

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
 FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
 THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
 (42 USC 1395g).

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		41-0001		FROM 10/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 9/30/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 4/12/2010 TIME 16:15

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY 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: MEMORIAL HOSPITAL OF RHODE ISLAND 41-0001 FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2008 AND ENDING 9/30/2009 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.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	-28,978	197,199		0
2	SUBPROVIDER	0	11,870	-719		0
7	HOSPITAL-BASED HHA	0	0	0		0
100	TOTAL	0	-17,108	196,480		0

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 662 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: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N Y N
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE NUMBER. (SEE INSTRUCTIONS). N
 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMD DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "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
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
50.00 HHA	N	N			

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE 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. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 0
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0

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. N

55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. DATE Y OR N LIMIT Y OR N FEES
 0 1 2 3 4
 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. N 0.00 0
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? Y

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% FEDERAL 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. Y Y

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 "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). Y N 0

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	82,819,103		82,819,103	2,850,669.76	29.05	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	1,435,442		1,435,442	14,671.57	97.84	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	1,851,207		1,851,207	22,408.10	82.61	
5 PHYSICIAN - PART B	6,425,541		6,425,541	71,632.08	89.70	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	3,663,015	-132,899	3,530,116	150,850.05	23.40	
6.01 CONTRACT SERVICES, I&R	767,459		767,459	18,865.60	40.68	
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	7,974,599	3,776,890	11,751,489	314,559.47	37.36	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,090,059		1,090,059	23,732.15	45.93	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	18,777,974		18,777,974			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	3,311,607		3,311,607			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	466,140		466,140			CMS 339
18.01 PART A TEACHING PHYSICIANS	601,154		601,154			CMS 339
19 PHYSICIAN PART B	2,086,606		2,086,606			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	1,146,357		1,146,357			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	400,465		400,465	12,527.25	31.97	
22 ADMINISTRATIVE & GENERAL	10,191,890	-532,669	9,659,221	374,116.64	25.82	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS	903,358		903,358	42,149.50	21.43	
24 OPERATION OF PLANT	379,844		379,844	20,652.75	18.39	
25 LAUNDRY & LINEN SERVICE	313,359		313,359	20,271.75	15.46	
26 HOUSEKEEPING	1,809,970		1,809,970	116,187.75	15.58	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,545,882	-966,949	578,933	37,958.01	15.25	
27.01 DIETARY UNDER CONTRACT	673,726		673,726	15,628.40	43.11	
28 CAFETERIA		966,949	966,949	63,398.49	15.25	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	2,531,973	-936,820	1,595,153	38,774.35	41.14	
31 CENTRAL SERVICE AND SUPPLY	415,436		415,436	22,655.00	18.34	
32 PHARMACY	1,214,876	113,400	1,328,276	38,583.50	34.43	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,006,416		1,006,416	55,445.75	18.15	
34 SOCIAL SERVICE	210,830		210,830	6,240.00	33.79	
35 OTHER GENERAL SERVICE	6,030,498	-60,159	5,970,339	110,444.60	54.06	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	70,785,607	132,899	70,918,506	2,602,542.33	27.25	
2 EXCLUDED AREA SALARIES	7,974,599	3,776,890	11,751,489	314,559.47	37.36	
3 SUBTOTAL SALARIES	62,811,008	-3,643,991	59,167,017	2,287,982.86	25.86	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	1,090,059		1,090,059	23,732.15	45.93	
5 SUBTOTAL WAGE-RELATED COSTS	19,244,114		19,244,114		32.53	
6 TOTAL	83,145,181	-3,643,991	79,501,190	2,311,715.01	34.39	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
13 TOTAL OVERHEAD COSTS	27,628,523	-1,416,248	26,212,275	975,033.74	26.88	

HHA 1

	TITLE V 1	TITLE XVII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	5,860	0	6,072
2 UNDUPLICATED CENSUS COUNT		1,036.00		2,015.00
	TOTAL 5			

1 HOME HEALTH AIDE HOURS	11,932
2 UNDUPLICATED CENSUS COUNT	

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES
(FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	.96		.96
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	4.95		4.95
5 OTHER ADMINISTRATIVE PERSONEL	11.48		11.48
6 DIRECTING NURSING SERVICE	27.89		27.89
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	8.43		8.43
9 PHYSICAL THERAPY SUPERVISOR	1.00		1.00
10 OCCUPATIONAL THERAPY SERVICE	2.02		2.02
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	1.01		1.01
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	14.47		14.47
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	1	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		39300	

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000

	FULL EPIISODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPIISODES 3	PEP ONLY EPIISODES 4
21 SKILLED NURSING VISITS	16,396	1,875	333	216
22 SKILLED NURSING VISIT CHARGES	3,284,656	375,055	66,893	43,416
23 PHYSICAL THERAPY VISITS	4,944	70	31	34
24 PHYSICAL THERAPY VISIT CHARGES	990,154	14,020	6,231	6,834
25 OCCUPATIONAL THERAPY VISITS	892	10	9	11
26 OCCUPATIONAL THERAPY VISIT CHARGES	178,582	1,960	1,809	2,211
27 SPEECH PATHOLOGY VISITS	315	1	4	13
28 SPEECH PATHOLOGY VISIT CHARGES	63,145	191	804	2,613
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0	0
31 HOME HEALTH AIDE VISITS	5,123	1,027	9	66
32 HOME HEALTH AIDE VISIT CHARGES	364,306	73,005	643	4,712
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	27,670	2,983	386	340
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	4,880,843	464,231	76,380	59,786
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	27,670	0	386	205
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	2,983	0	135
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	144,393	35,519	4,514	919

HHA 1

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	18,820
22 SKILLED NURSING VISIT CHARGES	0	0	3,770,020
23 PHYSICAL THERAPY VISITS	0	0	5,079
24 PHYSICAL THERAPY VISIT CHARGES	0	0	1,017,239
25 OCCUPATIONAL THERAPY VISITS	0	0	922
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	184,562
27 SPEECH PATHOLOGY VISITS	0	0	333
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	66,753
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0
31 HOME HEALTH AIDE VISITS	0	0	6,225
32 HOME HEALTH AIDE VISIT CHARGES	0	0	442,666
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	31,379
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	5,481,240
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	28,261
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	3,118
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	185,345

DESCRIPTION

- UNCOMPENSATED CARE INFORMATION
- 1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
 - 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
 - 2.01 IS IT AT THE TIME OF ADMISSION?
 - 2.02 IS IT AT THE TIME OF FIRST BILLING?
 - 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
 - 2.04
 - 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
 - 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
 - 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
 - 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
 - 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
 - 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
 - 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
 - 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
 - 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
 - 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
 - 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
 - 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
 - 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?
 - 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
 - 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
 - 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
 - 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
 - 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
 - 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
 - 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
 - 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
 - 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
 - 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
 - 15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
 - 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
 - 17.01 GROSS MEDICAID REVENUES
 - 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
 - 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
 - 20 RESTRICTED GRANTS
 - 21 NON-RESTRICTED GRANTS
 - 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES
- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
 - 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .397572
 - 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
 - 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

DESCRIPTION

- 27 TOTAL SCHIP COST, (LINE 24 * LINE 26)
- 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS
- 29 TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)
- 30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS
- 31 UNCOMPENSATED CARE COST (LINE 24 * LINE 30)
- 32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL
(SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 41-0001

PERIOD: FROM 10/1/2008 TO 9/30/2009

PREPARED 4/12/2010 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT					
3.01	0301 NEW CAP REL COSTS-BLDG & FIXT					
3.02	0302 NEW CAP REL COSTS-MACCOLL		65,415	65,415	5,702	71,117
3.03	0303 NEW CAP REL COSTS-RICHARDSON		87,804	87,804	107,969	195,773
3.04	0304 NEW CAP REL COSTS-WOOD		259,212	259,212	73,734	332,946
3.05	0305 NEW CAP REL COSTS-HODGSON		529,175	529,175	83,291	612,466
3.06	0306 NEW CAP REL COSTS-OPD				2,540	2,540
3.07	0307 NEW CAP REL COSTS-GARAGE		508	508	1,958	2,466
3.08	0308 NEW CAP REL COSTS-ABC		25,242	25,242	22,063	47,305
3.09	0309 NEW CAP REL COSTS-AMBULATORY		63,467	63,467	4,070	67,537
3.10	0310 NEW CAP REL COSTS-SAYLES		439,339	439,339	355,631	794,970
3.11	0311 NEW CAP REL COSTS-NOTRE DAME		43,488	43,488	6,306	49,794
3.12	0312 NEW CAP REL COSTS-PRIMARY CARE		222,182	222,182	9,772	231,954
3.13	0313 NEW CAP REL 555 PROSPECT ST.		36,948	36,948	1,469	38,417
3.14	0314 NEW CAP REL COSTS - PLAINVILLE		58,594	58,594		58,594
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		2,325,399	2,325,399	195,073	2,520,472
5	0500 EMPLOYEE BENEFITS	400,465	200,563	601,028	28,441,944	29,042,972
6.01	0610 COMMUNICATIONS	278,263	311,626	589,889		589,889
6.02	0620 INFORMATION SERVICES	1,893,101	1,313,792	3,206,893		3,206,893
6.03	0630 PURCHASING RECEIVING AND STORES	439,521	560,934	1,000,455		1,000,455
6.04	0640 ADMINITTING	330,030	29,552	359,582		359,582
6.05	0650 BUSINESS OFFICE	2,197,395	194,491	2,391,886		1,930,731
6.06	0660 OTHER ADMINISTRATION AND GENERAL	4,632,464	37,332,980	41,965,444	-25,902,504	16,062,940
6.07	0661 GRANTS ADMINISTRATION	421,116	70,865	491,981	-58,482	433,499
7	0700 MAINTENANCE & REPAIRS	903,358	364,452	1,267,810		1,267,810
8	0800 OPERATION OF PLANT	379,844	3,485,724	3,865,568	-1,469	3,864,099
9	0900 LAUNDRY & LINEN SERVICE	313,359	157,108	470,467	13,689	484,156
10	1000 HOUSEKEEPING	1,809,970	358,343	2,168,313		2,168,313
11	1100 DIETARY	1,545,882	1,987,972	3,533,854	-2,210,425	1,323,429
12	1200 CAFETERIA				2,210,425	2,210,425
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	2,531,973	78,992	2,610,965	-936,820	1,674,145
15	1500 CENTRAL SERVICES & SUPPLY	415,436	232,484	647,920	-31,838	616,082
16	1600 PHARMACY	1,214,876	6,747,076	7,961,952	-6,448,666	1,513,286
17	1700 MEDICAL RECORDS & LIBRARY	1,006,416	142,830	1,149,246		1,149,246
18	1800 SOCIAL SERVICE	210,830	262	211,092		211,092
19	1950 DEPARTMENT OF MEDICINE	949,243	202,683	1,151,926	-88,247	1,063,679
19.01	1951 DEPARTMENT OF CARDIOLOGY	1,133,144	459,079	1,592,223	-303,390	1,288,833
19.02	1952 DEPARTMENT OF SURGERY	572,538	194,118	766,656		766,656
19.03	1953 DEPARTMENT OF FAMILY CARE	3,375,573	1,064,994	4,440,567	-151,034	4,289,533
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	3,663,015	1,200,190	4,863,205	-451,578	4,411,627
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	368,287	47,453	415,740	1,224,914	1,640,654
24	2400 PARAMED ED PRGM-(SPECIFY)				410,076	410,076
24.01	2410 PSYCHOLOGY INTERNS PARAMEDICAL INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	10,308,967	1,352,249	11,661,216	-722,920	10,938,296
26	2600 INTENSIVE CARE UNIT	4,211,740	486,282	4,698,022	-1,131,935	3,566,087
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER	1,174,223	94,301	1,268,524	364,749	1,633,273
33	3300 NURSERY	110,130	5,617	115,747	-116,476	-729
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	3,710,147	5,415,787	9,125,934	-4,236,921	4,889,013
37.01	3330 ENDOSCOPY	419,528	193,062	612,590	-53,930	558,660
39	3900 DELIVERY ROOM & LABOR ROOM					
40.01	3630 ULTRASOUND	333,509	59,368	392,877	-13,812	379,065
41	4100 RADIOLOGY-DIAGNOSTIC	1,970,793	1,010,777	2,981,570	-92,352	2,889,218
42.01	3230 CT SCAN	547,705	335,323	883,028	-14,903	868,125
42.02	3430 MAGNETIC RESONANCE IMAGING(MRI)	294,885	210,001	504,886	1,031	505,917
43	4300 RADIOISOTOPE	152,285	96,054	248,339	225,982	474,321
44	4400 LABORATORY	6,659,739	3,033,616	9,693,355	-1,303,709	8,389,646
47	4700 BLOOD STORING, PROCESSING & TRANS.	427,452	1,127,746	1,555,198	-144,033	1,411,165
49	4900 RESPIRATORY THERAPY	2,151,306	268,916	2,420,222	-273,338	2,146,884
50	5000 PHYSICAL THERAPY	1,135,447	474,186	1,609,633	77,892	1,687,525
51	5100 OCCUPATIONAL THERAPY	883,781	68,534	952,315	-97,452	854,863
52	5200 SPEECH PATHOLOGY	740,851	58,080	798,931	-36,720	762,211
53	5300 ELECTROCARDIOLOGY		143,781	143,781	9,471	153,252
54	5400 ELECTROENCEPHALOGRAPHY	82,763	704,104	786,867	-387,237	399,630
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				6,392,184	6,392,184
56	5600 DRUGS CHARGED TO PATIENTS				6,823,693	6,823,693
59.01	3120 CARDIAC CATHETERIZATION LABORATORY	254,250	1,824,056	2,078,306	-1,774,513	303,793
59.02	3950 MEDICAL REHAB	715,000	66,319	781,319	-781,319	
59.03	3951 NOTRE DAME OCCUPATIONAL MEDICINE					
59.04	3952 INPATIENT RENAL DIALYSIS OUTPAT SERVICE COST CNTRS				255,236	255,236
60	6000 CLINIC	419,934	19,288	439,222	2,074	441,296
60.01	6001 NOTRE DAME AMBULATORY CLINIC	777,394	82,289	859,683	-10,285	849,398
60.02	6002 FAMILY CARE CLINIC	922,560	107,238	1,029,798	62,456	1,092,254
60.03	6003 PEDIATRIC CLINIC	1,012,856	208,868	1,221,724	-427,800	793,924

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 41-0001
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 4/12/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	OUTPAT SERVICE COST CNTRS					
60.05 6005	BARRINGTON URGENT CARE	37,464	12,820	50,284	-148	50,136
61 6100	EMERGENCY	5,275,587	1,454,759	6,730,346	-538,149	6,192,197
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63 4950	O/P CHEMO & IV PROCEDURES	302,332	60,159	362,491	112,301	474,792
	OTHER REIMBURS COST CNTRS					
71 7100	HOME HEALTH AGENCY	4,628,114	515,928	5,144,042	131,921	5,275,963
	SPEC PURPOSE COST CENTERS					
88 8800	INTEREST EXPENSE		1,241,887	1,241,887	-1,241,887	
90 9000	OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	80,646,841	81,626,731	162,273,572	-2,815,831	159,457,741
	NONREIMBURS COST CENTERS					
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97 9700	RESEARCH	1,553,652	1,405,829	2,959,481	-553,025	2,406,456
97.01 9701	UNFUNDED RESEARCH				173,664	173,664
98 9800	PHYSICIANS' PRIVATE OFFICES	528,861	282,136	810,997	2,524,166	3,335,163
99 9900	NONPAID WORKERS					
99.01 9901	FUND RAISING				41,241	41,241
99.02 9902	BANK					
99.03 9903	VACANT SPACE					
99.04 9904	BILLING OFFICE	89,749		89,749		89,749
99.05 9905	O/P MEALS					
99.06 9906	BROWN MEDICAL STUDENTS				629,785	629,785
99.07 9907	NONREIMBURSABLE SERVICES					
101	TOTAL	82,819,103	83,314,696	166,133,799	-0-	166,133,799

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 41-0001
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 4/12/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT		
3.01 0301	NEW CAP REL COSTS-BLDG & FIXT		
3.02 0302	NEW CAP REL COSTS-MACCOLL		71,117
3.03 0303	NEW CAP REL COSTS-RICHARDSON		195,773
3.04 0304	NEW CAP REL COSTS-WOOD		332,946
3.05 0305	NEW CAP REL COSTS-HODGSON		612,466
3.06 0306	NEW CAP REL COSTS-OPD		2,540
3.07 0307	NEW CAP REL COSTS-GARAGE		2,466
3.08 0308	NEW CAP REL COSTS-ABC		47,305
3.09 0309	NEW CAP REL COSTS-AMBULATORY		67,537
3.10 0310	NEW CAP REL COSTS-SAYLES		794,970
3.11 0311	NEW CAP REL COSTS-NOTRE DAME		49,794
3.12 0312	NEW CAP REL COSTS-PRIMARY CARE		231,954
3.13 0313	NEW CAP REL 555 PROSPECT ST.		38,417
3.14 0314	NEW CAP REL COSTS - PLAINVILLE		58,594
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		2,520,472
5 0500	EMPLOYEE BENEFITS	-194,819	28,848,153
6.01 0610	COMMUNICATIONS	-25,469	564,420
6.02 0620	INFORMATION SERVICES		3,206,893
6.03 0630	PURCHASING RECEIVING AND STORES		1,000,455
6.04 0640	ADMITTING		359,582
6.05 0650	BUSINESS OFFICE		1,930,731
6.06 0660	OTHER ADMINISTRATION AND GENERAL	-433,809	15,629,131
6.07 0661	GRANTS ADMINISTRATION	-64,405	369,094
7 0700	MAINTENANCE & REPAIRS		1,267,810
8 0800	OPERATION OF PLANT	-183,957	3,680,142
9 0900	LAUNDRY & LINEN SERVICE	-232	483,924
10 1000	HOUSEKEEPING		2,168,313
11 1100	DIETARY	-2,259	1,321,170
12 1200	CAFETERIA	-965,585	1,244,840
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION		1,674,145
15 1500	CENTRAL SERVICES & SUPPLY		616,082
16 1600	PHARMACY	-46,542	1,466,744
17 1700	MEDICAL RECORDS & LIBRARY	-8,942	1,140,304
18 1800	SOCIAL SERVICE		211,092
19 1950	DEPARTMENT OF MEDICINE	-326,197	737,482
19.01 1951	DEPARTMENT OF CARDIOLOGY	-490,730	798,103
19.02 1952	DEPARTMENT OF SURGERY	-641,948	124,708
19.03 1953	DEPARTMENT OF FAMILY CARE	-1,488,164	2,801,369
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		4,411,627
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	-81,535	1,559,119
24 2400	PARAMED ED PRGM-(SPECIFY)		410,076
24.01 2410	PSYCHOLOGY INTERNS PARAMEDICAL		
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS		10,938,296
26 2600	INTENSIVE CARE UNIT	-331,942	3,234,145
27 2700	CORONARY CARE UNIT		
28 2800	BURN INTENSIVE CARE UNIT		
29 2900	SURGICAL INTENSIVE CARE UNIT		
31 3100	SUBPROVIDER	-192,482	1,440,791
33 3300	NURSERY		-729
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM		4,889,013
37.01 3330	ENDOSCOPY		558,660
39 3900	DELIVERY ROOM & LABOR ROOM		
40.01 3630	ULTRASOUND		379,065
41 4100	RADIOLOGY-DIAGNOSTIC	-450	2,888,768
42.01 3230	CT SCAN		868,125
42.02 3430	MAGNETIC RESONANCE IMAGING(MRI)	-600	505,317
43 4300	RADIOISOTOPE		474,321
44 4400	LABORATORY	-664,929	7,724,717
47 4700	BLOOD STORING, PROCESSING & TRANS.		1,411,165
49 4900	RESPIRATORY THERAPY	-105,763	2,041,121
50 5000	PHYSICAL THERAPY		1,687,525
51 5100	OCCUPATIONAL THERAPY		854,863
52 5200	SPEECH PATHOLOGY		762,211
53 5300	ELECTROCARDIOLOGY	-130,763	22,489
54 5400	ELECTROENCEPHALOGRAPHY	-47,981	351,649
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		6,392,184
56 5600	DRUGS CHARGED TO PATIENTS		6,823,693
59.01 3120	CARDIAC CATHETERIZATION LABORATORY		303,793
59.02 3950	MEDICAL REHAB		
59.03 3951	NOTRE DAME OCCUPATIONAL MEDICINE		
59.04 3952	INPATIENT RENAL DIALYSIS		255,236
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC	-3,760	437,536
60.01 6001	NOTRE DAME AMBULATORY CLINIC	-401,212	448,186
60.02 6002	FAMILY CARE CLINIC		1,092,254
60.03 6003	PEDIATRIC CLINIC	-704,202	89,722

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 41-0001
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 4/12/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	OUTPAT SERVICE COST CNTRS		
60.05 6005	BARRINGTON URGENT CARE	-24,051	26,085
61 6100	EMERGENCY	-2,455,970	3,736,227
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63 4950	O/P CHEMO & IV PROCEDURES		474,792
	OTHER REIMBURS COST CNTRS		
71 7100	HOME HEALTH AGENCY		5,275,963
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE		-0-
90 9000	OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-10,018,698	149,439,043
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97 9700	RESEARCH		2,406,456
97.01 9701	UNFUNDED RESEARCH		173,664
98 9800	PHYSICIANS' PRIVATE OFFICES		3,335,163
99 9900	NONPAID WORKERS		
99.01 9901	FUND RAISING		41,241
99.02 9902	BANK		
99.03 9903	VACANT SPACE		
99.04 9904	BILLING OFFICE		89,749
99.05 9905	O/P MEALS		
99.06 9906	BROWN MEDICAL STUDENTS		629,785
99.07 9907	NONREIMBURSABLE SERVICES		
101	TOTAL	-10,018,698	156,115,101

COST CENTERS USED IN COST REPORT

PROVIDER NO: 41-0001
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 4/12/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-BLDG & FIXT	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-MACCOLL	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAP REL COSTS-RI CHARDSON	0303	NEW CAP REL COSTS-BLDG & FIXT
3.04	NEW CAP REL COSTS-WOOD	0304	NEW CAP REL COSTS-BLDG & FIXT
3.05	NEW CAP REL COSTS-HODGSON	0305	NEW CAP REL COSTS-BLDG & FIXT
3.06	NEW CAP REL COSTS-OPD	0306	NEW CAP REL COSTS-BLDG & FIXT
3.07	NEW CAP REL COSTS-GARAGE	0307	NEW CAP REL COSTS-BLDG & FIXT
3.08	NEW CAP REL COSTS-ABC	0308	NEW CAP REL COSTS-BLDG & FIXT
3.09	NEW CAP REL COSTS-AMBULATORY	0309	NEW CAP REL COSTS-BLDG & FIXT
3.10	NEW CAP REL COSTS-SAYLES	0310	NEW CAP REL COSTS-BLDG & FIXT
3.11	NEW CAP REL COSTS-NOTRE DAME	0311	NEW CAP REL COSTS-BLDG & FIXT
3.12	NEW CAP REL COSTS-PRIMARY CARE	0312	NEW CAP REL COSTS-BLDG & FIXT
3.13	NEW CAP REL 555 PROSPECT ST.	0313	NEW CAP REL COSTS-BLDG & FIXT
3.14	NEW CAP REL COSTS - PLAINVILLE	0314	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	COMMUNICATIONS	0610	NONPATIENT TELEPHONES
6.02	INFORMATION SERVICES	0620	DATA PROCESSING
6.03	PURCHASING RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.05	BUSINESS OFFICE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
6.07	GRANTS ADMINISTRATION	0661	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	DEPARTMENT OF MEDICINE	1950	OTHER GENERAL SERVICE COST CENTERS
19.01	DEPARTMENT OF CARDIOLOGY	1951	OTHER GENERAL SERVICE COST CENTERS
19.02	DEPARTMENT OF SURGERY	1952	OTHER GENERAL SERVICE COST CENTERS
19.03	DEPARTMENT OF FAMILY CARE	1953	OTHER GENERAL SERVICE COST CENTERS
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM-(SPECIFY)	2400	
24.01	PSYCHOLOGY INTERNS PARAMEDICAL	2410	PARAMED ED PRGM
	INPAT ROUTINE SRVC COST		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	ENDOSCOPY	3330	ENDOSCOPY
39	DELIVERY ROOM & LABOR ROOM	3900	
40.01	ULTRASOUND	3630	ULTRASOUND
41	RADIOLOGY-DIAGNOSTIC	4100	
42.01	CT SCAN	3230	CAT SCAN
42.02	MAGNETIC RESONANCE IMAGING(MRI)	3430	MAGNETIC RESONANCE IMAGING (MRI)
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59.01	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
59.02	MEDICAL REHAB	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.03	NOTRE DAME OCCUPATIONAL MEDICINE	3951	OTHER ANCILLARY SERVICE COST CENTERS
59.04	INPATIENT RENAL DIALYSIS	3952	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	NOTRE DAME AMBULATORY CLINIC	6001	CLINIC
60.02	FAMILY CARE CLINIC	6002	CLINIC
60.03	PEDIATRIC CLINIC	6003	CLINIC
60.05	BARRINGTON URGENT CARE	6005	CLINIC

COST CENTERS USED IN COST REPORT

PROVIDER NO: 41-0001
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 4/12/2010
NOT A CMS WORKSHEET

Table with 4 columns: LINE NO., COST CENTER DESCRIPTION, CMS CODE, STANDARD LABEL FOR NON-STANDARD CODES. Rows include categories like OUTPAT SERVICE COST, EMERGENCY, OBSERVATION BEDS, O/P CHEMO & IV PROCEDURES, HOME HEALTH AGENCY, INTEREST EXPENSE, and various non-reimbursable services.

RECLASSIFICATIONS

PROVIDER NO:
410001

PERIOD:
FROM 10/ 1/2008
TO 9/30/2009

PREPARED 4/12/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	INCREASE			
		COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 MEDICAL SUPPLIES CHARGED TO PATIENTS	A	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		6,316,129
2		BARRINGTON URGENT CARE	60.05		417
3					
4					
5					
6					
7					
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21					
22					
23 CAPITAL RELATED INTEREST	B	NEW CAP REL COSTS-RI CHARDSON	3.03		101,689
24		NEW CAP REL COSTS-WOOD	3.04		51,061
25		NEW CAP REL COSTS-HODGSON	3.05		56,824
26		NEW CAP REL COSTS-ABC	3.08		10,040
27		NEW CAP REL COSTS-AMBULATORY	3.09		950
28		NEW CAP REL COSTS-SAYLES	3.10		336,590
29		NEW CAP REL COSTS-MVBLE EQUIP	4		180,810
30		OTHER ADMINISTRATIVE AND GENERAL	6.06		503,923
31 BUILDING AND AUTO INSURANCE	C	NEW CAP REL COSTS-MACCOLL	3.02		5,702
32		NEW CAP REL COSTS-RI CHARDSON	3.03		6,280
33		NEW CAP REL COSTS-WOOD	3.04		22,673
34		NEW CAP REL COSTS-HODGSON	3.05		26,467
35		NEW CAP REL COSTS-OPD	3.06		2,540
1 BUILDING AND AUTO INSURANCE	C	NEW CAP REL COSTS-GARAGE	3.07		1,958
2		NEW CAP REL COSTS-ABC	3.08		12,023
3		NEW CAP REL COSTS-AMBULATORY	3.09		3,120
4		NEW CAP REL COSTS-SAYLES	3.10		19,041
5		NEW CAP REL COSTS-NOTRE DAME	3.11		6,306
6		NEW CAP REL COSTS-PRIMARY CARE	3.12		9,772
7		NEW CAP REL 555 PROSPECT ST.	3.13		1,469
8		NEW CAP REL COSTS-MVBLE EQUIP	4		14,263
9 DRUGS CHARGED TO PATIENTS	D	DRUGS CHARGED TO PATIENTS	56		6,823,693
10		CLINIC	60		101
11		BARRINGTON URGENT CARE	60.05		211
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26 FUND RAISING	E	FUND RAISING	99.01	41,241	
27 CAFETERIA	F	CAFETERIA	12	966,949	1,243,476
28 NUCLEAR CARDIOLOGY PERSONNEL	G	RADIOISOTOPE	43	284,268	
29 PARAMEDICAL ED ANESTHESIA	H	PARAMED ED PRGM-(SPECIFY)	24	402,939	7,137
30 MD'S UNFUNDED RESEARCH	I	UNFUNDED RESEARCH	97.01	145,669	
31					
32					
33					
34					
35					

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		SALARY	OTHER
			LINE NO			
1 MD'S UNFUNDED RESEARCH	I					
2						
3 MD'S TEACHING	J	I & R SERVICES-OTHER PRGM COSTS APPRVD	23		1,413,009	
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14 MD'S PRIVATE OFFICE	K	PHYSICIANS' PRIVATE OFFICES	98		2,092,774	362,112
15						
16						
17						
18						
19						
20						
21						
22 MD'S SECRETARIES	L	PHYSICIANS' PRIVATE OFFICES	98		180,614	
23		I & R SERVICES-OTHER PRGM COSTS APPRVD	23		82,374	
24		BROWN MEDICAL STUDENTS	99.06		9,656	
25		UNFUNDED RESEARCH	97.01		27,995	
26						
27						
28						
29						
30						
31						
32						
33 MALPRACTICE INSURANCE	M	EMPLOYEE BENEFITS	5			610,992
34 LIASON RN'S/RECIPIENT SUB I	N	SUBPROVIDER	31		117,111	
35						
1 SECRETARIES CHARGED TO MED ED	O	OTHER ADMINISTRATIVE AND GENERAL	6.06		56,138	
2		DEPARTMENT OF FAMILY CARE	19.03		7,143	
3		I & R SERVICES-OTHER PRGM COSTS APPRVD	23		69,618	
4 OXYGEN CHARGED TO PATIENTS	P	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			76,055
5						
6						
7						
8						
9						
10 OP CENTRAL REGISTRATION COST	Q	OPERATING ROOM	37		18,078	1,003
11		ULTRASOUND	40.01		7,644	422
12		RADIOLOGY-DIAGNOSTIC	41		38,907	1,998
13		CT SCAN	42.01		8,321	487
14		RADIOISOTOPE	43		5,276	309
15		LABORATORY	44		208,588	11,310
16		RESPIRATORY THERAPY	49		12,569	724
17		PHYSICAL THERAPY	50		26,409	1,450
18		ELECTROCARDIOLOGY	53		8,996	477
19		ELECTROENCEPHALOGRAPHY	54		319	19
20		CLINIC	60		12,669	741
21		NOTRE DAME AMBULATORY CLINIC	60.01		13,117	598
22		NOTRE DAME AMBULATORY CLINIC	60.01		28,877	1,335
23		FAMILY CARE CLINIC	60.02		47,720	2,792
24 FRINGE BENEFIT RECLASS	R	EMPLOYEE BENEFITS	5			25,675,242
25 IP RENAL DIALYSIS	S	INPATIENT RENAL DIALYSIS	59.04			255,236
26 PEDI MD'S TO FAMILY CARE	T	DEPARTMENT OF FAMILY CARE	19.03		339,060	
27 DEFERRED FRINGES	U	EMPLOYEE BENEFITS	5			1,605,023
28		PHYSICAL THERAPY	50			41
29						
30						
31						
32						
33						
34						
35						

RECLASSIFICATIONS

PROVIDER NO:
410001

PERIOD:
FROM 10/ 1/2008
TO 9/30/2009

PREPARED 4/12/2010
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
1 DEFERRED FRINGES	U					
2						
3						
4						
5						
6						
7 ELIMINATION OF MED REHAB COSTS	V	PHYSICAL THERAPY	50		92,917	36,819
8		OCCUPATIONAL THERAPY	51		72,322	5,322
9		SPEECH PATHOLOGY	52		60,626	4,510
10 GRANTS ACCOUNTANT	W	GRANTS ADMINISTRATION	6.07		53,476	
11 TEACHING PSYCHOLOGIST	X	I&R SERVICES-OTHER PRGM COSTS APPRVD	23		92,767	
12 RECLASS MD FROM MED REHAB TO SUB I	Y	SUBPROVIDER	31		225,676	
13 REHAB PHD'S	Z	SUBPROVIDER	31		160,224	
14 RADIATION SAFETY SERVICES	AA	CT SCAN	42.01			2,456
15		ULTRASOUND	40.01			
16		MAGNETIC RESONANCE IMAGING(MRI)	42.02			1,404
17		RADIOISOTOPE	43			691
18 ADVERTISING COST	AB	OTHER ADMINISTRATIVE AND GENERAL	6.06			48,531
19 LINEN COST	AC	LAUNDRY & LINEN SERVICE	9			13,689
20 NURSE TRAINING	AD	PHARMACY	16		113,400	
21		ADULTS & PEDIATRICS	25		370,773	
22		INTENSIVE CARE UNIT	26		16,532	
23		SUBPROVIDER	31		3,611	
24		OPERATING ROOM	37		25,918	
25		ENDOSCOPY	37.01		2,425	
26		EMERGENCY	61		55,582	
27 GRANT FRINGES	AE	EMPLOYEE BENEFITS	5			599,218
28						
29 NURSE FLOATS	AF	ADULTS & PEDIATRICS	25		190,394	
30		INTENSIVE CARE UNIT	26		63,058	
31		SUBPROVIDER	31		9,098	
32		OPERATING ROOM	37		21,438	
33		ENDOSCOPY	37.01		2,091	
34		RADIOLOGY-DIAGNOSTIC	41		244	
35		LABORATORY	44		1,778	
1 NURSE FLOATS	AF	CARDIAC CATHETERIZATION LABORATORY	59.01		941	
2		CLINIC	60		8,854	
3		NOTRE DAME AMBULATORY CLINIC	60.01		4,044	
4		FAMILY CARE CLINIC	60.02		12,793	
5		BARRINGTON URGENT CARE	60.05		6,065	
6		EMERGENCY	61		24,679	
7		O/P CHEMO & IV PROCEDURES	63		3,102	
8 MD'S BROWN STUDENTS	AG	BROWN MEDICAL STUDENTS	99.06		258,129	
9 PEDI FELLOW RECLASS TO MED ED	AH	I&R SERVICES-SALARY & FRINGES APPRVD	22			43,321
10 OT, SP HOME CARE	AI	HOME HEALTH AGENCY	71		210,793	
11						
12 BROWN CHAIR	AJ	BROWN MEDICAL STUDENTS	99.06			362,000
13 BARRINGTON RADIOLOGY TECHS	AL	RADIOLOGY-DIAGNOSTIC	41		5,710	
14 BLOOD TRANSFUSIONS OP CHEMO	AM	O/P CHEMO & IV PROCEDURES	63			133,286
36 TOTAL RECLASSIFICATIONS					8,843,508	45,625,371

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
410001

PERIOD:
FROM 10/ 1/2008
TO 9/30/2009

PREPARED 4/12/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 MEDICAL SUPPLIES CHARGED TO PATIENTS	A	CENTRAL SERVICES & SUPPLY	15		4,059	
2		PHARMACY	16		3,367	
3		ADULTS & PEDIATRICS	25		111,299	
4		INTENSIVE CARE UNIT	26		69,559	
5		SUBPROVIDER	31		40,602	
6		OPERATING ROOM	37		3,847,029	
7		ENDOSCOPY	37.01		50,901	
8		ULTRASOUND	40.01		22,971	
9		RADIOLOGY-DIAGNOSTIC	41		132,416	
10		CT SCAN	42.01		25,806	
11		RADIOISOTOPE	43		64,562	
12		BLOOD STORING, PROCESSING & TRANS.	47		10,747	
13		PHYSICAL THERAPY	50		5,894	
14		OCCUPATIONAL THERAPY	51		3,198	
15		SPEECH PATHOLOGY	52		30,508	
16		CARDIAC CATHETERIZATION LABORATORY	59.01		1,774,238	
17		CLINIC	60		176	
18		NOTRE DAME AMBULATORY CLINIC	60.01		3,369	
19		FAMILY CARE CLINIC	60.02		597	
20		EMERGENCY	61		36,326	
21		O/P CHEMO & IV PROCEDURES	63		50	
22		HOME HEALTH AGENCY	71		78,872	
23 CAPITAL RELATED INTEREST	B	INTEREST EXPENSE	88		1,241,887	11
24						11
25						11
26						11
27						11
28						11
29						11
30						11
31 BUILDING AND AUTO INSURANCE	C	OTHER ADMINISTRATIVE AND GENERAL	6.06		130,145	12
32		OPERATION OF PLANT	8		1,469	12
33						12
34						12
35						12
1 BUILDING AND AUTO INSURANCE	C					12
2						12
3						12
4						12
5						12
6						12
7						12
8						12
9 DRUGS CHARGED TO PATIENTS	D	CENTRAL SERVICES & SUPPLY	15		16	
10		PHARMACY	16		6,558,699	
11		DEPARTMENT OF CARDIOLOGY	19.01		1,433	
12		ADULTS & PEDIATRICS	25		82,697	
13		INTENSIVE CARE UNIT	26		39,753	
14		SUBPROVIDER	31		1,729	
15		OPERATING ROOM	37		40,660	
16		ENDOSCOPY	37.01		7,545	
17		RADIOLOGY-DIAGNOSTIC	41		1,151	
18		CT SCAN	42.01		361	
19		MAGNETIC RESONANCE IMAGING(MRI)	42.02		373	
20		ELECTROCARDIOLOGY	53		2	
21		CARDIAC CATHETERIZATION LABORATORY	59.01		1,216	
22		NOTRE DAME AMBULATORY CLINIC	60.01		743	
23		FAMILY CARE CLINIC	60.02		252	
24		EMERGENCY	61		63,338	
25		O/P CHEMO & IV PROCEDURES	63		24,037	
26 FUND RAISING	E	OTHER ADMINISTRATIVE AND GENERAL	6.06	41,241		
27 CAFETERIA	F	DIETARY	11	966,949	1,243,476	
28 NUCLEAR CARDIOLOGY PERSONNEL	G	DEPARTMENT OF CARDIOLOGY	19.01	284,268		
29 PARAMEDICAL ANESTHESIA	H	OPERATING ROOM	37	402,939	7,137	
30 MD'S UNFUNDED RESEARCH	I	GRANTS ADMINISTRATION	6.07	46,429		
31		I&R SERVICES-OTHER PRGM COSTS APPRVD	23	4,275		
32		INTENSIVE CARE UNIT	26	282		
33		LABORATORY	44	54,049		
34		RESPIRATORY THERAPY	49	28,503		
35		NOTRE DAME AMBULATORY CLINIC	60.01	32		

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 MD'S UNFUNDED RESEARCH	I	BARRINGTON URGENT CARE	60.05	7		
2		EMERGENCY	61	12,092		
3 MD'S TEACHING	J	GRANTS ADMINISTRATION	6.07	36,287		
4		I&R SERVICES-OTHER PRGM COSTS APPRVD	23	145,596		
5		ADULTS & PEDIATRICS	25	584,280		
6		INTENSIVE CARE UNIT	26	103,654		
7		SUBPROVIDER	31	61,677		
8		LABORATORY	44	306,483		
9		RESPIRATORY THERAPY	49	79,368		
10		CLINIC	60	19,220		
11		NOTRE DAME AMBULATORY CLINIC	60.01	49,911		
12		BARRINGTON URGENT CARE	60.05	1,104		
13		EMERGENCY	61	25,429		
14 MD'S PRIVATE OFFICE	K	ADULTS & PEDIATRICS	25	80,317		
15		INTENSIVE CARE UNIT	26	852,362		
16		SUBPROVIDER	31	46,963		
17		NURSERY	33	111,808		
18		LABORATORY	44	833,718		
19		RESPIRATORY THERAPY	49	93,756		
20		PHYSICAL THERAPY	50	73,850		
21		ELECTROENCEPHALOGRAPHY	54		362,112	
22 MD'S SECRETARIES	L	GRANTS ADMINISTRATION	6.07	27,360		
23		DEPARTMENT OF MEDICINE	19	29,327		
24		I&R SERVICES-OTHER PRGM COSTS APPRVD	23	22,972		
25		INTENSIVE CARE UNIT	26	33,102		
26		LABORATORY	44	103,221		
27		RESPIRATORY THERAPY	49	12,927		
28		ELECTROENCEPHALOGRAPHY	54	22,637		
29		MEDICAL REHAB	59.02	18,577		
30		NOTRE DAME AMBULATORY CLINIC	60.01	4,201		
31		PEDIATRIC CLINIC	60.03	17,307		
32		EMERGENCY	61	9,008		
33 MALPRACTICE INSURANCE	M	OTHER ADMINISTRATIVE AND GENERAL	6.06		610,992	
34 LIASON RN'S/RECIPTER SUB I	N	MEDICAL REHAB	59.02	84,658		
35		OCCUPATIONAL THERAPY	51	32,453		
1 SECRETARIES CHARGED TO MED ED	O	I&R SERVICES-SALARY & FRINGES APPRVD	22	132,899		
2						
3						
4 OXYGEN CHARGED TO PATIENTS	P	CENTRAL SERVICES & SUPPLY	15		14,074	
5		OPERATING ROOM	37		5,593	
6		RESPIRATORY THERAPY	49		55,457	
7		CLINIC	60		895	
8		BARRINGTON URGENT CARE	60.05		20	
9		EMERGENCY	61		16	
10 OP CENTRAL REGISTRATION COST	Q	BUSINESS OFFICE	6.05	437,490	23,665	
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24 FRINGE BENEFIT RECLASS	R	OTHER ADMINISTRATIVE AND GENERAL	6.06		25,675,242	
25 IP RENAL DIALYSIS	S	ADULTS & PEDIATRICS	25		255,236	
26 PEDI MD'S TO FAMILY CARE	T	PEDIATRIC CLINIC	60.03	339,060		
27 DEFERRED FRINGES	U	GRANTS ADMINISTRATION	6.07		1,882	
28		DEPARTMENT OF MEDICINE	19		58,920	
29		DEPARTMENT OF CARDIOLOGY	19.01		17,689	
30		DEPARTMENT OF FAMILY CARE	19.03		358,277	
31		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		1,882	
32		ADULTS & PEDIATRICS	25		170,258	
33		INTENSIVE CARE UNIT	26		112,813	
34		NURSERY	33		4,668	
35		LABORATORY	44		227,914	

RECLASSIFICATIONS

PROVIDER NO:
410001

PERIOD:
FROM 10/ 1/2008
TO 9/30/2009

PREPARED 4/12/2010
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 DEFERRED FRINGES	U	RESPIRATORY THERAPY	49		16,620	
2		ELECTROENCEPHALOGRAPHY	54		2,826	
3		MEDICAL REHAB	59.02		19,668	
4		PEDIATRIC CLINIC	60.03		28,112	
5		EMERGENCY	61		472,201	
6		PHYSICIANS' PRIVATE OFFICES	98		111,334	
7 ELIMINATION OF MED REHAB COSTS	V	MEDICAL REHAB	59.02	225,865	46,651	
8						
9						
10 GRANTS ACCOUNTANT	W	OTHER ADMINISTRATIVE AND GENERAL	6.06	53,476		
11 TEACHING PSYCHOLOGIST	X	DEPARTMENT OF FAMILY CARE	19.03	92,767		
12 RECLASS MD FROM MED REHAB TO SUB I	Y	MEDICAL REHAB	59.02	225,676		
13 REHAB PHD'S	Z	MEDICAL REHAB	59.02	160,224		
14 RADIATION SAFETY SERVICES	AA	RADIOLOGY-DIAGNOSTIC	41		5,644	
15						
16						
17						
18 ADVERTISING COST	AB	EMPLOYEE BENEFITS	5		48,531	
19 LINEN COST	AC	CENTRAL SERVICES & SUPPLY	15		13,689	
20 NURSE TRAINING	AD	NURSING ADMINISTRATION	14	588,241		
21						
22						
23						
24						
25						
26						
27 GRANT FRINGES	AE	DEPARTMENT OF FAMILY CARE	19.03		46,193	
28		RESEARCH	97		553,025	
29 NURSE FLOATS	AF	NURSING ADMINISTRATION	14	348,579		
30						
31						
32						
33						
34						
35						
1 NURSE FLOATS	AF					
2						
3						
4						
5						
6						
7						
8 MD'S BROWN STUDENTS	AG	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	258,129		
9 PEDI FELLOW RECLASS TO MED ED	AH	PEDIATRIC CLINIC	60.03		43,321	
10 OT, SP HOME CARE	AI	OCCUPATIONAL THERAPY	51	139,445		
11		SPEECH PATHOLOGY	52	71,348		
12 BROWN CHAIR	AJ	I&R SERVICES-SALARY & FRINGES APPRVD	22		362,000	
13 BARRINGTON RADIOLOGY TECHS	AL	BARRINGTON URGENT CARE	60.05	5,710		
14 BLOOD TRANSFUSIONS OP CHEMO	AM	BLOOD STORING, PROCESSING & TRANS.	47		133,286	
36 TOTAL RECLASSIFICATIONS				8,843,508	45,625,371	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
410001

PERIOD:
FROM 10/ 1/2008
TO 9/30/2009

PREPARED 4/12/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : MEDICAL SUPPLIES CHARGED TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	6,316,129	CENTRAL SERVICES & SUPPLY	15	4,059	
2.00	BARRINGTON URGENT CARE	60.05	417	PHARMACY	16	3,367	
3.00			0	ADULTS & PEDIATRICS	25	111,299	
4.00			0	INTENSIVE CARE UNIT	26	69,559	
5.00			0	SUBPROVIDER	31	40,602	
6.00			0	OPERATING ROOM	37	3,847,029	
7.00			0	ENDOSCOPY	37.01	50,901	
8.00			0	ULTRASOUND	40.01	22,971	
9.00			0	RADIOLOGY-DIAGNOSTIC	41	132,416	
10.00			0	CT SCAN	42.01	25,806	
11.00			0	RADIOISOTOPE	43	64,562	
12.00			0	BLOOD STORING, PROCESSING & TR	47	10,747	
13.00			0	PHYSICAL THERAPY	50	5,894	
14.00			0	OCCUPATIONAL THERAPY	51	3,198	
15.00			0	SPEECH PATHOLOGY	52	30,508	
16.00			0	CARDIAC CATHERIZATION LABORATO	59.01	1,774,238	
17.00			0	CLINIC	60	176	
18.00			0	NOTRE DAME AMBULATORY CLINIC	60.01	3,369	
19.00			0	FAMILY CARE CLINIC	60.02	597	
20.00			0	EMERGENCY	61	36,326	
21.00			0	O/P CHEMO & IV PROCEDURES	63	50	
22.00			0	HOME HEALTH AGENCY	71	78,872	
TOTAL RECLASSIFICATIONS FOR CODE A			6,316,546				6,316,546

RECLASS CODE: B
EXPLANATION : CAPITAL RELATED INTEREST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-RI CHARDSON	3.03	101,689	INTEREST EXPENSE	88	1,241,887	
2.00	NEW CAP REL COSTS-WOOD	3.04	51,061			0	
3.00	NEW CAP REL COSTS-HODGSON	3.05	56,824			0	
4.00	NEW CAP REL COSTS-ABC	3.08	10,040			0	
5.00	NEW CAP REL COSTS-AMBULATORY	3.09	950			0	
6.00	NEW CAP REL COSTS-SAYLES	3.10	336,590			0	
7.00	NEW CAP REL COSTS-MVBLE EQUIP	4	180,810			0	
8.00	OTHER ADMINISTRATIVE AND GENER	6.06	503,923			0	
TOTAL RECLASSIFICATIONS FOR CODE B			1,241,887				1,241,887

RECLASS CODE: C
EXPLANATION : BUILDING AND AUTO INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MACCOLL	3.02	5,702	OTHER ADMINISTRATIVE AND GENER	6.06	130,145	
2.00	NEW CAP REL COSTS-RI CHARDSON	3.03	6,280	OPERATION OF PLANT	8	1,469	
3.00	NEW CAP REL COSTS-WOOD	3.04	22,673			0	
4.00	NEW CAP REL COSTS-HODGSON	3.05	26,467			0	
5.00	NEW CAP REL COSTS-OPD	3.06	2,540			0	
6.00	NEW CAP REL COSTS-GARAGE	3.07	1,958			0	
7.00	NEW CAP REL COSTS-ABC	3.08	12,023			0	
8.00	NEW CAP REL COSTS-AMBULATORY	3.09	3,120			0	
9.00	NEW CAP REL COSTS-SAYLES	3.10	19,041			0	
10.00	NEW CAP REL COSTS-NOTRE DAME	3.11	6,306			0	
11.00	NEW CAP REL COSTS-PRIMARY CARE	3.12	9,772			0	
12.00	NEW CAP REL 555 PROSPECT ST.	3.13	1,469			0	
13.00	NEW CAP REL COSTS-MVBLE EQUIP	4	14,263			0	
TOTAL RECLASSIFICATIONS FOR CODE C			131,614				131,614

RECLASS CODE: D
EXPLANATION : DRUGS CHARGED TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	6,823,693	CENTRAL SERVICES & SUPPLY	15	16	
2.00	CLINIC	60	101	PHARMACY	16	6,558,699	
3.00	BARRINGTON URGENT CARE	60.05	211	DEPARTMENT OF RADIOLOGY	19.01	1,433	
4.00			0	ADULTS & PEDIATRICS	25	82,697	
5.00			0	INTENSIVE CARE UNIT	26	39,753	
6.00			0	SUBPROVIDER	31	1,729	

RECLASSIFICATIONS

PROVIDER NO:
410001

PERIOD:
FROM 10/ 1/2008
TO 9/30/2009

PREPARED 4/12/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: D
EXPLANATION : DRUGS CHARGED TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
7.00			0	OPERATING ROOM	37	40,660	
8.00			0	ENDOSCOPY	37.01	7,545	
9.00			0	RADIOLOGY-DIAGNOSTIC	41	1,151	
10.00			0	CT SCAN	42.01	361	
11.00			0	MAGNETIC RESONANCE IMAGING(MRI	42.02	373	
12.00			0	ELECTROCARDIOLOGY	53	2	
13.00			0	CARDIAC CATHETERIZATION LABORATO	59.01	1,216	
14.00			0	NOTRE DAME AMBULATORY CLINIC	60.01	743	
15.00			0	FAMILY CARE CLINIC	60.02	252	
16.00			0	EMERGENCY	61	63,338	
17.00			0	O/P CHEMO & IV PROCEDURES	63	24,037	
TOTAL RECLASSIFICATIONS FOR CODE D			6,824,005				6,824,005

RECLASS CODE: E
EXPLANATION : FUND RAISING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	FUND RAISING	99.01	41,241	OTHER ADMINISTRATIVE AND GENER	6.06	41,241	
TOTAL RECLASSIFICATIONS FOR CODE E			41,241				41,241

RECLASS CODE: F
EXPLANATION : CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	2,210,425	DIETARY	11	2,210,425	
TOTAL RECLASSIFICATIONS FOR CODE F			2,210,425				2,210,425

RECLASS CODE: G
EXPLANATION : NUCLEAR CARDIOLOGY PERSONNEL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOISOTOPE	43	284,268	DEPARTMENT OF RADIOLOGY	19.01	284,268	
TOTAL RECLASSIFICATIONS FOR CODE G			284,268				284,268

RECLASS CODE: H
EXPLANATION : PARAMEDICAL ED ANESTHESIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PARAMEDICAL PRGM-(SPECIFY)	24	410,076	OPERATING ROOM	37	410,076	
TOTAL RECLASSIFICATIONS FOR CODE H			410,076				410,076

RECLASS CODE: I
EXPLANATION : MD'S UNFUNDED RESEARCH

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	UNFUNDED RESEARCH	97.01	145,669	GRANTS ADMINISTRATION	6.07	46,429	
2.00			0	I&R SERVICES-OTHER PRGM COSTS	23	4,275	
3.00			0	INTENSIVE CARE UNIT	26	282	
4.00			0	LABORATORY	44	54,049	
5.00			0	RESPIRATORY THERAPY	49	28,503	
6.00			0	NOTRE DAME AMBULATORY CLINIC	60.01	32	
7.00			0	BARRINGTON URGENT CARE	60.05	7	
8.00			0	EMERGENCY	61	12,092	
TOTAL RECLASSIFICATIONS FOR CODE I			145,669				145,669

RECLASS CODE: J
EXPLANATION : MD'S TEACHING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	1,413,009	GRANTS ADMINISTRATION	6.07	36,287	
2.00			0	I&R SERVICES-OTHER PRGM COSTS	23	145,596	

RECLASSIFICATIONS

PROVIDER NO:
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RECLASS CODE: J
EXPLANATION : MD'S TEACHING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
3.00			0	ADULTS & PEDIATRICS	25	584,280	
4.00			0	INTENSIVE CARE UNIT	26	103,654	
5.00			0	SUBPROVIDER	31	61,677	
6.00			0	LABORATORY	44	306,483	
7.00			0	RESPIRATORY THERAPY	49	79,368	
8.00			0	CLINIC	60	19,220	
9.00			0	NOTRE DAME AMBULATORY CLINIC	60.01	49,911	
10.00			0	BARRINGTON URGENT CARE	60.05	1,104	
11.00			0	EMERGENCY	61	25,429	
TOTAL RECLASSIFICATIONS FOR CODE J			1,413,009				1,413,009

RECLASS CODE: K
EXPLANATION : MD'S PRIVATE OFFICE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	2,454,886	ADULTS & PEDIATRICS	25	80,317	
2.00			0	INTENSIVE CARE UNIT	26	852,362	
3.00			0	SUBPROVIDER	31	46,963	
4.00			0	NURSERY	33	111,808	
5.00			0	LABORATORY	44	833,718	
6.00			0	RESPIRATORY THERAPY	49	93,756	
7.00			0	PHYSICAL THERAPY	50	73,850	
8.00			0	ELECTROENCEPHALOGRAPHY	54	362,112	
TOTAL RECLASSIFICATIONS FOR CODE K			2,454,886				2,454,886

RECLASS CODE: L
EXPLANATION : MD'S SECRETARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	180,614	GRANTS ADMINISTRATION	6.07	27,360	
2.00	I&R SERVICES-OTHER PRGM COSTS	23	82,374	DEPARTMENT OF MEDICINE	19	29,327	
3.00	BROWN MEDICAL STUDENTS	99.06	9,656	I&R SERVICES-OTHER PRGM COSTS	23	22,972	
4.00	UNFUNDED RESEARCH	97.01	27,995	INTENSIVE CARE UNIT	26	33,102	
5.00			0	LABORATORY	44	103,221	
6.00			0	RESPIRATORY THERAPY	49	12,927	
7.00			0	ELECTROENCEPHALOGRAPHY	54	22,637	
8.00			0	MEDICAL REHAB	59.02	18,577	
9.00			0	NOTRE DAME AMBULATORY CLINIC	60.01	4,201	
10.00			0	PEDIATRIC CLINIC	60.03	17,307	
11.00			0	EMERGENCY	61	9,008	
TOTAL RECLASSIFICATIONS FOR CODE L			300,639				300,639

RECLASS CODE: M
EXPLANATION : MALPRACTICE INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	610,992	OTHER ADMINISTRATIVE AND GENER	6.06	610,992	
TOTAL RECLASSIFICATIONS FOR CODE M			610,992				610,992

RECLASS CODE: N
EXPLANATION : LIASON RN'S/REC THER SUB I

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SUBPROVIDER	31	117,111	MEDICAL REHAB	59.02	84,658	
2.00			0	OCCUPATIONAL THERAPY	51	32,453	
TOTAL RECLASSIFICATIONS FOR CODE N			117,111				117,111

RECLASS CODE: O
EXPLANATION : SECRETARIES CHARGED TO MED ED

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	56,138	I&R SERVICES-SALARY & FRINGES	22	132,899	
2.00	DEPARTMENT OF FAMILY CARE	19.03	7,143			0	

RECLASSIFICATIONS

PROVIDER NO:
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PERIOD:
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RECLASS CODE: 0
EXPLANATION : SECRETARIES CHARGED TO MED ED

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
3.00	I&R SERVICES-OTHER PRGM COSTS	23	69,618			0	
TOTAL RECLASSIFICATIONS FOR CODE 0			132,899			132,899	

RECLASS CODE: P
EXPLANATION : OXYGEN CHARGED TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	76,055	CENTRAL SERVICES & SUPPLY	15	14,074	
2.00			0	OPERATING ROOM	37	5,593	
3.00			0	RESPIRATORY THERAPY	49	55,457	
4.00			0	CLINIC	60	895	
5.00			0	BARRINGTON URGENT CARE	60.05	20	
6.00			0	EMERGENCY	61	16	
TOTAL RECLASSIFICATIONS FOR CODE P			76,055			76,055	

RECLASS CODE: Q
EXPLANATION : OP CENTRAL REGISTRATION COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATING ROOM	37	19,081	BUSINESS OFFICE	6.05	461,155	
2.00	ULTRASOUND	40.01	8,066			0	
3.00	RADIOLOGY-DIAGNOSTIC	41	40,905			0	
4.00	CT SCAN	42.01	8,808			0	
5.00	RADIOISOTOPE	43	5,585			0	
6.00	LABORATORY	44	219,898			0	
7.00	RESPIRATORY THERAPY	49	13,293			0	
8.00	PHYSICAL THERAPY	50	27,859			0	
9.00	ELECTROCARDIOLOGY	53	9,473			0	
10.00	ELECTROENCEPHALOGRAPHY	54	338			0	
11.00	CLINIC	60	13,410			0	
12.00	NOTRE DAME AMBULATORY CLINIC	60.01	13,715			0	
13.00	NOTRE DAME AMBULATORY CLINIC	60.01	30,212			0	
14.00	FAMILY CARE CLINIC	60.02	50,512			0	
TOTAL RECLASSIFICATIONS FOR CODE Q			461,155			461,155	

RECLASS CODE: R
EXPLANATION : FRINGE BENEFIT RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	25,675,242	OTHER ADMINISTRATIVE AND GENER	6.06	25,675,242	
TOTAL RECLASSIFICATIONS FOR CODE R			25,675,242			25,675,242	

RECLASS CODE: S
EXPLANATION : IP RENAL DIALYSIS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	INPATIENT RENAL DIALYSIS	59.04	255,236	ADULTS & PEDIATRICS	25	255,236	
TOTAL RECLASSIFICATIONS FOR CODE S			255,236			255,236	

RECLASS CODE: T
EXPLANATION : PEDI MD'S TO FAMILY CARE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DEPARTMENT OF FAMILY CARE	19.03	339,060	PEDIATRIC CLINIC	60.03	339,060	
TOTAL RECLASSIFICATIONS FOR CODE T			339,060			339,060	

RECLASS CODE: U
EXPLANATION : DEFERRED FRINGES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	1,605,023	GRANTS ADMINISTRATION	6.07	1,882	

RECLASSIFICATIONS

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RECLASS CODE: U
EXPLANATION : DEFERRED FRINGES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	PHYSICAL THERAPY	50	41	DEPARTMENT OF MEDICINE	19	58,920	
3.00			0	DEPARTMENT OF CARDIOLOGY	19.01	17,689	
4.00			0	DEPARTMENT OF FAMILY CARE	19.03	358,277	
5.00			0	I&R SERVICES-OTHER PRGM COSTS	23	1,882	
6.00			0	ADULTS & PEDIATRICS	25	170,258	
7.00			0	INTENSIVE CARE UNIT	26	112,813	
8.00			0	NURSERY	33	4,668	
9.00			0	LABORATORY	44	227,914	
10.00			0	RESPIRATORY THERAPY	49	16,620	
11.00			0	ELECTROENCEPHALOGRAPHY	54	2,826	
12.00			0	MEDICAL REHAB	59.02	19,668	
13.00			0	PEDIATRIC CLINIC	60.03	28,112	
14.00			0	EMERGENCY	61	472,201	
15.00			0	PHYSICIANS' PRIVATE OFFICES	98	111,334	
TOTAL RECLASSIFICATIONS FOR CODE U			1,605,064	TOTAL RECLASSIFICATIONS FOR CODE U			1,605,064

RECLASS CODE: V
EXPLANATION : ELIMINATION OF MED REHAB COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICAL THERAPY	50	129,736	MEDICAL REHAB	59.02	272,516	
2.00	OCCUPATIONAL THERAPY	51	77,644			0	
3.00	SPEECH PATHOLOGY	52	65,136			0	
TOTAL RECLASSIFICATIONS FOR CODE V			272,516	TOTAL RECLASSIFICATIONS FOR CODE V			272,516

RECLASS CODE: W
EXPLANATION : GRANTS ACCOUNTANT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	GRANTS ADMINISTRATION	6.07	53,476	OTHER ADMINISTRATIVE AND GENER	6.06	53,476	
TOTAL RECLASSIFICATIONS FOR CODE W			53,476	TOTAL RECLASSIFICATIONS FOR CODE W			53,476

RECLASS CODE: X
EXPLANATION : TEACHING PSYCHOLOGIST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	92,767	DEPARTMENT OF FAMILY CARE	19.03	92,767	
TOTAL RECLASSIFICATIONS FOR CODE X			92,767	TOTAL RECLASSIFICATIONS FOR CODE X			92,767

RECLASS CODE: Y
EXPLANATION : RECLASS MD FROM MED REHAB TO SUB I

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SUBPROVIDER	31	225,676	MEDICAL REHAB	59.02	225,676	
TOTAL RECLASSIFICATIONS FOR CODE Y			225,676	TOTAL RECLASSIFICATIONS FOR CODE Y			225,676

RECLASS CODE: Z
EXPLANATION : REHAB PHD'S

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SUBPROVIDER	31	160,224	MEDICAL REHAB	59.02	160,224	
TOTAL RECLASSIFICATIONS FOR CODE Z			160,224	TOTAL RECLASSIFICATIONS FOR CODE Z			160,224

RECLASS CODE: AA
EXPLANATION : RADIATION SAFETY SERVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CT SCAN	42.01	2,456	RADIOLOGY-DIAGNOSTIC	41	5,644	
2.00	ULTRASOUND	40.01	1,093			0	
3.00	MAGNETIC RESONANCE IMAGING(MRI)	42.02	1,404			0	
4.00	RADIOISOTOPE	43	691			0	
TOTAL RECLASSIFICATIONS FOR CODE AA			5,644	TOTAL RECLASSIFICATIONS FOR CODE AA			5,644

RECLASSIFICATIONS

PROVIDER NO:
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PERIOD:
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PREPARED 4/12/2010
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RECLASS CODE: AB
EXPLANATION : ADVERTISING COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENERAL	6.06	48,531	EMPLOYEE BENEFITS	5	48,531	
TOTAL RECLASSIFICATIONS FOR CODE AB			48,531				48,531

RECLASS CODE: AC
EXPLANATION : LINEN COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	13,689	CENTRAL SERVICES & SUPPLY	15	13,689	
TOTAL RECLASSIFICATIONS FOR CODE AC			13,689				13,689

RECLASS CODE: AD
EXPLANATION : NURSE TRAINING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHARMACY	16	113,400	NURSING ADMINISTRATION	14	588,241	
2.00	ADULTS & PEDIATRICS	25	370,773			0	
3.00	INTENSIVE CARE UNIT	26	16,532			0	
4.00	SUBPROVIDER	31	3,611			0	
5.00	OPERATING ROOM	37	25,918			0	
6.00	ENDOSCOPY	37.01	2,425			0	
7.00	EMERGENCY	61	55,582			0	
TOTAL RECLASSIFICATIONS FOR CODE AD			588,241				588,241

RECLASS CODE: AE
EXPLANATION : GRANT FRINGES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	599,218	DEPARTMENT OF FAMILY CARE RESEARCH	19.03	46,193	
2.00			0		97	553,025	
TOTAL RECLASSIFICATIONS FOR CODE AE			599,218				599,218

RECLASS CODE: AF
EXPLANATION : NURSE FLOATS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	190,394	NURSING ADMINISTRATION	14	348,579	
2.00	INTENSIVE CARE UNIT	26	63,058			0	
3.00	SUBPROVIDER	31	9,098			0	
4.00	OPERATING ROOM	37	21,438			0	
5.00	ENDOSCOPY	37.01	2,091			0	
6.00	RADIOLOGY-DIAGNOSTIC	41	244			0	
7.00	LABORATORY	44	1,778			0	
8.00	CARDIAC CATHETERIZATION LABORATORY	59.01	941			0	
9.00	CLINIC	60	8,854			0	
10.00	NOTRE DAME AMBULATORY CLINIC	60.01	4,044			0	
11.00	FAMILY CARE CLINIC	60.02	12,793			0	
12.00	BARRINGTON URGENT CARE	60.05	6,065			0	
13.00	EMERGENCY	61	24,679			0	
14.00	O/P CHEMO & IV PROCEDURES	63	3,102			0	
TOTAL RECLASSIFICATIONS FOR CODE AF			348,579				348,579

RECLASS CODE: AG
EXPLANATION : MD'S BROWN STUDENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	BROWN MEDICAL STUDENTS	99.06	258,129	I&R SERVICES-OTHER PRGM COSTS	23	258,129	
TOTAL RECLASSIFICATIONS FOR CODE AG			258,129				258,129

RECLASS CODE: AH
EXPLANATION : PEDI FELLOW RECLASS TO MED ED

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-SALARY & FRINGES	22	43,321	PEDIATRIC CLINIC	60.03	43,321	
TOTAL RECLASSIFICATIONS FOR CODE AH			43,321				43,321

RECLASSIFICATIONS

PROVIDER NO:
410001

PERIOD:
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TO 9/30/2009

PREPARED 4/12/2010
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NOT A CMS WORKSHEET

RECLASS CODE: AI
EXPLANATION : OT, SP HOME CARE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	HOME HEALTH AGENCY	71	210,793
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE AI			210,793

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OCCUPATIONAL THERAPY	51	139,445	
SPEECH PATHOLOGY	52	71,348	
		210,793	

RECLASS CODE: AJ
EXPLANATION : BROWN CHAIR

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	BROWN MEDICAL STUDENTS	99.06	362,000
TOTAL RECLASSIFICATIONS FOR CODE AJ			362,000

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
I&R SERVICES-SALARY & FRINGES	22	362,000	
		362,000	

RECLASS CODE: AL
EXPLANATION : BARRINGTON RADIOLOGY TECHS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	RADIOLOGY-DIAGNOSTIC	41	5,710
TOTAL RECLASSIFICATIONS FOR CODE AL			5,710

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
BARRINGTON URGENT CARE	60.05	5,710	
		5,710	

RECLASS CODE: AM
EXPLANATION : BLOOD TRANSFUSIONS OP CHEMO

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	O/P CHEMO & IV PROCEDURES	63	133,286
TOTAL RECLASSIFICATIONS FOR CODE AM			133,286

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
BLOOD STORING, PROCESSING & TR	47	133,286	
		133,286	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT							
7 SUBTOTAL							
8 RECONCILING ITEMS							
9 TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	1,822,002					1,822,002	
2 LAND IMPROVEMENTS	1,539,572					1,539,572	
3 BUILDINGS & FIXTURE	47,050,504	111,854		111,854		47,162,358	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT	18,874,297	482,817		482,817	4,750,860	14,606,254	
6 MOVABLE EQUIPMENT	46,854,917	883,780		883,780	6,562,907	41,175,790	
7 SUBTOTAL	116,141,292	1,478,451		1,478,451	11,313,767	106,305,976	
8 RECONCILING ITEMS							
9 TOTAL	116,141,292	1,478,451		1,478,451	11,313,767	106,305,976	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
3 01	NEW CAP REL COSTS-BL								
3 02	NEW CAP REL COSTS-MA								
3 03	NEW CAP REL COSTS-RI								
3 04	NEW CAP REL COSTS-WO								
3 05	NEW CAP REL COSTS-HO								
3 06	NEW CAP REL COSTS-OP								
3 07	NEW CAP REL COSTS-GA								
3 08	NEW CAP REL COSTS-AB								
3 09	NEW CAP REL COSTS-AM								
3 10	NEW CAP REL COSTS-SA								
3 11	NEW CAP REL COSTS-NO								
3 12	NEW CAP REL COSTS-PR								
3 13	NEW CAP REL 555 PROS								
3 14	NEW CAP REL COSTS -								
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-BL							
3 02	NEW CAP REL COSTS-MA	65,415			5,702			71,117
3 03	NEW CAP REL COSTS-RI	87,804		101,689	6,280			195,773
3 04	NEW CAP REL COSTS-WO	259,212		51,061	22,673			332,946
3 05	NEW CAP REL COSTS-HO	529,175		56,824	26,467			612,466
3 06	NEW CAP REL COSTS-OP				2,540			2,540
3 07	NEW CAP REL COSTS-GA	508			1,958			2,466
3 08	NEW CAP REL COSTS-AB	25,242		10,040	12,023			47,305
3 09	NEW CAP REL COSTS-AM	63,467		950	3,120			67,537
3 10	NEW CAP REL COSTS-SA	439,339		336,590	19,041			794,970
3 11	NEW CAP REL COSTS-NO	43,488			6,306			49,794
3 12	NEW CAP REL COSTS-PR	222,182			9,772			231,954
3 13	NEW CAP REL 555 PROS	36,948			1,469			38,417
3 14	NEW CAP REL COSTS -	58,594						58,594
4	NEW CAP REL COSTS-MV	2,325,399		180,810	14,263			2,520,472
5	TOTAL	4,156,773		737,964	131,614			5,026,351

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
 DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-BL							
3 02	NEW CAP REL COSTS-MA	65,415						65,415
3 03	NEW CAP REL COSTS-RI	87,804						87,804
3 04	NEW CAP REL COSTS-WO	259,212						259,212
3 05	NEW CAP REL COSTS-HO	529,175						529,175
3 06	NEW CAP REL COSTS-OP							
3 07	NEW CAP REL COSTS-GA	508						508
3 08	NEW CAP REL COSTS-AB	25,242						25,242
3 09	NEW CAP REL COSTS-AM	63,467						63,467
3 10	NEW CAP REL COSTS-SA	439,339						439,339
3 11	NEW CAP REL COSTS-NO	43,488						43,488
3 12	NEW CAP REL COSTS-PR	222,182						222,182
3 13	NEW CAP REL 555 PROS	36,948						36,948
3 14	NEW CAP REL COSTS -	58,594						58,594
4	NEW CAP REL COSTS-MV	2,325,399						2,325,399
5	TOTAL	4,156,773						4,156,773

* All lines numbers except line 5 are to be consistent with Worksheet A line numbers for capital cost centers.
 (1) The amounts on lines 1 thru 4 must equal the corresponding amounts on Worksheet A, column 7, lines 1 thru 4.
 Columns 9 through 14 should include related Worksheet A-6 reclassifications and Worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	B	-7,422	OTHER ADMINISTRATIVE AND	6.06	
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	B	-25,469	COMMUNICATIONS	6.01	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-7,229,471			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-953,885	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-46,542	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-8,942	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-11,700	CAFETERIA	12	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 MI SC. INCOME RADIOLOGY	B	-450	RADIOLOGY-DIAGNOSTIC	41	
38 MI SC. NONALLOWABLE ITEMS	B	-409,772	OTHER ADMINISTRATIVE AND	6.06	
39 NUTRITION COUNSELING	B	-2,259	DIETARY	11	
40 LAUNDRY & LINEN	B	-232	LAUNDRY & LINEN SERVICE	9	
41 OP OF PLANT PLAINVILLE, PROSPECT ST	B	-183,957	OPERATION OF PLANT	8	
42 COBRA	B	-456	EMPLOYEE BENEFITS	5	
43 PHYSICIAN APPLICATION FEES	B	-1,705	OTHER ADMINISTRATIVE AND	6.06	
44 MI SC. INCOME MRI	B	-600	MAGNETIC RESONANCE IMAGING	42.02	
45 MI SC. INCOME INHALATION THERAPY	B	-675	RESPIRATORY THERAPY	49	
46 MI SC. INCOME ACCOUNTING	B	-3,452	OTHER ADMINISTRATIVE AND	6.06	
47 MI SC. INCOME LAB	B	-320	LABORATORY	44	
48 LOBBYING ACTIVITIES	A	-11,458	OTHER ADMINISTRATIVE AND	6.06	
49 PHD #1	A	-119,072	SUBPROVIDER	31	
49.01 PHD #2	A	-32,844	SUBPROVIDER	31	
49.02 PHD #3	A	-8,308	SUBPROVIDER	31	
49.03 PHD #4	A	-83,024	PEDIATRIC CLINIC	60.03	
49.04 PHD #5	A	-82,085	PEDIATRIC CLINIC	60.03	
49.05 PHD #6	A	-9,205	PEDIATRIC CLINIC	60.03	
49.06 ICU PHYSICIAN ASSISTANTS	A	-331,942	INTENSIVE CARE UNIT	26	
49.07 ER PHYSICIAN ASSISTANTS	A	-259,088	EMERGENCY	61	
49.08 PHYSICIAN ASSISTANTS FRINGES	A	-194,363	EMPLOYEE BENEFITS	5	
50 TOTAL (SUM OF LINES 1 THRU 49)		-10,018,698			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 41-0001
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED: 4/12/2010
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6 7 A		80,080	61,593	18,487	138,700	234	15,604	780
2 19 B		50,000	50,000		165,600			
3 19 C		180,418		180,418	280,850	1,833	247,499	12,375
4 19 D		96,319	96,319		165,600			
5 19 E		120,778	86,266	34,512	165,600	592	47,132	2,357
6 19 F		30,744	26,589	4,155	165,600	98	7,802	390
7 19 G		45,289	41,641	3,648	165,600	46	3,662	183
8 19 H		39,469	25,371	14,098	165,600	173	13,773	689
9 19 1 I		224,470	224,470		165,600			
10 19 1 J		152,818	152,818					
11 19 1 K		150,841	113,442	37,399	165,600	511	40,683	2,034
12 19 2 L		535,000	535,000		208,000			
13 19 2 M		106,948	106,948		208,000			
14 19 3 O		58,739	30,589	28,150	138,700	377	25,139	1,257
15 19 3 P		271,159	18,626	252,533	138,700	1,762	117,495	5,875
16 19 3 Q		45,606	43,953	1,653	138,700	25	1,667	83
17 19 3 R		24,766	24,766		138,700			
18 19 3 S		5,305	5,305		138,700			
19 19 3 T		86,191	86,191		138,700			
20 19 3 U		195,097	195,097		138,700			
21 19 3 V		201,503	201,503		138,700			
22 19 3 W		64,970	64,970		138,700			
23 19 3 X		17,714	17,714		138,700			
24 19 3 Y		122,230	108,915	13,315	138,700	247	16,471	824
25 19 3 Z		29,246	29,246		138,700			
26 19 3 AA		88,060	24,350	63,710	138,700	800	53,346	2,667
27 19 3 AB		48,708	40,193	8,515	138,700	117	7,802	390
28 19 3 AC		787	765	22	138,700	1	67	3
29 19 3 AD		55,461	55,461		138,700			
30 19 3 AE		176,592	154,214	22,378	196,400	234	22,095	1,105
31 19 3 AF		174,290	139,423	34,867	196,400	364	34,370	1,719
32 19 3 AG		182,004	86,038	95,966	196,400	754	71,195	3,560
33 23 AH		39,469	25,371	14,098	165,600	173	13,773	689
34 23 AI		77,909	56,153	21,756	165,600	280	22,292	1,115
35 25 AJ		35,526		35,526	165,600	891	70,937	3,547
36 25 AK		23,600		23,600	165,600	494	39,330	1,967
37 25 AL		15,730		15,730	165,600	387	30,811	1,541
38 25 AO		42,595		42,595	165,600	910	72,450	3,623
39 26 AS		735		735	177,200	11	937	47
40 26 AU		378		378	177,200	9	767	38
41 31 BF		125,737		125,737	177,200	1,085	92,434	4,622
42 44 BL		191,346	152,832	38,514	215,700	520	53,925	2,696
43 44 BM		275,674	275,674		215,700			
44 44 BN		193,202	101,578	91,624	215,700	997	103,391	5,170
45 44 BO		151,341	134,525	16,816	215,700	208	21,570	1,079
46 44 BP		58,653		58,653	165,600	1,001	79,695	3,985
47 44 BQ		28,323		28,323	165,600	572	45,540	2,277
48 44 BR		22,048		22,048	165,600	266	21,178	1,059
49 44 BS		18,442		18,442	165,600	406	32,324	1,616
50 44 BU		47,577		47,577	165,600	657	52,307	2,615
51 44 BV		70,448		70,448	165,600	897	71,415	3,571
52 44 BW		2,943		2,943	165,600	52	4,140	207
53 49 BX		69,941	40,661	29,280	177,200	444	37,825	1,891
54 49 BY		12,389	12,389		177,200			
55 49 BZ		115,291	49,353	65,938	177,200	734	62,531	3,127
56 53 CB		130,763	130,763					
57 54 CC		26,856	26,856		177,200			
58 54 CD		21,125	21,125		177,200			
59 60 CE		5,848	3,760	2,088	165,600	65	5,175	259
60 60 1 CF		4,777	4,604	173	165,600	3	239	12
61 60 1 CG		12,439	12,439		165,600			
62 60 1 CH		58,924	58,924		165,600			
63 60 1 CI		147,750	144,049	3,701	165,600	52	4,140	207
64 60 1 CJ		45,440	44,536	904	165,600	11	876	44
65 60 1 CK		139,692	135,714	3,978	165,600	52	4,140	207
66 60 1 CL		946	946		165,600			
67 60 3 CM		54,200	54,200		140,600			
68 60 3 CN		197,153	197,153		140,600			
69 60 3 CO		136,170	136,170		140,600			
70 60 3 CP		142,365	142,365		140,600			
71 60 5 CQ		339	339		165,600			
72 60 5 CR		1,071	1,032	39	165,600	1	80	4
73 60 5 CS		2,884	2,884		165,600			
74 60 5 CT		17,049	17,049		165,600			

PROVIDER BASED PHYSICIAN ADJUSTMENTS

WKSHT A LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN- ERATION 3	PROFES- SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
75 60 5	CU	2,803	2,747	56	165,600	1	80	4
76 61	CV	30,047	30,047		177,200			
77 61	CW	52,578	52,578		177,200			
78 61	CX	7,147	6,888	259	177,200	4	341	17
79 61	CY	4,229	4,229		177,200			
80 61	CZ	4,840	4,840		177,200			
81 61	DA	52,334	52,334		177,200			
82 61	DB	232,048	232,048		177,200			
83 61	DC	97,700	97,700		177,200			
84 61	DD	203,497	203,497		177,200			
85 61	DE	207,322	91,784	115,538	177,200	1,070	91,156	4,558
86 61	DF	3,894	3,894		177,200			
87 61	DG	192,858	192,858		177,200			
88 61	DH	49,310	49,310		177,200			
89 61	DI	8,538	8,538		177,200			
90 61	DJ	282,783	282,783		177,200			
91 61	DK	106,241	106,241		177,200			
92 61	DL	264,195	264,195		177,200			
93 61	DM	9,210	9,210		177,200			
94 61	DN	140,062	140,062		177,200			
95 61	DO	50,004	49,009	995	177,200	12	1,022	51
96 61	DP	292,749	292,749		177,200			
101	TOTAL	8,721,079	7,008,761	1,712,318		20,433	1,762,623	88,136

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 41-0001
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED: 4/12/2010
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	67A			307	71	15,675	2,812	64,405
2	19B							50,000
3	19C			782	782	248,281		
4	19D			2,882				96,319
5	19E			3,086	882	48,014		86,266
6	19F			169	23	7,825		26,589
7	19G			331	27	3,689		41,641
8	19H			878	314	14,087	11	25,382
9	191I			4,316				224,470
10	191J							152,818
11	191K			3,402	843	41,526		113,442
12	192L							535,000
13	192M							106,948
14	193O			1,642	787	25,926	2,224	32,813
15	193P			1,613	1,502	118,997	133,536	152,162
16	193Q			1,929	70	1,737		43,953
17	193R			385				24,766
18	193S							5,305
19	193T			2,573				86,191
20	193U			2,565				195,097
21	193V			17,986				201,503
22	193W			609				64,970
23	193X			352				17,714
24	193Y			2,766	301	16,772		108,915
25	193Z			221				29,246
26	193AA			2,265	1,639	54,985	8,725	33,075
27	193AB			843	147	7,949	566	40,759
28	193AC			55	2	69		765
29	193AD			9,277				55,461
30	193AE			34,802	4,410	26,505		154,214
31	193AF			42,614	8,525	42,895		139,423
32	193AG			17,025	8,977	80,172	15,794	101,832
33	23AH			878	314	14,087	11	25,382
34	23AI			334	93	22,385		56,153
35	25AJ			2,093	2,093	73,030		
36	25AK			1,432	1,432	40,762		
37	25AL			968	968	31,779		
38	25AO			2,671	2,671	75,121		
39	26AS			30	30	967		
40	26AU			23	23	790		
41	31BF			1,045	1,045	93,479	32,258	32,258
42	44BL			7,686	1,547	55,472		152,832
43	44BM			4,206				275,674
44	44BN			4,927	2,337	105,728		101,578
45	44BO			8,547	950	22,520		134,525
46	44BP			2,540	2,540	82,235		
47	44BQ			1,019	1,019	46,559		
48	44BR			989	989	22,167		
49	44BS			727	727	33,051		
50	44BU			913	913	53,220		
51	44BV			610	610	72,025		
52	44BW			69	69	4,209		
53	49BX			2,842	1,190	39,015		40,661
54	49BY			365				12,389
55	49BZ			1,262	722	63,253	2,685	52,038
56	53CB							130,763
57	54CC							26,856
58	54CD							21,125
59	60CE					5,175		3,760
60	601CF			202	7	246		4,604
61	601CG			164				12,439
62	601CH			4,277				58,924
63	601CI			10,030	251	4,391		144,049
64	601CJ			5,119	102	978		44,536
65	601CK			9,741	277	4,417		135,714
66	601CL			159				946
67	603CM			1,035				54,200
68	603CN			2,435				197,153
69	603CO			6,088				136,170
70	603CP			4,262				142,365
71	605CQ							339
72	605CR			45	2	82		1,032
73	605CS			38				2,884
74	605CT			11,898				17,049

WKSHT A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11	COST OF MEMBERSHIPS & CONTINUING EDUCATION 12	PROVIDER COMPONENT SHARE OF COL 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COL 14 15	ADJUSTED RCE LIMIT 16	RCE DIS- ALLOWANCE 17	ADJUSTMENT 18
75 60 5	CU			315	6	86		2,747
76 61	CV			23,797				30,047
77 61	CW							52,578
78 61	CX			302	11	352		6,888
79 61	CY							4,229
80 61	CZ							4,840
81 61	DA							52,334
82 61	DB			23,797				232,048
83 61	DC			8,596				97,700
84 61	DD			14,833				203,497
85 61	DE			4,116	2,294	93,450	22,088	113,872
86 61	DF			3,094				3,894
87 61	DG			18,509				192,858
88 61	DH			4,760				49,310
89 61	DI							8,538
90 61	DJ			23,797				282,783
91 61	DK			17,848				106,241
92 61	DL			23,797				264,195
93 61	DM							9,210
94 61	DN			17,848				140,062
95 61	DO			5,634	112	1,134		49,009
96 61	DP			23,521				292,749
101	TOTAL			471,908	54,646	1,817,269	220,710	7,229,471

COST ALLOCATION STATISTICS

PROVIDER NO: 41-0001
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 4/12/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEE T	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	ACQUISITIO N COST OLD	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEE T	NOT ENTERED
3.01	NEW CAP REL COSTS-BLDG & FIXT	4	SQUARE FEE T	NOT ENTERED
3.02	NEW CAP REL COSTS-MACCOLL	5	SQ FT MACC OLL NEW	ENTERED
3.03	NEW CAP REL COSTS-RI CHARDSON	6	SQ FT RICH ARDSON NEW	ENTERED
3.04	NEW CAP REL COSTS-WOOD	7	SQ FT WOOD NEW	ENTERED
3.05	NEW CAP REL COSTS-HODGSON	8	SQ FT HODG SON NEW	ENTERED
3.06	NEW CAP REL COSTS-OPD	9	SQ FT OPD NEW	ENTERED
3.07	NEW CAP REL COSTS-GARAGE	10	SQ FT GARA GE NEW	ENTERED
3.08	NEW CAP REL COSTS-ABC	11	SQ FT ABC NEW	ENTERED
3.09	NEW CAP REL COSTS-AMBULATORY	12	SQ FT AMBU LATORY NEW	ENTERED
3.10	NEW CAP REL COSTS-SAYLES	13	SQ FT SAYL ES NEW	ENTERED
3.11	NEW CAP REL COSTS-NOTRE DAME	14	SQ FT NOTR E DAME NEW	ENTERED
3.12	NEW CAP REL COSTS-PRIMARY CARE	15	SQ FT PRIM CARE NEW	ENTERED
3.13	NEW CAP REL 555 PROSPECT ST.	16	TOTAL SQUA RE FEET	ENTERED
3.14	NEW CAP REL COSTS - PLAINVILLE	17	SQ FT PLAI NVILLE	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	18	ACQUISITIO N COST NEW	ENTERED
5	EMPLOYEE BENEFITS	19	GROSS SALA RIES	ENTERED
6.01	COMMUNICATIONS	21	NUMBER OF EXTENSIONS	ENTERED
6.02	INFORMATION SERVICES	22	PROCESSING TIME	ENTERED
6.03	PURCHASING RECEIVING AND STORES	23	COSTED REQ UI SITIONS	ENTERED
6.04	ADMITTING	24	REVENUE IN PATIENT	ENTERED
6.05	BUSINESS OFFICE	25	REVENUE TO TAL	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	-26	ACCUM. COST	NOT ENTERED
6.07	GRANTS ADMINISTRATION	27	GRANT EXPE NSES	ENTERED
7	MAINTENANCE & REPAIRS	28	TOTAL SQ F T MAINT	ENTERED
8	OPERATION OF PLANT	28	TOTAL SQ F T MAINT	ENTERED
9	LAUNDRY & LINEN SERVICE	29	LBS OF LAU NDRY	ENTERED
10	HOUSEKEEPING	30	HOURS OF S ERVICE	ENTERED
11	DIETARY	31	MEALS SERV ED	ENTERED
12	CAFETERIA	32	FTE'S	ENTERED
13	MAINTENANCE OF PERSONNEL	33	NUMBER HOU SED	NOT ENTERED
14	NURSING ADMINISTRATION	34	DI RECT NUR SING HOURS	ENTERED
15	CENTRAL SERVICES & SUPPLY	35	SUPPLY EXP ENSES	ENTERED
16	PHARMACY	36	PHARMACY C OSTED REGS	ENTERED
17	MEDICAL RECORDS & LIBRARY	37	TIME SPENT	ENTERED
18	SOCIAL SERVICE	38	SOCIAL SER VICE TIME	ENTERED
19	DEPARTMENT OF MEDICINE	39	MEDICINE M .D. TIME	ENTERED
19.01	DEPARTMENT OF CARDIOLOGY	40	CARDIOLOGY M. D. TIME	ENTERED
19.02	DEPARTMENT OF SURGERY	41	SURGERY M. D. TIME	ENTERED
19.03	DEPARTMENT OF FAMILY CARE	42	FAMILY MED M. D. TIME	ENTERED
20	NONPHYSICIAN ANESTHETISTS	43	ASSIGNED T I ME	NOT ENTERED
21	NURSING SCHOOL	44	ASSIGNED T I ME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	45	I & R ASSI GNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	45	I & R ASSI GNED TIME	ENTERED
24	PARAMED ED PRGM-(SPECIFY)	46	ANES. ASSI GNED TIME	ENTERED
24.01	PSYCHOLOGY INTERNS PARAMEDICAL	47	PSYCHOLOGY ASSIGN TM	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BLDG & 3.01	NEW CAP REL C OSTS-MACCOLL 3.02	NEW CAP REL C OSTS-RI CHARD 3.03
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-MACCOLL	71,117					71,117	
003 03 NEW CAP REL COSTS-RI CHARD	195,773						195,773
003 04 NEW CAP REL COSTS-WOOD	332,946						
003 05 NEW CAP REL COSTS-HODGSON	612,466						
003 06 NEW CAP REL COSTS-OPD	2,540						
003 07 NEW CAP REL COSTS-GARAGE	2,466						
003 08 NEW CAP REL COSTS-ABC	47,305						
003 09 NEW CAP REL COSTS-AMBULAT	67,537						
003 10 NEW CAP REL COSTS-SAYLES	794,970						
003 11 NEW CAP REL COSTS-NOTRE D	49,794						
003 12 NEW CAP REL COSTS-PRI MARY	231,954						
003 13 NEW CAP REL 555 PROSPECT	38,417						
003 14 NEW CAP REL COSTS - PLAIN	58,594						
004 NEW CAP REL COSTS-MVBLE E	2,520,472						
005 EMPLOYEE BENEFITS	28,848,153						
006 01 COMMUNICATIONS	564,420						
006 02 INFORMATION SERVICES	3,206,893						
006 03 PURCHASING RECEIVING AND	1,000,455						
006 04 ADMINISTRATION	359,582						
006 05 BUSINESS OFFICE	1,930,731						
006 06 OTHER ADMINISTRATIVE AND	15,629,131						
006 07 GRANTS ADMINISTRATION	369,094						
007 MAINTENANCE & REPAIRS	1,267,810						
008 OPERATION OF PLANT	3,680,142					32,793	36,408
009 LAUNDRY & LINEN SERVICE	483,924						
010 HOUSEKEEPING	2,168,313						
011 DIETARY	1,321,170						
012 CAFETERIA	1,244,840						
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,674,145						
015 CENTRAL SERVICES & SUPPLY	616,082						
016 PHARMACY	1,466,744						
017 MEDICAL RECORDS & LIBRARY	1,140,304						
018 SOCIAL SERVICE	211,092						
019 DEPARTMENT OF MEDICINE	737,482						
019 01 DEPARTMENT OF CARDIOLOGY	798,103						
019 02 DEPARTMENT OF SURGERY	124,708						
019 03 DEPARTMENT OF FAMILY CARE	2,801,369						
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	4,411,627						
023 I&R SERVICES-OTHER PRGM C	1,559,119						
024 PARAMEDICAL PRGM-(SPECIFY)	410,076						
024 01 PSYCHOLOGY INTERNS PARAME							
025 ADULTS & PEDIATRICS	10,938,296						48,854
026 INTENSIVE CARE UNIT	3,234,145						
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	1,440,791					38,324	
033 NURSERY	-729						
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	4,889,013						
037 01 ENDOSCOPY	558,660						50,539
039 DELIVERY ROOM & LABOR ROO							
040 01 ULTRASOUND	379,065						
041 RADIOLOGY-DIAGNOSTIC	2,888,768						
042 01 CT SCAN	868,125						
042 02 MAGNETIC RESONANCE IMAGIN	505,317						
043 RADIOISOTOPE	474,321						
044 LABORATORY	7,724,717						
047 BLOOD STORING, PROCESSING	1,411,165						
049 RESPIRATORY THERAPY	2,041,121						
050 PHYSICAL THERAPY	1,687,525						
051 OCCUPATIONAL THERAPY	854,863						
052 SPEECH PATHOLOGY	762,211						
053 ELECTROCARDIOLOGY	22,489						
054 ELECTROENCEPHALOGRAPHY	351,649						
055 MEDICAL SUPPLIES CHARGED	6,392,184						
056 DRUGS CHARGED TO PATIENTS	6,823,693						
059 01 CARDIAC CATHETERIZATION LAB	303,793						
059 02 MEDICAL REHAB							
059 03 NOTRE DAME OCCUPATIONAL M							
059 04 INPATIENT RENAL DIALYSIS	255,236						
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	437,536						
060 01 NOTRE DAME AMBULATORY CLI	448,186						
060 02 FAMILY CARE CLINIC	1,092,254						

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 0	OLD CAP REL C OSTS-MVBLE E 1	NEW CAP REL C OSTS-BLDG & 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MACCOLL 3.01	NEW CAP REL C OSTS-RI CHARD 3.02	NEW CAP REL C OSTS-RI CHARD 3.03
060	03	OUTPUT SERVICE COST CNTRS							
		PEDIATRIC CLINIC	89,722						
060	05	BARRINGTON URGENT CARE	26,085						
061		EMERGENCY	3,736,227						
062		OBSERVATION BEDS (NON-DIS							
063		O/P CHEMO & IV PROCEDURES	474,792						
		OTHER REIMBURS COST CNTRS							
071		HOME HEALTH AGENCY	5,275,963						59,972
		SPEC PURPOSE COST CENTERS							
095		SUBTOTALS	149,439,043					71,117	195,773
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP							
097		RESEARCH	2,406,456						
097	01	UNFUNDED RESEARCH	173,664						
098		PHYSICIANS' PRIVATE OFFIC	3,335,163						
099		NONPAID WORKERS							
099	01	FUND RAISING	41,241						
099	02	BANK							
099	03	VACANT SPACE							
099	04	BILLING OFFICE	89,749						
099	05	O/P MEALS							
099	06	BROWN MEDICAL STUDENTS	629,785						
099	07	NONREIMBURSABLE SERVICES							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	156,115,101					71,117	195,773

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C
	OSTS-WOOD	OSTS-HODGSON	OSTS-OPD	OSTS-GARAGE	OSTS-ABC	OSTS-AMBULAT	OSTS-SAYLES	
	3.04	3.05	3.06	3.07	3.08	3.09	3.10	
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
003 NEW CAP REL COSTS-BLDG &								
003 01 NEW CAP REL COSTS-BLDG &								
003 02 NEW CAP REL COSTS-MACCOLL								
003 03 NEW CAP REL COSTS-RI CHARD								
003 04 NEW CAP REL COSTS-WOOD	332,946							
003 05 NEW CAP REL COSTS-HODGSON		612,466						
003 06 NEW CAP REL COSTS-OPD			2,540					
003 07 NEW CAP REL COSTS-GARAGE				2,466				
003 08 NEW CAP REL COSTS-ABC					47,305			
003 09 NEW CAP REL COSTS-AMBULAT						67,537		
003 10 NEW CAP REL COSTS-SAYLES							794,970	
003 11 NEW CAP REL COSTS-NOTRE D								
003 12 NEW CAP REL COSTS-PRI MARY								
003 13 NEW CAP REL 555 PROSPECT								
003 14 NEW CAP REL COSTS - PLAIN								
004 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS								
006 01 COMMUNICATIONS	84							
006 02 INFORMATION SERVICES								
006 03 PURCHASING RECEIVING AND								
006 04 ADMIN TTING								
006 05 BUSINESS OFFICE								
006 06 OTHER ADMINI STRATIVE AND		6,779				18,156		
006 07 GRANTS ADMINI STRATION								
007 MAINTENANCE & REPAIRS	5,643	42,249					69,145	
008 OPERATION OF PLANT	74,225	177,287	312	2,423				
009 LAUNDRY & LINEN SERVICE		54,205						
010 HOUSEKEEPING			71	43				
011 DIETARY	37,926							
012 CAFETERIA								
013 MAINTENANCE OF PERSONNEL								
014 NURSING ADMINI STRATION								
015 CENTRAL SERVICES & SUPPLY		73,963						
016 PHARMACY		22,437						
017 MEDICAL RECORDS & LIBRARY								
018 SOCIAL SERVICE								
019 DEPARTMENT OF MEDICINE	37,494				4,819			
019 01 DEPARTMENT OF CARDIOLOGY							228,206	
019 02 DEPARTMENT OF SURGERY								
019 03 DEPARTMENT OF FAMILY CARE					9,894			
020 NONPHYSICIAN ANESTHETISTS								
021 NURSING SCHOOL								
022 I&R SERVICES-SALARY & FRI								
023 I&R SERVICES-OTHER PRGM C								
024 PARAMED ED PRGM-(SPECIFY)								
024 01 PSYCHOLOGY INTERNS PARAME								
025 INPAT ROUTINE SRVC CNTRS	119,608							
026 ADULTS & PEDIATRICALS								
027 INTENSIVE CARE UNIT								
028 CORONARY CARE UNIT								
028 BURN INTENSIVE CARE UNIT								
029 SURGICAL INTENSIVE CARE U								
031 SUBPROVIDER								
033 NURSERY	9,308							
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	13,685	131,037						
037 01 ENDOSCOPY	2,925							
039 DELIVERY ROOM & LABOR ROO								
040 01 ULTRASOUND								
041 RADIOLOGY-DIAGNOSTIC	24,165							
042 01 CT SCAN	4,874							
042 02 MAGNETIC RESONANCE IMAGIN	3,009							
043 RADIOISOTOPE								
044 LABORATORY		104,509			19,291			
047 BLOOD STORING, PROCESSING								
049 RESPIRATORY THERAPY								319,228
050 PHYSICAL THERAPY								54,479
051 OCCUPATIONAL THERAPY								56,595
052 SPEECH PATHOLOGY								
053 ELECTROCARDIOLOGY								
054 ELECTROENCEPHALOGRAPHY								
055 MEDICAL SUPPLIES CHARGED								
056 DRUGS CHARGED TO PATIENTS								
059 01 CARDIAC CATHETERIZATION LAB								67,317
059 02 MEDICAL REHAB								
059 03 NOTRE DAME OCCUPATIONAL M								
059 04 INPATIENT RENAL DIALYSIS								
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC					6,652	49,381		
060 01 NOTRE DAME AMBULATORY CLI								
060 02 FAMILY CARE CLINIC					6,649			

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-WOOD	NEW CAP REL C OSTS-HODGSON	NEW CAP REL C OSTS-OPD	NEW CAP REL C OSTS-GARAGE	NEW CAP REL C OSTS-ABC	NEW CAP REL C OSTS-AMBULAT	NEW CAP REL C OSTS-SAYLES
	3.04	3.05	3.06	3.07	3.08	3.09	3.10
060 03 OUTPAT SERVICE COST CNTRS PEDIATRIC CLINIC							
060 05 BARRINGTON URGENT CARE							
061 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
063 O/P CHEMO & IV PROCEDURES							
071 OTHER REIMBURS COST CNTRS HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS SUBTOTALS	332,946	612,466	383	2,466	47,305	67,537	794,970
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH			2,157				
097 01 UNFUNDED RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
099 01 FUND RAISING							
099 02 BANK							
099 03 VACANT SPACE							
099 04 BILLING OFFICE							
099 05 O/P MEALS							
099 06 BROWN MEDICAL STUDENTS							
099 07 NONREIMBURSABLE SERVICES							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	332,946	612,466	2,540	2,466	47,305	67,537	794,970

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	NEW CAP REL 5	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	COMMUNICATI ON
	OSTS-NOTRE D	OSTS-PRIMARY	55 PROSPECT	OSTS - PLAIN	OSTS-MVBLE E	FITS	S
	3. 11	3. 12	3. 13	3. 14	4	5	6. 01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-MACCOLL							
003 03 NEW CAP REL COSTS-RI CHARD							
003 04 NEW CAP REL COSTS-WOOD							
003 05 NEW CAP REL COSTS-HODGSON							
003 06 NEW CAP REL COSTS-OPD							
003 07 NEW CAP REL COSTS-GARAGE							
003 08 NEW CAP REL COSTS-ABC							
003 09 NEW CAP REL COSTS-AMBULAT							
003 10 NEW CAP REL COSTS-SAYLES							
003 11 NEW CAP REL COSTS-NOTRE D	49,794						
003 12 NEW CAP REL COSTS-PRIMARY		231,954					
003 13 NEW CAP REL 555 PROSPECT			38,417				
003 14 NEW CAP REL COSTS - PLAIN				58,594			
004 NEW CAP REL COSTS-MVBLE E					2,520,472		
005 EMPLOYEE BENEFITS					28,373	28,876,526	
006 01 COMMUNICATIONS			35,245		2,856	97,491	700,096
006 02 INFORMATION SERVICES					123,297	663,261	23,643
006 03 PURCHASING RECEIVING AND					2,116	153,989	10,508
006 04 ADMINITTING					3,818	115,628	9,195
006 05 BUSINESS OFFICE					87,841	616,595	22,330
006 06 OTHER ADMINISTRATIVE AND			3,172		56,737	1,609,500	73,545
006 07 GRANTS ADMINISTRATION					972	127,711	6,568
007 MAINTENANCE & REPAIRS	5,521				64,620	316,498	13,135
008 OPERATION OF PLANT	31,094				29,602	133,081	
009 LAUNDRY & LINEN SERVICE					17,917	109,788	2,627
010 HOUSEKEEPING					8,278	634,136	5,254
011 DIETARY					16,593	202,833	6,568
012 CAFETERIA					27,715	338,777	10,508
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION					64,668	558,873	34,151
015 CENTRAL SERVICES & SUPPLY					24,753	145,551	3,941
016 PHARMACY					14,561	465,371	9,195
017 MEDICAL RECORDS & LIBRARY					978	7,835	352,605
018 SOCIAL SERVICE						105	73,866
019 DEPARTMENT OF MEDICINE					14,548	322,299	22,330
019 01 DEPARTMENT OF CARDIOLOGY					49,479	297,410	19,703
019 02 DEPARTMENT OF SURGERY					8,578	200,593	13,135
019 03 DEPARTMENT OF FAMILY CARE					15,719	1,271,449	48,600
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI						1,236,801	
023 I&R SERVICES-OTHER PRGM C					1,245	558,849	14,449
024 PARAMED ED PRGM-(SPECIFY)						141,172	
024 01 PSYCHOLOGY INTERNS PARAME							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS					122,040	3,575,570	44,659
026 INTENSIVE CARE UNIT					69,651	1,156,854	14,449
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER					11,913	554,021	9,195
033 NURSERY					25,705		11,822
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	13,179				349,038	1,181,629	30,211
037 01 ENDOSCOPY					67,628	147,717	6,568
039 DELIVERY ROOM & LABOR ROO					4,501	850	
040 01 ULTRASOUND					14,211	119,525	2,627
041 RADIOLOGY-DIAGNOSTIC				4,608	374,537	706,198	23,643
042 01 CT SCAN					151,169	194,808	3,941
042 02 MAGNETIC RESONANCE IMAGIN					85,422	103,315	2,627
043 RADIOISOTOPE					2,262	154,798	
044 LABORATORY				1,063	196,215	1,952,411	23,643
047 BLOOD STORING, PROCESSING					510	149,761	2,627
049 RESPIRATORY THERAPY					103,340	682,959	24,957
050 PHYSICAL THERAPY				7,007	26,346	413,745	28,897
051 OCCUPATIONAL THERAPY					4,642	274,752	2,627
052 SPEECH PATHOLOGY					6,521	255,806	1,314
053 ELECTROCARDIOLOGY					6,931	3,152	
054 ELECTROENCEPHALOGRAPHY					4,394	21,177	23,643
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 01 CARDIAC CATHETERIZATION LAB					87,215	89,408	3,941
059 02 MEDICAL REHAB							
059 03 NOTRE DAME OCCUPATIONAL M							
059 04 INPATIENT RENAL DIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		45,486			2,457	147,934	
060 01 NOTRE DAME AMBULATORY CLI					3,662	269,525	
060 02 FAMILY CARE CLINIC		136,459				344,427	17,076

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-NOTRE D	NEW CAP REL C OSTS-PRIMARY	NEW CAP REL 5 55 PROSPECT	NEW CAP REL C OSTS - PLAIN	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	COMMUNICATI ON S
	3. 11	3. 12	3. 13	3. 14	4	5	6. 01
060 03 OUTPAT SERVICE COST CNTRS							
060 05 PEDIATRIC CLINIC					23,335	230,006	
061 BARRINGTON URGENT CARE						12,861	
062 EMERGENCY					65,224	1,860,157	9,195
063 OBSERVATION BEDS (NON-DIS O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS)		50,009			12,967	107,011	
071 HOME HEALTH AGENCY					22,799	1,695,345	
095 SPEC PURPOSE COST CENTERS SUBTOTALS	49,794	231,954	38,417	13,656	2,516,861	27,149,849	659,377
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH						544,333	27,584
097 01 UNFUNDED RESEARCH						60,844	
098 PHYSICIANS' PRIVATE OFFICE				44,938	3,611	981,787	10,508
099 NONPAID WORKERS							
099 01 FUND RAISING						14,449	
099 02 BANK							
099 03 VACANT SPACE							
099 04 BILLING OFFICE						31,444	2,627
099 05 O/P MEALS							
099 06 BROWN MEDICAL STUDENTS						93,820	
099 07 NONREIMBURSABLE SERVICES							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	49,794	231,954	38,417	58,594	2,520,472	28,876,526	700,096

COST CENTER DESCRIPTION	INFORMATION SERVICES	PURCHASING RECEIVING AND	ADMINISTRATIVE	BUSINESS OFFICE	SUBTOTAL	OTHER ADMINISTRATIVE AND	GRANTS ADMINISTRATION
	6.02	6.03	6.04	6.05	6a.05	6.06	6.07
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-MACCOLL							
003 03 NEW CAP REL COSTS-RI CHARD							
003 04 NEW CAP REL COSTS-WOOD							
003 05 NEW CAP REL COSTS-HODGSON							
003 06 NEW CAP REL COSTS-OPD							
003 07 NEW CAP REL COSTS-GARAGE							
003 08 NEW CAP REL COSTS-ABC							
003 09 NEW CAP REL COSTS-AMBULAT							
003 10 NEW CAP REL COSTS-SAYLES							
003 11 NEW CAP REL COSTS-NOTRE D							
003 12 NEW CAP REL COSTS-PRI MARY							
003 13 NEW CAP REL 555 PROSPECT							
003 14 NEW CAP REL COSTS - PLAIN							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 INFORMATION SERVICES	4,017,094						
006 03 PURCHASING RECEIVING AND		1,167,068					
006 04 ADMINISTRATIVE	780	1,337	490,340				
006 05 BUSINESS OFFICE	1,534,899	2,209		4,194,605			
006 06 OTHER ADMINISTRATIVE AND	2,363,324	55,463			19,815,807	19,815,807	
006 07 GRANTS ADMINISTRATION		1,474			505,819	73,538	579,357
007 MAINTENANCE & REPAIRS	853	16,482			1,801,956	261,977	
008 OPERATION OF PLANT		29,296			4,226,663	614,493	
009 LAUNDRY & LINEN SERVICE		7,728			676,189	98,308	
010 HOUSEKEEPING		16,215			2,832,310	411,775	
011 DIETARY		20,689			1,605,779	233,456	
012 CAFETERIA		34,555			1,656,395	240,815	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		1,831			2,333,668	339,280	
015 CENTRAL SERVICES & SUPPLY		8,442			872,732	126,882	
016 PHARMACY	106	5,682			1,984,096	288,458	
017 MEDICAL RECORDS & LIBRARY	96,995	3,037			1,620,143	235,544	
018 SOCIAL SERVICE		12			289,016	42,019	
019 DEPARTMENT OF MEDICINE		1,717			1,140,689	165,839	
019 01 DEPARTMENT OF CARDIOLOGY		12,973			1,405,874	204,393	
019 02 DEPARTMENT OF SURGERY		967			347,981	50,591	
019 03 DEPARTMENT OF FAMILY CARE		5,689			4,152,720	603,743	64,952
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI		2,241			5,650,669	821,523	
023 I&R SERVICES-OTHER PRGM C		1,940			2,135,602	310,484	
024 PARAMED PRGM-(SPECIFY)		323			551,571	80,190	
024 01 PSYCHOLOGY INTERNS PARAME							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		28,423	105,134	460,176	15,442,760	2,245,083	
026 INTENSIVE CARE UNIT		11,840	37,531	164,274	4,688,744	681,673	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		2,764	12,458	54,531	2,123,997	308,797	
033 NURSERY		40	2,939	12,865	61,950	9,007	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		60,635	29,405	366,806	7,064,638	1,027,092	
037 01 ENDOSCOPY		6,091	4,406	58,823	903,357	131,335	
039 DELIVERY ROOM & LABOR ROO			2,974	19,197	27,522	4,001	
040 01 ULTRASOUND		1,666	6,849	109,682	633,625	92,120	
041 RADIOLOGY-DIAGNOSTIC		20,505	10,214	144,898	4,197,536	610,259	
042 01 CT SCAN		13,937	18,251	239,433	1,494,538	217,283	
042 02 MAGNETIC RESONANCE IMAGIN		9,485	9,038	123,703	841,916	122,402	
043 RADIOISOTOPE	257	1,434	3,363	37,703	674,138	98,010	
044 LABORATORY		88,703	108,399	898,741	11,117,692	1,616,346	
047 BLOOD STORING, PROCESSING		7,833	4,193	27,585	1,603,674	233,150	
049 RESPIRATORY THERAPY		8,934	20,832	105,342	3,306,713	480,746	
050 PHYSICAL THERAPY		14,015	10,293	142,200	2,384,507	346,672	
051 OCCUPATIONAL THERAPY		3,331	7,040	69,635	1,273,485	185,146	
052 SPEECH PATHOLOGY		1,518	2,738	35,021	1,065,129	154,854	
053 ELECTROCARDIOLOGY		45	8,895	75,969	117,481	17,080	
054 ELECTROENCEPHALOGRAPHY		4,749	409	20,228	426,249	61,970	
055 MEDICAL SUPPLIES CHARGED		289,259	35,918	265,272	6,982,633	1,015,170	
056 DRUGS CHARGED TO PATIENTS		308,753	43,269	399,987	7,575,702	1,101,393	
059 01 CARDIAC CATHETERIZATION LAB		2,252	1,297	10,956	566,179	82,314	
059 02 MEDICAL REHAB							
059 03 NOTRE DAME OCCUPATIONAL M							
059 04 INPATIENT RENAL DIALYSIS			1,704	7,459	264,399	38,440	
059 OUTPAT SERVICE COST CNTRS							
060 CLINIC		862		13,872	704,180	102,377	
060 01 NOTRE DAME AMBULATORY CLI		3,625		17,647	742,645	107,969	
060 02 FAMILY CARE CLINIC		4,940		46,222	1,648,027	239,598	

COST CENTER DESCRIPTION	INFORMATION SERVICES	PURCHASING RECEIVING	REGISTRATION	ADMINISTRATIVE	BUSINESS OFFICE	SUBTOTAL	OTHER ADMINISTRATIVE	GRANTS ADMINISTRATION
	6.02	6.03	6.04		6.05	6a.05	6.06	6.07
060 03 OUTPAT SERVICE COST CNTRS PEDIATRIC CLINIC		4,283			24,384	371,730	54,044	
060 05 BARRINGTON URGENT CARE		420			127	39,493	5,742	
061 EMERGENCY		18,244	2,782		220,868	5,912,697	859,617	
062 OBSERVATION BEDS (NON-DIS								
063 O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS		1,475	9		20,999	667,262	97,010	
071 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS		16,284				7,070,363	1,027,925	
095 SUBTOTALS	3,997,214	1,166,647	490,340		4,194,605	147,600,640	18,577,933	64,952
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP								
097 RESEARCH						2,980,530	433,324	514,405
097 01 UNFUNDED RESEARCH						234,508	34,094	
098 PHYSICIANS' PRIVATE OFFICE		421				4,376,428	636,267	
099 NONPAID WORKERS								
099 01 FUND RAISING						55,690	8,096	
099 02 BANK								
099 03 VACANT SPACE								
099 04 BILLING OFFICE	19,880					143,700	20,892	
099 05 O/P MEALS								
099 06 BROWN MEDICAL STUDENTS						723,605	105,201	
099 07 NONREIMBURSABLE SERVICES								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	4,017,094	1,167,068	490,340		4,194,605	156,115,101	19,815,807	579,357

COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS PLANT		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL
	7	8	9	10	11	12	13
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-MACCOLL							
003 03 NEW CAP REL COSTS-RI CHARD							
003 04 NEW CAP REL COSTS-WOOD							
003 05 NEW CAP REL COSTS-HODGSON							
003 06 NEW CAP REL COSTS-OPD							
003 07 NEW CAP REL COSTS-GARAGE							
003 08 NEW CAP REL COSTS-ABC							
003 09 NEW CAP REL COSTS-AMBULAT							
003 10 NEW CAP REL COSTS-SAYLES							
003 11 NEW CAP REL COSTS-NOTRE D							
003 12 NEW CAP REL COSTS-PRIMARY							
003 13 NEW CAP REL 555 PROSPECT							
003 14 NEW CAP REL COSTS - PLAIN							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 INFORMATION SERVICES							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 BUSINESS OFFICE							
006 06 OTHER ADMINISTRATIVE AND							
006 07 GRANTS ADMINISTRATION							
007 MAINTENANCE & REPAIRS	2,063,933						
008 OPERATION OF PLANT	353,602	5,194,758					
009 LAUNDRY & LINEN SERVICE	33,899	102,960	911,356				
010 HOUSEKEEPING	50,514	153,424	15,835	3,463,858			
011 DIETARY	47,399	143,963	8,144		2,038,741		
012 CAFETERIA	26,505	80,504	13,603	59,636		2,077,458	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	34,017	103,320		8,945			37,337
015 CENTRAL SERVICES & SUPPLY	42,075	127,793	17,592	39,758			21,813
016 PHARMACY	13,412	40,737		19,879			37,157
017 MEDICAL RECORDS & LIBRARY	23,406	71,090		13,915			53,402
018 SOCIAL SERVICE	5,437	16,514		4,970			60
019 DEPARTMENT OF MEDICINE	52,429	159,241	440	11,430			15,203
019 01 DEPARTMENT OF CARDIOLOGY	24,436	74,218	11,237	19,879			18,929
019 02 DEPARTMENT OF SURGERY	10,297	31,276		15,903			3,245
019 03 DEPARTMENT OF FAMILY CARE	20,579	62,505	6,615	69,576			68,986
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI						145,262	
023 I&R SERVICES-OTHER PRGM C	23,998	72,889	2,692	41,745		29,866	
024 PARAMED PRGM-(SPECIFY)	1,776	5,395		2,246		5,368	
024 01 PSYCHOLOGY INTERNS PARAME							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	304,220	923,998	416,632	1,204,656	1,294,237	373,090	
026 INTENSIVE CARE UNIT	46,343	140,757	67,279	208,727	210,544	93,163	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	25,043	76,063	36,672	171,792	533,960	46,191	
033 NURSERY	10,225	31,057	2,851	13,915		20	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	159,635	484,855	107,200	216,420		112,272	
037 01 ENDOSCOPY	41,828	127,043	19,377	29,818		11,437	
039 DELIVERY ROOM & LABOR ROO	26,531	80,582	18,973	73,551			
040 01 ULTRASOUND	3,378	10,259		3,976		8,994	
041 RADIOLOGY-DIAGNOSTIC	52,923	160,743	22,212	45,721		70,868	
042 01 CT SCAN	5,355	16,263	9,810			16,085	
042 02 MAGNETIC RESONANCE IMAGIN	3,305	10,040	2,231			10,696	
043 RADIOISOTOPE	9,299	28,242	614	1,988		12,279	
044 LABORATORY	100,301	304,643	4,198	119,273		199,966	
047 BLOOD STORING, PROCESSING	9,875	29,994		3,976		12,459	
049 RESPIRATORY THERAPY	27,046	82,146	125	35,782		65,180	
050 PHYSICAL THERAPY	43,743	132,860	26,479	60,928		41,243	
051 OCCUPATIONAL THERAPY	5,833	17,718		5,427		24,137	
052 SPEECH PATHOLOGY	6,060	18,406	1,099	6,361		22,274	
053 ELECTROCARDIOLOGY	1,498	4,551		5,964		501	
054 ELECTROENCEPHALOGRAPHY	13,855	42,082	2,033	1,988		2,644	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 01 CARDIAC CATHETERIZATION LAB	7,208	21,893	10,276	29,818		6,750	
059 02 MEDICAL REHAB							
059 03 NOTRE DAME OCCUPATIONAL M							
059 04 INPATIENT RENAL DIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	37,235	113,094	527	39,519		23,696	
060 01 NOTRE DAME AMBULATORY CLI	9,777	29,696	1,470	166,982		20,111	
060 02 FAMILY CARE CLINIC	76,360	231,927		70,828		44,448	

COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF		LAUNDRY & LIN	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF
	REPAIRS	PLANT	EN SERVICE				F PERSONNEL
	7	8	9	10	11	12	13
060 03 OUTPAT SERVICE COST CNTRS							
060 05 PEDIATRIC CLINIC	5,993	18,203	326			24,578	
061 BARRINGTON URGENT CARE			95			1,362	
062 EMERGENCY	36,581	111,108	75,107	290,230		135,788	
063 OBSERVATION BEDS (NON-DIS O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS)	10,282	31,229	5,079	114,303		9,234	
071 HOME HEALTH AGENCY	45,823	139,178		39,758		144,721	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,889,336	4,664,459	906,823	3,269,583	2,038,741	1,970,815	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	8,078	24,536		11,927		2,424	
097 RESEARCH	113,178	343,754	2,023	128,218		41,684	
097 01 UNFUNDED RESEARCH						3,285	
098 PHYSICIANS' PRIVATE OFFICE	669	2,033	2,510	49,697		48,554	
099 NONPAID WORKERS	237	719					
099 01 FUND RAISING	4,330	13,152				1,502	
099 02 BANK	47,116	143,103		3,976			
099 03 VACANT SPACE	989	3,002					
099 04 BILLING OFFICE				457		5,689	
099 05 O/P MEALS							
099 06 BROWN MEDICAL STUDENTS						3,505	
099 07 NONREIMBURSABLE SERVICES							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,063,933	5,194,758	911,356	3,463,858	2,038,741	2,077,458	

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	DEPARTMENT OF MEDICINE	DEPARTMENT OF CARDIOLOGY
	14	15	16	17	18	19	19.01	
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
003 NEW CAP REL COSTS-BLDG &								
003 01 NEW CAP REL COSTS-BLDG &								
003 02 NEW CAP REL COSTS-MACCOLL								
003 03 NEW CAP REL COSTS-RI CHARD								
003 04 NEW CAP REL COSTS-WOOD								
003 05 NEW CAP REL COSTS-HODGSON								
003 06 NEW CAP REL COSTS-OPD								
003 07 NEW CAP REL COSTS-GARAGE								
003 08 NEW CAP REL COSTS-ABC								
003 09 NEW CAP REL COSTS-AMBULAT								
003 10 NEW CAP REL COSTS-SAYLES								
003 11 NEW CAP REL COSTS-NOTRE D								
003 12 NEW CAP REL COSTS-PRIMARY								
003 13 NEW CAP REL 555 PROSPECT								
003 14 NEW CAP REL COSTS - PLAIN								
004 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS								
006 01 COMMUNICATIONS								
006 02 INFORMATION SERVICES								
006 03 PURCHASING RECEIVING AND								
006 04 ADMINISTRATION								
006 05 BUSINESS OFFICE								
006 06 OTHER ADMINISTRATIVE AND								
006 07 GRANTS ADMINISTRATION								
007 MAINTENANCE & REPAIRS								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE								
010 HOUSEKEEPING								
011 DIETARY								
012 CAFETERIA								
013 MAINTENANCE OF PERSONNEL								
014 NURSING ADMINISTRATION	2,856,567							
015 CENTRAL SERVICES & SUPPLY		1,248,645						
016 PHARMACY		1,272	2,385,011					
017 MEDICAL RECORDS & LIBRARY			3	2,017,503				
018 SOCIAL SERVICE					358,016			
019 DEPARTMENT OF MEDICINE		5				1,545,276		
019 01 DEPARTMENT OF CARDIOLOGY	70,297	2,031	54,353				1,885,647	
019 02 DEPARTMENT OF SURGERY		125	5					
019 03 DEPARTMENT OF FAMILY CARE								
020 NONPHYSICIAN ANESTHETISTS								
021 NURSING SCHOOL								
022 I&R SERVICES-SALARY & FRI			1,276					
023 I&R SERVICES-OTHER PRGM C						489,543		
024 PARAMED ED PRGM-(SPECIFY)								
024 01 PSYCHOLOGY INTERNS PARAME								
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	1,068,060	41,639	14,374	1,315,009	303,670	328,526		
026 INTENSIVE CARE UNIT	262,398	16,459	7,014	76,665	47,938	46,204		
027 CORONARY CARE UNIT								
028 BURN INTENSIVE CARE UNIT								
029 SURGICAL INTENSIVE CARE U								
031 SUBPROVIDER	114,141	3,067	511	17,552				
033 NURSERY	27,059			36,719				
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	331,382	101,584	48,253	321,186				
037 01 ENDOSCOPY	34,497	9,135	176					
039 DELIVERY ROOM & LABOR ROO	25,973							
040 01 ULTRASOUND		719	73					
041 RADIOLOGY-DIAGNOSTIC	61	3,605	449	20,982				
042 01 CT SCAN	302	18,530	199					
042 02 MAGNETIC RESONANCE IMAGIN		8,194	80					
043 RADIOISOTOPE		350	47					
044 LABORATORY		191,385	4,882	111,971				
047 BLOOD STORING, PROCESSING		19,162						
049 RESPIRATORY THERAPY		12,642	1,396	11,903				
050 PHYSICAL THERAPY		1,728	309	6,860				
051 OCCUPATIONAL THERAPY		1,330	70					
052 SPEECH PATHOLOGY		400	4					
053 ELECTROCARDIOLOGY				25,421			1,885,647	
054 ELECTROENCEPHALOGRAPHY		4	29,503	1,009				
055 MEDICAL SUPPLIES CHARGED		762,415						
056 DRUGS CHARGED TO PATIENTS			2,175,107					
059 01 CARDIAC CATHETERIZATION LAB	20,370	5,906	68					
059 02 MEDICAL REHAB								
059 03 NOTRE DAME OCCUPATIONAL M								
059 04 INPATIENT RENAL DIALYSIS								
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC	69,045	1,194	1,339	16,745		374,729		
060 01 NOTRE DAME AMBULATORY CLI	39,853	1,837	17,338					
060 02 FAMILY CARE CLINIC	126,301	2,640	16,762					

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	DEPARTMENT OF MEDICINE	DEPARTMENT OF RADIOLOGY
	14	15	16	17	18	19	19.01
060 03 OUTPAT SERVICE COST CNTRS							
060 05 PEDIATRIC CLINIC			148	128			
061 BARRINGTON URGENT CARE	4,386						
062 EMERGENCY	277,218	28,011	6,341	55,481	6,408		
063 OBSERVATION BEDS (NON-DIS O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS)	27,837	2,839	1,232				
071 HOME HEALTH AGENCY	357,387	10,289	3,719				
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,856,567	1,248,645	2,385,011	2,017,503	358,016	1,239,002	1,885,647
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
097 01 UNFUNDED RESEARCH						209,385	
098 PHYSICIANS' PRIVATE OFFICE						30,906	
099 NONPAID WORKERS							
099 01 FUND RAISING							
099 02 BANK							
099 03 VACANT SPACE							
099 04 BILLING OFFICE							
099 05 O/P MEALS							
099 06 BROWN MEDICAL STUDENTS						65,983	
099 07 NONREIMBURSABLE SERVICES							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,856,567	1,248,645	2,385,011	2,017,503	358,016	1,545,276	1,885,647

COST CENTER DESCRIPTION	DEPARTMENT OF SURGERY	DEPARTMENT OF FAMILY CARE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)
	19.02	19.03	20	21	22	23	24
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-MACCOLL							
003 03 NEW CAP REL COSTS-RI CHARD							
003 04 NEW CAP REL COSTS-WOOD							
003 05 NEW CAP REL COSTS-HODGSON							
003 06 NEW CAP REL COSTS-OPD							
003 07 NEW CAP REL COSTS-GARAGE							
003 08 NEW CAP REL COSTS-ABC							
003 09 NEW CAP REL COSTS-AMBULAT							
003 10 NEW CAP REL COSTS-SAYLES							
003 11 NEW CAP REL COSTS-NOTRE D							
003 12 NEW CAP REL COSTS-PRI MARY							
003 13 NEW CAP REL 555 PROSPECT							
003 14 NEW CAP REL COSTS - PLAIN							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 INFORMATION SERVICES							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 BUSINESS OFFICE							
006 06 OTHER ADMINISTRATIVE AND							
006 07 GRANTS ADMINISTRATION							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
019 DEPARTMENT OF MEDICINE							
019 01 DEPARTMENT OF CARDIOLOGY							
019 02 DEPARTMENT OF SURGERY	459,423						
019 03 DEPARTMENT OF FAMILY CARE		5,049,676					
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI					6,618,730		
023 I&R SERVICES-OTHER PRGM C	105,027	2,161,218				5,373,064	
024 PARAMED ED PRGM-(SPECIFY)							646,546
024 01 PSYCHOLOGY INTERNS PARAME							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		230,845			2,220,356	1,802,477	
026 INTENSIVE CARE UNIT		32,602			690,427	560,487	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY		15,249					
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	148,216				102,648	83,330	646,546
037 01 ENDOSCOPY							
039 DELIVERY ROOM & LABOR ROO					83,311	67,632	
040 01 ULTRASOUND							
041 RADIOLOGY-DIAGNOSTIC					9,285	7,538	
042 01 CT SCAN							
042 02 MAGNETIC RESONANCE IMAGIN							
043 RADIOISOTOPE							
044 LABORATORY					264,075	214,375	
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY					55,370	44,950	
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY					25,556	20,746	
054 ELECTROENCEPHALOGRAPHY					80,926	65,696	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 01 CARDIAC CATHETERIZATION LAB							
059 02 MEDICAL REHAB							
059 03 NOTRE DAME OCCUPATIONAL M							
059 04 INPATIENT RENAL DIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC					793,246	643,954	
060 01 NOTRE DAME AMBULATORY CLI					8,519	6,915	
060 02 FAMILY CARE CLINIC		2,057,100			1,914,370	1,554,079	

COST CENTER DESCRIPTION	DEPARTMENT OF SURGERY	DEPARTMENT OF FAMILY CARE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)
	19.02	19.03	20	21	22	23	24
060 03 OUTPAT SERVICE COST CNTRS PEDIATRIC CLINIC		177,209					
060 05 BARRINGTON URGENT CARE							
061 EMERGENCY					349,345	283,597	
062 OBSERVATION BEDS (NON-DIS O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS)							
071 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	253,243	4,674,223			6,597,434	5,355,776	646,546
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH					21,296	17,288	
097 01 UNFUNDED RESEARCH	2,376	14,724					
098 PHYSICIANS' PRIVATE OFFICE	203,804	360,729					
099 NONPAID WORKERS							
099 01 FUND RAISING							
099 02 BANK							
099 03 VACANT SPACE							
099 04 BILLING OFFICE							
099 05 O/P MEALS							
099 06 BROWN MEDICAL STUDENTS							
099 07 NONREIMBURSABLE SERVICES							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	459,423	5,049,676			6,618,730	5,373,064	646,546

COST CENTER DESCRIPTION	PSYCHOLOGY IN SUBTOTAL TERNS PARAME	I&R COST POST STEP-DOWN ADJ	TOTAL
	24.01	25	26
001 GENERAL SERVICE COST CNTR			27
002 OLD CAP REL COSTS-BLDG &			
003 OLD CAP REL COSTS-MVBLE E			
003 NEW CAP REL COSTS-BLDG &			
003 01 NEW CAP REL COSTS-BLDG &			
003 02 NEW CAP REL COSTS-MACCOLL			
003 03 NEW CAP REL COSTS-RI CHARD			
003 04 NEW CAP REL COSTS-WOOD			
003 05 NEW CAP REL COSTS-HODGSON			
003 06 NEW CAP REL COSTS-OPD			
003 07 NEW CAP REL COSTS-GARAGE			
003 08 NEW CAP REL COSTS-ABC			
003 09 NEW CAP REL COSTS-AMBULAT			
003 10 NEW CAP REL COSTS-SAYLES			
003 11 NEW CAP REL COSTS-NOTRE D			
003 12 NEW CAP REL COSTS-PRI MARY			
003 13 NEW CAP REL 555 PROSPECT			
003 14 NEW CAP REL COSTS - PLAIN			
004 NEW CAP REL COSTS-MVBLE E			
005 EMPLOYEE BENEFITS			
006 01 COMMUNICATIONS			
006 02 INFORMATION SERVICES			
006 03 PURCHASING RECEIVING AND			
006 04 ADMINITTING			
006 05 BUSINESS OFFICE			
006 06 OTHER ADMINISTRATIVE AND			
006 07 GRANTS ADMINISTRATION			
007 MAINTENANCE & REPAIRS			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
013 MAINTENANCE OF PERSONNEL			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
019 DEPARTMENT OF MEDICINE			
019 01 DEPARTMENT OF CARDIOLOGY			
019 02 DEPARTMENT OF SURGERY			
019 03 DEPARTMENT OF FAMILY CARE			
020 NONPHYSICIAN ANESTHETISTS			
021 NURSING SCHOOL			
022 I&R SERVICES-SALARY & FRI			
023 I&R SERVICES-OTHER PRGM C			
024 PARAMED ED PRGM-(SPECIFY)			
024 01 PSYCHOLOGY INTERNS PARAME			
025 INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	29,529,632	-4,022,833	25,506,799
026 INTENSIVE CARE UNIT	7,877,424	-1,250,914	6,626,510
027 CORONARY CARE UNIT			
028 BURN INTENSIVE CARE UNIT			
029 SURGICAL INTENSIVE CARE U			
031 SUBPROVIDER	3,457,786		3,457,786
033 NURSERY	208,052		208,052
037 ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM	10,955,257	-185,978	10,769,279
037 01 ENDOSCOPY	1,308,003		1,308,003
039 DELIVERY ROOM & LABOR ROO	408,076	-150,943	257,133
040 01 ULTRASOUND	753,144		753,144
041 RADIOLOGY-DIAGNOSTIC	5,202,182	-16,823	5,185,359
042 01 CT SCAN	1,778,365		1,778,365
042 02 MAGNETIC RESONANCE IMAGIN	998,864		998,864
043 RADIOISOTOPE	824,967		824,967
044 LABORATORY	14,249,107	-478,450	13,770,657
047 BLOOD STORING, PROCESSING	1,912,290		1,912,290
049 RESPIRATORY THERAPY	4,123,999	-100,320	4,023,679
050 PHYSICAL THERAPY	3,045,329		3,045,329
051 OCCUPATIONAL THERAPY	1,513,146		1,513,146
052 SPEECH PATHOLOGY	1,274,587		1,274,587
053 ELECTROCARDIOLOGY	2,104,445	-46,302	2,058,143
054 ELECTROENCEPHALOGRAPHY	727,959	-146,622	581,337
055 MEDICAL SUPPLIES CHARGED	8,760,218		8,760,218
056 DRUGS CHARGED TO PATIENTS	10,852,202		10,852,202
059 01 CARDIAC CATHETERIZATION LAB	750,782		750,782
059 02 MEDICAL REHAB			
059 03 NOTRE DAME OCCUPATIONAL M			
059 04 INPATIENT RENAL DIALYSIS	302,839		302,839
060 OUTPAT SERVICE COST CNTRS			
060 CLINIC	2,920,880	-1,437,200	1,483,680
060 01 NOTRE DAME AMBULATORY CLI	1,153,112	-15,434	1,137,678
060 02 FAMILY CARE CLINIC	7,982,440	-3,468,449	4,513,991

COST CENTER DESCRIPTION	PSYCHOLOGY IN TERNS PARAME	24.01	25	I&R COST POST STEP- DOWN ADJ 26	27	TOTAL
060 03 OUTPAT SERVICE COST CNTRS PEDIATRIC CLINIC			652,359			652,359
060 05 BARRINGTON URGENT CARE			51,078			51,078
061 EMERGENCY			8,427,529	-632,942		7,794,587
062 OBSERVATION BEDS (NON-DIS O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS			966,307			966,307
071 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS			8,839,163			8,839,163
095 SUBTOTALS NONREIMBURS COST CENTERS			143,911,523	-11,953,210		131,958,313
096 GIFT, FLOWER, COFFEE SHOP			46,965			46,965
097 RESEARCH			4,595,700	-38,584		4,557,116
097 01 UNFUNDED RESEARCH			498,372			498,372
098 PHYSICIANS' PRIVATE OFFICE			5,711,597			5,711,597
099 NONPAID WORKERS			956			956
099 01 FUND RAISING			82,770			82,770
099 02 BANK			194,195			194,195
099 03 VACANT SPACE			3,991			3,991
099 04 BILLING OFFICE			170,738			170,738
099 05 O/P MEALS						
099 06 BROWN MEDICAL STUDENTS			898,294			898,294
099 07 NONREIMBURSABLE SERVICES						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL			156,115,101	-11,991,794		144,123,307

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:	PERIOD:	PREPARED
41-0001	FROM 10/ 1/2008	4/12/2010
	TO 9/30/2009	WORKSHEET B
		PART III

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C
	NEW CAPITAL REL COSTS	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-BLDG &	OSTS-MACCOLL	OSTS-RI CHARD
	0	1	2	3	3.01	3.02	3.03
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-MACCOLL							
003 03 NEW CAP REL COSTS-RI CHARD							
003 04 NEW CAP REL COSTS-WOOD							
003 05 NEW CAP REL COSTS-HODGSON							
003 06 NEW CAP REL COSTS-OPD							
003 07 NEW CAP REL COSTS-GARAGE							
003 08 NEW CAP REL COSTS-ABC							
003 09 NEW CAP REL COSTS-AMBULAT							
003 10 NEW CAP REL COSTS-SAYLES							
003 11 NEW CAP REL COSTS-NOTRE D							
003 12 NEW CAP REL COSTS-PRI MARY							
003 13 NEW CAP REL 555 PROSPECT							
003 14 NEW CAP REL COSTS - PLA IN							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 INFORMATION SERVICES							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINI TTING							
006 05 BUSINESS OFFICE							
006 06 OTHER ADMINI STRATI VE AND							
006 07 GRANTS ADMINI STRATI ON							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT						32,793	36,408
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINI STRATI ON							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
019 DEPARTMENT OF MEDICINE							
019 01 DEPARTMENT OF CARDIOLOGY							
019 02 DEPARTMENT OF SURGERY							
019 03 DEPARTMENT OF FAMILY CARE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
024 01 PSYCHOLOGY INTERNS PARAME							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICALS							48,854
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER						38,324	
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM							
037 01 ENDOSCOPY							50,539
039 DELIVERY ROOM & LABOR ROO							
040 01 ULTRASOUND							
041 RADIOLOGY-DIAGNOSTIC							
042 01 CT SCAN							
042 02 MAGNETIC RESONANCE IMAGIN							
043 RADIOI SOTOPE							
044 LABORATORY							
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 01 CARDIAC CATHETERIZATION LAB							
059 02 MEDICAL REHAB							
059 03 NOTRE DAME OCCUPATIONAL M							
059 04 INPATIENT RENAL DIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 NOTRE DAME AMBULATORY CLI							
060 02 FAMILY CARE CLINIC							

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MACCOLL	NEW CAP REL C OSTS-RICHARD
	0	1	2	3	3.01	3.02	3.03
060 03	OUTPAT SERVICE COST CNTRS						
	PEDIATRIC CLINIC						
060 05	BARRINGTON URGENT CARE						
061	EMERGENCY						
062	OBSERVATION BEDS (NON-DIS						
063	O/P CHEMO & IV PROCEDURES						
	OTHER REIMBURS COST CNTRS						
071	HOME HEALTH AGENCY						59,972
	SPEC PURPOSE COST CENTERS						
095	SUBTOTALS					71,117	195,773
	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP						
097	RESEARCH						
097 01	UNFUNDED RESEARCH						
098	PHYSICIANS' PRIVATE OFFIC						
099	NONPAID WORKERS						
099 01	FUND RAISING						
099 02	BANK						
099 03	VACANT SPACE						
099 04	BILLING OFFICE						
099 05	O/P MEALS						
099 06	BROWN MEDICAL STUDENTS						
099 07	NONREIMBURSABLE SERVICES						
101	CROSS FOOT ADJUSTMENTS						
102	NEGATIVE COST CENTER						
103	TOTAL					71,117	195,773

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-WOOD	NEW CAP REL C OSTS-HODGSON	NEW CAP REL C OSTS-OPD	NEW CAP REL C OSTS-GARAGE	NEW CAP REL C OSTS-ABC	NEW CAP REL C OSTS-AMBULAT	NEW CAP REL C OSTS-SAYLES
	3.04	3.05	3.06	3.07	3.08	3.09	3.10
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-MACCOLL							
003 03 NEW CAP REL COSTS-RI CHARD							
003 04 NEW CAP REL COSTS-WOOD							
003 05 NEW CAP REL COSTS-HODGSON							
003 06 NEW CAP REL COSTS-OPD							
003 07 NEW CAP REL COSTS-GARAGE							
003 08 NEW CAP REL COSTS-ABC							
003 09 NEW CAP REL COSTS-AMBULAT							
003 10 NEW CAP REL COSTS-SAYLES							
003 11 NEW CAP REL COSTS-NOTRE D							
003 12 NEW CAP REL COSTS-PRI MARY							
003 13 NEW CAP REL 555 PROSPECT							
003 14 NEW CAP REL COSTS - PLA IN							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS	84						
006 02 INFORMATION SERVICES							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINI TTING							
006 05 BUSINESS OFFICE							
006 06 OTHER ADMINI STRATI VE AND		6,779				18,156	
006 07 GRANTS ADMINI STRATI ON							
007 MAINTENANCE & REPAIRS	5,643	42,249					69,145
008 OPERATION OF PLANT	74,225	177,287					
009 LAUNDRY & LINEN SERVICE		54,205					
010 HOUSEKEEPING			71	43			
011 DIETARY	37,926						
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINI STRATI ON							
015 CENTRAL SERVICES & SUPPLY		73,963					
016 PHARMACY		22,437					
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
019 DEPARTMENT OF MEDICINE	37,494				4,819		
019 01 DEPARTMENT OF CARDIOLOGY							228,206
019 02 DEPARTMENT OF SURGERY							
019 03 DEPARTMENT OF FAMILY CARE					9,894		
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
024 01 PSYCHOLOGY INTERNS PARAME							
025 ADULTS & PEDIATRICALS	119,608						
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY	9,308						
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	13,685	131,037					
037 01 ENDOSCOPY	2,925						
039 DELIVERY ROOM & LABOR ROO							
040 01 ULTRASOUND							
041 RADIOLOGY-DIAGNOSTIC	24,165						
042 01 CT SCAN	4,874						
042 02 MAGNETIC RESONANCE IMAGIN	3,009						
043 RADIOI SOTOPE							
044 LABORATORY		104,509			19,291		
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY							319,228
050 PHYSICAL THERAPY							54,479
051 OCCUPATIONAL THERAPY							56,595
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 01 CARDIAC CATHETERIZATION LAB							67,317
059 02 MEDICAL REHAB							
059 03 NOTRE DAME OCCUPATIONAL M							
059 04 INPATIENT RENAL DIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC					6,652	49,381	
060 01 NOTRE DAME AMBULATORY CLI							
060 02 FAMILY CARE CLINIC					6,649		

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-WOOD	NEW CAP REL C OSTS-HODGSON	NEW CAP REL C OSTS-OPD	NEW CAP REL C OSTS-GARAGE	NEW CAP REL C OSTS-ABC	NEW CAP REL C OSTS-AMBULAT	NEW CAP REL C OSTS-SAYLES
	3.04	3.05	3.06	3.07	3.08	3.09	3.10
060 03 OUTPAT SERVICE COST CNTRS							
060 05 PEDIATRIC CLINIC							
061 BARRINGTON URGENT CARE							
062 EMERGENCY							
063 OBSERVATION BEDS (NON-DIS O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS)							
071 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	332,946	612,466	383	2,466	47,305	67,537	794,970
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP RESEARCH			2,157				
097 01 UNFUNDED RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
099 01 FUND RAISING							
099 02 BANK							
099 03 VACANT SPACE							
099 04 BILLING OFFICE							
099 05 O/P MEALS							
099 06 BROWN MEDICAL STUDENTS							
099 07 NONREIMBURSABLE SERVICES							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	332,946	612,466	2,540	2,466	47,305	67,537	794,970

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-NOTRE D	NEW CAP REL C OSTS-PRI MARY	NEW CAP REL 5 55 PROSPECT	NEW CAP REL C OSTS - PLAIN	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS
	3. 11	3. 12	3. 13	3. 14	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-MACCOLL							
003 03 NEW CAP REL COSTS-RI CHARD							
003 04 NEW CAP REL COSTS-WOOD							
003 05 NEW CAP REL COSTS-HODGSON							
003 06 NEW CAP REL COSTS-OPD							
003 07 NEW CAP REL COSTS-GARAGE							
003 08 NEW CAP REL COSTS-ABC							
003 09 NEW CAP REL COSTS-AMBULAT							
003 10 NEW CAP REL COSTS-SAYLES							
003 11 NEW CAP REL COSTS-NOTRE D							
003 12 NEW CAP REL COSTS-PRI MARY							
003 13 NEW CAP REL 555 PROSPECT							
003 14 NEW CAP REL COSTS - PLAIN							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS					28,373	28,373	28,373
006 01 COMMUNICATIONS			35,245		2,856	38,185	96
006 02 INFORMATION SERVICES					123,297	123,297	651
006 03 PURCHASING RECEIVING AND					2,116	2,116	151
006 04 ADMINITTING					3,818	3,818	114
006 05 BUSINESS OFFICE					87,841	87,841	605
006 06 OTHER ADMINISTRATIVE AND			3,172		56,737	84,844	1,580
006 07 GRANTS ADMINISTRATION					972	972	125
007 MAINTENANCE & REPAIRS	5,521				64,620	187,178	311
008 OPERATION OF PLANT	31,094				29,602	384,144	131
009 LAUNDRY & LINEN SERVICE					17,917	72,122	108
010 HOUSEKEEPING					8,278	8,392	623
011 DIETARY					16,593	54,519	199
012 CAFETERIA					27,715	27,715	333
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION					64,668	64,668	549
015 CENTRAL SERVICES & SUPPLY					24,753	98,716	143
016 PHARMACY					14,561	36,998	457
017 MEDICAL RECORDS & LIBRARY				978	7,835	8,813	346
018 SOCIAL SERVICE					105	105	73
019 DEPARTMENT OF MEDICINE					14,548	56,861	316
019 01 DEPARTMENT OF CARDIOLOGY					49,479	277,685	292
019 02 DEPARTMENT OF SURGERY					8,578	8,578	197
019 03 DEPARTMENT OF FAMILY CARE					15,719	25,613	1,248
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							1,214
023 I&R SERVICES-OTHER PRGM C					1,245	1,245	549
024 PARAMED ED PRGM-(SPECIFY)							139
024 01 PSYCHOLOGY INTERNS PARAME							
025 ADULTS & PEDIATRICS					122,040	290,502	3,531
026 INTENSIVE CARE UNIT					69,651	69,651	1,136
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER					11,913	50,237	544
033 NURSERY					25,705	35,013	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	13,179				349,038	506,939	1,160
037 01 ENDOSCOPY					67,628	121,092	145
039 DELIVERY ROOM & LABOR ROO					4,501	4,501	1
040 01 ULTRASOUND					14,211	14,211	117
041 RADIOLOGY-DIAGNOSTIC				4,608	374,537	403,310	693
042 01 CT SCAN					151,169	156,043	191
042 02 MAGNETIC RESONANCE IMAGIN					85,422	88,431	101
043 RADIOISOTOPE					2,262	2,262	152
044 LABORATORY				1,063	196,215	321,078	1,917
047 BLOOD STORING, PROCESSING					510	510	147
049 RESPIRATORY THERAPY					103,340	422,568	671
050 PHYSICAL THERAPY				7,007	26,346	87,832	406
051 OCCUPATIONAL THERAPY					4,642	61,237	270
052 SPEECH PATHOLOGY					6,521	6,521	251
053 ELECTROCARDIOLOGY					6,931	6,931	3
054 ELECTROENCEPHALOGRAPHY					4,394	4,394	21
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 01 CARDIAC CATHORIZATION LAB					87,215	154,532	88
059 02 MEDICAL REHAB							
059 03 NOTRE DAME OCCUPATIONAL M							
059 04 INPATIENT RENAL DIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		45,486			2,457	103,976	145
060 01 NOTRE DAME AMBULATORY CLI					3,662	3,662	265
060 02 FAMILY CARE CLINIC		136,459				143,108	338

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-NOTRE D	NEW CAP REL C OSTS-PRIMARY	NEW CAP REL 5 OSTS PROSPECT	NEW CAP REL C OSTS - PLAIN	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	3. 11	3. 12	3. 13	3. 14	4	4a	5
060 03 OUTPAT SERVICE COST CNTRS							
060 05 PEDIATRIC CLINIC					23,335	23,335	226
061 05 BARRINGTON URGENT CARE							13
061 EMERGENCY					65,224	65,224	1,826
062 OBSERVATION BEDS (NON-DIS							
063 O/P CHEMO & IV PROCEDURES		50,009			12,967	62,976	105
063 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY					22,799	82,771	1,665
071 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	49,794	231,954	38,417	13,656	2,516,861	4,975,645	26,678
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH						2,157	534
097 01 UNFUNDED RESEARCH							60
098 PHYSICIANS' PRIVATE OFFIC				44,938	3,611	48,549	964
099 NONPAID WORKERS							
099 01 FUND RAISING							14
099 02 BANK							
099 03 VACANT SPACE							
099 04 BILLING OFFICE							31
099 05 O/P MEALS							
099 06 BROWN MEDICAL STUDENTS							92
099 07 NONREIMBURSABLE SERVICES							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	49,794	231,954	38,417	58,594	2,520,472	5,026,351	28,373

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	COMMUNICATIONS	INFORMATION SERVICES	PURCHASING RECEIVING AND	ADMINISTRATIVE	BUSINESS OFFICE	OTHER ADMINISTRATIVE	GRANTS ADMINISTRATION
	6.01	6.02	6.03	6.04	6.05	6.06	6.07
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-MACCOLL							
003 03 NEW CAP REL COSTS-RI CHARD							
003 04 NEW CAP REL COSTS-WOOD							
003 05 NEW CAP REL COSTS-HODGSON							
003 06 NEW CAP REL COSTS-OPD							
003 07 NEW CAP REL COSTS-GARAGE							
003 08 NEW CAP REL COSTS-ABC							
003 09 NEW CAP REL COSTS-AMBULAT							
003 10 NEW CAP REL COSTS-SAYLES							
003 11 NEW CAP REL COSTS-NOTRE D							
003 12 NEW CAP REL COSTS-PRI MARY							
003 13 NEW CAP REL 555 PROSPECT							
003 14 NEW CAP REL COSTS - PLAIN							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS	38,281						
006 02 INFORMATION SERVICES	1,293	125,241					
006 03 PURCHASING RECEIVING AND	575		2,842				
006 04 ADMINISTRATIVE	503	24	3	4,462			
006 05 BUSINESS OFFICE	1,221	47,854	5		137,526		
006 06 OTHER ADMINISTRATIVE AND	4,020	73,681	135			164,260	
006 07 GRANTS ADMINISTRATION	359		4			610	2,070
007 MAINTENANCE & REPAIRS	718	27	40			2,171	
008 OPERATION OF PLANT			71			5,093	
009 LAUNDRY & LINEN SERVICE	144		19			815	
010 HOUSEKEEPING	287		39			3,413	
011 DIETARY	359		50			1,935	
012 CAFETERIA	575		84			1,996	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,867		4			2,812	
015 CENTRAL SERVICES & SUPPLY	215		21			1,052	
016 PHARMACY	503	3	14			2,391	
017 MEDICAL RECORDS & LIBRARY	1,006	3,024	7			1,952	
018 SOCIAL SERVICE	215					348	
019 DEPARTMENT OF MEDICINE	1,221		4			1,375	
019 01 DEPARTMENT OF CARDIOLOGY	1,077		32			1,694	
019 02 DEPARTMENT OF SURGERY	718		2			419	
019 03 DEPARTMENT OF FAMILY CARE	2,657		14			5,004	232
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI			5			6,809	
023 I&R SERVICES-OTHER PRGM C	790		5			2,573	
024 PARAMEDICAL PRGM-(SPECIFY)			1			665	
024 01 PSYCHOLOGY INTERNS PARAME							
025 ADULTS & PEDIATRICS	2,442		69	944	15,101	18,623	
026 INTENSIVE CARE UNIT	790		29	337	5,391	5,650	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	503		7	112	1,789	2,559	
033 NURSERY	646			26	422	75	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,652		147	264	12,037	8,513	
037 01 ENDOSCOPY	359		15	40	1,930	1,089	
039 DELIVERY ROOM & LABOR ROO				27	630	33	
040 01 ULTRASOUND	144		4	61	3,599	764	
041 RADIOLOGY-DIAGNOSTIC	1,293		50	92	4,755	5,058	
042 01 CT SCAN	215		34	164	7,857	1,801	
042 02 MAGNETIC RESONANCE IMAGIN	144		23	81	4,059	1,015	
043 RADIOISOTOPE		8	3	30	1,237	812	
044 LABORATORY	1,293		216	1,033	29,372	13,397	
047 BLOOD STORING, PROCESSING	144		19	38	905	1,932	
049 RESPIRATORY THERAPY	1,365		22	187	3,457	3,985	
050 PHYSICAL THERAPY	1,580		34	92	4,666	2,873	
051 OCCUPATIONAL THERAPY	144		8	63	2,285	1,535	
052 SPEECH PATHOLOGY	72		4	25	1,149	1,283	
053 ELECTROCARDIOLOGY				80	2,493	142	
054 ELECTROENCEPHALOGRAPHY	1,293		12	4	664	514	
055 MEDICAL SUPPLIES CHARGED			703	322	8,705	8,414	
056 DRUGS CHARGED TO PATIENTS			756	388	13,126	9,129	
059 01 CARDIAC CATHETERIZATION LAB	215		5	12	360	682	
059 02 MEDICAL REHAB							
059 03 NOTRE DAME OCCUPATIONAL M							
059 04 INPATIENT RENAL DIALYSIS				15	245	319	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			2		455	849	
060 01 NOTRE DAME AMBULATORY CLI			9		579	895	
060 02 FAMILY CARE CLINIC	934		12		1,517	1,986	

COST CENTER DESCRIPTION	COMMUNICATIONS	INFORMATION SERVICES	PURCHASING RECEIVING AND	ADMINISTRATIVE	BUSINESS OFFICE	OTHER ADMINISTRATIVE	GRANTS ADMINISTRATION
	6.01	6.02	6.03	6.04	6.05	6.06	6.07
060 03 OUTPAT SERVICE COST CNTRS PEDIATRIC CLINIC			10		800	448	
060 05 BARRINGTON URGENT CARE			1		4	48	
061 EMERGENCY	503		44	25	7,248	7,125	
062 OBSERVATION BEDS (NON-DIS O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS)			4		689	804	
071 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS			40			8,520	
095 SUBTOTALS NONREIMBURS COST CENTERS	36,054	124,621	2,841	4,462	137,526	153,999	232
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH	1,508					3,592	1,838
097 01 UNFUNDED RESEARCH						283	
098 PHYSICIANS' PRIVATE OFFICE	575		1			5,274	
099 NONPAID WORKERS							
099 01 FUND RAISING						67	
099 02 BANK							
099 03 VACANT SPACE							
099 04 BILLING OFFICE	144	620				173	
099 05 O/P MEALS							
099 06 BROWN MEDICAL STUDENTS						872	
099 07 NONREIMBURSABLE SERVICES							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	38,281	125,241	2,842	4,462	137,526	164,260	2,070

	7	8	9	10	11	12	13
	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
003	NEW CAP REL COSTS-BLDG &						
003	01	NEW CAP REL COSTS-BLDG &					
003	02	NEW CAP REL COSTS-MACCOLL					
003	03	NEW CAP REL COSTS-RI CHARD					
003	04	NEW CAP REL COSTS-WOOD					
003	05	NEW CAP REL COSTS-HODGSON					
003	06	NEW CAP REL COSTS-OPD					
003	07	NEW CAP REL COSTS-GARAGE					
003	08	NEW CAP REL COSTS-ABC					
003	09	NEW CAP REL COSTS-AMBULAT					
003	10	NEW CAP REL COSTS-SAYLES					
003	11	NEW CAP REL COSTS-NOTRE D					
003	12	NEW CAP REL COSTS-PRI MARY					
003	13	NEW CAP REL 555 PROSPECT					
003	14	NEW CAP REL COSTS - PLAIN					
004	NEW CAP REL COSTS-MVBLE E						
005	EMPLOYEE BENEFITS						
006	01	COMMUNICATIONS					
006	02	INFORMATION SERVICES					
006	03	PURCHASING RECEIVING AND					
006	04	ADMINI NG					
006	05	BUSINESS OFFICE					
006	06	OTHER ADMINI STRATIVE AND					
006	07	GRANTS ADMINI STRATION					
007	MAINTENANCE & REPAIRS 190,445						
008	OPERATION OF PLANT 32,628 422,067						
009	LAUNDRY & LINEN SERVICE 3,128 8,365 84,701						
010	HOUSEKEEPING 4,661 12,465 1,472 31,352						
011	DIETARY 4,374 11,697 757 73,890						
012	CAFETERIA 2,446 6,541 1,264 540 41,494						
013	MAINTENANCE OF PERSONNEL						
014	NURSING ADMINI STRATION 3,139 8,395 81 746						
015	CENTRAL SERVICES & SUPPLY 3,882 10,383 1,635 360 436						
016	PHARMACY 1,238 3,310 180 742						
017	MEDICAL RECORDS & LIBRARY 2,160 5,776 126 1,067						
018	SOCIAL SERVICE 502 1,342 45 1						
019	DEPARTMENT OF MEDICINE 4,838 12,938 41 103 304						
019	01	DEPARTMENT OF CARDIOLOGY 2,255 6,030 1,044 180 378					
019	02	DEPARTMENT OF SURGERY 950 2,541 144 65					
019	03	DEPARTMENT OF FAMILY CARE 1,899 5,078 615 630 1,378					
020	NONPHYSICIAN ANESTHETISTS						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY & FRI						
023	I&R SERVICES-OTHER PRGM C 2,214 5,922 250 378 2,901						
024	PARAMED PRGM-(SPECIFY) 164 438 20 597 107						
024	01	PSYCHOLOGY INTERNS PARAME					
025	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS 28,071 75,074 38,723 10,901 46,907 7,450						
026	INTENSIVE CARE UNIT 4,276 11,436 6,253 1,889 7,631 1,861						
027	CORONARY CARE UNIT						
028	BURN INTENSIVE CARE UNIT						
029	SURGICAL INTENSIVE CARE U						
031	SUBPROVIDER 2,311 6,180 3,408 1,555 19,352 923						
033	NURSERY 944 2,523 265 126						
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM 14,730 39,394 9,963 1,959 2,242						
037	01	ENDOSCOPY 3,860 10,322 1,801 270 228					
039	DELIVERY ROOM & LABOR ROO 2,448 6,547 1,763 666						
040	01	ULTRASOUND 312 833 36 180					
041	RADIOLOGY-DIAGNOSTIC 4,883 13,060 2,064 414 1,415						
042	01	CT SCAN 494 1,321 912 321					
042	02	MAGNETIC RESONANCE IMAGIN 305 816 207 214					
043	RADIOI SOTOPE 858 2,295 57 18 245						
044	LABORATORY 9,255 24,752 390 1,080 3,994						
047	BLOOD STORING, PROCESSING 911 2,437 36 249						
049	RESPIRATORY THERAPY 2,496 6,674 12 324 1,302						
050	PHYSICAL THERAPY 4,036 10,795 2,461 551 824						
051	OCCUPATIONAL THERAPY 538 1,440 49 482						
052	SPEECH PATHOLOGY 559 1,495 102 58 445						
053	ELECTROCARDIOLOGY 138 370 54 10						
054	ELECTROENCEPHALOGRAPHY 1,278 3,419 189 18 53						
055	MEDICAL SUPPLIES CHARGED						
056	DRUGS CHARGED TO PATIENTS						
059	01	CARDIAC CATHERIZATION LAB 665 1,779 955 270 135					
059	02	MEDICAL REHAB					
059	03	NOTRE DAME OCCUPATIONAL M					
059	04	INPATIENT RENAL DIALYSIS					
060	OUTPAT SERVICE COST CNTRS						
060	CLINIC 3,436 9,189 49 358 473						
060	01	NOTRE DAME AMBULATORY CLI 902 2,413 137 1,511 402					
060	02	FAMILY CARE CLINIC 7,046 18,844 641 888					

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	MAINTENANCE & OPERATIONS OF REPAIRS	PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL
	7	8	9	10	11	12	13
060 03	OUTPAT SERVICE COST CNTRS						
	553	1,479	30			491	
060 05	PEDIATRIC CLINIC						
			9			27	
061	EMERGENCY						
	3,375	9,027	6,980	2,627		2,712	
062	OBSERVATION BEDS (NON-DIS						
063	O/P CHEMO & IV PROCEDURES						
	949	2,537	472	1,035		184	
	OTHER REIMBURS COST CNTRS						
071	HOME HEALTH AGENCY						
	4,228	11,308		360		2,891	
	SPEC PURPOSE COST CENTERS						
095	SUBTOTALS						
	174,335	378,980	84,280	29,593	73,890	39,363	
	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP						
	745	1,994		108		48	
097	RESEARCH						
	10,443	27,930	188	1,161		833	
097 01	UNFUNDED RESEARCH						
						66	
098	PHYSICIANS' PRIVATE OFFIC						
	62	165	233	450		970	
099	NONPAID WORKERS						
	22	58					
099 01	FUND RAISING						
	400	1,069				30	
099 02	BANK						
	4,347	11,627		36			
099 03	VACANT SPACE						
	91	244					
099 04	BILLING OFFICE						
				4		114	
099 05	O/P MEALS						
099 06	BROWN MEDICAL STUDENTS						
						70	
099 07	NONREIMBURSABLE SERVICES						
101	CROSS FOOT ADJUSTMENTS						
102	NEGATIVE COST CENTER						
103	TOTAL						
	190,445	422,067	84,701	31,352	73,890	41,494	

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COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	DEPARTMENT OF MEDICINE	DEPARTMENT OF RADIOLOGY
	14	15	16	17	18	19	19.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-MACCOLL							
003 03 NEW CAP REL COSTS-RI CHARD							
003 04 NEW CAP REL COSTS-WOOD							
003 05 NEW CAP REL COSTS-HODGSON							
003 06 NEW CAP REL COSTS-OPD							
003 07 NEW CAP REL COSTS-GARAGE							
003 08 NEW CAP REL COSTS-ABC							
003 09 NEW CAP REL COSTS-AMBULAT							
003 10 NEW CAP REL COSTS-SAYLES							
003 11 NEW CAP REL COSTS-NOTRE D							
003 12 NEW CAP REL COSTS-PRI MARY							
003 13 NEW CAP REL 555 PROSPECT							
003 14 NEW CAP REL COSTS - PLAIN							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 INFORMATION SERVICES							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 BUSINESS OFFICE							
006 06 OTHER ADMINISTRATIVE AND							
006 07 GRANTS ADMINISTRATION							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	82,261						
015 CENTRAL SERVICES & SUPPLY		116,843					
016 PHARMACY		119	45,955				
017 MEDICAL RECORDS & LIBRARY				24,277			
018 SOCIAL SERVICE					2,631		
019 DEPARTMENT OF MEDICINE						78,001	
019 01 DEPARTMENT OF RADIOLOGY	2,024	190	1,047				293,928
019 02 DEPARTMENT OF SURGERY		12					
019 03 DEPARTMENT OF FAMILY CARE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI			25				
023 I&R SERVICES-OTHER PRGM C						24,711	
024 PARAMEDICAL PRGM-(SPECIFY)							
024 01 PSYCHOLOGY INTERNS PARAME							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	30,757	3,896	277	15,824	2,232	16,583	
026 INTENSIVE CARE UNIT	7,556	1,540	135	923	352	2,332	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	3,287	287	10	211			
033 NURSERY	779			442			
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	9,543	9,505	930	3,865			
037 01 ENDOSCOPY	993	855	3				
039 DELIVERY ROOM & LABOR ROO	748						
040 01 ULTRASOUND		67	1				
041 RADIOLOGY-DIAGNOSTIC	2	337	9	252			
042 01 CT SCAN	9	1,734	4				
042 02 MAGNETIC RESONANCE IMAGIN		767	2				
043 RADIOISOTOPE		33	1				
044 LABORATORY		17,908	94	1,347			
047 BLOOD STORING, PROCESSING		1,793					
049 RESPIRATORY THERAPY		1,183	27	143			
050 PHYSICAL THERAPY		162	6	83			
051 OCCUPATIONAL THERAPY		124	1				
052 SPEECH PATHOLOGY		37					
053 ELECTROCARDIOLOGY				306			293,928
054 ELECTROENCEPHALOGRAPHY			568	12			
055 MEDICAL SUPPLIES CHARGED		71,346					
056 DRUGS CHARGED TO PATIENTS			41,911				
059 01 CARDIAC CATHETERIZATION LAB	587	553	1				
059 02 MEDICAL REHAB							
059 03 NOTRE DAME OCCUPATIONAL M							
059 04 INPATIENT RENAL DIALYSIS							
OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,988	112	26	201		18,915	
060 01 NOTRE DAME AMBULATORY CLI	1,148	172	334				
060 02 FAMILY CARE CLINIC	3,637	247	323				

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	DEPARTMENT OF MEDICINE	DEPARTMENT OF CARDIOLOGY
	14	15	16	17	18	19	19.01
060 03 OUTPAT SERVICE COST CNTRS							
060 05 PEDIATRIC CLINIC		14	2				
061 BARRINGTON URGENT CARE	126						
062 EMERGENCY	7,983	2,621	122	668	47		
063 OBSERVATION BEDS (NON-DIS O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS)	802	266	24				
071 HOME HEALTH AGENCY	10,292	963	72				
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	82,261	116,843	45,955	24,277	2,631	62,541	293,928
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
097 01 UNFUNDED RESEARCH						10,569	
098 PHYSICIANS' PRIVATE OFFICE						1,560	
099 NONPAID WORKERS							
099 01 FUND RAISING							
099 02 BANK							
099 03 VACANT SPACE							
099 04 BILLING OFFICE							
099 05 O/P MEALS							
099 06 BROWN MEDICAL STUDENTS						3,331	
099 07 NONREIMBURSABLE SERVICES							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	82,261	116,843	45,955	24,277	2,631	78,001	293,928

COST CENTER DESCRIPTION	DEPARTMENT OF SURGERY	DEPARTMENT OF FAMILY CARE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)
	19.02	19.03	20	21	22	23	24
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-MACCOLL							
003 03 NEW CAP REL COSTS-RI CHARD							
003 04 NEW CAP REL COSTS-WOOD							
003 05 NEW CAP REL COSTS-HODGSON							
003 06 NEW CAP REL COSTS-OPD							
003 07 NEW CAP REL COSTS-GARAGE							
003 08 NEW CAP REL COSTS-ABC							
003 09 NEW CAP REL COSTS-AMBULAT							
003 10 NEW CAP REL COSTS-SAYLES							
003 11 NEW CAP REL COSTS-NOTRE D							
003 12 NEW CAP REL COSTS-PRI MARY							
003 13 NEW CAP REL 555 PROSPECT							
003 14 NEW CAP REL COSTS - PLAIN							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 INFORMATION SERVICES							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 BUSINESS OFFICE							
006 06 OTHER ADMINISTRATIVE AND							
006 07 GRANTS ADMINISTRATION							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
019 DEPARTMENT OF MEDICINE							
019 01 DEPARTMENT OF CARDIOLOGY							
019 02 DEPARTMENT OF SURGERY	13,626						
019 03 DEPARTMENT OF FAMILY CARE		44,368					
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI					10,954		
023 I&R SERVICES-OTHER PRGM C	3,115	18,991				61,340	
024 PARAMED ED PRGM-(SPECIFY)							1,534
024 01 PSYCHOLOGY INTERNS PARAME							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		2,028					
026 INTENSIVE CARE UNIT		286					
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY		134					
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	4,396						
037 01 ENDOSCOPY							
039 DELIVERY ROOM & LABOR ROO							
040 01 ULTRASOUND							
041 RADIOLOGY-DIAGNOSTIC							
042 01 CT SCAN							
042 02 MAGNETIC RESONANCE IMAGIN							
043 RADIOISOTOPE							
044 LABORATORY							
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 01 CARDIAC CATHETERIZATION LAB							
059 02 MEDICAL REHAB							
059 03 NOTRE DAME OCCUPATIONAL M							
059 04 INPATIENT RENAL DIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 NOTRE DAME AMBULATORY CLI							
060 02 FAMILY CARE CLINIC		18,074					

COST CENTER DESCRIPTION	DEPARTMENT OF SURGERY	DEPARTMENT OF FAMILY CARE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)
	19.02	19.03	20	21	22	23	24
060 03 OUTPAT SERVICE COST CNTRS							
060 05 PEDIATRIC CLINIC		1,557					
061 BARRINGTON URGENT CARE							
062 EMERGENCY							
063 OBSERVATION BEDS (NON-DIS O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS)							
071 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	7,511	41,070					
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP RESEARCH							
097 01 UNFUNDED RESEARCH	70	129					
098 PHYSICIANS' PRIVATE OFFICE	6,045	3,169					
099 NONPAID WORKERS							
099 01 FUND RAISING							
099 02 BANK							
099 03 VACANT SPACE							
099 04 BILLING OFFICE							
099 05 O/P MEALS							
099 06 BROWN MEDICAL STUDENTS							
099 07 NONREIMBURSABLE SERVICES							
101 CROSS FOOT ADJUSTMENTS					10,954	61,340	1,534
102 NEGATIVE COST CENTER							
103 TOTAL	13,626	44,368			10,954	61,340	1,534

COST CENTER DESCRIPTION	PSYCHOLOGY INTERNS PARAMETER	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24.01	25	26	27
001 GENERAL SERVICE COST CNTR				
002 OLD CAP REL COSTS-BLDG &				
003 OLD CAP REL COSTS-MVBLE E				
003 NEW CAP REL COSTS-BLDG &				
003 01 NEW CAP REL COSTS-BLDG &				
003 02 NEW CAP REL COSTS-MACCOLL				
003 03 NEW CAP REL COSTS-RI CHARD				
003 04 NEW CAP REL COSTS-WOOD				
003 05 NEW CAP REL COSTS-HODGSON				
003 06 NEW CAP REL COSTS-OPD				
003 07 NEW CAP REL COSTS-GARAGE				
003 08 NEW CAP REL COSTS-ABC				
003 09 NEW CAP REL COSTS-AMBULAT				
003 10 NEW CAP REL COSTS-SAYLES				
003 11 NEW CAP REL COSTS-NOTRE D				
003 12 NEW CAP REL COSTS-PRI MARY				
003 13 NEW CAP REL 555 PROSPECT				
003 14 NEW CAP REL COSTS - PLAIN				
004 NEW CAP REL COSTS-MVBLE E				
005 EMPLOYEE BENEFITS				
006 01 COMMUNICATIONS				
006 02 INFORMATION SERVICES				
006 03 PURCHASING RECEIVING AND				
006 04 ADMINISTRATION				
006 05 BUSINESS OFFICE				
006 06 OTHER ADMINISTRATIVE AND				
006 07 GRANTS ADMINISTRATION				
007 MAINTENANCE & REPAIRS				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
013 MAINTENANCE OF PERSONNEL				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE				
019 DEPARTMENT OF MEDICINE				
019 01 DEPARTMENT OF CARDIOLOGY				
019 02 DEPARTMENT OF SURGERY				
019 03 DEPARTMENT OF FAMILY CARE				
020 NONPHYSICIAN ANESTHETISTS				
021 NURSING SCHOOL				
022 I&R SERVICES-SALARY & FRI				
023 I&R SERVICES-OTHER PRGM C				
024 PARAMEDICAL PRGM-(SPECIFY)				
024 01 PSYCHOLOGY INTERNS PARAMETER				
025 ADULTS & PEDIATRICS		609,935		609,935
026 INTENSIVE CARE UNIT		129,454		129,454
027 CORONARY CARE UNIT				
028 BURN INTENSIVE CARE UNIT				
029 SURGICAL INTENSIVE CARE U				
031 SUBPROVIDER		93,275		93,275
033 NURSERY		41,395		41,395
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		627,239		627,239
037 01 ENDOSCOPY		143,002		143,002
039 DELIVERY ROOM & LABOR ROO		17,364		17,364
040 01 ULTRASOUND		20,329		20,329
041 RADIOLOGY-DIAGNOSTIC		437,687		437,687
042 01 CT SCAN		171,100		171,100
042 02 MAGNETIC RESONANCE IMAGIN		96,165		96,165
043 RADIOISOTOPE		8,011		8,011
044 LABORATORY		427,126		427,126
047 BLOOD STORAGE, PROCESSING		9,121		9,121
049 RESPIRATORY THERAPY		444,416		444,416
050 PHYSICAL THERAPY		116,401		116,401
051 OCCUPATIONAL THERAPY		68,176		68,176
052 SPEECH PATHOLOGY		12,001		12,001
053 ELECTROCARDIOLOGY		304,455		304,455
054 ELECTROENCEPHALOGRAPHY		12,439		12,439
055 MEDICAL SUPPLIES CHARGED		89,490		89,490
056 DRUGS CHARGED TO PATIENTS		65,310		65,310
059 01 CARDIAC CATHETERIZATION LAB		160,839		160,839
059 02 MEDICAL REHAB				
059 03 NOTRE DAME OCCUPATIONAL M				
059 04 INPATIENT RENAL DIALYSIS		579		579
060 OUTPAT SERVICE COST CNTRS				
060 CLINIC		140,174		140,174
060 01 NOTRE DAME AMBULATORY CLI		12,429		12,429
060 02 FAMILY CARE CLINIC		197,595		197,595

COST CENTER DESCRIPTION	PSYCHOLOGY IN TERNS PARAME	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24.01	25	26	27
060 03 OUTPAT SERVICE COST CNTRS				
060 05 PEDIATRIC CLINIC		28,945		28,945
061 BARRINGTON URGENT CARE		228		228
062 EMERGENCY		118,157		118,157
063 OBSERVATION BEDS (NON-DIS O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS		70,847		70,847
071 HOME HEALTH AGENCY		123,110		123,110
095 SPEC PURPOSE COST CENTERS SUBTOTALS		4,796,794		4,796,794
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP		2,895		2,895
097 RESEARCH		50,184		50,184
097 01 UNFUNDED RESEARCH		11,177		11,177
098 PHYSICIANS' PRIVATE OFFIC		68,017		68,017
099 NONPAID WORKERS		80		80
099 01 FUND RAISING		1,580		1,580
099 02 BANK		16,010		16,010
099 03 VACANT SPACE		335		335
099 04 BILLING OFFICE		1,086		1,086
099 05 O/P MEALS				
099 06 BROWN MEDICAL STUDENTS		4,365		4,365
099 07 NONREIMBURSABLE SERVICES				
101 CROSS FOOT ADJUSTMENTS		73,828		73,828
102 NEGATIVE COST CENTER				
103 TOTAL		5,026,351		5,026,351

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEE T	OLD CAP REL C OSTS-MVBLE E (ACQUISITIO N COST OLD)T	NEW CAP REL C OSTS-BLDG & (SQUARE FEE T	NEW CAP REL C OSTS-BLDG & (SQUARE FEE T	NEW CAP REL C OSTS-MACCOLL (SQ FT MACC OLL NEW	NEW CAP REL C OSTS-RICHARD (SQ FT RICH ARDSON NEW)
	1	2	3	3.01	3.02	3.03
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD						
003 01 NEW CAP REL COSTS-BLD						
003 02 NEW CAP REL COSTS-MAC					7,690	
003 03 NEW CAP REL COSTS-RIC						29,053
003 04 NEW CAP REL COSTS-WOO						
003 05 NEW CAP REL COSTS-HOD						
003 06 NEW CAP REL COSTS-OPD						
003 07 NEW CAP REL COSTS-GAR						
003 08 NEW CAP REL COSTS-ABC						
003 09 NEW CAP REL COSTS-AMB						
003 10 NEW CAP REL COSTS-SAY						
003 11 NEW CAP REL COSTS-NOT						
003 12 NEW CAP REL COSTS-PRI						
003 13 NEW CAP REL 555 PROSP						
003 14 NEW CAP REL COSTS - P						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
006 01 COMMUNICATIONS						
006 02 INFORMATION SERVICES						
006 03 PURCHASING RECEIVING						
006 04 ADMINISTRATION						
006 05 BUSINESS OFFICE						
006 06 OTHER ADMINISTRATION						
006 07 GRANTS ADMINISTRATION						
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT					3,546	5,403
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SU						
016 PHARMACY						
017 MEDICAL RECORDS & LIB						
018 SOCIAL SERVICE						
019 DEPARTMENT OF MEDICINE						
019 01 DEPARTMENT OF CARDIOLOGY						
019 02 DEPARTMENT OF SURGERY						
019 03 DEPARTMENT OF FAMILY						
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMEDICAL PRGM-(SPEC						
024 01 PSYCHOLOGY INTERNS PA						
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS						7,250
026 INTENSIVE CARE UNIT						
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER					4,144	
033 NURSERY						
ANCILLARY SRVC COST C						
037 OPERATING ROOM						
037 01 ENDOSCOPY						7,500
039 DELIVERY ROOM & LABOR						
040 01 ULTRASOUND						
041 RADIOLOGY-DIAGNOSTIC						
042 01 CT SCAN						
042 02 MAGNETIC RESONANCE IM						
043 RADIOISOTOPE						
044 LABORATORY						
047 BLOOD STORAGE, PROCES						
049 RESPIRATORY THERAPY						
050 PHYSICAL THERAPY						
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY						
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
059 01 CARDIAC CATHETERIZATION						
059 02 MEDICAL REHAB						
059 03 NOTRE DAME OCCUPATION						
059 04 INPATIENT RENAL DIALY						

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (ACQUISITION COST OLD)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MACCOLL (SQ FT MACC OLL NEW)	NEW CAP REL C OSTS-RICHARD (SQ FT RICHARDSON NEW)
	1	2	3	3.01	3.02	3.03
ANCILLARY SRVC COST C						
OUTPAT SERVICE COST C						
060 CLINIC						
060 01 NOTRE DAME AMBULATORY						
060 02 FAMILY CARE CLINIC						
060 03 PEDIATRIC CLINIC						
060 05 BARRINGTON URGENT CAR						
061 EMERGENCY						
062 OBSERVATION BEDS (NON						
063 O/P CHEMO & IV PROCED						
OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY						8,900
SPEC PURPOSE COST CEN						
095 SUBTOTALS					7,690	29,053
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
097 RESEARCH						
097 01 UNFUNDED RESEARCH						
098 PHYSICIANS' PRIVATE O						
099 NONPAID WORKERS						
099 01 FUND RAISING						
099 02 BANK						
099 03 VACANT SPACE						
099 04 BILLING OFFICE						
099 05 O/P MEALS						
099 06 BROWN MEDICAL STUDENT						
099 07 NONREIMBURSABLE SERVI						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED					71,117	195,773
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER					9.247984	6.738478
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						
(WRKSHT B, PT III)						

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-WOOD (SQ FT WOOD NEW)	NEW CAP REL C OSTS-HODGSON (SQ FT HODGSON NEW)	NEW CAP REL C OSTS-OPD (SQ FT OPD NEW)	NEW CAP REL C OSTS-GARAGE (SQ FT GARA GE NEW)	NEW CAP REL C OSTS-ABC (SQ FT ABC NEW)	NEW CAP REL C OSTS-AMBULATORY (SQ FT AMBU LATORY NEW)	NEW CAP REL C OSTS-SAYLES (SQ FT SAYL ES NEW)
GENERAL SERVICE COST	3.04	3.05	3.06	3.07	3.08	3.09	3.10
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
003 02 NEW CAP REL COSTS-MAC							
003 03 NEW CAP REL COSTS-RIC							
003 04 NEW CAP REL COSTS-WOO	71,039						
003 05 NEW CAP REL COSTS-HOD		67,670					
003 06 NEW CAP REL COSTS-OPD			10,496				
003 07 NEW CAP REL COSTS-GAR				8,091			
003 08 NEW CAP REL COSTS-ABC					17,629		
003 09 NEW CAP REL COSTS-AMB						3,132	
003 10 NEW CAP REL COSTS-SAY							16,533
003 11 NEW CAP REL COSTS-NOT							
003 12 NEW CAP REL COSTS-PRI							
003 13 NEW CAP REL 555 PROSP							
003 14 NEW CAP REL COSTS - P							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS	18						
006 02 INFORMATION SERVICES							
006 03 PURCHASING RECEIVING							
006 04 ADMINISTRATION							
006 05 BUSINESS OFFICE							
006 06 OTHER ADMINISTRATION		749				842	
006 07 GRANTS ADMINISTRATION							
007 MAINTENANCE & REPAIRS	1,204	4,668					1,438
008 OPERATION OF PLANT	15,837	19,588	1,291	7,951			
009 LAUNDRY & LINEN SERVICE		5,989					
010 HOUSEKEEPING			292	140			
011 DIETARY	8,092						
012 CAFETERIA							
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SU		8,172					
016 PHARMACY		2,479					
017 MEDICAL RECORDS & LIB							
018 SOCIAL SERVICE							
019 DEPARTMENT OF MEDICINE	8,000				1,796		
019 01 DEPARTMENT OF CARDIOL							4,746
019 02 DEPARTMENT OF SURGERY							
019 03 DEPARTMENT OF FAMILY					3,687		
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMEDICAL PRGM-(SPEC							
024 01 PSYCHOLOGY INTERNS PA							
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	25,520						
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER							
033 NURSERY	1,986						
ANCILLARY SRVC COST C							
037 OPERATING ROOM	2,920	14,478					
037 01 ENDOSCOPY	624						
039 DELIVERY ROOM & LABOR							
040 01 ULTRASOUND							
041 RADIOLOGY-DIAGNOSTIC	5,156						
042 01 CT SCAN	1,040						
042 02 MAGNETIC RESONANCE IM	642						
043 RADIOISOTOPE							
044 LABORATORY		11,547			7,189		
047 BLOOD STORING, PROCES							
049 RESPIRATORY THERAPY							6,639
050 PHYSICAL THERAPY							1,133
051 OCCUPATIONAL THERAPY							1,177
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI							
059 01 CARDIAC CATHETERIZATION							1,400
059 02 MEDICAL REHAB							
059 03 NOTRE DAME OCCUPATION							
059 04 INPATIENT RENAL DIALY							

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-WOOD (SQ FT WOOD NEW)	NEW CAP REL C OSTS-HODGSON (SQ FT HODGSON NEW)	NEW CAP REL C OSTS-OPD (SQ FT OPD NEW)	NEW CAP REL C OSTS-GARAGE (SQ FT GARAGE NEW)	NEW CAP REL C OSTS-ABC (SQ FT ABC NEW)	NEW CAP REL C OSTS-AMBULATORY (SQ FT AMBULATORY NEW)	NEW CAP REL C OSTS-SAYLES (SQ FT SAYLES NEW)
ANCILLARY SRVC COST C	3.04	3.05	3.06	3.07	3.08	3.09	3.10
OUTPAT SERVICE COST C							
060 CLINIC					2,479	2,290	
060 01 NOTRE DAME AMBULATORY							
060 02 FAMILY CARE CLINIC					2,478		
060 03 PEDIATRIC CLINIC							
060 05 BARRINGTON URGENT CARE							
061 EMERGENCY							
062 OBSERVATION BEDS (NON							
063 O/P CHEMO & IV PROCED							
OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	71,039	67,670	1,583	8,091	17,629	3,132	16,533
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
097 RESEARCH			8,913				
097 01 UNFUNDED RESEARCH							
098 PHYSICIANS' PRIVATE O							
099 NONPAID WORKERS							
099 01 FUND RAISING							
099 02 BANK							
099 03 VACANT SPACE							
099 04 BILLING OFFICE							
099 05 O/P MEALS							
099 06 BROWN MEDICAL STUDENT							
099 07 NONREIMBURSABLE SERVI							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	332,946	612,466	2,540	2,466	47,305	67,537	794,970
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		9.050776		.304783		21.563538	
(WRKSHT B, PT I)	4.686806		.241997		2.683363		48.083832
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED							
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER							
(WRKSHT B, PT III)							

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-NOTRE D	NEW CAP REL C OSTS-PRIMARY	NEW CAP REL C 55 PROSPECT	NEW CAP REL C OSTS - PLAIN	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	COMMUNICATION S
(SQ FT NOTR E DAME NEW)	(SQ FT PRIM)CARE NEW)	(TOTAL SQUA)RE FEET	(SQ FT PLAI)NVI LLE	(ACQUI SITI O)N COST NEW	(GROSS SALA)RIES	(NUMBER OF)EXTENSIONS	
GENERAL SERVICE COST	3. 11	3. 12	3. 13	3. 14	4	5	6. 01
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
003 02 NEW CAP REL COSTS-MAC							
003 03 NEW CAP REL COSTS-RIC							
003 04 NEW CAP REL COSTS-WOO							
003 05 NEW CAP REL COSTS-HOD							
003 06 NEW CAP REL COSTS-OPD							
003 07 NEW CAP REL COSTS-GAR							
003 08 NEW CAP REL COSTS-ABC							
003 09 NEW CAP REL COSTS-AMB							
003 10 NEW CAP REL COSTS-SAY							
003 11 NEW CAP REL COSTS-NOT	13, 628						
003 12 NEW CAP REL COSTS-PRI		20, 000					
003 13 NEW CAP REL 555 PROSP			1, 211				
003 14 NEW CAP REL COSTS - P				22, 050			
004 NEW CAP REL COSTS-MVB					41, 175, 789		
005 EMPLOYEE BENEFITS					463, 525	82, 420, 317	
006 01 COMMUNICATIONS			1, 111		46, 660	278, 263	533
006 02 INFORMATION SERVICES					2, 014, 259	1, 893, 101	18
006 03 PURCHASING RECEIVING					34, 576	439, 521	8
006 04 ADMINITTING					62, 371	330, 030	7
006 05 BUSINESS OFFICE					1, 435, 024	1, 759, 905	17
006 06 OTHER ADMINISTRATION			100		926, 892	4, 593, 885	56
006 07 GRANTS ADMINISTRATION					15, 886	364, 516	5
007 MAINTENANCE & REPAIRS	1, 511				1, 055, 675	903, 358	10
008 OPERATION OF PLANT	8, 510				483, 598	379, 844	
009 LAUNDRY & LINEN SERVICE					292, 706	313, 359	2
010 HOUSEKEEPING					135, 236	1, 809, 970	4
011 DIETARY					271, 082	578, 933	5
012 CAFETERIA					452, 768	966, 949	8
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION					1, 056, 455	1, 595, 154	26
015 CENTRAL SERVICES & SU					404, 378	415, 436	3
016 PHARMACY					237, 873	1, 328, 276	7
017 MEDICAL RECORDS & LIB				368	128, 000	1, 006, 416	14
018 SOCIAL SERVICE					1, 723	210, 830	3
019 DEPARTMENT OF MEDICIN					237, 659	919, 916	17
019 01 DEPARTMENT OF CARDIOL					808, 315	848, 876	15
019 02 DEPARTMENT OF SURGERY					140, 144	572, 538	10
019 03 DEPARTMENT OF FAMILY					256, 802	3, 629, 009	37
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &						3, 530, 116	
023 I&R SERVICES-OTHER PR					20, 335	1, 595, 084	11
024 PARAMEDICAL PRGM-(SPEC						402, 939	
024 01 PSYCHOLOGY INTERNS PA							
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS					1, 993, 720	10, 205, 537	34
027 INTENSIVE CARE UNIT					1, 137, 868	3, 301, 930	11
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE U							
031 SURGICAL INTENSIVE CA							
033 SUBPROVIDER					194, 624	1, 581, 303	7
037 NURSERY					419, 926		9
037 ANCILLARY SRVC COST C							
037 01 OPERATING ROOM	3, 607				5, 702, 110	3, 372, 642	23
039 ENDOSCOPY					1, 104, 809	421, 619	5
040 DELIVERY ROOM & LABOR					73, 524	2, 425	
041 01 ULTRASOUND					232, 165	341, 153	2
042 RADI OLOGY-DIAGNOSTIC				1, 734	6, 118, 411	2, 015, 654	18
042 01 CT SCAN					2, 469, 601	556, 026	3
042 02 MAGNETIC RESONANCE IM					1, 395, 517	294, 885	2
043 RADI OISO TOPE					36, 949	441, 829	
044 LABORATORY				400	3, 205, 492	5, 572, 634	18
047 BLOOD STORING, PROCES					8, 330	427, 452	2
049 RESPIRATORY THERAPY					1, 688, 238	1, 949, 322	19
050 PHYSICAL THERAPY				2, 637	430, 399	1, 180, 923	22
051 OCCUPATIONAL THERAPY					75, 842	784, 205	2
052 SPEECH PATHOLOGY					106, 528	730, 129	1
053 ELECTROCARDIOLOGY					113, 231	8, 996	
054 ELECTROENCEPHALOGRAPH					71, 787	60, 445	18
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI							
059 01 CARDIAC CATHETERIZATION					1, 424, 796	255, 191	3
059 02 MEDICAL REHAB							
059 03 NOTRE DAME OCCUPATION							
059 04 INPATIENT RENAL DIALY							

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-NOTRE D	NEW CAP REL C OSTS-PRIMARY	NEW CAP REL 5 PROSPECT	NEW CAP REL C OSTS - PLAIN	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE COMMUNICATIONS	COMMUNICATIONS
	(SQ FT NOTR E DAME NEW	(SQ FT PRIM)CARE NEW	(TOTAL SQUA)RE FEET	(SQ FT PLAI)NVILLE	(ACQUI SITI O)N COST NEW	(GROSS SALA)RIES	(NUMBER OF)EXTENSIONS
	3.11	3.12	3.13	3.14	4	5	6.01
ANCILLARY SRVC COST C							
OUTPAT SERVICE COST C							
060 CLINIC		3,922			40,133	422,237	
060 01 NOTRE DAME AMBULATORY					59,818	769,288	
060 02 FAMILY CARE CLINIC		11,766				983,073	13
060 03 PEDIATRIC CLINIC					381,217	656,489	
060 05 BARRINGTON URGENT CAR						36,707	
061 EMERGENCY					1,065,536	5,309,318	7
062 OBSERVATION BEDS (NON							
063 O/P CHEMO & IV PROCED		4,312			211,831	305,434	
OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY					372,459	4,838,908	
SPEC PURPOSE COST CEN							
095 SUBTOTALS	13,628	20,000	1,211	5,139	41,116,803	77,491,978	502
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
097 RESEARCH						1,553,652	21
097 01 UNFUNDED RESEARCH						173,664	
098 PHYSICIANS' PRIVATE O				16,911	58,986	2,802,248	8
099 NONPAID WORKERS							
099 01 FUND RAISING						41,241	
099 02 BANK							
099 03 VACANT SPACE							
099 04 BILLING OFFICE						89,749	2
099 05 O/P MEALS							
099 06 BROWN MEDICAL STUDENT						267,785	
099 07 NONREIMBURSABLE SERVI							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	49,794	231,954	38,417	58,594	2,520,472	28,876,526	700,096
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		11.597700		2.657324		.350357	
(WRKSHT B, PT I)	3.653801		31.723369		.061212		1,313.500938
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED						28,373	38,281
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER						.000344	71.821764
(WRKSHT B, PT III)							

COST CENTER DESCRIPTION	INFORMATION SERVICES	PURCHASING RECEIVING	RECEIVING AND	ADMITTING	BUSINESS OFFICE	OTHER ADMINISTRATIVE AND	GRANTS ADMINISTRATION
	(PROCESSING TIME)	(COSTED REQUISITIONS)	(REVENUE IN PATIENT)	(REVENUE TOTAL)	RECONCILIATION	(ACCUM. COST)	(GRANT EXPENSES)
	6.02	6.03	6.04	6.05	6a.06	6.06	6.07
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
003 02 NEW CAP REL COSTS-MAC							
003 03 NEW CAP REL COSTS-RIC							
003 04 NEW CAP REL COSTS-WOO							
003 05 NEW CAP REL COSTS-HOD							
003 06 NEW CAP REL COSTS-OPD							
003 07 NEW CAP REL COSTS-GAR							
003 08 NEW CAP REL COSTS-ABC							
003 09 NEW CAP REL COSTS-AMB							
003 10 NEW CAP REL COSTS-SAY							
003 11 NEW CAP REL COSTS-NOT							
003 12 NEW CAP REL COSTS-PRI							
003 13 NEW CAP REL 555 PROSP							
003 14 NEW CAP REL COSTS - P							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 INFORMATION SERVICES	5,574,260						
006 03 PURCHASING RECEIVING		25,792,411					
006 04 ADMITTING	1,083	29,552	157,215,653				
006 05 BUSINESS OFFICE	2,129,878	48,822		307,259,653			
006 06 OTHER ADMINISTRATION	3,279,433	1,225,733			-19,815,807	136,299,294	
006 07 GRANTS ADMINISTRATION		32,582				505,819	3,333,161
007 MAINTENANCE & REPAIRS	1,184	364,243				1,801,956	
008 OPERATION OF PLANT		647,439				4,226,663	
009 LAUNDRY & LINEN SERVICE		170,783				676,189	
010 HOUSEKEEPING		358,343				2,832,310	
011 DIETARY		457,224				1,605,779	
012 CAFETERIA		763,667				1,656,395	
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION		40,454				2,333,668	
015 CENTRAL SERVICES & SU		186,572				872,732	
016 PHARMACY	147	125,580				1,984,096	
017 MEDICAL RECORDS & LIB	134,593	67,107				1,620,143	
018 SOCIAL SERVICE		262				289,016	
019 DEPARTMENT OF MEDICINE		37,941				1,140,689	
019 01 DEPARTMENT OF CARDIOL		286,713				1,405,874	
019 02 DEPARTMENT OF SURGERY		21,372				347,981	
019 03 DEPARTMENT OF FAMILY		125,716				4,152,720	373,680
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &		49,532				5,650,669	
023 I&R SERVICES-OTHER PR		42,874				2,135,602	
024 PARAMEDICAL PRGM-(SPEC		7,137				551,571	
024 01 PSYCHOLOGY INTERNS PA							
025 INPATIENT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS		628,147	33,707,602	33,707,602		15,442,760	
026 INTENSIVE CARE UNIT		261,657	12,032,936	12,032,936		4,688,744	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER		61,084	3,994,325	3,994,325		2,123,997	
033 NURSERY		885	942,386	942,386		61,950	
ANCILLARY SRVC COST C							
037 OPERATING ROOM		1,340,038	9,427,787	26,868,328		7,064,638	
037 01 ENDOSCOPY		134,616	1,412,658	4,308,729		903,357	
039 DELIVERY ROOM & LABOR			953,591	1,406,161		27,522	
040 01 ULTRASOUND		36,819	2,195,904	8,034,098		633,625	
041 RADIOLOGY-DIAGNOSTIC		453,151	3,274,837	10,613,651		4,197,536	
042 01 CT SCAN		308,007	5,851,570	17,538,287		1,494,538	
042 02 MAGNETIC RESONANCE IM		209,628	2,897,869	9,061,199		841,916	
043 RADIOISOTOPE	356	31,686	1,078,136	2,761,703		674,138	
044 LABORATORY		1,960,325	34,758,297	65,839,741		11,117,692	
047 BLOOD STORAGE, PROCES		173,098	1,344,409	2,020,591		1,603,674	
049 RESPIRATORY THERAPY		197,450	6,679,030	7,716,224		3,306,713	
050 PHYSICAL THERAPY		309,731	3,300,186	10,416,085		2,384,507	
051 OCCUPATIONAL THERAPY		73,606	2,257,089	5,100,740		1,273,485	
052 SPEECH PATHOLOGY		33,558	877,957	2,565,258		1,065,129	
053 ELECTROCARDIOLOGY		993	2,851,975	5,564,691		117,481	
054 ELECTROENCEPHALOGRAPH		104,945	131,177	1,481,708		426,249	
055 MEDICAL SUPPLIES CHAR		6,392,603	11,515,945	19,430,979		6,982,633	
056 DRUGS CHARGED TO PATI		6,823,693	13,872,842	29,298,749		7,575,702	
059 01 CARDIAC CATHETERIZATION		49,777	415,704	802,509		566,179	
059 02 MEDICAL REHAB							
059 03 NOTRE DAME OCCUPATION							
059 04 INPATIENT RENAL DIALY			546,386	546,386		264,399	

COST CENTER DESCRIPTION	INFORMATION SERVICES	PURCHASING RECEIVING	RECEIVING AND	ADMITTING	BUSINESS OFFICE	OTHER ADMINISTRATIVE AND	GRANTS ADMINISTRATION
	6.02	6.03	6.04	6.05	6a.06	6.06	6.07
ANCILLARY SRVC COST C							
OUTPAT SERVICE COST C							
060 CLINIC		19,059		1,016,150		704,180	
060 01 NOTRE DAME AMBULATORY		80,110		1,292,640		742,645	
060 02 FAMILY CARE CLINIC		109,182		3,385,740		1,648,027	
060 03 PEDIATRIC CLINIC		94,664		1,786,133		371,730	
060 05 BARRINGTON URGENT CAR		9,283		9,282		39,493	
061 EMERGENCY		403,200	892,058	16,178,458		5,912,697	
062 OBSERVATION BEDS (NON							
063 O/P CHEMO & IV PROCED		32,587	2,997	1,538,184		667,262	
OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY		359,875				7,070,363	
SPEC PURPOSE COST CEN							
095 SUBTOTALS	5,546,674	25,783,105	157,215,653	307,259,653	-19,815,807	127,784,833	373,680
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
097 RESEARCH						2,980,530	2,959,481
097 01 UNFUNDED RESEARCH						234,508	
098 PHYSICIANS' PRIVATE O		9,306				4,376,428	
099 NONPAID WORKERS							
099 01 FUND RAISING						55,690	
099 02 BANK							
099 03 VACANT SPACE							
099 04 BILLING OFFICE	27,586					143,700	
099 05 O/P MEALS							
099 06 BROWN MEDICAL STUDENT						723,605	
099 07 NONREIMBURSABLE SERVI							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	4,017,094	1,167,068	490,340	4,194,605		19,815,807	579,357
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.045249		.013652		.145385	
(WRKSHT B, PT I)	.720651		.003119				.173816
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	125,241	2,842	4,462	137,526		164,260	2,070
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.000110		.000448		.001205	
(WRKSHT B, PT III)	.022468		.000028				.000621

COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL
	(TOTAL SQ FT MAINT)	(TOTAL SQ FT MAINT)	(LBS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(FTE'S)	(NUMBER HOURS)
	7	8	9	10	11	12	13
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
003 02 NEW CAP REL COSTS-MAC							
003 03 NEW CAP REL COSTS-RIC							
003 04 NEW CAP REL COSTS-WOO							
003 05 NEW CAP REL COSTS-HOD							
003 06 NEW CAP REL COSTS-OPD							
003 07 NEW CAP REL COSTS-GAR							
003 08 NEW CAP REL COSTS-ABC							
003 09 NEW CAP REL COSTS-AMB							
003 10 NEW CAP REL COSTS-SAY							
003 11 NEW CAP REL COSTS-NOT							
003 12 NEW CAP REL COSTS-PRI							
003 13 NEW CAP REL 555 PROSP							
003 14 NEW CAP REL COSTS - P							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 INFORMATION SERVICES							
006 03 PURCHASING RECEIVING							
006 04 ADMINISTRATION							
006 05 BUSINESS OFFICE							
006 06 OTHER ADMINISTRATIVE							
006 07 GRANTS ADMINISTRATION							
007 MAINTENANCE & REPAIRS	400,867						
008 OPERATION OF PLANT	68,678	332,189					
009 LAUNDRY & LINEN SERVICE	6,584	6,584	1,901,030				
010 HOUSEKEEPING	9,811	9,811	33,030	174,249			
011 DIETARY	9,206	9,206	16,988		39,033		
012 CAFETERIA	5,148	5,148	28,374	3,000		103,714	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	6,607	6,607		450		1,864	
015 CENTRAL SERVICES & SUPPLY	8,172	8,172	36,696	2,000		1,089	
016 PHARMACY	2,605	2,605		1,000		1,855	
017 MEDICAL RECORDS & LIBRARY	4,546	4,546		700		2,666	
018 SOCIAL SERVICE	1,056	1,056		250		3	
019 DEPARTMENT OF MEDICINE	10,183	10,183	918	575		759	
019 01 DEPARTMENT OF CARDIOLOGY	4,746	4,746	23,439	1,000		945	
019 02 DEPARTMENT OF SURGERY	2,000	2,000		800		162	
019 03 DEPARTMENT OF FAMILY MEDICINE	3,997	3,997	13,799	3,500		3,444	
020 NONPHYSICIAN ANESTHESIOLOGISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS						7,252	
023 I&R SERVICES-OTHER PERSONNEL	4,661	4,661	5,616	2,100		1,491	
024 PARAMEDICAL PROGRAMS-(SPECIALTY)	345	345		113		268	
024 01 PSYCHOLOGY INTERNSHIP PROGRAM							
025 ADULTS & PEDIATRICS	59,087	59,087	869,071	60,600	24,779	18,626	
026 INTENSIVE CARE UNIT	9,001	9,001	140,340	10,500	4,031	4,651	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE UNIT							
031 SUBPROVIDER	4,864	4,864	76,495	8,642	10,223	2,306	
033 NURSERY	1,986	1,986	5,948	700		1	
ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	31,005	31,005	223,612	10,887		5,605	
037 01 ENDOSCOPY	8,124	8,124	40,419	1,500		571	
039 DELIVERY ROOM & LABOR	5,153	5,153	39,577	3,700			
040 01 ULTRASOUND	656	656		200		449	
041 RADIOLOGY-DIAGNOSTIC	10,279	10,279	46,332	2,300		3,538	
042 01 CT SCAN	1,040	1,040	20,462			803	
042 02 MAGNETIC RESONANCE IMAGING	642	642	4,654			534	
043 RADIOISOTOPE	1,806	1,806	1,281	100		613	
044 LABORATORY	19,481	19,481	8,757	6,000		9,983	
047 BLOOD STORAGE, PROCESSING	1,918	1,918		200		622	
049 RESPIRATORY THERAPY	5,253	5,253	260	1,800		3,254	
050 PHYSICAL THERAPY	8,496	8,496	55,233	3,065		2,059	
051 OCCUPATIONAL THERAPY	1,133	1,133		273		1,205	
052 SPEECH PATHOLOGY	1,177	1,177	2,292	320		1,112	
053 ELECTROCARDIOLOGY	291	291		300		25	
054 ELECTROENCEPHALOGRAPHY	2,691	2,691	4,241	100		132	
055 MEDICAL SUPPLIES CHARACTERIZED							
056 DRUGS CHARGED TO PATIENTS							
059 01 CARDIAC CATHETERIZATION	1,400	1,400	21,436	1,500		337	
059 02 MEDICAL REHABILITATION							
059 03 NOTRE DAME OCCUPATION							
059 04 INPATIENT RENAL DIALYSIS							

COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF PLANT REPAIRS		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL
	(TOTAL SQ FT MAINT)	(TOTAL SQ FT MAINT)	(LBS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(FTE'S)	(NUMBER HOURS)
	7	8	9	10	11	12	13
ANCILLARY SRVC COST C							
OUTPAT SERVICE COST C							
060 CLINIC	7,232	7,232	1,099	1,988		1,183	
060 01 NOTRE DAME AMBULATORY	1,899	1,899	3,066	8,400		1,004	
060 02 FAMILY CARE CLINIC	14,831	14,831		3,563		2,219	
060 03 PEDIATRIC CLINIC	1,164	1,164	680			1,227	
060 05 BARRINGTON URGENT CARE			198			68	
061 EMERGENCY	7,105	7,105	156,669	14,600		6,779	
062 OBSERVATION BEDS (NON							
063 O/P CHEMO & IV PROCED	1,997	1,997	10,594	5,750		461	
OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY	8,900	8,900		2,000		7,225	
SPEC PURPOSE COST CEN							
095 SUBTOTALS	366,956	298,278	1,891,576	164,476	39,033	98,390	
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	1,569	1,569		600		121	
097 RESEARCH	21,982	21,982	4,219	6,450		2,081	
097 01 UNFUNDED RESEARCH						164	
098 PHYSICIANS' PRIVATE O	130	130	5,235	2,500		2,424	
099 NONPAID WORKERS	46	46					
099 01 FUND RAISING	841	841				75	
099 02 BANK	9,151	9,151		200			
099 03 VACANT SPACE	192	192					
099 04 BILLING OFFICE				23		284	
099 05 O/P MEALS							
099 06 BROWN MEDICAL STUDENT						175	
099 07 NONREIMBURSABLE SERVI							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	2,063,933	5,194,758	911,356	3,463,858	2,038,741	2,077,458	
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		15.637959		19.878783		20.030642	
(WRKSHT B, PT I)	5.148673		.479401		52.231215		
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	190,445	422,067	84,701	31,352	73,890	41,494	
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		1.270563		.179926		.400081	
(WRKSHT B, PT III)	.475083		.044555		1.893014		

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	DEPARTMENT OF MEDICINE	DEPARTMENT OF CARDIOLOGY
	(DIRECT NURSING HOURS)	(SUPPLY EXPENSES)	(PHARMACY COSTED REGS)	(TIME SPENT)	(SOCIAL SERVICE TIME)	(MEDICINE M.D. TIME)	(CARDIOLOGY M.D. TIME)
	14	15	16	17	18	19	19.01
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
003 02 NEW CAP REL COSTS-MAC							
003 03 NEW CAP REL COSTS-RIC							
003 04 NEW CAP REL COSTS-WOO							
003 05 NEW CAP REL COSTS-HOD							
003 06 NEW CAP REL COSTS-OPD							
003 07 NEW CAP REL COSTS-GAR							
003 08 NEW CAP REL COSTS-ABC							
003 09 NEW CAP REL COSTS-AMB							
003 10 NEW CAP REL COSTS-SAY							
003 11 NEW CAP REL COSTS-NOT							
003 12 NEW CAP REL COSTS-PRI							
003 13 NEW CAP REL 555 PROSP							
003 14 NEW CAP REL COSTS - P							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 INFORMATION SERVICES							
006 03 PURCHASING RECEIVING							
006 04 ADMINISTRATION							
006 05 BUSINESS OFFICE							
006 06 OTHER ADMINISTRATIVE							
006 07 GRANTS ADMINISTRATION							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION	984,000						
015 CENTRAL SERVICES & SUPPLY		10,344,235					
016 PHARMACY		10,536	7,482,199				
017 MEDICAL RECORDS & LIBRARY				8	10,000		
018 SOCIAL SERVICE						10,000	
019 DEPARTMENT OF MEDICINE		39					10,000
019 01 DEPARTMENT OF CARDIOLOGY	24,215	16,822	170,514				10,000
019 02 DEPARTMENT OF SURGERY		1,033	16				
019 03 DEPARTMENT OF FAMILY							
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &			4,004				
023 I&R SERVICES-OTHER PR						3,168	
024 PARAMEDICAL PRGM-(SPEC							
024 01 PSYCHOLOGY INTERNS PA							
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	367,914	344,951	45,094	6,518	8,482	2,126	
026 INTENSIVE CARE UNIT	90,388	136,355	22,004	380	1,339	299	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER	39,318	25,407	1,604	87			
033 NURSERY	9,321			182			
ANCILLARY SRVC COST C							
037 OPERATING ROOM	114,151	841,559	151,379	1,592			
037 01 ENDOSCOPY	11,883	75,678	553				
039 DELIVERY ROOM & LABOR	8,947						
040 01 ULTRASOUND		5,959	228				
041 RADIOLOGY-DIAGNOSTIC	21	29,868	1,409	104			
042 01 CT SCAN	104	153,508	623				
042 02 MAGNETIC RESONANCE IM		67,882	252				
043 RADIOISOTOPE		2,898	149				
044 LABORATORY		1,585,508	15,317	555			
047 BLOOD STORING, PROCES		158,747					
049 RESPIRATORY THERAPY		104,730	4,380	59			
050 PHYSICAL THERAPY		14,314	970	34			
051 OCCUPATIONAL THERAPY		11,021	219				
052 SPEECH PATHOLOGY		3,312	13				
053 ELECTROCARDIOLOGY				126			10,000
054 ELECTROENCEPHALOGRAPH		34	92,557	5			
055 MEDICAL SUPPLIES CHAR		6,316,129					
056 DRUGS CHARGED TO PATI			6,823,693				
059 01 CARDIAC CATHETERIZATION	7,017	48,927	212				
059 02 MEDICAL REHAB							
059 03 NOTRE DAME OCCUPATION							
059 04 INPATIENT RENAL DIALY							

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	DEPARTMENT OF MEDICINE	DEPARTMENT OF CARDIOLOGY
	(DIRECT NURSING HOURS)	(SUPPLY EXPENSES)	(PHARMACY COSTED REGS)	(TIME SPENT)	(SOCIAL SERVICE TIME)	(MEDICINE M.D. TIME)	(CARDIOLOGY M.D. TIME)
ANCILLARY SRVC COST C	14	15	16	17	18	19	19.01
OUTPAT SERVICE COST C							
060 CLINIC	23,784	9,892	4,200	83		2,425	
060 01 NOTRE DAME AMBULATORY	13,728	15,222	54,393				
060 02 FAMILY CARE CLINIC	43,507	21,873	52,584				
060 03 PEDIATRIC CLINIC		1,225	400				
060 05 BARRINGTON URGENT CARE	1,511						
061 EMERGENCY	95,493	232,051	19,893	275	179		
062 OBSERVATION BEDS (NON							
063 O/P CHEMO & IV PROCED	9,589	23,518	3,865				
OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY	123,109	85,237	11,666				
SPEC PURPOSE COST CEN							
095 SUBTOTALS	984,000	10,344,235	7,482,199	10,000	10,000	8,018	10,000
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
097 RESEARCH							
097 01 UNFUNDED RESEARCH						1,355	
098 PHYSICIANS' PRIVATE O						200	
099 NONPAID WORKERS							
099 01 FUND RAISING							
099 02 BANK							
099 03 VACANT SPACE							
099 04 BILLING OFFICE							
099 05 O/P MEALS							
099 06 BROWN MEDICAL STUDENT						427	
099 07 NONREIMBURSABLE SERVI							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	2,856,567	1,248,645	2,385,011	2,017,503	358,016	1,545,276	1,885,647
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.120709		201.750300		154.527600	
(WRKSHT B, PT I)	2.903015		.318758		35.801600		188.564700
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	82,261	116,843	45,955	24,277	2,631	78,001	293,928
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.011295		2.427700		7.800100	
(WRKSHT B, PT III)	.083599		.006142		.263100		29.392800

COST CENTER DESCRIPTION	DEPARTMENT OF SURGERY (SURGERY M.D. TIME)	DEPARTMENT OF FAMILY CARE (FAMILY MED M.D. TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	I&R SERVICES- SALARY & FRI (I & R ASSIGNED TIME)	I&R SERVICES- OTHER PRGM C (I & R ASSIGNED TIME)	PARAMED ED PRGM-(SPECIFY) (ANES. ASSIGNED TIME)
	19.02	19.03	20	21	22	23	24
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
003 02 NEW CAP REL COSTS-MAC							
003 03 NEW CAP REL COSTS-RIC							
003 04 NEW CAP REL COSTS-WOO							
003 05 NEW CAP REL COSTS-HOD							
003 06 NEW CAP REL COSTS-OPD							
003 07 NEW CAP REL COSTS-GAR							
003 08 NEW CAP REL COSTS-ABC							
003 09 NEW CAP REL COSTS-AMB							
003 10 NEW CAP REL COSTS-SAY							
003 11 NEW CAP REL COSTS-NOT							
003 12 NEW CAP REL COSTS-PRI							
003 13 NEW CAP REL 555 PROSP							
003 14 NEW CAP REL COSTS - P							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 INFORMATION SERVICES							
006 03 PURCHASING RECEIVING							
006 04 ADMINISTRATION							
006 05 BUSINESS OFFICE							
006 06 OTHER ADMINISTRATIVE							
006 07 GRANTS ADMINISTRATION							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SU							
016 PHARMACY							
017 MEDICAL RECORDS & LIB							
018 SOCIAL SERVICE							
019 DEPARTMENT OF MEDICINE							
019 01 DEPARTMENT OF CARDIOL							
019 02 DEPARTMENT OF SURGERY	8,893						
019 03 DEPARTMENT OF FAMILY		9,603					
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &					77,698		
023 I&R SERVICES-OTHER PR	2,033	4,110				77,698	
024 PARAMED ED PRGM-(SPEC							10,000
024 01 PSYCHOLOGY INTERNS PA							
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS		439			26,065	26,065	
026 INTENSIVE CARE UNIT		62			8,105	8,105	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER							
033 NURSERY		29					
ANCILLARY SRVC COST C							
037 OPERATING ROOM	2,869				1,205	1,205	10,000
037 01 ENDOSCOPY							
039 DELIVERY ROOM & LABOR					978	978	
040 01 ULTRASOUND							
041 RADIOLOGY-DIAGNOSTIC					109	109	
042 01 CT SCAN							
042 02 MAGNETIC RESONANCE IM							
043 RADIOISOTOPE							
044 LABORATORY					3,100	3,100	
047 BLOOD STORAGE, PROCES							
049 RESPIRATORY THERAPY					650	650	
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY					300	300	
054 ELECTROENCEPHALOGRAPH					950	950	
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI							
059 01 CARDIAC CATHETERIZATION							
059 02 MEDICAL REHAB							
059 03 NOTRE DAME OCCUPATION							
059 04 INPATIENT RENAL DIALY							

COST CENTER DESCRIPTION	DEPARTMENT OF SURGERY (SURGERY M.D. TIME)	DEPARTMENT OF FAMILY CARE (FAMILY MED M.D. TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	I&R SERVICES- SALARY & FRI (I & R ASSIGNED TIME)	I&R SERVICES- OTHER PRGM C (I & R ASSIGNED TIME)	PARAMED ED PRGM-(SPECIFY) (ANES. ASSIGNED TIME)
ANCILLARY SRVC COST C	19.02	19.03	20	21	22	23	24
OUTPAT SERVICE COST C							
060 CLINIC					9,312	9,312	
060 01 NOTRE DAME AMBULATORY					100	100	
060 02 FAMILY CARE CLINIC		3,912			22,473	22,473	
060 03 PEDIATRIC CLINIC		337					
060 05 BARRINGTON URGENT CARE							
061 EMERGENCY					4,101	4,101	
062 OBSERVATION BEDS (NON							
063 O/P CHEMO & IV PROCED							
OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	4,902	8,889			77,448	77,448	10,000
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
097 RESEARCH					250	250	
097 01 UNFUNDED RESEARCH	46	28					
098 PHYSICIANS' PRIVATE O	3,945	686					
099 NONPAID WORKERS							
099 01 FUND RAISING							
099 02 BANK							
099 03 VACANT SPACE							
099 04 BILLING OFFICE							
099 05 O/P MEALS							
099 06 BROWN MEDICAL STUDENT							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	459,423	5,049,676			6,618,730	5,373,064	646,546
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		525.843591				69.153183	
(WRKSHT B, PT I)	51.661194				85.185333		64.654600
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	13,626	44,368			10,954	61,340	1,534
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		4.620223				.789467	
(WRKSHT B, PT III)	1.532216				.140982		.153400

COST CENTER PSYCHOLOGY IN
 DESCRIPTION TERN S PARAME
 (PSYCHOLOGY
 ASSIGNMENT)

24.01

- GENERAL SERVICE COST
- 001 OLD CAP REL COSTS-BLD
- 002 OLD CAP REL COSTS-MVB
- 003 NEW CAP REL COSTS-BLD
- 003 01 NEW CAP REL COSTS-BLD
- 003 02 NEW CAP REL COSTS-MAC
- 003 03 NEW CAP REL COSTS-RIC
- 003 04 NEW CAP REL COSTS-WOO
- 003 05 NEW CAP REL COSTS-HOD
- 003 06 NEW CAP REL COSTS-OPD
- 003 07 NEW CAP REL COSTS-GAR
- 003 08 NEW CAP REL COSTS-ABC
- 003 09 NEW CAP REL COSTS-AMB
- 003 10 NEW CAP REL COSTS-SAY
- 003 11 NEW CAP REL COSTS-NOT
- 003 12 NEW CAP REL COSTS-PRI
- 003 13 NEW CAP REL 555 PROSP
- 003 14 NEW CAP REL COSTS - P
- 004 NEW CAP REL COSTS-MVB
- 005 EMPLOYEE BENEFITS
- 006 01 COMMUNICATIONS
- 006 02 INFORMATION SERVICES
- 006 03 PURCHASING RECEIVING
- 006 04 ADMINISTRATION
- 006 05 BUSINESS OFFICE
- 006 06 OTHER ADMINISTRATIVE
- 006 07 GRANTS ADMINISTRATION
- 007 MAINTENANCE & REPAIRS
- 008 OPERATION OF PLANT
- 009 LAUNDRY & LINEN SERVICE
- 010 HOUSEKEEPING
- 011 DIETARY
- 012 CAFETERIA
- 013 MAINTENANCE OF PERSON
- 014 NURSING ADMINISTRATION
- 015 CENTRAL SERVICES & SU
- 016 PHARMACY
- 017 MEDICAL RECORDS & LIB
- 018 SOCIAL SERVICE
- 019 DEPARTMENT OF MEDICINE
- 019 01 DEPARTMENT OF CARDIOLOGY
- 019 02 DEPARTMENT OF SURGERY
- 019 03 DEPARTMENT OF FAMILY
- 020 NONPHYSICIAN ANESTHET
- 021 NURSING SCHOOL
- 022 I&R SERVICES-SALARY &
- 023 I&R SERVICES-OTHER PR
- 024 PARAMEDICAL PRGM-(SPEC
- 024 01 PSYCHOLOGY INTERNS PA
- INPAT ROUTINE SRVC CN
- ADULTS & PEDIATRICS
- 026 INTENSIVE CARE UNIT
- 027 CORONARY CARE UNIT
- 028 BURN INTENSIVE CARE U
- 029 SURGICAL INTENSIVE CA
- 031 SUBPROVIDER
- 033 NURSERY
- ANCILLARY SRVC COST C
- 037 OPERATING ROOM
- 037 01 ENDOSCOPY
- 039 DELIVERY ROOM & LABOR
- 040 01 ULTRASOUND
- 041 RADIOLOGY-DIAGNOSTIC
- 042 01 CT SCAN
- 042 02 MAGNETIC RESONANCE IM
- 043 RADIOISOTOPE
- 044 LABORATORY
- 047 BLOOD STORAGE, PROCES
- 049 RESPIRATORY THERAPY
- 050 PHYSICAL THERAPY
- 051 OCCUPATIONAL THERAPY
- 052 SPEECH PATHOLOGY
- 053 ELECTROCARDIOLOGY
- 054 ELECTROENCEPHALOGRAPH
- 055 MEDICAL SUPPLIES CHAR
- 056 DRUGS CHARGED TO PATI
- 059 01 CARDIAC CATHETERIZATION
- 059 02 MEDICAL REHAB
- 059 03 NOTRE DAME OCCUPATION
- 059 04 INPATIENT RENAL DIALY

COST CENTER PSYCHOLOGY IN
 DESCRIPTION TERMS PARAMS
 (PSYCHOLOGY
 ASSIGNMENT)

24.01

- ANCILLARY SRVC COST C
- OUTPAT SERVICE COST C
- 060 CLINIC
- 060 01 NOTRE DAME AMBULATORY
- 060 02 FAMILY CARE CLINIC
- 060 03 PEDIATRIC CLINIC
- 060 05 BARRINGTON URGENT CAR
- 061 EMERGENCY
- 062 OBSERVATION BEDS (NON
- 063 O/P CHEMO & IV PROCED
- OTHER REIMBURS COST C
- 071 HOME HEALTH AGENCY
- SPEC PURPOSE COST CEN
- 095 SUBTOTALS
- NONREIMBURS COST CENT
- 096 GIFT, FLOWER, COFFEE
- 097 RESEARCH
- 097 01 UNFUNDED RESEARCH
- 098 PHYSICIANS' PRIVATE O
- 099 NONPAID WORKERS
- 099 01 FUND RAISING
- 099 02 BANK
- 099 03 VACANT SPACE
- 099 04 BILLING OFFICE
- 099 05 O/P MEALS
- 099 06 BROWN MEDICAL STUDENT
- 099 07 NONREIMBURSABLE SERVI
- 101 CROSS FOOT ADJUSTMENT
- 102 NEGATIVE COST CENTER
- 103 COST TO BE ALLOCATED
- (PER WRKSHT B, PART
- 104 UNIT COST MULTIPLIER
- (WRKSHT B, PT I)
- 105 COST TO BE ALLOCATED
- (PER WRKSHT B, PART
- 106 UNIT COST MULTIPLIER
- (WRKSHT B, PT II)
- 107 COST TO BE ALLOCATED
- (PER WRKSHT B, PART
- 108 UNIT COST MULTIPLIER
- (WRKSHT B, PT III)

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	25,506,799		25,506,799		25,506,799
26	INTENSIVE CARE UNIT	6,626,510		6,626,510		6,626,510
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	3,457,786		3,457,786	32,258	3,490,044
33	NURSERY	208,052		208,052		208,052
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	10,769,279		10,769,279		10,769,279
37	01 ENDOSCOPY	1,308,003		1,308,003		1,308,003
39	DELIVERY ROOM & LABOR ROO	257,133		257,133		257,133
40	01 ULTRASOUND	753,144		753,144		753,144
41	RADIOLOGY-DIAGNOSTIC	5,185,359		5,185,359		5,185,359
42	01 CT SCAN	1,778,365		1,778,365		1,778,365
42	02 MAGNETIC RESONANCE IMAGIN	998,864		998,864		998,864
43	RADIOISOTOPE	824,967		824,967		824,967
44	LABORATORY	13,770,657		13,770,657		13,770,657
47	BLOOD STORING, PROCESSING	1,912,290		1,912,290		1,912,290
49	RESPIRATORY THERAPY	4,023,679		4,023,679	2,685	4,026,364
50	PHYSICAL THERAPY	3,045,329		3,045,329		3,045,329
51	OCCUPATIONAL THERAPY	1,513,146		1,513,146		1,513,146
52	SPEECH PATHOLOGY	1,274,587		1,274,587		1,274,587
53	ELECTROCARDIOLOGY	2,058,143		2,058,143		2,058,143
54	ELECTROENCEPHALOGRAPHY	581,337		581,337		581,337
55	MEDICAL SUPPLIES CHARGED	8,760,218		8,760,218		8,760,218
56	DRUGS CHARGED TO PATIENTS	10,852,202		10,852,202		10,852,202
59	01 CARDIAC CATHERIZATION LAB	750,782		750,782		750,782
59	02 MEDICAL REHAB					
59	03 NOTRE DAME OCCUPATIONAL M					
59	04 INPATIENT RENAL DIALYSIS	302,839		302,839		302,839
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,483,680		1,483,680		1,483,680
60	01 NOTRE DAME AMBULATORY CLI	1,137,678		1,137,678		1,137,678
60	02 FAMILY CARE CLINIC	4,513,991		4,513,991		4,513,991
60	03 PEDIATRIC CLINIC	652,359		652,359		652,359
60	05 BARRINGTON URGENT CARE	51,078		51,078		51,078
61	EMERGENCY	7,794,587		7,794,587	22,088	7,816,675
62	OBSERVATION BEDS (NON-DIS	1,035,005		1,035,005		1,035,005
63	O/P CHEMO & IV PROCEDURES	966,307		966,307		966,307
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	124,154,155		124,154,155	57,031	124,211,186
102	LESS OBSERVATION BEDS	1,035,005		1,035,005		1,035,005
103	TOTAL	123,119,150		123,119,150	57,031	123,176,181

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	10,769,279	627,239	10,142,040			10,769,279
37 01	ENDOSCOPY	1,308,003	143,002	1,165,001			1,308,003
39	DELIVERY ROOM & LABOR ROO	257,133	17,364	239,769			257,133
40 01	ULTRASOUND	753,144	20,329	732,815			753,144
41	RADIOLOGY-DIAGNOSTIC	5,185,359	437,687	4,747,672			5,185,359
42 01	CT SCAN	1,778,365	171,100	1,607,265			1,778,365
42 02	MAGNETIC RESONANCE IMAGIN	998,864	96,165	902,699			998,864
43	RADIOISOTOPE	824,967	8,011	816,956			824,967
44	LABORATORY	13,770,657	427,126	13,343,531			13,770,657
47	BLOOD STORING, PROCESSING	1,912,290	9,121	1,903,169			1,912,290
49	RESPIRATORY THERAPY	4,023,679	444,416	3,579,263			4,023,679
50	PHYSICAL THERAPY	3,045,329	116,401	2,928,928			3,045,329
51	OCCUPATIONAL THERAPY	1,513,146	68,176	1,444,970			1,513,146
52	SPEECH PATHOLOGY	1,274,587	12,001	1,262,586			1,274,587
53	ELECTROCARDIOLOGY	2,058,143	304,455	1,753,688			2,058,143
54	ELECTROENCEPHALOGRAPHY	581,337	12,439	568,898			581,337
55	MEDICAL SUPPLIES CHARGED	8,760,218	89,490	8,670,728			8,760,218
56	DRUGS CHARGED TO PATIENTS	10,852,202	65,310	10,786,892			10,852,202
59 01	CARDIAC CATHETERIZATION LAB	750,782	160,839	589,943			750,782
59 02	MEDICAL REHAB						
59 03	NOTRE DAME OCCUPATIONAL M						
59 04	INPATIENT RENAL DIALYSIS OUTPAT SERVICE COST CNTRS	302,839	579	302,260			302,839
60	CLINIC	1,483,680	140,174	1,343,506			1,483,680
60 01	NOTRE DAME AMBULATORY CLI	1,137,678	12,429	1,125,249			1,137,678
60 02	FAMILY CARE CLINIC	4,513,991	197,595	4,316,396			4,513,991
60 03	PEDIATRIC CLINIC	652,359	28,945	623,414			652,359
60 05	BARRINGTON URGENT CARE	51,078	228	50,850			51,078
61	EMERGENCY	7,794,587	118,157	7,676,430			7,794,587
62	OBSERVATION BEDS (NON-DIS	1,035,005	24,750	1,010,255			1,035,005
63	O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS	966,307	70,847	895,460			966,307
101	SUBTOTAL	88,355,008	3,824,375	84,530,633			88,355,008
102	LESS OBSERVATION BEDS	1,035,005	24,750	1,010,255			1,035,005
103	TOTAL	87,320,003	3,799,625	83,520,378			87,320,003

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	26,868,328	.400817	.400817
37 01	ENDOSCOPY	4,308,729	.303570	.303570
39	DELIVERY ROOM & LABOR ROO	1,406,161	.182862	.182862
40 01	ULTRASOUND	8,034,098	.093743	.093743
41	RADIOLOGY-DIAGNOSTIC	10,613,651	.488556	.488556
42 01	CT SCAN	17,538,287	.101399	.101399
42 02	MAGNETIC RESONANCE IMAGIN	9,061,199	.110235	.110235
43	RADIOISOTOPE	2,761,703	.298717	.298717
44	LABORATORY	65,839,741	.209154	.209154
47	BLOOD STORING, PROCESSING	2,020,591	.946401	.946401
49	RESPIRATORY THERAPY	7,716,224	.521457	.521457
50	PHYSICAL THERAPY	10,416,085	.292368	.292368
51	OCCUPATIONAL THERAPY	5,100,740	.296652	.296652
52	SPEECH PATHOLOGY	2,565,258	.496865	.496865
53	ELECTROCARDIOLOGY	5,564,691	.369858	.369858
54	ELECTROENCEPHALOGRAPHY	1,481,708	.392342	.392342
55	MEDICAL SUPPLIES CHARGED	19,430,979	.450838	.450838
56	DRUGS CHARGED TO PATIENTS	29,298,749	.370398	.370398
59 01	CARDIAC CATHETERIZATION LAB	802,509	.935543	.935543
59 02	MEDICAL REHAB			
59 03	NOTRE DAME OCCUPATIONAL M			
59 04	INPATIENT RENAL DIALYSIS OUTPAT SERVICE COST CNTRS	546,386	.554258	.554258
60	CLINIC	1,016,150	1.460099	1.460099
60 01	NOTRE DAME AMBULATORY CLI	1,292,640	.880120	.880120
60 02	FAMILY CARE CLINIC	3,385,740	1.333236	1.333236
60 03	PEDIATRIC CLINIC	1,786,133	.365235	.365235
60 05	BARRINGTON URGENT CARE	9,282	5.502909	5.502909
61	EMERGENCY	17,070,516	.456611	.456611
62	OBSERVATION BEDS (NON-DIS	1,523,230	.679480	.679480
63	O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS	1,541,181	.626991	.626991
101	SUBTOTAL	259,000,689		
102	LESS OBSERVATION BEDS	1,523,230		
103	TOTAL	257,477,459		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	10,955,257	627,239	10,328,018	62,724	599,025	10,293,508
37 01	ENDOSCOPY	1,308,003	143,002	1,165,001	14,300	67,570	1,226,133
39	DELIVERY ROOM & LABOR ROO	408,076	17,364	390,712	1,736	22,661	383,679
40 01	ULTRASOUND	753,144	20,329	732,815	2,033	42,503	708,608
41	RADIOLOGY-DIAGNOSTIC	5,202,182	437,687	4,764,495	43,769	276,341	4,882,072
42 01	CT SCAN	1,778,365	171,100	1,607,265	17,110	93,221	1,668,034
42 02	MAGNETIC RESONANCE IMAGIN	998,864	96,165	902,699	9,617	52,357	936,890
43	RADIOISOTOPE	824,967	8,011	816,956	801	47,383	776,783
44	LABORATORY	14,249,107	427,126	13,821,981	42,713	801,675	13,404,719
47	BLOOD STORING, PROCESSING	1,912,290	9,121	1,903,169	912	110,384	1,800,994
49	RESPIRATORY THERAPY	4,123,999	444,416	3,679,583	44,442	213,416	3,866,141
50	PHYSICAL THERAPY	3,045,329	116,401	2,928,928	11,640	169,878	2,863,811
51	OCCUPATIONAL THERAPY	1,513,146	68,176	1,444,970	6,818	83,808	1,422,520
52	SPEECH PATHOLOGY	1,274,587	12,001	1,262,586	1,200	73,230	1,200,157
53	ELECTROCARDIOLOGY	2,104,445	304,455	1,799,990	30,446	104,399	1,969,600
54	ELECTROENCEPHALOGRAPHY	727,959	12,439	715,520	1,244	41,500	685,215
55	MEDICAL SUPPLIES CHARGED	8,760,218	89,490	8,670,728	8,949	502,902	8,248,367
56	DRUGS CHARGED TO PATIENTS	10,852,202	65,310	10,786,892	6,531	625,640	10,220,031
59 01	CARDIAC CATHERIZATION LAB	750,782	160,839	589,943	16,084	34,217	700,481
59 02	MEDICAL REHAB						
59 03	NOTRE DAME OCCUPATIONAL M						
59 04	INPATIENT RENAL DIALYSIS OUTPAT SERVICE COST CNTRS	302,839	579	302,260	58	17,531	285,250
60	CLINIC	2,920,880	140,174	2,780,706	14,017	161,281	2,745,582
60 01	NOTRE DAME AMBULATORY CLI	1,153,112	12,429	1,140,683	1,243	66,160	1,085,709
60 02	FAMILY CARE CLINIC	7,982,440	197,595	7,784,845	19,760	451,521	7,511,159
60 03	PEDIATRIC CLINIC	652,359	28,945	623,414	2,895	36,158	613,306
60 05	BARRINGTON URGENT CARE	51,078	228	50,850	23	2,949	48,106
61	EMERGENCY	8,427,529	118,157	8,309,372	11,816	481,944	7,933,769
62	OBSERVATION BEDS (NON-DIS	1,035,005	24,750	1,010,255	2,475	58,595	973,935
63	O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS	966,307	70,847	895,460	7,085	51,937	907,285
101	SUBTOTAL	95,034,471	3,824,375	91,210,096	382,441	5,290,186	89,361,844
102	LESS OBSERVATION BEDS	1,035,005	24,750	1,010,255	2,475	58,595	973,935
103	TOTAL	93,999,466	3,799,625	90,199,841	379,966	5,231,591	88,387,909

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	26,868,328	.383109	.405404
37 01	ENDOSCOPY	4,308,729	.284570	.300252
39	DELIVERY ROOM & LABOR ROO	1,406,161	.272856	.288971
40 01	ULTRASOUND	8,034,098	.088200	.093490
41	RADIOLOGY-DIAGNOSTIC	10,613,651	.459980	.486017
42 01	CT SCAN	17,538,287	.095108	.100423
42 02	MAGNETIC RESONANCE IMAGIN	9,061,199	.103396	.109174
43	RADIOISOTOPE	2,761,703	.281270	.298427
44	LABORATORY	65,839,741	.203596	.215772
47	BLOOD STORING, PROCESSING	2,020,591	.891320	.945950
49	RESPIRATORY THERAPY	7,716,224	.501041	.528699
50	PHYSICAL THERAPY	10,416,085	.274941	.291250
51	OCCUPATIONAL THERAPY	5,100,740	.278885	.295316
52	SPEECH PATHOLOGY	2,565,258	.467850	.496397
53	ELECTROCARDIOLOGY	5,564,691	.353946	.372707
54	ELECTROENCEPHALOGRAPHY	1,481,708	.462449	.490458
55	MEDICAL SUPPLIES CHARGED	19,430,979	.424496	.450377
56	DRUGS CHARGED TO PATIENTS	29,298,749	.348821	.370175
59 01	CARDIAC CATHETERIZATION LAB	802,509	.872864	.915501
59 02	MEDICAL REHAB			
59 03	NOTRE DAME OCCUPATIONAL M			
59 04	INPATIENT RENAL DIALYSIS OUTPAT SERVICE COST CNTRS	546,386	.522067	.554152
60	CLINIC	1,016,150	2.701946	2.860663
60 01	NOTRE DAME AMBULATORY CLI	1,292,640	.839916	.891098
60 02	FAMILY CARE CLINIC	3,385,740	2.218469	2.351829
60 03	PEDIATRIC CLINIC	1,786,133	.343371	.363615
60 05	BARRINGTON URGENT CARE	9,282	5.182719	5.500431
61	EMERGENCY	17,070,516	.464764	.492997
62	OBSERVATION BEDS (NON-DIS	1,523,230	.639388	.677856
63	O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS	1,541,181	.588695	.622394
101	SUBTOTAL	259,000,689		
102	LESS OBSERVATION BEDS	1,523,230		
103	TOTAL	257,477,459		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				609,935		609,935
26	INTENSIVE CARE UNIT				129,454		129,454
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER				93,275		93,275
33	NURSERY				41,395		41,395
101	TOTAL				874,059		874,059

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	25,827	10,198			23.62	240,877
26	INTENSIVE CARE UNIT	4,031	1,906			32.11	61,202
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	3,386	1,385			27.55	38,157
33	NURSERY	1,009				41.03	
101	TOTAL	34,253	13,489				340,236

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XVIII, PART A

PROVIDER NO: 41-0001
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 4/12/2010
 WORKSHEET D
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS						
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL						

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XVIII, PART A

PROVIDER NO: 41-0001
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 4/12/2010
WORKSHEET D
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	25,827		10,198	
26	INTENSIVE CARE UNIT	4,031		1,906	
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
31	SUBPROVIDER	3,386		1,385	
33	NURSERY	1,009			
101	TOTAL	34,253		13,489	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM										
37 01	ENDOSCOPY							646,546			
39	DELIVERY ROOM & LABOR ROO										
40 01	ULTRASOUND										
41	RADIOLOGY-DIAGNOSTIC										
42 01	CT SCAN										
42 02	MAGNETIC RESONANCE IMAGIN										
43	RADIOISOTOPE										
44	LABORATORY										
47	BLOOD STORING, PROCESSING										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
59 01	CARDIAC CATHERIZATION LAB										
59 02	MEDICAL REHAB										
59 03	NOTRE DAME OCCUPATIONAL M										
59 04	INPATIENT RENAL DIALYSIS OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60 01	NOTRE DAME AMBULATORY CLI										
60 02	FAMILY CARE CLINIC										
60 03	PEDIATRIC CLINIC										
60 05	BARRINGTON URGENT CARE										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
63	O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS										
101	TOTAL							646,546			

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
37	01 OPERATING ROOM	646,546	646,546	26,868,328	.024063	.024063	2,973,807	71,559
39	DELIVERY ROOM & LABOR ROO			4,308,729			556,562	
40	01 ULTRASOUND			1,406,161			2,879	
41	RADIOLOGY-DIAGNOSTIC			8,034,098			242,446	
42	01 CT SCAN			10,613,651			2,012,424	
42	02 MAGNETIC RESONANCE IMAGIN			17,538,287			2,702,336	
43	RADIOISOTOPE			9,061,199			1,016,728	
44	LABORATORY			2,761,703			325,900	
47	BLOOD STORING, PROCESSING			65,839,741			15,122,314	
49	RESPIRATORY THERAPY			2,020,591			427,177	
50	PHYSICAL THERAPY			7,716,224			3,052,653	
51	OCCUPATIONAL THERAPY			10,416,085			690,540	
52	SPEECH PATHOLOGY			5,100,740			326,858	
53	ELECTROCARDIOLOGY			2,565,258			320,918	
54	ELECTROENCEPHALOGRAPHY			5,564,691			1,121,976	
55	MEDICAL SUPPLIES CHARGED			1,481,708			45,720	
56	DRUGS CHARGED TO PATIENTS			19,430,979			5,111,130	
59	01 CARDIAC CATHERIZATION LAB			29,298,749			5,188,761	
59	02 MEDICAL REHAB			802,509			233,026	
59	03 NOTRE DAME OCCUPATIONAL M							
59	04 INPATIENT RENAL DIALYSIS			546,386			262,968	
60	OUTPAT SERVICE COST CNTRS							
60	01 CLINIC			1,016,150				
60	02 NOTRE DAME AMBULATORY CLI			1,292,640				
60	03 FAMILY CARE CLINIC			3,385,740				
60	04 PEDIATRIC CLINIC			1,786,133				
60	05 BARRINGTON URGENT CARE			9,282				
61	EMERGENCY			17,070,516			207,339	
62	OBSERVATION BEDS (NON-DIS			1,523,230				
63	O/P CHEMO & IV PROCEDURES			1,541,181				
63	OTHER REIMBURS COST CNTRS							
101	TOTAL	646,546	646,546	259,000,689			41,944,462	71,559

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
37	01 OPERATING ROOM	778,308	2,287,016		18,728	55,032	
39	01 ENDOSCOPY	149,413	439,044				
40	01 DELIVERY ROOM & LABOR ROO						
40	01 ULTRASOUND	97,438	286,315				
41	01 RADIOLOGY-DIAGNOSTIC	345,958	1,016,578				
42	01 CT SCAN	610,760	1,794,685				
42	02 MAGNETIC RESONANCE IMAGIN	330,903	972,342				
43	01 RADIOISOTOPE	119,614	351,479				
44	01 LABORATORY	98,537	289,546				
47	01 BLOOD STORING, PROCESSING	58,382	171,552				
49	01 RESPIRATORY THERAPY	56,894	167,179				
50	01 PHYSICAL THERAPY	29,250	85,949				
51	01 OCCUPATIONAL THERAPY						
52	01 SPEECH PATHOLOGY	13,664	40,149				
53	01 ELECTROCARDIOLOGY	162,260	476,791				
54	01 ELECTROENCEPHALOGRAPHY	45,164	132,712				
55	01 MEDICAL SUPPLIES CHARGED	497,278	1,461,224				
56	01 DRUGS CHARGED TO PATIENTS	1,079,305	3,171,480				
59	01 CARDIAC CATHERIZATION LAB	35,535	104,418				
59	02 MEDICAL REHAB						
59	03 NOTRE DAME OCCUPATIONAL M						
59	04 INPATIENT RENAL DIALYSIS						
60	01 OUTPAT SERVICE COST CNTRS						
60	01 CLINIC	199,142	585,168				
60	01 NOTRE DAME AMBULATORY CLI						
60	02 FAMILY CARE CLINIC						
60	03 PEDIATRIC CLINIC						
60	05 BARRINGTON URGENT CARE						
61	01 EMERGENCY	467,816	1,374,654				
62	01 OBSERVATION BEDS (NON-DIS	47,951	140,900				
63	01 O/P CHEMO & IV PROCEDURES	21,163	62,187				
101	01 OTHER REIMBURS COST CNTRS						
	TOTAL	5,244,735	15,411,368		18,728	55,032	

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				311,959	
37 01 ENDOSCOPY				45,357	
39 DELIVERY ROOM & LABOR ROOM					
40 01 ULTRASOUND				9,134	
41 RADIOLOGY-DIAGNOSTIC				169,020	59
42 01 CT SCAN				61,930	
42 02 MAGNETIC RESONANCE IMAGING(MRI)				36,477	
43 RADIOISOTOPE				35,731	
44 LABORATORY				20,609	1,781
47 BLOOD STORING, PROCESSING & TRANS.				55,253	
49 RESPIRATORY THERAPY				29,668	
50 PHYSICAL THERAPY				8,552	
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY				6,789	
53 ELECTROCARDIOLOGY				60,013	
54 ELECTROENCEPHALOGRAPHY				17,720	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				224,192	8
56 DRUGS CHARGED TO PATIENTS				399,772	1,337
59 01 CARDIAC CATHETERIZATION LABORATORY				33,245	
59 02 MEDICAL REHAB					
59 03 NOTRE DAME OCCUPATIONAL MEDICINE					
59 04 INPATIENT RENAL DIALYSIS					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				290,767	
60 01 NOTRE DAME AMBULATORY CLINIC					
60 02 FAMILY CARE CLINIC					
60 03 PEDIATRIC CLINIC					
60 05 BARRINGTON URGENT CARE					
61 EMERGENCY				213,610	
62 OBSERVATION BEDS (NON-DISTINCT PART)				32,582	
63 O/P CHEMO & IV PROCEDURES				13,269	
101 SUBTOTAL				2,075,649	3,185
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				2,075,649	3,185

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B HOSPITAL

Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM	916,675		
37 01 ENDOSCOPY	133,281		
39 DELIVERY ROOM & LABOR ROOM			
40 01 ULTRASOUND	26,840		
41 RADIOLOGY-DIAGNOSTIC	496,655		
42 01 CT SCAN	181,979		
42 02 MAGNETIC RESONANCE IMAGING(MRI)	107,186		
43 RADIOISOTOPE	104,993		
44 LABORATORY	60,560		
47 BLOOD STORING, PROCESSING & TRANS.	162,357		
49 RESPIRATORY THERAPY	87,177		
50 PHYSICAL THERAPY	25,129		
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY	19,949		
53 ELECTROCARDIOLOGY	176,345		
54 ELECTROENCEPHALOGRAPHY	52,068		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	658,775		
56 DRUGS CHARGED TO PATIENTS	1,174,710		
59 01 CARDIAC CATHETERIZATION LABORATORY	97,688		
59 02 MEDICAL REHAB			
59 03 NOTRE DAME OCCUPATIONAL MEDICINE			
59 04 INPATIENT RENAL DIALYSIS			
60 OUTPAT SERVICE COST CNTRS			
60 CLINIC	854,403		
60 01 NOTRE DAME AMBULATORY CLINIC			
60 02 FAMILY CARE CLINIC			
60 03 PEDIATRIC CLINIC			
60 05 BARRINGTON URGENT CARE			
61 EMERGENCY	627,682		
62 OBSERVATION BEDS (NON-DISTINCT PART)	95,739		
63 O/P CHEMO & IV PROCEDURES	38,991		
101 SUBTOTAL	6,099,182		
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES			
104 NET CHARGES	6,099,182		

(A) WORKSHEET A LINE NUMBERS
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 41-0001
 COMPONENT NO: 41-T001
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 4/12/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.023345	199
37 01	ENDOSCOPY	.033189	485
39	DELIVERY ROOM & LABOR ROO	.012349	
40 01	ULTRASOUND	.002530	17
41	RADIOLOGY-DIAGNOSTIC	.041238	2,097
42 01	CT SCAN	.009756	313
42 02	MAGNETIC RESONANCE IMAGIN	.010613	388
43	RADIOISOTOPE	.002901	
44	LABORATORY	.006487	2,962
47	BLOOD STORING, PROCESSING	.004514	52
49	RESPIRATORY THERAPY	.057595	1,660
50	PHYSICAL THERAPY	.011175	8,383
51	OCCUPATIONAL THERAPY	.013366	8,552
52	SPEECH PATHOLOGY	.004678	668
53	ELECTROCARDIOLOGY	.054712	548
54	ELECTROENCEPHALOGRAPHY	.008395	8
55	MEDICAL SUPPLIES CHARGED	.004606	336
56	DRUGS CHARGED TO PATIENTS	.002229	421
59 01	CARDIAC CATHERIZATION LAB	.200420	
59 02	MEDICAL REHAB		
59 03	NOTRE DAME OCCUPATIONAL M		
59 04	INPATIENT RENAL DIALYSIS OUTPAT SERVICE COST CNTRS	.001060	4
60	CLINIC	.137946	
60 01	NOTRE DAME AMBULATORY CLI	.009615	
60 02	FAMILY CARE CLINIC	.058361	
60 03	PEDIATRIC CLINIC	.016205	
60 05	BARRINGTON URGENT CARE	.024564	
61	EMERGENCY	.006922	
62	OBSERVATION BEDS (NON-DIS	.016248	
63	O/P CHEMO & IV PROCEDURES	.045969	
101	OTHER REIMBURS COST CNTRS TOTAL		27,093

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37		ANCILLARY SRVC COST CNTRS										
		OPERATING ROOM										
37	01	ENDOSCOPY										
39		DELIVERY ROOM & LABOR ROO										
40	01	ULTRASOUND										
41		RADIOLOGY-DIAGNOSTIC										
42	01	CT SCAN										
42	02	MAGNETIC RESONANCE IMAGIN										
43		RADIOISOTOPE										
44		LABORATORY										
47		BLOOD STORING, PROCESSING										
49		RESPIRATORY THERAPY										
50		PHYSICAL THERAPY										
51		OCCUPATIONAL THERAPY										
52		SPEECH PATHOLOGY										
53		ELECTROCARDIOLOGY										
54		ELECTROENCEPHALOGRAPHY										
55		MEDICAL SUPPLIES CHARGED										
56		DRUGS CHARGED TO PATIENTS										
59	01	CARDIAC CATHERIZATION LAB										
59	02	MEDICAL REHAB										
59	03	NOTRE DAME OCCUPATIONAL M										
59	04	INPATIENT RENAL DIALYSIS										
60		OUTPAT SERVICE COST CNTRS										
60		CLINIC										
60	01	NOTRE DAME AMBULATORY CLI										
60	02	FAMILY CARE CLINIC										
60	03	PEDIATRIC CLINIC										
60	05	BARRINGTON URGENT CARE										
61		EMERGENCY										
62		OBSERVATION BEDS (NON-DIS										
63		O/P CHEMO & IV PROCEDURES										
		OTHER REIMBURS COST CNTRS										
101		TOTAL										

646,546

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
37	01 OPERATING ROOM	646,546	646,546	26,868,328	.024063	.024063	8,533	205
39	DELIVERY ROOM & LABOR ROO			4,308,729			14,599	
40	01 ULTRASOUND			1,406,161			6,570	
41	RADIOLOGY-DIAGNOSTIC			8,034,098			50,856	
42	01 CT SCAN			10,613,651			32,044	
42	02 MAGNETIC RESONANCE IMAGIN			17,538,287			36,518	
43	RADIOISOTOPE			9,061,199				
44	LABORATORY			2,761,703			456,615	
47	BLOOD STORING, PROCESSING			65,839,741			11,586	
49	RESPIRATORY THERAPY			2,020,591			28,816	
50	PHYSICAL THERAPY			7,716,224			750,122	
51	OCCUPATIONAL THERAPY			10,416,085			639,869	
52	SPEECH PATHOLOGY			5,100,740			142,859	
53	ELECTROCARDIOLOGY			2,565,258			10,020	
54	ELECTROENCEPHALOGRAPHY			5,564,691			963	
55	MEDICAL SUPPLIES CHARGED			1,481,708			72,896	
56	DRUGS CHARGED TO PATIENTS			19,430,979			188,786	
59	01 CARDIAC CATHERIZATION LAB			29,298,749				
59	02 MEDICAL REHAB			802,509				
59	03 NOTRE DAME OCCUPATIONAL M							
59	04 INPATIENT RENAL DIALYSIS			546,386			3,748	
60	OUTPAT SERVICE COST CNTRS							
60	01 CLINIC			1,016,150				
60	01 NOTRE DAME AMBULATORY CLI			1,292,640				
60	02 FAMILY CARE CLINIC			3,385,740				
60	03 PEDIATRIC CLINIC			1,786,133				
60	05 BARRINGTON URGENT CARE			9,282				
61	EMERGENCY			17,070,516				
62	OBSERVATION BEDS (NON-DIS			1,523,230				
63	O/P CHEMO & IV PROCEDURES			1,541,181				
63	OTHER REIMBURS COST CNTRS							
101	TOTAL	646,546	646,546	259,000,689			2,455,400	205

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM						
37	01 ENDOSCOPY						
39	DELIVERY ROOM & LABOR ROO						
40	01 ULTRASOUND						
41	RADIOLOGY-DIAGNOSTIC	303	889				
42	01 CT SCAN	377	1,107				
42	02 MAGNETIC RESONANCE IMAGIN	1,099	3,228				
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	21	62				
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	01 CARDIAC CATHERIZATION LAB						
59	02 MEDICAL REHAB						
59	03 NOTRE DAME OCCUPATIONAL M						
59	04 INPATIENT RENAL DIALYSIS OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 NOTRE DAME AMBULATORY CLI						
60	02 FAMILY CARE CLINIC						
60	03 PEDIATRIC CLINIC						
60	05 BARRINGTON URGENT CARE						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS						
101	TOTAL	1,800	5,286				

TITLE XVIII, PART B

SUBPROVIDER 1

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
37 01 ENDOSCOPY					
39 DELIVERY ROOM & LABOR ROOM					
40 01 ULTRASOUND					
41 RADIOLOGY-DIAGNOSTIC		303		889	
42 01 CT SCAN		377		1,107	
42 02 MAGNETIC RESONANCE IMAGING(MRI)		1,099		3,228	
43 RADIOISOTOPE					
44 LABORATORY					
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		21		62	
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
59 01 CARDIAC CATHETERIZATION LABORATORY					
59 02 MEDICAL REHAB					
59 03 NOTRE DAME OCCUPATIONAL MEDICINE					
59 04 INPATIENT RENAL DIALYSIS					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 NOTRE DAME AMBULATORY CLINIC					
60 02 FAMILY CARE CLINIC					
60 03 PEDIATRIC CLINIC					
60 05 BARRINGTON URGENT CARE					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 O/P CHEMO & IV PROCEDURES					
101 SUBTOTAL		1,800		5,286	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		1,800		5,286	

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B SUBPROVIDER 1

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
37 01 ENDOSCOPY					
39 DELIVERY ROOM & LABOR ROOM					
40 01 ULTRASOUND					
41 RADIOLOGY-DIAGNOSTIC				148	
42 01 CT SCAN				38	
42 02 MAGNETIC RESONANCE IMAGING(MRI)				121	
43 RADIOISOTOPE					
44 LABORATORY					
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				8	
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
59 01 CARDIAC CATHETERIZATION LABORATORY					
59 02 MEDICAL REHAB					
59 03 NOTRE DAME OCCUPATIONAL MEDICINE					
59 04 INPATIENT RENAL DIALYSIS					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 NOTRE DAME AMBULATORY CLINIC					
60 02 FAMILY CARE CLINIC					
60 03 PEDIATRIC CLINIC					
60 05 BARRINGTON URGENT CARE					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 O/P CHEMO & IV PROCEDURES					
101 SUBTOTAL				315	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				315	

TITLE XVIII, PART B SUBPROVIDER 1

PPS Services Hospital I/P Hospital I/P
 1/1 to FYE Part B Charges Part B Costs

Cost Center	Description	9.03	10	11
(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
37	01 ENDOSCOPY			
39	DELIVERY ROOM & LABOR ROOM			
40	01 ULTRASOUND			
41	RADIOLOGY-DIAGNOSTIC	434		
42	01 CT SCAN	112		
42	02 MAGNETIC RESONANCE IMAGING(MRI)	356		
43	RADIOISOTOPE			
44	LABORATORY			
47	BLOOD STORING, PROCESSING & TRANS.			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY			
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	23		
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS			
59	01 CARDIAC CATHETERIZATION LABORATORY			
59	02 MEDICAL REHAB			
59	03 NOTRE DAME OCCUPATIONAL MEDICINE			
59	04 INPATIENT RENAL DIALYSIS			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 NOTRE DAME AMBULATORY CLINIC			
60	02 FAMILY CARE CLINIC			
60	03 PEDIATRIC CLINIC			
60	05 BARRINGTON URGENT CARE			
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DISTINCT PART)			
63	O/P CHEMO & IV PROCEDURES			
101	SUBTOTAL	925		
102	CRNA CHARGES			
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
104	NET CHARGES	925		

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,048
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	987.60
85	OBSERVATION BED COST	1,035,005

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	25,506,799		1,035,005	
87	NEW CAPITAL-RELATED COST	609,935	.023913	1,035,005	24,750
88	NON PHYSICIAN ANESTHETIST	25,506,799		1,035,005	
89	MEDICAL EDUCATION	25,506,799		1,035,005	
89.01	MEDICAL EDUCATION - ALLIED HEA	25,506,799		1,035,005	
89.02	MEDICAL EDUCATION - ALL OTHER	25,506,799		1,035,005	

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,030.73
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	3,490,044			
87	NEW CAPITAL-RELATED COST	93,275	.026726		
88	NON PHYSICIAN ANESTHETIST	3,490,044			
89	MEDICAL EDUCATION	3,490,044			
89.01	MEDICAL EDUCATION - ALLIED HEA	3,490,044			
89.02	MEDICAL EDUCATION - ALL OTHER	3,490,044			

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	26,837,600	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	26,837,600	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,890,950	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	4,366,661	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	71,559	
16 TOTAL	33,166,770	
17 PRIMARY PAYER PAYMENTS	309,227	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	32,857,543	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,647,908	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	166,637	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	229,263	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	160,484	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	134,193	
22 SUBTOTAL	31,203,482	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	31,203,482	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	31,232,460	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-28,978	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)			
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).		315	925
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.			
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.			
1.04	LINE 1.01 TIMES LINE 1.03.			
1.05	LINE 1.02 DIVIDED BY LINE 1.04.			
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)			
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.			
2	INTERNS AND RESIDENTS			
3	ORGAN ACQUISITIONS			
4	COST OF TEACHING PHYSICIANS			
5	TOTAL COST (SEE INSTRUCTIONS)			
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6	ANCILLARY SERVICE CHARGES			
7	INTERNS AND RESIDENTS SERVICE CHARGES			
8	ORGAN ACQUISITION CHARGES			
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.			
10	TOTAL REASONABLE CHARGES			
CUSTOMARY CHARGES				
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
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).			
13	RATIO OF LINE 11 TO LINE 12			
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)			
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)			
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)			
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)			
19	SUBTOTAL (SEE INSTRUCTIONS)			
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)			
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
22	ESRD DIRECT MEDICAL EDUCATION COSTS			
23	SUBTOTAL			
24	PRIMARY PAYER PAYMENTS			
25	SUBTOTAL			
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26	COMPOSITE RATE ESRD			
27	BAD DEBTS (SEE INSTRUCTIONS)			
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
28	SUBTOTAL			
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.			
30	OTHER ADJUSTMENTS (SPECIFY)			
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.			
32	SUBTOTAL			
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
34	INTERIM PAYMENTS		719	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
35	BALANCE DUE PROVIDER/PROGRAM		-719	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2			
TO BE COMPLETED BY CONTRACTOR				
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)			
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY			
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)			
54	TOTAL (SUM OF LINES 51 AND 53)			

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		1,719,300
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		.0494
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		168,476
1.05	OUTLIER PAYMENTS		31,186
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		1,918,962
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
	INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		
1.09	NET IPF PPS OUTLIER PAYMENTS		
1.10	NET IPF PPS ECT PAYMENTS		
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		
	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 INST.)	.48	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
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 INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		9.276712
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		1,918,962
5	PRIMARY PAYER PAYMENTS		7,446
6	SUBTOTAL		1,911,516
7	DEDUCTIBLES		19,004
8	SUBTOTAL		1,892,512
9	COINSURANCE		10,782
10	SUBTOTAL		1,881,730
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL		1,881,730
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		205
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		

TITLE XVII I

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		75.56
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)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	75.09	75.09
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		67.12
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		67.12
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		60.52
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		6.98
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		67.50
3.10	SEE INSTRUCTIONS		67.50
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		3.00
3.12	SEE INSTRUCTIONS		9.98
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		11.31
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		11.46
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	10.92
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		10.92
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		125,458.30
3.18	SEE INSTRUCTIONS		1,370,005
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		61.39
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		59.22
3.21	SEE INSTRUCTIONS	RES INIT YEARS	60.38
3.22	SEE INSTRUCTIONS		60.38
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		132,335.91
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		7,990,442
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		9,360,447

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		13,489
5	TOTAL INPATIENT DAYS		32,196
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.418965
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	3,921,700	3,921,700
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		6,772
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		32,196
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		1,690,650
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVII I ONLY

7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS

TITLE XVIII

- 8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES
- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES
- 10 MEDICARE OUTPATIENT ESRD CHARGES
- 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY
 PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	28,970,485
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	316,673
16	TOTAL PART A REASONABLE COST	28,653,812

PART B REASONABLE COST

17	REASONABLE COST	8,179,256
18	PRIMARY PAYER PAYMENTS	5,124
19	TOTAL PART B REASONABLE COST	8,174,132
20	TOTAL REASONABLE COST	36,827,944
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.778045
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.221955

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	5,612,350
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	4,366,661
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	1,245,689

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	75.09	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	75.56	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	75.09	

CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA

5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)		
5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)		
6 DIRECT GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		
7 SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		
8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)		
9 MULTIPLY LINE 7 TIMES LINE 8		
10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.		
11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)		
12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])		

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

13 REDUCED IIME FTE CAP (SEE INSTRUCTIONS)		
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)		
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP		

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IIME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).	5.91	
17 IIME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	.63	
18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)	.63	
19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)	.004873	
20 IIME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.001301	
21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.	16,792,069	
22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	8,293,388	
23 ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	32,636	

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	588,412	3,652,318	1,280,783	11,453,045
2	TEMPORARY INVESTMENTS			2,388,866	
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	36,135,566			
5	OTHER RECEIVABLES		591,675	292,947	2,150
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	752,439			
8	PREPAID EXPENSES	1,081,771			
9	OTHER CURRENT ASSETS	285,753			
10	DUE FROM OTHER FUNDS	-53,402			
11	TOTAL CURRENT ASSETS	38,790,539	4,243,993	3,962,596	11,455,195
FIXED ASSETS					
12	LAND			1,822,002	
12.01	LAND IMPROVEMENTS			1,539,572	
13	LESS ACCUMULATED DEPRECIATION			-1,428,793	
13.01	BUILDINGS			47,162,356	
14	LESS ACCUMULATED DEPRECIATION			-27,248,717	
14.01	LEASEHOLD IMPROVEMENTS			14,606,254	
15	LESS ACCUMULATED DEPRECIATION			-10,255,187	
15.01	FIXED EQUIPMENT			41,175,790	
16	LESS ACCUMULATED DEPRECIATION			-33,451,662	
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT				
18	LESS ACCUMULATED DEPRECIATION				
18.01	MINOR EQUIPMENT DEPRECIABLE				
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT-NONDEPRECIABLE				
20	TOTAL FIXED ASSETS			33,921,615	
OTHER ASSETS					
21	INVESTMENTS		713,798	22,992,449	
22	DEPOSITS ON LEASES				
23	DUE FROM OWNERS/OFFICERS				
24	OTHER ASSETS		402,984	434,197	1,468,910
25	TOTAL OTHER ASSETS		1,116,782	23,426,646	1,468,910
26	TOTAL ASSETS	38,790,539	5,360,775	27,389,242	46,845,720
27					

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	14,480,125		32,022	
29 SALARIES, WAGES & FEES PAYABLE	3,490,459			
30 PAYROLL TAXES PAYABLE	305,581			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	18,175,000		174,984	
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS			473,836	
35 OTHER CURRENT LIABILITIES	4,306,073	1,060,227		94,525
36 TOTAL CURRENT LIABILITIES	40,757,238	1,060,227	473,836	301,531
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE			15,858,253	
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES				15,858,253
43 TOTAL LIABILITIES	40,757,238	1,060,227	473,836	16,159,784
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-1,966,699			
45 SPECIFIC PURPOSE FUND		4,300,548		
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED			3,124,158	
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE			23,791,248	
49 PLANT FUND BALANCE-INVESTED IN PLANT				30,685,936
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	-1,966,699	4,300,548	26,915,406	30,685,936
52 TOTAL LIABILITIES AND FUND BALANCES	38,790,539	5,360,775	27,389,242	46,845,720

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		-767,904		5,424,372
2 NET INCOME (LOSS)		-4,898,796		
3 TOTAL		-5,666,700		5,424,372
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 CASH RECEIPTS	3,700,001			
6 SEE DETAIL			1,563,659	
7				
8				
9				
10 TOTAL ADDITIONS	3,700,001			1,563,659
11 SUBTOTAL	-1,966,699			6,988,031
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 SEE DETAIL			2,687,483	
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				2,687,483
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		-1,966,699		4,300,548

	ENDOWMENT FUND 5	6	PLANT FUND 7	8
1 FUND BALANCE AT BEGINNING OF PERIOD		33,526,026		28,905,803
2 NET INCOME (LOSS)				
3 TOTAL		33,526,026		28,905,803
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 CASH RECEIPTS				
6 SEE DETAIL	83,394		1,780,133	
7				
8				
9				
10 TOTAL ADDITIONS		83,394		1,780,133
11 SUBTOTAL		33,609,420		30,685,936
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 SEE DETAIL		6,694,014		
14				
15				
16				
17				
18 TOTAL DEDUCTIONS		6,694,014		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		26,915,406		30,685,936

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	34,649,987		34,649,987
2 00 SUBPROVIDER	3,994,325		3,994,325
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	38,644,312		38,644,312
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	12,032,936		12,032,936
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	12,032,936		12,032,936
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	50,677,248		50,677,248
17 00 ANCILLARY SERVICES	105,585,535	125,744,538	231,330,073
18 00 OUTPATIENT SERVICES	2,793,745	24,916,274	27,710,019
19 00 HOME HEALTH AGENCY		14,243,487	14,243,487
24 00 PHYSICIAN		19,088,307	19,088,307
25 00 TOTAL PATIENT REVENUES	159,056,528	183,992,606	343,049,134

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		166,133,799	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00 BAD DEBT	12,654,073		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		12,654,073	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		178,787,872	

DESCRIPTION

1	TOTAL PATIENT REVENUES	343,049,134
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	175,289,858
3	NET PATIENT REVENUES	167,759,276
4	LESS: TOTAL OPERATING EXPENSES	178,787,872
5	NET INCOME FROM SERVICE TO PATIENTS	-11,028,596
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	7,422
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	25,469
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	953,885
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	46,542
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	11,700
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	5,084,782
25	TOTAL OTHER INCOME	6,129,800
26	TOTAL	-4,898,796
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-4,898,796

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
	979,740		201,458	64,759	170,839	1,416,796
HHA REIMBURSABLE SERVICES						
6	2,464,502					2,464,502
7	663,316					663,316
8	139,445					139,445
9	71,348					71,348
10						
11	520,556					520,556
12						
13						
13. 20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23. 50						
24	4,838,907		201,458	64,759	170,839	5,275,963

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		1,416,796		1,416,796
HHA REIMBURSABLE SERVICES				
6		2,464,502		2,464,502
7		663,316		663,316
8		139,445		139,445
9		71,348		71,348
10				
11		520,556		520,556
12				
13				
13. 20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23. 50				
24		5,275,963		5,275,963

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATI O N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
5	1,416,796					1,416,796	1,416,796
HHA REIMBURSABLE SERVICES							
6	2,464,502					2,464,502	904,779
7	663,316					663,316	243,520
8	139,445					139,445	51,194
9	71,348					71,348	26,194
10							
11	520,556					520,556	191,109
12							
13							
13. 20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23. 50							
24	5,275,963					5,275,963	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
6	3,369,281						
7	906,836						
8	190,639						
9	97,542						
10							
11	711,665						
12							
13							
13. 20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23. 50							
24	5,275,963						

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL				-1,416,796	3,859,167
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE					2,464,502
7	PHYSICAL THERAPY					663,316
8	OCCUPATIONAL THERAPY					139,445
9	SPEECH PATHOLOGY					71,348
10	MEDICAL SOCIAL SERVICES					
11	HOME HEALTH AIDE					520,556
12	SUPPLIES					
13	DRUGS					
13. 20	COST ADMINISTERING DRUGS					
14	DME					
	HHA NONREIMBURSABLE SERVICES					
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23. 50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)				-1,416,796	3,859,167
25	COST TO BE ALLOCATED					1,416,796
26	UNIT COST MULTIPLIER					.367125

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS-MVBLE	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MACCOL
	0	1	2	3	3.01	3.02
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE	3,369,281					
3 PHYSICAL THERAPY	906,836					
4 OCCUPATIONAL THERAPY	190,639					
5 SPEECH PATHOLOGY	97,542					
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	711,665					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	5,275,963					
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	NEW CAP REL COSTS-RI CHAR	NEW CAP REL COSTS-WOOD	NEW CAP REL COSTS-HODGSO	NEW CAP REL COSTS-OPD	NEW CAP REL COSTS-GARAGE	NEW CAP REL COSTS-ABC
	3.03	3.04	3.05	3.06	3.07	3.08
1 ADMIN & GENERAL	59,972					
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	59,972					
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-AMBULA 3.09	NEW CAP REL COSTS-SAYLES 3.10	NEW CAP REL COSTS-NOTRE 3.11	NEW CAP REL COSTS-PRIMAR 3.12	NEW CAP REL 555 PROSPECT 3.13	NEW CAP REL COSTS - PLAI 3.14
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5	COMMUNICATIONS 6.01	INFORMATION SERVICES 6.02	PURCHASING RECEIVING AND 6.03	ADMITTING 6.04
1 ADMIN & GENERAL	22,799	313,081				
2 SKILLED NURSING CARE		862,194			16,284	
3 PHYSICAL THERAPY		262,803				
4 OCCUPATIONAL THERAPY		49,626				
5 SPEECH PATHOLOGY		25,391				
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE		182,250				
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	22,799	1,695,345			16,284	
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	BUSINESS OFFICE	SUBTOTAL	OTHER ADMINISTRATIVE AND	GRANTS ADMINISTRATION	MAINTENANCE & REPAIRS	OPERATION OF PLANT
	6.05	6A.05	6.06	6.07	7	8
1 ADMIN & GENERAL		395,852	57,551		45,823	139,178
2 SKILLED NURSING CARE		4,247,759	617,560			
3 PHYSICAL THERAPY		1,169,639	170,048			
4 OCCUPATIONAL THERAPY		240,265	34,931			
5 SPEECH PATHOLOGY		122,933	17,873			
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE		893,915	129,962			
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		7,070,363	1,027,925		45,823	139,178
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
	9	10	11	12	13	14
1 ADMIN & GENERAL		39,758		34,833		
2 SKILLED NURSING CARE				55,946		357,387
3 PHYSICAL THERAPY				18,889		
4 OCCUPATIONAL THERAPY				4,046		
5 SPEECH PATHOLOGY				2,023		
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE				28,984		
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		39,758		144,721		357,387
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	CENTRAL SERVICES & SUPPL	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	DEPARTMENT OF MEDICINE	DEPARTMENT OF CARDIOLOGY
	15	16	17	18	19	19.01
1 ADMIN & GENERAL	10,289	3,719				
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	10,289	3,719				
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	DEPARTMENT OF SURGERY	DEPARTMENT OF FAMILY CARE	NONPHYSICIAN ANESTHETIST	NURSING SCHOOL	I&R SERVICES -SALARY & FR	I&R SERVICES -OTHER PRGM
	19.02	19.03	20	21	22	23
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	PARAMED ED P RGM-(SPECIFY 24	PSYCHOLOGY I NTERNS PARAM 24.01	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28
1 ADMIN & GENERAL			727,003		727,003	
2 SKILLED NURSING CARE			5,278,652		5,278,652	473,068
3 PHYSICAL THERAPY			1,358,576		1,358,576	121,754
4 OCCUPATIONAL THERAPY			279,242		279,242	25,025
5 SPEECH PATHOLOGY			142,829		142,829	12,800
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE			1,052,861		1,052,861	94,356
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)			8,839,163		8,839,163	727,003
21 UNIT COST MULTIPLIER						0.089619

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	TOTAL HHA COSTS 29
1 ADMIN & GENERAL	
2 SKILLED NURSING CARE	5,751,720
3 PHYSICAL THERAPY	1,480,330
4 OCCUPATIONAL THERAPY	304,267
5 SPEECH PATHOLOGY	155,629
6 MEDICAL SOCIAL SERVICES	
7 HOME HEALTH AIDE	1,147,217
8 SUPPLIES	
9 DRUGS	
9.20 COST ADMINISTERING DRUGS	
10 DME	
11 HOME DIALYSIS AIDE SVCS	
12 RESPIRATORY THERAPY	
13 PRIVATE DUTY NURSING	
14 CLINIC	
15 HEALTH PROM ACTIVITIES	
16 DAY CARE PROGRAM	
17 HOME DEL MEALS PROGRAM	
18 HOMEMAKER SERVICE	
19 ALL OTHER	
19.50 TELEMEDICINE	
20 TOTAL (SUM OF 1-19) (2)	8,839,163
21 UNIT COST MULTIPLIER	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE (ACQUISITION COST OLD)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MACCOL (SQ FT MACCOLL NEW)	NEW CAP REL COSTS-RICHARDSON (SQ FT RICHARDSON NEW)
	1	2	3	3.01	3.02	3.03
1 ADMIN & GENERAL						8,900
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						8,900
21 COST TO BE ALLOCATED						59,972
22 UNIT COST MULTIPLIER						6.738427

HHA COST CENTER	NEW CAP REL COSTS-WOOD (SQ FT WOOD NEW)	NEW CAP REL COSTS-HODGSON (SQ FT HODGSON NEW)	NEW CAP REL COSTS-OPD (SQ FT OPD NEW)	NEW CAP REL COSTS-GARAGE (SQ FT GARAGE NEW)	NEW CAP REL COSTS-ABC (SQ FT ABC NEW)	NEW CAP REL COSTS-AMBULATORY (SQ FT AMBULATORY NEW)
	3.04	3.05	3.06	3.07	3.08	3.09
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULTIPLIER						

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-SAYLES (SQ FT SAYL ES NEW)	NEW CAP REL COSTS-NOTRE (SQ FT NOTR) E DAME NEW)	NEW CAP REL COSTS-PRIMAR (SQ FT PRIM CARE NEW)	NEW CAP REL 555 PROSPECT (TOTAL SQUA RE FEET)	NEW CAP REL COSTS - PLAI (SQ FT PLAI NVILLE)	NEW CAP REL COSTS-MVBLE (ACQUI SITI O N COST NEW)
	3.10	3.11	3.12	3.13	3.14	4
1 ADMIN & GENERAL						372,459
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						372,459
21 COST TO BE ALLOCATED						22,799
22 UNIT COST MULTIPLIER						0.061212

HHA COST CENTER	EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF EXTENSIONS)	INFORMATION SERVICES (PROCESSING TIME)	PURCHASING RECEIVING AND (COSTED REQUISITIONS)	ADMITTING (REVENUE IN PATIENT)	BUSINESS OFFICE (REVENUE TO TAL)
	5	6.01	6.02	6.03	6.04	6.05
1 ADMIN & GENERAL	893,605					
2 SKILLED NURSING CARE	2,460,902			359,875		
3 PHYSICAL THERAPY	750,102					
4 OCCUPATIONAL THERAPY	141,643					
5 SPEECH PATHOLOGY	72,473					
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	520,183					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	4,838,908			359,875		
21 COST TO BE ALLOCATED	1,695,345			16,284		
22 UNIT COST MULTIPLIER	0.350357			0.045249		

HHA 1

HHA COST CENTER	RECONCILIATION 6A.06	OTHER ADMINISTRATIVE AND ACCUM. COST 6.06	GRANTS ADMINISTRATION (GRANT EXPENSES) 6.07	MAINTENANCE & REPAIRS (TOTAL SQ FT MAINT) 7	OPERATION OF PLANT (TOTAL SQ FT MAINT) 8	LAUNDRY & LINEN SERVICE (LBS OF LAUNDRY) 9
1 ADMIN & GENERAL		395,852		8,900	8,900	
2 SKILLED NURSING CARE		4,247,759				
3 PHYSICAL THERAPY		1,169,639				
4 OCCUPATIONAL THERAPY		240,265				
5 SPEECH PATHOLOGY		122,933				
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE		893,915				
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		7,070,363		8,900	8,900	
21 COST TO BE ALLOCATED		1,027,925		45,823	139,178	
22 UNIT COST MULTIPLIER		0.145385		5.148652	15.637978	

HHA COST CENTER	HOUSEKEEPING (HOURS OF SERVICE) 10	DIETARY (MEALS SERVED) 11	CAFETERIA (FTE'S) 12	MAINTENANCE OF PERSONNEL (NUMBER HOURS SERVED) 13	NURSING ADMINISTRATION (DIRECT NURSING HOURS) 14	CENTRAL SERVICES & SUPPLIES (SUPPLY EXPENSES) 15
1 ADMIN & GENERAL	2,000		1,739			85,237
2 SKILLED NURSING CARE			2,793		123,109	
3 PHYSICAL THERAPY			943			
4 OCCUPATIONAL THERAPY			202			
5 SPEECH PATHOLOGY			101			
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE			1,447			
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	2,000		7,225		123,109	85,237
21 COST TO BE ALLOCATED	39,758		144,721		357,387	10,289
22 UNIT COST MULTIPLIER	19.879000		20.030588		2.903013	0.120710

HHA 1

HHA COST CENTER	PHARMACY (PHARMACY C OSTED REGS)	MEDICAL RECO RDS & LIBRAR (TIME SPENT)	SOCIAL SERVI CE (SOCIAL SER VICE TIME)	DEPARTMENT O F MEDICINE (MEDICINE M .D. TIME)	DEPARTMENT O F CARDIOLOGY (CARDIOLOGY M.D. TIME)	DEPARTMENT O F SURGERY (SURGERY M. D. TIME)
	16	17	18	19	19.01	19.02
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		11,666				
21 COST TO BE ALLOCATED		3,719				
22 UNIT COST MULTIPLIER		0.318790				

HHA COST CENTER	DEPARTMENT O F FAMILY CAR FAMILY MED M.D. TIME)	NONPHYSICIAN ANESTHETIST (ASSIGNED T IME)	NURSING SCHO OL (ASSIGNED T IME)	I&R SERVICES -SALARY & FR (I & R ASSI GNED TIME)	I&R SERVICES -OTHER PRGM (I & R ASSI GNED TIME)	PARAMED P RGM-(SPECIFY (ANES. ASSI GNED TIME)
	19.03	20	21	22	23	24
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULTIPLIER						

HHA 1

PSYCHOLOGY I
NTERNS PARAM
(PSYCHOLOGY
ASSIGN TM)
24.01

HHA COST CENTER

- 1 ADMIN & GENERAL
- 2 SKILLED NURSING CARE
- 3 PHYSICAL THERAPY
- 4 OCCUPATIONAL THERAPY
- 5 SPEECH PATHOLOGY
- 6 MEDICAL SOCIAL SERVICES
- 7 HOME HEALTH AIDE
- 8 SUPPLIES
- 9 DRUGS
- 9.20 COST ADMINISTERING DRUGS
- 10 DME
- 11 HOME DIALYSIS AIDE SVCS
- 12 RESPIRATORY THERAPY
- 13 PRIVATE DUTY NURSING
- 14 CLINIC
- 15 HEALTH PROM ACTIVITIES
- 16 DAY CARE PROGRAM
- 17 HOME DEL MEALS PROGRAM
- 18 HOMEMAKER SERVICE
- 19 ALL OTHER
- 19.50 TELEMEDICINE
- 20 TOTAL (SUM OF 1-19)
- 21 COST TO BE ALLOCATED
- 22 UNIT COST MULTIPLIER

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

COST PER VISIT COMPUTATION	PATIENT SERVICES	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS PART A
			1	2	3	4	5	6
1	SKILLED NURSING	2	5,751,720		5,751,720	49,195	116.92	10,449
2	PHYSICAL THERAPY	3	1,480,330		1,480,330	12,508	118.35	3,171
3	OCCUPATIONAL THERAPY	4	304,267		304,267	2,564	118.67	620
4	SPEECH PATHOLOGY	5	155,629		155,629	965	161.27	244
5	MEDICAL SOCIAL SERVICES	6						
6	HOME HEALTH AIDE SERVICE	7	1,147,217		1,147,217	12,913	88.84	2,131
7	TOTAL		8,839,163		8,839,163	78,145		16,615

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----			
		-----PART B-----		-----PART B-----			
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST	
		7	8	PART A 9	10	11	12
1	SKILLED NURSING	8,371		1,221,697	978,737		2,200,434
2	PHYSICAL THERAPY	1,908		375,288	225,812		601,100
3	OCCUPATIONAL THERAPY	302		73,575	35,838		109,413
4	SPEECH PATHOLOGY	89		39,350	14,353		53,703
5	MEDICAL SOCIAL SERVICES						
6	HOME HEALTH AIDE SERVICES	4,094		189,318	363,711		553,029
7	TOTAL	14,764		1,899,228	1,618,451		3,517,679

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS 5	PROGRAM VISITS PART A 6
8	SKILLED NURSING						
9	PHYSICAL THERAPY						
10	OCCUPATIONAL THERAPY						
11	SPEECH PATHOLOGY						
12	MEDICAL SOCIAL SERVICES						
13	HOME HEALTH AIDE SERVICE						
14	TOTAL						

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----			
		-----PART B-----		-----PART B-----			
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST	
		7	8	PART A 9	10	11	12
8	SKILLED NURSING						
9	PHYSICAL THERAPY						
10	OCCUPATIONAL THERAPY						
11	SPEECH PATHOLOGY						
12	MEDICAL SOCIAL SERVICES						
13	HOME HEALTH AIDE SERVICE						
14	TOTAL						

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART I)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00				400,401		72,481
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES		-----COST OF SERVICES-----	
	-----PART B-----		-----PART B-----	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR
	7	8	PART A 9	10
15 COST OF MEDICAL SUPPLIES		112,864		
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
	1	2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4		
17 PER BENE COST LIMITATION (FRM F1)		
18 PER BENE COST LIMITATION (LN 17*18)		

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.292368			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.296652			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.496865			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.450838			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.370398			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999
			----- PROGRAM VISITS -----	----- PROGRAM VISITS -----	----- PROGRAM VISITS -----	----- PROGRAM VISITS -----	
			PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	
	1	2	2.01	3	3.01	4	5
1 PHYSICAL THERAPY	2	118.35					
2 OCCUPATIONAL THERAPY	3	118.67					
3 SPEECH PATHOLOGY	4	161.27					
4 TOTAL (SUM OF LINES 1-3)							

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,384,279
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	26,188
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	78.93
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	70.50
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	28.67
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	396,873
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	10.78
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	18.20
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	28.98
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	6.04
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	83,610
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,890,950

PART II - HOLD HARMLESS METHOD

1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	

PART III - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	

PART IV - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	