

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/ 1/2007		--AUDITED --DESK REVIEW		/ /
				TO 9/30/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 4/30/2009 TIME 13:40

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/ 1/2007 AND ENDING 9/30/2008 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	5	
1	HOSPITAL	0	1,088,120	139,144		0
2	SUBPROVIDER	0	29,283	0		0
7	HOSPITAL-BASED HHA	0	0	0		0
100	TOTAL	0	1,117,403	139,144		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.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 111 BREWSTER STREET P. O. BOX:  
 1.01 CITY: PAWTUCKET STATE: RI ZIP CODE: 02860 COUNTY: PROVIDENCE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVII	XIX
02.00 HOSPITAL	MEMORIAL HOSPITAL OF RHODE ISLAND	41-0001	2.01	3	4	5	6
03.00 SUBPROVIDER	MEMORIAL REHAB UNIT	41-T001		10/ 1/1984	N	P	N
09.00 HOSPITAL-BASED HHA	MEMORIAL HOSPITAL - HHA	41-7025		9/10/1968	N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/ 1/2007 TO: 9/30/2008

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1  
 20 SUBPROVIDER 5

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. N

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED SLEET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION IN COL. 3. / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER: ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COLUMN 3. / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? Y

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? Y

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. Y

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) Y N

25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR TIME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)		N	Y				
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.							
26.01	ENTER THE APPLICABLE SCH DATES:      BEGINNING:      ENDING:      /      /							
26.02	ENTER THE APPLICABLE SCH DATES:      BEGINNING:      ENDING:      /      /							
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.		N	/	/			
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02							
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)				1	2	3	4
					-----	-----	-----	-----
					0	0.0000	0.0000	
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY				0.00	0		
A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)								
28.03	STAFFING				%	Y/N		
28.04	RECRUITMENT				0.00%			
28.05	RETENTION				0.00%			
28.06	TRAINING				0.00%			
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?		N					
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)		N					
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70							
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)		N					
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).		N					
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II		N					
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N					
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N					
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N					
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N					
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N					
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N					
MISCELLANEOUS COST REPORT INFORMATION								
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.		N					
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2		N					
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?		N					
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		N					
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		N					
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		N					
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		N					
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		N					
PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL								
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			

V    XVIII    XIX  
 1    2    3

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 XVIII 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 THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE 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? N 00/00/0000  
 SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.  
 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 NHCMQ 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. N 0.00 0  
 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. 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 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N  
 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

MULTI CAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO.  
 IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00



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	83,977,270		83,977,270	2,979,735.00	28.18	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	1,368,614		1,368,614	14,134.03	96.83	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	2,271,774		2,271,774	27,072.00	83.92	
5 PHYSICIAN - PART B	6,483,514		6,483,514	74,976.47	86.47	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	3,619,917	-147,245	3,472,672	151,026.40	22.99	
6.01 CONTRACT SERVICES, I&R	814,781		814,781	21,236.80	38.37	
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	7,365,672	3,797,440	11,163,112	302,267.00	36.93	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,954,663		1,954,663	41,739.50	46.83	
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)	17,629,417		17,629,417			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	2,862,130		2,862,130			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	407,162		407,162			CMS 339
18.01 PART A TEACHING PHYSICIANS	675,852		675,852			CMS 339
19 PHYSICIAN PART B	1,928,844		1,928,844			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	1,020,919		1,020,919			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	407,794		407,794	13,680.75	29.81	
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	10,163,731	-590,819	9,572,912	384,649.15	24.89	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS	913,352		913,352	45,029.25	20.28	
24 OPERATION OF PLANT	360,720		360,720	21,247.00	16.98	
25 LAUNDRY & LINEN SERVICE	318,262		318,262	21,263.50	14.97	
26 HOUSEKEEPING	1,844,722		1,844,722	120,703.00	15.28	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,543,917	-975,447	568,470	39,348.34	14.45	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		975,447	975,447	67,518.41	14.45	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	2,765,888	-936,818	1,829,070	49,981.80	36.59	
31 CENTRAL SERVICE AND SUPPLY	439,969		439,969	25,010.75	17.59	
32 PHARMACY	1,189,254	113,400	1,302,654	39,547.75	32.94	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	920,797		920,797	53,271.50	17.28	
34 SOCIAL SERVICE	204,173		204,173	6,240.00	32.72	
35 OTHER GENERAL SERVICE	5,818,154	-38,851	5,779,303	114,233.55	50.59	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	70,787,284	147,245	70,934,529	2,705,423.33	26.22	
2 EXCLUDED AREA SALARIES	7,365,672	3,797,440	11,163,112	302,267.00	36.93	
3 SUBTOTAL SALARIES	63,421,612	-3,650,195	59,771,417	2,403,156.33	24.87	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	1,954,663		1,954,663	41,739.50	46.83	
5 SUBTOTAL WAGE-RELATED COSTS	18,036,579		18,036,579		30.18	
6 TOTAL	83,412,854	-3,650,195	79,762,659	2,444,895.83	32.62	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	26,890,733	-1,453,088	25,437,645	1,001,724.75	25.39	

HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

PROVIDER NO: 41-0001  
HHA NO: 41-7025  
COUNTY:  
PERIOD: FROM 10/1/2007 TO 9/30/2008  
PREPARED 4/30/2009  
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
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1 HOME HEALTH AIDE HOURS	0	0	0	0
2 UNDUPLICATED CENSUS COUNT				

TOTAL  
5

1 HOME HEALTH AIDE HOURS	0
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)	1.00	1.00
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	4.01	4.01
5 OTHER ADMINISTRATIVE PERSONEL	10.14	10.14
6 DIRECTING NURSING SERVICE	26.05	26.05
7 NURSING SUPERVISOR		
8 PHYSICAL THERAPY SERVICE	7.13	7.13
9 PHYSICAL THERAPY SUPERVISOR	1.01	1.01
10 OCCUPATIONAL THERAPY SERVICE		
11 OCCUPATIONAL THERAPY SUPERVISOR		
12 SPEECH PATHOLOGY SERVICE		
13 SPEECH PATHOLOGY SUPERVISOR		
14 MEDICAL SOCIAL SERVICE		
15 MEDICAL SOCIAL SERVICE SUPERVISOR		
16 HOME HEALTH AIDE	14.01	14.01
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 0

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).

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

	FULL EPIISODES		LUPA EPIISODES 3	PEP ONLY EPIISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		

21 SKILLED NURSING VISITS	14,885	2,817	264	242
22 SKILLED NURSING VISIT CHARGES	2,834,171	534,122	50,362	46,063
23 PHYSICAL THERAPY VISITS	4,652	131	15	59
24 PHYSICAL THERAPY VISIT CHARGES	886,318	24,615	2,856	11,243
25 OCCUPATIONAL THERAPY VISITS	990	33	6	8
26 OCCUPATIONAL THERAPY VISIT CHARGES	188,534	6,153	1,146	1,510
27 SPEECH PATHOLOGY VISITS	391	22	4	1
28 SPEECH PATHOLOGY VISIT CHARGES	74,575	4,079	764	191
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0	0
31 HOME HEALTH AIDE VISITS	4,606	714	5	53
32 HOME HEALTH AIDE VISIT CHARGES	312,386	47,933	340	3,573
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	25,524	3,717	294	363
34 OTHER CHARGES	221,944	58,379	6,105	1,455
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	4,517,928	675,281	61,573	64,035
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	25,524	0	294	363
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	3,717	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	188,604	45,064	5,542	992

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	537	18,745
22 SKILLED NURSING VISIT CHARGES	0	100,768	3,565,486
23 PHYSICAL THERAPY VISITS	0	142	4,999
24 PHYSICAL THERAPY VISIT CHARGES	0	26,752	951,784
25 OCCUPATIONAL THERAPY VISITS	0	39	1,076
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	7,414	204,757
27 SPEECH PATHOLOGY VISITS	0	27	445
28 SPEECH PATHOLOGY VISIT CHARGES	0	4,989	84,598
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0
31 HOME HEALTH AIDE VISITS	0	124	5,502
32 HOME HEALTH AIDE VISIT CHARGES	0	8,317	372,549
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	869	30,767
34 OTHER CHARGES	0	5,921	293,804
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	154,161	5,472,978
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	680	26,861
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	189	3,906
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	4,493	244,695

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) .421112
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 \* LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
- 27 TOTAL SCHIP COST, (LINE 24 \* LINE 26)
- 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS

DESCRIPTION

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 10/1/2007 TO 9/30/2008

PREPARED 4/30/2009 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		65,664	65,664	5,297	70,961
3.03 0303	NEW CAP REL COSTS-RICHARDSON		91,994	91,994	40,044	132,038
3.04 0304	NEW CAP REL COSTS-WOOD		283,197	283,197	73,553	356,750
3.05 0305	NEW CAP REL COSTS-HODGSON		544,675	544,675	83,002	627,677
3.06 0306	NEW CAP REL COSTS-OPD				2,360	2,360
3.07 0307	NEW CAP REL COSTS-GARAGE		508	508	1,819	2,327
3.08 0308	NEW CAP REL COSTS-ABC		26,584	26,584	21,490	48,074
3.09 0309	NEW CAP REL COSTS-AMBULATORY		63,370	63,370	3,875	67,245
3.10 0310	NEW CAP REL COSTS-SAYLES		364,218	364,218	355,716	719,934
3.11 0311	NEW CAP REL COSTS-NOTRE DAME		42,553	42,553	5,857	48,410
3.12 0312	NEW CAP REL COSTS-PRIMARY CARE		229,644	229,644	9,078	238,722
3.13 0313	NEW CAP REL 555 PROSPECT ST.		37,249	37,249	1,469	38,718
3.14 0314	NEW CAP REL COSTS - PLAINVILLE		58,509	58,509		58,509
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		2,460,820	2,460,820	196,809	2,657,629
5 0500	EMPLOYEE BENEFITS	407,794	323,246	731,040	26,941,376	27,672,416
6.01 0610	COMMUNICATIONS	268,914	333,952	602,866		602,866
6.02 0620	INFORMATION SERVICES	1,854,332	1,395,071	3,249,403		3,249,403
6.03 0630	PURCHASING RECEIVING AND STORES	425,316	599,320	1,024,636		1,024,636
6.04 0640	ADMINITTING	303,262	20,310	323,572		323,572
6.05 0650	BUSINESS OFFICE	2,078,995	243,885	2,322,880	-475,962	1,846,918
6.06 0660	OTHER ADMINISTRATION AND GENERAL	4,703,192	32,996,283	37,699,475	-23,793,498	13,905,977
6.07 0661	GRANTS ADMINISTRATION	529,720	77,756	607,476	-145,858	461,618
7 0700	MAINTENANCE & REPAIRS	913,352	363,597	1,276,949		1,276,949
8 0800	OPERATION OF PLANT	360,720	3,749,869	4,110,589	-1,469	4,109,120
9 0900	LAUNDRY & LINEN SERVICE	318,262	170,240	488,502	13,725	502,227
10 1000	HOUSEKEEPING	1,844,722	418,073	2,262,795		2,262,795
11 1100	DIETARY	1,543,917	2,096,819	3,640,736	-2,300,217	1,340,519
12 1200	CAFETERIA				2,300,217	2,300,217
13 1300	MAINTENANCE OF PERSONNEL					
14 1400	NURSING ADMINISTRATION	2,765,888	111,620	2,877,508	-936,818	1,940,690
15 1500	CENTRAL SERVICES & SUPPLY	439,969	267,551	707,520	-32,193	675,327
16 1600	PHARMACY	1,189,254	6,418,768	7,608,022	-6,097,090	1,510,932
17 1700	MEDICAL RECORDS & LIBRARY	920,797	177,033	1,097,830		1,097,830
18 1800	SOCIAL SERVICE	204,173	551	204,724		204,724
19 1950	DEPARTMENT OF MEDICINE	954,967	294,903	1,249,870	-129,508	1,120,362
19.01 1951	DEPARTMENT OF CARDIOLOGY	1,187,501	471,631	1,659,132	-321,923	1,337,209
19.02 1952	DEPARTMENT OF SURGERY	373,506	188,897	562,403		562,403
19.03 1953	DEPARTMENT OF FAMILY CARE	3,302,180	1,335,561	4,637,741	-358,599	4,279,142
20 2000	NONPHYSICIAN ANESTHETISTS					
21 2100	NURSING SCHOOL					
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD	3,619,917	1,246,663	4,866,580	-509,245	4,357,335
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	381,396	62,395	443,791	1,428,892	1,872,683
24 2400	PARAMED ED PRGM-(SPECIFY)				404,695	404,695
24.01 2410	PSYCHOLOGY INTERNS PARAMEDICAL					
	INPAT ROUTINE SRVC CNTRS					
25 2500	ADULTS & PEDIATRICS	11,115,113	1,664,259	12,779,372	-881,786	11,897,586
26 2600	INTENSIVE CARE UNIT	4,307,799	532,056	4,839,855	-1,033,310	3,806,545
27 2700	CORONARY CARE UNIT					
28 2800	BURN INTENSIVE CARE UNIT					
29 2900	SURGICAL INTENSIVE CARE UNIT					
31 3100	SUBPROVIDER	1,204,975	113,723	1,318,698	451,401	1,770,099
33 3300	NURSERY	114,717	50,501	165,218	-153,431	11,787
	ANCILLARY SRVC COST CNTRS					
37 3700	OPERATING ROOM	3,998,871	6,065,551	10,064,422	-4,667,814	5,396,608
37.01 3330	ENDOSCOPY	430,704	175,206	605,910	-42,798	563,112
39 3900	DELIVERY ROOM & LABOR ROOM					
40.01 3630	ULTRASOUND	331,834	44,205	376,039	-367	375,672
41 4100	RADIOLOGY-DIAGNOSTIC	1,997,803	1,053,424	3,051,227	-10,254	3,040,973
42.01 3230	CT SCAN	595,046	282,760	877,806	-11,785	866,021
42.02 3430	MAGNETIC RESONANCE IMAGING(MRI)	257,119	189,821	446,940	1,083	448,023
43 4300	RADIOISOTOPE	151,911	104,203	256,114	216,579	472,693
44 4400	LABORATORY	6,508,689	2,911,801	9,420,490	-1,256,434	8,164,056
47 4700	BLOOD STORING, PROCESSING & TRANS.	419,667	1,130,376	1,550,043	-124,298	1,425,745
49 4900	RESPIRATORY THERAPY	2,186,128	242,404	2,428,532	-235,798	2,192,734
50 5000	PHYSICAL THERAPY	1,019,571	657,737	1,677,308	82,618	1,759,926
51 5100	OCCUPATIONAL THERAPY	828,326	105,961	934,287	-101,035	833,252
52 5200	SPEECH PATHOLOGY	660,008	65,613	725,621	-35,765	689,856
53 5300	ELECTROCARDIOLOGY		152,265	152,265	9,904	162,169
54 5400	ELECTROENCEPHALOGRAPHY	75,532	446,731	522,263	-267,031	255,232
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				6,902,140	6,902,140
56 5600	DRUGS CHARGED TO PATIENTS				6,493,876	6,493,876
59.01 3120	CARDIAC CATHETERIZATION LABORATORY	271,157	1,959,127	2,230,284	-1,800,014	430,270
59.02 3950	MEDICAL REHAB	772,878	68,705	841,583	-841,583	
59.03 3951	NOTRE DAME OCCUPATIONAL MEDICINE					
59.04 3952	INPATIENT RENAL DIALYSIS				268,216	268,216
	OUTPAT SERVICE COST CNTRS					
60 6000	CLINIC	404,057	44,379	448,436	2,590	451,026
60.01 6001	NOTRE DAME AMBULATORY CLINIC	783,767	80,308	864,075	16,601	880,676
60.02 6002	FAMILY CARE CLINIC	914,955	91,035	1,005,990	61,256	1,067,246
60.03 6003	PEDIATRIC CLINIC	1,082,301	229,815	1,312,116	-620,332	691,784
60.05 6005	BARRINGTON URGENT CARE	703,759	211,964	915,723	-116,488	799,235
61 6100	EMERGENCY	5,494,211	1,591,882	7,086,093	-754,546	6,331,547

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 41-0001  
PERIOD: FROM 10/1/2007 TO 9/30/2008  
PREPARED 4/30/2009  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	OUTPAT SERVICE COST CNTRS					
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 O/P CHEMO & IV PROCEDURES	293,629	58,580	352,209	100,580	452,789
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	4,074,334	636,068	4,710,402	126,907	4,837,309
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		1,278,996	1,278,996	-1,278,996	
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	81,890,907	79,872,435	161,763,342	-2,713,220	159,050,122
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH	1,542,500	2,007,432	3,549,932	-521,080	3,028,852
97.01	9701 UNFUNDED RESEARCH				191,586	191,586
98	9800 PHYSICIANS' PRIVATE OFFICES	450,703	288,448	739,151	2,546,630	3,285,781
99	9900 NONPAID WORKERS					
99.01	9901 FUND RAISING				58,250	58,250
99.02	9902 BANK					
99.03	9903 VACANT SPACE					
99.04	9904 BILLING OFFICE	93,160		93,160		93,160
99.05	9905 O/P MEALS					
99.06	9906 BROWN MEDICAL STUDENTS				437,834	437,834
99.07	9907 NONREIMBURSABLE SERVICES					
101	TOTAL	83,977,270	82,168,315	166,145,585	-0-	166,145,585

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 41-0001  
PERIOD: FROM 10/1/2007 TO 9/30/2008  
PREPARED 4/30/2009  
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		70,961
3.03 0303	NEW CAP REL COSTS-RICHARDSON		132,038
3.04 0304	NEW CAP REL COSTS-WOOD		356,750
3.05 0305	NEW CAP REL COSTS-HODGSON		627,677
3.06 0306	NEW CAP REL COSTS-OPD		2,360
3.07 0307	NEW CAP REL COSTS-GARAGE		2,327
3.08 0308	NEW CAP REL COSTS-ABC		48,074
3.09 0309	NEW CAP REL COSTS-AMBULATORY		67,245
3.10 0310	NEW CAP REL COSTS-SAYLES		719,934
3.11 0311	NEW CAP REL COSTS-NOTRE DAME		48,410
3.12 0312	NEW CAP REL COSTS-PRIMARY CARE		238,722
3.13 0313	NEW CAP REL 555 PROSPECT ST.		38,718
3.14 0314	NEW CAP REL COSTS - PLAINVILLE		58,509
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		2,657,629
5 0500	EMPLOYEE BENEFITS	-215,744	27,456,672
6.01 0610	COMMUNICATIONS	-31,663	571,203
6.02 0620	INFORMATION SERVICES		3,249,403
6.03 0630	PURCHASING RECEIVING AND STORES		1,024,636
6.04 0640	ADMITTING		323,572
6.05 0650	BUSINESS OFFICE		1,846,918
6.06 0660	OTHER ADMINISTRATION AND GENERAL	-472,176	13,433,801
6.07 0661	GRANTS ADMINISTRATION	-2,632	458,986
7 0700	MAINTENANCE & REPAIRS		1,276,949
8 0800	OPERATION OF PLANT	-183,957	3,925,163
9 0900	LAUNDRY & LINEN SERVICE	-1,638	500,589
10 1000	HOUSEKEEPING		2,262,795
11 1100	DIETARY	-3,305	1,337,214
12 1200	CAFETERIA	-1,058,192	1,242,025
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION		1,940,690
15 1500	CENTRAL SERVICES & SUPPLY		675,327
16 1600	PHARMACY	-37,255	1,473,677
17 1700	MEDICAL RECORDS & LIBRARY	-12,339	1,085,491
18 1800	SOCIAL SERVICE		204,724
19 1950	DEPARTMENT OF MEDICINE	-154,564	965,798
19.01 1951	DEPARTMENT OF CARDIOLOGY	-176,290	1,160,919
19.02 1952	DEPARTMENT OF SURGERY		562,403
19.03 1953	DEPARTMENT OF FAMILY CARE	-1,093,907	3,185,235
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		4,357,335
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	-76,298	1,796,385
24 2400	PARAMED ED PRGM-(SPECIFY)		404,695
24.01 2410	PSYCHOLOGY INTERNS PARAMEDICAL		
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-113	11,897,473
26 2600	INTENSIVE CARE UNIT	-443,588	3,362,957
27 2700	CORONARY CARE UNIT		
28 2800	BURN INTENSIVE CARE UNIT		
29 2900	SURGICAL INTENSIVE CARE UNIT		
31 3100	SUBPROVIDER	-186,828	1,583,271
33 3300	NURSERY		11,787
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM		5,396,608
37.01 3330	ENDOSCOPY		563,112
39 3900	DELIVERY ROOM & LABOR ROOM		
40.01 3630	ULTRASOUND		375,672
41 4100	RADIOLOGY-DIAGNOSTIC	-800	3,040,173
42.01 3230	CT SCAN		866,021
42.02 3430	MAGNETIC RESONANCE IMAGING(MRI)	-550	447,473
43 4300	RADIOISOTOPE		472,693
44 4400	LABORATORY	-638,378	7,525,678
47 4700	BLOOD STORING, PROCESSING & TRANS.		1,425,745
49 4900	RESPIRATORY THERAPY	-129,414	2,063,320
50 5000	PHYSICAL THERAPY		1,759,926
51 5100	OCCUPATIONAL THERAPY		833,252
52 5200	SPEECH PATHOLOGY		689,856
53 5300	ELECTROCARDIOLOGY	-135,645	26,524
54 5400	ELECTROENCEPHALOGRAPHY	-40,754	214,478
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		6,902,140
56 5600	DRUGS CHARGED TO PATIENTS		6,493,876
59.01 3120	CARDIAC CATHETERIZATION LABORATORY		430,270
59.02 3950	MEDICAL REHAB		
59.03 3951	NOTRE DAME OCCUPATIONAL MEDICINE		
59.04 3952	INPATIENT RENAL DIALYSIS		268,216
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		451,026
60.01 6001	NOTRE DAME AMBULATORY CLINIC	-422,727	457,949
60.02 6002	FAMILY CARE CLINIC		1,067,246
60.03 6003	PEDIATRIC CLINIC	-200,745	491,039
60.05 6005	BARRINGTON URGENT CARE	-395,029	404,206
61 6100	EMERGENCY	-2,768,576	3,562,971

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 41-0001  
PERIOD: FROM 10/1/2007 TO 9/30/2008  
PREPARED 4/30/2009  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	OUTPAT SERVICE COST CNTRS		
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 O/P CHEMO & IV PROCEDURES		452,789
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		4,837,309
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-8,883,107	150,167,015
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		3,028,852
97.01	9701 UNFUNDED RESEARCH		191,586
98	9800 PHYSICIANS' PRIVATE OFFICES		3,285,781
99	9900 NONPAID WORKERS		
99.01	9901 FUND RAISING		58,250
99.02	9902 BANK		
99.03	9903 VACANT SPACE		
99.04	9904 BILLING OFFICE		93,160
99.05	9905 O/P MEALS		
99.06	9906 BROWN MEDICAL STUDENTS		437,834
99.07	9907 NONREIMBURSABLE SERVICES		
101	TOTAL	-8,883,107	157,262,478

## COST CENTERS USED IN COST REPORT

PROVIDER NO: 41-0001  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 4/30/2009  
 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
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	

COST CENTERS USED IN COST REPORT

PROVIDER NO: 41-0001  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 4/30/2009  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	OUTPAT SERVICE COST		
63	O/P CHEMO & IV PROCEDURES	4950	OTHER OUTPATIENT SERVICE COST CENTER
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
97.01	UNFUNDED RESEARCH	9701	RESEARCH
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
99.01	FUND RAISING	9901	NONPAID WORKERS
99.02	BANK	9902	NONPAID WORKERS
99.03	VACANT SPACE	9903	NONPAID WORKERS
99.04	BILLING OFFICE	9904	NONPAID WORKERS
99.05	O/P MEALS	9905	NONPAID WORKERS
99.06	BROWN MEDICAL STUDENTS	9906	NONPAID WORKERS
99.07	NONREIMBURSABLE SERVICES	9907	NONPAID WORKERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:  
410001

PERIOD:  
FROM 10/ 1/2007  
TO 9/30/2008

PREPARED 4/30/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		OTHER 5
			LINE NO 3	SALARY 4	
1 MEDICAL SUPPLIES CHARGED TO PATIENTS	A	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		6,818,902
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23 CAPITAL RELATED INTEREST	B	NEW CAP REL COSTS-RI CHARDSON	3.03		34,210
24		NEW CAP REL COSTS-WOOD	3.04		52,491
25		NEW CAP REL COSTS-HODGSON	3.05		58,416
26		NEW CAP REL COSTS-ABC	3.08		10,321
27		NEW CAP REL COSTS-AMBULATORY	3.09		976
28		NEW CAP REL COSTS-SAYLES	3.10		338,028
29		NEW CAP REL COSTS-MVBLE EQUIP	4		185,873
30		OTHER ADMINISTRATIVE AND GENERAL	6.06		528,354
31		SUBPROVIDER	31		70,327
32 BUILDING AND AUTO INSURANCE	C	NEW CAP REL COSTS-MACCOLL	3.02		5,297
33		NEW CAP REL COSTS-RI CHARDSON	3.03		5,834
34		NEW CAP REL COSTS-WOOD	3.04		21,062
35		NEW CAP REL COSTS-HODGSON	3.05		24,586
1 BUILDING AND AUTO INSURANCE	C	NEW CAP REL COSTS-OPD	3.06		2,360
2		NEW CAP REL COSTS-GARAGE	3.07		1,819
3		NEW CAP REL COSTS-ABC	3.08		11,169
4		NEW CAP REL COSTS-AMBULATORY	3.09		2,899
5		NEW CAP REL COSTS-SAYLES	3.10		17,688
6		NEW CAP REL COSTS-NOTRE DAME	3.11		5,857
7		NEW CAP REL COSTS-PRIMARY CARE	3.12		9,078
8		NEW CAP REL 555 PROSPECT ST.	3.13		1,469
9		NEW CAP REL COSTS-MVBLE EQUIP	4		10,936
10 DRUGS CHARGED TO PATIENTS	D	DRUGS CHARGED TO PATIENTS	56		6,493,876
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27 FUND RAISING	E	FUND RAISING	99.01	58,250	
28 CAFETERIA	F	CAFETERIA	12	975,447	1,324,770
29 NUCLEAR CARDIOLOGY PERSONNEL	G	RADIOISOTOPE	43	284,268	
30 PARAMEDICAL ED ANESTHESIA	H	PARAMED ED PRGM-(SPECIFY)	24	399,150	5,545
31 MD'S UNFUNDED RESEARCH	I	UNFUNDED RESEARCH	97.01	163,591	
32					
33					
34					
35					



RECLASSIFICATIONS

PROVIDER NO:  
410001

PERIOD:  
FROM 10/ 1/2007  
TO 9/30/2008

PREPARED 4/30/2009  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		SALARY	OTHER
			LINE NO			
	1	2	3		4	5
1 DEFERRED FRINGES	U					
2						
3						
4						
5						
6 ELIMINATION OF MEDICAL REHAB COSTS	V	PHYSICAL THERAPY	50		115,666	35,035
7		OCCUPATIONAL THERAPY	51		93,970	5,644
8		SPEECH PATHOLOGY	52		74,875	3,495
9 GRANT ACCOUNTANT	W	GRANTS ADMINISTRATION	6.07		50,702	
10 TEACHING PSYCHOLOGIST	X	I&R SERVICES-OTHER PRGM COSTS APPRVD	23		89,003	
11 RECLASS MD FROM MED REHAB TO SUB	Y	SUBPROVIDER	31		224,624	
12 REHAB PHD'S	Z	SUBPROVIDER	31		157,087	
13 RADIATION SAFETY SERVICE	AA	CT SCAN	42.01			2,326
14		ULTRASOUND	40.01			997
15		MAGNETIC RESONANCE IMAGING(MRI)	42.02			1,185
16		RADIOISOTOPE	43			679
17 ADVERTISING COST	AB	OTHER ADMINISTRATIVE AND GENERAL	6.06			167,630
18 LINEN COST	AC	LAUNDRY & LINEN SERVICE	9			13,725
19 NURSE TRAINING	AD	PHARMACY	16		113,400	
20		ADULTS & PEDIATRICS	25		370,773	
21		INTENSIVE CARE UNIT	26		16,532	
22		SUBPROVIDER	31		3,611	
23		OPERATING ROOM	37		25,918	
24		ENDOSCOPY	37.01		2,425	
25		EMERGENCY	61		55,582	
26 EMPLOYEE BENEFIT	AE	EMPLOYEE BENEFITS	5			562,554
27						
28 NURSE FLOATS	AF	ADULTS & PEDIATRICS	25		190,394	
29		INTENSIVE CARE UNIT	26		63,058	
30		SUBPROVIDER	31		9,098	
31		OPERATING ROOM	37		21,438	
32		ENDOSCOPY	37.01		2,091	
33		RADIOLOGY-DIAGNOSTIC	41		244	
34		LABORATORY	44		1,776	
35		CARDIAC CATHETERIZATION LABORATORY	59.01		941	
1 NURSE FLOATS	AF	CLINIC	60		8,854	
2		NOTRE DAME AMBULATORY CLINIC	60.01		4,044	
3		FAMILY CARE CLINIC	60.02		12,793	
4		BARRINGTON URGENT CARE	60.05		6,065	
5		EMERGENCY	61		24,679	
6		O/P CHEMO & IV PROCEDURES	63		3,102	
7 MD'S BROWN STUDENTS	AG	BROWN MEDICAL STUDENTS	99.06		66,178	
8 PEDI FELLOW RECLASS TO MED ED FROM N	AH	I&R SERVICES-SALARY & FRINGES APPRVD	22		41,007	
9 OT, SP HOME CARE	AI	HOME HEALTH AGENCY	71		207,661	
10						
11 BROWN CHAIR	AJ	BROWN MEDICAL STUDENTS	99.06			362,000
12 BARRINGTON RAD TECHS	AL	RADIOLOGY-DIAGNOSTIC	41		111,331	
13 BLOOD TRANSF OP CHEMO	AM	O/P CHEMO & IV PROCEDURES	63			124,298
36 TOTAL RECLASSIFICATIONS					9,170,784	44,488,165

(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

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
	1	6	7		8	9	10
1 MEDICAL SUPPLIES CHARGED TO PATIENTS	A	CENTRAL SERVICES & SUPPLY	15			2,293	
2		PHARMACY	16			3,325	
3		ADULTS & PEDIATRICS	25			127,897	
4		INTENSIVE CARE UNIT	26			76,729	
5		SUBPROVIDER	31			45,744	
6		OPERATING ROOM	37			4,280,542	
7		ENDOSCOPY	37.01			39,559	
8		ULTRASOUND	40.01			9,570	
9		RADIOLOGY-DIAGNOSTIC	41			159,035	
10		CT SCAN	42.01			22,399	
11		RADIOISOTOPE	43			73,816	
12		RESPIRATORY THERAPY	49			568	
13		PHYSICAL THERAPY	50			4,566	
14		OCCUPATIONAL THERAPY	51			4,756	
15		SPEECH PATHOLOGY	52			42,224	
16		CARDIAC CATHETERIZATION LABORATORY	59.01			1,799,373	
17		CLINIC	60			449	
18		NOTRE DAME AMBULATORY CLINIC	60.01			4,197	
19		FAMILY CARE CLINIC	60.02			632	
20		BARRINGTON URGENT CARE	60.05			9,448	
21		EMERGENCY	61			31,026	
22		HOME HEALTH AGENCY	71			80,754	
23 CAPITAL RELATED INTEREST	B	INTEREST EXPENSE	88			1,278,996	11
24							11
25							11
26							11
27							11
28							11
29							11
30							11
31							11
32 BUILDING AND AUTO INSURANCE	C	OTHER ADMINISTRATIVE AND GENERAL	6.06			118,585	12
33		OPERATION OF PLANT	8			1,469	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							12
10 DRUGS CHARGED TO PATIENTS	D	PHARMACY	16			6,207,165	
11		DEPARTMENT OF RADIOLOGY	19.01			1,581	
12		ADULTS & PEDIATRICS	25			92,690	
13		INTENSIVE CARE UNIT	26			42,976	
14		SUBPROVIDER	31			1,747	
15		OPERATING ROOM	37			42,110	
16		ENDOSCOPY	37.01			7,755	
17		RADIOLOGY-DIAGNOSTIC	41			1,270	
18		CT SCAN	42.01			304	
19		MAGNETIC RESONANCE IMAGING(MRI)	42.02			102	
20		RESPIRATORY THERAPY	49			14	
21		CARDIAC CATHETERIZATION LABORATORY	59.01			1,582	
22		NOTRE DAME AMBULATORY CLINIC	60.01			1,077	
23		FAMILY CARE CLINIC	60.02			177	
24		EMERGENCY	61			64,964	
25		O/P CHEMO & IV PROCEDURES	63			26,820	
26		BARRINGTON URGENT CARE	60.05			1,542	
27 FUND RAISING	E	OTHER ADMINISTRATIVE AND GENERAL	6.06		58,250		
28 CAFETERIA	F	DIETARY	11		975,447		1,324,770
29 NUCLEAR RADIOLOGY PERSONNEL	G	DEPARTMENT OF RADIOLOGY	19.01			284,268	
30 PARAMEDICAL ED ANESTHESIA	H	OPERATING ROOM	37			399,150	5,545
31 MD'S UNFUNDED RESEARCH	I	GRANTS ADMINISTRATION	6.07			65,312	
32		I&R SERVICES-OTHER PRGM COSTS APPRVD	23			3,046	
33		LABORATORY	44			61,492	
34		RESPIRATORY THERAPY	49			17,870	
35		EMERGENCY	61			15,871	

RECLASSIFICATIONS

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----- DECREASE -----						
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	A-7 REF
	1	6	7	8	9	10
1 MD'S TEACHING	J	GRANTS ADMINISTRATION	6.07	36,122		
2		I&R SERVICES-OTHER PRGM COSTS APPRVD	23	126,026		
3		ADULTS & PEDIATRICS	25	676,700		
4		SUBPROVIDER	31	56,679		
5		NURSERY	33	10,943		
6		LABORATORY	44	384,856		
7		RESPIRATORY THERAPY	49	48,771		
8		CLINIC	60	18,134		
9		NOTRE DAME AMBULATORY CLINIC	60.01	27,907		
10		EMERGENCY	61	49,415		
11 MD'S PHYSICIAN PRIVATE OFFICE	K	GRANTS ADMINISTRATION	6.07	57,033		
12		ADULTS & PEDIATRICS	25	146,558		
13		INTENSIVE CARE UNIT	26	821,485		
14		SUBPROVIDER	31	57,398		
15		NURSERY	33	96,756		
16		LABORATORY	44	732,370		
17		RESPIRATORY THERAPY	49	90,435		
18		PHYSICAL THERAPY	50	73,514		
19		ELECTROENCEPHALOGRAPHY	54		243,044	
20		PEDIATRIC CLINIC	60.03	180,231		
21 RECLASS MD'S SECRETARIES	L	GRANTS ADMINISTRATION	6.07	27,360		
22		DEPARTMENT OF MEDICINE	19	29,327		
23		I&R SERVICES-OTHER PRGM COSTS APPRVD	23	22,972		
24		INTENSIVE CARE UNIT	26	33,102		
25		LABORATORY	44	103,221		
26		RESPIRATORY THERAPY	49	12,927		
27		ELECTROENCEPHALOGRAPHY	54	22,637		
28		MEDICAL REHAB	59.02	18,577		
29		NOTRE DAME AMBULATORY CLINIC	60.01	4,201		
30		PEDIATRIC CLINIC	60.03	17,307		
31		EMERGENCY	61	9,008		
32 MALPRACTICE INSURANCE	M	OTHER ADMINISTRATIVE AND GENERAL	6.06		574,616	
33 LIASON RN'S/RECI TH SUB I	N	MEDICAL REHAB	59.02	88,079		
34		OCCUPATIONAL THERAPY	51	60,143		
35 SECRETARIES CHARGED TO MED ED	O	I&R SERVICES-SALARY & FRINGES APPRVD	22	188,252		
1 SECRETARIES CHARGED TO MED ED	O					
2						
3 OXYGEN CHARGED TO PATIENTS	P	CENTRAL SERVICES & SUPPLY	15		16,175	
4		OPERATING ROOM	37		7,177	
5		RESPIRATORY THERAPY	49		58,891	
6		CLINIC	60		763	
7		BARRINGTON URGENT CARE	60.05		232	
8 OUTPAT CENTRAL REGIST COST	Q	BUSINESS OFFICE	6.05	450,458	25,504	
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22 FRINGE BENEFIT RECLASS	R	OTHER ADMINISTRATIVE AND GENERAL	6.06		23,791,045	
23 INPAT RENAL DIALYSIS	S	ADULTS & PEDIATRICS	25		268,216	
24 PEDI MD'S TO FAMILY CARE	T	PEDIATRIC CLINIC	60.03	342,252		
25 DEFERRED FRINGES	U	GRANTS ADMINISTRATION	6.07		10,733	
26		DEPARTMENT OF MEDICINE	19		100,181	
27		DEPARTMENT OF CARDIOLOGY	19.01		36,074	
28		DEPARTMENT OF FAMILY CARE	19.03		591,869	
29		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		22,857	
30		ADULTS & PEDIATRICS	25		130,892	
31		INTENSIVE CARE UNIT	26		138,608	
32		NURSERY	33		45,732	
33		LABORATORY	44		202,868	
34		RESPIRATORY THERAPY	49		19,440	
35		PHYSICAL THERAPY	50		18,461	

RECLASSIFICATIONS

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410001

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TO 9/30/2008

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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			6	LINE NO 7			
1 DEFERRED FRINGES	U	ELECTROENCEPHALOGRAPHY		54		1,679	
2		MEDICAL REHAB		59.02		24,531	
3		PEDIATRIC CLINIC		60.03		39,535	
4		EMERGENCY		61		664,523	
5		PHYSICIANS' PRIVATE OFFICES		98		132,808	
6 ELIMINATION OF MEDICAL REHAB COSTS	V	MEDICAL REHAB		59.02	284,511	44,174	
7							
8							
9 GRANT ACCOUNTANT	W	OTHER ADMINISTRATIVE AND GENERAL		6.06	50,702		
10 TEACHING PSYCHOLOGIST	X	DEPARTMENT OF FAMILY CARE		19.03	89,003		
11 RECLASS MD FROM MED REHAB TO SUB	Y	MEDICAL REHAB		59.02	224,624		
12 REHAB PHD'S	Z	MEDICAL REHAB		59.02	157,087		
13 RADIATION SAFETY SERVICE	AA	RADIOLOGY-DIAGNOSTIC		41		5,187	
14							
15							
16							
17 ADVERTISING COST	AB	EMPLOYEE BENEFITS		5		167,630	
18 LINEN COST	AC	CENTRAL SERVICES & SUPPLY		15		13,725	
19 NURSE TRAINING	AD	NURSING ADMINISTRATION		14	588,241		
20							
21							
22							
23							
24							
25							
26 EMPLOYEE BENEFIT	AE	DEPARTMENT OF FAMILY CARE		19.03		41,474	
27		RESEARCH		97		521,080	
28 NURSE FLOATS	AF	NURSING ADMINISTRATION		14	348,577		
29							
30							
31							
32							
33							
34							
35							
1 NURSE FLOATS	AF						
2							
3							
4							
5							
6							
7 MD'S BROWN STUDENTS	AG	I&R SERVICES-OTHER PRGM COSTS APPRVD		23	66,178		
8 PEDI FELLOW RECLASS TO MED ED FROM N	AH	PEDIATRIC CLINIC		60.03	41,007		
9 OT, SP HOME CARE	AI	OCCUPATIONAL THERAPY		51	135,750		
10		SPEECH PATHOLOGY		52	71,911		
11 BROWN CHAIR	AJ	I&R SERVICES-SALARY & FRINGES APPRVD		22		362,000	
12 BARRINGTON RAD TECHS	AL	BARRINGTON URGENT CARE		60.05	111,331		
13 BLOOD TRANSF OP CHEMO	AM	BLOOD STORING, PROCESSING & TRANS.		47		124,298	
36 TOTAL RECLASSIFICATIONS					9,170,784	44,488,165	

(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

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410001

PERIOD:  
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TO 9/30/2008

PREPARED 4/30/2009  
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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	6,818,902	CENTRAL SERVICES & SUPPLY	15	2,293	
2.00			0	PHARMACY	16	3,325	
3.00			0	ADULTS & PEDIATRICS	25	127,897	
4.00			0	INTENSIVE CARE UNIT	26	76,729	
5.00			0	SUBPROVIDER	31	45,744	
6.00			0	OPERATING ROOM	37	4,280,542	
7.00			0	ENDOSCOPY	37.01	39,559	
8.00			0	ULTRASOUND	40.01	9,570	
9.00			0	RADIOLOGY-DIAGNOSTIC	41	159,035	
10.00			0	CT SCAN	42.01	22,399	
11.00			0	RADIOISOTOPE	43	73,816	
12.00			0	RESPIRATORY THERAPY	49	568	
13.00			0	PHYSICAL THERAPY	50	4,566	
14.00			0	OCCUPATIONAL THERAPY	51	4,756	
15.00			0	SPEECH PATHOLOGY	52	42,224	
16.00			0	CARDIAC CATHETERIZATION LABORATO	59.01	1,799,373	
17.00			0	CLINIC	60	449	
18.00			0	NOTRE DAME AMBULATORY CLINIC	60.01	4,197	
19.00			0	FAMILY CARE CLINIC	60.02	632	
20.00			0	BARRINGTON URGENT CARE	60.05	9,448	
21.00			0	EMERGENCY	61	31,026	
22.00			0	HOME HEALTH AGENCY	71	80,754	
TOTAL RECLASSIFICATIONS FOR CODE A			6,818,902	6,818,902			

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	34,210	INTEREST EXPENSE	88	1,278,996	
2.00	NEW CAP REL COSTS-WOOD	3.04	52,491			0	
3.00	NEW CAP REL COSTS-HODGSON	3.05	58,416			0	
4.00	NEW CAP REL COSTS-ABC	3.08	10,321			0	
5.00	NEW CAP REL COSTS-AMBULATORY	3.09	976			0	
6.00	NEW CAP REL COSTS-SAYLES	3.10	338,028			0	
7.00	NEW CAP REL COSTS-MVBLE EQUIP	4	185,873			0	
8.00	OTHER ADMINISTRATIVE AND GENER	6.06	528,354			0	
9.00	SUBPROVIDER	31	70,327			0	
TOTAL RECLASSIFICATIONS FOR CODE B			1,278,996	1,278,996			

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	5,297	OTHER ADMINISTRATIVE AND GENER	6.06	118,585	
2.00	NEW CAP REL COSTS-RI CHARDSON	3.03	5,834	OPERATION OF PLANT	8	1,469	
3.00	NEW CAP REL COSTS-WOOD	3.04	21,062			0	
4.00	NEW CAP REL COSTS-HODGSON	3.05	24,586			0	
5.00	NEW CAP REL COSTS-OPD	3.06	2,360			0	
6.00	NEW CAP REL COSTS-GARAGE	3.07	1,819			0	
7.00	NEW CAP REL COSTS-ABC	3.08	11,169			0	
8.00	NEW CAP REL COSTS-AMBULATORY	3.09	2,899			0	
9.00	NEW CAP REL COSTS-SAYLES	3.10	17,688			0	
10.00	NEW CAP REL COSTS-NOTRE DAME	3.11	5,857			0	
11.00	NEW CAP REL COSTS-PRIMARY CARE	3.12	9,078			0	
12.00	NEW CAP REL 555 PROSPECT ST.	3.13	1,469			0	
13.00	NEW CAP REL COSTS-MVBLE EQUIP	4	10,936			0	
TOTAL RECLASSIFICATIONS FOR CODE C			120,054	120,054			

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	6,493,876	PHARMACY	16	6,207,165	
2.00			0	DEPARTMENT OF CARDIOLOGY	19.01	1,581	
3.00			0	ADULTS & PEDIATRICS	25	92,690	
4.00			0	INTENSIVE CARE UNIT	26	42,976	
5.00			0	SUBPROVIDER	31	1,747	
6.00			0	OPERATING ROOM	37	42,110	
7.00			0	ENDOSCOPY	37.01	7,755	

RECLASSIFICATIONS

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NOT A CMS WORKSHEET

RECLASS CODE: D  
EXPLANATION : DRUGS CHARGED TO PATIENTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
8.00			0	RADIOLOGY-DIAGNOSTIC	41	1,270	
9.00			0	CT SCAN	42.01	304	
10.00			0	MAGNETIC RESONANCE IMAGING(MRI	42.02	102	
11.00			0	RESPIRATORY THERAPY	49	14	
12.00			0	CARDIAC CATHETERIZATION LABORATO	59.01	1,582	
13.00			0	NOTRE DAME AMBULATORY CLINIC	60.01	1,077	
14.00			0	FAMILY CARE CLINIC	60.02	177	
15.00			0	EMERGENCY	61	64,964	
16.00			0	O/P CHEMO & IV PROCEDURES	63	26,820	
17.00			0	BARRINGTON URGENT CARE	60.05	1,542	
TOTAL RECLASSIFICATIONS FOR CODE D			6,493,876				6,493,876

RECLASS CODE: E  
EXPLANATION : FUND RAISING

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	FUND RAISING	99.01	58,250	OTHER ADMINISTRATIVE AND GENER	6.06	58,250	
TOTAL RECLASSIFICATIONS FOR CODE E			58,250				58,250

RECLASS CODE: F  
EXPLANATION : CAFETERIA

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	2,300,217	DIETARY	11	2,300,217	
TOTAL RECLASSIFICATIONS FOR CODE F			2,300,217				2,300,217

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 CARDIOLOGY	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	PARAMED ED PRGM-(SPECIFY)	24	404,695	OPERATING ROOM	37	404,695	
TOTAL RECLASSIFICATIONS FOR CODE H			404,695				404,695

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	163,591	GRANTS ADMINISTRATION	6.07	65,312	
2.00			0	I&R SERVICES-OTHER PRGM COSTS	23	3,046	
3.00			0	LABORATORY	44	61,492	
4.00			0	RESPIRATORY THERAPY	49	17,870	
5.00			0	EMERGENCY	61	15,871	
TOTAL RECLASSIFICATIONS FOR CODE I			163,591				163,591

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	1,435,553	GRANTS ADMINISTRATION	6.07	36,122	
2.00			0	I&R SERVICES-OTHER PRGM COSTS	23	126,026	
3.00			0	ADULTS & PEDIATRICS	25	676,700	
4.00			0	SUBPROVIDER	31	56,679	
5.00			0	NURSERY	33	10,943	
6.00			0	LABORATORY	44	384,856	
7.00			0	RESPIRATORY THERAPY	49	48,771	
8.00			0	CLINIC	60	18,134	

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RECLASS CODE: J  
EXPLANATION : MD'S TEACHING

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
9.00			0
10.00			0
TOTAL RECLASSIFICATIONS FOR CODE J			1,435,553

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NOTRE DAME AMBULATORY CLINIC	60.01	27,907	
EMERGENCY	61	49,415	
			1,435,553

RECLASS CODE: K  
EXPLANATION : MD'S PHYSICIAN PRIVATE OFFICE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICIANS' PRIVATE OFFICES	98	2,498,824
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
TOTAL RECLASSIFICATIONS FOR CODE K			2,498,824

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
GRANTS ADMINISTRATION	6.07	57,033	
ADULTS & PEDIATRICS	25	146,558	
INTENSIVE CARE UNIT	26	821,485	
SUBPROVIDER	31	57,398	
NURSERY	33	96,756	
LABORATORY	44	732,370	
RESPIRATORY THERAPY	49	90,435	
PHYSICAL THERAPY	50	73,514	
ELECTROENCEPHALOGRAPHY	54	243,044	
PEDIATRIC CLINIC	60.03	180,231	
			2,498,824

RECLASS CODE: L  
EXPLANATION : RECLASS MD'S SECRETARIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICIANS' PRIVATE OFFICES	98	180,614
2.00	I&R SERVICES-OTHER PRGM COSTS	23	82,374
3.00	BROWN MEDICAL STUDENTS	99.06	9,656
4.00	UNFUNDED RESEARCH	97.01	27,995
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
TOTAL RECLASSIFICATIONS FOR CODE L			300,639

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
GRANTS ADMINISTRATION	6.07	27,360	
DEPARTMENT OF MEDICINE	19	29,327	
I&R SERVICES-OTHER PRGM COSTS	23	22,972	
INTENSIVE CARE UNIT	26	33,102	
LABORATORY	44	103,221	
RESPIRATORY THERAPY	49	12,927	
ELECTROENCEPHALOGRAPHY	54	22,637	
MEDICAL REHAB	59.02	18,577	
NOTRE DAME AMBULATORY CLINIC	60.01	4,201	
PEDIATRIC CLINIC	60.03	17,307	
EMERGENCY	61	9,008	
			300,639

RECLASS CODE: M  
EXPLANATION : MALPRACTICE INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	574,616
TOTAL RECLASSIFICATIONS FOR CODE M			574,616

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	574,616	
			574,616

RECLASS CODE: N  
EXPLANATION : LIASON RN'S/RECI TH SUB I

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	SUBPROVIDER	31	148,222
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE N			148,222

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MEDICAL REHAB	59.02	88,079	
OCCUPATIONAL THERAPY	51	60,143	
			148,222

RECLASS CODE: O  
EXPLANATION : SECRETARIES CHARGED TO MED ED

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	103,716
2.00	DEPARTMENT OF FAMILY CARE	19.03	21,495
3.00	I&R SERVICES-OTHER PRGM COSTS	23	63,041
TOTAL RECLASSIFICATIONS FOR CODE O			188,252

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
I&R SERVICES-SALARY & FRINGES	22	188,252	
			0
			0
			188,252

RECLASS CODE: P  
EXPLANATION : OXYGEN CHARGED TO PATIENTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	83,238

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	16,175	

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RECLASS CODE: P  
EXPLANATION : OXYGEN CHARGED TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	OPERATING ROOM	37	7,177	
3.00			0	RESPIRATORY THERAPY	49	58,891	
4.00			0	CLINIC	60	763	
5.00			0	BARRINGTON URGENT CARE	60.05	232	
TOTAL RECLASSIFICATIONS FOR CODE P			83,238				83,238

RECLASS CODE: Q  
EXPLANATION : OUTPAT CENTRAL REGIST COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATING ROOM	37	19,354	BUSINESS OFFICE	6.05	475,962	
2.00	ULTRASOUND	40.01	8,206			0	
3.00	RADIOLOGY-DIAGNOSTIC	41	43,663			0	
4.00	CT SCAN	42.01	8,592			0	
5.00	RADIOISOTOPE	43	5,448			0	
6.00	LABORATORY	44	226,597			0	
7.00	RESPIRATORY THERAPY	49	13,118			0	
8.00	PHYSICAL THERAPY	50	28,458			0	
9.00	ELECTROCARDIOLOGY	53	9,904			0	
10.00	ELECTROENCEPHALOGRAPHY	54	329			0	
11.00	CLINIC	60	13,082			0	
12.00	NOTRE DAME AMBULATORY CLINIC	60.01	15,674			0	
13.00	NOTRE DAME AMBULATORY CLINIC	60.01	34,265			0	
14.00	FAMILY CARE CLINIC	60.02	49,272			0	
TOTAL RECLASSIFICATIONS FOR CODE Q			475,962				475,962

RECLASS CODE: R  
EXPLANATION : FRINGE BENEFIT RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	23,791,045	OTHER ADMINISTRATIVE AND GENER	6.06	23,791,045	
TOTAL RECLASSIFICATIONS FOR CODE R			23,791,045				23,791,045

RECLASS CODE: S  
EXPLANATION : INPAT RENAL DIALYSIS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	INPATIENT RENAL DIALYSIS	59.04	268,216	ADULTS & PEDIATRICS	25	268,216	
TOTAL RECLASSIFICATIONS FOR CODE S			268,216				268,216

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	342,252	PEDIATRIC CLINIC	60.03	342,252	
TOTAL RECLASSIFICATIONS FOR CODE T			342,252				342,252

RECLASS CODE: U  
EXPLANATION : DEFERRED FRINGES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	2,180,791	GRANTS ADMINISTRATION	6.07	10,733	
2.00			0	DEPARTMENT OF MEDICINE	19	100,181	
3.00			0	DEPARTMENT OF CARDIOLOGY	19.01	36,074	
4.00			0	DEPARTMENT OF FAMILY CARE	19.03	591,869	
5.00			0	I&R SERVICES-OTHER PRGM COSTS	23	22,857	
6.00			0	ADULTS & PEDIATRICS	25	130,892	
7.00			0	INTENSIVE CARE UNIT	26	138,608	
8.00			0	NURSERY	33	45,732	
9.00			0	LABORATORY	44	202,868	
10.00			0	RESPIRATORY THERAPY	49	19,440	
11.00			0	PHYSICAL THERAPY	50	18,461	
12.00			0	ELECTROENCEPHALOGRAPHY	54	1,679	
13.00			0	MEDICAL REHAB	59.02	24,531	
14.00			0	PEDIATRIC CLINIC	60.03	39,535	

RECLASSIFICATIONS

PROVIDER NO:  
410001

PERIOD:  
FROM 10/ 1/2007  
TO 9/30/2008

PREPARED 4/30/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: U  
EXPLANATION : DEFERRED FRINGES

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
15.00			0
16.00			0
TOTAL RECLASSIFICATIONS FOR CODE U			2,180,791

----- INCREASE -----		----- DECREASE -----	
COST CENTER	LINE	AMOUNT	
EMERGENCY	61	664,523	
PHYSICIANS' PRIVATE OFFICES	98	132,808	
			2,180,791

RECLASS CODE: V  
EXPLANATION : ELIMINATION OF MEDICAL REHAB COSTS

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICAL THERAPY	50	150,701
2.00	OCCUPATIONAL THERAPY	51	99,614
3.00	SPEECH PATHOLOGY	52	78,370
TOTAL RECLASSIFICATIONS FOR CODE V			328,685

----- INCREASE -----		----- DECREASE -----	
COST CENTER	LINE	AMOUNT	
MEDICAL REHAB	59.02	328,685	
			328,685

RECLASS CODE: W  
EXPLANATION : GRANT ACCOUNTANT

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
1.00	GRANTS ADMINISTRATION	6.07	50,702
TOTAL RECLASSIFICATIONS FOR CODE W			50,702

----- INCREASE -----		----- DECREASE -----	
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	50,702	
			50,702

RECLASS CODE: X  
EXPLANATION : TEACHING PSYCHOLOGIST

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-OTHER PRGM COSTS	23	89,003
TOTAL RECLASSIFICATIONS FOR CODE X			89,003

----- INCREASE -----		----- DECREASE -----	
COST CENTER	LINE	AMOUNT	
DEPARTMENT OF FAMILY CARE	19.03	89,003	
			89,003

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

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
1.00	SUBPROVIDER	31	224,624
TOTAL RECLASSIFICATIONS FOR CODE Y			224,624

----- INCREASE -----		----- DECREASE -----	
COST CENTER	LINE	AMOUNT	
MEDICAL REHAB	59.02	224,624	
			224,624

RECLASS CODE: Z  
EXPLANATION : REHAB PHD'S

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
1.00	SUBPROVIDER	31	157,087
TOTAL RECLASSIFICATIONS FOR CODE Z			157,087

----- INCREASE -----		----- DECREASE -----	
COST CENTER	LINE	AMOUNT	
MEDICAL REHAB	59.02	157,087	
			157,087

RECLASS CODE: AA  
EXPLANATION : RADIATION SAFETY SERVICE

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
1.00	CT SCAN	42.01	2,326
2.00	ULTRASOUND	40.01	997
3.00	MAGNETIC RESONANCE IMAGING(MRI	42.02	1,185
4.00	RADIOISOTOPE	43	679
TOTAL RECLASSIFICATIONS FOR CODE AA			5,187

----- INCREASE -----		----- DECREASE -----	
COST CENTER	LINE	AMOUNT	
RADIOLOGY-DIAGNOSTIC	41	5,187	
			5,187

RECLASS CODE: AB  
EXPLANATION : ADVERTISING COST

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	167,630
TOTAL RECLASSIFICATIONS FOR CODE AB			167,630

----- INCREASE -----		----- DECREASE -----	
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	167,630	
			167,630

RECLASS CODE: AC  
EXPLANATION : LINEN COST

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
1.00	LAUNDRY & LINEN SERVICE	9	13,725
TOTAL RECLASSIFICATIONS FOR CODE AC			13,725

----- INCREASE -----		----- DECREASE -----	
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	13,725	
			13,725

RECLASSIFICATIONS

PROVIDER NO:  
410001

PERIOD:  
FROM 10/ 1/2007  
TO 9/30/2008

PREPARED 4/30/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

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 : EMPLOYEE BENEFIT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	562,554	DEPARTMENT OF FAMILY CARE	19.03	41,474	
2.00			0	RESEARCH	97	521,080	
TOTAL RECLASSIFICATIONS FOR CODE AE			562,554			562,554	

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	348,577	
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	1,776			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			348,577			348,577	

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	66,178	I&R SERVICES-OTHER PRGM COSTS	23	66,178	
TOTAL RECLASSIFICATIONS FOR CODE AG			66,178			66,178	

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

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-SALARY & FRINGES	22	41,007	PEDIATRIC CLINIC	60.03	41,007	
TOTAL RECLASSIFICATIONS FOR CODE AH			41,007			41,007	

RECLASS CODE: AI  
EXPLANATION : OT, SP HOME CARE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	HOME HEALTH AGENCY	71	207,661	OCCUPATIONAL THERAPY	51	135,750	
2.00			0	SPEECH PATHOLOGY	52	71,911	
TOTAL RECLASSIFICATIONS FOR CODE AI			207,661			207,661	

RECLASS CODE: AJ  
EXPLANATION : BROWN CHAIR

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	BROWN MEDICAL STUDENTS	99.06	362,000	I&R SERVICES-SALARY & FRINGES	22	362,000	
TOTAL RECLASSIFICATIONS FOR CODE AJ			362,000			362,000	

RECLASSIFICATIONS

PROVIDER NO:  
410001

PERIOD:  
FROM 10/ 1/2007  
TO 9/30/2008

PREPARED 4/30/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: AL  
EXPLANATION : BARRINGTON RAD TECHS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOLOGY-DIAGNOSTIC	41	111,331	BARRINGTON URGENT CARE	60.05	111,331	
TOTAL RECLASSIFICATIONS FOR CODE AL			111,331				111,331

RECLASS CODE: AM  
EXPLANATION : BLOOD TRANSF OP CHEMO

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	O/P CHEMO & IV PROCEDURES	63	124,298	BLOOD STORING, PROCESSING & TR	47	124,298	
TOTAL RECLASSIFICATIONS FOR CODE AM			124,298				124,298

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	1,499,322	40,250		40,250		1,539,572	
3 BUILDINGS & FIXTURE	43,926,723	3,123,781		3,123,781		47,050,504	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT	18,723,156	156,203		156,203	5,062	18,874,297	
6 MOVABLE EQUIPMENT	44,337,458	2,754,582		2,754,582	237,123	46,854,917	
7 SUBTOTAL	110,308,661	6,074,816		6,074,816	242,185	116,141,292	
8 RECONCILING ITEMS							
9 TOTAL	110,308,661	6,074,816		6,074,816	242,185	116,141,292	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
			LEASES 2	GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
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	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
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	65,664			5,297			70,961
3 03	NEW CAP REL COSTS-RI	91,994		34,210	5,834			132,038
3 04	NEW CAP REL COSTS-WO	283,197		52,491	21,062			356,750
3 05	NEW CAP REL COSTS-HO	544,675		58,416	24,586			627,677
3 06	NEW CAP REL COSTS-OP				2,360			2,360
3 07	NEW CAP REL COSTS-GA	508			1,819			2,327
3 08	NEW CAP REL COSTS-AB	26,584		10,321	11,169			48,074
3 09	NEW CAP REL COSTS-AM	63,370		976	2,899			67,245
3 10	NEW CAP REL COSTS-SA	364,218		338,028	17,688			719,934
3 11	NEW CAP REL COSTS-NO	42,553			5,857			48,410
3 12	NEW CAP REL COSTS-PR	229,644			9,078			238,722
3 13	NEW CAP REL 555 PROS	37,249			1,469			38,718
3 14	NEW CAP REL COSTS -	58,509						58,509
4	NEW CAP REL COSTS-MV	2,460,820		185,873	10,936			2,657,629
5	TOTAL	4,268,985		680,315	120,054			5,069,354

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
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	65,664						65,664
3 03	NEW CAP REL COSTS-RI	91,994						91,994
3 04	NEW CAP REL COSTS-WO	283,197						283,197
3 05	NEW CAP REL COSTS-HO	544,675						544,675
3 06	NEW CAP REL COSTS-OP							
3 07	NEW CAP REL COSTS-GA	508						508
3 08	NEW CAP REL COSTS-AB	26,584						26,584
3 09	NEW CAP REL COSTS-AM	63,370						63,370
3 10	NEW CAP REL COSTS-SA	364,218						364,218
3 11	NEW CAP REL COSTS-NO	42,553						42,553
3 12	NEW CAP REL COSTS-PR	229,644						229,644
3 13	NEW CAP REL 555 PROS	37,249						37,249
3 14	NEW CAP REL COSTS -	58,509						58,509
4	NEW CAP REL COSTS-MV	2,460,820						2,460,820
5	TOTAL	4,268,985						4,268,985

\* 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

1	DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
				COST CENTER 3			
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	-8,914	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	-31,663	COMMUNICATIONS		6.01	
10	TELEVISION AND RADIO SERVICE						
11	PARKING LOT						
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-5,860,730				
13	SALE OF SCRAP, WASTE, ETC.						
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1					
15	LAUNDRY AND LINEN SERVICE						
16	CAFETERIA--EMPLOYEES AND GUESTS	B	-1,042,906	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	-37,255	PHARMACY		16	
20	SALE OF MEDICAL RECORDS & ABSTRACTS	B	-12,339	MEDICAL RECORDS & LIBRARY		17	
21	NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22	VENDING MACHINES	B	-15,286	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	-800	RADIOLOGY-DIAGNOSTIC		41	
38	MI SC. NONALLOWABLE ITEMS	B	-446,400	OTHER ADMINISTRATIVE AND		6.06	
39	NUTRITION COUNSELING	B	-3,305	DIETARY		11	
40	LAUNDRY & LINEN	B	-1,638	LAUNDRY & LINEN SERVICE		9	
41	OP OF PLANT PLAINVILLE, PROSPECT ST	B	-183,957	OPERATION OF PLANT		8	
42	COBRA	B	-715	EMPLOYEE BENEFITS		5	
43	PHYSICIAN APPLICATION FEES	B	-1,800	OTHER ADMINISTRATIVE AND		6.06	
44	MI SC. INCOME MRI	B	-550	MAGNETIC RESONANCE IMAGING		42.02	
45	MI SC. INCOME INHALATION THERAPY	B	-375	RESPIRATORY THERAPY		49	
46	MI SC. INCOME ACCOUNTING	B	-3,782	OTHER ADMINISTRATIVE AND		6.06	
47	MI SC. INCOME LAB	B	-560	LABORATORY		44	
48	LOBBYING ACTIVITIES	A	-11,280	OTHER ADMINISTRATIVE AND		6.06	
49	PHD #1	A	-112,807	SUBPROVIDER		31	
49.01	PHD #2	A	-44,279	SUBPROVIDER		31	
49.02	PHD #3	A	-83,515	PEDIATRIC CLINIC		60.03	
49.03	PHD #4	A	-79,150	PEDIATRIC CLINIC		60.03	
49.04	PHD #5	A	-38,080	PEDIATRIC CLINIC		60.03	
49.05	ICU PHYSICIAN ASSISTANTS	A	-443,588	INTENSIVE CARE UNIT		26	
49.06	ER PHYSICIAN ASSISTANTS	A	-202,404	EMERGENCY		61	
49.07	PHYSICIAN ASSISTANTS FRINGES	A	-215,029	EMPLOYEE BENEFITS		5	
50	TOTAL (SUM OF LINES 1 THRU 49)		-8,883,107				

(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 10/1/2007 TO 9/30/2008  
 PREPARED: 4/30/2009  
 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		18,913		18,913	138,700	234	15,604	780
2 19 C		152,778		152,778	278,792	1,631	218,611	10,931
3 19 E		119,992	85,312	34,680	165,600	563	44,823	2,241
4 19 F		15,712	14,502	1,210	165,600	20	1,592	80
5 19 G		24,385	21,738	2,647	165,600	32	2,548	127
6 19 H		46,423	33,012	13,411	165,600	169	13,455	673
7 19 1 J		176,290	176,290					
8 19 1 K		35,197		35,197	165,600	449	35,747	1,787
9 19 3 N		134,507	134,507		138,700			
10 19 3 O		66,439	36,756	29,683	138,700	364	24,273	1,214
11 19 3 P		255,217	15,953	239,264	138,700	2,340	156,038	7,802
12 19 3 Q		43,186	38,263	4,923	138,700	84	5,601	280
13 19 3 R		38,486	38,486		138,700			
14 19 3 S		8,148	8,148		138,700			
15 19 3 T		93,765	93,765		138,700			
16 19 3 U		154,439	137,872	16,567	138,700	260	17,338	867
17 19 3 V		43,805	43,805		138,700			
18 19 3 W		108,694	86,621	22,073	138,700	260	17,338	867
19 19 3 X		72,179	72,179		138,700			
20 19 3 Y		250	250		138,700			
21 19 3 Z		31,494	31,494		138,700			
22 19 3 AA		107,179	84,617	22,562	138,700	407	27,140	1,357
23 19 3 AB		30,236	30,236		138,700			
24 19 3 AC		114,597	77,394	37,203	138,700	433	28,874	1,444
25 19 3 AD		51,873	47,068	4,805	138,700	65	4,334	217
26 19 3 AE		16,720	16,720		138,700			
27 19 3 AF		7,704		7,704	140,600	178	12,032	602
28 19 3 AH		7,526		7,526	140,600	124	8,382	419
29 19 3 AI		26,982		26,982	196,400	234	22,095	1,105
30 19 3 AJ		37,670		37,670	196,400	364	34,370	1,719
31 19 3 AK		119,633		119,633	196,400	812	76,672	3,834
32 23 AL		46,423	33,012	13,411	165,600	169	13,455	673
33 23 AM		103,387	43,286	60,101	165,600	767	61,065	3,053
34 25 AN		7,203		7,203	165,600	98	7,802	390
35 25 AO		4,134		4,134	165,600	96	7,643	382
36 25 AP		7,216		7,216	165,600	150	11,942	597
37 25 AR		4,461		4,461	165,600	52	4,140	207
38 31 BL		120,485		120,485	177,200	1,027	87,493	4,375
39 33 BM		7,383		7,383	140,600	178	12,032	602
40 44 BS		190,397	152,360	38,037	215,700	532	55,169	2,758
41 44 BT		279,081	279,081		215,700			
42 44 BU		171,536	88,218	83,318	215,700	884	91,673	4,584
43 44 BV		138,053	117,029	21,024	215,700	260	26,963	1,348
44 44 BW		47,862		47,862	165,600	787	62,657	3,133
45 44 BX		19,901		19,901	165,600	442	35,190	1,760
46 44 BY		11,437		11,437	165,600	221	17,595	880
47 44 BZ		28,688		28,688	165,600	416	33,120	1,656
48 44 CA		17,619		17,619	165,600	208	16,560	828
49 44 CC		50,458		50,458	165,600	656	52,228	2,611
50 44 CD		46,195		46,195	165,600	553	44,027	2,201
51 44 CE		6,275		6,275	165,600	108	8,598	430
52 49 CF		18,649	11,179	7,470	177,200	120	10,223	511
53 49 CG		20,274	20,274		177,200			
54 49 CH		123,048	55,695	67,353	177,200	734	62,531	3,127
55 49 CI		39,645	39,645		177,200			
56 53 CK		135,645	135,645					
57 54 CL		29,107	29,107		177,200			
58 54 CM		11,647	11,647		177,200			
59 60 CN		6,501		6,501	165,600	247	19,665	983
60 60 1 CO		65,824	65,824		165,600			
61 60 1 CP		1,440	1,440		165,600			
62 60 1 CQ		2,735	2,735		165,600			
63 60 1 CR		162,300	162,300		165,600			
64 60 1 CS		71,957	66,380	5,577	165,600	72	5,732	287
65 60 1 CT		131,287	124,048	7,239	165,600	104	8,280	414
66 60 5 CW		12,464	12,464		165,600			
67 60 5 CX		27,475	27,475		165,600			
68 60 5 CY		179,211	179,211		165,600			
69 60 5 CZ		91,082	91,082		165,600			
70 60 5 DA		2,738	2,738		165,600			
71 60 5 DB		71,316	65,789	5,527	165,600	72	5,732	287
72 60 5 DC		16,270	16,270		165,600			
73 61 DD		77,446	77,446		177,200			
74 61 DE		209,077	209,077		177,200			
75 61 DF		42,688	42,688		177,200			
76 61 DG		139,793	139,793		177,200			

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
77	61	DH		55,488	55,488		177,200			
78	61	DI		31,384	31,384		177,200			
79	61	DJ		188,282	188,282		177,200			
80	61	DK		257,179	88,352	168,827	177,200	1,255	106,916	5,346
81	61	DL		24,513	24,513		177,200			
82	61	DM		19,403	19,403		177,200			
83	61	DN		163,672	163,672		177,200			
84	61	DO		11,626	11,626		177,200			
85	61	DP		29,929	29,929		177,200			
86	61	DQ		117,104	117,104		177,200			
87	61	DR		286,252	286,252		177,200			
88	61	DS		75,382	75,382		177,200			
89	61	DT		270,257	270,257		177,200			
90	61	DU		1,510	1,510		177,200			
91	61	DV		207,257	207,257		177,200			
92	61	DW		159,224	159,224		177,200			
93	61	DX		31,408	31,408		177,200			
94	61	DY		289,480	289,480		177,200			
101		TOTAL		7,377,582	5,678,449	1,699,133		19,231	1,635,298	81,769

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 41-0001  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED: 4/30/2009  
 WORKSHEET: A-8-2  
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	67A			677	677	16,281	2,632	2,632
2	19C			3,473	3,473	222,084		
3	19E			13,338	3,855	48,678		85,312
4	19F			1,222	94	1,686		14,502
5	19G			1,195	130	2,678		21,738
6	19H			2,543	735	14,190		33,012
7	191J							176,290
8	191K			1,726	1,726	37,473		
9	193N			10,339				134,507
10	193O			7,374	3,294	27,567	2,116	38,872
11	193P			7,257	6,803	162,841	76,423	92,376
12	193Q			6,963	794	6,395		38,263
13	193R			4,255				38,486
14	193S							8,148
15	193T			13,315				93,765
16	193U			6,668	715	18,053		137,872
17	193V			3,170				43,805
18	193W			24,412	4,957	22,295		86,621
19	193X			8,111				72,179
20	193Y							250
21	193Z			1,550				31,494
22	193AA			7,667	1,614	28,754		84,617
23	193AB			1,656				30,236
24	193AC			11,980	3,889	32,763	4,440	81,834
25	193AD			4,458	413	4,747	58	47,126
26	193AE			11,886				16,720
27	193AF			644	644	12,676		
28	193AH			587	587	8,969		
29	193AI			7,988	7,988	30,083		
30	193AJ			12,434	12,434	46,804		
31	193AK			26,225	26,225	102,897	16,736	16,736
32	23AL			2,543	735	14,190		33,012
33	23AM			84,365	49,043	110,108		43,286
34	25AN			383	383	8,185		
35	25AO			311	311	7,954		
36	25AP			485	485	12,427		
37	25AR			208	208	4,348	113	113
38	31BL			3,250	3,250	90,743	29,742	29,742
39	33BM			322	322	12,354		
40	44BS			6,190	1,237	56,406		152,360
41	44BT			9,311				279,081
42	44BU			8,000	3,886	95,559		88,218
43	44BV			9,089	1,384	28,347		117,029
44	44BW			1,851	1,851	64,508		
45	44BX			827	827	36,017		
46	44BY			376	376	17,971		
47	44BZ			789	789	33,909		
48	44CA			668	668	17,228	391	391
49	44CC			2,394	2,394	54,622		
50	44CD			1,429	1,429	45,456	739	739
51	44CE			184	184	8,782		
52	49CF			1,083	434	10,657		11,179
53	49CG			1,108				20,274
54	49CH			4,707	2,576	65,107	2,246	57,941
55	49CI			1,213				39,645
56	53CK							135,645
57	54CL							29,107
58	54CM							11,647
59	60CN					19,665		
60	601CO			7,996				65,824
61	601CP							1,440
62	601CQ							2,735
63	601CR			11,598				162,300
64	601CS			5,247	407	6,139		66,380
65	601CT			6,859	378	8,658		124,048
66	605CW			5,457				12,464
67	605CX							27,475
68	605CY			21,211				179,211
69	605CZ			22,802				91,082
70	605DA							2,738
71	605DB			5,247	407	6,139		65,789
72	605DC			11,886				16,270
73	61DD			19,112				77,446
74	61DE			28,470				209,077
75	61DF			2,385				42,688
76	61DG			15,083				139,793

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
77 61	DH			7,932				55,488
78 61	DI			18,559				31,384
79 61	DJ			32,437				188,282
80 61	DK			23,255	15,266	122,182	46,645	134,997
81 61	DL			17,812				24,513
82 61	DM			8,628				19,403
83 61	DN			21,914				163,672
84 61	DO							11,626
85 61	DP			5,747				29,929
86 61	DQ							117,104
87 61	DR			36,402				286,252
88 61	DS			14,200				75,382
89 61	DT			36,402				270,257
90 61	DU							1,510
91 61	DV			31,634				207,257
92 61	DW			29,835				159,224
93 61	DX			7,563				31,408
94 61	DY			36,403				289,480
101	TOTAL			836,275	170,277	1,805,575	182,281	5,860,730

COST ALLOCATION STATISTICS

PROVIDER NO: 41-0001  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 4/30/2009  
 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 COSTS-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 UISTIONS	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 IME	NOT ENTERED
21	NURSING SCHOOL	44	ASSIGNED T IME	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	70,961					70,961	
003 03 NEW CAP REL COSTS-RI CHARD	132,038						132,038
003 04 NEW CAP REL COSTS-WOOD	356,750						
003 05 NEW CAP REL COSTS-HODGSON	627,677						
003 06 NEW CAP REL COSTS-OPD	2,360						
003 07 NEW CAP REL COSTS-GARAGE	2,327						
003 08 NEW CAP REL COSTS-ABC	48,074						
003 09 NEW CAP REL COSTS-AMBULAT	67,245						
003 10 NEW CAP REL COSTS-SAYLES	719,934						
003 11 NEW CAP REL COSTS-NOTRE D	48,410						
003 12 NEW CAP REL COSTS-PRI MARY	238,722						
003 13 NEW CAP REL 555 PROSPECT	38,718						
003 14 NEW CAP REL COSTS - PLAIN	58,509						
004 NEW CAP REL COSTS-MVBLE E	2,657,629						
005 EMPLOYEE BENEFITS	27,456,672						
006 01 COMMUNICATIONS	571,203						
006 02 INFORMATION SERVICES	3,249,403						
006 03 PURCHASING RECEIVING AND	1,024,636						
006 04 ADMINISTRATION	323,572						
006 05 BUSINESS OFFICE	1,846,918						
006 06 OTHER ADMINISTRATIVE AND	13,433,801						
006 07 GRANTS ADMINISTRATION	458,986						
007 MAINTENANCE & REPAIRS	1,276,949						
008 OPERATION OF PLANT	3,925,163					32,721	24,555
009 LAUNDRY & LINEN SERVICE	500,589						
010 HOUSEKEEPING	2,262,795						
011 DIETARY	1,337,214						
012 CAFETERIA	1,242,025						
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,940,690						
015 CENTRAL SERVICES & SUPPLY	675,327						
016 PHARMACY	1,473,677						
017 MEDICAL RECORDS & LIBRARY	1,085,491						
018 SOCIAL SERVICE	204,724						
019 DEPARTMENT OF MEDICINE	965,798						
019 01 DEPARTMENT OF CARDIOLOGY	1,160,919						
019 02 DEPARTMENT OF SURGERY	562,403						
019 03 DEPARTMENT OF FAMILY CARE	3,185,235						
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	4,357,335						
023 I&R SERVICES-OTHER PRGM C	1,796,385						
024 PARAMEDICAL PRGM-(SPECIFY)	404,695						
024 01 PSYCHOLOGY INTERNS PARAME							
025 ADULTS & PEDIATRICS	11,897,473						32,949
026 INTENSIVE CARE UNIT	3,362,957						
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	1,583,271					38,240	
033 NURSERY	11,787						
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	5,396,608						
037 01 ENDOSCOPY	563,112						34,085
039 DELIVERY ROOM & LABOR ROO							
040 01 ULTRASOUND	375,672						
041 RADIOLOGY-DIAGNOSTIC	3,040,173						
042 01 CT SCAN	866,021						
042 02 MAGNETIC RESONANCE IMAGIN	447,473						
043 RADIOISOTOPE	472,693						
044 LABORATORY	7,525,678						
047 BLOOD STORING, PROCESSING	1,425,745						
049 RESPIRATORY THERAPY	2,063,320						
050 PHYSICAL THERAPY	1,759,926						
051 OCCUPATIONAL THERAPY	833,252						
052 SPEECH PATHOLOGY	689,856						
053 ELECTROCARDIOLOGY	26,524						
054 ELECTROENCEPHALOGRAPHY	214,478						
055 MEDICAL SUPPLIES CHARGED	6,902,140						
056 DRUGS CHARGED TO PATIENTS	6,493,876						
059 01 CARDIAC CATHETERIZATION LAB	430,270						
059 02 MEDICAL REHAB							
059 03 NOTRE DAME OCCUPATIONAL M							
059 04 INPATIENT RENAL DIALYSIS	268,216						
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	451,026						
060 01 NOTRE DAME AMBULATORY CLI	457,949						
060 02 FAMILY CARE CLINIC	1,067,246						
060 03 PEDIATRIC CLINIC	491,039						
060 05 BARRINGTON URGENT CARE	404,206						

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
061 OUTPAT SERVICE COST CNTRS EMERGENCY	3,562,971						
062 OBSERVATION BEDS (NON-DIS							
063 O/P CHEMO & IV PROCEDURES	452,789						
071 OTHER REIMBURS COST CNTRS HOME HEALTH AGENCY	4,837,309						40,449
095 SPEC PURPOSE COST CENTERS SUBTOTALS	150,167,015					70,961	132,038
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH	3,028,852						
097 01 UNFUNDED RESEARCH	191,586						
098 PHYSICIANS' PRIVATE OFFIC	3,285,781						
099 NONPAID WORKERS							
099 01 FUND RAISING	58,250						
099 02 BANK							
099 03 VACANT SPACE							
099 04 BILLING OFFICE	93,160						
099 05 O/P MEALS							
099 06 BROWN MEDICAL STUDENTS	437,834						
099 07 NONREIMBURSABLE SERVI CES							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	157,262,478					70,961	132,038

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	356,750						
003 05 NEW CAP REL COSTS-HODGSON		627,677					
003 06 NEW CAP REL COSTS-OPD			2,360				
003 07 NEW CAP REL COSTS-GARAGE				2,327			
003 08 NEW CAP REL COSTS-ABC					48,074		
003 09 NEW CAP REL COSTS-AMBULAT						67,245	
003 10 NEW CAP REL COSTS-SAYLES							719,934
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	90						
006 02 INFORMATION SERVICES							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINI TTING							
006 05 BUSINESS OFFICE							
006 06 OTHER ADMINI STRATIVE AND		6,947				18,078	
006 07 GRANTS ADMINI STRATION							
007 MAINTENANCE & REPAIRS	6,046	43,298					62,618
008 OPERATION OF PLANT	79,532	181,690	290	2,287			
009 LAUNDRY & LINEN SERVICE		55,551					
010 HOUSEKEEPING			66	40			
011 DIETARY	40,637						
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINI STRATION							
015 CENTRAL SERVICES & SUPPLY		75,800					
016 PHARMACY		22,994					
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
019 DEPARTMENT OF MEDICINE	40,175				4,898		
019 01 DEPARTMENT OF CARDIOLOGY							206,666
019 02 DEPARTMENT OF SURGERY							
019 03 DEPARTMENT OF FAMILY CARE					10,054		
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	128,159						
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY	9,973						
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	14,664	134,292					
037 01 ENDOSCOPY	3,134						
039 DELIVERY ROOM & LABOR ROO							
040 01 ULTRASOUND							
041 RADIOLOGY-DIAGNOSTIC	25,893						
042 01 CT SCAN	5,223						
042 02 MAGNETIC RESONANCE IMAGIN	3,224						
043 RADIOI SOTOPE							
044 LABORATORY		107,105			19,605		
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY							289,097
050 PHYSICAL THERAPY							49,337
051 OCCUPATIONAL THERAPY							51,253
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 01 CARDIAC CATHETERIZATION LAB							60,963
059 02 MEDICAL REHAB							
059 03 NOTRE DAME OCCUPATIONAL M							
059 04 INPATIENT RENAL DIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC					6,760	49,167	
060 01 NOTRE DAME AMBULATORY CLI							
060 02 FAMILY CARE CLINIC					6,757		
060 03 PEDIATRIC CLINIC							
060 05 BARRINGTON URGENT CARE							

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
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY							
063 OBSERVATION BEDS (NON-DIS							
071 O/P CHEMO & IV PROCEDURES							
095 OTHER REIMBURS COST CNTRS							
095 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	356,750	627,677	356	2,327	48,074	67,245	719,934
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH			2,004				
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	356,750	627,677	2,360	2,327	48,074	67,245	719,934

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	48, 410						
003 12 NEW CAP REL COSTS-PRIMARY		238, 722					
003 13 NEW CAP REL 555 PROSPECT			38, 718				
003 14 NEW CAP REL COSTS - PLAIN				58, 509			
004 NEW CAP REL COSTS-MVBLE E					2, 657, 629		
005 EMPLOYEE BENEFITS					25, 551	27, 482, 223	
006 01 COMMUNICATIONS			35, 521		5, 600	88, 434	700, 848
006 02 INFORMATION SERVICES					123, 309	609, 806	23, 668
006 03 PURCHASING RECEIVING AND					7, 059	139, 867	10, 519
006 04 ADMINITTING					2, 789	99, 729	9, 204
006 05 BUSINESS OFFICE					82, 915	535, 553	22, 354
006 06 OTHER ADMINISTRATIVE AND			3, 197		97, 704	1, 544, 947	73, 634
006 07 GRANTS ADMINISTRATION					901	129, 765	6, 575
007 MAINTENANCE & REPAIRS	5, 367				56, 800	300, 360	13, 149
008 OPERATION OF PLANT	30, 230				27, 371	118, 625	
009 LAUNDRY & LINEN SERVICE					29, 866	104, 662	2, 630
010 HOUSEKEEPING					10, 502	606, 646	5, 260
011 DIETARY					10, 312	186, 944	6, 575
012 CAFETERIA					17, 694	320, 781	10, 519
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION					56, 552	601, 498	34, 188
015 CENTRAL SERVICES & SUPPLY					31, 348	144, 686	3, 945
016 PHARMACY					13, 428	428, 384	9, 204
017 MEDICAL RECORDS & LIBRARY				976	7, 260	302, 809	18, 409
018 SOCIAL SERVICE					1, 743	67, 143	3, 945
019 DEPARTMENT OF MEDICINE					39, 988	304, 401	22, 354
019 01 DEPARTMENT OF CARDIOLOGY					101, 168	297, 033	19, 724
019 02 DEPARTMENT OF SURGERY					8, 229	122, 829	13, 149
019 03 DEPARTMENT OF FAMILY CARE					19, 776	1, 176, 289	48, 652
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI					1, 153	1, 128, 520	
023 I&R SERVICES-OTHER PRGM C						602, 839	14, 464
024 PARAMED ED PRGM-(SPECIFY)						131, 262	
024 01 PSYCHOLOGY INTERNS PARAME							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICALS					110, 356	3, 569, 054	44, 707
026 INTENSIVE CARE UNIT					64, 426	1, 161, 780	14, 464
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER					12, 072	537, 198	9, 204
033 NURSERY					23, 818	2, 308	11, 834
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	12, 813				360, 769	1, 205, 374	30, 243
037 01 ENDOSCOPY					62, 665	142, 327	6, 575
039 DELIVERY ROOM & LABOR ROO					4, 170	797	
040 01 ULTRASOUND					13, 168	111, 676	2, 630
041 RADIOLOGY-DIAGNOSTIC				4, 601	346, 721	707, 308	23, 668
042 01 CT SCAN					140, 076	198, 344	3, 945
042 02 MAGNETIC RESONANCE IMAGIN					79, 154	84, 555	2, 630
043 RADIOISOTOPE					2, 096	145, 127	
044 LABORATORY				1, 061	311, 965	1, 789, 943	23, 668
047 BLOOD STORING, PROCESSING					472	138, 010	2, 630
049 RESPIRATORY THERAPY					87, 873	667, 079	24, 983
050 PHYSICAL THERAPY				6, 997	28, 275	358, 002	28, 928
051 OCCUPATIONAL THERAPY					4, 756	238, 881	2, 630
052 SPEECH PATHOLOGY					6, 838	218, 022	1, 315
053 ELECTROCARDIOLOGY					6, 422	3, 086	
054 ELECTROENCEPHALOGRAPHY					4, 642	17, 497	23, 668
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 01 CARDIAC CATHORIZATION LAB					64, 964	89, 481	3, 945
059 02 MEDICAL REHAB							
059 03 NOTRE DAME OCCUPATIONAL M							
059 04 INPATIENT RENAL DIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		46, 813			2, 897	133, 875	
060 01 NOTRE DAME AMBULATORY CLI					3, 353	264, 185	
060 02 FAMILY CARE CLINIC		140, 441				320, 352	17, 094
060 03 PEDIATRIC CLINIC					21, 374	178, 407	
060 05 BARRINGTON URGENT CARE						196, 817	

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
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY					58,802	1,808,761	9,204
063 OBSERVATION BEDS (NON-DIS O/P CHEMO & IV PROCEDURES		51,468			11,827	97,581	
071 OTHER REIMBURS COST CNTRS HOME HEALTH AGENCY					41,314	1,408,155	
095 SPEC PURPOSE COST CENTERS SUBTOTALS	48,410	238,722	38,718	13,635	2,654,283	25,887,794	660,086
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH						507,259	27,613
097 01 UNFUNDED RESEARCH						63,004	
098 PHYSICIANS' PRIVATE OFFIC				44,874	3,346	949,436	10,519
099 NONPAID WORKERS							
099 01 FUND RAISING						19,156	
099 02 BANK							
099 03 VACANT SPACE							
099 04 BILLING OFFICE						30,636	2,630
099 05 O/P MEALS							
099 06 BROWN MEDICAL STUDENTS						24,938	
099 07 NONREIMBURSABLE SERVICES							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	48,410	238,722	38,718	58,509	2,657,629	27,482,223	700,848

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	4,006,186						
006 03 PURCHASING RECEIVING AND		1,182,081					
006 04 ADMINISTRATIVE	956	896	437,146				
006 05 BUSINESS OFFICE	1,814,170	2,734		4,304,644			
006 06 OTHER ADMINISTRATION AND	2,107,660	61,863			17,347,831	17,347,831	
006 07 GRANTS ADMINISTRATION		1,199			597,426	74,074	671,500
007 MAINTENANCE & REPAIRS	5,040	16,024			1,785,651	221,401	
008 OPERATION OF PLANT		28,910			4,451,374	551,921	
009 LAUNDRY & LINEN SERVICE		8,111			701,409	86,967	
010 HOUSEKEEPING		18,435			2,903,744	360,032	
011 DIETARY		21,782			1,603,464	198,812	
012 CAFETERIA		37,375			1,628,394	201,903	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		3,169			2,636,097	326,847	
015 CENTRAL SERVICES & SUPPLY		10,378			941,484	116,734	
016 PHARMACY	212	5,627			1,953,526	242,216	
017 MEDICAL RECORDS & LIBRARY	54,187	3,124			1,472,256	182,544	
018 SOCIAL SERVICE		24			277,579	34,417	
019 DEPARTMENT OF MEDICINE		2,719			1,380,333	171,146	
019 01 DEPARTMENT OF CARDIOLOGY		11,016			1,796,526	222,749	
019 02 DEPARTMENT OF SURGERY		685			707,295	87,697	
019 03 DEPARTMENT OF FAMILY CARE		7,238			4,447,244	551,409	58,181
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI		1,910			5,488,918	680,565	
023 I&R SERVICES-OTHER PRGM C		1,614			2,415,302	299,471	
024 PARAMED PRGM-(SPECIFY)		61			536,018	66,460	
024 01 PSYCHOLOGY INTERNS PARAME							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		33,531	86,360	406,370	16,308,959	2,022,086	
026 INTENSIVE CARE UNIT		12,816	29,533	138,971	4,784,947	593,281	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		3,042	10,507	49,441	2,242,975	278,104	
033 NURSERY		206	2,494	11,735	74,155	9,194	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		60,194	28,175	392,504	7,635,636	946,735	
037 01 ENDOSCOPY		5,623	4,893	68,380	890,794	110,449	
039 DELIVERY ROOM & LABOR ROO			3,213	21,731	29,911	3,709	
040 01 ULTRASOUND		1,547	6,437	108,634	619,764	76,844	
041 RADIOLOGY-DIAGNOSTIC		20,175	9,941	157,768	4,336,248	537,647	
042 01 CT SCAN		11,390	15,425	235,391	1,475,815	182,985	
042 02 MAGNETIC RESONANCE IMAGIN		8,366	6,745	101,792	733,939	91,000	
043 RADIOISOTOPE	524	1,343	3,766	48,878	674,427	83,622	
044 LABORATORY		86,092	105,471	927,719	10,898,307	1,351,270	
047 BLOOD STORING, PROCESSING		7,570	3,899	26,849	1,605,175	199,024	
049 RESPIRATORY THERAPY		6,693	17,484	95,883	3,252,412	403,263	
050 PHYSICAL THERAPY		13,421	9,866	149,603	2,404,355	298,114	
051 OCCUPATIONAL THERAPY		3,274	6,775	66,960	1,207,781	149,752	
052 SPEECH PATHOLOGY		1,319	2,444	31,151	950,945	117,907	
053 ELECTROCARDIOLOGY		94	8,431	79,188	123,745	15,343	
054 ELECTROENCEPHALOGRAPHY		474	303	13,549	274,611	34,049	
055 MEDICAL SUPPLIES CHARGED		304,344	32,273	271,748	7,510,505	931,220	
056 DRUGS CHARGED TO PATIENTS		286,347	34,995	380,737	7,195,955	892,219	
059 01 CARDIAC CATHETERIZATION LAB		6,975	888	7,369	664,855	82,435	
059 02 MEDICAL REHAB							
059 03 NOTRE DAME OCCUPATIONAL M							
059 04 INPATIENT RENAL DIALYSIS			1,669	8,145	278,030	34,473	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		984		12,152	703,674	87,248	
060 01 NOTRE DAME AMBULATORY CLI		3,410		16,745	745,642	92,451	
060 02 FAMILY CARE CLINIC		4,000		44,676	1,600,566	198,453	
060 03 PEDIATRIC CLINIC		4,494		22,675	717,989	89,023	
060 05 BARRINGTON URGENT CARE		6,683		5,871	613,577	76,077	

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
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY		17,731	5,159	199,769	5,662,397	702,075	
063 OBSERVATION BEDS (NON-DIS O/P CHEMO & IV PROCEDURES)		1,247		21,711	636,623	78,934	
071 OTHER REIMBURS COST CNTRS HOME HEALTH AGENCY		15,104		180,549	6,522,880	808,765	
095 SPEC PURPOSE COST CENTERS SUBTOTALS	3,982,749	1,173,383	437,146	4,304,644	148,449,465	16,255,116	58,181
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH		8,253			3,573,981	443,134	613,319
097 01 UNFUNDED RESEARCH					254,590	31,566	
098 PHYSICIANS' PRIVATE OFFICE		445			4,294,401	532,458	
099 NONPAID WORKERS							
099 01 FUND RAISING					77,406	9,597	
099 02 BANK							
099 03 VACANT SPACE							
099 04 BILLING OFFICE	23,437				149,863	18,581	
099 05 O/P MEALS							
099 06 BROWN MEDICAL STUDENTS					462,772	57,379	
099 07 NONREIMBURSABLE SERVICES							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	4,006,186	1,182,081	437,146	4,304,644	157,262,478	17,347,831	671,500

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	2,007,052						
008 OPERATION OF PLANT	344,713	5,348,008					
009 LAUNDRY & LINEN SERVICE	33,047	106,318	927,741				
010 HOUSEKEEPING	49,244	158,427	14,406	3,485,853			
011 DIETARY	46,208	148,658	6,589		2,003,731		
012 CAFETERIA	25,839	83,129	11,307	58,406		2,008,978	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	33,163	106,689		8,761			44,308
015 CENTRAL SERVICES & SUPPLY	41,018	131,961	18,007	38,937			22,163
016 PHARMACY	13,075	42,065		19,469			35,052
017 MEDICAL RECORDS & LIBRARY	22,818	73,408		13,628			47,221
018 SOCIAL SERVICE	5,300	17,052		4,867			5,532
019 DEPARTMENT OF MEDICINE	51,112	164,434	414	11,195			13,847
019 01 DEPARTMENT OF CARDIOLOGY	23,822	76,638	8,447	19,469			18,715
019 02 DEPARTMENT OF SURGERY	10,039	32,296		15,575			3,448
019 03 DEPARTMENT OF FAMILY CARE	20,062	64,543	4,085	68,140			65,254
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							133,883
023 I&R SERVICES-OTHER PRGM C	23,395	75,265	1,909	40,884			28,727
024 PARAMED ED PRGM-(SPECIFY)	1,732	5,571		2,200			5,384
024 01 PSYCHOLOGY INTERNS PARAME							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	291,556	937,985	436,771	1,179,803	1,489,270		379,929
026 INTENSIVE CARE UNIT	45,179	145,347	66,431	204,421	231,231		94,313
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	24,414	78,543	39,007	168,249	210,859		46,392
033 NURSERY	9,968	32,070	3,456	13,628			111
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	155,623	500,666	120,814	211,956			114,928
037 01 ENDOSCOPY	40,777	131,186	12,906	29,203			11,321
039 DELIVERY ROOM & LABOR ROO	25,864	83,210	17,243	72,034			
040 01 ULTRASOUND	3,293	10,593		3,894			8,500
041 RADIOLOGY-DIAGNOSTIC	51,593	165,984	21,163	44,778			72,150
042 01 CT SCAN	5,220	16,794	7,360				16,392
042 02 MAGNETIC RESONANCE IMAGIN	3,222	10,367	1,731				8,740
043 RADIOISOTOPE	9,065	29,163	668	1,947			11,395
044 LABORATORY	97,781	314,577	3,750	116,812			186,175
047 BLOOD STORING, PROCESSING	9,627	30,972		3,894			11,413
049 RESPIRATORY THERAPY	26,366	84,825	79	35,044			63,226
050 PHYSICAL THERAPY	42,644	137,193	26,250	59,672			36,398
051 OCCUPATIONAL THERAPY	5,687	18,296		5,315			21,444
052 SPEECH PATHOLOGY	5,908	19,006	992	6,230			19,932
053 ELECTROCARDIOLOGY	1,461	4,699		5,841			498
054 ELECTROENCEPHALOGRAPHY	13,507	43,454	1,615	1,947			2,710
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 01 CARDIAC CATHETERIZATION LAB	7,027	22,607	9,662	29,203			6,878
059 02 MEDICAL REHAB							
059 03 NOTRE DAME OCCUPATIONAL M							
059 04 INPATIENT RENAL DIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	36,300	116,782	492	38,704			21,278
060 01 NOTRE DAME AMBULATORY CLI	9,532	30,665	1,774	163,537			19,821
060 02 FAMILY CARE CLINIC	74,441	239,490		69,367			42,169
060 03 PEDIATRIC CLINIC	5,842	18,796		478			21,075
060 05 BARRINGTON URGENT CARE			6,460	93,450			13,663

COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL
	7	8	9	10	11	12	13
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	35,662	114,731	73,043	284,243		129,826	
063 OBSERVATION BEDS (NON-DIS O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS	10,024	32,247	4,794	111,945		8,592	
071 HOME HEALTH AGENCY	44,672	143,716		38,937		118,155	
095 SPEC PURPOSE COST CENTERS SUBTOTALS	1,836,842	4,800,418	922,103	3,295,585	1,931,360	1,910,958	
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP	7,875	25,336		11,681		2,323	
097 RESEARCH	110,334	354,963	2,559	125,573		36,896	
097 01 UNFUNDED RESEARCH						3,208	
098 PHYSICIANS' PRIVATE OFFIC	653	2,099	3,079	48,672		47,443	
099 NONPAID WORKERS	231	743					
099 01 FUND RAISING	4,221	13,580				1,715	
099 02 BANK	45,932	147,769		3,894			
099 03 VACANT SPACE	964	3,100					
099 04 BILLING OFFICE				448		5,273	
099 05 O/P MEALS					72,371		
099 06 BROWN MEDICAL STUDENTS						1,162	
099 07 NONREIMBURSABLE SERVICES							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,007,052	5,348,008	927,741	3,485,853	2,003,731	2,008,978	

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICE 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-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	3,155,865						
015 CENTRAL SERVICES & SUPPLY		1,310,304					
016 PHARMACY		1,265	2,306,668				
017 MEDICAL RECORDS & LIBRARY			4	1,811,879			
018 SOCIAL SERVICE					344,747		
019 DEPARTMENT OF MEDICINE						1,792,483	
019 01 DEPARTMENT OF CARDIOLOGY	75,686	2,073	46,890				2,291,015
019 02 DEPARTMENT OF SURGERY		120	604				
019 03 DEPARTMENT OF FAMILY CARE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI			166				
023 I&R SERVICES-OTHER PRGM C						567,859	
024 PARAMED ED PRGM-(SPECIFY)							
024 01 PSYCHOLOGY INTERNS PARAME							
025 INPAT ROUTINE SRVC CNTRS	1,220,475	47,901	17,552	1,180,983	292,414	381,082	
026 ADULTS & PEDIATRICS	290,100	17,834	6,734	68,851	46,162	53,595	
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER	125,810	3,567	443	15,763			
037 NURSERY	29,454			32,976			
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	379,023	107,558	56,779	288,451			
039 ENDOSCOPY	38,122	8,301	163				
040 DELIVERY ROOM & LABOR ROO	28,272						
040 01 ULTRASOUND		434	76				
041 RADIOLOGY-DIAGNOSTIC	63	3,461	201	18,844			
042 01 CT SCAN		18,816	38				
042 02 MAGNETIC RESONANCE IMAGIN		6,063	54				
043 RADIOISOTOPE		119	61				
044 LABORATORY	310	188,979	5,515	100,559			
047 BLOOD STORING, PROCESSING		17,887					
049 RESPIRATORY THERAPY		12,635	2,403	10,690			
050 PHYSICAL THERAPY		2,222	441	6,160			
051 OCCUPATIONAL THERAPY		1,606	74				
052 SPEECH PATHOLOGY		319	1				
053 ELECTROCARDIOLOGY			2	22,830			2,291,015
054 ELECTROENCEPHALOGRAPHY			6	906			
055 MEDICAL SUPPLIES CHARGED		811,537					
056 DRUGS CHARGED TO PATIENTS			2,132,137				
059 01 CARDIAC CATHETERIZATION LAB	23,176	7,053	120				
059 02 MEDICAL REHAB							
059 03 NOTRE DAME OCCUPATIONAL M							
059 04 INPATIENT RENAL DIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	69,074	1,532	1,078	15,039		434,677	
060 02 NOTRE DAME AMBULATORY CLI	42,010	1,956	15,700				
060 03 FAMILY CARE CLINIC	133,902	2,880	7,352				
060 04 PEDIATRIC CLINIC		206	143				
060 05 BARRINGTON URGENT CARE	46,781	2,133	2,384				

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
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	305,634	28,334	4,630	49,827	6,171		
063 OBSERVATION BEDS (NON-DIS O/P CHEMO & IV PROCEDURES)	28,890	2,539	343				
071 OTHER REIMBURS COST CNTRS							
HOME HEALTH AGENCY	319,083	10,968	4,578				
095 SPEC PURPOSE COST CENTERS							
SUBTOTALS	3,155,865	1,310,304	2,306,668	1,811,879	344,747	1,437,213	2,291,015
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
097 01 UNFUNDED RESEARCH						242,881	
098 PHYSICIANS' PRIVATE OFFICE						35,850	
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						76,539	
099 07 NONREIMBURSABLE SERVICES							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,155,865	1,310,304	2,306,668	1,811,879	344,747	1,792,483	2,291,015

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	857,074						
019 03 DEPARTMENT OF FAMILY CARE		5,278,918					
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI					6,303,532		
023 I&R SERVICES-OTHER PRGM C	195,933	2,259,331				5,908,076	
024 PARAMED ED PRGM-(SPECIFY)							617,365
024 01 PSYCHOLOGY INTERNS PARAME							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		241,325			2,114,616	1,981,955	
026 INTENSIVE CARE UNIT		34,082			657,548	616,296	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY		15,942					
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	276,503				97,760	91,627	617,365
037 01 ENDOSCOPY							
039 DELIVERY ROOM & LABOR ROO					79,344	74,366	
040 01 ULTRASOUND							
041 RADIOLOGY-DIAGNOSTIC					8,843	8,288	
042 01 CT SCAN							
042 02 MAGNETIC RESONANCE IMAGIN							
043 RADIOISOTOPE							
044 LABORATORY					251,499	235,721	
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY					52,734	49,425	
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY					24,339	22,812	
054 ELECTROENCEPHALOGRAPHY					77,072	72,237	
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					755,470	708,075	
060 01 NOTRE DAME AMBULATORY CLI					8,113	7,604	
060 02 FAMILY CARE CLINIC		2,150,487			1,823,204	1,708,824	
060 03 PEDIATRIC CLINIC		185,254					
060 05 BARRINGTON URGENT CARE							

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
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY					332,708	311,836	
063 OBSERVATION BEDS (NON-DIS O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS)							
071 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	472,436	4,886,421			6,283,250	5,889,066	617,365
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH					20,282	19,010	
097 01 UNFUNDED RESEARCH	4,433	15,392					
098 PHYSICIANS' PRIVATE OFFICE	380,205	377,105					
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	857,074	5,278,918			6,303,532	5,908,076	617,365

COST CENTER DESCRIPTION	PSYCHOLOGY IN SUBTOTAL TERNS PARAME	I&R COST POST STEP-DOWN ADJ	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 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	30,524,662	-4,096,571	26,428,091
026 INTENSIVE CARE UNIT	7,956,352	-1,273,844	6,682,508
027 CORONARY CARE UNIT			
028 BURN INTENSIVE CARE UNIT			
029 SURGICAL INTENSIVE CARE U			
031 SUBPROVIDER	3,234,126		3,234,126
033 NURSERY	220,954		220,954
037 ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM	11,601,424	-189,387	11,412,037
037 01 ENDOSCOPY	1,273,222		1,273,222
039 DELIVERY ROOM & LABOR ROO	413,953	-153,710	260,243
040 01 ULTRASOUND	723,398		723,398
041 RADIOLOGY-DIAGNOSTIC	5,269,263	-17,131	5,252,132
042 01 CT SCAN	1,723,420		1,723,420
042 02 MAGNETIC RESONANCE IMAGIN	855,116		855,116
043 RADIOISOTOPE	810,467		810,467
044 LABORATORY	13,751,255	-487,220	13,264,035
047 BLOOD STORING, PROCESSING	1,877,992		1,877,992
049 RESPIRATORY THERAPY	3,993,102	-102,159	3,890,943
050 PHYSICAL THERAPY	3,013,449		3,013,449
051 OCCUPATIONAL THERAPY	1,409,955		1,409,955
052 SPEECH PATHOLOGY	1,121,240		1,121,240
053 ELECTROCARDIOLOGY	2,512,585	-47,151	2,465,434
054 ELECTROENCEPHALOGRAPHY	522,114	-149,309	372,805
055 MEDICAL SUPPLIES CHARGED	9,253,262		9,253,262
056 DRUGS CHARGED TO PATIENTS	10,220,311		10,220,311
059 01 CARDIAC CATHETERIZATION LAB	853,016		853,016
059 02 MEDICAL REHAB			
059 03 NOTRE DAME OCCUPATIONAL M			
059 04 INPATIENT RENAL DIALYSIS	312,503		312,503
060 OUTPAT SERVICE COST CNTRS			
060 CLINIC	2,989,423	-1,463,545	1,525,878
060 01 NOTRE DAME AMBULATORY CLI	1,138,805	-15,717	1,123,088
060 02 FAMILY CARE CLINIC	8,051,135	-3,532,028	4,519,107
060 03 PEDIATRIC CLINIC	1,038,806		1,038,806
060 05 BARRINGTON URGENT CARE	854,525		854,525

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 41-0001 PERIOD: FROM 10/ 1/2007 TO 9/30/2008 PREPARED 4/30/2009 WORKSHEET B PART I

COST CENTER DESCRIPTION	PSYCHOLOGY IN SUBTOTAL		I&R COST POST STEP- DOWN ADJ 26	TOTAL
	TERNS	PARAMS		
	24.01	25		27
061 OUTPAT SERVICE COST CNTRS				
062 EMERGENCY		8,041,117	-644,544	7,396,573
063 OBSERVATION BEDS (NON-DIS				
071 O/P CHEMO & IV PROCEDURES		914,931		914,931
095 OTHER REIMBURS COST CNTRS				
096 HOME HEALTH AGENCY		8,011,754		8,011,754
097 SPEC PURPOSE COST CENTERS				
099 SUBTOTALS		144,487,637	-12,172,316	132,315,321
096 NONREIMBURS COST CENTERS				
097 GIFT, FLOWER, COFFEE SHOP		47,215		47,215
097 RESEARCH		5,300,051	-39,292	5,260,759
097 01 UNFUNDED RESEARCH		552,070		552,070
098 PHYSICIANS' PRIVATE OFFICE		5,721,965		5,721,965
099 NONPAID WORKERS		974		974
099 01 FUND RAISING		106,519		106,519
099 02 BANK		197,595		197,595
099 03 VACANT SPACE		4,064		4,064
099 04 BILLING OFFICE		174,165		174,165
099 05 O/P MEALS		72,371		72,371
099 06 BROWN MEDICAL STUDENTS		597,852		597,852
099 07 NONREIMBURSABLE SERVICES				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL		157,262,478	-12,211,608	145,050,870

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 CAP REL C
	NEW CAPITAL REL COSTS	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-BLDG &	OSTS-MACCOLL	OSTS-RICHARD	
	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 - 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					32,721		24,555
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							32,949
026	INTENSIVE CARE UNIT							
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
031	SUBPROVIDER					38,240		
033	NURSERY							
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM							
037	01 ENDOSCOPY							34,085
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							
060	03 PEDIATRIC CLINIC							
060	05 BARRINGTON URGENT CARE							

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
061	OUTPAT SERVICE COST CNTRS							
	EMERGENCY							
062	OBSERVATION BEDS (NON-DIS							
063	O/P CHEMO & IV PROCEDURES							
	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY							40,449
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS						70,961	132,038
	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 SERVI CES							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL						70,961	132,038

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 - PLAIN							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS	90						
006 02 INFORMATION SERVICES							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINITTING							
006 05 BUSINESS OFFICE							
006 06 OTHER ADMINISTRATIVE AND		6,947				18,078	
006 07 GRANTS ADMINISTRATION							
007 MAINTENANCE & REPAIRS	6,046	43,298					62,618
008 OPERATION OF PLANT	79,532	181,690	290	2,287			
009 LAUNDRY & LINEN SERVICE		55,551					
010 HOUSEKEEPING			66	40			
011 DIETARY	40,637						
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY		75,800					
016 PHARMACY		22,994					
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
019 DEPARTMENT OF MEDICINE	40,175				4,898		
019 01 DEPARTMENT OF CARDIOLOGY							206,666
019 02 DEPARTMENT OF SURGERY							
019 03 DEPARTMENT OF FAMILY CARE					10,054		
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	128,159						
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY	9,973						
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	14,664	134,292					
037 01 ENDOSCOPY	3,134						
039 DELIVERY ROOM & LABOR ROO							
040 01 ULTRASOUND							
041 RADIOLOGY-DIAGNOSTIC	25,893						
042 01 CT SCAN	5,223						
042 02 MAGNETIC RESONANCE IMAGIN	3,224						
043 RADIOISOTOPE							
044 LABORATORY		107,105			19,605		
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY							289,097
050 PHYSICAL THERAPY							49,337
051 OCCUPATIONAL THERAPY							51,253
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 01 CARDIAC CATHORIZATION LAB							60,963
059 02 MEDICAL REHAB							
059 03 NOTRE DAME OCCUPATIONAL M							
059 04 INPATIENT RENAL DIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC					6,760	49,167	
060 01 NOTRE DAME AMBULATORY CLI							
060 02 FAMILY CARE CLINIC					6,757		
060 03 PEDIATRIC CLINIC							
060 05 BARRINGTON URGENT CARE							

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
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY							
063 OBSERVATION BEDS (NON-DIS							
071 O/P CHEMO & IV PROCEDURES							
095 OTHER REIMBURS COST CNTRS							
095 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	356,750	627,677	356	2,327	48,074	67,245	719,934
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH			2,004				
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	356,750	627,677	2,360	2,327	48,074	67,245	719,934

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					25,551	25,551	25,551
006 01 COMMUNICATIONS			35,521		5,600	41,211	82
006 02 INFORMATION SERVICES					123,309	123,309	567
006 03 PURCHASING RECEIVING AND					7,059	7,059	130
006 04 ADMINITTING					2,789	2,789	93
006 05 BUSINESS OFFICE					82,915	82,915	498
006 06 OTHER ADMINISTRATIVE AND			3,197		97,704	125,926	1,438
006 07 GRANTS ADMINISTRATION					901	901	121
007 MAINTENANCE & REPAIRS	5,367				56,800	174,129	279
008 OPERATION OF PLANT	30,230				27,371	378,676	110
009 LAUNDRY & LINEN SERVICE					29,866	85,417	97
010 HOUSEKEEPING					10,502	10,608	564
011 DIETARY					10,312	50,949	174
012 CAFETERIA					17,694	17,694	298
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION					56,552	56,552	560
015 CENTRAL SERVICES & SUPPLY					31,348	107,148	135
016 PHARMACY					13,428	36,422	399
017 MEDICAL RECORDS & LIBRARY				976	7,260	8,236	282
018 SOCIAL SERVICE					1,743	1,743	62
019 DEPARTMENT OF MEDICINE					39,988	85,061	283
019 01 DEPARTMENT OF CARDIOLOGY					101,168	307,834	276
019 02 DEPARTMENT OF SURGERY					8,229	8,229	114
019 03 DEPARTMENT OF FAMILY CARE					19,776	29,830	1,095
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI					1,153	1,153	1,050
023 I&R SERVICES-OTHER PRGMC							561
024 PARAMED ED PRGM-(SPECIFY)							122
024 01 PSYCHOLOGY INTERNS PARAME							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS					110,356	271,464	3,301
026 INTENSIVE CARE UNIT					64,426	64,426	1,081
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER					12,072	50,312	500
033 NURSERY					23,818	33,791	2
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	12,813				360,769	522,538	1,122
037 01 ENDOSCOPY					62,665	99,884	132
039 DELIVERY ROOM & LABOR ROO					4,170	4,170	1
040 01 ULTRASOUND					13,168	13,168	104
041 RADIOLOGY-DIAGNOSTIC				4,601	346,721	377,215	658
042 01 CT SCAN					140,076	145,299	185
042 02 MAGNETIC RESONANCE IMAGIN					79,154	82,378	79
043 RADIOISOTOPE					2,096	2,096	135
044 LABORATORY				1,061	311,965	439,736	1,666
047 BLOOD STORING, PROCESSING					472	472	128
049 RESPIRATORY THERAPY					87,873	376,970	621
050 PHYSICAL THERAPY				6,997	28,275	84,609	333
051 OCCUPATIONAL THERAPY					4,756	56,009	222
052 SPEECH PATHOLOGY					6,838	6,838	203
053 ELECTROCARDIOLOGY					6,422	6,422	3
054 ELECTROENCEPHALOGRAPHY					4,642	4,642	16
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 01 CARDIAC CATHORIZATION LAB					64,964	125,927	83
059 02 MEDICAL REHAB							
059 03 NOTRE DAME OCCUPATIONAL M							
059 04 INPATIENT RENAL DIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		46,813			2,897	105,637	125
060 01 NOTRE DAME AMBULATORY CLI					3,353	3,353	246
060 02 FAMILY CARE CLINIC		140,441				147,198	298
060 03 PEDIATRIC CLINIC					21,374	21,374	166
060 05 BARRINGTON URGENT CARE							183

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	SUBTOTAL	EMPLOYEE BENEFITS
	3.11	3.12	3.13	3.14	4	4a	5
061 OUTPAT SERVICE COST CNTRS EMERGENCY					58,802	58,802	1,683
062 OBSERVATION BEDS (NON-DIS							
063 O/P CHEMO & IV PROCEDURES		51,468			11,827	63,295	91
071 OTHER REIMBURS COST CNTRS HOME HEALTH AGENCY					41,314	81,763	1,310
095 SPEC PURPOSE COST CENTERS SUBTOTALS	48,410	238,722	38,718	13,635	2,654,283	5,019,130	24,067
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP						2,004	472
097 RESEARCH							59
097 01 UNFUNDED RESEARCH							883
098 PHYSICIANS' PRIVATE OFFIC				44,874	3,346	48,220	
099 NONPAID WORKERS							18
099 01 FUND RAISING							
099 02 BANK							
099 03 VACANT SPACE							
099 04 BILLING OFFICE							29
099 05 O/P MEALS							
099 06 BROWN MEDICAL STUDENTS							23
099 07 NONREIMBURSABLE SERVICES							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	48,410	238,722	38,718	58,509	2,657,629	5,069,354	25,551

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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 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	41,293						
006 02 INFORMATION SERVICES	1,395	125,271					
006 03 PURCHASING RECEIVING AND	620		7,809				
006 04 ADMINISTRATIVE	542	30	6	3,460			
006 05 BUSINESS OFFICE	1,317	56,728	18		141,476		
006 06 OTHER ADMINISTRATIVE AND	4,341	65,905	408				
006 07 GRANTS ADMINISTRATION	387		8			198,018	
007 MAINTENANCE & REPAIRS	775	158	106			845	2,262
008 OPERATION OF PLANT			191			6,299	
009 LAUNDRY & LINEN SERVICE	155		54			992	
010 HOUSEKEEPING	310		122			4,109	
011 DIETARY	387		144			2,269	
012 CAFETERIA	620		247			2,304	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	2,014		21			3,730	
015 CENTRAL SERVICES & SUPPLY	232		68			1,332	
016 PHARMACY	542	7	37			2,764	
017 MEDICAL RECORDS & LIBRARY	1,085	1,694	21			2,083	
018 SOCIAL SERVICE	232					393	
019 DEPARTMENT OF MEDICINE	1,317		18			1,953	
019 01 DEPARTMENT OF CARDIOLOGY	1,162		73			2,542	
019 02 DEPARTMENT OF SURGERY	775		5			1,001	
019 03 DEPARTMENT OF FAMILY CARE	2,866		48			6,293	196
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI			13			7,767	
023 I&R SERVICES-OTHER PRGM C	852		11			3,418	
024 PARAMED ED PRGM-(SPECIFY)						758	
024 01 PSYCHOLOGY INTERNS PARAME							
025 ADULTS & PEDIATRICS	2,634		221	695	13,351	23,117	
026 INTENSIVE CARE UNIT	852		85	238	4,566	6,771	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	542		20	85	1,624	3,174	
033 NURSERY	697		1	20	386	105	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	1,782		397	227	12,895	10,804	
037 01 ENDOSCOPY	387		37	39	2,247	1,260	
039 DELIVERY ROOM & LABOR ROO				26	714	42	
040 01 ULTRASOUND	155		10	52	3,569	877	
041 RADIOLOGY-DIAGNOSTIC	1,395		133	80	5,183	6,136	
042 01 CT SCAN	232		75	124	7,733	2,088	
042 02 MAGNETIC RESONANCE IMAGIN	155		55	54	3,344	1,039	
043 RADIOISOTOPE		16	9	30	1,606	954	
044 LABORATORY	1,395		568	790	30,531	15,421	
047 BLOOD STORING, PROCESSING	155		50	31	882	2,271	
049 RESPIRATORY THERAPY	1,472		44	141	3,150	4,602	
050 PHYSICAL THERAPY	1,704		89	79	4,915	3,402	
051 OCCUPATIONAL THERAPY	155		22	55	2,200	1,709	
052 SPEECH PATHOLOGY	77		9	20	1,023	1,346	
053 ELECTROCARDIOLOGY			1	68	2,602	175	
054 ELECTROENCEPHALOGRAPHY	1,395		3	2	445	389	
055 MEDICAL SUPPLIES CHARGED			2,014	260	8,928	10,627	
056 DRUGS CHARGED TO PATIENTS			1,890	282	12,509	10,182	
059 01 CARDIAC CATHETERIZATION LAB	232		46	7	242	941	
059 02 MEDICAL REHAB							
059 03 NOTRE DAME OCCUPATIONAL M							
059 04 INPATIENT RENAL DIALYSIS				13	268	393	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			6		399	996	
060 01 NOTRE DAME AMBULATORY CLI			23		550	1,055	
060 02 FAMILY CARE CLINIC	1,007		26		1,468	2,265	
060 03 PEDIATRIC CLINIC			30		745	1,016	
060 05 BARRINGTON URGENT CARE			44		193	868	

ALLOCATION OF NEW CAPITAL RELATED COSTS

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
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	542		117	42	6,563	8,012	
063 OBSERVATION BEDS (NON-DIS O/P CHEMO & IV PROCEDURES)			8		713	901	
071 OTHER REIMBURS COST CNTRS HOME HEALTH AGENCY			100		5,932	9,230	
095 SPEC PURPOSE COST CENTERS SUBTOTALS	38,891	124,538	7,752	3,460	141,476	185,547	196
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH	1,627		54			5,057	2,066
097 01 UNFUNDED RESEARCH						360	
098 PHYSICIANS' PRIVATE OFFICE	620		3			6,077	
099 NONPAID WORKERS							
099 01 FUND RAISING						110	
099 02 BANK							
099 03 VACANT SPACE							
099 04 BILLING OFFICE	155	733				212	
099 05 O/P MEALS							
099 06 BROWN MEDICAL STUDENTS						655	
099 07 NONREIMBURSABLE SERVICES							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	41,293	125,271	7,809	3,460	141,476	198,018	2,262

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	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	ADMINISTRATIVE						
006 05	BUSINESS OFFICE						
006 06	OTHER ADMINISTRATIVE AND						
006 07	GRANTS ADMINISTRATION						
007	MAINTENANCE & REPAIRS 177,974						
008	OPERATION OF PLANT 30,568						
009	LAUNDRY & LINEN SERVICE 2,930						
010	HOUSEKEEPING 4,367						
011	DIETARY 4,097						
012	CAFETERIA 2,291						
013	MAINTENANCE OF PERSONNEL						
014	NURSING ADMINISTRATION 2,941						
015	CENTRAL SERVICES & SUPPLY 3,637						
016	PHARMACY 1,159						
017	MEDICAL RECORDS & LIBRARY 2,023						
018	SOCIAL SERVICE 470						
019	DEPARTMENT OF MEDICINE 4,532						
019 01	DEPARTMENT OF CARDIOLOGY 2,112						
019 02	DEPARTMENT OF SURGERY 890						
019 03	DEPARTMENT OF FAMILY CARE 1,779						
020	NONPHYSICIAN ANESTHETISTS						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY & FRI						
023	I&R SERVICES-OTHER PRGM C 2,075						
024	PARAMED PRGM-(SPECIFY) 154						
024 01	PSYCHOLOGY INTERNS PARAME						
025	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS 25,854						
026	INTENSIVE CARE UNIT 4,006						
027	CORONARY CARE UNIT						
028	BURN INTENSIVE CARE UNIT						
029	SURGICAL INTENSIVE CARE U						
031	SUBPROVIDER 2,165						
033	NURSERY 884						
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM 13,800						
037 01	ENDOSCOPY 3,616						
039	DELIVERY ROOM & LABOR ROO 2,294						
040 01	ULTRASOUND 292						
041	RADIOLOGY-DIAGNOSTIC 4,575						
042 01	CT SCAN 463						
042 02	MAGNETIC RESONANCE IMAGIN 286						
043	RADIOISOTOPE 804						
044	LABORATORY 8,671						
047	BLOOD STORING, PROCESSING 854						
049	RESPIRATORY THERAPY 2,338						
050	PHYSICAL THERAPY 3,781						
051	OCCUPATIONAL THERAPY 504						
052	SPEECH PATHOLOGY 524						
053	ELECTROCARDIOLOGY 130						
054	ELECTROENCEPHALOGRAPHY 1,198						
055	MEDICAL SUPPLIES CHARGED						
056	DRUGS CHARGED TO PATIENTS						
059 01	CARDIAC CATHETERIZATION LAB 623						
059 02	MEDICAL REHAB 1,758						
059 03	NOTRE DAME OCCUPATIONAL M						
059 04	INPATIENT RENAL DIALYSIS						
060	OUTPAT SERVICE COST CNTRS						
060	CLINIC 3,219						
060 01	NOTRE DAME AMBULATORY CLI 845						
060 02	FAMILY CARE CLINIC 6,601						
060 03	PEDIATRIC CLINIC 518						
060 05	BARRINGTON URGENT CARE						

	MAINTENANCE & OPERATIONS OF REPAIRS	PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL
	7	8	9	10	11	12	13
061	OUTPAT SERVICE COST CNTRS						
	EMERGENCY	3,162	8,921	7,709	2,766	2,047	
062	OBSERVATION BEDS (NON-DIS						
063	O/P CHEMO & IV PROCEDURES	889	2,507	506	1,089	135	
	OTHER REIMBURS COST CNTRS						
071	HOME HEALTH AGENCY	3,961	11,175		379	1,863	
	SPEC PURPOSE COST CENTERS						
095	SUBTOTALS	162,882	373,265	97,317	32,067	67,736	30,133
	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP	698	1,970		114	37	
097	RESEARCH	9,784	27,601	270	1,222	582	
097	01 UNFUNDED RESEARCH					51	
098	PHYSICIANS' PRIVATE OFFICE	58	163	325	474	748	
099	NONPAID WORKERS	20	58				
099	01 FUND RAISING	374	1,056			27	
099	02 BANK	4,073	11,490		38		
099	03 VACANT SPACE	85	241				
099	04 BILLING OFFICE				4	83	
099	05 O/P MEALS					2,538	
099	06 BROWN MEDICAL STUDENTS						18
099	07 NONREIMBURSABLE SERVICES						
101	CROSS FOOT ADJUSTMENTS						
102	NEGATIVE COST CENTER						
103	TOTAL	177,974	415,844	97,912	33,919	70,274	31,679

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 41-0001  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 4/30/2009  
 WORKSHEET B  
 PART III

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
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	74,898						
015 CENTRAL SERVICES & SUPPLY		125,441					
016 PHARMACY		121	45,464				
017 MEDICAL RECORDS & LIBRARY				22,010			
018 SOCIAL SERVICE					4,360		
019 DEPARTMENT OF MEDICINE						106,321	
019 01 DEPARTMENT OF CARDIOLOGY	1,796	198	924				324,251
019 02 DEPARTMENT OF SURGERY		11	12				
019 03 DEPARTMENT OF FAMILY CARE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI			3				
023 I&R SERVICES-OTHER PRGM C						33,683	
024 PARAMEDIC PRGM-(SPECIFY)							
024 01 PSYCHOLOGY INTERNS PARAME							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	28,966	4,586	346	14,346	3,698	22,604	
026 INTENSIVE CARE UNIT	6,885	1,707	133	836	584	3,179	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	2,986	341	9	191			
033 NURSERY	699			401			
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	8,995	10,297	1,119	3,504			
037 01 ENDOSCOPY	905	795	3				
039 DELIVERY ROOM & LABOR ROO	671						
040 01 ULTRASOUND		42	2				
041 RADIOLOGY-DIAGNOSTIC	1	331	4	229			
042 01 CT SCAN		1,801	1				
042 02 MAGNETIC RESONANCE IMAGIN		580	1				
043 RADIOISOTOPE		11	1				
044 LABORATORY	7	18,092	109	1,222			
047 BLOOD STORING, PROCESSING		1,712					
049 RESPIRATORY THERAPY		1,210	47	130			
050 PHYSICAL THERAPY		213	9	75			
051 OCCUPATIONAL THERAPY		154	1				
052 SPEECH PATHOLOGY		31					
053 ELECTROCARDIOLOGY				277			324,251
054 ELECTROENCEPHALOGRAPHY		1		11			
055 MEDICAL SUPPLIES CHARGED		77,692					
056 DRUGS CHARGED TO PATIENTS			42,025				
059 01 CARDIAC CATHETERIZATION LAB	550	675	2				
059 02 MEDICAL REHAB							
059 03 NOTRE DAME OCCUPATIONAL M							
059 04 INPATIENT RENAL DIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,639	147	21	183		25,783	
060 01 NOTRE DAME AMBULATORY CLI	997	187	309				
060 02 FAMILY CARE CLINIC	3,178	276	145				
060 03 PEDIATRIC CLINIC		20	3				
060 05 BARRINGTON URGENT CARE	1,110	204	47				

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
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	7,254	2,713	91	605	78		
063 OBSERVATION BEDS (NON-DIS)							
063 O/P CHEMO & IV PROCEDURES	686	243	7				
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	7,573	1,050	90				
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	74,898	125,441	45,464	22,010	4,360	85,249	324,251
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
097 01 UNFUNDED RESEARCH						14,406	
098 PHYSICIANS' PRIVATE OFFICE						2,126	
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						4,540	
099 07 NONREIMBURSABLE SERVICES							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	74,898	125,441	45,464	22,010	4,360	106,321	324,251

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 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	13,754						
019 03 DEPARTMENT OF FAMILY CARE		49,249					
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI					12,097		
023 I&R SERVICES-OTHER PRGM C	3,144	21,078				71,726	
024 PARAMED ED PRGM-(SPECIFY)							1,573
024 01 PSYCHOLOGY INTERNS PARAME							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICALS		2,251					
026 INTENSIVE CARE UNIT		318					
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY		149					
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	4,437						
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		20,063					
060 03 PEDIATRIC CLINIC		1,728					
060 05 BARRINGTON URGENT CARE							

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
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY							
063 OBSERVATION BEDS (NON-DIS O/P CHEMO & IV PROCEDURES)							
071 OTHER REIMBURS COST CNTRS							
095 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	7,581	45,587					
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
097 01 UNFUNDED RESEARCH		71	144				
098 PHYSICIANS' PRIVATE OFFICE	6,102	3,518					
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					12,097	71,726	1,573
102 NEGATIVE COST CENTER							
103 TOTAL	13,754	49,249			12,097	71,726	1,573

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 INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS	606,163			606,163
026 INTENSIVE CARE UNIT	125,566			125,566
027 CORONARY CARE UNIT				
028 BURN INTENSIVE CARE UNIT				
029 SURGICAL INTENSIVE CARE U				
031 SUBPROVIDER	81,937			81,937
033 NURSERY	40,129			40,129
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM	647,472			647,472
037 01 ENDOSCOPY	121,331			121,331
039 DELIVERY ROOM & LABOR ROO	16,909			16,909
040 01 ULTRASOUND	19,267			19,267
041 RADIOLOGY-DIAGNOSTIC	412,654			412,654
042 01 CT SCAN	160,342			160,342
042 02 MAGNETIC RESONANCE IMAGIN	89,098			89,098
043 RADIOISOTOPE	8,200			8,200
044 LABORATORY	547,138			547,138
047 BLOOD STORAGE, PROCESSING	9,181			9,181
049 RESPIRATORY THERAPY	398,667			398,667
050 PHYSICAL THERAPY	113,802			113,802
051 OCCUPATIONAL THERAPY	62,844			62,844
052 SPEECH PATHOLOGY	12,029			12,029
053 ELECTROCARDIOLOGY	334,359			334,359
054 ELECTROENCEPHALOGRAPHY	11,713			11,713
055 MEDICAL SUPPLIES CHARGED	99,521			99,521
056 DRUGS CHARGED TO PATIENTS	66,888			66,888
059 01 CARDIAC CATHETERIZATION LAB	132,498			132,498
059 02 MEDICAL REHAB				
059 03 NOTRE DAME OCCUPATIONAL M				
059 04 INPATIENT RENAL DIALYSIS	674			674
060 OUTPAT SERVICE COST CNTRS				
060 CLINIC	148,001			148,001
060 01 NOTRE DAME AMBULATORY CLI	12,040			12,040
060 02 FAMILY CARE CLINIC	202,487			202,487
060 03 PEDIATRIC CLINIC	27,444			27,444
060 05 BARRINGTON URGENT CARE	4,455			4,455

	COST CENTER DESCRIPTION	PSYCHOLOGY IN TERNS PARAME	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		24.01	25	26	27
061	OUTPAT SERVICE COST CNTRS EMERGENCY		111,107		111,107
062	OBSERVATION BEDS (NON-DIS				
063	O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS		71,070		71,070
071	HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS		124,426		124,426
095	SUBTOTALS NONREIMBURS COST CENTERS		4,819,412		4,819,412
096	GIFT, FLOWER, COFFEE SHOP		2,819		2,819
097	RESEARCH		50,739		50,739
097	01 UNFUNDED RESEARCH		15,091		15,091
098	PHYSICIANS' PRIVATE OFFIC		69,317		69,317
099	NONPAID WORKERS		78		78
099	01 FUND RAISING		1,585		1,585
099	02 BANK		15,601		15,601
099	03 VACANT SPACE		326		326
099	04 BILLING OFFICE		1,216		1,216
099	05 O/P MEALS		2,538		2,538
099	06 BROWN MEDICAL STUDENTS		5,236		5,236
099	07 NONREIMBURSABLE SERVICES				
101	CROSS FOOT ADJUSTMENTS		85,396		85,396
102	NEGATIVE COST CENTER				
103	TOTAL		5,069,354		5,069,354

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						
OUTPAT SERVICE COST C						
060 CLINIC						

COST CENTER DESCRIPTION		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
		(SQUARE FEE T	(ACQUISITIO N COST OLD	(SQUARE FEE T	(SQUARE FEE T	(SQ FT MACC OLL NEW	(SQ FT RICH ARDSON NEW
		1	2	3	3.01	3.02	3.03
	OUTPAT SERVICE COST C						
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 (WRKSHT B, PART I)					70,961	132,038
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)					9.227698	4.544729
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							
OUTPAT SERVICE COST C							
060 CLINIC					2,479	2,290	

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)
OUTPAT SERVICE COST C	3.04	3.05	3.06	3.07	3.08	3.09	3.10
060 01 NOTRE DAME AMBULATORY							
060 02 FAMILY CARE CLINIC					2,478		
060 03 PEDIATRIC CLINIC							
060 05 BARRINGTON URGENT CARE EMERGENCY							
062 OBSERVATION BEDS (NON O/P CHEMO & IV PROCEDURE)							
063 OTHER REIMBURSABLE COST CENTER							
071 HOME HEALTH AGENCY SPEC PURPOSE COST CENTER							
095 SUBTOTALS	71,039	67,670	1,583	8,091	17,629	3,132	16,533
NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE							
097 RESEARCH			8,913				
097 01 UNFUNDED RESEARCH							
098 PHYSICIANS' PRIVATE 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 SERVICE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	356,750	627,677	2,360	2,327	48,074	67,245	719,934
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	5.021889	9.275558	.224848	.287604	2.726984	21.470307	43.545273
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 (SQ FT NOTRE DAME NEW)	NEW CAP REL C OSTS-PRIMARY (SQ FT PRIMARY CARE NEW)	NEW CAP REL C 55 PROSPECT (TOTAL SQUARE FEET)	NEW CAP REL C OSTS - PLAIN (SQ FT PLAINVILLE)	NEW CAP REL C OSTS-MVBLE E (ACQUISITION COST NEW)	EMPLOYEE BENE FITS (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF EXTENSIONS)
	3. 11	3. 12	3. 13	3. 14	4	5	6. 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	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					46,854,914		
005 EMPLOYEE BENEFITS					450,476	83,569,476	
006 01 COMMUNICATIONS			1,111		98,725	268,914	533
006 02 INFORMATION SERVICES					2,173,998	1,854,332	18
006 03 PURCHASING RECEIVING					124,459	425,316	8
006 04 ADMINISTRATION					49,180	303,262	7
006 05 BUSINESS OFFICE					1,461,833	1,628,537	17
006 06 OTHER ADMINISTRATION			100		1,722,575	4,697,957	56
006 07 GRANTS ADMINISTRATION					15,886	394,595	5
007 MAINTENANCE & REPAIRS	1,511				1,001,408	913,352	10
008 OPERATION OF PLANT	8,510				482,572	360,720	
009 LAUNDRY & LINEN SERVICE					526,546	318,262	2
010 HOUSEKEEPING					185,148	1,844,722	4
011 DIETARY					181,798	568,470	5
012 CAFETERIA					311,951	975,447	8
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION					997,030	1,829,069	26
015 CENTRAL SERVICES & SU					552,672	439,969	3
016 PHARMACY					236,745	1,302,654	7
017 MEDICAL RECORDS & LIB				368	128,000	920,797	14
018 SOCIAL SERVICE					30,733	204,173	3
019 DEPARTMENT OF MEDICINE					705,013	925,640	17
019 01 DEPARTMENT OF CARDIOL					1,783,641	903,233	15
019 02 DEPARTMENT OF SURGERY					145,087	373,506	10
019 03 DEPARTMENT OF FAMILY					348,652	3,576,924	37
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &					20,335	3,431,664	
023 I&R SERVICES-OTHER PR						1,833,144	11
024 PARAMEDICAL PRGM-(SPEC						399,150	
024 01 PSYCHOLOGY INTERNS PA							
025 INPAT ROUTINE SRVC CN					1,945,620	10,853,022	34
026 ADULTS & PEDIATRICS					1,135,861	3,532,802	11
027 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER					212,842	1,633,540	7
033 NURSERY					419,926	7,018	9
ANCILLARY SRVC COST C							
037 OPERATING ROOM	3,607				6,360,185	3,665,366	23
037 01 ENDOSCOPY					1,104,809	432,795	5
039 DELIVERY ROOM & LABOR					73,524	2,425	
040 01 ULTRASOUND					232,165	339,590	2
041 RADIOLOGY-DIAGNOSTIC				1,734	6,112,854	2,150,821	18
042 01 CT SCAN					2,469,601	603,136	3
042 02 MAGNETIC RESONANCE IM					1,395,517	257,119	2
043 RADIOISOTOPE					36,949	441,309	
044 LABORATORY				400	5,500,086	5,442,954	18
047 BLOOD STORAGE, PROCES					8,330	419,667	2
049 RESPIRATORY THERAPY					1,549,250	2,028,490	19
050 PHYSICAL THERAPY				2,637	498,495	1,088,632	22
051 OCCUPATIONAL THERAPY					83,845	726,403	2
052 SPEECH PATHOLOGY					120,551	662,972	1
053 ELECTROCARDIOLOGY					113,231	9,384	
054 ELECTROENCEPHALOGRAPH					81,846	53,205	18
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI							
059 01 CARDIAC CATHETERIZATION					1,145,351	272,098	3
059 02 MEDICAL REHAB							
059 03 NOTRE DAME OCCUPATION							
059 04 INPATIENT RENAL DIALY							
060 OUTPAT SERVICE COST C							
CLINIC		3,922			51,073	407,095	

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 COMMUNICATIONS	COMMUNICATIONS
	(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
OUTPAT SERVICE COST C	3.11	3.12	3.13	3.14	4	5	6.01
060 01 NOTRE DAME AMBULATORY					59,113	803,347	
060 02 FAMILY CARE CLINIC		11,766				974,143	13
060 03 PEDIATRIC CLINIC					376,827	542,511	
060 05 BARRINGTON URGENT CAR						598,493	
061 EMERGENCY					1,036,704	5,500,177	7
062 OBSERVATION BEDS (NON							
063 O/P CHEMO & IV PROCED		4,312			208,517	296,731	
OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY					728,393	4,281,995	
SPEC PURPOSE COST CEN							
095 SUBTOTALS	13,628	20,000	1,211	5,139	46,795,928	78,721,049	502
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
097 RESEARCH						1,542,500	21
097 01 UNFUNDED RESEARCH						191,586	
098 PHYSICIANS' PRIVATE O				16,911	58,986	2,887,097	8
099 NONPAID WORKERS							
099 01 FUND RAISING						58,250	
099 02 BANK							
099 03 VACANT SPACE							
099 04 BILLING OFFICE						93,160	2
099 05 O/P MEALS							
099 06 BROWN MEDICAL STUDENT						75,834	
099 07 NONREIMBURSABLE SERVI							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	48,410	238,722	38,718	58,509	2,657,629	27,482,223	700,848
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER	3.552245	11.936100	31.971924	2.653469	.056720	.328855	1,314.911820
(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						25,551	41,293
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER						.000306	77.472795
(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	7,781,759						
006 03 PURCHASING RECEIVING		26,807,820					
006 04 ADMITTING	1,857	20,310	146,582,255				
006 05 BUSINESS OFFICE	3,523,905	61,993		306,774,158			
006 06 OTHER ADMINISTRATION	4,094,000	1,402,955			-17,347,831	139,914,647	
006 07 GRANTS ADMINISTRATION		27,189				597,426	3,863,658
007 MAINTENANCE & REPAIRS	9,790	363,390				1,785,651	
008 OPERATION OF PLANT		655,639				4,451,374	
009 LAUNDRY & LINEN SERVICE		183,947				701,409	
010 HOUSEKEEPING		418,073				2,903,744	
011 DIETARY		493,971				1,603,464	
012 CAFETERIA		847,613				1,628,394	
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION		71,874				2,636,097	
015 CENTRAL SERVICES & SU		235,358				941,484	
016 PHARMACY	411	127,615				1,953,526	
017 MEDICAL RECORDS & LIB	105,255	70,850				1,472,256	
018 SOCIAL SERVICE		551				277,579	
019 DEPARTMENT OF MEDICINE		61,661				1,380,333	
019 01 DEPARTMENT OF CARDIOL		249,829				1,796,526	
019 02 DEPARTMENT OF SURGERY		15,527				707,295	
019 03 DEPARTMENT OF FAMILY		164,150				4,447,244	334,761
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &		43,319				5,488,918	
023 I&R SERVICES-OTHER PR		36,608				2,415,302	
024 PARAMEDICAL PRGM-(SPEC		1,378				536,018	
024 01 PSYCHOLOGY INTERNS PA							
025 INPATIENT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS		760,433	28,960,263	28,960,263		16,308,959	
026 INTENSIVE CARE UNIT		290,642	9,903,854	9,903,854		4,784,947	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER		68,998	3,523,416	3,523,416		2,242,975	
033 NURSERY		4,675	836,331	836,331		74,155	
ANCILLARY SRVC COST C							
037 OPERATING ROOM		1,365,104	9,448,210	27,972,049		7,635,636	
037 01 ENDOSCOPY		127,518	1,640,961	4,873,124		890,794	
039 DELIVERY ROOM & LABOR			1,077,396	1,548,701		29,911	
040 01 ULTRASOUND		35,085	2,158,712	7,741,905		619,764	
041 RADIOLOGY-DIAGNOSTIC		457,546	3,333,559	11,243,420		4,336,248	
042 01 CT SCAN		258,295	5,172,833	16,775,285		1,475,815	
042 02 MAGNETIC RESONANCE IM		189,719	2,261,866	7,254,242		733,939	
043 RADIOISOTOPE	1,017	30,450	1,263,065	3,483,345		674,427	
044 LABORATORY		1,952,429	35,356,616	66,115,309		10,898,307	
047 BLOOD STORAGE, PROCES		171,672	1,307,450	1,913,409		1,605,175	
049 RESPIRATORY THERAPY		151,795	5,863,189	6,833,189		3,252,412	
050 PHYSICAL THERAPY		304,367	3,308,667	10,661,527		2,404,355	
051 OCCUPATIONAL THERAPY		74,247	2,271,885	4,771,923		1,207,781	
052 SPEECH PATHOLOGY		29,924	819,549	2,219,968		950,945	
053 ELECTROCARDIOLOGY		2,140	2,827,317	5,643,397		123,745	
054 ELECTROENCEPHALOGRAPH		10,751	101,442	965,561		274,611	
055 MEDICAL SUPPLIES CHAR		6,902,140	10,822,754	19,366,308		7,510,505	
056 DRUGS CHARGED TO PATI		6,493,876	11,735,298	27,133,490		7,195,955	
059 01 CARDIAC CATHETERIZATION		158,172	297,886	525,153		664,855	
059 02 MEDICAL REHAB							
059 03 NOTRE DAME OCCUPATION							
059 04 INPATIENT RENAL DIALY			559,742	580,482		278,030	
060 OUTPATIENT SERVICE COST							
060 CLINIC		22,323		865,991		703,674	

COST CENTER DESCRIPTION	INFORMATION SERVICES	PURCHASING RECEIVING AND	RE ADMITTING (REVENUE IN PATIENT)	BUSINESS OFFICE (REVENUE TOTAL)	RECONCILIATION	OTHER ADMINISTRATIVE AND (ACCUM. COST)	GRANTS ADMINISTRATION (GRANT EXPENSES)
	(PROCESSING TIME)	(COSTED QUANTITIES)	(REVENUE IN PATIENT)	(REVENUE TOTAL)	RECONCILIATION	(ACCUM. COST)	(GRANT EXPENSES)
OUTPAT SERVICE COST C	6.02	6.03	6.04	6.05	6a.06	6.06	6.07
060 01 NOTRE DAME AMBULATORY		77,329		1,193,374		745,642	
060 02 FAMILY CARE CLINIC		90,709		3,183,858		1,600,566	
060 03 PEDIATRIC CLINIC		101,918		1,615,984		717,989	
060 05 BARRINGTON URGENT CARE EMERGENCY		151,569	1,729,994	418,406		613,577	
062 OBSERVATION BEDS (NON O/P CHEMO & IV PROCED OTHER REIMBURS COST C		402,115		14,236,681		5,662,397	
063 HOME HEALTH AGENCY SPEC PURPOSE COST CENTER		28,282		1,547,254		636,623	
071 SUBTOTALS	7,736,235	342,539	146,582,255	12,866,959	-17,347,831	131,101,634	334,761
095 NONREIMBURS COST CENTER		26,610,562		306,774,158			
096 GIFT, FLOWER, COFFEE RESEARCH		187,173				3,573,981	3,528,897
097 01 UNFUNDED RESEARCH						254,590	
098 PHYSICIANS' PRIVATE NONPAID WORKERS		10,085				4,294,401	
099 01 FUND RAISING						77,406	
099 02 BANK							
099 03 VACANT SPACE							
099 04 BILLING OFFICE	45,524					149,863	
099 05 O/P MEALS							
099 06 BROWN MEDICAL STUDENT						462,772	
099 07 NONREIMBURSABLE SERVICE CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER							
101 COST TO BE ALLOCATED (WRKSHT B, PART I)	4,006,186	1,182,081	437,146	4,304,644		17,347,831	671,500
102 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.514818	.044095	.002982	.014032		.123989	.173799
103 COST TO BE ALLOCATED (WRKSHT B, PART II)							
104 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
105 COST TO BE ALLOCATED (WRKSHT B, PART III)	125,271	7,809	3,460	141,476		198,018	2,262
106 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.016098	.000291	.000024	.000461		.001415	.000585
107 COST TO BE ALLOCATED (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)							

COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF 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
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 ADMINITTING							
006 05 BUSINESS OFFICE							
006 06 OTHER ADMINISTRATION							
006 07 GRANTS ADMINISTRATION							
007 MAINTENANCE & REPAIRS	399,867						
008 OPERATION OF PLANT	68,678	331,189					
009 LAUNDRY & LINEN SERVICE	6,584	6,584	1,994,065				
010 HOUSEKEEPING	9,811	9,811	30,965	179,049			
011 DIETARY	9,206	9,206	14,163		111,828		
012 CAFETERIA	5,148	5,148	24,302	3,000		108,955	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	6,607	6,607		450		2,403	
015 CENTRAL SERVICES & SUPPLY	8,172	8,172	38,703	2,000		1,202	
016 PHARMACY	2,605	2,605		1,000		1,901	
017 MEDICAL RECORDS & LIBRARY	4,546	4,546		700		2,561	
018 SOCIAL SERVICE	1,056	1,056		250		300	
019 DEPARTMENT OF MEDICINE	10,183	10,183	890	575		751	
019 01 DEPARTMENT OF CARDIOLOGY	4,746	4,746	18,155	1,000		1,015	
019 02 DEPARTMENT OF SURGERY	2,000	2,000		800		187	
019 03 DEPARTMENT OF FAMILY MEDICINE	3,997	3,997	8,780	3,500		3,539	
020 NONPHYSICIAN ANESTHESIOLOGIST							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS						7,261	
023 I&R SERVICES-OTHER PERSONNEL	4,661	4,661	4,103	2,100		1,558	
024 PARAMEDICAL PROGRAM-(SPECIFIC)	345	345		113		292	
024 01 PSYCHOLOGY INTERNS PAID							
025 ADULTS & PEDIATRICS	58,087	58,087	938,783	60,600	83,116	20,605	
026 INTENSIVE CARE UNIT	9,001	9,001	142,786	10,500	12,905	5,115	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE UNIT							
031 SUBPROVIDER	4,864	4,864	83,841	8,642	11,768	2,516	
033 NURSERY	1,986	1,986	7,428	700		6	
037 ANCILLARY SERVICE COST CENTER							
037 01 OPERATING ROOM	31,005	31,005	259,675	10,887		6,233	
039 01 ENDOSCOPY	8,124	8,124	27,739	1,500		614	
040 01 DELIVERY ROOM & LABOR	5,153	5,153	37,062	3,700			
041 01 ULTRASOUND	656	656		200		461	
042 01 RADIOLOGY-DIAGNOSTIC	10,279	10,279	45,487	2,300		3,913	
043 01 CT SCAN	1,040	1,040	15,820			889	
044 01 MAGNETIC RESONANCE IMAGING	642	642	3,720			474	
045 01 RADIOISOTOPE	1,806	1,806	1,436	100		618	
046 01 LABORATORY	19,481	19,481	8,061	6,000		10,097	
047 01 BLOOD STORAGE, PROCESSING	1,918	1,918		200		619	
048 01 RESPIRATORY THERAPY	5,253	5,253	169	1,800		3,429	
049 01 PHYSICAL THERAPY	8,496	8,496	56,422	3,065		1,974	
050 01 OCCUPATIONAL THERAPY	1,133	1,133		273		1,163	
051 01 SPEECH PATHOLOGY	1,177	1,177	2,132	320		1,081	
052 01 ELECTROCARDIOLOGY	291	291		300		27	
053 01 ELECTROENCEPHALOGRAPHY	2,691	2,691	3,472	100		147	
054 01 MEDICAL SUPPLIES CHARACTERIZED							
055 01 DRUGS CHARGED TO PATIENTS							
056 01 CARDIAC CATHETERIZATION	1,400	1,400	20,767	1,500		373	
057 01 MEDICAL REHABILITATION							
058 01 NOTRE DAME OCCUPATION							
059 01 INPATIENT RENAL DIALYSIS							
060 01 OUTPATIENT SERVICE COST CENTER	7,232	7,232	1,057	1,988		1,154	

COST CENTER DESCRIPTION		MAINTENANCE & OPERATION 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
	OUTPAT SERVICE COST C							
060	01 NOTRE DAME AMBULATORY	1,899	1,899	3,814	8,400		1,075	
060	02 FAMILY CARE CLINIC	14,831	14,831		3,563		2,287	
060	03 PEDIATRIC CLINIC	1,164	1,164	1,028			1,143	
060	05 BARRINGTON URGENT CARE			13,885	4,800		741	
061	EMERGENCY	7,105	7,105	156,997	14,600		7,041	
062	OBSERVATION BEDS (NON							
063	O/P CHEMO & IV PROCED	1,997	1,997	10,305	5,750		466	
	OTHER REIMBURS COST C							
071	HOME HEALTH AGENCY	8,900	8,900		2,000		6,408	
	SPEC PURPOSE COST CEN							
095	SUBTOTALS	365,956	297,278	1,981,947	169,276	107,789	103,639	
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE	1,569	1,569		600		126	
097	RESEARCH	21,982	21,982	5,501	6,450		2,001	
097	01 UNFUNDED RESEARCH						174	
098	PHYSICIANS' PRIVATE O	130	130	6,617	2,500		2,573	
099	NONPAID WORKERS	46	46					
099	01 FUND RAISING	841	841				93	
099	02 BANK	9,151	9,151		200			
099	03 VACANT SPACE	192	192					
099	04 BILLING OFFICE				23		286	
099	05 O/P MEALS					4,039		
099	06 BROWN MEDICAL STUDENT						63	
099	07 NONREIMBURSABLE SERVI							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	2,007,052	5,348,008	927,741	3,485,853	2,003,731	2,008,978	
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	5.019299	16.147903	.465251	19.468710	17.917972	18.438603	
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)	177,974	415,844	97,912	33,919	70,274	31,679	
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.445083	1.255609	.049102	.189440	.628411	.290753	

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	1,057,633						
015 CENTRAL SERVICES & SUPPLY		11,009,775					
016 PHARMACY		10,630	7,025,446				
017 MEDICAL RECORDS & LIBRARY				11	10,000		
018 SOCIAL SERVICE						10,000	
019 DEPARTMENT OF MEDICINE							5
019 01 DEPARTMENT OF CARDIOLOGY	25,365	17,418	142,813				10,000
019 02 DEPARTMENT OF SURGERY		1,009	1,841				
019 03 DEPARTMENT OF FAMILY							
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &			506				
023 I&R SERVICES-OTHER PR						3,168	
024 PARAMEDICAL PRGM-(SPEC							
024 01 PSYCHOLOGY INTERNS PA							
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	409,020	402,487	53,458	6,518	8,482	2,126	
026 INTENSIVE CARE UNIT	97,222	149,853	20,509	380	1,339	299	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER	42,163	29,968	1,348	87			
033 NURSERY	9,871			182			
ANCILLARY SRVC COST C							
037 OPERATING ROOM	127,023	903,754	172,934	1,592			
037 01 ENDOSCOPY	12,776	69,745	496				
039 DELIVERY ROOM & LABOR	9,475						
040 01 ULTRASOUND		3,647	232				
041 RADIOLOGY-DIAGNOSTIC	21	29,085	613	104			
042 01 CT SCAN		158,099	116				
042 02 MAGNETIC RESONANCE IM		50,946	165				
043 RADIOISOTOPE		1,003	187				
044 LABORATORY	104	1,587,886	16,797	555			
047 BLOOD STORAGE, PROCES		150,294					
049 RESPIRATORY THERAPY		106,166	7,318	59			
050 PHYSICAL THERAPY		18,670	1,342	34			
051 OCCUPATIONAL THERAPY		13,497	224				
052 SPEECH PATHOLOGY		2,682	3				
053 ELECTROCARDIOLOGY			5	126			10,000
054 ELECTROENCEPHALOGRAPH		49		5			
055 MEDICAL SUPPLIES CHAR		6,818,902					
056 DRUGS CHARGED TO PATI			6,493,876				
059 01 CARDIAC CATHETERIZATION	7,767	59,263	364				
059 02 MEDICAL REHAB							
059 03 NOTRE DAME OCCUPATION							
059 04 INPATIENT RENAL DIALY							
OUTPAT SERVICE COST C							
060 CLINIC	23,149	12,870	3,284	83		2,425	

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)
OUTPAT SERVICE COST C	14	15	16	17	18	19	19.01
060 01 NOTRE DAME AMBULATORY	14,079	16,435	47,817				
060 02 FAMILY CARE CLINIC	44,875	24,195	22,393				
060 03 PEDIATRIC CLINIC		1,728	436				
060 05 BARRINGTON URGENT CARE EMERGENCY	15,678	17,926	7,262				
061 OBSERVATION BEDS (NON O/P CHEMO & IV PROCED OTHER REIMBURS COST C	102,428	238,071	14,102	275	179		
062							
063	9,682	21,337	1,046				
071 HOME HEALTH AGENCY SPEC PURPOSE COST CENTER	106,935	92,160	13,943				
095 SUBTOTALS	1,057,633	11,009,775	7,025,446	10,000	10,000	8,018	10,000
096 NONREIMBURS COST CENTER							
096 GIFT, FLOWER, COFFEE RESEARCH							
097 01 UNFUNDED RESEARCH						1,355	
098 PHYSICIANS' PRIVATE NONPAID WORKERS						200	
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 SERVICE CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER							
101 COST TO BE ALLOCATED (WRKSHT B, PART I)	3,155,865	1,310,304	2,306,668	1,811,879	344,747	1,792,483	2,291,015
102 UNIT COST MULTIPLIER (WRKSHT B, PT I)	2.983894	.119013	.328330	181.187900	34.474700	179.248300	229.101500
103 COST TO BE ALLOCATED (WRKSHT B, PART II)							
104 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
105 COST TO BE ALLOCATED (WRKSHT B, PART III)	74,898	125,441	45,464	22,010	4,360	106,321	324,251
106 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.070817	.011394	.006471	2.201000	.436000	10.632100	32.425100

COST CENTER DESCRIPTION	DEPARTMENT OF SURGERY (SURGERY M. D. TIME)	DEPARTMENT OF FAMILY CARE (FAMILY MED )M. D. TIME	NONPHYSICIAN ANESTHETISTS (ASSIGNED T )IME	NURSING SCHOOL (ASSIGNED T )IME	I&R SERVICES- SALARY & FRI (I & R ASSI )GNED TIME	I&R SERVICES- OTHER PRGM C (I & R ASSI )GNED TIME	PARAMED ED PR GM-(SPECIFY) (ANES. ASSI )GNED 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 STORING, 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							
OUTPAT SERVICE COST C							
060 CLINIC					9,312	9,312	

	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 PRGM- (SPECIFY)
		(SURGERY M.D. TIME)	(FAMILY MED )M.D. TIME	(ASSIGNED TIME)	(ASSIGNED TIME)	(I & R ASSIGNED TIME)	(I & R ASSIGNED TIME)	(ANES. ASSIGNED TIME)
	OUTPAT SERVICE COST C	19.02	19.03	20	21	22	23	24
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 EMERGENCY					4,101	4,101	
062	OBSERVATION BEDS (NON 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
096	NONREIMBURS COST CENT							
097	GIFT, FLOWER, COFFEE 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							
099 07	NONREIMBURSABLE SERVI							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	857,074	5,278,918			6,303,532	5,908,076	617,365
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	96.376251	549.715506			81.128626	76.038971	61.736500
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)	13,754	49,249			12,097	71,726	1,573
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	1.546610	5.128502			.155693	.923138	.157300

COST CENTER PSYCHOLOGY IN  
 DESCRIPTION TERN S PARAME  
 (PSYCHOLOGY  
 ASSIGN TM )

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
- OUTPAT SERVICE COST C
- 060 CLINIC

COST CENTER      PSYCHOLOGY IN  
 DESCRIPTION      TERMS PARAME  
  
 (PSYCHOLOGY  
 ASSIGN TM      )

24.01

- OUTPAT SERVICE COST C
- 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 DI ALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	26,428,091		26,428,091	113	26,428,204
26	INTENSIVE CARE UNIT	6,682,508		6,682,508		6,682,508
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	3,234,126		3,234,126	29,742	3,263,868
33	NURSERY	220,954		220,954		220,954
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	11,412,037		11,412,037		11,412,037
37	01 ENDOSCOPY	1,273,222		1,273,222		1,273,222
39	DELIVERY ROOM & LABOR ROO	260,243		260,243		260,243
40	01 ULTRASOUND	723,398		723,398		723,398
41	RADIOLOGY-DIAGNOSTIC	5,252,132		5,252,132		5,252,132
42	01 CT SCAN	1,723,420		1,723,420		1,723,420
42	02 MAGNETIC RESONANCE IMAGIN	855,116		855,116		855,116
43	RADIOISOTOPE	810,467		810,467		810,467
44	LABORATORY	13,264,035		13,264,035	1,130	13,265,165
47	BLOOD STORING, PROCESSING	1,877,992		1,877,992		1,877,992
49	RESPIRATORY THERAPY	3,890,943		3,890,943	2,246	3,893,189
50	PHYSICAL THERAPY	3,013,449		3,013,449		3,013,449
51	OCCUPATIONAL THERAPY	1,409,955		1,409,955		1,409,955
52	SPEECH PATHOLOGY	1,121,240		1,121,240		1,121,240
53	ELECTROCARDIOLOGY	2,465,434		2,465,434		2,465,434
54	ELECTROENCEPHALOGRAPHY	372,805		372,805		372,805
55	MEDICAL SUPPLIES CHARGED	9,253,262		9,253,262		9,253,262
56	DRUGS CHARGED TO PATIENTS	10,220,311		10,220,311		10,220,311
59	01 CARDIAC CATHERIZATION LAB	853,016		853,016		853,016
59	02 MEDICAL REHAB					
59	03 NOTRE DAME OCCUPATIONAL M					
59	04 INPATIENT RENAL DIALYSIS OUTPAT SERVICE COST CNTRS	312,503		312,503		312,503
60	CLINIC	1,525,878		1,525,878		1,525,878
60	01 NOTRE DAME AMBULATORY CLI	1,123,088		1,123,088		1,123,088
60	02 FAMILY CARE CLINIC	4,519,107		4,519,107		4,519,107
60	03 PEDIATRIC CLINIC	1,038,806		1,038,806		1,038,806
60	05 BARRINGTON URGENT CARE	854,525		854,525		854,525
61	EMERGENCY	7,396,573		7,396,573	46,645	7,443,218
62	OBSERVATION BEDS (NON-DIS	849,435		849,435		849,435
63	O/P CHEMO & IV PROCEDURES	914,931		914,931		914,931
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	125,153,002		125,153,002	79,876	125,232,878
102	LESS OBSERVATION BEDS	849,435		849,435		849,435
103	TOTAL	124,303,567		124,303,567	79,876	124,383,443





WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	28,960,263		28,960,263			
26	INTENSIVE CARE UNIT	9,903,854		9,903,854			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	3,523,416		3,523,416			
33	NURSERY	836,331		836,331			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	9,448,210	18,523,839	27,972,049	.414751	.414751	.414751
37	01 ENDOSCOPY	1,640,961	3,232,163	4,873,124	.261274	.261274	.261274
39	DELIVERY ROOM & LABOR ROO	1,077,396	471,305	1,548,701	.267290	.267290	.267290
40	01 ULTRASOUND	2,158,712	5,583,193	7,741,905	.093439	.093439	.093439
41	RADIOLOGY-DIAGNOSTIC	3,333,559	7,909,861	11,243,420	.468653	.468653	.468653
42	01 CT SCAN	5,172,833	11,602,452	16,775,285	.102736	.102736	.102736
42	02 MAGNETIC RESONANCE IMAGIN	2,261,866	4,992,376	7,254,242	.117878	.117878	.117878
43	RADIOISOTOPE	1,263,065	2,220,280	3,483,345	.232669	.232669	.232669
44	LABORATORY	35,356,616	30,758,693	66,115,309	.207989	.207989	.208006
47	BLOOD STORING, PROCESSING	1,307,450	605,959	1,913,409	.981490	.981490	.981490
49	RESPIRATORY THERAPY	5,863,189	970,000	6,833,189	.584369	.584369	.584697
50	PHYSICAL THERAPY	3,308,667	7,352,860	10,661,527	.282647	.282647	.282647
51	OCCUPATIONAL THERAPY	2,271,885	2,500,038	4,771,923	.295469	.295469	.295469
52	SPEECH PATHOLOGY	819,549	1,400,419	2,219,968	.505070	.505070	.505070
53	ELECTROCARDIOLOGY	2,827,317	2,816,080	5,643,397	.445226	.445226	.445226
54	ELECTROENCEPHALOGRAPHY	101,442	864,119	965,561	.540736	.540736	.540736
55	MEDICAL SUPPLIES CHARGED	10,822,754	8,543,554	19,366,308	.477802	.477802	.477802
56	DRUGS CHARGED TO PATIENTS	11,735,298	15,398,192	27,133,490	.376668	.376668	.376668
59	01 CARDIAC CATHETERIZATION LAB	297,886	227,267	525,153	1.624319	1.624319	1.624319
59	02 MEDICAL REHAB						
59	03 NOTRE DAME OCCUPATIONAL M						
59	04 INPATIENT RENAL DIALYSIS OUTPAT SERVICE COST CNTRS	559,742	20,740	580,482	.538351	.538351	.538351
60	CLINIC		865,991	865,991	3.452025	3.452025	3.452025
60	01 NOTRE DAME AMBULATORY CLI		1,193,374	1,193,374	.954273	.954273	.954273
60	02 FAMILY CARE CLINIC		3,183,858	3,183,858	2.528736	2.528736	2.528736
60	03 PEDIATRIC CLINIC		1,615,984	1,615,984	.642832	.642832	.642832
60	05 BARRINGTON URGENT CARE		418,406	418,406	2.042334	2.042334	2.042334
61	EMERGENCY	1,729,994	12,506,687	14,236,681	.564817	.564817	.568093
62	OBSERVATION BEDS (NON-DIS		1,272,105	1,272,105	.667740	.667740	.667740
63	O/P CHEMO & IV PROCEDURES		1,547,254	1,547,254	.591326	.591326	.591326
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	146,582,255	148,597,049	295,179,304			
102	LESS OBSERVATION BEDS						
103	TOTAL	146,582,255	148,597,049	295,179,304			

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	11,412,037	647,472	10,764,565			11,412,037
37 01	ENDOSCOPY	1,273,222	121,331	1,151,891			1,273,222
39	DELIVERY ROOM & LABOR ROO	260,243	16,909	243,334			260,243
40 01	ULTRASOUND	723,398	19,267	704,131			723,398
41	RADIOLOGY-DIAGNOSTIC	5,252,132	412,654	4,839,478			5,252,132
42 01	CT SCAN	1,723,420	160,342	1,563,078			1,723,420
42 02	MAGNETIC RESONANCE IMAGIN	855,116	89,098	766,018			855,116
43	RADIOISOTOPE	810,467	8,200	802,267			810,467
44	LABORATORY	13,264,035	547,138	12,716,897			13,264,035
47	BLOOD STORING, PROCESSING	1,877,992	9,181	1,868,811			1,877,992
49	RESPIRATORY THERAPY	3,890,943	398,667	3,492,276			3,890,943
50	PHYSICAL THERAPY	3,013,449	113,802	2,899,647			3,013,449
51	OCCUPATIONAL THERAPY	1,409,955	62,844	1,347,111			1,409,955
52	SPEECH PATHOLOGY	1,121,240	12,029	1,109,211			1,121,240
53	ELECTROCARDIOLOGY	2,465,434	334,359	2,131,075			2,465,434
54	ELECTROENCEPHALOGRAPHY	372,805	11,713	361,092			372,805
55	MEDICAL SUPPLIES CHARGED	9,253,262	99,521	9,153,741			9,253,262
56	DRUGS CHARGED TO PATIENTS	10,220,311	66,888	10,153,423			10,220,311
59 01	CARDIAC CATHETERIZATION LAB	853,016	132,498	720,518			853,016
59 02	MEDICAL REHAB						
59 03	NOTRE DAME OCCUPATIONAL M						
59 04	INPATIENT RENAL DIALYSIS OUTPAT SERVICE COST CNTRS	312,503	674	311,829			312,503
60	CLINIC	1,525,878	148,001	1,377,877			1,525,878
60 01	NOTRE DAME AMBULATORY CLI	1,123,088	12,040	1,111,048			1,123,088
60 02	FAMILY CARE CLINIC	4,519,107	202,487	4,316,620			4,519,107
60 03	PEDIATRIC CLINIC	1,038,806	27,444	1,011,362			1,038,806
60 05	BARRINGTON URGENT CARE	854,525	4,455	850,070			854,525
61	EMERGENCY	7,396,573	111,107	7,285,466			7,396,573
62	OBSERVATION BEDS (NON-DIS	849,435	19,483	829,952			849,435
63	O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS	914,931	71,070	843,861			914,931
101	SUBTOTAL	88,587,323	3,860,674	84,726,649			88,587,323
102	LESS OBSERVATION BEDS	849,435	19,483	829,952			849,435
103	TOTAL	87,737,888	3,841,191	83,896,697			87,737,888

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	27,972,049	.407980	.407980
37 01	ENDOSCOPY	4,873,124	.261274	.261274
39	DELIVERY ROOM & LABOR ROO	1,548,701	.168040	.168040
40 01	ULTRASOUND	7,741,905	.093439	.093439
41	RADIOLOGY-DIAGNOSTIC	11,243,420	.467129	.467129
42 01	CT SCAN	16,775,285	.102736	.102736
42 02	MAGNETIC RESONANCE IMAGIN	7,254,242	.117878	.117878
43	RADIOISOTOPE	3,483,345	.232669	.232669
44	LABORATORY	66,115,309	.200620	.200620
47	BLOOD STORING, PROCESSING	1,913,409	.981490	.981490
49	RESPIRATORY THERAPY	6,833,189	.569418	.569418
50	PHYSICAL THERAPY	10,661,527	.282647	.282647
51	OCCUPATIONAL THERAPY	4,771,923	.295469	.295469
52	SPEECH PATHOLOGY	2,219,968	.505070	.505070
53	ELECTROCARDIOLOGY	5,643,397	.436871	.436871
54	ELECTROENCEPHALOGRAPHY	965,561	.386102	.386102
55	MEDICAL SUPPLIES CHARGED	19,366,308	.477802	.477802
56	DRUGS CHARGED TO PATIENTS	27,133,490	.376668	.376668
59 01	CARDIAC CATHETERIZATION LAB	525,153	1.624319	1.624319
59 02	MEDICAL REHAB			
59 03	NOTRE DAME OCCUPATIONAL M			
59 04	INPATIENT RENAL DIALYSIS OUTPAT SERVICE COST CNTRS	580,482	.538351	.538351
60	CLINIC	865,991	1.762002	1.762002
60 01	NOTRE DAME AMBULATORY CLI	1,193,374	.941103	.941103
60 02	FAMILY CARE CLINIC	3,183,858	1.419381	1.419381
60 03	PEDIATRIC CLINIC	1,615,984	.642832	.642832
60 05	BARRINGTON URGENT CARE	418,406	2.042334	2.042334
61	EMERGENCY	14,236,681	.519543	.519543
62	OBSERVATION BEDS (NON-DIS	1,272,105	.667740	.667740
63	O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS	1,547,254	.591326	.591326
101	SUBTOTAL	251,955,440		
102	LESS OBSERVATION BEDS	1,272,105		
103	TOTAL	250,683,335		

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	11,601,424	647,472	10,953,952	64,747	635,329	10,901,348
37 01	ENDOSCOPY	1,273,222	121,331	1,151,891	12,133	66,810	1,194,279
39	DELIVERY ROOM & LABOR ROO	413,953	16,909	397,044	1,691	23,029	389,233
40 01	ULTRASOUND	723,398	19,267	704,131	1,927	40,840	680,631
41	RADIOLOGY-DIAGNOSTIC	5,269,263	412,654	4,856,609	41,265	281,683	4,946,315
42 01	CT SCAN	1,723,420	160,342	1,563,078	16,034	90,659	1,616,727
42 02	MAGNETIC RESONANCE IMAGIN	855,116	89,098	766,018	8,910	44,429	801,777
43	RADIOISOTOPE	810,467	8,200	802,267	820	46,531	763,116
44	LABORATORY	13,751,255	547,138	13,204,117	54,714	765,839	12,930,702
47	BLOOD STORING, PROCESSING	1,877,992	9,181	1,868,811	918	108,391	1,768,683
49	RESPIRATORY THERAPY	3,993,102	398,667	3,594,435	39,867	208,477	3,744,758
50	PHYSICAL THERAPY	3,013,449	113,802	2,899,647	11,380	168,180	2,833,889
51	OCCUPATIONAL THERAPY	1,409,955	62,844	1,347,111	6,284	78,132	1,325,539
52	SPEECH PATHOLOGY	1,121,240	12,029	1,109,211	1,203	64,334	1,055,703
53	ELECTROCARDIOLOGY	2,512,585	334,359	2,178,226	33,436	126,337	2,352,812
54	ELECTROENCEPHALOGRAPHY	522,114	11,713	510,401	1,171	29,603	491,340
55	MEDICAL SUPPLIES CHARGED	9,253,262	99,521	9,153,741	9,952	530,917	8,712,393
56	DRUGS CHARGED TO PATIENTS	10,220,311	66,888	10,153,423	6,689	588,899	9,624,723
59 01	CARDIAC CATHERIZATION LAB	853,016	132,498	720,518	13,250	41,790	797,976
59 02	MEDICAL REHAB						
59 03	NOTRE DAME OCCUPATIONAL M						
59 04	INPATIENT RENAL DIALYSIS OUTPAT SERVICE COST CNTRS	312,503	674	311,829	67	18,086	294,350
60	CLINIC	2,989,423	148,001	2,841,422	14,800	164,802	2,809,821
60 01	NOTRE DAME AMBULATORY CLI	1,138,805	12,040	1,126,765	1,204	65,352	1,072,249
60 02	FAMILY CARE CLINIC	8,051,135	202,487	7,848,648	20,249	455,222	7,575,664
60 03	PEDIATRIC CLINIC	1,038,806	27,444	1,011,362	2,744	58,659	977,403
60 05	BARRINGTON URGENT CARE	854,525	4,455	850,070	446	49,304	804,775
61	EMERGENCY	8,041,117	111,107	7,930,010	11,111	459,941	7,570,065
62	OBSERVATION BEDS (NON-DIS	849,435	19,483	829,952	1,948	48,137	799,350
63	O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS	914,931	71,070	843,861	7,107	48,944	858,880
101	SUBTOTAL	95,389,224	3,860,674	91,528,550	386,067	5,308,656	89,694,501
102	LESS OBSERVATION BEDS	849,435	19,483	829,952	1,948	48,137	799,350
103	TOTAL	94,539,789	3,841,191	90,698,598	384,119	5,260,519	88,895,151

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	27,972,049	.389723	.412436
37 01	ENDOSCOPY	4,873,124	.245075	.258785
39	DELIVERY ROOM & LABOR ROO	1,548,701	.251329	.266199
40 01	ULTRASOUND	7,741,905	.087915	.093190
41	RADIOLOGY-DIAGNOSTIC	11,243,420	.439930	.464983
42 01	CT SCAN	16,775,285	.096376	.101780
42 02	MAGNETIC RESONANCE IMAGIN	7,254,242	.110525	.116650
43	RADIOISOTOPE	3,483,345	.219076	.232434
44	LABORATORY	66,115,309	.195578	.207161
47	BLOOD STORING, PROCESSING	1,913,409	.924362	.981010
49	RESPIRATORY THERAPY	6,833,189	.548025	.578534
50	PHYSICAL THERAPY	10,661,527	.265805	.281580
51	OCCUPATIONAL THERAPY	4,771,923	.277779	.294152
52	SPEECH PATHOLOGY	2,219,968	.475549	.504528
53	ELECTROCARDIOLOGY	5,643,397	.416914	.439301
54	ELECTROENCEPHALOGRAPHY	965,561	.508865	.539524
55	MEDICAL SUPPLIES CHARGED	19,366,308	.449874	.477288
56	DRUGS CHARGED TO PATIENTS	27,133,490	.354717	.376421
59 01	CARDIAC CATHETERIZATION LAB	525,153	1.519511	1.599088
59 02	MEDICAL REHAB			
59 03	NOTRE DAME OCCUPATIONAL M			
59 04	INPATIENT RENAL DIALYSIS OUTPAT SERVICE COST CNTRS	580,482	.507079	.538235
60	CLINIC	865,991	3.244631	3.434935
60 01	NOTRE DAME AMBULATORY CLI	1,193,374	.898502	.953264
60 02	FAMILY CARE CLINIC	3,183,858	2.379398	2.522376
60 03	PEDIATRIC CLINIC	1,615,984	.604835	.641134
60 05	BARRINGTON URGENT CARE	418,406	1.923431	2.041269
61	EMERGENCY	14,236,681	.531730	.564036
62	OBSERVATION BEDS (NON-DIS	1,272,105	.628368	.666208
63	O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS	1,547,254	.555100	.586732
101	SUBTOTAL	251,955,440		
102	LESS OBSERVATION BEDS	1,272,105		
103	TOTAL	250,683,335		

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
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				606,163		606,163
26	INTENSIVE CARE UNIT				125,566		125,566
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER				81,937		81,937
33	NURSERY				40,129		40,129
101	TOTAL				853,795		853,795

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	28,966	12,574			20.93	263,174
26	INTENSIVE CARE UNIT	4,353	1,985			28.85	57,267
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	3,928	2,223			20.86	46,372
33	NURSERY	1,169				34.33	
101	TOTAL	38,416	16,782				366,813





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:	PERIOD:	PREPARED 4/30/2009
41-0001	FROM 10/ 1/2007	WORKSHEET D
	TO 9/30/2008	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	28,966		12,574	
26	INTENSIVE CARE UNIT	4,353		1,985	
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
31	SUBPROVIDER	3,928		2,223	
33	NURSERY	1,169			
101	TOTAL	38,416		16,782	



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							
	OPERATING ROOM	617,365	617,365	27,972,049	.022071	.022071	3,167,396	69,908
37 01	ENDOSCOPY			4,873,124			615,634	
39	DELIVERY ROOM & LABOR ROO			1,548,701				
40 01	ULTRASOUND			7,741,905			252,380	
41	RADIOLOGY-DIAGNOSTIC			11,243,420			2,172,780	
42 01	CT SCAN			16,775,285			2,502,220	
42 02	MAGNETIC RESONANCE IMAGIN			7,254,242			772,549	
43	RADIOISOTOPE			3,483,345			367,382	
44	LABORATORY			66,115,309			16,180,156	
47	BLOOD STORING, PROCESSING			1,913,409			574,602	
49	RESPIRATORY THERAPY			6,833,189			2,752,608	
50	PHYSICAL THERAPY			10,661,527			771,916	
51	OCCUPATIONAL THERAPY			4,771,923			262,470	
52	SPEECH PATHOLOGY			2,219,968			325,549	
53	ELECTROCARDIOLOGY			5,643,397			1,179,208	
54	ELECTROENCEPHALOGRAPHY			965,561			33,923	
55	MEDICAL SUPPLIES CHARGED			19,366,308			4,648,167	
56	DRUGS CHARGED TO PATIENTS			27,133,490			5,060,462	
59 01	CARDIAC CATHERIZATION LAB			525,153			241,533	
59 02	MEDICAL REHAB							
59 03	NOTRE DAME OCCUPATIONAL M							
59 04	INPATIENT RENAL DIALYSIS OUTPAT SERVICE COST CNTRS			580,482				
60	CLINIC			865,991				
60 01	NOTRE DAME AMBULATORY CLI			1,193,374				
60 02	FAMILY CARE CLINIC			3,183,858				
60 03	PEDIATRIC CLINIC			1,615,984				
60 05	BARRINGTON URGENT CARE			418,406				
61	EMERGENCY			14,236,681			1,179,690	
62	OBSERVATION BEDS (NON-DIS			1,272,105				
63	O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS			1,547,254				
101	TOTAL	617,365	617,365	251,955,440			43,060,625	69,908

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						
	OPERATING ROOM	2,611,091					
37 01	ENDOSCOPY	767,437				57,629	
39	DELIVERY ROOM & LABOR ROO						
40 01	ULTRASOUND	347,379					
41	RADIOLOGY-DIAGNOSTIC	1,432,779					
42 01	CT SCAN	2,186,865					
42 02	MAGNETIC RESONANCE IMAGIN	983,704					
43	RADIOISOTOPE	566,498					
44	LABORATORY	355,464					
47	BLOOD STORING, PROCESSING	182,052					
49	RESPIRATORY THERAPY	200,095					
50	PHYSICAL THERAPY	147,434					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	50,558					
53	ELECTROCARDIOLOGY	629,665					
54	ELECTROENCEPHALOGRAPHY	131,744					
55	MEDICAL SUPPLIES CHARGED	2,015,002					
56	DRUGS CHARGED TO PATIENTS	4,217,748					
59 01	CARDIAC CATHERIZATION LAB	159,465					
59 02	MEDICAL REHAB						
59 03	NOTRE DAME OCCUPATIONAL M						
59 04	INPATIENT RENAL DIALYSIS	17,136					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	714,829					
60 01	NOTRE DAME AMBULATORY CLI						
60 02	FAMILY CARE CLINIC						
60 03	PEDIATRIC CLINIC						
60 05	BARRINGTON URGENT CARE						
61	EMERGENCY	1,572,117					
62	OBSERVATION BEDS (NON-DIS	152,312					
63	O/P CHEMO & IV PROCEDURES	81,705					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	19,523,079				57,629	



TITLE XVIII, PART B

HOSPITAL

		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		2,611,091			
37	01 ENDOSCOPY		767,437			
39	DELIVERY ROOM & LABOR ROOM					
40	01 ULTRASOUND		347,379			
41	RADIOLOGY-DIAGNOSTIC		1,432,779	2,034		
42	01 CT SCAN		2,186,865			
42	02 MAGNETIC RESONANCE IMAGING(MRI)		983,704			
43	RADIOISOTOPE		566,498			
44	LABORATORY		355,464	8,427		
47	BLOOD STORING, PROCESSING & TRANS.		182,052			
49	RESPIRATORY THERAPY		200,095	165		
50	PHYSICAL THERAPY		147,434			
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY		50,558			
53	ELECTROCARDIOLOGY		629,665			
54	ELECTROENCEPHALOGRAPHY		131,744			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		2,015,002	931		
56	DRUGS CHARGED TO PATIENTS		4,217,748	2,975		
59	01 CARDIAC CATHETERIZATION LABORATORY		159,465			
59	02 MEDICAL REHAB					
59	03 NOTRE DAME OCCUPATIONAL MEDICINE					
59	04 INPATIENT RENAL DIALYSIS		17,136			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC		714,829	19		
60	01 NOTRE DAME AMBULATORY CLINIC					
60	02 FAMILY CARE CLINIC					
60	03 PEDIATRIC CLINIC					
60	05 BARRINGTON URGENT CARE					
61	EMERGENCY		1,572,117			
62	OBSERVATION BEDS (NON-DISTINCT PART)		152,312			
63	O/P CHEMO & IV PROCEDURES		81,705			
101	SUBTOTAL		19,523,079	14,551		
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		19,523,079	14,551		

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				1,065,273	
37 01 ENDOSCOPY				200,511	
39 DELIVERY ROOM & LABOR ROOM					
40 01 ULTRASOUND				32,459	
41 RADIOLOGY-DIAGNOSTIC				669,293	950
42 01 CT SCAN				224,670	
42 02 MAGNETIC RESONANCE IMAGING(MRI)				115,957	
43 RADIOISOTOPE				131,807	
44 LABORATORY				71,313	1,691
47 BLOOD STORING, PROCESSING & TRANS.				178,682	
49 RESPIRATORY THERAPY				113,938	94
50 PHYSICAL THERAPY				41,672	
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY				25,535	
53 ELECTROCARDIOLOGY				275,082	
54 ELECTROENCEPHALOGRAPHY				50,867	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				962,772	445
56 DRUGS CHARGED TO PATIENTS				1,588,691	1,121
59 01 CARDIAC CATHETERIZATION LABORATORY				259,022	
59 02 MEDICAL REHAB					
59 03 NOTRE DAME OCCUPATIONAL MEDICINE					
59 04 INPATIENT RENAL DIALYSIS				9,225	
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				1,259,530	33
60 01 NOTRE DAME AMBULATORY CLINIC					
60 02 FAMILY CARE CLINIC					
60 03 PEDIATRIC CLINIC					
60 05 BARRINGTON URGENT CARE					
61 EMERGENCY				816,782	
62 OBSERVATION BEDS (NON-DISTINCT PART)				101,705	
63 O/P CHEMO & IV PROCEDURES				48,314	
101 SUBTOTAL				8,243,100	4,334
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				8,243,100	4,334





WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.023147	193
37 01	ENDOSCOPY	.024898	266
39	DELIVERY ROOM & LABOR ROO	.010918	
40 01	ULTRASOUND	.002489	16
41	RADIOLOGY-DIAGNOSTIC	.036702	2,438
42 01	CT SCAN	.009558	381
42 02	MAGNETIC RESONANCE IMAGIN	.012282	317
43	RADIOISOTOPE	.002354	8
44	LABORATORY	.008276	6,248
47	BLOOD STORING, PROCESSING	.004798	72
49	RESPIRATORY THERAPY	.058343	3,090
50	PHYSICAL THERAPY	.010674	10,332
51	OCCUPATIONAL THERAPY	.013170	13,152
52	SPEECH PATHOLOGY	.005419	1,013
53	ELECTROCARDIOLOGY	.059248	889
54	ELECTROENCEPHALOGRAPHY	.012131	17
55	MEDICAL SUPPLIES CHARGED	.005139	479
56	DRUGS CHARGED TO PATIENTS	.002465	773
59 01	CARDIAC CATHERIZATION LAB	.252304	
59 02	MEDICAL REHAB		
59 03	NOTRE DAME OCCUPATIONAL M		
59 04	INPATIENT RENAL DIALYSIS	.001161	54
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.170904	
60 01	NOTRE DAME AMBULATORY CLI	.010089	
60 02	FAMILY CARE CLINIC	.063598	
60 03	PEDIATRIC CLINIC	.016983	
60 05	BARRINGTON URGENT CARE	.010648	
61	EMERGENCY	.007804	
62	OBSERVATION BEDS (NON-DIS	.015316	
63	O/P CHEMO & IV PROCEDURES	.045933	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		39,738



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							
	OPERATING ROOM	617,365	617,365	27,972,049	.022071	.022071	8,329	184
37	01 ENDOSCOPY			4,873,124			10,686	
39	DELIVERY ROOM & LABOR ROO			1,548,701				
40	01 ULTRASOUND			7,741,905			6,314	
41	RADIOLOGY-DIAGNOSTIC			11,243,420			66,429	
42	01 CT SCAN			16,775,285			39,879	
42	02 MAGNETIC RESONANCE IMAGIN			7,254,242			25,819	
43	RADIOISOTOPE			3,483,345			3,592	
44	LABORATORY			66,115,309			755,001	
47	BLOOD STORING, PROCESSING			1,913,409			14,921	
49	RESPIRATORY THERAPY			6,833,189			52,963	
50	PHYSICAL THERAPY			10,661,527			967,940	
51	OCCUPATIONAL THERAPY			4,771,923			998,643	
52	SPEECH PATHOLOGY			2,219,968			186,977	
53	ELECTROCARDIOLOGY			5,643,397			15,011	
54	ELECTROENCEPHALOGRAPHY			965,561			1,377	
55	MEDICAL SUPPLIES CHARGED			19,366,308			93,119	
56	DRUGS CHARGED TO PATIENTS			27,133,490			313,582	
59	01 CARDIAC CATHERIZATION LAB			525,153				
59	02 MEDICAL REHAB							
59	03 NOTRE DAME OCCUPATIONAL M							
59	04 INPATIENT RENAL DIALYSIS			580,482			46,410	
	OUTPAT SERVICE COST CNTRS							
	CLINIC			865,991				
60	01 NOTRE DAME AMBULATORY CLI			1,193,374				
60	02 FAMILY CARE CLINIC			3,183,858				
60	03 PEDIATRIC CLINIC			1,615,984				
60	05 BARRINGTON URGENT CARE			418,406				
61	EMERGENCY			14,236,681				
62	OBSERVATION BEDS (NON-DIS			1,272,105				
63	O/P CHEMO & IV PROCEDURES			1,547,254				
	OTHER REIMBURS COST CNTRS							
101	TOTAL	617,365	617,365	251,955,440			3,606,992	184

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		1,192				
42	01 CT SCAN		1,484				
42	02 MAGNETIC RESONANCE IMAGIN		4,327				
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		83				
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		7,086				



















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	830.92
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	3,263,868			
87	NEW CAPITAL-RELATED COST	81,937	.025104		
88	NON PHYSICIAN ANESTHETIST	3,263,868			
89	MEDICAL EDUCATION	3,263,868			
89.01	MEDICAL EDUCATION - ALLIED HEA	3,263,868			
89.02	MEDICAL EDUCATION - ALL OTHER	3,263,868			

TITLE XVIII, PART A      HOSPITAL      PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		12,783,375	
26	INTENSIVE CARE UNIT		4,503,563	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.407980	3,167,396	1,292,234
37	01 ENDOSCOPY	.261274	615,634	160,849
39	DELIVERY ROOM & LABOR ROOM	.168040		
40	01 ULTRASOUND	.093439	252,380	23,582
41	RADIOLOGY-DIAGNOSTIC	.467129	2,172,780	1,014,969
42	01 CT SCAN	.102736	2,502,220	257,068
42	02 MAGNETIC RESONANCE IMAGING(MRI)	.117878	772,549	91,067
43	RADIOISOTOPE	.232669	367,382	85,478
44	LABORATORY	.200637	16,180,156	3,246,338
47	BLOOD STORING, PROCESSING & TRANS.	.981490	574,602	563,966
49	RESPIRATORY THERAPY	.569747	2,752,608	1,568,290
50	PHYSICAL THERAPY	.282647	771,916	218,180
51	OCCUPATIONAL THERAPY	.295469	262,470	77,552
52	SPEECH PATHOLOGY	.505070	325,549	164,425
53	ELECTROCARDIOLOGY	.436871	1,179,208	515,162
54	ELECTROENCEPHALOGRAPHY	.386102	33,923	13,098
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.477802	4,648,167	2,220,903
56	DRUGS CHARGED TO PATIENTS	.376668	5,060,462	1,906,114
59	01 CARDIAC CATHETERIZATION LABORATORY	1.624319	241,533	392,327
59	02 MEDICAL REHAB			
59	03 NOTRE DAME OCCUPATIONAL MEDICINE			
59	04 INPATIENT RENAL DIALYSIS OUTPAT SERVICE COST CNTRS	.538351		
60	CLINIC	1.762002		
60	01 NOTRE DAME AMBULATORY CLINIC	.941103		
60	02 FAMILY CARE CLINIC	1.419381		
60	03 PEDIATRIC CLINIC	.642832		
60	05 BARRINGTON URGENT CARE	2.042334		
61	EMERGENCY	.522820	1,179,690	616,766
62	OBSERVATION BEDS (NON-DISTINCT PART)	.667740		
63	O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS	.591326		
101	TOTAL		43,060,625	14,428,368
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		43,060,625	

TITLE XVIII, PART A      SUBPROVIDER 1      PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		1,992,010	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.407980	8,329	3,398
37	01 ENDOSCOPY	.261274	10,686	2,792
39	DELIVERY ROOM & LABOR ROOM	.168040		
40	01 ULTRASOUND	.093439	6,314	590
41	RADIOLOGY-DIAGNOSTIC	.467129	66,429	31,031
42	01 CT SCAN	.102736	39,879	4,097
42	02 MAGNETIC RESONANCE IMAGING(MRI)	.117878	25,819	3,043
43	RADIOISOTOPE	.232669	3,592	836
44	LABORATORY	.200637	755,001	151,481
47	BLOOD STORING, PROCESSING & TRANS.	.981490	14,921	14,645
49	RESPIRATORY THERAPY	.569747	52,963	30,176
50	PHYSICAL THERAPY	.282647	967,940	273,585
51	OCCUPATIONAL THERAPY	.295469	998,643	295,068
52	SPEECH PATHOLOGY	.505070	186,977	94,436
53	ELECTROCARDIOLOGY	.436871	15,011	6,558
54	ELECTROENCEPHALOGRAPHY	.386102	1,377	532
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.477802	93,119	44,492
56	DRUGS CHARGED TO PATIENTS	.376668	313,582	118,116
59	01 CARDIAC CATHERIZATION LABORATORY	1.624319		
59	02 MEDICAL REHAB			
59	03 NOTRE DAME OCCUPATIONAL MEDICINE			
59	04 INPATIENT RENAL DIALYSIS OUTPAT SERVICE COST CNTRS	.538351	46,410	24,985
60	CLINIC	1.762002		
60	01 NOTRE DAME AMBULATORY CLINIC	.941103		
60	02 FAMILY CARE CLINIC	1.419381		
60	03 PEDIATRIC CLINIC	.642832		
60	05 BARRINGTON URGENT CARE	2.042334		
61	EMERGENCY	.522820		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.667740		
63	O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS	.591326		
101	TOTAL		3,606,992	1,099,861
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,606,992	



PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
HOSPITAL

DESCRIPTION	1	1.01
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, AND 317.		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCT)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	27,416,841	
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)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	27,416,841	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,947,584	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	4,778,773	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
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	69,908	
16 TOTAL	34,213,106	
17 PRIMARY PAYER PAYMENTS	195,756	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	34,017,350	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,642,400	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	179,728	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	286,348	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	200,444	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	128,870	
22 SUBTOTAL	32,395,666	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	32,395,666	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	31,307,546	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	1,088,120	
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

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	4,334
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	8,185,471
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	6,689,456
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.	57,629
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	4,334
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	14,551
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	14,551
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)	14,551
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	10,217
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	4,334
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	6,747,085
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	711
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,602,790
19	SUBTOTAL (SEE INSTRUCTIONS)	5,147,918
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	1,243,087
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	6,391,005
24	PRIMARY PAYER PAYMENTS	8,188
25	SUBTOTAL	6,382,817
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	514,673
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	360,271
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	433,272
28	SUBTOTAL	6,743,088
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	6,743,088
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	6,603,944
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	139,144
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	







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		2,709,743
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		.0866
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		282,610
1.05	OUTLIER PAYMENTS		45,489
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		3,037,842
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)		10.732240
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)		3,037,842
5	PRIMARY PAYER PAYMENTS		20,491
6	SUBTOTAL		3,017,351
7	DEDUCTIBLES		20,224
8	SUBTOTAL		2,997,127
9	COINSURANCE		39,080
10	SUBTOTAL		2,958,047
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		2,958,047
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		184
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		

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

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,958,231
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	2,928,948
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	29,283
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

- FI ONLY -----
- 50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)  
OR 1.09 (IPF).
  - 51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
  - 52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE  
OF MONEY. (SEE INSTRUCTIONS).
  - 53 ENTER THE TIME VALUE OF MONEY.

TITLE XVIII

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		72.23
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		72.23
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.		61.39
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.		8.31
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		69.70
3.10	SEE INSTRUCTIONS		69.70
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		11.31
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		11.46
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		10.57
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	11.11
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)		11.11
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		126,164.82
3.18	SEE INSTRUCTIONS		1,401,691
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		59.22
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		59.31
3.21	SEE INSTRUCTIONS	RES INIT YEARS	59.97
3.22	SEE INSTRUCTIONS		59.97
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		133,081.17
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		7,980,878
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		9,382,569

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		16,782
5	TOTAL INPATIENT DAYS		36,316
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.462110
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	4,335,779	4,335,779
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		7,600
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		36,316
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.		1,686,081
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 XVIII ONLY

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES

TITLE XVIII

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)	31,895,029
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	216,247
16	TOTAL PART A REASONABLE COST	31,678,782

PART B REASONABLE COST

17	REASONABLE COST	8,248,689
18	PRIMARY PAYER PAYMENTS	8,188
19	TOTAL PART B REASONABLE COST	8,240,501
20	TOTAL REASONABLE COST	39,919,283
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.793571
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.206429

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)	6,021,860
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	4,778,773
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	1,243,087

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 GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		
7 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)	2.20	
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)	2.20	
19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)	.015013	
20 IIME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.003995	
21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.	17,113,856	
22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	8,559,216	
23 ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	102,564	

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	1,791,013	4,907,010	1,447,777	10,510,190
2	TEMPORARY INVESTMENTS			2,437,800	
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	36,192,276			
5	OTHER RECEIVABLES		401,566	129,072	
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	933,777			
8	PREPAID EXPENSES	720,207			
9	OTHER CURRENT ASSETS	284,979			
10	DUE FROM OTHER FUNDS	-40,031			-13,442
11	TOTAL CURRENT ASSETS	39,882,221	5,308,576	4,014,649	10,496,748
FIXED ASSETS					
12	LAND			1,822,002	
12.01	LAND IMPROVEMENTS			1,539,572	
13	BUILDINGS			47,050,503	
13.01	LESS ACCUMULATED DEPRECIATION			-1,400,073	
14	MAJOR MOVABLE EQUIPMENT			46,854,917	
14.01	LESS ACCUMULATED DEPRECIATION			-26,102,128	
15	MINOR EQUIPMENT DEPRECIABLE				
15.01	LESS ACCUMULATED DEPRECIATION				
16	MINOR EQUIPMENT-NONDEPRECIABLE				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS			18,874,297	
17.01	LESS ACCUMULATED DEPRECIATION			-14,319,935	
18	TOTAL FIXED ASSETS			36,664,092	
18.01	LESS ACCUMULATED DEPRECIATION			-37,655,063	
19	OTHER ASSETS				
19.01	LESS ACCUMULATED DEPRECIATION				
20	TOTAL OTHER ASSETS				
21	TOTAL ASSETS	39,882,221	8,623,948	33,879,306	47,267,734
22	INVESTMENTS		3,057,762	29,307,232	
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS		257,610	557,425	106,894
26	TOTAL OTHER ASSETS		3,315,372	29,864,657	106,894
27	TOTAL ASSETS	39,882,221	8,623,948	33,879,306	47,267,734

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	15,010,792		639,108	
29 SALARIES, WAGES & FEES PAYABLE	3,241,513			
30 PAYROLL TAXES PAYABLE	427,162			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	17,765,000		187,659	
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS			142,399	
35 OTHER CURRENT LIABILITIES	4,205,659	839,740		94,525
36 TOTAL CURRENT LIABILITIES	40,650,126	839,740	142,399	921,292
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE			17,440,638	
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			17,440,638	
43 TOTAL LIABILITIES	40,650,126	839,740	142,399	18,361,930
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-767,905			
45 SPECIFIC PURPOSE FUND		7,784,208		
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED			3,124,158	
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE			30,612,749	
49 PLANT FUND BALANCE-INVESTED IN PLANT				28,905,804
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	-767,905	7,784,208	33,736,907	28,905,804
52 TOTAL LIABILITIES AND FUND BALANCES	39,882,221	8,623,948	33,879,306	47,267,734

	GENERAL FUND		SPECIFIC PURPOSE FUND
	1	2	3
1 FUND BALANCE AT BEGINNING OF PERIOD		973,032	7,253,182
2 NET INCOME (LOSS)		-7,227,625	
3 TOTAL		-6,254,593	7,253,182
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)			
5 CASH RECEIPTS	5,500,000		
6 SEE DETAIL			3,049,684
7			
8			
9			
10 TOTAL ADDITIONS	5,500,000		3,049,684
11 SUBTOTAL		-754,593	10,302,866
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)			
13 SEE DETAIL	13,312		2,518,658
14			
15			
16			
17			
18 TOTAL DEDUCTIONS		13,312	2,518,658
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		-767,905	7,784,208

	ENDOWMENT FUND		PLANT FUND
	5	6	7
1 FUND BALANCE AT BEGINNING OF PERIOD		36,827,119	26,100,663
2 NET INCOME (LOSS)			
3 TOTAL		36,827,119	26,100,663
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)			
5 CASH RECEIPTS			
6 SEE DETAIL	3,409,788		2,805,141
7			
8			
9			
10 TOTAL ADDITIONS	3,409,788		2,805,141
11 SUBTOTAL		40,236,907	28,905,804
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)			
13 SEE DETAIL	6,500,000		
14			
15			
16			
17			
18 TOTAL DEDUCTIONS		6,500,000	
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		33,736,907	28,905,804

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	29,796,592		29,796,592
2 00 SUBPROVIDER	3,523,416		3,523,416
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	33,320,008		33,320,008
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	9,903,854		9,903,854
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	9,903,854		9,903,854
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	43,223,862		43,223,862
17 00 ANCILLARY SERVICES	101,660,094	125,909,691	227,569,785
18 00 OUTPATIENT SERVICES	1,730,001	22,727,277	24,457,278
19 00 HOME HEALTH AGENCY		12,866,959	12,866,959
24 00 PHYSICIAN		19,313,717	19,313,717
25 00 TOTAL PATIENT REVENUES	146,613,957	180,817,644	327,431,601

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		166,145,585	
ADD (SPECIFY)			
27 00 ADD: BAD DEBT	11,730,714		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		11,730,714	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		177,876,299	

DESCRIPTION

1	TOTAL PATIENT REVENUES	327,431,601
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	163,896,573
3	NET PATIENT REVENUES	163,535,028
4	LESS: TOTAL OPERATING EXPENSES	177,876,299
5	NET INCOME FROM SERVICE TO PATIENTS	-14,341,271
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	8,913
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	31,663
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	1,638
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,042,907
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	37,256
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	12,339
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	15,286
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	MISC	5,963,644
25	TOTAL OTHER INCOME	7,113,646
26	TOTAL	-7,227,625
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-7,227,625

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						
	788,312		162,945	206,391	185,978	1,343,626
HHA REIMBURSABLE SERVICES						
6	2,269,778					2,269,778
7	545,397					545,397
8	135,750					135,750
9	71,911					71,911
10						
11	470,847					470,847
12						
13						
13. 20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23. 50						
24	4,281,995		162,945	206,391	185,978	4,837,309

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		1,343,626		1,343,626
HHA REIMBURSABLE SERVICES				
6		2,269,778		2,269,778
7		545,397		545,397
8		135,750		135,750
9		71,911		71,911
10				
11		470,847		470,847
12				
13				
13. 20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23. 50				
24		4,837,309		4,837,309

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5		1,343,626				1,343,626	1,343,626
HHA REIMBURSABLE SERVICES							
6		2,269,778				2,269,778	872,927
7		545,397				545,397	209,753
8		135,750				135,750	52,208
9		71,911				71,911	27,656
10							
11		470,847				470,847	181,082
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		4,837,309				4,837,309	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6		3,142,705					
7		755,150					
8		187,958					
9		99,567					
10							
11		651,929					
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		4,837,309					
TOTAL (SUM OF LINES 1-23)							

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						
2						
3						
4						
5						
					-1,343,626	3,493,683
6						2,269,778
7						545,397
8						135,750
9						71,911
10						
11						470,847
12						
13						
13.20						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24						
					-1,343,626	3,493,683
25						1,343,626
26						.384587

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-BLDG & 3.01	NEW CAP REL COSTS-MACCOL 3.02
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE	3,142,705					
3 PHYSICAL THERAPY	755,150					
4 OCCUPATIONAL THERAPY	187,958					
5 SPEECH PATHOLOGY	99,567					
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	651,929					
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)	4,837,309					
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 3.03	NEW CAP REL COSTS-WOOD 3.04	NEW CAP REL COSTS-HODGSO 3.05	NEW CAP REL COSTS-OPD 3.06	NEW CAP REL COSTS-GARAGE 3.07	NEW CAP REL COSTS-ABC 3.08
1 ADMIN & GENERAL	40,449					
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)	40,449					
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	41,314	278,440		15,104	
2	SKILLED NURSING CARE		691,352			
3	PHYSICAL THERAPY		223,671			
4	OCCUPATIONAL THERAPY		45,404			
5	SPEECH PATHOLOGY		24,052			
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE		145,236			
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)	41,314	1,408,155		15,104	
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		375,307	46,534		44,672	143,716
2 SKILLED NURSING CARE	126,969	3,961,026	491,123			
3 PHYSICAL THERAPY	32,775	1,011,596	125,427			
4 OCCUPATIONAL THERAPY	6,851	240,213	29,784			
5 SPEECH PATHOLOGY	2,572	126,191	15,646			
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	11,382	808,547	100,251			
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)	180,549	6,522,880	808,765		44,672	143,716
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		38,937		30,627		117,927
2 SKILLED NURSING CARE				41,745		140,532
3 PHYSICAL THERAPY				16,558		
4 OCCUPATIONAL THERAPY				3,725		
5 SPEECH PATHOLOGY				2,028		
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE				23,472		60,624
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)		38,937		118,155		319,083
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	10,968	4,578				
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)	10,968	4,578				
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			813,266		813,266	
2 SKILLED NURSING CARE			4,634,426		4,634,426	523,587
3 PHYSICAL THERAPY			1,153,581		1,153,581	130,328
4 OCCUPATIONAL THERAPY			273,722		273,722	30,924
5 SPEECH PATHOLOGY			143,865		143,865	16,253
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE			992,894		992,894	112,174
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)			8,011,754		8,011,754	813,266
21 UNIT COST MULTIPLIER						0.112977

- (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	5,158,013
3 PHYSICAL THERAPY	1,283,909
4 OCCUPATIONAL THERAPY	304,646
5 SPEECH PATHOLOGY	160,118
6 MEDICAL SOCIAL SERVICES	
7 HOME HEALTH AIDE	1,105,068
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)	8,011,754
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-RI CHAR (SQ FT RICH ARDSON 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						40,449
22 UNIT COST MULTIPLIER						4.544831

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						728,393
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)						728,393
21 COST TO BE ALLOCATED						41,314
22 UNIT COST MULTIPLIER						0.056719

HHA COST CENTER	EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF ) EXTENSIONS	INFORMATION SERVICES (PROCESSING ) TIME	PURCHASING RECEIVING AND (COSTED REQ ) UI SITIONS	ADMITTING (REVENUE IN ) PATIENT	BUSINESS OFFICE (REVENUE TO ) TAL
	5	6.01	6.02	6.03	6.04	6.05
1 ADMIN & GENERAL	846,695			342,539		
2 SKILLED NURSING CARE	2,102,302					9,048,512
3 PHYSICAL THERAPY	680,150					2,335,726
4 OCCUPATIONAL THERAPY	138,067					488,261
5 SPEECH PATHOLOGY	73,139					183,294
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	441,642					811,166
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)	4,281,995			342,539		12,866,959
21 COST TO BE ALLOCATED	1,408,155			15,104		180,549
22 UNIT COST MULTIPLIER	0.328855			0.044094		0.014032

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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		375,307		8,900	8,900	
2 SKILLED NURSING CARE		3,961,026				
3 PHYSICAL THERAPY		1,011,596				
4 OCCUPATIONAL THERAPY		240,213				
5 SPEECH PATHOLOGY		126,191				
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE		808,547				
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)		6,522,880		8,900	8,900	
21 COST TO BE ALLOCATED		808,765		44,672	143,716	
22 UNIT COST MULTIPLIER		0.123989		5.019326	16.147865	

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		1,661		39,521	92,160
2 SKILLED NURSING CARE			2,264		47,097	
3 PHYSICAL THERAPY			898			
4 OCCUPATIONAL THERAPY			202			
5 SPEECH PATHOLOGY			110			
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE			1,273		20,317	
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		6,408		106,935	92,160
21 COST TO BE ALLOCATED	38,937		118,155		319,083	10,968
22 UNIT COST MULTIPLIER	19.468500		18.438670		2.983897	0.119010

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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)	13,943					
21 COST TO BE ALLOCATED	4,578					
22 UNIT COST MULTIPLIER	0.328337					

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
			1	2	3	4	5	PART A 6
1	SKILLED NURSING	2	5,158,013		5,158,013	46,108	111.87	9,780
2	PHYSICAL THERAPY	3	1,283,909		1,283,909	11,900	107.89	3,007
3	OCCUPATIONAL THERAPY	4	304,646		304,646	2,488	122.45	640
4	SPEECH PATHOLOGY	5	160,118		160,118	932	171.80	319
5	MEDICAL SOCIAL SERVICES	6						
6	HOME HEALTH AIDE SERVICE	7	1,105,068		1,105,068	11,612	95.17	2,657
7	TOTAL		8,011,754		8,011,754	73,040		16,403

		-----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	8,965		1,094,089	1,002,915		2,097,004
2	PHYSICAL THERAPY	1,992		324,425	214,917		539,342
3	OCCUPATIONAL THERAPY	436		78,368	53,388		131,756
4	SPEECH PATHOLOGY	126		54,804	21,647		76,451
5	MEDICAL SOCIAL SERVICES						
6	HOME HEALTH AIDE SERVICES	2,845		252,867	270,759		523,626
7	TOTAL	14,364		1,804,553	1,563,626		3,368,179

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				305,036		71,924
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 11
15 COST OF MEDICAL SUPPLIES		172,771		
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	.282647			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.295469			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.505070			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.477802			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.376668			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	107.89					
2 OCCUPATIONAL THERAPY	3	122.45					
3 SPEECH PATHOLOGY	4	171.80					
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      1,456,922
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997      22,553
	INDIRECT MEDICAL EDUCATION ADJUSTMENT
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS      88.49
	IN THE COST REPORTING PERIOD
4 .01	NUMBER OF INTERNS AND RESIDENTS      72.07
	(SEE INSTRUCTIONS)
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE      25.84
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT      376,469
	(SEE INSTRUCTIONS)
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO      10.78
	MEDI CARE PART A PATIENT DAYS
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL      19.36
	DAYS REPORTED ON S-3, PART I
5 .02	SUM OF 5 AND 5.01      30.14
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE      6.29
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT      91,640
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS      1,947,584
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      .00
	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      .00
	FOR EXTRAORDINARY CIRCUMSTANCES
8	CAPITAL MINIMUM PAYMENT LEVEL
9	CURRENT YEAR CAPITAL PAYMENTS
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT      .00
	LEVEL TO CAPITAL PAYMENTS
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT      .00
	LEVEL OVER CAPITAL PAYMENT
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL      .00
	TO CAPITAL PAYMENTS
13	CURRENT YEAR EXCEPTION PAYMENT
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT      .00
	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)