

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 SWEDISHAMERICAN HOSPITAL (14-0228) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 06/01/2007 AND ENDING 05/31/2008, 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			
		2	3	4		
1	HOSPITAL	-4952	726808	-14076	7714179	1
2	SUBPROVIDER I		-29768	1	103200	2
3	SWING BED - SNF					3
4	SWING BED - NF					4
5	SKILLED NURSING FACILITY					5
6	NURSING FACILITY					6
7	HOME HEALTH AGENCY	1		-4226		7
8	OUTPATIENT REHABILITATION PROVIDER					8
9	HEALTH CLINIC					9
100	TOTAL	-4952	697041	-18301	7817379	100

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

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID 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: 1401 EAST STATE ST.
 1.01 CITY: ROCKFORD

STATE: IL

P.O.BOX:

ZIP CODE: 61104

COUNTY: WINNEBAGO

1

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	SWEDISHAMERICAN HOSPITAL	14-0228	06/30/1966	O	P	O	2
3	SUBPROVIDER I	SWEDISHAMERICAN HOSPITAL PSYCH UNIT	14-S228	05/31/1986	N	T	O	3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA	SWEDISHAMERICAN HOME HEALTH	14-7448	03/24/1986	N	P	O	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: 06/01/2007	TO: 05/31/2008	17
18	TYPE OF CONTROL	1	2	18

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1	19
20	SUBPROVIDER I	4	20

OTHER INFORMATION

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING:	ENDING:		26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):	BEGINNING:	ENDING:		26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.			NO	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.				28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st				28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.				28.02
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)					
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
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
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO	38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	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	40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:
40.02	STREET:		P.O. BOX:
40.03	CITY:		STATE: ZIP CODE:
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO	43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO	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 NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.		46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47	HOSPITAL	N	N	N	N	47			
48	SUBPROVIDER I	N	N	N	N	48			
49	SKILLED NURSING FACILITY	N	N	N	N	49			
50	HOME HEALTH AGENCY	N	N			50			
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?			NO		52			
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.			NO		52.01			
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53			
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01			
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 1596254 PAID LOSSES: AND/OR SELF INSURANCE:					54			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.			NO		54.01			
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.			NO		55			
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE / /	Y/N	LIMIT	Y/N	FEES	
				0	1	2	3	4	
56				NO		0.00	NO		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?				YES				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.				NO				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)								58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)				NO				59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? 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

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

-----DISCHARGES-----					
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS	6381	5659	18366	1
2	HMO XIX				2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF				3
4	HOSPITAL ADULTS & PEDS - SWING BED NF				4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS				5
6	INTENSIVE CARE UNIT				6
6.01	PEDIATRIC ICU				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	6381	5659	18366	12
13	RPCH VISITS				13
14	SUBPROVIDER I	174	78	634	14
15	SKILLED NURSING FACILITY				15
16	NURSING FACILITY				16
17	OTHER LONG TERM CARE				17
18	HOME HEALTH AGENCY				18
20	ASC (DISTINCT PART)				20
21	HOSPICE (DISTINCT PART)				21
23	O/P REHAB PROVIDER				23
24	RHC I				24
25	TOTAL				25
26	OBSERVATION BED DAYS				26
27	AMBULANCE TRIPS				27
28	EMPLOYEE DISCOUNT DAYS				28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	130132314	1881332	132013646	4886939.42	27.01		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	4111180		4111180	48813.94	84.22		5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	38492163	-1402024	37090139	965947.19	38.40		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	2179100		2179100	33978.55	64.13		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	1050208		1050208	2896.00	362.64		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS							11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	23859505		23859505			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	8169001		8169001			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						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	574431		574431			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	1523652		1523652	54497.42	27.96		21
22	ADMINISTRATIVE & GENERAL	18365991	-357347	18008644	643128.72	28.00		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	2961264		2961264	44161.05	67.06		22.01
23	MAINTENANCE & REPAIRS	556872		556872	24135.08	23.07		23
24	OPERATION OF PLANT	562412		562412	28673.48	19.61		24
25	LAUNDRY & LINEN SERVICE	64180		64180	6692.57	9.59		25
26	HOUSEKEEPING	2215869		2215869	181828.79	12.19		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1658584		1658584	128172.13	12.94		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA							28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1080628		1080628	35909.82	30.09		30
31	CENTRAL SERVICES AND SUPPLY	497479		497479	32438.05	15.34		31
32	PHARMACY	2972918		2972918	83866.28	35.45		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1341403		1341403	81102.02	16.54		33
34	SOCIAL SERVICE							34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART III
1		1	2	3	4	5		
1	NET SALARIES	126021134	1881332	127902466	4838125.48	26.44		1
2	EXCLUDED AREA SALARIES	38492163	-1402024	37090139	965947.19	38.40		2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	87528971	3283356	90812327	3872178.29	23.45		3
4	SUBTOTAL OTHER WAGES & REL COSTS	3229308		3229308	36874.55	87.58		4
5	SUBTOTAL WAGE-RELATED COSTS	23859505		23859505		26.27%		5
6	TOTAL (SUM OF LINES 3 THRU 5)	114617784	3283356	117901140	3909052.84	30.16		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	33801252	-357347	33443905	1344605.41	24.87		13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7448

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY:

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		1425	7	75	1507	1
2 UNDUPLICATED CENSUS COUNT		1047.00	172.00	1703.00	1961.00	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)	2.71		2.71	3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	1.00		1.00	4
5 OTHER ADMINISTRATIVE PERSONNEL	19.21	.34	19.55	5
6 DIRECT NURSING SERVICE	22.44		22.44	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE	4.44		4.44	8
9 PHYSICAL THERAPY SUPERVISOR	.57		.57	9
10 OCCUPATIONAL THERAPY SERVICE	1.68		1.68	10
11 OCCUPATIONAL THERAPY SUPERVISOR	.43		.43	11
12 SPEECH PATHOLOGY SERVICE	.98		.98	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE	1.16		1.16	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	1.28		1.28	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 PHARMACY TECH				18
18.01 IV INFUSION THERAPY	6.49		6.49	18.01
18.02 DURABLE MEDICAL EQUIPMENT	3.35		3.35	18.02
18.03 LIFELINE	.56		.56	18.03
18.04 PRIVATE DUTY PEDS				18.04
18.05 ADULT PRIVATE DUTY	10.37		10.37	18.05
18.06 ENTEROSTOMAL THERAPY				18.06
18.07 EARLY INTERVENTION				18.07

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	3	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
20.01			40420	20.01
20.02			99914	20.02

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

GROUP	M3PI REVENUE CODE	SERVICES PRIOR TO JANUARY 1		SERVICES ON OR AFTER JANUARY 1		TOTAL
		RATE	DAYS	RATE	DAYS	
1	2	3	3.01	4	4.01	5
1	RVC/RUC					1
2	RVB/RUB					2
3	RVA/RUA					3
3.01	RUX					3.01
3.02	RUL					3.02
4	RHD/RVC					4
5	RHC/RVB					5
6	RHB/RVA					6
6.01	RVX					6.01
6.02	RVL					6.02
7	RHA/RHC					7
8	RMC/RHB					8
9	RMB/RHA					9
9.01	RHX					9.01
9.02	RHL					9.02
10	RMA/RMC					10
11	RLB/RMB					11
12	RLA/RMA					12
12.01	RMX					12.01
12.02	RML					12.02
13	SE3/RLB					13
14	SE2/RLA					14
14.01	RLX					14.01
15	SE1/SE3					15
16	SSC/SE2					16
17	SSB/SE1					17
18	SSA/SSC					18
19	CD2/SSB					19
20	CD1/SSA					20
21	CC2					21
22	CC1					22
23	CB2					23
24	CB1					24
25	CA2					25
26	CA1					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					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	14762123 17
17.01	GROSS MEDICAID REVENUES	133572273 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	148334396 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.286972 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	133572273 28
29	TOTAL GROSS MEDICAID COST	38331502 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	14762123 30
31	UNCOMPENSATED CARE COST	4236316 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	38331502 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
	GENERAL SERVICE COST CENTERS								
1	0100 OLD CAP REL COSTS-BLDG & FIXT		14316913	14316913	-8829862	5487051	-5312875	174176	1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP				2092	2092	823142	825234	2
3	0300 NEW CAP REL COSTS-BLDG & FIXT				6585094	6585094	10910	6596004	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				11035112	11035112	316431	11351543	4
5	0500 EMPLOYEE BENEFITS	1523652	3471148	4994800	-22266	4972534	-559717	4412817	5
6	0600 ADMINISTRATIVE & GENERAL	18365991	39795313	58161304	-9051181	49110123	-6134241	42975882	6
7	0700 MAINTENANCE & REPAIRS	556872	679111	1235983	713133	1949116	-79450	1869666	7
8	0800 OPERATION OF PLANT	562412	3478070	4040482	-12365	4028117	-7481	4020636	8
9	0900 LAUNDRY & LINEN SERVICE	64180	1116636	1180816	-54	1180762	-111190	1069572	9
10	1000 HOUSEKEEPING	2215869	1072923	3288792	-5899	3282893	-6386	3276507	10
11	1100 DIETARY	1658584	2626713	4285297	-135934	4149363	5338	4154701	11
12	1200 CAFETERIA						-1165919	-1165919	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	1080628	541020	1621648	-5737	1615911	-96412	1519499	14
15	1500 CENTRAL SERVICES & SUPPLY	497479	5824624	6322103	-3705513	2616590		2616590	15
16	1600 PHARMACY	2972918	8365903	11338821	-7500036	3838785	-24325	3814460	16
17	1700 MEDICAL RECORDS & LIBRARY	1341403	1104404	2445807	-180316	2265491	14992	2280483	17
18	1800 SOCIAL SERVICE								18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A		4426685	4426685	-54	4426631	-81717	4344914	23
24.10	2400 PARAMED ED PRGM - MEDICAL	58989	19777	78766		78766		78766	24.10
24.20	2401 PARAMED ED PRGM - RADIOLOGY	121972	74670	196642	-2778	193864	-64123	129741	24.20
24.30	2402 PARAMED ED - RADIATION ONCOLOGY	129884	86130	216014	-2705	213309	-55677	157632	24.30
24.40	2403 PARAMED ED - PARAMEDICAL TECHS	349648	511688	861336	-3906	857430	-103579	753851	24.40
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	22593258	9555243	32148501	-507210	31641291	-4252134	27389157	25
26	2600 INTENSIVE CARE UNIT	4996037	1945553	6941590	-12278	6929312	-65364	6863948	26
26.01	2601 PEDIATRIC ICU								26.01
31	3100 SUBPROVIDER I	2431464	833052	3264516	-977717	2286799	-392601	1894198	31
33	3300 NURSERY	1387413	1062929	2450342	1057042	3507384	-28502	3478882	33
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	5654577	18077376	23731953	-1759638	21972315	-2517905	19454410	37
37.20	3340 GASTROENTEROLOGY	465602	265522	731124	-1684	729440		729440	37.20
39	3900 DELIVERY ROOM & LABOR ROOM	2269727	1709944	3979671	-54	3979617		3979617	39
40	4000 ANESTHESIOLOGY		243245	243245	1200000	1443245	-1140000	303245	40
41	4100 RADIOLOGY-DIAGNOSTIC	6998915	15008221	22007136	-648999	21358137	-856105	20502032	41
41.10	3480 RADIATION ONCOLOGY	1425738	948296	2374034	8990335	11364369	-671380	10692989	41.10
41.20	3230 CT SCAN	-306255	266615	-39640		-39640	3148683	3109043	41.20
41.30	3430 M.R.I.	-239331	232332	-6999		-6999	2442033	2435034	41.30
44	4400 LABORATORY	2521328	6698499	9219827	-8381	9211446	-315290	8896156	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	1591838	1122935	2714773	-252089	2462684		2462684	49
50	5000 PHYSICAL THERAPY	2313547	1550651	3864198	-7388	3856810	-24084	3832726	50
53	5300 ELECTROCARDIOLOGY	582933	320562	903495	-6816	896679		896679	53
53.10	3140 PEDIATRIC RADIOLOGY								53.10
54	5400 ELECTROENCEPHALOGRAPHY	537926	528095	1066021	-5216	1060805	-65308	995497	54
54.10	3370 APNEA MONITORING								54.10
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				3667797	3667797		3667797	55
56	5600 DRUGS CHARGED TO PATIENTS				7444776	7444776		7444776	56
58.10	3950 NUTRITIONAL SUPPORT				117618	117618		117618	58.10
58.20	3951 HEMODIALYSIS		511187	511187		511187		511187	58.20
	OUTPATIENT SERVICE COST CENTERS								
60	6000 CLINIC	1262107	1022563	2284670	-11026	2273644	-480351	1793293	60
60.01	6001 CHILDRENS CLINIC								60.01
61	6100 EMERGENCY	5742144	3071748	8813892	-7162	8806730	-208580	8598150	61
61.05	6101 AMBULATORY CARE	275494	101125	376619	-2146	374473		374473	61.05
61.10	6102 PSYCHIATRIC PARTIAL	727165	764549	1491714	361731	1853445	-1087931	765514	61.10
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY	4281269	4188455	8469724	-849720	7620004	184881	7804885	71
	SPECIAL PURPOSE COST CENTERS								
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
95	SUBTOTALS	99013377	157540425	256553802	6658600	263212402	-18962217	244250185	95
	NONREIMBURSABLE COST CENTERS								
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	190830	457974	648804		648804	-652	648152	96

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	
96.10 9601 MCC WORD PROCESSING								96.10
98 9800 PHYSICIANS' PRIVATE OFFICES								98
98.01 9801 SPECIALISTS/PCP'S	29992885	31708997	61701882	-8992126	52709756	-93597	52616159	98.01
98.02 9802 MEDWORKS								98.02
98.03 9803 SWEDISHAMERICAN ER	358120	1941828	2299948		2299948		2299948	98.03
98.20 9804 IDLE SPACE								98.20
99 9900 NONPAID WORKERS	17805	-91751	-73946		-73946		-73946	99
99.10 9901 HOTEL								99.10
99.30 9902 PHYSICIAN BILLING								99.30
99.40 9903 MEALS ON WHEELS								99.40
99.50 9904 WEE CARE	14676	4080	18756		18756		18756	99.50
99.60 9905 PHYSICIAN RELATED AREAS	350573	1158618	1509191		1509191	2908	1512099	99.60
99.70 9906 WOMEN'S CENTER								99.70
99.80 9907 MARKETING EXPENSES				2333526	2333526		2333526	99.80
99.90 9908 COMPLIMENTARY MEDICINE	194048	334215	528263		528263	-24	528239	99.90
101 TOTAL	130132314	193054386	323186700		323186700	-19053582	304133118	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
1		2	3	4	5	
1 INTEREST EXPENSE	B	OLD CAP REL COSTS-BLDG & FIXT	1		5320012	1
2 MEDICAL MAINTENANCE	C	MAINTENANCE & REPAIRS	7		715050	2
3 MEDICAL SUPPLIES CHARGED TO PATIENTS	D	MEDICAL SUPPLIES CHARGED TO P	55		3667797	3
4 DRUGS CHARGED TO PATIENTS	E	DRUGS CHARGED TO PATIENTS	56		7444776	4
5 MEDICAL SUPPLIES	F	ADULTS & PEDIATRICS	25		11819	5
6 PUBLIC RELATIONS EXP	G	ADMINISTRATIVE & GENERAL	6		4743	6
7	G					7
8	G					8
9 ANESTHESIA PHYSICIANS	H	ANESTHESIOLOGY	40		1200000	9
10 CAPITAL RELATED COSTS	I	NEW CAP REL COSTS-MVBLE EQUIP	4		3472424	10
11	I					11
12	I					12
13	I					13
14	I					14
15	I					15
16	I					16
17	I					17
18	I					18
19	I					19
20	I					20
21	I					21
22	I					22
23	I					23
24	I					24
25	I					25
26	I					26
27	I					27
28	I					28
29	I					29
30	I					30
31	I					31
32	I					32
33	I					33
34	I					34
35	I					35
36 SUBTOTAL					21836621	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 INTEREST EXPENSE	B	ADMINISTRATIVE & GENERAL	6		5320012	11 1
2 MEDICAL MAINTENANCE	C	ADMINISTRATIVE & GENERAL	6		715050	2
3 MEDICAL SUPPLIES CHARGED TO PATIE	D	CENTRAL SERVICES & SUPPLY	15		3667797	3
4 DRUGS CHARGED TO PATIENTS	E	PHARMACY	16		7444776	4
5 MEDICAL SUPPLIES	F	DIETARY	11		11819	5
6 PUBLIC RELATIONS EXP	G	PARAMED ED PRGM - RADIOLOGY	24.20		1831	6
7	G	PARAMED ED - RADIATION ONCOLO	24.30		1782	7
8	G	PARAMED ED - PARAMEDICAL TECH	24.40		1130	8
9 ANESTHESIA PHYSICIANS	H	OPERATING ROOM	37		1200000	9
10 CAPITAL RELATED COSTS	I	EMPLOYEE BENEFITS	5		22266	10 10
11	I	ADMINISTRATIVE & GENERAL	6		687336	11
12	I	MAINTENANCE & REPAIRS	7		1917	12
13	I	OPERATION OF PLANT	8		12365	13
14	I	LAUNDRY & LINEN SERVICE	9		54	14
15	I	HOUSEKEEPING	10		5899	15
16	I	DIETARY	11		6497	16
17	I	NURSING ADMINISTRATION	14		5737	17
18	I	CENTRAL SERVICES & SUPPLY	15		37716	18
19	I	PHARMACY	16		55260	19
20	I	MEDICAL RECORDS & LIBRARY	17		180316	20
21	I	I&R SERVICES-OTHER PRGM COSTS	23		54	21
22	I	PARAMED ED PRGM - RADIOLOGY	24.20		947	22
23	I	PARAMED ED - RADIATION ONCOLO	24.30		923	23
24	I	PARAMED ED - PARAMEDICAL TECH	24.40		2776	24
25	I	ADULTS & PEDIATRICS	25		71063	25
26	I	INTENSIVE CARE UNIT	26		12278	26
27	I	SUBPROVIDER I	31		6647	27
28	I	NURSERY	33		263	28
29	I	OPERATING ROOM	37		559638	29
30	I	GASTROENTEROLOGY	37.20		1684	30
31	I	DELIVERY ROOM & LABOR ROOM	39		54	31
32	I	RADIOLOGY-DIAGNOSTIC	41		648999	32
33	I	RADIATION ONCOLOGY	41.10		1791	33
34	I	LABORATORY	44		8381	34
35	I	RESPIRATORY THERAPY	49		252089	35
36 SUBTOTAL					20947147	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	
1	I				1
2	I				2
3	I				3
4	I				4
5	I				5
6	I				6
7	I				7
8	J	ADULTS & PEDIATRICS	25	459322	150017 8
9	J	PSYCHIATRIC PARTIAL	61.10	272674	89057 9
10	K	NURSERY	33	741134	316171 10
11	L	OLD CAP REL COSTS-MVBLE EQUIP	2		2092 11
12	L	NEW CAP REL COSTS-BLDG & FIXT	3		6585094 12
13	L	NEW CAP REL COSTS-MVBLE EQUIP	4		7562688 13
14	N	NUTRITIONAL SUPPORT	58.10		117618 14
15	O	MARKETING EXPENSES	99.80	357347	1976179 15
16	Q	RADIATION ONCOLOGY	41.10	1027375	7964751 16
17	R	CT SCAN	41.20	1056053	
18	R	M.R.I.	41.30	825279	
19					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		4739184	46600288 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	I	PHYSICAL THERAPY	50		7388	1
2	I	ELECTROCARDIOLOGY	53		6816	2
3	I	ELECTROENCEPHALOGRAPHY	54		5216	3
4	I	CLINIC	60		11026	4
5	I	EMERGENCY	61		7162	5
6	I	AMBULATORY CARE	61.05		2146	6
7	I	HOME HEALTH AGENCY	71		849720	7
8	J	SUBPROVIDER I	31	731996	239074	8
9	J					9
10	K	ADULTS & PEDIATRICS	25	741134	316171	10
11	L	OLD CAP REL COSTS-BLDG & FIXT	1		14149874	9
12	L					9
13	L					9
14	N	DIETARY	11		117618	14
15	O	ADMINISTRATIVE & GENERAL	6	357347	1976179	15
16	Q	SPECIALISTS/PCP'S	98.01	1027375	7964751	16
17	R	CT SCAN	41.20		1056053	17
18	R	M.R.I.	41.30		825279	18
19						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		2857852	48481620	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	1181063					1181063		1
2 LAND IMPROVEMENTS	1662129					1662129		2
3 BUILDINGS AND FIXTURES	18466198					18466198		3
4 BUILDING IMPROVEMENTS	13548088					13548088		4
5 FIXED EQUIPMENT	2008304					2008304		5
6 MOVABLE EQUIPMENT	7963015				534024	7428991		6
7 SUBTOTAL	44828797				534024	44294773		7
8 RECONCILING ITEMS								8
9 TOTAL	44828797				534024	44294773		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	412889					412889		1
2 LAND IMPROVEMENTS	4058486	124257		124257		4182743		2
3 BUILDINGS AND FIXTURES	65004015	4086223		4086223	12779	69077459		3
4 BUILDING IMPROVEMENTS	60811328	5487853		5487853	16778	66282403		4
5 FIXED EQUIPMENT	3287116	204096		204096		3491212		5
6 MOVABLE EQUIPMENT	87459496	7703864		7703864	1105712	94057648		6
7 SUBTOTAL	221033330	17606293		17606293	1135269	237504354		7
8 RECONCILING ITEMS								8
9 TOTAL	221033330	17606293		17606293	1135269	237504354		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT	168697		5479				174176	1
2 OLD CAP REL COSTS-MVBLE EQUIP	825234						825234	2
3 NEW CAP REL COSTS-BLDG & FIXT	6596004						6596004	3
4 NEW CAP REL COSTS-MVBLE EQUIP	7565420	3786123					11351543	4
5 TOTAL	15155355	3786123	5479				18946957	5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT	14316913						14316913	1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 TOTAL	14316913						14316913	5

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	B	-10215772	OLD CAP REL COSTS-BLDG & FIXT	1	11 1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-129079	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-11587695			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	6722459			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-1165919	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	A	1658	OLD CAP REL COSTS-BLDG & FIXT	1	9 29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT	A	-104624	OLD CAP REL COSTS-MVBLE EQUIP	2	9 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				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
37 CUDDLE CARE	B	-359	ADULTS & PEDIATRICS	25	37
38 OTHER REVENUE	B	-245	SUBPROVIDER I	31	38
39 HEALTHNET ADVANTAGE	B	7318	PSYCHIATRIC PARTIAL	61.10	39
39.10 OTHER REVENUE	B	-49347	PSYCHIATRIC PARTIAL	61.10	39.10
40 PROFESSIONAL EDUCATION	B	-2100	ADMINISTRATIVE & GENERAL	6	40
41 ECOG & NSABP	B	-86048	ADMINISTRATIVE & GENERAL	6	41
41.10 OTHER REVENUE	B	-20	RADIOLOGY-DIAGNOSTIC	41	41.10
42 RECYCLING	B	-1892	ADULTS & PEDIATRICS	25	42
42.10 YOGA REVENUE	B	-81381	CLINIC	60	42.10
43 BABY PICTURES	B	-3494	NURSERY	33	43
44 RECYCLING	B	-36	EMERGENCY	61	44
45 EMS EDUCATION FEES	B	-92901	PARAMED ED - PARAMEDICAL TECHS	24.40	45
46 OTHER REVENUE	B	-62761	EMERGENCY	61	46
46.10 MED REC TRANSCRIPTS	B	-20	LABORATORY	44	46.10
47 OTHER REVENUE	B	-47856	RADIOLOGY-DIAGNOSTIC	41	47
48 TUITION	B	-61436	PARAMED ED PRGM - RADIOLOGY	24.20	48
49 ADMISSION FEES	B	-280	PARAMED ED PRGM - RADIOLOGY	24.20	49
49.01 BOOK FEES	B	-50	PARAMED ED PRGM - RADIOLOGY	24.20	49.01
49.02 RECLAIMED SILVER	B	-2061	RADIOLOGY-DIAGNOSTIC	41	49.02
49.03 MED REC TRASCRIPTS	B	-1807	RADIOLOGY-DIAGNOSTIC	41	49.03
49.05 RECLAIMED WIRE	B	-1796	RADIOLOGY-DIAGNOSTIC	41	49.05
49.06 TUITION	B	-49445	PARAMED ED - RADIATION ONCOLOGY	24.30	49.06
49.07 BOOK FEES	B	-3875	PARAMED ED - RADIATION ONCOLOGY	24.30	49.07
49.08 OTHER REVENUE	B	-44996	RADIATION ONCOLOGY	41.10	49.08
49.09 COMM EDUC COURSE	B	-300	PHYSICAL THERAPY	50	49.09
49.10 OTHER REVENUE	B	-40	EMPLOYEE BENEFITS	5	49.10
49.11 GROSS REVENUE	B	150048	HOME HEALTH AGENCY	71	49.11
49.13 GROSS REVENUE	B	-1851	EMPLOYEE BENEFITS	5	49.13
49.14 EMPLOYEE HEALTH	B	-515912	EMPLOYEE BENEFITS	5	49.14
49.15 MEDICAL RECORDS TRANSCRIPTS	B	-30	MEDICAL RECORDS & LIBRARY	17	49.15

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	
49.16 OTHER REVENUE	B	-1477	MEDICAL RECORDS & LIBRARY	17	49.16
49.18 OTHER REVENUE	B	-24325	PHARMACY	16	49.18
49.19 PHOTO	B	-2425	ADMINISTRATIVE & GENERAL	6	49.19
49.20 VENDING MACHINES	B	-6386	HOUSEKEEPING	10	49.20
49.21 NON PATIENT LINEN	B	-111190	LAUNDRY & LINEN SERVICE	9	49.21
49.22 GUEST ROOM RENTAL	B	-15280	ADMINISTRATIVE & GENERAL	6	49.22
49.23 INSURANCE AUDIT	B	-4175	ADMINISTRATIVE & GENERAL	6	49.23
49.24 OTHER REVENUE	B	-585302	ADMINISTRATIVE & GENERAL	6	49.24
49.25 COMMUNICATIONS	B	-7334	ADMINISTRATIVE & GENERAL	6	49.25
49.26 PHYSICIAN PAGING AND ANSWERING	B	-367305	ADMINISTRATIVE & GENERAL	6	49.26
49.27 WORD PROCESSING	B	-132276	ADMINISTRATIVE & GENERAL	6	49.27
49.28 OTHER REVENUE	B	-3600	RADIOLOGY-DIAGNOSTIC	41	49.28
49.29 EDUCATION CONSULTATION	B	-165	RADIOLOGY-DIAGNOSTIC	41	49.29
49.30 COURIER FEES TO SAHMC	B	-311640	ADMINISTRATIVE & GENERAL	6	49.30
49.31 OTHER REVENUE/TRANSCRIPTS	B	-11333	EMPLOYEE BENEFITS	5	49.31
49.32 INTEREST INCOME DEF. COMP.	B	-7000	ADMINISTRATIVE & GENERAL	6	49.32
49.33 INVESTMENT PREMIUM DISCOUNT	B	-144913	OLD CAP REL COSTS-BLDG & FIXT	1	11 49.33
49.34 INVESTMENT MANAGEMENT	A	476389	ADMINISTRATIVE & GENERAL	6	49.34
49.35 MISCELLANEOUS ADMIN REVENUE	B	-12906	ADMINISTRATIVE & GENERAL	6	49.35
49.36 MISCELLANEOUS ONCOLOGY REVENUE	B	-5720	RADIATION ONCOLOGY	41.10	49.36
49.37 CT COSTS	A	39641	CT SCAN	41.20	49.37
49.38 M.R.I. COSTS	A	6999	M.R.I.	41.30	49.38
49.39 INTEREST EXPENSE SUMMARY	A	7000	ADMINISTRATIVE & GENERAL	6	49.39
49.40 PRIOR YEARS ADJUSTMENT	A	-16899	OLD CAP REL COSTS-MVBLE EQUIP	2	9 49.40
49.42 MALPRACTICE EXPENSE	A	-4547115	ADMINISTRATIVE & GENERAL	6	49.42
49.43 UNNECESSARY BOND INTEREST EXPENSE	A	-562321	OLD CAP REL COSTS-BLDG & FIXT	1	11 49.43
49.44 BOND FUND INCOME	B	-362	OLD CAP REL COSTS-BLDG & FIXT	1	11 49.44
49.45 T.V. REPAIR SALARY	A	-5686	ADMINISTRATIVE & GENERAL	6	49.45
49.46 T.V. ELECTRICITY COST	A	-7481	OPERATION OF PLANT	8	49.46
49.47 CHILD CARE DISCOUNT	A	17939	EMPLOYEE BENEFITS	5	49.47
49.48 DUES RELATED TO LOBBYING	A	-36740	ADMINISTRATIVE & GENERAL	6	49.48
49.49 LOSS ON DEFEASANCE	A	488879	OLD CAP REL COSTS-BLDG & FIXT	1	11 49.49
49.50 PHYSICIAN RENT	A	-7500	ADULTS & PEDIATRICS	25	49.50
49.51 CORPORATE SPONSORSHIP	A	-114157	ADMINISTRATIVE & GENERAL	6	49.51
49.52 SITTERS COST	A	-458	ADMINISTRATIVE & GENERAL	6	49.52
49.53 SITTERS COST	A	-2231	NURSING ADMINISTRATION	14	49.53
49.54 SITTERS COST	A	-319145	ADULTS & PEDIATRICS	25	49.54
49.55 SITTERS COST	A	-9856	INTENSIVE CARE UNIT	26	49.55
49.56 SITTERS COST	A	-50308	SUBPROVIDER I	31	49.56
49.57 SITTERS COST	A	-84	OPERATING ROOM	37	49.57
49.58 SITTERS COST	A	-32843	EMERGENCY	61	49.58
49.59 ALCOHOL COSTS	A	-6296	EMPLOYEE BENEFITS	5	49.59
49.60 ALCOHOL COSTS	A	-2565	ADMINISTRATIVE & GENERAL	6	49.60
49.62 ALCOHOL COSTS	A	-2608	PHYSICIAN RELATED AREAS	99.60	49.62
49.63 ALCOHOL COSTS	A	-24	COMPLIMENTARY MEDICINE	99.90	49.63
49.64 EXECUTIVE COMPENSATION	A	-32989	ADMINISTRATIVE & GENERAL	6	49.64
49.66 INTEREST EXPENSE SUMMARY	A	5000302	OLD CAP REL COSTS-BLDG & FIXT	1	11 49.66
49.67 CASUALTY LOSS	B	-157633	ADMINISTRATIVE & GENERAL	6	49.67
49.68 OTHER REVENUE	B	-375	ADULTS & PEDIATRICS	25	49.68
49.69 DEPR ADD BACK	A	10910	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.69
49.70 DEPR ADD BACK	A	2732	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.70
50 TOTAL		-19053582			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	ADMINISTRATIVE & GENERAL	PARKING LOTS	188228	286285	-98057	1
2	7	MAINTENANCE & REPAIRS	MEDICAL MAINTENANCE	635600	715050	-79450	2
3	5	EMPLOYEE BENEFITS	RENTAL ADJUSTMENT	122856	108357	14499	3
4	6	ADMINISTRATIVE & GENERAL	RENTAL ADJUSTMENT	600873	537181	63692	4
4.01	23	I&R SERVICES-OTHER PRGM COSTS A	RENTAL ADJUSTMENT	325092	406809	-81717	4.01
4.02	24.40	PARAMED ED - PARAMEDICAL TECHS	RENTAL ADJUSTMENT	108278	118956	-10678	4.02
4.03	37	OPERATING ROOM	RENTAL ADJUSTMENT	30845	24000	6845	4.03
4.04	41	RADIOLOGY-DIAGNOSTIC	RENTAL ADJUSTMENT	407781	408577	-796	4.04
4.05	50	PHYSICAL THERAPY	RENTAL ADJUSTMENT	390613	391512	-899	4.05
4.06	54	ELECTROENCEPHALOGRAPHY	RENTAL ADJUSTMENT	181398	181816	-418	4.06
4.07	60	CLINIC	RENTAL ADJUSTMENT	271543	261874	9669	4.07
4.08	71	HOME HEALTH AGENCY	RENTAL ADJUSTMENT	210925	176092	34833	4.08
4.09	98.01	SPECIALISTS/PCP'S	RENTAL ADJUSTMENT	2158698	2252295	-93597	4.09
4.10	99.60	PHYSICIAN RELATED AREAS	RENTAL ADJUSTMENT	33400	27884	5516	4.10
4.11	2	OLD CAP REL COSTS-MVBLE EQUIP	CT DEPRECIATION	579102		579102	9 4.11
4.12	1	OLD CAP REL COSTS-BLDG & FIXT	CT INTEREST	98388		98388	11 4.12
4.13	4	NEW CAP REL COSTS-MVBLE EQUIP	CT LEASED EQUIPMENT	208144		208144	10 4.13
4.14	41.20	CT SCAN	CT EXPENSES	3109042		3109042	4.14
4.15	2	OLD CAP REL COSTS-MVBLE EQUIP	MRI DEPRECIATION	365563		365563	9 4.15
4.16	1	OLD CAP REL COSTS-BLDG & FIXT	MRI INTEREST	21266		21266	11 4.16
4.17	4	NEW CAP REL COSTS-MVBLE EQUIP	LEASED EQUIPMENT	105555		105555	10 4.17
4.18	41.30	M.R.I.	MRI EXPENSES	2435034		2435034	4.18
4.19	11	DIETARY	RENTAL ADJUSTMENT	45227	39889	5338	4.19
4.20	17	MEDICAL RECORDS & LIBRARY	RENTAL ADJUSTMENT	139799	123300	16499	4.20
4.21	24.20	PARAMED ED PRGM - RADIOLOGY	RENTAL ADJUSTMENT	5025	7382	-2357	4.21
4.22	24.30	PARAMED ED - RADIATION ONCOLOGY	RENTAL ADJUSTMENT	5025	7382	-2357	4.22
4.23	61.10	PSYCHIATRIC PARTIAL	RENTAL ADJUSTMENT	122452	108000	14452	4.23
4.24	96	GIFT, FLOWER, COFFEE SHOP & CAN	RENTAL ADJUSTMENT	65166	65818	-652	4.24
5		TOTALS		12970918	6248459	6722459	5

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

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

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

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----						
SYMBOL	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
(1)	2	3	4	5	6	
1	C		IL SCANNING	50.00		1
2	C		IL IMAGING	50.00		2
3						3
4						4
5						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	AGGREGATE	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
LINE NO.	1	2	3	4	5	6	7	8	9
1	5	EMPLOYEE BENEFITS	56723	56723					
2	6	ADMINISTRATIVE & GENERAL	57250	7250	50000	171400	415	34198	1710
3	14	NURSING ADMINISTRATION	125000		125000	171400	374	30819	1541
4	25	ADULTS & PEDIATRICS	3922863	3922863					
5	26	INTENSIVE CARE UNIT	55508	55508					
6	31	SUBPROVIDER I	342048	342048					
7	33	NURSERY	25008	25008					
8	37	OPERATING ROOM	2581963	2491963	90000	200300	595	57297	2865
9	40	ANESTHESIOLOGY	1200000	1140000	60000	200300	1029	99091	4955
10	41	RADIOLOGY-DIAGNOSTIC	819114	126614	692500	231100	190	21110	1056
11	41.10	RADIATION ONCOLOGY	620664	620664					
12	44	LABORATORY	315270	315270					
13	50	PHYSICAL THERAPY	22885	22885					
14	54	ELECTROENCEPHALOGRAPHY	71765	64890	6875	171400	180	14833	742
15	60	CLINIC	415891	405058	10833	171400	88	7252	363
16	61	EMERGENCY	115000	100000	15000	171400	25	2060	103
17	61.10	PSYCHIATRIC PARTIAL	1060354	1060354					
101		TOTAL	11807306	10757098	1050208		2896	266660	13335

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	5	EMPLOYEE BENEFITS	AGGREGATE						56723
2	6	ADMINISTRATIVE & GENERAL	AGGREGATE				34198	15802	23052
3	14	NURSING ADMINISTRATION	AGGREGATE				30819	94181	94181
4	25	ADULTS & PEDIATRICS	AGGREGATE						3922863
5	26	INTENSIVE CARE UNIT	AGGREGATE						55508
6	31	SUBPROVIDER I	AGGREGATE						342048
7	33	NURSERY	AGGREGATE						25008
8	37	OPERATING ROOM	AGGREGATE				57297	32703	2524666
9	40	ANESTHESIOLOGY	AGGREGATE				99091		1140000
10	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE				21110	671390	798004
11	41.10	RADIATION ONCOLOGY	AGGREGATE						620664
12	44	LABORATORY	AGGREGATE						315270
13	50	PHYSICAL THERAPY	AGGREGATE						22885
14	54	ELECTROENCEPHALOGRAPHY	AGGREGATE				14833		64890
15	60	CLINIC	AGGREGATE				7252	3581	408639
16	61	EMERGENCY	AGGREGATE				2060	12940	112940
17	61.10	PSYCHIATRIC PARTIAL	AGGREGATE						1060354
101		TOTAL					266660	830597	11587695

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-
	FOR COST	BLDGS &	MOVABLE	BLDGS &	MOVABLE	BENEFITS		TRATIVE &
	ALLOCATION	FIXTURES	EQUIPMENT	FIXTURES	EQUIPMENT		5A	GENERAL
	0	1	2	3	4	5		6
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT	174176	174176						1
2 OLD CAP REL COSTS-MVBLE EQUIP	825234		825234					2
3 NEW CAP REL COSTS-BLDG & FIXT	6596004			6596004				3
4 NEW CAP REL COSTS-MVBLE EQUIP	11351543				11351543			4
5 EMPLOYEE BENEFITS	4412817	87	440	3293	6050	4422687		5
6 ADMINISTRATIVE & GENERAL	42975882	10998	55622	416496	765104	620470	44844572	44844572 6
7 MAINTENANCE & REPAIRS	1869666	3343	16904	126581	232530	22934	2271958	497454 7
8 OPERATION OF PLANT	4020636	9961	50378	377232	692977	27247	5178431	1133838 8
9 LAUNDRY & LINEN SERVICE	1069572	664	3359	25155	46209	6360	1151319	252086 9
10 HOUSEKEEPING	3276507	5655	28601	214168	393428	172780	4091139	895771 10
11 DIETARY	4154701	8288	41916	313865	576571	121984	5217325	1142354 11
12 CAFETERIA	-1165919						-1165919	
13 MAINTENANCE OF PERSONNEL								
14 NURSING ADMINISTRATION	1519499	509	2576	19286	35428	33864	1611162	352770 14
15 CENTRAL SERVICES & SUPPLY	2616590	2848	14404	107859	198138	30824	2970663	650439 15
16 PHARMACY	3814460	1392	7040	52719	96844	79693	4052148	887234 16
17 MEDICAL RECORDS & LIBRARY	2280483	398	2013	15070	27683	78361	2404008	526367 17
18 SOCIAL SERVICE								
20 NONPHYSICIAN ANESTHETISTS								
21 NURSING SCHOOL								
22 I&R SERVICES-SALARY & FRINGES A								
23 I&R SERVICES-OTHER PRGM COSTS A	4344914						4344914	951336 23
24.10 PARAMED ED PRGM - MEDICAL	78766					1749	80515	17629 24.10
24.20 PARAMED ED PRGM - RADIOLOGY	129741					3776	133517	29234 24.20
24.30 PARAMED ED - RADIATION ONCOLOGY	157632					3975	161607	35384 24.30
24.40 PARAMED ED - PARAMEDICAL TECHS	753851					16535	770386	168679 24.40
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	27389157	43988	222464	1665832	3060137	771866	33153444	7259133 25
26 INTENSIVE CARE UNIT	6863948	7832	39610	296604	544862	164533	7917389	1733544 26
26.01 PEDIATRIC ICU								
31 SUBPROVIDER I	1894198	5805	29356	219819	403809	54016	2607003	570814 31
33 NURSERY	3478882	848	4290	32126	59015	68981	3644142	797899 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	19454410	12795	64707	484528	890079	210301	21116820	4623612 37
37.20 GASTROENTEROLOGY	729440	1796	9084	68019	124952	17310	950601	208138 37.20
39 DELIVERY ROOM & LABOR ROOM	3979617	3810	19266	144265	265016	89033	4501007	985513 39
40 ANESTHESIOLOGY	303245	455	2303	17248	31685		354936	77715 40
41 RADIOLOGY-DIAGNOSTIC	20502032	19294	97578	730668	1342240	251439	22943251	5023517 41
41.10 RADIATION ONCOLOGY	10692989	2782	14067	105335	193501	68723	11077397	2425440 41.10
41.20 CT SCAN	3109043	354	1790	13404	24623	37064	3186278	697648 41.20
41.30 M.R.I.	2435034	1030	5208	38994	71633	26770	2578669	564610 41.30
44 LABORATORY	8896156	4697	23757	177890	326785	128860	9558145	2092794 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								
49 RESPIRATORY THERAPY	2462684	1255	6346	47516	87287	62224	2667312	584019 49
50 PHYSICAL THERAPY	3832726	1012	5119	38328	70409	80388	4027982	881943 50
53 ELECTROCARDIOLOGY	896679	1253	6339	47465	87193	21145	1060074	232107 53
53.10 PEDIATRIC RADIOLOGY								
54 ELECTROENCEPHALOGRAPHY	995497	530	2678	20055	36840	23292	1078892	236228 54
54.10 APNEA MONITORING								
55 MEDICAL SUPPLIES CHARGED TO PAT	3667797						3667797	803079 55
56 DRUGS CHARGED TO PATIENTS	7444776						7444776	1630063 56
58.10 NUTRITIONAL SUPPORT	117618						117618	25753 58.10
58.20 HEMODIALYSIS	511187	755	3820	28602	52542		596906	130695 58.20
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	1793293	1261	6378	47760	87734	39489	1975915	432634 60
60.01 CHILDRENS CLINIC								
61 EMERGENCY	8598150	4016	20310	152082	279375	222702	9276635	2031156 61
61.05 AMBULATORY CARE	374473	1078	5451	40814	74976	12401	509193	111490 61.05
61.10 PSYCHIATRIC PARTIAL	765514	1081	5468	40942	75211	20291	908507	198921 61.10
62 OBSERVATION BEDS (NON-DISTINCT)								
63.50 RHC								
63.60 FQHC								
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								
69.20 OUTPATIENT PHYSICAL THERAPY								
69.30 OUTPATIENT OCCUPATIONAL THERAPY								
69.40 OUTPATIENT SPEECH PATHOLOGY								
71 HOME HEALTH AGENCY	7804885	51	257	1922	3531	153086	7963732	1743691 71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								
85.02 INTESTINAL ACQUISITION								
85.03 ISLET CELL ACQUISITION								
95 SUBTOTALS	244250185	161921	818899	6131942	11264397	3744466	243002166	43642731 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	648152	824	4165	31190	57297	13951	755579	165437 96

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-
	FOR COST	BLDGS &	MOVABLE	BLDGS &	MOVABLE	BENEFITS		TRATIVE &
	ALLOCATION	FIXTURES	EQUIPMENT	FIXTURES	EQUIPMENT			GENERAL
	0	1	2	3	4	5	5A	6
96.10 MCC WORD PROCESSING								96.10
98 PHYSICIANS' PRIVATE OFFICES		483		18273			18756	98
98.01 SPECIALISTS/PCP'S	52616159					631341	53247500	98.01
98.02 MEDWORKS								98.02
98.03 SWEDISHAMERICAN ER	2299948						2299948	98.03
98.20 IDLE SPACE		7189		272243			279432	61183 98.20
99 NONPAID WORKERS	-73946					1073	-72873	99
99.10 HOTEL								99.10
99.30 PHYSICIAN BILLING								99.30
99.40 MEALS ON WHEELS								99.40
99.50 WEE CARE	18756	3330		126107		417	148610	99.50
99.60 PHYSICIAN RELATED AREAS	1512099					13136	1525235	333956 99.60
99.70 WOMEN'S CENTER								99.70
99.80 MARKETING EXPENSES	2333526	111	561	4203	7721	10970	2357092	516095 99.80
99.90 COMPLIMENTARY MEDICINE	528239	318	1609	12046	22128	7333	571673	125170 99.90
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	304133118	174176	825234	6596004	11351543	4422687	304133118	44844572 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MAINT- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES * SUPPLY 15	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS	2769412								7
8 OPERATION OF PLANT	180828	6493097							8
9 LAUNDRY & LINEN SERVICE	12058	28794	1444257						9
10 HOUSEKEEPING	102662	245155	13890	5348617					10
11 DIETARY	150452	359275	11594	325285	7206285				11
12 CAFETERIA					4055824	2889905			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	9245	22076		19988		36254	2051495		14
15 CENTRAL SERVICES & SUPPLY	51703	123465	40572	111784		32999		3981625	15
16 PHARMACY	25271	60346		54637		85317		769	16
17 MEDICAL RECORDS & LIBRARY	7224	17250		15618		83891		8	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24.10 PARAMED ED PRGM - MEDICAL						1872			24.10
24.20 PARAMED ED PRGM - RADIOLOGY						4042			24.20
24.30 PARAMED ED - RADIATION ONCOLOGY						4255			24.30
24.40 PARAMED ED - PARAMEDICAL TECHS							102	4021	24.40
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	798523	1906849	714976	1726441	2741231	802938	901848	104008	25
26 INTENSIVE CARE UNIT	142178	339517	84481	307396	176532	176144	280318	31815	26
26.01 PEDIATRIC ICU									26.01
31 SUBPROVIDER I	105371	251623	18021	227818	208455	55701	42592	1974	31
33 NURSERY	15400	36774	36603	33295		73849	118677	10476	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	232260	554630	89483	502158		225143	224195	1453707	37
37.20 GASTROENTEROLOGY	32605	77860	20856	70494		18531	19563	5973	37.20
39 DELIVERY ROOM & LABOR ROOM	69154	165138		149515		95317	105372	22871	39
40 ANESTHESIOLOGY	8268	19744		17876				38	40
41 RADIOLOGY-DIAGNOSTIC	350248	836383	63373	757254		269185	85814	634272	41
41.10 RADIATION ONCOLOGY	50493	120575	6796	109168		73573	7724	1024620	41.10
41.20 CT SCAN	6425	15343		13892		39680	2835	90	41.20
41.30 M.R.I.	18692	44636	8699	40413		28659	1199	387	41.30
44 LABORATORY	85272	203628		184363		137954		9072	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	22777	54391	1037	49245		66615		28479	49
50 PHYSICAL THERAPY	18373	43873		39723		86062		5998	50
53 ELECTROCARDIOLOGY	22752	54332	7472	49192		22638	10407	7083	53
53.10 PEDIATRIC RADIOLOGY									53.10
54 ELECTROENCEPHALOGRAPHY	9613	22956	1418	20784		24936		4935	54
54.10 APNEA MONITORING									54.10
55 MEDICAL SUPPLIES CHARGED TO PAT								520277	55
56 DRUGS CHARGED TO PATIENTS									56
58.10 NUTRITIONAL SUPPORT									58.10
58.20 HEMODIALYSIS	13710	32740	5345	29643				593	58.20
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	22894	54669	19604	49497		42276	833	17215	60
60.01 CHILDRENS CLINIC									60.01
61 EMERGENCY	72901	174086	289879	157616		238419	242001	91669	61
61.05 AMBULATORY CARE	19564	46719	6766	42299		13276		809	61.05
61.10 PSYCHIATRIC PARTIAL	19626	46866	3392	42432		21723	8015	377	61.10
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	921	2200		1992					71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	2677463	5961893	1444257	5149818	7182042	2761249	2051495	3981536	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	14951	35703		32325		14936			96

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
 PERIOD FROM 06/01/2007 TO 05/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/97)

VERSION: 2007.06
 10/29/2008 09:09

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MAINT- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES * SUPPLY 15	
96.10 MCC WORD PROCESSING									96.10
98 PHYSICIANS' PRIVATE OFFICES	8759	20917		18938					98
98.01 SPECIALISTS/PCP'S						91827			98.01
98.02 MEDWORKS									98.02
98.03 SWEDISHAMERICAN ER									98.03
98.20 IDLE SPACE		311632							98.20
99 NONPAID WORKERS						1149			99
99.10 HOTEL									99.10
99.30 PHYSICIAN BILLING									99.30
99.40 MEALS ON WHEELS					24243				99.40
99.50 WEE CARE	60450	144353		130696		447			99.50
99.60 PHYSICIAN RELATED AREAS						702			99.60
99.70 WOMEN'S CENTER									99.70
99.80 MARKETING EXPENSES	2015	4811		4356		11744		2	99.80
99.90 COMPLIMENTARY MEDICINE	5774	13788		12484		7851		87	99.90
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	2769412	6493097	1444257	5348617	7206285	2889905	2051495	3981625	103

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
 PERIOD FROM 06/01/2007 TO 05/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/97)

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 10/29/2008 09:09

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R PROGRAM COSTS	PARAMED ED PRGM MEDICAL	PARAMED ED PRGM RADIOLOGY	PARAMED ED PRGM RAD ONC	PARAMED ED PRGM PARAMEDICS	SUBTOTAL
	16	17	23	24.10	24.20	24.30	24.40	25
96.10 MCC WORD PROCESSING								96.10
98 PHYSICIANS' PRIVATE OFFICES								67370 98
98.01 SPECIALISTS/PCP'S								53339327 98.01
98.02 MEDWORKS								98.02
98.03 SWEDISHAMERICAN ER								2299948 98.03
98.20 IDLE SPACE								652247 98.20
99 NONPAID WORKERS								-71724 99
99.10 HOTEL								99.10
99.30 PHYSICIAN BILLING								99.30
99.40 MEALS ON WHEELS								24243 99.40
99.50 WEE CARE								484556 99.50
99.60 PHYSICIAN RELATED AREAS								1859893 99.60
99.70 WOMEN'S CENTER								99.70
99.80 MARKETING EXPENSES								2896115 99.80
99.90 COMPLIMENTARY MEDICINE								736827 99.90
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	5165722	3054366	5296250	100016	166793	201246	952298	304133118 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP-DOWN ADJS		TOTAL	
	26	27		
GENERAL SERVICE COST CENTERS				
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
18				18
20				20
21				21
22				22
23				23
24.10				24.10
24.20				24.20
24.30				24.30
24.40				24.40
INPATIENT ROUTINE SERV COST CENTERS				
25				25
26				26
26.01				26.01
31				31
33				33
ANCILLARY SERVICE COST CENTERS				
37				37
37.20				37.20
39				39
40				40
41				41
41.10				41.10
41.20				41.20
41.30				41.30
44				44
46.30				46.30
49				49
50				50
53				53
53.10				53.10
54				54
54.10				54.10
55				55
56				56
58.10				58.10
58.20				58.20
OUTPATIENT SERVICE COST CENTERS				
60				60
60.01				60.01
61				61
61.05				61.05
61.10				61.10
62				62
63.50				63.50
63.60				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10				69.10
69.20				69.20
69.30				69.30
69.40				69.40
71				71
SPECIAL PURPOSE COST CENTERS				
85.01				85.01
85.02				85.02
85.03				85.03
95				95
NONREIMBURSABLE COST CENTERS				
96				96

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
PERIOD FROM 06/01/2007 TO 05/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/97)

VERSION: 2007.06
10/29/2008 09:09

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
96.10 MCC WORD PROCESSING			96.10
98 PHYSICIANS' PRIVATE OFFICES		67370	98
98.01 SPECIALISTS/PCP'S		53339327	98.01
98.02 MEDWORKS			98.02
98.03 SWEDISHAMERICAN ER		2299948	98.03
98.20 IDLE SPACE		652247	98.20
99 NONPAID WORKERS		-71724	99
99.10 HOTEL			99.10
99.30 PHYSICIAN BILLING			99.30
99.40 MEALS ON WHEELS		24243	99.40
99.50 WEE CARE		484556	99.50
99.60 PHYSICIAN RELATED AREAS		1859893	99.60
99.70 WOMEN'S CENTER			99.70
99.80 MARKETING EXPENSES		2896115	99.80
99.90 COMPLIMENTARY MEDICINE		736827	99.90
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL	-5296250	298836868	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	OLD CAP BLDGS & FIXTURES 1	OLD CAP MOVABLE EQUIPMENT 2	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	MAINT- TENANCE & REPAIRS 7	OPERATION OF PLANT 8
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS		87	440	527	527			5
6 ADMINISTRATIVE & GENERAL	10998		55622	66620	74	66694		6
7 MAINTENANCE & REPAIRS	3343		16904	20247	3	741	20991	7
8 OPERATION OF PLANT	9961		50378	60339	3	1688	1371	63401 8
9 LAUNDRY & LINEN SERVICE	664		3359	4023	1	375	91	281 9
10 HOUSEKEEPING	5655		28601	34256	21	1334	778	2394 10
11 DIETARY	8288		41916	50204	15	1701	1140	3508 11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	509		2576	3085	4	525	70	216 14
15 CENTRAL SERVICES & SUPPLY	2848		14404	17252	4	968	392	1206 15
16 PHARMACY	1392		7040	8432	9	1321	192	589 16
17 MEDICAL RECORDS & LIBRARY	398		2013	2411	9	784	55	168 17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A						1416		23
24.10 PARAMED ED PRGM - MEDICAL						26		24.10
24.20 PARAMED ED PRGM - RADIOLOGY						44		24.20
24.30 PARAMED ED - RADIATION ONCOLOGY						53		24.30
24.40 PARAMED ED - PARAMEDICAL TECHS					2	251		24.40
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	43988		222464	266452	93	10734	6051	18618 25
26 INTENSIVE CARE UNIT	7832		39610	47442	20	2581	1078	3315 26
26.01 PEDIATRIC ICU								26.01
31 SUBPROVIDER I	5805		29356	35161	6	850	799	2457 31
33 NURSERY	848		4290	5138	8	1188	117	359 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	12795		64707	77502	25	6884	1760	5416 37
37.20 GASTROENTEROLOGY	1796		9084	10880	2	310	247	760 37.20
39 DELIVERY ROOM & LABOR ROOM	3810		19266	23076	11	1467	524	1612 39
40 ANESTHESIOLOGY	455		2303	2758		116	63	193 40
41 RADIOLOGY-DIAGNOSTIC	19294		97578	116872	30	7479	2655	8167 41
41.10 RADIATION ONCOLOGY	2782		14067	16849	8	3611	383	1177 41.10
41.20 CT SCAN	354		1790	2144	4	1039	49	150 41.20
41.30 M.R.I.	1030		5208	6238	3	841	142	436 41.30
44 LABORATORY	4697		23757	28454	15	3116	646	1988 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	1255		6346	7601	7	870	173	531 49
50 PHYSICAL THERAPY	1012		5119	6131	10	1313	139	428 50
53 ELECTROCARDIOLOGY	1253		6339	7592	3	346	172	531 53
53.10 PEDIATRIC RADIOLOGY								53.10
54 ELECTROENCEPHALOGRAPHY	530		2678	3208	3	352	73	224 54
54.10 APNEA MONITORING								54.10
55 MEDICAL SUPPLIES CHARGED TO PAT						1196		55
56 DRUGS CHARGED TO PATIENTS						2427		56
58.10 NUTRITIONAL SUPPORT						38		58.10
58.20 HEMODIALYSIS	755		3820	4575		195	104	320 58.20
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	1261		6378	7639	5	644	174	534 60
60.01 CHILDRENS CLINIC								60.01
61 EMERGENCY	4016		20310	24326	27	3024	553	1700 61
61.05 AMBULATORY CARE	1078		5451	6529	1	166	148	456 61.05
61.10 PSYCHIATRIC PARTIAL	1081		5468	6549	2	296	149	458 61.10
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	51		257	308	18	2596	7	21 71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS		161921	818899	980820	446	64906	20295	58213 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		824	4165	4989	2	246	113	349 96

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP	OLD CAP	CAP REL	EMPLOYEE	ADMINIS-	MAINT-	OPERATION
	CAP-REL	BLDGS &	MOVABLE	COST TO	BENEFITS	TRATIVE &	TENANCE &	OF PLANT
	COSTS	FIXTURES	EQUIPMENT	BE ALLOC		GENERAL	REPAIRS	
	0	1	2	4A	5	6	7	8
96.10 MCC WORD PROCESSING								96.10
98 PHYSICIANS' PRIVATE OFFICES		483		483			66	204 98
98.01 SPECIALISTS/PCP'S					75			98.01
98.02 MEDWORKS								98.02
98.03 SWEDISHAMERICAN ER								98.03
98.20 IDLE SPACE		7189		7189		91		3043 98.20
99 NONPAID WORKERS								99
99.10 HOTEL								99.10
99.30 PHYSICIAN BILLING								99.30
99.40 MEALS ON WHEELS								99.40
99.50 WEE CARE		3330		3330			458	1410 99.50
99.60 PHYSICIAN RELATED AREAS					2	497		99.60
99.70 WOMEN'S CENTER								99.70
99.80 MARKETING EXPENSES		111	561	672	1	768	15	47 99.80
99.90 COMPLIMENTARY MEDICINE		318	1609	1927	1	186	44	135 99.90
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		174176	825234	999410	527	66694	20991	63401 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES * 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE	4771							9
10 HOUSEKEEPING	46	38829						10
11 DIETARY	38	2361	58967					11
12 CAFETERIA			33187	23648				12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		145		297	4342			14
15 CENTRAL SERVICES & SUPPLY	134	812		270		21038		15
16 PHARMACY		397		698		4	11642	16
17 MEDICAL RECORDS & LIBRARY		113		686				4226 17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24.10 PARAMED ED PRGM - MEDICAL				15				24.10
24.20 PARAMED ED PRGM - RADIOLOGY				33				24.20
24.30 PARAMED ED - RADIATION ONCOLOGY				35				24.30
24.40 PARAMED ED - PARAMEDICAL TECHS						21	21	24.40
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	2361	12535	22431	6571	1901	550	13	345 25
26 INTENSIVE CARE UNIT	279	2232	1445	1441	595	168	3	129 26
26.01 PEDIATRIC ICU								26.01
31 SUBPROVIDER I	60	1654	1706	456	90	10		31 31
33 NURSERY	121	242		604	252	55	5	42 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	296	3645		1842	476	7674	14	899 37
37.20 GASTROENTEROLOGY	69	512		152	42	32	2	33 37.20
39 DELIVERY ROOM & LABOR ROOM		1085		780	224	121	9	48 39
40 ANESTHESIOLOGY		130						35 40
41 RADIOLOGY-DIAGNOSTIC	209	5497		2203	182	3354	120	590 41
41.10 RADIATION ONCOLOGY	22	793		602	16	5417		243 41.10
41.20 CT SCAN		101		325	6			168 41.20
41.30 M.R.I.	29	293		235	3	2		113 41.30
44 LABORATORY		1338		1129		48	2	453 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	3	357		545		151	107	89 49
50 PHYSICAL THERAPY		288		704		32	1	74 50
53 ELECTROCARDIOLOGY	25	357		185	22	37	1	60 53
53.10 PEDIATRIC CARDIOLOGY								53.10
54 ELECTROENCEPHALOGRAPHY	5	151		204		26		30 54
54.10 APNEA MONITORING								54.10
55 MEDICAL SUPPLIES CHARGED TO PAT						2751		165 55
56 DRUGS CHARGED TO PATIENTS							11275	409 56
58.10 NUTRITIONAL SUPPORT								3 58.10
58.20 HEMODIALYSIS	18	215				3	1	7 58.20
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	65	359		346	2	91	61	13 60
60.01 CHILDRENS CLINIC								60.01
61 EMERGENCY	958	1144		1951	514	485	6	233 61
61.05 AMBULATORY CARE	22	307		109		4	1	8 61.05
61.10 PSYCHIATRIC PARTIAL	11	308		178	17	2		6 61.10
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY		14						71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	4771	37385	58769	22596	4342	21038	11642	4226 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		235		122				96

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES * SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17
96.10 MCC WORD PROCESSING								96.10
98 PHYSICIANS' PRIVATE OFFICES		137						98
98.01 SPECIALISTS/PCP'S				751				98.01
98.02 MEDWORKS								98.02
98.03 SWEDISHAMERICAN ER								98.03
98.20 IDLE SPACE								98.20
99 NONPAID WORKERS				9				99
99.10 HOTEL								99.10
99.30 PHYSICIAN BILLING								99.30
99.40 MEALS ON WHEELS			198					99.40
99.50 WEE CARE		949		4				99.50
99.60 PHYSICIAN RELATED AREAS				6				99.60
99.70 WOMEN'S CENTER								99.70
99.80 MARKETING EXPENSES		32		96				99.80
99.90 COMPLIMENTARY MEDICINE		91		64				99.90
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER				9539				102
103 TOTAL	4771	38829	58967	33187	4342	21038	11642	4226 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R PROGRAM COSTS	PARAMED ED PRGM MEDICAL	PARAMED ED PRGM RADIOLOGY	PARAMED ED PRGM RAD ONC	PARAMED ED PRGM PARAMEDICS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	23	24.10	24.20	24.30	24.40	25	26	27
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY								17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A	1416							23
24.10 PARAMED ED PRGM - MEDICAL		41						24.10
24.20 PARAMED ED PRGM - RADIOLOGY			77					24.20
24.30 PARAMED ED - RADIATION ONCOLOGY				88				24.30
24.40 PARAMED ED - PARAMEDICAL TECHS					295			24.40
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS						348655		348655 25
26 INTENSIVE CARE UNIT						60728		60728 26
26.01 PEDIATRIC ICU								26.01
31 SUBPROVIDER I						43280		43280 31
33 NURSERY						8131		8131 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM						106433		106433 37
37.20 GASTROENTEROLOGY						13041		13041 37.20
39 DELIVERY ROOM & LABOR ROOM						28957		28957 39
40 ANESTHESIOLOGY						3295		3295 40
41 RADIOLOGY-DIAGNOSTIC						147358		147358 41
41.10 RADIATION ONCOLOGY						29121		29121 41.10
41.20 CT SCAN						3986		3986 41.20
41.30 M.R.I.						8335		8335 41.30
44 LABORATORY						37189		37189 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY						10434		10434 49
50 PHYSICAL THERAPY						9120		9120 50
53 ELECTROCARDIOLOGY						9331		9331 53
53.10 PEDIATRIC CARDIOLOGY								53.10
54 ELECTROENCEPHALOGRAPHY						4276		4276 54
54.10 APNEA MONITORING								54.10
55 MEDICAL SUPPLIES CHARGED TO PAT						4112		4112 55
56 DRUGS CHARGED TO PATIENTS						14111		14111 56
58.10 NUTRITIONAL SUPPORT						41		41 58.10
58.20 HEMODIALYSIS						5438		5438 58.20
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC						9933		9933 60
60.01 CHILDRENS CLINIC								60.01
61 EMERGENCY						34921		34921 61
61.05 AMBULATORY CARE						7751		7751 61.05
61.10 PSYCHIATRIC PARTIAL						7976		7976 61.10
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY						2964		2964 71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS						958917		958917 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN						6056		6056 96

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R PROGRAM COSTS	PARAMED ED PRGM MEDICAL	PARAMED ED PRGM RADIOLOGY	PARAMED ED PRGM RAD ONC	PARAMED ED PRGM PARAMEDICS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	23	24.10	24.20	24.30	24.40	25	26	27
96.10 MCC WORD PROCESSING								96.10
98 PHYSICIANS' PRIVATE OFFICES						890		890 98
98.01 SPECIALISTS/PCP'S						826		826 98.01
98.02 MEDWORKS								98.02
98.03 SWEDISHAMERICAN ER								98.03
98.20 IDLE SPACE						10323		10323 98.20
99 NONPAID WORKERS						9		9 99
99.10 HOTEL								99.10
99.30 PHYSICIAN BILLING								99.30
99.40 MEALS ON WHEELS						198		198 99.40
99.50 WEE CARE						6151		6151 99.50
99.60 PHYSICIAN RELATED AREAS						505		505 99.60
99.70 WOMEN'S CENTER								99.70
99.80 MARKETING EXPENSES						1631		1631 99.80
99.90 COMPLIMENTARY MEDICINE						2448		2448 99.90
101 CROSS FOOT ADJUSTMENTS	1416	41	77	88	295	1917		1917 101
102 NEGATIVE COST CENTER						9539		9539 102
103 TOTAL	1416	41	77	88	295	999410		999410 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	MAINT- TENANCE & REPAIRS 7	OPERATION OF PLANT 8
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS		3293	6050	9343	9343			5
6 ADMINISTRATIVE & GENERAL	416496		765104	1181600	1311	1182911		6
7 MAINTENANCE & REPAIRS	126581		232530	359111	48	13123	372282	7
8 OPERATION OF PLANT	377232		692977	1070209	58	29911	24308	1124486 8
9 LAUNDRY & LINEN SERVICE	25155		46209	71364	13	6650	1621	4987 9
10 HOUSEKEEPING	214168		393428	607596	365	23630	13801	42456 10
11 DIETARY	313865		576571	890436	258	30135	20225	62220 11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	19286		35428	54714	72	9306	1243	3823 14
15 CENTRAL SERVICES & SUPPLY	107859		198138	305997	65	17159	6950	21382 15
16 PHARMACY	52719		96844	149563	168	23405	3397	10451 16
17 MEDICAL RECORDS & LIBRARY	15070		27683	42753	166	13886	971	2987 17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A						25096		23
24.10 PARAMED ED PRGM - MEDICAL					4	465		24.10
24.20 PARAMED ED PRGM - RADIOLOGY					8	771		24.20
24.30 PARAMED ED - RADIATION ONCOLOGY					8	933		24.30
24.40 PARAMED ED - PARAMEDICAL TECHS					35	4450		24.40
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	1665832	3060137	4725969	1632	191406	107340	330233	25
26 INTENSIVE CARE UNIT	296604	544862	841466	348	45731	19112	58798	26
26.01 PEDIATRIC ICU								26.01
31 SUBPROVIDER I	219819	403809	623628	114	15058	14165	43577	31
33 NURSERY	32126	59015	91141	146	21049	2070	6369	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	484528	890079	1374607	444	121971	31222	96052	37
37.20 GASTROENTEROLOGY	68019	124952	192971	37	5491	4383	13484	37.20
39 DELIVERY ROOM & LABOR ROOM	144265	265016	409281	188	25998	9296	28599	39
40 ANESTHESIOLOGY	17248	31685	48933		2050	1111	3419	40
41 RADIOLOGY-DIAGNOSTIC	730668	1342240	2072908	531	132520	47083	144846	41
41.10 RADIATION ONCOLOGY	105335	193501	298836	145	63983	6788	20881	41.10
41.20 CT SCAN	13404	24623	38027	78	18404	864	2657	41.20
41.30 M.R.I.	38994	71633	110627	57	14894	2513	7730	41.30
44 LABORATORY	177890	326785	504675	272	55208	11463	35265	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	47516	87287	134803	131	15406	3062	9419	49
50 PHYSICAL THERAPY	38328	70409	108737	170	23266	2470	7598	50
53 ELECTROCARDIOLOGY	47465	87193	134658	45	6123	3059	9409	53
53.10 PEDIATRIC RADIOLOGY								53.10
54 ELECTROENCEPHALOGRAPHY	20055	36840	56895	49	6232	1292	3976	54
54.10 APNEA MONITORING								54.10
55 MEDICAL SUPPLIES CHARGED TO PAT						21185		55
56 DRUGS CHARGED TO PATIENTS						43001		56
58.10 NUTRITIONAL SUPPORT						679		58.10
58.20 HEMODIALYSIS	28602	52542	81144		3448	1843	5670	58.20
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	47760	87734	135494	83	11413	3078	9468	60
60.01 CHILDRENS CLINIC								60.01
61 EMERGENCY	152082	279375	431457	470	53582	9800	30148	61
61.05 AMBULATORY CARE	40814	74976	115790	26	2941	2630	8091	61.05
61.10 PSYCHIATRIC PARTIAL	40942	75211	116153	43	5248	2638	8116	61.10
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	1922	3531	5453	323	45999	124	381	71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	6131942	11264397	17396339	7911	1151206	359922	1032492	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	31190	57297	88487	29	4364	2010	6183	96

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	ADMINIS-	MAINT-	OPERATION
	CAP-REL	BLDGS &	MOVABLE	COST TO	BENEFITS	TRATIVE &	TENANCE &	OF PLANT
	COSTS	FIXTURES	EQUIPMENT	BE ALLOC		GENERAL	REPAIRS	
	0	3	4	4A	5	6	7	8
96.10 MCC WORD PROCESSING								96.10
98 PHYSICIANS' PRIVATE OFFICES		18273		18273			1177	98
98.01 SPECIALISTS/PCP'S					1334			98.01
98.02 MEDWORKS								98.02
98.03 SWEDISHAMERICAN ER								98.03
98.20 IDLE SPACE		272243		272243		1614		98.20
99 NONPAID WORKERS					2			99
99.10 HOTEL								99.10
99.30 PHYSICIAN BILLING								99.30
99.40 MEALS ON WHEELS								99.40
99.50 WEE CARE		126107		126107	1		8126	99.50
99.60 PHYSICIAN RELATED AREAS					28	8810		99.60
99.70 WOMEN'S CENTER								99.70
99.80 MARKETING EXPENSES		4203	7721	11924	23	13615	271	99.80
99.90 COMPLIMENTARY MEDICINE		12046	22128	34174	15	3302	776	99.90
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		6596004	11351543	17947547	9343	1182911	372282	1124486 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES * SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	9	10	11	12	14	15	16	17
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE	84635							9
10 HOUSEKEEPING	814	688662						10
11 DIETARY	679	41882	1045835					11
12 CAFETERIA			588614	419406				12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		2573		5262	76993			14
15 CENTRAL SERVICES & SUPPLY	2378	14393		4789		373113		15
16 PHARMACY		7035		12382		72	206473	16
17 MEDICAL RECORDS & LIBRARY		2011		12175		1		74950 17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24.10 PARAMED ED PRGM - MEDICAL				272				24.10
24.20 PARAMED ED PRGM - RADIOLOGY				587				24.20
24.30 PARAMED ED - RADIATION ONCOLOGY				618				24.30
24.40 PARAMED ED - PARAMEDICAL TECHS					4	377	364	24.40
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	41898	222289	397830	116527	33849	9747	232	6563 25
26 INTENSIVE CARE UNIT	4951	39579	25620	25563	10520	2981	49	2452 26
26.01 PEDIATRIC ICU								26.01
31 SUBPROVIDER I	1056	29333	30253	8084	1598	185	7	580 31
33 NURSERY	2145	4287		10718	4454	982	80	800 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	5244	64655		32675	8414	136218	250	11740 37
37.20 GASTROENTEROLOGY	1222	9076		2689	734	560	40	633 37.20
39 DELIVERY ROOM & LABOR ROOM		19251		13833	3954	2143	152	919 39
40 ANESTHESIOLOGY		2302				4		672 40
41 RADIOLOGY-DIAGNOSTIC	3714	97500		39066	3220	59439	2134	11202 41
41.10 RADIATION ONCOLOGY	398	14056		10677	290	96019	1	4620 41.10
41.20 CT SCAN		1789		5759	106	8		3189 41.20
41.30 M.R.I.	510	5203		4159	45	36		2144 41.30
44 LABORATORY		23738		20021		850	42	8608 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	61	6341		9668		2669	1891	1686 49
50 PHYSICAL THERAPY		5114		12490		562	11	1410 50
53 ELECTROCARDIOLOGY	438	6334		3285	391	664	22	1145 53
53.10 PEDIATRIC RADIOLOGY								53.10
54 ELECTROENCEPHALOGRAPHY	83	2676		3619		462		561 54
54.10 APNEA MONITORING								54.10
55 MEDICAL SUPPLIES CHARGED TO PAT						48756		3127 55
56 DRUGS CHARGED TO PATIENTS							199981	7779 56
58.10 NUTRITIONAL SUPPORT								52 58.10
58.20 HEMODIALYSIS	313	3817				56	15	129 58.20
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	1149	6373		6135	31	1613	1078	250 60
60.01 CHILDRENS CLINIC								60.01
61 EMERGENCY	16987	20294		34601	9082	8590	104	4434 61
61.05 AMBULATORY CARE	396	5446		1927		76	19	146 61.05
61.10 PSYCHIATRIC PARTIAL	199	5463		3153	301	35	1	109 61.10
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY		256						71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	84635	663066	1042317	400734	76993	373105	206473	74950 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		4162		2168				96

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES * SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17
96.10 MCC WORD PROCESSING								96.10
98 PHYSICIANS' PRIVATE OFFICES		2438						98
98.01 SPECIALISTS/PCP'S				13327				98.01
98.02 MEDWORKS								98.02
98.03 SWEDISHAMERICAN ER								98.03
98.20 IDLE SPACE								98.20
99 NONPAID WORKERS				167				99
99.10 HOTEL								99.10
99.30 PHYSICIAN BILLING								99.30
99.40 MEALS ON WHEELS			3518					99.40
99.50 WEE CARE		16828		65				99.50
99.60 PHYSICIAN RELATED AREAS				102				99.60
99.70 WOMEN'S CENTER								99.70
99.80 MARKETING EXPENSES		561		1704				99.80
99.90 COMPLIMENTARY MEDICINE		1607		1139		8		99.90
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	84635	688662	1045835	588614	76993	373113	206473	74950 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R PROGRAM COSTS	PARAMED ED PRGM MEDICAL	PARAMED ED PRGM RADIOLOGY	PARAMED ED PRGM RAD ONC	PARAMED ED PRGM PARAMEDICS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	23	24.10	24.20	24.30	24.40	25	26	27
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY								17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A	25096							23
24.10 PARAMED ED PRGM - MEDICAL		741						24.10
24.20 PARAMED ED PRGM - RADIOLOGY			1366					24.20
24.30 PARAMED ED - RADIATION ONCOLOGY				1559				24.30
24.40 PARAMED ED - PARAMEDICAL TECHS					5230			24.40
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS						6185515		6185515 25
26 INTENSIVE CARE UNIT						1077170		1077170 26
26.01 PEDIATRIC ICU								26.01
31 SUBPROVIDER I						767638		767638 31
33 NURSERY						144241		144241 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM						1883492		1883492 37
37.20 GASTROENTEROLOGY						231320		231320 37.20
39 DELIVERY ROOM & LABOR ROOM						513614		513614 39
40 ANESTHESIOLOGY						58491		58491 40
41 RADIOLOGY-DIAGNOSTIC						2614163		2614163 41
41.10 RADIATION ONCOLOGY						516694		516694 41.10
41.20 CT SCAN						70881		70881 41.20
41.30 M.R.I.						147918		147918 41.30
44 LABORATORY						660142		660142 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY						185137		185137 49
50 PHYSICAL THERAPY						161828		161828 50
53 ELECTROCARDIOLOGY						165573		165573 53
53.10 PEDIATRIC CARDIOLOGY								53.10
54 ELECTROENCEPHALOGRAPHY						75845		75845 54
54.10 APNEA MONITORING								54.10
55 MEDICAL SUPPLIES CHARGED TO PAT						73068		73068 55
56 DRUGS CHARGED TO PATIENTS						250761		250761 56
58.10 NUTRITIONAL SUPPORT						731		731 58.10
58.20 HEMODIALYSIS						96435		96435 58.20
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC						176165		176165 60
60.01 CHILDRENS CLINIC								60.01
61 EMERGENCY						619549		619549 61
61.05 AMBULATORY CARE						137488		137488 61.05
61.10 PSYCHIATRIC PARTIAL						141459		141459 61.10
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY						52536		52536 71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS						17007854		17007854 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN						107403		107403 96

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R PROGRAM COSTS 23	PARAMED ED PRGM MEDICAL 24.10	PARAMED ED PRGM RADIOLOGY 24.20	PARAMED ED PRGM RAD ONC 24.30	PARAMED ED PRGM PARAMEDICS 24.40	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
96.10 MCC WORD PROCESSING								96.10
98 PHYSICIANS' PRIVATE OFFICES						25510		25510 98
98.01 SPECIALISTS/PCP'S						14661		14661 98.01
98.02 MEDWORKS								98.02
98.03 SWEDISHAMERICAN ER								98.03
98.20 IDLE SPACE						327826		327826 98.20
99 NONPAID WORKERS						169		169 99
99.10 HOTEL								99.10
99.30 PHYSICIAN BILLING								99.30
99.40 MEALS ON WHEELS						3518		3518 99.40
99.50 WEE CARE						176126		176126 99.50
99.60 PHYSICIAN RELATED AREAS						8940		8940 99.60
99.70 WOMEN'S CENTER								99.70
99.80 MARKETING EXPENSES						28931		28931 99.80
99.90 COMPLIMENTARY MEDICINE						43409		43409 99.90
101 CROSS FOOT ADJUSTMENTS	25096	741	1366	1559	5230	33992		33992 101
102 NEGATIVE COST CENTER						169208		169208 102
103 TOTAL	25096	741	1366	1559	5230	17947547		17947547 103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS FTE'S		
	1	2	3	4	5	6A	6
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT	514731						1
2 OLD CAP REL COSTS-MVBLE EQUIP		482219					2
3 NEW CAP REL COSTS-BLDG & FIXT			514731				3
4 NEW CAP REL COSTS-MVBLE EQUIP				482219			4
5 EMPLOYEE BENEFITS	257	257	257	257	222542		5
6 ADMINISTRATIVE & GENERAL	32502	32502	32502	32502	31221	-44844572	204812524
7 MAINTENANCE & REPAIRS	9878	9878	9878	9878	1154		2271958
8 OPERATION OF PLANT	29438	29438	29438	29438	1371		5178431
9 LAUNDRY & LINEN SERVICE	1963	1963	1963	1963	320		1151319
10 HOUSEKEEPING	16713	16713	16713	16713	8694		4091139
11 DIETARY	24493	24493	24493	24493	6138		5217325
12 CAFETERIA						1165919	
13 MAINTENANCE OF PERSONNEL							
14 NURSING ADMINISTRATION	1505	1505	1505	1505	1704		1611162
15 CENTRAL SERVICES & SUPPLY	8417	8417	8417	8417	1551		2970663
16 PHARMACY	4114	4114	4114	4114	4010		4052148
17 MEDICAL RECORDS & LIBRARY	1176	1176	1176	1176	3943		2404008
18 SOCIAL SERVICE							
20 NONPHYSICIAN ANESTHETISTS							
21 NURSING SCHOOL							
22 I&R SERVICES-SALARY & FRINGES							
23 I&R SERVICES-OTHER PRGM COSTS							4344914
24.10 PARAMED ED PRGM - MEDICAL					88		80515
24.20 PARAMED ED PRGM - RADIOLOGY					190		133517
24.30 PARAMED ED - RADIATION ONCOLO					200		161607
24.40 PARAMED ED - PARAMEDICAL TECH					832		770386
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	129996	129996	129996	129996	38839		33153444
26 INTENSIVE CARE UNIT	23146	23146	23146	23146	8279		7917389
26.01 PEDIATRIC ICU							
31 SUBPROVIDER I	17154	17154	17154	17154	2718		2607003
33 NURSERY	2507	2507	2507	2507	3471		3644142
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	37811	37811	37811	37811	10582		21116820
37.20 GASTROENTEROLOGY	5308	5308	5308	5308	871		950601
39 DELIVERY ROOM & LABOR ROOM	11258	11258	11258	11258	4480		4501007
40 ANESTHESIOLOGY	1346	1346	1346	1346			354936
41 RADIOLOGY-DIAGNOSTIC	57019	57019	57019	57019	12652		22943251
41.10 RADIATION ONCOLOGY	8220	8220	8220	8220	3458		11077397
41.20 CT SCAN	1046	1046	1046	1046	1865		3186278
41.30 M.R.I.	3043	3043	3043	3043	1347		2578669
44 LABORATORY	13882	13882	13882	13882	6484		9558145
46.30 BLOOD CLOTTING FACTORS ADMIN							
49 RESPIRATORY THERAPY	3708	3708	3708	3708	3131		2667312
50 PHYSICAL THERAPY	2991	2991	2991	2991	4045		4027982
53 ELECTROCARDIOLOGY	3704	3704	3704	3704	1064		1060074
53.10 PEDIATRIC CARDIOLOGY							
54 ELECTROENCEPHALOGRAPHY	1565	1565	1565	1565	1172		1078892
54.10 APNEA MONITORING							
55 MEDICAL SUPPLIES CHARGED TO P							3667797
56 DRUGS CHARGED TO PATIENTS							7444776
58.10 NUTRITIONAL SUPPORT							117618
58.20 HEMODIALYSIS	2232	2232	2232	2232			596906
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	3727	3727	3727	3727	1987		1975915
60.01 CHILDRENS CLINIC							
61 EMERGENCY	11868	11868	11868	11868	11206		9276635
61.05 AMBULATORY CARE	3185	3185	3185	3185	624		509193
61.10 PSYCHIATRIC PARTIAL	3195	3195	3195	3195	1021		908507
62 OBSERVATION BEDS (NON-DISTINC							
63.50 RHC							
63.60 FQHC							
OTHER REIMBURSABLE COST CENTERS							
69.10 CMHC							
69.20 OUTPATIENT PHYSICAL THERAPY							
69.30 OUTPATIENT OCCUPATIONAL THERA							
69.40 OUTPATIENT SPEECH PATHOLOGY							
71 HOME HEALTH AGENCY	150	150	150	150	7703		7963732
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							
85.02 INTESTINAL ACQUISITION							
85.03 ISLET CELL ACQUISITION							

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS FTE'S			CILATION
	1	2	3	4	5	6A	6	
95 SUBTOTALS	478517	478517	478517	478517	188415	-43678653	199323513	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	2434	2434	2434	2434	702		755579	96
96.10 MCC WORD PROCESSING								96.10
98 PHYSICIANS' PRIVATE OFFICES	1426		1426			-18756		98
98.01 SPECIALISTS/PCP'S					31768	-53247500		98.01
98.02 MEDWORKS								98.02
98.03 SWEDISHAMERICAN ER						-2299948		98.03
98.20 IDLE SPACE	21245		21245				279432	98.20
99 NONPAID WORKERS					54	72873		99
99.10 HOTEL								99.10
99.30 PHYSICIAN BILLING								99.30
99.40 MEALS ON WHEELS								99.40
99.50 WEE CARE	9841		9841		21	-148610		99.50
99.60 PHYSICIAN RELATED AREAS					661		1525235	99.60
99.70 WOMEN'S CENTER								99.70
99.80 MARKETING EXPENSES	328	328	328	328	552		2357092	99.80
99.90 COMPLIMENTARY MEDICINE	940	940	940	940	369		571673	99.90
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	174176	825234	6596004	11351543	4422687		44844572	103
104 UNIT COST MULT-WS B PT I		1.711326		23.540223				104
104 UNIT COST MULT-WS B PT I	.338383		12.814468		19.873494		.218954	104
105 COST TO BE ALLOC PER B PT II					527		66694	105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II					.002368		.000326	106
107 COST TO BE ALLOC PER B PT III					9343		1182911	107
108 UNIT COST MULT-WS B PT III								108
108 UNIT COST MULT-WS B PT III					.041983		.005776	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAINT- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES *	
	SQUARE FEET	SQUARE FEET	POUNDS OF LAUNDRY	SQUARE FEET	MEALS SERVED	FTE'S	DIRECT NRSING HRS	SUPPLY COSTED REQUIS.	
	7	8	9	10	11	12	14	15	
95 SUBTOTALS	435880	406442	1463052	387766	448828	129782	29229179	28068647	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C	2434	2434		2434		702			96
96.10 MCC WORD PROCESSING									96.10
98 PHYSICIANS' PRIVATE OFFICES	1426	1426		1426					98
98.01 SPECIALISTS/PCP'S						4316			98.01
98.02 MEDWORKS									98.02
98.03 SWEDISHAMERICAN ER									98.03
98.20 IDLE SPACE		21245							98.20
99 NONPAID WORKERS						54			99
99.10 HOTEL									99.10
99.30 PHYSICIAN BILLING									99.30
99.40 MEALS ON WHEELS					1515				99.40
99.50 WEE CARE	9841	9841		9841		21			99.50
99.60 PHYSICIAN RELATED AREAS						33			99.60
99.70 WOMEN'S CENTER									99.70
99.80 MARKETING EXPENSES	328	328		328		552		11	99.80
99.90 COMPLIMENTARY MEDICINE	940	940		940		369		612	99.90
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	2769412	6493097	1444257	5348617	7206285	2889905	2051495	3981625	103
104 UNIT COST MULT-WS B PT I	6.142660		.987154		16.001770		.070187		104
104 UNIT COST MULT-WS B PT I		14.668494		13.280735		21.276053		.141850	104
105 COST TO BE ALLOC PER B PT II	20991	63401	4771	38829	58967	23648	4342	21038	105
106 UNIT COST MULT-WS B PT II	.046559		.003261		.130938		.000149		106
106 UNIT COST MULT-WS B PT II		.143229		.096413		.174101		.000750	106
107 COST TO BE ALLOC PER B PT III	372282	1124486	84635	688662	1045835	419406	76993	373113	107
108 UNIT COST MULT-WS B PT III	.825735		.057848		2.322308		.002634		108
108 UNIT COST MULT-WS B PT III		2.540316		1.709963		3.087750		.013293	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R PROGRAM COSTS ASSIGNED	PARAMED ED PRGM MEDICAL ASSIGNED	PARAMED ED PRGM RADIOLOGY ASSIGNED	PARAMED ED PRGM RAD ONC ASSIGNED	PARAMED ED PRGM PARAMEDICS ASSIGNED	
	COSTED REQUIS. 16	GROSS REVENUE 17	TIME 23	TIME 24.10	TIME 24.20	TIME 24.30	TIME 24.40	
95 SUBTOTALS	7682912	786895128	1390	100	100	100	100	95
96 NONREIMBURSABLE COST CENTERS								96
96 GIFT, FLOWER, COFFEE SHOP & C								96.10
96.10 MCC WORD PROCESSING								98
98 PHYSICIANS' PRIVATE OFFICES								98.01
98.01 SPECIALISTS/PCP'S								98.02
98.02 MEDWORKS								98.03
98.03 SWEDISHAMERICAN ER								98.20
98.20 IDLE SPACE								99
99 NONPAID WORKERS								99.10
99.10 HOTEL								99.30
99.30 PHYSICIAN BILLING								99.40
99.40 MEALS ON WHEELS								99.50
99.50 WEE CARE								99.60
99.60 PHYSICIAN RELATED AREAS								99.70
99.70 WOMEN'S CENTER								99.80
99.80 MARKETING EXPENSES								99.90
99.90 COMPLIMENTARY MEDICINE								101
101 CROSS FOOT ADJUSTMENTS								102
102 NEGATIVE COST CENTER								103
103 COST TO BE ALLOC PER B PT I	5165722	3054366	5296250	100016	166793	201246	952298	104
104 UNIT COST MULT-WS B PT I	.672365		3810.251799		1667.930000		9522.980000	104
104 UNIT COST MULT-WS B PT I		.003882		1000.160000		2012.460000		105
105 COST TO BE ALLOC PER B PT II	11642	4226	1416	41	77	88	295	106
106 UNIT COST MULT-WS B PT II	.001515		1.018705		.770000		2.950000	106
106 UNIT COST MULT-WS B PT II		.000005		.410000		.880000		107
107 COST TO BE ALLOC PER B PT III	206473	74950	25096	741	1366	1559	5230	108
108 UNIT COST MULT-WS B PT III	.026874		18.054676		13.660000		52.300000	108
108 UNIT COST MULT-WS B PT III		.000095		7.410000		15.590000		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	50383380		50383380		50383380	25
26 INTENSIVE CARE UNIT	11290733		11290733		11290733	26
26.01 PEDIATRIC ICU						26.01
31 SUBPROVIDER I	4113269		4113269		4113269	31
33 NURSERY	4801804		4801804		4801804	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	29499762		29499762	32703	29532465	37
37.20 GASTROENTEROLOGY	1431474		1431474		1431474	37.20
39 DELIVERY ROOM & LABOR ROOM	6135222		6135222		6135222	39
40 ANESTHESIOLOGY	506043		506043		506043	40
41 RADIOLOGY-DIAGNOSTIC	31641223		31641223	671390	32312613	41
41.10 RADIATION ONCOLOGY	15285837		15285837		15285837	41.10
41.20 CT SCAN	4092493		4092493		4092493	41.20
41.30 M.R.I.	3373554		3373554		3373554	41.30
44 LABORATORY	12724027		12724027		12724027	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	3590073		3590073		3590073	49
50 PHYSICAL THERAPY	5161841		5161841		5161841	50
53 ELECTROCARDIOLOGY	1513381		1513381		1513381	53
53.10 PEDIATRIC CARDIOLOGY						53.10
54 ELECTROENCEPHALOGRAPHY	1422704		1422704		1422704	54
54.10 APNEA MONITORING						54.10
55 MEDICAL SUPPLIES CHARGED TO	5118932		5118932		5118932	55
56 DRUGS CHARGED TO PATIENTS	14395967		14395967		14395967	56
58.10 NUTRITIONAL SUPPORT	145485		145485		145485	58.10
58.20 HEMODIALYSIS	815263		815263		815263	58.20
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	2652747		2652747	3581	2656328	60
60.01 CHILDRENS CLINIC						60.01
61 EMERGENCY	13710462		13710462	12940	13723402	61
61.05 AMBULATORY CARE	756566		756566		756566	61.05
61.10 PSYCHIATRIC PARTIAL	1254357		1254357		1254357	61.10
62 OBSERVATION BEDS (NON-DISTI	1342550		1342550		1342550	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	227159149		227159149	720614	227879763	101
102 LESS OBSERVATION BEDS	1342550		1342550		1342550	102
103 TOTAL	225816599		225816599	720614	226537213	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	66665322		66665322			25
26 INTENSIVE CARE UNIT	25795129		25795129			26
26.01 PEDIATRIC ICU						26.01
31 SUBPROVIDER I	6110029		6110029			31
33 NURSERY	8419687		8419687			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	74315570	47232925	121548495	.242700	.242700	.242969 37
37.20 GASTROENTEROLOGY	2664218	3994540	6658758	.214976	.214976	.214976 37.20
39 DELIVERY ROOM & LABOR ROOM	8536740	1132753	9669493	.634493	.634493	.634493 39
40 ANESTHESIOLOGY	3951557	3123564	7075121	.071524	.071524	.071524 40
41 RADIOLOGY-DIAGNOSTIC	54580911	63330449	117911360	.268348	.268348	.274042 41
41.10 RADIATION ONCOLOGY	992170	47636306	48628476	.314339	.314339	.314339 41.10
41.20 CT SCAN	12743073	20822687	33565760	.121925	.121925	.121925 41.20
41.30 M.R.I.	6577020	15986214	22563234	.149516	.149516	.149516 41.30
44 LABORATORY	38181063	52427537	90608600	.140428	.140428	.140428 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	16099379	1648204	17747583	.202285	.202285	.202285 49
50 PHYSICAL THERAPY	5997884	8844094	14841978	.347787	.347787	.347787 50
53 ELECTROCARDIOLOGY	6117167	5930483	12047650	.125616	.125616	.125616 53
53.10 PEDIATRIC CARDIOLOGY						53.10
54 ELECTROENCEPHALOGRAPHY	582438	5325343	5907781	.240819	.240819	.240819 54
54.10 APNEA MONITORING						54.10
55 MEDICAL SUPPLIES CHARGED TO	24022203	8893548	32915751	.155516	.155516	.155516 55
56 DRUGS CHARGED TO PATIENTS	67907404	13978436	81885840	.175805	.175805	.175805 56
58.10 NUTRITIONAL SUPPORT	153423	391027	544450	.267215	.267215	.267215 58.10
58.20 HEMODIALYSIS	1347515	6000	1353515	.602330	.602330	.602330 58.20
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	317769	2317809	2635578	1.006514	1.006514	1.007873 60
60.01 CHILDRENS CLINIC						60.01
61 EMERGENCY	17227195	29448451	46675646	.293739	.293739	.294016 61
61.05 AMBULATORY CARE	170676	1366818	1537494	.492077	.492077	.492077 61.05
61.10 PSYCHIATRIC PARTIAL	22231	1127617	1149848	1.090889	1.090889	1.090889 61.10
62 OBSERVATION BEDS (NON-DISTI	208659	2223891	2432550	.551911	.551911	.551911 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	449706432	337188696	786895128			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	449706432	337188696	786895128			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK [XX] TITLE V
 APPLICABLE [] 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	348655		348655	6185515		6185515
26 INTENSIVE CARE UNIT	60728		60728	1077170		1077170
26.01 PEDIATRIC ICU						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	43280		43280	767638		767638
33 NURSERY	8131		8131	144241		144241
101 TOTAL	460794		460794	8174564		8174564

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	60608		5.75		102.06	
26 INTENSIVE CARE UNIT	6304		9.63		170.87	
26.01 PEDIATRIC ICU						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	4571		9.47		167.94	
33 NURSERY	7644		1.06		18.87	
101 TOTAL	79127					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [XX] TITLE V [XX] HOSPITAL (14-0228) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

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	106433	1883492	121548495		.000876		.015496	37	
37.20 GASTROENTEROLOGY	13041	231320	6658758		.001958		.034739	37.20	
39 DELIVERY ROOM & LABOR ROOM	28957	513614	9669493		.002995		.053117	39	
40 ANESTHESIOLOGY	3295	58491	7075121		.000466		.008267	40	
41 RADIOLOGY-DIAGNOSTIC	147358	2614163	117911360		.001250		.022171	41	
41.10 RADIATION ONCOLOGY	29121	516694	48628476		.000599		.010625	41.10	
41.20 CT SCAN	3986	70881	33565760		.000119		.002112	41.20	
41.30 M.R.I.	8335	147918	22563234		.000369		.006556	41.30	
44 LABORATORY	37189	660142	90608600		.000410		.007286	44	
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30	
49 RESPIRATORY THERAPY	10434	185137	17747583		.000588		.010432	49	
50 PHYSICAL THERAPY	9120	161828	14841978		.000614		.010903	50	
53 ELECTROCARDIOLOGY	9331	165573	12047650		.000775		.013743	53	
53.10 PEDIATRIC CARDIOLOGY								53.10	
54 ELECTROENCEPHALOGRAPHY	4276	75845	5907781		.000724		.012838	54	
54.10 APNEA MONITORING								54.10	
55 MEDICAL SUPPLIES CHARGED TO P	4112	73068	32915751		.000125		.002220	55	
56 DRUGS CHARGED TO PATIENTS	14111	250761	81885840		.000172		.003062	56	
58.10 NUTRITIONAL SUPPORT	41	731	544450		.000075		.001343	58.10	
58.20 HEMODIALYSIS	5438	96435	1353515		.004018		.071248	58.20	
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	9933	176165	2635578		.003769		.066841	60	
60.01 CHILDRENS CLINIC								60.01	
61 EMERGENCY	34921	619549	46675646		.000748		.013273	61	
61.05 AMBULATORY CARE	7751	137488	1537494		.005041		.089423	61.05	
61.10 PSYCHIATRIC PARTIAL	7976	141459	1149848		.006937		.123024	61.10	
62 OBSERVATION BEDS (NON-DISTINC	9290	164824	2432550		.003819		.067758	62	
63.50 RHC								63.50	
63.60 FQHC								63.60	
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL	504449	8945578	679904961					101	

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
 PERIOD FROM 06/01/2007 TO 05/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2007.06
 10/29/2008 09:09

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL	EDUCATION	
	COST	COST	COSTS	COSTS	ADJUSTMENT	COSTS
	1	2	2.01	2.02	3	4
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS						25
26 INTENSIVE CARE UNIT						26
26.01 PEDIATRIC ICU						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						31
33 NURSERY						33
34 SKILLED NURSING FACILITY						34
35 NURSING FACILITY						35
101 TOTAL						101

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
 PERIOD FROM 06/01/2007 TO 05/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2007.06
 10/29/2008 09:09

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS				
25 ADULTS & PEDIATRICS	60608			25
26 INTENSIVE CARE UNIT	6304			26
26.01 PEDIATRIC ICU				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	4571			31
33 NURSERY	7644			33
34 SKILLED NURSING FACILITY				34
35 NURSING FACILITY				35
101 TOTAL	79127			101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [XX] TITLE V [XX] HOSPITAL (14-0228) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.20 GASTROENTEROLOGY							37.20
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				166793			166793
41.10 RADIATION ONCOLOGY				201246			201246
41.20 CT SCAN							41.20
41.30 M.R.I.							41.30
44 LABORATORY				100016			100016
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY							54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58.10 NUTRITIONAL SUPPORT							58.10
58.20 HEMODIALYSIS							58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY				952298			952298
61.05 AMBULATORY CARE							61.05
61.10 PSYCHIATRIC PARTIAL							61.10
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				1420353			1420353 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [XX] TITLE V [XX] HOSPITAL (14-0228) [] SUB IV [] PPS
 APPLICABLE [] 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		121548495					37
37.20 GASTROENTEROLOGY		6658758					37.20
39 DELIVERY ROOM & LABOR ROOM		9669493					39
40 ANESTHESIOLOGY		7075121					40
41 RADIOLOGY-DIAGNOSTIC		117911360	.001415				41
41.10 RADIATION ONCOLOGY		48628476	.004138				41.10
41.20 CT SCAN		33565760					41.20
41.30 M.R.I.		22563234					41.30
44 LABORATORY		90608600	.001104				44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		17747583					49
50 PHYSICAL THERAPY		14841978					50
53 ELECTROCARDIOLOGY		12047650					53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY		5907781					54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO P		32915751					55
56 DRUGS CHARGED TO PATIENTS		81885840					56
58.10 NUTRITIONAL SUPPORT		544450					58.10
58.20 HEMODIALYSIS		1353515					58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		2635578					60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY		46675646	.020402				61
61.05 AMBULATORY CARE		1537494					61.05
61.10 PSYCHIATRIC PARTIAL		1149848					61.10
62 OBSERVATION BEDS (NON-DISTINC		2432550					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		679904961					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input checked="" type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (14-0228)	<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	SUB I	<input type="checkbox"/>	SNF	<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	SUB II	<input type="checkbox"/>	NF		
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	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
37.20 GASTROENTEROLOGY					37.20
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.10 RADIATION ONCOLOGY					41.10
41.20 CT SCAN					41.20
41.30 M.R.I.					41.30
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
53.10 PEDIATRIC CARDIOLOGY					53.10
54 ELECTROENCEPHALOGRAPHY					54
54.10 APNEA MONITORING					54.10
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58.10 NUTRITIONAL SUPPORT					58.10
58.20 HEMODIALYSIS					58.20
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 CHILDRENS CLINIC					60.01
61 EMERGENCY					61
61.05 AMBULATORY CARE					61.05
61.10 PSYCHIATRIC PARTIAL					61.10
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [XX] TITLE V - O/P [XX] HOSPITAL (14-0228) [] SNF
 APPLICABLE [] 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
37 ANCILLARY SERVICE COST CENTERS						
37.20 OPERATING ROOM	.242700	.242700	.242700			37
39 GASTROENTEROLOGY	.214976	.214976	.214976			37.20
39 DELIVERY ROOM & LABOR ROOM	.634493	.634493	.634493			39
40 ANESTHESIOLOGY	.071524	.071524	.071524			40
41 RADIOLOGY-DIAGNOSTIC	.268348	.268348	.268348			41
41.10 RADIATION ONCOLOGY	.314339	.314339	.314339			41.10
41.20 CT SCAN	.121925	.121925	.121925			41.20
41.30 M.R.I.	.149516	.149516	.149516			41.30
44 LABORATORY	.140428	.140428	.140428			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.202285	.202285	.202285			49
50 PHYSICAL THERAPY	.347787	.347787	.347787			50
53 ELECTROCARDIOLOGY	.125616	.125616	.125616			53
53.10 PEDIATRIC CARDIOLOGY						53.10
54 ELECTROENCEPHALOGRAPHY	.240819	.240819	.240819			54
54.10 APNEA MONITORING						54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	.155516	.155516	.155516			55
56 DRUGS CHARGED TO PATIENTS	.175805	.175805	.175805			56
58.10 NUTRITIONAL SUPPORT	.267215	.267215	.267215			58.10
58.20 HEMODIALYSIS	.602330	.602330	.602330			58.20
60 OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1.006514	1.006514	1.006514			60
60.01 CHILDRENS CLINIC						60.01
61 EMERGENCY	.293739	.293739	.293739			61
61.05 AMBULATORY CARE	.492077	.492077	.492077			61.05
61.10 PSYCHIATRIC PARTIAL	1.090889	1.090889	1.090889			61.10
62 OBSERVATION BEDS (NON-DISTINCT	.551911	.551911	.551911			62
63.50 RHC						63.50
63.60 FQHC						63.60
65.01 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	.175805	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [XX] TITLE V - O/P [XX] HOSPITAL (14-0228) [] SNF
 APPLICABLE [] 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)	PPS SER- VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	3493							37
37.20 GASTROENTEROLOGY								37.20
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY	255							40
41 RADIOLOGY-DIAGNOSTIC								41
41.10 RADIATION ONCOLOGY								41.10
41.20 CT SCAN								41.20
41.30 M.R.I.								41.30
44 LABORATORY	134							44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY	403							49
50 PHYSICAL THERAPY	2647							50
53 ELECTROCARDIOLOGY								53
53.10 PEDIATRIC CARDIOLOGY								53.10
54 ELECTROENCEPHALOGRAPHY								54
54.10 APNEA MONITORING								54.10
55 MEDICAL SUPPLIES CHARGED TO PA	610							55
56 DRUGS CHARGED TO PATIENTS	950							56
58.10 NUTRITIONAL SUPPORT								58.10
58.20 HEMODIALYSIS								58.20
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 CHILDRENS CLINIC								60.01
61 EMERGENCY								61
61.05 AMBULATORY CARE								61.05
61.10 PSYCHIATRIC PARTIAL								61.10
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
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	8492							101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES	8492							104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [XX] TITLE V - O/P [XX] HOSPITAL (14-0228) [] SNF
 APPLICABLE [] 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) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	848						37
37.20 GASTROENTEROLOGY							37.20
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY	18						40
41 RADIOLOGY-DIAGNOSTIC							41
41.10 RADIATION ONCOLOGY							41.10
41.20 CT SCAN							41.20
41.30 M.R.I.							41.30
44 LABORATORY	19						44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY	82						49
50 PHYSICAL THERAPY	921						50
53 ELECTROCARDIOLOGY							53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY							54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	95						55
56 DRUGS CHARGED TO PATIENTS	167						56
58.10 NUTRITIONAL SUPPORT							58.10
58.20 HEMODIALYSIS							58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY							61
61.05 AMBULATORY CARE							61.05
61.10 PSYCHIATRIC PARTIAL							61.10
62 OBSERVATION BEDS (NON-DISTINCT)							62
63.50 RHC							63.50
63.60 FQHC							63.60
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	2150						101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES	2150						104

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	348655		348655	6185515		6185515	25
26 INTENSIVE CARE UNIT	60728		60728	1077170		1077170	26
26.01 PEDIATRIC ICU							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	43280		43280	767638		767638	31
33 NURSERY	8131		8131	144241		144241	33
101 TOTAL	460794		460794	8174564		8174564	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	60608	25250	5.75	145188	102.06	2577015	25
26 INTENSIVE CARE UNIT	6304	3514	9.63	33840	170.87	600437	26
26.01 PEDIATRIC ICU							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	4571	1617	9.47	15313	167.94	271559	31
33 NURSERY	7644		1.06		18.87		33
101 TOTAL	79127	30381		194341		3449011	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0228) [] 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	---- 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	106433	1883492	121548495	26265138	.000876	23008	.015496	407005	37
37.20 GASTROENTEROLOGY	13041	231320	6658758	1203803	.001958	2357	.034739	41819	37.20
39 DELIVERY ROOM & LABOR ROOM	28957	513614	9669493	30206	.002995	90	.053117	1604	39
40 ANESTHESIOLOGY	3295	58491	7075121	1441441	.000466	672	.008267	11916	40
41 RADIOLOGY-DIAGNOSTIC	147358	2614163	117911360	25280164	.001250	31600	.022171	560487	41
41.10 RADIATION ONCOLOGY	29121	516694	48628476	590485	.000599	354	.010625	6274	41.10
41.20 CT SCAN	3986	70881	33565760	4877124	.000119	580	.002112	10300	41.20
41.30 M.R.I.	8335	147918	22563234	2043572	.000369	754	.006556	13398	41.30
44 LABORATORY	37189	660142	90608600	15611265	.000410	6401	.007286	113744	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY	10434	185137	17747583	7822759	.000588	4600	.010432	81607	49
50 PHYSICAL THERAPY	9120	161828	14841978	3508438	.000614	2154	.010903	38252	50
53 ELECTROCARDIOLOGY	9331	165573	12047650	2741301	.000775	2125	.013743	37674	53
53.10 PEDIATRIC CARDIOLOGY									53.10
54 ELECTROENCEPHALOGRAPHY	4276	75845	5907781	266438	.000724	193	.012838	3421	54
54.10 APNEA MONITORING									54.10
55 MEDICAL SUPPLIES CHARGED TO P	4112	73068	32915751	8225768	.000125	1028	.002220	18261	55
56 DRUGS CHARGED TO PATIENTS	14111	250761	81885840	27903018	.000172	4799	.003062	85439	56
58.10 NUTRITIONAL SUPPORT	41	731	544450	15317	.000075	1	.001343	21	58.10
58.20 HEMODIALYSIS	5438	96435	1353515	955877	.004018	3841	.071248	68104	58.20
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	9933	176165	2635578	263714	.003769	994	.066841	17627	60
60.01 CHILDRENS CLINIC									60.01
61 EMERGENCY	34921	619549	46675646	7414687	.000748	5546	.013273	98415	61
61.05 AMBULATORY CARE	7751	137488	1537494	15433	.005041	78	.089423	1380	61.05
61.10 PSYCHIATRIC PARTIAL	7976	141459	1149848	22231	.006937	154	.123024	2735	61.10
62 OBSERVATION BEDS (NON-DISTINC	9290	164824	2432550	15875	.003819	61	.067758	1076	62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL	504449	8945578	679904961	136514054		91390		1620559	101

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
 PERIOD FROM 06/01/2007 TO 05/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2007.06
 10/29/2008 09:09

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL	ADJUSTMENT	
	COST	COST	COSTS	COSTS	AMOUNT	COSTS
	1	2	2.01	2.02	3	4
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS						25
26 INTENSIVE CARE UNIT						26
26.01 PEDIATRIC ICU						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						31
33 NURSERY						33
34 SKILLED NURSING FACILITY						34
35 NURSING FACILITY						35
101 TOTAL						101

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
PERIOD FROM 06/01/2007 TO 05/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2007.06
10/29/2008 09:09

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS				
25 ADULTS & PEDIATRICS	60608		25250	25
26 INTENSIVE CARE UNIT	6304		3514	26
26.01 PEDIATRIC ICU				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	4571		1617	31
33 NURSERY	7644			33
34 SKILLED NURSING FACILITY				34
35 NURSING FACILITY				35
101 TOTAL	79127		30381	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0228) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.20 GASTROENTEROLOGY							37.20
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				166793			166793
41.10 RADIATION ONCOLOGY				201246			201246
41.20 CT SCAN							41.20
41.30 M.R.I.							41.30
44 LABORATORY				100016			100016
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY							54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58.10 NUTRITIONAL SUPPORT							58.10
58.20 HEMODIALYSIS							58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY				952298			952298
61.05 AMBULATORY CARE							61.05
61.10 PSYCHIATRIC PARTIAL							61.10
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				1420353			1420353 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0228) [] 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		121548495			26265138		7984869 37
37.20 GASTROENTEROLOGY		6658758			1203803		949399 37.20
39 DELIVERY ROOM & LABOR ROOM		9669493			30206		7 39
40 ANESTHESIOLOGY		7075121			1441441		516160 40
41 RADIOLOGY-DIAGNOSTIC		117911360	.001415		25280164	35771	19802025 41
41.10 RADIATION ONCOLOGY		48628476	.004138		590485	2443	18453629 41.10
41.20 CT SCAN		33565760			4877124		6646524 41.20
41.30 M.R.I.		22563234			2043572		4226668 41.30
44 LABORATORY		90608600	.001104		15611265	17235	1505437 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		17747583			7822759		598969 49
50 PHYSICAL THERAPY		14841978			3508438		23069 50
53 ELECTROCARDIOLOGY		12047650			2741301		2419699 53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY		5907781			266438		1121537 54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO P		32915751			8225768		2958129 55
56 DRUGS CHARGED TO PATIENTS		81885840			27903018		3745182 56
58.10 NUTRITIONAL SUPPORT		544450			15317		13511 58.10
58.20 HEMODIALYSIS		1353515			955877		2000 58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		2635578			263714		845349 60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY		46675646	.020402		7414687	151274	4530595 61
61.05 AMBULATORY CARE		1537494			15433		657653 61.05
61.10 PSYCHIATRIC PARTIAL		1149848			22231		33008 61.10
62 OBSERVATION BEDS (NON-DISTINC		2432550			15875		637141 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		679904961			136514054	206723	77670560 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0228) [] 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
37.20 GASTROENTEROLOGY					37.20
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC			28020		41
41.10 RADIATION ONCOLOGY			76361		41.10
41.20 CT SCAN					41.20
41.30 M.R.I.					41.30
44 LABORATORY			1662		44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
53.10 PEDIATRIC CARDIOLOGY					53.10
54 ELECTROENCEPHALOGRAPHY					54
54.10 APNEA MONITORING					54.10
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58.10 NUTRITIONAL SUPPORT					58.10
58.20 HEMODIALYSIS					58.20
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 CHILDRENS CLINIC					60.01
61 EMERGENCY			92433		61
61.05 AMBULATORY CARE					61.05
61.10 PSYCHIATRIC PARTIAL					61.10
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL			198476		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0228) [] 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
37 ANCILLARY SERVICE COST CENTERS						
37.20 OPERATING ROOM	.242700	.242700	.242700			37
39 GASTROENTEROLOGY	.214976	.214976	.214976			37.20
39 DELIVERY ROOM & LABOR ROOM	.634493	.634493	.634493			39
40 ANESTHESIOLOGY	.071524	.071524	.071524			40
41 RADIOLOGY-DIAGNOSTIC	.268348	.268348	.268348			41
41.10 RADIATION ONCOLOGY	.314339	.314339	.314339			41.10
41.20 CT SCAN	.121925	.121925	.121925			41.20
41.30 M.R.I.	.149516	.149516	.149516			41.30
44 LABORATORY	.140428	.140428	.140428			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.202285	.202285	.202285			49
50 PHYSICAL THERAPY	.347787	.347787	.347787			50
53 ELECTROCARDIOLOGY	.125616	.125616	.125616			53
53.10 PEDIATRIC CARDIOLOGY						53.10
54 ELECTROENCEPHALOGRAPHY	.240819	.240819	.240819			54
54.10 APNEA MONITORING						54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	.155516	.155516	.155516			55
56 DRUGS CHARGED TO PATIENTS	.175805	.175805	.175805			56
58.10 NUTRITIONAL SUPPORT	.267215	.267215	.267215			58.10
58.20 HEMODIALYSIS	.602330	.602330	.602330			58.20
60 OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1.006514	1.006514	1.006514			60
60.01 CHILDRENS CLINIC						60.01
61 EMERGENCY	.293739	.293739	.293739			61
61.05 AMBULATORY CARE	.492077	.492077	.492077			61.05
61.10 PSYCHIATRIC PARTIAL	1.090889	1.090889	1.090889			61.10
62 OBSERVATION BEDS (NON-DISTINCT)	.551911	.551911	.551911			62
63.50 RHC						63.50
63.60 FQHC						63.60
65.01 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	.175805	1
2 PROGRAM VACCINE CHARGES	49814	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	8758	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0228) [] 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)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		7984869	10					37
37.20 GASTROENTEROLOGY		949399						37.20
39 DELIVERY ROOM & LABOR ROOM		7						39
40 ANESTHESIOLOGY		516160						40
41 RADIOLOGY-DIAGNOSTIC		19802025	179					41
41.10 RADIATION ONCOLOGY		18453629	5491					41.10
41.20 CT SCAN		6646524	264					41.20
41.30 M.R.I.		4226668	82					41.30
44 LABORATORY		1505437	233					44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		598969						49
50 PHYSICAL THERAPY		23069						50
53 ELECTROCARDIOLOGY		2419699	18					53
53.10 PEDIATRIC CARDIOLOGY								53.10
54 ELECTROENCEPHALOGRAPHY		1121537						54
54.10 APNEA MONITORING								54.10
55 MEDICAL SUPPLIES CHARGED TO PA		2958129						55
56 DRUGS CHARGED TO PATIENTS		3745182	1073					56
58.10 NUTRITIONAL SUPPORT		13511						58.10
58.20 HEMODIALYSIS		2000						58.20
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		845349	169					60
60.01 CHILDRENS CLINIC								60.01
61 EMERGENCY		4530595	11					61
61.05 AMBULATORY CARE		657653						61.05
61.10 PSYCHIATRIC PARTIAL		33008						61.10
62 OBSERVATION BEDS (NON-DISTINCT)		637141						62
63.50 RHC								63.50
63.60 FQHC								63.60
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		77670560	7530					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		77670560	7530					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0228) [] 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) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1937928	2				37
37.20 GASTROENTEROLOGY		204098					37.20
39 DELIVERY ROOM & LABOR ROOM		4					39
40 ANESTHESIOLOGY		36918					40
41 RADIOLOGY-DIAGNOSTIC		5313834	48				41
41.10 RADIATION ONCOLOGY		5800695	1726				41.10
41.20 CT SCAN		810377	32				41.20
41.30 M.R.I.		631954	12				41.30
44 LABORATORY		211406	33				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		121162					49
50 PHYSICAL THERAPY		8023					50
53 ELECTROCARDIOLOGY		303953	2				53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY		270087					54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO PAT		460036					55
56 DRUGS CHARGED TO PATIENTS		658422	189				56
58.10 NUTRITIONAL SUPPORT		3610					58.10
58.20 HEMODIALYSIS		1205					58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		850856	170				60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY		1330812	3				61
61.05 AMBULATORY CARE		323616					61.05
61.10 PSYCHIATRIC PARTIAL		36008					61.10
62 OBSERVATION BEDS (NON-DISTINCT		351645					62
63.50 RHC							63.50
63.60 FQHC							63.60
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		19666649	2217				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		19666649	2217				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S228) [] SUB IV [XX] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	106433	1883492	121548495	1157	.000876	1	.015496	18 37
37.20 GASTROENTEROLOGY	13041	231320	6658758		.001958		.034739	37.20
39 DELIVERY ROOM & LABOR ROOM	28957	513614	9669493		.002995		.053117	39
40 ANESTHESIOLOGY	3295	58491	7075121	13876	.000466	6	.008267	115 40
41 RADIOLOGY-DIAGNOSTIC	147358	2614163	117911360	22500	.001250	28	.022171	499 41
41.10 RADIATION ONCOLOGY	29121	516694	48628476		.000599		.010625	41.10
41.20 CT SCAN	3986	70881	33565760	17651	.000119	2	.002112	37 41.20
41.30 M.R.I.	8335	147918	22563234	7663	.000369	3	.006556	50 41.30
44 LABORATORY	37189	660142	90608600	280170	.000410	115	.007286	2041 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	10434	185137	17747583	16745	.000588	10	.010432	175 49
50 PHYSICAL THERAPY	9120	161828	14841978	6814	.000614	4	.010903	74 50
53 ELECTROCARDIOLOGY	9331	165573	12047650	25921	.000775	20	.013743	356 53
53.10 PEDIATRIC CARDIOLOGY								53.10
54 ELECTROENCEPHALOGRAPHY	4276	75845	5907781		.000724		.012838	54
54.10 APNEA MONITORING								54.10
55 MEDICAL SUPPLIES CHARGED TO P	4112	73068	32915751	13325	.000125	2	.002220	30 55
56 DRUGS CHARGED TO PATIENTS	14111	250761	81885840	444488	.000172	76	.003062	1361 56
58.10 NUTRITIONAL SUPPORT	41	731	544450	36	.000075		.001343	58.10
58.20 HEMODIALYSIS	5438	96435	1353515		.004018		.071248	58.20
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	9933	176165	2635578	1068	.003769	4	.066841	71 60
60.01 CHILDRENS CLINIC								60.01
61 EMERGENCY	34921	619549	46675646	131307	.000748	98	.013273	1743 61
61.05 AMBULATORY CARE	7751	137488	1537494		.005041		.089423	61.05
61.10 PSYCHIATRIC PARTIAL	7976	141459	1149848		.006937		.123024	61.10
62 OBSERVATION BEDS (NON-DISTINC	9290	164824	2432550		.003819		.067758	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	504449	8945578	679904961	982721		369		6570 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-S228) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.20 GASTROENTEROLOGY							37.20
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				166793			166793
41.10 RADIATION ONCOLOGY				201246			201246
41.20 CT SCAN							41.20
41.30 M.R.I.							41.30
44 LABORATORY				100016			100016
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY							54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58.10 NUTRITIONAL SUPPORT							58.10
58.20 HEMODIALYSIS							58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY				952298			952298
61.05 AMBULATORY CARE							61.05
61.10 PSYCHIATRIC PARTIAL							61.10
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				1420353			1420353 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-S228) [] 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			CHARGES	COST TO	RATIO OF COST	
	COSTS	CHARGES	CHARGES	TO	TO CHARGES	CHARGES	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		121548495			1157		37
37.20 GASTROENTEROLOGY		6658758					37.20
39 DELIVERY ROOM & LABOR ROOM		9669493					39
40 ANESTHESIOLOGY		7075121			13876		40
41 RADIOLOGY-DIAGNOSTIC		117911360	.001415		22500	32	41
41.10 RADIATION ONCOLOGY		48628476	.004138				41.10
41.20 CT SCAN		33565760			17651		41.20
41.30 M.R.I.		22563234			7663		41.30
44 LABORATORY		90608600	.001104		280170	309	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		17747583			16745		49
50 PHYSICAL THERAPY		14841978			6814		50
53 ELECTROCARDIOLOGY		12047650			25921		53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY		5907781					54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO P		32915751			13325		55
56 DRUGS CHARGED TO PATIENTS		81885840			444488		56
58.10 NUTRITIONAL SUPPORT		544450			36		58.10
58.20 HEMODIALYSIS		1353515					58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		2635578			1068		60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY		46675646	.020402		131307	2679	61
61.05 AMBULATORY CARE		1537494					61.05
61.10 PSYCHIATRIC PARTIAL		1149848					61.10
62 OBSERVATION BEDS (NON-DISTINC		2432550					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		679904961			982721	3020	2677 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-S228) [] 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
37.20 GASTROENTEROLOGY					37.20
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC			2		41
41.10 RADIATION ONCOLOGY					41.10
41.20 CT SCAN					41.20
41.30 M.R.I.					41.30
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
53.10 PEDIATRIC CARDIOLOGY					53.10
54 ELECTROENCEPHALOGRAPHY					54
54.10 APNEA MONITORING					54.10
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58.10 NUTRITIONAL SUPPORT					58.10
58.20 HEMODIALYSIS					58.20
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 CHILDRENS CLINIC					60.01
61 EMERGENCY					61
61.05 AMBULATORY CARE					61.05
61.10 PSYCHIATRIC PARTIAL					61.10
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL			2		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S228)
 BOXES [] TITLE XIX - O/P [] SUB II
 [] SUB III
 [] SUB IV

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
37.20 OPERATING ROOM	.242700	.242700	.242700			37
39 GASTROENTEROLOGY	.214976	.214976	.214976			37.20
39 DELIVERY ROOM & LABOR ROOM	.634493	.634493	.634493			39
40 ANESTHESIOLOGY	.071524	.071524	.071524			40
41 RADIOLOGY-DIAGNOSTIC	.268348	.268348	.268348			41
41.10 RADIATION ONCOLOGY	.314339	.314339	.314339			41.10
41.20 CT SCAN	.121925	.121925	.121925			41.20
41.30 M.R.I.	.149516	.149516	.149516			41.30
44 LABORATORY	.140428	.140428	.140428			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.202285	.202285	.202285			49
50 PHYSICAL THERAPY	.347787	.347787	.347787			50
53 ELECTROCARDIOLOGY	.125616	.125616	.125616			53
53.10 PEDIATRIC CARDIOLOGY						53.10
54 ELECTROENCEPHALOGRAPHY	.240819	.240819	.240819			54
54.10 APNEA MONITORING						54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	.155516	.155516	.155516			55
56 DRUGS CHARGED TO PATIENTS	.175805	.175805	.175805			56
58.10 NUTRITIONAL SUPPORT	.267215	.267215	.267215			58.10
58.20 HEMODIALYSIS	.602330	.602330	.602330			58.20
60 OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1.006514	1.006514	1.006514			60
60.01 CHILDRENS CLINIC						60.01
61 EMERGENCY	.293739	.293739	.293739			61
61.05 AMBULATORY CARE	.492077	.492077	.492077			61.05
61.10 PSYCHIATRIC PARTIAL	1.090889	1.090889	1.090889			61.10
62 OBSERVATION BEDS (NON-DISTINCT	.551911	.551911	.551911			62
63.50 RHC						63.50
63.60 FQHC						63.60
65.01 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	.175805	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S228) [] 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)	PPS SER- VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
37.20 GASTROENTEROLOGY								37.20
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC			1399					41
41.10 RADIATION ONCOLOGY								41.10
41.20 CT SCAN		947						41.20
41.30 M.R.I.								41.30
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
53 ELECTROCARDIOLOGY			252					53
53.10 PEDIATRIC CARDIOLOGY								53.10
54 ELECTROENCEPHALOGRAPHY								54
54.10 APNEA MONITORING								54.10
55 MEDICAL SUPPLIES CHARGED TO PA								55
56 DRUGS CHARGED TO PATIENTS			79					56
58.10 NUTRITIONAL SUPPORT								58.10
58.20 HEMODIALYSIS								58.20
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 CHILDRENS CLINIC								60.01
61 EMERGENCY								61
61.05 AMBULATORY CARE								61.05
61.10 PSYCHIATRIC PARTIAL								61.10
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
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			2677					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES			2677					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S228) [] 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) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.20 GASTROENTEROLOGY							37.20
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC			375				41
41.10 RADIATION ONCOLOGY							41.10
41.20 CT SCAN			115				41.20
41.30 M.R.I.							41.30
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY			32				53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY							54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO PAT							55
56 DRUGS CHARGED TO PATIENTS			14				56
58.10 NUTRITIONAL SUPPORT							58.10
58.20 HEMODIALYSIS							58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY							61
61.05 AMBULATORY CARE							61.05
61.10 PSYCHIATRIC PARTIAL							61.10
62 OBSERVATION BEDS (NON-DISTINCT)							62
63.50 RHC							63.50
63.60 FQHC							63.60
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			536				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES			536				104

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	348655		348655	6185515		6185515	25
26 INTENSIVE CARE UNIT	60728		60728	1077170		1077170	26
26.01 PEDIATRIC ICU							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	43280		43280	767638		767638	31
33 NURSERY	8131		8131	144241		144241	33
101 TOTAL	460794		460794	8174564		8174564	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	60608	12606	5.75	72485	102.06	1286568	25
26 INTENSIVE CARE UNIT	6304	730	9.63	7030	170.87	124735	26
26.01 PEDIATRIC ICU							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	4571	588	9.47	5568	167.94	98749	31
33 NURSERY	7644	5086	1.06	5391	18.87	95973	33
101 TOTAL	79127	19010		90474		1606025	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0228) [] 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		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST	TOTAL CHARGES		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	106433	1883492	121548495	4002471	.000876	3506	.015496	62022
37.20 GASTROENTEROLOGY	13041	231320	6658758	291468	.001958	571	.034739	10125
39 DELIVERY ROOM & LABOR ROOM	28957	513614	9669493	3150568	.002995	9436	.053117	167349
40 ANESTHESIOLOGY	3295	58491	7075121	578841	.000466	270	.008267	4785
41 RADIOLOGY-DIAGNOSTIC	147358	2614163	117911360	2397435	.001250	2997	.022171	53154
41.10 RADIATION ONCOLOGY	29121	516694	48628476	148438	.000599	89	.010625	1577
41.20 CT SCAN	3986	70881	33565760	1205266	.000119	143	.002112	2546
41.30 M.R.I.	8335	147918	22563234	456914	.000369	169	.006556	2996
44 LABORATORY	37189	660142	90608600	8057353	.000410	3304	.007286	58706
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	10434	185137	17747583	1102442	.000588	648	.010432	11501
50 PHYSICAL THERAPY	9120	161828	14841978	409457	.000614	251	.010903	4464
53 ELECTROCARDIOLOGY	9331	165573	12047650	1083883	.000775	840	.013743	14896
53.10 PEDIATRIC CARDIOLOGY								53.10
54 ELECTROENCEPHALOGRAPHY	4276	75845	5907781	85121	.000724	62	.012838	1093
54.10 APNEA MONITORING								54.10
55 MEDICAL SUPPLIES CHARGED TO P	4112	73068	32915751	10720221	.000125	1340	.002220	23799
56 DRUGS CHARGED TO PATIENTS	14111	250761	81885840	11151945	.000172	1918	.003062	34147
58.10 NUTRITIONAL SUPPORT	41	731	544450		.000075		.001343	58.10
58.20 HEMODIALYSIS	5438	96435	1353515	89955	.004018	361	.071248	6409
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	9933	176165	2635578	52460	.003769	198	.066841	3506
60.01 CHILDRENS CLINIC								60.01
61 EMERGENCY	34921	619549	46675646	1562177	.000748	1169	.013273	20735
61.05 AMBULATORY CARE	7751	137488	1537494		.005041		.089423	61.05
61.10 PSYCHIATRIC PARTIAL	7976	141459	1149848		.006937		.123024	61.10
62 OBSERVATION BEDS (NON-DISTINC	9290	164824	2432550	14533	.003819	56	.067758	985
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	504449	8945578	679904961	46560948		27328		484795

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
 PERIOD FROM 06/01/2007 TO 05/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2007.06
 10/29/2008 09:09

APPORIONMENT 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	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL	EDUCATION	
	COST	COST	COSTS	COSTS	ADJUSTMENT	COSTS
	1	2	2.01	2.02	3	4
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS						25
26 INTENSIVE CARE UNIT						26
26.01 PEDIATRIC ICU						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						31
33 NURSERY						33
34 SKILLED NURSING FACILITY						34
35 NURSING FACILITY						35
101 TOTAL						101

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
 PERIOD FROM 06/01/2007 TO 05/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2007.06
 10/29/2008 09:09

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	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS				
25 ADULTS & PEDIATRICS	60608		12606	25
26 INTENSIVE CARE UNIT	6304		730	26
26.01 PEDIATRIC ICU				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	4571		588	31
33 NURSERY	7644		5086	33
34 SKILLED NURSING FACILITY				34
35 NURSING FACILITY				35
101 TOTAL	79127		19010	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0228) [] 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		NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.20 GASTROENTEROLOGY							37.20
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				166793			166793
41.10 RADIATION ONCOLOGY				201246			201246
41.20 CT SCAN							41.20
41.30 M.R.I.							41.30
44 LABORATORY				100016			100016
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY							54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58.10 NUTRITIONAL SUPPORT							58.10
58.20 HEMODIALYSIS							58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY				952298			952298
61.05 AMBULATORY CARE							61.05
61.10 PSYCHIATRIC PARTIAL							61.10
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				1420353			1420353 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0228) [] 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		121548495			4002471		37
37.20 GASTROENTEROLOGY		6658758			291468		37.20
39 DELIVERY ROOM & LABOR ROOM		9669493			3150568		39
40 ANESTHESIOLOGY		7075121			578841		40
41 RADIOLOGY-DIAGNOSTIC		117911360	.001415		2397435	3392	41
41.10 RADIATION ONCOLOGY		48628476	.004138		148438	614	41.10
41.20 CT SCAN		33565760			1205266		41.20
41.30 M.R.I.		22563234			456914		41.30
44 LABORATORY		90608600	.001104		8057353	8895	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		17747583			1102442		49
50 PHYSICAL THERAPY		14841978			409457		50
53 ELECTROCARDIOLOGY		12047650			1083883		53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY		5907781			85121		54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO P		32915751			10720221		55
56 DRUGS CHARGED TO PATIENTS		81885840			11151945		56
58.10 NUTRITIONAL SUPPORT		544450					58.10
58.20 HEMODIALYSIS		1353515			89955		58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		2635578			52460		60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY		46675646	.020402		1562177	31872	61
61.05 AMBULATORY CARE		1537494					61.05
61.10 PSYCHIATRIC PARTIAL		1149848					61.10
62 OBSERVATION BEDS (NON-DISTINC		2432550			14533		62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		679904961			46560948	44773	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0228) [] 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	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
37.20 GASTROENTEROLOGY					37.20
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.10 RADIATION ONCOLOGY					41.10
41.20 CT SCAN					41.20
41.30 M.R.I.					41.30
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
53.10 PEDIATRIC CARDIOLOGY					53.10
54 ELECTROENCEPHALOGRAPHY					54
54.10 APNEA MONITORING					54.10
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58.10 NUTRITIONAL SUPPORT					58.10
58.20 HEMODIALYSIS					58.20
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 CHILDRENS CLINIC					60.01
61 EMERGENCY					61
61.05 AMBULATORY CARE					61.05
61.10 PSYCHIATRIC PARTIAL					61.10
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
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-S228) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	106433	1883492	121548495		.000876		.015496	37
37.20 GASTROENTEROLOGY	13041	231320	6658758		.001958		.034739	37.20
39 DELIVERY ROOM & LABOR ROOM	28957	513614	9669493		.002995		.053117	39
40 ANESTHESIOLOGY	3295	58491	7075121		.000466		.008267	40
41 RADIOLOGY-DIAGNOSTIC	147358	2614163	117911360	20286	.001250	25	.022171	450 41
41.10 RADIATION ONCOLOGY	29121	516694	48628476		.000599		.010625	41.10
41.20 CT SCAN	3986	70881	33565760	11159	.000119	1	.002112	24 41.20
41.30 M.R.I.	8335	147918	22563234	12170	.000369	4	.006556	80 41.30
44 LABORATORY	37189	660142	90608600	269135	.000410	110	.007286	1961 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	10434	185137	17747583	2503	.000588	1	.010432	26 49
50 PHYSICAL THERAPY	9120	161828	14841978	1967	.000614	1	.010903	21 50
53 ELECTROCARDIOLOGY	9331	165573	12047650	45271	.000775	35	.013743	622 53
53.10 PEDIATRIC CARDIOLOGY								53.10
54 ELECTROENCEPHALOGRAPHY	4276	75845	5907781	903	.000724	1	.012838	12 54
54.10 APNEA MONITORING								54.10
55 MEDICAL SUPPLIES CHARGED TO P	4112	73068	32915751	8665	.000125	1	.002220	19 55
56 DRUGS CHARGED TO PATIENTS	14111	250761	81885840	297912	.000172	51	.003062	912 56
58.10 NUTRITIONAL SUPPORT	41	731	544450		.000075		.001343	58.10
58.20 HEMODIALYSIS	5438	96435	1353515		.004018		.071248	58.20
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	9933	176165	2635578	527	.003769	2	.066841	35 60
60.01 CHILDRENS CLINIC								60.01
61 EMERGENCY	34921	619549	46675646	141851	.000748	106	.013273	1883 61
61.05 AMBULATORY CARE	7751	137488	1537494		.005041		.089423	61.05
61.10 PSYCHIATRIC PARTIAL	7976	141459	1149848		.006937		.123024	61.10
62 OBSERVATION BEDS (NON-DISTINC	9290	164824	2432550		.003819		.067758	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	504449	8945578	679904961	812349		338		6045 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-S228) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.20 GASTROENTEROLOGY							37.20
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				166793			166793
41.10 RADIATION ONCOLOGY				201246			201246
41.20 CT SCAN							41.20
41.30 M.R.I.							41.30
44 LABORATORY				100016			100016
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY							54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58.10 NUTRITIONAL SUPPORT							58.10
58.20 HEMODIALYSIS							58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY				952298			952298
61.05 AMBULATORY CARE							61.05
61.10 PSYCHIATRIC PARTIAL							61.10
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				1420353			1420353 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-S228) [] 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			CHARGES	COST TO	RATIO OF COST	
	COSTS	CHARGES	CHARGES	TO	TO CHARGES	CHARGES	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		121548495					37
37.20 GASTROENTEROLOGY		6658758					37.20
39 DELIVERY ROOM & LABOR ROOM		9669493					39
40 ANESTHESIOLOGY		7075121					40
41 RADIOLOGY-DIAGNOSTIC		117911360	.001415		20286	29	41
41.10 RADIATION ONCOLOGY		48628476	.004138				41.10
41.20 CT SCAN		33565760			11159		41.20
41.30 M.R.I.		22563234			12170		41.30
44 LABORATORY		90608600	.001104		269135	297	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		17747583			2503		49
50 PHYSICAL THERAPY		14841978			1967		50
53 ELECTROCARDIOLOGY		12047650			45271		53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY		5907781			903		54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO P		32915751			8665		55
56 DRUGS CHARGED TO PATIENTS		81885840			297912		56
58.10 NUTRITIONAL SUPPORT		544450					58.10
58.20 HEMODIALYSIS		1353515					58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		2635578			527		60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY		46675646	.020402		141851	2894	61
61.05 AMBULATORY CARE		1537494					61.05
61.10 PSYCHIATRIC PARTIAL		1149848					61.10
62 OBSERVATION BEDS (NON-DISTINC		2432550					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		679904961			812349	3220	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-S228) [] 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
37.20 GASTROENTEROLOGY					37.20
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.10 RADIATION ONCOLOGY					41.10
41.20 CT SCAN					41.20
41.30 M.R.I.					41.30
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
53.10 PEDIATRIC CARDIOLOGY					53.10
54 ELECTROENCEPHALOGRAPHY					54
54.10 APNEA MONITORING					54.10
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58.10 NUTRITIONAL SUPPORT					58.10
58.20 HEMODIALYSIS					58.20
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 CHILDRENS CLINIC					60.01
61 EMERGENCY					61
61.05 AMBULATORY CARE					61.05
61.10 PSYCHIATRIC PARTIAL					61.10
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0228)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	60608						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	60608						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	60608						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)							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	7644						15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0228)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	50383380						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	50383380						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	66665322						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	66665322						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.755766						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1099.94						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	50383380						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0228)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	831.30					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST						39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST						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)	4801804	7644	628.18			42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	11290733	6304	1791.04			43
43.01 PEDIATRIC ICU						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) (14-0228)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49 TOTAL PROGRAM INPATIENT COSTS						49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES						50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST						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)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0228)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
58.03						IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
PERIOD FROM 06/01/2007 TO 05/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2007.06
10/29/2008 09:09

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[XX] TITLE V-INPT [] TITLE XVIII-PART A [] 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. 14-0228 SWEDISHAMERICAN HOSPITAL
PERIOD FROM 06/01/2007 TO 05/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2007.06
10/29/2008 09:09

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[XX] TITLE V-INPT

[] TITLE XVIII-PART A

[] TITLE XIX-INPT

HOSPITAL (OTHER) (14-0228)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1615	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	831.30	84
85 OBSERVATION BED COST	1342550	85

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) (14-0228)	SUB I (TEFRA) (14-S228)	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	60608	4571					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	60608	4571					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	60608	4571					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)	25250	1617					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) (14-0228)	SUB I (TEFRA) (14-S228)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT							
	1	1	1	1	1	1	
17							17
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
18							18
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
19							19
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
20							20
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
21	50383380	4113269					21
TOTAL GENERAL INPATIENT ROUTINE SERVICE COST							
22							22
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
23							23
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
24							24
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
25							25
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
26							26
TOTAL SWING-BED COST							
27	50383380	4113269					27
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	66665322	6110029					28
GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)							
29							29
PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
30	66665322	6110029					30
SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
31	.755766	.673200					31
GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO							
32							32
AVERAGE PRIVATE ROOM PER DIEM CHARGE							
33	1099.94	1336.69					33
AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							
34							34
AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							
35							35
AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							
36							36
PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							
37	50383380	4113269					37
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL							

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) (14-0228)	SUB I (TEFRA) (14-S228)	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	831.30	899.86				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	20990325	1455074				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	20990325	1455074				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	11290733	6304	1791.04	3514	6293715	43
43.01 PEDIATRIC ICU						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) (14-0228)	SUB I (TEFRA) (14-S228)	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	29430694	178836	1	1	1	48
49 TOTAL PROGRAM INPATIENT COSTS	56714734	1633910				49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	3356480	286872				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1918672	9959				51
52 TOTAL PROGRAM EXCLUDABLE COST	5275152	296831				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	51439582	1337079				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) (14-0228)	SUB I (TEFRA) (14-S228)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
	1	1	1	1	1	
54		174				54
55		8521.20				55
56		1482689				56
57		145610				57
58						
58.01		21842				58.01
58.02						58.02
58.03						58.03
58.04						58.04
59		1655752				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

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (TEFRA)
 (14-0228)(14-S228)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1615	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	831.30	84
85 OBSERVATION BED COST	1342550	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	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	348655	50383380	.006920	1342550	9290	86
87 NEW CAPITAL-RELATED COST	6185515	50383380	.122769	1342550	164824	87
88 NON PHYSICIAN ANESTHETIST		50383380		1342550		88
89 NURSING SCHOOL		50383380		1342550		89
89.01 ALLIED HEALTH		50383380		1342550		89.01
89.02 ALL OTHER		50383380		1342550		89.02

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) (14-0228)	SUB I (OTHER) (14-S228)	SUB II	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)	60608	4571					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	60608	4571					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	60608	4571					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)	12606	588					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	7644						15
16 TITLE V OR XIX NURSERY DAYS	5086						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) (14-0228)	SUB I (OTHER) (14-S228)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT							
	1	1	1	1	1	1	
17							17
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
18							18
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
19							19
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
20							20
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
21	50383380	4113269					21
TOTAL GENERAL INPATIENT ROUTINE SERVICE COST							
22							22
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
23							23
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
24							24
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
25							25
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
26							26
TOTAL SWING-BED COST							
27	50383380	4113269					27
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	66665322	6110029					28
GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)							
29							29
PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
30	66665322	6110029					30
SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
31	.755766	.673200					31
GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO							
32							32
AVERAGE PRIVATE ROOM PER DIEM CHARGE							
33	1099.94	1336.69					33
AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							
34							34
AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							
35							35
AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							
36							36
PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							
37	50383380	4113269					37
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL							

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) (14-0228)	SUB I (OTHER) (14-S228)	SUB II	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	831.30	899.86			38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10479368	529118			39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10479368	529118			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)	4801804	7644	628.18	5086	3194923 42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	11290733	6304	1791.04	730	1307459 43
43.01	PEDIATRIC ICU					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) (14-0228)	SUB I (OTHER) (14-S228)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	9834901	149432			48
49	TOTAL PROGRAM INPATIENT COSTS	24816651	678550			49

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1592182	104317			50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	556896	9603			51
52	TOTAL PROGRAM EXCLUDABLE COST	2149078	113920			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) (14-0228)	SUB I (OTHER) (14-S228)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54		78				54
55						55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
PERIOD FROM 06/01/2007 TO 05/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2007.06
10/29/2008 09:09

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

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. 14-0228 SWEDISHAMERICAN HOSPITAL
PERIOD FROM 06/01/2007 TO 05/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2007.06
10/29/2008 09:09

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0228)	SUB I (OTHER) (14-S228)	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1615	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	831.30	84
85 OBSERVATION BED COST	1342550	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input checked="" type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0228)	<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 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 PEDIATRIC ICU			26.01
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.242700		37
37.20 GASTROENTEROLOGY	.214976		37.20
39 DELIVERY ROOM & LABOR ROOM	.634493		39
40 ANESTHESIOLOGY	.071524		40
41 RADIOLOGY-DIAGNOSTIC	.268348		41
41.10 RADIATION ONCOLOGY	.314339		41.10
41.20 CT SCAN	.121925		41.20
41.30 M.R.I.	.149516		41.30
44 LABORATORY	.140428		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.202285		49
50 PHYSICAL THERAPY	.347787		50
53 ELECTROCARDIOLOGY	.125616		53
53.10 PEDIATRIC CARDIOLOGY			53.10
54 ELECTROENCEPHALOGRAPHY	.240819		54
54.10 APNEA MONITORING			54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	.155516		55
56 DRUGS CHARGED TO PATIENTS	.175805		56
58.10 NUTRITIONAL SUPPORT	.267215		58.10
58.20 HEMODIALYSIS	.602330		58.20
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	1.006514		60
60.01 CHILDRENS CLINIC			60.01
61 EMERGENCY	.293739		61
61.05 AMBULATORY CARE	.492077		61.05
61.10 PSYCHIATRIC PARTIAL	1.090889		61.10
62 OBSERVATION BEDS (NON-DISTINCT	.551911		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
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 checked="" type="checkbox"/> HOSPITAL (14-0228)	<input type="checkbox"/> SNF	<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		28308252		25
26 INTENSIVE CARE UNIT		12133010		26
26.01 PEDIATRIC ICU				26.01
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.242969	26265138	6381614	37
37.20 GASTROENTEROLOGY	.214976	1203803	258789	37.20
39 DELIVERY ROOM & LABOR ROOM	.634493	30206	19165	39
40 ANESTHESIOLOGY	.071524	1441441	103098	40
41 RADIOLOGY-DIAGNOSTIC	.274042	25280164	6927827	41
41.10 RADIATION ONCOLOGY	.314339	590485	185612	41.10
41.20 CT SCAN	.121925	4877124	594643	41.20
41.30 M.R.I.	.149516	2043572	305547	41.30
44 LABORATORY	.140428	15611265	2192259	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.202285	7822759	1582427	49
50 PHYSICAL THERAPY	.347787	3508438	1220189	50
53 ELECTROCARDIOLOGY	.125616	2741301	344351	53
53.10 PEDIATRIC CARDIOLOGY				53.10
54 ELECTROENCEPHALOGRAPHY	.240819	266438	64163	54
54.10 APNEA MONITORING				54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	.155516	8225768	1279239	55
56 DRUGS CHARGED TO PATIENTS	.175805	27903018	4905490	56
58.10 NUTRITIONAL SUPPORT	.267215	15317	4093	58.10
58.20 HEMODIALYSIS	.602330	955877	575753	58.20
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.007873	263714	265790	60
60.01 CHILDRENS CLINIC				60.01
61 EMERGENCY	.294016	7414687	2180037	61
61.05 AMBULATORY CARE	.492077	15433	7594	61.05
61.10 PSYCHIATRIC PARTIAL	1.090889	22231	24252	61.10
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.551911	15875	8762	62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		136514054	29430694	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		136514054		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 checked="" type="checkbox"/> SUB I (14-S228)	<input type="checkbox"/> NF	<input checked="" 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 PEDIATRIC ICU				26.01
31 SUBPROVIDER I		1951307		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.242700	1157	281	37
37.20 GASTROENTEROLOGY	.214976			37.20
39 DELIVERY ROOM & LABOR ROOM	.634493			39
40 ANESTHESIOLOGY	.071524	13876	992	40
41 RADIOLOGY-DIAGNOSTIC	.268348	22500	6038	41
41.10 RADIATION ONCOLOGY	.314339			41.10
41.20 CT SCAN	.121925	17651	2152	41.20
41.30 M.R.I.	.149516	7663	1146	41.30
44 LABORATORY	.140428	280170	39344	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.202285	16745	3387	49
50 PHYSICAL THERAPY	.347787	6814	2370	50
53 ELECTROCARDIOLOGY	.125616	25921	3256	53
53.10 PEDIATRIC CARDIOLOGY				53.10
54 ELECTROENCEPHALOGRAPHY	.240819			54
54.10 APNEA MONITORING				54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	.155516	13325	2072	55
56 DRUGS CHARGED TO PATIENTS	.175805	444488	78143	56
58.10 NUTRITIONAL SUPPORT	.267215	36	10	58.10
58.20 HEMODIALYSIS	.602330			58.20
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.006514	1068	1075	60
60.01 CHILDRENS CLINIC				60.01
61 EMERGENCY	.293739	131307	38570	61
61.05 AMBULATORY CARE	.492077			61.05
61.10 PSYCHIATRIC PARTIAL	1.090889			61.10
62 OBSERVATION BEDS (NON-DISTINCT	.551911			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		982721	178836	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		982721		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0228)	<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		14540890		25
26 INTENSIVE CARE UNIT		2479420		26
26.01 PEDIATRIC ICU				26.01
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.242700	4002471	971400	37
37.20 GASTROENTEROLOGY	.214976	291468	62659	37.20
39 DELIVERY ROOM & LABOR ROOM	.634493	3150568	1999013	39
40 ANESTHESIOLOGY	.071524	578841	41401	40
41 RADIOLOGY-DIAGNOSTIC	.268348	2397435	643347	41
41.10 RADIATION ONCOLOGY	.314339	148438	46660	41.10
41.20 CT SCAN	.121925	1205266	146952	41.20
41.30 M.R.I.	.149516	456914	68316	41.30
44 LABORATORY	.140428	8057353	1131478	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.202285	1102442	223007	49
50 PHYSICAL THERAPY	.347787	409457	142404	50
53 ELECTROCARDIOLOGY	.125616	1083883	136153	53
53.10 PEDIATRIC CARDIOLOGY				53.10
54 ELECTROENCEPHALOGRAPHY	.240819	85121	20499	54
54.10 APNEA MONITORING				54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	.155516	10720221	1667166	55
56 DRUGS CHARGED TO PATIENTS	.175805	11151945	1960568	56
58.10 NUTRITIONAL SUPPORT	.267215			58.10
58.20 HEMODIALYSIS	.602330	89955	54183	58.20
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.006514	52460	52802	60
60.01 CHILDRENS CLINIC				60.01
61 EMERGENCY	.293739	1562177	458872	61
61.05 AMBULATORY CARE	.492077			61.05
61.10 PSYCHIATRIC PARTIAL	1.090889			61.10
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.551911	14533	8021	62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		46560948	9834901	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		46560948		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[] HOSPITAL	[] SNF	[] PPS
[] TITLE XVIII-PT A	[XX] SUB I (14-S228)	[] NF	[] TEFRA
[XX] TITLE XIX	[] SUB II	[] S/B-SNF	[XX] 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				25
26 INTENSIVE CARE UNIT				26
26.01 PEDIATRIC ICU				26.01
31 SUBPROVIDER I		1860040		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.242700			37
37.20 GASTROENTEROLOGY	.214976			37.20
39 DELIVERY ROOM & LABOR ROOM	.634493			39
40 ANESTHESIOLOGY	.071524			40
41 RADIOLOGY-DIAGNOSTIC	.268348	20286	5444	41
41.10 RADIATION ONCOLOGY	.314339			41.10
41.20 CT SCAN	.121925	11159	1361	41.20
41.30 M.R.I.	.149516	12170	1820	41.30
44 LABORATORY	.140428	269135	37794	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.202285	2503	506	49
50 PHYSICAL THERAPY	.347787	1967	684	50
53 ELECTROCARDIOLOGY	.125616	45271	5687	53
53.10 PEDIATRIC CARDIOLOGY				53.10
54 ELECTROENCEPHALOGRAPHY	.240819	903	217	54
54.10 APNEA MONITORING				54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	.155516	8665	1348	55
56 DRUGS CHARGED TO PATIENTS	.175805	297912	52374	56
58.10 NUTRITIONAL SUPPORT	.267215			58.10
58.20 HEMODIALYSIS	.602330			58.20
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.006514	527	530	60
60.01 CHILDRENS CLINIC				60.01
61 EMERGENCY	.293739	141851	41667	61
61.05 AMBULATORY CARE	.492077			61.05
61.10 PSYCHIATRIC PARTIAL	1.090889			61.10
62 OBSERVATION BEDS (NON-DISTINCT	.551911			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		812349	149432	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		812349		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0228)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	12503330					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	9836354					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	16781485					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	1738903					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	1263825					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	2730749					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	2006856					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	263.97					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	12.38					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]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	20.62					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	12.38					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	12.38					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.. RES. IN INIT YRS	12.38					3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	12.38				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0228)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.046899				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.046871				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	0.046871				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	352011				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	280579				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]	493211				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	1125801 0	1125801			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0480				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.2525				4.01
4.02	SUM OF 4 AND 4.01	0.3005				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1401				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	5480876				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,					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs					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	47734702				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	47734702				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	3823560				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	424350				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	206723				15
16	TOTAL	52189335				16
17	PRIMARY PAYER PAYMENTS	152079				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	52037256				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3974325				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	129024				20
21	REIMBURSABLE BAD DEBTS	1203976				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	842783				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES					21.02
22	SUBTOTAL	48776690				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0228)	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	48776690				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	48049882				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	726808				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	910769				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 INSTRUCTIO					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 (14-0228) 1	HOSPITAL (14-0228) 1.01	HOSPITAL (14-0228) 1.02	
1 MEDICAL AND OTHER SERVICES	10975			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	19468173			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	17392851			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.851			1.03
1.04 LINE 1.01 TIMES LINE 1.03	16567415			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	198476			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	10975			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	57344			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	57344			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	57344			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	46369			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	10975			17
17.01 TOTAL PPS PAYMENTS	17591327			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0228) 1	HOSPITAL (14-0228) 1.01	HOSPITAL (14-0228) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	4332840		18.01
19 SUBTOTAL	13269462		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	143467		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	13412929		23
24 PRIMARY PAYER PAYMENTS	2677		24
25 SUBTOTAL	13410252		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	1011692		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	708184		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	14118436		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	14118436		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	14132512		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-14076		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	117484		36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S228)	SUB I (14-S228)	SUB I (14-S228)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	534			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	345			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.851			1.03
1.04 LINE 1.01 TIMES LINE 1.03	454			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	75.99			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	2			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	347			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S228) 1	SUB I (14-S228) 1.01	SUB I (14-S228) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	106		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	241		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	241		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	241		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	241		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	241		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	240		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	1		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL
(14-0228)
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
(14-0228)
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 (14-0228) 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
 HOSPITAL (14-0228)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A				
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		48049882		14132512	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	.01				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE		NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04				3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05				3.05
	.50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROGRAM .53				3.53
	.54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		48049882		14132512	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	726808			6.01
	PROVIDER TO .02			-14076	6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		48776690		14118436	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____		

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV
 (14-S228)

1	INPATIENT HOSPITAL SERVICES	1655752				1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	413938				1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)					1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)					1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)					1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS					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)	821142				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	143256				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)	0.01				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.)					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)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	12.489071				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	964398				1.19
1.20	STOP LESS PAYMENT FLOOR	1159026				1.20
1.21	ADJUSTED NET PAYMENT FLOOR	869270				1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS	1378336				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)					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	1378336				4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	1378336				6
7	DEDUCTIBLES	104480				7
8	SUBTOTAL	1273856				8
9	COINSURANCE	14600				9
10	SUBTOTAL	1259256				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					11
11.01	REDUCED REIMBURSABLE BAD DEBTS					11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL	1259256				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
PERIOD FROM 06/01/2007 TO 05/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (5/2007)

VERSION: 2007.06
10/29/2008 09:09

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S228)	SUB II	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	1261521				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	1291289				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	-29768				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 FROM WKST E-3, PART I, LINE 1.05 (IRF) OR 1.09 (IPF)					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)					52
53	TIME VALUE OF MONEY					53

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

WORKSHEET E-3
 PART III

	[XX] TITLE V	[] TITLE XVIII	[] TITLE XIX	NF I		
	HOSPITAL (14-0228) (OTHER)	SUB I (14-S228)	SUB II	SUB III	SUB IV	NF I
	1	1	1	1	1	1
1	COMPUTATION OF NET COST OF COVERED SERVICES					
2	INPATIENT HOSPITAL/SNF/NF SERVICES					1
3	MEDICAL AND OTHER SERVICES	2150				2
4	INTERNS AND RESIDENTS					3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O					4
6	COST OF TEACHING PHYSICIANS					5
7	SUBTOTAL	2150				6
8	INPATIENT PRIMARY PAYER PAYMENTS					7
9	OUTPATIENT PRIMARY PAYER PAYMENTS					8
	SUBTOTAL	2150				9
	COMPUTATION OF LESSER OF COST OR CHARGES					
10	ROUTINE SERVICE CHARGES					10
11	ANCILLARY SERVICE CHARGES	8492				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	8492				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	8492				20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	6342				21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					22
23	COST OF COVERED SERVICES	2150				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	2150				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)					31
32	LESSER OF LINE 30 OR 31	2150				32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)					33

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

WORKSHEET E-3
 PART III

	[XX] TITLE V	[] TITLE XVIII	[] TITLE XIX		
	HOSPITAL (14-0228) (OTHER)	SUB I	SUB II	SUB III	
	1	1	1	1	
				NF I	
				1	
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
35	EXCESS OF REASONABLE COST				34
36	SUBTOTAL	2150			35
37	COINSURANCE				36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19				37
38	REIMBURSABLE BAD DEBTS				38
38.01	REDUCED REIMBURSABLE BAD DEBTS				38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				38.02
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)				38.03
39	UTILIZATION REVIEW				39
40	SUBTOTAL	2150			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	2150			52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)				53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	2150			55
56	SEQUESTRATION ADJUSTMENT				56
57	INTERIM PAYMENTS	7102			57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				57.01
58	BALANCE DUE PROVIDER/PROGRAM	-4952			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 (14-0228) (OTHER)	SUB I (14-S228) (OTHER)	SUB II	SUB III	SUB IV	NF I
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES	24816651	678550				1
2	MEDICAL AND OTHER SERVICES						2
3	INTERNS AND RESIDENTS						3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
5	COST OF TEACHING PHYSICIANS						5
6	SUBTOTAL	24816651	678550				6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL	24816651	678550				9
	COMPUTATION OF LESSER OF COST OR CHARGES						
10	ROUTINE SERVICE CHARGES	14540890	1818048				10
11	ANCILLARY SERVICE CHARGES	46560948	812349				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	61101838	2630397				16
	CUSTOMARY CHARGES						
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM 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	61101838	2630397				20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	36285187	1951847				21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						22
23	COST OF COVERED SERVICES	24816651	678550				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	24816651	678550				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)						31
32	LESSER OF LINES 30 OR 31	24816651	678550				32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						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			NF I
	HOSPITAL (14-0228) (OTHER)	SUB I (14-S228) (OTHER)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
35	EXCESS OF REASONABLE COST					34
36	24816651	678550				35
37	COINSURANCE					36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					37
38.01	REIMBURSABLE BAD DEBTS					38
38.02	REDUCED REIMBURSABLE BAD DEBTS					38.01
	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE					38.02
	BENEFICIARIES (SEE INSTRUCTIONS)					
39	UTILIZATION REVIEW					39
40	24816651	678550				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	24816651	678550				52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
55	24816651	678550				55
56	TOTAL AMOUNT PAYABLE TO THE PROVIDER					56
57	17102472	575350				57
57.01	SEQUESTRATION ADJUSTMENT					57.01
58	7714179	103200				58
59	INTERIM PAYMENTS					59
	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					
	BALANCE DUE PROVIDER/PROGRAM					
	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT					
	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	15.05 3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	15.05 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	20.62 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	15.05 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	20.62 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	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	20.62 3.09
3.10	SEE INSTRUCTIONS	15.05 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	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	3.16
3.17	SEE INSTRUCTIONS	74754.70 3.17
3.18	SEE INSTRUCTIONS	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		15.05	3.19
3.20	SEE INSTRUCTIONS		15.05	3.20
3.21	SEE INSTRUCTIONS		15.05	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		15.05	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		78700.15	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		1184437	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		1184437	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		30381	4
5	TOTAL INPATIENT DAYS		69868	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.434834	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 515033	0	515033	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		3626	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		69868	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		52784	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			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. 14-0228 SWEDISHAMERICAN HOSPITAL
PERIOD FROM 06/01/2007 TO 05/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST	58348644	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	152079	15
16	TOTAL PART A REASONABLE COST	58196565	16

PART B REASONABLE COST

17	REASONABLE COST	19678160	17
18	PRIMARY PAYER PAYMENTS	2677	18
19	TOTAL PART B REASONABLE COST	19675483	19
20	TOTAL REASONABLE COST	77872048	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.747336	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.252664	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	567817	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	424350	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	143467	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	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	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	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	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	3.09
3.10	SEE INSTRUCTIONS	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	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	3.16
3.17	SEE INSTRUCTIONS	3.17
3.18	SEE INSTRUCTIONS	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		3.19
3.20	SEE INSTRUCTIONS		3.20
3.21	SEE INSTRUCTIONS		3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	0.00	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	0.00	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		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		3.25
COMPUTATION OF PROGRAM PATIENT LOAD			
4	PROGRAM PART A INPATIENT DAYS	13924	4
5	TOTAL INPATIENT DAYS	69868	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x] [E-3,PART 6] [LINE 3.25] [LINE 11]	.199290	6
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 0 0		6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE	69868	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		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
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD [PRIOR TO] [E-3,PART 6] [422] [LINE 12] 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. 14-0228 SWEDISHAMERICAN HOSPITAL
PERIOD FROM 06/01/2007 TO 05/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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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	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	28566000			1
2	TEMPORARY INVESTMENTS	3165000			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	60066000			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	4318000			7
8	PREPAID EXPENSES	6457000			8
9	OTHER CURRENT ASSETS	2017000			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	104589000			11
FIXED ASSETS					
12	LAND	1593952			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	5844872			13
13.01	ACCUMULATED DEPRECIATION	-3576092			13.01
14	BUILDINGS	161783134			14
14.01	ACCUMULATED DEPRECIATION	-62353784			14.01
15	LEASEHOLD IMPROVEMENTS	3895402			15
15.01	ACCUMULATED AMORTIZATION	-1038481			15.01
16	FIXED EQUIPMENT	5499516			16
16.01	ACCUMULATED DEPRECIATION	-4411359			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	101486639			18
18.01	ACCUMULATED DEPRECIATION	-54480799			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	154243000			21
OTHER ASSETS					
22	INVESTMENTS				22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	126559000	3413000	5852000	25
26	TOTAL OTHER ASSETS	126559000	3413000	5852000	26
27	TOTAL ASSETS	385391000	3413000	5852000	27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	8645000			28
29	SALARIES, WAGES & FEES PAYABLE				29
30	PAYROLL TAXES PAYABLE				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	75411000			35
36	TOTAL CURRENT LIABILITIES	84056000			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	97211000			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	25389000			41
42	TOTAL LONG TERM LIABILITIES	122600000			42
43	TOTAL LIABILITIES	206656000			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	178735000			44
45	SPECIFIC PURPOSE FUND BALANCE		3413000		45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED			5852000	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	178735000	3413000	5852000	51
52	TOTAL LIABILITIES AND FUND BALANCES	385391000	3413000	5852000	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	162885000	2627000	6081000	1
2 NET INCOME (LOSS)	23642000			2
3 TOTAL	186527000	2627000	6081000	3
4 ADDITIONS (CREDIT ADJUSTMENTS)		1338000	14000	4
5 CONTRIBUTIONS				5
6 OTHER				6
7				7
8				8
9				9
10 TOTAL ADDITIONS		1338000	14000	10
11 SUBTOTAL	186527000	3965000	6095000	11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)	172000	552000	243000	12
13 OTHER	7620000			13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	7792000	552000	243000	18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	178735000	3413000	5852000	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	77503055		77503055	2
4 SUBPROVIDER I	6110029		6110029	4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	83613084		83613084	10
10.01 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				10.01
11 INTENSIVE CARE UNIT	25809633		25809633	11
12 PEDIATRIC ICU				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	25809633		25809633	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	109422717		109422717	18
18.50 ANCILLARY SERVICES	305576249	229053309	534629558	18.50
18.60 OUTPATIENT SERVICES	17463201	34535365	51998566	18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY		13039261	13039261	21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
25 TOTAL PATIENT REVENUES	432462167	276627935	709090102	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		323186700	26
27 BAD DEBT	22224888		27
28 RESTRICTED EXPENSES	267011		28
29 FOUNDATION EXPENSES	1219633		29
30 SAH MEDICAL CENTER BELVIDERE	2703190		30
31 NORTHERN ILLINOIS SCANNING	1996000		31
32 MISC	27441		32
33 TOTAL ADDITIONS		28438163	33
34 MAC EXPENSE	-187863		34
35 INCOME TAX PROVISION	-200000		35
36 ELIMINATIONS	-181000		36
37 MISC			37
38 TOTAL DEDUCTIONS	-568863		38
39 TOTAL OPERATING EXPENSES		351056000	39

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	709090102	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	496643817	2
3	NET PATIENT REVENUES	212446285	3
4	LESS - TOTAL OPERATING EXPENSES	351056000	4
5	NET INCOME FROM SERVICE TO PATIENTS	-138609715	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	10213308	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	111190	13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1165919	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	207987	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	378858	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	9168	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	RESTRICTED INTEREST INCOME	653027	24
24.01	PHYSICIAN PAGING AND ANSWERING	367305	24.01
24.02	CT, MRI JOINT VENTURE INCOME	7739121	24.02
24.03	MEALS ON WHEELS	6971	24.03
24.04	FOUNDATION REVENUE	1037364	24.04
24.05	SACCM REVENUE		24.05
24.06	MSO OTHER REVENUE	1795740	24.06
24.07	PUBLIC AID ASSESMENT REVENUE	23246008	24.07
24.08	SURGICENTER JOINT VENTURE	385818	24.08
24.09	PHYSICIAN REVENUE G-2	2554522	24.09
24.10	OTHER G-2		24.10
24.11	CLINICS G-2	104985347	24.11
24.12	SWEDISHAMERICAN ER G-2	1426906	24.12
24.13	CLINICAL REVENUE G-2	5967156	24.13
24.14	MISC.		24.14
25	TOTAL OTHER INCOME	162251715	25
26	TOTAL	23642000	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	23642000	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7448

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 HHA REIMBURSABLE SERVICES	1173968	338178	53590	9930	194350	1770016 5
6 SKILLED NURSING CARE	1560118	449413	71223		258276	2339030 6
7 PHYSICAL THERAPY	371073	106893	16940		61431	556337 7
8 OCCUPATIONAL THERAPY	138287	39835	6313		22893	207328 8
9 SPEECH PATHOLOGY	65517	18873	2991		10846	98227 9
10 MEDICAL SOCIAL SERVICES	64081	18459	2925		10609	96074 10
11 HOME HEALTH AIDE	27338	7875	1248		4526	40987 11
12 SUPPLIES						12
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME	168325	61276	1285		1207598	1438484 14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING	273149	23993	8207		3698	309047 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	439413	116128	285		1058368	1614194 23
23.50 TELEMEDICINE						23.50
24 TOTAL	4281269	1180923	165007	9930	2832595	8469724 24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7448

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 HHA REIMBURSABLE SERVICES		1770016	152251	1922267	5
6 SKILLED NURSING CARE		2339030		2339030	6
7 PHYSICAL THERAPY		556337		556337	7
8 OCCUPATIONAL THERAPY		207328		207328	8
9 SPEECH PATHOLOGY		98227		98227	9
10 MEDICAL SOCIAL SERVICES		96074		96074	10
11 HOME HEALTH AIDE		40987		40987	11
12 SUPPLIES					12
13 DRUGS					13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME		1438484	-739923	698561	14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING		309047		309047	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		1614194	-77167	1537027	23
23.50 TELEMEDICINE					23.50
24 TOTAL		8469724	-664839	7804885	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7448

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	1922267					1922267	1922267	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	2339030					2339030	764325	3103355 6
7 PHYSICAL THERAPY	556337					556337	181795	738132 7
8 OCCUPATIONAL THERAPY	207328					207328	67749	275077 8
9 SPEECH PATHOLOGY	98227					98227	32098	130325 9
10 MEDICAL SOCIAL SERVICES	96074					96074	31394	127468 10
11 HOME HEALTH AIDE	40987					40987	13393	54380 11
12 SUPPLIES								12
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME	698561					698561	228269	926830 14
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING	309047					309047	100988	410035 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	1537027					1537027	502256	2039283 23
23.50 TELEMEDICINE								23.50
24 TOTAL	7804885					7804885		7804885 24

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
 PERIOD FROM 06/01/2007 TO 05/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2007.06
 10/29/2008 09:09

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7448

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					-1922267	5882618	5
6 SKILLED NURSING CARE						2339030	6
7 PHYSICAL THERAPY						556337	7
8 OCCUPATIONAL THERAPY						207328	8
9 SPEECH PATHOLOGY						98227	9
10 MEDICAL SOCIAL SERVICES						96074	10
11 HOME HEALTH AIDE						40987	11
12 SUPPLIES							12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME						698561	14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING						309047	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						1537027	23
23.50 TELEMEDICINE							23.50
24 TOTAL					-1922267	5882618	24
25 COST TO BE ALLOC (PER W/S H)						1922267	25
26 UNIT COST MULTIPLIER						.326771	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7448

WORKSHEET H-5
 PART I

HHA COST CENTER	TOTAL HHA COSTS	
	29	
1 ADMINISTRATIVE AND GENERAL		1
2 SKILLED NURSING CARE	3864473	2
3 PHYSICAL THERAPY	918366	3
4 OCCUPATIONAL THERAPY	342836	4
5 SPEECH PATHOLOGY	162381	5
6 MEDICAL SOCIAL SERVICES	159311	6
7 HOME HEALTH AIDE	69881	7
8 SUPPLIES		8
9 DRUGS		9
9.20 COST OF ADMINISTERING VACC		9.20
10 DME	1145941	10
11 HOME DIALYSIS AIDE SERVICE		11
12 RESPIRATORY THERAPY		12
13 PRIVATE DUTY NURSING	528641	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	2520706	19
19.50 TELEMEDICINE		19.50
20 TOTALS	9712536	20
21 UNIT COST MULTIPLIER		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7448

WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT SQUARE FEET	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS FTE'S	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAINT- TENANCE & REPAIRS SQUARE FEET	
	1	2	3	4	5	6A	6	7	
1 ADMINISTRATIVE AND GENERAL	150	150	150	150	2328		52026	150	1
2 SKILLED NURSING CARE					2244		3147951		2
3 PHYSICAL THERAPY					501		748089		3
4 OCCUPATIONAL THERAPY					211		279270		4
5 SPEECH PATHOLOGY					98		132273		5
6 MEDICAL SOCIAL SERVICES					116		129773		6
7 HOME HEALTH AIDE					128		56924		7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME					334		933468		10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING					1036		430624		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					707		2053334		19
19.50 TELEMEDICINE									19.50
20 TOTALS	150	150	150	150	7703		7963732	150	20
21 TOTAL COST TO BE ALLOCATED	51	257	1922	3531	153086		1743691	921	21
22 UNIT COST MULTIPLIER	.340000		12.813333		19.873556		.218954		22
22 UNIT COST MULTIPLIER		1.713333		23.540000				6.140000	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7448

WORKSHEET H-5
 PART II

HHA COST CENTER	PARAMED ED PRGM RADIOLOGY ASSIGNED TIME	PARAMED ED PRGM RAD ONC ASSIGNED TIME	PARAMED ED PRGM PARAMEDICS ASSIGNED TIME	
	24.20	24.30	24.40	
1 ADMINISTRATIVE AND GENERAL				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				20
21 TOTAL COST TO BE ALLOCATED				21
22 UNIT COST MULTIPLIER				22
22 UNIT COST MULTIPLIER				22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7448

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	
		2	1	2	3	4	5	
1	SKILLED NURSING CARE		3864473		3864473	16930	228.26	1
2	PHYSICAL THERAPY		918366		918366	5096	180.21	2
3	OCCUPATIONAL THERAPY		342836		342836	2125	161.33	3
4	SPEECH PATHOLOGY		162381		162381	993	163.53	4
5	MEDICAL SOCIAL SERV		159311		159311	295	540.04	5
6	HOME HEALTH AIDE SERV		69881		69881	1507	46.37	6
7	TOTAL		5517248		5517248	26946		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		
		8	1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES							15
16	COST OF DRUGS							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

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7448

WORKSHEET H-6
 PARTS I & II
 (CONTINUED)

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		PROGRAM VISITS				COST OF SERVICES				TOTAL PROGRAM COST
		PART B		PART B		PART B		12		
PATIENT SERVICES		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR			
1	SKILLED NURSING CARE	6391	3433	8	1458810	783617	11		2242427	1
2	PHYSICAL THERAPY	2139	849	8	385469	152998	11	538467	2	
3	OCCUPATIONAL THERAPY	968	435	8	156167	70179	11	226346	3	
4	SPEECH PATHOLOGY	426	241	8	69664	39411	11	109075	4	
5	MEDICAL SOCIAL SERV	112	68	8	60484	36723	11	97207	5	
6	HOME HEALTH AIDE SERV	670	462	8	31068	21423	11	52491	6	
7	TOTAL	10706	5488	8	2161662	1104351	11	3266013	7	

LIMITATION COST COMPUTATION		PROGRAM VISITS				COST OF SERVICES				TOTAL PROGRAM COST
		PART B		PART B		PART B		12		
PATIENT SERVICES		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR			
8	SKILLED NURSING CARE	6	7	8	9	10	11		12	8
9	PHYSICAL THERAPY	6	7	8	9	10	11	12	9	
10	OCCUPATIONAL THERAPY	6	7	8	9	10	11	12	10	
11	SPEECH PATHOLOGY	6	7	8	9	10	11	12	11	
12	MEDICAL SOCIAL SERV	6	7	8	9	10	11	12	12	
13	HOME HEALTH AIDE SERV	6	7	8	9	10	11	12	13	
14	TOTAL	6	7	8	9	10	11	12	14	

SUPPLIES AND DRUGS COST COMPUTATIONS		PROGRAM COVERED CHARGES				COST OF SERVICES				TOTAL
		PART B DEDUCT. & COINSUR.		PART B DEDUCT. & COINSUR.		PART B DEDUCT. & COINSUR.		11		
OTHER PATIENT SERVICES		PART A	FEE NOT REIMBURSED	SUBJECT TO	PART A	FEE NOT REIMBURSED	SUBJECT TO			
15	COST OF MEDICAL SUPPLIES	6	7	7.01	9	10	10.01		11	15
16	COST OF DRUGS	6	7	7.01	9	10	10.01	11	16	
16.20	COST OF ADMINISTERING VA	6	7	7.01	9	10	10.01	11	16.20	

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7448

WORKSHEET H-6
 PARTS II & III

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

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
	1	2	3	4		
1	PHYSICAL THERAPY 50	.347787			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY 51				COL 2, LINE 3	2
3	SPEECH PATHOLOGY 52				COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA 55	.155516			COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS 56	.175805			COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE

	FROM PART I COL. 5	COST PER VISIT	PROGRAM VISITS PRIOR TO 1/1/98	PROGRAM COST FROM 1/1/98 THRU 12/31/98	PROGRAM PRIOR TO 1/1/98	PROGRAM COST FROM 1/1/98 THRU 12/31/98	PROGRAM VISITS ON OR AFTER 1/1/99	
	1	2	3	4	5			
1	PHYSICAL THERAPY	180.21	2.01	3	3.01	4	5	1
2	OCCUPATIONAL THERAPY	161.33						2
3	SPEECH PATHOLOGY	163.53						3
4	TOTAL							4

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7448

WORKSHEET H-6
 PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [] TITLE XVIII [XX] 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	
		2	1	2	3	4	5	
1	SKILLED NURSING CARE	2	3864473		3864473	16930	228.26	1
2	PHYSICAL THERAPY	3	918366		918366	5096	180.21	2
3	OCCUPATIONAL THERAPY	4	342836		342836	2125	161.33	3
4	SPEECH PATHOLOGY	5	162381		162381	993	163.53	4
5	MEDICAL SOCIAL SERV	6	159311		159311	295	540.04	5
6	HOME HEALTH AIDE SERV	7	69881		69881	1507	46.37	6
7	TOTAL		5517248		5517248	26946		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		
		8	1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8						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

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7448

WORKSHEET H-6
 PARTS II & III

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

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
	1	2	3	4		
1	PHYSICAL THERAPY 50	.347787			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY 51				COL 2, LINE 3	2
3	SPEECH PATHOLOGY 52				COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA 55	.155516			COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS 56	.175805			COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE

	FROM PART I COL. 5	COST PER VISIT	PROGRAM VISITS PRIOR TO 1/1/98	PROGRAM COST FROM 1/1/98 THRU 12/31/98	PROGRAM PRIOR TO 1/1/98	PROGRAM COST FROM 1/1/98 THRU 12/31/98	PROGRAM VISITS ON OR AFTER 1/1/99	
	1	2	3	4	5			
1	PHYSICAL THERAPY 2	180.21	2.01	3	3.01	4	5	1
2	OCCUPATIONAL THERAPY 3	161.33						2
3	SPEECH PATHOLOGY 4	163.53						3
4	TOTAL							4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7448

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	
1 REASONABLE COST OF PROGRAM SERVICES				1
2 REASONABLE COST OF SERVICES				2
3 TOTAL CHARGES	1901242		1011051	2
CUSTOMARY CHARGES				
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				3
5 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
6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
7 TOTAL CUSTOMARY CHARGES	1901242		1011051	6
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	1901242		1011051	7
9 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
PRIMARY PAYOR PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES		PART B SERVICES		
	1	2	3	4	
10 TOTAL REASONABLE COST					10
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1839031		992936		10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS		2325			10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES		16122		9279	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES		3028		1892	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES					10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES				2718	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		642			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	1861148		1006825		12
13 EXCESS REASONABLE COST					13
14 SUBTOTAL	1861148		1006825		14
15 COINSURANCE BILLED TO PROGRAM PATIENTS					15
16 NET COST	1861148		1006825		16
17 REIMBURSABLE BAD DEBTS					17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES					17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	1861148		1006825		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	1861148		1006825		22
23 SEQUESTRATION ADJUSTMENT					23
24 SUBTOTAL	1861148		1006825		24
25 TOTAL INTERIM PAYMENTS	1861147		1011051		25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)					25.01
26 BALANCE DUE PROVIDER/PROGRAM		1	-4226		26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2					27

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7448

WORKSHEET H-7
 PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [] TITLE XVIII [XX] 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
1 REASONABLE COST OF PROGRAM SERVICES			1
2 REASONABLE COST OF SERVICES			2
2 TOTAL CHARGES			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			6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST			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			10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES			10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES			10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES			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			12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL			14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST			16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD			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			22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL			24
25 TOTAL INTERIM PAYMENTS			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.: 14-7448

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		1861147		1011051	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					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
	TO .05				3.50
	PROGRAM .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		1861147		1011051	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	1			6.01
	PROVIDER TO .02			-4226	6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		1861148		1006825	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 (14-0228)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER	3365152			2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	180783			3.01
4	INDIRECT MEDICAL EDUCATION ADJUSTMENT TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD	178.41			4
	[E-3,PT VI,LN.18]				
	[E,PT A,LN.3.17][x E-3,PT VI,LN.1]				
4.01	NO. OF INTERNS & RESIDENTS	12.38	0.00		4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE			1.98	4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT			66630	4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0480			5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.2525			5.01
5.02	SUM OF LINES 5 AND 5.01	0.3005			5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0627			5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	210995			5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3823560			6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				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					
1	OLD CAP REL COSTS-BLDG & FIXT				1
2	OLD CAP REL COSTS-MVBLE EQUIP				2
3	NEW CAP REL COSTS-BLDG & FIXT				3
4	NEW CAP REL COSTS-MVBLE EQUIP				4
5	EMPLOYEE BENEFITS				5
6	ADMINISTRATIVE & GENERAL				6
7	MAINTENANCE & REPAIRS				7
8	OPERATION OF PLANT				8
9	LAUNDRY & LINEN SERVICE				9
10	HOUSEKEEPING				10
11	DIETARY				11
12	CAFETERIA				12
13	MAINTENANCE OF PERSONNEL				13
14	NURSING ADMINISTRATION				14
15	CENTRAL SERVICES & SUPPLY				15
16	PHARMACY				16
17	MEDICAL RECORDS & LIBRARY				17
18	SOCIAL SERVICE				18
20	NONPHYSICIAN ANESTHETISTS				20
21	NURSING SCHOOL				21
22	I&R SERVICES-SALARY & FRINGES A				22
23	I&R SERVICES-OTHER PRGM COSTS A				23
24.10	PARAMED ED PRGM - MEDICAL				24.10
24.20	PARAMED ED PRGM - RADIOLOGY				24.20
24.30	PARAMED ED - RADIATION ONCOLOGY				24.30
24.40	PARAMED ED - PARAMEDICAL TECHS				24.40
INPATIENT ROUTINE SERV COST CENTERS					
25	ADULTS & PEDIATRICS				25
26	INTENSIVE CARE UNIT				26
26.01	PEDIATRIC ICU				26.01
31	SUBPROVIDER I				31
33	NURSERY				33
ANCILLARY SERVICE COST CENTERS					
37	OPERATING ROOM				37
37.20	GASTROENTEROLOGY				37.20
39	DELIVERY ROOM & LABOR ROOM				39
40	ANESTHESIOLOGY				40
41	RADIOLOGY-DIAGNOSTIC				41
41.10	RADIATION ONCOLOGY				41.10
41.20	CT SCAN				41.20
41.30	M.R.I.				41.30
44	LABORATORY				44
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
49	RESPIRATORY THERAPY				49
50	PHYSICAL THERAPY				50
53	ELECTROCARDIOLOGY				53
53.10	PEDIATRIC CARDIOLOGY				53.10
54	ELECTROENCEPHALOGRAPHY				54
54.10	APNEA MONITORING				54.10
55	MEDICAL SUPPLIES CHARGED TO PAT				55
56	DRUGS CHARGED TO PATIENTS				56
58.10	NUTRITIONAL SUPPORT				58.10
58.20	HEMODIALYSIS				58.20
OUTPATIENT SERVICE COST CENTERS					
60	CLINIC				60
60.01	CHILDRENS CLINIC				60.01
61	EMERGENCY				61
61.05	AMBULATORY CARE				61.05
61.10	PSYCHIATRIC PARTIAL				61.10
62	OBSERVATION BEDS (NON-DISTINCT				62
63.50	RHC				63.50
63.60	FQHC				63.60
OTHER REIMBURSABLE COST CENTERS					
69.10	CMHC				69.10
69.20	OUTPATIENT PHYSICAL THERAPY				69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40	OUTPATIENT SPEECH PATHOLOGY				69.40
71	HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS					
85.01	PANCREAS ACQUISITION				85.01
85.02	INTESTINAL ACQUISITION				85.02
85.03	ISLET CELL ACQUISITION				85.03
95	SUBTOTALS				95
NONREIMBURSABLE COST CENTERS					
96	GIFT, FLOWER, COFFEE SHOP & CAN				96

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
PERIOD FROM 06/01/2007 TO 05/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2007.06
10/29/2008 09:09

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	
96.10 MCC WORD PROCESSING						96.10
98 PHYSICIANS' PRIVATE OFFICES						98
98.01 SPECIALISTS/PCP'S						98.01
98.02 MEDWORKS						98.02
98.03 SWEDISHAMERICAN ER						98.03
98.20 IDLE SPACE						98.20
99 NONPAID WORKERS						99
99.10 HOTEL						99.10
99.30 PHYSICIAN BILLING						99.30
99.40 MEALS ON WHEELS						99.40
99.50 WEE CARE						99.50
99.60 PHYSICIAN RELATED AREAS						99.60
99.70 WOMEN'S CENTER						99.70
99.80 MARKETING EXPENSES						99.80
99.90 COMPLIMENTARY MEDICINE						99.90
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	41.66		20.80				62.46 25
26 INTENSIVE CARE UNIT	55.74		11.58				67.32 26
33 NURSERY			66.54				66.54 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	21.61	6.57	3.29				31.47 37
37.20 GASTROENTEROLOGY	18.08	14.26	4.38				36.72 37.20
39 DELIVERY ROOM & LABOR ROOM	0.31		32.58				32.89 39
40 ANESTHESIOLOGY	20.37	7.30	8.18				35.85 40
41 RADIOLOGY-DIAGNOSTIC	21.44	16.79	2.03				40.26 41
41.10 RADIATION ONCOLOGY	1.21	37.95	0.31				39.47 41.10
41.20 CT SCAN	14.53	19.80	3.59				37.92 41.20
41.30 M.R.I.	9.06	18.73	2.03				29.82 41.30
44 LABORATORY	17.23	1.66	8.89				27.78 44
49 RESPIRATORY THERAPY	44.08	3.37	6.21				53.66 49
50 PHYSICAL THERAPY	23.64	0.16	2.76		0.02		26.58 50
53 ELECTROCARDIOLOGY	22.75	20.08	9.00				51.83 53
54 ELECTROENCEPHALOGRAPHY	4.51	18.98	1.44				24.93 54
55 MEDICAL SUPPLIES CHARGED TO PAT	24.99	8.99	32.57				66.55 55
56 DRUGS CHARGED TO PATIENTS	34.08	4.57	13.62				52.27 56
58.10 NUTRITIONAL SUPPORT	2.81	2.48					5.29 58.10
58.20 HEMODIALYSIS	70.62	0.15	6.65				77.42 58.20
60 CLINIC	10.01	32.07	1.99				44.07 60
61 EMERGENCY	15.89	9.71	3.35				28.95 61
61.05 AMBULATORY CARE	1.00	42.77					43.77 61.05
61.10 PSYCHIATRIC PARTIAL	1.93	2.87					4.80 61.10
62 OBSERVATION BEDS (NON-DISTINCT)	0.65	26.19	0.60				27.44 62
101 TOTAL CHARGES	17.35	9.87	5.92				33.14 101

***** 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	35.38		12.86				48.24 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
40 ANESTHESIOLOGY	0.20						0.20 40
41 RADIOLOGY-DIAGNOSTIC	0.02		0.02				0.04 41
41.20 CT SCAN	0.05		0.03				0.08 41.20
41.30 M.R.I.	0.03		0.05				0.08 41.30
44 LABORATORY	0.31		0.30				0.61 44
49 RESPIRATORY THERAPY	0.09		0.01				0.10 49
50 PHYSICAL THERAPY	0.05		0.01				0.06 50
53 ELECTROCARDIOLOGY	0.22		0.38				0.60 53
54 ELECTROENCEPHALOGRAPHY			0.02				0.02 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.04		0.03				0.07 55
56 DRUGS CHARGED TO PATIENTS	0.54		0.36				0.90 56
58.10 NUTRITIONAL SUPPORT	0.01						0.01 58.10
60 CLINIC	0.04		0.02				0.06 60
61 EMERGENCY	0.28		0.30				0.58 61
101 TOTAL CHARGES	0.12		0.10				0.22 101

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT	174176	.06	-174176	-.18			1
2	OLD CAP REL COSTS-MVBLE EQUIP	825234	.27	-825234	-.87			2
3	NEW CAP REL COSTS-BLDG & FIXT	6596004	2.17	-6596004	-6.92			3
4	NEW CAP REL COSTS-MVBLE EQUIP	11351543	3.73	-11351543	-11.92			4
5	EMPLOYEE BENEFITS	4412817	1.45	-4412817	-4.63			5
6	ADMINISTRATIVE & GENERAL	42975882	14.13	-42975882	-45.12			6
7	MAINTENANCE & REPAIRS	1869666	.61	-1869666	-1.96			7
8	OPERATION OF PLANT	4020636	1.32	-4020636	-4.22			8
9	LAUNDRY & LINEN SERVICE	1069572	.35	-1069572	-1.12			9
10	HOUSEKEEPING	3276507	1.08	-3276507	-3.44			10
11	DIETARY	4154701	1.37	-4154701	-4.36			11
12	CAFETERIA	-1165919	-.38	1165919	1.22			12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	1519499	.50	-1519499	-1.60			14
15	CENTRAL SERVICES & SUPPLY	2616590	.86	-2616590	-2.75			15
16	PHARMACY	3814460	1.25	-3814460	-4.00			16
17	MEDICAL RECORDS & LIBRARY	2280483	.75	-2280483	-2.39			17
18	SOCIAL SERVICE							18
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL							21
22	I&R SERVICES-SALARY & FRINGES A							22
23	I&R SERVICES-OTHER PRGM COSTS A	4344914	1.43	-4344914	-4.56			23
24.10	PARAMED ED PRGM - MEDICAL	78766	.03	-78766	-.08			24.10
24.20	PARAMED ED PRGM - RADIOLOGY	129741	.04	-129741	-.14			24.20
24.30	PARAMED ED - RADIATION ONCOLOGY	157632	.05	-157632	-.17			24.30
24.40	PARAMED ED - PARAMEDICAL TECHS	753851	.25	-753851	-.79			24.40
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	27389157	9.01	25280374	26.54	52669531	17.32	25
26	INTENSIVE CARE UNIT	6863948	2.26	4579195	4.81	11443143	3.76	26
26.01	PEDIATRIC ICU							26.01
31	SUBPROVIDER I	1894198	.62	2447686	2.57	4341884	1.43	31
33	NURSERY	3478882	1.14	1627742	1.71	5106624	1.68	33
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	19454410	6.40	10845505	11.39	30299915	9.96	37
37.20	GASTROENTEROLOGY	729440	.24	1044957	1.10	1774397	.58	37.20
39	DELIVERY ROOM & LABOR ROOM	3979617	1.31	2155605	2.26	6135222	2.02	39
40	ANESTHESIOLOGY	303245	.10	202798	.21	506043	.17	40
41	RADIOLOGY-DIAGNOSTIC	20502032	6.74	11139191	11.69	31641223	10.40	41
41.10	RADIATION ONCOLOGY	10692989	3.52	4897668	5.14	15590657	5.13	41.10
41.20	CT SCAN	3109043	1.02	983450	1.03	4092493	1.35	41.20
41.30	M.R.I.	2435034	.80	938520	.99	3373554	1.11	41.30
44	LABORATORY	8896156	2.93	3827871	4.02	12724027	4.18	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
49	RESPIRATORY THERAPY	2462684	.81	1127389	1.18	3590073	1.18	49
50	PHYSICAL THERAPY	3832726	1.26	1329115	1.40	5161841	1.70	50
53	ELECTROCARDIOLOGY	896679	.29	921522	.97	1818201	.60	53

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY	995497	.33	427207	.45	1422704	.47	54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	3667797	1.21	1451135	1.52	5118932	1.68	55
56 DRUGS CHARGED TO PATIENTS	7444776	2.45	6951191	7.30	14395967	4.73	56
58.10 NUTRITIONAL SUPPORT	117618	.04	27867	.03	145485	.05	58.10
58.20 HEMODIALYSIS	511187	.17	304076	.32	815263	.27	58.20
60 CLINIC	1793293	.59	859454	.90	2652747	.87	60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY	8598150	2.83	5683850	5.97	14282000	4.70	61
61.05 AMBULATORY CARE	374473	.12	382093	.40	756566	.25	61.05
61.10 PSYCHIATRIC PARTIAL	765514	.25	488843	.51	1254357	.41	61.10
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY	7804885	2.57	1907651	2.00	9712536	3.19	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	648152	.21	370779	.39	1018931	.34	96
96.10 MCC WORD PROCESSING							96.10
98 PHYSICIANS' PRIVATE OFFICES			67370	.07	67370	.02	98
98.01 SPECIALISTS/PCP'S	52616159	17.30	723168	.76	53339327	17.54	98.01
98.02 MEDWORKS							98.02
98.03 SWEDISHAMERICAN ER	2299948	.76			2299948	.76	98.03
98.20 IDLE SPACE			652247	.68	652247	.21	98.20
99 NONPAID WORKERS	-73946	-.02	2222		-71724	-.02	99
99.10 HOTEL							99.10
99.30 PHYSICIAN BILLING							99.30
99.40 MEALS ON WHEELS			24243	.03	24243	.01	99.40
99.50 WEE CARE	18756	.01	465800	.49	484556	.16	99.50
99.60 PHYSICIAN RELATED AREAS	1512099	.50	347794	.37	1859893	.61	99.60
99.70 WOMEN'S CENTER							99.70
99.80 MARKETING EXPENSES	2333526	.77	562589	.59	2896115	.95	99.80
99.90 COMPLIMENTARY MEDICINE	528239	.17	208588	.22	736827	.24	99.90
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	304133118	100.00	0	.00	304133118	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1989925	121548495	.016372	26265138	430013	37
37.20 GASTROENTEROLOGY	244361	6658758	.036697	1203803	44176	37.20
39 DELIVERY ROOM & LABOR ROOM	542571	9669493	.056112	30206	1694	39
40 ANESTHESIOLOGY	61786	7075121	.008733	1441441	12588	40
41 RADIOLOGY-DIAGNOSTIC	2761521	117911360	.023421	25280164	592087	41
41.10 RADIATION ONCOLOGY	545815	48628476	.011224	590485	6628	41.10
41.20 CT SCAN	74867	33565760	.002231	4877124	10880	41.20
41.30 M.R.I.	156253	22563234	.006925	2043572	14152	41.30
44 LABORATORY	697331	90608600	.007696	15611265	120145	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	195571	17747583	.011020	7822759	86207	49
50 PHYSICAL THERAPY	170948	14841978	.011517	3508438	40406	50
53 ELECTROCARDIOLOGY	174904	12047650	.014518	2741301	39799	53
53.10 PEDIATRIC CARDIOLOGY						53.10
54 ELECTROENCEPHALOGRAPHY	80121	5907781	.013562	266438	3614	54
54.10 APNEA MONITORING						54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	77180	32915751	.002345	8225768	19289	55
56 DRUGS CHARGED TO PATIENTS	264872	81885840	.003234	27903018	90238	56
58.10 NUTRITIONAL SUPPORT	772	544450	.001418	15317	22	58.10
58.20 HEMODIALYSIS	101873	1353515	.075266	955877	71945	58.20
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	186098	2635578	.070610	263714	18621	60
60.01 CHILDRENS CLINIC						60.01
61 EMERGENCY	654470	46675646	.014021	7414687	103961	61
61.05 AMBULATORY CARE	145239	1537494	.094464	15433	1458	61.05
61.10 PSYCHIATRIC PARTIAL	149435	1149848	.129961	22231	2889	61.10
62 OBSERVATION BEDS (NON-DISTINCT	174114	2432550	.071577	15875	1137	62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	9450027	679904961		136514054	1711949	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	6534170		6534170	60608	107.81	25250	2722203 25
26	INTENSIVE CARE UNIT	1137898		1137898	6304	180.50	3514	634277 26
26.01	PEDIATRIC ICU							26.01
101	TOTAL	7672068		7672068			28764	3356480 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 3356480

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 1711949

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 5068429

MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13) 6381

MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4) 28764

PER DISCHARGE CAPITAL COSTS 794.30

PER DIEM CAPITAL COSTS 176.21

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)	51439582
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	176955316
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.291

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))	1630890
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	2934028
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.556

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)	5068429
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.029

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5238))	19460152
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (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)	77647491
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.251