

# NY ICR 2010 Report

PROVIDER NO. 33-0001 SAMPLE HOSPITAL  
 PERIOD FROM 01/01/2010 TO 12/31/2010

NEW YORK STATE DEPARTMENT OF HEALTH  
 INSTITUTIONAL COST REPORT

VERSION: 2011.01  
 04/01/2011 08:05:47

RATIO OF COST TO CHARGES - ICR COST CENTER TO COST CENTER GROUP MAPPING - PART I

Exhibit 51

  N   IS THIS FACILITY EITHER A FLAT RATE HOSPITAL OR ARTICLE 31 PROVIDER? ENTER Y OR N.

COST CENTER GROUP	COST CENTER NUMBER	COST CENTER DESCRIPTION	COST CENTER GROUP	COST CENTER NUMBER	COST CENTER DESCRIPTION
45000	20020		45000	20020	
ANCILLARY SERVICE COST CENTERS					
47	100	OPERATING ROOM	41	122	MEDICAL SUPPLIES CHARGED TO PAT
15	103	DELIVERY ROOM & LABOR ROOM	61	123	DRUGS CHARGED TO PATIENTS
17	104	RADIOLOGY-DIAGNOSTIC	30	124	RENAL DIALYSIS
81	105	RADIOLOGY-THERAPEUTIC	07	112	AUDIOLOGY
44	121	RADIOISOTOPE	67	116	SHOCK THERAPY
11	128	CAT SCAN	12	119	CARDIOPULMONARY
33	106	LABORATORY	17	127	ULTRASOUND DIAGNOSTIC
09	115	BLOOD STORING, PROCESSING & TRA	36	135	MAGNETIC RESONANCE IMAGING
72	113	RESPIRATORY THERAPY	12	141	CARDIAC CATHERIZATION LABORATOR
62	109	PHYSICAL THERAPY	XX	125	INVITROPFERTILIZATION
45	110	OCCUPATIONAL THERAPY	XX	129	SKIN BANK
20	107	ELECTROCARDIOLOGY			
19	108	ELECTROENCEPHALOGRAPHY			
INPATIENT SERVICE COST CENTERS					
39	201	MEDICAL SURGICAL INPATIENTS	60	305	PEDIATRIC ICU
59	214	PEDIATRICS UNIT	XX	320	NEURO ICU
37	215	MATERNITY UNIT	XX	319	SURGICAL CARDIAC ICU
39	219	ALTERNATE LEVEL OF CARE	14	207	CORONARY CARE UNIT
39	205	EPILEPSY UNIT	42	229	NEONATAL INTENSIVE CARE UNIT
70	220	CHEMICAL DEPENDENCY - ALCOHOL R	66	225	SUBPROVIDER I - PSYCH
XX	322	BURN STEPDOWN	70	226	SUBPROVIDER II - REHAB
XX	323	KIDNEY	43	228	NURSERY - NEWBORN
XX	318	ADULT CRC			
40	206	INTENSIVE CARE UNIT			
OUTPATIENT SERVICE COST CENTERS					
56	235	CLINIC	56	402	CHEMOTHERAPY CLINIC
30	240	RENAL DIALYSIS	56	407	HEAD INJURY CLINIC
05	239	AMBULATORY SURGICAL SERVICE	56	410	ONCOLOGY CLINIC
56	291	ALCOHOL CLINIC	XX	427	ADULT METHADONE
56	263	HIV CLINIC	XX	428	ADOLESCENT METHADONE
85	246	MENTAL HEALTH DAY TREATMENT	XX	429	CLINIC - SAMPLE
85	289	MENTAL HEALTH CLINIC	XX	430	HIV CLINIC - SAMPLE
85	249	MENTAL HEALTH CONT TRTMNT-O/P	21	236	EMERGENCY
85	254	MNT HLTH PARTIAL HOSP-O/P	85	288	CPEP
85	247	ALL OTHER OMH PROGRAMS-O/P	67	216	CPEP OBSERVATION BEDS (PSYCH)
89	237	REFERRED AMBULATORY SERVICE			
OTHER REIMBURSABLE COST CENTERS					
04	234	AMBULANCE SERVICES			
SPECIAL PURPOSE COST CENTERS					
48	602	LUNG ACQUISITION	48	603	PANCREAS ACQUISITION
48	241	KIDNEY ACQUISITION	NA	293	OTHER CAPITAL RELATED COSTS
48	285	LIVER ACQUISITION	27	287	HOSPICE
48	292	HEART ACQUISITION			
NON-REIMBURSABLE COST CENTERS					
32	269	GIFT, FLOWER, COFFEE SHOP & CAN	32	273	PHYSICIANS' PRIVATE OFFICES
32	270	RESEARCH	XX	652	GCRC
XX	653	OTHER SPONSORED PROJECTS			

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RATIO OF COST TO CHARGES - PART 1A (BY COST CENTER)

EXHIBIT 51

COST CENTER GROUP	COST CENTER NUMBER	COST CENTER DESCRIPTION	ACCUMULATED ROUTINE COSTS (STEPDOWN)	CHEMOTHERAPY DRUGS POST STEPDOWN ADJUSTMENTS	POST STEPDOWN ADJUSTMENT REPORTED ON EXHIBIT 15	FINAL ACCUM ROUTINE COSTS USED FOR RCC
45000		20020	10990			45110
		ANCILLARY SERVICE COST CENTERS				
47	100	OPERATING ROOM	301819784			301819784
15	103	DELIVERY ROOM & LABOR ROOM	44934482			44934482
17	104	RADIOLOGY-DIAGNOSTIC	98094681			98094681
81	105	RADIOLOGY-THERAPEUTIC	21029441			21029441
44	121	RADIOISOTOPE	16570296			16570296
11	128	CAT SCAN	22372977			22372977
33	106	LABORATORY	190660001			190660001
09	115	BLOOD STORING, PROCESSING & TRA	107924465			107924465
72	113	RESPIRATORY THERAPY	31045019			31045019
62	109	PHYSICAL THERAPY	24505787			24505787
45	110	OCCUPATIONAL THERAPY	8711481			8711481
20	107	ELECTROCARDIOLOGY	26284465			26284465
19	108	ELECTROENCEPHALOGRAPHY	4739886			4739886
41	122	MEDICAL SUPPLIES CHARGED TO PAT	193394716			193394716
61	123	DRUGS CHARGED TO PATIENTS	133876727			133876727
30	124	RENAL DIALYSIS	11639365			11639365
07	112	AUDIOLOGY	3909631			3909631
67	116	SHOCK THERAPY	537765			537765
12	119	CARDIOPULMONARY	4887426			4887426
17	127	ULTRASOUND DIAGNOSTIC	10537447			10537447
36	135	MAGNETIC RESONANCE IMAGING	18970052			18970052
12	141	CARDIAC CATHERIZATION LABORATOR	47217349			47217349
XX	129	SKIN BANK	814778			814778
		INPATIENT SERVICE COST CENTERS				
39	201	MEDICAL SURGICAL INPATIENTS	556681662			556681662
59	214	PEDIATRICS UNIT	77454603			77454603
37	215	MATERNITY UNIT	48055138			48055138
39	219	ALTERNATE LEVEL OF CARE				
39	205	EPILEPSY UNIT	9445702			9445702
70	220	CHEMICAL DEPENDENCY - ALCOHOL R	3995970			3995970
XX	322	BURN STEPDOWN	8145057			8145057
XX	323	KIDNEY	3527185			3527185
XX	318	ADULT CRC	2564864			2564864
40	206	INTENSIVE CARE UNIT	98179122			98179122
60	305	PEDIATRIC ICU	36554324			36554324
XX	320	NEURO ICU	16259370			16259370
XX	319	SURGICAL CARDIAC ICU	15961212			15961212
14	207	CORONARY CARE UNIT	45321242			45321242
42	229	NEONATAL INTENSIVE CARE UNIT	63600105			63600105
66	225	SUBPROVIDER I - PSYCH	96318624			96318624
70	226	SUBPROVIDER II - REHAB	34158812			34158812
43	228	NURSERY - NEWBORN	9936514			9936514
		OUTPATIENT SERVICE COST CENTERS				
56	235	CLINIC	78934832			78934832
30	240	RENAL DIALYSIS	140			140

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RATIO OF COST TO CHARGES - PART 1A (BY COST CENTER)

EXHIBIT 51

COST CENTER GROUP	COST CENTER NUMBER	COST CENTER DESCRIPTION	ACCUMULATED ROUTINE COSTS (STEPDOWN)	CHEMOTHERAPY DRUGS POST STEPDOWN ADJUSTMENTS	POST STEPDOWN ADJUSTMENT REPORTED ON EXHIBIT 15	FINAL ACCUM ROUTINE COSTS USED FOR RCC
45000		20020	10990			45110
05	239	AMBULATORY SURGICAL SERVICE				
56	291	ALCOHOL CLINIC	823547			823547
56	263	HIV CLINIC	8867099			8867099
85	246	MENTAL HEALTH DAY TREATMENT	1748420			1748420
85	289	MENTAL HEALTH CLINIC	32137844			32137844
85	249	MENTAL HEALTH CONT TRTMNT-O/P	2568742			2568742
85	254	MNT HLTH PARTIAL HOSP-O/P	1982118			1982118
85	247	ALL OTHER OMH PROGRAMS-O/P	1791667			1791667
56	402	CHEMOTHERAPY CLINIC	15708225	75000		15783225
56	410	ONCOLOGY CLINIC		85000		85000
XX	427	ADULT METHADONE	889368			889368
XX	428	ADOLESCENT METHADONE	27772			27772
XX	429	CLINIC - SAMPLE	101738856			101738856
XX	430	HIV CLINIC - SAMPLE	2157040			2157040
21	236	EMERGENCY	136131661	351512291		136131661
85	288	CPEP	4839066	2687846		4839066
67	216	CPEP OBSERVATION BEDS (PSYCH)	2028438			2028438
		OTHER REIMBURSABLE COST CENTERS				
04	234	AMBULANCE SERVICES	30825461			30825461
		SPECIAL PURPOSE COST CENTERS				
48	602	LUNG ACQUISITION	4821174			4821174
48	241	KIDNEY ACQUISITION	22816696			22816696
48	285	LIVER ACQUISITION	10064510			10064510
48	292	HEART ACQUISITION	9873738			9873738
48	603	PANCREAS ACQUISITION	969317			969317
		REIMB COST CENTERS WITH NO RCC CALCULATED				
89	237	REFERRED AMBULATORY SERVICE				
		NON REIMBURSABLE COST CENTERS				
32	269	GIFT, FLOWER, COFFEE SHOP & CAN	645442			645442
32	270	RESEARCH	7508435			7508435
XX	653	OTHER SPONSORED PROJECTS	19409690			19409690
32	273	PHYSICIANS' PRIVATE OFFICES	1667109			1667109
XX	652	GCRC	2779348			2779348
	960	FACILITY TOTALS	2954393282	354360137		2954553282

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 04/01/2011 08:05:47

RATIO OF COST TO CHARGES - PART 1A (BY COST CENTER) - CONTINUED

EXHIBIT 51

COST CENTER GROUP	COST CENTER NUMBER	COST CENTER DESCRIPTION	TOTAL ALL SVCS CHARGES DIRECTLY POSTED	ROUTINE CHARGES LINE 001 SUMMATION	ROUTINE CHGS LINES 002 & 013 SUMMATION	ROUTINE CHGS LINES 008 TO 012 SUMMATION	TOTAL ALL SVCS CHARGES (EXH 46)	COSTS AND CHGS DO NOT AGREE	RCC BY COST CENTER	TOTAL INPATIENT CHARGES (EXH 46)
45000		20020	45120	45125	45130	45135	45140	45150	45160	45170
ANCILLARY SERVICE COST CENTERS										
47	100	OPERATING ROOM	777093201				777093201		.38839586	494471542
15	103	DELIVERY ROOM & LABOR ROOM	53380643				53380643		.84177484	53234964
17	104	RADIOLOGY-DIAGNOSTIC	201816051				201816051		.48605986	126211482
81	105	RADIOLOGY-THERAPEUTIC	85168160				85168160		.24691670	8420238
44	121	RADIOISOTOPE	33231702				33231702		.49862917	10393769
11	128	CAT SCAN	77529953				77529953		.28857204	43569984
33	106	LABORATORY	876119485				876119485		.21761872	433067321
09	115	BLOOD STORING, PROCESSING & TRA	88719586				88719586	1.21646718	.38083870	38083870
72	113	RESPIRATORY THERAPY	63950420				63950420		.48545450	57264353
62	109	PHYSICAL THERAPY	57447290				57447290		.42657864	34401465
45	110	OCCUPATIONAL THERAPY	22317137				22317137		.39034940	15631452
20	107	ELECTROCARDIOLOGY	120680635				120680635		.21780185	85732702
19	108	ELECTROENCEPHALOGRAPHY	10238490				10238490		.46294776	4824672
41	122	MEDICAL SUPPLIES CHARGED TO PAT	196931598				196931598		.98204005	150582751
61	123	DRUGS CHARGED TO PATIENTS	461648020				461648020		.28999740	308551653
30	124	RENAL DIALYSIS	18563515				18563515		.62700221	12636315
07	112	AUDIOLOGY	5400519				5400519		.72393616	4141350
67	116	SHOCK THERAPY	1129051				1129051		.47629824	10899996
12	119	CARDIOPULMONARY	9037972				9037972		.54076578	2473003
17	127	ULTRASOUND DIAGNOSTIC	35443285				35443285		.29730447	22594133
36	135	MAGNETIC RESONANCE IMAGING	92270379				92270379		.20559200	43194242
12	141	CARDIAC CATHERIZATION LABORATOR	274753412				274753412		.17185355	194485721
XX	129	SKIN BANK	81656				81656	9.97817674		81656
INPATIENT SERVICE COST CENTERS										
39	201	MEDICAL SURGICAL INPATIENTS	1802076905	16896392			1818973297		.30604169	1818973297
59	214	PEDIATRICS UNIT	161520417				161520417		.47953444	161520417
37	215	MATERNITY UNIT	168175486				168175486		.28574401	168175486
39	219	ALTERNATE LEVEL OF CARE	22867013				22867013	XX		22867013
39	205	EPILEPSY UNIT	12000613				12000613		.78710163	12000613
70	220	CHEMICAL DEPENDENCY - ALCOHOL R	8728304				8728304		.45781746	8728304
XX	322	BURN STEPDOWN	25298364				25298364		.32195983	25298364
XX	323	KIDNEY	48327888				48327888		.07298446	48327888
XX	318	ADULT CRC	1586942				1586942	1.61623046		1586942
40	206	INTENSIVE CARE UNIT	82539200				82539200	1.18948478		82539200
60	305	PEDIATRIC ICU	59955828				59955828		.60968759	59955828
XX	320	NEURO ICU	15617402				15617402	1.04110594		15617402
XX	319	SURGICAL CARDIAC ICU	89833624				89833624	.17767525		89833624
14	207	CORONARY CARE UNIT	78421905				78421905	.57791560		78421905
42	229	NEONATAL INTENSIVE CARE UNIT	243228897				243228897	.26148252		243228897
66	225	SUBPROVIDER I - PSYCH	255756762				255756762	.37660245		255756762
70	226	SUBPROVIDER II - REHAB	95089389				95089389	.35922843		95089389
43	228	NURSERY - NEWBORN	102276561				102276561	.09715338		102276561
OUTPATIENT SERVICE COST CENTERS										
56	235	CLINIC	47270911				47270911	1.66983945		
30	240	RENAL DIALYSIS	200956				200956	.00069667		

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VERSION: 2011.01  
 04/01/2011 08:05:47

RATIO OF COST TO CHARGES - PART 1A (BY COST CENTER) - CONTINUED

EXHIBIT 51

COST CENTER GROUP 45000	COST CENTER NUMBER	COST CENTER DESCRIPTION	TOTAL ALL	ROUTINE	ROUTINE	ROUTINE	TOTAL	COSTS	RCC	TOTAL
			SVCS CHARGES DIRECTLY POSTED 45120	CHARGES LINE 001 SUMMATION 45125	CHGS LINES 002 & 013 SUMMATION 45130	CHGS LINES 008 TO 012 SUMMATION 45135	ALL SVCS CHARGES (EXH 46) 45140	AND CHGS DO NOT AGREE 45150	BY COST CENTER 45160	INPATIENT CHARGES (EXH 46) 45170
		20020								
05	239	AMBULATORY SURGICAL SERVICE	23967456				23967456	XX		
56	291	ALCOHOL CLINIC	1059888				1059888		.77701323	
56	263	HIV CLINIC						XX		
85	246	MENTAL HEALTH DAY TREATMENT	1872745				1872745		.93361349	
85	289	MENTAL HEALTH CLINIC	17849750				17849750		1.80046466	
85	249	MENTAL HEALTH CONT TRTMNT-O/P	4148637				4148637		.61917733	
85	254	MNT HLTH PARTIAL HOSP-O/P	2814324				2814324		.70429631	
85	247	ALL OTHER OMH PROGRAMS-O/P	790893				790893		2.26537218	
56	402	CHEMOTHERAPY CLINIC	34021124				34021124		.46392427	
56	410	ONCOLOGY CLINIC						XX		
XX	427	ADULT METHADONE	2991196				2991196		.29732856	
XX	428	ADOLESCENT METHADONE						XX		
XX	429	CLINIC - SAMPLE	96980971				96980971		1.04905999	
XX	430	HIV CLINIC - SAMPLE	1219209				1219209		1.76921266	
21	236	EMERGENCY	2027409				2027409		67.14563317	167175401
85	288	CPEP	5418				5418		893.14617940	
67	216	CPEP OBSERVATION BEDS (PSYCH)	1264				1264		1604.7768987	1264
		OTHER REIMBURSABLE COST CENTERS								
04	234	AMBULANCE SERVICES	62756612				62756612		.49119065	
		SPECIAL PURPOSE COST CENTERS								
48	602	LUNG ACQUISITION						XX		
48	241	KIDNEY ACQUISITION						XX		
48	285	LIVER ACQUISITION						XX		
48	292	HEART ACQUISITION						XX		
48	603	PANCREAS ACQUISITION						XX		
		REIMB COST CENTERS WITH NO RCC CALCULATED								
89	237	REFERRED AMBULATORY SERVICE	14276580		381140224		395416804	XX		
		NON REIMBURSABLE COST CENTERS								
32	269	GIFT, FLOWER, COFFEE SHOP & CAN						XX		
32	270	RESEARCH						XX		
XX	653	OTHER SPONSORED PROJECTS						XX		
32	273	PHYSICIANS' PRIVATE OFFICES						XX		
XX	652	GCRC	211				211		13172.265402	
960		FACILITY TOTALS	7150509214	16896392	381140224		7548545830			5602513191

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RATIO OF COST TO CHARGES - PART 1B (EXHIBIT 46 ROUTINE CHARGES LINE 001)

EXHIBIT 51

COST CENTER NUMBER	COST CENTER DESCRIPTION	COST CENTER CHARGE CODE	DAILY CARE- INPATIENTS (LINE 001)	CHARGES LINE 001 (EXH 46)
	20020		45200	
	OUTPATIENT SERVICE COST CENTERS			
235	CLINIC	0026	201	212886
240	RENAL DIALYSIS	0383	201	50789
239	AMBULATORY SURGICAL SERVICE	0034	201	75447
291	ALCOHOL CLINIC	0387	201	
263	HIV CLINIC	9999	201	
246	MENTAL HEALTH DAY TREATMENT	0033	201	
289	MENTAL HEALTH CLINIC	0386	201	8931
249	MENTAL HEALTH CONT TRTMNT-O/P	0108	201	142
254	MNT HLTH PARTIAL HOSP-O/P	0112	201	
247	ALL OTHER OMH PROGRAMS-O/P	0106	201	
402	CHEMOTHERAPY CLINIC	4831	201	46079
410	ONCOLOGY CLINIC	4839	201	
427	ADULT METHADONE	4856	201	
428	ADOLESCENT METHADONE	4857	201	
429	CLINIC - SAMPLE	4858	201	216340
430	HIV CLINIC - SAMPLE	4859	201	
236	EMERGENCY	0027	201	1265585
288	CPEP	0385	201	4438753
	OTHER REIMBURSABLE COST CENTERS			
	SPECIAL PURPOSE COST CENTERS			
	REIMB COST CENTERS WITH NO RCC CALCULATED			
237	REFERRED AMBULATORY SERVICE	0028	201	2170224
	NON REIMBURSABLE COST CENTERS			
653	OTHER SPONSORED PROJECTS	3353	201	
273	PHYSICIANS' PRIVATE OFFICES	0126	201	
652	GCRC	3352	201	8410536

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RATIO OF COST TO CHARGES - PART 1B (EXHIBIT 46 ROUTINE CHARGES LINES 002 AND 013)

EXHIBIT 51

COST CENTER NUMBER	COST CENTER DESCRIPTION	COST CENTER CHARGE CODE	O/P	CHARGES LINE 002 (EXH 46)	O/P VISITS	CHARGES LINE 013 (Exh 46)
			VISITS FEES-CLINIC ONLY (LINE 002) 45210		FEES-OTHER THAN CLINIC (LINE 013) 45220	
	20020					
	INPATIENT SERVICE COST CENTERS					
201	MEDICAL SURGICAL INPATIENTS	0195	237		237	9798419
214	PEDIATRICS UNIT	0094	237		237	341496
215	MATERNITY UNIT	0095	237		237	2023796
219	ALTERNATE LEVEL OF CARE	0370	237		237	
205	EPILEPSY UNIT	0182	237		237	5210
322	BURN STEPDOWN	3025	237		237	16551
323	KIDNEY	3026	237		237	207031
318	ADULT CRC	3021	237		237	
206	INTENSIVE CARE UNIT	0196	237		237	244370
305	PEDIATRIC ICU	3005	237		237	36535
320	NEURO ICU	3023	237		237	2497
319	SURGICAL CARDIAC ICU	3022	237		237	29679
207	CORONARY CARE UNIT	0197	237		237	121511
229	NEONATAL INTENSIVE CARE UNIT	0194	237		237	4157
225	SUBPROVIDER I - PSYCH	0188	237		237	85988
226	SUBPROVIDER II - REHAB	0189	237		237	159507
228	NURSERY - NEWBORN	0025	237		237	11259
	OTHER REIMBURSABLE COST CENTERS					
234	AMBULANCE SERVICES	0031	237		237	
	SPECIAL PURPOSE COST CENTERS					
602	LUNG ACQUISITION	3302	237		237	
241	KIDNEY ACQUISITION	0101	237		237	
285	LIVER ACQUISITION	0138	237		237	
292	HEART ACQUISITION	0392	237		237	
603	PANCREAS ACQUISITION	3303	237		237	
	REIMB COST CENTERS WITH NO RCC CALCULATED					
237	REFERRED AMBULATORY SERVICE	0028	237		237	14276580
	NON REIMBURSABLE COST CENTERS					
653	OTHER SPONSORED PROJECTS	3353	237		237	
273	PHYSICIANS' PRIVATE OFFICES	0126	237		237	
652	GCRC	3352	237		237	211

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VERSION: 2011.01  
 04/01/2011 08:05:47

RATIO OF COST TO CHARGES - PART 1B (EXHIBIT 46 ROUTINE CHARGES - VARIABLE LINES)

EXHIBIT 51

COST CENTER NUMBER	COST CENTER DESCRIPTION	COST CTR CHGE CODE	OTHER NON-REIMB (008)	CHARGES LN 008 (EX 46) 45230	OTHER NON-REIMB (009)	CHARGES LN 009 (EX 46) 45240	OTHER NON-REIMB (010)	CHARGES LN 010 (EX 46) 45250	OTHER NON-REIMB (011)	CHARGES LN 011 (EX 46) 45260	OTHER NON-REIMB (012)	CHARGES LN 012 (EX 46) 45270
INPATIENT SERVICE COST CENTERS												
201	MEDICAL SURGICAL INPATIENTS	0195	XX		XX		XX		XX		XX	
214	PEDIATRICS UNIT	0094	XX		XX		XX		XX		XX	
215	MATERNITY UNIT	0095	XX		XX		XX		XX		XX	
219	ALTERNATE LEVEL OF CARE	0370	XX		XX		XX		XX		XX	
205	EPILEPSY UNIT	0182	XX		XX		XX		XX		XX	
220	CHEMICAL DEPENDENCY - ALCOHOL R	0190	XX		XX		XX		XX		XX	
322	BURN STEPDOWN	3025	XX		XX		XX		XX		XX	
323	KIDNEY	3026	XX		XX		XX		XX		XX	
318	ADULT CRC	3021	XX		XX		XX		XX		XX	
206	INTENSIVE CARE UNIT	0196	XX		XX		XX		XX		XX	
305	PEDIATRIC ICU	3005	XX		XX		XX		XX		XX	
320	NEURO ICU	3023	XX		XX		XX		XX		XX	
319	SURGICAL CARDIAC ICU	3022	XX		XX		XX		XX		XX	
207	CORONARY CARE UNIT	0197	XX		XX		XX		XX		XX	
229	NEONATAL INTENSIVE CARE UNIT	0194	XX		XX		XX		XX		XX	
225	SUBPROVIDER I - PSYCH	0188	XX		XX		XX		XX		XX	
226	SUBPROVIDER II - REHAB	0189	XX		XX		XX		XX		XX	
228	NURSERY - NEWBORN	0025	XX		XX		XX		XX		XX	
OUTPATIENT SERVICE COST CENTERS												
235	CLINIC	0026	XX		XX		XX		XX		XX	
240	RENAL DIALYSIS	0383	XX		XX		XX		XX		XX	
239	AMBULATORY SURGICAL SERVICE	0034	XX		XX		XX		XX		XX	
291	ALCOHOL CLINIC	0387	XX		XX		XX		XX		XX	
263	HIV CLINIC	9999	XX		XX		XX		XX		XX	
246	MENTAL HEALTH DAY TREATMENT	0033	XX		XX		XX		XX		XX	
289	MENTAL HEALTH CLINIC	0386	XX		XX		XX		XX		XX	
249	MENTAL HEALTH CONT TRTMNT-O/P	0108	XX		XX		XX		XX		XX	
254	MNT HLTH PARTIAL HOSP-O/P	0112	XX		XX		XX		XX		XX	
247	ALL OTHER OMH PROGRAMS-O/P	0106	XX		XX		XX		XX		XX	
237	REFERRED AMBULATORY SERVICE	0028	XX		XX		XX		XX		XX	
402	CHEMOTHERAPY CLINIC	4831	XX		XX		XX		XX		XX	
410	ONCOLOGY CLINIC	4839	XX		XX		XX		XX		XX	
427	ADULT METHADONE	4856	XX		XX		XX		XX		XX	
428	ADOLESCENT METHADONE	4857	XX		XX		XX		XX		XX	
429	CLINIC - SAMPLE	4858	XX		XX		XX		XX		XX	
430	HIV CLINIC - SAMPLE	4859	XX		XX		XX		XX		XX	
236	EMERGENCY	0027	XX		XX		XX		XX		XX	
288	CPEP	0385	XX		XX		XX		XX		XX	
216	CPEP OBSERVATION BEDS (PSYCH)	0096	XX		XX		XX		XX		XX	
OTHER REIMBURSABLE COST CENTERS												
234	AMBULANCE SERVICES	0031	XX		XX		XX		XX		XX	
SPECIAL PURPOSE COST CENTERS												
602	LUNG ACQUISITION	3302	XX		XX		XX		XX		XX	
241	KIDNEY ACQUISITION	0101	XX		XX		XX		XX		XX	
285	LIVER ACQUISITION	0138	XX		XX		XX		XX		XX	
292	HEART ACQUISITION	0392	XX		XX		XX		XX		XX	

# NY ICR 2010 Report

PROVIDER NO. 33-0001 SAMPLE HOSPITAL  
 PERIOD FROM 01/01/2010 TO 12/31/2010

NEW YORK STATE DEPARTMENT OF HEALTH  
 INSTITUTIONAL COST REPORT

VERSION: 2011.01  
 04/01/2011 08:05:47

RATIO OF COST TO CHARGES - PART 1B (EXHIBIT 46 ROUTINE CHARGES - VARIABLE LINES)

EXHIBIT 51

COST CENTER NUMBER	COST CENTER DESCRIPTION	COST CTR		OTHER CHARGES	OTHER CHARGES	OTHER CHARGES	OTHER CHARGES	OTHER CHARGES	OTHER CHARGES
		NON-REIMB CHGE CODE	NON-REIMB (008)	LN 008 (EX 46) 45230	LN 009 (EX 46) 45240	LN 010 (EX 46) 45250	LN 011 (EX 46) 45260	LN 012 (EX 46) 45270	
20020									
603	PANCREAS ACQUISITION	3303	XX	XX		XX		XX	
	REIMB COST CENTERS WITH NO RCC								
237	REFERRED AMBULATORY SERVICE	0028	XX	XX		XX		XX	
	NON REIMBURSABLE COST CENTERS								
653	OTHER SPONSORED PROJECTS	3353	XX	XX		XX		XX	
273	PHYSICIANS' PRIVATE OFFICES	0126	XX	XX		XX		XX	
652	GCRC	3352	XX	XX		XX		XX	

# NY ICR 2010 Report

PROVIDER NO. 33-0001 SAMPLE HOSPITAL  
 PERIOD FROM 01/01/2010 TO 12/31/2010

NEW YORK STATE DEPARTMENT OF HEALTH  
 INSTITUTIONAL COST REPORT

VERSION: 2011.01  
 04/01/2011 08:05:47

## RATIO OF COST TO CHARGES - PART 1C (BY COST CENTER GROUP)

EXHIBIT 51

COST CENTER GROUP	CHARGE TYPE (AC = DEPARTMENT ACCOM, AN = ANCIL)	DEPARTMENT DESCRIPTION	FINAL ACCUM ROUTINE COSTS USED FOR RCC	TOTAL ALL SERVICES (EXH 46)	COSTS AND CHARGES DO NOT AGREE	RCC BY COST CENTER GROUP	X=RCC GREATER THAN MEDICARE CEILING OF 1.604)	TOTAL INPATIENT CHARGES (EXH 46)
	45300	45310	45320	45330	45335	45340	45350	45360
ALLOWABLE COST CENTER GROUPS								
04	AN	AMBULANCE SERVICES	30825461	62756612		.49119065		
05	AN	AMBULATORY SURGICAL CARE		23967456	XX			
07	AN	AUDIOLOGY	3909631	5400519		.72393616		4141350
09	AN	BLOOD STORING & PROCESSING	107924465	88719586		1.21646718		38083870
11	AN	C.A.T. SCAN	22372977	77529953		.28857204		43569984
12	AN	CARDIOLOGY	52104775	283791384		.18360239		196958724
14	AC	CORONARY INTENSIVE CARE	45321242	78421905		.57791560		78421905
15	AN	DELIVERY ROOM AND LABOR ROOM	44934482	53380643		.84177484		53234964
17	AN	DIAGNOSTIC RADIOLOGY/OTHER IMAGING S	108632128	237259336		.45786240		148805615
19	AN	EEG (ELECTROENCEPHALOGRAPHY)	4739886	10238490		.46294776		4824672
20	AN	EKG/ECG (ELECTROCARDIOGRAM)	26284465	120680635		.21780185		85732702
21	AN	EMERGENCY ROOM SERVICES	136131661	2027409		67.14563317	XX	167175401
30	AN	INPATIENT/OUTPATIENT/HOME DIALYSIS	11639505	18764471		.62029486		12636315
33	AN	LABORATORY/PATHOLOGICAL LABORATORY	190660001	876119485		.21761872		433067321
36	AN	MAGNETIC RESONANCE TECHNOLOGY	18970052	92270379		.20559200		43194242
37	AC	MATERNITY	48055138	168175486		.28574401		168175486
39	AC	MEDICAL/SURGICAL ACUTE	566127364	1853840923		.30538077		1853840923
40	AC	MEDICAL/SURGICAL INTENSIVE CARE	98179122	82539200		1.18948478		82539200
41	AN	MEDICAL/SURGICAL SUPPLIES AND DEVICE	193394716	196931598		.98204005		150582751
42	AC	NEONATAL INTENSIVE CARE	63600105	243228897		.26148252		243228897
43	AC	NEWBORN NURSERY	9936514	102276561		.09715338		102276561
44	AN	NUCLEAR MEDICINE	16570296	33231702		.49862917		10393769
45	AN	OCCUPATIONAL THERAPY	8711481	22317137		.39034940		15631452
47	AN	OPERATING ROOM SERVICES	301819784	777093201		.38839586		494471542
48	AN	ORGAN ACQUISITION	48545435		XX			
56	AN	OUTPATIENT SERVICES/CLINIC	104493703	82351923		1.26886780		
59	AC	PEDIATRIC ACUTE	77454603	161520417		.47953444		161520417
60	AC	PEDIATRIC INTENSIVE CARE	36554324	59955828		.60968759		59955828
61	AN	PHARMACY/DRUGS REQUIRING SPECIFIC ID	133876727	461648020		.28999740		308551653
62	AN	PHYSICAL THERAPY	24505787	57447290		.42657864		34401465
66	AC	PSYCHIATRIC ACUTE	96318624	255756762		.37660245		255756762
67	AN	PSYCHIATRIC/PSYCHOLOGICAL TREATMENTS	2566203	1130315		2.27034322	XX	1091260
70	AC	REHABILITATION - MEDICAL ACUTE	38154782	103817693		.36751714		103817693
72	AN	RESPIRATORY THERAPY	31045019	63950420		.48545450		57264353
81	AN	THERAPEUTIC RADIOLOGY	21029441	85168160		.24691670		8420238
85	AN	OTHER OUTPATIENT	45067857	27481767		1.63991846	XX	
920	TOTAL ALLOW COST CENTER GROUPS (FAC AVG)		2770457756	6871191563		.40319903		5421767315
MISC ALLOWABLE COST CENTER GROUPS (NOT USED TO GENERATE REIMB COSTS)								
89	AN	REFERRED AMBULATORY		395416804				
930	TOTAL MISC ALLOW COST CTR GROUPS (NO RCC)			395416804				
940	TOTAL ALLOWABLE COST CENTER GROUPS		2770457756	7266608367		.38125871		5421767315
NON-REIMBURSABLE COST CENTER GROUPS								
32	AN	INVALID / NON-REIMBURSABLE		9820986				

# NY ICR 2010 Report

PROVIDER NO. 33-0001 SAMPLE HOSPITAL  
 PERIOD FROM 01/01/2010 TO 12/31/2010

NEW YORK STATE DEPARTMENT OF HEALTH  
 INSTITUTIONAL COST REPORT

VERSION: 2011.01  
 04/01/2011 08:05:47

RATIO OF COST TO CHARGES - PART 1C (BY COST CENTER GROUP)

EXHIBIT 51

COST CENTER GROUP	CHARGE TYPE (AC = DEPARTMENT DESCRIPTION AN = ANCIL)	FINAL ACCUM ROUTINE COSTS USED FOR RCC	TOTAL ALL SERVICES CHARGES (EXH 46)	COSTS AND CHARGES DO NOT AGREE	RCC BY COST CENTER GROUP	X=RCC GREATER THAN MEDICARE CEILING OF 1.604)	TOTAL INPATIENT CHARGES (EXH 46)
45300	45310	45320	45330	45335	45340	45350	45360
950	TOTAL NON-REIMB COST CENTER GROUPS	9820986					
960	TOTAL FACILITY COST CENTER GROUPS	2780278742	7266608367		.38261024		5421767315

# NY ICR 2010 Report

PROVIDER NO. 33-0001 SAMPLE HOSPITAL  
 PERIOD FROM 01/01/2010 TO 12/31/2010

NEW YORK STATE DEPARTMENT OF HEALTH  
 INSTITUTIONAL COST REPORT

VERSION: 2011.01  
 04/01/2011 08:05:47

RATIO OF COST TO CHARGES - PART 1D (CEILING)

EXHIBIT 51

COST CENTER GROUP	DEPARTMENT DESCRIPTION	X=RCC IS GREATER THAN MEDICARE CEILING OF	COMMENT
	45310	1.604 45350	45400

ALLOWABLE COST CENTER GROUPS

04	AMBULANCE SERVICES		
05	AMBULATORY SURGICAL CARE		
07	AUDIOLOGY		
09	BLOOD STORING & PROCESSING		
11	C.A.T. SCAN		
12	CARDIOLOGY		
14	CORONARY INTENSIVE CARE		
15	DELIVERY ROOM AND LABOR ROOM		
17	DIAGNOSTIC RADIOLOGY/OTHER IMAGING SERVICES		
19	EKG (ELECTROENCEPHALOGRAPHY)		
20	EKG/ECG (ELECTROCARDIOGRAM)		
21	EMERGENCY ROOM SERVICES	XX	
30	INPATIENT/OUTPATIENT/HOME DIALYSIS		
33	LABORATORY/PATHOLOGICAL LABORATORY		
36	MAGNETIC RESONANCE TECHNOLOGY		
37	MATERNITY		
39	MEDICAL/SURGICAL ACUTE		
40	MEDICAL/SURGICAL INTENSIVE CARE		
41	MEDICAL/SURGICAL SUPPLIES AND DEVICES		
42	NEONATAL INTENSIVE CARE		
43	NEWBORN NURSERY		
44	NUCLEAR MEDICINE		
45	OCCUPATIONAL THERAPY		
47	OPERATING ROOM SERVICES		
48	ORGAN ACQUISITION		
56	OUTPATIENT SERVICES/CLINIC		
59	PEDIATRIC ACUTE		
60	PEDIATRIC INTENSIVE CARE		
61	PHARMACY/DRUGS REQUIRING SPECIFIC IDENTIFICATION		
62	PHYSICAL THERAPY		
66	PSYCHIATRIC ACUTE		
67	PSYCHIATRIC/PSYCHOLOGICAL TREATMENTS/SERVICES	XX	HIGH DEPT START-UP COSTS
70	REHABILITATION - MEDICAL ACUTE		
72	RESPIRATORY THERAPY		
81	THERAPEUTIC RADIOLOGY		
85	OTHER OUTPATIENT	XX	

# NY ICR 2010 Report

PROVIDER NO. 33-0001 SAMPLE HOSPITAL  
PERIOD FROM 01/01/2010 TO 12/31/2010

NEW YORK STATE DEPARTMENT OF HEALTH  
INSTITUTIONAL COST REPORT

VERSION: 2011.01  
04/01/2011 08:05:47

## RATIO OF COST TO CHARGES - INPATIENT CHARGE MAPPING (REVENUE CODES) - PART II

EXHIBIT 51

COST CENTER GROUP	REVENUE CODE	COST CENTER GROUP	REVENUE CODE	COST CENTER GROUP	REVENUE CODE	COST CENTER GROUP	REVENUE CODE	COST CENTER GROUP	REVENUE CODE
45010		45010		45010		45010		45010	

# NY ICR 2010 Report

PROVIDER NO. 33-0001 SAMPLE HOSPITAL  
PERIOD FROM 01/01/2010 TO 12/31/2010

NEW YORK STATE DEPARTMENT OF HEALTH  
INSTITUTIONAL COST REPORT

VERSION: 2011.01  
04/01/2011 08:05:47

## RATIO OF COST TO CHARGES - OUTPATIENT CHARGE MAPPING (REVENUE CODES) - PART III

EXHIBIT 51

COST CENTER GROUP	REVENUE CODE	COST CENTER GROUP	REVENUE CODE	COST CENTER GROUP	REVENUE CODE	COST CENTER GROUP	REVENUE CODE	COST CENTER GROUP	REVENUE CODE
45020		45020		45020		45020		45020	

