

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT  
 CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S  
 PARTS I & II

INTERMEDIARY [ ] AUDITED DATE RECEIVED [ ] INITIAL [ ] RE-OPENING  
 USE ONLY: [ ] DESK REVIEWED INTERMEDIARY NO. [ ] FINAL [ ] MCR CODE

PART I - CERTIFICATION

CHECK XX ELECTRONICALLY FILED COST REPORT DATE: 02/25/2009  
 APPLICABLE BOX MANUALLY SUBMITTED COST REPORT TIME: 08:21

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY SAINT FRANCIS MEDICAL CENTER (14-0067) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2007 AND ENDING 09/30/2008, 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.

ECR Encryption: 02/25/2009 08:21  
 UOnqwXdP9Es9veY1IeL1k6HH1fN5v0  
 qSQ1w0yMuyJAb6Aw2t2ScFBM4K6K0q  
 YMQd1SdQYE0mqg68

(SIGNED)  Ken Harbaugh  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

Vice President-Chief Financial Officer  
 TITLE

February 25, 2009  
 DATE

PI Encryption: 02/25/2009 08:21  
 gsojm50LVckMLkKS9KNA6LzIGZSyW0  
 fBOD10wZRwh:IPZIJndYBb.AmkZKPe  
 kLTBegnUI40LcLam

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX
		PART A	PART B	
1	HOSPITAL	1169940	151457	1
2	SUBPROVIDER I	-91897		2
3	SWING BED - SNF			3
4	SWING BED - NF			4
5	SKILLED NURSING FACILITY			5
6	NURSING FACILITY			6
7	HOME HEALTH AGENCY			7
8	OUTPATIENT REHABILITATION PROVIDER			8
9	HEALTH CLINIC			9
100	TOTAL	1078043	151457	100

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMD CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 530 NE GLEN OAK AVENUE P.O. BOX: 1  
 1.01 CITY: PEORIA STATE: IL ZIP CODE: 61637 COUNTY: PEORIA 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P, T, O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	SAINTE FRANCIS MEDICAL CENTER	14-0067	07/01/1966	O	P	O	2
3	SUBPROVIDER I	SAINTE FRANCIS REHABILITATION UNIT	14-T067	10/01/1983	O	P	O	3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 10/01/2007	TO: 09/30/2008				17
18	TYPE OF CONTROL		1	2				18

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL			1				19
20	SUBPROVIDER I			5				20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING 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.							21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?			YES				21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.							21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy) (SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.			1	N		N	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1				21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1				21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO.			NO				21.06
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?			NO				22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW			YES				23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					07/22/1985		23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.					07/01/1999		23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL. 2. AND TERMINATION IN COL. 3.							24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.							24.01
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?			YES				25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?			YES				25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.			YES				25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.			NO				25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2			NO				25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			NO			NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			YES			YES	25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING:	ENDING:		26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):	BEGINNING:	ENDING:		26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.			NO	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.				28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st				28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.				28.02
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>					
28.03	STAFFING	0.00		N	28.03
28.04	RECRUITMENT	0.00		N	28.04
28.05	RETENTION OF EMPLOYEES	0.00		N	28.05
28.06	TRAINING	0.00		N	28.06
28.07	OTHER (SPECIFY)				28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?			NO	29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.			NO	30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31.01
<p>MISCELLANEOUS COST REPORTING INFORMATION</p>					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.			NO	32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.			NO	33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?			NO	34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?			NO	35
<p>PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL</p>					
		V	XVIII	XIX	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	1	2	3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?		NO		37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES		38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO		38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	YES		38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO		38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO		38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	4-9006	40
40.01	NAME: OSF HEALTHCARE SYSTEMS FI/CONTRACTOR'S NAME: WPS		FI/CONTRACTOR'S NUMBER: 52280	40.01
40.02	STREET: 800 NE GLEN OAK AVE		P.O.BOX:	40.02
40.03	CITY: PEORIA		STATE: IL ZIP CODE: 61603	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES		41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO		43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES		44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO		45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?			45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?			45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?			45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.			46

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COST OR CHARGES, ENTER A 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION; ENTER 'N' IF NOT EXEMPT (SEE 42 CFR 413.13).

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC		
	1	2	3	4	5		
47	HOSPITAL	N	N	N	N	47	
48	SUBPROVIDER I	N	N	N	N	48	
49	SKILLED NURSING FACILITY	N	N	N	N	49	
50	HOME HEALTH AGENCY	N	N	N	N	50	
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?			NO		52	
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.			NO		52.01	
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53	
53.01	MDH PERIOD: BEGINNING: ENDING:					53.01	
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 3349068 PAID LOSSES: AND/OR SELF INSURANCE:					54	
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.			NO		54.01	
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.			NO		55	
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE 0 / / Y/N NO	LIMIT 2 0.00	Y/N 3 NO	FEES 4 56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?			YES		57	
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.			YES		58	
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)			YES	NO	58.01	
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)			NO		59	

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
(CONTINUED)

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? NO 60  
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)

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT 60.01  
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.)

MULTICAMPUS  
61 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. NO 61  
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.

COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS
1	2	3	4	5





HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

COMPONENT	-----DISCHARGES-----				TOTAL ALL PATIENTS
	TITLE	TITLE	TITLE		
	V 12	XVIII 13	XIX 14	15	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		9084	5610	28109	1
2 HMO XIX					2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4 HOSPITAL ADULTS & PEDS - SWING BED NF					4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6 INTENSIVE CARE UNIT					6
7 CORONARY CARE UNIT					7
8 BURN INTENSIVE CARE UNIT					8
9 SURGICAL INTENSIVE CARE UNIT					9
10 PREMATURE INTENSIVE CARE					10
11 NURSERY					11
12 TOTAL HOSPITAL		9084	5610	28109	12
13 RPCH VISITS					13
14 SUBPROVIDER I		267	50	572	14
15 SKILLED NURSING FACILITY					15
16 NURSING FACILITY					16
17 OTHER LONG TERM CARE					17
18 HOME HEALTH AGENCY					18
20 ASC (DISTINCT PART)					20
21 HOSPICE (DISTINCT PART)					21
23 O/P REHAB PROVIDER					23
24 RHC I					24
25 TOTAL					25
26 OBSERVATION BED DAYS					26
27 AMBULANCE TRIPS					27
28 EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	2	3	4	5	6	7	8	9
1	TOTAL SALARIES	272044403		272044403	10428720.00	26.09		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	2741066		2741066	12527.00	218.81	W/P A-49	4
4.01	TEACHING PHYSICIAN SALARIES	8254282		8254282	63951.00	129.07	W/P A-49 SERIES /9	4.01
5	PHYSICIAN - PART B	9513593		9513593	54115.00	175.80	A-8-2 & A-49 SERIES /2	5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)	8192256		8192256	343474.00	23.85	B-11 / 2	6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL	475045		475045	22523.00	21.09	W/P A-49/12	7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	36863979	1144362	38008341	897750.00	42.34	EXCL PER INSTR - A-49/6	8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	3136488		3136488	41384.00	75.79	W/P A-49/11	9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A	4986800		4986800	53709.00	92.85	W/P A-49 / 9	10
10.01	TEACHING PHYSICIAN UNDER CONTRACT	768766		768766	5893.00	130.45	W/P A-49 / 9	10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	21954033		21954033	380188.00	57.75	W/P A-49 SERIES /5	11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	63419490		63419490			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	7003297		7003297			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A	207176		207176			CMS 339	18
18.01	PART A TEACHING PHYSICIANS	713130		713130			CMS 339	18.01
19	PHYSICIAN PART B	755256		755256			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)	1660589		1660589			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	2887722		2887722	74721.00	38.65		21
22	ADMINISTRATIVE & GENERAL	24270970		24270970	969502.00	25.03		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	6765512		6765512	31988.69	211.50		22.01
23	MAINTENANCE & REPAIRS	4641706	-9543	4632163	174700.00	26.51		23
24	OPERATION OF PLANT	1519588		1519588	75784.00	20.05		24
25	LAUNDRY & LINEN SERVICE	231603		231603	17056.00	13.58		25
26	HOUSEKEEPING	4972863	-52333	4920530	395931.00	12.43		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	3402869	-512680	2890189	202137.00	14.30		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		429435	429435	29193.00	14.71		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	8678593	152320	8830913	386065.00	22.87		30
31	CENTRAL SERVICES AND SUPPLY	2809175		2809175	196330.00	14.31		31
32	PHARMACY	7035766		7035766	204508.00	34.40		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	3554874		3554874	216852.00	16.39		33
34	SOCIAL SERVICE							34
35	OTHER GENERAL SERVICE	148034		148034	12521.00	11.82		35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3 PART III

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	8	9
1	2	3	4	5	6	7	8	9
1	NET SALARIES	252374739		252374739	9976645.69	25.30		1
2	EXCLUDED AREA SALARIES	36863979	1144362	38008341	897750.00	42.34		2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	215510760	-1144362	214366398	9078895.69	23.61		3
4	SUBTOTAL OTHER WAGES & REL COSTS	30846087		30846087	481174.00	64.11		4
5	SUBTOTAL WAGE-RELATED COSTS	63626666		63626666		29.68%		5
6	TOTAL (SUM OF LINES 3 THRU 5)	309983513	-1144362	308839151	9560069.69	32.31		6
7	NET SALARIES							7
8	EXCLUDED AREA SALARIES							8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)							9
10	SUBTOTAL OTHER WAGES & REL COSTS							10
11	SUBTOTAL WAGE-RELATED COSTS							11
12	TOTAL (SUM OF LINES 9 THRU 11)							12
13	TOTAL OVERHEAD COSTS	70919275	7199	70926474	2987288.69	23.74		13

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	172491071
17.01	GROSS MEDICAID REVENUES	298524156
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	471015227
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.246450
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	298524156
29	TOTAL GROSS MEDICAID COST	73571278
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	30
31	UNCOMPENSATED CARE COST	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	73571278

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
	GENERAL SERVICE COST CENTERS								
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		18839135	18839135	-5478545	13360590	-601836	12758754	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		13424816	13424816	1114637	14539453	-7164	14532289	4
5	0500 EMPLOYEE BENEFITS	2887722	72445092	75332814	2849397	78182211	-504370	77677841	5
6.01	0630 PURCH, RCVING, STORING	1346389	795247	1241636		2141636	8577	2150213	6.01
6.02	0640 ADMITTING	2325783	142286	2468069		2468069		2468069	6.02
6.03	0650 OUTPATIENT OFFICES	1370347	155334	1525681		1525681		1525681	6.03
6.04	0651 BUSINESS OFFICE	2165112	2631465	4796577		4796577		4796577	6.04
6.05	0660 OTHER ADMIN + GENERAL	17063339	73438010	90501349	6308672	96810021	-2214067	94595954	6.05
7	0700 MAINTENANCE & REPAIRS	4641706	8300051	12941757	-43449	12898308	354552	13252860	7
8	0800 OPERATION OF PLANT	1519588	7559664	9079252	641529	9720781	-7620	9713161	8
9	0900 LAUNDRY & LINEN SERVICE	231603	529303	760906		760906		760906	9
10	1000 HOUSEKEEPING	4972863	2097189	7070052	-116062	6953990		6953990	10
11	1100 DIETARY	3402869	1727702	5130571	-2229906	2900665	-120363	2780302	11
12	1200 CAFETERIA				1977587	1977587	-469491	1508096	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	8678593	1668245	10346838	238347	10585185	-8655	10576530	14
15	1500 CENTRAL SERVICES & SUPPLY	2809175	9052568	11861743	-5255705	6606038		6606038	15
16	1600 PHARMACY	7035766	18794622	25830388	-19438143	6392245		6392245	16
17	1700 MEDICAL RECORDS & LIBRARY	3554874	1853879	5408753		5408753	-275920	5132833	17
18	1800 SOCIAL SERVICE								18
19	1950 PARKING	148034	811639	959673		959673	-102733	856940	19
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL	3523187	500501	4023688	-22673	4001015	-3656860	344155	21
22	2200 I&R SERVICES-SALARY & FRINGES A	8192256		8192256		8192256		8192256	22
23	2300 I&R SERVICES-OTHER PRGM COSTS A	5330946	7490669	12821615	3074440	15896055	-7231	15888824	23
24	2400 PARAMED ED PRGM-(SPECIFY)				123887	123887		123887	24
24.01	2401 PARAMEDICAL EDUC X-RAY				288660	288660		288660	24.01
24.02	2402 PARAMEDICAL EDUC DIETARY				251734	251734		251734	24.02
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	44369862	6867513	51237375	-22685	51214690	-794986	50419704	25
26	2600 INTENSIVE CARE UNIT	12607603	3032599	15640202		15640202	-357305	15282897	26
30	2120 PREMATURE INTENSIVE CARE	7511668	1193960	8705628		8705628	-94448	8611180	30
31	3100 SUBPROVIDER I	2239982	536810	2776792		2776792		2776792	31
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	13796834	34557038	48353872		48353872	-193618	48160254	37
38	3800 RECOVERY ROOM	1677950	84460	1762410		1762410		1762410	38
39	3900 DELIVERY ROOM & LABOR ROOM	3203189	730944	3934133		3934133	6023	3940156	39
40	4000 ANESTHESIOLOGY	362107	1280041	1642148		1642148	-150000	1492148	40
41	4100 RADIOLOGY-DIAGNOSTIC	19397300	21289181	40686481	-289390	40397091	-2755441	37641650	41
44	4400 LABORATORY	9392491	11497846	20890337	-309374	20580963	-48819	20532144	44
45	4500 BFP CLINICAL LAB SERVICES-PRGM				125413	125413		125413	45
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	4700 BLOOD STORING, PROCESSING & TRA		4639861	4639861		4639861		4639861	47
49	4900 RESPIRATORY THERAPY	3748599	2092835	5841434		5841434	-25129	5816305	49
50	5000 PHYSICAL THERAPY	7144938	751633	7896571		7896571	-862170	7034401	50
52	5200 SPEECH PATHOLOGY	571561	153370	724931		724931		724931	52
53	5300 ELECTROCARDIOLOGY	1424158	677245	2101403		2101403	-568184	1533219	53
54	5400 ELECTROENCEPHALOGRAPHY	499734	99199	598933		598933		598933	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				5255705	5255705		5255705	55
56	5600 DRUGS CHARGED TO PATIENTS				19438143	19438143		19438143	56
57	5700 RENAL DIALYSIS		1311413	1311413		1311413		1311413	57
59	3950 DIGESTIVE DISEASES	1930544	1154374	3084918		3084918	-38574	3046344	59
59.01	3951 ENTEROSTOMAL	193458	6959	200417		200417		200417	59.01
59.02	3952 NON-INVASIVE LABORATORY								59.02
59.03	3953 REHABILITATION SERVICES								59.03
59.04	3954 CARDIAC CATHETER LAB	2185244	12902067	15087311		15087311	212028	15299339	59.04
59.05	3955 KRASSE HEALTH CENTER								59.05
59.06	3956 SPEECH PATH & AUDIOLOGY								59.06
59.07	3957 SPECIAL CLINICS	164775	247911	412686		412686	-236442	176244	59.07
59.08	3958 SISTERS CLINIC	1632941	475652	2108593		2108593	-150793	1957800	59.08
59.09	3959 DIABETIC SERVICE	661533	109985	771518		771518	-62032	709486	59.09
59.10	3960 CARDIO-PULMONARY REHAB	587512	22033	609545		609545	-112846	496699	59.10
59.11	3961 CENTER FOR SENIOR HEALTH	268263	36463	304726		304726	-188765	115961	59.11
59.12	3962 PAIN CLINIC								59.12
59.13	3963 WOUND CARE	112294	244704	356998		356998		356998	59.13
59.14	3964 PSYCHOLOGY	163750	12635	176385		176385	-18290	158095	59.14
59.15	3965 NEURO DIAGNOSTIC CENTER	685496	48414	733910		733910	-323320	410590	59.15
59.16	3966 EATING DISORDERS CLINIC	176079	71404	247483		247483		247483	59.16
59.18	3968 UROLOGICAL	64568	15267	79835		79835		79835	59.18
59.19	3969 LITHOTRIPSY		155414	155414		155414		155414	59.19
59.20	3970 WOMEN'S CENTER								59.20
59.21	3971 SLEEP DISORDERS	2192807	395925	2588732		2588732	-798056	1790676	59.21

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
59.22 3972 PAIN PROGRAM	838213	570047	1408260		1408260	-206879	1201381	59.22
59.23 3973 COMP EPILEPSY	711149	30394	741543		741543	-440167	301376	59.23
OUTPATIENT SERVICE COST CENTERS								
61 6100 EMERGENCY	18551514	2706110	21257624	-3990189	17267435	-5464249	11803186	61
62 6200 OBSERVATION BEDS (NON-DISTINCT								62
62.01 6201 OBSERVATION BEDS-DISTINCT	675325	276145	951470		951470		951470	62.01
63.50 6310 RHC								63.50
63.60 6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 6500 AMBULANCE SERVICES	1364486	5821014	7185500		7185500	-41391	7144109	65
69.10 6910 CMHC								69.10
69.20 6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71 7100 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
83 8300 KIDNEY ACQUISITION	299068	1824171	2123239	-205927	1917312	-35301	1882011	83
85.01 8510 PANCREAS ACQUISITION	92411	238876	331287	-32420	298867	-3883	294984	85.01
85.02 8520 INTESTINAL ACQUISITION								85.02
90 9000 OTHER CAPITAL RELATED COSTS		401990	401990	-401990				90
92 9200 AMBULATORY SURGICAL CENTER (D.P	3245203	10993583	14238786	-2309618	11929168		11929168	92
95 SUBTOTALS	245944761	371814902	617759663	1542075	619301738	-21366218	597935520	95
NONREIMBURSABLE COST CENTERS								
96 9600 GIFT, FLOWER, COFFEE SHOP & CAN	64905	7948	72853		72853		72853	96
100 7950 SISTERS CONVENT		257	257	231938	232195		232195	100
100.01 7951 BRADLEY UNIV HEALTH SVC	255801	84004	339805		339805		339805	100.01
100.02 7952 COMMUNITY CLINIC	167418	245032	412450		412450	-169890	242560	100.02
100.04 7954 FUND RAISING	615414	2027618	2643032		2643032	-46244	2596788	100.04
100.05 7955 OUTREACH PHYSICIAN OFCES	20010453	30371577	50382030	-1865018	48517012	-1672183	46844829	100.05
100.06 7956 PHYSICIAN CONTRACTS	39070	614659	653729		653729		653729	100.06
100.07 7957 MEALS-ON-WHEELS								100.07
100.08 7958 MOBILE LITHOTRIPSY								100.08
100.09 7959 CFH - MEDICAL OFFICE BUILDING								100.09
100.10 7960 OTHER NONREIMBURSABLE	2321309	932635	3253944	91005	3344949	-908225	2436724	100.10
100.11 7961 NURSERY-EDUCATION COST								100.11
100.12 7962 INDUSTRIAL REHAB	2371782	344247	2716029		2716029	-42386	2673643	100.12
100.13 7963 CONTRACTED SERVICES								100.13
100.14 7964 IN-SCHOOL CLINIC								100.14
100.15 7965 LOBBYING								100.15
100.16 7966 REGIONAL ACTIVITIES	253490	42048	295538		295538	-13975	281563	100.16
101 TOTAL	272044403	406484927	678529330		678529330	-24219121	654310209	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	
	1	2	3	4	5
1 ER TEACHING SALARIES	A	I&R SERVICES-OTHER PRGM COSTS	23	3990189	1
2 CONVENT DISCRETE COSTING	B	PBP CLINICAL LAB SERVICES-PRG	45		125413 2
3 CONVENT DISCRETE COSTING	B	I&R SERVICES-OTHER PRGM COSTS	23		54320 3
4 CONVENT DISCRETE COSTING	B	SISTERS CONVENT	100	61876	170062 4
5 CONVENT DISCRETE COSTING	B				5
6 PATHOLOGIST XVIII CLINICA	C				6
7 PATHOLOGIST TEACHING COST	C				7
8 PARAMED EDUC - LAB TECH	D	PARAMED ED PRGM-(SPECIFY)	24	60846	68795 8
9 PARAMED EDUC - X-RAY TECH	E	PARAMEDICAL EDUC X-RAY	24.01	120646	168744 9
10 PARAMED EDUC - DIETICIANS	F	PARAMEDICAL EDUC DIETARY	24.02	83245	169074 10
11 COST OF MEDICAL SUPP SOLD	G	MEDICAL SUPPLIES CHARGED TO P	55		5255705 11
12 COST OF DRUGS CHARGED PTS	H	DRUGS CHARGED TO PATIENTS	56		19438143 12
13 CON - REALLOCATE RENTAL	I	NURSING SCHOOL	21		1560 13
14 CON - REALLOCATE RENTAL	I				14
15 OSEFMG FRINGE BENEFITS	J	EMPLOYEE BENEFITS	5		2849397 15
16 REGIONAL ACTIVITIES	K				16
17 TEACHING SALARIES	L	OUTREACH PHYSICIAN OFCES	100.05	970069	17
18 CON - TRAVEL AND MEETINGS	M	OTHER ADMIN + GENERAL	6.05		30432 18
19 PARA-MED TRAVEL AND MEETINGS	M				19
20 PARA-MED TRAVEL AND MEETINGS	M				20
21 PARA-MED TRAVEL AND MEETINGS	M				21
22 CAFETERIA & CATERING EXPENSE	N	CAFETERIA	12	429435	1548152 22
23 CENTER FOR HEALTH	O	NEW CAP REL COSTS-BLDG & FIXT	3		1430059 23
24 CENTER FOR HEALTH	O	NEW CAP REL COSTS-MVBLE EQUIP	4		937370 24
25 CENTER FOR HEALTH	O	OPERATION OF PLANT	8		697731 25
26 CENTER FOR HEALTH	O	OTHER NONREIMBURSABLE	100.10		91005 26
27 CAPITAL RELATED INSURANCE	P	NEW CAP REL COSTS-BLDG & FIXT	3		224723 27
28 CAPITAL RELATED INSURANCE -EQUIP	P	NEW CAP REL COSTS-MVBLE EQUIP	4		177267 28
29 POST TRANSPLANT EXPENSE	Q	NURSING ADMINISTRATION	14	152320	86027 29
30 POST TRANSPLANT EXPENSE	Q				30
31 HOME OFFICE DEPR EXPENSE	R	OTHER ADMIN + GENERAL	6.05		7117102 31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				5868626	40641081 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 ER TEACHING SALARIES	A	EMERGENCY	61	3990189		1
2 CONVENT DISCRETE COSTING	B	LABORATORY	44		179733	2
3 CONVENT DISCRETE COSTING	B					3
4 CONVENT DISCRETE COSTING	B	MAINTENANCE & REPAIRS	7	9543	33906	4
5 CONVENT DISCRETE COSTING	B	NEW CAP REL COSTS-BLDG & FIXT	3		16225	9 5
6 PATHOLOGIST XVIII CLINICA	C	OPERATION OF PLANT	8		56202	6
7 PATHOLOGIST TEACHING COST	C	HOUSEKEEPING	10	52333	63729	7
8 PARAMED EDUC - LAB TECH	D	LABORATORY	44	60846	68795	8
9 PARAMED EDUC - X-RAY TECH	E	RADIOLOGY-DIAGNOSTIC	41	120646	168744	9
10 PARAMED EDUC - DIETICIANS	F	DIETARY	11	83245	169074	10
11 COST OF MEDICAL SUPP SOLD	G	CENTRAL SERVICES & SUPPLY	15		5255705	11
12 COST OF DRUGS CHARGED PTS	H	PHARMACY	16		19438143	12
13 CON - REALLOCATE RENTAL	I	PARAMED ED PRGM-(SPECIFY)	24		870	13
14 CON - REALLOCATE RENTAL	I	OTHER ADMIN + GENERAL	6.05		690	14
15 OSFMG FRINGE BENEFITS	J	OUTREACH PHYSICIAN OFCES	100.05		2826712	15
16 REGIONAL ACTIVITIES	K	ADULTS & PEDIATRICS	25		22685	16
17 TEACHING SALARIES	L	I&R SERVICES-OTHER PRGM COSTS	23	970069		17
18 CON - TRAVEL AND MEETINGS	M	NURSING SCHOOL	21		24233	18
19 PARA-MED TRAVEL AND MEETINGS	M	PARAMED ED PRGM-(SPECIFY)	24		4884	19
20 PARA-MED TRAVEL AND MEETINGS	M	PARAMEDICAL EDUC X-RAY	24.01		730	20
21 PARA-MED TRAVEL AND MEETINGS	M	PARAMEDICAL EDUC DIETARY	24.02		585	21
22 CAFETERIA & CATERING EXPENSE	N	DIETARY	11	429435	1548152	22
23 CENTER FOR HEALTH	O	AMBULATORY SURGICAL CENTER (D	92		2309618	9 23
24 CENTER FOR HEALTH	O	OTHER ADMIN + GENERAL	6.05		747167	9 24
25 CENTER FOR HEALTH	O	OUTREACH PHYSICIAN OFCES	100.05		8375	25
26 CENTER FOR HEALTH	O	OTHER ADMIN + GENERAL	6.05		91005	26
27 CAPITAL RELATED INSURANCE	P	OTHER CAPITAL RELATED COSTS	90		401990	12 27
28 CAPITAL RELATED INSURANCE -EQUIP	P					12 28
29 POST TRANSPLANT EXPENSE	Q	KIDNEY ACQUISITION	83	122648	83279	29
30 POST TRANSPLANT EXPENSE	Q	PANCREAS ACQUISITION	85.01	29672	2748	30
31 HOME OFFICE DEPR EXPENSE	R	NEW CAP REL COSTS-BLDG & FIXT	3		7117102	9 31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				5868626	40641081	36

ANALYSIS OF CHANGES DURING COST REPORTING  
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL  
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED  
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7  
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	4129815					4129815	1
2 LAND IMPROVEMENTS	2702121					2702121	2
3 BUILDINGS AND FIXTURES	117734931					117734931	3
4 BUILDING IMPROVEMENTS	720625					720625	4
5 FIXED EQUIPMENT	62657157				377385	62279772	5
6 MOVABLE EQUIPMENT	580738					580738	6
7 SUBTOTAL	188525387				377385	188148002	7
8 RECONCILING ITEMS							8
9 TOTAL	188525387				377385	188148002	9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	4131668	515593		515593		4647261	1
2 LAND IMPROVEMENTS	3358776					3358776	2
3 BUILDINGS AND FIXTURES	191607184	13815763		13815763		205422947	3
4 BUILDING IMPROVEMENTS	4241964					4241964	4
5 FIXED EQUIPMENT	177728439	18241569		18241569		195970008	5
6 MOVABLE EQUIPMENT	22384376	49500104		49500104		71884480	6
7 SUBTOTAL	403452407	82073029		82073029		485525436	7
8 RECONCILING ITEMS							8
9 TOTAL	403452407	82073029		82073029		485525436	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	1	2	3	4	5	6	7	8
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT				.000000				3
4 NEW CAP REL COSTS-MVBLE EQUIP				.000000				4
5 TOTAL				.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	12534031			224723			12758754 3
4 NEW CAP REL COSTS-MVBLE EQUIP	14355022			177267			14532289 4
5 TOTAL	26889053			401990			27291043 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	18839135						18839135 3
4 NEW CAP REL COSTS-MVBLE EQUIP	13424816						13424816 4
5 TOTAL	32263951						32263951 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO.	WKST A-7 REF
			COST CENTER			
	1	2	3		4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT		1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP		2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT		3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP		4	4
5 INVESTMENT INCOME-OTHER						5
6 TRADE, QUANTITY, AND TIME DISCOUNTS						6
7 REFUNDS AND REBATES OF EXPENSES						7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS						8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)						9
10 TELEVISION AND RADIO SERVICE	A	-7164	NEW CAP REL COSTS-MVBLE EQUIP		4	9 10
11 PARKING LOT	A	-102733	PARKING		19	11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST					
	A-8-2	-11174869				12
13 SALE OF SCRAP, WASTE, ETC.						13
14 RELATED ORGANIZATION TRANSACTIONS	WKST					
	A-8-1	2226416				14
15 LAUNDRY AND LINEN SERVICE						15
16 CAFETERIA - EMPLOYEES AND GUESTS						16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS						17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS						18
19 SALE OF DRUGS TO OTHER THAN PATIENTS						19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-275920	MEDICAL RECORDS & LIBRARY		17	20
21 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)	B	-3624421	NURSING SCHOOL		21	21
22 VENDING MACHINES	B	-116513	DIETARY		11	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES						23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT						24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY		49	25
	A-8-4					
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY		50	26
	A-8-4					
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST		HOME HEALTH AGENCY		71	27
	A-8-3					
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF		89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT		1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP		2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES	A	-291934	NEW CAP REL COSTS-BLDG & FIXT		3	9 31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP		4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS		20	33
34 PHYSICIANS' ASSISTANT						34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST					35
	WKST A-8-4					
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST					
	WKST A-8-4					
37 WORKMAN'S COMP CHARGES W/O	A	-493011	EMPLOYEE BENEFITS		5	37
37.08 COMM CLINIC VENDOR COST	A	13293	COMMUNITY CLINIC		100.02	37.08
37.09 COMM CLINIC DEPRECIATION COST	A	817	COMMUNITY CLINIC		100.02	37.09
38 COMM CLINIC UNITED WAY	B	-184000	COMMUNITY CLINIC		100.02	38
38.03 OTHER MISC REVENUE	B	-30991	OTHER ADMIN + GENERAL		6.05	38.03
38.05 UNEMPLOYMENT COMPENSATION	A	134017	OTHER ADMIN + GENERAL		6.05	38.05
38.06 UNEMPLOYMENT COMP INTEREST INCOME	B	-204542	OTHER ADMIN + GENERAL		6.05	38.06
39 TUITION LAB TECH SCHOOL	B	-18396	LABORATORY		44	39
39.01 TUITION X-RAY TECH SCHOOL	B	-41006	RADIOLOGY-DIAGNOSTIC		41	39.01
39.02 TUITION & FEE DIETICIAN SCHOOL	B	-3850	DIETARY		11	39.02
39.05 LAMAZ CLASS FEES	B	-35216	OTHER NONREIMBURSABLE		100.10	39.05
40 PATIENT TV ELECTRICITY COST	A	-7620	OPERATION OF PLANT		8	40
41 PATIENT TELEPHONE - OPERATORS	A	-17620	OTHER ADMIN + GENERAL		6.05	41
41.01 PHOTO COMMISSIONS	B	-6937	ADULTS & PEDIATRICS		25	41.01
42						42
43 CATERING TAXABLE REVENUE	B	-139695	CAFETERIA		12	43
43.01 CATERING NON-TAXABLE REVENUES	B	-68536	CAFETERIA		12	43.01
43.02 BRANDING REVENUE	B	-261260	CAFETERIA		12	43.02
44 LOBBYING COSTS - ASSOC DUES	A	-56666	OTHER ADMIN + GENERAL		6.05	44
44.01 MISC CREDITS	B	5906	EMPLOYEE BENEFITS		5	44.01
44.03 MISC CREDITS	B	-212383	OTHER ADMIN + GENERAL		6.05	44.03
44.04 MISC CREDITS	B	-34783	MAINTENANCE & REPAIRS		7	44.04
44.05 MISC CREDITS	B	-5600	I&R SERVICES-OTHER PRGM COSTS A		23	44.05
44.07 MISC CREDITS	B	-22158	NURSING SCHOOL		21	44.07
44.08 MISC CREDITS	B	-12246	NURSING ADMINISTRATION		14	44.08
44.09 MISC CREDITS	B	-4880	ADULTS & PEDIATRICS		25	44.09
44.11 MISC CREDITS	B	-89315	OPERATING ROOM		37	44.11
44.14 MISC CREDITS	B	-55625	RADIOLOGY-DIAGNOSTIC		41	44.14
44.15 MISC CREDITS	B	-1800	CARDIAC CATHETER LAB		59.04	44.15
44.16 MISC CREDITS	B	-16500	PSYCHOLOGY		59.14	44.16

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
44.17 MISC CREDITS	B	-15179	PHYSICAL THERAPY	50	44.17
44.19 MISC CREDITS	B	-1670	SPECIAL CLINICS	59.07	44.19
44.20 MISC CREDITS	B	-62032	DIABETIC SERVICE	59.09	44.20
44.21 MISC CREDITS	B	-42720	CENTER FOR SENIOR HEALTH	59.11	44.21
44.23 MISC CREDITS	B	-16673	NEURO DIAGNOSTIC CENTER	59.15	44.23
44.24 MISC CREDITS	B	-150052	SISTERS CLINIC	59.08	44.24
44.25 MISC CREDITS	B	-38435	SLEEP DISORDERS	59.21	44.25
44.26 MISC CREDITS	B	-1790	PSYCHOLOGY	59.14	44.26
44.27 MISC CREDITS	B	-1129812	EMERGENCY	61	44.27
44.28 MISC CREDITS	B	-42386	INDUSTRIAL REHAB	100.12	44.28
44.29 MISC CREDITS	B	-1738420	OUTREACH PHYSICIAN OFCES	100.05	44.29
44.30 MISC CREDITS	B	-868126	OTHER NONREIMBURSABLE	100.10	44.30
44.31 MISC CREDITS	B	-3100	PAIN PROGRAM	59.22	44.31
44.33 MISC CREDITS	B	-12715	REGIONAL ACTIVITIES	100.16	44.33
44.34 MISC CREDIT	B	6023	DELIVERY ROOM & LABOR ROOM	39	44.34
45 A&G NON-ALLOWABLE MARKETING	A	-2046759	OTHER ADMIN + GENERAL	6.05	45
45.01 A&G OTHER NON-ALLOWABLE COST	A	-126151	OTHER ADMIN + GENERAL	6.05	45.01
45.02 NON-ALLOWABLE MARKETING	A	-4554	EMERGENCY	61	45.02
45.03 NON-ALLOWABLE MARKETING	A	-9159	OUTREACH PHYSICIAN OFCES	100.05	45.03
45.04 NON-ALLOWABLE MARKETING	A	-46244	FUND RAISING	100.04	45.04
45.05 NON-ALLOWABLE MARKETING	A	-1631	I&R SERVICES-OTHER PRGM COSTS A	23	45.05
45.06 NON-ALLOWABLE MARKETING	A	-11121	AMBULANCE SERVICES	65	45.06
45.07 NON-ALLOWABLE MARKETING	A	-20898	EMPLOYEE BENEFITS	5	45.07
45.08 NON-ALLOWABLE MARKETING	A	-986077	OTHER ADMIN + GENERAL	6.05	45.08
45.09 NON-ALLOWABLE MARKETING	A	-10281	NURSING SCHOOL	21	45.09
45.10 NON-ALLOWABLE MARKETING	A	-4481	NURSING ADMINISTRATION	14	45.10
45.11 NON-ALLOWABLE MARKETING	A	-5052	PHYSICAL THERAPY	50	45.11
45.12 NON-ALLOWABLE MARKETING	A	-1650	ADULTS & PEDIATRICS	25	45.12
45.13 NON-ALLOWABLE MARKETING	A	-4883	OTHER NONREIMBURSABLE	100.10	45.13
45.14 NON-ALLOWABLE MARKETING	A	-2759	OPERATING ROOM	37	45.14
45.16 NON-ALLOWABLE MARKETING	A	-1260	REGIONAL ACTIVITIES	100.16	45.16
45.18 NON-ALLOWED MARKETING	A	-4629	LABORATORY	44	45.18
46 CAT EKG STORAGE FEE	B	-47939	ELECTROCARDIOLOGY	53	46
46.01 MOONLIGHTING ER RESIDENTS COST	A	-19434	EMERGENCY	61	46.01
46.02 CLINIC PSYCH PART "B" OFFSET	A	-335428	PHYSICAL THERAPY	50	46.02
46.03 MOONLIGHTING RESIDENTS	A	-10260	PREMATURE INTENSIVE CARE	30	46.03
47 SISTER'S MAINTENANCE H&W REFUND	B	-25125	EMPLOYEE BENEFITS	5	47
47.03 EMPLOYEE EYE WEAR FEES	B	-57407	SPECIAL CLINICS	59.07	47.03
47.04 INTEREST INCOME (W/C EXPENSE)	B	-771209	OTHER ADMIN + GENERAL	6.05	47.04
48 PY AUDIT - CAPITALIZED INTEREST	A	-3655	NEW CAP REL COSTS-BLDG & FIXT	3	9 48
48.01 PHYSICIAN CONDO DEPR	A	-11298	NEW CAP REL COSTS-BLDG & FIXT	3	9 48.01
49 PARKING REV/CAP INTEREST/CONDO/ME	A	-294949	NEW CAP REL COSTS-BLDG & FIXT	3	9 49
50 TOTAL		-24219121			50

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	5	EMPLOYEE BENEFITS	CORP OFCE EMPLOYEE BENEFITS	549188	520430	28758	1
2	6.01	PURCH, RCVING, STORING	CORP OFCE CENTRAL PURCHASING	163793	155216	8577	2
3	6.05	OTHER ADMIN + GENERAL	CORP/SF INC ADMIN ALLOCATION	40789947	38685633	2104314	3
4	7	MAINTENANCE & REPAIRS	CORP/SF INC PURCH MAINTENANCE	2745171	2355836	389335	4
4.02	14	NURSING ADMINISTRATION	CORP OFC NURSING ADMIN Q/A	154157	146085	8072	4.02
4.03	41	RADIOLOGY-DIAGNOSTIC	SF INC EQUIP RENTAL	3307129	3908993	-601864	4.03
4.04	59.04	CARDIAC CATHETER LAB	SF INC CARDIAC CATH MAINT	1038062	824234	213828	4.04
4.06	100.05	OUTREACH PHYSICIAN OFCES	SF INC PHYSICIAN MGMT	20558568	20483172	75396	4.06
5		TOTALS		69306015	67079599	2226416	5

B. INTERRELATIONSHIP OF RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(b)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

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

SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
B	OSF HEALTHCARE		OSF HEALTHCARE		CATHOLIC SYSTEM

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- B. CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION.
- D. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN RELATED ORGANIZATION.
- E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- F. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY:

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT	
1	2	3	4	5	6	7	8	9	
1	25 ADULTS & PEDIATRICS	ADULTS AND PEDIATRI	957369	678046	279323	171400	2134	175850	8793
2	26 INTENSIVE CARE UNIT	INTENSIVE CARE UNIT	453882	155246	298636	171400	1172	96577	4829
3	30 PREMATURE INTENSIVE CARE	PREMATURE INTENSIVE	133053	66791	66262	171400	593	48865	2443
4	37 OPERATING ROOM	OPERATING ROOM	205164		205164	204100	1056	103620	5181
5	40 ANESTHESIOLOGY	ANESTHESIOLOGY	150000	150000		200300			
6	41 RADIOLOGY-DIAGNOSTIC	RADIOLOGY	2056946	2056946		231100			
7	44 LABORATORY	LAB	125413		125413	219500	944	99619	4981
8	49 RESPIRATORY THERAPY	RESPIRATORY THERAPY	59409	20703	38706	171400	416	34280	1714
9	50 PHYSICAL THERAPY	PHYSIATRY	549361	492768	56593	171400	520	42850	2143
10	53 ELECTROCARDIOLOGY	EKG	520245	520245		231100			
11	59 DIGESTIVE DISEASES	DIGESTIVE DISEASES	55714		55714	171400	208	17140	857
12	59.07 SPECIAL CLINICS	SPECIAL CLINICS	177365	177365		171400			
13	59.08 SISTERS CLINIC	SISTERS CLINIC	4075	741	3334	171400	54	4450	223
14	59.10 CARDIO-PULMONARY REHAB	CARDIO-PUL REHAB	112846	112846		171400			
15	59.11 CENTER FOR SENIOR HEALTH	CENTER FOR SENIOR H	146045	146045		171400			
16	59.15 NEURO DIAGNOSTIC CENTER	NEURO DIAGNOSTIC CE	329510	301243	28267	204100	233	22863	1143
17	59.21 SLEEP DISORDERS	SLEEP DISORDERS	759621	759621		171400			
18	59.22 PAIN PROGRAM	PAIN PROGRAM	215233	195066	20167	171400	139	11454	573
19	59.23 COMP EPILEPSY	COMP EPILEPSY	467360	436057	31303	171400	330	27193	1360
20	61 EMERGENCY	EMERGENCY	4640064	3243794	1396270	171400	4000	329615	16481
21	65 AMBULANCE SERVICES	LIFE FLIGHT	55980	70	55910	171400	312	25710	1286
22	83 KIDNEY ACQUISITION	KIDNEYACQUISITION	72000		72000	204100	374	36699	1835
23	85.01 PANCREAS ACQUISITION	PANCREAS ACQUISITIO	8004		8004	204100	42	4121	206
101	TOTAL		12254659	9513593	2741066		12527	1080906	54048

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
10	11	12	13	14	15	16	17	18
1	25 ADULTS & PEDIATRICS	ADULTS AND PEDIATRI				175850	103473	781519
2	26 INTENSIVE CARE UNIT	INTENSIVE CARE UNIT				96577	202059	357305
3	30 PREMATURE INTENSIVE CARE	PREMATURE INTENSIVE				48865	17397	84188
4	37 OPERATING ROOM	OPERATING ROOM				103620	101544	101544
5	40 ANESTHESIOLOGY	ANESTHESIOLOGY						150000
6	41 RADIOLOGY-DIAGNOSTIC	RADIOLOGY						2056946
7	44 LABORATORY	LAB				99619	25794	25794
8	49 RESPIRATORY THERAPY	RESPIRATORY THERAPY				34280	4426	25129
9	50 PHYSICAL THERAPY	PHYSIATRY				42850	13743	506511
10	53 ELECTROCARDIOLOGY	EKG						520245
11	59 DIGESTIVE DISEASES	DIGESTIVE DISEASES				17140	38574	38574
12	59.07 SPECIAL CLINICS	SPECIAL CLINICS						177365
13	59.08 SISTERS CLINIC	SISTERS CLINIC				4450		741
14	59.10 CARDIO-PULMONARY REHAB	CARDIO-PUL REHAB						112846
15	59.11 CENTER FOR SENIOR HEALTH	CENTER FOR SENIOR H						146045
16	59.15 NEURO DIAGNOSTIC CENTER	NEURO DIAGNOSTIC CE				22863	5404	306647
17	59.21 SLEEP DISORDERS	SLEEP DISORDERS						759621
18	59.22 PAIN PROGRAM	PAIN PROGRAM				11454	8713	203779
19	59.23 COMP EPILEPSY	COMP EPILEPSY				27193	4110	440167
20	61 EMERGENCY	EMERGENCY				329615	1066655	4310449
21	65 AMBULANCE SERVICES	LIFE FLIGHT				25710	30200	30270
22	83 KIDNEY ACQUISITION	KIDNEYACQUISITION				36699	35301	35301
23	85.01 PANCREAS ACQUISITION	PANCREAS ACQUISITIO				4121	3883	3883
101	TOTAL					1080906	1661276	11174869

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	PURCH, RCV	ADMITTING	OUTPATIENT BUSINESS O		
	FOR COST	BLDGS &	MOVABLE	BENEFITS	STORING	6.02	6.03	6.04	
	0	3	4	5	6.01	6.02	6.03	6.04	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT	12758754	12758754							3
4 NEW CAP REL COSTS-MVBLE EQUIP	14532289		14532289						4
5 EMPLOYEE BENEFITS	77677841	148201	5463	77831505					5
6.01 PURCH, RCVING, STORING	2150213	126991	26298	389333	2692835				6.01
6.02 ADMITTING	2468069	95689	252	672542	16068	3252620			6.02
6.03 OUTPATIENT OFFICES	1525681	66938	58530	396261	9816		2057226		6.03
6.04 BUSINESS OFFICE	4796577	10371		626081	8218			5441247	6.04
6.05 OTHER ADMIN + GENERAL	94595954	757439	1658499	4934172	304870				6.05
7 MAINTENANCE & REPAIRS	13252860	1988710	239584	1339473	350236				7
8 OPERATION OF PLANT	9713161	251052	100998	439416	64581				8
9 LAUNDRY & LINEN SERVICE	760906	25466		66972	9397				9
10 HOUSEKEEPING	6953990	108864	13446	1422860	93961				10
11 DIETARY	2780302	290641	59602	835750	46666				11
12 CAFETERIA	1508096			124179					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	10576530	110898	355227	2553617	29923				14
15 CENTRAL SERVICES & SUPPLY	6606038	217918	561145	812324	185727				15
16 PHARMACY	6392245	99188	290077	2034518					16
17 MEDICAL RECORDS & LIBRARY	5132833	130933	19161	1027956	126494				17
18 SOCIAL SERVICE									18
19 PARKING	856940	9474	479615	42807	1646				19
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL	344155	825072	71551	1018793	13288				21
22 I&R SERVICES-SALARY & FRINGES A	8192256			2368938					22
23 I&R SERVICES-OTHER PRGM COSTS A	15888824	438729	1055	2414861	8088				23
24 PARAMED ED PRGM-(SPECIFY)	123887	328		17595					24
24.01 PARAMEDICAL EDUC X-RAY	288660			34887					24.01
24.02 PARAMEDICAL EDUC DIETARY	251734			24072					24.02
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	50419704	1962664	394003	12830350	347415	246964		413088	25
26 INTENSIVE CARE UNIT	15282897	267815	181390	3645715	91643	87010		145538	26
30 PREMATURE INTENSIVE CARE	8611180	111201	132510	2172134	47909	47811		79972	30
31 SUBPROVIDER I	2776792	84118	12068	647731	17894	10430		17445	31
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	48160254	425440	1277536	3989603	137634	385617		645008	37
38 RECOVERY ROOM	1762410	56453	66661	485209	3155	43155		72184	38
39 DELIVERY ROOM & LABOR ROOM	3940156	105251	58796	926260	40914	17397		29099	39
40 ANESTHESIOLOGY	1492148	5924	158493	104710	16210	133709		223650	40
41 RADIOLOGY-DIAGNOSTIC	37641650	816861	4820584	5574191	84328	705004	1304252	1179941	41
44 LABORATORY	20532144	469109	540167	2698413	169756	359957	665387	602087	44
45 PBP CLINICAL LAB SERVICES-PRGM	125413								45
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	4639861					20730		34675	47
49 RESPIRATORY THERAPY	5816305	42848	162140	1083975	7194	155959		260867	49
50 PHYSICAL THERAPY	7034401	368355	22172	2066087	23128	50259		84066	50
52 SPEECH PATHOLOGY	724931	9158	39590	165277	4023	5859		9801	52
53 ELECTROCARDIOLOGY	1533219	26995	65062	411821	9044	47382	87587	79254	53
54 ELECTROENCEPHALOGRAPHY	598933	15260	82015	144507	3210	7234		12100	54
55 MEDICAL SUPPLIES CHARGED TO PAT	5255705					93693		156717	55
56 DRUGS CHARGED TO PATIENTS	19438143					258299		432047	56
57 RENAL DIALYSIS	1311413		1650		1469	8888		14867	57
59 DIGESTIVE DISEASES	3046344	77701	346108	558252	40507	85371		142798	59
59.01 ENTEROSTOMAL	200417	9689		55942		986		1648	59.01
59.02 NON-INVASIVE LABORATORY									59.02
59.03 REHABILITATION SERVICES									59.03
59.04 CARDIAC CATHETER LAB	15299339	114650	1159688	631903	21644	201811		337563	59.04
59.05 KRASSE HEALTH CENTER									59.05
59.06 SPEECH PATH & AUDIOLOGY									59.06
59.07 SPECIAL CLINICS	176244	31151	16593	47648	973	447		747	59.07
59.08 SISTERS CLINIC	1957800		21278	472194	8808	2480		4148	59.08
59.09 DIABETIC SERVICE	709486	31795		191294	5403	1250		2090	59.09
59.10 CARDIO-PULMONARY REHAB	496699	3929	15431	169890	1025	2154		3604	59.10
59.11 CENTER FOR SENIOR HEALTH	115961	26528	1318	77573	3076	103		172	59.11
59.12 PAIN CLINIC									59.12
59.13 WOUND CARE	356998	44099		32472	2988	1741		2912	59.13
59.14 PSYCHOLOGY	158095	11015		47351	973	923		1544	59.14
59.15 NEURO DIAGNOSTIC CENTER	410590	50478		198224	1894	240		401	59.15
59.16 EATING DISORDERS CLINIC	247483			50916	1355	375		627	59.16
59.18 UROLOGICAL	79835	998	6934	18671	96	949		1587	59.18
59.19 LITHOTRIPSY	155414					1650		2760	59.19
59.20 WOMEN'S CENTER									59.20
59.21 SLEEP DISORDERS	1790676	45590	23881	634090	11868	16363		27370	59.21

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	PURCH, RCV	ADMITTING	OUTPATIENT	BUSINESS	O
	FOR COST	BLDGS &	MOVABLE	BENEFITS	STORING				
	ALLOCATION	FIXTURES	EQUIPMENT						
	0	3	4	5	6.01	6.02	6.03	6.04	
59.22 PAIN PROGRAM	1201381	68214	48063	242384	7027	5672		9488	59.22
59.23 COMP EPILEPSY	301376	11394	1085	205642	1984	280		468	59.23
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	11803186	282191	498978	4210669	97294	96443		161316	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
62.01 OBSERVATION BEDS-DISTINCT	951470	62757	89071	195282	13609	1827		3056	62.01
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	7144109		21802	394566	8935	36827		61599	65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
83 KIDNEY ACQUISITION	1882011			51015	116	3331		5572	83
85.01 PANCREAS ACQUISITION	294984			18142		407		661	85.01
85.02 INTESTINAL ACQUISITION									85.02
92 AMBULATORY SURGICAL CENTER (D.P)	11929168	241452	55284	938409	35				92
95 SUBTOTALS	597935520	11583985	14260854	69985919	2503515	3146987	2057226	5264557	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	72853	32477	14932	18768					96
100 SISTERS CONVENT	232195			17893					100
100.01BRADLEY UNIV HEALTH SVC	339805		231	73969	548				100.01
100.02COMMUNITY CLINIC	242560			48412					100.02
100.04FUND RAISING	2596788	5773	24971	177958	4994				100.04
100.05OUTREACH PHYSICIAN OFCES	46844829	525992	196056	6066896	131710	96332		161131	100.05
100.06PHYSICIAN CONTRACTS	653729			11298	1604				100.06
100.07MEALS-ON-WHEELS									100.07
100.08MOBILE LITHOTRIpsy									100.08
100.09CFH - MEDICAL OFFICE BUILDING		328210							100.09
100.10OTHER NONREIMBURSABLE	2436724	187121	21648	671248	39201	528		884	100.10
100.11NURSERY-EDUCATION COST									100.11
100.12INDUSTRIAL REHAB	2673643	88034	9729	685843	9956	8773		14675	100.12
100.13CONTRACTED SERVICES									100.13
100.14IN-SCHOOL CLINIC			68						100.14
100.15LOBBYING									100.15
100.16REGIONAL ACTIVITIES	281563	7162	3800	73301	1256				100.16
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	654310209	12758754	14532289	77831505	2692835	3252620	2057226	5441247	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	OTHER ADMI	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA
		ENERAL	TENANCE &	OF PLANT	& LINEN	KEEPING		
	5A	6.05	7	8	9	10	11	12
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 PURCH, RCVING, STORING								6.01
6.02 ADMITTING								6.02
6.03 OUTPATIENT OFFICES								6.03
6.04 BUSINESS OFFICE								6.04
6.05 OTHER ADMIN + GENERAL	102250934	102250934						6.05
7 MAINTENANCE & REPAIRS	17170863	3181057	20351920					7
8 OPERATION OF PLANT	10569208	1958041	536683	13063932				8
9 LAUNDRY & LINEN SERVICE	862741	159831	54441	35892	1112905			9
10 HOUSEKEEPING	8593121	1591953	232723	153431	13138	10584366		10
11 DIETARY	4012961	743437	621315	409625		357140	6144478	11
12 CAFETERIA	1632275	302394						12
13 MAINTENANCE OF PERSONNEL								1934669
14 NURSING ADMINISTRATION	13626195	2524375	237071	156298	149	136272		94609
15 CENTRAL SERVICES & SUPPLY	8383152	1553054	465851	307130	44502	267778		47973
16 PHARMACY	8816028	1633249	212038	139794		121882		49973
17 MEDICAL RECORDS & LIBRARY	6437377	1192582	279899	184534		160890		52988
18 SOCIAL SERVICE								
19 PARKING	1390482	257599	20253	13353		11642		3066
20 NONPHYSICIAN ANESTHETISTS								
21 NURSING SCHOOL	2272859	421068	1763785	1162841	1147	1013848		27004
22 I&R SERVICES-SALARY & FRINGES A	10561194	1956556						
23 I&R SERVICES-OTHER PRGM COSTS A	18751557	3473895	937886	618336	8089	539110		94777
24 PARAMED ED PRGM-(SPECIFY)	141810	26272	702	463		404		
24.01 PARAMEDICAL EDUC X-RAY	323547	59940						
24.02 PARAMEDICAL EDUC DIETARY	275806	51096						
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	66614188	12341096	4195657	2766142	446162	2411724	4922186	459837
26 INTENSIVE CARE UNIT	19702008	3649974	572518	377454	94043	329091	777527	115792
30 PREMATURE INTENSIVE CARE	11202717	2075404	237719	156725	27876	136644		63207
31 SUBPROVIDER I	3566478	660722	179822	118554	27085	103364	382990	21652
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	55021092	10193152	909478	599607	138218	522780		143964
38 RECOVERY ROOM	2489227	461152	120682	79564		69370		13112
39 DELIVERY ROOM & LABOR ROOM	5117873	948132	225000	148339	38497	129333	61775	29575
40 ANESTHESIOLOGY	2134844	395499	12665	8350		7280		3347
41 RADIOLOGY-DIAGNOSTIC	52126811	9656961	1746233	1151269	97762	1003759		169152
44 LABORATORY	26037020	4823592	1002831	661154	1806	576441		125342
45 PBP CLINICAL LAB SERVICES-PRGM	125413							
46.30 BLOOD CLOTTING FACTORS ADMIN CO								
47 BLOOD STORING, PROCESSING & TRA	4695266	869840						
49 RESPIRATORY THERAPY	7529288	1394868	91599	60390	151	52652		39075
50 PHYSICAL THERAPY	9648468	1787466	787445	519153	11502	452634		63253
52 SPEECH PATHOLOGY	958639	177597	19578	12908	353	11254		4668
53 ELECTROCARDIOLOGY	2260364	418753	57708	38046	968	33171		15336
54 ELECTROENCEPHALOGRAPHY	863259	159926	32621	21507	1277	18751		5923
55 MEDICAL SUPPLIES CHARGED TO PAT	5506115	1020057						
56 DRUGS CHARGED TO PATIENTS	20128489	3728984						
57 RENAL DIALYSIS	1338287	247930			1527			
59 DIGESTIVE DISEASES	4297081	796073	166103	109510	16640	95479		18739
59.01 ENTEROSTOMAL	268682	49776	20712	13655		11906		1520
59.02 NON-INVASIVE LABORATORY								
59.03 REHABILITATION SERVICES								
59.04 CARDIAC CATHETER LAB	17766598	3291422	245091	161585	21206	140882		19382
59.05 KRASSE HEALTH CENTER								
59.06 SPEECH PATH & AUDIOLOGY								
59.07 SPECIAL CLINICS	273803	50724	66593	43904	85	38278		2133
59.08 SISTERS CLINIC	2466708	456980			2607			20280
59.09 DIABETIC SERVICE	941318	174388	67970	44812				
59.10 RADIO-PULMONARY REHAB	692732	128335	8398	5537		4827		5566
59.11 CENTER FOR SENIOR HEALTH	224731	41633	56709	37388	178			
59.12 PAIN CLINIC								
59.13 WOUND CARE	441210	81738				54189		1179
59.14 PSYCHOLOGY	219901	40739	23548	15525		13536		
59.15 NEURO DIAGNOSTIC CENTER	661827	122609	107909	71143		62028		4296
59.16 EATING DISORDERS CLINIC	300756	55718						1816
59.18 UROLOGICAL	109070	20206	2133	1406		1226		510
59.19 LITHOTRIPSY	159824	29609						
59.20 WOMEN'S CENTER								
59.21 SLEEP DISORDERS	2549838	472380	97458	64253	2396	56020		16413

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	OTHER ADMI	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
		ENERAL	TENANCE & REPAIRS	OF PLANT	& LINEN SERVICE	KEEPING		11	12
	5A	6.05	7	8	9	10			
59.22 PAIN PROGRAM	1582229	293122	145823	96139	7368				59.22
59.23 COMP EPILEPSY	522229	96748	24358	16059		14001		3525	59.23
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	17150077	3177206	603249	397714	97127	346756		145367	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
62.01 OBSERVATION BEDS-DISTINCT	1317072	243999	134157	88448		77115		8785	62.01
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	7667838	1420536			747			10642	65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
83 KIDNEY ACQUISITION	1942045	359781						1230	83
85.01 PANCREAS ACQUISITION	314214	58211						423	85.01
85.02 INTESTINAL ACQUISITION									85.02
92 AMBULATORY SURGICAL CENTER (D.P)	13164348	2438814	516160	340298		296696			92
95 SUBTOTALS	588172087	89998251	17840574	11408235	1102606	9680153	6144478	1905431	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	139030	25757	69428	45773		39908		969	96
100 SISTERS CONVENT	250139	46341							100
100.01BRADLEY UNIV HEALTH SVC	414553	76800			195				100.01
100.02COMMUNITY CLINIC	290972	53905						1214	100.02
100.04FUND RAISING	2810484	520667	12341	8136		7094		5311	100.04
100.05OUTREACH PHYSICIAN OFCES	54022946	10008237	1124432	741323	7563	537806			100.05
100.06PHYSICIAN CONTRACTS	666631	123499							100.06
100.07MEALS-ON-WHEELS									100.07
100.08MOBILE LITHOTRIPSY									100.08
100.09CFH - MEDICAL OFFICE BUILDING	328210	60804	701626	462573					100.09
100.10OTHER NONREIMBURSABLE	3357354	621980	400015	263724	2356	202428		21744	100.10
100.11NURSERY-EDUCATION COST									100.11
100.12INDUSTRIAL REHAB	3490653	646675	188193	124073	185	108176			100.12
100.13CONTRACTED SERVICES									100.13
100.14IN-SCHOOL CLINIC	68	13							100.14
100.15LOBBYING									100.15
100.16REGIONAL ACTIVITIES	367082	68005	15311	10095		8801			100.16
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	654310209	102250934	20351920	13063932	1112905	10584366	6144478	1934669	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NURSING-ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	PARKING 19	NURSING SCHOOL 21	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 PURCH, RCVING, STORING									6.01
6.02 ADMITTING									6.02
6.03 OUTPATIENT OFFICES									6.03
6.04 BUSINESS OFFICE									6.04
6.05 OTHER ADMIN + GENERAL									6.05
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING									10
11 DIETARY									11
12 CAFETERIA									12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	16774969								14
15 CENTRAL SERVICES & SUPPLY		11069440							15
16 PHARMACY		465901	11438865						16
17 MEDICAL RECORDS & LIBRARY		52		8308322					17
18 SOCIAL SERVICE									18
19 PARKING					1696395				19
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL		2802	16		27170	6692540			21
22 I&R SERVICES-SALARY & FRINGES A							12517750		22
23 I&R SERVICES-OTHER PRGM COSTS A		834			95358			24519842	23
24 PARAMED ED PRGM-(SPECIFY)									24
24.01 PARAMEDICAL EDUC X-RAY									24.01
24.02 PARAMEDICAL EDUC DIETARY									24.02
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	9024219	258458	14888	613473	462653	5523344	4446282	8709403	25
26 INTENSIVE CARE UNIT	2272400	159739	9311	216136	116501	421604	1040893	2038907	26
30 PREMATURE INTENSIVE CARE	1240428	92959	731	118840	63594		282750	553852	30
31 SUBPROVIDER I	424924	8059	263	25907	21785		316534	620029	31
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	2825281	3623530	4760	957888	144847	84433	1968118	3855160	37
38 RECOVERY ROOM	257317	17114		107199	13192				38
39 DELIVERY ROOM & LABOR ROOM	580415	49757	589	43214	29757	151531			39
40 ANESTHESIOLOGY	65681	222768	187771	332139	3367		110392	216237	40
41 RADIOLOGY-DIAGNOSTIC		2270904	812590	1800527	170189	102885	1902166	3725974	41
44 LABORATORY		117355	580	894147	126111				44
45 PBP CLINICAL LAB SERVICES-PRGM									45
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA				51495					47
49 RESPIRATORY THERAPY		285714	15720	387408	39315				49
50 PHYSICAL THERAPY		28374	8931	137719	63640				50
52 SPEECH PATHOLOGY		46283	3	14555	4697	13420			52
53 ELECTROCARDIOLOGY		365215	136	117699	15430				53
54 ELECTROENCEPHALOGRAPHY		21336	2	17971	5960		44757	87670	54
55 MEDICAL SUPPLIES CHARGED TO PAT				232737					55
56 DRUGS CHARGED TO PATIENTS			8912541	641625					56
57 RENAL DIALYSIS				22078					57
59 DIGESTIVE DISEASES		183376	87	212066	18854	13420			59
59.01 ENTEROSTOMAL		9		2448	1530				59.01
59.02 NON-INVASIVE LABORATORY									59.02
59.03 REHABILITATION SERVICES									59.03
59.04 CARDIAC CATHETER LAB		1116544	594	501308	19501	58152			59.04
59.05 KRASSE HEALTH CENTER									59.05
59.06 SPEECH PATH & AUDIOLOGY									59.06
59.07 SPECIAL CLINICS		18198	339	3534	2146				59.07
59.08 SISTERS CLINIC		4630	3306	13204	20404	59830	623320	1220963	59.08
59.09 DIABETIC SERVICE		68	4	3588		42496			59.09
59.10 CARDIO-PULMONARY REHAB		1003	4	5352	5600				59.10
59.11 CENTER FOR SENIOR HEALTH		39	546	1058					59.11
59.12 PAIN CLINIC									59.12
59.13 WOUND CARE		14171	738	4325	1186				59.13
59.14 PSYCHOLOGY				2293					59.14
59.15 NEURO DIAGNOSTIC CENTER	84304	606	212	789	4322				59.15
59.16 EATING DISORDERS CLINIC				931	1827	21248			59.16
59.18 UROLOGICAL				2356	513				59.18
59.19 LITHOTRIPSY				4099					59.19
59.20 WOMEN'S CENTER									59.20
59.21 SLEEP DISORDERS		22423		57616	16513				59.21

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	PARKING 19	NURSING SCHOOL 21	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	
59.22 PAIN PROGRAM		29741	33795	15170					59.22
59.23 COMP EPILEPSY		9	308	17665	3547				59.23
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY		1450572	1024	352972	146258	169983	1782538	3491647	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
62.01 OBSERVATION BEDS-DISTINCT		15007	116	4538	8839				62.01
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES		5975	2838	91479	10708				65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
83 KIDNEY ACQUISITION		30	1540	8275	1237				83
85.01 PANCREAS ACQUISITION				1011	426				85.01
85.02 INTESTINAL ACQUISITION									85.02
92 AMBULATORY SURGICAL CENTER (D.P)		832							92
95 SUBTOTALS	16774969	10900387	10014283	8045924	1666977	6662346	12517750	24519842	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN					975				96
100 SISTERS CONVENT									100
100.01BRADLEY UNIV HEALTH SVC		483							100.01
100.02COMMUNITY CLINIC		1855	92414		1222				100.02
100.04FUND RAISING		190			5344				100.04
100.05OUTREACH PHYSICIAN OFCES		147160	1260619	239292		17893			100.05
100.06PHYSICIAN CONTRACTS									100.06
100.07MEALS-ON-WHEELS									100.07
100.08MOBILE LITHOTRIPTY									100.08
100.09CFH - MEDICAL OFFICE BUILDING									100.09
100.10OTHER NONREIMBURSABLE		9291	3786	1312	21877	12301			100.10
100.11NURSERY-EDUCATION COST									100.11
100.12INDUSTRIAL REHAB		10074	67763	21794					100.12
100.13CONTRACTED SERVICES									100.13
100.14IN-SCHOOL CLINIC									100.14
100.15LOBBYING									100.15
100.16REGIONAL ACTIVITIES									100.16
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	16774969	11069440	11438865	8308322	1696395	6692540	12517750	24519842	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PARAMEDICA EDUCATION	PARAMEDICA X-RAY	PARAMEDICA DIETARY	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	24	24.01	24.02	25	26	27	
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT							3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 EMPLOYEE BENEFITS							5
6.01 PURCH, RCVING, STORING							6.01
6.02 ADMITTING							6.02
6.03 OUTPATIENT OFFICES							6.03
6.04 BUSINESS OFFICE							6.04
6.05 OTHER ADMIN + GENERAL							6.05
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT							8
9 LAUNDRY & LINEN SERVICE							9
10 HOUSEKEEPING							10
11 DIETARY							11
12 CAFETERIA							12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION							14
15 CENTRAL SERVICES & SUPPLY							15
16 PHARMACY							16
17 MEDICAL RECORDS & LIBRARY							17
18 SOCIAL SERVICE							18
19 PARKING							19
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES A							22
23 I&R SERVICES-OTHER PRGM COSTS A							23
24 PARAMED ED PRGM-(SPECIFY)	169651						24
24.01 PARAMEDICAL EDUC X-RAY		383487					24.01
24.02 PARAMEDICAL EDUC DIETARY			326902				24.02
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS			326902	123536614	-13155685	110380929	25
26 INTENSIVE CARE UNIT				31893898	-3079800	28814098	26
30 PREMATURE INTENSIVE CARE				16253446	-836602	15416844	30
31 SUBPROVIDER I				6478168	-936563	5541605	31
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM				80992308	-5823278	75169030	37
38 RECOVERY ROOM				3627929		3627929	38
39 DELIVERY ROOM & LABOR ROOM				7553787		7553787	39
40 ANESTHESIOLOGY				3700340	-326629	3373711	40
41 RADIOLOGY-DIAGNOSTIC		383487		77120669	-5628140	71492529	41
44 LABORATORY	169651			34536030		34536030	44
45 PBP CLINICAL LAB SERVICES-PRGM				125413		125413	45
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA				5616601		5616601	47
49 RESPIRATORY THERAPY				9896180		9896180	49
50 PHYSICAL THERAPY				13508585		13508585	50
52 SPEECH PATHOLOGY				1263955		1263955	52
53 ELECTROCARDIOLOGY				3322826		3322826	53
54 ELECTROENCEPHALOGRAPHY				1280960	-132427	1148533	54
55 MEDICAL SUPPLIES CHARGED TO PAT				6758909		6758909	55
56 DRUGS CHARGED TO PATIENTS				33411639		33411639	56
57 RENAL DIALYSIS				1609822		1609822	57
59 DIGESTIVE DISEASES				5927428		5927428	59
59.01 ENTEROSTOMAL				370238		370238	59.01
59.02 NON-INVASIVE LABORATORY							59.02
59.03 REHABILITATION SERVICES							59.03
59.04 CARDIAC CATHETER LAB				23342265		23342265	59.04
59.05 KRASSE HEALTH CENTER							59.05
59.06 SPEECH PATH & AUDIOLOGY							59.06
59.07 SPECIAL CLINICS				499737		499737	59.07
59.08 SISTERS CLINIC				4892232	-1844283	3047949	59.08
59.09 DIABETIC SERVICE				1274644		1274644	59.09
59.10 CARDIO-PULMONARY REHAB				857354		857354	59.10
59.11 CENTER FOR SENIOR HEALTH				362282		362282	59.11
59.12 PAIN CLINIC							59.12
59.13 WOUND CARE				598736		598736	59.13
59.14 PSYCHOLOGY				315542		315542	59.14
59.15 NEURO DIAGNOSTIC CENTER				1127135		1127135	59.15
59.16 EATING DISORDERS CLINIC				382296		382296	59.16
59.18 UROLOGICAL				137420		137420	59.18
59.19 LITHOTRIPSY				193532		193532	59.19
59.20 WOMEN'S CENTER							59.20
59.21 SLEEP DISORDERS				3355310		3355310	59.21

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PARAMEDICA EDUCATION	PARAMEDICA X-RAY	PARAMEDICA DIETARY	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	24	24.01	24.02	25	26	27	
59.22 PAIN PROGRAM				2203387		2203387	59.22
59.23 COMP EPILEPSY				698449		698449	59.23
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY				29312490	-5274185	24038305	61
62 OBSERVATION BEDS (NON-DISTINCT)							62
62.01 OBSERVATION BEDS-DISTINCT				1898076		1898076	62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES				9210763		9210763	65
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
83 KIDNEY ACQUISITION				2314138		2314138	83
85.01 PANCREAS ACQUISITION				374285		374285	85.01
85.02 INTESTINAL ACQUISITION							85.02
92 AMBULATORY SURGICAL CENTER (D.P)				16757148		16757148	92
95 SUBTOTALS	169651	383487	326902	568892966	-37037592	531855374	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN				321840		321840	96
100 SISTERS CONVENT				296480		296480	100
100.01BRADLEY UNIV HEALTH SVC				492031		492031	100.01
100.02COMMUNITY CLINIC				441582		441582	100.02
100.04FUND RAISING				3369567		3369567	100.04
100.05OUTREACH PHYSICIAN OFCES				68107271		68107271	100.05
100.06PHYSICIAN CONTRACTS				790130		790130	100.06
100.07MEALS-ON-WHEELS							100.07
100.08MOBILE LITHOTRIPSY							100.08
100.09CFH - MEDICAL OFFICE BUILDING				1553213		1553213	100.09
100.10OTHER NONREIMBURSABLE				4918168		4918168	100.10
100.11NURSERY-EDUCATION COST							100.11
100.12INDUSTRIAL REHAB				4657586		4657586	100.12
100.13CONTRACTED SERVICES							100.13
100.14IN-SCHOOL CLINIC				81		81	100.14
100.15LOBBYING							100.15
100.16REGIONAL ACTIVITIES				469294		469294	100.16
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	169651	383487	326902	654310209	-37037592	617272617	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	PURCH, RCV	ADMITTING	OUTPATIENT
	CAP-REL COSTS 0	BLDGS & FIXTURES 3	MOVABLE EQUIPMENT 4	COST TO BE ALLOC 4A	BENEFITS 5	STORING 6.01	6.02	6.03
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS	34166	148201	5463	187830	187830			5
6.01 PURCH, RCVING, STORING	109744	126991	26298	263033	940	263973		6.01
6.02 ADMITTING	32376	95689	252	128317	1623	1575	131515	6.02
6.03 OUTPATIENT OFFICES	70678	66938	58530	196146	957	962		6.03
6.04 BUSINESS OFFICE	136475	10371		146846	1511	806		6.04
6.05 OTHER ADMIN + GENERAL	9444473	757439	1658499	11860411	11910	29886		6.05
7 MAINTENANCE & REPAIRS	24985	1988710	239584	2253279	3233	34331		7
8 OPERATION OF PLANT	23	251052	100998	352073	1061	6331		8
9 LAUNDRY & LINEN SERVICE		25466		25466	162	921		9
10 HOUSEKEEPING		108864	13446	122310	3435	9211		10
11 DIETARY	635	290641	59602	350878	2017	4575		11
12 CAFETERIA					300			12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	8606	110898	355227	474731	6164	2933		14
15 CENTRAL SERVICES & SUPPLY	1150043	217918	561145	1929106	1961	18207		15
16 PHARMACY	100383	99188	290077	489648	4911			16
17 MEDICAL RECORDS & LIBRARY	16843	130933	19161	166937	2481	12400		17
18 SOCIAL SERVICE								18
19 PARKING	31122	9474	479615	520211	103	161		19
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL	103042	825072	71551	999665	2459	1303		21
22 I&R SERVICES-SALARY & FRINGES A					5718			22
23 I&R SERVICES-OTHER PRGM COSTS A	42574	438729	1055	482358	5829	793		23
24 PARAMED ED PRGM-(SPECIFY)		328		328	42			24
24.01 PARAMEDICAL EDUC X-RAY					84			24.01
24.02 PARAMEDICAL EDUC DIETARY					58			24.02
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	69726	1962664	394003	2426393	30931	34057	10033	25
26 INTENSIVE CARE UNIT	30639	267815	181390	479844	8800	8984	3535	26
30 PREMATURE INTENSIVE CARE	18701	111201	132510	262412	5243	4696	1942	30
31 SUBPROVIDER I	832	84118	12068	97018	1564	1754	424	31
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	8306	425440	1277536	1711282	9630	13492	15666	37
38 RECOVERY ROOM		56453	66661	123114	1171	309	1753	38
39 DELIVERY ROOM & LABOR ROOM	774	105251	58796	164821	2236	4011	707	39
40 ANESTHESIOLOGY		5924	158493	164417	253	1589	5432	40
41 RADIOLOGY-DIAGNOSTIC	2561742	816861	4820584	8199187	13455	8267	28015	41
44 LABORATORY	23351	469109	540167	1032627	6513	16641	14624	44
45 PBP CLINICAL LAB SERVICES-PRGM								45
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA							842	47
49 RESPIRATORY THERAPY	202653	42848	162140	407641	2617	705	6336	49
50 PHYSICAL THERAPY	92740	368355	22172	483267	4987	2267	2042	50
52 SPEECH PATHOLOGY		9158	39590	48748	399	394	238	52
53 ELECTROCARDIOLOGY	80600	26995	65062	172657	994	887	1925	53
54 ELECTROENCEPHALOGRAPHY		15260	82015	97275	349	315	294	54
55 MEDICAL SUPPLIES CHARGED TO PAT							3806	55
56 DRUGS CHARGED TO PATIENTS							10494	56
57 RENAL DIALYSIS	388		1650	2038		144	361	57
59 DIGESTIVE DISEASES		77701	346108	423809	1348	3971	3468	59
59.01 ENTEROSTOMAL		9689		9689	135		40	59.01
59.02 NON-INVASIVE LABORATORY								59.02
59.03 REHABILITATION SERVICES								59.03
59.04 CARDIAC CATHETER LAB	540668	114650	1159688	1815006	1525	2122	8199	59.04
59.05 KRASSE HEALTH CENTER								59.05
59.06 SPEECH PATH & AUDIOLOGY								59.06
59.07 SPECIAL CLINICS	5500	31151	16593	53244	115	95	18	59.07
59.08 SISTERS CLINIC	275100		21278	296378	1140	863	101	59.08
59.09 DIABETIC SERVICE	10658	31795		42453	462	530	51	59.09
59.10 RADIO-PULMONARY REHAB		3929	15431	19360	410	100	88	59.10
59.11 CENTER FOR SENIOR HEALTH		26528	1318	27846	187	302	4	59.11
59.12 PAIN CLINIC								59.12
59.13 WOUND CARE	5401	44099		49500	78	293	71	59.13
59.14 PSYCHOLOGY		11015		11015	114	95	38	59.14
59.15 NEURO DIAGNOSTIC CENTER		50478		50478	478	186	10	59.15
59.16 EATING DISORDERS CLINIC	37783			37783	123	133	15	59.16
59.18 UROLOGICAL	16487	998	6934	24419	45	9	39	59.18
59.19 LITHOTRIPSY							67	59.19
59.20 WOMEN'S CENTER								59.20
59.21 SLEEP DISORDERS	131960	45590	23881	201431	1531	1163	665	59.21

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION		DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	PURCH, RCV STORING 6.01	ADMITTING 6.02	OUTPATIENT 6.03
59.22	PAIN PROGRAM	518	68214	48063	116795	585	689	230	59.22
59.23	COMP EPILEPSY		11394	1085	12479	496	194	11	59.23
OUTPATIENT SERVICE COST CENTERS									
61	EMERGENCY	311135	282191	498978	1092304	10164	9538	3918	61
62	OBSERVATION BEDS (NON-DISTINCT)								62
62.01	OBSERVATION BEDS-DISTINCT		62757	89071	151828	471	1334	74	62.01
63.50	RHC								63.50
63.60	FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES	78443		21802	100245	952	876	1496	65
69.10	CMHC								69.10
69.20	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	OUTPATIENT SPEECH PATHOLOGY								69.40
71	HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS									
83	KIDNEY ACQUISITION	74474			74474	123	11	135	83
85.01	PANCREAS ACQUISITION					44		17	85.01
85.02	INTESTINAL ACQUISITION								85.02
92	AMBULATORY SURGICAL CENTER (D.P)	1127	241452	55284	297863	2265	3		92
95	SUBTOTALS	15885874	11583985	14260854	41730713	168892	245414	127224	198065
NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN		32477	14932	47409	45			96
100	SISTERS CONVENT					43	5		100
100.01	BRADLEY UNIV HEALTH SVC			231	231	179	54		100.01
100.02	COMMUNITY CLINIC	3832			3832	117			100.02
100.04	FUND RAISING	77904	5773	24971	108648	430	490		100.04
100.05	OUTREACH PHYSICIAN OFCES	1434344	525992	196056	2156392	14644	12911	3914	100.05
100.06	PHYSICIAN CONTRACTS					27	157		100.06
100.07	MEALS-ON-WHEELS								100.07
100.08	MOBILE LITHOTRIPSY								100.08
100.09	CFH - MEDICAL OFFICE BUILDING		328210		328210				100.09
100.10	OTHER NONREIMBURSABLE	155267	187121	21648	364036	1620	3843	21	100.10
100.11	NURSERY-EDUCATION COST								100.11
100.12	INDUSTRIAL REHAB	81039	88034	9729	178802	1656	976	356	100.12
100.13	CONTRACTED SERVICES								100.13
100.14	IN-SCHOOL CLINIC			68	68				100.14
100.15	LOBBYING								100.15
100.16	REGIONAL ACTIVITIES		7162	3800	10962	177	123		100.16
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	17638260	12758754	14532289	44929303	187830	263973	131515	198065

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	BUSINESS O	OTHER ADMI	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	6.04	6.05	TENANCE & REPAIRS 7	OF PLANT 8	& LINEN SERVICE 9	KEEPING 10	11	12	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 PURCH, RCVING, STORING									6.01
6.02 ADMITTING									6.02
6.03 OUTPATIENT OFFICES									6.03
6.04 BUSINESS OFFICE	149163								6.04
6.05 OTHER ADMIN + GENERAL		11902207							6.05
7 MAINTENANCE & REPAIRS		370290	2661133						7
8 OPERATION OF PLANT		227925	70174	657564					8
9 LAUNDRY & LINEN SERVICE		18605	7118	1807	54079				9
10 HOUSEKEEPING		185311	30430	7723	638	359058			10
11 DIETARY		86540	81241	20618		12115	557984		11
12 CAFETERIA		35200						35500	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		293849	30998	7867	7	4623		1736	14
15 CENTRAL SERVICES & SUPPLY		180783	60913	15459	2162	9084		880	15
16 PHARMACY		190118	27725	7036		4135		917	16
17 MEDICAL RECORDS & LIBRARY		138822	36599	9288		5458		972	17
18 SOCIAL SERVICE									18
19 PARKING		29986	2648	672		395		56	19
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL		49014	230625	58531	56	34393		496	21
22 I&R SERVICES-SALARY & FRINGES A		227752							22
23 I&R SERVICES-OTHER PRGM COSTS A		404377	122634	31124	393	18288		1739	23
24 PARAMED ED PRGM-(SPECIFY)		3058	92	23		14			24
24.01 PARAMEDICAL EDUC X-RAY		6977							24.01
24.02 PARAMEDICAL EDUC DIETARY		5948							24.02
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	11323	1436286	548609	139231	21683	81814	446986	8437	25
26 INTENSIVE CARE UNIT	3989	424874	74860	18999	4570	11164	70608	2125	26
30 PREMATURE INTENSIVE CARE	2192	241587	31083	7889	1355	4635		1160	30
31 SUBPROVIDER I	478	76911	23513	5967	1316	3506	34780	397	31
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	17681	1186530	118920	30181	6716	17735		2642	37
38 RECOVERY ROOM	1979	53680	15780	4005		2353		241	38
39 DELIVERY ROOM & LABOR ROOM	798	110367	29420	7467	1871	4387	5610	543	39
40 ANESTHESIOLOGY	6131	46038	1656	420		247		61	40
41 RADIOLOGY-DIAGNOSTIC	32354	1124115	228330	57948	4750	34051		3104	41
44 LABORATORY	16504	561488	131126	33279	88	19555		2300	44
45 PBP CLINICAL LAB SERVICES-PRGM									45
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	950	101253							47
49 RESPIRATORY THERAPY	7151	162369	11977	3040	7	1786		717	49
50 PHYSICAL THERAPY	2304	208069	102963	26131	559	15355		1161	50
52 SPEECH PATHOLOGY	269	20673	2560	650	17	382		86	52
53 ELECTROCARDIOLOGY	2172	48745	7546	1915	47	1125		281	53
54 ELECTROENCEPHALOGRAPHY	332	18616	4265	1083	62	636		109	54
55 MEDICAL SUPPLIES CHARGED TO PAT	4296	118739							55
56 DRUGS CHARGED TO PATIENTS	11843	434071							56
57 RENAL DIALYSIS	408	28860			74				57
59 DIGESTIVE DISEASES	3914	92667	21719	5512	809	3239		344	59
59.01 ENTEROSTOMAL	45	5794	2708	687		404		28	59.01
59.02 NON-INVASIVE LABORATORY									59.02
59.03 REHABILITATION SERVICES									59.03
59.04 CARDIAC CATHETER LAB	9253	383137	32047	8133	1030	4779		356	59.04
59.05 KRASSE HEALTH CENTER									59.05
59.06 SPEECH PATH & AUDIOLOGY									59.06
59.07 SPECIAL CLINICS	20	5905	8707	2210	4	1299		39	59.07
59.08 SISTERS CLINIC	114	53195			127			372	59.08
59.09 DIABETIC SERVICE	57	20300	8887	2256					59.09
59.10 CARDIO-PULMONARY REHAB	99	14939	1098	279		164		102	59.10
59.11 CENTER FOR SENIOR HEALTH	5	4846	7415	1882	9				59.11
59.12 PAIN CLINIC									59.12
59.13 WOUND CARE	80	9515				1838		22	59.13
59.14 PSYCHOLOGY	42	4742	3079	781		459			59.14
59.15 NEURO DIAGNOSTIC CENTER	11	14272	14110	3581		2104		79	59.15
59.16 EATING DISORDERS CLINIC	17	6486						33	59.16
59.18 UROLOGICAL	43	2352	279	71		42		9	59.18
59.19 LITHOTRIPSY	76	3447							59.19
59.20 WOMEN'S CENTER									59.20
59.21 SLEEP DISORDERS	750	54987	12743	3234	116	1900		301	59.21

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	BUSINESS O	OTHER ADMI	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
								ENERAL	TENANCE &
	6.04	6.05	7	8	9	10	11	12	
59.22 PAIN PROGRAM	260	34121	19067	4839	358				59.22
59.23 COMP EPILEPSY	13	11262	3185	808		475		65	59.23
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	4422	369841	78878	20019	4720	11763		2667	61
62 OBSERVATION BEDS (NON-DISTINCT									62
62.01 OBSERVATION BEDS-DISTINCT	84	28403	17542	4452		2616		161	62.01
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	1689	165357			36			195	65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
83 KIDNEY ACQUISITION	153	41880						23	83
85.01 PANCREAS ACQUISITION	19	6776						8	85.01
85.02 INTESTINAL ACQUISITION									85.02
92 AMBULATORY SURGICAL CENTER (D.P		283889	67491	17129		10065			92
95 SUBTOTALS	144320	10475939	2332760	574226	53580	328383	557984	34964	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		2998	9078	2304		1354		18	96
100 SISTERS CONVENT		5394							100
100.01BRADLEY UNIV HEALTH SVC		8940			9				100.01
100.02COMMUNITY CLINIC		6275						22	100.02
100.04FUND RAISING		60608	1614	410		241		97	100.04
100.05OUTREACH PHYSICIAN OFCES	4417	1165005	147026	37314	367	18244			100.05
100.06PHYSICIAN CONTRACTS		14376							100.06
100.07MEALS-ON-WHEELS									100.07
100.08MOBILE LITHOTRIPSY									100.08
100.09CFH - MEDICAL OFFICE BUILDING		7078	91742	23283					100.09
100.10OTHER NONREIMBURSABLE	24	72401	52304	13274	114	6867		399	100.10
100.11NURSERY-EDUCATION COST									100.11
100.12INDUSTRIAL REHAB	402	75276	24607	6245	9	3670			100.12
100.13CONTRACTED SERVICES									100.13
100.14IN-SCHOOL CLINIC		1							100.14
100.15LOBBYING									100.15
100.16REGIONAL ACTIVITIES		7916	2002	508		299			100.16
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	149163	11902207	2661133	657564	54079	359058	557984	35500	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	PARKING 19	NURSING SCHOOL 21	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 PURCH, RCVING, STORING								6.01
6.02 ADMITTING								6.02
6.03 OUTPATIENT OFFICES								6.03
6.04 BUSINESS OFFICE								6.04
6.05 OTHER ADMIN + GENERAL								6.05
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	822908							14
15 CENTRAL SERVICES & SUPPLY		2218555						15
16 PHARMACY		93377	817867					16
17 MEDICAL RECORDS & LIBRARY		10		372967				17
18 SOCIAL SERVICE								18
19 PARKING					554232			19
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL		562	1			1385982		21
22 I&R SERVICES-SALARY & FRINGES A					8877		233470	22
23 I&R SERVICES-OTHER PRGM COSTS A		167			31155			23
24 PARAMED ED PRGM-(SPECIFY)								24
24.01 PARAMEDICAL EDUC X-RAY								24.01
24.02 PARAMEDICAL EDUC DIETARY								24.02
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	442689	51801	1064	27520	151153			25
26 INTENSIVE CARE UNIT	111474	32015	666	9696	38062			26
30 PREMATURE INTENSIVE CARE	60850	18631	52	5331	20777			30
31 SUBPROVIDER I	20845	1615	19	1162	7117			31
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	138596	726231	340	42971	47323			37
38 RECOVERY ROOM	12623	3430		4809	4310			38
39 DELIVERY ROOM & LABOR ROOM	28473	9972	42	1939	9722			39
40 ANESTHESIOLOGY	3222	44647	13425	14900	1100			40
41 RADIOLOGY-DIAGNOSTIC		455138	58099	81027	55603			41
44 LABORATORY		23521	41	40111	41202			44
45 PBP CLINICAL LAB SERVICES-PRGM								45
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA				2310				47
49 RESPIRATORY THERAPY		57263	1124	17379	12845			49
50 PHYSICAL THERAPY		5687	639	6178	20792			50
52 SPEECH PATHOLOGY		9276		653	1535			52
53 ELECTROCARDIOLOGY		73197	10	5280	5041			53
54 ELECTROENCEPHALOGRAPHY		4276		806	1947			54
55 MEDICAL SUPPLIES CHARGED TO PAT				10441				55
56 DRUGS CHARGED TO PATIENTS			637243	28783				56
57 RENAL DIALYSIS				990				57
59 DIGESTIVE DISEASES		36753	6	9513	6160			59
59.01 ENTEROSTOMAL		2		110	500			59.01
59.02 NON-INVASIVE LABORATORY								59.02
59.03 REHABILITATION SERVICES								59.03
59.04 CARDIAC CATHETER LAB		223780	42	22489	6371			59.04
59.05 KRASSE HEALTH CENTER								59.05
59.06 SPEECH PATH & AUDIOLOGY								59.06
59.07 SPECIAL CLINICS		3647	24	159	701			59.07
59.08 SISTERS CLINIC		928	236	592	6666			59.08
59.09 DIABETIC SERVICE		14		161				59.09
59.10 CARDIO-PULMONARY REHAB		201		240	1830			59.10
59.11 CENTER FOR SENIOR HEALTH		8	39	47				59.11
59.12 PAIN CLINIC								59.12
59.13 WOUND CARE		2840	53	194	387			59.13
59.14 PSYCHOLOGY				103				59.14
59.15 NEURO DIAGNOSTIC CENTER	4136	122	15	353	1412			59.15
59.16 EATING DISORDERS CLINIC				42	597			59.16
59.18 UROLOGICAL				106	168			59.18
59.19 LITHOTRIPSY				184				59.19
59.20 WOMEN'S CENTER								59.20
59.21 SLEEP DISORDERS		4494		2585	5395			59.21

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	PARKING	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS
	14	15	16	17	19	21	22	23
59.22 PAIN PROGRAM		5961	2416	681				59.22
59.23 COMP EPILEPSY		2	22	792	1159			59.23
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		290726	73	15834	47784			61
62 OBSERVATION BEDS (NON-DISTINCT)								62
62.01 OBSERVATION BEDS-DISTINCT		3008	8	204	2888			62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES		1198	203	4104	3498			65
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION		6	110	371	404			83
85.01 PANCREAS ACQUISITION				45	139			85.01
85.02 INTESTINAL ACQUISITION								85.02
92 AMBULATORY SURGICAL CENTER (D.P		167						92
95 SUBTOTALS	822908	2184673	716012	361195	544620			95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN					319			96
100 SISTERS CONVENT								100
100.01BRADLEY UNIV HEALTH SVC		97						100.01
100.02COMMUNITY CLINIC		372	6607		399			100.02
100.04FUND RAISING		38			1746			100.04
100.05OUTREACH PHYSICIAN OFCES		29494	90132	10735				100.05
100.06PHYSICIAN CONTRACTS								100.06
100.07MEALS-ON-WHEELS								100.07
100.08MOBILE LITHOTRIPSY								100.08
100.09CFH - MEDICAL OFFICE BUILDING								100.09
100.10OTHER NONREIMBURSABLE		1862	271	59	7148			100.10
100.11NURSERY-EDUCATION COST								100.11
100.12INDUSTRIAL REHAB		2019	4845	978				100.12
100.13CONTRACTED SERVICES								100.13
100.14IN-SCHOOL CLINIC								100.14
100.15LOBBYING								100.15
100.16REGIONAL ACTIVITIES								100.16
101 CROSS FOOT ADJUSTMENTS						1385982	233470	1098857
102 NEGATIVE COST CENTER								102
103 TOTAL	822908	2218555	817867	372967	554232	1385982	233470	1098857

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	PARAMEDICA EDUCATION	PARAMEDICA X-RAY	PARAMEDICA DIETARY	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	24	24.01	24.02	25	26	27	
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT							3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 EMPLOYEE BENEFITS							5
6.01 PURCH, RCVING, STORING							6.01
6.02 ADMITTING							6.02
6.03 OUTPATIENT OFFICES							6.03
6.04 BUSINESS OFFICE							6.04
6.05 OTHER ADMIN + GENERAL							6.05
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT							8
9 LAUNDRY & LINEN SERVICE							9
10 HOUSEKEEPING							10
11 DIETARY							11
12 CAFETERIA							12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION							14
15 CENTRAL SERVICES & SUPPLY							15
16 PHARMACY							16
17 MEDICAL RECORDS & LIBRARY							17
18 SOCIAL SERVICE							18
19 PARKING							19
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES A							22
23 I&R SERVICES-OTHER PRGM COSTS A							23
24 PARAMED ED PRGM-(SPECIFY)	3557						24
24.01 PARAMEDICAL EDUC X-RAY		7061					24.01
24.02 PARAMEDICAL EDUC DIETARY			6006				24.02
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS				5870010		5870010	25
26 INTENSIVE CARE UNIT				1304265		1304265	26
30 PREMATURE INTENSIVE CARE				669835		669835	30
31 SUBPROVIDER I				278386		278386	31
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM				4085936		4085936	37
38 RECOVERY ROOM				229557		229557	38
39 DELIVERY ROOM & LABOR ROOM				382386		382386	39
40 ANESTHESIOLOGY				303538		303538	40
41 RADIOLOGY-DIAGNOSTIC				10508930		10508930	41
44 LABORATORY				2003756		2003756	44
45 PBP CLINICAL LAB SERVICES-PRGM							45
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA				105355		105355	47
49 RESPIRATORY THERAPY				692957		692957	49
50 PHYSICAL THERAPY				882401		882401	50
52 SPEECH PATHOLOGY				85880		85880	52
53 ELECTROCARDIOLOGY				330264		330264	53
54 ELECTROENCEPHALOGRAPHY				130365		130365	54
55 MEDICAL SUPPLIES CHARGED TO PAT				137282		137282	55
56 DRUGS CHARGED TO PATIENTS				1122434		1122434	56
57 RENAL DIALYSIS				32875		32875	57
59 DIGESTIVE DISEASES				613232		613232	59
59.01 ENTEROSTOMAL				20142		20142	59.01
59.02 NON-INVASIVE LABORATORY							59.02
59.03 REHABILITATION SERVICES							59.03
59.04 CARDIAC CATHETER LAB				2518269		2518269	59.04
59.05 KRASSE HEALTH CENTER							59.05
59.06 SPEECH PATH & AUDIOLOGY							59.06
59.07 SPECIAL CLINICS				76187		76187	59.07
59.08 SISTERS CLINIC				360712		360712	59.08
59.09 DIABETIC SERVICE				75171		75171	59.09
59.10 CARDIO-PULMONARY REHAB				38910		38910	59.10
59.11 CENTER FOR SENIOR HEALTH				42590		42590	59.11
59.12 PAIN CLINIC							59.12
59.13 WOUND CARE				64871		64871	59.13
59.14 PSYCHOLOGY				20468		20468	59.14
59.15 NEURO DIAGNOSTIC CENTER				91347		91347	59.15
59.16 EATING DISORDERS CLINIC				45229		45229	59.16
59.18 UROLOGICAL				27582		27582	59.18
59.19 LITHOTRIPSY				3774		3774	59.19
59.20 WOMEN'S CENTER							59.20
59.21 SLEEP DISORDERS				291295		291295	59.21

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	PARAMEDICA EDUCATION	PARAMEDICA X-RAY	PARAMEDICA DIETARY	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	24	24.01	24.02	25	26	27	
59.22 PAIN PROGRAM				186002		186002	59.22
59.23 COMP EPILEPSY				30963		30963	59.23
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY				1962651		1962651	61
62 OBSERVATION BEDS (NON-DISTINCT)							62
62.01 OBSERVATION BEDS-DISTINCT				213073		213073	62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES				279849		279849	65
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
83 KIDNEY ACQUISITION				117690		117690	83
85.01 PANCREAS ACQUISITION				7048		7048	85.01
85.02 INTESTINAL ACQUISITION							85.02
92 AMBULATORY SURGICAL CENTER (D.P)				678872		678872	92
95 SUBTOTALS				36922339		36922339	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN				63525		63525	96
100 SISTERS CONVENT				5442		5442	100
100.01BRADLEY UNIV HEALTH SVC				9510		9510	100.01
100.02COMMUNITY CLINIC				17624		17624	100.02
100.04FUND RAISING				174322		174322	100.04
100.05OUTREACH PHYSICIAN OFCES				3690595		3690595	100.05
100.06PHYSICIAN CONTRACTS				14560		14560	100.06
100.07MEALS-ON-WHEELS							100.07
100.08MOBILE LITHOTRIPSY							100.08
100.09CFH - MEDICAL OFFICE BUILDING				450313		450313	100.09
100.10OTHER NONREIMBURSABLE				524243		524243	100.10
100.11NURSERY-EDUCATION COST							100.11
100.12INDUSTRIAL REHAB				299841		299841	100.12
100.13CONTRACTED SERVICES							100.13
100.14IN-SCHOOL CLINIC				69		69	100.14
100.15LOBBYING							100.15
100.16REGIONAL ACTIVITIES				21987		21987	100.16
101 CROSS FOOT ADJUSTMENTS	3557	7061	6006	2734933		2734933	101
102 NEGATIVE COST CENTER							102
103 TOTAL	3557	7061	6006	44929303		44929303	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	PURCH, RCV	ADMITTING	OUTPATIENT	BUSINESS O
	BLDGS & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (DOLLAR VALUE)	BENEFITS GROSS SALARIES	STORING COSTED REQUISITIO	TOTAL GROS REVENUES	REVENUES	TOTAL GROS REVENUES
	3	4	5	6.01	6.02	6.03	6.04
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	1010019						3
4 NEW CAP REL COSTS-MVBLE EQUIP		13773567					4
5 EMPLOYEE BENEFITS	11732	5178	269156681				5
6.01 PURCH, RCVING, STORING	10053	24925	1346389	11341550			6.01
6.02 ADMITTING	7575	239	2325783	67674	1888135005		6.02
6.03 OUTPATIENT OFFICES	5299	55474	1370347	41343		645954765	6.03
6.04 BUSINESS OFFICE	821		2165112	34612			6.04
6.05 OTHER ADMIN + GENERAL	59961	1571910	17063339	1284037			6.05
7 MAINTENANCE & REPAIRS	157432	227076	4632163	1475121			7
8 OPERATION OF PLANT	19874	95725	1519588	271997			8
9 LAUNDRY & LINEN SERVICE	2016		231603	39578			9
10 HOUSEKEEPING	8618	12744	4920530	395740			10
11 DIETARY	23008	56490	2890189	196547			11
12 CAFETERIA			429435				12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	8779	336681	8830913	126029			14
15 CENTRAL SERVICES & SUPPLY	17251	531848	2809175	782237			15
16 PHARMACY	7852	274932	7035766				16
17 MEDICAL RECORDS & LIBRARY	10365	18161	3554874	532760			17
18 SOCIAL SERVICE							18
19 PARKING	750	454575	148034	6933			19
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL	65315	67815	3523187	55966			21
22 I&R SERVICES-SALARY & FRINGES			8192256				22
23 I&R SERVICES-OTHER PRGM COSTS	34731	1000	8351066	34066			23
24 PARAMED ED PRGM-(SPECIFY)	26		60846				24
24.01 PARAMEDICAL EDUC X-RAY			120646				24.01
24.02 PARAMEDICAL EDUC DIETARY			83245				24.02
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	155370	373432	44369862	1463227	143333742		25
26 INTENSIVE CARE UNIT	21201	171920	12607603	385977	50499031		26
30 PREMATURE INTENSIVE CARE	8803	125592	7511668	201781	27748846		30
31 SUBPROVIDER I	6659	11438	2239982	75365	6053138		31
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	33679	1210837	13796834	579678	223805681		37
38 RECOVERY ROOM	4469	63181	1677950	13290	25046578		38
39 DELIVERY ROOM & LABOR ROOM	8332	55726	3203189	172318	10096656		39
40 ANESTHESIOLOGY	469	150218	362107	68273	77602460		40
41 RADIOLOGY-DIAGNOSTIC	64665	4568902	19276654	355170	409542312	409542312	41
44 LABORATORY	37136	511965	9331645	714970	208912746	208912746	44
45 PBP CLINICAL LAB SERVICES-PRG							45
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T					12031594		47
49 RESPIRATORY THERAPY	3392	153675	3748599	30298	90515846		49
50 PHYSICAL THERAPY	29160	21014	7144938	97410	29169302		50
52 SPEECH PATHOLOGY	725	37523	571561	16942	3400685		52
53 ELECTROCARDIOLOGY	2137	61665	1424158	38091	27499707	27499707	53
54 ELECTROENCEPHALOGRAPHY	1208	77733	499734	13519	4198301		54
55 MEDICAL SUPPLIES CHARGED TO P					54377691		55
56 DRUGS CHARGED TO PATIENTS					149912350		56
57 RENAL DIALYSIS		1564		6187	5158523		57
59 DIGESTIVE DISEASES	6151	328038	1930544	170605	49548070		59
59.01 ENTEROSTOMAL	767		193458		571980		59.01
59.02 NON-INVASIVE LABORATORY							59.02
59.03 REHABILITATION SERVICES							59.03
59.04 CARDIAC CATHETER LAB	9076	1099142	2185244	91158	117127948		59.04
59.05 KRASSE HEALTH CENTER							59.05
59.06 SPEECH PATH & AUDIOLOGY							59.06
59.07 SPECIAL CLINICS	2466	15727	164775	4098	259361		59.07
59.08 SISTERS CLINIC		20167	1632941	37095	1439430		59.08
59.09 DIABETIC SERVICE	2517		661533	22757	725240		59.09
59.10 CARDIO-PULMONARY REHAB	311	14625	587512	4317	1250432		59.10
59.11 CENTER FOR SENIOR HEALTH	2100	1249	268263	12954	59825		59.11
59.12 PAIN CLINIC							59.12
59.13 WOUND CARE	3491		112294	12583	1010566		59.13
59.14 PSYCHOLOGY	872		163750	4099	535734		59.14
59.15 NEURO DIAGNOSTIC CENTER	3996		685496	7976	139059		59.15
59.16 EATING DISORDERS CLINIC			176079	5705	217432		59.16
59.18 UROLOGICAL	79	6572	64568	404	550581		59.18
59.19 LITHOTRIPSY					957606		59.19

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	PURCH, RCV	ADMITTING	OUTPATIENT	BUSINESS O
	BLDGS & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (DOLLAR VALUE)	BENEFITS  GROSS SALARIES	STORING  COSTED REQUISITIO	TOTAL GROS REVENUES	REVENUES	TOTAL GROS REVENUES
	3	4	5	6.01	6.02	6.03	6.04
59.20 WOMEN'S CENTER							59.20
59.21 SLEEP DISORDERS	3609	22634	2192807	49986	9496832		9496832 59.21
59.22 PAIN PROGRAM	5400	45554	838213	29596	3292052		3292052 59.22
59.23 COMP EPILEPSY	902	1028	711149	8355	162530		162530 59.23
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	22339	472927	14561325	409778	55973631		55973631 61
62 OBSERVATION BEDS (NON-DISTINC							62
62.01 OBSERVATION BEDS-DISTINCT	4968	84421	675325	57319	1060234		1060234 62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES		20664	1364486	37634	21373686		21373686 65
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERA							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
83 KIDNEY ACQUISITION			176420	489	1933488		1933488 83
85.01 PANCREAS ACQUISITION			62739		236130		236130 85.01
85.02 INTESTINAL ACQUISITION							85.02
92 AMBULATORY SURGICAL CENTER (D	19114	52398	3245203	148			92
95 SUBTOTALS	917021	13516304	242025094	10544192	1826827036	645954765	1826827036 95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	2571	14152	64905				96
100 SISTERS CONVENT			61876	213			100
100.01 BRADLEY UNIV HEALTH SVC		219	255801	2307			100.01
100.02 COMMUNITY CLINIC			167418				100.02
100.04 FUND RAISING	457	23667	615414	21032			100.04
100.05 OUTREACH PHYSICIAN OFCES	41639	185820	20980522	554729	55909351		55909351 100.05
100.06 PHYSICIAN CONTRACTS			39070	6755			100.06
100.07 MEALS-ON-WHEELS							100.07
100.08 MOBILE LITHOTRIPSY							100.08
100.09 CFH - MEDICAL OFFICE BUILDING	25982						100.09
100.10 OTHER NONREIMBURSABLE	14813	20518	2321309	165103	306640		306640 100.10
100.11 NURSERY-EDUCATION COST							100.11
100.12 INDUSTRIAL REHAB	6969	9221	2371782	41931	5091978		5091978 100.12
100.13 CONTRACTED SERVICES							100.13
100.14 IN-SCHOOL CLINIC		64					100.14
100.15 LOBBYING							100.15
100.16 REGIONAL ACTIVITIES	567	3602	253490	5288			100.16
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	12758754	14532289	77831505	2692835	3252620	2057226	5441247 103
104 UNIT COST MULT-WS B PT I		1.055085		.237431		.003185	104
104 UNIT COST MULT-WS B PT I	12.632192		.289168		.001723		.002882 104
105 COST TO BE ALLOC PER B PT II							105
106 UNIT COST MULT-WS B PT II							106
106 UNIT COST MULT-WS B PT II							106
107 COST TO BE ALLOC PER B PT III			187830	263973	131515	198065	149163 107
108 UNIT COST MULT-WS B PT III				.023275		.000307	108
108 UNIT COST MULT-WS B PT III			.000698		.000070		.000079 108



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON-	OTHER ADMI	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	CILATION	ENERAL	TENANCE &	OF PLANT	& LINEN	KEEPING		FTE EMPLOY	
	6A.05	ACCUM COST 6.05	REPAIRS (SQUARE FEET) 7	(SQUARE FEET) 8	POUNDS OF LAUNDRY 9	(SQUARE FEET) 10	MEALS SERVED 11	(READ AS 0 12	
59.20 WOMEN'S CENTER									59.20
59.21 SLEEP DISORDERS		2549838	3609	3609	8355	3609		3217	59.21
59.22 PAIN PROGRAM		1582229	5400	5400	25695				59.22
59.23 COMP EPILEPSY		522229	902	902			902	691	59.23
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY		17150077	22339	22339	338706	22339		28493	61
62 OBSERVATION BEDS (NON-DISTINC									62
62.01 OBSERVATION BEDS-DISTINCT		1317072	4968	4968		4968		1722	62.01
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES		7667838			2604			2086	65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
83 KIDNEY ACQUISITION		1942045						241	83
85.01 PANCREAS ACQUISITION		314214						83	85.01
85.02 INTESTINAL ACQUISITION									85.02
92 AMBULATORY SURGICAL CENTER (D		13164348	19114	19114		19114			92
95 SUBTOTALS	-102376347	485795740	660657	640783	3845080	623623	699735	373478	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C		139030	2571	2571		2571		190	96
100 SISTERS CONVENT		250139							100
100.01 BRADLEY UNIV HEALTH SVC		414553			680				100.01
100.02 COMMUNITY CLINIC		290972						238	100.02
100.04 FUND RAISING		2810484	457	457		457		1041	100.04
100.05 OUTREACH PHYSICIAN OFCES		54022946	41639	41639	26374	34647			100.05
100.06 PHYSICIAN CONTRACTS		666631							100.06
100.07 MEALS-ON-WHEELS									100.07
100.08 MOBILE LITHOTRIpsy									100.08
100.09 CFH - MEDICAL OFFICE BUILDING		328210	25982	25982					100.09
100.10 OTHER NONREIMBURSABLE		3357354	14813	14813	8216	13041		4262	100.10
100.11 NURSERY-EDUCATION COST									100.11
100.12 INDUSTRIAL REHAB		3490653	6969	6969	646	6969			100.12
100.13 CONTRACTED SERVICES									100.13
100.14 IN-SCHOOL CLINIC		68							100.14
100.15 LOBBYING									100.15
100.16 REGIONAL ACTIVITIES		367082	567	567		567			100.16
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I		102250934	20351920	13063932	1112905	10584366	6144478	1934669	103
104 UNIT COST MULT-WS B PT I			27.004292		.286758		8.781150		104
104 UNIT COST MULT-WS B PT I		.185259		17.803584		15.522443		5.101854	104
105 COST TO BE ALLOC PER B PT II									105
106 UNIT COST MULT-WS B PT II									106
106 UNIT COST MULT-WS B PT II									106
107 COST TO BE ALLOC PER B PT III		11902207	2661133	657564	54079	359058	557984	35500	107
108 UNIT COST MULT-WS B PT III			3.530970		.013934		.797422		108
108 UNIT COST MULT-WS B PT III		.021565		.896131		.526575		.093616	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING	CENTRAL	PHARMACY	MEDICAL	PARKING	NURSING	I&R	I&R		
	ADMINIS- TRATION NURSING FT (READ AS 0 14	SERVICES & SUPPLY COSTED REQUISITIO 15	COSTED REQUISITIO 16	RECORDS & LIBRARY TOTAL GROS REVENUES 17	FTE EMPLOY (READ AS 0 19	SCHOOL ASSIGNED TIME 21	SALARY & FRINGES ASSIGNED TIME 22	PROGRAM COSTS ASSIGNED TIME 23		
GENERAL SERVICE COST CENTERS										
1										1
2										2
3										3
4										4
5										5
6.01										6.01
6.02										6.02
6.03										6.03
6.04										6.04
6.05										6.05
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14	167543									14
15		25507694								15
16		1073592	24980416							16
17		120		1941422145						17
18										18
19					330480					19
20										20
21										21
22		6457	35		5293	95752		317161		22
23		1921			18577				317161	23
24										24
24.01										24.01
24.02										24.02
INPATIENT ROUTINE SERV COST CENTERS										
25	90131	595574	32513	143334912	90131	79024	112655	112655		25
26	22696	368091	20334	50499096	22696	6032	26373	26373		26
30	12389	214208	1596	27766266	12389		7164	7164		30
31	4244	18570	575	6053138	4244		8020	8020		31
ANCILLARY SERVICE COST CENTERS										
37	28218	8349840	10396	223805681	28218	1208	49866	49866		37
38	2570	39436		25046578	2570					38
39	5797	114656	1286	10096656	5797	2168				39
40	656	513331	410058	77602460	656		2797	2797		40
41		5232920	1774552	420909661	33155	1472	48195	48195		41
44		270426	1266	208912746	24568					44
45										45
46.30										46.30
47				12031594						47
49		658381	34329	90515846	7659					49
50		65384	19504	32177368	12398					50
52		106652	7	3400685	915	192				52
53		841576	298	27499707	3006					53
54		49166	4	4198799	1161		1134	1134		54
55				54377691						55
56			19463368	149912350						56
57				5158523						57
59		422560	191	49548070	3673	192				59
59.01		20		571980	298					59.01
59.02										59.02
59.03										59.03
59.04		2572890	1298	117127948	3799	832				59.04
59.05										59.05
59.06										59.06
59.07		41935	741	825762	418					59.07
59.08		10668	7220	3085021	3975	856	15793	15793		59.08
59.09		156	9	838207		608				59.09
59.10		2312	9	1250432	1091					59.10
59.11		90	1193	247175						59.11
59.12										59.12
59.13		32654	1611	1010566	231					59.13
59.14				535734						59.14
59.15		842	1397	1840817	842					59.15
59.16			464	217432	356	304				59.16
59.18				550581	100					59.18
59.19				957606						59.19

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING	CENTRAL	PHARMACY	MEDICAL	PARKING	NURSING	I&R	I&R	
	ADMINIS- TRATION NURSING FT (READ AS 0 14	SERVICES & SUPPLY COSTED REQUISITIO 15	COSTED REQUISITIO 16	RECORDS & LIBRARY TOTAL GROS REVENUES 17	FTE EMPLOY (READ AS 0 19	SCHOOL ASSIGNED TIME 21	SALARY & FRINGES ASSIGNED TIME 22	PROGRAM COSTS ASSIGNED TIME 23	
59.20 WOMEN'S CENTER									59.20
59.21 SLEEP DISORDERS		51669		13461679	3217				59.21
59.22 PAIN PROGRAM		68534	73803	3544383					59.22
59.23 COMP EPILEPSY		20	673	4127408	691				59.23
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY		3342601	2236	82470080	28493	2432	45164	45164	61
62 OBSERVATION BEDS (NON-DISTINC									62
62.01 OBSERVATION BEDS-DISTINCT		34580	254	1060234	1722				62.01
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES		13769	6197	21373686	2086				65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
83 KIDNEY ACQUISITION		69	3363	1933488	241				83
85.01 PANCREAS ACQUISITION				236130	83				85.01
85.02 INTESTINAL ACQUISITION									85.02
92 AMBULATORY SURGICAL CENTER (D		1918							92
95 SUBTOTALS	167543	25118143	21869383	1880114176	324749	95320	317161	317161	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C					190				96
100 SISTERS CONVENT									100
100.01 BRADLEY UNIV HEALTH SVC		1113							100.01
100.02 COMMUNITY CLINIC		4274	201815						100.02
100.04 FUND RAISING		437			1041				100.04
100.05 OUTREACH PHYSICIAN OFCES		339105	2752966	55909351		256			100.05
100.06 PHYSICIAN CONTRACTS									100.06
100.07 MEALS-ON-WHEELS									100.07
100.08 MOBILE LITHOTRIPSY									100.08
100.09 CFH - MEDICAL OFFICE BUILDING									100.09
100.10 OTHER NONREIMBURSABLE		21409	8269	306640	4262	176			100.10
100.11 NURSERY-EDUCATION COST									100.11
100.12 INDUSTRIAL REHAB		23213	147983	5091978					100.12
100.13 CONTRACTED SERVICES									100.13
100.14 IN-SCHOOL CLINIC									100.14
100.15 LOBBYING									100.15
100.16 REGIONAL ACTIVITIES									100.16
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	16774969	11069440	11438865	8308322	1696395	6692540	12517750	24519842	103
104 UNIT COST MULT-WS B PT I	100.123365		.457913		5.133125		39.468125		104
104 UNIT COST MULT-WS B PT I		.433965		.004280		69.894519		77.310394	104
105 COST TO BE ALLOC PER B PT II									105
106 UNIT COST MULT-WS B PT II									106
106 UNIT COST MULT-WS B PT II									106
107 COST TO BE ALLOC PER B PT III	822908	2218555	817867	372967	554232	1385982	233470	1098857	107
108 UNIT COST MULT-WS B PT III	4.911623		.032740		1.677052		.736125		108
108 UNIT COST MULT-WS B PT III		.086976		.000192		14.474705		3.464666	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMEDICA	PARAMEDICA	PARAMEDICA	
	EDUCATION	X-RAY	DIETARY	
	DIRECT	DIRECT	DIRECT	
	ALLOCATION	ALLOCATION	ALLOCATION	
	24	24.01	24.02	
GENERAL SERVICE COST CENTERS				
1				1
2				2
3				3
4				4
5				5
6.01				6.01
6.02				6.02
6.03				6.03
6.04				6.04
6.05				6.05
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
24.01				24.01
24.02				24.02
INPATIENT ROUTINE SERV COST CENTERS				
25				25
26				26
30				30
31				31
ANCILLARY SERVICE COST CENTERS				
37				37
38				38
39				39
40				40
41				41
44				44
45				45
46.30				46.30
47				47
49				49
50				50
52				52
53				53
54				54
55				55
56				56
57				57
59				59
59.01				59.01
59.02				59.02
59.03				59.03
59.04				59.04
59.05				59.05
59.06				59.06
59.07				59.07
59.08				59.08
59.09				59.09
59.10				59.10
59.11				59.11
59.12				59.12
59.13				59.13
59.14				59.14
59.15				59.15
59.16				59.16
59.18				59.18
59.19				59.19

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMEDICA	PARAMEDICA	PARAMEDICA	
	EDUCATION	X-RAY	DIETARY	
	DIRECT ALLOCATION	DIRECT ALLOCATION	DIRECT ALLOCATION	
	24	24.01	24.02	
59.20 WOMEN'S CENTER				59.20
59.21 SLEEP DISORDERS				59.21
59.22 PAIN PROGRAM				59.22
59.23 COMP EPILEPSY				59.23
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY				61
62 OBSERVATION BEDS (NON-DISTINC				62
62.01 OBSERVATION BEDS-DISTINCT				62.01
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
65 AMBULANCE SERVICES				65
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERA				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
83 KIDNEY ACQUISITION				83
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
92 AMBULATORY SURGICAL CENTER (D				92
95 SUBTOTALS	100	100	100	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & C				96
100 SISTERS CONVENT				100
100.01 BRADLEY UNIV HEALTH SVC				100.01
100.02 COMMUNITY CLINIC				100.02
100.04 FUND RAISING				100.04
100.05 OUTREACH PHYSICIAN OFCES				100.05
100.06 PHYSICIAN CONTRACTS				100.06
100.07 MEALS-ON-WHEELS				100.07
100.08 MOBILE LITHOTRIPSY				100.08
100.09 CFH - MEDICAL OFFICE BUILDING				100.09
100.10 OTHER NONREIMBURSABLE				100.10
100.11 NURSERY-EDUCATION COST				100.11
100.12 INDUSTRIAL REHAB				100.12
100.13 CONTRACTED SERVICES				100.13
100.14 IN-SCHOOL CLINIC				100.14
100.15 LOBBYING				100.15
100.16 REGIONAL ACTIVITIES				100.16
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 COST TO BE ALLOC PER B PT I	169651	383487	326902	103
104 UNIT COST MULT-WS B PT I	1696.510000		3269.020000	104
104 UNIT COST MULT-WS B PT I		3834.870000		104
105 COST TO BE ALLOC PER B PT II				105
106 UNIT COST MULT-WS B PT II				106
106 UNIT COST MULT-WS B PT II				106
107 COST TO BE ALLOC PER B PT III	3557	7061	6006	107
108 UNIT COST MULT-WS B PT III	35.570000		60.060000	108
108 UNIT COST MULT-WS B PT III		70.610000		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	110380929		110380929	103473	110484402	25
26 INTENSIVE CARE UNIT	28814098		28814098	202059	29016157	26
30 PREMATURE INTENSIVE CARE	15416844		15416844	17397	15434241	30
31 SUBPROVIDER I	5541605		5541605		5541605	31
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	75169030		75169030	101544	75270574	37
38 RECOVERY ROOM	3627929		3627929		3627929	38
39 DELIVERY ROOM & LABOR ROOM	7553787		7553787		7553787	39
40 ANESTHESIOLOGY	3373711		3373711		3373711	40
41 RADIOLOGY-DIAGNOSTIC	71492529		71492529		71492529	41
44 LABORATORY	34536030		34536030	25794	34561824	44
45 PBP CLINICAL LAB SERVICES-P	125413		125413		125413	45
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	5616601		5616601		5616601	47
49 RESPIRATORY THERAPY	9896180		9896180	4426	9900606	49
50 PHYSICAL THERAPY	13508585		13508585	13743	13522328	50
52 SPEECH PATHOLOGY	1263955		1263955		1263955	52
53 ELECTROCARDIOLOGY	3322826		3322826		3322826	53
54 ELECTROENCEPHALOGRAPHY	1148533		1148533		1148533	54
55 MEDICAL SUPPLIES CHARGED TO	6758909		6758909		6758909	55
56 DRUGS CHARGED TO PATIENTS	33411639		33411639		33411639	56
57 RENAL DIALYSIS	1609822		1609822		1609822	57
59 DIGESTIVE DISEASES	5927428		5927428	38574	5966002	59
59.01 ENTEROSTOMAL	370238		370238		370238	59.01
59.02 NON-INVASIVE LABORATORY						59.02
59.03 REHABILITATION SERVICES						59.03
59.04 CARDIAC CATHETER LAB	23342265		23342265		23342265	59.04
59.05 KRASSE HEALTH CENTER						59.05
59.06 SPEECH PATH & AUDIOLOGY						59.06
59.07 SPECIAL CLINICS	499737		499737		499737	59.07
59.08 SISTERS CLINIC	3047949		3047949		3047949	59.08
59.09 DIABETIC SERVICE	1274644		1274644		1274644	59.09
59.10 CARDIO-PULMONARY REHAB	857354		857354		857354	59.10
59.11 CENTER FOR SENIOR HEALTH	362282		362282		362282	59.11
59.12 PAIN CLINIC						59.12
59.13 WOUND CARE	598736		598736		598736	59.13
59.14 PSYCHOLOGY	315542		315542		315542	59.14
59.15 NEURO DIAGNOSTIC CENTER	1127135		1127135	5404	1132539	59.15
59.16 EATING DISORDERS CLINIC	382296		382296		382296	59.16
59.18 UROLOGICAL	137420		137420		137420	59.18
59.19 LITHOTRIPSY	193532		193532		193532	59.19
59.20 WOMEN'S CENTER						59.20
59.21 SLEEP DISORDERS	3355310		3355310		3355310	59.21
59.22 PAIN PROGRAM	2203387		2203387	8713	2212100	59.22
59.23 COMP EPILEPSY	698449		698449	4110	702559	59.23
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	24038305		24038305	1066655	25104960	61
62 OBSERVATION BEDS (NON-DISTI	3268027		3268027		3268027	62
62.01 OBSERVATION BEDS-DISTINCT	1898076		1898076		1898076	62.01
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	9210763		9210763	30200	9240963	65
101 SUBTOTAL	515677830		515677830	1622092	517299922	101
102 LESS OBSERVATION BEDS	3268027		3268027		3268027	102
103 TOTAL	512409803		512409803	1622092	514031895	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	139078015		139078015			25
26 INTENSIVE CARE UNIT	50499031		50499031			26
30 PREMATURE INTENSIVE CARE	27748846		27748846			30
31 SUBPROVIDER I	6053138		6053138			31
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	171489228	52278491	223767719	.335924	.335924	.336378 37
38 RECOVERY ROOM	14663029	10383549	25046578	.144847	.144847	.144847 38
39 DELIVERY ROOM & LABOR ROOM	8445727	1650929	10096656	.748147	.748147	.748147 39
40 ANESTHESIOLOGY	50020378	27582082	77602460	.043474	.043474	.043474 40
41 RADIOLOGY-DIAGNOSTIC	133645719	275749183	409394902	.174630	.174630	.174630 41
44 LABORATORY	122561359	292229993	414791352	.083261	.083261	.083323 44
45 PBP CLINICAL LAB SERVICES-P	49019845		49019845	.002558	.002558	.002558 45
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	11194506	837088	12031594	.466821	.466821	.466821 47
49 RESPIRATORY THERAPY	88570600	1945246	90515846	.109331	.109331	.109380 49
50 PHYSICAL THERAPY	18320899	10712825	29033724	.465272	.465272	.465746 50
52 SPEECH PATHOLOGY	2444281	956404	3400685	.371677	.371677	.371677 52
53 ELECTROCARDIOLOGY	13193608	14306099	27499707	.120831	.120831	.120831 53
54 ELECTROENCEPHALOGRAPHY	2439152	1759149	4198301	.273571	.273571	.273571 54
55 MEDICAL SUPPLIES CHARGED TO	45125722	9251970	54377692	.124296	.124296	.124296 55
56 DRUGS CHARGED TO PATIENTS	134053736	15858614	149912350	.222874	.222874	.222874 56
57 RENAL DIALYSIS	4985022	173501	5158523	.312070	.312070	.312070 57
59 DIGESTIVE DISEASES	8386821	41161249	49548070	.119630	.119630	.120408 59
59.01 ENTEROSTOMAL	562295	9685	571980	.647292	.647292	.647292 59.01
59.02 NON-INVASIVE LABORATORY						59.02
59.03 REHABILITATION SERVICES						59.03
59.04 CARDIAC CATHETER LAB	63554164	53573784	117127948	.199289	.199289	.199289 59.04
59.05 KRASSE HEALTH CENTER						59.05
59.06 SPEECH PATH & AUDIOLOGY						59.06
59.07 SPECIAL CLINICS	17363	241998	259361	1.926801	1.926801	1.926801 59.07
59.08 SISTERS CLINIC	7490	1431940	1439430	2.117469	2.117469	2.117469 59.08
59.09 DIABETIC SERVICE	11421	713819	725240	1.757548	1.757548	1.757548 59.09
59.10 CARDIO-PULMONARY REHAB	471813	778619	1250432	.685646	.685646	.685646 59.10
59.11 CENTER FOR SENIOR HEALTH	246	59579	59825	6.055696	6.055696	6.055696 59.11
59.12 PAIN CLINIC						59.12
59.13 WOUND CARE	12606	997960	1010566	.592476	.592476	.592476 59.13
59.14 PSYCHOLOGY		535734	535734	.588990	.588990	.588990 59.14
59.15 NEURO DIAGNOSTIC CENTER	406	138652	139058	8.105503	8.105503	8.144364 59.15
59.16 EATING DISORDERS CLINIC	174	217258	217432	1.758232	1.758232	1.758232 59.16
59.18 UROLOGICAL	90274	460307	550581	.249591	.249591	.249591 59.18
59.19 LITHOTRIPSY	69177	888429	957606	.202100	.202100	.202100 59.19
59.20 WOMEN'S CENTER						59.20
59.21 SLEEP DISORDERS	32798	9464034	9496832	.353308	.353308	.353308 59.21
59.22 PAIN PROGRAM	3386	3288666	3292052	.669305	.669305	.671952 59.22
59.23 COMP EPILEPSY	2840	159690	162530	4.297354	4.297354	4.322642 59.23
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	16920475	38977725	55898200	.430037	.430037	.449119 61
62 OBSERVATION BEDS (NON-DISTI		4255727	4255727	.767913	.767913	.767913 62
62.01 OBSERVATION BEDS-DISTINCT	29283	1030951	1060234	1.790243	1.790243	1.790243 62.01
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	18670567	2703119	21373686	.430939	.430939	.432352 65
101 SUBTOTAL	1202395440	876764048	2079159488			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	1202395440	876764048	2079159488			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL		NEW CAPITAL		REDUCED CAPITAL RELATED COST	25	
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	CAPITAL RELATED COST	SWING-BED ADJUSTMENT			
	1	2	3	4	5	6	
25 INPAT ROUTINE SERV COST CTRS				5870010		5870010	25
26 ADULTS & PEDIATRICS				1304265		1304265	26
27 INTENSIVE CARE UNIT							27
28 CORONARY CARE UNIT							28
29 BURN INTENSIVE CARE UNIT							29
30 SURGICAL INTENSIVE CARE UNIT				669835		669835	30
31 PREMATURE INTENSIVE CARE				278386		278386	31
33 SUBPROVIDER I							33
101 NURSERY				8122496		8122496	101

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			25
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
25 INPAT ROUTINE SERV COST CTRS	128401	41998			45.72	1920149	25
26 ADULTS & PEDIATRICS	18066	8698			72.19	627909	26
27 INTENSIVE CARE UNIT							27
28 CORONARY CARE UNIT							28
29 BURN INTENSIVE CARE UNIT							29
30 SURGICAL INTENSIVE CARE UNIT	11485				58.32		30
31 PREMATURE INTENSIVE CARE	8863	3978			31.41	124949	31
33 SUBPROVIDER I							33
101 NURSERY	166815	54674				2673007	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0067) [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		4085936	223767719	56797440			.018260	1037121 37
38 RECOVERY ROOM		229557	25046578	4980297			.009165	45644 38
39 DELIVERY ROOM & LABOR ROOM		382386	10096656	42758			.037873	1619 39
40 ANESTHESIOLOGY		303538	77602460	14970968			.003911	58551 40
41 RADIOLOGY-DIAGNOSTIC		10508930	409394902	58351317			.025669	1497820 41
44 LABORATORY		2003756	414791352	48169118			.004831	232705 44
45 PBP CLINICAL LAB SERVICES-PRGM								45
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		105355	12031594	4869652			.008757	42644 47
49 RESPIRATORY THERAPY		692957	90515846	31927185			.007656	244435 49
50 PHYSICAL THERAPY		882401	29033724	4646504			.030392	141217 50
52 SPEECH PATHOLOGY		85880	3400685	760224			.025254	19199 52
53 ELECTROCARDIOLOGY		330264	27499707	2625224			.012010	31529 53
54 ELECTROENCEPHALOGRAPHY		130365	4198301	1256935			.031052	39030 54
55 MEDICAL SUPPLIES CHARGED TO P		137282	54377692	14315819			.002525	36147 55
56 DRUGS CHARGED TO PATIENTS		1122434	149912350	45637981			.007487	341692 56
57 RENAL DIALYSIS		32875	5158523	3383764			.006373	21565 57
59 DIGESTIVE DISEASES		613232	49548070	3580286			.012377	44313 59
59.01 ENTEROSTOMAL		20142	571980				.035215	59.01
59.02 NON-INVASIVE LABORATORY								59.02
59.03 REHABILITATION SERVICES								59.03
59.04 CARDIAC CATHETER LAB		2518269	117127948	28617638			.021500	615279 59.04
59.05 KRASSE HEALTH CENTER								59.05
59.06 SPEECH PATH & AUDIOLOGY								59.06
59.07 SPECIAL CLINICS		76187	259361	676			.293749	199 59.07
59.08 SISTERS CLINIC		360712	1439430	882			.250594	221 59.08
59.09 DIABETIC SERVICE		75171	725240	624			.103650	65 59.09
59.10 CARDIO-PULMONARY REHAB		38910	1250432	265519			.031117	8262 59.10
59.11 CENTER FOR SENIOR HEALTH		42590	59825				.711910	59.11
59.12 PAIN CLINIC								59.12
59.13 WOUND CARE		64871	1010566	1543			.064193	99 59.13
59.14 PSYCHOLOGY		20468	535734				.038206	59.14
59.15 NEURO DIAGNOSTIC CENTER		91347	139058				.656899	59.15
59.16 EATING DISORDERS CLINIC		45229	217432				.208014	59.16
59.18 UROLOGICAL		27582	550581	12292			.050096	616 59.18
59.19 LITHOTRIPSY		3774	957606	29953			.003941	118 59.19
59.20 WOMEN'S CENTER								59.20
59.21 SLEEP DISORDERS		291295	9496832				.030673	59.21
59.22 PAIN PROGRAM		186002	3292052	2953			.056500	167 59.22
59.23 COMP EPILEPSY		30963	162530				.190506	59.23
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		1962651	55898200	5839966			.035111	205047 61
62 OBSERVATION BEDS (NON-DISTINC		173630	4255727				.040799	62
62.01 OBSERVATION BEDS-DISTINCT		213073	1060234				.200968	62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL		27890014	1785386927	331087518				4665304 101

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER  
 PERIOD FROM 10/01/2007 TO 09/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05  
 02/25/2009 08:01

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

	COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	TOTAL	
		ANESTHETIST	SCHOOL	HEALTH	MEDICAL		
		COST	COST	COSTS	EDUCATION	ADJUSTMENT	COSTS
		1	2	2.01	2.02	3	4
	INPAT ROUTINE SERV COST CTRS						
25	ADULTS & PEDIATRICS		5523344	326902			5850246
26	INTENSIVE CARE UNIT		421604				421604
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE UNIT						
30	PREMATURE INTENSIVE CARE						
31	SUBPROVIDER I						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
101	TOTAL		5944948	326902			6271850

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER  
 PERIOD FROM 10/01/2007 TO 09/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05  
 02/25/2009 08:01

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
	INPAT ROUTINE SERV COST CTRS					
25	ADULTS & PEDIATRICS	128401	45.56	41998	1913429	25
26	INTENSIVE CARE UNIT	18066	23.34	8698	203011	26
27	CORONARY CARE UNIT					27
28	BURN INTENSIVE CARE UNIT					28
29	SURGICAL INTENSIVE CARE UNIT					29
30	PREMATURE INTENSIVE CARE	11485				30
31	SUBPROVIDER I	8863		3978		31
33	NURSERY					33
34	SKILLED NURSING FACILITY					34
35	NURSING FACILITY					35
101	TOTAL	166815		54674	2116440	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0067) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER		TOTAL COSTS 3
	NONPHYSICIAN ANESTHETIST COST 1	NONPHYSICIAN ANESTHETIST COST 1.01			MEDICAL EDUCATION COSTS 2.02	ADMINISTERING BLOOD CLOTTING FACTORS COST 2.03	
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM			84433				84433 37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM			151531				151531 39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC			102885	383487			486372 41
44 LABORATORY				169651			169651 44
45 PBP CLINICAL LAB SERVICES-PRGM							45
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
52 SPEECH PATHOLOGY			13420				13420 52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 DIGESTIVE DISEASES			13420				13420 59
59.01 ENTEROSTOMAL							59.01
59.02 NON-INVASIVE LABORATORY							59.02
59.03 REHABILITATION SERVICES							59.03
59.04 CARDIAC CATHETER LAB			58152				58152 59.04
59.05 KRASSE HEALTH CENTER							59.05
59.06 SPEECH PATH & AUDIOLOGY							59.06
59.07 SPECIAL CLINICS							59.07
59.08 SISTERS CLINIC			59830				59830 59.08
59.09 DIABETIC SERVICE			42496				42496 59.09
59.10 CARDIO-PULMONARY REHAB							59.10
59.11 CENTER FOR SENIOR HEALTH							59.11
59.12 PAIN CLINIC							59.12
59.13 WOUND CARE							59.13
59.14 PSYCHOLOGY							59.14
59.15 NEURO DIAGNOSTIC CENTER							59.15
59.16 EATING DISORDERS CLINIC			21248				21248 59.16
59.18 UROLOGICAL							59.18
59.19 LITHOTRIPSY							59.19
59.20 WOMEN'S CENTER							59.20
59.21 SLEEP DISORDERS							59.21
59.22 PAIN PROGRAM							59.22
59.23 COMP EPILEPSY							59.23
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY			169983				169983 61
62 OBSERVATION BEDS (NON-DISTINC			163375	9670			173045 62
62.01 OBSERVATION BEDS-DISTINCT							62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL			880773	562808			1443581 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0067) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	84433	223767719	.000377	.000377	56797440	21413	9602317	37
38 RECOVERY ROOM		25046578			4980297		3968124	38
39 DELIVERY ROOM & LABOR ROOM	151531	10096656	.015008	.015008	42758	642	4149	39
40 ANESTHESIOLOGY		77602460			14970968		4612835	40
41 RADIOLOGY-DIAGNOSTIC	486372	409394902	.001188	.001188	58351317	69321	77533356	41
44 LABORATORY	169651	414791352	.000409	.000409	48169118	19701	4298361	44
45 PBP CLINICAL LAB SERVICES-PRGM								45
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		12031594			4869652		208842	47
49 RESPIRATORY THERAPY		90515846			31927185		794184	49
50 PHYSICAL THERAPY		29033724			4646504		411758	50
52 SPEECH PATHOLOGY	13420	3400685	.003946	.003946	760224	3000	142862	52
53 ELECTROCARDIOLOGY		27499707			2625224		2243429	53
54 ELECTROENCEPHALOGRAPHY		4198301			1256935		1759149	54
55 MEDICAL SUPPLIES CHARGED TO P		54377692			14315819		1360971	55
56 DRUGS CHARGED TO PATIENTS		149912350			45637981		2750117	56
57 RENAL DIALYSIS		5158523			3383764		26490	57
59 DIGESTIVE DISEASES	13420	49548070	.000271	.000271	3580286	970	10120076	59
59.01 ENTEROSTOMAL		571980						59.01
59.02 NON-INVASIVE LABORATORY								59.02
59.03 REHABILITATION SERVICES								59.03
59.04 CARDIAC CATHETER LAB	58152	117127948	.000496	.000496	28617638	14194	21128833	59.04
59.05 KRASSE HEALTH CENTER								59.05
59.06 SPEECH PATH & AUDIOLOGY								59.06
59.07 SPECIAL CLINICS		259361			676		48046	59.07
59.08 SISTERS CLINIC	59830	1439430	.041565	.041565	882	37	109727	59.08
59.09 DIABETIC SERVICE	42496	725240	.058596	.058596	624	37	7648	59.09
59.10 RADIO-PULMONARY REHAB		1250432			265519		255055	59.10
59.11 CENTER FOR SENIOR HEALTH		59825					41634	59.11
59.12 PAIN CLINIC								59.12
59.13 WOUND CARE		1010566			1543		155947	59.13
59.14 PSYCHOLOGY		535734						59.14
59.15 NEURO DIAGNOSTIC CENTER		139058					67489	59.15
59.16 EATING DISORDERS CLINIC	21248	217432	.097723	.097723				59.16
59.18 UROLOGICAL		550581			12292		14222	59.18
59.19 LITHOTRIPSY		957606			29953		331726	59.19
59.20 WOMEN'S CENTER								59.20
59.21 SLEEP DISORDERS		9496832					67111	59.21
59.22 PAIN PROGRAM		3292052			2953		833918	59.22
59.23 COMP EPILEPSY		162530					38187	59.23
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	169983	55898200	.003041	.003041	5839966	17759	4372103	61
62 OBSERVATION BEDS (NON-DISTINCT)	173045	4255727	.040662	.040662				62
62.01 OBSERVATION BEDS-DISTINCT		1060234					233990	62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL	1443581	1785386927			331087518	147074	147542656	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0067) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A { } SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM			3620		37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM			62		39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC			92110		41
44 LABORATORY			1758		44
45 PBP CLINICAL LAB SERVICES-PRGM					45
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
52 SPEECH PATHOLOGY			564		52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 DIGESTIVE DISEASES			2743		59
59.01 ENTEROSTOMAL					59.01
59.02 NON-INVASIVE LABORATORY					59.02
59.03 REHABILITATION SERVICES					59.03
59.04 CARDIAC CATHETER LAB			10480		59.04
59.05 KRASSE HEALTH CENTER					59.05
59.06 SPEECH PATH & AUDIOLOGY					59.06
59.07 SPECIAL CLINICS					59.07
59.08 SISTERS CLINIC			4561		59.08
59.09 DIABETIC SERVICE			448		59.09
59.10 CARDIO-PULMONARY REHAB					59.10
59.11 CENTER FOR SENIOR HEALTH					59.11
59.12 PAIN CLINIC					59.12
59.13 WOUND CARE					59.13
59.14 PSYCHOLOGY					59.14
59.15 NEURO DIAGNOSTIC CENTER					59.15
59.16 EATING DISORDERS CLINIC					59.16
59.18 UROLOGICAL					59.18
59.19 LITHOTRIPSY					59.19
59.20 WOMEN'S CENTER					59.20
59.21 SLEEP DISORDERS					59.21
59.22 PAIN PROGRAM					59.22
59.23 COMP EPILEPSY					59.23
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY			13296		61
62 OBSERVATION BEDS (NON-DISTINC					62
62.01 OBSERVATION BEDS-DISTINCT					62.01
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL			129642		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0067)  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II  
 [ ] SUB III  
 [ ] SUB IV

[ ] SNF  
 [ ] NF  
 [ ] S/B-SNF  
 [ ] S/B-NF  
 [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.335924	.335924	.335924			37
38 RECOVERY ROOM	.144847	.144847	.144847			38
39 DELIVERY ROOM & LABOR ROOM	.748147	.748147	.748147			39
40 ANESTHESIOLOGY	.043474	.043474	.043474			40
41 RADIOLOGY-DIAGNOSTIC	.174630	.174630	.174630			41
44 LABORATORY	.083261	.083261	.083261			44
45 PBP CLINICAL LAB SERVICES-PRGM	.002558	.002558	.002558			45
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.466821	.466821	.466821			47
49 RESPIRATORY THERAPY	.109331	.109331	.109331			49
50 PHYSICAL THERAPY	.465272	.465272	.465272			50
52 SPEECH PATHOLOGY	.371677	.371677	.371677			52
53 ELECTROCARDIOLOGY	.120831	.120831	.120831			53
54 ELECTROENCEPHALOGRAPHY	.273571	.273571	.273571			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.124296	.124296	.124296			55
56 DRUGS CHARGED TO PATIENTS	.222874	.222874	.222874			56
57 RENAL DIALYSIS	.312070	.312070	.312070			57
59 DIGESTIVE DISEASES	.119630	.119630	.119630			59
59.01 ENTEROSTOMAL	.647292	.647292	.647292			59.01
59.02 NON-INVASIVE LABORATORY						59.02
59.03 REHABILITATION SERVICES						59.03
59.04 CARDIAC CATHETER LAB	.199289	.199289	.199289			59.04
59.05 KRASSE HEALTH CENTER						59.05
59.06 SPEECH PATH & AUDIOLOGY						59.06
59.07 SPECIAL CLINICS	1.926801	1.926801	1.926801			59.07
59.08 SISTERS CLINIC	2.117469	2.117469	2.117469			59.08
59.09 DIABETIC SERVICE	1.757548	1.757548	1.757548			59.09
59.10 CARDIO-PULMONARY REHAB	.685646	.685646	.685646			59.10
59.11 CENTER FOR SENIOR HEALTH	6.055696	6.055696	6.055696			59.11
59.12 PAIN CLINIC						59.12
59.13 WOUND CARE	.592476	.592476	.592476			59.13
59.14 PSYCHOLOGY	.588990	.588990	.588990			59.14
59.15 NEURO DIAGNOSTIC CENTER	8.105503	8.105503	8.105503			59.15
59.16 EATING DISORDERS CLINIC	1.758232	1.758232	1.758232			59.16
59.18 UROLOGICAL	.249591	.249591	.249591			59.18
59.19 LITHOTRIPSY	.202100	.202100	.202100			59.19
59.20 WOMEN'S CENTER						59.20
59.21 SLEEP DISORDERS	.353308	.353308	.353308			59.21
59.22 PAIN PROGRAM	.669305	.669305	.669305			59.22
59.23 COMP EPILEPSY	4.297354	4.297354	4.297354			59.23
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	.430037	.430037	.430037			61
62 OBSERVATION BEDS (NON-DISTINCT)	.767913	.767913	.767913			62
62.01 OBSERVATION BEDS-DISTINCT	1.790243	1.790243	1.790243			62.01
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	.430939	.430939	.430939			65
65.01 AMBULANCE CHARGES (S-2 LINE 56.	.430939	.430939	.430939			65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.	.430939	.430939	.430939			65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.	.430939	.430939	.430939			65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.222874	1
2 PROGRAM VACCINE CHARGES	17763	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	3959	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0067) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.) 5	PPS SER- VICES (SEE INSTRU.) 5.01	ALL OTHER (SEE INSTRU.) 5.02	PPS SER- VICES (SEE INSTRU.) 5.03	PPS SER- VICES (SEE INSTRU.) 5.04	OUTPATIENT AMBULATORY SURGICAL CENTER 6	OUTPATIENT RADIOLOGY 7	OTHER OUTPATIENT DIAGNOSTIC 8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		9602317						37
38 RECOVERY ROOM		3968124						38
39 DELIVERY ROOM & LABOR ROOM		4149						39
40 ANESTHESIOLOGY		4612835						40
41 RADIOLOGY-DIAGNOSTIC		77533356						41
44 LABORATORY		4298361	630					44
45 PBP CLINICAL LAB SERVICES-PRGM								45
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		208842						47
49 RESPIRATORY THERAPY		794184	6205					49
50 PHYSICAL THERAPY		411758	2470					50
52 SPEECH PATHOLOGY		142862						52
53 ELECTROCARDIOLOGY		2243429						53
54 ELECTROENCEPHALOGRAPHY		1759149						54
55 MEDICAL SUPPLIES CHARGED TO PA		1360971	4752					55
56 DRUGS CHARGED TO PATIENTS		2750117	1132					56
57 RENAL DIALYSIS		26490						57
59 DIGESTIVE DISEASES		10120076						59
59.01 ENTEROSTOMAL								59.01
59.02 NON-INVASIVE LABORATORY								59.02
59.03 REHABILITATION SERVICES								59.03
59.04 CARDIAC CATHETER LAB		21128833						59.04
59.05 KRASSE HEALTH CENTER								59.05
59.06 SPEECH PATH & AUDIOLOGY								59.06
59.07 SPECIAL CLINICS		48046						59.07
59.08 SISTERS CLINIC		109727						59.08
59.09 DIABETIC SERVICE		7648						59.09
59.10 CARDIO-PULMONARY REHAB		255055						59.10
59.11 CENTER FOR SENIOR HEALTH		41634						59.11
59.12 PAIN CLINIC								59.12
59.13 WOUND CARE		155947						59.13
59.14 PSYCHOLOGY								59.14
59.15 NEURO DIAGNOSTIC CENTER		67489						59.15
59.16 EATING DISORDERS CLINIC								59.16
59.18 UROLOGICAL		14222						59.18
59.19 LITHOTRIPSY		331726						59.19
59.20 WOMEN'S CENTER								59.20
59.21 SLEEP DISORDERS		67111						59.21
59.22 PAIN PROGRAM		833918						59.22
59.23 COMP EPILEPSY		38187						59.23
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		4372103						61
62 OBSERVATION BEDS (NON-DISTINCT)								62
62.01 OBSERVATION BEDS-DISTINCT		233990						62.01
63.50 RHC								63.50
63.60 EQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
65.01 AMBULANCE CHARGES (S-2 LINE 56)								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56)								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)								65.03
101 SUBTOTAL		147542656	15189					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		147542656	15189					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK	[ ]	TITLE V - O/P	[XX]	HOSPITAL (14-0067)	[ ]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[ ]	SUB I	[ ]	NF
BOXES	[ ]	TITLE XIX - O/P	[ ]	SUB II	[ ]	S/B-SNF
			[ ]	SUB III	[ ]	S/B-NF
			[ ]	SUB IV	[ ]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL I/P PART B CHARGES (SEE INSTRU.)	HOSPITAL I/P PART B COST (COLUMNS 1.02x10)
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)		
	9	9.01	9.02	9.03	9.04	10
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM		3225649				37
38 RECOVERY ROOM		574771				38
39 DELIVERY ROOM & LABOR ROOM		3104				39
40 ANESTHESIOLOGY		200538				40
41 RADIOLOGY-DIAGNOSTIC		13539650				41
44 LABORATORY		357886	52			44
45 PBP CLINICAL LAB SERVICES-PRGM						45
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA		97492				47
49 RESPIRATORY THERAPY		86829	678			49
50 PHYSICAL THERAPY		191579	1149			50
52 SPEECH PATHOLOGY		53099				52
53 ELECTROCARDIOLOGY		271076				53
54 ELECTROENCEPHALOGRAPHY		481252				54
55 MEDICAL SUPPLIES CHARGED TO PAT		169163	591			55
56 DRUGS CHARGED TO PATIENTS		612930	252			56
57 RENAL DIALYSIS		8267				57
59 DIGESTIVE DISEASES		1210665				59
59.01 ENTEROSTOMAL						59.01
59.02 NON-INVASIVE LABORATORY						59.02
59.03 REHABILITATION SERVICES						59.03
59.04 CARDIAC CATHETER LAB		4210744				59.04
59.05 KRASSE HEALTH CENTER						59.05
59.06 SPEECH PATH & AUDIOLOGY						59.06
59.07 SPECIAL CLINICS		92575				59.07
59.08 SISTERS CLINIC		232344				59.08
59.09 DIABETIC SERVICE		13442				59.09
59.10 CARDIO-PULMONARY REHAB		174877				59.10
59.11 CENTER FOR SENIOR HEALTH		252123				59.11
59.12 PAIN CLINIC						59.12
59.13 WOUND CARE		92395				59.13
59.14 PSYCHOLOGY						59.14
59.15 NEURO DIAGNOSTIC CENTER		547032				59.15
59.16 EATING DISORDERS CLINIC						59.16
59.18 UROLOGICAL		3550				59.18
59.19 LITHOTRIPSY		67042				59.19
59.20 WOMEN'S CENTER						59.20
59.21 SLEEP DISORDERS		23711				59.21
59.22 PAIN PROGRAM		558145				59.22
59.23 COMP EPILEPSY		164103				59.23
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY		1880166				61
62 OBSERVATION BEDS (NON-DISTINCT)						62
62.01 OBSERVATION BEDS-DISTINCT		418899				62.01
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES						65
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL		29815098	2722			101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES		29815098	2722			104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T067) [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ]

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	OLD CAPITAL		NEW CAPITAL	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		4085936	223767719	138481			.018260	2529 37
38 RECOVERY ROOM		229557	25046578	14171			.009165	130 38
39 DELIVERY ROOM & LABOR ROOM		382386	10096656				.037873	39
40 ANESTHESIOLOGY		303538	77602460	19406			.003911	76 40
41 RADIOLOGY-DIAGNOSTIC		10508930	409394902	424662			.025669	10901 41
44 LABORATORY		2003756	414791352	850727			.004831	4110 44
45 PBP CLINICAL LAB SERVICES-PRGM								45
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		105355	12031594	26070			.008757	228 47
49 RESPIRATORY THERAPY		692957	90515846	329406			.007656	2522 49
50 PHYSICAL THERAPY		882401	29033724	3508590			.030392	106633 50
52 SPEECH PATHOLOGY		85880	3400685	419619			.025254	10597 52
53 ELECTROCARDIOLOGY		330264	27499707	10674			.012010	128 53
54 ELECTROENCEPHALOGRAPHY		130365	4198301	13898			.031052	432 54
55 MEDICAL SUPPLIES CHARGED TO P		137282	54377692	170512			.002525	431 55
56 DRUGS CHARGED TO PATIENTS		1122434	149912350	982201			.007487	7354 56
57 RENAL DIALYSIS		32875	5158523	167245			.006373	1066 57
59 DIGESTIVE DISEASES		613232	49548070	33743			.012377	418 59
59.01 ENTEROSTOMAL		20142	571980				.035215	59.01
59.02 NON-INVASIVE LABORATORY								59.02
59.03 REHABILITATION SERVICES								59.03
59.04 CARDIAC CATHETER LAB		2518269	117127948	20453			.021500	440 59.04
59.05 KRASSE HEALTH CENTER								59.05
59.06 SPEECH PATH & AUDIOLOGY								59.06
59.07 SPECIAL CLINICS		76187	259361	1761			.293749	517 59.07
59.08 SISTERS CLINIC		360712	1439430	893			.250594	224 59.08
59.09 DIABETIC SERVICE		75171	725240	935			.103650	97 59.09
59.10 CARDIO-PULMONARY REHAB		38910	1250432				.031117	59.10
59.11 CENTER FOR SENIOR HEALTH		42590	59825	128			.711910	91 59.11
59.12 PAIN CLINIC								59.12
59.13 WOUND CARE		64871	1010566				.064193	59.13
59.14 PSYCHOLOGY		20468	535734				.038206	59.14
59.15 NEURO DIAGNOSTIC CENTER		91347	139058	211			.656899	139 59.15
59.16 EATING DISORDERS CLINIC		45229	217432				.208014	59.16
59.18 UROLOGICAL		27582	550581	12435			.050096	623 59.18
59.19 LITHOTRIPSY		3774	957606				.003941	59.19
59.20 WOMEN'S CENTER								59.20
59.21 SLEEP DISORDERS		291295	9496832				.030673	59.21
59.22 PAIN PROGRAM		186002	3292052	433			.056500	24 59.22
59.23 COMP EPILEPSY		30963	162530	144			.190506	27 59.23
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		1962651	55898200	179590			.035111	6306 61
62 OBSERVATION BEDS (NON-DISTINC		173630	4255727				.040799	62
62.01 OBSERVATION BEDS-DISTINCT		213073	1060234				.200968	62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL		27890014	1785386927	7326388				156043 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T067) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	NONPHYSICIAN	OUTPATIENT	NURSING	ALLIED	ALL OTHER		TOTAL
	ANESTHETIST	NONPHYSICIAN			HEALTH	MEDICAL	
	COST	ANESTHETIST	SCHOOL	COSTS	EDUCATION	BLOOD CLOTTING	COSTS
	1	COST	COST	2.01	2.02	FACTORS COST	3
		1.01	2			2.03	
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM			84433				84433 37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM			151531				151531 39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC			102885	383487			486372 41
44 LABORATORY				169651			169651 44
45 PBP CLINICAL LAB SERVICES-PRGM							45
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
52 SPEECH PATHOLOGY			13420				13420 52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 DIGESTIVE DISEASES			13420				13420 59
59.01 ENTEROSTOMAL							59.01
59.02 NON-INVASIVE LABORATORY							59.02
59.03 REHABILITATION SERVICES							59.03
59.04 CARDIAC CATHETER LAB			58152				58152 59.04
59.05 KRASSE HEALTH CENTER							59.05
59.06 SPEECH PATH & AUDIOLOGY							59.06
59.07 SPECIAL CLINICS							59.07
59.08 SISTERS CLINIC			59830				59830 59.08
59.09 DIABETIC SERVICE			42496				42496 59.09
59.10 CARDIO-PULMONARY REHAB							59.10
59.11 CENTER FOR SENIOR HEALTH							59.11
59.12 PAIN CLINIC							59.12
59.13 WOUND CARE							59.13
59.14 PSYCHOLOGY							59.14
59.15 NEURO DIAGNOSTIC CENTER							59.15
59.16 EATING DISORDERS CLINIC			21248				21248 59.16
59.18 UROLOGICAL							59.18
59.19 LITHOTRIPSY							59.19
59.20 WOMEN'S CENTER							59.20
59.21 SLEEP DISORDERS							59.21
59.22 PAIN PROGRAM							59.22
59.23 COMP EPILEPSY							59.23
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY			169983				169983 61
62 OBSERVATION BEDS (NON-DISTINC			163375	9670			173045 62
62.01 OBSERVATION BEDS-DISTINCT							62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL			880773	562808			1443581 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T067) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	84433	223767719	.000377	.000377	138481	52	37
38 RECOVERY ROOM		25046578			14171		38
39 DELIVERY ROOM & LABOR ROOM	151531	10096656	.015008	.015008			39
40 ANESTHESIOLOGY		77602460			19406		40
41 RADIOLOGY-DIAGNOSTIC	486372	409394902	.001188	.001188	424662	504	41
44 LABORATORY	169651	414791352	.000409	.000409	850727	348	44
45 PBP CLINICAL LAB SERVICES-PRGM							45
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		12031594			26070		47
49 RESPIRATORY THERAPY		90515846			329406		49
50 PHYSICAL THERAPY		29033724			3508590		50
52 SPEECH PATHOLOGY	13420	3400685	.003946	.003946	419619	1656	52
53 ELECTROCARDIOLOGY		27499707			10674		53
54 ELECTROENCEPHALOGRAPHY		4198301			13898		54
55 MEDICAL SUPPLIES CHARGED TO P		54377692			170512		55
56 DRUGS CHARGED TO PATIENTS		149912350			982201		56
57 RENAL DIALYSIS		5158523			167245		57
59 DIGESTIVE DISEASES	13420	49548070	.000271	.000271	33743	9	59
59.01 ENTEROSTOMAL		571980					59.01
59.02 NON-INVASIVE LABORATORY							59.02
59.03 REHABILITATION SERVICES							59.03
59.04 CARDIAC CATHETER LAB	58152	117127948	.000496	.000496	20453	10	59.04
59.05 KRASSE HEALTH CENTER							59.05
59.06 SPEECH PATH & AUDIOLOGY							59.06
59.07 SPECIAL CLINICS		259361			1761		59.07
59.08 SISTERS CLINIC	59830	1439430	.041565	.041565	693	37	59.08
59.09 DIABETIC SERVICE	42496	725240	.058596	.058596	935	55	59.09
59.10 RADIO-PULMONARY REHAB		1250432					59.10
59.11 CENTER FOR SENIOR HEALTH		59825			128		59.11
59.12 PAIN CLINIC							59.12
59.13 WOUND CARE		1010566					59.13
59.14 PSYCHOLOGY		535734					59.14
59.15 NEURO DIAGNOSTIC CENTER		139058			211		59.15
59.16 EATING DISORDERS CLINIC	21248	217432	.097723	.097723			59.16
59.18 UROLOGICAL		550581			12435		59.18
59.19 LITHOTRIPSY		957606					59.19
59.20 WOMEN'S CENTER							59.20
59.21 SLEEP DISORDERS		9496832					59.21
59.22 PAIN PROGRAM		3292052			433		59.22
59.23 COMP EPILEPSY		162530			144		59.23
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	169983	55898200	.003041	.003041	179590	546	61
62 OBSERVATION BEDS (NON-DISTINC	173045	4255727	.040662	.040662			62
62.01 OBSERVATION BEDS-DISTINCT		1060234					62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL	1443581	1785386927			7326388	3217	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T067) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
45 PBP CLINICAL LAB SERVICES-PRGM					45
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 DIGESTIVE DISEASES					59
59.01 ENTEROSTOMAL					59.01
59.02 NON-INVASIVE LABORATORY					59.02
59.03 REHABILITATION SERVICES					59.03
59.04 CARDIAC CATHETER LAB					59.04
59.05 KRASSE HEALTH CENTER					59.05
59.06 SPEECH PATH & AUDIOLOGY					59.06
59.07 SPECIAL CLINICS					59.07
59.08 SISTERS CLINIC					59.08
59.09 DIABETIC SERVICE					59.09
59.10 CARDIO-PULMONARY REHAB					59.10
59.11 CENTER FOR SENIOR HEALTH					59.11
59.12 PAIN CLINIC					59.12
59.13 WOUND CARE					59.13
59.14 PSYCHOLOGY					59.14
59.15 NEURO DIAGNOSTIC CENTER					59.15
59.16 EATING DISORDERS CLINIC					59.16
59.18 UROLOGICAL					59.18
59.19 LITHOTRIPSY					59.19
59.20 WOMEN'S CENTER					59.20
59.21 SLEEP DISORDERS					59.21
59.22 PAIN PROGRAM					59.22
59.23 COMP EPILEPSY					59.23
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
62.01 OBSERVATION BEDS-DISTINCT					62.01
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

[ ] TITLE V-INPT

[XX] TITLE XVIII-PART A

[ ] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0067)	SUB I (PPS) (14-T067)	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	128401	8863					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	128401	8863					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	128401	8863					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	41998	3978					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL {PPS} (14-0067)	SUB I {PPS} (14-T067)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	110484402	5541605					21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	110484402	5541605					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	44319900	2874333					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	2.492885	1.927962					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	110484402	5541605					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (14-0067)	SUB I (PPS) (14-T067)	SUB II	SUB III	SUB IV		
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		1	1	1	1	1		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	860.46	625.25					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	36137599	2487245					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	36137599	2487245					41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5		
42	NURSERY (TITLES V AND XIX ONLY)							42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	INTENSIVE CARE UNIT	29016157		18066	1606.12	8698	13970032	43
44	CORONARY CARE UNIT							44
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT							46
47	PREMATURE INTENSIVE CARE	15434241		11485	1343.86			47
		HOSPITAL (PPS) (14-0067)	SUB I (PPS) (14-T067)	SUB II	SUB III	SUB IV		
		1	1	1	1	1		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	65671842	2434592					48
49	TOTAL PROGRAM INPATIENT COSTS	115779473	4921837					49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	4664498	124949					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	4812378	159260					51
52	TOTAL PROGRAM EXCLUDABLE COST	9476876	284209					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	106302597	4637628					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0067)	SUB I (PPS) (14-T067)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54						54
55						55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER  
PERIOD FROM 10/01/2007 TO 09/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05  
02/25/2009 08:01

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

HOSPITAL SUB I SUB II SUB III SUB IV  
 (PPS) (PPS)  
 (14-0067) (14-T067)  
 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3798	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	860.46	84
85 OBSERVATION BED COST	3268027	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		110484402		3268027		86
87 NEW CAPITAL-RELATED COST	5870010	110484402	.053130	3268027	173630	87
88 NON PHYSICIAN ANESTHETIST		110484402		3268027		88
89 NURSING SCHOOL	5523344	110484402	.049992	3268027	163375	89
89.01 ALLIED HEALTH	326902	110484402	.002959	3268027	9670	89.01
89.02 ALL OTHER		110484402		3268027		89.02

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [XX] HOSPITAL (14-0067) [ ] SNF [XX] PPS  
 [XX] TITLE XVIII-PT A [ ] SUB I [ ] NF [ ] TEFRA  
 [ ] TITLE XIX [ ] SUB II [ ] S/B-SNF [ ] OTHER  
 [ ] SUB III  
 [ ] SUB IV

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		44319900		25
26 INTENSIVE CARE UNIT		25269322		26
30 PREMATURE INTENSIVE CARE				30
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.336378	56797440	19105409	37
38 RECOVERY ROOM	.144847	4980297	721381	38
39 DELIVERY ROOM & LABOR ROOM	.748147	42758	31989	39
40 ANESTHESIOLOGY	.043474	14970968	650848	40
41 RADIOLOGY-DIAGNOSTIC	.174630	58351317	10189890	41
44 LABORATORY	.083323	48169118	4013595	44
45 PBP CLINICAL LAB SERVICES-PRGM	.002558	48169118	123217	45
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.466821	4869652	2273256	47
49 RESPIRATORY THERAPY	.109380	31927185	3492195	49
50 PHYSICAL THERAPY	.465746	4646504	2164091	50
52 SPEECH PATHOLOGY	.371677	760224	282558	52
53 ELECTROCARDIOLOGY	.120831	2625224	317208	53
54 ELECTROENCEPHALOGRAPHY	.273571	1256935	343861	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.124296	14315819	1779399	55
56 DRUGS CHARGED TO PATIENTS	.222874	45637981	10171519	56
57 RENAL DIALYSIS	.312070	3383764	1055971	57
59 DIGESTIVE DISEASES	.120408	3580286	431095	59
59.01 ENTEROSTOMAL	.647292			59.01
59.02 NON-INVASIVE LABORATORY				59.02
59.03 REHABILITATION SERVICES				59.03
59.04 CARDIAC CATHETER LAB	.199289	28617638	5703180	59.04
59.05 KRASSE HEALTH CENTER				59.05
59.06 SPEECH PATH & AUDIOLOGY				59.06
59.07 SPECIAL CLINICS	1.926801	676	1303	59.07
59.08 SISTERS CLINIC	2.117469	882	1868	59.08
59.09 DIABETIC SERVICE	1.757548	624	1097	59.09
59.10 CARDIO-PULMONARY REHAB	.685646	265519	182052	59.10
59.11 CENTER FOR SENIOR HEALTH	6.055696			59.11
59.12 PAIN CLINIC				59.12
59.13 WOUND CARE	.592476	1543	914	59.13
59.14 PSYCHOLOGY	.588990			59.14
59.15 NEURO DIAGNOSTIC CENTER	8.144364			59.15
59.16 EATING DISORDERS CLINIC	1.758232			59.16
59.18 UROLOGICAL	.249591	12292	3068	59.18
59.19 LITHOTRIPSY	.202100	29953	6054	59.19
59.20 WOMEN'S CENTER				59.20
59.21 SLEEP DISORDERS	.353308			59.21
59.22 PAIN PROGRAM	.671952	2953	1984	59.22
59.23 COMP EPILEPSY	4.322642			59.23
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.449119	5839966	2622840	61
62 OBSERVATION BEDS (NON-DISTINCT	.767913			62
62.01 OBSERVATION BEDS-DISTINCT	1.790243			62.01
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		379256636	65671842	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES		48169118		102
103 NET CHARGES		331087518		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-T067)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
30 PREMATURE INTENSIVE CARE				30
31 SUBPROVIDER I		2874333		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.336378	138481	46582	37
38 RECOVERY ROOM	.144847	14171	2053	38
39 DELIVERY ROOM & LABOR ROOM	.748147			39
40 ANESTHESIOLOGY	.043474	19406	844	40
41 RADIOLOGY-DIAGNOSTIC	.174630	424662	74159	41
44 LABORATORY	.083323	850727	70885	44
45 PBP CLINICAL LAB SERVICES-PRGM	.002558	850727	2176	45
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.466821	26070	12170	47
49 RESPIRATORY THERAPY	.109380	329406	36030	49
50 PHYSICAL THERAPY	.465746	3508590	1634112	50
52 SPEECH PATHOLOGY	.371677	419619	155963	52
53 ELECTROCARDIOLOGY	.120831	10674	1290	53
54 ELECTROENCEPHALOGRAPHY	.273571	13898	3802	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.124296	170512	21194	55
56 DRUGS CHARGED TO PATIENTS	.222874	982201	218907	56
57 RENAL DIALYSIS	.312070	167245	52192	57
59 DIGESTIVE DISEASES	.120408	33743	4063	59
59.01 ENTEROSTOMAL	.647292			59.01
59.02 NON-INVASIVE LABORATORY				59.02
59.03 REHABILITATION SERVICES				59.03
59.04 CARDIAC CATHETER LAB	.199289	20453	4076	59.04
59.05 KRASSE HEALTH CENTER				59.05
59.06 SPEECH PATH & AUDIOLOGY				59.06
59.07 SPECIAL CLINICS	1.926801	1761	3393	59.07
59.08 SISTERS CLINIC	2.117469	893	1891	59.08
59.09 DIABETIC SERVICE	1.757548	935	1643	59.09
59.10 CARDIO-PULMONARY REHAB	.685646			59.10
59.11 CENTER FOR SENIOR HEALTH	6.055696	128	775	59.11
59.12 PAIN CLINIC				59.12
59.13 WOUND CARE	.592476			59.13
59.14 PSYCHOLOGY	.588990			59.14
59.15 NEURO DIAGNOSTIC CENTER	8.144364	211	1718	59.15
59.16 EATING DISORDERS CLINIC	1.758232			59.16
59.18 UROLOGICAL	.249591	12435	3104	59.18
59.19 LITHOTRIPSY	.202100			59.19
59.20 WOMEN'S CENTER				59.20
59.21 SLEEP DISORDERS	.353308			59.21
59.22 PAIN PROGRAM	.671952	433	291	59.22
59.23 COMP EPILEPSY	4.322642	144	622	59.23
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.449119	179590	80657	61
62 OBSERVATION BEDS (NON-DISTINCT	.767913			62
62.01 OBSERVATION BEDS-DISTINCT	1.790243			62.01
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		8177115	2434592	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES		850727		102
103 NET CHARGES		7326388		103

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 PART I

CHECK [ ] HEART [ ] LIVER [ ] PANCREAS [ ] ISLET  
 APPLICABLE BOX [XX] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES	PER DIEM COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
		1	2	3	4	
1	ADULTS & PEDIATRICS	43243	860.46	60	51628	1
2	INTENSIVE CARE UNIT		1606.12			2
3	CORONARY CARE UNIT					3
4	BURN INTENSIVE CARE UNIT					4
5	SURGICAL INTENSIVE CARE UNIT					5
6	PREMATURE INTENSIVE CARE		1343.86			6
7	TOTAL	43243		60	51628	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS		
		1	2	3		
8	OPERATING ROOM	37	.335924	118204	39708	8
9	RECOVERY ROOM	38	.144847	44882	6501	9
10	DELIVERY ROOM & LABOR ROOM	39	.748147			10
11	ANESTHESIOLOGY	40	.043474	91844	3993	11
12	RADIOLOGY-DIAGNOSTIC	41	.174630	378544	66105	12
13	RADIOLOGY-THERAPEUTIC	42				13
14	RADIOISOTOPE	43				14
15	LABORATORY	44	.083261	601531	50084	15
16	PBP CLINICAL LAB SERVICES-PRGM	45	.002558			16
17	WHOLE BLOOD & PACKED RED BLOOD	46				17
17.30	BLOOD CLOTTING FACTORS ADMIN CO	46.30				17.30
18	BLOOD STORING, PROCESSING & TRA	47	.466821	1932	902	18
19	INTRAVENOUS THERAPY	48				19
20	RESPIRATORY THERAPY	49	.109331	2088	228	20
21	PHYSICAL THERAPY	50	.465272	1579	735	21
22	OCCUPATIONAL THERAPY	51				22
23	SPEECH PATHOLOGY	52	.371677			23
24	ELECTROCARDIOLOGY	53	.120831	116404	14065	24
25	ELECTROENCEPHALOGRAPHY	54	.273571			25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.124296	190456	23673	26
27	DRUGS CHARGED TO PATIENTS	56	.222874	50757	11312	27
28	RENAL DIALYSIS	57	.312070	1844	575	28
29	ASC (NON-DISTINCT PART)	58				29
30	DIGESTIVE DISEASES	59	.119630	33964	4063	30
30.01	ENTEROSTOMAL	59.01	.647292			30.01
30.02	NON-INVASIVE LABORATORY	59.02				30.02
30.03	REHABILITATION SERVICES	59.03				30.03
30.04	CARDIAC CATHETER LAB	59.04	.199289			30.04
30.05	KRASSE HEALTH CENTER	59.05				30.05
30.06	SPEECH PATH & AUDIOLOGY	59.06				30.06
30.07	SPECIAL CLINICS	59.07	1.926801			30.07
30.08	SISTERS CLINIC	59.08	2.117469			30.08
30.09	DIABETIC SERVICE	59.09	1.757548	142	250	30.09
30.10	CARDIO-PULMONARY REHAB	59.10	.685646			30.10
30.11	CENTER FOR SENIOR HEALTH	59.11	6.055696			30.11
30.12	PAIN CLINIC	59.12				30.12
30.13	WOUND CARE	59.13	.592476			30.13
30.14	PSYCHOLOGY	59.14	.588990			30.14
30.15	NEURO DIAGNOSTIC CENTER	59.15	8.105503			30.15
30.16	EATING DISORDERS CLINIC	59.16	1.758232			30.16
30.18	UROLOGICAL	59.18	.249591			30.18
30.19	LITHOTRIPSY	59.19	.202100			30.19
30.20	WOMEN'S CENTER	59.20				30.20
30.21	SLEEP DISORDERS	59.21	.353308			30.21
30.22	PAIN PROGRAM	59.22	.669305			30.22
30.23	COMP EPILEPSY	59.23	4.297354			30.23
31	CLINIC	60				31
32	EMERGENCY	61	.430037	1030	443	32
33	OBSERVATION BEDS (NON-DISTINCT)	62	.767913			33
33.01	OBSERVATION BEDS-DISTINCT	62.01	1.790243			33.01
34	OTHER OUTPATIENT SERV (SPECIFY)	63				34
34.50	RHC	63.50				34.50
34.60	FQHC	63.60				34.60
35	TOTAL			1635201	222637	35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 PART II

CHECK [ ] HEART [ ] LIVER [ ] PANCREAS [ ] ISLET  
 APPLICABLE BOX [XX] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS	
	D	1	2	3	
36	ADULTS & PEDIATRICS		60		36
37	INTENSIVE CARE UNIT				37
38	CORONARY CARE UNIT				38
39	BURN INTENSIVE CARE UNIT				39
40	SURGICAL INTENSIVE CARE UNIT				40
41	PREMATURE INTENSIVE CARE				41
42	SUBTOTAL		60		42
COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
		1	2	3	
43	CLINIC		20		43
44	EMERGENCY	1030	21		44
45	OBSERVATION BEDS (NON-DISTINCT)		22		45
45.01	OBSERVATION BEDS-DISTINCT		22.01		45.01
46	OTHER OUTPATIENT SERV (SPECIFY)		23		46
46.50	RHC		23.50		46.50
46.60	FQHC		23.60		46.60
47	TOTAL	1030			47

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 PARTS III & IV

CHECK [ ] HEART [ ] LIVER [ ] PANCREAS [ ] ISLET  
 APPLICABLE BOX [XX] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)

PART III - SUMMARY OF COSTS AND CHARGES

	COST		CHARGES		
	PART A 1	PART B 2	PART A 3	PART B 4	
48 ROUTINE & ANCILLARY FROM PART I	274265		1678444		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	2314138		2314138		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	2588403		3992582		53
54 TOTAL USABLE ORGANS		37			54
55 MEDICARE USABLE ORGANS		23			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.621622			56
57 MEDICARE COST/CHARGES	1609008		2481877		57
58 REVENUE FOR ORGANS SOLD					58
59 SUBTOTAL	1609008		2481877		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	1609008		2481877		61

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
62 ORGANS EXCISED IN PROVIDER	16			62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65 ORGANS PURCHASED FROM OPO'S		21		65
66 TOTAL	16	21		66
67 ORGANS TRANSPLANTED	16	21		67
68 ORGANS SOLD TO OTHER HOSPITALS				68
69 ORGANS SOLD TO OPO'S				69
70 ORGANS SOLD TO TRANSPLANT HOSPITALS				70
71 ORGANS SOLD TO MILITARY OR VA HOSPITALS				71
72 ORGANS SOLD OUTSIDE THE U.S.				72
73 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				73
74 ORGANS USED FOR RESEARCH				74
75 UNUSABLE/DISCARDED ORGANS				75
76 TOTAL	16	21		76

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 PART I

CHECK [ ] HEART [ ] LIVER [XX] PANCREAS [ ] ISLET  
 APPLICABLE BOX [ ] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES	PER DIEM COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
1	D	2	3	4		
1	ADULTS & PEDIATRICS	38	860.46			1
2	INTENSIVE CARE UNIT	43	1606.12			2
3	CORONARY CARE UNIT	44				3
4	BURN INTENSIVE CARE UNIT	45				4
5	SURGICAL INTENSIVE CARE UNIT	46				5
6	PREMATURE INTENSIVE CARE	47	1343.86			6
7	TOTAL					7

  

COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
C	1	2	3		
8	OPERATING ROOM	37	.335924		8
9	RECOVERY ROOM	38	.144847		9
10	DELIVERY ROOM & LABOR ROOM	39	.748147		10
11	ANESTHESIOLOGY	40	.043474		11
12	RADIOLOGY-DIAGNOSTIC	41	.174630		12
13	RADIOLOGY-THERAPEUTIC	42			13
14	RADIOISOTOPE	43			14
15	LABORATORY	44	.083261		15
16	PBP CLINICAL LAB SERVICES-PRGM	45	.002558		16
17	WHOLE BLOOD & PACKED RED BLOOD	46			17
17.30	BLOOD CLOTTING FACTORS ADMIN CO	46.30			17.30
18	BLOOD STORING, PROCESSING & TRA	47	.466821		18
19	INTRAVENOUS THERAPY	48			19
20	RESPIRATORY THERAPY	49	.109331		20
21	PHYSICAL THERAPY	50	.465272		21
22	OCCUPATIONAL THERAPY	51			22
23	SPEECH PATHOLOGY	52	.371677		23
24	ELECTROCARDIOLOGY	53	.120831		24
25	ELECTROENCEPHALOGRAPHY	54	.273571		25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.124296		26
27	DRUGS CHARGED TO PATIENTS	56	.222874		27
28	RENAL DIALYSIS	57	.312070		28
29	ASC (NON-DISTINCT PART)	58			29
30	DIGESTIVE DISEASES	59	.119630		30
30.01	ENTEROSTOMAL	59.01	.647292		30.01
30.02	NON-INVASIVE LABORATORY	59.02			30.02
30.03	REHABILITATION SERVICES	59.03			30.03
30.04	CARDIAC CATHETER LAB	59.04	.199289		30.04
30.05	KRASSE HEALTH CENTER	59.05			30.05
30.06	SPEECH PATH & AUDIOLOGY	59.06			30.06
30.07	SPECIAL CLINICS	59.07	1.926801		30.07
30.08	SISTERS CLINIC	59.08	2.117469		30.08
30.09	DIABETIC SERVICE	59.09	1.757548		30.09
30.10	CARDIO-PULMONARY REHAB	59.10	.685646		30.10
30.11	CENTER FOR SENIOR HEALTH	59.11	6.055696		30.11
30.12	PAIN CLINIC	59.12			30.12
30.13	WOUND CARE	59.13	.592476		30.13
30.14	PSYCHOLOGY	59.14	.588990		30.14
30.15	NEURO DIAGNOSTIC CENTER	59.15	8.105503		30.15
30.16	EATING DISORDERS CLINIC	59.16	1.758232		30.16
30.18	UROLOGICAL	59.18	.249591		30.18
30.19	LITHOTRIPSY	59.19	.202100		30.19
30.20	WOMEN'S CENTER	59.20			30.20
30.21	SLEEP DISORDERS	59.21	.353308		30.21
30.22	PAIN PROGRAM	59.22	.669305		30.22
30.23	COMP EPILEPSY	59.23	4.297354		30.23
31	CLINIC	60			31
32	EMERGENCY	61	.430037		32
33	OBSERVATION BEDS (NON-DISTINCT)	62	.767913		33
33.01	OBSERVATION BEDS-DISTINCT	62.01	1.790243		33.01
34	OTHER OUTPATIENT SERV (SPECIFY)	63			34
34.50	RHC	63.50			34.50
34.60	FQHC	63.60			34.60
35	TOTAL				35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 PART II

CHECK [ ] HEART [ ] LIVER [XX] PANCREAS [ ] ISLET  
 APPLICABLE BOX [ ] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS	
	D	1	2	3	
36	ADULTS & PEDIATRICS				36
37	INTENSIVE CARE UNIT				37
38	CORONARY CARE UNIT				38
39	BURN INTENSIVE CARE UNIT				39
40	SURGICAL INTENSIVE CARE UNIT				40
41	PREMATURE INTENSIVE CARE				41
42	SUBTOTAL				42
COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
		1	D	2	3
43	CLINIC		20		43
44	EMERGENCY		21		44
45	OBSERVATION BEDS (NON-DISTINCT)		22		45
45.01	OBSERVATION BEDS-DISTINCT		22.01		45.01
46	OTHER OUTPATIENT SERV (SPECIFY)		23		46
46.50	RHC		23.50		46.50
46.60	FQHC		23.60		46.60
47	TOTAL				47

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6  
 PARTS III & IV

CHECK [ ] HEART [ ] LIVER [XX] PANCREAS [ ] ISLET  
 APPLICABLE BOX [ ] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)

PART III - SUMMARY OF COSTS AND CHARGES

	COST		CHARGES		
	PART A 1	PART B 2	PART A 3	PART B 4	
48 ROUTINE & ANCILLARY FROM PART I					48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	374285		374285		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	374285		374285		53
54 TOTAL USABLE ORGANS		4			54
55 MEDICARE USABLE ORGANS		3			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.750000			56
57 MEDICARE COST/CHARGES	280714		280714		57
58 REVENUE FOR ORGANS SOLD					58
59 SUBTOTAL	280714		280714		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	280714		280714		61

PART IV - STATISTICS

	LIVING RELATED 1	CADAVERIC 2	REVENUE 3	
62 ORGANS EXCISED IN PROVIDER				62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65 ORGANS PURCHASED FROM OPO'S		4		65
66 TOTAL		4		66
67 ORGANS TRANSPLANTED		4		67
68 ORGANS SOLD TO OTHER HOSPITALS				68
69 ORGANS SOLD TO OPO'S				69
70 ORGANS SOLD TO TRANSPLANT HOSPITALS				70
71 ORGANS SOLD TO MILITARY OR VA HOSPITALS				71
72 ORGANS SOLD OUTSIDE THE U.S.				72
73 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				73
74 ORGANS USED FOR RESEARCH				74
75 UNUSABLE/DISCARDED ORGANS				75
76 TOTAL		4		76

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0067)	SUB I	SUB II	SUB III	SUB IV
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	19212501				1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	58607851				1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	3166595				1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	12233878				1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED					1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001					1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001					1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997					2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	6032954				2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	539.17				3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I					3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE					3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT					3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996	98.36				3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)					3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)					3.06
	[ FOR CR PERIODS ENDING ]				
	[ ON OR AFTER 7/1/2005 ]				
	[E-3,PT.VI,LN.15][PLUS LN.3.06]				
3.07 SUM OF LINES 3.04-3.06	0.00	0.00			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	155.73				3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1					3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1					3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09					3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10					3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS					3.13
3.14 CURRENT YEAR ALLOWABLE FTE	98.36				3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	98.44				3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..	97.61				3.16
	RES. IN				
	INIT YRS				
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	98.14			3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0067)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.182021				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.181493				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.181493				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1					3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	2111177				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES] [PLUS E-3, PT.VI] [ 3.21-3.23 ] [ LINE 23 ]	6682996				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	8794173 1139811	9933984			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0510				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.2627				4.01
4.02	SUM OF 4 AND 4.01	0.3137				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1510				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	11750873				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317	8828				5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317	486				5.01
5.02	DIVIDE LINE 5.01 BY LINE 5	5.51				5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	105538163				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	105538163				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	7960375				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	4004707				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE	594500				11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST	1889722				12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	2116440				14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	147074				15
16	TOTAL	122250981				16
17	PRIMARY PAYER PAYMENTS	111276				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	122139705				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	6287964				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	459240				20
21	REIMBURSABLE BAD DEBTS	1231184				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	861829				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	944617				21.02
22	SUBTOTAL	116254330				22

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER  
PERIOD FROM 10/01/2007 TO 09/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2008.05  
02/25/2009 08:01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A  
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0067)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	116254330				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	115084390				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	1169940				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					30
	TO BE COMPLETED BY INTERMEDIARY					
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0067) 1	HOSPITAL (14-0067) 1.01	HOSPITAL (14-0067) 1.02	
1 MEDICAL AND OTHER SERVICES	6681			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	29685456			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	5920876	19496443		1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	129642			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	6681			5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	32952			6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES	32952			10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES	32952			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	26271			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	6681			17
17.01 TOTAL PPS PAYMENTS	25546961			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0067) 1	HOSPITAL (14-0067) 1.01	HOSPITAL (14-0067) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	2914		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	6493634		18.01
19 SUBTOTAL	19057094		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	974947		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	20032041		23
24 PRIMARY PAYER PAYMENTS	5092		24
25 SUBTOTAL	20026949		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	970545		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	679382		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	750290		27.02
28 SUBTOTAL	20706331		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	<u>20706331</u>		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	<u>20554874</u>		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	<u>151457</u>		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T067) 1	SUB I (14-T067) 1.01	SUB I (14-T067) 1.02	
1				1
1.01				1.01
1.02				1.02
1.03				1.03
1.04				1.04
1.05				1.05
1.06				1.06
1.07				1.07
2				2
3				3
4				4
5				5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6				6
7				7
8				8
9				9
10				10
CUSTOMARY CHARGES				
11				11
12				12
13				13
14				14
15				15
16				16
17				17
17.01				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T067) 1	SUB I (14-T067) 1.01	SUB I (14-T067) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

[ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

HOSPITAL  
(14-0067)  
OCTOBER 1, 1997  
PRIOR TO ON OR AFTER  
1 1.01

1 STANDARD OVERHEAD AMOUNTS (ASC FEES)	1
2 DEDUCTIBLES	2
3 SUBTOTAL	3
4 80 PERCENT OF LINE 3	4
5 ASC PORTION OF BLEND	5
6 OUTPATIENT ASC COST	6
COMPUTATION OF LESSER OF COST OR CHARGES	
7 TOTAL CHARGES	7
CUSTOMARY CHARGES	
8 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9 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)	9
10 RATIO OF LINE 8 TO LINE 9	10
11 TOTAL CUSTOMARY CHARGES	11
12 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14 LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT	
15 DEDUCTIBLES AND COINSURANCE	15
16 TOTAL	16
17 HOSPITAL SPECIFIC PORTION OF BLEND	17
18 ASC BLENDED AMOUNT	18
19 LESSER OF LINES 16 OR 18	19
20 PART B DEDUCTIBLES AND COINSURANCE	20
21 ASC PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

[ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

HOSPITAL  
(14-0067)  
OCTOBER 1, 1997  
PRIOR TO ON OR AFTER  
1 1.01

1	PREVAILING CHARGES	1
2	62 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OUTPATIENT RADIOLOGY	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OUTPATIENT RADIOLOGY BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	RADIOLOGY PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

[ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

HOSPITAL  
(14-0067)  
OCTOBER 1, 1997  
PRIOR TO ON OR AFTER  
1 1.01

1	PREVAILING CHARGES	1
2	42 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	DIAGNOSTIC PAYMENT AMOUNT	21



ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SUBPROVIDER I (14-T067)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4734372		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE	NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	NONE	NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		4734372		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	NONE	NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO PROGRAM .02	-91897		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		4642475		7
NAME OF INTERMEDIARY:	INTERMEDIARY NUMBER: _____			
SIGNATURE OF AUTHORIZED PERSON: _____	DATE (MO/DAY/YR): _____			



CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-T067)	SUB II	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		3217				13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15 OTHER ADJUSTMENTS						15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER		4642475				17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		4734372				19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		-91897				20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
TO BE COMPLETED BY INTERMEDIARY						
50 ORIGINAL OUTLIER AMOUNT						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

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

WORKSHEET E-3  
 PART IV

[ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS		1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE		2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS		2.01
3	AGGREGATE APPROVED AMOUNT		3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	115.20	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3, PT. VI, LN. 4] [PLUS LINE 3.03]		3.03
3.04	FTE ADJUSTMENT CAP	115.20	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	159.58	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	115.20	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	85.88	3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	70.59	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	156.47	3.09
3.10	SEE INSTRUCTIONS	112.96	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO		3.11
3.12	SEE INSTRUCTIONS	50.96	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	49.44	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	48.28	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	49.56	3.15
3.16	SEE INSTRUCTIONS {RESIDENTS IN INITIAL YEARS 0.00}	49.56	3.16
3.17	SEE INSTRUCTIONS	92185.58	3.17
3.18	SEE INSTRUCTIONS	4568717	3.18

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

WORKSHEET E-3  
 PART IV  
 (CONT)

[ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

3.19	SEE INSTRUCTIONS		62.76	3.19
3.20	SEE INSTRUCTIONS		63.32	3.20
3.21	SEE INSTRUCTIONS		62.69	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		62.69	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		97239.18	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		6095924	3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		10664641	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		54674	4
5	TOTAL INPATIENT DAYS		163017	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.335388	6
		[LINE 6 x ] [E-3, PART 6]		
		[LINE 3.25] [ LINE 11 ]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	3576793 708316	4285109	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		10320	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		163017	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		579739	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO ] [E-3, PART 6]		
		[ 422 ] [ LINE 12 ]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0 114806	114806	6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		5158523	8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER  
PERIOD FROM 10/01/2007 TO 09/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (11/98)

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

WORKSHEET E-3  
PART IV  
(CONT)

[ ] TITLE V

[XX] TITLE XVIII

[ ] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY			
PART A REASONABLE COST			
12	REASONABLE COST	120701310	12
13	ORGAN ACQUISITION COSTS	1889722	13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	115509	15
16	TOTAL PART A REASONABLE COST	122475523	16
PART B REASONABLE COST			
17	REASONABLE COST	29821779	17
18	PRIMARY PAYER PAYMENTS	5092	18
19	TOTAL PART B REASONABLE COST	29816687	19
20	TOTAL REASONABLE COST	152292210	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.804214	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.195786	22
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	4979654	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	4004707	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	974947	25

CALCULATION OF GME AND IME PAYMENTS FOR  
 REDISTRIBUTION OF UNUSED RESIDENCY SLOTS

WORKSHEET E-3  
 PART VI

	[ ] TITLE V	[XX] TITLE XVIII	[ ] TITLE XIX	
1	CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA			
	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)			1
3	UNADJUSTED DIRECT GME FTE CAP			2
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)			3
5	CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA			4
	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)			25.00
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS			5
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			43.51
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			24.51
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			86166.00
9	LINE 7 TIMES LINE 8			2111929
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6			.335388
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS			708316
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS			114806
13	CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA			
	REDUCED IME FTE CAP (SEE INSTRUCTIONS)			
14	UNADJUSTED IME FTE CAP			13
15	PRORATED REDUCED ALLOWABLE FTE CAP			14
16	CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA			15
	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)			25.00
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			57.37
18	SEE INSTRUCTIONS			25.00
19	RESIDENT TO BED COUNT			.046368
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)			.012227
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005			77820352
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005			15400473
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA			1139811

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
<b>CURRENT ASSETS</b>				
1 CASH ON HAND AND IN BANKS	11846171			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	328012536			4
5 OTHER RECEIVABLES	6873294			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-212714631			6
7 INVENTORY	8980337			7
8 PREPAID EXPENSES	6977016			8
9 OTHER CURRENT ASSETS				9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	149974723			11
<b>FIXED ASSETS</b>				
12 LAND	8777076			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	6060896			13
13.01 ACCUMULATED DEPRECIATION	-5263313			13.01
14 BUILDINGS	323157879			14
14.01 ACCUMULATED DEPRECIATION	-163612379			14.01
15 LEASEHOLD IMPROVEMENTS	4962589			15
15.01 ACCUMULATED AMORTIZATION	-4663607			15.01
16 FIXED EQUIPMENT	71884480			16
16.01 ACCUMULATED DEPRECIATION				16.01
17 AUTOMOBILES AND TRUCKS				17
17.01 ACCUMULATED DEPRECIATION				17.01
18 MAJOR MOVABLE EQUIPMENT	258249780			18
18.01 ACCUMULATED DEPRECIATION	-199590684			18.01
19 MINOR EQUIPMENT DEPRECIABLE	580738			19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	300543455			21
<b>OTHER ASSETS</b>				
22 INVESTMENTS	10504170			22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	292997486			25
26 TOTAL OTHER ASSETS	303501656			26
27 TOTAL ASSETS	754019834			27
<b>LIABILITIES AND FUND BALANCES</b>				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
<b>CURRENT LIABILITIES</b>				
28 ACCOUNTS PAYABLE	18775143			28
29 SALARIES, WAGES & FEES PAYABLE	34438938			29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)	69684			31
32 DEFERRED INCOME	1544504			32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS				34
35 OTHER CURRENT LIABILITIES	25292736			35
36 TOTAL CURRENT LIABILITIES	80121005			36
<b>LONG-TERM LIABILITIES</b>				
37 MORTGAGE PAYABLE				37
38 NOTES PAYABLE	2451521			38
39 UNSECURED LOANS				39
40 LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41 OTHER LONG TERM LIABILITIES				41
42 TOTAL LONG TERM LIABILITIES	2451521			42
43 TOTAL LIABILITIES	82572526			43
<b>CAPITAL ACCOUNTS</b>				
44 GENERAL FUND BALANCE	671447308			44
45 SPECIFIC PURPOSE FUND BALANCE				45
46 DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47 DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48 GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49 PLANT FUND BALANCE - INVESTED IN PLANT				49
50 PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51 TOTAL FUND BALANCES	671447308			51
52 TOTAL LIABILITIES AND FUND BALANCES	754019834			52

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER  
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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4	
1 FUND BALANCES AT BEGINNING OF PERIOD	590185530				1
2 NET INCOME (LOSS)	84896509				2
3 TOTAL	675082039				3
4 ADDITIONS (CREDIT ADJUSTMENTS)					4
5 NET MINORITY INTEREST ON DISTRIBUTI	10624				5
6					6
7					7
8					8
9					9
10 TOTAL ADDITIONS	10624				10
11 SUBTOTAL	675092663				11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)					12
13 CONTRIBUTIONS-TEMP RESTR	2922351				13
14 INV INC MARKET ADJ	206306				14
15 REL PARTY TRANSACTION	512056				15
16 CONTRI PERM RESTR	4642				16
17					17
18 TOTAL DEDUCTIONS	3645355				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	671447308				19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	139078015		139078015	1
2 SUBPROVIDER I	6053138		6053138	2
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	145131153		145131153	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT	50499031		50499031	10
11 CORONARY CARE UNIT				11
12 BURN INTENSIVE CARE UNIT				12
13 SURGICAL INTENSIVE CARE UNIT				13
14 PREMATURE INTENSIVE CARE	27748846		27748846	14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	78247877		78247877	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	223379030		223379030	16
17 ANCILLARY SERVICES	930724573	731440783	1662165356	17
18 OUTPATIENT SERVICES				18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY				19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24 PHYSICIAN PRACTICES		55909351	55909351	24
24.01 CENTER FOR HEALTH - ASC		47804133	47804133	24.01
25 TOTAL PATIENT REVENUES	1154103603	835154267	1989257870	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		678529330	26
27 BAD DEBTS	29031362		27
28 ROUNDING			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		29031362	33
34 DEDUCT (SPECIFY)			34
35 ROUNDING			35
36 PAYMENT MEDICAID ASSESSMENT			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		707560692	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	1989257870	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1242650367	2
3	NET PATIENT REVENUES	746607503	3
4	LESS - TOTAL OPERATING EXPENSES	707560692	4
5	NET INCOME FROM SERVICE TO PATIENTS	39046811	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	2999037	6
7	INCOME FROM INVESTMENTS	13984819	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER OPERATING REVENUE	16458552	24
24.01	ASSETS RELEASED-CAPITAL	12407053	24.01
24.02	ROUNDING	237	24.02
25	TOTAL OTHER INCOME	45849698	25
26	TOTAL	84896509	26
27	ROUNDING		27
28	MEDICAID ASSESSMENT		28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	84896509	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0067)	SUB I (14-T067)	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3	6614791				3
3.01					3.01
4					4
4.01					4.01
4.02					4.02
4.03					4.03
5					5
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
6					6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17