

CR Hospital Reference Report

A sample report of Worksheet C - Cost/Charge Ratios

Line	Line Description	Col	Column Description	Value	Type
BAPTIST HOSPITAL		MIAMI, FL 33176		10/01/2007	09/30/2008
C00	Wkst C Ratio of Cost to Charges				
1	Part 1 Computation of Ratio of Costs to Charges				
02500	Adults and Pediatrics - General Routine Care	0500	Total Cost	144,651,254.	
02500	Adults and Pediatrics - General Routine Care	0600	Charges - Inpatient	284,846,326.	
02600	Intensive Care Unit	0500	Total Cost	30,385,387.	
02600	Intensive Care Unit	0600	Charges - Inpatient	45,904,587.	
03000	Other Special Care	0500	Total Cost	6,090,139.	CC 02060
03000	Other Special Care	0600	Charges - Inpatient	21,356,646.	CC 02060
03100	Subprovider	0500	Total Cost	7,311,259.	
03100	Subprovider	0600	Charges - Inpatient	9,185,865.	
03300	Nursery	0500	Total Cost	12,682,597.	
03300	Nursery	0600	Charges - Inpatient	25,264,987.	
03700	Operating Room	0500	Total Cost	6,032,675.	CC 03330
03700	Operating Room	0600	Charges - Inpatient	6,033,424.	CC 03330
03700	Operating Room	0700	Charges - Outpatient	16,226,828.	CC 03330
03700	Operating Room	0500	Total Cost	72,768,164.	
03700	Operating Room	0600	Charges - Inpatient	225,461,417.	
03700	Operating Room	0700	Charges - Outpatient	112,025,745.	
03800	Recovery Room	0500	Total Cost	10,192,897.	
03800	Recovery Room	0600	Charges - Inpatient	13,554,159.	
03800	Recovery Room	0700	Charges - Outpatient	14,616,255.	
03900	Delivery Room and Labor Room	0500	Total Cost	21,884,164.	
03900	Delivery Room and Labor Room	0600	Charges - Inpatient	40,096,131.	
03900	Delivery Room and Labor Room	0700	Charges - Outpatient	2,805,793.	
04000	Anesthesiology	0500	Total Cost	4,259,704.	
04000	Anesthesiology	0600	Charges - Inpatient	52,373,975.	
04000	Anesthesiology	0700	Charges - Outpatient	24,346,414.	
04100	Radiology-Diagnositc	0500	Total Cost	33,686,099.	
04100	Radiology-Diagnositc	0600	Charges - Inpatient	170,686,915.	
04100	Radiology-Diagnositc	0700	Charges - Outpatient	176,628,840.	
04200	Radiology-Therapeutic	0500	Total Cost	9,085,906.	
04200	Radiology-Therapeutic	0600	Charges - Inpatient	3,600,601.	
04200	Radiology-Therapeutic	0700	Charges - Outpatient	28,261,029.	
04400	Laboratory	0400	RCE Disallowance	2,620.	
04400	Laboratory	0500	Total Cost	26,776,389.	
04400	Laboratory	0600	Charges - Inpatient	153,762,846.	
04400	Laboratory	0700	Charges - Outpatient	84,820,911.	
04700	Blood Storing, Processing and Transporation	0500	Total Cost	8,399,520.	
04700	Blood Storing, Processing and Transporation	0600	Charges - Inpatient	14,060,424.	
04700	Blood Storing, Processing and Transporation	0700	Charges - Outpatient	2,238,116.	
04900	Respiratory Therapy	0500	Total Cost	11,462,989.	
04900	Respiratory Therapy	0600	Charges - Inpatient	96,151,839.	
04900	Respiratory Therapy	0700	Charges - Outpatient	4,735,406.	
05300	Electrocardiology	0400	RCE Disallowance	2,643.	CC 03120
05300	Electrocardiology	0500	Total Cost	44,210,241.	CC 03120
05300	Electrocardiology	0600	Charges - Inpatient	132,367,003.	CC 03120
05300	Electrocardiology	0700	Charges - Outpatient	74,259,389.	CC 03120

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C00	Wkst C Ratio of Cost to Charges				
1	Part 1 Computation of Ratio of Costs to Charges				
05300	Electrocardiology	0500	Total Cost	1,667,918.	CC 03160
05300	Electrocardiology	0600	Charges - Inpatient	1,028.	CC 03160
05300	Electrocardiology	0700	Charges - Outpatient	770,558.	CC 03160
05300	Electrocardiology	0500	Total Cost	17,522,069.	
05300	Electrocardiology	0600	Charges - Inpatient	55,174,635.	
05300	Electrocardiology	0700	Charges - Outpatient	31,739,705.	
05400	Electroencephalography	0500	Total Cost	2,172,112.	
05400	Electroencephalography	0600	Charges - Inpatient	4,408,491.	
05400	Electroencephalography	0700	Charges - Outpatient	6,685,449.	
05500	Medical Supplies charged to patients	0500	Total Cost	6,021,407.	
05500	Medical Supplies charged to patients	0600	Charges - Inpatient	17,329,446.	
05500	Medical Supplies charged to patients	0700	Charges - Outpatient	5,502,752.	
05600	Drugs Charged to Patients	0500	Total Cost	46,410,018.	
05600	Drugs Charged to Patients	0600	Charges - Inpatient	275,333,827.	
05600	Drugs Charged to Patients	0700	Charges - Outpatient	52,267,840.	
05900	Other Ancillary Cost	0500	Total Cost	11,385,677.	CC 03950
05900	Other Ancillary Cost	0600	Charges - Inpatient	18,143,051.	CC 03950
05900	Other Ancillary Cost	0700	Charges - Outpatient	2,373,767.	CC 03950
05900	Other Ancillary Cost	0500	Total Cost	5,841,701.	CC 03951
05900	Other Ancillary Cost	0600	Charges - Inpatient	609.	CC 03951
05900	Other Ancillary Cost	0700	Charges - Outpatient	10,860,837.	CC 03951
05900	Other Ancillary Cost	0500	Total Cost	3,018,375.	CC 03952
05900	Other Ancillary Cost	0600	Charges - Inpatient	14,980,053.	CC 03952
05900	Other Ancillary Cost	0700	Charges - Outpatient	786,910.	CC 03952
06000	Clinic	0500	Total Cost	2,079,953.	CC 06002
06000	Clinic	0600	Charges - Inpatient	7,203.	CC 06002
06000	Clinic	0700	Charges - Outpatient	1,329,073.	CC 06002
06100	Emergency Department	0500	Total Cost	60,259,804.	
06100	Emergency Department	0600	Charges - Inpatient	56,448,002.	
06100	Emergency Department	0700	Charges - Outpatient	126,366,280.	
06200	Observation Beds	0500	Total Cost	10,181,205.	
06200	Observation Beds	0600	Charges - Inpatient	702,286.	
06200	Observation Beds	0700	Charges - Outpatient	21,157,750.	
10100	Sub Total (sum Lines 25 to 68)	0400	RCE Disallowance	5,263.	
10100	Sub Total (sum Lines 25 to 68)	0500	Total Cost	616,439,623.	
10100	Sub Total (sum Lines 25 to 68)	0600	Charges - Inpatient	1,737,235,776.	
10100	Sub Total (sum Lines 25 to 68)	0700	Charges - Outpatient	800,805,647.	
10200	Less Observation Beds	0500	Total Cost	10,181,205.	
10300	Worksheet C Part 1 Total (Line 101 minus 102)	0500	Total Cost	606,258,418.	