

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 [] MCR CODE

PART I - CERTIFICATION

CHECK _____ ELECTRONICALLY FILED COST REPORT DATE: _____
 APPLICABLE BOX _____ MANUALLY SUBMITTED COST REPORT TIME: _____

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY BOARD OF TRUSTEES OF THE UNIVERSITY OF I (14-0150) (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.

(SIGNED) _____
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX
		PART A	PART B	
1	HOSPITAL			
2	SUBPROVIDER I	-4589778	3948306	1
2.01	SUBPROVIDER II	-140343		2
3	SWING BED - SNF	99969	1	2.01
4	SWING BED - NF			3
5	SKILLED NURSING FACILITY			4
6	NURSING FACILITY			5
7	HOME HEALTH AGENCY			6
8	OUTPATIENT REHABILITATION PROVIDER			7
9	HEALTH CLINIC			8
100	TOTAL	-4630152	3948307	9
				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 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.	YES		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
31.02	IS THIS A RURAL HOSPITAL SUB II QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.02

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
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER II (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)?	NO			35.01

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	YES	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?	YES			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	YES			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
48.01	SUBPROVIDER II	N	N	N	N	N	48.01
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)?	NO					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.	NO					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: 16749428 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.	NO					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.	YES					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.		YES				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)		NO				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.)		YES	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:	1		STATE:	2	ZIP CODE	3
						CBSA	4
						FTE/ CAMPUS	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)		NO				63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

-----DISCHARGES-----						
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		3783	7087	18760	1
2	HMO XIX					2
2.01	HMO (IRF PPS Sub)					2.01
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
7.01	PEDIATRIC INTENSIVE CAR					7.01
7.02	NEONATAL INTENSIVE CARE					7.02
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		3783	7087	18760	12
13	RPCH VISITS					13
14	SUBPROVIDER I		188	596	1078	14
14.01	SUBPROVIDER II		123	102	352	14.01
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
26.01	OBSERVATION BED DAYS-Sub I					26.01
26.02	OBSERVATION BED DAYS-Sub II					26.02
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES	ADJUSTED SALARIES	PAID HOURS RELATED TO SALARY	AVERAGE HOURLY WAGE	DATA SOURCE	WORKSHEET S-3 PART II
		FROM WKST. A-6	(COL.1 + COL.2)	IN COL.3	(COL.3 / COL.4)		
	1	2	3	4	5	6	
1 SALARIES							
1 TOTAL SALARIES	253845535	6238777	260084312	7512726.00	34.62		1
2 NON-PHYSICIAN ANESTHETIST PART A	12424		12424	190.00	65.39		2
3 NON-PHYSICIAN ANESTHETIST PART B	496287		496287	7473.00	66.41		3
4 PHYSICIAN - PART A	2267063		2267063	26947.00	84.13		4
4.01 TEACHING PHYSICIAN SALARIES	3662079		3662079	30235.00	121.12		4.01
5 PHYSICIAN - PART B	10585521		10585521	112895.00	93.76		5
5.01 NON-PHYSICIAN - PART B	2427743		2427743	52401.00	46.33		5.01
6 INTERNS & RESIDENTS (IN APPR PGM)	16792139	6238777	23030916	920575.00	25.02		6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	10549725	-271552	10278173	287236.00	35.78		8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	47844		47844	631.40	75.77		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	613544		613544	4552.00	134.79		12
12.01 TEACHING PHYSICIAN SALARIES	9693676		9693676	79417.00	122.06		12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	91234751		91234751			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	4738006		4738006			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A	5580		5580			CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B	222888		222888			CMS 339	17
18 PHYSICIAN PART A	1018165		1018165			CMS 339	18
18.01 PART A TEACHING PHYSICIANS	1644683		1644683			CMS 339	18.01
19 PHYSICIAN PART B	4754083		4754083			CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)	1317128		1317128				19.01
20 INTERNS & RESIDENTS (IN APPR PGM)	10343457		10343457			CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	67378		67378	1950.00	34.55		21
22 ADMINISTRATIVE & GENERAL	50295524	-3820152	46475372	1181588.00	39.33		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23 MAINTENANCE & REPAIRS	660479		660479	19304.00	34.21		23
24 OPERATION OF PLANT							24
25 LAUNDRY & LINEN SERVICE							25
26 HOUSEKEEPING	5772		5772	170.00	33.95		26
26.01 HOUSEKEEPING UNDER CONTRACT	2699830		2699830	149869.00	18.01		26.01
27 DIETARY	2873468		2873468	168878.00	17.02		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA							28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	4990236		4990236	133850.00	37.28		30
31 CENTRAL SERVICES AND SUPPLY	2776240		2776240	127835.00	21.72		31
32 PHARMACY	7385970	-216062	7169908	210140.00	34.12		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	2413209		2413209	107273.00	22.50		33
34 SOCIAL SERVICE	4683260		4683260	172122.00	27.21		34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES	ADJUSTED SALARIES	PAID HOURS RELATED TO SALARY	AVERAGE HOURLY WAGE	DATA SOURCE	WORKSHEET S-3 PART III
		FROM WKST. A-6	(COL.1 + COL.2)	IN COL.3	(COL.3 / COL.4)		
	1	2	3	4	5	6	
1 NET SALARIES	222569172		222569172	6538826.00	34.04		1
2 EXCLUDED AREA SALARIES	10549725	-271552	10278173	287236.00	35.78		2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	212019447	271552	212290999	6251590.00	33.96		3
4 SUBTOTAL OTHER WAGES & REL COSTS	10355064		10355064	84600.40	122.40		4
5 SUBTOTAL WAGE-RELATED COSTS	92252916		92252916		43.46%		5
6 TOTAL (SUM OF LINES 3 THRU 5)	314627427	271552	314898979	6336190.40	49.70		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	78851366	-4036214	74815152	2272979.00	32.92		13

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 14-2316

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		132		25	26	1
2	NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS		3.00				2
3	AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP		4.50				3
4	CAPD EXCHANGES PER DAY					4	4
5	NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED		312				5
6	NUMBER OF STATIONS		26				6
7	TREATMENT CAPACITY PER DAY PER STATION		3				7
8	UTILIZATION		.79				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					459	11
12	NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD					153	12
EPOIETIN							
13	NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER					1768	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					124	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 X INITIAL METHOD						15
ARANESP							
16	NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER					790930	16
17	ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						17
18	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT					291856	18
19	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						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	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.341622 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	28
29	TOTAL GROSS MEDICAID COST	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	30
31	UNCOMPENSATED CARE COST	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	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	
83	8300 KIDNEY ACQUISITION	1877753	3600700	5478453	-575324	4903129	-43939	4859190	83
84	8400 LIVER ACQUISITION	383299	1635466	2018765	-58991	1959774	-13188	1946586	84
85.01	8510 PANCREAS ACQUISITION	21369	560867	582236	63882	646118	-1238	644880	85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
86	8600 OTHER ORGAN ACQUISITION (SPECIF	71763	48256	120019	81934	201953	-723	201230	86
95	SUBTOTALS	252046753	266185980	518232733	15890	518248623	74012592	592261215	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	131011	261304	392315		392315	-377134	15181	96
97	9700 RESEARCH	343479	69725	413204	-16339	396865		396865	97
97.01	9701 ISPI RESEARCH				1588	1588		1588	97.01
98	9800 PHYSICIANS' PRIVATE OFFICES	47068	30031	77099	-1140	75959	-22521	53438	98
98.01	9801 FAMILY MED PHYSICIAN OFFICE	1277224	49829	1327053	1	1327054		1327054	98.01
101	TOTAL	253845535	266596869	520442404		520442404	73612937	594055341	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 WOMENS FAMILY HEALTH	A	ADULTS & PEDIATRICS	25	2596867	98734	1
2 WOMENS FAMILY HEALTH	A	NURSERY	33	913062	34715	2
3 CHARGEABLE MED SPLS	B	MEDICAL SUPPLIES CHARGED TO P	55		19775375	3
4 CHARGEABLE MED SPLS	B					4
5 CHARGEABLE MED SPLS	B					5
6 CHARGEABLE MED SPLS	B					6
7 CHARGEABLE MED SPLS	B					7
8 CHARGEABLE MED SPLS	B					8
9 CHARGEABLE MED SPLS	B					9
10 CHARGEABLE MED SPLS	B					10
11 CHARGEABLE MED SPLS	B					11
12 CHARGEABLE MED SPLS	B					12
13 CHARGEABLE MED SPLS	B					13
14 CHARGEABLE MED SPLS	B					14
15 CHARGEABLE MED SPLS	B					15
16 CHARGEABLE MED SPLS	B					16
17 CHARGEABLE MED SPLS	B					17
18 CHARGEABLE MED SPLS	B					18
19 CHARGEABLE MED SPLS	B					19
20 CHARGEABLE MED SPLS	B					20
21 CHARGEABLE MED SPLS	B					21
22 CHARGEABLE MED SPLS	B					22
23 CHARGEABLE MED SPLS	B					23
24 CHARGEABLE MED SPLS	B					24
25 CHARGEABLE MED SPLS	B					25
26 CHARGEABLE MED SPLS	B					26
27 CHARGEABLE MED SPLS	B					27
28 CHARGEABLE MED SPLS	B					28
29 CHARGEABLE MED SPLS	B					29
30 CHARGEABLE MED SPLS	B					30
31 CHARGEABLE MED SPLS	B					31
32 CHARGEABLE MED SPLS	B					32
33 CHARGEABLE MED SPLS	B					33
34 CHARGEABLE MED SPLS	B					34
35 CHARGEABLE MED SPLS	B					35
36 SUBTOTAL				3509929	19908824	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 WOMENS FAMILY HEALTH	A	DELIVERY ROOM & LABOR ROOM	39	3509929	133449	1
2 WOMENS FAMILY HEALTH	A					2
3 CHARGEABLE MED SPLS	B	ADMINISTRATIVE & GENERAL	6.01		10630	3
4 CHARGEABLE MED SPLS	B	AMBULATORY ADMIN	6.02		2811	4
5 CHARGEABLE MED SPLS	B	MAINTENANCE & REPAIRS	7		4346	5
6 CHARGEABLE MED SPLS	B	HOUSEKEEPING	10		10317	6
7 CHARGEABLE MED SPLS	B	DIETARY	11		5685	7
8 CHARGEABLE MED SPLS	B	NURSING ADMINISTRATION	14		3327	8
9 CHARGEABLE MED SPLS	B	CENTRAL SERVICES & SUPPLY	15		148207	9
10 CHARGEABLE MED SPLS	B	PHARMACY	16		336076	10
11 CHARGEABLE MED SPLS	B	SOCIAL SERVICE	18		239	11
12 CHARGEABLE MED SPLS	B	ADULTS & PEDIATRICS	25		2269407	12
13 CHARGEABLE MED SPLS	B	INTENSIVE CARE UNIT	26		643994	13
14 CHARGEABLE MED SPLS	B	CORONARY CARE UNIT	27		654274	14
15 CHARGEABLE MED SPLS	B	PEDIATRIC INTENSIVE CAR	27.01		291727	15
16 CHARGEABLE MED SPLS	B	NEONATAL INTENSIVE CARE	27.02		553236	16
17 CHARGEABLE MED SPLS	B	SUBPROVIDER I	31		34441	17
18 CHARGEABLE MED SPLS	B	SUBPROVIDER II	31.01		31354	18
19 CHARGEABLE MED SPLS	B	OPERATING ROOM	37		5598676	19
20 CHARGEABLE MED SPLS	B	RECOVERY ROOM	38		3981	20
21 CHARGEABLE MED SPLS	B	DELIVERY ROOM & LABOR ROOM	39		749349	21
22 CHARGEABLE MED SPLS	B	ANESTHESIOLOGY	40		1041839	22
23 CHARGEABLE MED SPLS	B	RADIOLOGY-DIAGNOSTIC	41		68690	23
24 CHARGEABLE MED SPLS	B	NUCLEAR MED - DIAG	41.01		15555	24
25 CHARGEABLE MED SPLS	B	ONCOLOGY	41.02		9491	25
26 CHARGEABLE MED SPLS	B	CAT SCAN	41.03		140129	26
27 CHARGEABLE MED SPLS	B	MAG RESONANCE IMAGING	41.04		39433	27
28 CHARGEABLE MED SPLS	B	ULTRASOUND	41.05		100699	28
29 CHARGEABLE MED SPLS	B	VASCULAR XRAY	41.06		2610574	29
30 CHARGEABLE MED SPLS	B	LABORATORY	44		128508	30
31 CHARGEABLE MED SPLS	B	HISTOCOMPATIBILITY LAB	44.01		260	31
32 CHARGEABLE MED SPLS	B	BLOOD STORING, PROCESSING & T	47		4146	32
33 CHARGEABLE MED SPLS	B	RESPIRATORY THERAPY	49		210644	33
34 CHARGEABLE MED SPLS	B	PHYSICAL THERAPY	50		6347	34
35 CHARGEABLE MED SPLS	B	OCCUPATIONAL THERAPY	51		369	35
36 SUBTOTAL				3509929	15862210	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1 CHARGEABLE MED SPLS	B				1
2 CHARGEABLE MED SPLS	B				2
3 CHARGEABLE MED SPLS	B				3
4 CHARGEABLE MED SPLS	B				4
5 CHARGEABLE MED SPLS	B				5
6 CHARGEABLE MED SPLS	B				6
7 CHARGEABLE MED SPLS	B				7
8 CHARGEABLE MED SPLS	B				8
9 CHARGEABLE MED SPLS	B				9
10 CHARGEABLE MED SPLS	B				10
11 CHARGEABLE MED SPLS	B				11
12 CHARGEABLE MED SPLS	B				12
13 CHARGEABLE MED SPLS	B				13
14 CHARGEABLE MED SPLS	B				14
15 CHARGEABLE MED SPLS	B				15
16 CHARGEABLE MED SPLS	B				16
17 CHARGEABLE MED SPLS	B				17
18 CHARGEABLE MED SPLS	B				18
19 CHARGEABLE MED SPLS	B	FAMILY MED PHYSICIAN OFFICE	98.01		1 19
20 CHARGEABLE MED SPLS	B				20
21 CHARGEABLE MED SPLS	B				21
22 CHARGEABLE MED SPLS	B				22
23 CHARGEABLE DRUGS	C	RECOVERY ROOM	38		98 23
24 CHARGEABLE DRUGS	C	DRUGS CHARGED TO PATIENTS	56		25658399 24
25 CHARGEABLE DRUGS	C				25
26 CHARGEABLE DRUGS	C				26
27 CHARGEABLE DRUGS	C				27
28 CHARGEABLE DRUGS	C				28
29 CHARGEABLE DRUGS	C				29
30 CHARGEABLE DRUGS	C				30
31 CHARGEABLE DRUGS	C				31
32 CHARGEABLE DRUGS	C				32
33 CHARGEABLE DRUGS	C				33
34 CHARGEABLE DRUGS	C				34
35 CHARGEABLE DRUGS	C				35
36 SUBTOTAL				3509929	45567322 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 CHARGEABLE MED SPLS	B	SPEECH PATHOLOGY	52		292	1
2 CHARGEABLE MED SPLS	B	ELECTROCARDIOLOGY	53		6914	2
3 CHARGEABLE MED SPLS	B	ELECTROENCEPHALOGRAPHY	54		15204	3
4 CHARGEABLE MED SPLS	B	RENAL DIALYSIS	57		125138	4
5 CHARGEABLE MED SPLS	B	HEART CATH LAB	58.01		2516347	5
6 CHARGEABLE MED SPLS	B	CARDIOVASCULAR SVCS	58.02		2162	6
7 CHARGEABLE MED SPLS	B	PROSTHETICS	58.03		2359	7
8 CHARGEABLE MED SPLS	B	GASTRO SERVICES	58.04		429144	8
9 CHARGEABLE MED SPLS	B	PULMONARY LAB	58.06		7249	9
10 CHARGEABLE MED SPLS	B	CLINIC	60		330539	10
11 CHARGEABLE MED SPLS	B	EYE CLINIC	60.01		15645	11
12 CHARGEABLE MED SPLS	B	PRIMARY CARE CLINIC	60.02		50769	12
13 CHARGEABLE MED SPLS	B	PEDS & ADOLESCENT CENTER	60.03		60288	13
14 CHARGEABLE MED SPLS	B	NEURO PSYCH CLINIC	60.04		784	14
15 CHARGEABLE MED SPLS	B	EMERGENCY	61		468257	15
16 CHARGEABLE MED SPLS	B	KIDNEY ACQUISITION	83		127	16
17 CHARGEABLE MED SPLS	B	OTHER ORGAN ACQUISITION (SPEC	86		42	17
18 CHARGEABLE MED SPLS	B	RESEARCH	97		14516	18
19 CHARGEABLE MED SPLS	B	PHYSICIANS' PRIVATE OFFICES	98		839	19
20 CHARGEABLE MED SPLS	B					20
21 CHARGEABLE MED SPLS	B					21
22 CHARGEABLE MED SPLS	B					22
23 CHARGEABLE DRUGS	C	ADMINISTRATIVE & GENERAL	6.01		176727	23
24 CHARGEABLE DRUGS	C	MAINTENANCE & REPAIRS	7		2	24
25 CHARGEABLE DRUGS	C	DIETARY	11		27169	25
26 CHARGEABLE DRUGS	C	NURSING ADMINISTRATION	14		1	26
27 CHARGEABLE DRUGS	C	CENTRAL SERVICES & SUPPLY	15		1335698	27
28 CHARGEABLE DRUGS	C	PHARMACY	16		20376723	28
29 CHARGEABLE DRUGS	C	I&R SERVICES-SALARY & FRINGES	22		248	29
30 CHARGEABLE DRUGS	C	ADULTS & PEDIATRICS	25		509867	30
31 CHARGEABLE DRUGS	C	INTENSIVE CARE UNIT	26		68511	31
32 CHARGEABLE DRUGS	C	CORONARY CARE UNIT	27		89603	32
33 CHARGEABLE DRUGS	C	PEDIATRIC INTENSIVE CAR	27.01		43091	33
34 CHARGEABLE DRUGS	C	NEONATAL INTENSIVE CARE	27.02		47696	34
35 CHARGEABLE DRUGS	C	SUBPROVIDER I	31		1508	35
36 SUBTOTAL				3509929	42585669	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1 CHARGEABLE DRUGS	C				1
2 CHARGEABLE DRUGS	C				2
3 CHARGEABLE DRUGS	C				3
4 CHARGEABLE DRUGS	C				4
5 CHARGEABLE DRUGS	C				5
6 CHARGEABLE DRUGS	C				6
7 CHARGEABLE DRUGS	C				7
8 CHARGEABLE DRUGS	C				8
9 CHARGEABLE DRUGS	C				9
10 CHARGEABLE DRUGS	C				10
11 CHARGEABLE DRUGS	C				11
12 CHARGEABLE DRUGS	C				12
13 CHARGEABLE DRUGS	C				13
14 CHARGEABLE DRUGS	C				14
15 CHARGEABLE DRUGS	C				15
16 CHARGEABLE DRUGS	C				16
17 CHARGEABLE DRUGS	C				17
18 CHARGEABLE DRUGS	C				18
19 CHARGEABLE DRUGS	C				19
20 CHARGEABLE DRUGS	C				20
21 CHARGEABLE DRUGS	C				21
22 CHARGEABLE DRUGS	C				22
23 CHARGEABLE DRUGS	C				23
24 CHARGEABLE DRUGS	C				24
25 CHARGEABLE DRUGS	C				25
26 CHARGEABLE DRUGS	C				26
27 CHARGEABLE DRUGS	C				27
28 CHARGEABLE DRUGS	C				28
29 CHARGEABLE DRUGS	C				29
30 CHARGEABLE DRUGS	C				30
31 CHARGEABLE DRUGS	C				31
32 CHARGEABLE DRUGS	C				32
33 CHARGEABLE DRUGS	C				33
34 PHARMACY ALLIED HEALTH	D	PARAMED ED PRGM-(SPECIFY)	24	216062	34
35 PHARMACY ALLIED HEALTH	D	PARAMED ED PRGM-(SPECIFY)	24		1081272 35
36 SUBTOTAL				3725991	46648594 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 CHARGEABLE DRUGS	C	SUBPROVIDER II	31.01		3502	1
2 CHARGEABLE DRUGS	C	OPERATING ROOM	37		95077	2
3 CHARGEABLE DRUGS	C	DELIVERY ROOM & LABOR ROOM	39		53720	3
4 CHARGEABLE DRUGS	C	ANESTHESIOLOGY	40		435623	4
5 CHARGEABLE DRUGS	C	RADIOLOGY-DIAGNOSTIC	41		45530	5
6 CHARGEABLE DRUGS	C	NUCLEAR MED - DIAG	41.01		2994	6
7 CHARGEABLE DRUGS	C	ONCOLOGY	41.02		9042	7
8 CHARGEABLE DRUGS	C	CAT SCAN	41.03		156858	8
9 CHARGEABLE DRUGS	C	MAG RESONANCE IMAGING	41.04		171983	9
10 CHARGEABLE DRUGS	C	ULTRASOUND	41.05		11586	10
11 CHARGEABLE DRUGS	C	VASCULAR XRAY	41.06		202151	11
12 CHARGEABLE DRUGS	C	LABORATORY	44		678	12
13 CHARGEABLE DRUGS	C	BLOOD STORING, PROCESSING & T	47		16705	13
14 CHARGEABLE DRUGS	C	RESPIRATORY THERAPY	49		13	14
15 CHARGEABLE DRUGS	C	PHYSICAL THERAPY	50		121	15
16 CHARGEABLE DRUGS	C	SPEECH PATHOLOGY	52		916	16
17 CHARGEABLE DRUGS	C	ELECTROENCEPHALOGRAPHY	54		54	17
18 CHARGEABLE DRUGS	C	RENAL DIALYSIS	57		156496	18
19 CHARGEABLE DRUGS	C	HEART CATH LAB	58.01		117613	19
20 CHARGEABLE DRUGS	C	CARDIOVASCULAR SVCS	58.02		3	20
21 CHARGEABLE DRUGS	C	PROSTHETICS	58.03		119	21
22 CHARGEABLE DRUGS	C	GASTRO SERVICES	58.04		14749	22
23 CHARGEABLE DRUGS	C	OTHER TRANSPLANT SERVICES	58.05		1148	23
24 CHARGEABLE DRUGS	C	PULMONARY LAB	58.06		181	24
25 CHARGEABLE DRUGS	C	CLINIC	60		355550	25
26 CHARGEABLE DRUGS	C	EYE CLINIC	60.01		490880	26
27 CHARGEABLE DRUGS	C	PRIMARY CARE CLINIC	60.02		128093	27
28 CHARGEABLE DRUGS	C	PEDS & ADOLESCENT CENTER	60.03		165671	28
29 CHARGEABLE DRUGS	C	EMERGENCY	61		341757	29
30 CHARGEABLE DRUGS	C	KIDNEY ACQUISITION	83		424	30
31 CHARGEABLE DRUGS	C	OTHER ORGAN ACQUISITION (SPEC	86		292	31
32 CHARGEABLE DRUGS	C	RESEARCH	97		1823	32
33 CHARGEABLE DRUGS	C	PHYSICIANS' PRIVATE OFFICES	98		301	33
34 PHARMACY ALLIED HEALTH	D	PHARMACY	16	216062		34
35 PHARMACY ALLIED HEALTH	D	PHARMACY	16		1081272	35
36 SUBTOTAL				3725991	46648594	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 RADIOLOGY ADMIN	E	NUCLEAR MED - DIAG	41.01	52685	9034	1
2 RADIOLOGY ADMIN	E	ONCOLOGY	41.02	162167	27806	2
3 RADIOLOGY ADMIN	E	CAT SCAN	41.03	307185	52672	3
4 RADIOLOGY ADMIN	E	MAG RESONANCE IMAGING	41.04	172937	29653	4
5 RADIOLOGY ADMIN	E	ULTRASOUND	41.05	56270	9648	5
6 RADIOLOGY ADMIN	E	VASCULAR XRAY	41.06	517103	88666	6
7 RADIOLOGY ADMIN	E	VASCULAR XRAY	41.06	21572	3699	7
8 DEPRECIATION-BLDG	F	NEW CAP REL COSTS-BLDG & FIXT	3		4863655	8
9 DEPRECIATION-EQUIP	F	NEW CAP REL COSTS-MVBLE EQUIP	4		15165982	9
10 AMORTIZATION EXP	F					10
11 AMORTIZATION BOND DSCT	F	NEW CAP REL COSTS-MVBLE EQUIP	4		23157	11
12 INTEREST EXPENSE	F	NEW CAP REL COSTS-MVBLE EQUIP	4		2008071	12
13 BENEFIT EXPENSE	G	EMPLOYEE BENEFITS	5		5634976	13
14 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	ADMINISTRATIVE & GENERAL	6.01	56099		14
15 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	RENAL DIALYSIS	57	99160		15
16 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	CLINIC	60	586506		16
17 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	KIDNEY ACQUISITION	83	93113		17
18 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	LIVER ACQUISITION	84	99277		18
19 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	PANCREAS ACQUISITION	85.01	50854		19
20 ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	OTHER ORGAN ACQUISITION (SPEC	86	83036		20
21 INPATIENT PSYCH RESEARCH	I	ISPI RESEARCH	97.01	1439	149	21
22 RADIOLOGY NURSING	J	NUCLEAR MED - DIAG	41.01	50058	58	22
23 RADIOLOGY NURSING	J	ONCOLOGY	41.02	154080	178	23
24 RADIOLOGY NURSING	J	CAT SCAN	41.03	291865	337	24
25 RADIOLOGY NURSING	J	MAG RESONANCE IMAGING	41.04	164313	190	25
26 RADIOLOGY NURSING	J	ULTRASOUND	41.05	53463	62	26
27 RADIOLOGY NURSING	J	VASCULAR XRAY	41.06	491314	566	27
28 OUTREACH LAB	K	OUTREACH LAB	44.02	1778385	3891007	28
29 OUTREACH LAB	K					29
30 OUTREACH LAB	K					30
31 HOSPITAL PART A - TEACHING	L	I&R SERVICES-OTHER PRGM COSTS	23	3662079		31
32 TRANSPLANT DIRECTOR	M	KIDNEY ACQUISITION	83	121888		32
33 TRANSPLANT DIRECTOR	M	LIVER ACQUISITION	84	56644		33
34 TRANSPLANT DIRECTOR	M	PANCREAS ACQUISITION	85.01	35640		34
35 RESIDENT BILLING BENEFITS	N	I&R SERVICES-SALARY & FRINGES	22	6238777		35
36 TOTAL RECLASSIFICATIONS				19183900	78458160	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 RADIOLOGY ADMIN	E	RADIOLOGY-DIAGNOSTIC	41	1289919	221178	1
2 RADIOLOGY ADMIN	E					2
3 RADIOLOGY ADMIN	E					3
4 RADIOLOGY ADMIN	E					4
5 RADIOLOGY ADMIN	E					5
6 RADIOLOGY ADMIN	E					6
7 RADIOLOGY ADMIN	E					7
8 DEPRECIATION-BLDG	F	ADMINISTRATIVE & GENERAL	6.01		21848408	9 8
9 DEPRECIATION-EQUIP	F					9 9
10 AMORTIZATION EXP	F	NEW CAP REL COSTS-MVBLE EQUIP	4		212457	14 10
11 AMORTIZATION BOND DSCT	F					14 11
12 INTEREST EXPENSE	F					11 12
13 BENEFIT EXPENSE	G	ADMINISTRATIVE & GENERAL	6.01		5634976	13
14 ORGAN ACQ SPLIT PRE, POST AND ADM H	H	CLINIC	60	39979		14
15 ORGAN ACQ SPLIT PRE, POST AND ADM H	H	KIDNEY ACQUISITION	83	789774		15
16 ORGAN ACQ SPLIT PRE, POST AND ADM H	H	LIVER ACQUISITION	84	214912		16
17 ORGAN ACQ SPLIT PRE, POST AND ADM H	H	PANCREAS ACQUISITION	85.01	22612		17
18 ORGAN ACQ SPLIT PRE, POST AND ADM H	H	OTHER ORGAN ACQUISITION (SPEC	86	768		18
19 ORGAN ACQ SPLIT PRE, POST AND ADM H	H					19
20 ORGAN ACQ SPLIT PRE, POST AND ADM H	H					20
21 INPATIENT PSYCH RESEARCH	I	SUBPROVIDER I	31	1439	149	21
22 RADIOLOGY NURSING	J	RADIOLOGY-DIAGNOSTIC	41	1205093	1391	22
23 RADIOLOGY NURSING	J					23
24 RADIOLOGY NURSING	J					24
25 RADIOLOGY NURSING	J					25
26 RADIOLOGY NURSING	J					26
27 RADIOLOGY NURSING	J					27
28 OUTREACH LAB	K	LABORATORY	44	1762851	3863402	28
29 OUTREACH LAB	K	HISTOCOMPATIBILITY LAB	44.01	15534	15473	29
30 OUTREACH LAB	K	BLOOD STORING, PROCESSING & T	47		12132	30
31 HOSPITAL PART A - TEACHING	L	ADMINISTRATIVE & GENERAL	6.01	3662079		31
32 TRANSPLANT DIRECTOR	M	ADMINISTRATIVE & GENERAL	6.01	214172		32
33 TRANSPLANT DIRECTOR	M					33
34 TRANSPLANT DIRECTOR	M					34
35 RESIDENT BILLING BENEFITS	N	EMPLOYEE BENEFITS	5		6238777	35
36 TOTAL RECLASSIFICATIONS				12945123	84696937	36

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	B	-1991204	NEW CAP REL COSTS-MVBLE EQUIP	4	11 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)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-2107752			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	124670836			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-2080862	DIETARY	11	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					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		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		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 MISC INCOME	B	-65	EMPLOYEE BENEFITS	5	37
37.01 MISC INCOME	B	-3818800	ADMINISTRATIVE & GENERAL	6.01	37.01
37.02 MISC INCOME	B	-92331	AMBULATORY ADMIN	6.02	37.02
37.03 MISC INCOME	B	-101946	NURSING ADMINISTRATION	14	37.03
37.04 MISC INCOME	B	-38277	MEDICAL RECORDS & LIBRARY	17	37.04
37.05 MISC INCOME	B	-10935	I&R SERVICES-SALARY & FRINGES A	22	37.05
37.06 MISC INCOME	B	-56476	SUBPROVIDER II	31.01	37.06
37.07 MISC INCOME	B	-238712	OPERATING ROOM	37	37.07
37.08 MISC INCOME	B	-454	DELIVERY ROOM & LABOR ROOM	39	37.08
37.09 MISC INCOME	B	-3880	ANESTHESIOLOGY	40	37.09
37.10 MISC INCOME	B	-289	LABORATORY	44	37.10
37.11 MISC INCOME	B	-28206	PHYSICAL THERAPY	50	37.11
37.12 MISC INCOME	B	-602265	CLINIC	60	37.12
37.13 MISC INCOME	B	-18098	EYE CLINIC	60.01	37.13
37.14 MISC INCOME	B	-63513	PRIMARY CARE CLINIC	60.02	37.14
37.15 MISC INCOME	B	-377134	GIFT, FLOWER, COFFEE SHOP & CAN	96	37.15
38 BAD DEBT - INPATIENT	A	-18168035	ADMINISTRATIVE & GENERAL	6.01	38
38.01 BAD DEBT - OUTPATIENT	A	-10084385	ADMINISTRATIVE & GENERAL	6.01	38.01
38.02 BAD DEBT - OTHER	A	-8506	PHYSICIANS' PRIVATE OFFICES	98	38.02
39 PHYSICIAN - PART B & NON-ALLOW	A	-10585521	ADMINISTRATIVE & GENERAL	6.01	39
40 ORGAN ACQ NON ALLOW	A	-89	CLINIC	60	40
40.01 ORGAN ACQ NON ALLOW	A	-30987	KIDNEY ACQUISITION	83	40.01
40.02 ORGAN ACQ NON ALLOW	A	-1189	LIVER ACQUISITION	84	40.02
40.03 ORGAN ACQ NON ALLOW	A	-723	OTHER ORGAN ACQUISITION (SPECIF	86	40.03
41 COM - MD SALARIES ADMIN	A	460236	ADMINISTRATIVE & GENERAL	6.01	41
41.01 COM - MD SALARIES TEACHING	A	7271484	I&R SERVICES-OTHER PRGM COSTS A	23	41.01
42 TIS DRUG COST	A	-3297607	CLINIC	60	42
43 MOONLIGHTING PHYSICIANS	A	-197980	ADMINISTRATIVE & GENERAL	6.01	43
44 NON PHYSICIAN ANESTHETIST	A	-221015	ADMINISTRATIVE & GENERAL	6.01	44
44.01 NON PHYSICIAN ANESTHETIST	A	-275272	ANESTHESIOLOGY	40	44.01

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
45 NURSE PRACTITIONER	A	-726020	ADMINISTRATIVE & GENERAL	6.01	45
45.01 NURSE PRACTITIONER	A	-583659	OPERATING ROOM	37	45.01
45.02 NURSE PRACTITIONER	A	-744241	DELIVERY ROOM & LABOR ROOM	39	45.02
45.03 NURSE PRACTITIONER	A	-2943	HEART CATH LAB	58.01	45.03
45.04 NURSE PRACTITIONER	A	-754	CARDIOVASCULAR SVCS	58.02	45.04
45.05 NURSE PRACTITIONER	A	-84270	GASTRO SERVICES	58.04	45.05
45.06 NURSE PRACTITIONER	A	-137017	CLINIC	60	45.06
45.07 NURSE PRACTITIONER	A	-37861	PEDS & ADOLESCENT CENTER	60.03	45.07
45.08 NURSE PRACTITIONER	A	-99963	NEURO PSYCH CLINIC	60.04	45.08
45.09 NURSE PRACTITIONER	A	-14015	PHYSICIANS' PRIVATE OFFICES	98	45.09
46 NON-ALLOWABLE COST	A	-1290604	ADMINISTRATIVE & GENERAL	6.01	46
46.01 NON-ALLOWABLE COST	A	-21580	AMBULATORY ADMIN	6.02	46.01
46.02 NON-ALLOWABLE COST	A	-12886	NURSING ADMINISTRATION	14	46.02
46.03 NON-ALLOWABLE COST	A	-5175	MEDICAL RECORDS & LIBRARY	17	46.03
46.04 NON-ALLOWABLE COST	A	-1614	SOCIAL SERVICE	18	46.04
46.05 NON-ALLOWABLE COST	A	-5700	I&R SERVICES-SALARY & FRINGES A	22	46.05
46.06 NON-ALLOWABLE COST	A	-101	SUBPROVIDER I	31	46.06
46.07 NON-ALLOWABLE COST	A	-450	OPERATING ROOM	37	46.07
46.08 NON-ALLOWABLE COST	A	-1425	ANESTHESIOLOGY	40	46.08
46.09 NON-ALLOWABLE COST	A	885	RADIOLOGY-DIAGNOSTIC	41	46.09
46.10 NON-ALLOWABLE COST	A	-14127	ONCOLOGY	41.02	46.10
46.11 NON-ALLOWABLE COST	A	-11054	WEST HARRISON IMAGING	41.07	46.11
46.12 NON-ALLOWABLE COST	A	-7577	LABORATORY	44	46.12
46.13 NON-ALLOWABLE COST	A	-700	HISTOCOMPATIBILITY LAB	44.01	46.13
46.14 NON-ALLOWABLE COST	A	-26318	OUTREACH LAB	44.02	46.14
46.15 NON-ALLOWABLE COST	A	-950	BLOOD STORING, PROCESSING & TRA	47	46.15
46.16 NON-ALLOWABLE COST	A	-2565	PHYSICAL THERAPY	50	46.16
46.17 NON-ALLOWABLE COST	A	-1592	OCCUPATIONAL THERAPY	51	46.17
46.18 NON-ALLOWABLE COST	A	-1170	OTHER TRANSPLANT SERVICES	58.05	46.18
46.19 NON-ALLOWABLE COST	A	-308	PULMONARY LAB	58.06	46.19
46.20 NON-ALLOWABLE COST	A	-361450	CLINIC	60	46.20
46.21 NON-ALLOWABLE COST	A	-1238	EYE CLINIC	60.01	46.21
46.22 NON-ALLOWABLE COST	A	-56083	PRIMARY CARE CLINIC	60.02	46.22
46.23 NON-ALLOWABLE COST	A	-6397	NEURO PSYCH CLINIC	60.04	46.23
46.24 NON-ALLOWABLE COST	A	-12952	KIDNEY ACQUISITION	83	46.24
46.25 NON-ALLOWABLE COST	A	-11999	LIVER ACQUISITION	84	46.25
46.26 NON-ALLOWABLE COST	A	-1238	PANCREAS ACQUISITION	85.01	46.26
47					47
48					48
49					49
50 TOTAL		73612937			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	5	EMPLOYEE BENEFITS	125027616	5634976	119392640	1
2	7	MAINTENANCE & REPAIRS	5278196		5278196	2
3	6.01	ADMINISTRATIVE & GENERAL	18409679	18409679		3
4	6.01	ADMINISTRATIVE & GENERAL	13438597	13438597		4
4.01	4	NEW CAP REL COSTS-MVBLE EQUIP	12423234	12423234		9 4.01
4.02	4	NEW CAP REL COSTS-MVBLE EQUIP	4863655	4863655		9 4.02
4.03	4	NEW CAP REL COSTS-MVBLE EQUIP	2506838	2506838		9 4.03
4.04	3	NEW CAP REL COSTS-BLDG & FIXT	235909	235909		9 4.04
4.05	4	NEW CAP REL COSTS-MVBLE EQUIP	195589	195589		14 4.05
4.06	4	NEW CAP REL COSTS-MVBLE EQUIP	1795614	1795614		11 4.06
4.07	24	PARAMED ED PRGM-(SPECIFY)	1081272	1081272		4.07
5		TOTALS	185256199	60585363	124670836	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.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----

SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	A STATE OF ILL		U. OF ILL		UNIVERSITY	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	6.01	ADMINISTRATIVE & GENERAL ANESTHESIOLOGY	2834032		2834032	200300	20450	1969296	98465
2	6.01	ADMINISTRATIVE & GENERAL DENT-ORAL & MAX	232995		232995	140600	3078	208061	10403
3	6.01	ADMINISTRATIVE & GENERAL DENT-PEDS	176326		176326	140600	2644	178724	8936
4	6.01	ADMINISTRATIVE & GENERAL DERMATOLOGY	231870		231870	177200	3314	282327	14116
5	6.01	ADMINISTRATIVE & GENERAL EMERG MEDICINE	370052		370052	177200	3971	338299	16915
6	6.01	ADMINISTRATIVE & GENERAL FAMILY MEDICINE	351401		351401	138700	5498	366621	18331
7	6.01	ADMINISTRATIVE & GENERAL INTERNAL MEDICINE	317556		317556	165600	4883	388762	19438
8	6.01	ADMINISTRATIVE & GENERAL IM-CARDIOLOGY	246846		246846	177200	2934	249954	12498
9	6.01	ADMINISTRATIVE & GENERAL IM-ENDOCRINOLOGY	98689		98689	177200	1251	106576	5329
10	6.01	ADMINISTRATIVE & GENERAL IM-GASTROENTROLOGY	74078		74078	177200	877	74714	3736
11	6.01	ADMINISTRATIVE & GENERAL IM-GERIATRICS	54471		54471	177200	823	70113	3506
12	6.01	ADMINISTRATIVE & GENERAL IM-HEM/ONC	227638		227638	177200	3396	289313	14466
13	6.01	ADMINISTRATIVE & GENERAL IM-HEPATOLOGY	125991		125991	177200	1118	95245	4762
14	6.01	ADMINISTRATIVE & GENERAL IM-INF DISEASE	74052		74052	177200	1333	113561	5678
15	6.01	ADMINISTRATIVE & GENERAL IM-NEPHROLOGY	130182		130182	177200	1554	132389	6619
16	6.01	ADMINISTRATIVE & GENERAL IM-RESP CARE & CM	165842		165842	177200	2147	182908	9145
17	6.01	ADMINISTRATIVE & GENERAL IM-RHEUMATOLOGY	12909		12909	177200	246	20957	1048
18	6.01	ADMINISTRATIVE & GENERAL NEUROLOGY	247821		247821	177200	3797	323475	16174
19	6.01	ADMINISTRATIVE & GENERAL NEUROSURGERY	238790		238790	208000	2354	235400	11770
20	6.01	ADMINISTRATIVE & GENERAL OBSTETRICS & GYNE	66053		66053	196400	671	63358	3168
21	6.01	ADMINISTRATIVE & GENERAL OCCUPATIONAL MED	170951		170951	177200	1602	136478	6824
22	6.01	ADMINISTRATIVE & GENERAL OPHTHALMOLOGY	513992		513992	177200	6859	584334	29217
23	6.01	ADMINISTRATIVE & GENERAL ORTHOPAEDIC SURG	317793		317793	208000	4053	405300	20265
24	6.01	ADMINISTRATIVE & GENERAL OTOLARYNGOLOGY	493865		493865	177200	5432	462765	23138
25	6.01	ADMINISTRATIVE & GENERAL PATHOLOGY	294693		294693	215700	4056	420615	21031
26	6.01	ADMINISTRATIVE & GENERAL PEDIATRICS	270936		270936	140600	3331	225163	11258
27	6.01	ADMINISTRATIVE & GENERAL PSYCHIATRY	1314812		1314812	154100	19794	1466469	73323
28	6.01	ADMINISTRATIVE & GENERAL RADIOLOGY	1775935		1775935	225300	14034	1520125	76006
29	6.01	ADMINISTRATIVE & GENERAL SURGERY - GENERAL	2054584		2054584	208000	12792	1279200	63960
30	6.01	ADMINISTRATIVE & GENERAL SURGERY - ONCOLOGY	164258		164258	208000	1573	157300	7865
31	6.01	ADMINISTRATIVE & GENERAL UROLOGY	11450		11450	177200	145	12353	618
101		TOTAL	13660863		13660863		140010	12360155	618008

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	6.01 ADMINISTRATIVE & GENERAL ANESTHESIOLOGY					1969296	864736	864736
2	6.01 ADMINISTRATIVE & GENERAL DENT-ORAL & MAX					208061	24934	24934
3	6.01 ADMINISTRATIVE & GENERAL DENT-PEDS					178724		
4	6.01 ADMINISTRATIVE & GENERAL DERMATOLOGY					282327		
5	6.01 ADMINISTRATIVE & GENERAL EMERG MEDICINE					338299	31753	31753
6	6.01 ADMINISTRATIVE & GENERAL FAMILY MEDICINE					366621		
7	6.01 ADMINISTRATIVE & GENERAL INTERNAL MEDICINE					388762		
8	6.01 ADMINISTRATIVE & GENERAL IM-CARDIOLOGY					249954		
9	6.01 ADMINISTRATIVE & GENERAL IM-ENDOCRINOLOGY					106576		
10	6.01 ADMINISTRATIVE & GENERAL IM-GASTROENTROLOGY					74714		
11	6.01 ADMINISTRATIVE & GENERAL IM-GERIATRICS					70113		
12	6.01 ADMINISTRATIVE & GENERAL IM-HEM/ONC					289313		
13	6.01 ADMINISTRATIVE & GENERAL IM-HEPATOLOGY					95245	30746	30746
14	6.01 ADMINISTRATIVE & GENERAL IM-INF DISEASE					113561		
15	6.01 ADMINISTRATIVE & GENERAL IM-NEPHROLOGY					132389		
16	6.01 ADMINISTRATIVE & GENERAL IM-RESP CARE & CM					182908		
17	6.01 ADMINISTRATIVE & GENERAL IM-RHEUMATOLOGY					20957		
18	6.01 ADMINISTRATIVE & GENERAL NEUROLOGY					323475		
19	6.01 ADMINISTRATIVE & GENERAL NEUROSURGERY					235400	3390	3390
20	6.01 ADMINISTRATIVE & GENERAL OBSTETRICS & GYNE					63358	2695	2695
21	6.01 ADMINISTRATIVE & GENERAL OCCUPATIONAL MED					136478	34473	34473
22	6.01 ADMINISTRATIVE & GENERAL OPHTHALMOLOGY					584334		
23	6.01 ADMINISTRATIVE & GENERAL ORTHOPAEDIC SURG					405300		
24	6.01 ADMINISTRATIVE & GENERAL OTOLARYNGOLOGY					462765	31100	31100
25	6.01 ADMINISTRATIVE & GENERAL PATHOLOGY					420615		
26	6.01 ADMINISTRATIVE & GENERAL PEDIATRICS					225163	45773	45773
27	6.01 ADMINISTRATIVE & GENERAL PSYCHIATRY					1466469		
28	6.01 ADMINISTRATIVE & GENERAL RADIOLOGY					1520125	255810	255810
29	6.01 ADMINISTRATIVE & GENERAL SURGERY - GENERAL					1279200	775384	775384
30	6.01 ADMINISTRATIVE & GENERAL SURGERY - ONCOLOGY					157300	6958	6958
31	6.01 ADMINISTRATIVE & GENERAL UROLOGY					12353		
101	TOTAL					12360155	2107752	2107752

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-	SUBTOTAL	AMBULATORY	
	FOR COST	BLDGS +	MOVABLE	BENEFITS		TRATIVE +		ADMIN	
	ALLOCATION	FIXTURES	EQUIPMENT			GENERAL			
	0	3	4	5	5A	6.01		6.02	
83 KIDNEY ACQUISITION	4859190	15247	1423	595850	5471710	1371659	6843369	83	
84 LIVER ACQUISITION	1946586	3287		148305	2098178	525975	2624153	84	
85.01 PANCREAS ACQUISITION	644880	512		38985	684377	171561	855938	85.01	
85.02 INTESTINAL ACQUISITION								85.02	
85.03 ISLET CELL ACQUISITION								85.03	
86 OTHER ORGAN ACQUISITION (SPECIF	201230	15867	25645	70438	313180	78509	391689	86	
95 SUBTOTALS	592261215	4828192	14928849	118081961	591337815	110408203	591170676	10570403	
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	15181	5955		59911	81047	20317	101364	96	
97 RESEARCH	396865	27799		157072	581736	145831	727567	97	
97.01 ISPI RESEARCH	1588	1709		658	3955	991	4946	97.01	
98 PHYSICIANS' PRIVATE OFFICES	53438		51642	21524	126604		126604	33181	
98.01 FAMILY MED PHYSICIAN OFFICE	1327054		13058	584072	1924184		1924184	504304	
101 CROSS FOOT ADJUSTMENTS								101	
102 NEGATIVE COST CENTER								102	
103 TOTAL	594055341	4863655	14993549	118905198	594055341	110575342	594055341	11107888	

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MAIN-	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	TENANCE & REPAIRS 7	KEEPING 10	11	12	ADMINIS- TRATION 14	SERVICES & SUPPLY 15	16	RECORDS & LIBRARY 17	
83 KIDNEY ACQUISITION	82918	27280		26363	59948	23	192	51498	83
84 LIVER ACQUISITION	17877	5882		6562	21852			16460	84
85.01 PANCREAS ACQUISITION	2784	916		1725	2571			4593	85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
86 OTHER ORGAN ACQUISITION (SPECIF	86290	28390		3117	16477	8	133	1	86
95 SUBTOTALS	22963641	7430640	8010283	4212567	11709547	7138776	13340965	6325498	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	32383	10654		2651					96
97 RESEARCH	151174	49737	192	6950	32370	2633	827		97
97.01 ISPI RESEARCH	9292	3057	192	29	16477			23	97.01
98 PHYSICIANS' PRIVATE OFFICES				952	3389	152	137	141	98
98.01 FAMILY MED PHYSICIAN OFFICE				25842	64739				98.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	23156490	7494088	8010667	4248991	11826522	7141561	13341929	6325662	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION PHARMACY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	18	22	23	24	25	26	27	
83 KIDNEY ACQUISITION	238755	216892	128982		7676220	-345874	7330346	83
84 LIVER ACQUISITION	83958	198818	41225		3016787	-240043	2776744	84
85.01 PANCREAS ACQUISITION			11505		880032	-11505	868527	85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
86 OTHER ORGAN ACQUISITION (SPECIF		45186	2		571293	-45188	526105	86
95 SUBTOTALS	9219617	44630117	15842564	1750498	589965747	-61265379	528700368	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN					147052		147052	96
97 RESEARCH					971450		971450	97
97.01 ISPI RESEARCH			58		34074	-58	34016	97.01
98 PHYSICIANS' PRIVATE OFFICES		253041	352		417949	-253393	164556	98
98.01 FAMILY MED PHYSICIAN OFFICE					2519069		2519069	98.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	9219617	44883158	15842974	1750498	594055341	-61518830	532536511	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	ADMINIS-	AMBULATORY	MAIN-	
	CAP-REL COSTS 0	BLDGS + FIXTURES 3	MOVABLE EQUIPMENT 4	COST TO BE ALLOC 4A	BENEFITS 5	TRATIVE + GENERAL 6.01	ADMIN 6.02	TENANCE & REPAIRS 7	
83 KIDNEY ACQUISITION		15247	1423	16670	10	101829		3038 83	
84 LIVER ACQUISITION		3287		3287	3	39047		655 84	
85.01 PANCREAS ACQUISITION		512		512	1	12736		102 85.01	
85.02 INTESTINAL ACQUISITION								85.02	
85.03 ISLET CELL ACQUISITION								85.03	
86 OTHER ORGAN ACQUISITION (SPECIF		15867	25645	41512	1	5828		3162 86	
95 SUBTOTALS	4828192		14928849	19757041	1954	8196584	254218	841446 95	
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		5955		5955	1	1508		1187 96	
97 RESEARCH		27799		27799	3	10826		5539 97	
97.01 ISPI RESEARCH		1709		1709		74		340 97.01	
98 PHYSICIANS' PRIVATE OFFICES			51642	51642			798	98	
98.01 FAMILY MED PHYSICIAN OFFICE			13058	13058	10		12128	98.01	
101 CROSS FOOT ADJUSTMENTS								101	
102 NEGATIVE COST CENTER								102	
103 TOTAL		4863655	14993549	19857204	1968	8208992	267144	848512 103	

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	10	11	12	14	15	16	17	18	
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
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 ADMINISTRATIVE & GENERAL									6.01
6.02 AMBULATORY ADMIN									6.02
7 MAINTENANCE & REPAIRS									7
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING	192675								10
11 DIETARY	6832	305317							11
12 CAFETERIA		161946	161946						12
14 NURSING ADMINISTRATION	1303		3847	277637					14
15 CENTRAL SERVICES & SUPPLY	5061		2140		527291				15
16 PHARMACY	3110		5528	1045	4502	287505			16
17 MEDICAL RECORDS & LIBRARY	3667		1861				193530		17
18 SOCIAL SERVICE	962		3611	401	3			163361	18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	318		17757			2			22
23 I&R SERVICES-OTHER PRGM COSTS A			2823						23
24 PARAMED ED PRGM-(SPECIFY)			167						24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	28413	98241	30098	93160	30399	4986	15091	58342	25
26 INTENSIVE CARE UNIT	2442	8114	4803	16386	8626	670	2392	2789	26
27 CORONARY CARE UNIT	2621	6850	4380	15042	8764	876	2046	1395	27
27.01 PEDIATRIC INTENSIVE CAR	1487	5338	3191	10493	3908	421	1554	1860	27.01
27.02 NEONATAL INTENSIVE CARE	2760		8015	27741	7411	466	5031	1488	27.02
31 SUBPROVIDER I	5667	19098	3867	9624	461	15	2324	23244	31
31.01 SUBPROVIDER II	2227	5716	1064	2891	420	34	732	4649	31.01
33 NURSERY	900		704	2496			449		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	9801		7505	21055	74994	930	18318	325	37
38 RECOVERY ROOM			919	3081	53		718		38
39 DELIVERY ROOM & LABOR ROOM	5240		5039	14531	10038	525	3235	1627	39
40 ANESTHESIOLOGY	1289		686	1819	13955	4260	4800		40
41 RADIOLOGY-DIAGNOSTIC	1116		1802	428	920	445	2442		41
41.01 NUCLEAR MED - DIAG	464		363	178	208	29	1014		41.01
41.02 ONCOLOGY	4846		1375	892	127	88	3121		41.02
41.03 CAT SCAN	2702		1155	1042	1877	1534	5913		41.03
41.04 MAG RESONANCE IMAGING	1521		781	587	528	1682	3329		41.04
41.05 ULTRASOUND	495		567	192	1349	113	1083		41.05
41.06 VASCULAR XRAY	4549		1655	1758	34969	1977	9953		41.06
41.07 WEST HARRISON IMAGING			167				415		41.07
44 LABORATORY	13679		7619	1849	1721	7	25030		44
44.01 HISTOCOMPATIBILITY LAB	343		131		3		165		44.01
44.02 OUTREACH LAB	4100		2435				13997		44.02
47 BLOOD STORING, PROCESSING & TRA	536		811	5	56	163	3508		47
49 RESPIRATORY THERAPY	663		1651		2822		4421		49
50 PHYSICAL THERAPY	4223		1674		85	1	1258		50
51 OCCUPATIONAL THERAPY	2022		738		5		602		51
52 SPEECH PATHOLOGY	207		416		4	9	224		52
53 ELECTROCARDIOLOGY	365		91		93		429		53
54 ELECTROENCEPHALOGRAPHY	242		378	505	204	1	730		54
55 MEDICAL SUPPLIES CHARGED TO PAT					264881		3937		55
56 DRUGS CHARGED TO PATIENTS						250913	19161		56
57 RENAL DIALYSIS	3999		2541	4247	1676	1530	3991		57
58.01 HEART CATH LAB	3616		1479	1854	33706	1150	4246		58.01
58.02 CARDIOVASCULAR SVCS	769		499	573	29		903		58.02
58.03 PROSTHETICS	4042		722		32	1	188		58.03
58.04 GASTRO SERVICES	1959		1076	3133	5748	144	2673		58.04
58.05 OTHER TRANSPLANT SERVICES			225	299		11	68		58.05
58.06 PULMONARY LAB			73		97	2	282		58.06
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	22944		8896	13898	4428	3477	9753	22222	60
60.01 EYE CLINIC	4726		1769	639	210	4800	1383	4649	60.01
60.02 PRIMARY CARE CLINIC	3656		1747	2436	680	1253	1211		60.02
60.03 PEDS & ADOLESCENT CENTER	3175		1289	2403	808	1620	1462	19525	60.03
60.04 NEURO PSYCH CLINIC	9725		2053	897	11		752	9949	60.04
61 EMERGENCY	4653		4935	14943	6272	3342	6978	5579	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	
	KEEPING			ADMINIS-	SERVICES &		RECORDS &	SERVICE	
	10	11	12	TRATION	SUPPLY	16	LIBRARY	18	
				14	15		17		
83 KIDNEY ACQUISITION	701		1005	1407	2	4	1571	4230	83
84 LIVER ACQUISITION	151		250	513			502	1488	84
85.01 PANCREAS ACQUISITION	24		66	60			140		85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
86 OTHER ORGAN ACQUISITION (SPECIF	730		119	387	1	3			86
95 SUBTOTALS	191043	305303	160558	274890	527086	287484	193525	163361	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	274		101						96
97 RESEARCH	1279	7	265	760	194	18			97
97.01 ISPI RESEARCH	79	7	1	387			1		97.01
98 PHYSICIANS' PRIVATE OFFICES			36	80	11	3	4		98
98.01 FAMILY MED PHYSICIAN OFFICE			985	1520					98.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	192675	305317	161946	277637	527291	287505	193530	163361	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	PARAMED EDUCATION PHARMACY 24	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS							
1							1
2							2
3							3
4							4
5							5
6.01							6.01
6.02							6.02
7							7
9							9
10							10
11							11
12							12
14							14
15							15
16							16
17							17
18							18
20							20
21							21
22	686721						22
23		237491					23
24			26151				24
INPATIENT ROUTINE SERV COST CENTERS							
25				2385990		2385990	25
26				290987		290987	26
27				322627		322627	27
27.01				189965		189965	27.01
27.02				485239		485239	27.02
31				359414		359414	31
31.01				116288		116288	31.01
33				53785		53785	33
ANCILLARY SERVICE COST CENTERS							
37				1965214		1965214	37
38				38370		38370	38
39				471853		471853	39
40				428304		428304	40
41				1002889		1002889	41
41.01				585174		585174	41.01
41.02				527633		527633	41.02
41.03				130308		130308	41.03
41.04				209007		209007	41.04
41.05				45674		45674	41.05
41.06				1094250		1094250	41.06
41.07				10222		10222	41.07
44				1304339		1304339	44
44.01				29155		29155	44.01
44.02				323322		323322	44.02
47				153826		153826	47
49				212943		212943	49
50				185852		185852	50
51				83602		83602	51
52				25806		25806	52
53				37215		37215	53
54				67397		67397	54
55				636838		636838	55
56				747577		747577	56
57				300383		300383	57
58.01				950589		950589	58.01
58.02				124347		124347	58.02
58.03				139192		139192	58.03
58.04				198613		198613	58.04
58.05				28113		28113	58.05
58.06				44871		44871	58.06
OUTPATIENT SERVICE COST CENTERS							
60				975464		975464	60
60.01				186683		186683	60.01
60.02				218106		218106	60.02
60.03				130507		130507	60.03
60.04				335773		335773	60.04
61				372799		372799	61
62							62
OTHER REIMBURSABLE COST CENTERS							
71							71
HOME HEALTH AGENCY							
SPECIAL PURPOSE COST CENTERS							

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	PARAMED EDUCATION PHARMACY 24	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
83 KIDNEY ACQUISITION				130467		130467	83
84 LIVER ACQUISITION				45896		45896	84
85.01 PANCREAS ACQUISITION				13641		13641	85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
86 OTHER ORGAN ACQUISITION (SPECIF				51743		51743	86
95 SUBTOTALS				18768252		18768252	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN				9026		9026	96
97 RESEARCH				46690		46690	97
97.01 ISPI RESEARCH				2598		2598	97.01
98 PHYSICIANS' PRIVATE OFFICES				52574		52574	98
98.01 FAMILY MED PHYSICIAN OFFICE				27701		27701	98.01
101 CROSS FOOT ADJUSTMENTS	686721	237491	26151	950363		950363	101
102 NEGATIVE COST CENTER							102
103 TOTAL	686721	237491	26151	19857204		19857204	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-	RECON-
	BLDGS + FIXTURES SQUARE FEET	BLDGS + FIXTURES SQUARE FEET	MOVABLE EQUIPMENT (DOLLAR VALUE)	BENEFITS GROSS SALARIES		CILATION	
	1	3	4	5	6A.01	6.01	
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT	674645						1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT		674645					3
4 NEW CAP REL COSTS-MVBLE EQUIP			14930072				4
5 EMPLOYEE BENEFITS	273	273		260016934			5
6.01 ADMINISTRATIVE & GENERAL	67752	67752	7687628	43870913	-110575342	441097626	6.01
6.02 AMBULATORY ADMIN	3474	3474	76469	2604459		8881465	6.02
7 MAINTENANCE & REPAIRS	12494	12494	412117	660479		18515090	-23156490
9 LAUNDRY & LINEN SERVICE							7
10 HOUSEKEEPING	9649	9649	3356	5772		5689535	-7115799
11 DIETARY	20603	20603	17037	2873468		5546716	-6937178
12 CAFETERIA							12
14 NURSING ADMINISTRATION	3929	3929	66765	4990236		9211647	-11520841
15 CENTRAL SERVICES & SUPPLY	15262	15262	293272	2776240		5029405	-6290186
16 PHARMACY	9378	9378	4636	7169908		10076695	-12602741
17 MEDICAL RECORDS & LIBRARY	11058	11058	7521	2413209		4558054	-5700676
18 SOCIAL SERVICE	2900	2900		4683260		7161418	-8956657
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES	958	958		23030916		35474361	-44367145
23 I&R SERVICES-OTHER PRGM COSTS				3662079		12608224	-15768879
24 PARAMED ED PRGM-(SPECIFY)				216062		1396139	-1746126
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	85683	85683	201353	38989176		58236006	-72834831
26 INTENSIVE CARE UNIT	7363	7363	9830	6229876		9198576	-11504493
27 CORONARY CARE UNIT	7902	7902	54207	5681345		8482133	-10608451
27.01 PEDIATRIC INTENSIVE CAR	4484	4484	8341	4139305		6154556	-7697392
27.02 NEONATAL INTENSIVE CARE	8323	8323	73247	10395633		15407124	-19269413
31 SUBPROVIDER I	17088	17088	1085	5015222		7858408	-9828369
31.01 SUBPROVIDER II	6716	6716	1612	1380098		2088114	-2611567
33 NURSERY	2713	2713		913062		1384877	-1732041
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	29555	29555	869121	9734227		37821849	-47303106
38 RECOVERY ROOM				1192025		1804894	-2257348
39 DELIVERY ROOM & LABOR ROOM	15800	15800	122293	6536036		9250377	-11569280
40 ANESTHESIOLOGY	3887	3887	330621	889138		1926663	-2409643
41 RADIOLOGY-DIAGNOSTIC	3366	3366	886103	2336607		4123849	-5157624
41.01 NUCLEAR MED - DIAG	1398	1398	522664	470584		2468657	-3087505
41.02 ONCOLOGY	14614	14614	293069	1783296		5185710	-6485674
41.03 CAT SCAN	8149	8149	1579	1498350		2366031	-2959152
41.04 MAG RESONANCE IMAGING	4588	4588	128422	1012889		1716073	-2146262
41.05 ULTRASOUND	1493	1493	7955	735893		1126926	-1409426
41.06 VASCULAR XRAY	13718	13718	805411	2147045		6014694	-7522470
41.07 WEST HARRISON IMAGING				217150		517899	-647727
44 LABORATORY	41247	41247	448395	9881477		24043016	-30070167
44.01 HISTOCOMPATIBILITY LAB	1034	1034	11057	170096		455072	-569150
44.02 OUTREACH LAB	12362	12362	1105	3158023		10466207	-13089897
47 BLOOD STORING, PROCESSING & T	1615	1615	13110	1051984		6534673	-8172798
49 RESPIRATORY THERAPY	2000	2000	119525	2140930		3548910	-4438558
50 PHYSICAL THERAPY	12733	12733	6331	2171831		3339573	-4176744
51 OCCUPATIONAL THERAPY	6096	6096		956733		1478911	-1849647
52 SPEECH PATHOLOGY	625	625	4494	539044		807369	-1009762
53 ELECTROCARDIOLOGY	1102	1102	22151	117743		239807	-299922
54 ELECTROENCEPHALOGRAPHY	731	731	43535	490804		821772	-1027775
55 MEDICAL SUPPLIES CHARGED TO P						19775375	-24732706
56 DRUGS CHARGED TO PATIENTS						25658399	-32090498
57 RENAL DIALYSIS	12058	12058	53517	3295923		6683319	-8358707
58.01 HEART CATH LAB	10905	10905	721998	1918079		4576737	-5724043
58.02 CARDIOVASCULAR SVCS	2318	2318	81681	647573		1047837	-1310511
58.03 PROSTHETICS	12189	12189		937055		1548488	-1936666
58.04 GASTRO SERVICES	5907	5907	86447	1395751		2470877	-3090281
58.05 OTHER TRANSPLANT SERVICES			7076	291933		1096279	-1371096
58.06 PULMONARY LAB			40437	95228		204581	-255866
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	69186	69186	128866	11538711	-25728445		60
60.01 EYE CLINIC	14251	14251	20605	2294907	-3900519		60.01
60.02 PRIMARY CARE CLINIC	11024	11024	87914	2266509	-3729293		60.02
60.03 PEDS & ADOLESCENT CENTER	9574	9574	9574	1672254	-2766421		60.03
60.04 NEURO PSYCH CLINIC	29325	29325	32175	2662733	-4206907		60.04
61 EMERGENCY	14031	14031	22560	6400864		9784076	-12236768
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS							62

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		OLD CAP BLDGS + FIXTURES SQUARE FEET	NEW CAP BLDGS + FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT (DOLLAR VALUE)	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE + GENERAL ACCUM COST	RECON- CILIATION	
		1	3	4	5	6A.01	6.01		
71	HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS							71	
83	KIDNEY ACQUISITION	2115	2115	1417	1302980		5471710	-6843369 83	
84	LIVER ACQUISITION	456	456		324308		2098178	-2624153 84	
85.01	PANCREAS ACQUISITION	71	71		85251		684377	-855938 85.01	
85.02	INTESTINAL ACQUISITION							85.02	
85.03	ISLET CELL ACQUISITION							85.03	
86	OTHER ORGAN ACQUISITION (SPEC	2201	2201	25536	154031		313180	-391689 86	
95	SUBTOTALS	669726	669726	14865646	258216713	-150906927	440430888	-550839091 95	
NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & C	826	826		131011		81047	-101364 96	
97	RESEARCH	3856	3856		343479		581736	-727567 97	
97.01	ISPI RESEARCH	237	237		1439		3955	-4946 97.01	
98	PHYSICIANS' PRIVATE OFFICES			51423	47068	-126604		98	
98.01	FAMILY MED PHYSICIAN OFFICE			13003	1277224	-1924184		98.01	
101	CROSS FOOT ADJUSTMENTS							101	
102	NEGATIVE COST CENTER							102	
103	COST TO BE ALLOC PER B PT I		4863655	14993549	118905198		110575342	103	
104	UNIT COST MULT-WS B PT I		7.209206		.457298		.250682	104	
104	UNIT COST MULT-WS B PT I			1.004252				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				1968		8208992	107	
108	UNIT COST MULT-WS B PT III				.000008		.018610	108	
108	UNIT COST MULT-WS B PT III							108	

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	AMBULATORY	MAIN-	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	
	ADMIN	TENANCE & REPAIRS	KEEPING	(MEALS SERVED)	GROSS SALARIES	ADMINIS- TRATION PER CENT OF TIME	SERVICES & SUPPLY (COSTED REQUIS)	(COSTED REQUIS)	
	ACCUM COST	SQUARE FEET	SQUARE FEET						
	6.02	7	10	11	12	14	15	16	
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
83 KIDNEY ACQUISITION		2115	2115		1302980	513	127	424	83
84 LIVER ACQUISITION		456	456		324308	187			84
85.01 PANCREAS ACQUISITION		71	71		85251	22			85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
86 OTHER ORGAN ACQUISITION (SPEC		2201	2201		154031	141	42	292	86
95 SUBTOTALS	40331585	585733	576084	585504	208201622	100203	39350069	29398452	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C		826	826		131011				96
97 RESEARCH		3856	3856	14	343479	277	14516	1823	97
97.01 ISPI RESEARCH		237	237	14	1439	141			97.01
98 PHYSICIANS' PRIVATE OFFICES	126604				47068	29	839	301	98
98.01 FAMILY MED PHYSICIAN OFFICE	1924184				1277224	554			98.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	11107888	23156490	7494088	8010667	4248991	11826522	7141561	13341929	103
104 UNIT COST MULT-WS B PT I	.262087		12.898536		.020233		.181417		104
104 UNIT COST MULT-WS B PT I		39.204963		13.681006		116.858247		.453798	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	267144	848512	192675	305317	161946	277637	527291	287505	107
108 UNIT COST MULT-WS B PT III	.006303		.331625		.000771		.013395		108
108 UNIT COST MULT-WS B PT III		1.436568		.521435		2.743340		.009779	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL	SOCIAL	I&R	I&R	PARAMED	
	RECORDS & LIBRARY GROSS REVENUE	SERVICE (TIME SPENT)	SALARY & FRINGES (ASSIGNED TIME)	PROGRAM COSTS GROSS REVENUE	EDUCATION PHARMACY PATIENT DAYS	
	17	18	22	23	24	
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
4	NEW CAP REL COSTS-MVBLE EQUIP					4
5	EMPLOYEE BENEFITS					5
6.01	ADMINISTRATIVE & GENERAL					6.01
6.02	AMBULATORY ADMIN					6.02
7	MAINTENANCE & REPAIRS					7
9	LAUNDRY & LINEN SERVICE					9
10	HOUSEKEEPING					10
11	DIETARY					11
12	CAFETERIA					12
14	NURSING ADMINISTRATION					14
15	CENTRAL SERVICES & SUPPLY					15
16	PHARMACY					16
17	MEDICAL RECORDS & LIBRARY	1531557565				17
18	SOCIAL SERVICE		3514			18
20	NONPHYSICIAN ANESTHETISTS					20
21	NURSING SCHOOL					21
22	I&R SERVICES-SALARY & FRINGES		9933			22
23	I&R SERVICES-OTHER PRGM COSTS			1531557565		23
24	PARAMED ED PRGM-(SPECIFY)				118365	24
INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS	119773711	1255	955	119773711	68141
26	INTENSIVE CARE UNIT	18987286	60	152	18987286	5763
27	CORONARY CARE UNIT	16242012	30	135	16242012	4865
27.01	PEDIATRIC INTENSIVE CAR	12329906	40	86	12329906	3792
27.02	NEONATAL INTENSIVE CARE	39929583	32	285	39929583	13635
31	SUBPROVIDER I	18441158	500	131	18441158	13570
31.01	SUBPROVIDER II	5813476	100		5813476	4060
33	NURSERY	3566740		22	3566740	4539
ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	145379767	7	1295	145379767	37
38	RECOVERY ROOM	5696450			5696450	38
39	DELIVERY ROOM & LABOR ROOM	25676724	35	178	25676724	39
40	ANESTHESIOLOGY	38097853		286	38097853	40
41	RADIOLOGY-DIAGNOSTIC	19382095		103	19382095	41
41.01	NUCLEAR MED - DIAG	8048329		40	8048329	41.01
41.02	ONCOLOGY	24773157		263	24773157	41.02
41.03	CAT SCAN	46926505		173	46926505	41.03
41.04	MAG RESONANCE IMAGING	26418474		169	26418474	41.04
41.05	ULTRASOUND	8595920		37	8595920	41.05
41.06	VASCULAR XRAY	78994273		297	78994273	41.06
41.07	WEST HARRISON IMAGING	3295390			3295390	41.07
44	LABORATORY	194231503		1199	194231503	44
44.01	HISTOCOMPATIBILITY LAB	1307025			1307025	44.01
44.02	OUTREACH LAB	111086878			111086878	44.02
47	BLOOD STORING, PROCESSING & T	27842272		242	27842272	47
49	RESPIRATORY THERAPY	35086237		262	35086237	49
50	PHYSICAL THERAPY	9981810		55	9981810	50
51	OCCUPATIONAL THERAPY	4779365		29	4779365	51
52	SPEECH PATHOLOGY	1780655		28	1780655	52
53	ELECTROCARDIOLOGY	3403887		82	3403887	53
54	ELECTROENCEPHALOGRAPHY	5797057			5797057	54
55	MEDICAL SUPPLIES CHARGED TO P	31245037		347	31245037	55
56	DRUGS CHARGED TO PATIENTS	152073225		1585	152073225	56
57	RENAL DIALYSIS	31672616		169	31672616	57
58.01	HEART CATH LAB	33697330		364	33697330	58.01
58.02	CARDIOVASCULAR SVCS	7163525			7163525	58.02
58.03	PROSTHETICS	1492262			1492262	58.03
58.04	GASTRO SERVICES	21216577			21216577	58.04
58.05	OTHER TRANSPLANT SERVICES	540196			540196	58.05
58.06	PULMONARY LAB	2241021			2241021	58.06
OUTPATIENT SERVICE COST CENTERS						
60	CLINIC	77401677	478	214	77401677	60
60.01	EYE CLINIC	10975969	100	58	10975969	60.01
60.02	PRIMARY CARE CLINIC	9610268		65	9610268	60.02
60.03	PEDS & ADOLESCENT CENTER	11602140	420	103	11602140	60.03
60.04	NEURO PSYCH CLINIC	5969387	214	75	5969387	60.04
61	EMERGENCY	55384048	120	291	55384048	61
62	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS					62

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL	SOCIAL	I&R	I&R	PARAMED	
	RECORDS & LIBRARY GROSS REVENUE	SERVICE (TIME SPENT)	SALARY & FRINGES (ASSIGNED TIME)	PROGRAM COSTS GROSS REVENUE	EDUCATION PHARMACY PATIENT DAYS	
	17	18	22	23	24	
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
83 KIDNEY ACQUISITION	12469278		91	48	12469278	83
84 LIVER ACQUISITION	3985412		32	44	3985412	84
85.01 PANCREAS ACQUISITION	1112208				1112208	85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
86 OTHER ORGAN ACQUISITION (SPEC	190			10	190	86
95 SUBTOTALS	1531517864	3514		9877	1531517864	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & C						96
97 RESEARCH						97
97.01 ISPI RESEARCH	5640				5640	97.01
98 PHYSICIANS' PRIVATE OFFICES	34061			56	34061	98
98.01 FAMILY MED PHYSICIAN OFFICE						98.01
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 COST TO BE ALLOC PER B PT I	6325662	9219617	44883158	15842974	1750498	103
104 UNIT COST MULT-WS B PT I	.004130		4518.590355		14.788983	104
104 UNIT COST MULT-WS B PT I		2623.681559		.010344		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	193530	163361	686721	237491	26151	107
108 UNIT COST MULT-WS B PT III	.000126		69.135307		.220935	108
108 UNIT COST MULT-WS B PT III		46.488617		.000155		108

POST STEP DOWN ADJUSTMENTS

SUPPLEMENTAL
WORKSHEET B-2
(CONTINUED)

		----- WORKSHEET B -----			
DESCRIPTION		PART	LINE NO.	AMOUNT	
1		2	3	4	
1	EXCLUDE EPO FROM RENAL FACILITY	1	57	-1768	1
2					2
3	EXCLUDE ARANESP FROM RENAL FACILITY	1	57	-790930	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
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	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	90072168		90072168		90072168	25
26 INTENSIVE CARE UNIT	13394038		13394038		13394038	26
27 CORONARY CARE UNIT	12332668		12332668		12332668	27
27.01 PEDIATRIC INTENSIVE CAR	8886253		8886253		8886253	27.01
27.02 NEONATAL INTENSIVE CARE	21667602		21667602		21667602	27.02
31 SUBPROVIDER I	13326827		13326827		13326827	31
31.01 SUBPROVIDER II	3616257		3616257		3616257	31.01
33 NURSERY	2080071		2080071		2080071	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	51614490		51614490		51614490	37
38 RECOVERY ROOM	2436946		2436946		2436946	38
39 DELIVERY ROOM & LABOR ROOM	13501954		13501954		13501954	39
40 ANESTHESIOLOGY	3251673		3251673		3251673	40
41 RADIOLOGY-DIAGNOSTIC	5511682		5511682		5511682	41
41.01 NUCLEAR MED - DIAG	3214884		3214884		3214884	41.01
41.02 ONCOLOGY	7429312		7429312		7429312	41.02
41.03 CAT SCAN	3748875		3748875		3748875	41.03
41.04 MAG RESONANCE IMAGING	2625122		2625122		2625122	41.04
41.05 ULTRASOUND	1569314		1569314		1569314	41.05
41.06 VASCULAR XRAY	9247158		9247158		9247158	41.06
41.07 WEST HARRISON IMAGING	665731		665731		665731	41.07
44 LABORATORY	33324103		33324103		33324103	44
44.01 HISTOCOMPATIBILITY LAB	631912		631912		631912	44.01
44.02 OUTREACH LAB	14256686		14256686		14256686	44.02
47 BLOOD STORING, PROCESSING &	8401786		8401786		8401786	47
49 RESPIRATORY THERAPY	4769208		4769208		4769208	49
50 PHYSICAL THERAPY	4926552		4926552		4926552	50
51 OCCUPATIONAL THERAPY	2206433		2206433		2206433	51
52 SPEECH PATHOLOGY	1061056		1061056		1061056	52
53 ELECTROCARDIOLOGY	375034		375034		375034	53
54 ELECTROENCEPHALOGRAPHY	1124020		1124020		1124020	54
55 MEDICAL SUPPLIES CHARGED TO	28449344		28449344		28449344	55
56 DRUGS CHARGED TO PATIENTS	44362293		44362293		44362293	56
57 RENAL DIALYSIS	8666384		8666384		8666384	57
58.01 HEART CATH LAB	7059087		7059087		7059087	58.01
58.02 CARDIOVASCULAR SVCS	1498790		1498790		1498790	58.02
58.03 PROSTHETICS	2597359		2597359		2597359	58.03
58.04 GASTRO SERVICES	3731920		3731920		3731920	58.04
58.05 OTHER TRANSPLANT SERVICES	1392493		1392493		1392493	58.05
58.06 PULMONARY LAB	268445		268445		268445	58.06
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	38696957		38696957		38696957	60
60.01 EYE CLINIC	6272279		6272279		6272279	60.01
60.02 PRIMARY CARE CLINIC	5537737		5537737		5537737	60.02
60.03 PEDS & ADOLESCENT CENTER	5362487		5362487		5362487	60.03
60.04 NEURO PSYCH CLINIC	7515771		7515771		7515771	60.04
61 EMERGENCY	14517485		14517485		14517485	61
62 OBSERVATION BEDS (NON-DISTI OTHER REIMBURSABLE COST CENTERS	6779203		6779203		6779203	62
101 SUBTOTAL	523977849		523977849		523977849	101
102 LESS OBSERVATION BEDS	6779203		6779203		6779203	102
103 TOTAL	517198646		517198646		517198646	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	109494722		109494722			25
26 INTENSIVE CARE UNIT	18987286		18987286			26
27 CORONARY CARE UNIT	16242012		16242012			27
27.01 PEDIATRIC INTENSIVE CAR	12329906		12329906			27.01
27.02 NEONATAL INTENSIVE CARE	39929583		39929583			27.02
31 SUBPROVIDER I	18441158		18441158			31
31.01 SUBPROVIDER II	5813476		5813476			31.01
33 NURSERY	3566740		3566740			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	80766981	64612786	145379767	.355032	.355032	.355032 37
38 RECOVERY ROOM	2155814	3540636	5696450	.427801	.427801	.427801 38
39 DELIVERY ROOM & LABOR ROOM	20930705	4746019	25676724	.525844	.525844	.525844 39
40 ANESTHESIOLOGY	22889865	15207988	38097853	.085351	.085351	.085351 40
41 RADIOLOGY-DIAGNOSTIC	6772086	12610009	19382095	.284370	.284370	.284370 41
41.01 NUCLEAR MED - DIAG	1544214	6504115	8048329	.399447	.399447	.399447 41.01
41.02 ONCOLOGY	965433	23807724	24773157	.299894	.299894	.299894 41.02
41.03 CAT SCAN	21923556	25002949	46926505	.079888	.079888	.079888 41.03
41.04 MAG RESONANCE IMAGING	8338396	18080078	26418474	.099367	.099367	.099367 41.04
41.05 ULTRASOUND	3608218	4987702	8595920	.182565	.182565	.182565 41.05
41.06 VASCULAR XRAY	49395722	29598551	78994273	.117061	.117061	.117061 41.06
41.07 WEST HARRISON IMAGING	5740	3289650	3295390	.202019	.202019	.202019 41.07
44 LABORATORY	93023454	101208049	194231503	.171569	.171569	.171569 44
44.01 HISTOCOMPATIBILITY LAB	133620	1173405	1307025	.483474	.483474	.483474 44.01
44.02 OUTREACH LAB		111086878	111086878	.128338	.128338	.128338 44.02
47 BLOOD STORING, PROCESSING &	22914889	4927383	27842272	.301764	.301764	.301764 47
49 RESPIRATORY THERAPY	33276523	1809714	35086237	.135928	.135928	.135928 49
50 PHYSICAL THERAPY	3808407	6173403	9981810	.493553	.493553	.493553 50
51 OCCUPATIONAL THERAPY	3635466	1143899	4779365	.461658	.461658	.461658 51
52 SPEECH PATHOLOGY	1206253	574402	1780655	.595880	.595880	.595880 52
53 ELECTROCARDIOLOGY	2422856	981031	3403887	.110178	.110178	.110178 53
54 ELECTROENCEPHALOGRAPHY	5086194	710863	5797057	.193895	.193895	.193895 54
55 MEDICAL SUPPLIES CHARGED TO	30088079	1156958	31245037	.910524	.910524	.910524 55
56 DRUGS CHARGED TO PATIENTS	128708523	23364702	152073225	.291717	.291717	.291717 56
57 RENAL DIALYSIS	7350460	24322156	31672616	.273624	.273624	.273624 57
58.01 HEART CATH LAB	15244752	18452578	33697330	.209485	.209485	.209485 58.01
58.02 CARDIOVASCULAR SVCS	4636491	2527034	7163525	.209225	.209225	.209225 58.02
58.03 PROSTHETICS	26673	1465589	1492262	1.740552	1.740552	1.740552 58.03
58.04 GASTRO SERVICES	5766662	15449915	21216577	.175896	.175896	.175896 58.04
58.05 OTHER TRANSPLANT SERVICES	417282	122914	540196	2.577755	2.577755	2.577755 58.05
58.06 PULMONARY LAB	204572	2036449	2241021	.119787	.119787	.119787 58.06
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1044001	76357676	77401677	.499950	.499950	.499950 60
60.01 EYE CLINIC	20429	10955540	10975969	.571456	.571456	.571456 60.01
60.02 PRIMARY CARE CLINIC	142139	9468129	9610268	.576231	.576231	.576231 60.02
60.03 PEDS & ADOLESCENT CENTER	105987	11496153	11602140	.462198	.462198	.462198 60.03
60.04 NEURO PSYCH CLINIC	6872	5962515	5969387	1.259052	1.259052	1.259052 60.04
61 EMERGENCY	18121445	37262603	55384048	.262124	.262124	.262124 61
62 OBSERVATION BEDS (NON-DISTI OTHER REIMBURSABLE COST CENTERS	1470412	8808577	10278989	.659520	.659520	.659520 62
101 SUBTOTAL	822964054	690986722	1513950776			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	822964054	690986722	1513950776			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	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				2385990		2385990
26 INTENSIVE CARE UNIT				290987		290987
27 CORONARY CARE UNIT				322627		322627
27.01 PEDIATRIC INTENSIVE CAR				189965		189965
27.02 NEONATAL INTENSIVE CARE				485239		485239
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				359414		359414
31.01 SUBPROVIDER II				116288		116288
33 NURSERY				53785		53785
101 TOTAL				4204295		4204295

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----		
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
	7	8	9	10	11	12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	73478	18923			32.47	614430
26 INTENSIVE CARE UNIT	5763	1554			50.49	78461
27 CORONARY CARE UNIT	4865	1666			66.32	110489
27.01 PEDIATRIC INTENSIVE CAR	3792	101			50.10	5060
27.02 NEONATAL INTENSIVE CARE	13635				35.59	
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	13706	2681			26.22	70296
31.01 SUBPROVIDER II	4181	1331			27.81	37015
33 NURSERY	4539				11.85	
101 TOTAL	123959	26256				915751

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0150) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST	TOTAL CHARGES		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		1965214	145379767	19959497			.013518	269812 37
38 RECOVERY ROOM		38370	5696450	503900			.006736	3394 38
39 DELIVERY ROOM & LABOR ROOM		471853	25676724	239111			.018377	4394 39
40 ANESTHESIOLOGY		428304	38097853	3803711			.011242	42761 40
41 RADIOLOGY-DIAGNOSTIC		1002889	19382095	1912869			.051743	98978 41
41.01 NUCLEAR MED - DIAG		585174	8048329	511083			.072708	37160 41.01
41.02 ONCOLOGY		527633	24773157	221391			.021299	4715 41.02
41.03 CAT SCAN		130308	46926505	6386400			.002777	17735 41.03
41.04 MAG RESONANCE IMAGING		209007	26418474	1777215			.007911	14060 41.04
41.05 ULTRASOUND		45674	8595920	999406			.005313	5310 41.05
41.06 VASCULAR XRAY		1094250	78994273	13376671			.013852	185294 41.06
41.07 WEST HARRISON IMAGING		10222	3295390	2284			.003102	7 41.07
44 LABORATORY		1304339	194231503	26265769			.006715	176375 44
44.01 HISTOCOMPATIBILITY LAB		29155	1307025	22572			.022306	503 44.01
44.02 OUTREACH LAB		323322	111086878				.002911	44.02
47 BLOOD STORING, PROCESSING & T		153826	27842272	6104473			.005525	33727 47
49 RESPIRATORY THERAPY		212943	35086237	6931520			.006069	42067 49
50 PHYSICAL THERAPY		185852	9981810	689385			.018619	12836 50
51 OCCUPATIONAL THERAPY		83602	4779365	143380			.017492	2508 51
52 SPEECH PATHOLOGY		25806	1780655	207064			.014492	3001 52
53 ELECTROCARDIOLOGY		37215	3403887	923576			.010933	10097 53
54 ELECTROENCEPHALOGRAPHY		67397	5797057	1054537			.011626	12260 54
55 MEDICAL SUPPLIES CHARGED TO P		636838	31245037	6907740			.020382	140794 55
56 DRUGS CHARGED TO PATIENTS		747577	152073225	30328569			.004916	149095 56
57 RENAL DIALYSIS		300383	31672616	3884156			.009484	36837 57
58.01 HEART CATH LAB		950589	33697330	6597388			.028210	186112 58.01
58.02 CARDIOVASCULAR SVCS		124347	7163525	1335612			.017358	23184 58.02
58.03 PROSTHETICS		139192	1492262	4072			.093276	380 58.03
58.04 GASTRO SERVICES		198613	21216577	1883730			.009361	17634 58.04
58.05 OTHER TRANSPLANT SERVICES		28113	540196	74553			.052042	3880 58.05
58.06 PULMONARY LAB		44871	2241021	60848			.020023	1218 58.06
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		975464	77401677	402985			.012603	5079 60
60.01 EYE CLINIC		186683	10975969	6038			.017008	103 60.01
60.02 PRIMARY CARE CLINIC		218106	9610268	13340			.022695	303 60.02
60.03 PEDS & ADOLESCENT CENTER		130507	11602140	3422			.011249	38 60.03
60.04 NEURO PSYCH CLINIC		335773	5969387	439			.056249	25 60.04
61 EMERGENCY		372799	55384048	5284981			.006731	35573 61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		180237	10278989				.017535	62
101 TOTAL		14502447	1289145893	148823687				1577249 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	HEALTH	MEDICAL SWING-BED		
	COST	COST	COSTS	EDUCATION ADJUSTMENT	COSTS	
	1	2	2.01	2.02	3	4
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS			1007737			1007737
26 INTENSIVE CARE UNIT			85229			85229
27 CORONARY CARE UNIT			71948			71948
27.01 PEDIATRIC INTENSIVE CAR			56080			56080
27.02 NEONATAL INTENSIVE CARE			201648			201648
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I			200686			200686
31.01 SUBPROVIDER II			60043			60043
33 NURSERY			67127			67127
34 SKILLED NURSING FACILITY						
35 NURSING FACILITY						
101 TOTAL			1750498			1750498

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
INPAT ROUTINE SERV COST CTRS					
25 ADULTS & PEDIATRICS	73478	13.71	18923	259434	25
26 INTENSIVE CARE UNIT	5763	14.79	1554	22984	26
27 CORONARY CARE UNIT	4865	14.79	1666	24640	27
27.01 PEDIATRIC INTENSIVE CAR	3792	14.79	101	1494	27.01
27.02 NEONATAL INTENSIVE CARE	13635	14.79			27.02
28 BURN INTENSIVE CARE UNIT					28
29 SURGICAL INTENSIVE CARE UNIT					29
30 OTHER SPECIAL CARE (SPECIFY)					30
31 SUBPROVIDER I	13706	14.64	2681	39250	31
31.01 SUBPROVIDER II	4181	14.36	1331	19113	31.01
33 NURSERY	4539	14.79			33
34 SKILLED NURSING FACILITY					34
35 NURSING FACILITY					35
101 TOTAL	123959		26256	366915	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0150) [] 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	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 NUCLEAR MED - DIAG							41.01
41.02 ONCOLOGY							41.02
41.03 CAT SCAN							41.03
41.04 MAG RESONANCE IMAGING							41.04
41.05 ULTRASOUND							41.05
41.06 VASCULAR XRAY							41.06
41.07 WEST HARRISON IMAGING							41.07
44 LABORATORY							44
44.01 HISTOCOMPATIBILITY LAB							44.01
44.02 OUTREACH LAB							44.02
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58.01 HEART CATH LAB							58.01
58.02 CARDIOVASCULAR SVCS							58.02
58.03 PROSTHETICS							58.03
58.04 GASTRO SERVICES							58.04
58.05 OTHER TRANSPLANT SERVICES							58.05
58.06 PULMONARY LAB							58.06
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 EYE CLINIC							60.01
60.02 PRIMARY CARE CLINIC							60.02
60.03 PEDS & ADOLESCENT CENTER							60.03
60.04 NEURO PSYCH CLINIC							60.04
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC				76924			76924 62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				76924			76924 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0150) [] 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 CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		145379767			19959497		14965199 37
38 RECOVERY ROOM		5696450			503900		529571 38
39 DELIVERY ROOM & LABOR ROOM		25676724			239111		3790 39
40 ANESTHESIOLOGY		38097853			3803711		3007843 40
41 RADIOLOGY-DIAGNOSTIC		19382095			1912869		2186387 41
41.01 NUCLEAR MED - DIAG		8048329			511083		1953064 41.01
41.02 ONCOLOGY		24773157			221391		2679837 41.02
41.03 CAT SCAN		46926505			6386400		6255468 41.03
41.04 MAG RESONANCE IMAGING		26418474			1777215		3794131 41.04
41.05 ULTRASOUND		8595920			999406		1161948 41.05
41.06 VASCULAR XRAY		78994273			13376671		10522351 41.06
41.07 WEST HARRISON IMAGING		3295390			2284		222287 41.07
44 LABORATORY		194231503			26265769		1616863 44
44.01 HISTOCOMPATIBILITY LAB		1307025			22572		44.01
44.02 OUTREACH LAB		111086878					44.02
47 BLOOD STORING, PROCESSING & T		27842272			6104473		546297 47
49 RESPIRATORY THERAPY		35086237			6931520		493422 49
50 PHYSICAL THERAPY		9981810			689385		999 50
51 OCCUPATIONAL THERAPY		4779365			143380		51
52 SPEECH PATHOLOGY		1780655			207064		5024 52
53 ELECTROCARDIOLOGY		3403887			923576		400523 53
54 ELECTROENCEPHALOGRAPHY		5797057			1054537		203620 54
55 MEDICAL SUPPLIES CHARGED TO P		31245037			6907740		320736 55
56 DRUGS CHARGED TO PATIENTS		152073225			30328569		5713948 56
57 RENAL DIALYSIS		31672616			3884156		59679 57
58.01 HEART CATH LAB		33697330			6597388		7245238 58.01
58.02 CARDIOVASCULAR SVCS		7163525			1335612		924275 58.02
58.03 PROSTHETICS		1492262			4072		367903 58.03
58.04 GASTRO SERVICES		21216577			1883730		3854594 58.04
58.05 OTHER TRANSPLANT SERVICES		540196			74553		58.05
58.06 PULMONARY LAB		2241021			60848		578495 58.06
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		77401677			402985		25126201 60
60.01 EYE CLINIC		10975969			6038		4274658 60.01
60.02 PRIMARY CARE CLINIC		9610268			13340		426528 60.02
60.03 PEDS & ADOLESCENT CENTER		11602140			3422		50120 60.03
60.04 NEURO PSYCH CLINIC		5969387			439		546004 60.04
61 EMERGENCY		55384048			5284981		5197701 61
62 OBSERVATION BEDS (NON-DISTINC	76924	10278989	.007484	.007484			2295436 62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	76924	1289145893			148823687		107530140 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0150) [] 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
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 NUCLEAR MED - DIAG					41.01
41.02 ONCOLOGY					41.02
41.03 CAT SCAN					41.03
41.04 MAG RESONANCE IMAGING					41.04
41.05 ULTRASOUND					41.05
41.06 VASCULAR XRAY					41.06
41.07 WEST HARRISON IMAGING					41.07
44 LABORATORY					44
44.01 HISTOCOMPATIBILITY LAB					44.01
44.02 OUTREACH LAB					44.02
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58.01 HEART CATH LAB					58.01
58.02 CARDIOVASCULAR SVCS					58.02
58.03 PROSTHETICS					58.03
58.04 GASTRO SERVICES					58.04
58.05 OTHER TRANSPLANT SERVICES					58.05
58.06 PULMONARY LAB					58.06
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 EYE CLINIC					60.01
60.02 PRIMARY CARE CLINIC					60.02
60.03 PEDS & ADOLESCENT CENTER					60.03
60.04 NEURO PSYCH CLINIC					60.04
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC			17179		62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL			17179		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0150) [] 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		DIAGNOSTIC
				CENTER		
				2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.355032	.355032	.355032			37
38 RECOVERY ROOM	.427801	.427801	.427801			38
39 DELIVERY ROOM & LABOR ROOM	.525844	.525844	.525844			39
40 ANESTHESIOLOGY	.085351	.085351	.085351			40
41 RADIOLOGY-DIAGNOSTIC	.284370	.284370	.284370			41
41.01 NUCLEAR MED - DIAG	.399447	.399447	.399447			41.01
41.02 ONCOLOGY	.299894	.299894	.299894			41.02
41.03 CAT SCAN	.079888	.079888	.079888			41.03
41.04 MAG RESONANCE IMAGING	.099367	.099367	.099367			41.04
41.05 ULTRASOUND	.182565	.182565	.182565			41.05
41.06 VASCULAR XRAY	.117061	.117061	.117061			41.06
41.07 WEST HARRISON IMAGING	.202019	.202019	.202019			41.07
44 LABORATORY	.171569	.171569	.171569			44
44.01 HISTOCOMPATIBILITY LAB	.483474	.483474	.483474			44.01
44.02 OUTREACH LAB	.128338	.128338	.128338			44.02
47 BLOOD STORING, PROCESSING & TRA	.301764	.301764	.301764			47
49 RESPIRATORY THERAPY	.135928	.135928	.135928			49
50 PHYSICAL THERAPY	.493553	.493553	.493553			50
51 OCCUPATIONAL THERAPY	.461658	.461658	.461658			51
52 SPEECH PATHOLOGY	.595880	.595880	.595880			52
53 ELECTROCARDIOLOGY	.110178	.110178	.110178			53
54 ELECTROENCEPHALOGRAPHY	.193895	.193895	.193895			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.910524	.910524	.910524			55
56 DRUGS CHARGED TO PATIENTS	.291717	.291717	.291717			56
57 RENAL DIALYSIS	.273624	.273624	.273624			57
58.01 HEART CATH LAB	.209485	.209485	.209485			58.01
58.02 CARDIOVASCULAR SVCS	.209225	.209225	.209225			58.02
58.03 PROSTHETICS	1.740552	1.740552	1.740552			58.03
58.04 GASTRO SERVICES	.175896	.175896	.175896			58.04
58.05 OTHER TRANSPLANT SERVICES	2.577755	2.577755	2.577755			58.05
58.06 PULMONARY LAB	.119787	.119787	.119787			58.06
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.499950	.499950	.499950			60
60.01 EYE CLINIC	.571456	.571456	.571456			60.01
60.02 PRIMARY CARE CLINIC	.576231	.576231	.576231			60.02
60.03 PEDS & ADOLESCENT CENTER	.462198	.462198	.462198			60.03
60.04 NEURO PSYCH CLINIC	1.259052	1.259052	1.259052			60.04
61 EMERGENCY	.262124	.262124	.262124			61
62 OBSERVATION BEDS (NON-DISTINCT	.659520	.659520	.659520			62
OTHER REIMBURSABLE COST CENTERS						
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						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	.291717	1
2 PROGRAM VACCINE CHARGES	37177	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	10845	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 (14-0150) [] 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) (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		14965199						37
38 RECOVERY ROOM		529571						38
39 DELIVERY ROOM & LABOR ROOM		3790						39
40 ANESTHESIOLOGY		3007843						40
41 RADIOLOGY-DIAGNOSTIC		2186387						41
41.01 NUCLEAR MED - DIAG		1953064						41.01
41.02 ONCOLOGY		2679837						41.02
41.03 CAT SCAN		6255468						41.03
41.04 MAG RESONANCE IMAGING		3794131						41.04
41.05 ULTRASOUND		1161948						41.05
41.06 VASCULAR XRAY		10522351						41.06
41.07 WEST HARRISON IMAGING		222287						41.07
44 LABORATORY		1616863						44
44.01 HISTOCOMPATIBILITY LAB								44.01
44.02 OUTREACH LAB								44.02
47 BLOOD STORING, PROCESSING & TR		546297						47
49 RESPIRATORY THERAPY		493422						49
50 PHYSICAL THERAPY		999						50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		5024						52
53 ELECTROCARDIOLOGY		400523						53
54 ELECTROENCEPHALOGRAPHY		203620						54
55 MEDICAL SUPPLIES CHARGED TO PA		320736						55
56 DRUGS CHARGED TO PATIENTS		5713948						56
57 RENAL DIALYSIS		59679						57
58.01 HEART CATH LAB		7245238						58.01
58.02 CARDIOVASCULAR SVCS		924275						58.02
58.03 PROSTHETICS		367903						58.03
58.04 GASTRO SERVICES		3854594						58.04
58.05 OTHER TRANSPLANT SERVICES								58.05
58.06 PULMONARY LAB		578495						58.06
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		25126201						60
60.01 EYE CLINIC		4274658						60.01
60.02 PRIMARY CARE CLINIC		426528						60.02
60.03 PEDS & ADOLESCENT CENTER		50120						60.03
60.04 NEURO PSYCH CLINIC		546004						60.04
61 EMERGENCY		5197701						61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)		2295436						62
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		107530140						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		107530140						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0150) [] 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		5313125					37
38 RECOVERY ROOM		226551					38
39 DELIVERY ROOM & LABOR ROOM		1993					39
40 ANESTHESIOLOGY		256722					40
41 RADIOLOGY-DIAGNOSTIC		621743					41
41.01 NUCLEAR MED - DIAG		780146					41.01
41.02 ONCOLOGY		803667					41.02
41.03 CAT SCAN		499737					41.03
41.04 MAG RESONANCE IMAGING		377011					41.04
41.05 ULTRASOUND		212131					41.05
41.06 VASCULAR XRAY		1231757					41.06
41.07 WEST HARRISON IMAGING		44906					41.07
44 LABORATORY		277404					44
44.01 HISTOCOMPATIBILITY LAB							44.01
44.02 OUTREACH LAB							44.02
47 BLOOD STORING, PROCESSING & TRA		164853					47
49 RESPIRATORY THERAPY		67070					49
50 PHYSICAL THERAPY		493					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		2994					52
53 ELECTROCARDIOLOGY		44129					53
54 ELECTROENCEPHALOGRAPHY		39481					54
55 MEDICAL SUPPLIES CHARGED TO PAT		292038					55
56 DRUGS CHARGED TO PATIENTS		1666856					56
57 RENAL DIALYSIS		16330					57
58.01 HEART CATH LAB		1517769					58.01
58.02 CARDIOVASCULAR SVCS		193381					58.02
58.03 PROSTHETICS		640354					58.03
58.04 GASTRO SERVICES		678008					58.04
58.05 OTHER TRANSPLANT SERVICES							58.05
58.06 PULMONARY LAB		69296					58.06
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		12561844					60
60.01 EYE CLINIC		2442779					60.01
60.02 PRIMARY CARE CLINIC		245779					60.02
60.03 PEDS & ADOLESCENT CENTER		23165					60.03
60.04 NEURO PSYCH CLINIC		687447					60.04
61 EMERGENCY		1362442					61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS		1513886					62
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		34877287					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		34877287					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-S150) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST	TOTAL CHARGES		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		1965214	145379767	23			.013518	37
38 RECOVERY ROOM		38370	5696450	22275			.006736	150 38
39 DELIVERY ROOM & LABOR ROOM		471853	25676724	776			.018377	14 39
40 ANESTHESIOLOGY		428304	38097853	46201			.011242	519 40
41 RADIOLOGY-DIAGNOSTIC		1002889	19382095	12972			.051743	671 41
41.01 NUCLEAR MED - DIAG		585174	8048329	10210			.072708	742 41.01
41.02 ONCOLOGY		527633	24773157				.021299	41.02
41.03 CAT SCAN		130308	46926505	86240			.002777	239 41.03
41.04 MAG RESONANCE IMAGING		209007	26418474	99929			.007911	791 41.04
41.05 ULTRASOUND		45674	8595920	3944			.005313	21 41.05
41.06 VASCULAR XRAY		1094250	78994273	1952			.013852	27 41.06
41.07 WEST HARRISON IMAGING		10222	3295390				.003102	41.07
44 LABORATORY		1304339	194231503	376256			.006715	2527 44
44.01 HISTOCOMPATIBILITY LAB		29155	1307025				.022306	44.01
44.02 OUTREACH LAB		323322	111086878				.002911	44.02
47 BLOOD STORING, PROCESSING & T		153826	27842272	7994			.005525	44 47
49 RESPIRATORY THERAPY		212943	35086237	26918			.006069	163 49
50 PHYSICAL THERAPY		185852	9981810	8431			.018619	157 50
51 OCCUPATIONAL THERAPY		83602	4779365	289571			.017492	5065 51
52 SPEECH PATHOLOGY		25806	1780655	2112			.014492	31 52
53 ELECTROCARDIOLOGY		37215	3403887	13668			.010933	149 53
54 ELECTROENCEPHALOGRAPHY		67397	5797057	71307			.011626	829 54
55 MEDICAL SUPPLIES CHARGED TO P		636838	31245037	99489			.020382	2028 55
56 DRUGS CHARGED TO PATIENTS		747577	152073225	525109			.004916	2581 56
57 RENAL DIALYSIS		300383	31672616	6912			.009484	66 57
58.01 HEART CATH LAB		950589	33697330	13868			.028210	391 58.01
58.02 CARDIOVASCULAR SVCS		124347	7163525	7233			.017358	126 58.02
58.03 PROSTHETICS		139192	1492262				.093276	58.03
58.04 GASTRO SERVICES		198613	21216577	8409			.009361	79 58.04
58.05 OTHER TRANSPLANT SERVICES		28113	540196				.052042	58.05
58.06 PULMONARY LAB		44871	2241021				.020023	58.06
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		975464	77401677	284			.012603	4 60
60.01 EYE CLINIC		186683	10975969				.017008	60.01
60.02 PRIMARY CARE CLINIC		218106	9610268				.022695	60.02
60.03 PEDS & ADOLESCENT CENTER		130507	11602140				.011249	60.03
60.04 NEURO PSYCH CLINIC		335773	5969387	2109			.056249	119 60.04
61 EMERGENCY		372799	55384048	190626			.006731	1283 61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		180237	10278989				.017535	62
101 TOTAL		14502447	1289145893	1934818				18816 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-S150) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 NUCLEAR MED - DIAG							41.01
41.02 ONCOLOGY							41.02
41.03 CAT SCAN							41.03
41.04 MAG RESONANCE IMAGING							41.04
41.05 ULTRASOUND							41.05
41.06 VASCULAR XRAY							41.06
41.07 WEST HARRISON IMAGING							41.07
44 LABORATORY							44
44.01 HISTOCOMPATIBILITY LAB							44.01
44.02 OUTREACH LAB							44.02
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58.01 HEART CATH LAB							58.01
58.02 CARDIOVASCULAR SVCS							58.02
58.03 PROSTHETICS							58.03
58.04 GASTRO SERVICES							58.04
58.05 OTHER TRANSPLANT SERVICES							58.05
58.06 PULMONARY LAB							58.06
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 EYE CLINIC							60.01
60.02 PRIMARY CARE CLINIC							60.02
60.03 PEDS & ADOLESCENT CENTER							60.03
60.04 NEURO PSYCH CLINIC							60.04
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC				76924			76924 62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				76924			76924 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-S150) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF COST TO CHARGES	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS			TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS	PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		145379767				23	37
38 RECOVERY ROOM		5696450				22275	38
39 DELIVERY ROOM & LABOR ROOM		25676724				776	39
40 ANESTHESIOLOGY		38097853				46201	40
41 RADIOLOGY-DIAGNOSTIC		19382095				12972	1136 41
41.01 NUCLEAR MED - DIAG		8048329				10210	3184 41.01
41.02 ONCOLOGY		24773157					41.02
41.03 CAT SCAN		46926505				86240	1223 41.03
41.04 MAG RESONANCE IMAGING		26418474				99929	10324 41.04
41.05 ULTRASOUND		8595920				3944	41.05
41.06 VASCULAR XRAY		78994273				1952	600 41.06
41.07 WEST HARRISON IMAGING		3295390					41.07
44 LABORATORY		194231503				376256	44
44.01 HISTOCOMPATIBILITY LAB		1307025					44.01
44.02 OUTREACH LAB		111086878					44.02
47 BLOOD STORING, PROCESSING & T		27842272				7994	47
49 RESPIRATORY THERAPY		35086237				26918	1129 49
50 PHYSICAL THERAPY		9981810				8431	50
51 OCCUPATIONAL THERAPY		4779365				289571	51
52 SPEECH PATHOLOGY		1780655				2112	52
53 ELECTROCARDIOLOGY		3403887				13668	2136 53
54 ELECTROENCEPHALOGRAPHY		5797057				71307	54
55 MEDICAL SUPPLIES CHARGED TO P		31245037				99489	55
56 DRUGS CHARGED TO PATIENTS		152073225				525109	5369 56
57 RENAL DIALYSIS		31672616				6912	57
58.01 HEART CATH LAB		33697330				13868	58.01
58.02 CARDIOVASCULAR SVCS		7163525				7233	58.02
58.03 PROSTHETICS		1492262					58.03
58.04 GASTRO SERVICES		21216577				8409	58.04
58.05 OTHER TRANSPLANT SERVICES		540196					58.05
58.06 PULMONARY LAB		2241021					58.06
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		77401677				284	60
60.01 EYE CLINIC		10975969					60.01
60.02 PRIMARY CARE CLINIC		9610268					60.02
60.03 PEDS & ADOLESCENT CENTER		11602140					60.03
60.04 NEURO PSYCH CLINIC		5969387				2109	60.04
61 EMERGENCY		55384048				190626	5180 61
62 OBSERVATION BEDS (NON-DISTINC	76924	10278989	.007484	.007484			62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	76924	1289145893				1934818	30281 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-S150) [] 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
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 NUCLEAR MED - DIAG					41.01
41.02 ONCOLOGY					41.02
41.03 CAT SCAN					41.03
41.04 MAG RESONANCE IMAGING					41.04
41.05 ULTRASOUND					41.05
41.06 VASCULAR XRAY					41.06
41.07 WEST HARRISON IMAGING					41.07
44 LABORATORY					44
44.01 HISTOCOMPATIBILITY LAB					44.01
44.02 OUTREACH LAB					44.02
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58.01 HEART CATH LAB					58.01
58.02 CARDIOVASCULAR SVCS					58.02
58.03 PROSTHETICS					58.03
58.04 GASTRO SERVICES					58.04
58.05 OTHER TRANSPLANT SERVICES					58.05
58.06 PULMONARY LAB					58.06
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 EYE CLINIC					60.01
60.02 PRIMARY CARE CLINIC					60.02
60.03 PEDS & ADOLESCENT CENTER					60.03
60.04 NEURO PSYCH CLINIC					60.04
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S150) [] 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		DIAGNOSTIC
				CENTER		
				2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.355032	.355032	.355032			37
38 RECOVERY ROOM	.427801	.427801	.427801			38
39 DELIVERY ROOM & LABOR ROOM	.525844	.525844	.525844			39
40 ANESTHESIOLOGY	.085351	.085351	.085351			40
41 RADIOLOGY-DIAGNOSTIC	.284370	.284370	.284370			41
41.01 NUCLEAR MED - DIAG	.399447	.399447	.399447			41.01
41.02 ONCOLOGY	.299894	.299894	.299894			41.02
41.03 CAT SCAN	.079888	.079888	.079888			41.03
41.04 MAG RESONANCE IMAGING	.099367	.099367	.099367			41.04
41.05 ULTRASOUND	.182565	.182565	.182565			41.05
41.06 VASCULAR XRAY	.117061	.117061	.117061			41.06
41.07 WEST HARRISON IMAGING	.202019	.202019	.202019			41.07
44 LABORATORY	.171569	.171569	.171569			44
44.01 HISTOCOMPATIBILITY LAB	.483474	.483474	.483474			44.01
44.02 OUTREACH LAB	.128338	.128338	.128338			44.02
47 BLOOD STORING, PROCESSING & TRA	.301764	.301764	.301764			47
49 RESPIRATORY THERAPY	.135928	.135928	.135928			49
50 PHYSICAL THERAPY	.493553	.493553	.493553			50
51 OCCUPATIONAL THERAPY	.461658	.461658	.461658			51
52 SPEECH PATHOLOGY	.595880	.595880	.595880			52
53 ELECTROCARDIOLOGY	.110178	.110178	.110178			53
54 ELECTROENCEPHALOGRAPHY	.193895	.193895	.193895			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.910524	.910524	.910524			55
56 DRUGS CHARGED TO PATIENTS	.291717	.291717	.291717			56
57 RENAL DIALYSIS	.273624	.273624	.273624			57
58.01 HEART CATH LAB	.209485	.209485	.209485			58.01
58.02 CARDIOVASCULAR SVCS	.209225	.209225	.209225			58.02
58.03 PROSTHETICS	1.740552	1.740552	1.740552			58.03
58.04 GASTRO SERVICES	.175896	.175896	.175896			58.04
58.05 OTHER TRANSPLANT SERVICES	2.577755	2.577755	2.577755			58.05
58.06 PULMONARY LAB	.119787	.119787	.119787			58.06
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.499950	.499950	.499950			60
60.01 EYE CLINIC	.571456	.571456	.571456			60.01
60.02 PRIMARY CARE CLINIC	.576231	.576231	.576231			60.02
60.03 PEDS & ADOLESCENT CENTER	.462198	.462198	.462198			60.03
60.04 NEURO PSYCH CLINIC	1.259052	1.259052	1.259052			60.04
61 EMERGENCY	.262124	.262124	.262124			61
62 OBSERVATION BEDS (NON-DISTINCT	.659520	.659520	.659520			62
OTHER REIMBURSABLE COST CENTERS						
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						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	.291717	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		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 [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S150) [] 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 (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		1136						41
41.01 NUCLEAR MED - DIAG		3184						41.01
41.02 ONCOLOGY								41.02
41.03 CAT SCAN		1223						41.03
41.04 MAG RESONANCE IMAGING		10324						41.04
41.05 ULTRASOUND								41.05
41.06 VASCULAR XRAY		600						41.06
41.07 WEST HARRISON IMAGING								41.07
44 LABORATORY								44
44.01 HISTOCOMPATIBILITY LAB								44.01
44.02 OUTREACH LAB								44.02
47 BLOOD STORING, PROCESSING & TR								47
49 RESPIRATORY THERAPY		1129						49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		2136						53
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO PA								55
56 DRUGS CHARGED TO PATIENTS		5369						56
57 RENAL DIALYSIS								57
58.01 HEART CATH LAB								58.01
58.02 CARDIOVASCULAR SVCS								58.02
58.03 PROSTHETICS								58.03
58.04 GASTRO SERVICES								58.04
58.05 OTHER TRANSPLANT SERVICES								58.05
58.06 PULMONARY LAB								58.06
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 EYE CLINIC								60.01
60.02 PRIMARY CARE CLINIC								60.02
60.03 PEDS & ADOLESCENT CENTER								60.03
60.04 NEURO PSYCH CLINIC								60.04
61 EMERGENCY		5180						61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)								62
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		30281						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		30281						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S150) [] 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							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		323					41
41.01 NUCLEAR MED - DIAG		1272					41.01
41.02 ONCOLOGY							41.02
41.03 CAT SCAN		98					41.03
41.04 MAG RESONANCE IMAGING		1026					41.04
41.05 ULTRASOUND							41.05
41.06 VASCULAR XRAY		70					41.06
41.07 WEST HARRISON IMAGING							41.07
44 LABORATORY							44
44.01 HISTOCOMPATIBILITY LAB							44.01
44.02 OUTREACH LAB							44.02
47 BLOOD STORING, PROCESSING & TRA							47
49 RESPIRATORY THERAPY		153					49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		235					53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO PAT							55
56 DRUGS CHARGED TO PATIENTS		1566					56
57 RENAL DIALYSIS							57
58.01 HEART CATH LAB							58.01
58.02 CARDIOVASCULAR SVCS							58.02
58.03 PROSTHETICS							58.03
58.04 GASTRO SERVICES							58.04
58.05 OTHER TRANSPLANT SERVICES							58.05
58.06 PULMONARY LAB							58.06
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 EYE CLINIC							60.01
60.02 PRIMARY CARE CLINIC							60.02
60.03 PEDS & ADOLESCENT CENTER							60.03
60.04 NEURO PSYCH CLINIC							60.04
61 EMERGENCY		1358					61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS							62
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		6101					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		6101					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 [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T150)

COST CENTER DESCRIPTION	OLD	NEW		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST	TOTAL CHARGES		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		1965214	145379767				.013518	37
38 RECOVERY ROOM		38370	5696450	37			.006736	38
39 DELIVERY ROOM & LABOR ROOM		471853	25676724				.018377	39
40 ANESTHESIOLOGY		428304	38097853				.011242	40
41 RADIOLOGY-DIAGNOSTIC		1002889	19382095	20036			.051743	1037 41
41.01 NUCLEAR MED - DIAG		585174	8048329	5203			.072708	378 41.01
41.02 ONCOLOGY		527633	24773157				.021299	41.02
41.03 CAT SCAN		130308	46926505	29958			.002777	83 41.03
41.04 MAG RESONANCE IMAGING		209007	26418474	18522			.007911	147 41.04
41.05 ULTRASOUND		45674	8595920	9703			.005313	52 41.05
41.06 VASCULAR XRAY		1094250	78994273	2445			.013852	34 41.06
41.07 WEST HARRISON IMAGING		10222	3295390				.003102	41.07
44 LABORATORY		1304339	194231503	239940			.006715	1611 44
44.01 HISTOCOMPATIBILITY LAB		29155	1307025				.022306	44.01
44.02 OUTREACH LAB		323322	111086878				.002911	44.02
47 BLOOD STORING, PROCESSING & T		153826	27842272	11982			.005525	66 47
49 RESPIRATORY THERAPY		212943	35086237	94831			.006069	576 49
50 PHYSICAL THERAPY		185852	9981810	425193			.018619	7917 50
51 OCCUPATIONAL THERAPY		83602	4779365	465160			.017492	8137 51
52 SPEECH PATHOLOGY		25806	1780655	131214			.014492	1902 52
53 ELECTROCARDIOLOGY		37215	3403887	3933			.010933	43 53
54 ELECTROENCEPHALOGRAPHY		67397	5797057	12344			.011626	144 54
55 MEDICAL SUPPLIES CHARGED TO P		636838	31245037	123047			.020382	2508 55
56 DRUGS CHARGED TO PATIENTS		747577	152073225	544570			.004916	2677 56
57 RENAL DIALYSIS		300383	31672616	168192			.009484	1595 57
58.01 HEART CATH LAB		950589	33697330	5003			.028210	141 58.01
58.02 CARDIOVASCULAR SVCS		124347	7163525	15992			.017358	278 58.02
58.03 PROSTHETICS		139192	1492262				.093276	58.03
58.04 GASTRO SERVICES		198613	21216577				.009361	58.04
58.05 OTHER TRANSPLANT SERVICES		28113	540196				.052042	58.05
58.06 PULMONARY LAB		44871	2241021				.020023	58.06
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		975464	77401677	344			.012603	4 60
60.01 EYE CLINIC		186683	10975969				.017008	60.01
60.02 PRIMARY CARE CLINIC		218106	9610268				.022695	60.02
60.03 PEDS & ADOLESCENT CENTER		130507	11602140				.011249	60.03
60.04 NEURO PSYCH CLINIC		335773	5969387				.056249	60.04
61 EMERGENCY		372799	55384048	4769			.006731	32 61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		180237	10278989				.017535	62
101 TOTAL		14502447	1289145893	2332418				29362 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 [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T150) [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 NUCLEAR MED - DIAG							41.01
41.02 ONCOLOGY							41.02
41.03 CAT SCAN							41.03
41.04 MAG RESONANCE IMAGING							41.04
41.05 ULTRASOUND							41.05
41.06 VASCULAR XRAY							41.06
41.07 WEST HARRISON IMAGING							41.07
44 LABORATORY							44
44.01 HISTOCOMPATIBILITY LAB							44.01
44.02 OUTREACH LAB							44.02
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58.01 HEART CATH LAB							58.01
58.02 CARDIOVASCULAR SVCS							58.02
58.03 PROSTHETICS							58.03
58.04 GASTRO SERVICES							58.04
58.05 OTHER TRANSPLANT SERVICES							58.05
58.06 PULMONARY LAB							58.06
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 EYE CLINIC							60.01
60.02 PRIMARY CARE CLINIC							60.02
60.03 PEDS & ADOLESCENT CENTER							60.03
60.04 NEURO PSYCH CLINIC							60.04
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC				76924			76924 62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				76924			76924 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 [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T150) [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS	PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		145379767					37
38 RECOVERY ROOM		5696450				37	38
39 DELIVERY ROOM & LABOR ROOM		25676724					39
40 ANESTHESIOLOGY		38097853					40
41 RADIOLOGY-DIAGNOSTIC		19382095			20036		7048
41.01 NUCLEAR MED - DIAG		8048329			5203		41.01
41.02 ONCOLOGY		24773157					41.02
41.03 CAT SCAN		46926505			29958		2729
41.04 MAG RESONANCE IMAGING		26418474			18522		41.04
41.05 ULTRASOUND		8595920			9703		41.05
41.06 VASCULAR XRAY		78994273			2445		3076
41.07 WEST HARRISON IMAGING		3295390					41.07
44 LABORATORY		194231503			239940		2006
44.01 HISTOCOMPATIBILITY LAB		1307025					44.01
44.02 OUTREACH LAB		111086878					44.02
47 BLOOD STORING, PROCESSING & T		27842272			11982		47
49 RESPIRATORY THERAPY		35086237			94831		10826
50 PHYSICAL THERAPY		9981810			425193		755
51 OCCUPATIONAL THERAPY		4779365			465160		51
52 SPEECH PATHOLOGY		1780655			131214		52
53 ELECTROCARDIOLOGY		3403887			3933		828
54 ELECTROENCEPHALOGRAPHY		5797057			12344		550
55 MEDICAL SUPPLIES CHARGED TO P		31245037			123047		55
56 DRUGS CHARGED TO PATIENTS		152073225			544570		9980
57 RENAL DIALYSIS		31672616			168192		57
58.01 HEART CATH LAB		33697330			5003		58.01
58.02 CARDIOVASCULAR SVCS		7163525			15992		1493
58.03 PROSTHETICS		1492262					58.03
58.04 GASTRO SERVICES		21216577					58.04
58.05 OTHER TRANSPLANT SERVICES		540196					58.05
58.06 PULMONARY LAB		2241021					58.06
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		77401677			344		60
60.01 EYE CLINIC		10975969					60.01
60.02 PRIMARY CARE CLINIC		9610268					60.02
60.03 PEDS & ADOLESCENT CENTER		11602140					60.03
60.04 NEURO PSYCH CLINIC		5969387					60.04
61 EMERGENCY		55384048			4769		61
62 OBSERVATION BEDS (NON-DISTINC	76924	10278989	.007484	.007484			62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	76924	1289145893			2332418		39291

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 [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T150) [] 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
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 NUCLEAR MED - DIAG					41.01
41.02 ONCOLOGY					41.02
41.03 CAT SCAN					41.03
41.04 MAG RESONANCE IMAGING					41.04
41.05 ULTRASOUND					41.05
41.06 VASCULAR XRAY					41.06
41.07 WEST HARRISON IMAGING					41.07
44 LABORATORY					44
44.01 HISTOCOMPATIBILITY LAB					44.01
44.02 OUTREACH LAB					44.02
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58.01 HEART CATH LAB					58.01
58.02 CARDIOVASCULAR SVCS					58.02
58.03 PROSTHETICS					58.03
58.04 GASTRO SERVICES					58.04
58.05 OTHER TRANSPLANT SERVICES					58.05
58.06 PULMONARY LAB					58.06
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 EYE CLINIC					60.01
60.02 PRIMARY CARE CLINIC					60.02
60.03 PEDS & ADOLESCENT CENTER					60.03
60.04 NEURO PSYCH CLINIC					60.04
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-T150)
 [] SUB III
 [] SUB IV

[] SNF
 [] NF
 [] S/B-SNF
 [] S/B-NF
 [] 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		DIAGNOSTIC
				CENTER		
				2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.355032	.355032	.355032			37
38 RECOVERY ROOM	.427801	.427801	.427801			38
39 DELIVERY ROOM & LABOR ROOM	.525844	.525844	.525844			39
40 ANESTHESIOLOGY	.085351	.085351	.085351			40
41 RADIOLOGY-DIAGNOSTIC	.284370	.284370	.284370			41
41.01 NUCLEAR MED - DIAG	.399447	.399447	.399447			41.01
41.02 ONCOLOGY	.299894	.299894	.299894			41.02
41.03 CAT SCAN	.079888	.079888	.079888			41.03
41.04 MAG RESONANCE IMAGING	.099367	.099367	.099367			41.04
41.05 ULTRASOUND	.182565	.182565	.182565			41.05
41.06 VASCULAR XRAY	.117061	.117061	.117061			41.06
41.07 WEST HARRISON IMAGING	.202019	.202019	.202019			41.07
44 LABORATORY	.171569	.171569	.171569			44
44.01 HISTOCOMPATIBILITY LAB	.483474	.483474	.483474			44.01
44.02 OUTREACH LAB	.128338	.128338	.128338			44.02
47 BLOOD STORING, PROCESSING & TRA	.301764	.301764	.301764			47
49 RESPIRATORY THERAPY	.135928	.135928	.135928			49
50 PHYSICAL THERAPY	.493553	.493553	.493553			50
51 OCCUPATIONAL THERAPY	.461658	.461658	.461658			51
52 SPEECH PATHOLOGY	.595880	.595880	.595880			52
53 ELECTROCARDIOLOGY	.110178	.110178	.110178			53
54 ELECTROENCEPHALOGRAPHY	.193895	.193895	.193895			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.910524	.910524	.910524			55
56 DRUGS CHARGED TO PATIENTS	.291717	.291717	.291717			56
57 RENAL DIALYSIS	.273624	.273624	.273624			57
58.01 HEART CATH LAB	.209485	.209485	.209485			58.01
58.02 CARDIOVASCULAR SVCS	.209225	.209225	.209225			58.02
58.03 PROSTHETICS	1.740552	1.740552	1.740552			58.03
58.04 GASTRO SERVICES	.175896	.175896	.175896			58.04
58.05 OTHER TRANSPLANT SERVICES	2.577755	2.577755	2.577755			58.05
58.06 PULMONARY LAB	.119787	.119787	.119787			58.06
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.499950	.499950	.499950			60
60.01 EYE CLINIC	.571456	.571456	.571456			60.01
60.02 PRIMARY CARE CLINIC	.576231	.576231	.576231			60.02
60.03 PEDS & ADOLESCENT CENTER	.462198	.462198	.462198			60.03
60.04 NEURO PSYCH CLINIC	1.259052	1.259052	1.259052			60.04
61 EMERGENCY	.262124	.262124	.262124			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.659520	.659520	.659520			62
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						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		1	
2 PROGRAM VACCINE CHARGES	.291717	1	
2.01 PROGRAM VACCINE CHARGES		2	
3 PROGRAM COSTS		2.01	
3.01 PROGRAM COSTS		3	
		3.01	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-T150) [] 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 (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		7048						41
41.01 NUCLEAR MED - DIAG								41.01
41.02 ONCOLOGY								41.02
41.03 CAT SCAN		2729						41.03
41.04 MAG RESONANCE IMAGING								41.04
41.05 ULTRASOUND								41.05
41.06 VASCULAR XRAY		3076						41.06
41.07 WEST HARRISON IMAGING								41.07
44 LABORATORY		2006						44
44.01 HISTOCOMPATIBILITY LAB								44.01
44.02 OUTREACH LAB								44.02
47 BLOOD STORING, PROCESSING & TR								47
49 RESPIRATORY THERAPY		10826						49
50 PHYSICAL THERAPY		755						50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		828						53
54 ELECTROENCEPHALOGRAPHY		550						54
55 MEDICAL SUPPLIES CHARGED TO PA								55
56 DRUGS CHARGED TO PATIENTS		9980						56
57 RENAL DIALYSIS								57
58.01 HEART CATH LAB								58.01
58.02 CARDIOVASCULAR SVCS		1493						58.02
58.03 PROSTHETICS								58.03
58.04 GASTRO SERVICES								58.04
58.05 OTHER TRANSPLANT SERVICES								58.05
58.06 PULMONARY LAB								58.06
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 EYE CLINIC								60.01
60.02 PRIMARY CARE CLINIC								60.02
60.03 PEDS & ADOLESCENT CENTER								60.03
60.04 NEURO PSYCH CLINIC								60.04
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)								62
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		39291						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		39291						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-T150) [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		2004					41
41.01 NUCLEAR MED - DIAG							41.01
41.02 ONCOLOGY							41.02
41.03 CAT SCAN		218					41.03
41.04 MAG RESONANCE IMAGING							41.04
41.05 ULTRASOUND							41.05
41.06 VASCULAR XRAY		360					41.06
41.07 WEST HARRISON IMAGING							41.07
44 LABORATORY		344					44
44.01 HISTOCOMPATIBILITY LAB							44.01
44.02 OUTREACH LAB							44.02
47 BLOOD STORING, PROCESSING & TRA							47
49 RESPIRATORY THERAPY		1472					49
50 PHYSICAL THERAPY		373					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		91					53
54 ELECTROENCEPHALOGRAPHY		107					54
55 MEDICAL SUPPLIES CHARGED TO PAT							55
56 DRUGS CHARGED TO PATIENTS		2911					56
57 RENAL DIALYSIS							57
58.01 HEART CATH LAB							58.01
58.02 CARDIOVASCULAR SVCS		312					58.02
58.03 PROSTHETICS							58.03
58.04 GASTRO SERVICES							58.04
58.05 OTHER TRANSPLANT SERVICES							58.05
58.06 PULMONARY LAB							58.06
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 EYE CLINIC							60.01
60.02 PRIMARY CARE CLINIC							60.02
60.03 PEDS & ADOLESCENT CENTER							60.03
60.04 NEURO PSYCH CLINIC							60.04
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS							62
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		8192					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		8192					104

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) (14-0150)	SUB I (PPS) (14-S150)	SUB II (PPS) (14-T150)	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)	73478	13706	4181				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	73478	13706	4181				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	73478	13706	4181				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)	18923	2681	1331				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) (14-0150)	SUB I (PPS) (14-S150)	SUB II (PPS) (14-T150)	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	90072168	13326827	3616257				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	90072168	13326827	3616257				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	109494722	18441158	5813476				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	109494722	18441158	5813476				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.822617	.722668	.622047				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1490.17	1345.48	1390.45				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	90072168	13326827	3616257				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) (14-0150)	SUB I (PPS) (14-S150)	SUB II (PPS) (14-T150)	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	1225.84	972.34	864.93				38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	23196570	2606844	1151222				39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	23196570	2606844	1151222				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	13394038	5763	2324.14	1554	3611714		43
44	CORONARY CARE UNIT	12332668	4865	2534.98	1666	4223277		44
44.01	PEDIATRIC INTENSIVE CAR	8886253	3792	2343.42	101	236685		44.01
44.02	NEONATAL INTENSIVE CARE	21667602	13635	1589.12				44.02
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT							46
47	OTHER SPECIAL CARE (SPECIFY)							47
		HOSPITAL (PPS) (14-0150)	SUB I (PPS) (14-S150)	SUB II (PPS) (14-T150)	SUB III	SUB IV		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	39139255	568806	900102				48
49	TOTAL PROGRAM INPATIENT COSTS	70407501	3175650	2051324				49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1116992	109546	56128				50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1577249	18816	29362				51
52	TOTAL PROGRAM EXCLUDABLE COST	2694241	128362	85490				52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	67713260	3047288	1965834				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) (14-0150)	SUB I (PPS) (14-S150)	SUB II (PPS) (14-T150)	SUB III	SUB IV	
	1	1	1	1	1	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	PROGRAM DISCHARGES					54
55	TARGET AMOUNT PER DISCHARGE					55
56	TARGET AMOUNT					56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT					57
58	BONUS PAYMENT					58
58.01	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET					58.01
58.02	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET					58.02
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					58.03
58.04	RELIEF PAYMENT					58.04
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT					59
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)					59.01
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1					59.02
59.03	PROGRAM DISCHARGES AFTER JULY 1					59.03
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)					59.04
59.05	REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1					59.05
59.06	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1					59.06
59.07	REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)					59.07
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)					59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD					60
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD					61
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS					62
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD					63
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD					64
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS					65

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) (PPS)
 (14-0150)(14-S150)(14-T150)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	5337	136	121		83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1225.84	972.34	864.93		84
85 OBSERVATION BED COST	6542308	132238	104657		85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL 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		90072168		6542308		86
87 NEW CAPITAL-RELATED COST	2385990	90072168	.026490	6542308	173306	87
88 NON PHYSICIAN ANESTHETIST		90072168		6542308		88
89 NURSING SCHOOL		90072168		6542308		89
89.01 ALLIED HEALTH	1007737	90072168	.011188	6542308	73195	89.01
89.02 ALL OTHER		90072168		6542308		89.02

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0150) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] 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		33049899		25
26 INTENSIVE CARE UNIT		5072316		26
27 CORONARY CARE UNIT		5497547		27
27.01 PEDIATRIC INTENSIVE CAR		327171		27.01
27.02 NEONATAL INTENSIVE CARE				27.02
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.355032	19959497	7086260	37
38 RECOVERY ROOM	.427801	503900	215569	38
39 DELIVERY ROOM & LABOR ROOM	.525844	239111	125735	39
40 ANESTHESIOLOGY	.085351	3803711	324651	40
41 RADIOLOGY-DIAGNOSTIC	.284370	1912869	543963	41
41.01 NUCLEAR MED - DIAG	.399447	511083	204151	41.01
41.02 ONCOLOGY	.299894	221391	66394	41.02
41.03 CAT SCAN	.079888	6386400	510197	41.03
41.04 MAG RESONANCE IMAGING	.099367	1777215	176597	41.04
41.05 ULTRASOUND	.182565	999406	182457	41.05
41.06 VASCULAR XRAY	.117061	13376671	1565886	41.06
41.07 WEST HARRISON IMAGING	.202019	2284	461	41.07
44 LABORATORY	.171569	26265769	4506392	44
44.01 HISTOCOMPATIBILITY LAB	.483474	22572	10913	44.01
44.02 OUTREACH LAB	.128338			44.02
47 BLOOD STORING, PROCESSING & TRA	.301764	6104473	1842110	47
49 RESPIRATORY THERAPY	.135928	6931520	942188	49
50 PHYSICAL THERAPY	.493553	689385	340248	50
51 OCCUPATIONAL THERAPY	.461658	143380	66193	51
52 SPEECH PATHOLOGY	.595880	207064	123385	52
53 ELECTROCARDIOLOGY	.110178	923576	101758	53
54 ELECTROENCEPHALOGRAPHY	.193895	1054537	204469	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.910524	6907740	6289663	55
56 DRUGS CHARGED TO PATIENTS	.291717	30328569	8847359	56
57 RENAL DIALYSIS	.273624	3884156	1062798	57
58.01 HEART CATH LAB	.209485	6597388	1382054	58.01
58.02 CARDIOVASCULAR SVCS	.209225	1335612	279443	58.02
58.03 PROSTHETICS	1.740552	4072	7088	58.03
58.04 GASTRO SERVICES	.175896	1883730	331341	58.04
58.05 OTHER TRANSPLANT SERVICES	2.577755	74553	192179	58.05
58.06 PULMONARY LAB	.119787	60848	7289	58.06
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.499950	402985	201472	60
60.01 EYE CLINIC	.571456	6038	3450	60.01
60.02 PRIMARY CARE CLINIC	.576231	13340	7687	60.02
60.03 PEDS & ADOLESCENT CENTER	.462198	3422	1582	60.03
60.04 NEURO PSYCH CLINIC	1.259052	439	553	60.04
61 EMERGENCY	.262124	5284981	1385320	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.659520			62
101 TOTAL		148823687	39139255	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		148823687		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-S150)	<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
27.01 PEDIATRIC INTENSIVE CAR				27.01
27.02 NEONATAL INTENSIVE CARE				27.02
31 SUBPROVIDER I		3658290		31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.355032	23	8	37
38 RECOVERY ROOM	.427801	22275	9529	38
39 DELIVERY ROOM & LABOR ROOM	.525844	776	408	39
40 ANESTHESIOLOGY	.085351	46201	3943	40
41 RADIOLOGY-DIAGNOSTIC	.284370	12972	3689	41
41.01 NUCLEAR MED - DIAG	.399447	10210	4078	41.01
41.02 ONCOLOGY	.299894			41.02
41.03 CAT SCAN	.079888	86240	6890	41.03
41.04 MAG RESONANCE IMAGING	.099367	99929	9930	41.04
41.05 ULTRASOUND	.182565	3944	720	41.05
41.06 VASCULAR XRAY	.117061	1952	229	41.06
41.07 WEST HARRISON IMAGING	.202019			41.07
44 LABORATORY	.171569	376256	64554	44
44.01 HISTOCOMPATIBILITY LAB	.483474			44.01
44.02 OUTREACH LAB	.128338			44.02
47 BLOOD STORING, PROCESSING & TRA	.301764	7994	2412	47
49 RESPIRATORY THERAPY	.135928	26918	3659	49
50 PHYSICAL THERAPY	.493553	8431	4161	50
51 OCCUPATIONAL THERAPY	.461658	289571	133683	51
52 SPEECH PATHOLOGY	.595880	2112	1258	52
53 ELECTROCARDIOLOGY	.110178	13668	1506	53
54 ELECTROENCEPHALOGRAPHY	.193895	71307	13826	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.910524	99489	90587	55
56 DRUGS CHARGED TO PATIENTS	.291717	525109	153183	56
57 RENAL DIALYSIS	.273624	6912	1891	57
58.01 HEART CATH LAB	.209485	13868	2905	58.01
58.02 CARDIOVASCULAR SVCS	.209225	7233	1513	58.02
58.03 PROSTHETICS	1.740552			58.03
58.04 GASTRO SERVICES	.175896	8409	1479	58.04
58.05 OTHER TRANSPLANT SERVICES	2.577755			58.05
58.06 PULMONARY LAB	.119787			58.06
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.499950	284	142	60
60.01 EYE CLINIC	.571456			60.01
60.02 PRIMARY CARE CLINIC	.576231			60.02
60.03 PEDS & ADOLESCENT CENTER	.462198			60.03
60.04 NEURO PSYCH CLINIC	1.259052	2109	2655	60.04
61 EMERGENCY	.262124	190626	49968	61
62 OBSERVATION BEDS (NON-DISTINCT	.659520			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		1934818	568806	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1934818		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[] HOSPITAL	[] SNF	[XX] PPS
[XX] TITLE XVIII-PT A	[] SUB I	[] NF	[] TEFRA
[] TITLE XIX	[XX] SUB II (14-T150)	[] S/B-SNF	[] OTHER
	[] SUB III	[] S/B-NF	
	[] SUB IV	[] 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
27.01 PEDIATRIC INTENSIVE CAR				27.01
27.02 NEONATAL INTENSIVE CARE				27.02
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II		1875487		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.355032			37
38 RECOVERY ROOM	.427801	37	16	38
39 DELIVERY ROOM & LABOR ROOM	.525844			39
40 ANESTHESIOLOGY	.085351			40
41 RADIOLOGY-DIAGNOSTIC	.284370	20036	5698	41
41.01 NUCLEAR MED - DIAG	.399447	5203	2078	41.01
41.02 ONCOLOGY	.299894			41.02
41.03 CAT SCAN	.079888	29958	2393	41.03
41.04 MAG RESONANCE IMAGING	.099367	18522	1840	41.04
41.05 ULTRASOUND	.182565	9703	1771	41.05
41.06 VASCULAR XRAY	.117061	2445	286	41.06
41.07 WEST HARRISON IMAGING	.202019			41.07
44 LABORATORY	.171569	239940	41166	44
44.01 HISTOCOMPATIBILITY LAB	.483474			44.01
44.02 OUTREACH LAB	.128338			44.02
47 BLOOD STORING, PROCESSING & TRA	.301764	11982	3616	47
49 RESPIRATORY THERAPY	.135928	94831	12890	49
50 PHYSICAL THERAPY	.493553	425193	209855	50
51 OCCUPATIONAL THERAPY	.461658	465160	214745	51
52 SPEECH PATHOLOGY	.595880	131214	78188	52
53 ELECTROCARDIOLOGY	.110178	3933	433	53
54 ELECTROENCEPHALOGRAPHY	.193895	12344	2393	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.910524	123047	112037	55
56 DRUGS CHARGED TO PATIENTS	.291717	544570	158860	56
57 RENAL DIALYSIS	.273624	168192	46021	57
58.01 HEART CATH LAB	.209485	5003	1048	58.01
58.02 CARDIOVASCULAR SVCS	.209225	15992	3346	58.02
58.03 PROSTHETICS	1.740552			58.03
58.04 GASTRO SERVICES	.175896			58.04
58.05 OTHER TRANSPLANT SERVICES	2.577755			58.05
58.06 PULMONARY LAB	.119787			58.06
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.499950	344	172	60
60.01 EYE CLINIC	.571456			60.01
60.02 PRIMARY CARE CLINIC	.576231			60.02
60.03 PEDS & ADOLESCENT CENTER	.462198			60.03
60.04 NEURO PSYCH CLINIC	1.259052			60.04
61 EMERGENCY	.262124	4769	1250	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.659520			62
101 TOTAL		2332418	900102	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		2332418		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)

1	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				
1	ADULTS & PEDIATRICS	368940	38	1225.84	274	335880	1
2	INTENSIVE CARE UNIT	89541	43	2324.14	27	62752	2
3	CORONARY CARE UNIT	9950	44	2534.98	5	12675	3
3.01	PEDIATRIC INTENSIVE CAR		44.01	2343.42			3.01
3.02	NEONATAL INTENSIVE CARE		44.02	1589.12			3.02
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	OTHER SPECIAL CARE (SPECIFY)		47				6
7	TOTAL	468431			306	411307	7

8	COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/CHARGES		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
			1	2			
8	OPERATING ROOM	37	.355032		1131604	401756	8
9	RECOVERY ROOM	38	.427801		102280	43755	9
10	DELIVERY ROOM & LABOR ROOM	39	.525844		614	323	10
11	ANESTHESIOLOGY	40	.085351		277335	23671	11
12	RADIOLOGY-DIAGNOSTIC	41	.284370		148851	42329	12
12.01	NUCLEAR MED - DIAG	41.01	.399447		376749	150491	12.01
12.02	ONCOLOGY	41.02	.299894				12.02
12.03	CAT SCAN	41.03	.079888		525790	42004	12.03
12.04	MAG RESONANCE IMAGING	41.04	.099367		25366	2521	12.04
12.05	ULTRASOUND	41.05	.182565		152796	27895	12.05
12.06	VASCULAR XRAY	41.06	.117061		42524	4978	12.06
12.07	WEST HARRISON IMAGING	41.07	.202019				12.07
13	RADIOLOGY-THERAPEUTIC	42					13
14	RADIOISOTOPE	43					14
15	LABORATORY	44	.171569		2367753	406233	15
15.01	HISTOCOMPATIBILITY LAB	44.01	.483474				15.01
15.02	OUTREACH LAB	44.02	.128338				15.02
16	PBP CLINICAL LAB SERVICES-PRGM	45					16
17	WHOLE BLOOD & PACKED RED BLOOD	46					17
18	BLOOD STORING, PROCESSING & TRA	47	.301764		162267	48966	18
19	INTRAVENOUS THERAPY	48					19
20	RESPIRATORY THERAPY	49	.135928		3797	516	20
21	PHYSICAL THERAPY	50	.493553		207	102	21
22	OCCUPATIONAL THERAPY	51	.461658				22
23	SPEECH PATHOLOGY	52	.595880				23
24	ELECTROCARDIOLOGY	53	.110178		9940	1095	24
25	ELECTROENCEPHALOGRAPHY	54	.193895		1553	301	25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.910524		1357025	1235604	26
27	DRUGS CHARGED TO PATIENTS	56	.291717		384603	112195	27
28	RENAL DIALYSIS	57	.273624		12072	3303	28
29	ASC (NON-DISTINCT PART)	58					29
29.01	HEART CATH LAB	58.01	.209485		557534	116795	29.01
29.02	CARDIOVASCULAR SVCS	58.02	.209225		188514	39442	29.02
29.03	PROSTHETICS	58.03	1.740552		608	1058	29.03
29.04	GASTRO SERVICES	58.04	.175896		212269	37337	29.04
29.05	OTHER TRANSPLANT SERVICES	58.05	2.577755				29.05
29.06	PULMONARY LAB	58.06	.119787		128579	15402	29.06
30	OTHER ANCILLARY (SPECIFY)	59					30
31	CLINIC	60	.499950		638927	319432	31
31.01	EYE CLINIC	60.01	.571456		1412	807	31.01
31.02	PRIMARY CARE CLINIC	60.02	.576231		10697	6164	31.02
31.03	PEDS & ADOLESCENT CENTER	60.03	.462198		870	402	31.03
31.04	NEURO PSYCH CLINIC	60.04	1.259052				31.04
32	EMERGENCY	61	.262124		25356	6646	32
33	OBSERVATION BEDS (NON-DISTINCT	62	.659520				33
34	OTHER OUTPATIENT SERV (SPECIFY)	63					34
35	TOTAL				8847892	3091523	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		274		36
37 INTENSIVE CARE UNIT	3		27		37
38 CORONARY CARE UNIT	4		5		38
38.01 PEDIATRIC INTENSIVE CAR	4.01				38.01
38.02 NEONATAL INTENSIVE CARE	4.02				38.02
39 BURN INTENSIVE CARE UNIT	5				39
40 SURGICAL INTENSIVE CARE UNIT	6				40
41 OTHER SPECIAL CARE (SPECIFY)	7				41
42 SUBTOTAL			306		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	638927	20			43
43.01 EYE CLINIC	1412	20.01			43.01
43.02 PRIMARY CARE CLINIC	10697	20.02			43.02
43.03 Peds & ADOLESCENT CENTER	870	20.03			43.03
43.04 NEURO PSYCH CLINIC		20.04			43.04
44 EMERGENCY	25356	21			44
45 OBSERVATION BEDS (NON-DISTINCT)		22			45
46 OTHER OUTPATIENT SERV (SPECIFY)		23			46
47 TOTAL	677262				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	3502830		9316323		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	7330346		7330346		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	10833176		16646669		53
54 TOTAL USABLE ORGANS		162			54
55 MEDICARE USABLE ORGANS		84			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.518519			56
57 MEDICARE COST/CHARGES	5617208		8631614		57
58 REVENUE FOR ORGANS SOLD	50076		80442		58
59 SUBTOTAL	5567132		8551172		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	5567132		8551172		61

PART IV - STATISTICS

	LIVING RELATED		CADAVERIC 2	REVENUE 3	
	1				
62 ORGANS EXCISED IN PROVIDER		99	8		62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS					63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS					64
65 ORGANS PURCHASED FROM OPO'S			55		65
66 TOTAL		99	63		66
67 ORGANS TRANSPLANTED		99	55	12469278	67
68 ORGANS SOLD TO OTHER HOSPITALS					68
69 ORGANS SOLD TO OPO'S			8	50076	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		99	63		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				
1 ADULTS & PEDIATRICS	14630	38	1225.84	11	13484	1
2 INTENSIVE CARE UNIT	26841	43	2324.14	8	18593	2
3 CORONARY CARE UNIT		44	2534.98			3
3.01 PEDIATRIC INTENSIVE CAR		44.01	2343.42			3.01
3.02 NEONATAL INTENSIVE CARE		44.02	1589.12			3.02
4 BURN INTENSIVE CARE UNIT		45				4
5 SURGICAL INTENSIVE CARE UNIT		46				5
6 OTHER SPECIAL CARE (SPECIFY)		47				6
7 TOTAL	41471			19	32077	7

COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
8 OPERATING ROOM	37	.355032	65169	23137	8
9 RECOVERY ROOM	38	.427801	319	136	9
10 DELIVERY ROOM & LABOR ROOM	39	.525844			10
11 ANESTHESIOLOGY	40	.085351	20190	1723	11
12 RADIOLOGY-DIAGNOSTIC	41	.284370	4976	1415	12
12.01 NUCLEAR MED - DIAG	41.01	.399447	11071	4422	12.01
12.02 ONCOLOGY	41.02	.299894			12.02
12.03 CAT SCAN	41.03	.079888	48002	3835	12.03
12.04 MAG RESONANCE IMAGING	41.04	.099367	6540	650	12.04
12.05 ULTRASOUND	41.05	.182565	40743	7438	12.05
12.06 VASCULAR XRAY	41.06	.117061			12.06
12.07 WEST HARRISON IMAGING	41.07	.202019			12.07
13 RADIOLOGY-THERAPEUTIC	42				13
14 RADIOISOTOPE	43				14
15 LABORATORY	44	.171569	196496	33713	15
15.01 HISTOCOMPATIBILITY LAB	44.01	.483474			15.01
15.02 OUTREACH LAB	44.02	.128338			15.02
16 PBP CLINICAL LAB SERVICES-PRGM	45				16
17 WHOLE BLOOD & PACKED RED BLOOD	46				17
18 BLOOD STORING, PROCESSING & TRA	47	.301764	7990	2411	18
19 INTRAVENOUS THERAPY	48				19
20 RESPIRATORY THERAPY	49	.135928	2269	308	20
21 PHYSICAL THERAPY	50	.493553			21
22 OCCUPATIONAL THERAPY	51	.461658			22
23 SPEECH PATHOLOGY	52	.595880			23
24 ELECTROCARDIOLOGY	53	.110178	524	58	24
25 ELECTROENCEPHALOGRAPHY	54	.193895	99	19	25
26 MEDICAL SUPPLIES CHARGED TO PAT	55	.910524	52289	47610	26
27 DRUGS CHARGED TO PATIENTS	56	.291717	28999	8460	27
28 RENAL DIALYSIS	57	.273624			28
29 ASC (NON-DISTINCT PART)	58				29
29.01 HEART CATH LAB	58.01	.209485	47856	10025	29.01
29.02 CARDIOVASCULAR SVCS	58.02	.209225	2467	516	29.02
29.03 PROSTHETICS	58.03	1.740552	1132	1970	29.03
29.04 GASTRO SERVICES	58.04	.175896	6046	1063	29.04
29.05 OTHER TRANSPLANT SERVICES	58.05	2.577755			29.05
29.06 PULMONARY LAB	58.06	.119787	18742	2245	29.06
30 OTHER ANCILLARY (SPECIFY)	59				30
31 CLINIC	60	.499950	49059	24527	31
31.01 EYE CLINIC	60.01	.571456			31.01
31.02 PRIMARY CARE CLINIC	60.02	.576231	174	100	31.02
31.03 PEDS & ADOLESCENT CENTER	60.03	.462198			31.03
31.04 NEURO PSYCH CLINIC	60.04	1.259052	161	203	31.04
32 EMERGENCY	61	.262124			32
33 OBSERVATION BEDS (NON-DISTINCT	62	.659520			33
34 OTHER OUTPATIENT SERV (SPECIFY)	63				34
35 TOTAL			611313	175984	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		11		36
37 INTENSIVE CARE UNIT	3		8		37
38 CORONARY CARE UNIT	4				38
38.01 PEDIATRIC INTENSIVE CAR	4.01				38.01
38.02 NEONATAL INTENSIVE CARE	4.02				38.02
39 BURN INTENSIVE CARE UNIT	5				39
40 SURGICAL INTENSIVE CARE UNIT	6				40
41 OTHER SPECIAL CARE (SPECIFY)	7				41
42 SUBTOTAL			19		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	49059	20			43
43.01 EYE CLINIC		20.01			43.01
43.02 PRIMARY CARE CLINIC	174	20.02			43.02
43.03 Peds & ADOLESCENT CENTER		20.03			43.03
43.04 NEURO PSYCH CLINIC	161	20.04			43.04
44 EMERGENCY		21			44
45 OBSERVATION BEDS (NON-DISTINCT)		22			45
46 OTHER OUTPATIENT SERV (SPECIFY)		23			46
47 TOTAL	49394				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	208061		652784		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	2776744		2776744		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	2984805		3429528		53
54 TOTAL USABLE ORGANS		44			54
55 MEDICARE USABLE ORGANS		16			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.363636			56
57 MEDICARE COST/CHARGES	1085383		1247100		57
58 REVENUE FOR ORGANS SOLD	42022		51950		58
59 SUBTOTAL	1043361		1195150		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	1043361		1195150		61

PART IV - STATISTICS

	LIVING RELATED		CADAVERIC	REVENUE	
	1	3	2	3	
62 ORGANS EXCISED IN PROVIDER					62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS		3	5		63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS					64
65 ORGANS PURCHASED FROM OPO'S			36		65
66 TOTAL		3	41		66
67 ORGANS TRANSPLANTED		3	36	3985412	67
68 ORGANS SOLD TO OTHER HOSPITALS					68
69 ORGANS SOLD TO OPO'S			5	42022	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		3	41		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		38	1225.84			1
2	INTENSIVE CARE UNIT	1847	43	2324.14	1	2324	2
3	CORONARY CARE UNIT		44	2534.98			3
3.01	PEDIATRIC INTENSIVE CAR		44.01	2343.42			3.01
3.02	NEONATAL INTENSIVE CARE		44.02	1589.12			3.02
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	OTHER SPECIAL CARE (SPECIFY)		47				6
7	TOTAL	1847			1	2324	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		C	1	2	3	4	
8	OPERATING ROOM	37	.355032	8029		2851	8
9	RECOVERY ROOM	38	.427801				9
10	DELIVERY ROOM & LABOR ROOM	39	.525844				10
11	ANESTHESIOLOGY	40	.085351	2938		251	11
12	RADIOLOGY-DIAGNOSTIC	41	.284370	534		152	12
12.01	NUCLEAR MED - DIAG	41.01	.399447	2855		1140	12.01
12.02	ONCOLOGY	41.02	.299894				12.02
12.03	CAT SCAN	41.03	.079888	301		24	12.03
12.04	MAG RESONANCE IMAGING	41.04	.099367				12.04
12.05	ULTRASOUND	41.05	.182565	1785		326	12.05
12.06	VASCULAR XRAY	41.06	.117061				12.06
12.07	WEST HARRISON IMAGING	41.07	.202019				12.07
13	RADIOLOGY-THERAPEUTIC	42					13
14	RADIOISOTOPE	43					14
15	LABORATORY	44	.171569	22120		3795	15
15.01	HISTOCOMPATIBILITY LAB	44.01	.483474				15.01
15.02	OUTREACH LAB	44.02	.128338				15.02
16	PBP CLINICAL LAB SERVICES-PRGM	45					16
17	WHOLE BLOOD & PACKED RED BLOOD	46					17
18	BLOOD STORING, PROCESSING & TRA	47	.301764	1461		441	18
19	INTRAVENOUS THERAPY	48					19
20	RESPIRATORY THERAPY	49	.135928	494		67	20
21	PHYSICAL THERAPY	50	.493553				21
22	OCCUPATIONAL THERAPY	51	.461658				22
23	SPEECH PATHOLOGY	52	.595880				23
24	ELECTROCARDIOLOGY	53	.110178	76		8	24
25	ELECTROENCEPHALOGRAPHY	54	.193895				25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.910524	2036		1854	26
27	DRUGS CHARGED TO PATIENTS	56	.291717	1865		544	27
28	RENAL DIALYSIS	57	.273624				28
29	ASC (NON-DISTINCT PART)	58					29
29.01	HEART CATH LAB	58.01	.209485	5155		1080	29.01
29.02	CARDIOVASCULAR SVCS	58.02	.209225	2072		434	29.02
29.03	PROSTHETICS	58.03	1.740552				29.03
29.04	GASTRO SERVICES	58.04	.175896				29.04
29.05	OTHER TRANSPLANT SERVICES	58.05	2.577755				29.05
29.06	PULMONARY LAB	58.06	.119787	90		11	29.06
30	OTHER ANCILLARY (SPECIFY)	59					30
31	CLINIC	60	.499950	6771		3385	31
31.01	EYE CLINIC	60.01	.571456				31.01
31.02	PRIMARY CARE CLINIC	60.02	.576231				31.02
31.03	PEDS & ADOLESCENT CENTER	60.03	.462198				31.03
31.04	NEURO PSYCH CLINIC	60.04	1.259052				31.04
32	EMERGENCY	61	.262124				32
33	OBSERVATION BEDS (NON-DISTINCT	62	.659520				33
34	OTHER OUTPATIENT SERV (SPECIFY)	63					34
35	TOTAL			58582		16363	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				36
37 INTENSIVE CARE UNIT	3		1		37
38 CORONARY CARE UNIT	4				38
38.01 PEDIATRIC INTENSIVE CAR	4.01				38.01
38.02 NEONATAL INTENSIVE CARE	4.02				38.02
39 BURN INTENSIVE CARE UNIT	5				39
40 SURGICAL INTENSIVE CARE UNIT	6				40
41 OTHER SPECIAL CARE (SPECIFY)	7				41
42 SUBTOTAL			1		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	6771	20			43
43.01 EYE CLINIC		20.01			43.01
43.02 PRIMARY CARE CLINIC		20.02			43.02
43.03 Peds & ADOLESCENT CENTER		20.03			43.03
43.04 NEURO PSYCH CLINIC		20.04			43.04
44 EMERGENCY		21			44
45 OBSERVATION BEDS (NON-DISTINCT)		22			45
46 OTHER OUTPATIENT SERV (SPECIFY)		23			46
47 TOTAL	6771				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	18687		60429		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	868527		868527		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	887214		928956		53
54 TOTAL USABLE ORGANS		14			54
55 MEDICARE USABLE ORGANS		12			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.857143			56
57 MEDICARE COST/CHARGES	760469		796248		57
58 REVENUE FOR ORGANS SOLD	16564		27604		58
59 SUBTOTAL	743905		768644		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	743905		768644		61

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
62 ORGANS EXCISED IN PROVIDER		2		62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65 ORGANS PURCHASED FROM OPO'S		12		65
66 TOTAL		14		66
67 ORGANS TRANSPLANTED		12	1112208	67
68 ORGANS SOLD TO OTHER HOSPITALS				68
69 ORGANS SOLD TO OPO'S		2	16564	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		14		76

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0150)	SUB I	SUB II	SUB III	SUB IV
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	9010474				1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	8200211				1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	16175601				1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	302865				1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	319886				1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	511633				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	3771876				2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	406.53				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	353.91				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	353.91		3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	421.84				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	24.53				3.13
3.14 CURRENT YEAR ALLOWABLE FTE	378.44				3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	449.74				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	448.04				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	425.41			3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0150)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	1.046442				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	1.077035				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	1.046442				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	4230268				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	3869964				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]	7579609				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	15679841 0	15679841			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.1782				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.4471				4.01
4.02	SUM OF 4 AND 4.01	0.6253				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.4080				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	13621605				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	66459608				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	66459608				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	4698213				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	5938256				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	7354398				12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	308552				14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					15
16	TOTAL	84759027				16
17	PRIMARY PAYER PAYMENTS	3394				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	84755633				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2281481				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	385276				20
21	REIMBURSABLE BAD DEBTS	458739				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	321117				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	410076				21.02
22	SUBTOTAL	82409993				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0150)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	82409993				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	86999771				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	-4589778				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					30
	TO BE COMPLETED BY INTERMEDIARY					
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0150) 1	HOSPITAL (14-0150) 1.01	HOSPITAL (14-0150) 1.02	
1 MEDICAL AND OTHER SERVICES	10845			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	34860108			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	28496896			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.823			1.03
1.04 LINE 1.01 TIMES LINE 1.03	28689869			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	99.33			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	17179			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	10845			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	37177			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	37177			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	37177			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	26332			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	10845			17
17.01 TOTAL PPS PAYMENTS	28514075			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0150) 1	HOSPITAL (14-0150) 1.01	HOSPITAL (14-0150) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	6141852		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	22383068		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	2497426		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	24880494		23
24 PRIMARY PAYER PAYMENTS	1600		24
25 SUBTOTAL	24878894		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	2032652		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	1422856		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1957197		27.02
28 SUBTOTAL	26301750		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)	200		30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	26301550		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	22353244		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	3948306		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 RECONILIATION 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-S150) 1	SUB I (14-S150) 1.01	SUB I (14-S150) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	6101			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	5480			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.937			1.03
1.04 LINE 1.01 TIMES LINE 1.03	5717			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	95.85			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				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				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				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	5480			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S150) 1	SUB I (14-S150) 1.01	SUB I (14-S150) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	1278		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	4202		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	4202		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	4202		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	4202		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	4202		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	4202		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			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 II (14-T150) 1	SUB II (14-T150) 1.01	SUB II (14-T150) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	8192			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	8515			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.937			1.03
1.04 LINE 1.01 TIMES LINE 1.03	7676			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				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				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				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	8515			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (14-T150) 1	SUB II (14-T150) 1.01	SUB II (14-T150) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	2324		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	6191		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	6191		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	6191		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	6191		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	6191		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	6190		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	1		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 RECONILIATION 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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-S150)

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		1939194		4202	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	01/29/2010 43872		NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	43872			3.99
4 TOTAL INTERIM PAYMENTS		1983066		4202	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52		NONE	NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO PROGRAM .02		-140343		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		1842723		4202	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER II (14-T150)

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		2207427		6190
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	01/29/2010 38302		3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	38302		3.99
4 TOTAL INTERIM PAYMENTS		2245729		6190
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 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52			5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM	99969		1 6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		2345698		6191
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____	
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 SUB II SUB III SUB IV
 (14-S150) (14-T150)

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)		1825253			1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		0.1337			1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)		522950			1.04
1.05	OUTLIER PAYMENTS		8385			1.05
1.06	TOTAL PPS PAYMENTS		2356588			1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)	1753261				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	184489				1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)	10.00				1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)	6.96				1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	6.96				1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	37.178082				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR	0.092399				1.17
1.18	MEDICAL EDUCATION ADJUSTMENT	162000				1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	2099750				1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS	2099750				1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)		11.123288			1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	2099750	2356588			4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	2099750	2356588			6
7	DEDUCTIBLES	98641	13235			7
8	SUBTOTAL	2001109	2343353			8
9	COINSURANCE	197636	16768			9
10	SUBTOTAL	1803473	2326585			10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					11
11.01	REDUCED REIMBURSABLE BAD DEBTS					11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL	1803473	2326585			12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S150)	SUB II (14-T150)	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		39250	19113			13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15 OTHER ADJUSTMENTS						15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER		1842723	2345698			17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		1983066	2245729			19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		-140343	99969			20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
TO BE COMPLETED BY INTERMEDIARY						
50 ORIGINAL OUTLIER AMOUNT						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						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	372.01 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	372.01 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	441.02 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	372.01 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	162.10 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	235.12 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	397.22 3.09
3.10	SEE INSTRUCTIONS	335.06 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	23.86 3.11
3.12	SEE INSTRUCTIONS	222.19 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	259.42 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	253.43 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	245.01 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	245.01 3.16
3.17	SEE INSTRUCTIONS	87360.42 3.17
3.18	SEE INSTRUCTIONS	21404177 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		159.31	3.19
3.20	SEE INSTRUCTIONS		163.51	3.20
3.21	SEE INSTRUCTIONS		153.18	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		153.18	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		92258.22	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		14132114	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		35536291	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		26256	4
5	TOTAL INPATIENT DAYS		113826	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.230668	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 8197085	0	8197085	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		890	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		113826	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		238597	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 PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0 0		6.08
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		31672616	8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

PROVIDER NO. 14-0150 BOARD OF TRUSTEES OF THE UNIVE
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: 2010.02
11/30/2010 09:48

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

APPORIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY
PART A REASONABLE COST

12	REASONABLE COST	75634475	12
13	ORGAN ACQUISITION COSTS	7354398	13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	3394	15
16	TOTAL PART A REASONABLE COST	82985479	16
PART B REASONABLE COST			
17	REASONABLE COST	34902425	17
18	PRIMARY PAYER PAYMENTS	1600	18
19	TOTAL PART B REASONABLE COST	34900825	19
20	TOTAL REASONABLE COST	117886304	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.703945	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.296055	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	8435682	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	5938256	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	2497426	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	152197729			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	83122329			4
5 OTHER RECEIVABLES	9138407			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7 INVENTORY	4424533			7
8 PREPAID EXPENSES	595812			8
9 OTHER CURRENT ASSETS	126258			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	249605068			11
FIXED ASSETS				
12 LAND	770917			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS				13
13.01 ACCUMULATED DEPRECIATION				13.01
14 BUILDINGS	184649107			14
14.01 ACCUMULATED DEPRECIATION	-76847415			14.01
15 LEASEHOLD IMPROVEMENTS	2177211			15
15.01 ACCUMULATED AMORTIZATION	-1252358			15.01
16 FIXED EQUIPMENT	22195739			16
16.01 ACCUMULATED DEPRECIATION	-16922798			16.01
17 AUTOMOBILES AND TRUCKS				17
17.01 ACCUMULATED DEPRECIATION				17.01
18 MAJOR MOVABLE EQUIPMENT	163305447			18
18.01 ACCUMULATED DEPRECIATION	-126497328			18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	151578522			21
OTHER ASSETS				
22 INVESTMENTS	3727067			22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	1769788			25
26 TOTAL OTHER ASSETS	5496855			26
27 TOTAL ASSETS	406680445			27
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	20579034			28
29 SALARIES, WAGES & FEES PAYABLE	13133089			29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)	126258			31
32 DEFERRED INCOME	48678608			32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS				34
35 OTHER CURRENT LIABILITIES	47180776			35
36 TOTAL CURRENT LIABILITIES	129697765			36
LONG-TERM LIABILITIES				
37 MORTGAGE PAYABLE				37
38 NOTES PAYABLE				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	46906886			41
42 TOTAL LONG TERM LIABILITIES	46906886			42
43 TOTAL LIABILITIES	176604651			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	230075794			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	230075794			51
52 TOTAL LIABILITIES AND FUND BALANCES	406680445			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	171481104			1
2 NET INCOME (LOSS)	60909002			2
3 TOTAL	232390106			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 NON OPERATING INCOME				5
6 INVESTMENT ADJUSTMENTS				6
7 ADDS TO PLANT FACILITES				7
8 OTHER				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	232390106			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 CHANGE IN ACCOUNTING PRINCIPLE	2314312			13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	2314312			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	230075794			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	109494722		109494722	1
2 SUBPROVIDER I	18441158		18441158	2
2.01 SUBPROVIDER II	5813476		5813476	2.01
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	133749356		133749356	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT	18987286		18987286	10
11 CORONARY CARE UNIT	16242012		16242012	11
11.01 PEDIATRIC INTENSIVE CAR	12329906		12329906	11.01
11.02 NEONATAL INTENSIVE CARE	39929583		39929583	11.02
12 BURN INTENSIVE CARE UNIT				12
13 SURGICAL INTENSIVE CARE UNIT				13
14 OTHER SPECIAL CARE (SPECIFY)				14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	87488787		87488787	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	221238143		221238143	16
17 ANCILLARY SERVICES	619234347		619234347	17
18 OUTPATIENT SERVICES		606200526	606200526	18
19 HOME HEALTH AGENCY				19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24				24
25 TOTAL PATIENT REVENUES	840472490	606200526	1446673016	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		520442404	26
27 COM PHYSICIAN SALARIES	7964000		27
28 PAYMENTS ON BEHALF - BENEFITS	119392640		28
29 UTILITIES	5278196		29
30 MALPRACTICE			30
31 OTHER			31
32			32
33 TOTAL ADDITIONS		132634836	33
34 BAD DEBT	-28260926		34
35 NON OPERATING REVENUE AND EXPENSE	-2317396		35
36 OTHER	-1647		36
37			37
38			38
39 TOTAL DEDUCTIONS	-30579969		39
40 TOTAL OPERATING EXPENSES		622497271	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	1446673016	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	918650134	2
3	NET PATIENT REVENUES	528022882	3
4	LESS - TOTAL OPERATING EXPENSES	622497271	4
5	NET INCOME FROM SERVICE TO PATIENTS	-94474389	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	752271	6
7	INCOME FROM INVESTMENTS	887925	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	718995	11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	2077722	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		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	29420	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	67035	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	373647	20
21	RENTAL OF VENDING MACHINES	551	21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER OPERATNG	14700685	24
24.01	STATE APPROPRIATION	1014377	24.01
24.02	PAYMENTS ON BEHALF	132634836	24.02
24.03	CAPITATION REVENUE	2603413	24.03
24.04	NET ACQUISITION AND OBLIGATIONS	482117	24.04
24.05	NET INCREASE FMV OF INVESTMENTS	1266658	24.05
25	TOTAL OTHER INCOME	157609652	25
26	TOTAL	63135263	26
27	NET DECREASE FMV OF INVESTMENTS		27
27.01	INTEREST ON DEBT	1795614	27.01
27.02	LOSS ON DISPOSAL OF ASSETS	349349	27.02
27.03	NET ACQUISITION AND OBLIGATIONS		27.03
27.04	OTHER	81298	27.04
28			28
29			29
30	TOTAL OTHER EXPENSES	2226261	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	60909002	31

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 14-2316

WORKSHEET I-1

CHECK APPLICABLE BOX: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	TOTAL COSTS	BASIS	STATISTICS	FTES PER 2080 HOURS	
	1	2	3	4	
1 REGISTERED NURSES	1161553	HRS OF SERVICE	24290.00	11.68	1
2 LICENSED PRACTICAL NURSES	63753	HRS OF SERVICE	2178.00	1.05	2
3 NURSES AIDES		HRS OF SERVICE			3
4 TECHNICIANS	1079038	HRS OF SERVICE	53235.00	25.59	4
5 SOCIAL WORKERS		HRS OF SERVICE			5
6 DIETICIANS		HRS OF SERVICE			6
7 PHYSICIANS		ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	991579	ACCUMULATED COST			8
9 SUBTOTAL	3295923				9
10 EMPLOYEE BENEFITS		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	206470	PERCENTAGE OF TIME			13
14 SUPPLIES	1293585	REQUISITIONS			14
15 DRUGS	794	REQUISITIONS			15
16 OTHER	238654	ACCUMULATED COST			16
17 SUBTOTAL	5035426				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	86929	SQUARE FEET			20
21 NEW CAP REL COSTS-MOV EQUIPMENT	53745	PERCENTAGE OF TIME			21
22 EMPLOYEE BENEFITS	1507219	SALARY			22
23 ADMINISTRATIVE AND GENERAL	1675388	ACCUMULATED COST			23
24 MAINT/REPAIRS-OPERATION-HOUSEKEEPING	628264	SQUARE FEET			24
25 MEDICAL EDUCATION PROGRAM COSTS					25
26 CENTRAL SERVICES & SUPPLIES	22702	REQUISITIONS			26
27 PHARMACY	-721680	REQUISITIONS			27
28 OTHER ALLOCATED COSTS	378391	ACCUMULATED COST			28
29 SUBTOTAL	8666384				29
30 LABORATORY		CHARGES			30
30.01 HISTOCOMPATIBILITY LAB		CHARGES			30.01
30.02 OUTREACH LAB		CHARGES			30.02
31 RESPIRATORY THERAPY		CHARGES			31
32 OTHER ANCILLARY (SPECIFY)		CHARGES			32
33 TOTAL COSTS	8666384				33

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2316

WORKSHEET I-2

CHECK APPLICABLE BOX:

[] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	---CAPITAL AND---		DIRECT PATIENT			DRUGS	ROUTINE			SUB-	OVERHEAD	TOTAL	
	RELATED COSTS	CARE	SALARY	EMPLOYEE	MEDICAL		ANCILLARY	SUB-	OVERHEAD				
	1	2	3	4	5	6	7	8	9	10	11		
1 TOTAL RENAL DEPT COSTS	715193	260215	1161553	1142791	1507219	-720886	1316287		5382372	3284012	8666384	1	
2 MAINTENANCE													
3 HEMODIALYSIS	619869	225532	675125	664207	876016	-418989	765048		3406808	2078638	5485446	2	
4 INTERMITTENT PERITONEAL TRAINING												3	
5 HEMODIALYSIS												4	
6 INTERMITTENT PERITONEAL												5	
7 CAPD	415	151	478	451	602	-288	521		2330	1422	3752	6	
8 CCPD	5161	1878	5643	5538	7315	-3497	6392		28430	17346	45776	7	
9 HOME													
10 HEMODIALYSIS			160724	158147	208564	-99753	182140		609822	372078	981900	8	
11 INTERMITTENT PERITONEAL												9	
12 CAPD			59010	58068	76574	-36627	66876		223901	136611	360512	10	
13 CCPD			162828	160208	211296	-101060	184529		617801	376946	994747	11	
14 OTHER BILLABLE SERVICES													
15 INPATIENT DIALYSIS	89748	32654	97745	96172	126852	-60672	110781		493280	300971	794251	12	
16 METHOD II HOME PATIENT												13	
17 EPO (INCL IN RENAL DEPT)							1768					14	
18.01 ARANESP (INCL IN RENAL DEPT)							790930					14.01	
19 OTHER												15	
20 TOTAL	715193	260215	1161553	1142791	1507219	-720886	1316287		5382372	3284012	8666384	16	
21 MEDICAL EDUC PGM COSTS												17	
22 TOTAL RENAL COSTS											8666384	18	

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 14-2316

WORKSHEET I-3

CHECK APPLICABLE BOX:

[] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	---CAPITAL AND--- RELATED COSTS		-DIRECT CARE RNS (HOURS)	PATIENT- SALARY OTHERS (HOURS)	EMPLOYEE BENEFITS (SALARY)	DRGS (REQUIS)	MEDICAL SUPPLIES (REQUIS)	ROUTINE ANCILLARY SERVICES (CHARGES)	SUB- TOTAL	OVERHEAD (ACCUM. COST)	
	BUILDING (SQUARE FEET)	EQUIPMENT (% OF TIME)									
	1	2									
1	TOTAL RENAL DEPT COSTS	715193	260215	1161553	1142791	1507219	-720886	1316287	5382372	3284012	1
2	MAINTENANCE										
3	HEMODIALYSIS	10450	10450.00	14118.00	30941.00	1915635	72732	90958			2
4	INTERMITTENT PERITONEAL TRAINING										3
5	HEMODIALYSIS										4
6	INTERMITTENT PERITONEAL										5
7	CAPD	7	7.00	10.00	21.00	1316	50	62			6
8	CCPD	87	87.00	118.00	258.00	15996	607	760			7
9	HOME										
10	HEMODIALYSIS			3361.00	7367.00	456080	17316	21655			8
11	INTERMITTENT PERITONEAL										9
12	CAPD			1234.00	2705.00	167449	6358	7951			10
13	CCPD			3405.00	7463.00	462053	17543	21939			11
14	OTHER BILLABLE SERVICES										
15	INPT DIAL TRMNTS 2730	1513	1513.00	2044.00	4480.00	277394	10532	13171			13
16	METHOD II HOME PATIENT										14
17	EPO										14.01
18	ARANESP										15
19	OTHER										16
20	TOTAL STATISTICAL BASIS	12057	12057.00	24290.00	53235.00	3295923	125138	156496	5382372		17
21	UNIT COST MULTIPLIER	59.317658		47.820214		.457298		8.410995			
			21.582069		21.466911		-5.760728			.610142	

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 14-2316
 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	18884	5485446	290.48	12141	3526718	166.16	2017349	1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD	13	3752	288.62	8	2309	176.90	1415	5
6 TRAINING - CCPD	147	45776	311.40	95	29583	187.87	17848	6
7 HOME PROGRAM - HEMODIALYSIS	4504	981900	218.01	3433	748428	162.90	559236	7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
	PATIENT WEEKS			PATIENT WEEKS				
9 HOME PROGRAM - CAPD	1654	360512	217.96	1064	231909	72.58	77225	9
10 HOME PROGRAM - CCPD	4551	994747	218.58	2926	639565	76.81	224746	10
11 TOTALS	23548	7872133		15677	5178512		2897819	11

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: 14-2316

WORKSHEET I-5

DESCRIPTION

1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES	5178512	1
2	TOTAL PAYMENT (FROM I-4, COLUMN 7, LINE11)	2897819	2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	1271	3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	767469	4
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	3339	5
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	3339	5.01
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	765401	6
7	PROGRAM PAYMENT	2317238	7
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9)		8
9	REIMBURSABLE BAD DEBTS		9

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0150)	HOSPITAL (14-0150)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2					2
					CAPITAL DRG OTHER THAN OUTLIER
3	2783733				3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01					3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
4	263.55				4
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18]
					[E,PT A,LN.3.17][x E-3,PT VI,LN.1]
4.01	425.41	0.00	425.41		4.01
					NO. OF INTERNS & RESIDENTS
4.02			52.70		4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03	1467027				4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT
5			0.1782		5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01			0.4471		5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02			0.6253		5.02
					SUM OF LINES 5 AND 5.01
5.03			0.1350		5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04			375804		5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	4698213				6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

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
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 ADMINISTRATIVE & GENERAL					6.01
6.02 AMBULATORY ADMIN					6.02
7 MAINTENANCE & REPAIRS					7
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
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
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
27 CORONARY CARE UNIT					27
27.01 PEDIATRIC INTENSIVE CAR					27.01
27.02 NEONATAL INTENSIVE CARE					27.02
31 SUBPROVIDER I					31
31.01 SUBPROVIDER II					31.01
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 NUCLEAR MED - DIAG					41.01
41.02 ONCOLOGY					41.02
41.03 CAT SCAN					41.03
41.04 MAG RESONANCE IMAGING					41.04
41.05 ULTRASOUND					41.05
41.06 VASCULAR XRAY					41.06
41.07 WEST HARRISON IMAGING					41.07
44 LABORATORY					44
44.01 HISTOCOMPATIBILITY LAB					44.01
44.02 OUTREACH LAB					44.02
47 BLOOD STORING, PROCESSING & TR					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PA					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58.01 HEART CATH LAB					58.01
58.02 CARDIOVASCULAR SVCS					58.02
58.03 PROSTHETICS					58.03
58.04 GASTRO SERVICES					58.04
58.05 OTHER TRANSPLANT SERVICES					58.05
58.06 PULMONARY LAB					58.06
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 EYE CLINIC					60.01
60.02 PRIMARY CARE CLINIC					60.02
60.03 PEDS & ADOLESCENT CENTER					60.03
60.04 NEURO PSYCH CLINIC					60.04
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS					62
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
83 KIDNEY ACQUISITION					83

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	
84 LIVER ACQUISITION						84
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
86 OTHER ORGAN ACQUISITION (SPECI						86
95 SUBTOTALS						95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CA						96
97 RESEARCH						97
97.01 ISPI RESEARCH						97.01
98 PHYSICIANS' PRIVATE OFFICES						98
98.01 FAMILY MED PHYSICIAN OFFICE						98.01
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

***** REPORT 97 ***** UTILIZATION STATISTICS *****

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL	7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
25 ADULTS & PEDIATRICS	25.75		30.06				55.81	25
26 INTENSIVE CARE UNIT	26.97		18.05				45.02	26
27 CORONARY CARE UNIT	34.24		24.54				58.78	27
27.01 PEDIATRIC INTENSIVE CAR	2.66		63.98				66.64	27.01
27.02 NEONATAL INTENSIVE CARE			61.22				61.22	27.02
33 NURSERY			57.59				57.59	33
UTILIZATION PERCENTAGES BASED ON CHARGES								
37 OPERATING ROOM	13.73	10.29					24.02	37
38 RECOVERY ROOM	8.85	9.30					18.15	38
39 DELIVERY ROOM & LABOR ROOM	0.93	0.01					0.94	39
40 ANESTHESIOLOGY	9.98	7.90					17.88	40
41 RADIOLOGY-DIAGNOSTIC	9.87	11.28					21.15	41
41.01 NUCLEAR MED - DIAG	6.35	24.27					30.62	41.01
41.02 ONCOLOGY	0.89	10.82					11.71	41.02
41.03 CAT SCAN	13.61	13.33					26.94	41.03
41.04 MAG RESONANCE IMAGING	6.73	14.36					21.09	41.04
41.05 ULTRASOUND	11.63	13.52					25.15	41.05
41.06 VASCULAR XRAY	16.93	13.32					30.25	41.06
41.07 WEST HARRISON IMAGING	0.07	6.75					6.82	41.07
44 LABORATORY	13.52	0.83					14.35	44
44.01 HISTOCOMPATIBILITY LAB	1.73						1.73	44.01
47 BLOOD STORING, PROCESSING & TRA	21.93	1.96					23.89	47
49 RESPIRATORY THERAPY	19.76	1.41					21.17	49
50 PHYSICAL THERAPY	6.91	0.01					6.92	50
51 OCCUPATIONAL THERAPY	3.00						3.00	51
52 SPEECH PATHOLOGY	11.63	0.28					11.91	52
53 ELECTROCARDIOLOGY	27.13	11.77					38.90	53
54 ELECTROENCEPHALOGRAPHY	18.19	3.51					21.70	54
55 MEDICAL SUPPLIES CHARGED TO PAT	22.11	1.03					23.14	55
56 DRUGS CHARGED TO PATIENTS	19.94	3.76					23.70	56
57 RENAL DIALYSIS	12.26	0.19					12.45	57
58.01 HEART CATH LAB	19.58	21.50					41.08	58.01
58.02 CARDIOVASCULAR SVCS	18.64	12.90					31.54	58.02
58.03 PROSTHETICS	0.27	24.65					24.92	58.03
58.04 GASTRO SERVICES	8.88	18.17					27.05	58.04
58.05 OTHER TRANSPLANT SERVICES	13.80						13.80	58.05
58.06 PULMONARY LAB	2.72	25.81					28.53	58.06
60 CLINIC	0.52	32.46					32.98	60
60.01 EYE CLINIC	0.06	38.95					39.01	60.01
60.02 PRIMARY CARE CLINIC	0.14	4.44					4.58	60.02
60.03 PEDS & ADOLESCENT CENTER	0.03	0.43					0.46	60.03
60.04 NEURO PSYCH CLINIC	0.01	9.15					9.16	60.04
61 EMERGENCY	9.54	9.38					18.92	61
62 OBSERVATION BEDS (NON-DISTINCT)		22.33					22.33	62
101 TOTAL CHARGES	9.83	7.10					16.93	101

***** REPORT 97 ***** UTILIZATION STATISTICS *****

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	19.56		61.59				81.15 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
38 RECOVERY ROOM	0.39						0.39 38
40 ANESTHESIOLOGY	0.12						0.12 40
41 RADIOLOGY-DIAGNOSTIC	0.07	0.01					0.08 41
41.01 NUCLEAR MED - DIAG	0.13	0.04					0.17 41.01
41.03 CAT SCAN	0.18						0.18 41.03
41.04 MAG RESONANCE IMAGING	0.38	0.04					0.42 41.04
41.05 ULTRASOUND	0.05						0.05 41.05
44 LABORATORY	0.19						0.19 44
47 BLOOD STORING, PROCESSING & TRA	0.03						0.03 47
49 RESPIRATORY THERAPY	0.08						0.08 49
50 PHYSICAL THERAPY	0.08						0.08 50
51 OCCUPATIONAL THERAPY	6.06						6.06 51
52 SPEECH PATHOLOGY	0.12						0.12 52
53 ELECTROCARDIOLOGY	0.40	0.06					0.46 53
54 ELECTROENCEPHALOGRAPHY	1.23						1.23 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.32						0.32 55
56 DRUGS CHARGED TO PATIENTS	0.35						0.35 56
57 RENAL DIALYSIS	0.02						0.02 57
58.01 HEART CATH LAB	0.04						0.04 58.01
58.02 CARDIOVASCULAR SVCS	0.10						0.10 58.02
58.04 GASTRO SERVICES	0.04						0.04 58.04
60.04 NEURO PSYCH CLINIC	0.04						0.04 60.04
61 EMERGENCY	0.34	0.01					0.35 61
101 TOTAL CHARGES	0.13						0.13 101

***** REPORT 97 ***** UTILIZATION STATISTICS *****

SUBPROVIDER II

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31.01 SUBPROVIDER II	31.83		25.64				57.47 31.01
UTILIZATION PERCENTAGES BASED ON CHARGES							
41 RADIOLOGY-DIAGNOSTIC	0.10	0.04					0.14 41
41.01 NUCLEAR MED - DIAG	0.06						0.06 41.01
41.03 CAT SCAN	0.06	0.01					0.07 41.03
41.04 MAG RESONANCE IMAGING	0.07						0.07 41.04
41.05 ULTRASOUND	0.11						0.11 41.05
44 LABORATORY	0.12						0.12 44
47 BLOOD STORING, PROCESSING & TRA	0.04						0.04 47
49 RESPIRATORY THERAPY	0.27	0.03					0.30 49
50 PHYSICAL THERAPY	4.26	0.01					4.27 50
51 OCCUPATIONAL THERAPY	9.73						9.73 51
52 SPEECH PATHOLOGY	7.37						7.37 52
53 ELECTROCARDIOLOGY	0.12	0.02					0.14 53
54 ELECTROENCEPHALOGRAPHY	0.21	0.01					0.22 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.39						0.39 55
56 DRUGS CHARGED TO PATIENTS	0.36	0.01					0.37 56
57 RENAL DIALYSIS	0.53						0.53 57
58.01 HEART CATH LAB	0.01						0.01 58.01
58.02 CARDIOVASCULAR SVCS	0.22	0.02					0.24 58.02
61 EMERGENCY	0.01						0.01 61
101 TOTAL CHARGES	0.15						0.15 101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
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	4863655	.82	-4863655	-1.53		3
4	NEW CAP REL COSTS-MVBLE EQUIP	14993549	2.52	-14993549	-4.71		4
5	EMPLOYEE BENEFITS	118903230	20.02	-118903230	-37.33		5
6.01	ADMINISTRATIVE & GENERAL	82304540	13.85	-82304540	-25.84		6.01
6.02	AMBULATORY ADMIN	7588612	1.28	-7588612	-2.38		6.02
7	MAINTENANCE & REPAIRS	17709113	2.98	-17709113	-5.56		7
9	LAUNDRY & LINEN SERVICE						9
10	HOUSEKEEPING	5613963	.95	-5613963	-1.76		10
11	DIETARY	4067045	.68	-4067045	-1.28		11
12	CAFETERIA						12
14	NURSING ADMINISTRATION	6834248	1.15	-6834248	-2.15		14
15	CENTRAL SERVICES & SUPPLY	3355290	.56	-3355290	-1.05		15
16	PHARMACY	6725646	1.13	-6725646	-2.11		16
17	MEDICAL RECORDS & LIBRARY	3367226	.57	-3367226	-1.06		17
18	SOCIAL SERVICE	4998866	.84	-4998866	-1.57		18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A	24935463	4.20	-24935463	-7.83		22
23	I&R SERVICES-OTHER PRGM COSTS A	10933563	1.84	-10933563	-3.43		23
24	PARAMED ED PRGM-(SPECIFY)	1297334	.22	-1297334	-.41		24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	39586415	6.66	56039946	17.60	95626361	16.10
26	INTENSIVE CARE UNIT	6286713	1.06	7990555	2.51	14277268	2.40
27	CORONARY CARE UNIT	5772661	.97	7338024	2.30	13110685	2.21
27.01	PEDIATRIC INTENSIVE CAR	4220958	.71	5181435	1.63	9402393	1.58
27.02	NEONATAL INTENSIVE CARE	10519662	1.77	12848770	4.03	23368432	3.93
31	SUBPROVIDER I	5440676	.92	8668841	2.72	14109517	2.38
31.01	SUBPROVIDER II	1406962	.24	2269430	.71	3676392	.62
33	NURSERY	947777	.16	1268597	.40	2216374	.37
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	32284521	5.43	26685352	8.38	58969873	9.93
38	RECOVERY ROOM	1259783	.21	1236087	.39	2495870	.42
39	DELIVERY ROOM & LABOR ROOM	6024743	1.01	8547120	2.68	14571863	2.45
40	ANESTHESIOLOGY	1160013	.20	3778061	1.19	4938074	.83
41	RADIOLOGY-DIAGNOSTIC	2141186	.36	4036399	1.27	6177585	1.04
41.01	NUCLEAR MED - DIAG	1718496	.29	1760384	.55	3478880	.59
41.02	ONCOLOGY	3970542	.67	4903413	1.54	8873955	1.49
41.03	CAT SCAN	1620505	.27	3395494	1.07	5015999	.84
41.04	MAG RESONANCE IMAGING	1090837	.18	2571200	.81	3662037	.62
41.05	ULTRASOUND	771652	.13	1053766	.33	1825418	.31
41.06	VASCULAR XRAY	4125123	.69	7281173	2.29	11406296	1.92
41.07	WEST HARRISON IMAGING	418597	.07	281222	.09	699819	.12
44	LABORATORY	18776576	3.16	21974989	6.90	40751565	6.86
44.01	HISTOCOMPATIBILITY LAB	358729	.06	286703	.09	645432	.11

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
44.02 OUTREACH LAB	8931819	1.50	6473950	2.03	15405769	2.59	44.02
47 BLOOD STORING, PROCESSING & TRA	6028794	1.01	3754491	1.18	9783285	1.65	47
49 RESPIRATORY THERAPY	2435416	.41	3880595	1.22	6316011	1.06	49
50 PHYSICAL THERAPY	2248246	.38	3030080	.95	5278326	.89	50
51 OCCUPATIONAL THERAPY	997452	.17	1389458	.44	2386910	.40	51
52 SPEECH PATHOLOGY	551846	.09	654150	.21	1205996	.20	52
53 ELECTROCARDIOLOGY	155773	.03	624995	.20	780768	.13	53
54 ELECTROENCEPHALOGRAPHY	548338	.09	635647	.20	1183985	.20	54
55 MEDICAL SUPPLIES CHARGED TO PAT	19775375	3.33	10565119	3.32	30340494	5.11	55
56 DRUGS CHARGED TO PATIENTS	25658399	4.32	27438904	8.62	53097303	8.94	56
57 RENAL DIALYSIS	5035426	.85	5514920	1.73	10550346	1.78	57
58.01 HEART CATH LAB	2895919	.49	6156500	1.93	9052419	1.52	58.01
58.02 CARDIOVASCULAR SVCS	652964	.11	919926	.29	1572890	.26	58.02
58.03 PROSTHETICS	1032102	.17	1580693	.50	2612795	.44	58.03
58.04 GASTRO SERVICES	1703203	.29	2248181	.71	3951384	.67	58.04
58.05 OTHER TRANSPLANT SERVICES	955673	.16	442408	.14	1398081	.24	58.05
58.06 PULMONARY LAB	120424	.02	171202	.05	291626	.05	58.06
60 CLINIC	19823626	3.34	20640952	6.48	40464578	6.81	60
60.01 EYE CLINIC	2727632	.46	3920260	1.23	6647892	1.12	60.01
60.02 PRIMARY CARE CLINIC	2525061	.43	3405793	1.07	5930854	1.00	60.02
60.03 PEDS & ADOLESCENT CENTER	1932682	.33	4015233	1.26	5947915	1.00	60.03
60.04 NEURO PSYCH CLINIC	2745523	.46	5170889	1.62	7916412	1.33	60.04
61 EMERGENCY	6733166	1.13	9672122	3.04	16405288	2.76	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS OUTPATIENT SERVICE COST CENTERS							62
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS							71
83 KIDNEY ACQUISITION	4859190	.82	2817030	.88	7676220	1.29	83
84 LIVER ACQUISITION	1946586	.33	1070201	.34	3016787	.51	84
85.01 PANCREAS ACQUISITION	644880	.11	235152	.07	880032	.15	85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
86 OTHER ORGAN ACQUISITION (SPECIF NONREIMBURSABLE COST CENTERS	201230	.03	370063	.12	571293	.10	86
96 GIFT, FLOWER, COFFEE SHOP & CAN	15181		131871	.04	147052	.02	96
97 RESEARCH	396865	.07	574585	.18	971450	.16	97
97.01 ISPI RESEARCH	1588		32486	.01	34074	.01	97.01
98 PHYSICIANS' PRIVATE OFFICES	53438	.01	364511	.11	417949	.07	98
98.01 FAMILY MED PHYSICIAN OFFICE	1327054	.22	1192015	.37	2519069	.42	98.01
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	594055341	100.00	0	.00	594055341	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1965214	145379767	.013518	19959497	269812	37
38 RECOVERY ROOM	38370	5696450	.006736	503900	3394	38
39 DELIVERY ROOM & LABOR ROOM	471853	25676724	.018377	239111	4394	39
40 ANESTHESIOLOGY	428304	38097853	.011242	3803711	42761	40
41 RADIOLOGY-DIAGNOSTIC	1002889	19382095	.051743	1912869	98978	41
41.01 NUCLEAR MED - DIAG	585174	8048329	.072708	511083	37160	41.01
41.02 ONCOLOGY	527633	24773157	.021299	221391	4715	41.02
41.03 CAT SCAN	130308	46926505	.002777	6386400	17735	41.03
41.04 MAG RESONANCE IMAGING	209007	26418474	.007911	1777215	14060	41.04
41.05 ULTRASOUND	45674	8595920	.005313	999406	5310	41.05
41.06 VASCULAR XRAY	1094250	78994273	.013852	13376671	185294	41.06
41.07 WEST HARRISON IMAGING	10222	3295390	.003102	2284	7	41.07
44 LABORATORY	1304339	194231503	.006715	26265769	176375	44
44.01 HISTOCOMPATIBILITY LAB	29155	1307025	.022306	22572	503	44.01
44.02 OUTREACH LAB	323322	111086878	.002911			44.02
47 BLOOD STORING, PROCESSING & TRA	153826	27842272	.005525	6104473	33727	47
49 RESPIRATORY THERAPY	212943	35086237	.006069	6931520	42067	49
50 PHYSICAL THERAPY	185852	9981810	.018619	689385	12836	50
51 OCCUPATIONAL THERAPY	83602	4779365	.017492	143380	2508	51
52 SPEECH PATHOLOGY	25806	1780655	.014492	207064	3001	52
53 ELECTROCARDIOLOGY	37215	3403887	.010933	923576	10097	53
54 ELECTROENCEPHALOGRAPHY	67397	5797057	.011626	1054537	12260	54
55 MEDICAL SUPPLIES CHARGED TO PAT	636838	31245037	.020382	6907740	140794	55
56 DRUGS CHARGED TO PATIENTS	747577	152073225	.004916	30328569	149095	56
57 RENAL DIALYSIS	300383	31672616	.009484	3884156	36837	57
58.01 HEART CATH LAB	950589	33697330	.028210	6597388	186112	58.01
58.02 CARDIOVASCULAR SVCS	124347	7163525	.017358	1335612	23184	58.02
58.03 PROSTHETICS	139192	1492262	.093276	4072	380	58.03
58.04 GASTRO SERVICES	198613	21216577	.009361	1883730	17634	58.04
58.05 OTHER TRANSPLANT SERVICES	28113	540196	.052042	74553	3880	58.05
58.06 PULMONARY LAB	44871	2241021	.020023	60848	1218	58.06
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	975464	77401677	.012603	402985	5079	60
60.01 EYE CLINIC	186683	10975969	.017008	6038	103	60.01
60.02 PRIMARY CARE CLINIC	218106	9610268	.022695	13340	303	60.02
60.03 PEDS & ADOLESCENT CENTER	130507	11602140	.011249	3422	38	60.03
60.04 NEURO PSYCH CLINIC	335773	5969387	.056249	439	25	60.04
61 EMERGENCY	372799	55384048	.006731	5284981	35573	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	180237	10278989	.017535			62
101 TOTAL	14502447	1289145893		148823687	1577249	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT	COST	PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	DAYS	COSTS
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	2385990		2385990	73478	32.47	18923	614430 25
26 INTENSIVE CARE UNIT	290987		290987	5763	50.49	1554	78461 26
27 CORONARY CARE UNIT	322627		322627	4865	66.32	1666	110489 27
27.01 PEDIATRIC INTENSIVE CAR	189965		189965	3792	50.10	101	5060 27.01
27.02 NEONATAL INTENSIVE CARE	485239		485239	13635	35.59		27.02
101 TOTAL	3674808		3674808			22244	808440 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							808440
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							1577249
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							2385689
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							3783
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							22244
PER DISCHARGE CAPITAL COSTS							630.63
PER DIEM CAPITAL COSTS							107.25

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	67713260
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	192770620
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.351

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	2032211
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	4183117
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.486

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	3136400
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	5593108
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.561

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	2385689
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.012

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	34857470
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	107464438
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.324