

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 _____ ELECTRONICALLY FILED COST REPORT DATE: _____
 APPLICABLE BOX _____ MANUALLY SUBMITTED COST REPORT TIME: _____

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 SWEDISH COVENANT HOSPITAL (14-0114) (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.

(SIGNED) _____
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII	TITLE XIX
		PART A	PART B
1	HOSPITAL	874105	107346
2	SUBPROVIDER I	-465619	
2.01	SUBPROVIDER II	228520	
3	SWING BED - SNF		
4	SWING BED - NF		
5	SKILLED NURSING FACILITY	12565	
6	NURSING FACILITY		
7	HOME HEALTH AGENCY		
8	OUTPATIENT REHABILITATION PROVIDER		
9	HEALTH CLINIC		
100	TOTAL	649571	107346

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

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 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: 5145 NORTH CALIFORNIA AVENUE P.O. BOX: 1
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60625 COUNTY: COOK 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	14-0114	07/01/1966	N	P	O	2	
3	SUBPROVIDER I	SCH REHABILITATION UNIT	14-T114	N	P	O	3	
3.01	SUBPROVIDER II	SCH PSYCHIATRIC UNIT	14-S114	N	T	O	3.01	
4	SWING BEDS - SNF						4	
5	SWING BEDS - NF						5	
6	HOSPITAL-BASED SNF	SWEDISH COVENANT SKILLED CARE	14-5573	04/22/1987	N	P	N	6
7	HOSPITAL-BASED NF						7	
8	HOSPITAL-BASED OLTC						8	
9	HOSPITAL-BASED HHA	SCH HOME MED NORTH	14-7126	03/15/1976	N	P	N	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 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19
 20 SUBPROVIDER I 5 20
 20.01 SUBPROVIDER II 4 20.01

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 NO 23
 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 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. 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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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	ARE 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)	NO	NO		25.06
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: 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.	NO			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	100		1.0735	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.	1	1600	16974	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
31.02	IS THIS A RURAL HOSPITAL SUB II QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO			31.02

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

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
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER II (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)?	NO			35.01

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36.01
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?				37.01

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?	NO			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-H042		40
40.01	NAME: COVENANT MINISTRIES OF BENE	FI/CONTRACTOR'S NAME:			40.01
40.02	STREET: 5145 N. CALIFORNIA AVENUE	P.O.BOX:			40.02
40.03	CITY: CHICAGO	STATE: IL ZIP CODE: 60625			40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			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	N	47
48	SUBPROVIDER I	N	N	N	N	N	48
48.01	SUBPROVIDER II	N	N	N	N	N	48.01
49	SKILLED NURSING FACILITY	N	N				49
50	HOME HEALTH AGENCY	N	N				50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?						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.						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: PAID LOSSES: AND/OR SELF INSURANCE: 7895332						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.						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.						55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$	
		0	1	2	3	4	
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.	/ /	NO	0.00	NO	56	
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO			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)		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	
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		YES	NO		60	
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		YES	NO		60.01	
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO			61	
	COUNTY:			STATE:	ZIP CODE	CBSA	FTE/ CAMPUS
	1			2	3	4	5

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	-----I/P DAYS / O/P VISITS / TRIPS-----			OBS. BEDS ADMITTED 5.01
				TITLE V 3	TITLE XVIII 4	TITLE XIX 5	
1 HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	179	66692			29531	14779	1
2 HMO					601	443	2
2.01 HMO (IRF PPS Sub)						17	2.01
3 HOSPITAL ADULTS & PEDS - SWING BED SNF							3
4 HOSPITAL ADULTS & PEDS - SWING BED NF							4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	179	66692			29531	14779	5
6 INTENSIVE CARE UNIT	18	6588			1967	707	6
6.01 SPECIAL CARE NURSERY	9	2472				931	6.01
7 CORONARY CARE UNIT							7
8 BURN INTENSIVE CARE UNIT							8
9 SURGICAL INTENSIVE CARE UNIT							9
10 OTHER SPECIAL CARE (SPECIFY)							10
11 NURSERY						2960	11
12 TOTAL HOSPITAL	206	75752			31498	19377	12
13 RPCH VISITS							13
14 SUBPROVIDER I	25	9150			3031	537	14
14.01 SUBPROVIDER II PSYCHIATRIC UN	31	11346			4653	2635	14.01
15 SKILLED NURSING FACILITY	15	8235			4923		15
16 NURSING FACILITY							16
17 OTHER LONG TERM CARE							17
18 HOME HEALTH AGENCY					10783		18
20 ASC (DISTINCT PART)							20
21 HOSPICE (DISTINCT PART)							21
23 O/P REHAB PROVIDER							23
24 RHC I							24
25 TOTAL	277						25
26 OBSERVATION BED DAYS							26
27 AMBULANCE TRIPS							27
28 EMPLOYEE DISCOUNT DAYS							28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS		
	12	13	14	15		
1	HOSPITAL ADULTS & Peds, EXCL. SWING BED, OBSERV & HOSPICE DAYS		5548	3970	13908	1
2	HMO XIX					2
2.01	HMO (IRF PPS Sub)					2.01
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
6.01	SPECIAL CARE NURSERY					6.01
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		5548	3970	13908	12
13	RPCH VISITS					13
14	SUBPROVIDER I		263	45	408	14
14.01	SUBPROVIDER II PSYCHIATRIC UN		489	409	1092	14.01
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.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		A-6	3	IN COL.3	COL.4		
1 SALARIES	1	2	3	4	5	6	
1 TOTAL SALARIES	95512325		95512325	3566017.50	26.78		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A	271192		271192	3003.00	90.31	HBP ANALYSIS	4
4.01 TEACHING PHYSICIAN SALARIES	916168		916168	9590.00	95.53	HBP ANALYSIS	4.01
5 PHYSICIAN - PART B	768910		768910	12384.00	62.09	HBP ANALYSIS	5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)	1455710	25364	1481074	64367.00	23.01	GL AND HOURS	6
6.01 CONTRACT SERVICES, I&R						GL AND IRIS	6.01
7 HOME OFFICE PERSONNEL							7
8 SNF	1505203		1505203	59488.00	25.30	HOSPITAL HOURS REPORT	8
8.01 EXCLUDED AREA SALARIES	5709333	-59706	5649627	198170.96	28.51	HOSPITAL HOURS REPORT	8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	2843233		2843233	41552.50	68.43	602 AGENCY HOURS	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	249600		249600	4559.00	54.75	HBP ANALYSIS	10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	1272549		1272549	8520.20	149.36	CMB	11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	14511571		14511571			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	1204979		1204979			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	27582		27582			CMS 339	18
18.01 PART A TEACHING PHYSICIANS	91697		91697			CMS 339	18.01
19 PHYSICIAN PART B	88555		88555			CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)							19.01
20 INTERNS & RESIDENTS (IN APPR PGM)	278940		278940			CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	1562387		1562387	79127.08	19.75		21
22 ADMINISTRATIVE & GENERAL	14484389	-342950	14141439	463059.15	30.54		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	540444		540444	1475.00	366.40		22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	2345397		2345397	96247.03	24.37		24
25 LAUNDRY & LINEN SERVICE							25
26 HOUSEKEEPING	2014511		2014511	176304.36	11.43		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	1488591		1488591	104543.07	14.24		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA	506226		506226	27075.31	18.70		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	2305991		2305991	81435.82	28.32		30
31 CENTRAL SERVICES AND SUPPLY	532892		532892	32112.58	16.59		31
32 PHARMACY	2051105		2051105	59690.05	34.36		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	848260		848260	48969.76	17.32		33
34 SOCIAL SERVICE	447481		447481	16299.12	27.45		34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
		A-6	3	IN COL.3	COL.4	
1 NET SALARIES	92911981	-25364	92886617	3481151.50	26.68	1
2 EXCLUDED AREA SALARIES	7214536	-59706	7154830	257658.96	27.77	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	85697445	34342	85731787	3223492.54	26.60	3
4 SUBTOTAL OTHER WAGES & REL COSTS	4365382		4365382	54631.70	79.91	4
5 SUBTOTAL WAGE-RELATED COSTS	14539153		14539153		16.96%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	104601980	34342	104636322	3278124.24	31.92	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	29127674	-342950	28784724	1186338.33	24.26	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7126

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: COOK

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		1490		689	2179	1
2 UNDUPLICATED CENSUS COUNT		566.00		438.00	1004.00	2

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
40.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	1.00		1.00	4
5 OTHER ADMINISTRATIVE PERSONNEL	12.55		12.55	5
6 DIRECT NURSING SERVICE	13.22		13.22	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE	2.83		2.83	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE	1.39		1.39	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE	.06		.06	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE	.08		.08	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	1.03		1.03	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	1.01	1	19
20 LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)		16974		20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7126

WORKSHEET S-4
 (CONTINUED)

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

	FULL EPISODES		LUPA EPISODES 3	PEP ONLY EPISODES 4	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2						
21 SKILLED NURSING VISITS	5178	34	231	131		19	5593	21
22 SKILLED NURSING VISIT CHARGES	1042598	6834	46445	26331		3819	1126027	22
23 PHYSICAL THERAPY VISITS	3123		13	117		12	3265	23
24 PHYSICAL THERAPY VISIT CHARGES	627723		2613	23517		2412	656265	24
25 OCCUPATIONAL THERAPY VISITS	1145	4		29		6	1184	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	230145	804		5829		1206	237984	26
27 SPEECH PATHOLOGY VISITS	38						38	27
28 SPEECH PATHOLOGY VISIT CHARGES	7638						7638	28
29 MEDICAL SOCIAL SERVICE VISITS	85		1	2		3	91	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	23035		271	542		813	24661	30
31 HOME HEALTH AIDE VISITS	603			9			612	31
32 HOME HEALTH AIDE VISIT CHARGES	81405			1215			82620	32
33 TOTAL VISITS	10172	38	245	288		40	10783	33
34 OTHER CHARGES								34
35 TOTAL CHARGES	2012544	7638	49329	57434		8250	2135195	35
36 TOTAL NUMBER OF EPISODES	686		95	24		2	807	36
37 TOTAL NUMBER OF OUTLIER EPISODES		1					1	37
38 TOTAL MEDICAL SUPPLY CHARGES	24555	1848	3065	99			29567	38

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st		SERVICES ON OR AFTER OCTOBER 1st		SERVICES THROUGH 4/1/2001 - 9/30/2001		SWING BED SNF DAYS	TOTAL
		RATE	DAYS	RATE	DAYS	RATE	DAYS		
1	2	3	3.01	4	4.01	4.02	4.03	4.06	5
1	RUC								1
2	RUB		37						2
3	RUA		11						3
3.01	RUX		10						3.01
3.02	RUL		88						3.02
4	RVC		24						4
5	RVB		528						5
6	RVA		383						6
6.01	RVX		214						6.01
6.02	RVL		1551						6.02
7	RHC		99						7
8	RHB		79						8
9	RHA		262						9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC		25						10
11	RMB		23						11
12	RMA		89						12
12.01	RMX		483						12.01
12.02	RML		817						12.02
13	RLB								13
14	RLA								14
14.01	RLX								14.01
15	SE3		64						15
16	SE2		8						16
17	SE1		2						17
18	SSC								18
19	SSB								19
20	SSA		107						20
21	CC2								21
22	CC1								22
23	CB2								23
24	CB1		4						24
25	CA2								25
26	CA1		15						26
27	IB2								27
28	IB1								28
29	IA2								29
30	IA1								30
31	BB2								31
32	BB1								32
33	BA2								33
34	BA1								34
35	PE2								35
36	PE1								36
37	PD2								37
38	PD1								38
39	PC2								39
40	PC1								40
41	PB2								41
42	PB1								42
43	PA2								43
44	PA1								44
45	DEFAULT RATE								45
46	TOTAL		4923						46

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	17
17.01	GROSS MEDICAID REVENUES	28853303 17.01
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	28853303 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.210231 24
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	139481301 28
29	TOTAL GROSS MEDICAID COST	29323293 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	18350000 30
31	UNCOMPENSATED CARE COST	3857739 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	29323293 32

PROVIDER NO. 14-0114 SWEDISH COVENANT HOSPITAL
 PERIOD FROM 10/01/2007 TO 09/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2008.05
 02/25/2009 16:33

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	
96.12 9612 G PHARMACY	322136		322136		322136		322136	96.12
96.13 9613 G SUITE								96.13
96.14 9614 OFFSITE CLINICS		418444	418444	136495	554939		554939	96.14
101 TOTAL	95512325	122527265	218039590		218039590	-11477791	206561799	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER	
		COST CENTER	LINE #			
1		2	3	4	5	
1 DEPRECIATION	A	NEW CAP REL COSTS-BLDG & FIXT	3		6991336	1
2	A	NEW CAP REL COSTS-MVBLE EQUIP	4		7707797	2
3						3
4						4
5						5
6 INTEREST EXPENSE	B	NEW CAP REL COSTS-BLDG & FIXT	3		7646491	6
7						7
8						8
9 PROPERTY TAX	C	OPERATION OF PLANT	8		29571	9
10	C	PLAZA	96.10		134714	10
11	C	OFFSITE CLINICS	96.14		26429	11
12						12
13						13
14 OB DEPT EXPENSES	D	DELIVERY ROOM & LABOR ROOM	39	1869352	393182	14
15	D	NURSERY	33	964586		15
16						16
17 HOSPITAL USE OF PLAZA	E	OPERATION OF PLANT	8		38463	17
18						18
19 NON HOSP BLDG DEPR	F	EMPLOYEE BENEFITS	5		90824	19
20	F	HOME HEALTH AGENCY	71		41253	20
21	F	OCCUPATIONAL HEALTH	63.01		362	21
22	F	OFFSITE CLINICS	96.14		110066	22
23	F	PLAZA	96.10		129645	23
24						24
25						25
26 MED ED DIRECTORS	H	I&R SERVICES-OTHER PRGM COSTS	23	402656		26
27						27
28						28
29 FINANCIAL MGMT	I	ADMINISTRATION & GENERAL	6.06	59706		29
30						30
31						31
32						32
33 EMPLOYEE BENEFITS 06	J	EMPLOYEE BENEFITS	5		13786900	33
34	J					34
35						35
36 SUBTOTAL				3296300	37127033	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 DEPRECIATION	A	ADMINISTRATION & GENERAL	6.06		14699133	9 1
2	A					9 2
3						3
4						4
5						5
6 INTEREST EXPENSE	B	ADMINISTRATION & GENERAL	6.06		7646491	11 6
7						7
8						8
9 PROPERTY TAX	C	ADMINISTRATION & GENERAL	6.06		190714	9
10	C					10
11	C					11
12						12
13						13
14 OB DEPT EXPENSES	D	ADULTS & PEDIATRICS	25	2833938	393182	14
15	D					15
16						16
17 HOSPITAL USE OF PLAZA	E	PLAZA	96.10		38463	17
18						18
19 NON HOSP BLDG DEPR	F	NEW CAP REL COSTS-BLDG & FIXT	3		372150	9 19
20	F					20
21	F					21
22	F					22
23	F					23
24						24
25						25
26 MED ED DIRECTORS	H	ADMINISTRATION & GENERAL	6.06	402656		26
27						27
28						28
29 FINANCIAL MGMT	I	HOME HEALTH AGENCY	71	59706		29
30						30
31						31
32						32
33 EMPLOYEE BENEFITS 06	J	ADMINISTRATION & GENERAL	6.06		13785448	33
34	J	FAMILY PRACTICE CLINIC	60.01		1452	34
35						35
36 SUBTOTAL				3296300	37127033	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----				
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5	
1 COST OF DRUGS SOLD (AC730380)	K	DRUGS CHARGED TO PATIENTS	56		5061972	1
2						2
3 RESIDENTS	L	I&R SERVICES-SALARY & FRINGES	22	25364		3
4						4
5						5
6 FP FACULTY GROUP TEACHING COST	N	I&R SERVICES-OTHER PRGM COSTS	23	359534		6
7						7
8						8
9 COLLECTION FEES	O	PATIENT ACCOUNTS & CASHIERS	6.05		27264	9
10	O					10
11						11
12						12
13 SALARIED PHYSICIAN BENEFITS	P	ADULTS & PEDIATRICS	25		13236	13
14	P	OCCUPATIONAL HEALTH	63.01		15729	14
15	P	CARDIAC REHABILITATION	53.02		3250	15
16	P	WOUND CARE	60.02		2213	16
17	P	I&R SERVICES-OTHER PRGM COSTS	23		81610	17
18	P	FAMILY PRACTICE CLINIC	60.01		42398	18
19						19
20 OB GYN RESIDENT PROGRAM DIRECTOR	Q	I&R SERVICES-OTHER PRGM COSTS	23	40000		20
21						21
22						22
23						23
24						24
25 PROPERTY INSURANCE	R	NEW CAP REL COSTS-BLDG & FIXT	3		228094	25
26						26
27 OUTPATIENT SURG RE OR CASES	S	OPERATING ROOM	37	278688		27
28						28
29						29
30 CHARGEABLE MEDICAL SUPPLIES	T	MEDICAL SUPPLIES CHARGED TO P	55		9730940	30
31	T					31
32	T					32
33	T					33
34	T					34
35	T					35
36 SUBTOTAL				3999886	52333739	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 COST OF DRUGS SOLD (AC730380)	K	PHARMACY	16		5061972	1
2						2
3 RESIDENTS	L	CARDIAC REHABILITATION	53.02	25364		3
4						4
5						5
6 FP FACULTY GROUP TEACHING COST	N	FAMILY PRACTICE CLINIC	60.01	359534		6
7						7
8						8
9 COLLECTION FEES	O	EMERGENCY	61		22383	9
10	O	FAMILY PRACTICE CLINIC	60.01		4881	10
11						11
12						12
13 SALARIED PHYSICIAN BENEFITS	P	EMPLOYEE BENEFITS	5		158436	13
14	P					14
15	P					15
16	P					16
17	P					17
18	P					18
19						19
20 OB GYN RESIDENT PROGRAM DIRECTOR	Q	ADULTS & PEDIATRICS	25	40000		20
21						21
22						22
23						23
24						24
25 PROPERTY INSURANCE	R	ADMINISTRATION & GENERAL	6.06		228094	12 25
26						26
27 OUTPATIENT SURG RE OR CASES	S	ASC (NON-DISTINCT PART)	58	278688		27
28						28
29						29
30 CHARGEABLE MEDICAL SUPPLIES	T	CENTRAL SERVICES & SUPPLY	15		412441	30
31	T	ADULTS & PEDIATRICS	25		2144077	31
32	T	INTENSIVE CARE UNIT	26		419459	32
33	T	SUBPROVIDER I	31		51060	33
34	T	SPECIAL CARE NURSERY	26.01		1656	34
35	T	OPERATING ROOM	37		3810112	35
36 SUBTOTAL				3999886	49441604	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	T				1
2	T				2
3	T				3
4	T				4
5	T				5
6	T				6
7	T				7
8	T				8
9	T				9
10	T				10
11	T				11
12	T				12
13	T				13
14	T				14
15	T				15
16	T				16
17	T				17
18					18
19 SPECIAL CARE NURSERY	U	SPECIAL CARE NURSERY	26.01	472915	1905
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				4472801	52335644

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1	T	ANESTHESIOLOGY	40		561202	1
2	T	RADIOLOGY-DIAGNOSTIC	41		2014	2
3	T	CANCER TREATMENT CENTER	41.02		169055	3
4	T	SPECIAL PROCEDURES	41.04		129557	4
5	T	PATHOLOGY	44.01		2898	5
6	T	BLOOD STORING, PROCESSING & T	47		31632	6
7	T	RESPIRATORY THERAPY	49		79093	7
8	T	REHABILITATION MEDICINE	50.01		11587	8
9	T	CARDIAC REHABILITATION	53.02		47403	9
10	T	CARDIAC CATHERIZATION LAB	53.01		482218	10
11	T	RENAL DIALYSIS	57		53636	11
12	T	ASC (NON-DISTINCT PART)	58		337616	12
13	T	FAMILY PRACTICE CLINIC	60.01		12777	13
14	T	WOUND CARE	60.02		90268	14
15	T	PAIN MANAGMENT	60.03		1693	15
16	T	DIABETES CENTER	60.06		39	16
17	T	EMERGENCY	61		879447	17
18						18
19	U	NURSERY	33	472915	1905	19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36		TOTAL RECLASSIFICATIONS		4472801	52335644	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								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT								6
7 SUBTOTAL								7
8 RECONCILING ITEMS								8
9 TOTAL								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	3966404	287934		287934		4254338		1
2 LAND IMPROVEMENTS	2075747	407367		407367		2483114		2
3 BUILDINGS AND FIXTURES	142671042	1148211		1148211		143819253		3
4 BUILDING IMPROVEMENTS	1825580				145000	1680580		4
5 FIXED EQUIPMENT	82481216	8762126		8762126		91243342		5
6 MOVABLE EQUIPMENT	79523671	6926691		6926691		86450362		6
7 SUBTOTAL	312543660	17532329		17532329	145000	329930989		7
8 RECONCILING ITEMS								8
9 TOTAL	312543660	17532329		17532329	145000	329930989		9

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	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	5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-749625	PURCHASING	6.03	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	B	-94697	NON-PATIENT PHONES	6.01	9
10 TELEVISION AND RADIO SERVICE	A	-35468	OPERATION OF PLANT	8	10
11 PARKING LOT	A	-166513	ADMINISTRATION & GENERAL	6.06	11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-2298213			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	566427			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-689359	CAFETERIA	12	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					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					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 A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
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			NEW CAP REL COSTS-BLDG & FIXT	3	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 WKST A-8-4		OCCUPATIONAL THERAPY	51	35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4		SPEECH PATHOLOGY	52	36
37 CHILD CARE REVENUE	B	-739443	EMPLOYEE BENEFITS	5	37
38 OTHER REVENUE	B	-440	FAMILY PRACTICE CLINIC	60.01	38
39 OTHER REVENUE	B	-102839	CARDIAC REHABILITATION	53.02	39
40 OTHER REVENUE	B	-20394	PATIENT ACCOUNTS & CASHIERS	6.05	40
40.01 CANCER CENTER RETAIL SALES	B	-1064	CANCER TREATMENT CENTER	41.02	40.01
41 LCG DEV SVCS	A	-292782	ADMINISTRATION & GENERAL	6.06	41
42 INT MED OTHER INCOME	B	-69500	I&R SERVICES-OTHER PRGM COSTS A	23	42
43 UNEMPLOYMENT COMP	A	-2448	EMPLOYEE BENEFITS	5	43
44 COST OF PHYSICIAN RECRUITMENT	A	-157677	ADMINISTRATION & GENERAL	6.06	44
44.01 FRINGE BENEFITS RE PHYSICIAN RE	A	-13777	EMPLOYEE BENEFITS	5	44.01
45 DEVELOPMENT COSTS	A	-661507	ADMINISTRATION & GENERAL	6.06	45
45.01 FRINGE BENEFITS RE DEVELOPMENT	A	-51066	EMPLOYEE BENEFITS	5	45.01
46 AMORT '81 CAPITAL INTEREST	A	-2514	NEW CAP REL COSTS-BLDG & FIXT	3	11 46
47 MISC INCOME	B	-28490	ADMINISTRATION & GENERAL	6.06	47
48 MISC INCOME	B	-360	ELECTROCARDIOLOGY	53	48
49 LOBBYIST FEES IHHA AND AHA	A	-37291	ADMINISTRATION & GENERAL	6.06	49
49.03 MARKETING FEES	A	-1742518	ADMINISTRATION & GENERAL	6.06	49.03
49.08 INFO SYSTEM LEASES	B	-110678	ADMINISTRATION & GENERAL	6.06	49.08
49.09 OTHER OPERATING INCOME	B	-1476	HOME HEALTH AGENCY	71	49.09
49.10 OTHER OPERATING REVENUE	B	-54336	REHABILITATION MEDICINE	50.01	49.10
49.11 OTHER OPERATING REVENUE	B	-34600	I&R SERVICES-OTHER PRGM COSTS A	23	49.11
49.12 OTHER OPERATING REVENUE	B	-2450	RADIOLOGY-DIAGNOSTIC	41	49.12
49.13 VALET PARKING	B	-69259	OPERATION OF PLANT	8	49.13
49.15 OTHER OPERATING REVENUE	B	-415	EMPLOYEE BENEFITS	5	49.15
49.16 PUBLIC SAFETY REVENUE	B	-9795	OPERATION OF PLANT	8	49.16
49.20 PRIVATE DUTY NURSES	A	-383360	NURSING ADMINISTRATION	14	49.20
49.21 PDN FRINGE BENEFITS	A	-75139	EMPLOYEE BENEFITS	5	49.21
49.22 GMP AND HIWATHA BLDG TAX	A	-227097	OPERATION OF PLANT	8	49.22
49.26 PARKING LOT DEPRECIATION	A	-301959	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.26
49.27 PARKING LOT DEPRECIATION	A	-68554	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.27

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	
49.28 PHYSICIANS BILLING COSTS	A	-4491	PATIENT ACCOUNTS & CASHIERS	6.05	49.28
49.29 PHYSICIAN BILLING BENEFITS	A	-440	EMPLOYEE BENEFITS	5	49.29
49.30 CONTRIBUTIONS	A	-10313	EMPLOYEE BENEFITS	5	49.30
49.31 FINANCIAL SERVICES INCOME	B	-123081	ADMINISTRATION & GENERAL	6.06	49.31
49.32 CONTRIBUTIONS	A	-6675	ADMINISTRATION & GENERAL	6.06	49.32
49.33 CONTRIBUTIONS	A	-750	WOUND CARE	60.02	49.33
49.36 COURTESY CAR	A	-208313	ADMINISTRATION & GENERAL	6.06	49.36
49.37 FRINGE BENEFITS	A	-6993	EMPLOYEE BENEFITS	5	49.37
49.41 BANK CHARGES	A	415079	ADMINISTRATION & GENERAL	6.06	49.41
49.43 SEPARATE SWAP AGREEMENT INTERES	A	-849707	NEW CAP REL COSTS-BLDG & FIXT	3	11 49.43
49.44 NONALLOWABLE BORROWING	A	-4371385	NEW CAP REL COSTS-BLDG & FIXT	3	11 49.44
49.45 LOSS ON EXTINGUISHMENT OF DEBT	A	2865297	NEW CAP REL COSTS-BLDG & FIXT	3	11 49.45
49.50 OTHER OPERATING REVENUE	B	-7139	CARDIAC REHABILITATION	53.02	49.50
49.51 HOUSEKEEPING REENUE	B	-22800	HOUSEKEEPING	10	49.51
49.52 ENGINEERING REVENUE	B	-2000	OPERATION OF PLANT	8	49.52
49.54 FARRAGUT AND MOZART BLDGS	A	-34421	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.54
49.55 CANCER TREATMENT LEASE	B	-98005	CANCER TREATMENT CENTER	41.02	49.55
49.63 RENT PAID FOR MSO	A	-35189	ADMINISTRATION & GENERAL	6.06	49.63
49.64 PHYSICIAN MALPRACTICE	A	-245789	ADMINISTRATION & GENERAL	6.06	49.64
50 TOTAL		-11477791			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	6.06	ADMINISTRATION & GENERAL	MANAGEMENT FEES	1563871	2132332	-568461	1
2	53.02	CARDIAC REHABILITATION	LIFE CENTER RENTALS	275678	157272	118406	2
3	50.01	REHABILITATION MEDICINE	LIFE CENTER RENTALS	710433	111067	599366	3
4	5	EMPLOYEE BENEFITS	LIFE CENTER RENTALS	59344	70495	-11151	4
4.01	60.03	PAIN MANAGEMENT	LIFE CENTER RENTALS	486623	58356	428267	4.01
5		TOTALS		3095949	2529522	566427	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.

SYMBOL (1)	NAME	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		TYPE OF BUSINESS	
		PERCENT OF OWNERSHIP	PERCENT OF OWNERSHIP		
1	2	3	4	5	6
1	B COV MIN OF BENEV				
2					
3					
4					
5					

(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	192325	165021	27303	165200	235	18664	933
3	31.01	SUBPROVIDER II PSYCHIATR	15200	15200					
4	33	NURSERY	515493	515493					
5	34	SKILLED NURSING FACILITY	27084	27084					
6	37	OPERATING ROOM	32708	32708					
7	61	EMERGENCY	200004	200004					
8	40	ANESTHESIOLOGY	32500	32500					
9	41	RADIOLOGY-DIAGNOSTIC	30000	30000					
10	63.01	OCCUPATIONAL HEALTH	199726	199726					
11	44	LABORATORY	146400		146400	215700	2711	281136	14057
12	44.01	PATHOLOGY	67200		67200	215700	1203	124753	6238
13	47	BLOOD STORING, PROCESSIN	36000		36000	215700	645	66888	3344
14	53.01	CARDIAC CATHERIZATION LA	38267	38267					
15	53	ELECTROCARDIOLOGY	217808	217808					
16	60.01	FAMILY PRACTICE CLINIC	510413	510413					
17	60.02	WOUND CARE	26237	26237					
18	6.06	ADMINISTRATION & GENERAL	446873	178000	268873	177200	2768	235812	11791
19	17	MEDICAL RECORDS & LIBRAR	4001	4001					
20	53.02	CARDIAC REHABILITATION	64050	64050					
101		TOTAL	2802289	2256512	545776		7562	727253	36363

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
LINE NO.	11		12	13	14	15	16	17	18
1	25	ADULTS & PEDIATRICS	AGGREGATE				18664	8639	173661
3	31.01	SUBPROVIDER II PSYCHIATR	AGGREGATE						15200
4	33	NURSERY	AGGREGATE						515493
5	34	SKILLED NURSING FACILITY	AGGREGATE						27084
6	37	OPERATING ROOM	AGGREGATE						32708
7	61	EMERGENCY	AGGREGATE						200004
8	40	ANESTHESIOLOGY	UNIT DIRECTOR						32500
9	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE						30000
10	63.01	OCCUPATIONAL HEALTH	AGGREGATE						199726
11	44	LABORATORY	SCH PATH				281136		
12	44.01	PATHOLOGY	SCH PATH				124753		
13	47	BLOOD STORING, PROCESSIN	SCH PATH				66888		
14	53.01	CARDIAC CATHERIZATION LA	AGGGREGATE						38267
15	53	ELECTROCARDIOLOGY	AGGREGATE						217808
16	60.01	FAMILY PRACTICE CLINIC	AGGREGATE						510413
17	60.02	WOUND CARE	DIRECTOR						26237
18	6.06	ADMINISTRATION & GENERAL	AGGREGATE				235812	33061	211061
19	17	MEDICAL RECORDS & LIBRAR	AGGREGATE						4001
20	53.02	CARDIAC REHABILITATION	AGGREGATE						64050
101		TOTAL					727253	41700	2298213

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	EMPLOYEE BENEFITS 5	NON PATIENT PHONES 6.01	PURCHASE 6.03	ADMITTING 6.04	PATIENT ACCOUNTS- CASHIERS 6.05
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT	11799082	11799082						3
4 NEW CAP REL COSTS-MVBLE EQUIP	7639243		7639243					4
5 EMPLOYEE BENEFITS	15479347	29905	27774	15537026				5
6.01 NON-PATIENT PHONES	631923	15538	41683	73963	763107			6.01
6.03 PURCHASING	279036	82967	42136	125751	7022	536912		6.03
6.04 ADMITTING	1588623	50212	31212	251333	14045	758	1936183	6.04
6.05 PATIENT ACCOUNTS & CASHIERS	2549280	36385	11198	261886	47987	535		6.05
6.06 ADMINISTRATION & GENERAL	35337216	5439275	1005188	1625722	118208	3625		6.06
8 OPERATION OF PLANT	8536401	1076688	734415	387872	31601	9257		8
9 LAUNDRY & LINEN SERVICE	908572	37614	12128		1170	11		9
10 HOUSEKEEPING	2788697	83627	4605	333152	4682	7595		10
11 DIETARY	2514834	88487	102476	246177	5852	2428		11
12 CAFETERIA	324142	156381	18842	83718	5852	309		12
14 NURSING ADMINISTRATION	2148629	40119	283326	381356	18727	474		14
15 CENTRAL SERVICES & SUPPLY	768193	153757	48883	88128	2341	3083		15
16 PHARMACY	2236107	50947	46283	339204	10534	244		16
17 MEDICAL RECORDS & LIBRARY	1703063	76323	15548	140282	17556	868		17
18 SOCIAL SERVICE	467428	30865	1925	74003	11704	38		18
22 I&R SERVICES-SALARY & FRINGES A	1544235		745	244934		68		22
23 I&R SERVICES-OTHER PRGM COSTS A	2319668	76009	2784	163094	16386	161		23
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	20740683	1067959	402830	3279338	52668	6094	274454	412349 25
26 INTENSIVE CARE UNIT	3053608	87122	123910	477296	28090	265	40492	60795 26
26.01 SPECIAL CARE NURSERY	473164	17607	3208	78209	9363	2	5336	8011 26.01
31 SUBPROVIDER I	1089754	79608	10054	178292	4682	180	17623	26460 31
31.01 SUBPROVIDER II PSYCHIATRIC UNIT	1741901	157431	15937	281823	12875	209	31146	46763 31.01
33 NURSERY	964586	1515		159519	10534		13842	20782 33
34 SKILLED NURSING FACILITY	1615368	174364	22599	248924	4682	284	8862	13305 34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	10444017	370474	525980	860218	33942	31552	119679	179686 37
39 DELIVERY ROOM & LABOR ROOM	2263266	23831	2779	309146			31891	47881 39
40 ANESTHESIOLOGY	361896	22047	119080	54344	3511	285	60785	91263 40
41 RADIOLOGY-DIAGNOSTIC	5129307	233545	1308532	581924	39794	2887	99493	149380 41
41.01 CT SCANS AND MRI	3110355	26936	618001	197407	2341	7708	142106	213358 41.01
41.02 CANCER TREATMENT CENTER	1025361	137724	226298	127045	19897	347	16308	24485 41.02
41.03 ULTRASOUND	1220763	3659	263827	193758	4682	186	28248	42411 41.03
41.04 SPECIAL PROCEDURES	675468	14218	23445	79238		205	3526	5294 41.04
44 LABORATORY	6014111	150817	194630	479844	36283	44382	261449	392540 44
44.01 PATHOLOGY	1226054	30385	72264	119229	2341	8616	18170	27280 44.01
47 BLOOD STORING, PROCESSING & TRA	1788516	6824	7010	37197	3511	4711	27605	41447 47
49 RESPIRATORY THERAPY	1375067	21477	36864	208103	4682	1793	56317	84555 49
50 PHYSICAL THERAPY								50
50.01 REHABILITATION MEDICINE	5334198	89207	39192	700807	21067	1155	52938	79481 50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY	396939	16183	66003	54745	4682	277	21102	31682 53
53.01 CARDIAC CATHERIZATION LAB	4053052	28061	437595	111023	8193	4496	49641	74531 53.01
53.02 CARDIAC REHABILITATION	1819666		207973	252381	8193	496	43043	64625 53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	9730940					381267	246821	370578 55
56 DRUGS CHARGED TO PATIENTS	5061972						130725	196271 56
57 RENAL DIALYSIS	752170	5069				1	11633	17466 57
58 ASC (NON-DISTINCT PART)	662323	81318	29073	63750	19897	1915	17181	25795 58
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE CLINIC	789281	135535	60491	191300	29260	284	4675	7019 60.01
60.02 WOUND CARE	730022	78618	6048	74093		321	14401	21621 60.02
60.03 PAIN MANAGEMENT	829751	82263	24113	53789		209	2143	3217 60.03
60.05 WOMENS CENTER								60.05
60.06 DIABETES CENTER	195250	11878	9190	26611		29	422	633 60.06
61 EMERGENCY	5384761	154792	249493	655651	33942	1564	82347	123636 61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.01 OCCUPATIONAL HEALTH	621629	9479	9545	107249	3511	156	1779	2671 63.01
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY	2569100	8114	57752	385499	4682	322		71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	204808018	10853159	7604867	15448327	720972	531652	1936183	2907271 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	256059	10333	1473	5505	2341	5232		96
96.02 COVENANT RETIREMENT HOME								96.02
96.05 BOARD OF BENEVOLENCE		29351			10534			96.05
96.07 DENTAL	150	16318			10534			96.07
96.08 COVENANT RETIREMENT COMMUNITY		14188			17556			96.08
96.09 OP PHARMACY	180919		362	29920	1170			96.09
96.10 PLAZA	439578		11878			1		96.10
96.11 G CAFETERIA		13498						96.11

PROVIDER NO. 14-0114 SWEDISH COVENANT HOSPITAL
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	EMPLOYEE BENEFITS 5	NON PATIENT PHONES 6.01	PURCHASE 6.03	ADMITTING 6.04	PATIENT ACCOUNTS- CASHIERS 6.05	
96.12 G PHARMACY	322136	20862	1003	53274					96.12
96.13 G SUITE		841373							96.13
96.14 OFFSITE CLINICS	554939		19660			27			96.14
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	206561799	11799082	7639243	15537026	763107	536912	1936183	2907271	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	OTHER	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	
		ADMINISTRA & GENERAL	OF PLANT	AND LINEN SERVICE	KEEPING			ADMINI- STRATION	
	5A	6.06	8	9	10	11	12	14	
GENERAL SERVICE COST CENTERS									
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 NON-PATIENT PHONES									6.01
6.03 PURCHASING									6.03
6.04 ADMITTING									6.04
6.05 PATIENT ACCOUNTS & CASHIERS									6.05
6.06 ADMINISTRATION & GENERAL	43529234	43529234							6.06
8 OPERATION OF PLANT	10776234	2877222	13653456						8
9 LAUNDRY & LINEN SERVICE	959495	256182	101333	1317010					9
10 HOUSEKEEPING	3222358	860360	225292	89547	4397557				10
11 DIETARY	2960254	790379	238382		104946	4093961			11
12 CAFETERIA	589244	157326	421290		140564		1308424		12
14 NURSING ADMINISTRATION	2872631	766984	108080		18445		41814	3807954	14
15 CENTRAL SERVICES & SUPPLY	1064385	284188	414220	32663	174274		16489		15
16 PHARMACY	2683319	716438	137252		28622		30649		16
17 MEDICAL RECORDS & LIBRARY	1953640	521616	205615		26714		25142		17
18 SOCIAL SERVICE	585963	156450	83151		31166		8374		18
22 I&R SERVICES-SALARY & FRINGES A	1789982	477920					37439		22
23 I&R SERVICES-OTHER PRGM COSTS A	2578102	688345	204766		68056		6951		23
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	26236375	7005062	2877073	600884	1052642	2941308	369201	1767631	25
26 INTENSIVE CARE UNIT	3871578	1033700	234706	42156	187631	204421	42116	201637	26
26.01 SPECIAL CARE NURSERY	594900	158837	47434	5205	24805		6035	28894	26.01
31 SUBPROVIDER I	1406653	375572	214463	48554	158373	237852	22513	107784	31
31.01 SUBPROVIDER II PSYCHIATRIC UNIT	2288085	610912	424119	85671	213708	419683	30606	146533	31.01
33 NURSERY	1170778	312594	4081	14294	25441		17987	86114	33
34 SKILLED NURSING FACILITY	2088388	557593	469735	59341	224521	290697	30822	147565	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	12565548	3354964	998055	206476	156465		90849	434956	37
39 DELIVERY ROOM & LABOR ROOM	2678794	715230	64202	39518	92225		31167	149217	39
40 ANESTHESIOLOGY	713211	190425	59394		33710		7113		40
41 RADIOLOGY-DIAGNOSTIC	7544862	2014456	629168	2747	219433		66385		41
41.01 CT SCANS AND MRI	4318212	1152950	72565		45795		19829		41.01
41.02 CANCER TREATMENT CENTER	1577465	421178	371028	3047	90317		11208	53660	41.02
41.03 ULTRASOUND	1757534	469256	9859		10813		15734		41.03
41.04 SPECIAL PROCEDURES	801394	213970	38303	6082			6682		41.04
44 LABORATORY	7574056	2022250	406301	17886	57243		78347		44
44.01 PATHOLOGY	1504339	401654	81858		36890		14182		44.01
47 BLOOD STORING, PROCESSING & TRA	1916821	511785	18384		6360		4095		47
49 RESPIRATORY THERAPY	1788858	477620	57858		24805		25433		49
50 PHYSICAL THERAPY									50
50.01 REHABILITATION MEDICINE	6318045	1686899	240322	5183	275404		69069		50.01
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY	591613	157959	43596	210	24169		7975		53
53.01 CARDIAC CATHETERIZATION LAB	4766592	1272666	75596	19694	18445		9160	43857	53.01
53.02 CARDIAC REHABILITATION	2396377	639825					26252	125689	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	10729606	2864773							55
56 DRUGS CHARGED TO PATIENTS	5388968	1438838							56
57 RENAL DIALYSIS	786339	209950	13656						57
58 ASC (NON-DISTINCT PART)	901252	240632	219069	35808	34346		6757	32352	58
OUTPATIENT SERVICE COST CENTERS									
60.01 FAMILY PRACTICE CLINIC	1217845	325161	365129		85865		18450	88334	60.01
60.02 WOUND CARE	925124	247005	211797		22261		9268		60.02
60.03 PAIN MANAGEMENT	995485	265792	221615		13993		6897		60.03
60.05 WOMENS CENTER									60.05
60.06 DIABETES CENTER	244013	65151	32000				3233		60.06
61 EMERGENCY	6686186	1785192	417008		306570		71246	341103	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.01 OCCUPATIONAL HEALTH	756019	201855	25535	2044	36890		9376	44889	63.01
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY	3025469	807791	21858		6360				71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	203691625	42762907	11105148	1317010	4078267	4093961	1294845	3800215	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	280943	75011	27838		18445		1401		96
96.02 COVENANT RETIREMENT HOME					25441				96.02
96.05 BOARD OF BENEVOLENCE	39885	10649	79070		4452				96.05
96.07 DENTAL	27002	7209	43959		13993				96.07
96.08 COVENANT RETIREMENT COMMUNITY	31744	8476	38222						96.08
96.09 OP PHARMACY	212371	56702			44523		3341		96.09
96.10 PLAZA	451457	120538							96.10
96.11 G CAFETERIA	13498	3604	36363						96.11

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	OTHER ADMINISTRA & GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINI- STRATION
	5A	6.06	8	9	10	11	12	14
96.12 G PHARMACY	397275	106071	56202				7220	96.12
96.13 G SUITE	841373	224644	2266654		212436			96.13
96.14 OFFSITE CLINICS	574626	153423					1617	7739 96.14
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	206561799	43529234	13653456	1317010	4397557	4093961	1308424	3807954 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	I/R-SALARY AND FRINGES 22	I/R-OTHER PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	
GENERAL SERVICE COST CENTERS									
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 NON-PATIENT PHONES									6.01
6.03 PURCHASING									6.03
6.04 ADMITTING									6.04
6.05 PATIENT ACCOUNTS & CASHIERS									6.05
6.06 ADMINISTRATION & GENERAL									6.06
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING									10
11 DIETARY									11
12 CAFETERIA									12
14 NURSING ADMINISTRATION									14
15 CENTRAL SERVICES & SUPPLY	1986219								15
16 PHARMACY		3596280							16
17 MEDICAL RECORDS & LIBRARY			2732727						17
18 SOCIAL SERVICE				865104					18
22 I&R SERVICES-SALARY & FRINGES A					2305341				22
23 I&R SERVICES-OTHER PRGM COSTS A						3546220			23
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		6460	387671	557234	1222546	1880599	46904686	-3103145	25
26 INTENSIVE CARE UNIT		1094	57143	7469	153031	235402	6272084	-388433	26
26.01 SPECIAL CARE NURSERY			7530	2697			876337		26.01
31 SUBPROVIDER I		40	24870	70121			2666795		31
31.01 SUBPROVIDER II PSYCHIATRIC UNIT		172	43954	75308	44173	67949	4450873	-112122	31.01
33 NURSERY			19534	2697			1653520		33
34 SKILLED NURSING FACILITY		272	12505	67839			3949278		34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		2708	168892		231560	356200	18566673	-587760	37
39 DELIVERY ROOM & LABOR ROOM			45005		133399	205202	4153959	-338601	39
40 ANESTHESIOLOGY		5606	85781				1095240		40
41 RADIOLOGY-DIAGNOSTIC		279185	140407				10896643		41
41.01 CT SCANS AND MRI		395	200542				5810288		41.01
41.02 CANCER TREATMENT CENTER		94916	23014				2645833		41.02
41.03 ULTRASOUND		400	39864				2303460		41.03
41.04 SPECIAL PROCEDURES		144	4976				1071551		41.04
44 LABORATORY		145	368961				10525189		44
44.01 PATHOLOGY			25642				2064565		44.01
47 BLOOD STORING, PROCESSING & TRA			38957				2496402		47
49 RESPIRATORY THERAPY			79476				2454050		49
50 PHYSICAL THERAPY									50
50.01 REHABILITATION MEDICINE		229	74707				8669858		50.01
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY			29779				855301		53
53.01 CARDIAC CATHETERIZATION LAB		6376	70054				6282440		53.01
53.02 CARDIAC REHABILITATION		5246	60743				3254132		53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	1986219		348318				15928916		55
56 DRUGS CHARGED TO PATIENTS		3172576	184481				10184863		56
57 RENAL DIALYSIS			16417				1026362		57
58 ASC (NON-DISTINCT PART)		662	24246				1495124		58
OUTPATIENT SERVICE COST CENTERS									
60.01 FAMILY PRACTICE CLINIC		3933	6597	2282	453115	697009	3263720	-1150124	60.01
60.02 WOUND CARE		4859	20322				1440636		60.02
60.03 PAIN MANAGEMENT		601	3024				1507407		60.03
60.05 WOMENS CENTER									60.05
60.06 DIABETES CENTER			595				344992		60.06
61 EMERGENCY		3304	116209	1867	67517	103859	9900061	-171376	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.01 OCCUPATIONAL HEALTH		5918	2511				1085037		63.01
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY		1039		77590			3940107		71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	1986219	3596280	2732727	865104	2305341	3546220	200036382	-5851561	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN							403638		96
96.02 COVENANT RETIREMENT HOME							25441		96.02
96.05 BOARD OF BENEVOLENCE							134056		96.05
96.07 DENTAL							92163		96.07
96.08 COVENANT RETIREMENT COMMUNITY							78442		96.08
96.09 OP PHARMACY							316937		96.09
96.10 PLAZA							571995		96.10
96.11 G CAFETERIA							53465		96.11

PROVIDER NO. 14-0114 SWEDISH COVENANT HOSPITAL
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KPMG LLP COMPU-MAX MICRO SYSTEM
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	I/R-SALARY AND FRINGES 22	I/R-OTHER PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26
96.12 G PHARMACY							566768	96.12
96.13 G SUITE							3545107	96.13
96.14 OFFSITE CLINICS							737405	96.14
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1986219	3596280	2732727	865104	2305341	3546220	206561799	-5851561 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL	
		27	
GENERAL SERVICE COST CENTERS			
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6.01	NON-PATIENT PHONES		6.01
6.03	PURCHASING		6.03
6.04	ADMITTING		6.04
6.05	PATIENT ACCOUNTS & CASHIERS		6.05
6.06	ADMINISTRATION & GENERAL		6.06
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE		18
22	I&R SERVICES-SALARY & FRINGES A		22
23	I&R SERVICES-OTHER PRGM COSTS A		23
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	43801541	25
26	INTENSIVE CARE UNIT	5883651	26
26.01	SPECIAL CARE NURSERY	876337	26.01
31	SUBPROVIDER I	2666795	31
31.01	SUBPROVIDER II PSYCHIATRIC UNIT	4338751	31.01
33	NURSERY	1653520	33
34	SKILLED NURSING FACILITY	3949278	34
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	17978913	37
39	DELIVERY ROOM & LABOR ROOM	3815358	39
40	ANESTHESIOLOGY	1095240	40
41	RADIOLOGY-DIAGNOSTIC	10896643	41
41.01	CT SCANS AND MRI	5810288	41.01
41.02	CANCER TREATMENT CENTER	2645833	41.02
41.03	ULTRASOUND	2303460	41.03
41.04	SPECIAL PROCEDURES	1071551	41.04
44	LABORATORY	10525189	44
44.01	PATHOLOGY	2064565	44.01
47	BLOOD STORING, PROCESSING & TRA	2496402	47
49	RESPIRATORY THERAPY	2454050	49
50	PHYSICAL THERAPY		50
50.01	REHABILITATION MEDICINE	8669858	50.01
51	OCCUPATIONAL THERAPY		51
52	SPEECH PATHOLOGY		52
53	ELECTROCARDIOLOGY	855301	53
53.01	CARDIAC CATHERIZATION LAB	6282440	53.01
53.02	CARDIAC REHABILITATION	3254132	53.02
55	MEDICAL SUPPLIES CHARGED TO PAT	15928916	55
56	DRUGS CHARGED TO PATIENTS	10184863	56
57	RENAL DIALYSIS	1026362	57
58	ASC (NON-DISTINCT PART)	1495124	58
OUTPATIENT SERVICE COST CENTERS			
60.01	FAMILY PRACTICE CLINIC	2113596	60.01
60.02	WOUND CARE	1440636	60.02
60.03	PAIN MANAGEMENT	1507407	60.03
60.05	WOMENS CENTER		60.05
60.06	DIABETES CENTER	344992	60.06
61	EMERGENCY	9728685	61
62	OBSERVATION BEDS (NON-DISTINCT)		62
63.01	OCCUPATIONAL HEALTH	1085037	63.01
OTHER REIMBURSABLE COST CENTERS			
71	HOME HEALTH AGENCY	3940107	71
SPECIAL PURPOSE COST CENTERS			
95	SUBTOTALS	194184821	95
NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & CAN	403638	96
96.02	COVENANT RETIREMENT HOME	25441	96.02
96.05	BOARD OF BENEVOLENCE	134056	96.05
96.07	DENTAL	92163	96.07
96.08	COVENANT RETIREMENT COMMUNITY	78442	96.08
96.09	OP PHARMACY	316937	96.09
96.10	PLAZA	571995	96.10
96.11	G CAFETERIA	53465	96.11

PROVIDER NO. 14-0114 SWEDISH COVENANT HOSPITAL
PERIOD FROM 10/01/2007 TO 09/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/97)

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	TOTAL	
	27	
96.12 G PHARMACY	566768	96.12
96.13 G SUITE	3545107	96.13
96.14 OFFSITE CLINICS	737405	96.14
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 TOTAL	200710238	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	NON PATIENT PHONES 6.01	PURCHASE 6.03	ADMITTING 6.04	
GENERAL SERVICE COST CENTERS									
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS		29905	27774	57679	57679				5
6.01 NON-PATIENT PHONES		15538	41683	57221	275	57496			6.01
6.03 PURCHASING		82967	42136	125103	467	529	126099		6.03
6.04 ADMITTING		50212	31212	81424	933	1058	178	83593	6.04
6.05 PATIENT ACCOUNTS & CASHIERS		36385	11198	47583	972	3616	126		6.05
6.06 ADMINISTRATION & GENERAL		5439275	1005188	6444463	6036	8905	851		6.06
8 OPERATION OF PLANT		1076688	734415	1811103	1440	2381	2174		8
9 LAUNDRY & LINEN SERVICE		37614	12128	49742		88	3		9
10 HOUSEKEEPING		83627	4605	88232	1237	353	1784		10
11 DIETARY		88487	102476	190963	914	441	570		11
12 CAFETERIA		156381	18842	175223	311	441	72		12
14 NURSING ADMINISTRATION		40119	283326	323445	1416	1411	111		14
15 CENTRAL SERVICES & SUPPLY		153757	48883	202640	327	176	724		15
16 PHARMACY		50947	46283	97230	1259	794	57		16
17 MEDICAL RECORDS & LIBRARY		76323	15548	91871	521	1323	204		17
18 SOCIAL SERVICE		30865	1925	32790	275	882	9		18
22 I&R SERVICES-SALARY & FRINGES A			745	745	909		16		22
23 I&R SERVICES-OTHER PRGM COSTS A		76009	2784	78793	606	1235	38		23
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		1067959	402830	1470789	12169	3968	1431	12156	25
26 INTENSIVE CARE UNIT		87122	123910	211032	1772	2116	62	1741	26
26.01 SPECIAL CARE NURSERY		17607	3208	20815	290	705		229	26.01
31 SUBPROVIDER I		79608	10054	89662	662	353	42	758	31
31.01 SUBPROVIDER II PSYCHIATRIC UNIT		157431	15937	173368	1046	970	49	1339	31.01
33 NURSERY		1515		1515	592	794		595	33
34 SKILLED NURSING FACILITY		174364	22599	196963	924	353	67	381	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		370474	525980	896454	3194	2557	7410	5145	37
39 DELIVERY ROOM & LABOR ROOM		23831	2779	26610	1148			1371	39
40 ANESTHESIOLOGY		22047	119080	141127	202	265	67	2613	40
41 RADIOLOGY-DIAGNOSTIC		233545	1308532	1542077	2161	2998	678	4277	41
41.01 CT SCANS AND MRI		26936	618001	644937	733	176	1810	6109	41.01
41.02 CANCER TREATMENT CENTER		137724	226298	364022	472	1499	81	701	41.02
41.03 ULTRASOUND		3659	263827	267486	719	353	44	1214	41.03
41.04 SPECIAL PROCEDURES		14218	23445	37663	294		48	152	41.04
44 LABORATORY		150817	194630	345447	1782	2734	10423	11240	44
44.01 PATHOLOGY		30385	72264	102649	443	176	2023	781	44.01
47 BLOOD STORING, PROCESSING & TRA		6824	7010	13834	138	265	1106	1187	47
49 RESPIRATORY THERAPY		21477	36864	58341	773	353	421	2421	49
50 PHYSICAL THERAPY									50
50.01 REHABILITATION MEDICINE		89207	39192	128399	2602	1587	271	2276	50.01
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY		16183	66003	82186	203	353	65	907	53
53.01 CARDIAC CATHETERIZATION LAB		28061	437595	465656	412	617	1056	2134	53.01
53.02 CARDIAC REHABILITATION			207973	207973	937	617	116	1850	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT							89549	10611	55
56 DRUGS CHARGED TO PATIENTS								5620	56
57 RENAL DIALYSIS		5069		5069				500	57
58 ASC (NON-DISTINCT PART)		81318	29073	110391	237	1499	450	739	58
OUTPATIENT SERVICE COST CENTERS									
60.01 FAMILY PRACTICE CLINIC		135535	60491	196026	710	2205	67	201	60.01
60.02 WOUND CARE		78618	6048	84666	275		75	619	60.02
60.03 PAIN MANAGEMENT		82263	24113	106376	200		49	92	60.03
60.05 WOMENS CENTER									60.05
60.06 DIABETES CENTER		11878	9190	21068	99		7	18	60.06
61 EMERGENCY		154792	249493	404285	2434	2557	367	3540	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.01 OCCUPATIONAL HEALTH		9479	9545	19024	398	265	37	76	63.01
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY		8114	57752	65866	1431	353	76		71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS		10853159	7604867	18458026	57350	54321	124864	83593	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		10333	1473	11806	20	176	1229		96
96.02 COVENANT RETIREMENT HOME									96.02
96.05 BOARD OF BENEVOLENCE		29351		29351		794			96.05
96.07 DENTAL		16318		16318		794			96.07
96.08 COVENANT RETIREMENT COMMUNITY		14188		14188		1323			96.08
96.09 OP PHARMACY			362	362	111	88			96.09
96.10 PLAZA			11878	11878					96.10
96.11 G CAFETERIA		13498		13498					96.11

PROVIDER NO. 14-0114 SWEDISH COVENANT HOSPITAL
 PERIOD FROM 10/01/2007 TO 09/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/96)

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	NON PATIENT PHONES 6.01	PURCHASE 6.03	ADMITTING 6.04
96.12 G PHARMACY		20862	1003	21865	198			96.12
96.13 G SUITE		841373		841373				96.13
96.14 OFFSITE CLINICS			19660	19660			6	96.14
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		11799082	7639243	19438325	57679	57496	126099	83593 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PATIENT ACCOUNTS- CASHIERS 6.05	OTHER ADMINISTRA & GENERAL 6.06	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINI- STRATION 14	
GENERAL SERVICE COST CENTERS									
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 NON-PATIENT PHONES									6.01
6.03 PURCHASING									6.03
6.04 ADMITTING									6.04
6.05 PATIENT ACCOUNTS & CASHIERS	52297								6.05
6.06 ADMINISTRATION & GENERAL		6460255							6.06
8 OPERATION OF PLANT		427019	2244117						8
9 LAUNDRY & LINEN SERVICE		38021	16655	104509					9
10 HOUSEKEEPING		127689	37030	7106	263431				10
11 DIETARY		117303	39181		6287	355659			11
12 CAFETERIA		23349	69244		8420		277060		12
14 NURSING ADMINISTRATION		113831	17764		1105		8854	467937	14
15 CENTRAL SERVICES & SUPPLY		42177	68082	2592	10440		3491		15
16 PHARMACY		106329	22559		1715		6490		16
17 MEDICAL RECORDS & LIBRARY		77415	33795		1600		5324		17
18 SOCIAL SERVICE		23219	13667		1867		1773		18
22 I&R SERVICES-SALARY & FRINGES A		70930					7928		22
23 I&R SERVICES-OTHER PRGM COSTS A		102160	33656		4077		1472		23
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	7260	1039573	472883	47682	63055	255523	78178	217214	25
26 INTENSIVE CARE UNIT	1097	153415	38577	3345	11240	17759	8918	24778	26
26.01 SPECIAL CARE NURSERY	145	23574	7796	413	1486		1278	3551	26.01
31 SUBPROVIDER I	478	55740	35250	3853	9487	20663	4767	13245	31
31.01 SUBPROVIDER II PSYCHIATRIC UNIT	844	90668	69709	6798	12802	36460	6481	18007	31.01
33 NURSERY	375	46393	671	1134	1524		3809	10582	33
34 SKILLED NURSING FACILITY	240	82754	77207	4709	13450	25254	6527	18133	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	3244	497922	164043	16385	9373		19237	53449	37
39 DELIVERY ROOM & LABOR ROOM	864	106150	10552	3136	5525		6600	18336	39
40 ANESTHESIOLOGY	1647	28262	9762		2019		1506		40
41 RADIOLOGY-DIAGNOSTIC	2697	298973	103412	218	13145		14057		41
41.01 CT SCANS AND MRI	3851	171113	11927		2743		4199		41.01
41.02 CANCER TREATMENT CENTER	442	62509	60983	242	5410		2373	6594	41.02
41.03 ULTRASOUND	766	69644	1620		648		3332		41.03
41.04 SPECIAL PROCEDURES	96	31756	6296	483			1415		41.04
44 LABORATORY	7086	300130	66781	1419	3429		16590		44
44.01 PATHOLOGY	492	59611	13454		2210		3003		44.01
47 BLOOD STORING, PROCESSING & TRA	748	75956	3022		381		867		47
49 RESPIRATORY THERAPY	1526	70885	9510		1486		5386		49
50 PHYSICAL THERAPY									50
50.01 REHABILITATION MEDICINE	1435	250359	39500	411	16498		14625		50.01
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY	572	23443	7166	17	1448		1689		53
53.01 CARDIAC CATHETERIZATION LAB	1345	188881	12425	1563	1105		1940	5389	53.01
53.02 CARDIAC REHABILITATION	1167	94959					5559	15445	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	6690	425171							55
56 DRUGS CHARGED TO PATIENTS	3543	213543							56
57 RENAL DIALYSIS	315	31159	2245						57
58 ASC (NON-DISTINCT PART)	466	35713	36007	2841	2057		1431	3976	58
OUTPATIENT SERVICE COST CENTERS									
60.01 FAMILY PRACTICE CLINIC	127	48258	60014		5144		3907	10855	60.01
60.02 WOUND CARE	390	36659	34811		1334		1963		60.02
60.03 PAIN MANAGEMENT	58	39447	36425		838		1460		60.03
60.05 WOMENS CENTER									60.05
60.06 DIABETES CENTER	11	9669	5260				685		60.06
61 EMERGENCY	2232	264947	68540		18365		15086	41916	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.01 OCCUPATIONAL HEALTH	48	29958	4197	162	2210		1985	5516	63.01
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY		119887	3593		381				71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	52297	6346523	1825271	104509	244304	355659	274185	466986	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		11133	4576		1105		297		96
96.02 COVENANT RETIREMENT HOME					1524				96.02
96.05 BOARD OF BENEVOLENCE		1580	12996		267				96.05
96.07 DENTAL		1070	7225		838				96.07
96.08 COVENANT RETIREMENT COMMUNITY		1258	6282						96.08
96.09 OP PHARMACY		8415			2667		707		96.09
96.10 PLAZA		17889							96.10
96.11 G CAFETERIA		535	5977						96.11

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PATIENT ACCOUNTS- CASHIERS 6.05	OTHER ADMINISTRA & GENERAL 6.06	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINI- STRATION 14
96.12 G PHARMACY		15742	9237				1529	96.12
96.13 G SUITE		33340	372553		12726			96.13
96.14 OFFSITE CLINICS		22770					342	951 96.14
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	52297	6460255	2244117	104509	263431	355659	277060	467937 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	I/R-SALARY AND FRINGES 22	I/R-OTHER PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 NON-PATIENT PHONES								6.01
6.03 PURCHASING								6.03
6.04 ADMITTING								6.04
6.05 PATIENT ACCOUNTS & CASHIERS								6.05
6.06 ADMINISTRATION & GENERAL								6.06
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY	330649							15
16 PHARMACY		236433						16
17 MEDICAL RECORDS & LIBRARY			212053					17
18 SOCIAL SERVICE				74482				18
22 I&R SERVICES-SALARY & FRINGES A					80528			22
23 I&R SERVICES-OTHER PRGM COSTS A						222037		23
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS		425	30348	47976			3760630	25
26 INTENSIVE CARE UNIT		72	4428	643			480995	26
26.01 SPECIAL CARE NURSERY			583	232			61097	26.01
31 SUBPROVIDER I		3	1927	6037			242927	31
31.01 SUBPROVIDER II PSYCHIATRIC UNIT		11	3406	6484			428442	31.01
33 NURSERY			1514	232			69730	33
34 SKILLED NURSING FACILITY		18	969	5841			433790	34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		178	13086				1691677	37
39 DELIVERY ROOM & LABOR ROOM			3487				183779	39
40 ANESTHESIOLOGY		369	6647				194486	40
41 RADIOLOGY-DIAGNOSTIC		18355	10879				2013927	41
41.01 CT SCANS AND MRI		26	15539				863163	41.01
41.02 CANCER TREATMENT CENTER		6240	1783				513351	41.02
41.03 ULTRASOUND		26	3089				348941	41.03
41.04 SPECIAL PROCEDURES		9	386				78598	41.04
44 LABORATORY		10	28588				795659	44
44.01 PATHOLOGY			1987				186829	44.01
47 BLOOD STORING, PROCESSING & TRA			3019				100523	47
49 RESPIRATORY THERAPY			6158				157260	49
50 PHYSICAL THERAPY								50
50.01 REHABILITATION MEDICINE		15	5789				463767	50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY			2307				120356	53
53.01 CARDIAC CATHETERIZATION LAB		419	5428				688370	53.01
53.02 CARDIAC REHABILITATION		345	4707				333675	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	330649		26989				889659	55
56 DRUGS CHARGED TO PATIENTS		208576	14294				445576	56
57 RENAL DIALYSIS			1272				40560	57
58 ASC (NON-DISTINCT PART)		44	1879				197730	58
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE CLINIC		259	511	196			328480	60.01
60.02 WOUND CARE		319	1575				162686	60.02
60.03 PAIN MANAGEMENT		40	234				185219	60.03
60.05 WOMENS CENTER								60.05
60.06 DIABETES CENTER			46				36863	60.06
61 EMERGENCY		217	9004	161			833651	61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.01 OCCUPATIONAL HEALTH		389	195				64460	63.01
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY		68		6680			198335	71
95 SPECIAL PURPOSE COST CENTERS	330649	236433	212053	74482			17595191	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN							30342	96
96.02 COVENANT RETIREMENT HOME							1524	96.02
96.05 BOARD OF BENEVOLENCE							44988	96.05
96.07 DENTAL							26245	96.07
96.08 COVENANT RETIREMENT COMMUNITY							23051	96.08
96.09 OP PHARMACY							12350	96.09
96.10 PLAZA							29767	96.10
96.11 G CAFETERIA							20010	96.11

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	I/R-SALARY AND FRINGES 22	I/R-OTHER PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26
96.12 G PHARMACY							48571	96.12
96.13 G SUITE							1259992	96.13
96.14 OFFSITE CLINICS							43729	96.14
101 CROSS FOOT ADJUSTMENTS					80528	222037	302565	101
102 NEGATIVE COST CENTER								102
103 TOTAL	330649	236433	212053	74482	80528	222037	19438325	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION		TOTAL	
		27	
GENERAL SERVICE COST CENTERS			
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6.01	NON-PATIENT PHONES		6.01
6.03	PURCHASING		6.03
6.04	ADMITTING		6.04
6.05	PATIENT ACCOUNTS & CASHIERS		6.05
6.06	ADMINISTRATION & GENERAL		6.06
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE		18
22	I&R SERVICES-SALARY & FRINGES A		22
23	I&R SERVICES-OTHER PRGM COSTS A		23
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	3760630	25
26	INTENSIVE CARE UNIT	480995	26
26.01	SPECIAL CARE NURSERY	61097	26.01
31	SUBPROVIDER I	242927	31
31.01	SUBPROVIDER II PSYCHIATRIC UNIT	428442	31.01
33	NURSERY	69730	33
34	SKILLED NURSING FACILITY	433790	34
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	1691677	37
39	DELIVERY ROOM & LABOR ROOM	183779	39
40	ANESTHESIOLOGY	194486	40
41	RADIOLOGY-DIAGNOSTIC	2013927	41
41.01	CT SCANS AND MRI	863163	41.01
41.02	CANCER TREATMENT CENTER	513351	41.02
41.03	ULTRASOUND	348941	41.03
41.04	SPECIAL PROCEDURES	78598	41.04
44	LABORATORY	795659	44
44.01	PATHOLOGY	186829	44.01
47	BLOOD STORING, PROCESSING & TRA	100523	47
49	RESPIRATORY THERAPY	157260	49
50	PHYSICAL THERAPY		50
50.01	REHABILITATION MEDICINE	463767	50.01
51	OCCUPATIONAL THERAPY		51
52	SPEECH PATHOLOGY		52
53	ELECTROCARDIOLOGY	120356	53
53.01	CARDIAC CATHERIZATION LAB	688370	53.01
53.02	CARDIAC REHABILITATION	333675	53.02
55	MEDICAL SUPPLIES CHARGED TO PAT	889659	55
56	DRUGS CHARGED TO PATIENTS	445576	56
57	RENAL DIALYSIS	40560	57
58	ASC (NON-DISTINCT PART)	197730	58
OUTPATIENT SERVICE COST CENTERS			
60.01	FAMILY PRACTICE CLINIC	328480	60.01
60.02	WOUND CARE	162686	60.02
60.03	PAIN MANAGEMENT	185219	60.03
60.05	WOMENS CENTER		60.05
60.06	DIABETES CENTER	36863	60.06
61	EMERGENCY	833651	61
62	OBSERVATION BEDS (NON-DISTINCT)		62
63.01	OCCUPATIONAL HEALTH	64460	63.01
OTHER REIMBURSABLE COST CENTERS			
71	HOME HEALTH AGENCY	198335	71
SPECIAL PURPOSE COST CENTERS			
95	SUBTOTALS	17595191	95
NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & CAN	30342	96
96.02	COVENANT RETIREMENT HOME	1524	96.02
96.05	BOARD OF BENEVOLENCE	44988	96.05
96.07	DENTAL	26245	96.07
96.08	COVENANT RETIREMENT COMMUNITY	23051	96.08
96.09	OP PHARMACY	12350	96.09
96.10	PLAZA	29767	96.10
96.11	G CAFETERIA	20010	96.11

PROVIDER NO. 14-0114 SWEDISH COVENANT HOSPITAL
PERIOD FROM 10/01/2007 TO 09/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2008.05
02/25/2009 16:33

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION	TOTAL	
	27	
96.12 G PHARMACY	48571	96.12
96.13 G SUITE	1259992	96.13
96.14 OFFSITE CLINICS	43729	96.14
101 CROSS FOOT ADJUSTMENTS	302565	101
102 NEGATIVE COST CENTER		102
103 TOTAL	19438325	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS GROSS SALARIES	NON PATIENT PHONES (PHONES)	PURCHASE (SUPPLY EXPENSE)	ADMITTING GROSS REVENUE	PATIENT ACCOUNTS- CASHIERS GROSS REVENUE
	3	4	5	6.01	6.03	6.04	6.05
GENERAL SERVICE COST CENTERS							
3 NEW CAP REL COSTS-BLDG & FIXT	786724						3
4 NEW CAP REL COSTS-MVBLE EQUIP		7707796					4
5 EMPLOYEE BENEFITS	1994	28023	93949938				5
6.01 NON-PATIENT PHONES	1036	42057	447242	652			6.01
6.03 PURCHASING	5532	42514	760392	6	20354324		6.03
6.04 ADMITTING	3348	31492	1519769	12	28735	904931393	6.04
6.05 PATIENT ACCOUNTS & CASHIERS	2426	11298	1583578	41	20299		6.05
6.06 ADMINISTRATION & GENERAL	362673	1014208	9830458	101	137442		6.06
8 OPERATION OF PLANT	71790	741006	2345397	27	350935		8
9 LAUNDRY & LINEN SERVICE	2508	12237		1	434		9
10 HOUSEKEEPING	5576	4646	2014511	4	287927		10
11 DIETARY	5900	103396	1488591	5	92035		11
12 CAFETERIA	10427	19011	506226	5	11698		12
14 NURSING ADMINISTRATION	2675	285869	2305991	16	17970		14
15 CENTRAL SERVICES & SUPPLY	10252	49322	532892	2	116884		15
16 PHARMACY	3397	46698	2051105	9	9243		16
17 MEDICAL RECORDS & LIBRARY	5089	15688	848260	15	32911		17
18 SOCIAL SERVICE	2058	1942	447481	10	1447		18
22 I&R SERVICES-SALARY & FRINGES		752	1481074		2562		22
23 I&R SERVICES-OTHER PRGM COSTS	5068	2809	986200	14	6119		23
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	71208	406445	19829838	45	231038	128422951	25
26 INTENSIVE CARE UNIT	5809	125022	2886128	24	10041	18921459	26
26.01 SPECIAL CARE NURSERY	1174	3237	472915	8	64	2493282	26.01
31 SUBPROVIDER I	5308	10144	1078100	4	6824	8235172	31
31.01 SUBPROVIDER II PSYCHIATRIC UN	10497	16080	1704136	11	7914	14554293	31.01
33 NURSERY	101		964586	9		6468055	33
34 SKILLED NURSING FACILITY	11626	22802	1505203	4	10751	4140890	34
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	24702	530700	5201590	29	1196145	55924575	37
39 DELIVERY ROOM & LABOR ROOM	1589	2804	1869352			14902363	39
40 ANESTHESIOLOGY	1470	120149	328607	3	10788	28404169	40
41 RADIOLOGY-DIAGNOSTIC	15572	1320274	3518791	34	109444	46492272	41
41.01 CT SCANS AND MRI	1796	623547	1193685	2	292222	66404752	41.01
41.02 CANCER TREATMENT CENTER	9183	228329	768218	17	13136	7620642	41.02
41.03 ULTRASOUND	244	266195	1171623	4	7037	13199865	41.03
41.04 SPECIAL PROCEDURES	948	23655	479138		7789	1647618	41.04
44 LABORATORY	10056	196377	2901534	31	1682541	122172468	44
44.01 PATHOLOGY	2026	72912	720959	2	326622	8490635	44.01
47 BLOOD STORING, PROCESSING & T	455	7073	224926	3	178602	12899707	47
49 RESPIRATORY THERAPY	1432	37195	1258363	4	67970	26316441	49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE	5948	39544	4237661	18	43776	24737448	50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY	1079	66595	331031	4	10515	9860571	53
53.01 CARDIAC CATHERIZATION LAB	1871	441522	671334	7	170438	23196816	53.01
53.02 CARDIAC REHABILITATION		209839	1526103	7	18790	20113640	53.02
55 MEDICAL SUPPLIES CHARGED TO P					14453872	115336945	55
56 DRUGS CHARGED TO PATIENTS						61086510	56
57 RENAL DIALYSIS	338				25	5435996	57
58 ASC (NON-DISTINCT PART)	5422	29334	385488	17	72601	8028450	58
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC	9037	61034	1156755	25	10772	2184444	60.01
60.02 WOUND CARE	5242	6102	448027		12176	6729285	60.02
60.03 PAIN MANAGEMENT	5485	24329	325254		7908	1001367	60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER	792	9272	160914		1091	196964	60.06
61 EMERGENCY	10321	251732	3964607	29	59280	38479959	61
62 OBSERVATION BEDS (NON-DISTINC							62
63.01 OCCUPATIONAL HEALTH	632	9631	648514	3	5900	831389	63.01
OTHER REIMBURSABLE COST CENTERS							
71 HOME HEALTH AGENCY	541	58270	2331046	4	12190		71
SPECIAL PURPOSE COST CENTERS							
95 SUBTOTALS	723653	7673112	93413593	616	20154903	904931393	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	689	1486	33290	2	198340		96
96.02 COVENANT RETIREMENT HOME							96.02
96.05 BOARD OF BENEVOLENCE	1957			9			96.05
96.07 DENTAL	1088			9	6		96.07
96.08 COVENANT RETIREMENT COMMUNITY	946			15			96.08
96.09 OP PHARMACY		365	180919	1			96.09

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP-	NEW CAP-	EMPLOYEE	NON	PURCHASE	ADMITTING	PATIENT	
	REL COSTS	REL COSTS	BENEFITS	PATIENT	(SUPPLY	GROSS	ACCOUNTS-	
(SQUARE	(DOLLAR	GROSS	PHONES	EXPENSE)	REVENUE	GROSS	CASHIERS	
FEET)	VALUE)	SALARIES	(PHONES)			REVENUE	GROSS	
3	4	5	6.01	6.03	6.04	6.05	REVENUE	6.05
96.10 PLAZA		11985			54			96.10
96.11 G CAFETERIA	900							96.11
96.12 G PHARMACY	1391	1012	322136					96.12
96.13 G SUITE	56100							96.13
96.14 OFFSITE CLINICS		19836			1021			96.14
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	11799082	7639243	15537026	763107	536912	1936183	2907271	103
104 UNIT COST MULT-WS B PT I		.991106		1170.409509		.002140		104
104 UNIT COST MULT-WS B PT I	14.997740		.165376		.026378		.003213	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			57679	57496	126099	83593	52297	107
108 UNIT COST MULT-WS B PT III				88.184049		.000092		108
108 UNIT COST MULT-WS B PT III			.000614		.006195		.000058	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	OTHER ADMINISTRA & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINI- STRATION (DIRECT NRSG HRS)
	6A.06	6.06	8	9	10	11	12	14
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 NON-PATIENT PHONES								6.01
6.03 PURCHASING								6.03
6.04 ADMITTING								6.04
6.05 PATIENT ACCOUNTS & CASHIERS								6.05
6.06 ADMINISTRATION & GENERAL	-43529234	163032565						6.06
8 OPERATION OF PLANT		10776234	337925					8
9 LAUNDRY & LINEN SERVICE		959495	2508	1128966				9
10 HOUSEKEEPING		3222358	5576	76761	6914			10
11 DIETARY		2960254	5900		165	243570		11
12 CAFETERIA		589244	10427		221		121411	12
14 NURSING ADMINISTRATION		2872631	2675		29		3880	1535103
15 CENTRAL SERVICES & SUPPLY		1064385	10252	27999	274		1530	15
16 PHARMACY		2683319	3397		45		2844	16
17 MEDICAL RECORDS & LIBRARY		1953640	5089		42		2333	17
18 SOCIAL SERVICE		585963	2058		49		777	18
22 I&R SERVICES-SALARY & FRINGES		1789982					3474	22
23 I&R SERVICES-OTHER PRGM COSTS		2578102	5068		107		645	23
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS		26236375	71208	515090	1655	174993	34259	712587
26 INTENSIVE CARE UNIT		3871578	5809	36137	295	12162	3908	81286
26.01 SPECIAL CARE NURSERY		594900	1174	4462	39		560	11648
31 SUBPROVIDER I		1406653	5308	41621	249	14151	2089	43451
31.01 SUBPROVIDER II PSYCHIATRIC UN		2288085	10497	73439	336	24969	2840	59072
33 NURSERY		1170778	101	12253	40		1669	34715
34 SKILLED NURSING FACILITY		2088388	11626	50868	353	17295	2860	59488
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		12565548	24702	176995	246		8430	175344
39 DELIVERY ROOM & LABOR ROOM		2678794	1589	33876	145		2892	60154
40 ANESTHESIOLOGY		713211	1470		53		660	40
41 RADIOLOGY-DIAGNOSTIC		7544862	15572	2355	345		6160	41
41.01 CT SCANS AND MRI		4318212	1796		72		1840	41.01
41.02 CANCER TREATMENT CENTER		1577465	9183	2612	142		1040	21632
41.03 ULTRASOUND		1757534	244		17		1460	41.03
41.04 SPECIAL PROCEDURES		801394	948	5214			620	41.04
44 LABORATORY		7574056	10056	15332	90		7270	44
44.01 PATHOLOGY		1504339	2026		58		1316	44.01
47 BLOOD STORING, PROCESSING & T		1916821	455		10		380	47
49 RESPIRATORY THERAPY		1788858	1432		39		2360	49
50 PHYSICAL THERAPY								50
50.01 REHABILITATION MEDICINE		6318045	5948	4443	433		6409	50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		591613	1079	180	38		740	53
53.01 CARDIAC CATHERIZATION LAB		4766592	1871	16882	29		850	17680
53.02 CARDIAC REHABILITATION		2396377					2436	50669
55 MEDICAL SUPPLIES CHARGED TO P		10729606						55
56 DRUGS CHARGED TO PATIENTS		5388968						56
57 RENAL DIALYSIS		786339	338					57
58 ASC (NON-DISTINCT PART)		901252	5422	30695	54		627	13042
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE CLINIC		1217845	9037		135		1712	35610
60.02 WOUND CARE		925124	5242		35		860	60.02
60.03 PAIN MANAGEMENT		995485	5485		22		640	60.03
60.05 WOMENS CENTER								60.05
60.06 DIABETES CENTER		244013	792				300	60.06
61 EMERGENCY		6686186	10321		482		6611	137509
62 OBSERVATION BEDS (NON-DISTINC								62
63.01 OCCUPATIONAL HEALTH		756019	632	1752	58		870	18096
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY		3025469	541		10			71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	-43529234	160162391	274854	1128966	6412	243570	120151	1531983
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C		280943	689		29		130	96
96.02 COVENANT RETIREMENT HOME					40			96.02
96.05 BOARD OF BENEVOLENCE		39885	1957		7			96.05
96.07 DENTAL		27002	1088		22			96.07
96.08 COVENANT RETIREMENT COMMUNITY		31744	946					96.08
96.09 OP PHARMACY		212371			70		310	96.09

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	OTHER ADMINISTRA & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINI- STRATION (DIRECT NRSG HRS)	
	6A.06	6.06	8	9	10	11	12	14	
96.10 PLAZA		451457							96.10
96.11 G CAFETERIA		13498	900						96.11
96.12 G PHARMACY		397275	1391				670		96.12
96.13 G SUITE		841373	56100		334				96.13
96.14 OFFSITE CLINICS		574626					150	3120	96.14
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I		43529234	13653456	1317010	4397557	4093961	1308424	3807954	103
104 UNIT COST MULT-WS B PT I			40.403806		636.036592		10.776816		104
104 UNIT COST MULT-WS B PT I		.266997		1.166563		16.808150		2.480585	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		6460255	2244117	104509	263431	355659	277060	467937	107
108 UNIT COST MULT-WS B PT III			6.640873		38.101099		2.282001		108
108 UNIT COST MULT-WS B PT III		.039626		.092571		1.460192		.304824	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 15	PHARMACY (COSTED REQUIS) 16	MEDICAL RECORDS + LIBRARY GROSS REVENUE 17	SOCIAL SERVICE (TIME SPENT) 18	I/R-SALARY AND FRINGES (ASSIGNED TIME) 22	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME) 23	
96.10 PLAZA							96.10
96.11 G CAFETERIA							96.11
96.12 G PHARMACY							96.12
96.13 G SUITE							96.13
96.14 OFFSITE CLINICS							96.14
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	1986219	3596280	2732727	865104	2305341	3546220	103
104 UNIT COST MULT-WS B PT I	.137418		.003020		62.923847		104
104 UNIT COST MULT-WS B PT I		.626746		207.458993		96.793406	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	330649	236433	212053	74482	80528	222037	107
108 UNIT COST MULT-WS B PT III	.022876		.000234		2.197997		108
108 UNIT COST MULT-WS B PT III		.041205		17.861391		6.060458	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT		DISALLOWANCE		
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	43801541		43801541	8639	43810180	25
26 INTENSIVE CARE UNIT	5883651		5883651		5883651	26
26.01 SPECIAL CARE NURSERY	876337		876337		876337	26.01
31 SUBPROVIDER I	2666795		2666795		2666795	31
31.01 SUBPROVIDER II PSYCHIATRIC	4338751		4338751		4338751	31.01
33 NURSERY	1653520		1653520		1653520	33
34 SKILLED NURSING FACILITY	3949278		3949278		3949278	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	17978913		17978913		17978913	37
39 DELIVERY ROOM & LABOR ROOM	3815358		3815358		3815358	39
40 ANESTHESIOLOGY	1095240		1095240		1095240	40
41 RADIOLOGY-DIAGNOSTIC	10896643		10896643		10896643	41
41.01 CT SCANS AND MRI	5810288		5810288		5810288	41.01
41.02 CANCER TREATMENT CENTER	2645833		2645833		2645833	41.02
41.03 ULTRASOUND	2303460		2303460		2303460	41.03
41.04 SPECIAL PROCEDURES	1071551		1071551		1071551	41.04
44 LABORATORY	10525189		10525189		10525189	44
44.01 PATHOLOGY	2064565		2064565		2064565	44.01
47 BLOOD STORING, PROCESSING &	2496402		2496402		2496402	47
49 RESPIRATORY THERAPY	2454050		2454050		2454050	49
50 PHYSICAL THERAPY						50
50.01 REHABILITATION MEDICINE	8669858		8669858		8669858	50.01
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	855301		855301		855301	53
53.01 CARDIAC CATHERIZATION LAB	6282440		6282440		6282440	53.01
53.02 CARDIAC REHABILITATION	3254132		3254132		3254132	53.02
55 MEDICAL SUPPLIES CHARGED TO	15928916		15928916		15928916	55
56 DRUGS CHARGED TO PATIENTS	10184863		10184863		10184863	56
57 RENAL DIALYSIS	1026362		1026362		1026362	57
58 ASC (NON-DISTINCT PART)	1495124		1495124		1495124	58
OUTPATIENT SERVICE COST CENTERS						
60.01 FAMILY PRACTICE CLINIC	2113596		2113596		2113596	60.01
60.02 WOUND CARE	1440636		1440636		1440636	60.02
60.03 PAIN MANAGMENT	1507407		1507407		1507407	60.03
60.05 WOMENS CENTER						60.05
60.06 DIABETES CENTER	344992		344992		344992	60.06
61 EMERGENCY	9728685		9728685		9728685	61
62 OBSERVATION BEDS (NON-DISTI	2726423		2726423		2726423	62
63.01 OCCUPATIONAL HEALTH	1085037		1085037		1085037	63.01
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	192971137		192971137	8639	192979776	101
102 LESS OBSERVATION BEDS	2726423		2726423		2726423	102
103 TOTAL	190244714		190244714	8639	190253353	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	121361923		121361923			25
26 INTENSIVE CARE UNIT	18921459		18921459			26
26.01 SPECIAL CARE NURSERY	2493282		2493282			26.01
31 SUBPROVIDER I	8235172		8235172			31
31.01 SUBPROVIDER II PSYCHIATRIC	14554293		14554293			31.01
33 NURSERY	6468055		6468055			33
34 SKILLED NURSING FACILITY	4140890		4140890			34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	31268594	24655981	55924575	.321485	.321485	.321485 37
39 DELIVERY ROOM & LABOR ROOM	14168263	734100	14902363	.256024	.256024	.256024 39
40 ANESTHESIOLOGY	17402545	11001624	28404169	.038559	.038559	.038559 40
41 RADIOLOGY-DIAGNOSTIC	19582535	26909737	46492272	.234375	.234375	.234375 41
41.01 CT SCANS AND MRI	25640730	40764022	66404752	.087498	.087498	.087498 41.01
41.02 CANCER TREATMENT CENTER	877754	6742888	7620642	.347193	.347193	.347193 41.02
41.03 ULTRASOUND	2561199	10638666	13199865	.174506	.174506	.174506 41.03
41.04 SPECIAL PROCEDURES	983253	664365	1647618	.650364	.650364	.650364 41.04
44 LABORATORY	63823341	58349127	122172468	.086150	.086150	.086150 44
44.01 PATHOLOGY	2688454	5802181	8490635	.243158	.243158	.243158 44.01
47 BLOOD STORING, PROCESSING &	11055552	1844155	12899707	.193524	.193524	.193524 47
49 RESPIRATORY THERAPY	25136386	1180055	26316441	.093252	.093252	.093252 49
50 PHYSICAL THERAPY						50
50.01 REHABILITATION MEDICINE	15034200	9703248	24737448	.350475	.350475	.350475 50.01
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	5527761	4332810	9860571	.086740	.086740	.086740 53
53.01 CARDIAC CATHERIZATION LAB	19865939	3330877	23196816	.270832	.270832	.270832 53.01
53.02 CARDIAC REHABILITATION	10914054	9199586	20113640	.161787	.161787	.161787 53.02
55 MEDICAL SUPPLIES CHARGED TO	97299631	18037314	115336945	.138108	.138108	.138108 55
56 DRUGS CHARGED TO PATIENTS	54956651	6129859	61086510	.166729	.166729	.166729 56
57 RENAL DIALYSIS	5037394	398602	5435996	.188808	.188808	.188808 57
58 ASC (NON-DISTINCT PART)	2401371	5627079	8028450	.186228	.186228	.186228 58
OUTPATIENT SERVICE COST CENTERS						
60.01 FAMILY PRACTICE CLINIC		2184444	2184444	.967567	.967567	.967567 60.01
60.02 WOUND CARE	470289	6258996	6729285	.214085	.214085	.214085 60.02
60.03 PAIN MANAGMENT	8348	993019	1001367	1.505349	1.505349	1.505349 60.03
60.05 WOMENS CENTER						60.05
60.06 DIABETES CENTER		196964	196964	1.751549	1.751549	1.751549 60.06
61 EMERGENCY	13308536	25171423	38479959	.252825	.252825	.252825 61
62 OBSERVATION BEDS (NON-DISTI	17054	7043974	7061028	.386123	.386123	.386123 62
63.01 OCCUPATIONAL HEALTH		831389	831389	1.305089	1.305089	1.305089 63.01
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	616204908	288726485	904931393			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	616204908	288726485	904931393			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 -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				3760630		3760630	25
26 INTENSIVE CARE UNIT				480995		480995	26
26.01 SPECIAL CARE NURSERY				61097		61097	26.01
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I				242927		242927	31
31.01 SUBPROVIDER II PSYCHIATRIC UNIT				428442		428442	31.01
33 NURSERY				69730		69730	33
101 TOTAL				5043821		5043821	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	62202	29531			60.46	1785444	25
26 INTENSIVE CARE UNIT	4054	1967			118.65	233385	26
26.01 SPECIAL CARE NURSERY	1517				40.27		26.01
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	4717	3031			51.50	156097	31
31.01 SUBPROVIDER II PSYCHIATRIC UNIT	8323	4653			51.48	239536	31.01
33 NURSERY	4167				16.73		33
101 TOTAL	84980	39182				2414462	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0114) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	RATIO OF		RATIO OF	
	CAPITAL RELATED COST	CAPITAL RELATED COST			COST TO CHARGES	CAPITAL COSTS	COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1691677	55924575	13793403			.030249	417237 37
39 DELIVERY ROOM & LABOR ROOM		183779	14902363	42500			.012332	524 39
40 ANESTHESIOLOGY		194486	28404169	6548921			.006847	44840 40
41 RADIOLOGY-DIAGNOSTIC		2013927	46492272	10411834			.043317	451009 41
41.01 CT SCANS AND MRI		863163	66404752	12364679			.012999	160728 41.01
41.02 CANCER TREATMENT CENTER		513351	7620642	492272			.067363	33161 41.02
41.03 ULTRASOUND		348941	13199865	874876			.026435	23127 41.03
41.04 SPECIAL PROCEDURES		78598	1647618	613990			.047704	29290 41.04
44 LABORATORY		795659	122172468	29335141			.006513	191060 44
44.01 PATHOLOGY		186829	8490635	1040303			.022004	22891 44.01
47 BLOOD STORING, PROCESSING & T		100523	12899707	4514154			.007793	35179 47
49 RESPIRATORY THERAPY		157260	26316441	12438864			.005976	74335 49
50 PHYSICAL THERAPY								50
50.01 REHABILITATION MEDICINE		463767	24737448	2944679			.018748	55207 50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		120356	9860571	2968345			.012206	36232 53
53.01 CARDIAC CATHERIZATION LAB		688370	23196816	9630195			.029675	285776 53.01
53.02 CARDIAC REHABILITATION		333675	20113640	5758011			.016589	95520 53.02
55 MEDICAL SUPPLIES CHARGED TO P		889659	115336945	42636532			.007714	328898 55
56 DRUGS CHARGED TO PATIENTS		445576	61086510	23760763			.007294	173311 56
57 RENAL DIALYSIS		40560	5435996	3037015			.007461	22659 57
58 ASC (NON-DISTINCT PART)		197730	8028450	1256181			.024629	30938 58
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE CLINIC		328480	2184444				.150372	60.01
60.02 WOUND CARE		162686	6729285	258924			.024176	6260 60.02
60.03 PAIN MANAGMENT		185219	1001367	3449			.184966	638 60.03
60.05 WOMENS CENTER								60.05
60.06 DIABETES CENTER		36863	196964				.187156	60.06
61 EMERGENCY		833651	38479959	6350049			.021665	137574 61
62 OBSERVATION BEDS (NON-DISTINC		234033	7061028				.033144	62
63.01 OCCUPATIONAL HEALTH		64460	831389				.077533	63.01
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		12153278	728756319	191075080				2656394 101

PROVIDER NO. 14-0114 SWEDISH COVENANT HOSPITAL
 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
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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	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT					COSTS
		COST	COST	AMOUNT		PATIENT	DIEM	DAYS	COSTS
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					62202		29531	25
26	INTENSIVE CARE UNIT					4054		1967	26
26.01	SPECIAL CARE NURSERY					1517			26.01
27	CORONARY CARE UNIT								27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I					4717		3031	31
31.01	SUBPROVIDER II PSYCHIATRIC UN					8323		4653	31.01
33	NURSERY					4167			33
34	SKILLED NURSING FACILITY					5765		4923	34
35	NURSING FACILITY								35
101	TOTAL					90745		44105	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0114) [] 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			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CT SCANS AND MRI							41.01
41.02 CANCER TREATMENT CENTER							41.02
41.03 ULTRASOUND							41.03
41.04 SPECIAL PROCEDURES							41.04
44 LABORATORY							44
44.01 PATHOLOGY							44.01
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATHERIZATION LAB							53.01
53.02 CARDIAC REHABILITATION							53.02
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC							60.01
60.02 WOUND CARE							60.02
60.03 PAIN MANAGMENT							60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER							60.06
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.01 OCCUPATIONAL HEALTH							63.01
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0114) [] 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	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		55924575			13793403		7785335 37
39 DELIVERY ROOM & LABOR ROOM		14902363			42500		1713 39
40 ANESTHESIOLOGY		28404169			6548921		3141595 40
41 RADIOLOGY-DIAGNOSTIC		46492272			10411834		10423382 41
41.01 CT SCANS AND MRI		66404752			12364679		15578572 41.01
41.02 CANCER TREATMENT CENTER		7620642			492272		3437030 41.02
41.03 ULTRASOUND		13199865			874876		1412595 41.03
41.04 SPECIAL PROCEDURES		1647618			613990		496118 41.04
44 LABORATORY		122172468			29335141		138330 44
44.01 PATHOLOGY		8490635			1040303		1955562 44.01
47 BLOOD STORING, PROCESSING & T		12899707			4514154		232984 47
49 RESPIRATORY THERAPY		26316441			12438864		473377 49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE		24737448			2944679		20057 50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		9860571			2968345		1557962 53
53.01 CARDIAC CATHERIZATION LAB		23196816			9630195		2377295 53.01
53.02 CARDIAC REHABILITATION		20113640			5758011		4692682 53.02
55 MEDICAL SUPPLIES CHARGED TO P		115336945			42636532		4986167 55
56 DRUGS CHARGED TO PATIENTS		61086510			23760763		2716810 56
57 RENAL DIALYSIS		5435996			3037015		316326 57
58 ASC (NON-DISTINCT PART)		8028450			1256181		2317190 58
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC		2184444					58549 60.01
60.02 WOUND CARE		6729285			258924		2951256 60.02
60.03 PAIN MANAGMENT		1001367			3449		400538 60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER		196964					478 60.06
61 EMERGENCY		38479959			6350049		3344501 61
62 OBSERVATION BEDS (NON-DISTINC		7061028					2253917 62
63.01 OCCUPATIONAL HEALTH		831389					63.01
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		728756319			191075080		73070321 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0114) [] 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					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CT SCANS AND MRI					41.01
41.02 CANCER TREATMENT CENTER					41.02
41.03 ULTRASOUND					41.03
41.04 SPECIAL PROCEDURES					41.04
44 LABORATORY					44
44.01 PATHOLOGY					44.01
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 REHABILITATION MEDICINE					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATHERIZATION LAB					53.01
53.02 CARDIAC REHABILITATION					53.02
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
OUTPATIENT SERVICE COST CENTERS					
60.01 FAMILY PRACTICE CLINIC					60.01
60.02 WOUND CARE					60.02
60.03 PAIN MANAGMENT					60.03
60.05 WOMENS CENTER					60.05
60.06 DIABETES CENTER					60.06
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.01 OCCUPATIONAL HEALTH					63.01
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0114) [] 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	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	.321485	.321485	.321485			37
39 DELIVERY ROOM & LABOR ROOM	.256024	.256024	.256024			39
40 ANESTHESIOLOGY	.038559	.038559	.038559			40
41 RADIOLOGY-DIAGNOSTIC	.234375	.234375	.234375			41
41.01 CT SCANS AND MRI	.087498	.087498	.087498			41.01
41.02 CANCER TREATMENT CENTER	.347193	.347193	.347193			41.02
41.03 ULTRASOUND	.174506	.174506	.174506			41.03
41.04 SPECIAL PROCEDURES	.650364	.650364	.650364			41.04
44 LABORATORY	.086150	.086150	.086150			44
44.01 PATHOLOGY	.243158	.243158	.243158			44.01
47 BLOOD STORING, PROCESSING & TRA	.193524	.193524	.193524			47
49 RESPIRATORY THERAPY	.093252	.093252	.093252			49
50 PHYSICAL THERAPY						50
50.01 REHABILITATION MEDICINE	.350475	.350475	.350475			50.01
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	.086740	.086740	.086740			53
53.01 CARDIAC CATHERIZATION LAB	.270832	.270832	.270832			53.01
53.02 CARDIAC REHABILITATION	.161787	.161787	.161787			53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.138108	.138108	.138108			55
56 DRUGS CHARGED TO PATIENTS	.166729	.166729	.166729			56
57 RENAL DIALYSIS	.188808	.188808	.188808			57
58 ASC (NON-DISTINCT PART)	.186228	.186228	.186228			58
OUTPATIENT SERVICE COST CENTERS						
60.01 FAMILY PRACTICE CLINIC	.967567	.967567	.967567			60.01
60.02 WOUND CARE	.214085	.214085	.214085			60.02
60.03 PAIN MANAGMENT	1.505349	1.505349	1.505349			60.03
60.05 WOMENS CENTER						60.05
60.06 DIABETES CENTER	1.751549	1.751549	1.751549			60.06
61 EMERGENCY	.252825	.252825	.252825			61
62 OBSERVATION BEDS (NON-DISTINCT)	.386123	.386123	.386123			62
63.01 OCCUPATIONAL HEALTH	1.305089	1.305089	1.305089			63.01
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						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	1	.166729	1
2 PROGRAM VACCINE CHARGES	2	1770	2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3	295	3
3.01 PROGRAM COSTS	3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0114) [] 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	OUTPATIENT DIAGNOSTIC OTHER 8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		7785335						37
39 DELIVERY ROOM & LABOR ROOM		1713						39
40 ANESTHESIOLOGY		3141595						40
41 RADIOLOGY-DIAGNOSTIC		10423382						41
41.01 CT SCANS AND MRI		15578572						41.01
41.02 CANCER TREATMENT CENTER		3437030						41.02
41.03 ULTRASOUND		1412595						41.03
41.04 SPECIAL PROCEDURES		496118						41.04
44 LABORATORY		138330						44
44.01 PATHOLOGY		1955562						44.01
47 BLOOD STORING, PROCESSING & TR		232984						47
49 RESPIRATORY THERAPY		473377						49
50 PHYSICAL THERAPY								50
50.01 REHABILITATION MEDICINE		20057						50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		1557962						53
53.01 CARDIAC CATHERIZATION LAB		2377295						53.01
53.02 CARDIAC REHABILITATION		4692682						53.02
55 MEDICAL SUPPLIES CHARGED TO PA		4986167						55
56 DRUGS CHARGED TO PATIENTS		2716810						56
57 RENAL DIALYSIS		316326						57
58 ASC (NON-DISTINCT PART)		2317190						58
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE CLINIC		58549						60.01
60.02 WOUND CARE		2951256						60.02
60.03 PAIN MANAGMENT		400538						60.03
60.05 WOMENS CENTER								60.05
60.06 DIABETES CENTER		478						60.06
61 EMERGENCY		3344501						61
62 OBSERVATION BEDS (NON-DISTINCT		2253917						62
63.01 OCCUPATIONAL HEALTH								63.01
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		73070321						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		73070321						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0114) [] 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	HOSPITAL	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B I/P PART B CHARGES (SEE INSTRU.)	I/P PART B I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		2502868					37
39 DELIVERY ROOM & LABOR ROOM		439					39
40 ANESTHESIOLOGY		121137					40
41 RADIOLOGY-DIAGNOSTIC		2442980					41
41.01 CT SCANS AND MRI		1363094					41.01
41.02 CANCER TREATMENT CENTER		1193313					41.02
41.03 ULTRASOUND		246506					41.03
41.04 SPECIAL PROCEDURES		322657					41.04
44 LABORATORY		11917					44
44.01 PATHOLOGY		475511					44.01
47 BLOOD STORING, PROCESSING & TRA		45088					47
49 RESPIRATORY THERAPY		44143					49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE		7029					50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		135138					53
53.01 CARDIAC CATHERIZATION LAB		643848					53.01
53.02 CARDIAC REHABILITATION		759215					53.02
55 MEDICAL SUPPLIES CHARGED TO PAT		688630					55
56 DRUGS CHARGED TO PATIENTS		452971					56
57 RENAL DIALYSIS		59725					57
58 ASC (NON-DISTINCT PART)		431526					58
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC		56650					60.01
60.02 WOUND CARE		631820					60.02
60.03 PAIN MANAGMENT		602949					60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER		837					60.06
61 EMERGENCY		845573					61
62 OBSERVATION BEDS (NON-DISTINCT)		870289					62
63.01 OCCUPATIONAL HEALTH							63.01
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		14955853					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		14955853					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-T114) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	RATIO OF		RATIO OF	
	CAPITAL RELATED COST	CAPITAL RELATED COST			COST TO CHARGES	CAPITAL COSTS	COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1691677	55924575	15425			.030249	467 37
39 DELIVERY ROOM & LABOR ROOM		183779	14902363				.012332	39
40 ANESTHESIOLOGY		194486	28404169	4968			.006847	34 40
41 RADIOLOGY-DIAGNOSTIC		2013927	46492272	170560			.043317	7388 41
41.01 CT SCANS AND MRI		863163	66404752	90993			.012999	1183 41.01
41.02 CANCER TREATMENT CENTER		513351	7620642				.067363	41.02
41.03 ULTRASOUND		348941	13199865	19038			.026435	503 41.03
41.04 SPECIAL PROCEDURES		78598	1647618	405			.047704	19 41.04
44 LABORATORY		795659	122172468	780438			.006513	5083 44
44.01 PATHOLOGY		186829	8490635	5641			.022004	124 44.01
47 BLOOD STORING, PROCESSING & T		100523	12899707	23911			.007793	186 47
49 RESPIRATORY THERAPY		157260	26316441	180720			.005976	1080 49
50 PHYSICAL THERAPY								50
50.01 REHABILITATION MEDICINE		463767	24737448	2657012			.018748	49814 50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		120356	9860571	27659			.012206	338 53
53.01 CARDIAC CATHERIZATION LAB		688370	23196816	19539			.029675	580 53.01
53.02 CARDIAC REHABILITATION		333675	20113640	28810			.016589	478 53.02
55 MEDICAL SUPPLIES CHARGED TO P		889659	115336945	664467			.007714	5126 55
56 DRUGS CHARGED TO PATIENTS		445576	61086510	904697			.007294	6599 56
57 RENAL DIALYSIS		40560	5435996	148651			.007461	1109 57
58 ASC (NON-DISTINCT PART)		197730	8028450	10626			.024629	262 58
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE CLINIC		328480	2184444				.150372	60.01
60.02 WOUND CARE		162686	6729285	1518			.024176	37 60.02
60.03 PAIN MANAGMENT		185219	1001367				.184966	60.03
60.05 WOMENS CENTER								60.05
60.06 DIABETES CENTER		36863	196964				.187156	60.06
61 EMERGENCY		833651	38479959				.021665	61
62 OBSERVATION BEDS (NON-DISTINC		234033	7061028				.033144	62
63.01 OCCUPATIONAL HEALTH		64460	831389				.077533	63.01
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		12153278	728756319	5755078				80410 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-T114) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CT SCANS AND MRI							41.01
41.02 CANCER TREATMENT CENTER							41.02
41.03 ULTRASOUND							41.03
41.04 SPECIAL PROCEDURES							41.04
44 LABORATORY							44
44.01 PATHOLOGY							44.01
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATHERIZATION LAB							53.01
53.02 CARDIAC REHABILITATION							53.02
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC							60.01
60.02 WOUND CARE							60.02
60.03 PAIN MANAGMENT							60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER							60.06
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.01 OCCUPATIONAL HEALTH							63.01
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							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-T114) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		55924575			15425		37
39 DELIVERY ROOM & LABOR ROOM		14902363					39
40 ANESTHESIOLOGY		28404169			4968		40
41 RADIOLOGY-DIAGNOSTIC		46492272			170560		41
41.01 CT SCANS AND MRI		66404752			90993		41.01
41.02 CANCER TREATMENT CENTER		7620642					41.02
41.03 ULTRASOUND		13199865			19038		41.03
41.04 SPECIAL PROCEDURES		1647618			405		41.04
44 LABORATORY		122172468			780438		44
44.01 PATHOLOGY		8490635			5641		44.01
47 BLOOD STORING, PROCESSING & T		12899707			23911		47
49 RESPIRATORY THERAPY		26316441			180720		49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE		24737448			2657012		50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		9860571			27659		53
53.01 CARDIAC CATHERIZATION LAB		23196816			19539		53.01
53.02 CARDIAC REHABILITATION		20113640			28810		53.02
55 MEDICAL SUPPLIES CHARGED TO P		115336945			664467		55
56 DRUGS CHARGED TO PATIENTS		61086510			904697		56
57 RENAL DIALYSIS		5435996			148651		57
58 ASC (NON-DISTINCT PART)		8028450			10626		58
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC		2184444					60.01
60.02 WOUND CARE		6729285			1518		60.02
60.03 PAIN MANAGMENT		1001367					60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER		196964					60.06
61 EMERGENCY		38479959					61
62 OBSERVATION BEDS (NON-DISTINC		7061028					62
63.01 OCCUPATIONAL HEALTH		831389					63.01
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		728756319			5755078		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-T114) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CT SCANS AND MRI					41.01
41.02 CANCER TREATMENT CENTER					41.02
41.03 ULTRASOUND					41.03
41.04 SPECIAL PROCEDURES					41.04
44 LABORATORY					44
44.01 PATHOLOGY					44.01
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 REHABILITATION MEDICINE					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATHERIZATION LAB					53.01
53.02 CARDIAC REHABILITATION					53.02
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
OUTPATIENT SERVICE COST CENTERS					
60.01 FAMILY PRACTICE CLINIC					60.01
60.02 WOUND CARE					60.02
60.03 PAIN MANAGMENT					60.03
60.05 WOMENS CENTER					60.05
60.06 DIABETES CENTER					60.06
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.01 OCCUPATIONAL HEALTH					63.01
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [XX] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-S114)

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	RATIO OF		RATIO OF	
	CAPITAL RELATED COST	CAPITAL RELATED COST			COST TO CHARGES	CAPITAL COSTS	COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1691677	55924575	10263			.030249	310 37
39 DELIVERY ROOM & LABOR ROOM		183779	14902363				.012332	39
40 ANESTHESIOLOGY		194486	28404169	7332			.006847	50 40
41 RADIOLOGY-DIAGNOSTIC		2013927	46492272	73521			.043317	3185 41
41.01 CT SCANS AND MRI		863163	66404752	167951			.012999	2183 41.01
41.02 CANCER TREATMENT CENTER		513351	7620642				.067363	41.02
41.03 ULTRASOUND		348941	13199865	30975			.026435	819 41.03
41.04 SPECIAL PROCEDURES		78598	1647618	930			.047704	44 41.04
44 LABORATORY		795659	122172468	938332			.006513	6111 44
44.01 PATHOLOGY		186829	8490635	3862			.022004	85 44.01
47 BLOOD STORING, PROCESSING & T		100523	12899707	26723			.007793	208 47
49 RESPIRATORY THERAPY		157260	26316441	41708			.005976	249 49
50 PHYSICAL THERAPY								50
50.01 REHABILITATION MEDICINE		463767	24737448	1593926			.018748	29883 50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		120356	9860571	143328			.012206	1749 53
53.01 CARDIAC CATHERIZATION LAB		688370	23196816				.029675	53.01
53.02 CARDIAC REHABILITATION		333675	20113640	35308			.016589	586 53.02
55 MEDICAL SUPPLIES CHARGED TO P		889659	115336945	43746			.007714	337 55
56 DRUGS CHARGED TO PATIENTS		445576	61086510	898649			.007294	6555 56
57 RENAL DIALYSIS		40560	5435996				.007461	57
58 ASC (NON-DISTINCT PART)		197730	8028450	7245			.024629	178 58
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE CLINIC		328480	2184444				.150372	60.01
60.02 WOUND CARE		162686	6729285				.024176	60.02
60.03 PAIN MANAGMENT		185219	1001367				.184966	60.03
60.05 WOMENS CENTER								60.05
60.06 DIABETES CENTER		36863	196964				.187156	60.06
61 EMERGENCY		833651	38479959	293707			.021665	6363 61
62 OBSERVATION BEDS (NON-DISTINC		234033	7061028				.033144	62
63.01 OCCUPATIONAL HEALTH		64460	831389				.077533	63.01
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		12153278	728756319	4317506				58895 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 [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-S114) [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CT SCANS AND MRI							41.01
41.02 CANCER TREATMENT CENTER							41.02
41.03 ULTRASOUND							41.03
41.04 SPECIAL PROCEDURES							41.04
44 LABORATORY							44
44.01 PATHOLOGY							44.01
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATHERIZATION LAB							53.01
53.02 CARDIAC REHABILITATION							53.02
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC							60.01
60.02 WOUND CARE							60.02
60.03 PAIN MANAGMENT							60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER							60.06
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.01 OCCUPATIONAL HEALTH							63.01
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							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 [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-S114) [] NF []
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM CHARGES	PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		55924575			10263		37
39 DELIVERY ROOM & LABOR ROOM		14902363					39
40 ANESTHESIOLOGY		28404169			7332		40
41 RADIOLOGY-DIAGNOSTIC		46492272			73521		41
41.01 CT SCANS AND MRI		66404752			167951		41.01
41.02 CANCER TREATMENT CENTER		7620642					41.02
41.03 ULTRASOUND		13199865			30975		41.03
41.04 SPECIAL PROCEDURES		1647618			930		41.04
44 LABORATORY		122172468			938332		44
44.01 PATHOLOGY		8490635			3862		44.01
47 BLOOD STORING, PROCESSING & T		12899707			26723		47
49 RESPIRATORY THERAPY		26316441			41708		49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE		24737448			1593926		50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		9860571			143328		53
53.01 CARDIAC CATHERIZATION LAB		23196816					53.01
53.02 CARDIAC REHABILITATION		20113640			35308		53.02
55 MEDICAL SUPPLIES CHARGED TO P		115336945			43746		55
56 DRUGS CHARGED TO PATIENTS		61086510			898649		56
57 RENAL DIALYSIS		5435996					57
58 ASC (NON-DISTINCT PART)		8028450			7245		58
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC		2184444					60.01
60.02 WOUND CARE		6729285					60.02
60.03 PAIN MANAGMENT		1001367					60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER		196964					60.06
61 EMERGENCY		38479959			293707		61
62 OBSERVATION BEDS (NON-DISTINC		7061028					62
63.01 OCCUPATIONAL HEALTH		831389					63.01
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		728756319			4317506		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 [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-S114) [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CT SCANS AND MRI					41.01
41.02 CANCER TREATMENT CENTER					41.02
41.03 ULTRASOUND					41.03
41.04 SPECIAL PROCEDURES					41.04
44 LABORATORY					44
44.01 PATHOLOGY					44.01
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 REHABILITATION MEDICINE					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATHERIZATION LAB					53.01
53.02 CARDIAC REHABILITATION					53.02
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
OUTPATIENT SERVICE COST CENTERS					
60.01 FAMILY PRACTICE CLINIC					60.01
60.02 WOUND CARE					60.02
60.03 PAIN MANAGMENT					60.03
60.05 WOMENS CENTER					60.05
60.06 DIABETES CENTER					60.06
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.01 OCCUPATIONAL HEALTH					63.01
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					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 [] SUB I [XX] SNF (14-5573) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CT SCANS AND MRI							41.01
41.02 CANCER TREATMENT CENTER							41.02
41.03 ULTRASOUND							41.03
41.04 SPECIAL PROCEDURES							41.04
44 LABORATORY							44
44.01 PATHOLOGY							44.01
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATHERIZATION LAB							53.01
53.02 CARDIAC REHABILITATION							53.02
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC							60.01
60.02 WOUND CARE							60.02
60.03 PAIN MANAGMENT							60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER							60.06
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.01 OCCUPATIONAL HEALTH							63.01
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							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 [] SUB I [XX] SNF (14-5573) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF []
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH			CHARGES	COST TO	PROGRAM	
	COSTS	CHARGES	CHARGES	TO	CHARGES	CHARGES	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		55924575			2730		37
39 DELIVERY ROOM & LABOR ROOM		14902363					39
40 ANESTHESIOLOGY		28404169			2092		40
41 RADIOLOGY-DIAGNOSTIC		46492272			233353		41
41.01 CT SCANS AND MRI		66404752			7921		41.01
41.02 CANCER TREATMENT CENTER		7620642			12688		41.02
41.03 ULTRASOUND		13199865			19537		41.03
41.04 SPECIAL PROCEDURES		1647618			1319		41.04
44 LABORATORY		122172468			1217301		44
44.01 PATHOLOGY		8490635			2029		44.01
47 BLOOD STORING, PROCESSING & T		12899707			42843		47
49 RESPIRATORY THERAPY		26316441			808134		49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE		24737448			2850925		50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		9860571			39259		53
53.01 CARDIAC CATHERIZATION LAB		23196816					53.01
53.02 CARDIAC REHABILITATION		20113640			28110		53.02
55 MEDICAL SUPPLIES CHARGED TO P		115336945			2359481		55
56 DRUGS CHARGED TO PATIENTS		61086510			1503588		56
57 RENAL DIALYSIS		5435996					57
58 ASC (NON-DISTINCT PART)		8028450			966		58
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC		2184444					60.01
60.02 WOUND CARE		6729285			418		60.02
60.03 PAIN MANAGMENT		1001367					60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER		196964					60.06
61 EMERGENCY		38479959					61
62 OBSERVATION BEDS (NON-DISTINC		7061028					62
63.01 OCCUPATIONAL HEALTH		831389					63.01
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		728756319			9132694		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	[]	SUB I	[XX]	SNF (14-5573)	[]	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
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CT SCANS AND MRI					41.01
41.02 CANCER TREATMENT CENTER					41.02
41.03 ULTRASOUND					41.03
41.04 SPECIAL PROCEDURES					41.04
44 LABORATORY					44
44.01 PATHOLOGY					44.01
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 REHABILITATION MEDICINE					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATHERIZATION LAB					53.01
53.02 CARDIAC REHABILITATION					53.02
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
OUTPATIENT SERVICE COST CENTERS					
60.01 FAMILY PRACTICE CLINIC					60.01
60.02 WOUND CARE					60.02
60.03 PAIN MANAGMENT					60.03
60.05 WOMENS CENTER					60.05
60.06 DIABETES CENTER					60.06
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.01 OCCUPATIONAL HEALTH					63.01
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				3760630		3760630	25
26 INTENSIVE CARE UNIT				480995		480995	26
26.01 SPECIAL CARE NURSERY				61097		61097	26.01
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I				242927		242927	31
31.01 SUBPROVIDER II PSYCHIATRIC UNIT				428442		428442	31.01
33 NURSERY				69730		69730	33
101 TOTAL				5043821		5043821	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	62202	14779			60.46	893538	25
26 INTENSIVE CARE UNIT	4054	707			118.65	83886	26
26.01 SPECIAL CARE NURSERY	1517	931			40.27	37491	26.01
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	4717	537			51.50	27656	31
31.01 SUBPROVIDER II PSYCHIATRIC UNIT	8323	2635			51.48	135650	31.01
33 NURSERY	4167	2960			16.73	49521	33
101 TOTAL	84980	22549				1227742	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0114) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	----	OLD CAPITAL	----	NEW CAPITAL	----
	CAPITAL RELATED COST	CAPITAL 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		1691677	55924575				.030249		37
39 DELIVERY ROOM & LABOR ROOM		183779	14902363				.012332		39
40 ANESTHESIOLOGY		194486	28404169				.006847		40
41 RADIOLOGY-DIAGNOSTIC		2013927	46492272				.043317		41
41.01 CT SCANS AND MRI		863163	66404752				.012999		41.01
41.02 CANCER TREATMENT CENTER		513351	7620642				.067363		41.02
41.03 ULTRASOUND		348941	13199865				.026435		41.03
41.04 SPECIAL PROCEDURES		78598	1647618				.047704		41.04
44 LABORATORY		795659	122172468				.006513		44
44.01 PATHOLOGY		186829	8490635				.022004		44.01
47 BLOOD STORING, PROCESSING & T		100523	12899707				.007793		47
49 RESPIRATORY THERAPY		157260	26316441				.005976		49
50 PHYSICAL THERAPY									50
50.01 REHABILITATION MEDICINE		463767	24737448				.018748		50.01
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY		120356	9860571				.012206		53
53.01 CARDIAC CATHERIZATION LAB		688370	23196816				.029675		53.01
53.02 CARDIAC REHABILITATION		333675	20113640				.016589		53.02
55 MEDICAL SUPPLIES CHARGED TO P		889659	115336945				.007714		55
56 DRUGS CHARGED TO PATIENTS		445576	61086510				.007294		56
57 RENAL DIALYSIS		40560	5435996				.007461		57
58 ASC (NON-DISTINCT PART)		197730	8028450				.024629		58
OUTPATIENT SERVICE COST CENTERS									
60.01 FAMILY PRACTICE CLINIC		328480	2184444				.150372		60.01
60.02 WOUND CARE		162686	6729285				.024176		60.02
60.03 PAIN MANAGMENT		185219	1001367				.184966		60.03
60.05 WOMENS CENTER									60.05
60.06 DIABETES CENTER		36863	196964				.187156		60.06
61 EMERGENCY		833651	38479959				.021665		61
62 OBSERVATION BEDS (NON-DISTINC		234033	7061028				.033144		62
63.01 OCCUPATIONAL HEALTH		64460	831389				.077533		63.01
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		12153278	728756319						101

PROVIDER NO. 14-0114 SWEDISH COVENANT HOSPITAL
 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
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					62202		14779	25
26 INTENSIVE CARE UNIT					4054		707	26
26.01 SPECIAL CARE NURSERY					1517		931	26.01
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					4717		537	31
31.01 SUBPROVIDER II PSYCHIATRIC UN					8323		2635	31.01
33 NURSERY					4167		2960	33
34 SKILLED NURSING FACILITY					5765			34
35 NURSING FACILITY								35
101 TOTAL					90745		22549	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0114) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CT SCANS AND MRI							41.01
41.02 CANCER TREATMENT CENTER							41.02
41.03 ULTRASOUND							41.03
41.04 SPECIAL PROCEDURES							41.04
44 LABORATORY							44
44.01 PATHOLOGY							44.01
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATHERIZATION LAB							53.01
53.02 CARDIAC REHABILITATION							53.02
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC							60.01
60.02 WOUND CARE							60.02
60.03 PAIN MANAGMENT							60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER							60.06
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.01 OCCUPATIONAL HEALTH							63.01
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0114) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		55924575					37
39 DELIVERY ROOM & LABOR ROOM		14902363					39
40 ANESTHESIOLOGY		28404169					40
41 RADIOLOGY-DIAGNOSTIC		46492272					41
41.01 CT SCANS AND MRI		66404752					41.01
41.02 CANCER TREATMENT CENTER		7620642					41.02
41.03 ULTRASOUND		13199865					41.03
41.04 SPECIAL PROCEDURES		1647618					41.04
44 LABORATORY		122172468					44
44.01 PATHOLOGY		8490635					44.01
47 BLOOD STORING, PROCESSING & T		12899707					47
49 RESPIRATORY THERAPY		26316441					49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE		24737448					50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		9860571					53
53.01 CARDIAC CATHERIZATION LAB		23196816					53.01
53.02 CARDIAC REHABILITATION		20113640					53.02
55 MEDICAL SUPPLIES CHARGED TO P		115336945					55
56 DRUGS CHARGED TO PATIENTS		61086510					56
57 RENAL DIALYSIS		5435996					57
58 ASC (NON-DISTINCT PART)		8028450					58
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC		2184444					60.01
60.02 WOUND CARE		6729285					60.02
60.03 PAIN MANAGMENT		1001367					60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER		196964					60.06
61 EMERGENCY		38479959					61
62 OBSERVATION BEDS (NON-DISTINC		7061028					62
63.01 OCCUPATIONAL HEALTH		831389					63.01
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		728756319					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0114)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	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
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CT SCANS AND MRI					41.01
41.02 CANCER TREATMENT CENTER					41.02
41.03 ULTRASOUND					41.03
41.04 SPECIAL PROCEDURES					41.04
44 LABORATORY					44
44.01 PATHOLOGY					44.01
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 REHABILITATION MEDICINE					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATHERIZATION LAB					53.01
53.02 CARDIAC REHABILITATION					53.02
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
OUTPATIENT SERVICE COST CENTERS					
60.01 FAMILY PRACTICE CLINIC					60.01
60.02 WOUND CARE					60.02
60.03 PAIN MANAGMENT					60.03
60.05 WOMENS CENTER					60.05
60.06 DIABETES CENTER					60.06
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.01 OCCUPATIONAL HEALTH					63.01
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-T114) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	----	OLD CAPITAL	----	NEW CAPITAL	----
	CAPITAL RELATED COST	CAPITAL 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		1691677	55924575				.030249		37
39 DELIVERY ROOM & LABOR ROOM		183779	14902363				.012332		39
40 ANESTHESIOLOGY		194486	28404169				.006847		40
41 RADIOLOGY-DIAGNOSTIC		2013927	46492272				.043317		41
41.01 CT SCANS AND MRI		863163	66404752				.012999		41.01
41.02 CANCER TREATMENT CENTER		513351	7620642				.067363		41.02
41.03 ULTRASOUND		348941	13199865				.026435		41.03
41.04 SPECIAL PROCEDURES		78598	1647618				.047704		41.04
44 LABORATORY		795659	122172468				.006513		44
44.01 PATHOLOGY		186829	8490635				.022004		44.01
47 BLOOD STORING, PROCESSING & T		100523	12899707				.007793		47
49 RESPIRATORY THERAPY		157260	26316441				.005976		49
50 PHYSICAL THERAPY									50
50.01 REHABILITATION MEDICINE		463767	24737448				.018748		50.01
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY		120356	9860571				.012206		53
53.01 CARDIAC CATHERIZATION LAB		688370	23196816				.029675		53.01
53.02 CARDIAC REHABILITATION		333675	20113640				.016589		53.02
55 MEDICAL SUPPLIES CHARGED TO P		889659	115336945				.007714		55
56 DRUGS CHARGED TO PATIENTS		445576	61086510				.007294		56
57 RENAL DIALYSIS		40560	5435996				.007461		57
58 ASC (NON-DISTINCT PART)		197730	8028450				.024629		58
OUTPATIENT SERVICE COST CENTERS									
60.01 FAMILY PRACTICE CLINIC		328480	2184444				.150372		60.01
60.02 WOUND CARE		162686	6729285				.024176		60.02
60.03 PAIN MANAGMENT		185219	1001367				.184966		60.03
60.05 WOMENS CENTER									60.05
60.06 DIABETES CENTER		36863	196964				.187156		60.06
61 EMERGENCY		833651	38479959				.021665		61
62 OBSERVATION BEDS (NON-DISTINC		234033	7061028				.033144		62
63.01 OCCUPATIONAL HEALTH		64460	831389				.077533		63.01
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		12153278	728756319						101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	SUB I (14-T114)	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST	COST	COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CT SCANS AND MRI							41.01
41.02 CANCER TREATMENT CENTER							41.02
41.03 ULTRASOUND							41.03
41.04 SPECIAL PROCEDURES							41.04
44 LABORATORY							44
44.01 PATHOLOGY							44.01
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATHERIZATION LAB							53.01
53.02 CARDIAC REHABILITATION							53.02
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC							60.01
60.02 WOUND CARE							60.02
60.03 PAIN MANAGMENT							60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER							60.06
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.01 OCCUPATIONAL HEALTH							63.01
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-T114) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		55924575					37
39 DELIVERY ROOM & LABOR ROOM		14902363					39
40 ANESTHESIOLOGY		28404169					40
41 RADIOLOGY-DIAGNOSTIC		46492272					41
41.01 CT SCANS AND MRI		66404752					41.01
41.02 CANCER TREATMENT CENTER		7620642					41.02
41.03 ULTRASOUND		13199865					41.03
41.04 SPECIAL PROCEDURES		1647618					41.04
44 LABORATORY		122172468					44
44.01 PATHOLOGY		8490635					44.01
47 BLOOD STORING, PROCESSING & T		12899707					47
49 RESPIRATORY THERAPY		26316441					49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE		24737448					50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		9860571					53
53.01 CARDIAC CATHERIZATION LAB		23196816					53.01
53.02 CARDIAC REHABILITATION		20113640					53.02
55 MEDICAL SUPPLIES CHARGED TO P		115336945					55
56 DRUGS CHARGED TO PATIENTS		61086510					56
57 RENAL DIALYSIS		5435996					57
58 ASC (NON-DISTINCT PART)		8028450					58
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC		2184444					60.01
60.02 WOUND CARE		6729285					60.02
60.03 PAIN MANAGMENT		1001367					60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER		196964					60.06
61 EMERGENCY		38479959					61
62 OBSERVATION BEDS (NON-DISTINC		7061028					62
63.01 OCCUPATIONAL HEALTH		831389					63.01
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		728756319					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-T114) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CT SCANS AND MRI					41.01
41.02 CANCER TREATMENT CENTER					41.02
41.03 ULTRASOUND					41.03
41.04 SPECIAL PROCEDURES					41.04
44 LABORATORY					44
44.01 PATHOLOGY					44.01
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 REHABILITATION MEDICINE					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATHERIZATION LAB					53.01
53.02 CARDIAC REHABILITATION					53.02
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
OUTPATIENT SERVICE COST CENTERS					
60.01 FAMILY PRACTICE CLINIC					60.01
60.02 WOUND CARE					60.02
60.03 PAIN MANAGMENT					60.03
60.05 WOMENS CENTER					60.05
60.06 DIABETES CENTER					60.06
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.01 OCCUPATIONAL HEALTH					63.01
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [XX] SUB II (14-S114) [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	OLD CAPITAL		NEW CAPITAL	
	CAPITAL	CAPITAL			RATIO OF	RATIO OF		
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	CAPITAL	COST TO	CAPITAL
	COST	COST		CHARGES	CHARGES	COSTS	CHARGES	COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1691677	55924575				.030249	37
39 DELIVERY ROOM & LABOR ROOM		183779	14902363				.012332	39
40 ANESTHESIOLOGY		194486	28404169				.006847	40
41 RADIOLOGY-DIAGNOSTIC		2013927	46492272				.043317	41
41.01 CT SCANS AND MRI		863163	66404752				.012999	41.01
41.02 CANCER TREATMENT CENTER		513351	7620642				.067363	41.02
41.03 ULTRASOUND		348941	13199865				.026435	41.03
41.04 SPECIAL PROCEDURES		78598	1647618				.047704	41.04
44 LABORATORY		795659	122172468				.006513	44
44.01 PATHOLOGY		186829	8490635				.022004	44.01
47 BLOOD STORING, PROCESSING & T		100523	12899707				.007793	47
49 RESPIRATORY THERAPY		157260	26316441				.005976	49
50 PHYSICAL THERAPY								50
50.01 REHABILITATION MEDICINE		463767	24737448				.018748	50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		120356	9860571				.012206	53
53.01 CARDIAC CATHERIZATION LAB		688370	23196816				.029675	53.01
53.02 CARDIAC REHABILITATION		333675	20113640				.016589	53.02
55 MEDICAL SUPPLIES CHARGED TO P		889659	115336945				.007714	55
56 DRUGS CHARGED TO PATIENTS		445576	61086510				.007294	56
57 RENAL DIALYSIS		40560	5435996				.007461	57
58 ASC (NON-DISTINCT PART)		197730	8028450				.024629	58
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE CLINIC		328480	2184444				.150372	60.01
60.02 WOUND CARE		162686	6729285				.024176	60.02
60.03 PAIN MANAGMENT		185219	1001367				.184966	60.03
60.05 WOMENS CENTER								60.05
60.06 DIABETES CENTER		36863	196964				.187156	60.06
61 EMERGENCY		833651	38479959				.021665	61
62 OBSERVATION BEDS (NON-DISTINC		234033	7061028				.033144	62
63.01 OCCUPATIONAL HEALTH		64460	831389				.077533	63.01
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		12153278	728756319					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [XX] SUB II (14-S114) [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CT SCANS AND MRI							41.01
41.02 CANCER TREATMENT CENTER							41.02
41.03 ULTRASOUND							41.03
41.04 SPECIAL PROCEDURES							41.04
44 LABORATORY							44
44.01 PATHOLOGY							44.01
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATHERIZATION LAB							53.01
53.02 CARDIAC REHABILITATION							53.02
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC							60.01
60.02 WOUND CARE							60.02
60.03 PAIN MANAGMENT							60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER							60.06
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.01 OCCUPATIONAL HEALTH							63.01
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [XX] SUB II (14-S114) [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		55924575					37
39 DELIVERY ROOM & LABOR ROOM		14902363					39
40 ANESTHESIOLOGY		28404169					40
41 RADIOLOGY-DIAGNOSTIC		46492272					41
41.01 CT SCANS AND MRI		66404752					41.01
41.02 CANCER TREATMENT CENTER		7620642					41.02
41.03 ULTRASOUND		13199865					41.03
41.04 SPECIAL PROCEDURES		1647618					41.04
44 LABORATORY		122172468					44
44.01 PATHOLOGY		8490635					44.01
47 BLOOD STORING, PROCESSING & T		12899707					47
49 RESPIRATORY THERAPY		26316441					49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE		24737448					50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		9860571					53
53.01 CARDIAC CATHERIZATION LAB		23196816					53.01
53.02 CARDIAC REHABILITATION		20113640					53.02
55 MEDICAL SUPPLIES CHARGED TO P		115336945					55
56 DRUGS CHARGED TO PATIENTS		61086510					56
57 RENAL DIALYSIS		5435996					57
58 ASC (NON-DISTINCT PART)		8028450					58
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC		2184444					60.01
60.02 WOUND CARE		6729285					60.02
60.03 PAIN MANAGMENT		1001367					60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER		196964					60.06
61 EMERGENCY		38479959					61
62 OBSERVATION BEDS (NON-DISTINC		7061028					62
63.01 OCCUPATIONAL HEALTH		831389					63.01
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		728756319					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [XX] SUB II (14-S114) [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CT SCANS AND MRI					41.01
41.02 CANCER TREATMENT CENTER					41.02
41.03 ULTRASOUND					41.03
41.04 SPECIAL PROCEDURES					41.04
44 LABORATORY					44
44.01 PATHOLOGY					44.01
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 REHABILITATION MEDICINE					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATHERIZATION LAB					53.01
53.02 CARDIAC REHABILITATION					53.02
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
OUTPATIENT SERVICE COST CENTERS					
60.01 FAMILY PRACTICE CLINIC					60.01
60.02 WOUND CARE					60.02
60.03 PAIN MANAGMENT					60.03
60.05 WOMENS CENTER					60.05
60.06 DIABETES CENTER					60.06
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.01 OCCUPATIONAL HEALTH					63.01
OTHER REIMBURSABLE COST CENTERS					
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) (14-0114)	SUB I (PPS) (14-T114)	SUB II (TEFRA) (14-S114)	SUB III	SUB IV	SNF (PPS) (14-5573)	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	62202	4717	8323			5765	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	62202	4717	8323			5765	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	62202	4717	8323			5765	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)	29531	3031	4653			4923	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) (14-0114)	SUB I (PPS) (14-T114)	SUB II (TEFRA) (14-S114)	SUB III	SUB IV	SNF (PPS) (14-5573)	
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	43810180	2666795	4338751			3949278	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	43810180	2666795	4338751			3949278	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	60962354	5288421	8146722			3547361	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	.718643	.504271	.532576			1.113300	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	43810180	2666795	4338751			3949278	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) (14-0114)	SUB I (PPS) (14-T114)	SUB II (TEFRA) (14-S114)	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	704.32	565.36	521.30		38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	20799274	1713606	2425609		39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	20799274	1713606	2425609		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
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	5883651	4054	1451.32	1967	2854746 43
43.01	SPECIAL CARE NURSERY	876337	1517	577.68		43.01
44	CORONARY CARE UNIT					44
45	BURN INTENSIVE CARE UNIT					45
46	SURGICAL INTENSIVE CARE UNIT					46
47	OTHER SPECIAL CARE (SPECIFY)					47
		HOSPITAL (PPS) (14-0114)	SUB I (PPS) (14-T114)	SUB II (TEFRA) (14-S114)	SUB III	SUB IV
		1	1	1	1	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	30909283	1363305	940608		48
49	TOTAL PROGRAM INPATIENT COSTS	54563303	3076911	3366217		49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2018829	156097	239536		50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2656394	80410	58895		51
52	TOTAL PROGRAM EXCLUDABLE COST	4675223	236507	298431		52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	49888080	2840404	3067786		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) (14-0114)	SUB I (PPS) (14-T114)	SUB II (TEFRA) (14-S114)	SUB III	SUB IV	
	1	1	1	1	1	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54			489			54
55			12158.55			55
56			5945531			56
57			2877745			57
58			118911			58
58.01			6660.71			58.01
58.02			7016.29			58.02
58.03			59455			58.03
58.04						58.04
59			3544583			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

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 (PPS) (14-5573) 1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	3949278	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	685.04	67
68 PROGRAM ROUTINE SERVICE COST	3372452	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	3372452	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	433790	71
72 PER DIEM CAPITAL RELATED COSTS	75.25	72
73 PROGRAM CAPITAL RELATED COSTS	370456	73
74 INPATIENT ROUTINE SERVICE COST	3001996	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	3001996	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	3372452	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	1837985	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	5210437	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) (TEFRA)
 (14-0114)(14-T114)(14-S114)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3871	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	704.32	84
85 OBSERVATION BED COST	2726423	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		43810180		2726423		86
87 NEW CAPITAL-RELATED COST	3760630	43810180	.085839	2726423	234033	87
88 NON PHYSICIAN ANESTHETIST		43810180		2726423		88
89 MEDICAL EDUCATION		43810180		2726423		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0114)	SUB I (OTHER) (14-T114)	SUB II (OTHER) (14-S114)	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	62202	4717	8323			1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	62202	4717	8323			2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	62202	4717	8323			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)	14779	537	2635			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	4167					15
16 TITLE V OR XIX NURSERY DAYS	2960					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0114)	SUB I (OTHER) (14-T114)	SUB II (OTHER) (14-S114)	SUB III	SUB IV	NF	
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	43801541	2666795	4338751				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	43801541	2666795	4338751				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	60962354	5288421	8146722				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	.718501	.504271	.532576				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	43801541	2666795	4338751				37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0114)	SUB I (OTHER) (14-T114)	SUB II (OTHER) (14-S114)	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	704.18	565.36	521.30			38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10407076	303598	1373626			39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10407076	303598	1373626			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)	1653520	4167	396.81	2960	1174558	42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	5883651	4054	1451.32	707	1026083	43
43.01 SPECIAL CARE NURSERY	876337	1517	577.68	931	537820	43.01
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47

	HOSPITAL (OTHER) (14-0114)	SUB I (OTHER) (14-T114)	SUB II (OTHER) (14-S114)	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49 TOTAL PROGRAM INPATIENT COSTS	13145537	303598	1373626			49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1064436	27656	135650			50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	1064436	27656	135650			52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0114)	SUB I (OTHER) (14-T114)	SUB II (OTHER) (14-S114)	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54		45	409			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. 14-0114 SWEDISH COVENANT HOSPITAL
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 16:33

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

	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

PROVIDER NO. 14-0114 SWEDISH COVENANT HOSPITAL
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 16:33

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0114)	SUB I (OTHER) (14-T114)	SUB II (OTHER) (14-S114)	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3871	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	704.32	84
85 OBSERVATION BED COST	2726423	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0114) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] 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		60964352		25
26 INTENSIVE CARE UNIT		9046956		26
26.01 SPECIAL CARE NURSERY				26.01
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II PSYCHIATRIC UNIT				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.321485	13793403	4434372	37
39 DELIVERY ROOM & LABOR ROOM	.256024	42500	10881	39
40 ANESTHESIOLOGY	.038559	6548921	252520	40
41 RADIOLOGY-DIAGNOSTIC	.234375	10411834	2440274	41
41.01 CT SCANS AND MRI	.087498	12364679	1081885	41.01
41.02 CANCER TREATMENT CENTER	.347193	492272	170913	41.02
41.03 ULTRASOUND	.174506	874876	152671	41.03
41.04 SPECIAL PROCEDURES	.650364	613990	399317	41.04
44 LABORATORY	.086150	29335141	2527222	44
44.01 PATHOLOGY	.243158	1040303	252958	44.01
47 BLOOD STORING, PROCESSING & TRA	.193524	4514154	873597	47
49 RESPIRATORY THERAPY	.093252	12438864	1159949	49
50 PHYSICAL THERAPY				50
50.01 REHABILITATION MEDICINE	.350475	2944679	1032036	50.01
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY	.086740	2968345	257474	53
53.01 CARDIAC CATHERIZATION LAB	.270832	9630195	2608165	53.01
53.02 CARDIAC REHABILITATION	.161787	5758011	931571	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.138108	42636532	5888446	55
56 DRUGS CHARGED TO PATIENTS	.166729	23760763	3961608	56
57 RENAL DIALYSIS	.188808	3037015	573413	57
58 ASC (NON-DISTINCT PART)	.186228	1256181	233936	58
OUTPATIENT SERVICE COST CENTERS				
60.01 FAMILY PRACTICE CLINIC	.967567			60.01
60.02 WOUND CARE	.214085	258924	55432	60.02
60.03 PAIN MANAGMENT	1.505349	3449	5192	60.03
60.05 WOMENS CENTER				60.05
60.06 DIABETES CENTER	1.751549			60.06
61 EMERGENCY	.252825	6350049	1605451	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.386123			62
63.01 OCCUPATIONAL HEALTH	1.305089			63.01
101 TOTAL		191075080	30909283	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		191075080		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-T114)	<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
26.01 SPECIAL CARE NURSERY				26.01
31 SUBPROVIDER I		5288421		31
31.01 SUBPROVIDER II PSYCHIATRIC UNIT				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.321485	15425	4959	37
39 DELIVERY ROOM & LABOR ROOM	.256024			39
40 ANESTHESIOLOGY	.038559	4968	192	40
41 RADIOLOGY-DIAGNOSTIC	.234375	170560	39975	41
41.01 CT SCANS AND MRI	.087498	90993	7962	41.01
41.02 CANCER TREATMENT CENTER	.347193			41.02
41.03 ULTRASOUND	.174506	19038	3322	41.03
41.04 SPECIAL PROCEDURES	.650364	405	263	41.04
44 LABORATORY	.086150	780438	67235	44
44.01 PATHOLOGY	.243158	5641	1372	44.01
47 BLOOD STORING, PROCESSING & TRA	.193524	23911	4627	47
49 RESPIRATORY THERAPY	.093252	180720	16853	49
50 PHYSICAL THERAPY				50
50.01 REHABILITATION MEDICINE	.350475	2657012	931216	50.01
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY	.086740	27659	2399	53
53.01 CARDIAC CATHERIZATION LAB	.270832	19539	5292	53.01
53.02 CARDIAC REHABILITATION	.161787	28810	4661	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.138108	664467	91768	55
56 DRUGS CHARGED TO PATIENTS	.166729	904697	150839	56
57 RENAL DIALYSIS	.188808	148651	28066	57
58 ASC (NON-DISTINCT PART)	.186228	10626	1979	58
OUTPATIENT SERVICE COST CENTERS				
60.01 FAMILY PRACTICE CLINIC	.967567			60.01
60.02 WOUND CARE	.214085	1518	325	60.02
60.03 PAIN MANAGMENT	1.505349			60.03
60.05 WOMENS CENTER				60.05
60.06 DIABETES CENTER	1.751549			60.06
61 EMERGENCY	.252825			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.386123			62
63.01 OCCUPATIONAL HEALTH	1.305089			63.01
101 TOTAL		5755078	1363305	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		5755078		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input checked="" type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input checked="" type="checkbox"/> SUB II (14-S114)	<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
26.01 SPECIAL CARE NURSERY				26.01
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II PSYCHIATRIC UNIT		8146722		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.321485	10263	3299	37
39 DELIVERY ROOM & LABOR ROOM	.256024			39
40 ANESTHESIOLOGY	.038559	7332	283	40
41 RADIOLOGY-DIAGNOSTIC	.234375	73521	17231	41
41.01 CT SCANS AND MRI	.087498	167951	14695	41.01
41.02 CANCER TREATMENT CENTER	.347193			41.02
41.03 ULTRASOUND	.174506	30975	5405	41.03
41.04 SPECIAL PROCEDURES	.650364	930	605	41.04
44 LABORATORY	.086150	938332	80837	44
44.01 PATHOLOGY	.243158	3862	939	44.01
47 BLOOD STORING, PROCESSING & TRA	.193524	26723	5172	47
49 RESPIRATORY THERAPY	.093252	41708	3889	49
50 PHYSICAL THERAPY				50
50.01 REHABILITATION MEDICINE	.350475	1593926	558631	50.01
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY	.086740	143328	12432	53
53.01 CARDIAC CATHERIZATION LAB	.270832			53.01
53.02 CARDIAC REHABILITATION	.161787	35308	5712	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.138108	43746	6042	55
56 DRUGS CHARGED TO PATIENTS	.166729	898649	149831	56
57 RENAL DIALYSIS	.188808			57
58 ASC (NON-DISTINCT PART)	.186228	7245	1349	58
OUTPATIENT SERVICE COST CENTERS				
60.01 FAMILY PRACTICE CLINIC	.967567			60.01
60.02 WOUND CARE	.214085			60.02
60.03 PAIN MANAGMENT	1.505349			60.03
60.05 WOMENS CENTER				60.05
60.06 DIABETES CENTER	1.751549			60.06
61 EMERGENCY	.252825	293707	74256	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.386123			62
63.01 OCCUPATIONAL HEALTH	1.305089			63.01
101 TOTAL		4317506	940608	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		4317506		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> SNF (14-5573)	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<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
26.01 SPECIAL CARE NURSERY				26.01
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II PSYCHIATRIC UNIT				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.321485	2730	878	37
39 DELIVERY ROOM & LABOR ROOM	.256024			39
40 ANESTHESIOLOGY	.038559	2092	81	40
41 RADIOLOGY-DIAGNOSTIC	.234375	233353	54692	41
41.01 CT SCANS AND MRI	.087498	7921	693	41.01
41.02 CANCER TREATMENT CENTER	.347193	12688	4405	41.02
41.03 ULTRASOUND	.174506	19537	3409	41.03
41.04 SPECIAL PROCEDURES	.650364	1319	858	41.04
44 LABORATORY	.086150	1217301	104870	44
44.01 PATHOLOGY	.243158	2029	493	44.01
47 BLOOD STORING, PROCESSING & TRA	.193524	42843	8291	47
49 RESPIRATORY THERAPY	.093252	808134	75360	49
50 PHYSICAL THERAPY				50
50.01 REHABILITATION MEDICINE	.350475	2850925	999178	50.01
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY	.086740	39259	3405	53
53.01 CARDIAC CATHERIZATION LAB	.270832			53.01
53.02 CARDIAC REHABILITATION	.161787	28110	4548	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.138108	2359481	325863	55
56 DRUGS CHARGED TO PATIENTS	.166729	1503588	250692	56
57 RENAL DIALYSIS	.188808			57
58 ASC (NON-DISTINCT PART)	.186228	966	180	58
OUTPATIENT SERVICE COST CENTERS				
60.01 FAMILY PRACTICE CLINIC	.967567			60.01
60.02 WOUND CARE	.214085	418	89	60.02
60.03 PAIN MANAGMENT	1.505349			60.03
60.05 WOMENS CENTER				60.05
60.06 DIABETES CENTER	1.751549			60.06
61 EMERGENCY	.252825			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.386123			62
63.01 OCCUPATIONAL HEALTH	1.305089			63.01
101 TOTAL		9132694	1837985	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		9132694		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0114)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" 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
26.01 SPECIAL CARE NURSERY			26.01
31 SUBPROVIDER I			31
31.01 SUBPROVIDER II PSYCHIATRIC UNIT			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.321485		37
39 DELIVERY ROOM & LABOR ROOM	.256024		39
40 ANESTHESIOLOGY	.038559		40
41 RADIOLOGY-DIAGNOSTIC	.234375		41
41.01 CT SCANS AND MRI	.087498		41.01
41.02 CANCER TREATMENT CENTER	.347193		41.02
41.03 ULTRASOUND	.174506		41.03
41.04 SPECIAL PROCEDURES	.650364		41.04
44 LABORATORY	.086150		44
44.01 PATHOLOGY	.243158		44.01
47 BLOOD STORING, PROCESSING & TRA	.193524		47
49 RESPIRATORY THERAPY	.093252		49
50 PHYSICAL THERAPY			50
50.01 REHABILITATION MEDICINE	.350475		50.01
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY			52
53 ELECTROCARDIOLOGY	.086740		53
53.01 CARDIAC CATHERIZATION LAB	.270832		53.01
53.02 CARDIAC REHABILITATION	.161787		53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.138108		55
56 DRUGS CHARGED TO PATIENTS	.166729		56
57 RENAL DIALYSIS	.188808		57
58 ASC (NON-DISTINCT PART)	.186228		58
OUTPATIENT SERVICE COST CENTERS			
60.01 FAMILY PRACTICE CLINIC	.967567		60.01
60.02 WOUND CARE	.214085		60.02
60.03 PAIN MANAGMENT	1.505349		60.03
60.05 WOMENS CENTER			60.05
60.06 DIABETES CENTER	1.751549		60.06
61 EMERGENCY	.252825		61
62 OBSERVATION BEDS (NON-DISTINCT	.386123		62
OTHER REIMBURSABLE COST CENTERS			
63.01 OCCUPATIONAL HEALTH	1.305089		63.01
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-T114)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" 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
26.01 SPECIAL CARE NURSERY			26.01
31 SUBPROVIDER I			31
31.01 SUBPROVIDER II PSYCHIATRIC UNIT			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.321485		37
39 DELIVERY ROOM & LABOR ROOM	.256024		39
40 ANESTHESIOLOGY	.038559		40
41 RADIOLOGY-DIAGNOSTIC	.234375		41
41.01 CT SCANS AND MRI	.087498		41.01
41.02 CANCER TREATMENT CENTER	.347193		41.02
41.03 ULTRASOUND	.174506		41.03
41.04 SPECIAL PROCEDURES	.650364		41.04
44 LABORATORY	.086150		44
44.01 PATHOLOGY	.243158		44.01
47 BLOOD STORING, PROCESSING & TRA	.193524		47
49 RESPIRATORY THERAPY	.093252		49
50 PHYSICAL THERAPY			50
50.01 REHABILITATION MEDICINE	.350475		50.01
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY			52
53 ELECTROCARDIOLOGY	.086740		53
53.01 CARDIAC CATHERIZATION LAB	.270832		53.01
53.02 CARDIAC REHABILITATION	.161787		53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.138108		55
56 DRUGS CHARGED TO PATIENTS	.166729		56
57 RENAL DIALYSIS	.188808		57
58 ASC (NON-DISTINCT PART)	.186228		58
OUTPATIENT SERVICE COST CENTERS			
60.01 FAMILY PRACTICE CLINIC	.967567		60.01
60.02 WOUND CARE	.214085		60.02
60.03 PAIN MANAGMENT	1.505349		60.03
60.05 WOMENS CENTER			60.05
60.06 DIABETES CENTER	1.751549		60.06
61 EMERGENCY	.252825		61
62 OBSERVATION BEDS (NON-DISTINCT	.386123		62
OTHER REIMBURSABLE COST CENTERS			
63.01 OCCUPATIONAL HEALTH	1.305089		63.01
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input checked="" type="checkbox"/> SUB II (14-S114)	<input type="checkbox"/> S/B-SNF	<input checked="" 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
26.01 SPECIAL CARE NURSERY			26.01
31 SUBPROVIDER I			31
31.01 SUBPROVIDER II PSYCHIATRIC UNIT			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.321485		37
39 DELIVERY ROOM & LABOR ROOM	.256024		39
40 ANESTHESIOLOGY	.038559		40
41 RADIOLOGY-DIAGNOSTIC	.234375		41
41.01 CT SCANS AND MRI	.087498		41.01
41.02 CANCER TREATMENT CENTER	.347193		41.02
41.03 ULTRASOUND	.174506		41.03
41.04 SPECIAL PROCEDURES	.650364		41.04
44 LABORATORY	.086150		44
44.01 PATHOLOGY	.243158		44.01
47 BLOOD STORING, PROCESSING & TRA	.193524		47
49 RESPIRATORY THERAPY	.093252		49
50 PHYSICAL THERAPY			50
50.01 REHABILITATION MEDICINE	.350475		50.01
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY			52
53 ELECTROCARDIOLOGY	.086740		53
53.01 CARDIAC CATHERIZATION LAB	.270832		53.01
53.02 CARDIAC REHABILITATION	.161787		53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.138108		55
56 DRUGS CHARGED TO PATIENTS	.166729		56
57 RENAL DIALYSIS	.188808		57
58 ASC (NON-DISTINCT PART)	.186228		58
OUTPATIENT SERVICE COST CENTERS			
60.01 FAMILY PRACTICE CLINIC	.967567		60.01
60.02 WOUND CARE	.214085		60.02
60.03 PAIN MANAGMENT	1.505349		60.03
60.05 WOMENS CENTER			60.05
60.06 DIABETES CENTER	1.751549		60.06
61 EMERGENCY	.252825		61
62 OBSERVATION BEDS (NON-DISTINCT	.386123		62
OTHER REIMBURSABLE COST CENTERS			
63.01 OCCUPATIONAL HEALTH	1.305089		63.01
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0114)	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	10688391					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	32311027					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	289393					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	559108					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	1017821					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	196.42					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	25.22					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) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]	9.88					3.06
3.07 SUM OF LINES 3.04-3.06	0.00 9.88					3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	34.84					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	34.84					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	33.22					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..	30.22					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					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0114)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.166785				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.158704				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	0.158704				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	911035				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]	2727860				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	3638895 0	3638895			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.1202				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.2911				4.01
4.02	SUM OF 4 AND 4.01	0.4113				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.2315				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	9954365				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					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	57610499				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	57610499				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	4278513				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	1769144				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					15
16	TOTAL	63658156				16
17	PRIMARY PAYER PAYMENTS	12136				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	63646020				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3511840				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	395720				20
21	REIMBURSABLE BAD DEBTS	1260492				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	882344				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1068241				21.02
22	SUBTOTAL	60620804				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0114)	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	60620804				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	59746699				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	874105				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	1324384				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 (14-0114) 1	HOSPITAL (14-0114) 1.01	HOSPITAL (14-0114) 1.02	
1 MEDICAL AND OTHER SERVICES	295			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	14955853			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	11938741			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				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	295			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	1770			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	1770			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	1770			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	1475			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	295			17
17.01 TOTAL PPS PAYMENTS	11938741			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0114) 1	HOSPITAL (14-0114) 1.01	HOSPITAL (14-0114) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	3431859		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	8507177		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	411004		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	8918181		23
24 PRIMARY PAYER PAYMENTS	2632		24
25 SUBTOTAL	8915549		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	1178428		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	824900		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1175495		27.02
28 SUBTOTAL	9740449		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	9740449		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	9633103		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	107346		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-T114)	SUB I (14-T114)	SUB I (14-T114)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				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				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				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				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				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T114)	SUB I (14-T114)	SUB I (14-T114)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO			18.01
LINE 17.01			
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 B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (14-S114)	SUB II (14-S114)	SUB II (14-S114)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				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				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				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				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				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (14-S114)	SUB II (14-S114)	SUB II (14-S114)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO			18.01
LINE 17.01			
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 B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5573)	SNF (14-5573)	SNF (14-5573)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				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				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				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				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				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5573)	SNF (14-5573)	SNF (14-5573)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18			18
18.01			18.01
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
27.01			27.01
27.02			27.02
28			28
29			29
30			30
30.99			30.99
31			31
32			32
33			33
34			34
34.01			34.01
35			35
36			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL
(14-0114)
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
(14-0114)
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
(14-0114)
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-T114)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4763110		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		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT PROGRAM	.01			3.02
REVISION OF THE INTERIM RATE FOR THE COST TO	.02			3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH PROVIDER	.03	NONE		3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.04			3.05
	.05			3.50
	.50			3.51
	PROVIDER .51			3.52
	TO .52	NONE		3.53
	PROGRAM .53			3.54
	.54			
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		4763110		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.				5.01
PROGRAM TO	.01			5.02
PROVIDER	.02	NONE		5.03
PROVIDER	.03			5.50
TO	.50			5.51
PROGRAM	.51	NONE		5.52
	.52			
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.				6.01
PROGRAM TO	.01			6.02
PROVIDER TO	.02	-465619		
PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		4297491		7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER II (14-S114)

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		3042103		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		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .02			3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE	NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROVIDER .04			3.05
	.05			3.50
	.50			3.51
	PROVIDER .51			3.52
	TO .52	NONE	NONE	3.53
	PROGRAM .53			3.54
	.54			
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		3042103		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE	NONE	5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01	228520		6.01
	PROVIDER TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		3270623		7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SKILLED NURSING FACILITY I (14-5573)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2021228		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		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT PROGRAM	.01			3.02
REVISION OF THE INTERIM RATE FOR THE COST TO	.02	NONE	NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH PROVIDER	.03			3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.04			3.05
	.05			3.50
	.50			3.51
	PROVIDER .51			3.52
	TO .52	NONE	NONE	3.53
	PROGRAM .53			3.54
	.54			
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		2021228		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.				5.01
	PROGRAM .01			5.02
	TO .02	NONE	NONE	5.03
	PROVIDER .03			5.50
	PROVIDER .50			5.51
	TO .51	NONE	NONE	5.52
	PROGRAM .52			
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.				6.01
	PROGRAM TO .01	12565		6.02
	PROVIDER TO .02			
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		2033793		7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-T114)	SUB II (14-S114)	SUB III	SUB IV	
1	INPATIENT HOSPITAL SERVICES		3544583			1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		886146			1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)	3789246				1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	0.1198				1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)	537326				1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS	4326572				1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)		2564255			1.08
1.09	NET IPF PPS OUTLIER PAYMENTS					1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)		0.44			1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)		0.44			1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		0.44			1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		22.740437			1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR		0.009918			1.17
1.18	MEDICAL EDUCATION ADJUSTMENT		25432			1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS		2589687			1.19
1.20	STOP LESS PAYMENT FLOOR		2481208			1.20
1.21	ADJUSTED NET PAYMENT FLOOR		1860906			1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS		3475833			1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)	12.887978				1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	4326572	3475833			4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	4326572	3475833			6
7	DEDUCTIBLES	21152	245632			7
8	SUBTOTAL	4305420	3230201			8
9	COINSURANCE	13680	128080			9
10	SUBTOTAL	4291740	3102121			10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	8216	240717			11
11.01	REDUCED REIMBURSABLE BAD DEBTS	5751	168502			11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	8216	214648			11.02
12	SUBTOTAL	4297491	3270623			12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-T114)	SUB II (14-S114)	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)						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		4297491	3270623			17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		4763110	3042103			19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		-465619	228520			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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
	SNF I (14-5573) (PPS) 2	
COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL/SNF/NF SERVICES	1
2	MEDICAL AND OTHER SERVICES	2
3	INTERNS AND RESIDENTS	3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS ONLY	4
5	COST OF TEACHING PHYSICIANS	5
6	SUBTOTAL	6
7	INPATIENT PRIMARY PAYER PAYMENTS	7
8	OUTPATIENT PRIMARY PAYER PAYMENTS	8
9	SUBTOTAL	9
COMPUTATION OF LESSER OF COST OR CHARGES		
10	ROUTINE SERVICE CHARGES	10
11	ANCILLARY SERVICE CHARGES	11
12	INTERNS AND RESIDENTS SERVICE CHARGES	12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE	13
14	TEACHING PHYSICIANS	14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION	15
16	TOTAL REASONABLE CHARGES	16
CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	17
18	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)	18
19	RATIO OF LINE 17 TO LINE 18	19
20	TOTAL CUSTOMARY CHARGES	20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	22
23	COST OF COVERED SERVICES	23
PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS	24
25	OUTLIER PAYMENTS	25
26	PROGRAM CAPITAL PAYMENTS	26
27	CAPITAL EXCEPTION PAYMENTS	27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS	28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	29
30	SUBTOTAL	30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)	31
32	AMOUNT FROM LINE 30	32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	33

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
	SNF I (14-5573) (PPS) 2	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST	34
35	SUBTOTAL	2076544 35
36	COINSURANCE	55316 36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19	37
38	REIMBURSABLE BAD DEBTS	13502 38
38.01	REDUCED REIMBURSABLE BAD DEBTS	38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	10380 38.02
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)	12565 38.03
39	UTILIZATION REVIEW	39
40	SUBTOTAL	2033793 40
41	INPATIENT ROUTINE SERVICE COST	41
42	MEDICARE INPATIENT ROUTINE CHARGES	42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	43
44	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)	44
45	RATIO OF LINE 43 TO LINE 44	45
46	TOTAL CUSTOMARY CHARGES	46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	49
50	OTHER ADJUSTMENTS	50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	51
52	SUBTOTAL	2033793 52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)	53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	2033793 55
56	SEQUESTRATION ADJUSTMENT	56
57	INTERIM PAYMENTS	2021228 57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)	57.01
58	BALANCE DUE PROVIDER/PROGRAM	12565 58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	59

CALCULATION OF REIMBURSEMENT SETTLEMENT
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX	
	HOSPITAL (14-0114) (OTHER)	SUB I (14-T114) (OTHER)	SUB II (14-S114) (OTHER)	SUB III SUB IV NF I (PPS)
	1	1	1	1
1	13145537	303598	1373626	1
2				2
3				3
4				4
5				5
6	13145537	303598	1373626	6
7				7
8				8
9	13145537	303598	1373626	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	13145537	303598	1373626	22
23	13145537	303598	1373626	23
24				24
25				25
26				26
27				27
28				28
29				29
30	13145537	303598	1373626	30
31				31
32	13145537	303598	1373626	32
33				33

CALCULATION OF REIMBURSEMENT SETTLEMENT
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			
	HOSPITAL (14-0114) (OTHER)	SUB I (14-T114) (OTHER)	SUB II (14-S114) (OTHER)	SUB III	SUB IV	NF I
	1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
35	EXCESS OF REASONABLE COST					34
35	13145537	303598	1373626			35
36	SUBTOTAL					36
36	COINSURANCE					36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					37
38	REIMBURSABLE BAD DEBTS					38
38.01	REDUCED REIMBURSABLE BAD DEBTS					38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE					38.02
	BENEFICIARIES (SEE INSTRUCTIONS)					
39	UTILIZATION REVIEW					39
40	SUBTOTAL					40
41	INPATIENT ROUTINE SERVICE COST					41
42	MEDICARE INPATIENT ROUTINE CHARGES					42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM					44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN					
	ACCORDANCE WITH 42 CFR 413.13(E)					
45	RATIO OF LINE 43 TO LINE 44					45
46	TOTAL CUSTOMARY CHARGES					46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM					49
	UTILIZATION					
50	OTHER ADJUSTMENTS					50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING					51
	DEPRECIABLE ASSETS					
52	SUBTOTAL					52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	1104133					54
55	1104133					55
56	SEQUESTRATION ADJUSTMENT					56
57	1104133					57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57.01
58	BALANCE DUE PROVIDER/PROGRAM					58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT					59
	SECTION 115.2					

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	25.70 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]	9.88 3.03
3.04	FTE ADJUSTMENT CAP 9.88	35.58 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	35.53 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	35.53 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	26.83 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	8.28 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	35.11 3.09
3.10	SEE INSTRUCTIONS	35.11 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	8.28 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	11.60 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	10.54 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	10.14 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	10.14 3.16
3.17	SEE INSTRUCTIONS	125509.93 3.17
3.18	SEE INSTRUCTIONS	1272671 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		22.10	3.19
3.20	SEE INSTRUCTIONS		17.92	3.20
3.21	SEE INSTRUCTIONS		22.28	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		22.28	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		132533.45	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		2952845	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		4225516	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		39182	4
5	TOTAL INPATIENT DAYS		76942	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.509241	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 2151806	0	2151806	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		601	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		76942	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		28342	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 0		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		5435996	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. 14-0114 SWEDISH COVENANT HOSPITAL
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 16:33

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	64378883	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	12136	15
16	TOTAL PART A REASONABLE COST	64366747	16
PART B REASONABLE COST			
17	REASONABLE COST	14956148	17
18	PRIMARY PAYER PAYMENTS	2632	18
19	TOTAL PART B REASONABLE COST	14953516	19
20	TOTAL REASONABLE COST	79320263	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.811479	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.188521	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	2180148	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	1769144	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	411004	25

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

WORKSHEET E-3
 PART IV

[] TITLE V [] TITLE XVIII [XX] 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	25.70	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]	9.88	3.03
3.04	FTE ADJUSTMENT CAP 9.88	35.58	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	35.53	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	35.53	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	26.83	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	8.28	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	35.11	3.09
3.10	SEE INSTRUCTIONS	35.11	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	8.28	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	11.60	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	10.54	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	10.14	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	10.14	3.16
3.17	SEE INSTRUCTIONS	125509.93	3.17
3.18	SEE INSTRUCTIONS	1272671	3.18

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

WORKSHEET E-3
 PART IV
 (CONT)

[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX		
3.19 SEE INSTRUCTIONS			22.10	3.19
3.20 SEE INSTRUCTIONS			17.92	3.20
3.21 SEE INSTRUCTIONS			22.28	3.21
3.22 SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]			22.28	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			132533.45	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			2952845	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			4225516	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4 PROGRAM PART A INPATIENT DAYS			19589	4
5 TOTAL INPATIENT DAYS			76942	5
6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS			.254594	6
	[LINE 6 x] [E-3,PART 6]			
	[LINE 3.25] [LINE 11]			
6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 1075791	0		1075791	6.01
6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			601	6.02
6.03 TOTAL INPATIENT DAYS FROM LINE 5 ABOVE			76942	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			28342	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 0	0			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				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. 14-0114 SWEDISH COVENANT HOSPITAL
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 16:33

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST	12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	15
16	TOTAL PART A REASONABLE COST	16

PART B REASONABLE COST

17	REASONABLE COST	17
18	PRIMARY PAYER PAYMENTS	18
19	TOTAL PART B REASONABLE COST	19
20	TOTAL REASONABLE COST	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	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	1104133 23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	25

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS				1
2 TEMPORARY INVESTMENTS	8416808			2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	70677464			4
5 OTHER RECEIVABLES	18067477			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-59526166			6
7 INVENTORY	3141688			7
8 PREPAID EXPENSES	2562738			8
9 OTHER CURRENT ASSETS				9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	43340009			11
FIXED ASSETS				
12 LAND	4254338			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	2483114			13
13.01 ACCUMULATED DEPRECIATION	-1811726			13.01
14 BUILDINGS	206557297			14
14.01 ACCUMULATED DEPRECIATION	-101008350			14.01
15 LEASEHOLD IMPROVEMENTS	1680580			15
15.01 ACCUMULATED AMORTIZATION	-1622757			15.01
16 FIXED EQUIPMENT	28505298			16
16.01 ACCUMULATED DEPRECIATION	-8872983			16.01
17 AUTOMOBILES AND TRUCKS				17
17.01 ACCUMULATED DEPRECIATION				17.01
18 MAJOR MOVABLE EQUIPMENT	86450362			18
18.01 ACCUMULATED DEPRECIATION	-62654579			18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	153960594			21
OTHER ASSETS				
22 INVESTMENTS	123618386			22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	6168229			25
26 TOTAL OTHER ASSETS	129786615			26
27 TOTAL ASSETS	327087218			27
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	11821890			28
29 SALARIES, WAGES & FEES PAYABLE	8789749			29
30 PAYROLL TAXES PAYABLE	1771117			30
31 NOTES & LOANS PAYABLE (SHORT TERM)				31
32 DEFERRED INCOME				32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS				34
35 OTHER CURRENT LIABILITIES	13703268			35
36 TOTAL CURRENT LIABILITIES	36086024			36
LONG-TERM LIABILITIES				
37 MORTGAGE PAYABLE				37
38 NOTES PAYABLE	151105567			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	10560079			41
42 TOTAL LONG TERM LIABILITIES	161665646			42
43 TOTAL LIABILITIES	197751670			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	129335548			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	129335548			51
52 TOTAL LIABILITIES AND FUND BALANCES	327087218			52

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	177905015			1
2 NET INCOME (LOSS)	-28063010			2
3 TOTAL	149842005			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	149842005			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 TRANSFERS	20506457			13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	20506457			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	129335548			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	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	161455662		161455662	2
2.01 SUBPROVIDER I	8252470		8252470	4
4 SUBPROVIDER II	14554293		14554293	5
5 SWING BED - SNF				6
6 SWING BED - NF				7
7 SKILLED NURSING FACILITY	5540959		5540959	8
8 NURSING FACILITY				9
9 OTHER LONG TERM CARE				10
10 TOTAL GENERAL INPATIENT CARE SERVICES	189803384		189803384	10.01
10 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
10.01 INTENSIVE CARE UNIT				12
11 SPECIAL CARE NURSERY				13
12 CORONARY CARE UNIT				14
13 BURN INTENSIVE CARE UNIT				15
14 SURGICAL INTENSIVE CARE UNIT				16
15 OTHER SPECIAL CARE (SPECIFY)				17
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	189803384		189803384	18
17 TOTAL INPATIENT ROUTINE CARE SERVICES	411382862		692269042	19
18 ANCILLARY SERVICES		257886180	692269042	20
18.01 OUTPATIENT SERVICES	16108677	29149754	45258431	21
19 OCCUPATIONAL HEALTH				22
20 HOME HEALTH AGENCY		4137164	4137164	23
21 AMBULANCE				24
22 CORF				24.01
23 ASC				24.02
24 HOSPICE				25
24.01 HEALTH CLINIC		2631591	2631591	
24.02 OCC HEALTH		831389	831389	
25 TOTAL PATIENT REVENUES	617294923	294636078	911931001	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		218039590	26
27 ADD (SPECIFY)			27
28			28
29 BAD DEBTS	12095779		29
30			30
31			31
32			32
33 TOTAL ADDITIONS		12095779	33
34 DEDUCT (SPECIFY)			34
35 INTEREST INC NETTED AGAINST FS EXP	-559937		35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS	-559937		39
40 TOTAL OPERATING EXPENSES		229575432	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	911931001	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	686664922	2
3	NET PATIENT REVENUES	225266079	3
4	LESS - TOTAL OPERATING EXPENSES	229575432	4
5	NET INCOME FROM SERVICE TO PATIENTS	-4309353	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	6810294	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	203417	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	63821	10
11	REBATES AND REFUNDS OF EXPENSES	685804	11
12	PARKING LOT RECEIPTS	867289	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	689359	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	648277	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	265987	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	2396967	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	CARD REHAB MISC REV	102839	24
24.01	CHILD CARE CENTER	739443	24.01
24.02	OTHER	954074	24.02
24.03	PUBLIC SAFETY REVENUE	9795	24.03
24.04	FINANCIAL SERVICES REVENUE	123041	24.04
24.05	HOUSEKEEPING SERVICES	22800	24.05
24.06	HOME HEALTH CARE MISC REV	1476	24.06
24.07	MEDICAL EDUCATION GRANT	104100	24.07
24.08	MEDICAL STAFF REVENUE	15250	24.08
24.09	OTHER MISCELLANEOUS INCOME	28490	24.09
24.10	ROOSEVELT HS CLINIC	163865	24.10
24.11	RESTRICTED FUND TRNS	45358	24.11
24.14	LSS LEASE	110678	24.14
25	TOTAL OTHER INCOME	15052424	25
26	TOTAL	10743071	26
27	UNREALIZED AND ALTERNATIVE INV LOSS	26914784	27
27.01	SWAP LOSS	9026000	27.01
27.02	DEBT EXTINGUISHMENT LOSS	2865297	27.02
28			28
29			29
30	TOTAL OTHER EXPENSES	38806081	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-28063010	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7126

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL	823486		39127		122441	985054
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	932035					932035
7 PHYSICAL THERAPY	257448					257448
8 OCCUPATIONAL THERAPY	115216					115216
9 SPEECH PATHOLOGY	5559					5559
10 MEDICAL SOCIAL SERVICES	10487					10487
11 HOME HEALTH AIDE	28234					28234
12 SUPPLIES					25355	25355
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS	218287				11354	229641
23.50 TELEMEDICINE						23.50
24 TOTAL	2390752		39127		159150	2589029

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7126

WORKSHEET H
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDG & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION					4
5 ADMINISTRATIVE AND GENERAL	-18453	966601	-1476	965125	5
HHA REIMBURSABLE SERVICES					
6 SKILLED NURSING CARE		932035		932035	6
7 PHYSICAL THERAPY		257448		257448	7
8 OCCUPATIONAL THERAPY		115216		115216	8
9 SPEECH PATHOLOGY		5559		5559	9
10 MEDICAL SOCIAL SERVICES		10487		10487	10
11 HOME HEALTH AIDE		28234		28234	11
12 SUPPLIES		25355		25355	12
13 DRUGS					13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME					14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING					17
18 CLINIC					18
19 HEALTH PROMOTION ACTIVITIES					19
20 DAY CARE PROGRAM					20
21 HOME DELIVERED MEALS PROGRAM					21
22 HOMEMAKER SERVICE					22
23 ALL OTHERS		229641		229641	23
23.50 TELEMEDICINE					23.50
24 TOTAL	-18453	2570576	-1476	2569100	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7126

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4			
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FIXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE								3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	965125					965125	965125	5
6 SKILLED NURSING CARE	932035					932035	560813	1492848
7 PHYSICAL THERAPY	257448					257448	154909	412357
8 OCCUPATIONAL THERAPY	115216					115216	69326	184542
9 SPEECH PATHOLOGY	5559					5559	3345	8904
10 MEDICAL SOCIAL SERVICES	10487					10487	6310	16797
11 HOME HEALTH AIDE	28234					28234	16989	45223
12 SUPPLIES	25355					25355	15256	40611
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME								14
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING								17
18 CLINIC								18
19 HEALTH PROMOTION ACTIVITIES								19
20 DAY CARE PROGRAM								20
21 HOME DELIVERED MEALS PROGRAM								21
22 HOMEMAKER SERVICE								22
23 ALL OTHERS	229641					229641	138177	367818
23.50 TELEMEDICINE								23.50
24 TOTAL	2569100					2569100		2569100

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7126

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-965125	1603975	5
6 SKILLED NURSING CARE						932035	6
7 PHYSICAL THERAPY						257448	7
8 OCCUPATIONAL THERAPY						115216	8
9 SPEECH PATHOLOGY						5559	9
10 MEDICAL SOCIAL SERVICES						10487	10
11 HOME HEALTH AIDE						28234	11
12 SUPPLIES						25355	12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS						229641	23
23.50 TELEMEDICINE							23.50
24 TOTAL					-965125	1603975	24
25 COST TO BE ALLOC (PER W/S H)						965125	25
26 UNIT COST MULTIPLIER						.601708	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7126

WORKSHEET H-5
 PART I

HHA COST CENTER	SUBTOTAL	ALLOCATED		
		HHA A & G	TOTAL HHA COSTS	
	27	28	29	
1 ADMINISTRATIVE AND GENERAL	356675			1
2 SKILLED NURSING CARE	2086723	207702	2294425	2
3 PHYSICAL THERAPY	576399	57371	633770	3
4 OCCUPATIONAL THERAPY	257956	25675	283631	4
5 SPEECH PATHOLOGY	12446	1239	13685	5
6 MEDICAL SOCIAL SERVICES	23479	2337	25816	6
7 HOME HEALTH AIDE	63213	6292	69505	7
8 SUPPLIES	51454	5121	56575	8
9 DRUGS				9
9.20 COST OF ADMINISTERING VACC				9.20
10 DME				10
11 HOME DIALYSIS AIDE SERVICE				11
12 RESPIRATORY THERAPY				12
13 PRIVATE DUTY NURSING				13
14 CLINIC				14
15 HEALTH PROMOTION ACTIVITIE				15
16 DAY CARE PROGRAM				16
17 HOME DELIVERED MEALS PROGR				17
18 HOMEMAKER SERVICE				18
19 ALL OTHERS	511762	50938	562700	19
19.50 TELEMEDICINE				19.50
20 TOTALS	3940107	356675	3940107	20
21 UNIT COST MULTIPLIER		.099534		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7126

WORKSHEET H-5
 PART II

HHA COST CENTER	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS GROSS SALARIES	NON PATIENT PHONES (PHONES)	PURCHASE (SUPPLY EXPENSE)	ADMITTING GROSS REVENUE	PATIENT ACCOUNTS- CASHIERS GROSS REVENUE	RECON- CILIATION
	3	4	5	6.01	6.03	6.04	6.05	6A.06
1 ADMINISTRATIVE AND GENERAL	541	58270	763780	4	12190			1
2 SKILLED NURSING CARE			932035					2
3 PHYSICAL THERAPY			257448					3
4 OCCUPATIONAL THERAPY			115216					4
5 SPEECH PATHOLOGY			5559					5
6 MEDICAL SOCIAL SERVICES			10487					6
7 HOME HEALTH AIDE			28234					7
8 SUPPLIES								8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS			218287					19
19.50 TELEMEDICINE								19.50
20 TOTALS	541	58270	2331046	4	12190			20
21 TOTAL COST TO BE ALLOCATED	8114	57752	385499	4682	322			21
22 UNIT COST MULTIPLIER	14.998152		.165376		.026415			22
22 UNIT COST MULTIPLIER		.991110		1170.500000				22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7126

WORKSHEET H-5
 PART II

HHA COST CENTER	OTHER ADMINISTRA & GENERAL ACCUM COST 6.06	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSE- KEEPING (HOURS OF SERVICE) 10	DIETARY (MEALS SERVED) 11	CAFETERIA (FTE'S) 12	NURSING ADMINI- STRATION (DIRECT NRSNG HRS) 14	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 15	
1 ADMINISTRATIVE AND GENERAL	197181	541		10					1
2 SKILLED NURSING CARE	1646985								2
3 PHYSICAL THERAPY	454933								3
4 OCCUPATIONAL THERAPY	203596								4
5 SPEECH PATHOLOGY	9823								5
6 MEDICAL SOCIAL SERVICES	18531								6
7 HOME HEALTH AIDE	49892								7
8 SUPPLIES	40611								8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS	403917								19
19.50 TELEMEDICINE									19.50
20 TOTALS	3025469	541		10					20
21 TOTAL COST TO BE ALLOCATED	807791	21858		6360					21
22 UNIT COST MULTIPLIER	.266997								22
22 UNIT COST MULTIPLIER		40.402957		636.000000					22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7126

WORKSHEET H-5
 PART II

HHA COST CENTER	PHARMACY (COSTED REQUIS) 16	MEDICAL RECORDS + LIBRARY GROSS REVENUE 17	SOCIAL SERVICE (TIME SPENT) 18	I/R-SALARY AND FRINGES (ASSIGNED TIME) 22	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME) 23	
1 ADMINISTRATIVE AND GENERAL	1657		374			1
2 SKILLED NURSING CARE						2
3 PHYSICAL THERAPY						3
4 OCCUPATIONAL THERAPY						4
5 SPEECH PATHOLOGY						5
6 MEDICAL SOCIAL SERVICES						6
7 HOME HEALTH AIDE						7
8 SUPPLIES						8
9 DRUGS						9
9.20 COST OF ADMINISTERING VACC						9.20
10 DME						10
11 HOME DIALYSIS AIDE SERVICE						11
12 RESPIRATORY THERAPY						12
13 PRIVATE DUTY NURSING						13
14 CLINIC						14
15 HEALTH PROMOTION ACTIVITIE						15
16 DAY CARE PROGRAM						16
17 HOME DELIVERED MEALS PROGR						17
18 HOMEMAKER SERVICE						18
19 ALL OTHERS						19
19.50 TELEMEDICINE						19.50
20 TOTALS	1657		374			20
21 TOTAL COST TO BE ALLOCATED	1039		77590			21
22 UNIT COST MULTIPLIER	.627037		207.459893			22
22 UNIT COST MULTIPLIER						22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7126

WORKSHEET H-6
 PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

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

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
		1		2	3	4	5	
1	SKILLED NURSING CARE	2	2294425		2294425	10381	221.02	1
2	PHYSICAL THERAPY	3	633770		633770	5747	110.28	2
3	OCCUPATIONAL THERAPY	4	283631		283631	2060	137.68	3
4	SPEECH PATHOLOGY	5	13685		13685	99	138.23	4
5	MEDICAL SOCIAL SERV	6	25816		25816	130	198.58	5
6	HOME HEALTH AIDE SERV	7	69505		69505	884	78.63	6
7	TOTAL		3320832		3320832	19301		7
LIMITATION COST COMPUTATION			MSA				PROGRAM	
PATIENT SERVICES			NO.				COST LIMITS	
			1	2	3	4	5	
8	SKILLED NURSING CARE							8
9	PHYSICAL THERAPY							9
10	OCCUPATIONAL THERAPY							10
11	SPEECH PATHOLOGY							11
12	MEDICAL SOCIAL SERV							12
13	HOME HEALTH AIDE SERV							13
14	TOTAL							14
SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
		1		2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	56575		56575	43480	1.301173	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA	AMOUNT	
						NO.		
						1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4							17
18	PER BENEFICIARY COST LIMITATION							18
19	PER BENEFICIARY COST LIMITATION							19

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7126

WORKSHEET H-7
 PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
REASONABLE COST OF PROGRAM SERVICES				
1 REASONABLE COST OF SERVICES				1
2 TOTAL CHARGES	1301513	863249		2
CUSTOMARY CHARGES				
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				3
4 AMOUNT 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(B)				4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6 TOTAL CUSTOMARY CHARGES	1301513	863249		6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	1301513	863249		7
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
9 PRIMARY PAYOR PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1258043	871310	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS		2484	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	14452	12619	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	27017	6135	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES		3980	10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL	1299512	896528	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	1299512	896528	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	1299512	896528	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	1299512	896528	18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21 OTHER ADJUSTMENTS (SPECIFY):			21
22 SUBTOTAL	1299512	896528	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	1299512	896528	24
25 TOTAL INTERIM PAYMENTS	1299512	896528	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM			26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHA'S
 FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA NO.: 14-7126

WORKSHEET H-8

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1299512		896528	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	PROGRAM				3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO				3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER	NONE		NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM				3.04
					3.05
	PROVIDER				3.50
	TO				3.51
	PROGRAM	NONE		NONE	3.52
					3.53
					3.54
SUBTOTAL					3.99
4 TOTAL INTERIM PAYMENTS		1299512		896528	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM				5.01
	TO				5.02
	PROVIDER	NONE		NONE	5.03
	PROGRAM				5.50
	TO				5.51
	PROGRAM	NONE		NONE	5.52
SUBTOTAL					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO				
	PROVIDER				6.01
	PROGRAM TO				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		1299512		896528	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0114)	SUB I (14-T114)	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3	3667811				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	4278513				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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 NON-PATIENT PHONES					6.01
6.03 PURCHASING					6.03
6.04 ADMITTING					6.04
6.05 PATIENT ACCOUNTS & CASHIERS					6.05
6.06 ADMINISTRATION & GENERAL					6.06
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
26.01 SPECIAL CARE NURSERY					26.01
31 SUBPROVIDER I					31
31.01 SUBPROVIDER II PSYCHIATRIC UNIT					31.01
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CT SCANS AND MRI					41.01
41.02 CANCER TREATMENT CENTER					41.02
41.03 ULTRASOUND					41.03
41.04 SPECIAL PROCEDURES					41.04
44 LABORATORY					44
44.01 PATHOLOGY					44.01
47 BLOOD STORING, PROCESSING & TRA					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 REHABILITATION MEDICINE					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATHERIZATION LAB					53.01
53.02 CARDIAC REHABILITATION					53.02
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
OUTPATIENT SERVICE COST CENTERS					
60.01 FAMILY PRACTICE CLINIC					60.01
60.02 WOUND CARE					60.02
60.03 PAIN MANAGEMENT					60.03
60.05 WOMENS CENTER					60.05
60.06 DIABETES CENTER					60.06
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT)					62
63.01 OCCUPATIONAL HEALTH					63.01
OTHER REIMBURSABLE COST CENTERS					
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
96.02 COVENANT RETIREMENT HOME					96.02
96.05 BOARD OF BENEVOLENCE					96.05
96.07 DENTAL					96.07
96.08 COVENANT RETIREMENT COMMUNITY					96.08
96.09 OP PHARMACY					96.09
96.10 PLAZA					96.10
96.11 G CAFETERIA					96.11

PROVIDER NO. 14-0114 SWEDISH COVENANT HOSPITAL
PERIOD FROM 10/01/2007 TO 09/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2008.05
02/25/2009 16:33

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
96.12 G PHARMACY						96.12
96.13 G SUITE						96.13
96.14 OFFSITE CLINICS						96.14
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASIS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105

***** REPORT 97 ***** UTILIZATION STATISTICS *****

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	47.48		23.76				71.24 25
26 INTENSIVE CARE UNIT	48.52		17.44				65.96 26
26.01 SPECIAL CARE NURSERY			61.37				61.37 26.01
33 NURSERY			71.03				71.03 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	24.66	13.92					38.58 37
39 DELIVERY ROOM & LABOR ROOM	0.29	0.01					0.30 39
40 ANESTHESIOLOGY	23.06	11.06					34.12 40
41 RADIOLOGY-DIAGNOSTIC	22.39	22.42					44.81 41
41.01 CT SCANS AND MRI	18.62	23.46					42.08 41.01
41.02 CANCER TREATMENT CENTER	6.46	45.10					51.56 41.02
41.03 ULTRASOUND	6.63	10.70					17.33 41.03
41.04 SPECIAL PROCEDURES	37.27	30.11					67.38 41.04
44 LABORATORY	24.01	0.11					24.12 44
44.01 PATHOLOGY	12.25	23.03					35.28 44.01
47 BLOOD STORING, PROCESSING & TRA	34.99	1.81					36.80 47
49 RESPIRATORY THERAPY	47.27	1.80					49.07 49
50.01 REHABILITATION MEDICINE	11.90	0.08					11.98 50.01
53 ELECTROCARDIOLOGY	30.10	15.80					45.90 53
53.01 CARDIAC CATHERIZATION LAB	41.52	10.25					51.77 53.01
53.02 CARDIAC REHABILITATION	28.63	23.33					51.96 53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	36.97	4.32					41.29 55
56 DRUGS CHARGED TO PATIENTS	38.90	4.45					43.35 56
57 RENAL DIALYSIS	55.87	5.82					61.69 57
58 ASC (NON-DISTINCT PART)	15.65	28.86					44.51 58
60.01 FAMILY PRACTICE CLINIC		2.68					2.68 60.01
60.02 WOUND CARE	3.85	43.86					47.71 60.02
60.03 PAIN MANAGMENT	0.34	40.00					40.34 60.03
60.06 DIABETES CENTER		0.24					0.24 60.06
61 EMERGENCY	16.50	8.69					25.19 61
62 OBSERVATION BEDS (NON-DISTINCT		31.92					31.92 62
101 TOTAL CHARGES	21.11	8.07					29.18 101

***** REPORT 97 ***** UTILIZATION STATISTICS *****

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	64.26		11.38				75.64 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.03						0.03 37
40 ANESTHESIOLOGY	0.02						0.02 40
41 RADIOLOGY-DIAGNOSTIC	0.37						0.37 41
41.01 CT SCANS AND MRI	0.14						0.14 41.01
41.03 ULTRASOUND	0.14						0.14 41.03
41.04 SPECIAL PROCEDURES	0.02						0.02 41.04
44 LABORATORY	0.64						0.64 44
44.01 PATHOLOGY	0.07						0.07 44.01
47 BLOOD STORING, PROCESSING & TRA	0.19						0.19 47
49 RESPIRATORY THERAPY	0.69						0.69 49
50.01 REHABILITATION MEDICINE	10.74						10.74 50.01
53 ELECTROCARDIOLOGY	0.28						0.28 53
53.01 CARDIAC CATHERIZATION LAB	0.08						0.08 53.01
53.02 CARDIAC REHABILITATION	0.14						0.14 53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	0.58						0.58 55
56 DRUGS CHARGED TO PATIENTS	1.48						1.48 56
57 RENAL DIALYSIS	2.73						2.73 57
58 ASC (NON-DISTINCT PART)	0.13						0.13 58
60.02 WOUND CARE	0.02						0.02 60.02
101 TOTAL CHARGES	0.64						0.64 101

***** REPORT 97 ***** UTILIZATION STATISTICS *****

SUBPROVIDER II

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31.01 SUBPROVIDER II PSYCHIATRIC UNIT	55.91		31.66				87.57 31.01
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.02						0.02 37
40 ANESTHESIOLOGY	0.03						0.03 40
41 RADIOLOGY-DIAGNOSTIC	0.16						0.16 41
41.01 CT SCANS AND MRI	0.25						0.25 41.01
41.03 ULTRASOUND	0.23						0.23 41.03
41.04 SPECIAL PROCEDURES	0.06						0.06 41.04
44 LABORATORY	0.77						0.77 44
44.01 PATHOLOGY	0.05						0.05 44.01
47 BLOOD STORING, PROCESSING & TRA	0.21						0.21 47
49 RESPIRATORY THERAPY	0.16						0.16 49
50.01 REHABILITATION MEDICINE	6.44						6.44 50.01
53 ELECTROCARDIOLOGY	1.45						1.45 53
53.02 CARDIAC REHABILITATION	0.18						0.18 53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	0.04						0.04 55
56 DRUGS CHARGED TO PATIENTS	1.47						1.47 56
58 ASC (NON-DISTINCT PART)	0.09						0.09 58
61 EMERGENCY	0.76						0.76 61
101 TOTAL CHARGES	0.48						0.48 101

***** REPORT 97 ***** UTILIZATION STATISTICS *****

SNF / NF

COST CENTERS	SNF		NF		NF		TOTAL THIRD PARTY UTIL
	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		
	PART A	PART B	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT	
	1	2	3	4	5	6	7
UTILIZATION PERCENTAGES BASED ON DAYS							
34 SKILLED NURSING FACILITY	85.39						85.39 34
UTILIZATION PERCENTAGES BASED ON CHARGES							
40 ANESTHESIOLOGY	0.01						0.01 40
41 RADIOLOGY-DIAGNOSTIC	0.50						0.50 41
41.01 CT SCANS AND MRI	0.01						0.01 41.01
41.02 CANCER TREATMENT CENTER	0.17						0.17 41.02
41.03 ULTRASOUND	0.15						0.15 41.03
41.04 SPECIAL PROCEDURES	0.08						0.08 41.04
44 LABORATORY	1.00						1.00 44
44.01 PATHOLOGY	0.02						0.02 44.01
47 BLOOD STORING, PROCESSING & TRA	0.33						0.33 47
49 RESPIRATORY THERAPY	3.07						3.07 49
50.01 REHABILITATION MEDICINE	11.52						11.52 50.01
53 ELECTROCARDIOLOGY	0.40						0.40 53
53.02 CARDIAC REHABILITATION	0.14						0.14 53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	2.05						2.05 55
56 DRUGS CHARGED TO PATIENTS	2.46						2.46 56
58 ASC (NON-DISTINCT PART)	0.01						0.01 58
60.02 WOUND CARE	0.01						0.01 60.02
101 TOTAL CHARGES	1.01						1.01 101

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
3	NEW CAP REL COSTS-BLDG & FIXT	11799082	5.71	-11799082	-11.62		3
4	NEW CAP REL COSTS-MVBLE EQUIP	7639243	3.70	-7639243	-7.52		4
5	EMPLOYEE BENEFITS	15479347	7.49	-15479347	-15.24		5
6.01	NON-PATIENT PHONES	631923	.31	-631923	-.62		6.01
6.03	PURCHASING	279036	.14	-279036	-.27		6.03
6.04	ADMITTING	1588623	.77	-1588623	-1.56		6.04
6.05	PATIENT ACCOUNTS & CASHIERS	2549280	1.23	-2549280	-2.51		6.05
6.06	ADMINISTRATION & GENERAL	35337216	17.11	-35337216	-34.79		6.06
8	OPERATION OF PLANT	8536401	4.13	-8536401	-8.40		8
9	LAUNDRY & LINEN SERVICE	908572	.44	-908572	-.89		9
10	HOUSEKEEPING	2788697	1.35	-2788697	-2.75		10
11	DIETARY	2514834	1.22	-2514834	-2.48		11
12	CAFETERIA	324142	.16	-324142	-.32		12
14	NURSING ADMINISTRATION	2148629	1.04	-2148629	-2.12		14
15	CENTRAL SERVICES & SUPPLY	768193	.37	-768193	-.76		15
16	PHARMACY	2236107	1.08	-2236107	-2.20		16
17	MEDICAL RECORDS & LIBRARY	1703063	.82	-1703063	-1.68		17
18	SOCIAL SERVICE	467428	.23	-467428	-.46		18
22	I&R SERVICES-SALARY & FRINGES A	1544235	.75	-1544235	-1.52		22
23	I&R SERVICES-OTHER PRGM COSTS A	2319668	1.12	-2319668	-2.28		23
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	20740683	10.04	26164003	25.76	46904686	22.71
26	INTENSIVE CARE UNIT	3053608	1.48	3218476	3.17	6272084	3.04
26.01	SPECIAL CARE NURSERY	473164	.23	403173	.40	876337	.42
31	SUBPROVIDER I	1089754	.53	1577041	1.55	2666795	1.29
31.01	SUBPROVIDER II PSYCHIATRIC UNIT	1741901	.84	2708972	2.67	4450873	2.15
33	NURSERY	964586	.47	688934	.68	1653520	.80
34	SKILLED NURSING FACILITY	1615368	.78	2333910	2.30	3949278	1.91
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	10444017	5.06	8122656	8.00	18566673	8.99
39	DELIVERY ROOM & LABOR ROOM	2263266	1.10	1890693	1.86	4153959	2.01
40	ANESTHESIOLOGY	361896	.18	733344	.72	1095240	.53
41	RADIOLOGY-DIAGNOSTIC	5129307	2.48	5767336	5.68	10896643	5.28
41.01	CT SCANS AND MRI	3110355	1.51	2699933	2.66	5810288	2.81
41.02	CANCER TREATMENT CENTER	1025361	.50	1620472	1.60	2645833	1.28
41.03	ULTRASOUND	1220763	.59	1082697	1.07	2303460	1.12
41.04	SPECIAL PROCEDURES	675468	.33	396083	.39	1071551	.52
44	LABORATORY	6014111	2.91	4511078	4.44	10525189	5.10
44.01	PATHOLOGY	1226054	.59	838511	.83	2064565	1.00
47	BLOOD STORING, PROCESSING & TRA	1788516	.87	707886	.70	2496402	1.21
49	RESPIRATORY THERAPY	1375067	.67	1078983	1.06	2454050	1.19
50	PHYSICAL THERAPY						50
50.01	REHABILITATION MEDICINE	5334198	2.58	3335660	3.28	8669858	4.20
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
53	ELECTROCARDIOLOGY	396939	.19	458362	.45	855301	.41

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
53.01 CARDIAC CATERIZATION LAB	4053052	1.96	2229388	2.20	6282440	3.04	53.01
53.02 CARDIAC REHABILITATION	1819666	.88	1434466	1.41	3254132	1.58	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	9730940	4.71	6197976	6.10	15928916	7.71	55
56 DRUGS CHARGED TO PATIENTS	5061972	2.45	5122891	5.04	10184863	4.93	56
57 RENAL DIALYSIS	752170	.36	274192	.27	1026362	.50	57
58 ASC (NON-DISTINCT PART)	662323	.32	832801	.82	1495124	.72	58
60.01 FAMILY PRACTICE CLINIC	789281	.38	2474439	2.44	3263720	1.58	60.01
60.02 WOUND CARE	730022	.35	710614	.70	1440636	.70	60.02
60.03 PAIN MANAGMENT	829751	.40	677656	.67	1507407	.73	60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER	195250	.09	149742	.15	344992	.17	60.06
61 EMERGENCY	5384761	2.61	4515300	4.45	9900061	4.79	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.01 OCCUPATIONAL HEALTH	621629	.30	463408	.46	1085037	.53	63.01
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
71 HOME HEALTH AGENCY	2569100	1.24	1371007	1.35	3940107	1.91	71
SPECIAL PURPOSE COST CENTERS							
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	256059	.12	147579	.15	403638	.20	96
96.02 COVENANT RETIREMENT HOME			25441	.03	25441	.01	96.02
96.05 BOARD OF BENEVOLENCE			134056	.13	134056	.06	96.05
96.07 DENTAL	150		92013	.09	92163	.04	96.07
96.08 COVENANT RETIREMENT COMMUNITY			78442	.08	78442	.04	96.08
96.09 OP PHARMACY	180919	.09	136018	.13	316937	.15	96.09
96.10 PLAZA	439578	.21	132417	.13	571995	.28	96.10
96.11 G CAFETERIA			53465	.05	53465	.03	96.11
96.12 G PHARMACY	322136	.16	244632	.24	566768	.27	96.12
96.13 G SUITE			3545107	3.49	3545107	1.72	96.13
96.14 OFFSITE CLINICS	554939	.27	182466	.18	737405	.36	96.14
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	206561799	100.00	0	.00	206561799	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED		CAPITAL		PROGRAM	
	COSTS	CHARGES	COST TO	CHARGES	PPS CAPITAL	
	1	2	CHARGES	4	COSTS	5
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1691677	55924575	.030249	13793403	417237	37
39 DELIVERY ROOM & LABOR ROOM	183779	14902363	.012332	42500	524	39
40 ANESTHESIOLOGY	194486	28404169	.006847	6548921	44840	40
41 RADIOLOGY-DIAGNOSTIC	2013927	46492272	.043317	10411834	451009	41
41.01 CT SCANS AND MRI	863163	66404752	.012999	12364679	160728	41.01
41.02 CANCER TREATMENT CENTER	513351	7620642	.067363	492272	33161	41.02
41.03 ULTRASOUND	348941	13199865	.026435	874876	23127	41.03
41.04 SPECIAL PROCEDURES	78598	1647618	.047704	613990	29290	41.04
44 LABORATORY	795659	122172468	.006513	29335141	191060	44
44.01 PATHOLOGY	186829	8490635	.022004	1040303	22891	44.01
47 BLOOD STORING, PROCESSING & TRA	100523	12899707	.007793	4514154	35179	47
49 RESPIRATORY THERAPY	157260	26316441	.005976	12438864	74335	49
50 PHYSICAL THERAPY						50
50.01 REHABILITATION MEDICINE	463767	24737448	.018748	2944679	55207	50.01
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	120356	9860571	.012206	2968345	36232	53
53.01 CARDIAC CATHERIZATION LAB	688370	23196816	.029675	9630195	285776	53.01
53.02 CARDIAC REHABILITATION	333675	20113640	.016589	5758011	95520	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	889659	115336945	.007714	42636532	328898	55
56 DRUGS CHARGED TO PATIENTS	445576	61086510	.007294	23760763	173311	56
57 RENAL DIALYSIS	40560	5435996	.007461	3037015	22659	57
58 ASC (NON-DISTINCT PART)	197730	8028450	.024629	1256181	30938	58
OUTPATIENT SERVICE COST CENTERS						
60.01 FAMILY PRACTICE CLINIC	328480	2184444	.150372			60.01
60.02 WOUND CARE	162686	6729285	.024176	258924	6260	60.02
60.03 PAIN MANAGEMENT	185219	1001367	.184966	3449	638	60.03
60.05 WOMENS CENTER						60.05
60.06 DIABETES CENTER	36863	196964	.187156			60.06
61 EMERGENCY	833651	38479959	.021665	6350049	137574	61
62 OBSERVATION BEDS (NON-DISTINCT	234033	7061028	.033144			62
OTHER REIMBURSABLE COST CENTERS						
63.01 OCCUPATIONAL HEALTH	64460	831389	.077533			63.01
101 TOTAL	12153278	728756319		191075080	2656394	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT		PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	3760630		3760630	62202	60.46	29531	1785444 25
26 INTENSIVE CARE UNIT	480995		480995	4054	118.65	1967	233385 26
26.01 SPECIAL CARE NURSERY	61097		61097	1517	40.27		26.01
101 TOTAL	4302722		4302722			31498	2018829 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 2018829

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 2656394

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 4675223

MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)

MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)

PER DISCHARGE CAPITAL COSTS

PER DIEM CAPITAL COSTS

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	49888080
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	261086388
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.191

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	3076911
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	11046762
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.279

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	3366217
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31.01 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	12464228
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.270

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	4675223
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.018

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	14889099
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	72733938
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.205