025	1595428	5405453	-7056	5398397	-292084	5106313
53	5300	7360422	15044145	22404567	-9910303	12494264	-379176	12115088
54	5400	1939406	759183	2698589	-11986	2686603		2686603
54.01	3950	107574	168608	276182	-136945	139237		139237
55	5500		16	16	9994920	9994936		9994936
55.30	5530				26178538	26178538		26178538
56	5600		396656	396656	35012595	35409251	-670500	34738751
57	5700	6208418	7851135	14059553	149846	14209399	402426	14611825
OUTPATIENT SERVICE COST CENTERS								
60	6000	29443659	25470707	54914366	-481898	54432468	-5810047	48622421
60.01	6001	22408	13629	36037		36037		36037
60.02	6002				1478153	1478153		1478153
61	6100	12062386	6084719	18147105		18147105	-124950	18022155
62	6200							62
63.50	6310							63.50
63.60	6320							63.60
OTHER REIMBURSABLE COST CENTERS								
64	6400	415057	1035664	1450721	37462	1488183	100606	1588789
65	6500	965997	1764212	2730209		2730209		2730209
69.10	6910							69.10
69.20	6920							69.20

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
69.30 6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71 7100 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
82 8200 LUNG ACQUISITION	634560	838058	1472618	-458219	1014399	125390	1139789	82
83 8300 KIDNEY ACQUISITION	958281	2496749	3455030	-728939	2726091	197721	2923812	83
84 8400 LIVER ACQUISITION	823554	636356	1459910	-422413	1037497	601283	1638780	84
85 8500 HEART ACQUISITION	23410	632356	655766	239035	894801	373370	1268171	85
85.01 8510 PANCREAS ACQUISITION				308376	308376	52381	360757	85.01
85.02 8520 INTESTINAL ACQUISITION								85.02
85.03 8530 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	373999331	468472403	842471734	-34338	842437396	-32069518	810367878	95
NONREIMBURSABLE COST CENTERS								
96 9600 GIFT, FLOWER, COFFEE SHOP & CAN	955547	130148	1085695		1085695		1085695	96
97.01 9701 OTHER NONREIMBURSABLE	197464	5041947	5239411	34338	5273749	-4166897	1106852	97.01
97.02 9702 MEDICAL SCHOOL								97.02
101 TOTAL	375152342	473644498	848796840		848796840	-36236415	812560425	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 NON REIMBURS DIETARY	A	OTHER NONREIMBURSABLE	97.01	18041	16297 1
2 CRITICAL CARE CENTER	B	INTENSIVE CARE UNIT	26	888150	238031 2
3	B	BURN INTENSIVE CARE UNIT	28	222038	59508 3
4 PHARMACY DISCOUNTS	C	PHARMACY	16		1 4
5 DRUGS CHARGED TO PATIENTS	D	DRUGS CHARGED TO PATIENTS	56		35014679 5
6 RENAL RECLASS	E	RENAL DIALYSIS	57	122523	27323 6
7	E	HOME PROGRAM DIALYSIS	64	30631	6831 7
8 NURSERY RECLASS	F	NURSERY	33	382846	126465 8
9 MED SUP & IMP CHARGED TO PATIENTS	G	MEDICAL SUPPLIES CHARGED TO P	55		178107 9
10	G	MEDICAL SUPPLIES CHARGED TO P	55		36828 10
11	G	MEDICAL SUPPLIES CHARGED TO P	55		3935 11
12	G	MEDICAL SUPPLIES CHARGED TO P	55		244856 12
13	G	MEDICAL SUPPLIES CHARGED TO P	55		3511 13
14	G	MEDICAL SUPPLIES CHARGED TO P	55		8873 14
15	G	MEDICAL SUPPLIES CHARGED TO P	55		2672905 15
16	G	MEDICAL SUPPLIES CHARGED TO P	55		54896 16
17	G	MEDICAL SUPPLIES CHARGED TO P	55		141164 17
18	G	MEDICAL SUPPLIES CHARGED TO P	55		2188410 18
19	G	MEDICAL SUPPLIES CHARGED TO P	55		324 19
20	G	MEDICAL SUPPLIES CHARGED TO P	55		176 20
21	G	MEDICAL SUPPLIES CHARGED TO P	55		141502 21
22	G	MEDICAL SUPPLIES CHARGED TO P	55		25479 22
23	G	MEDICAL SUPPLIES CHARGED TO P	55		7056 23
24	G	MEDICAL SUPPLIES CHARGED TO P	55		3938588 24
25	G	MEDICAL SUPPLIES CHARGED TO P	55		11986 25
26	G	MEDICAL SUPPLIES CHARGED TO P	55		136945 26
27	G	MEDICAL SUPPLIES CHARGED TO P	55		2084 27
28	G	MEDICAL SUPPLIES CHARGED TO P	55		197177 28
29	G	MEDICAL SUPPLIES CHARGED TO P	55		118 29
30	G	IMPL. DEV. CHARGED TO PATIENT	55.30		18680263 30
31	G	IMPL. DEV. CHARGED TO PATIENT	55.30		1206532 31
32	G	IMPL. DEV. CHARGED TO PATIENT	55.30		22730 32
33	G	IMPL. DEV. CHARGED TO PATIENT	55.30		5900502 33
34	G	IMPL. DEV. CHARGED TO PATIENT	55.30		368511 34
35 ENDOSCOPY OPERATING AGREEMENT	H	CLINIC	60		83790 35
36 SUBTOTAL				1664229	71746383 36

RECLASSIFICATIONS

WORKSHEET A-6  
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 NON REIMBURS DIETARY	A	DIETARY	11	18041	16297	1
2 CRITICAL CARE CENTER	B	CORONARY CARE UNIT	27	888150	238031	2
3	B	CORONARY CARE UNIT	27	222038	59508	3
4 PHARMACY DISCOUNTS	C	OTHER ADMIN & GENERAL	6.06		1	4
5 DRUGS CHARGED TO PATIENTS	D	PHARMACY	16		35014679	5
6 RENAL RECLASS	E	ADULTS & PEDIATRICS	25	122523	27323	6
7	E	ADULTS & PEDIATRICS	25	30631	6831	7
8 NURSERY RECLASS	F	ADULTS & PEDIATRICS	25	382846	126465	8
9 MED SUP & IMP CHARGED TO PATIENTS	G	ADULTS & PEDIATRICS	25		178107	9
10	G	INTENSIVE CARE UNIT	26		36828	10
11	G	CORONARY CARE UNIT	27		3935	11
12	G	BURN INTENSIVE CARE UNIT	28		244856	12
13	G	NURSERY SPECIAL CARE	29.01		3511	13
14	G	NURSERY ICU	30		8873	14
15	G	OPERATING ROOM	37		2672905	15
16	G	DELIVERY ROOM & LABOR ROOM	39		54896	16
17	G	ANESTHESIOLOGY	40		141164	17
18	G	RADIOLOGY-DIAGNOSTIC	41		2188410	18
19	G	RADIOLOGY-THERAPEUTIC	42		324	19
20	G	ANESTHESIOLOGY	40		176	20
21	G	BLOOD STORING, PROCESSING & T	47		141502	21
22	G	RESPIRATORY THERAPY	49		25479	22
23	G	PHYSICAL THERAPY	50		7056	23
24	G	ELECTROCARDIOLOGY	53		3938588	24
25	G	ELECTROENCEPHALOGRAPHY	54		11986	25
26	G	BRACE & PLASTER ROOM	54.01		136945	26
27	G	DRUGS CHARGED TO PATIENTS	56		2084	27
28	G	CLINIC	60		197177	28
29	G	KIDNEY ACQUISITION	83		118	29
30	G	OPERATING ROOM	37		18680263	30
31	G	RADIOLOGY-DIAGNOSTIC	41		1206532	31
32	G	RADIOLOGY-THERAPEUTIC	42		22730	32
33	G	ELECTROCARDIOLOGY	53		5900502	33
34	G	CLINIC	60		368511	34
35 ENDOSCOPY OPERATING AGREEMENT	H	NEW CAP REL COSTS-MVBLE EQUIP	4		83790	9 35
36 SUBTOTAL				1664229	71746383	36



RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 MEDICAL PHYSICS COST	I	PARAMED ED PRGM-(SPECIFY)	24	93100	24219 1
2 ORGAN ACQ - ADMITTING	J	KIDNEY ACQUISITION	83	49599	11061 2
3	J	LIVER ACQUISITION	84	45148	10068 3
4	J	HEART ACQUISITION	85	23352	5207 4
5	J				5
6	J	LUNG ACQUISITION	82	23352	5207 6
7 ORGAN ACQ - ADMIN & GEN	K	KIDNEY ACQUISITION	83	12207	2722 7
8	K	LIVER ACQUISITION	84	21779	4857 8
9	K	HEART ACQUISITION	85	10203	2275 9
10	K	PANCREAS ACQUISITION	85.01	9887	2205 10
11	K	LUNG ACQUISITION	82	16002	3568 11
12 ORGAN AQ - PHARMACY	L	KIDNEY ACQUISITION	83	539	120 12
13	L	LIVER ACQUISITION	84	1455	324 13
14	L	HEART ACQUISITION	85	2656	592 14
15	L	PANCREAS ACQUISITION	85.01	223	50 15
16	L	LUNG ACQUISITION	82	2277	508 16
17 ORGAN ACQ - LAB	M	KIDNEY ACQUISITION	83	28974	6461 17
18	M	LIVER ACQUISITION	84	161	36 18
19	M	HEART ACQUISITION	85	973	217 19
20	M	PANCREAS ACQUISITION	85.01	1832	409 20
21	M	LUNG ACQUISITION	82	484	108 21
22 ORGAN ACQ - EKG	N				22
23	N				23
24	N	HEART ACQUISITION	85	58228	12985 24
25	N				25
26	N				26
27 ORGAN ACQ - LUNG	O	KIDNEY ACQUISITION	83	17065	3805 27
28	O	LIVER ACQUISITION	84	54304	12110 28
29	O	HEART ACQUISITION	85	116181	25908 29
30	O	PANCREAS ACQUISITION	85.01	17065	3805 30
31	O	TRANSPLANT CLINIC	60.02	214418	47815 31
32 ORGAN ACQ - KIDNEY	P	LIVER ACQUISITION	84	118542	26435 32
33	P	HEART ACQUISITION	85	2874	641 33
34	P	PANCREAS ACQUISITION	85.01	17536	3911 34
35	P	LUNG ACQUISITION	82	4303	960 35
36 SUBTOTAL				2628948	71964972 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER -----	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 MEDICAL PHYSICS COST	I	RADIOLOGY-THERAPEUTIC	42	93100	24219	1
2 ORGAN ACQ - ADMITTING	J	ADMITTING	6.04	49599	11061	2
3	J	ADMITTING	6.04	45148	10068	3
4	J	ADMITTING	6.04	23352	5207	4
5	J					5
6	J	ADMITTING	6.04	23352	5207	6
7 ORGAN ACQ - ADMIN & GEN	K	OTHER ADMIN & GENERAL	6.06	12207	2722	7
8	K	OTHER ADMIN & GENERAL	6.06	21779	4857	8
9	K	OTHER ADMIN & GENERAL	6.06	10203	2275	9
10	K	OTHER ADMIN & GENERAL	6.06	9887	2205	10
11	K	OTHER ADMIN & GENERAL	6.06	16002	3568	11
12 ORGAN AQ - PHARMACY	L	PHARMACY	16	539	120	12
13	L	PHARMACY	16	1455	324	13
14	L	PHARMACY	16	2656	592	14
15	L	PHARMACY	16	223	50	15
16	L	PHARMACY	16	2277	508	16
17 ORGAN ACQ - LAB	M	LABORATORY	44	28974	6461	17
18	M	LABORATORY	44	161	36	18
19	M	LABORATORY	44	973	217	19
20	M	LABORATORY	44	1832	409	20
21	M	LABORATORY	44	484	108	21
22 ORGAN ACQ - EKG	N					22
23	N					23
24	N	ELECTROCARDIOLOGY	53	58228	12985	24
25	N					25
26	N					26
27 ORGAN ACQ - LUNG	O	LUNG ACQUISITION	82	17065	3805	27
28	O	LUNG ACQUISITION	82	54304	12110	28
29	O	LUNG ACQUISITION	82	116181	25908	29
30	O	LUNG ACQUISITION	82	17065	3805	30
31	O	LUNG ACQUISITION	82	214418	47815	31
32 ORGAN ACQ - KIDNEY	P	KIDNEY ACQUISITION	83	118542	26435	32
33	P	KIDNEY ACQUISITION	83	2874	641	33
34	P	KIDNEY ACQUISITION	83	17536	3911	34
35	P	KIDNEY ACQUISITION	83	4303	960	35
36 SUBTOTAL				2628948	71964972	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1	P	TRANSPLANT CLINIC	60.02	455481	101572	1
2 ORGAN ACQ - LIVER	K	KIDNEY ACQUISITION	83	98614	21991	2
3	K	HEART ACQUISITION	85	2716	606	3
4	K	PANCREAS ACQUISITION	85.01	25725	5737	4
5	K	LUNG ACQUISITION	82	4303	960	5
6	K	TRANSPLANT CLINIC	60.02	466161	103954	6
7 ORGAN ACQ - HEART	L	KIDNEY ACQUISITION	83	2697	601	7
8	L	LIVER ACQUISITION	84	5825	1299	8
9	L	PANCREAS ACQUISITION	85.01	2697	601	9
10	L	LUNG ACQUISITION	82	4303	960	10
11	L	TRANSPLANT CLINIC	60.02	5405	1205	11
12 ORGAN ACQ - ADMIN	M	KIDNEY ACQUISITION	83		5589	12
13	M	LIVER ACQUISITION	84		12074	13
14	M	HEART ACQUISITION	85		5629	14
15	M	PANCREAS ACQUISITION	85.01		5589	15
16	M	LUNG ACQUISITION	82		8919	16
17 PANCREAS COST	N	PANCREAS ACQUISITION	85.01		211104	17
18 ORGAN ACQ - POST EXPENSES	N	TRANSPLANT CLINIC	60.02		21957	18
19	N	TRANSPLANT CLINIC	60.02		47507	19
20	N	TRANSPLANT CLINIC	60.02		6063	20
21	N	TRANSPLANT CLINIC	60.02		6615	21
22 PHARMACY RESIDENTS COST	O	PARAMED ED PRGM - PHARMACY	24.01	624058	139165	22
23	O	PARAMED ED PRGM - PHARMACY	24.01		971	23
24 WAGE INDEX SALARY	P	OTHER ADMIN & GENERAL	6.06	2377595		24
25 WAGE INDEX SALARY	P	CLINIC	60		82136	25
26 WAGE INDEX SALARY	P	OTHER ADMIN & GENERAL	6.06		1379268	26
27 WAGE INDEX SALARY	P	PHYSICAL THERAPY	50		105561	27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				6704528	74242605	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	P	KIDNEY ACQUISITION	83	455481	101572	1
2 ORGAN ACQ - LIVER	K	LIVER ACQUISITION	84	98614	21991	2
3	K	LIVER ACQUISITION	84	2716	606	3
4	K	LIVER ACQUISITION	84	25725	5737	4
5	K	LIVER ACQUISITION	84	4303	960	5
6	K	LIVER ACQUISITION	84	466161	103954	6
7 ORGAN ACQ - HEART	L	HEART ACQUISITION	85	2697	601	7
8	L	HEART ACQUISITION	85	5825	1299	8
9	L	HEART ACQUISITION	85	2697	601	9
10	L	HEART ACQUISITION	85	4303	960	10
11	L	HEART ACQUISITION	85	5405	1205	11
12 ORGAN ACQ - ADMIN	M	OTHER ADMIN & GENERAL	6.06		5589	12
13	M	OTHER ADMIN & GENERAL	6.06		12074	13
14	M	OTHER ADMIN & GENERAL	6.06		5629	14
15	M	OTHER ADMIN & GENERAL	6.06		5589	15
16	M	OTHER ADMIN & GENERAL	6.06		8919	16
17 PANCREAS COST	N	KIDNEY ACQUISITION	83		211104	17
18 ORGAN ACQ - POST EXPENSES	N	LUNG ACQUISITION	82		21957	18
19	N	KIDNEY ACQUISITION	83		47507	19
20	N	LIVER ACQUISITION	84		6063	20
21	N	HEART ACQUISITION	85		6615	21
22 PHARMACY RESIDENTS COST	O	PHARMACY	16	624058	139165	22
23	O	PHARMACY	16		971	23
24 WAGE INDEX SALARY	P	OTHER ADMIN & GENERAL	6.06		2377595	24
25 WAGE INDEX SALARY	P	CLINIC	60	82136		25
26 WAGE INDEX SALARY	P	OTHER ADMIN & GENERAL	6.06	1379268		26
27 WAGE INDEX SALARY	P	PHYSICAL THERAPY	50	105561		27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				5893898	75053235	36

ANALYSIS OF CHANGES DURING COST REPORTING  
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL  
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED  
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7  
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3					
1 LAND								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES	169018140					169018140		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	4376056					4376056		6
7 SUBTOTAL	173394196					173394196		7
8 RECONCILING ITEMS								8
9 TOTAL	173394196					173394196		9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3					
1 LAND	36008345				20509	35987836		1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES	554548962	172272947		172272947	39346600	687475309		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	396804104	4716523		4716523	19808160	381712467		6
7 SUBTOTAL	987361411	176989470		176989470	59175269	1105175612		7
8 RECONCILING ITEMS	128107778	175081364		175081364	-75623728	378812870		8
9 TOTAL	859253633	1908106		1908106	134798997	726362742		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	
	1	2	3	4	5	6	7	8
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	706898784		706898784	.551139				3
3.01 DCAM CAPITAL	149594665		149594665	.116633				3.01
4 NEW CAP REL COSTS-MVBLE EQUIP	425704843	-415783	426120626	.332228				4
5 TOTAL	1282198292	-415783	1282614075	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14	15	
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	18550520							18550520 3
3.01 DCAM CAPITAL	5141432							5141432 3.01
4 NEW CAP REL COSTS-MVBLE EQUIP	41812629							41812629 4
5 TOTAL	65504581							65504581 5

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14	15	
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	19081520							19081520 3
3.01 DCAM CAPITAL	5141432							5141432 3.01
4 NEW CAP REL COSTS-MVBLE EQUIP	42178673							42178673 4
5 TOTAL	66401625							66401625 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-410948	NON-PATIENT PHONES	6.01	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT	A	-4166897	OTHER NONREIMBURSABLE	97.01	11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-2782877			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1				14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-5201953	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-6335702	PHARMACY	16	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
37					37
37.30 PARKING LOT DEPREC	A	-531000	NEW CAP REL COSTS-BLDG & FIXT	3	9 37.30
37.50 CRNA EXPENSE	A	-3769120	ANESTHESIOLOGY	40	37.50
38					38
38.60 ADVERTISING EXPENSE	A	-1886927	OTHER ADMIN & GENERAL	6.06	38.60
39 NON PATIENT CARE EXPENSE	A	-147991	OTHER ADMIN & GENERAL	6.06	39
39.50 MEDICAL STUDENT OFFSET	A	-3192306	I&R SERVICES-SALARY & FRINGES A	22	39.50
39.60 MEDICAL STUDENT OFFSET	A	-2589131	I&R SERVICES-OTHER PRGM COSTS A	23	39.60
40 MISC REVENUE	B	-181502	OTHER ADMIN & GENERAL	6.06	40
40.01 MISC REVENUE	B	-68704	OPERATION OF PLANT	8	40.01
40.05 MISC REVENUE	B	-35690	SOCIAL SERVICE	18	40.05
40.06 MISC REVENUE	B	-25211	ADULTS & PEDIATRICS	25	40.06
40.09 MISC REVENUE	B	-30702	RADIOLOGY-DIAGNOSTIC	41	40.09
40.10 MISC REVENUE	B	-149107	RADIOLOGY-THERAPEUTIC	42	40.10
40.11 MISC REVENUE	B	-1020244	LABORATORY	44	40.11
40.12 MISC REVENUE	B	-1682847	BLOOD STORING, PROCESSING & TRA	47	40.12
40.13 MISCELLANEOUS REVENUE	B	-176525	PHYSICAL THERAPY	50	40.13
40.14 MISCELLANEOUS REVENUE	B	-9561	ELECTROCARDIOLOGY	53	40.14
40.16 MISCELLANEOUS REVENUE	B	-3767352	CLINIC	60	40.16
40.17 MISCELLANEOUS REVENUE	B	-36978	EMERGENCY	61	40.17
41 PSYCH PDP EXPENSE	A	-223450	CLINIC	60	41
42 REMOVE NON PHY PRACT S&B	A	-10724	OTHER ADMIN & GENERAL	6.06	42
42.01 REMOVE NON PHY PRACT S&B	A	-1970	ADULTS & PEDIATRICS	25	42.01
42.02 REMOVE NON PHY PRACT S&B	A	-10711	ANESTHESIOLOGY	40	42.02
42.03 REMOVE NON PHY PRACT S&B	A	-4036	PHYSICAL THERAPY	50	42.03
43 AHA DUES	A	-169306	OTHER ADMIN & GENERAL	6.06	43
44 ORAGAN ACQ S&B	A	229721	KIDNEY ACQUISITION	83	44
44.01 ORGAN ACQ S&B	A	601283	LIVER ACQUISITION	84	44.01
44.02 ORGAN ACQ S&B	A	373370	HEART ACQUISITION	85	44.02
44.03 ORGAN ACQ S&B	A	52381	PANCREAS ACQUISITION	85.01	44.03

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		LINE NO. 4	WKST A-7 REF 5
			COST CENTER 3			
44.04 ORGAN ACQ S&B	A	150890	LUNG ACQUISITION		82	44.04
45						45
46 NON EMERGENCY PATIENT TRANSPORT	A	-75000	CLINIC		60	46
46.01 NON ALLOWABLE EXPENSE	A	-485	OTHER ADMIN & GENERAL		6.06	46.01
46.02 RENAL PHYSICIAN S&B	A	402426	RENAL DIALYSIS		57	46.02
46.03 HOME DIALYSIS PHY S&B	A	100606	HOME PROGRAM DIALYSIS		64	46.03
46.04 CORRECT GOH ACCRUAL	A	-32000	KIDNEY ACQUISITION		83	46.04
46.05 CORRECT ACCRUAL - GOH	A	-25500	LUNG ACQUISITION		82	46.05
46.06 BSD OCC MEDICINE	A	-111523	PHYSICAL THERAPY		50	46.06
46.07 LAUNDRY & LINEN DISCOUNT	A	1	LAUNDRY & LINEN SERVICE		9	46.07
46.08 SMG SALARY & BENEFITS	A	2907799	OTHER ADMIN & GENERAL		6.06	46.08
46.09 NORTHSHORE REVENUE	B	-704099	I&R SERVICES-OTHER PRGM COSTS A		23	46.09
46.10 PHARMACY RESIDENTS - TRAVEL	A	8459	PARAMED ED PRGM - PHARMACY		24.01	46.10
47 UHS CONSORTIUM	B	-282254	NEW CAP REL COSTS-MVBLE EQUIP		4	47
47.01 UHS CONSORTIUM	B	-106444	OTHER ADMIN & GENERAL		6.06	47.01
47.02 UHS CONSORTIUM	B	-11636	HOUSEKEEPING		10	47.02
47.03 UHS CONSORTIUM	B	-1534	DIETARY		11	47.03
47.04 UHS CONSORTIUM	B	-365174	ADULTS & PEDIATRICS		25	47.04
47.05 UHS CONSORTIUM	B	-173559	RADIOLOGY-DIAGNOSTIC		41	47.05
47.06 UHS CONSORTIUM	B	-4600	LABORATORY		44	47.06
47.07 UHS CONSORTIUM	B	-29506	BLOOD STORING, PROCESSING & TRA		47	47.07
47.08 UHS CONSORTIUM	B	-318	RESPIRATORY THERAPY		49	47.08
47.09 UHS CONSORTIUM	B	-670500	DRUGS CHARGED TO PATIENTS		56	47.09
47.10 UHS CONSORTIUM	B	-141	CLINIC		60	47.10
47.11 UHS CONSORTIUM	B	150394	OTHER ADMIN & GENERAL		6.06	47.11
48						48
49						49
50 TOTAL		-36236415				50



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	WKST A-7 REF	
1	2	3	4	5	6	7	
1	4	NEW CAP REL COSTS-MVBLE EQUIP	PBP DIRECTS & INDIRECT	1130903	1130903	9	1
2	6.06	OTHER ADMIN & GENERAL	UNIVERSITY OVERHEAD	6546770	6546770		2
3	6.06	OTHER ADMIN & GENERAL	PBP DIRECTS & INDIRECTS	12754944	12754944		3
4	6.06	OTHER ADMIN & GENERAL	MALPRACTICE	7027862	7027862		4
4.01	8	OPERATION OF PLANT	STEAM & ELECTRCITY	10751803	10751803		4.01
4.02	8	OPERATION OF PLANT	PBP DIRECTS & INDIRECTS	2207373	2207373		4.02
4.03	22	I&R SERVICES-SALARY & FRINGES A	PBP DIRECTS & INDIRECTS	33789814	33789814		4.03
4.04	25	ADULTS & PEDIATRICS	PBP DIRECTS & INDIRECTS	1542	1542		4.04
4.05	37	OPERATING ROOM	PBP DIRECTS & INDIRECTS	214282	214282		4.05
4.06	40	ANESTHESIOLOGY	PBP DIRECTS & INDIRECTS	102717	102717		4.06
4.07	41	RADIOLOGY-DIAGNOSTIC	PBP DIRECTS & INDIRECTS	913198	913198		4.07
4.08	42	RADIOLOGY-THERAPEUTIC	PBP DIRECTS & INDIRECTS	302411	302411		4.08
4.09	44	LABORATORY	PBP DIRECTS & INDIRECTS	786114	786114		4.09
4.10	53	ELECTROCARDIOLOGY	PBP DIRECTS & INDIRECTS	1438003	1438003		4.10
4.11	54	ELECTROENCEPHALOGRAPHY	PBP DIRECTS & INDIRECTS	49103	49103		4.11
4.12	60	CLINIC	PBP DIRECTS & INDIRECTS	4848768	4848768		4.12
4.13	60.01	DENTAL CLINIC	INPUT ADJ TO GL	36037	36037		4.13
4.14	61	EMERGENCY	PBP DIRECTS & INDIRECTS	345379	345379		4.14
5		TOTALS		83247023	83247023		5

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

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

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

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

- (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	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO. 1	2		3	4	5	6	7	8	9
1	37	OPERATING ROOM	AGGREGATE		190593	208000	507	50700	2535
2	31	SUBPROVIDER I	AGGREGATE						
3	40	ANESTHESIOLOGY	AGGREGATE		102717	200300	607	58453	2923
4	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE		399075	225300	2337	253138	12657
5	42	RADIOLOGY-THERAPEUTIC	AGGREGATE		130030	225300	761	82429	4121
6	44	LABORATORY	AGGREGATE		784948	215700	5607	581457	29073
7	53	ELECTROCARDIOLOGY	AGGREGATE		1056265	177200	8060	686650	34333
8	54	ELECTROENCEPHALOGRAPHY	AGGREGATE		40976	177200	641	54608	2730
9	60	CLINIC	AGGREGATE		3495402	177200	20557	1751298	87565
10	61	EMERGENCY	AGGREGATE		268154	177200	2115	180182	9009
101		TOTAL	AGGREGATE		6468160	6468160	41192	3698915	184946

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	37	OPERATING ROOM	AGGREGATE				50700	139893	139893
2	31	SUBPROVIDER I	AGGREGATE						
3	40	ANESTHESIOLOGY	AGGREGATE				58453	44264	44264
4	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE				253138	145937	145937
5	42	RADIOLOGY-THERAPEUTIC	AGGREGATE				82429	47601	47601
6	44	LABORATORY	AGGREGATE				581457	203491	203491
7	53	ELECTROCARDIOLOGY	AGGREGATE				686650	369615	369615
8	54	ELECTROENCEPHALOGRAPHY	AGGREGATE				54608		
9	60	CLINIC	AGGREGATE				1751298	1744104	1744104
10	61	EMERGENCY	AGGREGATE				180182	87972	87972
101		TOTAL					3698915	2782877	2782877

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	DCAM 3.01	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	NON PATIENT PHONES 6.01	DATA PROCESSING 6.02	PURCHASING ADMIT, REC AND STORES 6.03
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	18550520	18550520						3
3.01 DCAM CAPITAL	5141432		5141432					3.01
4 NEW CAP REL COSTS-MVBLE EQUIP	41812629			41812629				4
5 EMPLOYEE BENEFITS	6101217	411470		100488	6613175			5
6.01 NON-PATIENT PHONES	280616			6302	20712	307630		6.01
6.02 DATA PROCESSING	29087407	1232847	68352	19345537	262972	2065	49999180	6.02
6.03 PURCHASING	4468167	390483		163569	45200	2065		5069484 6.03
6.04 ADMITTING	2504377	95856	66737	6686	33329	2065		293 6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE	10872347	251227		725	79352	2065	8165936	971 6.05
6.06 OTHER ADMIN & GENERAL	85480335	1446214	61963	3823396	630145	206446	10646996	6252 6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	26184167	109189	9291	391661	54904	2065		26935 8
9 LAUNDRY & LINEN SERVICE	2212353	26044		538	5918	2065		10192 9
10 HOUSEKEEPING	15998119	472179	107113	61340	192790	2065		35428 10
11 DIETARY	4992339	79513		2808	45777	2065		25474 11
12 CAFETERIA	1836070	438388	182008	97002	21856	2065		74337 12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	8507568	71237		9281	110040	2065		605 14
15 CENTRAL SERVICES & SUPPLY	4036077	305476	90540	127102	40811	2065		22512 15
16 PHARMACY	21340163	253617	36992	194544	210976	2065	1248575	1521617 16
17 MEDICAL RECORDS & LIBRARY	7552413	287133		19452	51399	2065	1971806	4401 17
18 SOCIAL SERVICE	920298	60364			12613	2065		17 18
19 OCCUPATIONAL THERAPY								19
19.01 VOLUNTEERS	327334	26987		2043	3172	2065		49 19.01
19.02 PATIENT TRANSPORT	3844308	74777		3553	50954	2065		896 19.02
19.03 MEDICAL ELECTRONICS	1178256	191207		544146	12715	2065		799 19.03
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A	23515378				473020			22
23 I&R SERVICES-OTHER PRGM COSTS A	41336088	505442		3647	330444	2065		1242 23
24 PARAMED ED PRGM-(SPECIFY)	117319				1649			24
24.01 PARAMED ED PRGM - PHARMACY	1116149	41469			15601			252 24.01
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	70458960	3165077		1009962	848283	2065	5700736	165152 25
26 INTENSIVE CARE UNIT	20082243	621895		278412	243748	2065		77318 26
27 CORONARY CARE UNIT	4509810	109350		204156	57963	2065		13913 27
28 BURN INTENSIVE CARE UNIT	2734376	115373		1908	36209	2065		4861 28
29.01 NURSERY SPECIAL CARE	3150558	165806		63207	38768	2065		3856 29.01
30 NURSERY ICU	16716575	482983		71407	221713	2065		36646 30
31 SUBPROVIDER I								31
33 NURSERY	655067	33285		2031	7646	2065		2489 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	41453693	1072650	337877	3599645	353136	4129	364613	467368 37
39 DELIVERY ROOM & LABOR ROOM	5260371	404390		10402	66632	2065		13792 39
40 ANESTHESIOLOGY	4643833	24987	16933	603092	84534	2065		60314 40
41 RADIOLOGY-DIAGNOSTIC	28224423	973874	535753	4236906	294663	2065	2169162	80977 41
42 RADIOLOGY-THERAPEUTIC	6067659	5494	406434	1533737	65520	2065		8609 42
44 LABORATORY	30205867	1161357	71683	1073352	274210		6241411	257726 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA	11521024	77191	56914	118012	45526	2065		304345 47
49 RESPIRATORY THERAPY	9989609	73375	60623	190022	96464	2065	76727	83199 49
50 PHYSICAL THERAPY	5106313	218447	15748	25244	65610	2065	94262	7643 50
53 ELECTROCARDIOLOGY	12115088	277708	230386	1982166	129329	2065		35992 53
54 ELECTROENCEPHALOGRAPHY	2686603	106086	61516	181648	34349	2065		2367 54
54.01 BRACE & PLASTER ROOM	139237		10923		1905	2065		14 54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	9994936					2065		326050 55
55.30 IMPL. DEV. CHARGED TO PATIENT	26178538							854006 55.30
56 DRUGS CHARGED TO PATIENTS	34738751			2838		2065		12872 56
57 RENAL DIALYSIS	14611825	559921		107153	112127	2065		168940 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	48622421	503718	2634732	1083183	520022	2065	13310187	249506 60
60.01 DENTAL CLINIC	36037	78984			397	2065		60.01
60.02 TRANSPLANT CLINIC	1478153	15769	12228	2860	20216			430 60.02
61 EMERGENCY	18022155	551278		235873	213637	2065		59157 61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
64 HOME PROGRAM DIALYSIS	1588789	40342		43	7894			29483 64
65 AMBULANCE SERVICES	2730209	31125		238005	17109	2065		1187 65
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	DCAM 3.01	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	NON PATIENT PHONES 6.01	DATA PROCESSING 6.02	PURCHASING ADMIT, REC AND STORES 6.03	
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
82 LUNG ACQUISITION	1139789	29286		10749	4792	2065		527	82
83 KIDNEY ACQUISITION	2923812	14321	37834	835	10082	2065		856	83
84 LIVER ACQUISITION	1638780	14298	11026		8382	2065		298	84
85 HEART ACQUISITION	1268171	11080	11970		3891	2065		574	85
85.01 PANCREAS ACQUISITION	360757	1908	5032		1328	2065		127	85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	810367878	17712477	5140608	41770668	6592434	307630	49990411	5062866	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	1085695	204310			16924				96
97.01 OTHER NONREIMBURSABLE	1106852	633733	824	41961	3817		8769	6618	97.01
97.02 MEDICAL SCHOOL									97.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	812560425	18550520	5141432	41812629	6613175	307630	49999180	5069484	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMITTING 6.04	CASHIERING ACCOUNTS RECEIVABLE 6.05	SUBTOTAL 5A	OTHER ADMIN & GENERAL 6.06	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
3.01 DCAM CAPITAL									3.01
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 NON-PATIENT PHONES									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING	2709343								6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE		19372623							6.05
6.06 OTHER ADMIN & GENERAL			102301747	102301747					6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT			26778212	3856973	30635185				8
9 LAUNDRY & LINEN SERVICE			2257110	325101	37602	2619813			9
10 HOUSEKEEPING			16869034	2429714	888713	1309915	21497376		10
11 DIETARY			5147976	741484	114798		83068	6087326	11
12 CAFETERIA			2651726	381939	984660		712501		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION			8700796	1253210	102850		74423		14
15 CENTRAL SERVICES & SUPPLY			4624583	666097			445743		15
16 PHARMACY			24808549	3573275	437653		316686		16
17 MEDICAL RECORDS & LIBRARY			9888669	1424305	414554		299972		17
18 SOCIAL SERVICE			995357	143365	87152		63063		18
19 OCCUPATIONAL THERAPY									19
19.01 VOLUNTEERS			361650	52090	38963		28194		19.01
19.02 PATIENT TRANSPORT			3976553	572759	107961		78121		19.02
19.03 MEDICAL ELECTRONICS			1929188	277869	276059		199757		19.03
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A			23988398	3455145					22
23 I&R SERVICES-OTHER PRGM COSTS A			42178928	6075200	729742		528042		23
24 PARAMED ED PRGM-(SPECIFY)			118968	17135					24
24.01 PARAMED ED PRGM - PHARMACY			1173471	169020	59871		43323		24.01
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	425973	1798308	83574516	12037918	4569648	573645	3306603	5683564	25
26 INTENSIVE CARE UNIT	142993	600358	22049032	3175810	897873	109260	649702	235925	26
27 CORONARY CARE UNIT	35409	148650	5081316	731882	157876	19385	114239	86207	27
28 BURN INTENSIVE CARE UNIT	23080	96858	3014730	434224	166572	30215	120531	81630	28
29.01 NURSERY SPECIAL CARE	25190	105752	3555202	512070	239386		173220		29.01
30 NURSERY ICU	97898	411010	18040297	2598416	697317	1570	504579		30
31 SUBPROVIDER I									31
33 NURSERY	5424	22782	730789	105258	48056		34774		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	260283	1627188	49540582	7135528	2201605	140051	1593084		37
39 DELIVERY ROOM & LABOR ROOM	25948	114350	5897950	849505	583847	32313	422472		39
40 ANESTHESIOLOGY	80753	536985	6053496	871909	68799		49783		40
41 RADIOLOGY-DIAGNOSTIC	142760	1860322	38520905	5548320	2441389	39458	1766592		41
42 RADIOLOGY-THERAPEUTIC	28595	400205	8518318	1226927	793364	22973	574079		42
44 LABORATORY	239320	2136009	41660935	6000591	1815261		1313525		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	122680	599108	12846865	1850385	221432		160228		47
49 RESPIRATORY THERAPY	195900	861918	11629902	1675101	223091		161429		49
50 PHYSICAL THERAPY	14881	124073	5674286	817290	345821	25312	250236		50
53 ELECTROCARDIOLOGY	106028	806380	15685142	2259194	846166	24031	612287		53
54 ELECTROENCEPHALOGRAPHY	8107	66039	3148780	453531	272044	4053	196851		54
54.01 BRACE & PLASTER ROOM	42	3503	157689	22713	21108		15274		54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	34449	254443	10611943	1528481					55
55.30 IMPL. DEV. CHARGED TO PATIENT	127174	718545	27878263	4015418					55.30
56 DRUGS CHARGED TO PATIENTS	398585	2802021	37957132	5467118					56
57 RENAL DIALYSIS	27159	894092	16483282	2374153	808398	38946	584958		57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	38810	1083775	68048419	9801286	5818850	177267	4210530		60
60.01 DENTAL CLINIC		1	117484	16922	114035		82516		60.01
60.02 TRANSPLANT CLINIC	2655	11462	1543773	222356	46397	1009	33573		60.02
61 EMERGENCY	82336	1105335	20271836	2919834	795919	64947	575928		61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
64 HOME PROGRAM DIALYSIS	1742	93700	1761993	253787	58245		42146		64
65 AMBULANCE SERVICES	1096	28680	3049476	439228	44937		32516		65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMITTING 6.04	CASHIERING ACCOUNTS RECEIVABLE 6.05	SUBTOTAL 5A	OTHER ADMIN & GEERAL 6.06	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
82 LUNG ACQUISITION	1928	8093	1197229	172442	42282		30595		82
83 KIDNEY ACQUISITION	6389	28318	3024512	435633	93790	3140	67866		83
84 LIVER ACQUISITION	2134	8957	1685940	242833	41950	913	30355		84
85 HEART ACQUISITION	2771	11632	1312154	188995	39129	993	28314		85
85.01 PANCREAS ACQUISITION	851	3771	375839	54134	12479	417	9030		85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	2709343	19372623	809450922	101853873	29423650	2619813	20620708	6087326	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN			1306929	188242	294977		213445		96
97.01 OTHER NONREIMBURSABLE			1802574	259632	916558		663223		97.01
97.02 MEDICAL SCHOOL									97.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	2709343	19372623	812560425	102301747	30635185	2619813	21497376	6087326	103

COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	VOLUNTEERS 19.01	PATIENT TRANSPORT 19.02	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
3.01 DCAM CAPITAL									3.01
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 NON-PATIENT PHONES									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING									6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE									6.05
6.06 OTHER ADMIN & GENERAL									6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING									10
11 DIETARY									11
12 CAFETERIA	4730826								12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	86700	10217979							14
15 CENTRAL SERVICES & SUPPLY	62962		6415391						15
16 PHARMACY	177905	7849	2005914	31327831					16
17 MEDICAL RECORDS & LIBRARY	58739		5802		12092041				17
18 SOCIAL SERVICE	14143		22			1303102			18
19 OCCUPATIONAL THERAPY									19
19.01 VOLUNTEERS	3974		64				484935		19.01
19.02 PATIENT TRANSPORT	90859		1181					4827434	19.02
19.03 MEDICAL ELECTRONICS	13439		1053						19.03
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	814286								22
23 I&R SERVICES-OTHER PRGM COSTS A			1637						23
24 PARAMED ED PRGM-(SPECIFY)	2166								24
24.01 PARAMED ED PRGM - PHARMACY	7039	47241	333						24.01
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	769830	3271200	217718	7219	1904001	713019	153147	1884857	25
26 INTENSIVE CARE UNIT	159571	1025134	101927	5702	638013	172108		49333	26
27 CORONARY CARE UNIT	62518	243692	18342	174	157988	32782		11045	27
28 BURN INTENSIVE CARE UNIT	24713	161201	6408	609	102979	32782		14481	28
29.01 NURSERY SPECIAL CARE	24778	165562	5083		112396	24587		2086	29.01
30 NURSERY ICU	161196	908775	48310		436806	81956	30800	69091	30
31 SUBPROVIDER I									31
33 NURSERY	899	6032	3281		24203		1369		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	270659	1087492	616123	64888	1161342		32512	11658	37
39 DELIVERY ROOM & LABOR ROOM	49729	25320	18181	10151	115774			87131	39
40 ANESTHESIOLOGY	46664	157713	79511	363794	360308				40
41 RADIOLOGY-DIAGNOSTIC	245470	145067	106750	653370	636975		15400	1347097	41
42 RADIOLOGY-THERAPEUTIC	53844	37139	11349	26911	127588		10267	23317	42
44 LABORATORY	288019	1526	339755	4072	1067809		128335	52156	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	44855		401213	77904	547380				47
49 RESPIRATORY THERAPY	95136		109679	1285115	874074				49
50 PHYSICAL THERAPY	65226	14681	10076	86458	66399			104435	50
53 ELECTROCARDIOLOGY	102219	153134	47447	258588	473079		2224	25035	53
54 ELECTROENCEPHALOGRAPHY	43025	23766	3120		36174		513		54
54.01 BRACE & PLASTER ROOM	2870		18		189				54.01
55 MEDICAL SUPPLIES CHARGED TO PAT			429826		153705				55
55.30 IMPL. DEV. CHARGED TO PATIENT			1125821		567429				55.30
56 DRUGS CHARGED TO PATIENTS			16969	23928093	1778425				56
57 RENAL DIALYSIS	119654	238241	222710	2276707	121178			33993	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	523396	1336708	328920	1829244	173162	245868	28234	565493	60
60.01 DENTAL CLINIC								13745	60.01
60.02 TRANSPLANT CLINIC	7093	28054	566	5002	11846				60.02
61 EMERGENCY	187771	716613	77985	214902	367370		82134	530027	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
64 HOME PROGRAM DIALYSIS	6519	24129	38867	127960	7770				64
65 AMBULANCE SERVICES	13049	42444	1565	299	4891				65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20



COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	VOLUNTEERS 19.01	PATIENT TRANSPORT 19.02	
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
82 LUNG ACQUISITION	6054	17443	695	706	8601				82
83 KIDNEY ACQUISITION	12172	67446	1128	14802	28508				83
84 LIVER ACQUISITION	8090	25365	393	4556	9520				84
85 HEART ACQUISITION	271		757	130	12363				85
85.01 PANCREAS ACQUISITION	1624	9012	167	1971	3796				85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	4729126	10217979	6406666	31249327	12092041	1303102	484935	4824980	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN									96
97.01 OTHER NONREIMBURSABLE	1700		8725	78504				2454	97.01
97.02 MEDICAL SCHOOL									97.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	4730826	10217979	6415391	31327831	12092041	1303102	484935	4827434	103

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COST CENTER DESCRIPTION	MEDICAL ELECTRONIC	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	PARAMED ED PRGM PHARMACY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	19.03	22	23	24	24.01	25	26	27
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 DCAM CAPITAL								3.01
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 NON-PATIENT PHONES								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING								6.03
6.04 ADMITTING								6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE								6.05
6.06 OTHER ADMIN & GENERAL								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY								17
18 SOCIAL SERVICE								18
19 OCCUPATIONAL THERAPY								19
19.01 VOLUNTEERS								19.01
19.02 PATIENT TRANSPORT								19.02
19.03 MEDICAL ELECTRONICS	2697365							19.03
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A		28257829						22
23 I&R SERVICES-OTHER PRGM COSTS A			49513549					23
24 PARAMED ED PRGM-(SPECIFY)				138269				24
24.01 PARAMED ED PRGM - PHARMACY					1500298			24.01
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	496731	12113861	21225987			152503464	-33339848	119163616 25
26 INTENSIVE CARE UNIT	191248	978932	1715291			32154861	-2694223	29460638 26
27 CORONARY CARE UNIT	62252	94193	165045			7038936	-259238	6779698 27
28 BURN INTENSIVE CARE UNIT	25029	20184	35367			4271655	-55551	4216104 28
29.01 NURSERY SPECIAL CARE	41715	161473	282935			5300493	-444408	4856085 29.01
30 NURSERY ICU	278529	608889	1066899			25533430	-1675788	23857642 30
31 SUBPROVIDER I								31
33 NURSERY	1284	185021	324196			1465162	-509217	955945 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	257350	1200958	2104326			67418158	-3305284	64112874 37
39 DELIVERY ROOM & LABOR ROOM	60327	454144	795753			9632597	-1249897	8382700 39
40 ANESTHESIOLOGY	3209	339767	595341			8990294	-935108	8055186 40
41 RADIOLOGY-DIAGNOSTIC	40432	1103401	1933386			54544012	-3036787	51507225 41
42 RADIOLOGY-THERAPEUTIC	5134	302762	530502	138269		12402743	-833264	11569479 42
44 LABORATORY	116802	1052941	1844969			55686696	-2897910	52788786 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA	8985	94193	165045			16418485	-259238	16159247 47
49 RESPIRATORY THERAPY	455016					16508543		16508543 49
50 PHYSICAL THERAPY	25671					7485891		7485891 50
53 ELECTROCARDIOLOGY	55834	84101	147362			20775843	-231463	20544380 53
54 ELECTROENCEPHALOGRAPHY		322947	565869			5070673	-888816	4181857 54
54.01 BRACE & PLASTER ROOM						219861		219861 54.01
55 MEDICAL SUPPLIES CHARGED TO PAT						12723955		12723955 55
55.30 IMPL. DEV. CHARGED TO PATIENT						33586931		33586931 55.30
56 DRUGS CHARGED TO PATIENTS						70648035		70648035 56
57 RENAL DIALYSIS	19895	97557	170940			23590612	-2087072	21503540 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	257350	4716366	8264047			106325140	-12980413	93344727 60
60.01 DENTAL CLINIC		80737	141467			566906	-222204	344702 60.01
60.02 TRANSPLANT CLINIC						1899669		1899669 60.02
61 EMERGENCY	139264	1601277	2805768			31351575	-4407045	26944530 61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
64 HOME PROGRAM DIALYSIS						2321416	-158353	2163063 64
65 AMBULANCE SERVICES	78938					3707343		3707343 65
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MEDICAL ELECTRONIC	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	PARAMED ED PRGM PHARMACY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	19.03	22	23	24	24.01	25	26	27
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
82 LUNG ACQUISITION						1476047		1476047 82
83 KIDNEY ACQUISITION	1925					3750922		3750922 83
84 LIVER ACQUISITION						2049915		2049915 84
85 HEART ACQUISITION						1583106		1583106 85
85.01 PANCREAS ACQUISITION						468469		468469 85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	2622920	25613704	44880495	138269	1500298	799471838	-72471127	727000711 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN						2003593		2003593 96
97.01 OTHER NONREIMBURSABLE	74445	2644125	4633054			11084994	-7277179	3807815 97.01
97.02 MEDICAL SCHOOL								97.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	2697365	28257829	49513549	138269	1500298	812560425	-79748306	732812119 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	DCAM	NEW CAP	CAP REL	EMPLOYEE	NON	DATA
	CAP-REL	BLDGS &		MOVABLE	COST TO		PATIENT	PROCESSING
	COSTS	FIXTURES		EQUIPMENT	BE ALLOC	BENEFITS	PHONES	
	0	3	3.01	4	4A	5	6.01	6.02
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
3.01								3.01
4								4
5		411470		100488	511958	511958		5
6.01				6302	6302	1603	7905	6.01
6.02		1232847	68352	19345537	20646736	20357	53	20667146
6.03		390483		163569	554052	3499	53	6.03
6.04		95856	66737	6686	169279	2580	53	6.04
6.05		251227		725	251952	6143	53	3375386
6.06		1446214	61963	3823396	5331573	48779	5308	4400932
7								7
8		109189	9291	391661	510141	4250	53	8
9		26044		538	26582	458	53	9
10		472179	107113	61340	640632	14924	53	10
11		79513		2808	82321	3544	53	11
12		438388	182008	97002	717398	1692	53	12
13								13
14		71237		9281	80518	8518	53	14
15		305476	90540	127102	523118	3159	53	15
16		253617	36992	194544	485153	16332	53	516098
17		287133		19452	306585	3979	53	815045
18		60364			60364	976	53	18
19								19
19.01		26987		2043	29030	246	53	19.01
19.02		74777		3553	78330	3944	53	19.02
19.03		191207		544146	735353	984	53	19.03
20								20
21								21
22						36616		22
23		505442		3647	509089	25579	53	23
24						128		24
24.01		41469			41469	1208		24.01
INPATIENT ROUTINE SERV COST CENTERS								
25		3165077		1009962	4175039	65700	53	2356397
26		621895		278412	900307	18868	53	26
27		109350		204156	313506	4487	53	27
28		115373		1908	117281	2803	53	28
29.01		165806		63207	229013	3001	53	29.01
30		482983		71407	554390	17163	53	30
31								31
33		33285		2031	35316	592	53	33
ANCILLARY SERVICE COST CENTERS								
37		1072650	337877	3599645	5010172	27336	106	150713
39		404390		10402	414792	5158	53	39
40		24987	16933	603092	645012	6544	53	40
41		973874	535753	4236906	5746533	22810	53	896622
42		5494	406434	1533737	1945665	5072	53	42
44		1161357	71683	1073352	2306392	21226		2579885
46.30								46.30
47		77191	56914	118012	252117	3524	53	47
49		73375	60623	190022	324020	7467	53	31715
50		218447	15748	25244	259439	5079	53	38963
53		277708	230386	1982166	2490260	10011	53	53
54		106086	61516	181648	349250	2659	53	54
54.01			10923		10923	147	53	54.01
55							53	55
55.30								55.30
56				2838	2838		53	56
57		559921		107153	667074	8680	53	57
OUTPATIENT SERVICE COST CENTERS								
60		503718	2634732	1083183	4221633	40255	53	5501765
60.01		78984			78984	31	53	60.01
60.02		15769	12228	2860	30857	1565		60.02
61		551278		235873	787151	16538	53	61
62								62
63.50								63.50
63.60								63.60
OTHER REIMBURSABLE COST CENTERS								
64		40342		43	40385	611		64
65		31125		238005	269130	1324	53	65
69.10								69.10
69.20								69.20

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	DCAM 3.01	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	NON PATIENT PHONES 6.01	DATA PROCESSING 6.02	
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
82 LUNG ACQUISITION		29286		10749	40035	371	53		82
83 KIDNEY ACQUISITION		14321	37834	835	52990	780	53		83
84 LIVER ACQUISITION		14298	11026		25324	649	53		84
85 HEART ACQUISITION		11080	11970		23050	301	53		85
85.01 PANCREAS ACQUISITION		1908	5032		6940	103	53		85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS		17712477	5140608	41770668	64623753	510353	7905	20663521	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		204310			204310	1310			96
97.01 OTHER NONREIMBURSABLE		633733	824	41961	676518	295		3625	97.01
97.02 MEDICAL SCHOOL									97.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		18550520	5141432	41812629	65504581	511958	7905	20667146	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	PURCHASING	ADMITTING	CASHIERING	OTHER	OPERATION	LAUNDRY	HOUSE-	DIETARY
	ADMIT, REC AND STORES 6.03	6.04	ACCOUNTS RECEIVABLE 6.05	ADMIN & GEERAL 6.06	OF PLANT 8	& LINEN SERVICE 9	KEEPING 10	11
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 DCAM CAPITAL								3.01
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 NON-PATIENT PHONES								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING	557604							6.03
6.04 ADMITTING	32	171944						6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE			3633641					6.05
6.06 OTHER ADMIN & GENERAL	688			9787280				6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	2963			369004	886411			8
9 LAUNDRY & LINEN SERVICE	1121			31103	1088	60405		9
10 HOUSEKEEPING	3897			232455	25714	30203	947878	10
11 DIETARY	2802			70939	3322		3663	11
12 CAFETERIA	8176			36541	28491		31416	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	67			119897	2976		3281	14
15 CENTRAL SERVICES & SUPPLY	2476			63727	17824		19654	15
16 PHARMACY	167380			341862	12663		13964	16
17 MEDICAL RECORDS & LIBRARY	484			136266	11995		13227	17
18 SOCIAL SERVICE	2			13716	2522		2781	18
19 OCCUPATIONAL THERAPY								19
19.01 VOLUNTEERS	5			4984	1127		1243	19.01
19.02 PATIENT TRANSPORT	99			54797	3124		3445	19.02
19.03 MEDICAL ELECTRONICS	88			26584	7988		8808	19.03
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A				330560				22
23 I&R SERVICES-OTHER PRGM COSTS A	137			581226	21115		23283	23
24 PARAMED ED PRGM-(SPECIFY)				1639				24
24.01 PARAMED ED PRGM - PHARMACY	28			16170	1732		1910	24.01
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	18165	26745	337183	1151573	132220	13227	145797	155590
26 INTENSIVE CARE UNIT	8504	9093	112567	303836	25979	2519	28647	6459
27 CORONARY CARE UNIT	1530	2252	27872	70021	4568	447	5037	2360
28 BURN INTENSIVE CARE UNIT	535	1468	18161	41543	4820	697	5315	2235
29.01 NURSERY SPECIAL CARE	424	1602	19829	48991	6927		7638	
30 NURSERY ICU	4031	6225	77064	248595	20176	36	22248	
31 SUBPROVIDER I								
33 NURSERY	274	345	4272	10070	1390		1533	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	51404	16551	305098	682669	63702	3229	70243	
39 DELIVERY ROOM & LABOR ROOM	1517	1650	21441	81274	16893	745	18628	
40 ANESTHESIOLOGY	6634	5135	100685	83417	1991		2195	
41 RADIOLOGY-DIAGNOSTIC	8906	9078	348810	530818	70640	910	77894	
42 RADIOLOGY-THERAPEUTIC	947	1818	75038	117382	22956	530	25313	
44 LABORATORY	28347	15218	400502	574088	52524		57917	
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA	33474	7801	112333	177030	6407		7065	
49 RESPIRATORY THERAPY	9151	12457	161610	160260	6455		7118	
50 PHYSICAL THERAPY	841	946	23264	78192	10006	584	11034	
53 ELECTROCARDIOLOGY	3959	6742	151196	216141	24483	554	26997	
54 ELECTROENCEPHALOGRAPHY	260	516	12382	43390	7871	93	8680	
54.01 BRACE & PLASTER ROOM	2	3	657	2173	611		673	
55 MEDICAL SUPPLIES CHARGED TO PAT	35861	2191	47708	146233				
55.30 IMPL. DEV. CHARGED TO PATIENT	93930	8087	134727	384162				
56 DRUGS CHARGED TO PATIENTS	1416	25345	526653	523049				
57 RENAL DIALYSIS	18581	1727	167642	227140	23391	898	25792	
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	27442	2468	203208	937707	168365	4087	185656	
60.01 DENTAL CLINIC				1619	3300		3638	
60.02 TRANSPLANT CLINIC	47	169	2149	21273	1342	23	1480	
61 EMERGENCY	6506	5236	207250	279346	23029	1497	25394	
62 OBSERVATION BEDS (NON-DISTINCT								
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
64 HOME PROGRAM DIALYSIS	3243	111	17569	24280	1685		1858	
65 AMBULANCE SERVICES	131	70	5377	42022	1300		1434	
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	PURCHASING ADMIT, REC AND STORES 6.03	ADMITTING 6.04	CASHIERING ACCOUNTS RECEIVABLE 6.05	OTHER ADMIN & GEERAL 6.06	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
82 LUNG ACQUISITION	58	123	1517	16498	1223		1349		82
83 KIDNEY ACQUISITION	94	406	5310	41678	2714	72	2992		83
84 LIVER ACQUISITION	33	136	1679	23232	1214	21	1338		84
85 HEART ACQUISITION	63	176	2181	18081	1132	23	1248		85
85.01 PANCREAS ACQUISITION	14	54	707	5179	361	10	398		85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	556876	171944	3633641	9744432	851356	60405	909224	166644	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN				18009	8535		9411		96
97.01 OTHER NONREIMBURSABLE	728			24839	26520		29243		97.01
97.02 MEDICAL SCHOOL									97.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	557604	171944	3633641	9787280	886411	60405	947878	166644	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	VOLUNTEERS 19.01	PATIENT TRANSPORT 19.02	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
3.01 DCAM CAPITAL									3.01
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 NON-PATIENT PHONES									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING									6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE									6.05
6.06 OTHER ADMIN & GENERAL									6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING									10
11 DIETARY									11
12 CAFETERIA	823767								12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	15097	230407							14
15 CENTRAL SERVICES & SUPPLY	10963		640974						15
16 PHARMACY	30978	177	200384	1785044					16
17 MEDICAL RECORDS & LIBRARY	10228		580		1298442				17
18 SOCIAL SERVICE	2463		2			82879			18
19 OCCUPATIONAL THERAPY									19
19.01 VOLUNTEERS	692		6				37386		19.01
19.02 PATIENT TRANSPORT	15821		118					159731	19.02
19.03 MEDICAL ELECTRONICS	2340		105						19.03
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	141788								22
23 I&R SERVICES-OTHER PRGM COSTS A			164						23
24 PARAMED ED PRGM-(SPECIFY)	377								24
24.01 PARAMED ED PRGM - PHARMACY	1226	1065	33						24.01
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	134049	73765	21754	411	204135	45348	11806	62366	25
26 INTENSIVE CARE UNIT	27786	23116	10184	325	68529	10946		1632	26
27 CORONARY CARE UNIT	10886	5495	1833	10	16970	2085		365	27
28 BURN INTENSIVE CARE UNIT	4303	3635	640	35	11061	2085		479	28
29.01 NURSERY SPECIAL CARE	4314	3733	508		12072	1564		69	29.01
30 NURSERY ICU	28069	20492	4827		46918	5213	2375	2286	30
31 SUBPROVIDER I									31
33 NURSERY	157	136	328		2600		106		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	47129	24522	61562	3697	124741		2506	386	37
39 DELIVERY ROOM & LABOR ROOM	8659	5757	1817	578	12435			2883	39
40 ANESTHESIOLOGY	8125	3556	7945	20729	38701				40
41 RADIOLOGY-DIAGNOSTIC	42743	3271	10666	37229	68418		1187	44573	41
42 RADIOLOGY-THERAPEUTIC	9376	837	1134	1533	13704		792	772	42
44 LABORATORY	50152	34	33948	232	114694		9894	1726	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	7811		40089	4439	58795				47
49 RESPIRATORY THERAPY	16566		10959	73225	93885				49
50 PHYSICAL THERAPY	11358	331	1007	4926	7132			3456	50
53 ELECTROCARDIOLOGY	17799	3453	4741	14734	50814		171	828	53
54 ELECTROENCEPHALOGRAPHY	7492	536	312		3886		40		54
54.01 BRACE & PLASTER ROOM	500		2		20				54.01
55 MEDICAL SUPPLIES CHARGED TO PAT			42948		16510				55
55.30 IMPL. DEV. CHARGED TO PATIENT			112490		60948				55.30
56 DRUGS CHARGED TO PATIENTS			1695	1363414	191022				56
57 RENAL DIALYSIS	20835	5372	22253	129725	13016			1125	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	91138	30142	32865	104229	18600	15638	2177	18711	60
60.01 DENTAL CLINIC								455	60.01
60.02 TRANSPLANT CLINIC	1235	633	57	285	1272				60.02
61 EMERGENCY	32696	16159	7792	12245	39459		6332	17538	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
64 HOME PROGRAM DIALYSIS	1135	544	3884	7291	835				64
65 AMBULANCE SERVICES	2272	957	156	17	525				65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	VOLUNTEERS 19.01	PATIENT TRANSPORT 19.02	
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
82 LUNG ACQUISITION	1054	393	69	40	924				82
83 KIDNEY ACQUISITION	2120	1521	113	843	3062				83
84 LIVER ACQUISITION	1409	572	39	260	1023				84
85 HEART ACQUISITION	47		76	7	1328				85
85.01 PANCREAS ACQUISITION	283	203	17	112	408				85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	823471	230407	640102	1780571	1298442	82879	37386	159650	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN									96
97.01 OTHER NONREIMBURSABLE	296		872	4473				81	97.01
97.02 MEDICAL SCHOOL									97.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	823767	230407	640974	1785044	1298442	82879	37386	159731	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	MEDICAL ELECTRONIC	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	PARAMED ED PRGM PHARMACY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	19.03	22	23	24	24.01	25	26	27
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 DCAM CAPITAL								3.01
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 NON-PATIENT PHONES								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING								6.03
6.04 ADMITTING								6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE								6.05
6.06 OTHER ADMIN & GENERAL								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY								17
18 SOCIAL SERVICE								18
19 OCCUPATIONAL THERAPY								19
19.01 VOLUNTEERS								19.01
19.02 PATIENT TRANSPORT								19.02
19.03 MEDICAL ELECTRONICS	782303							19.03
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A		508964						22
23 I&R SERVICES-OTHER PRGM COSTS A			1160646					23
24 PARAMED ED PRGM-(SPECIFY)				2144				24
24.01 PARAMED ED PRGM - PHARMACY					64841			24.01
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	144065					9275388		9275388 25
26 INTENSIVE CARE UNIT	55467					1614817		1614817 26
27 CORONARY CARE UNIT	18055					487832		487832 27
28 BURN INTENSIVE CARE UNIT	7259					224408		224408 28
29.01 NURSERY SPECIAL CARE	12098					351836		351836 29.01
30 NURSERY ICU	80780					1140941		1140941 30
31 SUBPROVIDER I								31
33 NURSERY	372					57544		57544 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	74638					6720404		6720404 37
39 DELIVERY ROOM & LABOR ROOM	17496					611776		611776 39
40 ANESTHESIOLOGY	931					931653		931653 40
41 RADIOLOGY-DIAGNOSTIC	11726					7932887		7932887 41
42 RADIOLOGY-THERAPEUTIC	1489					2224411		2224411 42
44 LABORATORY	33876					6280655		6280655 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA	2606					713544		713544 47
49 RESPIRATORY THERAPY	131966					1046907		1046907 49
50 PHYSICAL THERAPY	7445					464056		464056 50
53 ELECTROCARDIOLOGY	16193					3039129		3039129 53
54 ELECTROENCEPHALOGRAPHY						437420		437420 54
54.01 BRACE & PLASTER ROOM						15764		15764 54.01
55 MEDICAL SUPPLIES CHARGED TO PAT						291504		291504 55
55.30 IMPL. DEV. CHARGED TO PATIENT						794344		794344 55.30
56 DRUGS CHARGED TO PATIENTS						2635485		2635485 56
57 RENAL DIALYSIS	5770					1339074		1339074 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	74638					11680777		11680777 60
60.01 DENTAL CLINIC						88080		88080 60.01
60.02 TRANSPLANT CLINIC						62387		62387 60.02
61 EMERGENCY	40390					1524611		1524611 61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
64 HOME PROGRAM DIALYSIS						103431		103431 64
65 AMBULANCE SERVICES	22894					347662		347662 65
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	MEDICAL ELECTRONIC	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	PARAMED ED PRGM PHARMACY	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	19.03	22	23	24	24.01	25	26	27
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
82 LUNG ACQUISITION						63707		63707 82
83 KIDNEY ACQUISITION	558					115306		115306 83
84 LIVER ACQUISITION						56982		56982 84
85 HEART ACQUISITION						47766		47766 85
85.01 PANCREAS ACQUISITION						14842		14842 85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	760712					62737330		62737330 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN						241575		241575 96
97.01 OTHER NONREIMBURSABLE	21591					789081		789081 97.01
97.02 MEDICAL SCHOOL								97.02
101 CROSS FOOT ADJUSTMENTS		508964	1160646	2144	64841	1736595		1736595 101
102 NEGATIVE COST CENTER								102
103 TOTAL	782303	508964	1160646	2144	64841	65504581		65504581 103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	DCAM	NEW CAP	EMPLOYEE	NON	DATA	PURCHASING
	BLDGS & FIXTURES SQUARE FEET	SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES	PATIENT PHONES NUMBER OF PHONES	PROCESSING MACHINE TIME	ADMIT, REC AND STORES COSTED REQUIS
	3	3.01	4	5	6.01	6.02	6.03
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	806995						3
3.01 DCAM CAPITAL		299377					3.01
4 NEW CAP REL COSTS-MVBLE EQUIP			36745279				4
5 EMPLOYEE BENEFITS	17900		88310	373400898			5
6.01 NON-PATIENT PHONES			5538	1169444	149		6.01
6.02 DATA PROCESSING	53632	3980	17001017	14847954	1	12634836	6.02
6.03 PURCHASING	16987		143746	2552060	1		155401530
6.04 ADMITTING	4170	3886	5876	1881847	1		8970
6.05 CASHIERING/ACCOUNTS RECEIVABL	10929		637	4480375	1	2063539	29777
6.06 OTHER ADMIN & GENERAL	62914	3608	3360031	35579319	100	2690505	191659
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT	4750	541	344195	3099999	1		825677
9 LAUNDRY & LINEN SERVICE	1133		473	334142	1		312417
10 HOUSEKEEPING	20541	6237	53906	10885349	1		1086018
11 DIETARY	3459		2468	2584656	1		780890
12 CAFETERIA	19071	10598	85246	1234050	1		2278734
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	3099		8156	6213095	1		18545
15 CENTRAL SERVICES & SUPPLY	13289	5272	111698	2304258	1		690092
16 PHARMACY	11033	2154	170967	11912144	1	315516	46644622
17 MEDICAL RECORDS & LIBRARY	12491		17095	2902084	1	498277	134907
18 SOCIAL SERVICE	2626			712175	1		521
19 OCCUPATIONAL THERAPY							19
19.01 VOLUNTEERS	1174		1795	179111	1		1487
19.02 PATIENT TRANSPORT	3253		3122	2876967	1		27464
19.03 MEDICAL ELECTRONICS	8318		478200	717916	1		24492
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES				26707684			22
23 I&R SERVICES-OTHER PRGM COSTS	21988		3205	18657545	1		38076
24 PARAMED ED PRGM-(SPECIFY)				93100			24
24.01 PARAMED ED PRGM - PHARMACY	1804			880888			7736
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	137689		887563	47903204	1	1440581	5062609
26 INTENSIVE CARE UNIT	27054		244671	13762535	1		2370130
27 CORONARY CARE UNIT	4757		179414	3272733	1		426498
28 BURN INTENSIVE CARE UNIT	5019		1677	2044427	1		149009
29.01 NURSERY SPECIAL CARE	7213		55547	2188901	1		118197
30 NURSERY ICU	21011		62753	12518351	1		1123364
31 SUBPROVIDER I							31
33 NURSERY	1448		1785	431686	1		76304
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	46663	19674	3163397	19938774	2	92138	14326768
39 DELIVERY ROOM & LABOR ROOM	17592		9141	3762205	1		422774
40 ANESTHESIOLOGY	1087	986	530002	4772971	1		1848874
41 RADIOLOGY-DIAGNOSTIC	42366	31196	3723427	16637308	1	548149	2482274
42 RADIOLOGY-THERAPEUTIC	239	23666	1347860	3699370	1		263905
44 LABORATORY	50522	4174	943270	15482483		1577210	7900365
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T	3358	3314	103710	2570470	1		9329452
49 RESPIRATORY THERAPY	3192	3530	166993	5446549	1	19389	2550389
50 PHYSICAL THERAPY	9503	917	22185	3704464	1	23820	234288
53 ELECTROCARDIOLOGY	12081	13415	1741943	7302194	1		1103292
54 ELECTROENCEPHALOGRAPHY	4615	3582	159634	1939406	1		72557
54.01 BRACE & PLASTER ROOM		636		107574	1		430
55 MEDICAL SUPPLIES CHARGED TO P					1		9994802
55.30 IMPL. DEV. CHARGED TO PATIENT							26178838
56 DRUGS CHARGED TO PATIENTS			2494		1		394572
57 RENAL DIALYSIS	24358		94167	6330941	1		5178705
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	21913	153416	951910	29361523	1	3363496	7648406
60.01 DENTAL CLINIC	3436			22408	1		
60.02 TRANSPLANT CLINIC	686	712	2513	1141465			13170
61 EMERGENCY	23982		207287	12062386	1		1813398
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
64 HOME PROGRAM DIALYSIS	1755		38	445688			903774
65 AMBULANCE SERVICES	1354		209161	965997	1		36392

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET	DCAM SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	NON PATIENT PHONES NUMBER OF PHONES	DATA PROCESSING MACHINE TIME	PURCHASING ADMIT, REC AND STORES COSTED REQUIS	
	3	3.01	4	5	6.01	6.02	6.03	
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
82 LUNG ACQUISITION	1274		9446	270551	1		16161	82
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION	623	2203	734	569240	1		26235	83
84 LIVER ACQUISITION	622	642		473249	1		9150	84
85 HEART ACQUISITION	482	697		219666	1		17598	85
85.01 PANCREAS ACQUISITION	83	293		74965	1		3894	85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	770538	299329	36708403	372229846	149	12632620	155198658	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	8888			955547				96
97.01 OTHER NONREIMBURSABLE	27569	48	36876	215505		2216	202872	97.01
97.02 MEDICAL SCHOOL								97.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	18550520	5141432	41812629	6613175	307630	49999180	5069484	103
104 UNIT COST MULT-WS B PT I		17.173771		.017711		3.957248		104
104 UNIT COST MULT-WS B PT I	22.987156		1.137905		2064.630872		.032622	104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III				511958	7905	20667146	557604	107
108 UNIT COST MULT-WS B PT III				.001371		1.635727		108
108 UNIT COST MULT-WS B PT III					53.053691		.003588	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING	CASHIERING	RECON-	OTHER	OPERATION	LAUNDRY	HOUSE-	DIETARY
	INPATIENT	ACCOUNTS	CILIATION	ADMIN &	OF PLANT	& LINEN	KEEPING	
	REVENUE	RECEIVABLE		ACCUM	SQUARE	POUNDS OF	HOURS OF	MEALS
	6.04	6.05	6A.06	COST	FEET	LAUNDRY	SERVICE	SERVED
					8	9	10	11
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
3.01								3.01
4								4
5								5
6.01								6.01
6.02								6.02
6.03								6.03
6.04	1814082154							6.04
6.05		3088980688						6.05
6.06			-102301747	710258678				6.06
7								7
8				26778212	923075			8
9				2257110	1133	163529		9
10				16869034	26778	81765	895164	10
11				5147976	3459		3459	258019
12				2651726	29669		29669	12
13								13
14				8700796	3099		3099	14
15				4624583	18561		18561	15
16				24808549	13187		13187	16
17				9888669	12491		12491	17
18				995357	2626		2626	18
19								19
19.01				361650	1174		1174	19.01
19.02				3976553	3253		3253	19.02
19.03				1929188	8318		8318	19.03
20								20
21								21
22				23988398				22
23				42178928	21988		21988	23
24				118968				24
24.01				1173471	1804		1804	24.01
INPATIENT ROUTINE SERV COST CENTERS								
25	285723033	286720000		83574516	137689	35807	137689	240905
26	95711563	95720393		22049032	27054	6820	27054	10000
27	23700594	23700594		5081316	4757	1210	4757	3654
28	15448366	15442846		3014730	5019	1886	5019	3460
29.01	16861019	16861019		3555202	7213		7213	
30	65527503	65530859		18040297	21011	98	21011	
31								
33	3630810	3632319		730789	1448		1448	
ANCILLARY SERVICE COST CENTERS								
37	174218789	259436875		49540582	66337	8742	66337	
39	17367839	18231777		5897950	17592	2017	17592	
40	54051586	85616300		6053496	2073		2073	
41	95555738	296607460		38520905	73562	2463	73562	
42	19140176	63808224		8518318	23905	1434	23905	
44	160187410	340562728		41660935	54696		54696	
46.30								
47	82115249	95520973		12846865	6672		6672	
49	131124193	137423101		11629902	6722		6722	
50	9960806	19782040		5674286	10420	1580	10420	
53	70969016	128568236		15685142	25496	1500	25496	
54	5426700	10529174		3148780	8197	253	8197	
54.01	28398	558533		157689	636		636	
55	23058020	40568092		10611943				
55.30	85122899	114563876		27878263				
56	266790496	446984169		37957132				
57	18178446	142552927		16483282	24358	2431	24358	
OUTPATIENT SERVICE COST CENTERS								
60	25976959	172795803		68048419	175329	11065	175329	
60.01		209		117484	3436		3436	
60.02	1777073	1827564		1543773	1398	63	1398	
61	55110973	176233328		20271836	23982	4054	23982	
62								
63.50								
63.60								
OTHER REIMBURSABLE COST CENTERS								
64	1165670	14939346		1761993	1755		1755	
65	733715	4572688		3049476	1354		1354	

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING	CASHIERING	RECON-	OTHER	OPERATION	LAUNDRY	HOUSE-	DIETARY
	INPATIENT	ACCOUNTS	CILATION	ADMIN &	OF PLANT	& LINEN	KEEPING	
	REVENUE	RECEIVABLE		GEERAL	SQUARE	SERVICE	HOURS OF	MEALS
	6.04	REVENUE	6A.06	COST	FEET	LAUNDRY	SERVICE	SERVED
		6.05			8	9	10	11
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
82 LUNG ACQUISITION	1290325	1290325		1197229	1274		1274	82
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION	4276641	4515021		3024512	2826	196	2826	83
84 LIVER ACQUISITION	1428105	1428105		1685940	1264	57	1264	84
85 HEART ACQUISITION	1854605	1854605		1312154	1179	62	1179	85
85.01 PANCREAS ACQUISITION	569439	601179		375839	376	26	376	85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	1814082154	3088980688	-102301747	707149175	886570	163529	858659	258019 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C				1306929	8888		8888	96
97.01 OTHER NONREIMBURSABLE				1802574	27617		27617	97.01
97.02 MEDICAL SCHOOL								97.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	2709343	19372623		102301747	30635185	2619813	21497376	6087326 103
104 UNIT COST MULT-WS B PT I	.001494				33.188186		24.015014	104
104 UNIT COST MULT-WS B PT I		.006272		.144034		16.020480		23.592549 104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III	171944	3633641		9787280	886411	60405	947878	166644 107
108 UNIT COST MULT-WS B PT III	.000095				.960281		1.058888	108
108 UNIT COST MULT-WS B PT III		.001176		.013780		.369384		.645859 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	VOLUNTEERS	PATIENT
	FTES	ADMINIS- TRATION DIRECT NRSING HRS	SERVICES & SUPPLY COSTED REQUIS.	REQUIS.	RECORDS & LIBRARY INPATIENT REVENUE	SERVICE TIME SPENT	VOLUNTEER HOURS	NUMBER OF TRANSPORTS
	12	14	15	16	17	18	19.01	19.02
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
3.01								3.01
4								4
5								5
6.01								6.01
6.02								6.02
6.03								6.03
6.04								6.04
6.05								6.05
6.06								6.06
7								7
8								8
9								9
10								10
11								11
12	436850							12
13								13
14	8006	140591						14
15	5814		149178751					15
16	16428	108	46644622	46362261				16
17	5424		134907		1814082154			17
18	1306		521				318	18
19								19
19.01	367		1487				28340	19.01
19.02	8390		27464					39337
19.03	1241		24492					19.03
20								20
21								21
22	75192							22
23			38076					23
24	200							24
24.01	650	650	7736					24.01
INPATIENT ROUTINE SERV COST CENTERS								
25	71087	45009	5062609	10683	285723033	174	8950	15359
26	14735	14105	2370130	8439	95711563	42		402
27	5773	3353	426498	258	23700594	8		90
28	2282	2218	149009	901	15448366	8		118
29.01	2288	2278	118197		16861019	6		17
30	14885	12504	1123364		65527503	20	1800	563
31								31
33	83	83	76304		3630810		80	33
ANCILLARY SERVICE COST CENTERS								
37	24993	14963	14326768	96028	174218789		1900	95
39	4592	3513	422774	15023	17367839			710
40	4309	2170	1848874	538381	54051586			40
41	22667	1996	2482274	966927	95555738		900	10977
42	4972	511	263905	39826	19140176		600	190
44	26596	21	7900365	6026	160187410		7500	425
46.30								46.30
47	4142		9329452	115290	82115249			47
49	8785		2550389	1901851	131124193			49
50	6023	202	234288	127950	9960806			851
53	9439	2107	1103292	382687	70969016		130	204
54	3973	327	72557		5426700		30	54
54.01	265		430		28398			54.01
55			9994802		23058020			55
55.30			26178838		85122899			55.30
56			394572	35411335	266790496			56
57	11049	3278	5178705	3369316	18178446			277
OUTPATIENT SERVICE COST CENTERS								
60	48331	18392	7648406	2707111	25976959	60	1650	4608
60.01								112
60.02	655	386	13170	7403	1777073			60.02
61	17339	9860	1813398	318035	55110973		4800	4319
62								62
63.50								63.50
63.60								63.60
OTHER REIMBURSABLE COST CENTERS								
64	602	332	903774	189369	1165670			64
65	1205	584	36392	442	733715			65



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	VOLUNTEERS	PATIENT
	FTES	ADMINIS- TRATION NRSING HRS	SERVICES & SUPPLY COSTED REQUIS.	COSTED REQUIS.	RECORDS & LIBRARY INPATIENT REVENUE	SERVICE TIME SPENT	HOURS	TRANSPORT
	12	14	15	16	17	18	19.01	19.02
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
82 LUNG ACQUISITION	559	240	16161	1045	1290325			82
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION	1124	928	26235	21905	4276641			83
84 LIVER ACQUISITION	747	349	9150	6743	1428105			84
85 HEART ACQUISITION	25		17598	192	1854605			85
85.01 PANCREAS ACQUISITION	150	124	3894	2917	569439			85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	436693	140591	148975879	46246083	1814082154	318	28340	39317 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C								96
97.01 OTHER NONREIMBURSABLE	157		202872	116178				20 97.01
97.02 MEDICAL SCHOOL								97.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	4730826	10217979	6415391	31327831	12092041	1303102	484935	4827434 103
104 UNIT COST MULT-WS B PT I	10.829406		.043005		.006666		17.111327	104
104 UNIT COST MULT-WS B PT I		72.678756		.675718		4097.805031		122.719933 104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III	823767	230407	640974	1785044	1298442	82879	37386	159731 107
108 UNIT COST MULT-WS B PT III	1.885698		.004297		.000716		1.319195	108
108 UNIT COST MULT-WS B PT III		1.638846		.038502		260.625786		4.060579 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL	I&R	I&R	PARAMED	PARAMED	
	ELECTRONIC	SALARY & FRINGES	PROGRAM COSTS	EDUCATION	ED PRGM PHARMACY	
	HOURS WORKED	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	TIME SPENT	
	19.03	22	23	24	24.01	
GENERAL SERVICE COST CENTERS						
1	OLD CAP REL COSTS-BLDG & FIXT					1
2	OLD CAP REL COSTS-MVBLE EQUIP					2
3	NEW CAP REL COSTS-BLDG & FIXT					3
3.01	DCAM CAPITAL					3.01
4	NEW CAP REL COSTS-MVBLE EQUIP					4
5	EMPLOYEE BENEFITS					5
6.01	NON-PATIENT PHONES					6.01
6.02	DATA PROCESSING					6.02
6.03	PURCHASING					6.03
6.04	ADMITTING					6.04
6.05	CASHIERING/ACCOUNTS RECEIVABL					6.05
6.06	OTHER ADMIN & GENERAL					6.06
7	MAINTENANCE & REPAIRS					7
8	OPERATION OF PLANT					8
9	LAUNDRY & LINEN SERVICE					9
10	HOUSEKEEPING					10
11	DIETARY					11
12	CAFETERIA					12
13	MAINTENANCE OF PERSONNEL					13
14	NURSING ADMINISTRATION					14
15	CENTRAL SERVICES & SUPPLY					15
16	PHARMACY					16
17	MEDICAL RECORDS & LIBRARY					17
18	SOCIAL SERVICE					18
19	OCCUPATIONAL THERAPY					19
19.01	VOLUNTEERS					19.01
19.02	PATIENT TRANSPORT					19.02
19.03	MEDICAL ELECTRONICS	4203				19.03
20	NONPHYSICIAN ANESTHETISTS					20
21	NURSING SCHOOL					21
22	I&R SERVICES-SALARY & FRINGES		8400			22
23	I&R SERVICES-OTHER PRGM COSTS			8400		23
24	PARAMED ED PRGM-(SPECIFY)				100	24
24.01	PARAMED ED PRGM - PHARMACY					100
	INPATIENT ROUTINE SERV COST CENTERS					
25	ADULTS & PEDIATRICS	774	3601	3601		25
26	INTENSIVE CARE UNIT	298	291	291		26
27	CORONARY CARE UNIT	97	28	28		27
28	BURN INTENSIVE CARE UNIT	39	6	6		28
29.01	NURSERY SPECIAL CARE	65	48	48		29.01
30	NURSERY ICU	434	181	181		30
31	SUBPROVIDER I					31
33	NURSERY	2	55	55		33
ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	401	357	357		37
39	DELIVERY ROOM & LABOR ROOM	94	135	135		39
40	ANESTHESIOLOGY	5	101	101		40
41	RADIOLOGY-DIAGNOSTIC	63	328	328		41
42	RADIOLOGY-THERAPEUTIC	8	90	90	100	42
44	LABORATORY	182	313	313		44
46.30	BLOOD CLOTTING FACTORS ADMIN					46.30
47	BLOOD STORING, PROCESSING & T	14	28	28		47
49	RESPIRATORY THERAPY	709				49
50	PHYSICAL THERAPY	40				50
53	ELECTROCARDIOLOGY	87	25	25		53
54	ELECTROENCEPHALOGRAPHY		96	96		54
54.01	BRACE & PLASTER ROOM					54.01
55	MEDICAL SUPPLIES CHARGED TO P					55
55.30	IMPL. DEV. CHARGED TO PATIENT					55.30
56	DRUGS CHARGED TO PATIENTS				100	56
57	RENAL DIALYSIS	31	29	29		57
OUTPATIENT SERVICE COST CENTERS						
60	CLINIC	401	1402	1402		60
60.01	DENTAL CLINIC		24	24		60.01
60.02	TRANSPLANT CLINIC					60.02
61	EMERGENCY	217	476	476		61
62	OBSERVATION BEDS (NON-DISTINC					62
63.50	RHC					63.50
63.60	FQHC					63.60
OTHER REIMBURSABLE COST CENTERS						
64	HOME PROGRAM DIALYSIS					64
65	AMBULANCE SERVICES	123				65

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL	I&R	I&R	PARAMED	PARAMED	
	ELECTRONIC	SALARY & FRINGES	PROGRAM COSTS	EDUCATION	ED PRGM PHARMACY	
	HOURS WORKED	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	TIME SPENT	
	19.03	22	23	24	24.01	
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERA						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
71 HOME HEALTH AGENCY						71
82 LUNG ACQUISITION						82
SPECIAL PURPOSE COST CENTERS						
83 KIDNEY ACQUISITION	3					83
84 LIVER ACQUISITION						84
85 HEART ACQUISITION						85
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
95 SUBTOTALS	4087	7614	7614	100	100	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & C						96
97.01 OTHER NONREIMBURSABLE	116	786	786			97.01
97.02 MEDICAL SCHOOL						97.02
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 COST TO BE ALLOC PER B PT I	2697365	28257829	49513549	138269	1500298	103
104 UNIT COST MULT-WS B PT I	641.771354		5894.470119		15002.980000	104
104 UNIT COST MULT-WS B PT I		3364.027262		1382.690000		104
105 COST TO BE ALLOC PER B PT II						105
106 UNIT COST MULT-WS B PT II						106
106 UNIT COST MULT-WS B PT II						106
107 COST TO BE ALLOC PER B PT III	782303	508964	1160646	2144	64841	107
108 UNIT COST MULT-WS B PT III	186.129669		138.172143		648.410000	108
108 UNIT COST MULT-WS B PT III		60.590952		21.440000		108

POST STEP DOWN ADJUSTMENTS

SUPPLEMENTAL  
WORKSHEET B-2  
(CONTINUED)

----- WORKSHEET B -----  
PART                      LINE NO.                      AMOUNT  
2                                      3                                      4

DESCRIPTION 1	PART 2	LINE NO. 3	AMOUNT 4	
1				1
2				2
3 EXCLUDE ARANESP FROM RENAL FACILITY	1	57	-1818575	3
4 EXCLUDE ARANESP FROM HOME PROGRAM FA	1	64	-158353	4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	119163616		119163616		119163616	25
26 INTENSIVE CARE UNIT	29460638		29460638		29460638	26
27 CORONARY CARE UNIT	6779698		6779698		6779698	27
28 BURN INTENSIVE CARE UNIT	4216104		4216104		4216104	28
29.01 NURSERY SPECIAL CARE	4856085		4856085		4856085	29.01
30 NURSERY ICU	23857642		23857642		23857642	30
31 SUBPROVIDER I						31
33 NURSERY	955945		955945		955945	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	64112874		64112874	139893	64252767	37
39 DELIVERY ROOM & LABOR ROOM	8382700		8382700		8382700	39
40 ANESTHESIOLOGY	8055186		8055186	44264	8099450	40
41 RADIOLOGY-DIAGNOSTIC	51507225		51507225	145937	51653162	41
42 RADIOLOGY-THERAPEUTIC	11569479		11569479	47601	11617080	42
44 LABORATORY	52788786		52788786	203491	52992277	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	16159247		16159247		16159247	47
49 RESPIRATORY THERAPY	16508543		16508543		16508543	49
50 PHYSICAL THERAPY	7485891		7485891		7485891	50
53 ELECTROCARDIOLOGY	20544380		20544380	369615	20913995	53
54 ELECTROENCEPHALOGRAPHY	4181857		4181857		4181857	54
54.01 BRACE & PLASTER ROOM	219861		219861		219861	54.01
55 MEDICAL SUPPLIES CHARGED TO	12723955		12723955		12723955	55
55.30 IMPL. DEV. CHARGED TO PATIE	33586931		33586931		33586931	55.30
56 DRUGS CHARGED TO PATIENTS	70648035		70648035		70648035	56
57 RENAL DIALYSIS	21503540		21503540		21503540	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	93344727		93344727	1744104	95088831	60
60.01 DENTAL CLINIC	344702		344702		344702	60.01
60.02 TRANSPLANT CLINIC	1899669		1899669		1899669	60.02
61 EMERGENCY	26944530		26944530	87972	27032502	61
62 OBSERVATION BEDS (NON-DISTI	4329355		4329355		4329355	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
64 HOME PROGRAM DIALYSIS	2163063		2163063		2163063	64
65 AMBULANCE SERVICES	3707343		3707343		3707343	65
101 SUBTOTAL	722001607		722001607	2782877	724784484	101
102 LESS OBSERVATION BEDS	4329355		4329355		4329355	102
103 TOTAL	717672252		717672252	2782877	720455129	103

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 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	285723033		285723033			25
26 INTENSIVE CARE UNIT	95711563		95711563			26
27 CORONARY CARE UNIT	23700594		23700594			27
28 BURN INTENSIVE CARE UNIT	15448366		15448366			28
29.01 NURSERY SPECIAL CARE	16861019		16861019			29.01
30 NURSERY ICU	65527503		65527503			30
31 SUBPROVIDER I						31
33 NURSERY	3630810		3630810			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	174218789	85218086	259436875	.247123	.247123	.247662 37
39 DELIVERY ROOM & LABOR ROOM	17367839	863938	18231777	.459785	.459785	.459785 39
40 ANESTHESIOLOGY	54051586	31564714	85616300	.094085	.094085	.094602 40
41 RADIOLOGY-DIAGNOSTIC	95555738	201051722	296607460	.173655	.173655	.174147 41
42 RADIOLOGY-THERAPEUTIC	19140176	44668048	63808224	.181316	.181316	.182062 42
44 LABORATORY	160187410	180375318	340562728	.155005	.155005	.155602 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	82115249	13405724	95520973	.169170	.169170	.169170 47
49 RESPIRATORY THERAPY	131124193	6298908	137423101	.120129	.120129	.120129 49
50 PHYSICAL THERAPY	9960806	9821234	19782040	.378419	.378419	.378419 50
53 ELECTROCARDIOLOGY	70969016	57599220	128568236	.159794	.159794	.162668 53
54 ELECTROENCEPHALOGRAPHY	5426700	5102474	10529174	.397169	.397169	.397169 54
54.01 BRACE & PLASTER ROOM	28398	530135	558533	.393640	.393640	.393640 54.01
55 MEDICAL SUPPLIES CHARGED TO	23058020	17510072	40568092	.313644	.313644	.313644 55
55.30 IMPL. DEV. CHARGED TO PATIE	85122899	29440977	114563876	.293172	.293172	.293172 55.30
56 DRUGS CHARGED TO PATIENTS	266790496	180193673	446984169	.158055	.158055	.158055 56
57 RENAL DIALYSIS	18178446	124374481	142552927	.150846	.150846	.150846 57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	25976959	146818844	172795803	.540203	.540203	.550296 60
60.01 DENTAL CLINIC		209	209	1649.291866	1649.291866	1649.291866 60.01
60.02 TRANSPLANT CLINIC	1777073	50491	1827564	1.039454	1.039454	1.039454 60.02
61 EMERGENCY	55110973	121122355	176233328	.152891	.152891	.153390 61
62 OBSERVATION BEDS (NON-DISTI	658665	7002030	7660695	.565139	.565139	.565139 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
64 HOME PROGRAM DIALYSIS	1165670	13773676	14939346	.144790	.144790	.144790 64
65 AMBULANCE SERVICES	733715	3838973	4572688	.810758	.810758	.810758 65
101 SUBTOTAL	1805321704	1280625302	3085947006			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	1805321704	1280625302	3085947006			103

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	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
25 INPAT ROUTINE SERV COST CTRS				9275388		9275388
26 ADULTS & PEDIATRICS				1614817		1614817
27 INTENSIVE CARE UNIT				487832		487832
28 CORONARY CARE UNIT				224408		224408
29 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
29.01 NURSERY SPECIAL CARE				351836		351836
30 NURSERY ICU				1140941		1140941
31 SUBPROVIDER I						
33 NURSERY				57544		57544
101 TOTAL				13152766		13152766

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
25 INPAT ROUTINE SERV COST CTRS	95813	29362			96.81	2842535
26 ADULTS & PEDIATRICS	19427	5969			83.12	496143
27 INTENSIVE CARE UNIT	4495	1613			108.53	175059
28 CORONARY CARE UNIT	2627	460			85.42	39293
29 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
29.01 NURSERY SPECIAL CARE	6428				54.73	
30 NURSERY ICU	14336				79.59	
31 SUBPROVIDER I						
33 NURSERY	2466				23.33	
101 TOTAL	145592	37404				3553030

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0088) [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		6720404	259436875	50530428			.025904	1308940 37
39 DELIVERY ROOM & LABOR ROOM		611776	18231777	322661			.033555	10827 39
40 ANESTHESIOLOGY		931653	85616300	15380023			.010882	167365 40
41 RADIOLOGY-DIAGNOSTIC		7932887	296607460	34691326			.026745	927820 41
42 RADIOLOGY-THERAPEUTIC		2224411	63808224	6316398			.034861	220196 42
44 LABORATORY		6280655	340562728	57159423			.018442	1054134 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		713544	95520973	26368941			.007470	196976 47
49 RESPIRATORY THERAPY		1046907	137423101	27816295			.007618	211905 49
50 PHYSICAL THERAPY		464056	19782040	3810100			.023458	89377 50
53 ELECTROCARDIOLOGY		3039129	128568236	29631098			.023638	700420 53
54 ELECTROENCEPHALOGRAPHY		437420	10529174	1110950			.041544	46153 54
54.01 BRACE & PLASTER ROOM		15764	558533	8660			.028224	244 54.01
55 MEDICAL SUPPLIES CHARGED TO P		291504	40568092	9328892			.007186	67037 55
55.30 IMPL. DEV. CHARGED TO PATIENT		794344	114563876	35310792			.006934	244845 55.30
56 DRUGS CHARGED TO PATIENTS		2635485	446984169	75529501			.005896	445322 56
57 RENAL DIALYSIS		1339074	142552927	9760694			.009394	91692 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		11680777	172795803	4314667			.067599	291667 60
60.01 DENTAL CLINIC		88080	209				421.435407	60.01
60.02 TRANSPLANT CLINIC		62387	1827564				.034137	60.02
61 EMERGENCY		1524611	176233328	16969641			.008651	146804 61
62 OBSERVATION BEDS (NON-DISTINC		336984	7660695				.043989	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
64 HOME PROGRAM DIALYSIS		103431	14939346	201168			.006923	1393 64
65 AMBULANCE SERVICES								65
101 TOTAL		49275283	2574771430	404561658				6223117 101



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	NONPHYSICIAN		NURSING	ALLIED	ALL OTHER		TOTAL
		ANESTHETIST	SCHOOL			MEDICAL	SWING-BED	
		COST	COST	HEALTH	EDUCATION	ADJUSTMENT	COSTS	
		1	2	2.01	2.02	3	4	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS							25
26	INTENSIVE CARE UNIT							26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
29.01	NURSERY SPECIAL CARE							29.01
30	NURSERY ICU							30
31	SUBPROVIDER I							31
33	NURSERY							33
34	SKILLED NURSING FACILITY							34
35	NURSING FACILITY							35
101	TOTAL							101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	TOTAL	PER DIEM	INPATIENT	INPATIENT
	PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	5	6	7	8
INPAT ROUTINE SERV COST CTRS				
25 ADULTS & PEDIATRICS	95813		29362	25
26 INTENSIVE CARE UNIT	19427		5969	26
27 CORONARY CARE UNIT	4495		1613	27
28 BURN INTENSIVE CARE UNIT	2627		460	28
29 SURGICAL INTENSIVE CARE UNIT				29
29.01 NURSERY SPECIAL CARE	6428			29.01
30 NURSERY ICU	14336			30
31 SUBPROVIDER I				31
33 NURSERY	2466			33
34 SKILLED NURSING FACILITY				34
35 NURSING FACILITY				35
101 TOTAL	145592		37404	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0088) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALL OTHER			TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST		ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC				138269			138269
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
54.01 BRACE & PLASTER ROOM							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS				1500298			1500298
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 DENTAL CLINIC							60.01
60.02 TRANSPLANT CLINIC							60.02
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
64 HOME PROGRAM DIALYSIS							64
65 AMBULANCE SERVICES							65
101 TOTAL				1638567			1638567 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0088) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		259436875			50530428		18607242 37
39 DELIVERY ROOM & LABOR ROOM		18231777			322661		18755 39
40 ANESTHESIOLOGY		85616300			15380023		7290367 40
41 RADIOLOGY-DIAGNOSTIC		296607460			34691326		64063316 41
42 RADIOLOGY-THERAPEUTIC	138269	63808224	.002167	.002167	6316398	13688	19458127 42
44 LABORATORY		340562728			57159423		6767888 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		95520973			26368941		2990259 47
49 RESPIRATORY THERAPY		137423101			27816295		2324896 49
50 PHYSICAL THERAPY		19782040			3810100		76132 50
53 ELECTROCARDIOLOGY		128568236			29631098		26040595 53
54 ELECTROENCEPHALOGRAPHY		10529174			1110950		1416102 54
54.01 BRACE & PLASTER ROOM		558533			8660		58729 54.01
55 MEDICAL SUPPLIES CHARGED TO P		40568092			9328892		5888251 55
55.30 IMPL. DEV. CHARGED TO PATIENT		114563876			35310792		12335820 55.30
56 DRUGS CHARGED TO PATIENTS	1500298	446984169	.003356	.003356	75529501	253477	58358912 56
57 RENAL DIALYSIS		142552927			9760694		971868 57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		172795803			4314667		55998780 60
60.01 DENTAL CLINIC		209					60.01
60.02 TRANSPLANT CLINIC		1827564					60.02
61 EMERGENCY		176233328			16969641		18268875 61
62 OBSERVATION BEDS (NON-DISTINC		7660695					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
64 HOME PROGRAM DIALYSIS		14939346			201168		64
65 AMBULANCE SERVICES							65
101 TOTAL	1638567	2574771430			404561658	267165	300934914 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0088) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC			42166		42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
54.01 BRACE & PLASTER ROOM					54.01
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS			195853		56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DENTAL CLINIC					60.01
60.02 TRANSPLANT CLINIC					60.02
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
64 HOME PROGRAM DIALYSIS					64
65 AMBULANCE SERVICES					65
101 TOTAL			238019		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0088) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL	CENTER	DIAGNOSTIC
				2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.247123	.247123	.247123			37
39 DELIVERY ROOM & LABOR ROOM	.459785	.459785	.459785			39
40 ANESTHESIOLOGY	.094085	.094085	.094085			40
41 RADIOLOGY-DIAGNOSTIC	.173655	.173655	.173655			41
42 RADIOLOGY-THERAPEUTIC	.181316	.181316	.181316			42
44 LABORATORY	.155005	.155005	.155005			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.169170	.169170	.169170			47
49 RESPIRATORY THERAPY	.120129	.120129	.120129			49
50 PHYSICAL THERAPY	.378419	.378419	.378419			50
53 ELECTROCARDIOLOGY	.159794	.159794	.159794			53
54 ELECTROENCEPHALOGRAPHY	.397169	.397169	.397169			54
54.01 BRACE & PLASTER ROOM	.393640	.393640	.393640			54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.313644	.313644	.313644			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.293172	.293172	.293172			55.30
56 DRUGS CHARGED TO PATIENTS	.158055	.158055	.158055			56
57 RENAL DIALYSIS	.150846	.150846	.150846			57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.540203	.540203	.540203			60
60.01 DENTAL CLINIC	1649.291866	1649.291866	1649.291866			60.01
60.02 TRANSPLANT CLINIC	1.039454	1.039454	1.039454			60.02
61 EMERGENCY	.152891	.152891	.152891			61
62 OBSERVATION BEDS (NON-DISTINCT	.565139	.565139	.565139			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
64 HOME PROGRAM DIALYSIS	.144790	.144790	.144790			64
65 AMBULANCE SERVICES	.810758	.810758	.810758			65
65.01 AMBULANCE SERVICES (2ND PERIOD)	.810758	.810758	.810758			65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)	.810758	.810758	.810758			65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)	.810758	.810758	.810758			65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.158055	1
2 PROGRAM VACCINE CHARGES	215875	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	34120	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0088) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST			
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT	
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	SURGICAL CENTER	7	DIAGNOSTIC	
	5	5.01	5.02	5.03	5.04	6		8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		18607242							37
39 DELIVERY ROOM & LABOR ROOM		18755							39
40 ANESTHESIOLOGY		7290367							40
41 RADIOLOGY-DIAGNOSTIC		64063316							41
42 RADIOLOGY-THERAPEUTIC		19458127							42
44 LABORATORY		6767888	79925						44
46.30 BLOOD CLOTTING FACTORS ADMIN C									46.30
47 BLOOD STORING, PROCESSING & TR		2990259							47
49 RESPIRATORY THERAPY		2324896							49
50 PHYSICAL THERAPY		76132							50
53 ELECTROCARDIOLOGY		26040595							53
54 ELECTROENCEPHALOGRAPHY		1416102							54
54.01 BRACE & PLASTER ROOM		58729							54.01
55 MEDICAL SUPPLIES CHARGED TO PA		5888251	2985						55
55.30 IMPL. DEV. CHARGED TO PATIENT		12335820							55.30
56 DRUGS CHARGED TO PATIENTS		58358912	138889						56
57 RENAL DIALYSIS		971868	32960						57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		55998780							60
60.01 DENTAL CLINIC									60.01
60.02 TRANSPLANT CLINIC									60.02
61 EMERGENCY		18268875							61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
64 HOME PROGRAM DIALYSIS									64
65 AMBULANCE SERVICES			466600						65
65.01 AMBULANCE SERVICES (2ND PERIOD									65.01
65.02 AMBULANCE SERVICES (3RD PERIOD									65.02
65.03 AMBULANCE SERVICES (4TH PERIOD									65.03
101 SUBTOTAL		300934914	721359						101
102 CRNA CHARGES									102
103 PBP CLINIC LAB									103
104 NET CHARGES		300934914	721359						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0088) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		4598277					37
39 DELIVERY ROOM & LABOR ROOM		8623					39
40 ANESTHESIOLOGY		685914					40
41 RADIOLOGY-DIAGNOSTIC		11124915					41
42 RADIOLOGY-THERAPEUTIC		3528070					42
44 LABORATORY		1049056	12389				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		505862					47
49 RESPIRATORY THERAPY		279287					49
50 PHYSICAL THERAPY		28810					50
53 ELECTROCARDIOLOGY		4161131					53
54 ELECTROENCEPHALOGRAPHY		562432					54
54.01 BRACE & PLASTER ROOM		23118					54.01
55 MEDICAL SUPPLIES CHARGED TO PAT		1846815	936				55
55.30 IMPL. DEV. CHARGED TO PATIENT		3616517					55.30
56 DRUGS CHARGED TO PATIENTS		9223918	21952				56
57 RENAL DIALYSIS		146602	4972				57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		30250709					60
60.01 DENTAL CLINIC							60.01
60.02 TRANSPLANT CLINIC							60.02
61 EMERGENCY		2793147					61
62 OBSERVATION BEDS (NON-DISTINCT)							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
64 HOME PROGRAM DIALYSIS							64
65 AMBULANCE SERVICES							65
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		74433203	40249				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		74433203	40249				104



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S088) [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		6720404	259436875				.025904	37
39 DELIVERY ROOM & LABOR ROOM		611776	18231777				.033555	39
40 ANESTHESIOLOGY		931653	85616300				.010882	40
41 RADIOLOGY-DIAGNOSTIC		7932887	296607460				.026745	41
42 RADIOLOGY-THERAPEUTIC		2224411	63808224				.034861	42
44 LABORATORY		6280655	340562728				.018442	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		713544	95520973				.007470	47
49 RESPIRATORY THERAPY		1046907	137423101				.007618	49
50 PHYSICAL THERAPY		464056	19782040				.023458	50
53 ELECTROCARDIOLOGY		3039129	128568236				.023638	53
54 ELECTROENCEPHALOGRAPHY		437420	10529174				.041544	54
54.01 BRACE & PLASTER ROOM		15764	558533				.028224	54.01
55 MEDICAL SUPPLIES CHARGED TO P		291504	40568092				.007186	55
55.30 IMPL. DEV. CHARGED TO PATIENT		794344	114563876				.006934	55.30
56 DRUGS CHARGED TO PATIENTS		2635485	446984169				.005896	56
57 RENAL DIALYSIS		1339074	142552927				.009394	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		11680777	172795803				.067599	60
60.01 DENTAL CLINIC		88080	209				421.435407	60.01
60.02 TRANSPLANT CLINIC		62387	1827564				.034137	60.02
61 EMERGENCY		1524611	176233328				.008651	61
62 OBSERVATION BEDS (NON-DISTINC		336984	7660695				.043989	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
64 HOME PROGRAM DIALYSIS		103431	14939346				.006923	64
65 AMBULANCE SERVICES								65
101 TOTAL		49275283	2574771430					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S088) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALL OTHER			TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST		ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC				138269			138269
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
54.01 BRACE & PLASTER ROOM							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS				1500298			1500298
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 DENTAL CLINIC							60.01
60.02 TRANSPLANT CLINIC							60.02
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
64 HOME PROGRAM DIALYSIS							64
65 AMBULANCE SERVICES							65
101 TOTAL				1638567			1638567 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S088) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	TO	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		259436875					37
39 DELIVERY ROOM & LABOR ROOM		18231777					39
40 ANESTHESIOLOGY		85616300					40
41 RADIOLOGY-DIAGNOSTIC		296607460					41
42 RADIOLOGY-THERAPEUTIC	138269	63808224	.002167	.002167			42
44 LABORATORY		340562728					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		95520973					47
49 RESPIRATORY THERAPY		137423101					49
50 PHYSICAL THERAPY		19782040					50
53 ELECTROCARDIOLOGY		128568236					53
54 ELECTROENCEPHALOGRAPHY		10529174					54
54.01 BRACE & PLASTER ROOM		558533					54.01
55 MEDICAL SUPPLIES CHARGED TO P		40568092					55
55.30 IMPL. DEV. CHARGED TO PATIENT		114563876					55.30
56 DRUGS CHARGED TO PATIENTS	1500298	446984169	.003356	.003356			56
57 RENAL DIALYSIS		142552927					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		172795803					60
60.01 DENTAL CLINIC		209					60.01
60.02 TRANSPLANT CLINIC		1827564					60.02
61 EMERGENCY		176233328					61
62 OBSERVATION BEDS (NON-DISTINC		7660695					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
64 HOME PROGRAM DIALYSIS		14939346					64
65 AMBULANCE SERVICES							65
101 TOTAL	1638567	2574771430					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S088) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
54.01 BRACE & PLASTER ROOM					54.01
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DENTAL CLINIC					60.01
60.02 TRANSPLANT CLINIC					60.02
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
64 HOME PROGRAM DIALYSIS					64
65 AMBULANCE SERVICES					65
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0088)	SUB I (PPS) (14-S088)	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	95813						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	95813						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	95813						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							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							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	29362						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							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							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							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0088)	SUB I (PPS) (14-S088)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
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	119163616						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	119163616						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	194953360						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	194953360						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.611242						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2034.73						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	119163616						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0088)	SUB I (PPS) (14-S088)	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1243.71					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	36517813					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	36517813					41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	29460638	19427	1516.48	5969	9051869	43
45 CORONARY CARE UNIT	6779698	4495	1508.28	1613	2432856	44
46 BURN INTENSIVE CARE UNIT	4216104	2627	1604.91	460	738259	45
46 SURGICAL INTENSIVE CARE UNIT						46
46.01 NURSERY SPECIAL CARE	4856085	6428	755.46			46.01
47 NURSERY ICU	23857642	14336	1664.18			47
	HOSPITAL (PPS) (14-0088)	SUB I (PPS) (14-S088)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	76406865					48
49 TOTAL PROGRAM INPATIENT COSTS	125147662					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	3553030					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	6490282					51
52 TOTAL PROGRAM EXCLUDABLE COST	10043312					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	115104350					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0088)	SUB I (PPS) (14-S088)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
58.03						IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS



COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

SNF

	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST		66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		67
68 PROGRAM ROUTINE SERVICE COST		68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS		71
72 PER DIEM CAPITAL RELATED COSTS		72
73 PROGRAM CAPITAL RELATED COSTS		73
74 INPATIENT ROUTINE SERVICE COST		74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT		76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS		79
80 PROGRAM INPATIENT ANCILLARY SERVICES		80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS		82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

HOSPITAL SUB I SUB II SUB III SUB IV  
 (PPS) (PPS)  
 (14-0088)(14-S088)  
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3481	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1243.71	84
85 OBSERVATION BED COST	4329355	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		119163616		4329355		86
87 NEW CAPITAL-RELATED COST	9275388	119163616	.077837	4329355	336984	87
88 NON PHYSICIAN ANESTHETIST		119163616		4329355		88
89 NURSING SCHOOL		119163616		4329355		89
89.01 ALLIED HEALTH		119163616		4329355		89.01
89.02 ALL OTHER		119163616		4329355		89.02

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [XX] HOSPITAL (14-0088) [ ] SNF [XX] PPS  
 [XX] TITLE XVIII-PT A [ ] SUB I [ ] NF [ ] TEFRA  
 [ ] TITLE XIX [ ] SUB II [ ] S/B-SNF [ ] OTHER  
 [ ] SUB III  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		76011792		25
26 INTENSIVE CARE UNIT		37371291		26
27 CORONARY CARE UNIT		12363672		27
28 BURN INTENSIVE CARE UNIT		2852092		28
29.01 NURSERY SPECIAL CARE				29.01
30 NURSERY ICU				30
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.247662	50530428	12514467	37
39 DELIVERY ROOM & LABOR ROOM	.459785	322661	148355	39
40 ANESTHESIOLOGY	.094602	15380023	1454981	40
41 RADIOLOGY-DIAGNOSTIC	.174147	34691326	6041390	41
42 RADIOLOGY-THERAPEUTIC	.182062	6316398	1149976	42
44 LABORATORY	.155602	57159423	8894121	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.169170	26368941	4460834	47
49 RESPIRATORY THERAPY	.120129	27816295	3341544	49
50 PHYSICAL THERAPY	.378419	3810100	1441814	50
53 ELECTROCARDIOLOGY	.162668	29631098	4820031	53
54 ELECTROENCEPHALOGRAPHY	.397169	1110950	441235	54
54.01 BRACE & PLASTER ROOM	.393640	8660	3409	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.313644	9328892	2925951	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.293172	35310792	10352136	55.30
56 DRUGS CHARGED TO PATIENTS	.158055	75529501	11937815	56
57 RENAL DIALYSIS	.150846	9760694	1472362	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.550296	4314667	2374344	60
60.01 DENTAL CLINIC	1649.291866			60.01
60.02 TRANSPLANT CLINIC	1.039454			60.02
61 EMERGENCY	.153390	16969641	2602973	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.565139			62
63.50 RHC				63.50
63.60 FQHC				63.60
64 HOME PROGRAM DIALYSIS	.144790	201168	29127	64
65 AMBULANCE SERVICES				65
101 TOTAL		404561658	76406865	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		404561658		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S088)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
27 CORONARY CARE UNIT			27
28 BURN INTENSIVE CARE UNIT			28
29.01 NURSERY SPECIAL CARE			29.01
30 NURSERY ICU			30
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.247662		37
39 DELIVERY ROOM & LABOR ROOM	.459785		39
40 ANESTHESIOLOGY	.094602		40
41 RADIOLOGY-DIAGNOSTIC	.174147		41
42 RADIOLOGY-THERAPEUTIC	.182062		42
44 LABORATORY	.155602		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.169170		47
49 RESPIRATORY THERAPY	.120129		49
50 PHYSICAL THERAPY	.378419		50
53 ELECTROCARDIOLOGY	.162668		53
54 ELECTROENCEPHALOGRAPHY	.397169		54
54.01 BRACE & PLASTER ROOM	.393640		54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.313644		55
55.30 IMPL. DEV. CHARGED TO PATIENT	.293172		55.30
56 DRUGS CHARGED TO PATIENTS	.158055		56
57 RENAL DIALYSIS	.150846		57
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.550296		60
60.01 DENTAL CLINIC	1649.291866		60.01
60.02 TRANSPLANT CLINIC	1.039454		60.02
61 EMERGENCY	.153390		61
62 OBSERVATION BEDS (NON-DISTINCT	.565139		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
64 HOME PROGRAM DIALYSIS	.144790		64
65 AMBULANCE SERVICES			65
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 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 COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
	1	D	2	3	4	
1	ADULTS & PEDIATRICS	160553	38	1243.71	70891	1
2	INTENSIVE CARE UNIT	23323	43	1516.48	3033	2
3	CORONARY CARE UNIT		44	1508.28		3
4	BURN INTENSIVE CARE UNIT		45	1604.91		4
5	SURGICAL INTENSIVE CARE UNIT		46			5
5.01	NURSERY SPECIAL CARE		46.01	755.46		5.01
6	NURSERY ICU		47	1664.18		6
7	TOTAL	183876			73924	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS		
	C	1	2	3		
8	OPERATING ROOM	37	.247123	814345	201243	8
9	RECOVERY ROOM	38				9
10	DELIVERY ROOM & LABOR ROOM	39	.459785			10
11	ANESTHESIOLOGY	40	.094085	175925	16552	11
12	RADIOLOGY-DIAGNOSTIC	41	.173655	640071	111152	12
13	RADIOLOGY-THERAPEUTIC	42	.181316			13
14	RADIOISOTOPE	43				14
15	LABORATORY	44	.155005	3762111	583146	15
16	PBP CLINICAL LAB SERVICES-PRGM	45				16
17	WHOLE BLOOD & PACKED RED BLOOD	46				17
17.30	BLOOD CLOTTING FACTORS ADMIN CO	46.30				17.30
18	BLOOD STORING, PROCESSING & TRA	47	.169170	532206	90033	18
19	INTRAVENOUS THERAPY	48				19
20	RESPIRATORY THERAPY	49	.120129	16664	2002	20
21	PHYSICAL THERAPY	50	.378419	305	115	21
22	OCCUPATIONAL THERAPY	51				22
23	SPEECH PATHOLOGY	52				23
24	ELECTROCARDIOLOGY	53	.159794	1049705	167737	24
25	ELECTROENCEPHALOGRAPHY	54	.397169			25
25.01	BRACE & PLASTER ROOM	54.01	.393640	63	25	25.01
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.313644			26
26.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.293172			26.30
27	DRUGS CHARGED TO PATIENTS	56	.158055	87373	13810	27
28	RENAL DIALYSIS	57	.150846	856	129	28
29	ASC (NON-DISTINCT PART)	58				29
30	OTHER ANCILLARY (SPECIFY)	59				30
31	CLINIC	60	.540203	254730	137606	31
31.01	DENTAL CLINIC	60.01	1649.291866			31.01
31.02	TRANSPLANT CLINIC	60.02	1.039454			31.02
32	EMERGENCY	61	.152891	3951	604	32
33	OBSERVATION BEDS (NON-DISTINCT)	62	.565139			33
34	OTHER OUTPATIENT SERV (SPECIFY)	63				34
34.50	RHC	63.50				34.50
34.60	FQHC	63.60				34.60
35	TOTAL			7338305	1324154	35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 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	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS	
	D	1	2	3	
36	ADULTS & PEDIATRICS	2	57		36
37	INTENSIVE CARE UNIT	3	2		37
38	CORONARY CARE UNIT	4			38
39	BURN INTENSIVE CARE UNIT	5			39
40	SURGICAL INTENSIVE CARE UNIT	6			40
40.01	NURSERY SPECIAL CARE	6.01			40.01
41	NURSERY ICU	7			41
42	SUBTOTAL		59		42

  

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
	1	D	2	3	
43	CLINIC	254730	20		43
43.01	DENTAL CLINIC		20.01		43.01
43.02	TRANSPLANT CLINIC		20.02		43.02
44	EMERGENCY	3951	21		44
45	OBSERVATION BEDS (NON-DISTINCT)		22		45
46	OTHER OUTPATIENT SERV (SPECIFY)		23		46
46.50	RHC		23.50		46.50
46.60	FQHC		23.60		46.60
47	TOTAL	258681			47

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 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	
48 ROUTINE & ANCILLARY FROM PART I	1398078		7522181		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	3750922		3750922		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	5149000		11273103		53
54 TOTAL USABLE ORGANS		91			54
55 MEDICARE USABLE ORGANS		62			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.681319			56
57 MEDICARE COST/CHARGES	3508112		7680579		57
58 REVENUE FOR ORGANS SOLD	129725				58
59 SUBTOTAL	3378387		7680579		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	3378387		7680579		61

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
62 ORGANS EXCISED IN PROVIDER	22	22		62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65 ORGANS PURCHASED FROM OPO'S		47		65
66 TOTAL	22	69		66
67 ORGANS TRANSPLANTED	22	47		67
68 ORGANS SOLD TO OTHER HOSPITALS				68
69 ORGANS SOLD TO OPO'S		22	129725	69
70 ORGANS SOLD TO TRANSPLANT HOSPITALS				70
71 ORGANS SOLD TO MILITARY OR VA HOSPITALS				71
72 ORGANS SOLD OUTSIDE THE U.S.				72
73 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				73
74 ORGANS USED FOR RESEARCH				74
75 UNUSABLE/DISCARDED ORGANS				75
76 TOTAL	22	69		76

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 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 COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
	1	D	2	3	4	
1	ADULTS & PEDIATRICS	41734	38	1243.71	14925	1
2	INTENSIVE CARE UNIT	43369	43	1516.48	4549	2
3	CORONARY CARE UNIT		44	1508.28		3
4	BURN INTENSIVE CARE UNIT		45	1604.91		4
5	SURGICAL INTENSIVE CARE UNIT		46			5
5.01	NURSERY SPECIAL CARE		46.01	755.46		5.01
6	NURSERY ICU		47	1664.18		6
7	TOTAL	85103			19474	7
				15		
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS		
	C	1	2	3		
8	OPERATING ROOM	37	.247123	205427	50766	8
9	RECOVERY ROOM	38				9
10	DELIVERY ROOM & LABOR ROOM	39	.459785			10
11	ANESTHESIOLOGY	40	.094085	42489	3998	11
12	RADIOLOGY-DIAGNOSTIC	41	.173655	182332	31663	12
13	RADIOLOGY-THERAPEUTIC	42	.181316			13
14	RADIOISOTOPE	43				14
15	LABORATORY	44	.155005	229755	35613	15
16	PBP CLINICAL LAB SERVICES-PRGM	45				16
17	WHOLE BLOOD & PACKED RED BLOOD	46				17
17.30	BLOOD CLOTTING FACTORS ADMIN CO	46.30				17.30
18	BLOOD STORING, PROCESSING & TRA	47	.169170	16597	2808	18
19	INTRAVENOUS THERAPY	48				19
20	RESPIRATORY THERAPY	49	.120129	16049	1928	20
21	PHYSICAL THERAPY	50	.378419			21
22	OCCUPATIONAL THERAPY	51				22
23	SPEECH PATHOLOGY	52				23
24	ELECTROCARDIOLOGY	53	.159794	143978	23007	24
25	ELECTROENCEPHALOGRAPHY	54	.397169			25
25.01	BRACE & PLASTER ROOM	54.01	.393640			25.01
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.313644			26
26.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.293172			26.30
27	DRUGS CHARGED TO PATIENTS	56	.158055	42945	6788	27
28	RENAL DIALYSIS	57	.150846			28
29	ASC (NON-DISTINCT PART)	58				29
30	OTHER ANCILLARY (SPECIFY)	59				30
31	CLINIC	60	.540203	137350	74197	31
31.01	DENTAL CLINIC	60.01	1649.291866			31.01
31.02	TRANSPLANT CLINIC	60.02	1.039454			31.02
32	EMERGENCY	61	.152891	5857	895	32
33	OBSERVATION BEDS (NON-DISTINCT)	62	.565139			33
34	OTHER OUTPATIENT SERV (SPECIFY)	63				34
34.50	RHC	63.50				34.50
34.60	FQHC	63.60				34.60
35	TOTAL			1022779	231663	35



COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 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	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS	
	D	1	2	3	
36	ADULTS & PEDIATRICS	2	12		36
37	INTENSIVE CARE UNIT	3	3		37
38	CORONARY CARE UNIT	4			38
39	BURN INTENSIVE CARE UNIT	5			39
40	SURGICAL INTENSIVE CARE UNIT	6			40
40.01	NURSERY SPECIAL CARE	6.01			40.01
41	NURSERY ICU	7			41
42	SUBTOTAL		15		42

  

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
	1	D	2	3	
43	CLINIC	137350	20		43
43.01	DENTAL CLINIC		20.01		43.01
43.02	TRANSPLANT CLINIC		20.02		43.02
44	EMERGENCY	5857	21		44
45	OBSERVATION BEDS (NON-DISTINCT)		22		45
46	OTHER OUTPATIENT SERV (SPECIFY)		23		46
46.50	RHC		23.50		46.50
46.60	FQHC		23.60		46.60
47	TOTAL	143207			47

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 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	
48 ROUTINE & ANCILLARY FROM PART I	251137		1107882		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	2049915		1421974		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	2301052		2529856		53
54 TOTAL USABLE ORGANS		30			54
55 MEDICARE USABLE ORGANS		13			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.433333			56
57 MEDICARE COST/CHARGES	997122		1096270		57
58 REVENUE FOR ORGANS SOLD	64863				58
59 SUBTOTAL	932259		1096270		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	932259		1096270		61

PART IV - STATISTICS

	LIVING RELATED		CADAVERIC 2	REVENUE 3	
	1	5			
62 ORGANS EXCISED IN PROVIDER		5	11		62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS					63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS					64
65 ORGANS PURCHASED FROM OPO'S			14		65
66 TOTAL		5	25		66
67 ORGANS TRANSPLANTED		5	14		67
68 ORGANS SOLD TO OTHER HOSPITALS					68
69 ORGANS SOLD TO OPO'S			11	64863	69
70 ORGANS SOLD TO TRANSPLANT HOSPITALS					70
71 ORGANS SOLD TO MILITARY OR VA HOSPITALS					71
72 ORGANS SOLD OUTSIDE THE U.S.					72
73 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)					73
74 ORGANS USED FOR RESEARCH					74
75 UNUSABLE/DISCARDED ORGANS					75
76 TOTAL		5	25		76

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 PART I

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

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES	PER DIEM COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
	1	D	2	3	4	
1	ADULTS & PEDIATRICS	75499	38	1243.71	29849	1
2	INTENSIVE CARE UNIT	5634	43	1516.48	3033	2
3	CORONARY CARE UNIT		44	1508.28		3
4	BURN INTENSIVE CARE UNIT	7336	45	1604.91	3210	4
5	SURGICAL INTENSIVE CARE UNIT		46			5
5.01	NURSERY SPECIAL CARE		46.01	755.46		5.01
6	NURSERY ICU		47	1664.18		6
7	TOTAL	88469			36092	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS		
	C	1	2	3		
8	OPERATING ROOM	37	.247123	36098	8921	8
9	RECOVERY ROOM	38				9
10	DELIVERY ROOM & LABOR ROOM	39	.459785			10
11	ANESTHESIOLOGY	40	.094085	7233	681	11
12	RADIOLOGY-DIAGNOSTIC	41	.173655	73343	12736	12
13	RADIOLOGY-THERAPEUTIC	42	.181316			13
14	RADIOISOTOPE	43				14
15	LABORATORY	44	.155005	387987	60140	15
16	PBP CLINICAL LAB SERVICES-PRGM	45				16
17	WHOLE BLOOD & PACKED RED BLOOD	46				17
17.30	BLOOD CLOTTING FACTORS ADMIN CO	46.30				17.30
18	BLOOD STORING, PROCESSING & TRA	47	.169170	7272	1230	18
19	INTRAVENOUS THERAPY	48				19
20	RESPIRATORY THERAPY	49	.120129	29288	3518	20
21	PHYSICAL THERAPY	50	.378419	226	86	21
22	OCCUPATIONAL THERAPY	51				22
23	SPEECH PATHOLOGY	52				23
24	ELECTROCARDIOLOGY	53	.159794	451203	72100	24
25	ELECTROENCEPHALOGRAPHY	54	.397169			25
25.01	BRACE & PLASTER ROOM	54.01	.393640			25.01
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.313644			26
26.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.293172			26.30
27	DRUGS CHARGED TO PATIENTS	56	.158055	22092	3492	27
28	RENAL DIALYSIS	57	.150846	1821	275	28
29	ASC (NON-DISTINCT PART)	58				29
30	OTHER ANCILLARY (SPECIFY)	59				30
31	CLINIC	60	.540203	68609	37063	31
31.01	DENTAL CLINIC	60.01	1649.291866			31.01
31.02	TRANSPLANT CLINIC	60.02	1.039454			31.02
32	EMERGENCY	61	.152891	824	126	32
33	OBSERVATION BEDS (NON-DISTINCT)	62	.565139			33
34	OTHER OUTPATIENT SERV (SPECIFY)	63				34
34.50	RHC	63.50				34.50
34.60	FQHC	63.60				34.60
35	TOTAL			1085996	200368	35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS	
	D	1	2	3	
36 ADULTS & PEDIATRICS	2		24		36
37 INTENSIVE CARE UNIT	3		2		37
38 CORONARY CARE UNIT	4				38
39 BURN INTENSIVE CARE UNIT	5		2		39
40 SURGICAL INTENSIVE CARE UNIT	6				40
40.01 NURSERY SPECIAL CARE	6.01				40.01
41 NURSERY ICU	7				41
42 SUBTOTAL			28		42

  

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
	1	D	2	3	
43 CLINIC	68609	20			43
43.01 DENTAL CLINIC		20.01			43.01
43.02 TRANSPLANT CLINIC		20.02			43.02
44 EMERGENCY	824	21			44
45 OBSERVATION BEDS (NON-DISTINCT)		22			45
46 OTHER OUTPATIENT SERV (SPECIFY)		23			46
46.50 RHC		23.50			46.50
46.60 FQHC		23.60			46.60
47 TOTAL	69433				47

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
48 ROUTINE & ANCILLARY FROM PART I	236460		1174465		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	1583106		1706861		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	1819566		2881326		53
54 TOTAL USABLE ORGANS		24			54
55 MEDICARE USABLE ORGANS		16			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.666667			56
57 MEDICARE COST/CHARGES	1213045		1920885		57
58 REVENUE FOR ORGANS SOLD	41276				58
59 SUBTOTAL	1171769		1920885		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	1171769		1920885		61

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
62 ORGANS EXCISED IN PROVIDER		7		62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65 ORGANS PURCHASED FROM OPO'S		17		65
66 TOTAL		24		66
67 ORGANS TRANSPLANTED		17		67
68 ORGANS SOLD TO OTHER HOSPITALS				68
69 ORGANS SOLD TO OPO'S		7	41276	69
70 ORGANS SOLD TO TRANSPLANT HOSPITALS				70
71 ORGANS SOLD TO MILITARY OR VA HOSPITALS				71
72 ORGANS SOLD OUTSIDE THE U.S.				72
73 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				73
74 ORGANS USED FOR RESEARCH				74
75 UNUSABLE/DISCARDED ORGANS				75
76 TOTAL		24		76

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 PART I

CHECK [ ] HEART [ ] LIVER [ ] PANCREAS [ ] ISLET  
 APPLICABLE BOX [ ] KIDNEY [XX] 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 COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
	1	D 2		3	4	
1	ADULTS & PEDIATRICS	17346	38	1243.71	2487	1
2	INTENSIVE CARE UNIT		43	1516.48		2
3	CORONARY CARE UNIT		44	1508.28		3
4	BURN INTENSIVE CARE UNIT		45	1604.91		4
5	SURGICAL INTENSIVE CARE UNIT		46			5
5.01	NURSERY SPECIAL CARE		46.01	755.46		5.01
6	NURSERY ICU		47	1664.18		6
7	TOTAL	17346			2487	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS		
	C	1	2	3		
8	OPERATING ROOM	37	.247123	78025	19282	8
9	RECOVERY ROOM	38				9
10	DELIVERY ROOM & LABOR ROOM	39	.459785			10
11	ANESTHESIOLOGY	40	.094085	13751	1294	11
12	RADIOLOGY-DIAGNOSTIC	41	.173655	190646	33107	12
13	RADIOLOGY-THERAPEUTIC	42	.181316			13
14	RADIOISOTOPE	43				14
15	LABORATORY	44	.155005	418904	64932	15
16	PBP CLINICAL LAB SERVICES-PRGM	45				16
17	WHOLE BLOOD & PACKED RED BLOOD	46				17
17.30	BLOOD CLOTTING FACTORS ADMIN CO	46.30				17.30
18	BLOOD STORING, PROCESSING & TRA	47	.169170	24294	4110	18
19	INTRAVENOUS THERAPY	48				19
20	RESPIRATORY THERAPY	49	.120129	60722	7294	20
21	PHYSICAL THERAPY	50	.378419	2563	970	21
22	OCCUPATIONAL THERAPY	51				22
23	SPEECH PATHOLOGY	52				23
24	ELECTROCARDIOLOGY	53	.159794			24
25	ELECTROENCEPHALOGRAPHY	54	.397169	525275	208623	25
25.01	BRACE & PLASTER ROOM	54.01	.393640			25.01
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.313644			26
26.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.293172			26.30
27	DRUGS CHARGED TO PATIENTS	56	.158055	27402	4331	27
28	RENAL DIALYSIS	57	.150846	3641	549	28
29	ASC (NON-DISTINCT PART)	58				29
30	OTHER ANCILLARY (SPECIFY)	59				30
31	CLINIC	60	.540203	254372	137413	31
31.01	DENTAL CLINIC	60.01	1649.291866			31.01
31.02	TRANSPLANT CLINIC	60.02	1.039454			31.02
32	EMERGENCY	61	.152891			32
33	OBSERVATION BEDS (NON-DISTINCT)	62	.565139			33
34	OTHER OUTPATIENT SERV (SPECIFY)	63				34
34.50	RHC	63.50				34.50
34.60	FQHC	63.60				34.60
35	TOTAL			1599595	481905	35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS	
	D	1	2	3	
36	ADULTS & PEDIATRICS	2	2		36
37	INTENSIVE CARE UNIT	3			37
38	CORONARY CARE UNIT	4			38
39	BURN INTENSIVE CARE UNIT	5			39
40	SURGICAL INTENSIVE CARE UNIT	6			40
40.01	NURSERY SPECIAL CARE	6.01			40.01
41	NURSERY ICU	7			41
42	SUBTOTAL		2		42
COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
		1	D 2	3	
43	CLINIC	254372	20		43
43.01	DENTAL CLINIC		20.01		43.01
43.02	TRANSPLANT CLINIC		20.02		43.02
44	EMERGENCY		21		44
45	OBSERVATION BEDS (NON-DISTINCT)		22		45
46	OTHER OUTPATIENT SERV (SPECIFY)		23		46
46.50	RHC		23.50		46.50
46.60	FQHC		23.60		46.60
47	TOTAL	254372			47

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
48 ROUTINE & ANCILLARY FROM PART I	484392		1616941		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	1476047		1476047		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	1960439		3092988		53
54 TOTAL USABLE ORGANS		38			54
55 MEDICARE USABLE ORGANS		23			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.605263			56
57 MEDICARE COST/CHARGES	1186581		1872071		57
58 REVENUE FOR ORGANS SOLD	94346				58
59 SUBTOTAL	1092235		1872071		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	1092235		1872071		61

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
62 ORGANS EXCISED IN PROVIDER		16		62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65 ORGANS PURCHASED FROM OPO'S		22		65
66 TOTAL		38		66
67 ORGANS TRANSPLANTED		22		67
68 ORGANS SOLD TO OTHER HOSPITALS				68
69 ORGANS SOLD TO OPO'S				69
70 ORGANS SOLD TO TRANSPLANT HOSPITALS		16	94346	70
71 ORGANS SOLD TO MILITARY OR VA HOSPITALS				71
72 ORGANS SOLD OUTSIDE THE U.S.				72
73 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				73
74 ORGANS USED FOR RESEARCH				74
75 UNUSABLE/DISCARDED ORGANS				75
76 TOTAL		38		76



COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 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 COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
		1	D	2	3	4	
1	ADULTS & PEDIATRICS	5191	38	1243.71	1	1244	1
2	INTENSIVE CARE UNIT	4960	43	1516.48	1	1516	2
3	CORONARY CARE UNIT		44	1508.28			3
4	BURN INTENSIVE CARE UNIT		45	1604.91			4
5	SURGICAL INTENSIVE CARE UNIT		46				5
5.01	NURSERY SPECIAL CARE		46.01	755.46			5.01
6	NURSERY ICU		47	1664.18			6
7	TOTAL	10151			2	2760	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/CHARGES		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS		
	C	1		2	3		
8	OPERATING ROOM	37	.247123	23336		5767	8
9	RECOVERY ROOM	38					9
10	DELIVERY ROOM & LABOR ROOM	39	.459785				10
11	ANESTHESIOLOGY	40	.094085	4601		433	11
12	RADIOLOGY-DIAGNOSTIC	41	.173655	21157		3674	12
13	RADIOLOGY-THERAPEUTIC	42	.181316				13
14	RADIOISOTOPE	43					14
15	LABORATORY	44	.155005	127673		19790	15
16	PBP CLINICAL LAB SERVICES-PRGM	45					16
17	WHOLE BLOOD & PACKED RED BLOOD	46					17
17.30	BLOOD CLOTTING FACTORS ADMIN CO	46.30					17.30
18	BLOOD STORING, PROCESSING & TRA	47	.169170	9245		1564	18
19	INTRAVENOUS THERAPY	48					19
20	RESPIRATORY THERAPY	49	.120129	730		88	20
21	PHYSICAL THERAPY	50	.378419				21
22	OCCUPATIONAL THERAPY	51					22
23	SPEECH PATHOLOGY	52					23
24	ELECTROCARDIOLOGY	53	.159794	42061		6721	24
25	ELECTROENCEPHALOGRAPHY	54	.397169				25
25.01	BRACE & PLASTER ROOM	54.01	.393640				25.01
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.313644				26
26.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.293172				26.30
27	DRUGS CHARGED TO PATIENTS	56	.158055	2861		452	27
28	RENAL DIALYSIS	57	.150846	856		129	28
29	ASC (NON-DISTINCT PART)	58					29
30	OTHER ANCILLARY (SPECIFY)	59					30
31	CLINIC	60	.540203	4520		2442	31
31.01	DENTAL CLINIC	60.01	1649.291866				31.01
31.02	TRANSPLANT CLINIC	60.02	1.039454				31.02
32	EMERGENCY	61	.152891	2194		335	32
33	OBSERVATION BEDS (NON-DISTINCT)	62	.565139				33
34	OTHER OUTPATIENT SERV (SPECIFY)	63					34
34.50	RHC	63.50					34.50
34.60	FQHC	63.60					34.60
35	TOTAL			239234		41395	35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 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	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS	
	D	1	2	3	
36	ADULTS & PEDIATRICS	2	1		36
37	INTENSIVE CARE UNIT	3	1		37
38	CORONARY CARE UNIT	4			38
39	BURN INTENSIVE CARE UNIT	5			39
40	SURGICAL INTENSIVE CARE UNIT	6			40
40.01	NURSERY SPECIAL CARE	6.01			40.01
41	NURSERY ICU	7			41
42	SUBTOTAL		2		42

  

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
	1	D	2	3	
43	CLINIC	4520	20		43
43.01	DENTAL CLINIC		20.01		43.01
43.02	TRANSPLANT CLINIC		20.02		43.02
44	EMERGENCY	2194	21		44
45	OBSERVATION BEDS (NON-DISTINCT)		22		45
46	OTHER OUTPATIENT SERV (SPECIFY)		23		46
46.50	RHC		23.50		46.50
46.60	FQHC		23.60		46.60
47	TOTAL	6714			47

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 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	
48 ROUTINE & ANCILLARY FROM PART I	44155		249385		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	468469		777743		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	512624		1027128		53
54 TOTAL USABLE ORGANS		10			54
55 MEDICARE USABLE ORGANS		6			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.600000			56
57 MEDICARE COST/CHARGES	307574		616277		57
58 REVENUE FOR ORGANS SOLD	29483				58
59 SUBTOTAL	278091		616277		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	278091		616277		61

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
62 ORGANS EXCISED IN PROVIDER		5		62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65 ORGANS PURCHASED FROM OPO'S		5		65
66 TOTAL		10		66
67 ORGANS TRANSPLANTED		5		67
68 ORGANS SOLD TO OTHER HOSPITALS				68
69 ORGANS SOLD TO OPO'S		5	29483	69
70 ORGANS SOLD TO TRANSPLANT HOSPITALS				70
71 ORGANS SOLD TO MILITARY OR VA HOSPITALS				71
72 ORGANS SOLD OUTSIDE THE U.S.				72
73 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				73
74 ORGANS USED FOR RESEARCH				74
75 UNUSABLE/DISCARDED ORGANS				75
76 TOTAL		10		76

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0088)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	17561643					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	17561643					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	35123286					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	743138					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	743138					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	1486276					1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	7639400					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	562.09					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996	423.43					3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [ FOR CR PERIODS ENDING ] [ ON OR AFTER 7/1/2005 ] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00 0.00					3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	520.55					3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE	423.43					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	423.43					3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS	424.18					3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	423.68				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0088)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.753758				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.750301				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.750301				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	6288351				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	6288351				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [ 3.21-3.23 ][ LINE 23 ]	12576702				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	25153404 0				3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.1005				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.3646				4.01
4.02	SUM OF 4 AND 4.01	0.4651				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.2765				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	19423177				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	122462553				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	122462553				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	9195511				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	6189943				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST	6852741				12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	267165				15
16	TOTAL	144967913				16
17	PRIMARY PAYER PAYMENTS	55254				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	144912659				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3957372				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	494078				20
21	REIMBURSABLE BAD DEBTS	1206784				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	844749				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES					21.02
22	SUBTOTAL	141305958				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0088)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	141305958					26
27						27
28	142790874					28
28.01						28.01
29	-1484916					29
30	4320900					30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0088) 1	HOSPITAL (14-0088) 1.01	HOSPITAL (14-0088) 1.02
1 MEDICAL AND OTHER SERVICES	74369		1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	74195184		1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	55818906		1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.815		1.03
1.04 LINE 1.01 TIMES LINE 1.03	60469075		1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	92.31		1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT			1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	238019		1.07
2 INTERNS AND RESIDENTS			2
3 ORGAN ACQUISITIONS			3
4 COST OF TEACHING PHYSICIANS			4
5 TOTAL COST	74369		5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
6 ANCILLARY SERVICE CHARGES	937234		6
7 INTERNS AND RESIDENTS SERVICE CHARGES			7
8 ORGAN ACQUISITION CHARGES			8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS			9
10 TOTAL REASONABLE CHARGES	937234		10
CUSTOMARY CHARGES			
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			11
12 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)			12
13 RATIO OF LINE 11 TO LINE 12			13
14 TOTAL CUSTOMARY CHARGES	937234		14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	862865		15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			16
17 LESSER OF COST OR CHARGES	74369		17
17.01 TOTAL PPS PAYMENTS	56056925		17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0088) 1	HOSPITAL (14-0088) 1.01	HOSPITAL (14-0088) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	56116		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	12175062		18.01
19 SUBTOTAL	43900116		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	3495342		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	47395458		23
24 PRIMARY PAYER PAYMENTS	812		24
25 SUBTOTAL	47394646		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD	6029		26
27 BAD DEBTS	3033312		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	2123318		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	49523993		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	49523993		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	49421518		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	102475		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54



CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S088) 1	SUB I (14-S088) 1.01	SUB I (14-S088) 1.02	
1				1
1.01				1.01
1.02				1.02
1.03				1.03
1.04				1.04
1.05				1.05
1.06				1.06
1.07				1.07
2				2
3				3
4				4
5				5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6				6
7				7
8				8
9				9
10				10
CUSTOMARY CHARGES				
11				11
12				12
13				13
14				14
15				15
16				16
17				17
17.01				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S088) 1	SUB I (14-S088) 1.01	SUB I (14-S088) 1.02	
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18				18
18.01				18.01
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
27.01				27.01
27.02				27.02
28				28
29				29
30				30
30.99				30.99
31				31
32				32
33				33
34				34
34.01				34.01
35				35
36				36
50				50
51				51
52				52
53				53
54				54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 HOSPITAL (14-0088)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		144227648		49956132	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	.01				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03				3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04	NONE		NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05				3.05
	.50				3.50
	PROVIDER .51	01/12/2010 1491	01/12/2010	401656	3.51
	TO .52	07/05/2010 1435283	07/05/2010	132958	3.52
	PROGRAM .53				3.53
	.54				3.54
SUBTOTAL	.99	-1436774		-534614	3.99
4 TOTAL INTERIM PAYMENTS		142790874		49421518	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02	NONE		NONE	5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51	NONE		NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			102475	6.01
	PROVIDER TO .02	-1484916			6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		141305958		49523993	7
NAME OF INTERMEDIARY: ADMINASTAR FEDERAL			INTERMEDIARY NUMBER: 00131		
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____		

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S088)	SUB II	SUB III	SUB IV	
1						1
1.01						1.01
1.02						1.02
1.03						1.03
1.04						1.04
1.05						1.05
1.06						1.06
1.07						1.07
1.08						1.08
1.09						1.09
1.10						1.10
1.11						1.11
1.12						1.12
1.13						1.13
1.14						1.14
1.15						1.15
1.16						1.16
1.17						1.17
1.18						1.18
1.19						1.19
1.20						1.20
1.21						1.21
1.22						1.22
1.23						1.23
1.35						1.35
1.36						1.36
1.37						1.37
1.38						1.38
1.39						1.39
1.40						1.40
1.41						1.41
1.42						1.42
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S088)	SUB II	SUB III	SUB IV	
13.01						13.01
14						14
15						15
16						16
17						17
18						18
19						19
19.01						19.01
20						20
21						21
TO BE COMPLETED BY INTERMEDIARY						
50						50
51						51
52						52
53						53

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

WORKSHEET E-3  
 PART IV

[ ] TITLE V

[XX] TITLE XVIII

[ ] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS		1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE		2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS		2.01
3	AGGREGATE APPROVED AMOUNT		3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	443.89	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]		3.03
3.04	FTE ADJUSTMENT CAP	443.89	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	568.46	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	443.89	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	162.30	3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	321.11	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	483.41	3.09
3.10	SEE INSTRUCTIONS	377.47	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO		3.11
3.12	SEE INSTRUCTIONS	250.74	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	244.38	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	244.38	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	246.50	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	246.50	3.16
3.17	SEE INSTRUCTIONS	90042.96	3.17
3.18	SEE INSTRUCTIONS	22195590	3.18

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

WORKSHEET E-3  
 PART IV  
 (CONT)

[ ] TITLE V	[XX] TITLE XVIII	[ ] TITLE XIX		
3.19 SEE INSTRUCTIONS			138.62	3.19
3.20 SEE INSTRUCTIONS			138.62	3.20
3.21 SEE INSTRUCTIONS			134.66	3.21
3.22 SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]			134.66	3.22
3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			95091.17	3.23
3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			12804977	3.24
3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			35000567	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4 PROGRAM PART A INPATIENT DAYS			37404	4
5 TOTAL INPATIENT DAYS			139645	5
6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS			.267851	6
	[LINE 6 x ] [E-3,PART 6]			
	[LINE 3.25] [ LINE 11 ]			
6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 9374937	0		9374937	6.01
6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			1442	6.02
6.03 TOTAL INPATIENT DAYS FROM LINE 5 ABOVE			139645	6.03
6.04 APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS			100.00	6.04
6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD			310348	6.05
6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR				6.06
6.07 APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE			100.00	6.07
	[PRIOR TO ] [E-3,PART 6]			
	[ 422 ] [ LINE 12 ]			
6.08 GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS 0	0			6.08
PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD				
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS				7
8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			157492273	8
9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES				9
10 MEDICARE O/P ESRD CHARGES			5037937	10
11 MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS				11

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

WORKSHEET E-3  
 PART IV  
 (CONT)

[ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY

PART A REASONABLE COST		
12	REASONABLE COST	125147662 12
13	ORGAN ACQUISITION COSTS	6852741 13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	55254 15
16	TOTAL PART A REASONABLE COST	131945149 16
PART B REASONABLE COST		
17	REASONABLE COST	74507572 17
18	PRIMARY PAYER PAYMENTS	812 18
19	TOTAL PART B REASONABLE COST	74506760 19
20	TOTAL REASONABLE COST	206451909 20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.639108 21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.360892 22
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
23	TOTAL PROGRAM GME PAYMENT	23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	9685285 23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	6189943 24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	3495342 25



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	107513000			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	126974000			4
5 OTHER RECEIVABLES				5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7 INVENTORY				7
8 PREPAID EXPENSES				8
9 OTHER CURRENT ASSETS	42426000			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	276913000			11
FIXED ASSETS				
12 LAND				12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS				13
13.01 ACCUMULATED DEPRECIATION				13.01
14 BUILDINGS				14
14.01 ACCUMULATED DEPRECIATION				14.01
15 LEASEHOLD IMPROVEMENTS				15
15.01 ACCUMULATED AMORTIZATION				15.01
16 FIXED EQUIPMENT	1320972000			16
16.01 ACCUMULATED DEPRECIATION	-614505000			16.01
17 AUTOMOBILES AND TRUCKS				17
17.01 ACCUMULATED DEPRECIATION				17.01
18 MAJOR MOVABLE EQUIPMENT				18
18.01 ACCUMULATED DEPRECIATION				18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	706467000			21
OTHER ASSETS				
22 INVESTMENTS	830911000			22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	30008000			25
26 TOTAL OTHER ASSETS	860919000			26
27 TOTAL ASSETS	1844299000			27
LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	112698000			28
29 SALARIES, WAGES & FEES PAYABLE				29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)	76913000			31
32 DEFERRED INCOME				32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS				34
35 OTHER CURRENT LIABILITIES	68386000			35
36 TOTAL CURRENT LIABILITIES	257997000			36
LONG-TERM LIABILITIES				
37 MORTGAGE PAYABLE				37
38 NOTES PAYABLE	515698000			38
39 UNSECURED LOANS				39
40 LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41 OTHER LONG TERM LIABILITIES	130012000			41
42 TOTAL LONG TERM LIABILITIES	645710000			42
43 TOTAL LIABILITIES	903707000			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	940592000			44
45 SPECIFIC PURPOSE FUND BALANCE				45
46 DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47 DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48 GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49 PLANT FUND BALANCE - INVESTED IN PLANT				49
50 PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51 TOTAL FUND BALANCES	940592000			51
52 TOTAL LIABILITIES AND FUND BALANCES	1844299000			52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	822744000			1
2 NET INCOME (LOSS)	182768098			2
3 TOTAL	1005512098			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 EFFECT OF CHANGE IN ACCTG PRINCIPLE	84000			5
6 TEMPORARILY RESTRICTED CONTRIBUTION	6779000			6
7 PERMANENTLY RESTRICTED CONTRIBUTION				7
8 INVESTMENT INCOME	9962000			8
9				9
10 TOTAL ADDITIONS	16825000			10
11 SUBTOTAL	1022337098			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)	13119000			12
13 MINIMUM PENSION LIABILITY - WEISS	2831000			13
14 CHANGE IN VALUATION OF DERIVATIVES	35219000			14
15 NET TRANSFER TO U OF C	23000000			15
16 NET TRANSF TO UC HEALTH SYSTEM	605000			16
17 EXPENDED FOR OPERATING PURPOSE	4309000			17
18 TOTAL DEDUCTIONS	79083000			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	943254098			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	290080772		290080772	1
2 SUBPROVIDER I				2
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	290080772		290080772	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT	96474783		96474783	10
11 CORONARY CARE UNIT	24127380		24127380	11
12 BURN INTENSIVE CARE UNIT	17289914		17289914	12
13 SURGICAL INTENSIVE CARE UNIT				13
13.01 NURSERY SPECIAL CARE	17046975		17046975	13.01
14 NURSERY ICU	65818629		65818629	14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	220757681		220757681	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	510838453		510838453	16
17 ANCILLARY SERVICES	1335404636		1335404636	17
18 OUTPATIENT SERVICES		1450543869	1450543869	18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY				19
20 AMBULANCE	733715	3859889	4593604	20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24				24
25 TOTAL PATIENT REVENUES	1846976804	1454403758	3301380562	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		848796840	26
27 ADD (SPECIFY)			27
28 NET ASSET TRANSFERS BETWEEN UCH & Q			28
29 NET ASSET TRANSFERS TO UC HEALTH			29
30 RESTRICTED ASSETS EXPENDED FOR OP			30
31 CHANGE IN VALUE OF ACCTG PRIN & DER			31
32 BAD DEBTS AND EXCLUDED EXPENSES	236941062		32
33 TOTAL ADDITIONS		236941062	33
34 DEDUCT (SPECIFY)			34
35 ADDL MINIMUM PENSION LIAB			35
36 RESTRICTED ASSETS EXPENDED FOR OP			36
37 UNREALIZED GAIN ON INVESTMENT			37
38 RESTRICTED CONTRIBUTIONS			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		1085737902	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	3301380562	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	2189188562	2
3	NET PATIENT REVENUES	1112192000	3
4	LESS - TOTAL OPERATING EXPENSES	1085737902	4
5	NET INCOME FROM SERVICE TO PATIENTS	26454098	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS	6721154	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	5201953	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	6335702	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	INT - FICA REFUND		24
24.01	CAPITATION REVENUE	32760405	24.01
24.02	REFERENCE LAB	2719319	24.02
24.03	OTHER MISC REVENUE	14524467	24.03
24.04	UNRESTRICTED GIFTS	1105000	24.04
24.05	INVESTMENT INCOME	81133000	24.05
24.06	DERIVATIVE INEFFECTIVENESS	5813000	24.06
25	TOTAL OTHER INCOME	156314000	25
26	TOTAL	182768098	26
27	INVESTMENT LOSS		27
27.01	DERIVATIVE INEFFECTIVENESS		27.01
27.02	OTHER		27.02
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	182768098	31

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 14-2310

WORKSHEET I-1

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

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTES PER 2080 HOURS 4	
1 REGISTERED NURSES	3343254	HRS OF SERVICE	71968.00	34.60	1
2 LICENSED PRACTICAL NURSES		HRS OF SERVICE			2
3 NURSES AIDES		HRS OF SERVICE			3
4 TECHNICIANS	2255789	HRS OF SERVICE	108992.00	52.40	4
5 SOCIAL WORKERS	209033	HRS OF SERVICE	6656.00	3.20	5
6 DIETICIANS	209033	HRS OF SERVICE	6656.00	3.20	6
7 PHYSICIANS	329048	ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	404091	ACCUMULATED COST			8
9 SUBTOTAL	6750248				9
10 EMPLOYEE BENEFITS	1650574	SALARY			10
11 OLD & NEW CAP REL COSTS-BLDGS & FIXTU		SQUARE FEET			11
12 OLD & NEW CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME			13
14 SUPPLIES	1846749	REQUISITIONS			14
15 DRUGS	3156120	REQUISITIONS			15
16 OTHER	1208134	ACCUMULATED COST			16
17 SUBTOTAL	14611825				17
18 OLD CAP REL COSTS-BLDGS & FIXTURES		SQUARE FEET			18
19 OLD CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			19
20 NEW CAP REL COSTS-BLDGS & FIXTURES	559921	SQUARE FEET			20
21 NEW CAP REL COSTS-MOV EQUIPMENT	107153	PERCENTAGE OF TIME			21
22 EMPLOYEE BENEFITS	112127	SALARY			22
23 ADMINISTRATIVE AND GENERAL	3466409	ACCUMULATED COST			23
24 MAINT/REPAIRS-OPERATION-HOUSEKEEPING	1393356	SQUARE FEET			24
25 MEDICAL EDUCATION PROGRAM COSTS					25
26 CENTRAL SERVICES & SUPPLIES	222710	REQUISITIONS			26
27 PHARMACY	458132	REQUISITIONS			27
28 OTHER ALLOCATED COSTS	571907	ACCUMULATED COST			28
29 SUBTOTAL	21503540				29
30 LABORATORY		CHARGES			30
31 RESPIRATORY THERAPY		CHARGES			31
32 OTHER ANCILLARY (SPECIFY)		CHARGES			32
33 TOTAL COSTS	21503540				33

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2310

WORKSHEET I-2

CHECK APPLICABLE BOX:

[ XX ] RENAL DIALYSIS DEPARTMENT

[ ] HOME PROGRAM DIALYSIS

	---CAPITAL AND---		DIRECT PATIENT			ROUTINE					TOTAL		
	RELATED COSTS		CARE	SALARY	EMPLOYEE	DRUGS	MEDICAL	ANCILLARY	SUB-	OVERHEAD			
	BUILDING	EQUIPMENT	RNS	OTHER	BENEFITS		SUPPLIES	SERVICES	TOTAL				
	1	2	3	4	5	6	7	8	9	10	11		
1 TOTAL RENAL DEPT COSTS	1953277	107153	3343254	2673855	1762701	3614252	2069459		15523951	59795892	21503540	1	
2 MAINTENANCE													
3 HEMODIALYSIS	1776240	101421	2388604	2308199	1406115	3604261	1779584		13364424	5147772	18512196	2	
4 INTERMITTENT PERITONEAL TRAINING												3	
5 HEMODIALYSIS												4	
6 INTERMITTENT PERITONEAL												5	
7 CAPD	142	7	167	151	90	230	114		901	347	1248	6	
8 CCPD	4245	244	5753	5543	3377	8656	4274		32092	12361	44453	7	
9 HOME													
10 HEMODIALYSIS												8	
11 INTERMITTENT PERITONEAL												9	
12 CAPD												10	
13 CCPD												11	
14 OTHER BILLABLE SERVICES													
15 INPATIENT DIALYSIS	172650	5481	948730	359962	353119	1105	285487		2126534	819109	2945643	12	
16 METHOD II HOME PATIENT												13	
17 EPO (INCL IN RENAL DEPT)												14	
18.01 ARANESP (INCL IN RENAL DEPT)						1818575						14.01	
19 OTHER												15	
20 TOTAL	1953277	107153	3343254	2673855	1762701	3614252	2069459		15523951	59795892	21503540	16	
21 MEDICAL EDUC PGM COSTS												17	
22 TOTAL RENAL COSTS											21503540	18	

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -  
 STATISTICAL BASIS

COMPONENT NO: 14-2310

WORKSHEET I-3

CHECK APPLICABLE BOX:

[ XX ] RENAL DIALYSIS DEPARTMENT [ ] HOME PROGRAM DIALYSIS

	---CAPITAL AND---		-DIRECT PATIENT-			DRGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES (CHARGES)	SUB-TOTAL	OVERHEAD (ACCUM. COST)	
	BUILDING	EQUIPMENT	CARE RNS	SALARY OTHERS	EMPLOYEE BENEFITS						
	(SQUARE FEET)	(% OF TIME)	(HOURS)	(HOURS)	(SALARY)						
	1	2	3	4	5	6	7	8	9	10	
1	TOTAL RENAL DEPT COSTS	1953277	107153	3343254	2673855	1762701	3614252	2069459	15523951	5979589	1
	MAINTENANCE										
2	HEMODIALYSIS	25103	74903.00	57300.00	367267.0	5043660	3427380	4852135			2
3	INTERMITTENT PERITONEAL TRAINING										3
4	HEMODIALYSIS										4
5	INTERMITTENT PERITONEAL										5
6	CAPD	2	5.00	4.00	24.00	323	219	311			6
7	CCPD	60	180.00	138.00	882.00	12113	8231	11653			7
8	HOME										
8	HEMODIALYSIS										8
9	INTERMITTENT PERITONEAL										9
10	CAPD										10
11	CCPD										11
	OTHER BILLABLE SERVICES										
12	INPT DIAL TRMNTS	2440	4048.00	22759.00	57275.00	1266617	1051	778397			13
13	METHOD II HOME PATIENT										14
14	EPO										14.01
14.01	ARANESP										15
15	OTHER										15
16	TOTAL STATISTICAL BASIS	27605	79136.00	80201.00	425448.0	6322713	3436881	5642496	15523951		16
17	UNIT COST MULTIPLIER	70.758087		41.685939		.278789		.366763			17
			1.354036		6.284799		1.051608			.385185	

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 14-2310  
 PAYMENT RATE # 1

WORKSHEET I-4

CHECK APPLICABLE BOX:                     RENAL DIALYSIS DEPARTMENT                     HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS 1	TOTAL COST 2	AVG COST OF PROGRAM TREATMENTS 3	NUMBER OF PROGRAM TREATMENTS 4	TOTAL PROGRAM EXPENSES 5	PAYMENT RATE 6	TOTAL PROGRAM PAYMENT 7	
1 MAINTENANCE - HEMODIALYSIS	59395	18512196	311.68	46505	14494678	168.54	7837953	1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD	35	1248	35.66	35	1248	211.82	7414	5
6 TRAINING - CCPD	60	44453	740.88	46	34080	190.61	8768	6
7 HOME PROGRAM - HEMODIALYSIS								7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
	PATIENT WEEKS			PATIENT WEEKS				
9 HOME PROGRAM - CAPD								9
10 HOME PROGRAM - CCPD								10
11 TOTALS	59490	18557897		46586	14530006		7854135	11



ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 14-2310

WORKSHEET I-1

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

	TOTAL COSTS	BASIS	STATISTICS	FTES PER 2080 HOURS	
	1	2	3	4	
1 REGISTERED NURSES	245177	HRS OF SERVICE	5200.00	2.50	1
2 LICENSED PRACTICAL NURSES	67234	HRS OF SERVICE	2080.00	1.00	2
3 NURSES AIDES		HRS OF SERVICE			3
4 TECHNICIANS	50377	HRS OF SERVICE	1872.00	.90	4
5 SOCIAL WORKERS	35543	HRS OF SERVICE	1248.00	.60	5
6 DIETICIANS	26704	HRS OF SERVICE	1040.00	.50	6
7 PHYSICIANS	82262	ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	20653	ACCUMULATED COST			8
9 SUBTOTAL	527950				9
10 EMPLOYEE BENEFITS	130616	SALARY			10
11 OLD & NEW CAP REL COSTS-BLDGS & FIXTU		SQUARE FEET			11
12 OLD & NEW CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME			13
14 SUPPLIES	571418	REQUISITIONS			14
15 DRUGS	189369	REQUISITIONS			15
16 OTHER	169436	ACCUMULATED COST			16
17 SUBTOTAL	1588789				17
18 OLD CAP REL COSTS-BLDGS & FIXTURES		SQUARE FEET			18
19 OLD CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			19
20 NEW CAP REL COSTS-BLDGS & FIXTURES	40342	SQUARE FEET			20
21 NEW CAP REL COSTS-MOV EQUIPMENT	43	PERCENTAGE OF TIME			21
22 EMPLOYEE BENEFITS	7894	SALARY			22
23 ADMINISTRATIVE AND GENERAL	378712	ACCUMULATED COST			23
24 MAINT/REPAIRS-OPERATION-HOUSEKEEPING	100391	SQUARE FEET			24
25 MEDICAL EDUCATION PROGRAM COSTS					25
26 CENTRAL SERVICES & SUPPLIES	38867	REQUISITIONS			26
27 PHARMACY	-30393	REQUISITIONS			27
28 OTHER ALLOCATED COSTS	38418	ACCUMULATED COST			28
29 SUBTOTAL	2163063				29
30 LABORATORY		CHARGES			30
31 RESPIRATORY THERAPY		CHARGES			31
32 OTHER ANCILLARY (SPECIFY)		CHARGES			32
33 TOTAL COSTS	2163063				33

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2310

WORKSHEET I-2

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

	---CAPITAL AND---		DIRECT PATIENT			ROUTINE			SUB-	OVERHEAD	TOTAL		
	RELATED COSTS		CARE	SALARY	EMPLOYEE	DRUGS	MEDICAL	ANCILLARY					
	BUILDING	EQUIPMENT	RNS	OTHER	BENEFITS	SUPPLIES	SERVICES	TOTAL					
	1	2	3	4	5	6	7	8	9	10	11		
1	TOTAL RENAL DEPT COSTS	140733	43	245177	179858	138510	158976	610285		1473582	689481	2163063	1
	MAINTENANCE												
2	HEMODIALYSIS												2
3	INTERMITTENT PERITONEAL TRAINING												3
4	HEMODIALYSIS												4
5	INTERMITTENT PERITONEAL												5
6	CAPD												6
7	CCPD												7
	HOME												
8	HEMODIALYSIS												8
9	INTERMITTENT PERITONEAL												9
10	CAPD	11526	3	20138	14769	11377	13058	50126		120997	56614	177611	10
11	CCPD	129207	40	225039	165089	127133	145918	560159		1352585	632867	1985452	11
	OTHER BILLABLE SERVICES												
12	INPATIENT DIALYSIS												12
13	METHOD II HOME PATIENT												13
14	EPO (INCL IN RENAL DEPT)												14
14.01	ARANESP (INCL IN RENAL DEPT)						158353						14.01
15	OTHER												15
16	TOTAL	140733	43	245177	179858	138510	158976	610285		1473582	689481	2163063	16
17	MEDICAL EDUC PGM COSTS												17
18	TOTAL RENAL COSTS											2163063	18

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -  
 STATISTICAL BASIS

COMPONENT NO: 14-2310

WORKSHEET I-3

CHECK APPLICABLE BOX:		[ ] RENAL DIALYSIS DEPARTMENT		[ XX ] HOME PROGRAM DIALYSIS								
		---CAPITAL AND---	-DIRECT PATIENT-					ROUTINE				
		RELATED COSTS	CARE SALARY	EMPLOYEE	DRGS	MEDICAL	ANCILLARY	SUB-	OVERHEAD			
		BUILDING EQUIPMENT	RNS OTHERS	BENEFITS	(REQUIS)	SUPPLIES	SERVICES	TOTAL	(ACCUM.			
		(SQUARE (% OF	(HOURS) (HOURS)	(SALARY)	(REQUIS)	(REQUIS)	(CHARGES)		COST)			
		FEET) TIME)										
		1 2	3 4	5	6	7	8	9	10			
1	TOTAL RENAL DEPT COSTS	140733	43 245177	179858	138510	158976	610285	1473582	689481	1		
	MAINTENANCE											
2	HEMODIALYSIS									2		
3	INTERMITTENT PERITONEAL TRAINING									3		
4	HEMODIALYSIS									4		
5	INTERMITTENT PERITONEAL									5		
6	CAPD									6		
7	CCPD									7		
8	HOME											
8	HEMODIALYSIS									8		
9	INTERMITTENT PERITONEAL									9		
10	CAPD	162	3.00 389.00	2048.00	29741	23399	45912			10		
11	CCPD	1816	35.00 4347.00	22892.00	332355	261485	513063			11		
	OTHER BILLABLE SERVICES											
12	INPT DIAL TRTMNTS									13		
13	METHOD II HOME PATIENT									14		
14	EPO									14.01		
14.01	ARANESP									15		
15	OTHER									15		
16	TOTAL STATISTICAL BASIS	1978	38.00 4736.00	24940.00	362096	284884	558975	1473582		16		
17	UNIT COST MULTIPLIER	71.149141	51.768792		.382523		1.091793			17		
			1.131579	7.211628		.558038			.467895			

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 14-2310  
 PAYMENT RATE # 1

WORKSHEET I-4

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

	NUMBER OF TOTAL TREATMENTS 1	TOTAL COST 2	AVG COST OF PROGRAM TREATMENTS 3	NUMBER OF PROGRAM TREATMENTS 4	TOTAL PROGRAM EXPENSES 5	PAYMENT RATE 6	TOTAL PROGRAM PAYMENT 7	
1 MAINTENANCE - HEMODIALYSIS								1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD								5
6 TRAINING - CCPD								6
7 HOME PROGRAM - HEMODIALYSIS								7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
	PATIENT WEEKS			PATIENT WEEKS				
9 HOME PROGRAM - CAPD	1722	177611	103.14	445	45897	175.40	78053	9
10 HOME PROGRAM - CCPD	12519	1985452	158.60	8542	1354761	72.91	622797	10
11 TOTALS		2163063			1400658		700850	11

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: 14-2310

WORKSHEET I-5

DESCRIPTION		
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES	15930664 1
2	TOTAL PAYMENT (FROM I-4, COLUMN 7, LINE11)	8554985 2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	9004 3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	1707306 4
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	6029 5
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	5.01
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	1710281 6
7	PROGRAM PAYMENT	6836785 7
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9)	7919 8
9	REIMBURSABLE BAD DEBTS	6029 9

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0088)	HOSPITAL (14-0088)	SUB I	SUB II	SUB III
	1	1.01			
<b>PART I - FULLY PROSPECTIVE METHOD</b>					
1					1
2					2
3	5782691				3
3.01					3.01
4					4
4.01					4.01
4.02					4.02
4.03					4.03
5					5
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
6					6
<b>PART II - HOLD HARMLESS METHOD</b>					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
<b>PART III - PAYMENT UNDER REASONABLE COST</b>					
1					1
2					2
3					3
4					4
5					5
<b>PART IV - COMPUTATION OF EXCEPTION PAYMENTS</b>					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
3.01 DCAM CAPITAL					3.01
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 NON-PATIENT PHONES					6.01
6.02 DATA PROCESSING					6.02
6.03 PURCHASING					6.03
6.04 ADMITTING					6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE					6.05
6.06 OTHER ADMIN & GENERAL					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
19 OCCUPATIONAL THERAPY					19
19.01 VOLUNTEERS					19.01
19.02 PATIENT TRANSPORT					19.02
19.03 MEDICAL ELECTRONICS					19.03
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
24.01 PARAMED ED PRGM - PHARMACY					24.01
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
27 CORONARY CARE UNIT					27
28 BURN INTENSIVE CARE UNIT					28
29.01 NURSERY SPECIAL CARE					29.01
30 NURSERY ICU					30
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
47 BLOOD STORING, PROCESSING & TR					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
54.01 BRACE & PLASTER ROOM					54.01
55 MEDICAL SUPPLIES CHARGED TO PA					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DENTAL CLINIC					60.01
60.02 TRANSPLANT CLINIC					60.02
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
64 HOME PROGRAM DIALYSIS					64
65 AMBULANCE SERVICES					65
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
69.30 OUTPATIENT OCCUPATIONAL THERAP					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
82 LUNG ACQUISITION					82
SPECIAL PURPOSE COST CENTERS					
83 KIDNEY ACQUISITION					83
84 LIVER ACQUISITION					84
85 HEART ACQUISITION					85
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96
97.01 OTHER NONREIMBURSABLE					97.01
97.02 MEDICAL SCHOOL					97.02
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105