

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

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY SWEDISH COVENANT HOSPITAL (14-0114) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2008 AND ENDING 09/30/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
	1	2	3	4	
1	HOSPITAL	2061730	-456496	120165	1
2	SUBPROVIDER I	91501			2
2.01	SUBPROVIDER II	200025			2.01
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY	6932			5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	2360188	-456496	120165	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: 5145 NORTH CALIFORNIA AVENUE P.O.BOX: 1
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60625 COUNTY: COOK 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	14-0114	07/01/1966	N	P	O	2	
3	SUBPROVIDER I	SCH REHABILITATION UNIT	14-T114	02/01/1984	N	P	O	3
3.01	SUBPROVIDER II	SCH PSYCHIATRIC UNIT	14-S114	02/01/1989	N	P	O	3.01
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF	SWEDISH COVENANT SKILLED CARE	14-5573	04/22/1987	N	P	N	6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA	SCH HOME MED NORTH	14-7126	03/15/1976	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/01/2008 TO: 09/30/2009 17
 18 TYPE OF CONTROL 1 2 18

TYPE OF HOSPITAL/SUBPROVIDER

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

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.						21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.	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 16974	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 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.	NO					21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS).	NO					21.07
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.						21.08
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	NO					22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW	NO					23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.						23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.						24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.						24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	YES			25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	YES			25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	YES			25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO			25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO			25.04
25.05	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
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:				26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:				26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO			27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.	NO			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st	100		1.0274	28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.	1	1600	16974	28.02
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	NO		28.03
28.04	RECRUITMENT	0.00	NO		28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO		28.05
28.06	TRAINING	0.00	NO		28.06
28.07	OTHER (SPECIFY)		NO		28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO			29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO			30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO			31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO			31.01
31.02	IS THIS A RURAL HOSPITAL SUB II QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO			31.02

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

32 IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. NO 32
 33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2. NO 33
 34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA? NO 34
 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? NO 35
 35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER II (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)? NO 35.01

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? NO 36
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320? NO YES NO 36.01
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? NO NO NO 37
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE? 37.01

TITLE XIX INPATIENT HOSPITAL SERVICES
 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? YES 38
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? NO 38.01
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? NO 38.02
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? NO 38.03
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? NO 38.04

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03. YES 14H042 40
 40.01 NAME: COVENANT MINISTRIES OF BENE FI/CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICEFI/CONTRACTOR'S NUMBER: 40.01
 40.02 STREET: 5145 N. CALIFORNIA AVENUE P.O.BOX: 40.02
 40.03 CITY: CHICAGO STATE: IL ZIP CODE: 60625 40.03
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? YES 41
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? YES 42
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? YES 42.01
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? YES 42.02
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS? NO 43
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY? YES 44
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? NO 45
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS? 45.01
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? 45.02
 45.03 WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? 45.03
 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE. 46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47 HOSPITAL	N	N	N	N	N	47
48 SUBPROVIDER I	N	N	N	N	N	48
48.01 SUBPROVIDER II	N	N	N	N	N	48.01
49 SKILLED NURSING FACILITY	N	N				49
50 HOME HEALTH AGENCY	N	N				50
52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?						52
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.						52.01
53 IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE						53
53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.						
53.01 MDH PERIOD: BEGINNING: ENDING:						53.01
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 9233840 PAID LOSSES: AND/OR SELF INSURANCE: 1						54
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.						54.01
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.						55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$	
		0	1	2	3	4	
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		YES				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)		NO				58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		YES				60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		YES	NO			60.01
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO				61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS		
	1	2	3	4	5		
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	01/26/2010			63

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	5647	4495	14280	1	
2	HMO XIX				2	
2.01	HMO (IRF PPS Sub)				2.01	
3	HOSPITAL ADULTS & PEDS - SWING BED SNF				3	
4	HOSPITAL ADULTS & PEDS - SWING BED NF				4	
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS				5	
6	INTENSIVE CARE UNIT				6	
6.01	SPECIAL CARE NURSERY				6.01	
7	CORONARY CARE UNIT				7	
8	BURN INTENSIVE CARE UNIT				8	
9	SURGICAL INTENSIVE CARE UNIT				9	
10	OTHER SPECIAL CARE (SPECIFY)				10	
11	NURSERY				11	
12	TOTAL HOSPITAL	5647	4495	14280	12	
13	RPCH VISITS				13	
14	SUBPROVIDER I	229	53	362	14	
14.01	SUBPROVIDER II PSYCHIATRIC UN	497	450	1127	14.01	
15	SKILLED NURSING FACILITY				15	
16	NURSING FACILITY				16	
17	OTHER LONG TERM CARE				17	
18	HOME HEALTH AGENCY				18	
20	ASC (DISTINCT PART)				20	
21	HOSPICE (DISTINCT PART)				21	
23	O/P REHAB PROVIDER				23	
24	RHC I				24	
25	TOTAL				25	
26	OBSERVATION BED DAYS				26	
27	AMBULANCE TRIPS				27	
28	EMPLOYEE DISCOUNT DAYS				28	

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS.	ADJUSTED	PAID HOURS	AVERAGE	DATA SOURCE	WORKSHEET S-3 PART II
		OF SALARIES FROM WKST. A-6	SALARIES (COL.1 + COL.2)	RELATED TO SALARY IN COL.3	HOURLY WAGE (COL.3 / COL.4)		
SALARIES	1	2	3	4	5	6	
1 TOTAL SALARIES	94423601		94423601	3430576.00	27.52		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A	72989		72989	1733.68	42.10	HBP ANALYSIS	4
4.01 TEACHING PHYSICIAN SALARIES	540586		540586	5819.00	92.90	HBP ANALYSIS	4.01
5 PHYSICIAN - PART B	513931		513931	6916.71	74.30	HBP ANALYSIS	5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)	1615743	10501	1626244	73662.00	22.08	GL AND HOURS	6
6.01 CONTRACT SERVICES, I&R						GL AND IRIS	6.01
7 HOME OFFICE PERSONNEL							7
8 SNF	1084257		1084257	41581.00	26.08	HOSPITAL HOURS REPORT	8
8.01 EXCLUDED AREA SALARIES	5472072	-64570	5407502	178416.00	30.31	HOSPITAL HOURS REPORT	8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	1536262		1536262	21287.00	72.17	602 AGENCY HOURS	9
9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10 CONTRACT LABOR: PHYSICIAN PART A	249600		249600	4559.00	54.75	HBP ANALYSIS	10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	1418644		1418644	8784.31	161.50	CMB	11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	14356591		14356591			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	1046586		1046586			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	9814		9814			CMS 339	18
18.01 PART A TEACHING PHYSICIANS	54125		54125			CMS 339	18.01
19 PHYSICIAN PART B	55119		55119			CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)							19.01
20 INTERNS & RESIDENTS (IN APPR PGM)	311232		311232			CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	1546373		1546373	71587.00	21.60		21
22 ADMINISTRATIVE & GENERAL	15360625	64570	15425195	484814.00	31.82		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	533844		533844	1532.17	348.42		22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	2207805		2207805	93432.00	23.63		24
25 LAUNDRY & LINEN SERVICE							25
26 HOUSEKEEPING	1929228		1929228	166756.00	11.57		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	1442762		1442762	100248.00	14.39		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA	507283		507283	27004.00	18.79		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	1641122		1641122	55625.00	29.50		30
31 CENTRAL SERVICES AND SUPPLY	519681		519681	31165.00	16.68		31
32 PHARMACY	2105698		2105698	58795.00	35.81		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	916041		916041	44606.00	20.54		33
34 SOCIAL SERVICE	456479		456479	16708.00	27.32		34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART III

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS.	ADJUSTED	PAID HOURS	AVERAGE	
		OF SALARIES FROM WKST. A-6	SALARIES (COL.1 + COL.2)	RELATED TO SALARY IN COL.3	HOURLY WAGE (COL.3 / COL.4)	
	1	2	3	4	5	
1 NET SALARIES	92287185	-10501	92276684	3345710.46	27.58	1
2 EXCLUDED AREA SALARIES	6556329	-64570	6491759	219997.00	29.51	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	85730856	54069	85784925	3125713.46	27.44	3
4 SUBTOTAL OTHER WAGES & REL COSTS	3204506		3204506	34630.31	92.53	4
5 SUBTOTAL WAGE-RELATED COSTS	14366405		14366405		16.75%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	103301767	54069	103355836	3160343.77	32.70	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	29166941	64570	29231511	1152272.17	25.37	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7126

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: COOK

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		1535		535	2070	1
2 UNDUPLICATED CENSUS COUNT		543.00		452.00	995.00	2

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	1.00		1.00	4
5 OTHER ADMINISTRATIVE PERSONNEL	9.89		9.89	5
6 DIRECT NURSING SERVICE	10.30		10.30	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE	2.81		2.81	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE	1.40		1.40	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE	.10		.10	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE	.20		.20	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	1.00		1.00	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

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

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7126

WORKSHEET S-4
 (CONTINUED)

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

	FULL EPISODES				SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4				
	21	SKILLED NURSING VISITS	4957	152				
22	SKILLED NURSING VISIT CHARGES	997827	30594	55303	37185	1120909	22	
23	PHYSICAL THERAPY VISITS	2915	11	23	116	3065	23	
24	PHYSICAL THERAPY VISIT CHARGES	585915	2211	4623	23316	616065	24	
25	OCCUPATIONAL THERAPY VISITS	974	3	6	39	1022	25	
26	OCCUPATIONAL THERAPY VISIT CHARGES	195774	603	1206	7839	205422	26	
27	SPEECH PATHOLOGY VISITS	29				29	27	
28	SPEECH PATHOLOGY VISIT CHARGES	5829				5829	28	
29	MEDICAL SOCIAL SERVICE VISITS	49		2	6	57	29	
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	13279		542	1626	15447	30	
31	HOME HEALTH AIDE VISITS	604	2		5	611	31	
32	HOME HEALTH AIDE VISIT CHARGES	81540	270		675	82485	32	
33	TOTAL VISITS	9528	168	306	351	10353	33	
34	OTHER CHARGES						34	
35	TOTAL CHARGES	1880164	33678	61674	70641	2046157	35	
36	TOTAL NUMBER OF EPISODES	669		106	31	806	36	
37	TOTAL NUMBER OF OUTLIER EPISODES		3			3	37	
38	TOTAL MEDICAL SUPPLY CHARGES	39135	2034	3974	382	45525	38	

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st		SERVICES ON OR AFTER OCTOBER 1st		SERVICES THROUGH 4/1/2001 - 9/30/2001		SWING BED SNF DAYS	TOTAL
		RATE	DAYS	RATE	DAYS	RATE	DAYS		
1	2	3	3.01	4	4.01	4.02	4.03	4.06	5
1	RUC								1
2	RUB		56						2
3	RUA		7						3
3.01	RUX								3.01
3.02	RUL		213						3.02
4	RVC		19						4
5	RVB		369						5
6	RVA		259						6
6.01	RVX		41						6.01
6.02	RVL		1614						6.02
7	RHC		71						7
8	RHB		79						8
9	RHA		135						9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC								10
11	RMB								11
12	RMA		122						12
12.01	RMX		322						12.01
12.02	RML		691						12.02
13	RLB								13
14	RLA								14
15	SE3		32						15
16	SE2		16						16
17	SE1								17
18	SSC								18
19	SSB								19
20	SSA		69						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		2						44
45	AAA								45
45.01	ES3								45.01
45.02	ES2								45.02
45.03	ES1								45.03
45.04	HE2								45.04
45.05	HE1								45.05
45.06	HD2								45.06
45.07	HD1								45.07
45.08	HC2								45.08
45.09	HC1								45.09
45.10	HB2								45.10
45.11	HB1								45.11
45.12	LE2								45.12
45.13	LE1								45.13
45.14	LD2								45.14
45.15	LD1								45.15
45.16	LC2								45.16
45.17	LC1								45.17
45.18	LB2								45.18
45.19	LB1								45.19
45.20	CE2								45.20
45.21	CE1								45.21
45.22	CD2								45.22
45.23	CD1								45.23
46	TOTAL		4117						46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	31543786 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	31543786 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.196398 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	188728065 28
29	TOTAL GROSS MEDICAID COST	37065815 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	27681000 30
31	UNCOMPENSATED CARE COST	5436493 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	37065815 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
		1	2	3	4	5	6	7	
69.30	6930								69.30
69.40	6940								69.40
71	7100	2166986	226052	2393038	-23625	2369413	-105	2369308	71
85.01	8510								85.01
85.02	8520								85.02
85.03	8530								85.03
95		93830601	121861349	215691950	-207770	215484180	-13578887	201905293	95
96	9600	51378	217342	268720		268720		268720	96
96.02	9602								96.02
96.05	9605								96.05
96.07	9607		363	363		363		363	96.07
96.08	9608								96.08
96.09	9609	177260		177260		177260		177260	96.09
96.10	9610		222536	222536	90790	313326		313326	96.10
96.11	9611								96.11
96.12	9612	362830		362830		362830		362830	96.12
96.13	9613								96.13
96.14	9614		333153	333153	116980	450133		450133	96.14
97.01	9701	1532	6392	7924		7924		7924	97.01
101	TOTAL	94423601	122641135	217064736		217064736	-13578887	203485849	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1 DEPRECIATION	A	NEW CAP REL COSTS-BLDG & FIXT	3		6944701 1
2	A	NEW CAP REL COSTS-MVBLE EQUIP	4		8574607 2
3					3
4					4
5					5
6 INTEREST EXPENSE	B	NEW CAP REL COSTS-BLDG & FIXT	3		4781137 6
7					7
8					8
9 OB DEPT EXPENSES	C	DELIVERY ROOM & LABOR ROOM	39	1657555	68757 9
10	C	NURSERY	33	1125030	44569 10
11					11
12 HOSPITAL USE OF PLAZA	D	OPERATION OF PLANT	8		40057 12
13					13
14 NON HOSP BLDG DEPR	E	EMPLOYEE BENEFITS	5		90825 14
15	E	HOME HEALTH AGENCY	71		41253 15
16	E	OFFSITE CLINICS	96.14		116980 16
17	E	PLAZA	96.10		130847 17
18					18
19					19
20 FINANCIAL MGMT	F	ADMINISTRATION & GENERAL	6.06	64570	
21					20
22					21
23					22
24 EMPLOYEE BENEFITS	G	EMPLOYEE BENEFITS	5		13067495 24
25	G				25
26					26
27 COST OF DRUGS SOLD (AC730380)	H	DRUGS CHARGED TO PATIENTS	56		4875362 27
28					28
29 RESIDENTS	I	I&R SERVICES-SALARY & FRINGES	22	10501	
30					29
31					30
32 FP FACULTY GROUP TEACHING COST	J	I&R SERVICES-OTHER PRGM COSTS	23	251865	
33					31
34 COLLECTION FEES	K	PATIENT ACCOUNTS & CASHIERS	6.05		3251 34
35	K				35
36 SUBTOTAL				3109521	38779841 36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7	
				LINE #	SALARY	OTHER	REF.	
		1	6	7	8	9	10	
1	DEPRECIATION	A	ADMINISTRATION & GENERAL	6.06		15519308		9 1
2		A						9 2
3								3
4								4
5								5
6	INTEREST EXPENSE	B	ADMINISTRATION & GENERAL	6.06		4781137		11 6
7								7
8								8
9	OB DEPT EXPENSES	C	ADULTS & PEDIATRICS	25	2782585	113326		9
10		C						10
11								11
12	HOSPITAL USE OF PLAZA	D	PLAZA	96.10		40057		12
13								13
14	NON HOSP BLDG DEPR	E	NEW CAP REL COSTS-BLDG & FIXT	3		379905		9 14
15		E						15
16		E						16
17		E						17
18								18
19								19
20	FINANCIAL MGMT	F	HOME HEALTH AGENCY	71	64570			20
21								21
22								22
23								23
24	EMPLOYEE BENEFITS	G	ADMINISTRATION & GENERAL	6.06		13043393		24
25		G	FAMILY PRACTICE CLINIC	60.01		24102		25
26								26
27	COST OF DRUGS SOLD (AC730380)	H	PHARMACY	16		4875362		27
28								28
29	RESIDENTS	I	CARDIOLOGY	53.02	10501			29
30								30
31								31
32	FP FACULTY GROUP TEACHING COST	J	FAMILY PRACTICE CLINIC	60.01	251865			32
33								33
34	COLLECTION FEES	K	FAMILY PRACTICE CLINIC	60.01		2943		34
35		K	HOME HEALTH AGENCY	71		308		35
36	SUBTOTAL				3109521	38779841		36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1					1
2					2
3	L	I&R SERVICES-OTHER PRGM COSTS	23	40000	3
4					4
5					5
6					6
7					7
8	M	NEW CAP REL COSTS-BLDG & FIXT	3		247429 8
9					9
10	N	OPERATING ROOM	37	637291	10
11					11
12					12
13	O	MEDICAL SUPPLIES CHARGED TO P	55		9949316 13
14	O				14
15	O				15
16	O				16
17	O				17
18	O				18
19	O				19
20	O				20
21	O				21
22	O				22
23	O				23
24	O				24
25	O				25
26	O				26
27	O				27
28	O				28
29	O				29
30	O				30
31	O				31
32	O				32
33	O				33
34	O				34
35	O				35
36		SUBTOTAL		3786812	48976586 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
1						1
2						2
3	L	ADULTS & PEDIATRICS	25	40000		3
4						4
5						5
6						6
7						7
8	M	ADMINISTRATION & GENERAL	6.06		247429	12 8
9						9
10	N	ASC (NON-DISTINCT PART)	58	637291		10
11						11
12						12
13	O	CENTRAL SERVICES & SUPPLY	15		590	13
14	O	I&R SERVICES-OTHER PRGM COSTS	23		94	14
15	O	ADULTS & PEDIATRICS	25		2191023	15
16	O	INTENSIVE CARE UNIT	26		404814	16
17	O	SUBPROVIDER I	31		53719	17
18	O	SUBPROVIDER II PSYCHIATRIC UN	31.01		17491	18
19	O	SKILLED NURSING FACILITY	34		65791	19
20	O	NURSERY	33		189	20
21	O	OPERATING ROOM	37		3532070	21
22	O	ANESTHESIOLOGY	40		507642	22
23	O	RADIOLOGY-DIAGNOSTIC	41		41678	23
24	O	CT SCANS AND MRI	41.01		113393	24
25	O	CANCER TREATMENT CENTER	41.02		138592	25
26	O	ULTRASOUND	41.03		39895	26
27	O	SPECIAL PROCEDURES	41.04		266443	27
28	O	LABORATORY	44		77457	28
29	O	PATHOLOGY	44.01		2833	29
30	O	BLOOD STORING, PROCESSING & T	47		33387	30
31	O	RESPIRATORY THERAPY	49		78140	31
32	O	REHABILITATION MEDICINE	50.01		23395	32
33	O	CARDIOLOGY	53.02		44017	33
34	O	ELECTROCARDIOLOGY	53		16345	34
35	O	CARDIAC CATHERIZATION LAB	53.01		388122	35
36		SUBTOTAL		3786812	47064390	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
			COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1		O				1
2		O				2
3		O				3
4		O				4
5		O				5
6		O				6
7		O				7
8		O				8
9						9
10	SPECIAL CARE NURSERY	R	SPECIAL CARE NURSERY	26.01	420363	11211 10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
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				4207175	48987797 36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE			WKST A-7 REF.	
			COST CENTER	LINE #	SALARY		OTHER
		1	6	7	8	9	10
1		O	MEDICAL SUPPLIES CHARGED TO P	55		469468	1
2		O	RENAL DIALYSIS	57		60834	2
3		O	ASC (NON-DISTINCT PART)	58		321041	3
4		O	FAMILY PRACTICE CLINIC	60.01		14667	4
5		O	WOUND CARE	60.02		56392	5
6		O	PAIN MANAGMENT	60.03		1219	6
7		O	DIABETES CENTER	60.06		19	7
8		O	EMERGENCY	61		988556	8
9							9
10	SPECIAL CARE NURSERY	R	NURSERY	33	420363	11211	10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
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				4207175	48987797	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT								6
7 SUBTOTAL								7
8 RECONCILING ITEMS								8
9 TOTAL								9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	4254338	3000800		3000800		7255138		1
2 LAND IMPROVEMENTS	2483114	216344		216344		2699458		2
3 BUILDINGS AND FIXTURES	143819253	6069901		6069901		149889154		3
4 BUILDING IMPROVEMENTS	1680580					1680580		4
5 FIXED EQUIPMENT	91243342	8381012		8381012		99624354		5
6 MOVABLE EQUIPMENT	86450362	2221420		2221420		88671782		6
7 SUBTOTAL	329930989	19889477		19889477		349820466		7
8 RECONCILING ITEMS								8
9 TOTAL	329930989	19889477		19889477		349820466		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

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

DESCRIPTION	----- SUMMARY OF OLD AND NEW CAPITAL -----						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	6264933		1295808	247429			7808170 3
4 NEW CAP REL COSTS-MVBLE EQUIP	8500276						8500276 4
5 TOTAL	14765209		1295808	247429			16308446 5

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

DESCRIPTION	----- SUMMARY OF OLD AND NEW CAPITAL -----						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT							3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL							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			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-607362	PURCHASING	6.03	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	B	-85194	NON-PATIENT PHONES	6.01	9
10 TELEVISION AND RADIO SERVICE	A	-30840	OPERATION OF PLANT	8	10
11 PARKING LOT	A	-163418	ADMINISTRATION & GENERAL	6.06	11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-1977620			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	-151491			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-807951	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4		OCCUPATIONAL THERAPY	51	35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4		SPEECH PATHOLOGY	52	36
37 CHILD CARE REVENUE	B	-843727	EMPLOYEE BENEFITS	5	37
38 OTHER REVENUE	B	-180	FAMILY PRACTICE CLINIC	60.01	38
39 OTHER REVENUE	B	-104051	CARDIOLOGY	53.02	39
40 OTHER REVENUE	B	-35763	PATIENT ACCOUNTS & CASHIERS	6.05	40
40.01 CANCER CENTER RETAIL SALES	B	-388	CANCER TREATMENT CENTER	41.02	40.01
41 LCG DEV SVCS	A	-294558	ADMINISTRATION & GENERAL	6.06	41
42 INT MED OTHER INCOME	B	-160560	I&R SERVICES-OTHER PRGM COSTS A	23	42
43 UNEMPLOYMENT COMP	A	1	EMPLOYEE BENEFITS	5	43
44 COST OF PHYSICIAN RECRUITMENT	A	-141738	ADMINISTRATION & GENERAL	6.06	44
44.01 FRINGE BENEFITS RE PHYSICIAN RE	A	-14132	EMPLOYEE BENEFITS	5	44.01
45 DEVELOPMENT COSTS	A	-697928	ADMINISTRATION & GENERAL	6.06	45
45.01 FRINGE BENEFITS RE DEVELOPMENT	A	-43986	EMPLOYEE BENEFITS	5	45.01
46 AMORT '81 CAPITAL INTEREST	A	-2514	NEW CAP REL COSTS-BLDG & FIXT	3	11 46
47 MISC INCOME	B	-15000	ADMINISTRATION & GENERAL	6.06	47
48 MISC INCOME	B	-1080	ELECTROCARDIOLOGY	53	48
49 LOBBYIST FEES IHHA AND AHA	A	-29302	ADMINISTRATION & GENERAL	6.06	49
49.03 MARKETING FEES	A	-1018202	ADMINISTRATION & GENERAL	6.06	49.03
49.08 INFO SYSTEM LEASES	B	-107802	ADMINISTRATION & GENERAL	6.06	49.08
49.09 OTHER OPERATING INCOME	B	-105	HOME HEALTH AGENCY	71	49.09
49.10 OTHER OPERATING REVENUE	B	-58235	REHABILITATION MEDICINE	50.01	49.10
49.13 VALET PARKING	B	-67856	OPERATION OF PLANT	8	49.13
49.15 OTHER OPERATING REVENUE	B	-9755	EMPLOYEE BENEFITS	5	49.15
49.16 PUBLIC SAFETY REVENUE	B	-750	OPERATION OF PLANT	8	49.16
49.20 PRIVATE DUTY NURSES	A	-192634	NURSING ADMINISTRATION	14	49.20
49.21 PDN FRINGE BENEFITS	A	-30821	EMPLOYEE BENEFITS	5	49.21
49.22 GMP AND HIAWATHA BLDG TAX	A	-483458	ADMINISTRATION & GENERAL	6.06	49.22
49.26 PARKING LOT DEPRECIATION	A	-299863	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.26
49.27 PARKING LOT DEPRECIATION	A	-74331	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.27
49.28 PHYSICIANS BILLING COSTS	A	-7049	PATIENT ACCOUNTS & CASHIERS	6.05	49.28
49.29 PHYSICIAN BILLING BENEFITS	A	-706	EMPLOYEE BENEFITS	5	49.29

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKSST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
49.31 FINANCIAL SERVICES INCOME	B	-151139	ADMINISTRATION & GENERAL	6.06	49.31
49.32 CONTRIBUTIONS	A	-12000	ADMINISTRATION & GENERAL	6.06	49.32
49.36 COURTESY CAR	A	-188691	ADMINISTRATION & GENERAL	6.06	49.36
49.37 COURTESY CARE FBS	A	-5245	EMPLOYEE BENEFITS	5	49.37
49.41 BANK CHARGES	A	465542	ADMINISTRATION & GENERAL	6.06	49.41
49.42 DSR INCOME NETTED ON FS	A	31304	NEW CAP REL COSTS-BLDG & FIXT	3	11 49.42
49.43 SEPARATE SWAP AGREEMENT INTERES	A	-2152607	NEW CAP REL COSTS-BLDG & FIXT	3	11 49.43
49.44 NONALLOWABLE BORROWING	A	-1361512	NEW CAP REL COSTS-BLDG & FIXT	3	11 49.44
49.51 HOUSEKEEPING REENUE	B	-22800	HOUSEKEEPING	10	49.51
49.55 CANCER TREATMENT LEASE	B	-109015	CANCER TREATMENT CENTER	41.02	49.55
49.56 EMPLOYEE HEALTH INCOME	B	-658	EMPLOYEE BENEFITS	5	49.56
49.58 CREDIT SERVICE REVENUE	B	-4991	PATIENT ACCOUNTS & CASHIERS	6.05	49.58
49.59 OTHER A&G INCOME	B	-518218	ADMINISTRATION & GENERAL	6.06	49.59
49.60 OTHER PLANT OPS INCOME	B	-21597	OPERATION OF PLANT	8	49.60
49.61 FILM COPY REVENUE	B	-3816	RADIOLOGY-DIAGNOSTIC	41	49.61
49.62 LAB OTHER INCOME	B	-11321	LABORATORY	44	49.62
49.63 RENT PAID FOR MSO	A	-61226	ADMINISTRATION & GENERAL	6.06	49.63
49.64 PHYSICIAN MALPRACTICE	A	-312258	ADMINISTRATION & GENERAL	6.06	49.64
49.65 OTHER INCOME	B	-204900	I&R SERVICES-OTHER PRGM COSTS A	23	49.65
49.66 LCG ADMIN	B	-373390	OPERATION OF PLANT	8	49.66
50 TOTAL		-13578887			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 ADJUSTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	6.06	ADMINISTRATION & GENERAL	MANAGEMENT FEES	1649262	2190000	-540738	1
2	53.02	CARDIOLOGY	LIFE CENTER RENTALS	172094	164953	7141	2
3	50.01	REHABILITATION MEDICINE	LIFE CENTER RENTALS	378059	133442	244617	3
4	5	EMPLOYEE BENEFITS	LIFE CENTER RENTALS	278364	312376	-34012	4
4.01	60.03	PAIN MANAGEMENT	LIFE CENTER RENTALS	230441	58940	171501	4.01
5		TOTALS		2708220	2859711	-151491	5

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

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

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

SYMBOL (1)	NAME	RELATED ORGANIZATION(S) AND/OR HOME OFFICE				
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	B COV MIN OF BENEV					1
2						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
1	2		3	4	5	6	7	8	9
1	6.06 ADMINISTRATION & GENERAL	AGGREGATE	52810		52810	177200	1544	131537	6577
2	53.02 CARDIOLOGY	AGGREGATE	26114	26114					
3	60.01 FAMILY PRACTICE CLINIC	AGGREGATE	463793	463793					
4	25 ADULTS & PEDIATRICS	OB UNIT	20179		20179	165200	190	15090	755
5	60.02 WOUND CARE	AGGREGATE	24024	24024					
6	6.06 ADMINISTRATION & GENERAL	AGGREGATE	200600	200600					
7	17 MEDICAL RECORDS & LIBRAR	AGGREGATE	35654	35654					
8	37 OPERATING ROOM	AGGREGATE	30000	30000					
9	40 ANESTHESIOLOGY	AGGREGATE	32500	32500					
10	41 RADIOLOGY-DIAGNOSTIC	AGGREGATE	30000	30000					
11	41.04 SPECIAL PROCEDURES	AGGREGATE	17360	17360					
12	53.01 CARDIAC CATHERIZATION LA	AGGREGATE	30100	30100					
13	44 LABORATORY	AGGREGATE	146400		146400	215700	2711	281136	14057
14	47 BLOOD STORING, PROCESSIN	AGGREGATE	36000		36000	215700	645	66888	3344
15	44.01 PATHOLOGY	AGGREGATE	67200		67200	215700	1203	124753	6238
16	53.02 CARDIOLOGY	AGGREGATE	30220	30220					
17	53 ELECTROCARDIOLOGY	AGGREGATE	217858	217858					
18	60.01 FAMILY PRACTICE CLINIC	AGGREGATE	7800	7800					
19	31.01 SUBPROVIDER II PSYCHIATR	AGGREGATE	15200	15200					
21	25 ADULTS & PEDIATRICS	AGGREGATE	68582	68582					
22	34 SKILLED NURSING FACILITY	AGGREGATE	26000	26000					
24	33 NURSERY	AGGREGATE	516722	516722					
25	61 EMERGENCY	AGGREGATE	200004	200004					
101	TOTAL		2295120	1972531	322589		6293	619404	30971

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	6.06 ADMINISTRATION & GENERAL	AGGREGATE				131537		
2	53.02 CARDIOLOGY	AGGREGATE						26114
3	60.01 FAMILY PRACTICE CLINIC	AGGREGATE						463793
4	25 ADULTS & PEDIATRICS	OB UNIT				15090	5089	5089
5	60.02 WOUND CARE	AGGREGATE						24024
6	6.06 ADMINISTRATION & GENERAL	AGGREGATE						200600
7	17 MEDICAL RECORDS & LIBRAR	AGGREGATE						35654
8	37 OPERATING ROOM	AGGREGATE						30000
9	40 ANESTHESIOLOGY	AGGREGATE						32500
10	41 RADIOLOGY-DIAGNOSTIC	AGGREGATE						30000
11	41.04 SPECIAL PROCEDURES	AGGREGATE						17360
12	53.01 CARDIAC CATHERIZATION LA	AGGREGATE						30100
13	44 LABORATORY	AGGREGATE				281136		
14	47 BLOOD STORING, PROCESSIN	AGGREGATE				66888		
15	44.01 PATHOLOGY	AGGREGATE				124753		
16	53.02 CARDIOLOGY	AGGREGATE						30220
17	53 ELECTROCARDIOLOGY	AGGREGATE						217858
18	60.01 FAMILY PRACTICE CLINIC	AGGREGATE						7800
19	31.01 SUBPROVIDER II PSYCHIATR	AGGREGATE						15200
21	25 ADULTS & PEDIATRICS	AGGREGATE						68582
22	34 SKILLED NURSING FACILITY	AGGREGATE						26000
24	33 NURSERY	AGGREGATE						516722
25	61 EMERGENCY	AGGREGATE						200004
101	TOTAL					619404	5089	1977620

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	EMPLOYEE BENEFITS 5	NON PATIENT PHONES 6.01	PURCHASE 6.03	ADMITTING 6.04	PATIENT ACCOUNTS- CASHIERS 6.05	
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	2369308	5369	59131	330800	4413	281			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	201905293	7175923	8444994	14520275	676257	588911	1930916	2816586	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	268720	6838	1473	8084	2206	5627			96
96.02 COVENANT RETIREMENT HOME									96.02
96.05 BOARD OF BENEVOLENCE		19423			9929				96.05
96.07 DENTAL	363	10798			9929				96.07
96.08 COVENANT RETIREMENT COMMUNITY		9389			16548				96.08
96.09 OP PHARMACY	177260		452	27891	1103				96.09
96.10 PLAZA	313326		26764			27			96.10
96.11 G CAFETERIA		8932							96.11
96.12 G PHARMACY	362830	13806	502	57089					96.12
96.13 G SUITE		556788	5800						96.13
96.14 OFFSITE CLINICS	450133		20291			15			96.14
97.01 OCC HEALTH	7924	6273		241	3310				97.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	203485849	7808170	8500276	14613580	719282	594580	1930916	2816586	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	OTHER ADMINISTRA & GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	
	5A	6.06	8	9	10	11	12	14	
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	2769302	864404	21692		4091				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	201075765	47653962	10995280	1389788	3861469	3925370	1033737	2975982	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	292948	91440	27626		5209		1198		96
96.02 COVENANT RETIREMENT HOME									96.02
96.05 BOARD OF BENEVOLENCE	29352	9162	78468		14791				96.05
96.07 DENTAL	21090	6583	43625		8225				96.07
96.08 COVENANT RETIREMENT COMMUNITY	25937	8096	37931		7149				96.08
96.09 OP PHARMACY	206706	64521					2888		96.09
96.10 PLAZA	340117	106163							96.10
96.11 G CAFETERIA	8932	2788	36087						96.11
96.12 G PHARMACY	434227	135539	55774				6017		96.12
96.13 G SUITE	562588	175605	2249401		424041				96.13
96.14 OFFSITE CLINICS	470439	146842							96.14
97.01 OCC HEALTH	17748	5540	25341		4776		116	549	97.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	203485849	48406241	13549533	1389788	4325660	3925370	1043956	2976531	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	I/R-SALARY AND FRINGES 22	I/R-OTHER PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY		1824		77135			3738448	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	1551855	3736685	2776029	860032	3089578	2916158	197287959	-6005736 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN							418421	96
96.02 COVENANT RETIREMENT HOME								96.02
96.05 BOARD OF BENEVOLENCE							131773	96.05
96.07 DENTAL							79523	96.07
96.08 COVENANT RETIREMENT COMMUNITY							79113	96.08
96.09 OP PHARMACY							274115	96.09
96.10 PLAZA							446280	96.10
96.11 G CAFETERIA							47807	96.11
96.12 G PHARMACY							631557	96.12
96.13 G SUITE							3411635	96.13
96.14 OFFSITE CLINICS		27					617308	96.14
97.01 OCC HEALTH		6288					60358	97.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1551855	3743000	2776029	860032	3089578	2916158	203485849	-6005736 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	TOTAL	
	27	
GENERAL SERVICE COST CENTERS		
1 OLD CAP REL COSTS-BLDG & FIXT		1
2 OLD CAP REL COSTS-MVBLE EQUIP		2
3 NEW CAP REL COSTS-BLDG & FIXT		3
4 NEW CAP REL COSTS-MVBLE EQUIP		4
5 EMPLOYEE BENEFITS		5
6.01 NON-PATIENT PHONES		6.01
6.03 PURCHASING		6.03
6.04 ADMITTING		6.04
6.05 PATIENT ACCOUNTS & CASHIERS		6.05
6.06 ADMINISTRATION & GENERAL		6.06
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 PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS		
25 ADULTS & PEDIATRICS	44070668	25
26 INTENSIVE CARE UNIT	5562446	26
26.01 SPECIAL CARE NURSERY	817454	26.01
31 SUBPROVIDER I	2484992	31
31.01 SUBPROVIDER II PSYCHIATRIC UNIT	4316609	31.01
33 NURSERY	1918283	33
34 SKILLED NURSING FACILITY	3143816	34
ANCILLARY SERVICE COST CENTERS		
37 OPERATING ROOM	19060307	37
39 DELIVERY ROOM & LABOR ROOM	2997555	39
40 ANESTHESIOLOGY	1088711	40
41 RADIOLOGY-DIAGNOSTIC	10940242	41
41.01 CT SCANS AND MRI	5506509	41.01
41.02 CANCER TREATMENT CENTER	2690003	41.02
41.03 ULTRASOUND	2410078	41.03
41.04 SPECIAL PROCEDURES	1048299	41.04
44 LABORATORY	11695989	44
44.01 PATHOLOGY	2099533	44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO		46.30
47 BLOOD STORING, PROCESSING & TRA	2401170	47
49 RESPIRATORY THERAPY	2611945	49
50 PHYSICAL THERAPY		50
50.01 REHABILITATION MEDICINE	7531167	50.01
51 OCCUPATIONAL THERAPY		51
52 SPEECH PATHOLOGY		52
53 ELECTROCARDIOLOGY	837473	53
53.01 CARDIAC CATHERIZATION LAB	6468247	53.01
53.02 CARDIOLOGY	3080317	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	16670980	55
56 DRUGS CHARGED TO PATIENTS	10214186	56
57 RENAL DIALYSIS	1102395	57
58 ASC (NON-DISTINCT PART)	787440	58
OUTPATIENT SERVICE COST CENTERS		
60.01 FAMILY PRACTICE CLINIC	1979977	60.01
60.02 WOUND CARE	1443155	60.02
60.03 PAIN MANAGMENT	1209890	60.03
60.05 WOMENS CENTER		60.05
60.06 DIABETES CENTER	288988	60.06
61 EMERGENCY	9064951	61
62 OBSERVATION BEDS (NON-DISTINCT		62
63.01 OCCUPATIONAL HEALTH		63.01
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

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	TOTAL	
	27	
69.30 OUTPATIENT OCCUPATIONAL THERAPY		69.30
69.40 OUTPATIENT SPEECH PATHOLOGY		69.40
71 HOME HEALTH AGENCY	3738448	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	191282223	95
NONREIMBURSABLE COST CENTERS		
96 GIFT, FLOWER, COFFEE SHOP & CAN	418421	96
96.02 COVENANT RETIREMENT HOME		96.02
96.05 BOARD OF BENEVOLENCE	131773	96.05
96.07 DENTAL	79523	96.07
96.08 COVENANT RETIREMENT COMMUNITY	79113	96.08
96.09 OP PHARMACY	274115	96.09
96.10 PLAZA	446280	96.10
96.11 G CAFETERIA	47807	96.11
96.12 G PHARMACY	631557	96.12
96.13 G SUITE	3411635	96.13
96.14 OFFSITE CLINICS	617308	96.14
97.01 OCC HEALTH	60358	97.01
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 TOTAL	197480113	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	NON PATIENT PHONES 6.01	PURCHASE 6.03	ADMITTING 6.04	
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	5327	5369	59131	69827	2273	870	64		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	2860532	7175923	8444994	18481449	99782	133303	134137	76336	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		6838	1473	8311	56	435	1282		96
96.02 COVENANT RETIREMENT HOME									96.02
96.05 BOARD OF BENEVOLENCE		19423		19423		1957			96.05
96.07 DENTAL		10798		10798		1957			96.07
96.08 COVENANT RETIREMENT COMMUNITY		9389		9389		3262			96.08
96.09 OP PHARMACY			452	452	192	217			96.09
96.10 PLAZA	748		26764	27512			6		96.10
96.11 G CAFETERIA		8932		8932					96.11
96.12 G PHARMACY		13806	502	14308	392				96.12
96.13 G SUITE		556788	5800	562588					96.13
96.14 OFFSITE CLINICS	159		20291	20450			3		96.14
97.01 OCC HEALTH		6273		6273	2	652			97.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	2861439	7808170	8500276	19169885	100424	141783	135428	76336	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PATIENT ACCOUNTS- CASHIERS 6.05	OTHER ADMINISTRA & GENERAL 6.06	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINI- STRATION 14	
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY		87222	3492		193				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	48592	4808408	1770110	93582	182045	312230	211273	434225	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		9227	4448		246		245		96
96.02 COVENANT RETIREMENT HOME									96.02
96.05 BOARD OF BENEVOLENCE		924	12632		697				96.05
96.07 DENTAL		664	7023		388				96.07
96.08 COVENANT RETIREMENT COMMUNITY		817	6106		337				96.08
96.09 OP PHARMACY		6510					590		96.09
96.10 PLAZA		10712							96.10
96.11 G CAFETERIA		281	5810						96.11
96.12 G PHARMACY		13676	8979				1230		96.12
96.13 G SUITE		17719	362127		19991				96.13
96.14 OFFSITE CLINICS		14817							96.14
97.01 OCC HEALTH		559	4080		225		24	80	97.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	48592	4884314	2181315	93582	203929	312230	213362	434305	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	I/R-SALARY AND FRINGES 22	I/R-OTHER PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY		101		5185			169227	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	262960	205884	171153	57812			17718951	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN							24250	96
96.02 COVENANT RETIREMENT HOME								96.02
96.05 BOARD OF BENEVOLENCE							35633	96.05
96.07 DENTAL							20830	96.07
96.08 COVENANT RETIREMENT COMMUNITY							19911	96.08
96.09 OP PHARMACY							7961	96.09
96.10 PLAZA							38230	96.10
96.11 G CAFETERIA							15023	96.11
96.12 G PHARMACY							38585	96.12
96.13 G SUITE							962425	96.13
96.14 OFFSITE CLINICS		2					35272	96.14
97.01 OCC HEALTH		346					12241	97.01
101 CROSS FOOT ADJUSTMENTS					81959	158614	240573	101
102 NEGATIVE COST CENTER								102
103 TOTAL	262960	206232	171153	57812	81959	158614	19169885	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION		TOTAL	
		27	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6.01	NON-PATIENT PHONES		6.01
6.03	PURCHASING		6.03
6.04	ADMITTING		6.04
6.05	PATIENT ACCOUNTS & CASHIERS		6.05
6.06	ADMINISTRATION & GENERAL		6.06
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	PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	3126754	25
26	INTENSIVE CARE UNIT	396883	26
26.01	SPECIAL CARE NURSERY	44986	26.01
31	SUBPROVIDER I	188447	31
31.01	SUBPROVIDER II PSYCHIATRIC UNIT	342953	31.01
33	NURSERY	67002	33
34	SKILLED NURSING FACILITY	322272	34
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	1710490	37
39	DELIVERY ROOM & LABOR ROOM	123329	39
40	ANESTHESIOLOGY	182975	40
41	RADIOLOGY-DIAGNOSTIC	2072274	41
41.01	CT SCANS AND MRI	1728639	41.01
41.02	CANCER TREATMENT CENTER	482117	41.02
41.03	ULTRASOUND	320110	41.03
41.04	SPECIAL PROCEDURES	69210	41.04
44	LABORATORY	765525	44
44.01	PATHOLOGY	167320	44.01
46.30	BLOOD CLOTTING FACTORS ADMIN CO		46.30
47	BLOOD STORING, PROCESSING & TRA	83052	47
49	RESPIRATORY THERAPY	180149	49
50	PHYSICAL THERAPY		50
50.01	REHABILITATION MEDICINE	543612	50.01
51	OCCUPATIONAL THERAPY		51
52	SPEECH PATHOLOGY		52
53	ELECTROCARDIOLOGY	114632	53
53.01	CARDIAC CATHERIZATION LAB	1352922	53.01
53.02	CARDIOLOGY	427220	53.02
55	MEDICAL SUPPLIES CHARGED TO PAT	763165	55
56	DRUGS CHARGED TO PATIENTS	360659	56
57	RENAL DIALYSIS	33209	57
58	ASC (NON-DISTINCT PART)	167486	58
OUTPATIENT SERVICE COST CENTERS			
60.01	FAMILY PRACTICE CLINIC	273175	60.01
60.02	WOUND CARE	129624	60.02
60.03	PAIN MANAGMENT	270723	60.03
60.05	WOMENS CENTER		60.05
60.06	DIABETES CENTER	28801	60.06
61	EMERGENCY	710009	61
62	OBSERVATION BEDS (NON-DISTINCT		62
63.01	OCCUPATIONAL HEALTH		63.01
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

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	TOTAL	
	27	
69.30 OUTPATIENT OCCUPATIONAL THERAPY		69.30
69.40 OUTPATIENT SPEECH PATHOLOGY		69.40
71 HOME HEALTH AGENCY	169227	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	17718951	95
NONREIMBURSABLE COST CENTERS		
96 GIFT, FLOWER, COFFEE SHOP & CAN	24250	96
96.02 COVENANT RETIREMENT HOME		96.02
96.05 BOARD OF BENEVOLENCE	35633	96.05
96.07 DENTAL	20830	96.07
96.08 COVENANT RETIREMENT COMMUNITY	19911	96.08
96.09 OP PHARMACY	7961	96.09
96.10 PLAZA	38230	96.10
96.11 G CAFETERIA	15023	96.11
96.12 G PHARMACY	38585	96.12
96.13 G SUITE	962425	96.13
96.14 OFFSITE CLINICS	35272	96.14
97.01 OCC HEALTH	12241	97.01
101 CROSS FOOT ADJUSTMENTS	240573	101
102 NEGATIVE COST CENTER		102
103 TOTAL	19169885	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP-	NEW CAP-	EMPLOYEE	NON	PURCHASE	ADMITTING	PATIENT	
	REL COSTS BLDG&FIXT (SQUARE FEET)	REL COSTS MOV EQUIP (DOLLAR VALUE)	BENEFITS GROSS SALARIES	PATIENT PHONES (PHONES)	(SUPPLY EXPENSE)	GROSS REVENUE	ACCOUNTS- CASHIERS GROSS REVENUE	
	3	4	5	6.01	6.03	6.04	6.05	
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	786724							3
4 NEW CAP REL COSTS-MVBLE EQUIP		8574604						4
5 EMPLOYEE BENEFITS	1994	31115	92877228					5
6.01 NON-PATIENT PHONES	1036	69437	378482	652				6.01
6.03 PURCHASING	5532	46124	741985	6	20899310			6.03
6.04 ADMITTING	3348	30412	1547017	12	22030	954918815		6.04
6.05 PATIENT ACCOUNTS & CASHIERS	2426	9304	1576339	41	26726		954918815	6.05
6.06 ADMINISTRATION & GENERAL	362673	1110225	11181372	101	167600			6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	71790	1123597	2207805	27	288218			8
9 LAUNDRY & LINEN SERVICE	2508	21521		1	555			9
10 HOUSEKEEPING	5576	5386	1929228	4	244984			10
11 DIETARY	5900	119303	1442762	5	139296			11
12 CAFETERIA	10427	23765	507283	5	10385			12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	2675	311583	1641122	16	8135			14
15 CENTRAL SERVICES & SUPPLY	10252	61479	519681	2	8145			15
16 PHARMACY	3397	51130	2105698	9	16749			16
17 MEDICAL RECORDS & LIBRARY	5089	13682	916041	15	27965			17
18 SOCIAL SERVICE	2058	1068	456479	10	2208			18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES		273	1626244		4409			22
23 I&R SERVICES-OTHER PRGM COSTS	5068	2812	876731	14	6189			23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	71208	406047	19881349	45	197135	125400873	125400873	25
26 INTENSIVE CARE UNIT	5809	118785	2737568	24	8371	17808114	17808114	26
26.01 SPECIAL CARE NURSERY	1174		420363	8		3000855	3000855	26.01
31 SUBPROVIDER I	5308	9571	1013903	4	5193	7890315	7890315	31
31.01 SUBPROVIDER II PSYCHIATRIC UN	10497	15211	1698183	11	8598	15319196	15319196	31.01
33 NURSERY	101	3237	1125030	9		4015673	4015673	33
34 SKILLED NURSING FACILITY	11626	21277	1084257	4	7956	3793875	3793875	34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	24702	532129	5494447	29	1040587	57745369	57745369	37
39 DELIVERY ROOM & LABOR ROOM	1589	2859	1657555			12730990	12730990	39
40 ANESTHESIOLOGY	1470	124129	312623	3	34966	29193957	29193957	40
41 RADIOLOGY-DIAGNOSTIC	15572	1528429	3433413	34	87608	50061047	50061047	41
41.01 CT SCANS AND MRI	1796	623057	1145283	2	252936	73939932	73939932	41.01
41.02 CANCER TREATMENT CENTER	9183	257405	788561	17	7587	8400886	8400886	41.02
41.03 ULTRASOUND	244	252241	1242285	4	12076	14748779	14748779	41.03
41.04 SPECIAL PROCEDURES	948	25325	425794		6891	2702386	2702386	41.04
44 LABORATORY	10056	181556	2972400	31	2119808	138533244	138533244	44
44.01 PATHOLOGY	2026	74314	737078	2	323996	8578182	8578182	44.01
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T	455	12515	227010	3	175689	13535093	13535093	47
49 RESPIRATORY THERAPY	1432	39173	1303743	4	72834	31659518	31659518	49
50 PHYSICAL THERAPY								50
50.01 REHABILITATION MEDICINE	5948	39031	4077281	18	37014	24211268	24211268	50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY	1079	70358	333544	4	9151	10852674	10852674	53
53.01 CARDIAC CATHETERIZATION LAB	1871	440268	559187	7	130154	34070359	34070359	53.01
53.02 RADIOLOGY		238569	1469269	7	29901	20618424	20618424	53.02
55 MEDICAL SUPPLIES CHARGED TO P					15037797	118487809	118487809	55
56 DRUGS CHARGED TO PATIENTS						60511887	60511887	56
57 RENAL DIALYSIS	338				175	6393052	6393052	57
58 ASC (NON-DISTINCT PART)	5422	51634		17	14361	8226892	8226892	58
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE CLINIC	9037	60602	1110845	25	11922	2676323	2676323	60.01
60.02 WOUND CARE	5242	7545	452556		13414	7012926	7012926	60.02
60.03 PAIN MANAGMENT	5485	23979	325668		7890	1061376	1061376	60.03
60.05 WOMENS CENTER								60.05
60.06 DIABETES CENTER	792	9065	144416		868	181677	181677	60.06
61 EMERGENCY	10321	258664	4353932	29	61679	41555864	41555864	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.01 OCCUPATIONAL HEALTH								63.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS GROSS SALARIES	NON PATIENT PHONES (PHONES)	PURCHASE (SUPPLY EXPENSE)	ADMITTING GROSS REVENUE	PATIENT ACCOUNTS- CASHIERS GROSS REVENUE	
	3	4	5	6.01	6.03	6.04	6.05	
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	541	59648	2102416		4	9893		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	723021	8518839	92284228	613	20700044	954918815	954918815	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	689	1486	51378		2	197769		96
96.02 COVENANT RETIREMENT HOME								96.02
96.05 BOARD OF BENEVOLENCE	1957				9			96.05
96.07 DENTAL	1088				9			96.07
96.08 COVENANT RETIREMENT COMMUNITY	946				15			96.08
96.09 OP PHARMACY		456	177260		1			96.09
96.10 PLAZA		26998				961		96.10
96.11 G CAFETERIA	900							96.11
96.12 G PHARMACY	1391	506	362830					96.12
96.13 G SUITE	56100	5851						96.13
96.14 OFFSITE CLINICS		20468				536		96.14
97.01 OCC HEALTH	632		1532		3			97.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	7808170	8500276	14613580	719282	594580	1930916	2816586	103
104 UNIT COST MULT-WS B PT I		.991332		1103.193252		.002022		104
104 UNIT COST MULT-WS B PT I	9.924916		.157343		.028450		.002950	104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III			100424	141783	135428	76336	48592	107
108 UNIT COST MULT-WS B PT III				217.458589		.000080		108
108 UNIT COST MULT-WS B PT III			.001081		.006480		.000051	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	OTHER ADMINISTRA & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINI- STRATION (DIRECT NRSG HRS)	
	6A.06	6.06	8	9	10	11	12	14	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5									5
6.01									6.01
6.03									6.03
6.04									6.04
6.05									6.05
6.06	-48406241	155079608							6.06
7									7
8		10326302	337925						8
9		982539	2508	1140377					9
10		3051526	5576	80462	720000				10
11		2777304	5900		7423	238881			11
12		416919	10427		13119		116773		12
13									13
14		2153085	2675		3366		2674	1486556	14
15		774728	10252	27366	12899		1498		15
16		2709960	3397		4274		2827		16
17		1916212	5089		6403		2145		17
18		575230	2058		2589		803		18
20									20
21									21
22		2330487					3541		22
23		2034352	5068		6376		592		23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25		25369244	71208	524322	297923	173034	34211	711591	25
26		3562156	5809	38832	24304	12720	3817	79396	26
26.01		533114	1174	3773	4912		501	10423	26.01
31		1287148	5308	39065	22208	12900	1928	40099	31
31.01		2188116	10497	75658	43918	24984	2738	56959	31.01
33		1369510	101	12849	423		1674	34823	33
34		1447168	11626	46160	48641	15243	1999	41581	34
ANCILLARY SERVICE COST CENTERS									
37		13012986	24702	180651	31079		8278	172174	37
39		2069020	1589	32869	1999		2568	53422	39
40		704663	1470		1849		630		40
41		7358335	15572	2457	19592		5812		41
41.01		3955142	1796		2260		1760		41.01
41.02		1580190	9183		11554		1052	21881	41.02
41.03		1783960	244		307		1578		41.03
41.04		748577	948	6108	1193		535		41.04
44		8175218	10056	16938	12652		7412		44
44.01		1498464	2026		2549		1326		44.01
46.30									46.30
47		1780807	455		572		389		47
49		1848658	1432		1802		2377		49
50									50
50.01		5425250	5948	4052	7484		5990		50.01
51									51
52									52
53		571337	1079		1358		540		53
53.01		4738936	1871	16499	2354		718	14931	53.01
53.02		2211836					2334	48551	53.02
55		11259397							55
56		5176227							56
57		815659	338						57
58		332699	5422	31881	6822		572	11895	58
OUTPATIENT SERVICE COST CENTERS									
60.01		1093760	9037		11370		1846	38401	60.01
60.02		884272	5242	435	6595		840		60.02
60.03		716115	5485		6901		620		60.03
60.05									60.05
60.06		193689	792				286		60.06
61		6159925	10321		12985		7219	150155	61
62									62
63.01									63.01
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION 6A.06	OTHER ADMINISTRA & GENERAL ACCUM COST 6.06	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSE- KEEPING (HOURS OF SERVICE) 10	DIETARY (MEALS SERVED) 11	CAFETERIA (FTE'S) 12	NURSING ADMINI- STRATION (DIRECT NRSG HRS) 14	
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY		2769302	541		681				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	-48406241	152669524	274222	1140377	642736	238881	115630	1486282	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C		292948	689		867		134		96
96.02 COVENANT RETIREMENT HOME									96.02
96.05 BOARD OF BENEVOLENCE		29352	1957		2462				96.05
96.07 DENTAL		21090	1088		1369				96.07
96.08 COVENANT RETIREMENT COMMUNITY		25937	946		1190				96.08
96.09 OP PHARMACY		206706					323		96.09
96.10 PLAZA		340117							96.10
96.11 G CAFETERIA		8932	900						96.11
96.12 G PHARMACY		434227	1391				673		96.12
96.13 G SUITE		562588	56100		70581				96.13
96.14 OFFSITE CLINICS		470439							96.14
97.01 OCC HEALTH		17748	632		795		13	274	97.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I		48406241	13549533	1389788	4325660	3925370	1043956	2976531	103
104 UNIT COST MULT-WS B PT I			40.096273		6.007861		8.940046		104
104 UNIT COST MULT-WS B PT I		.312138		1.218709		16.432324		2.002300	104
105 COST TO BE ALLOC PER B PT II									105
106 UNIT COST MULT-WS B PT II									106
106 UNIT COST MULT-WS B PT II									106
107 COST TO BE ALLOC PER B PT III		4884314	2181315	93582	203929	312230	213362	434305	107
108 UNIT COST MULT-WS B PT III			6.455027		.283235		1.827152		108
108 UNIT COST MULT-WS B PT III		.031496		.082062		1.307052		.292155	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 15	PHARMACY (COSTED REQUIS) 16	MEDICAL RECORDS + LIBRARY REVENUE 17	SOCIAL SERVICE (TIME SPENT) 18	I/R-SALARY AND FRINGES (ASSIGNED TIME) 22	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME) 23	
GENERAL SERVICE COST CENTERS							
1							1
2							2
3							3
4							4
5							5
6.01							6.01
6.03							6.03
6.04							6.04
6.05							6.05
6.06							6.06
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15	15037797						15
16		5621231					16
17			954918815				17
18				4170			18
20							20
21							21
22					36637		22
23						36637	23
24							24
INPATIENT ROUTINE SERV COST CENTERS							
25		9221	125400873	2686	19429	19429	25
26		1256	17808114	36	2432	2432	26
26.01			3000855	13			26.01
31		94	7890315	338			31
31.01		119	15319196	363	702	702	31.01
33			4015673	13			33
34		319	3793875	327			34
ANCILLARY SERVICE COST CENTERS							
37		2284	57745369		3680	3680	37
39			12730990		2120	2120	39
40			5326	29193957			40
41		514404	50061047				41
41.01		824	73939932				41.01
41.02		152161	8400886				41.02
41.03		1002	14748779				41.03
41.04		1205	2702386				41.04
44		83	138533244				44
44.01			8578182				44.01
46.30							46.30
47			13535093				47
49		7093	31659518				49
50							50
50.01		245	24211268				50.01
51							51
52							52
53			10852674				53
53.01			8232	34070359			53.01
53.02			98	20618424			53.02
55	15037797	1199	118487809				55
56		4875362	60511887				56
57			6393052				57
58		1208	8226892				58
OUTPATIENT SERVICE COST CENTERS							
60.01		16088	2676323	11	7201	7201	60.01
60.02		6960	7012926				60.02
60.03		348	1061376				60.03
60.05							60.05
60.06			181677				60.06
61		3876	41555864	9	1073	1073	61
62							62
63.01							63.01
63.50							63.50
63.60							63.60
OTHER REIMBURSABLE COST CENTERS							

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE (TIME SPENT)	I/R-SALARY AND FRINGES (TIME)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
	15	16	17	18	22	23	
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERA							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY		2740		374			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	15037797	5611747	954918815	4170	36637	36637	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C							96
96.02 COVENANT RETIREMENT HOME							96.02
96.05 BOARD OF BENEVOLENCE							96.05
96.07 DENTAL							96.07
96.08 COVENANT RETIREMENT COMMUNITY							96.08
96.09 OP PHARMACY							96.09
96.10 PLAZA							96.10
96.11 G CAFETERIA							96.11
96.12 G PHARMACY							96.12
96.13 G SUITE							96.13
96.14 OFFSITE CLINICS		41					96.14
97.01 OCC HEALTH		9443					97.01
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	1551855	3743000	2776029	860032	3089578	2916158	103
104 UNIT COST MULT-WS B PT I	.103197		.002907		84.329448		104
104 UNIT COST MULT-WS B PT I		.665868		206.242686		79.595982	104
105 COST TO BE ALLOC PER B PT II							105
106 UNIT COST MULT-WS B PT II							106
106 UNIT COST MULT-WS B PT II							106
107 COST TO BE ALLOC PER B PT III	262960	206232	171153	57812	81959	158614	107
108 UNIT COST MULT-WS B PT III	.017487		.000179		2.237055		108
108 UNIT COST MULT-WS B PT III		.036688		13.863789		4.329339	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	44070668		44070668	5089	44075757	25
26 INTENSIVE CARE UNIT	5562446		5562446		5562446	26
26.01 SPECIAL CARE NURSERY	817454		817454		817454	26.01
31 SUBPROVIDER I	2484992		2484992		2484992	31
31.01 SUBPROVIDER II PSYCHIATRIC	4316609		4316609		4316609	31.01
33 NURSERY	1918283		1918283		1918283	33
34 SKILLED NURSING FACILITY	3143816		3143816		3143816	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	19060307		19060307		19060307	37
39 DELIVERY ROOM & LABOR ROOM	2997555		2997555		2997555	39
40 ANESTHESIOLOGY	1088711		1088711		1088711	40
41 RADIOLOGY-DIAGNOSTIC	10940242		10940242		10940242	41
41.01 CT SCANS AND MRI	5506509		5506509		5506509	41.01
41.02 CANCER TREATMENT CENTER	2690003		2690003		2690003	41.02
41.03 ULTRASOUND	2410078		2410078		2410078	41.03
41.04 SPECIAL PROCEDURES	1048299		1048299		1048299	41.04
44 LABORATORY	11695989		11695989		11695989	44
44.01 PATHOLOGY	2099533		2099533		2099533	44.01
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	2401170		2401170		2401170	47
49 RESPIRATORY THERAPY	2611945		2611945		2611945	49
50 PHYSICAL THERAPY						50
50.01 REHABILITATION MEDICINE	7531167		7531167		7531167	50.01
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	837473		837473		837473	53
53.01 CARDIAC CATHERIZATION LAB	6468247		6468247		6468247	53.01
53.02 RADIOLOGY	3080317		3080317		3080317	53.02
55 MEDICAL SUPPLIES CHARGED TO	16670980		16670980		16670980	55
56 DRUGS CHARGED TO PATIENTS	10214186		10214186		10214186	56
57 RENAL DIALYSIS	1102395		1102395		1102395	57
58 ASC (NON-DISTINCT PART)	787440		787440		787440	58
OUTPATIENT SERVICE COST CENTERS						
60.01 FAMILY PRACTICE CLINIC	1979977		1979977		1979977	60.01
60.02 WOUND CARE	1443155		1443155		1443155	60.02
60.03 PAIN MANAGEMENT	1209890		1209890		1209890	60.03
60.05 WOMENS CENTER						60.05
60.06 DIABETES CENTER	288988		288988		288988	60.06
61 EMERGENCY	9064951		9064951		9064951	61
62 OBSERVATION BEDS (NON-DISTI	3487537		3487537		3487537	62
63.01 OCCUPATIONAL HEALTH						63.01
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	191031312		191031312	5089	191036401	101
102 LESS OBSERVATION BEDS	3487537		3487537		3487537	102
103 TOTAL	187543775		187543775	5089	187548864	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	115885289		115885289			25
26 INTENSIVE CARE UNIT	17808114		17808114			26
26.01 SPECIAL CARE NURSERY	3000855		3000855			26.01
31 SUBPROVIDER I	7890315		7890315			31
31.01 SUBPROVIDER II PSYCHIATRIC	15319196		15319196			31.01
33 NURSERY	4015673		4015673			33
34 SKILLED NURSING FACILITY	3793875		3793875			34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	30826074	26919295	57745369	.330075	.330075	.330075 37
39 DELIVERY ROOM & LABOR ROOM	12478896	252094	12730990	.235453	.235453	.235453 39
40 ANESTHESIOLOGY	17522577	11671380	29193957	.037292	.037292	.037292 40
41 RADIOLOGY-DIAGNOSTIC	21418822	28642225	50061047	.218538	.218538	.218538 41
41.01 CT SCANS AND MRI	29190622	44749310	73939932	.074473	.074473	.074473 41.01
41.02 CANCER TREATMENT CENTER	1403644	6997242	8400886	.320205	.320205	.320205 41.02
41.03 ULTRASOUND	3094660	11654119	14748779	.163409	.163409	.163409 41.03
41.04 SPECIAL PROCEDURES	1432537	1269849	2702386	.387916	.387916	.387916 41.04
44 LABORATORY	74987877	63545367	138533244	.084427	.084427	.084427 44
44.01 PATHOLOGY	2863169	5715013	8578182	.244753	.244753	.244753 44.01
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	11562336	1972757	13535093	.177403	.177403	.177403 47
49 RESPIRATORY THERAPY	30418407	1241111	31659518	.082501	.082501	.082501 49
50 PHYSICAL THERAPY						50
50.01 REHABILITATION MEDICINE	13803593	10407675	24211268	.311060	.311060	.311060 50.01
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	5942685	4909989	10852674	.077167	.077167	.077167 53
53.01 CARDIAC CATHERIZATION LAB	27221007	6849352	34070359	.189850	.189850	.189850 53.01
53.02 RADIOLOGY	10431954	10186470	20618424	.149396	.149396	.149396 53.02
55 MEDICAL SUPPLIES CHARGED TO	101526959	16960850	118487809	.140698	.140698	.140698 55
56 DRUGS CHARGED TO PATIENTS	54151445	6360442	60511887	.168796	.168796	.168796 56
57 RENAL DIALYSIS	6323294	69758	6393052	.172436	.172436	.172436 57
58 ASC (NON-DISTINCT PART)	2909447	5317445	8226892	.095715	.095715	.095715 58
OUTPATIENT SERVICE COST CENTERS						
60.01 FAMILY PRACTICE CLINIC		2676323	2676323	.739812	.739812	.739812 60.01
60.02 WOUND CARE	308730	6704196	7012926	.205785	.205785	.205785 60.02
60.03 PAIN MANAGEMENT	4825	1056551	1061376	1.139926	1.139926	1.139926 60.03
60.05 WOMENS CENTER						60.05
60.06 DIABETES CENTER		181677	181677	1.590669	1.590669	1.590669 60.06
61 EMERGENCY	15076219	26479645	41555864	.218139	.218139	.218139 61
62 OBSERVATION BEDS (NON-DISTI	1713173	7802411	9515584	.366508	.366508	.366508 62
63.01 OCCUPATIONAL HEALTH						63.01
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	644326269	310592546	954918815			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	644326269	310592546	954918815			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				3126754		3126754
26 INTENSIVE CARE UNIT				396883		396883
26.01 SPECIAL CARE NURSERY				44986		44986
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				188447		188447
31.01 SUBPROVIDER II PSYCHIATRIC UNIT				342953		342953
33 NURSERY				67002		67002
101 TOTAL				4167025		4167025

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	62634	28819			49.92	1438644
26 INTENSIVE CARE UNIT	4240	2127			93.60	199087
26.01 SPECIAL CARE NURSERY	1426				31.55	
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	4300	2759			43.82	120899
31.01 SUBPROVIDER II PSYCHIATRIC UNIT	8328	4541			41.18	186998
33 NURSERY	4344				15.42	
101 TOTAL	85272	38246				1945628

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	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		1710490	57745369	13652909			.029621	404413	37
39 DELIVERY ROOM & LABOR ROOM		123329	12730990	14043			.009687	136	39
40 ANESTHESIOLOGY		182975	29193957	6778703			.006268	42489	40
41 RADIOLOGY-DIAGNOSTIC		2072274	50061047	11394200			.041395	471663	41
41.01 CT SCANS AND MRI		1728639	73939932	14459385			.023379	338046	41.01
41.02 CANCER TREATMENT CENTER		482117	8400886	537580			.057389	30851	41.02
41.03 ULTRASOUND		320110	14748779	1180401			.021704	25619	41.03
41.04 SPECIAL PROCEDURES		69210	2702386	540763			.025611	13849	41.04
44 LABORATORY		765525	138533244	34912770			.005526	192928	44
44.01 PATHOLOGY		167320	8578182	1162818			.019505	22681	44.01
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T		83052	13535093	5058319			.006136	31038	47
49 RESPIRATORY THERAPY		180149	31659518	13409317			.005690	76299	49
50 PHYSICAL THERAPY									50
50.01 REHABILITATION MEDICINE		543612	24211268	2780094			.022453	62421	50.01
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY		114632	10852674	3052785			.010563	32247	53
53.01 CARDIAC CATHERIZATION LAB		1352922	34070359	7996903			.039710	317557	53.01
53.02 RADIOLOGY		427220	20618424	5584693			.020720	115715	53.02
55 MEDICAL SUPPLIES CHARGED TO P		763165	118487809	45016056			.006441	289948	55
56 DRUGS CHARGED TO PATIENTS		360659	60511887	24350145			.005960	145127	56
57 RENAL DIALYSIS		33209	6393052	3443160			.005195	17887	57
58 ASC (NON-DISTINCT PART)		167486	8226892	1273651			.020358	25929	58
OUTPATIENT SERVICE COST CENTERS									
60.01 FAMILY PRACTICE CLINIC		273175	2676323				.102071		60.01
60.02 WOUND CARE		129624	7012926	173724			.018484	3211	60.02
60.03 PAIN MANAGEMENT		270723	1061376	4825			.255068	1231	60.03
60.05 WOMENS CENTER									60.05
60.06 DIABETES CENTER		28801	181677				.158529		60.06
61 EMERGENCY		710009	41555864	6846339			.017086	116977	61
62 OBSERVATION BEDS (NON-DISTINC		247406	9515584	1109021			.026000	28835	62
63.01 OCCUPATIONAL HEALTH									63.01
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		13307833	787205498	204732604				2807097	101

PROVIDER NO. 14-0114 SWEDISH COVENANT HOSPITAL
 PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2010.09
 11/08/2010 09:40

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER	DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT	DIEM	PROGRAM	PROGRAM
		COST	COST	AMOUNT		DAYS		DAYS	PASS THRU
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					62634		28819	25
26	INTENSIVE CARE UNIT					4240		2127	26
26.01	SPECIAL CARE NURSERY					1426			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					4300		2759	31
31.01	SUBPROVIDER II PSYCHIATRIC UN					8328		4541	31.01
33	NURSERY					4344			33
34	SKILLED NURSING FACILITY					5081		4117	34
35	NURSING FACILITY								35
101	TOTAL					90353		42363	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CT SCANS AND MRI							41.01
41.02 CANCER TREATMENT CENTER							41.02
41.03 ULTRASOUND							41.03
41.04 SPECIAL PROCEDURES							41.04
44 LABORATORY							44
44.01 PATHOLOGY							44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATHERIZATION LAB							53.01
53.02 CARDIOLOGY							53.02
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC							60.01
60.02 WOUND CARE							60.02
60.03 PAIN MANAGEMENT							60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER							60.06
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.01 OCCUPATIONAL HEALTH							63.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	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		57745369			13652909		8044136 37
39 DELIVERY ROOM & LABOR ROOM		12730990			14043		424 39
40 ANESTHESIOLOGY		29193957			6778703		3300701 40
41 RADIOLOGY-DIAGNOSTIC		50061047			11394200		11154462 41
41.01 CT SCANS AND MRI		73939932			14459385		16976877 41.01
41.02 CANCER TREATMENT CENTER		8400886			537580		3691013 41.02
41.03 ULTRASOUND		14748779			1180401		1472657 41.03
41.04 SPECIAL PROCEDURES		2702386			540763		629503 41.04
44 LABORATORY		138533244			34912770		193804 44
44.01 PATHOLOGY		8578182			1162818		1883553 44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		13535093			5058319		261905 47
49 RESPIRATORY THERAPY		31659518			13409317		517167 49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE		24211268			2780094		23017 50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		10852674			3052785		1827057 53
53.01 CARDIAC CATHERIZATION LAB		34070359			7996903		3464397 53.01
53.02 RADIOLOGY		20618424			5584693		4661263 53.02
55 MEDICAL SUPPLIES CHARGED TO P		118487809			45016056		9502681 55
56 DRUGS CHARGED TO PATIENTS		60511887			24350145		3101843 56
57 RENAL DIALYSIS		6393052			3443160		60000 57
58 ASC (NON-DISTINCT PART)		8226892			1273651		1910695 58
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC		2676323					94373 60.01
60.02 WOUND CARE		7012926			173724		2827735 60.02
60.03 PAIN MANAGEMENT		1061376			4825		434524 60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER		181677					2982 60.06
61 EMERGENCY		41555864			6846339		3979040 61
62 OBSERVATION BEDS (NON-DISTINC		9515584			1109021		3395944 62
63.01 OCCUPATIONAL HEALTH							63.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		787205498			204732604		83411753 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CT SCANS AND MRI					41.01
41.02 CANCER TREATMENT CENTER					41.02
41.03 ULTRASOUND					41.03
41.04 SPECIAL PROCEDURES					41.04
44 LABORATORY					44
44.01 PATHOLOGY					44.01
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 REHABILITATION MEDICINE					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATHERIZATION LAB					53.01
53.02 CARDIOLOGY					53.02
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
OUTPATIENT SERVICE COST CENTERS					
60.01 FAMILY PRACTICE CLINIC					60.01
60.02 WOUND CARE					60.02
60.03 PAIN MANAGEMENT					60.03
60.05 WOMENS CENTER					60.05
60.06 DIABETES CENTER					60.06
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.01 OCCUPATIONAL HEALTH					63.01
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 [] TITLE V - O/P [XX] HOSPITAL (14-0114) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.330075	.330075	.330075			37
39 DELIVERY ROOM & LABOR ROOM	.235453	.235453	.235453			39
40 ANESTHESIOLOGY	.037292	.037292	.037292			40
41 RADIOLOGY-DIAGNOSTIC	.218538	.218538	.218538			41
41.01 CT SCANS AND MRI	.074473	.074473	.074473			41.01
41.02 CANCER TREATMENT CENTER	.320205	.320205	.320205			41.02
41.03 ULTRASOUND	.163409	.163409	.163409			41.03
41.04 SPECIAL PROCEDURES	.387916	.387916	.387916			41.04
44 LABORATORY	.084427	.084427	.084427			44
44.01 PATHOLOGY	.244753	.244753	.244753			44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.177403	.177403	.177403			47
49 RESPIRATORY THERAPY	.082501	.082501	.082501			49
50 PHYSICAL THERAPY						50
50.01 REHABILITATION MEDICINE	.311060	.311060	.311060			50.01
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	.077167	.077167	.077167			53
53.01 CARDIAC CATHETERIZATION LAB	.189850	.189850	.189850			53.01
53.02 RADIOLOGY	.149396	.149396	.149396			53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.140698	.140698	.140698			55
56 DRUGS CHARGED TO PATIENTS	.168796	.168796	.168796			56
57 RENAL DIALYSIS	.172436	.172436	.172436			57
58 ASC (NON-DISTINCT PART)	.095715	.095715	.095715			58
OUTPATIENT SERVICE COST CENTERS						
60.01 FAMILY PRACTICE CLINIC	.739812	.739812	.739812			60.01
60.02 WOUND CARE	.205785	.205785	.205785			60.02
60.03 PAIN MANAGEMENT	1.139926	1.139926	1.139926			60.03
60.05 WOMENS CENTER						60.05
60.06 DIABETES CENTER	1.590669	1.590669	1.590669			60.06
61 EMERGENCY	.218139	.218139	.218139			61
62 OBSERVATION BEDS (NON-DISTINCT	.366508	.366508	.366508			62
63.01 OCCUPATIONAL HEALTH						63.01
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						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES		1	.168796	1
2 PROGRAM VACCINE CHARGES		2	584	2
2.01 PROGRAM VACCINE CHARGES		2.01		
3 PROGRAM COSTS		3	99	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 (14-0114) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	SURGICAL CENTER	7	8
----- ANCILLARY SERVICE COST CENTERS -----								
37 OPERATING ROOM		8044136						37
39 DELIVERY ROOM & LABOR ROOM		424						39
40 ANESTHESIOLOGY		3300701						40
41 RADIOLOGY-DIAGNOSTIC		11154462						41
41.01 CT SCANS AND MRI		16976877						41.01
41.02 CANCER TREATMENT CENTER		3691013						41.02
41.03 ULTRASOUND		1472657						41.03
41.04 SPECIAL PROCEDURES		629503						41.04
44 LABORATORY		193804						44
44.01 PATHOLOGY		1883553						44.01
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		261905						47
49 RESPIRATORY THERAPY		517167						49
50 PHYSICAL THERAPY								50
50.01 REHABILITATION MEDICINE		23017						50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		1827057						53
53.01 CARDIAC CATHERIZATION LAB		3464397						53.01
53.02 RADIOLOGY		4661263						53.02
55 MEDICAL SUPPLIES CHARGED TO PA		9502681						55
56 DRUGS CHARGED TO PATIENTS		3101843						56
57 RENAL DIALYSIS		60000						57
58 ASC (NON-DISTINCT PART)		1910695						58
----- OUTPATIENT SERVICE COST CENTERS -----								
60.01 FAMILY PRACTICE CLINIC		94373						60.01
60.02 WOUND CARE		2827735						60.02
60.03 PAIN MANAGEMENT		434524						60.03
60.05 WOMENS CENTER								60.05
60.06 DIABETES CENTER		2982						60.06
61 EMERGENCY		3979040						61
62 OBSERVATION BEDS (NON-DISTINCT		3395944						62
63.01 OCCUPATIONAL HEALTH								63.01
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		83411753						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		83411753						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0114) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B I/P PART B CHARGES (SEE INSTRU.)	I/P PART B I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		2655168					37
39 DELIVERY ROOM & LABOR ROOM		100					39
40 ANESTHESIOLOGY		123090					40
41 RADIOLOGY-DIAGNOSTIC		2437674					41
41.01 CT SCANS AND MRI		1264319					41.01
41.02 CANCER TREATMENT CENTER		1181881					41.02
41.03 ULTRASOUND		240645					41.03
41.04 SPECIAL PROCEDURES		244194					41.04
44 LABORATORY		16362					44
44.01 PATHOLOGY		461005					44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		46463					47
49 RESPIRATORY THERAPY		42667					49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE		7160					50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		140989					53
53.01 CARDIAC CATHERIZATION LAB		657716					53.01
53.02 RADIOLOGY		696374					53.02
55 MEDICAL SUPPLIES CHARGED TO PAT		1337008					55
56 DRUGS CHARGED TO PATIENTS		523579					56
57 RENAL DIALYSIS		10346					57
58 ASC (NON-DISTINCT PART)		182882					58
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC		69818					60.01
60.02 WOUND CARE		581905					60.02
60.03 PAIN MANAGEMENT		495325					60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER		4743					60.06
61 EMERGENCY		867984					61
62 OBSERVATION BEDS (NON-DISTINCT)		1244641					62
63.01 OCCUPATIONAL HEALTH							63.01
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		15534038					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		15534038					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	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		1710490	57745369	11912			.029621	353 37
39 DELIVERY ROOM & LABOR ROOM		123329	12730990				.009687	39
40 ANESTHESIOLOGY		182975	29193957	3414			.006268	21 40
41 RADIOLOGY-DIAGNOSTIC		2072274	50061047	173359			.041395	7176 41
41.01 CT SCANS AND MRI		1728639	73939932	113055			.023379	2643 41.01
41.02 CANCER TREATMENT CENTER		482117	8400886	5703			.057389	327 41.02
41.03 ULTRASOUND		320110	14748779	15738			.021704	342 41.03
41.04 SPECIAL PROCEDURES		69210	2702386	7980			.025611	204 41.04
44 LABORATORY		765525	138533244	821281			.005526	4538 44
44.01 PATHOLOGY		167320	8578182	5209			.019505	102 44.01
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		83052	13535093	30712			.006136	188 47
49 RESPIRATORY THERAPY		180149	31659518	192609			.005690	1096 49
50 PHYSICAL THERAPY								50
50.01 REHABILITATION MEDICINE		543612	24211268	2547158			.022453	57191 50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		114632	10852674	20969			.010563	221 53
53.01 CARDIAC CATHERIZATION LAB		1352922	34070359	15			.039710	1 53.01
53.02 RADIOLOGY		427220	20618424	33269			.020720	689 53.02
55 MEDICAL SUPPLIES CHARGED TO P		763165	118487809	682375			.006441	4395 55
56 DRUGS CHARGED TO PATIENTS		360659	60511887	883584			.005960	5266 56
57 RENAL DIALYSIS		33209	6393052	207851			.005195	1080 57
58 ASC (NON-DISTINCT PART)		167486	8226892	8628			.020358	176 58
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE CLINIC		273175	2676323				.102071	60.01
60.02 WOUND CARE		129624	7012926	3192			.018484	59 60.02
60.03 PAIN MANAGEMENT		270723	1061376				.255068	60.03
60.05 WOMENS CENTER								60.05
60.06 DIABETES CENTER		28801	181677				.158529	60.06
61 EMERGENCY		710009	41555864	1101			.017086	19 61
62 OBSERVATION BEDS (NON-DISTINC		247406	9515584				.026000	62
63.01 OCCUPATIONAL HEALTH								63.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		13307833	787205498	5769114				86087 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CT SCANS AND MRI							41.01
41.02 CANCER TREATMENT CENTER							41.02
41.03 ULTRASOUND							41.03
41.04 SPECIAL PROCEDURES							41.04
44 LABORATORY							44
44.01 PATHOLOGY							44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATHERIZATION LAB							53.01
53.02 CARDIOLOGY							53.02
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC							60.01
60.02 WOUND CARE							60.02
60.03 PAIN MANAGEMENT							60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER							60.06
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.01 OCCUPATIONAL HEALTH							63.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		57745369			11912		37
39 DELIVERY ROOM & LABOR ROOM		12730990					39
40 ANESTHESIOLOGY		29193957			3414		40
41 RADIOLOGY-DIAGNOSTIC		50061047			173359		41
41.01 CT SCANS AND MRI		73939932			113055		41.01
41.02 CANCER TREATMENT CENTER		8400886			5703		41.02
41.03 ULTRASOUND		14748779			15738		41.03
41.04 SPECIAL PROCEDURES		2702386			7980		41.04
44 LABORATORY		138533244			821281		44
44.01 PATHOLOGY		8578182			5209		44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		13535093			30712		47
49 RESPIRATORY THERAPY		31659518			192609		49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE		24211268			2547158		50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		10852674			20969		53
53.01 CARDIAC CATHERIZATION LAB		34070359			15		53.01
53.02 RADIOLOGY		20618424			33269		53.02
55 MEDICAL SUPPLIES CHARGED TO P		118487809			682375		55
56 DRUGS CHARGED TO PATIENTS		60511887			883584		56
57 RENAL DIALYSIS		6393052			207851		57
58 ASC (NON-DISTINCT PART)		8226892			8628		58
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC		2676323					60.01
60.02 WOUND CARE		7012926			3192		60.02
60.03 PAIN MANAGEMENT		1061376					60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER		181677					60.06
61 EMERGENCY		41555864			1101		61
62 OBSERVATION BEDS (NON-DISTINC		9515584					62
63.01 OCCUPATIONAL HEALTH							63.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		787205498			5769114		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CT SCANS AND MRI					41.01
41.02 CANCER TREATMENT CENTER					41.02
41.03 ULTRASOUND					41.03
41.04 SPECIAL PROCEDURES					41.04
44 LABORATORY					44
44.01 PATHOLOGY					44.01
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 REHABILITATION MEDICINE					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATHERIZATION LAB					53.01
53.02 CARDIOLOGY					53.02
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
OUTPATIENT SERVICE COST CENTERS					
60.01 FAMILY PRACTICE CLINIC					60.01
60.02 WOUND CARE					60.02
60.03 PAIN MANAGEMENT					60.03
60.05 WOMENS CENTER					60.05
60.06 DIABETES CENTER					60.06
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.01 OCCUPATIONAL HEALTH					63.01
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 [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-S114)

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		1710490	57745369	5484			.029621	162 37
39 DELIVERY ROOM & LABOR ROOM		123329	12730990				.009687	39
40 ANESTHESIOLOGY		182975	29193957	3087			.006268	19 40
41 RADIOLOGY-DIAGNOSTIC		2072274	50061047	89033			.041395	3686 41
41.01 CT SCANS AND MRI		1728639	73939932	193358			.023379	4521 41.01
41.02 CANCER TREATMENT CENTER		482117	8400886				.057389	41.02
41.03 ULTRASOUND		320110	14748779	30802			.021704	669 41.03
41.04 SPECIAL PROCEDURES		69210	2702386				.025611	41.04
44 LABORATORY		765525	138533244	1109537			.005526	6131 44
44.01 PATHOLOGY		167320	8578182	6396			.019505	125 44.01
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		83052	13535093	22838			.006136	140 47
49 RESPIRATORY THERAPY		180149	31659518	24466			.005690	139 49
50 PHYSICAL THERAPY								50
50.01 REHABILITATION MEDICINE		543612	24211268	1188010			.022453	26674 50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		114632	10852674	131837			.010563	1393 53
53.01 CARDIAC CATHERIZATION LAB		1352922	34070359				.039710	53.01
53.02 RADIOLOGY		427220	20618424	43329			.020720	898 53.02
55 MEDICAL SUPPLIES CHARGED TO P		763165	118487809	48199			.006441	310 55
56 DRUGS CHARGED TO PATIENTS		360659	60511887	887237			.005960	5288 56
57 RENAL DIALYSIS		33209	6393052				.005195	57
58 ASC (NON-DISTINCT PART)		167486	8226892	5583			.020358	114 58
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE CLINIC		273175	2676323				.102071	60.01
60.02 WOUND CARE		129624	7012926				.018484	60.02
60.03 PAIN MANAGEMENT		270723	1061376				.255068	60.03
60.05 WOMENS CENTER								60.05
60.06 DIABETES CENTER		28801	181677				.158529	60.06
61 EMERGENCY		710009	41555864	304507			.017086	5203 61
62 OBSERVATION BEDS (NON-DISTINC		247406	9515584				.026000	62
63.01 OCCUPATIONAL HEALTH								63.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		13307833	787205498	4093703				55472 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CT SCANS AND MRI							41.01
41.02 CANCER TREATMENT CENTER							41.02
41.03 ULTRASOUND							41.03
41.04 SPECIAL PROCEDURES							41.04
44 LABORATORY							44
44.01 PATHOLOGY							44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATHERIZATION LAB							53.01
53.02 CARDIOLOGY							53.02
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC							60.01
60.02 WOUND CARE							60.02
60.03 PAIN MANAGEMENT							60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER							60.06
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.01 OCCUPATIONAL HEALTH							63.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS	PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		57745369			5484		37
39 DELIVERY ROOM & LABOR ROOM		12730990					39
40 ANESTHESIOLOGY		29193957			3087		40
41 RADIOLOGY-DIAGNOSTIC		50061047			89033		41
41.01 CT SCANS AND MRI		73939932			193358		41.01
41.02 CANCER TREATMENT CENTER		8400886					41.02
41.03 ULTRASOUND		14748779			30802		41.03
41.04 SPECIAL PROCEDURES		2702386					41.04
44 LABORATORY		138533244			1109537		44
44.01 PATHOLOGY		8578182			6396		44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		13535093			22838		47
49 RESPIRATORY THERAPY		31659518			24466		49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE		24211268			1188010		50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		10852674			131837		53
53.01 CARDIAC CATHERIZATION LAB		34070359					53.01
53.02 RADIOLOGY		20618424			43329		53.02
55 MEDICAL SUPPLIES CHARGED TO P		118487809			48199		55
56 DRUGS CHARGED TO PATIENTS		60511887			887237		56
57 RENAL DIALYSIS		6393052					57
58 ASC (NON-DISTINCT PART)		8226892			5583		58
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC		2676323					60.01
60.02 WOUND CARE		7012926					60.02
60.03 PAIN MANAGMENT		1061376					60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER		181677					60.06
61 EMERGENCY		41555864			304507		61
62 OBSERVATION BEDS (NON-DISTINC		9515584					62
63.01 OCCUPATIONAL HEALTH							63.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		787205498			4093703		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CT SCANS AND MRI					41.01
41.02 CANCER TREATMENT CENTER					41.02
41.03 ULTRASOUND					41.03
41.04 SPECIAL PROCEDURES					41.04
44 LABORATORY					44
44.01 PATHOLOGY					44.01
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 REHABILITATION MEDICINE					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATHERIZATION LAB					53.01
53.02 RADIOLOGY					53.02
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
OUTPATIENT SERVICE COST CENTERS					
60.01 FAMILY PRACTICE CLINIC					60.01
60.02 WOUND CARE					60.02
60.03 PAIN MANAGEMENT					60.03
60.05 WOMENS CENTER					60.05
60.06 DIABETES CENTER					60.06
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.01 OCCUPATIONAL HEALTH					63.01
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5573) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CT SCANS AND MRI							41.01
41.02 CANCER TREATMENT CENTER							41.02
41.03 ULTRASOUND							41.03
41.04 SPECIAL PROCEDURES							41.04
44 LABORATORY							44
44.01 PATHOLOGY							44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATHERIZATION LAB							53.01
53.02 CARDIOLOGY							53.02
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC							60.01
60.02 WOUND CARE							60.02
60.03 PAIN MANAGEMENT							60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER							60.06
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.01 OCCUPATIONAL HEALTH							63.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5573) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	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		57745369					37
39 DELIVERY ROOM & LABOR ROOM		12730990					39
40 ANESTHESIOLOGY		29193957			15330		40
41 RADIOLOGY-DIAGNOSTIC		50061047			135522		41
41.01 CT SCANS AND MRI		73939932			16649		41.01
41.02 CANCER TREATMENT CENTER		8400886			10380		41.02
41.03 ULTRASOUND		14748779			20089		41.03
41.04 SPECIAL PROCEDURES		2702386			1730		41.04
44 LABORATORY		138533244			1006650		44
44.01 PATHOLOGY		8578182			2911		44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		13535093			27114		47
49 RESPIRATORY THERAPY		31659518			559499		49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE		24211268			2625081		50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		10852674			28741		53
53.01 CARDIAC CATHERIZATION LAB		34070359					53.01
53.02 RADIOLOGY		20618424			21558		53.02
55 MEDICAL SUPPLIES CHARGED TO P		118487809			1679281		55
56 DRUGS CHARGED TO PATIENTS		60511887			1229733		56
57 RENAL DIALYSIS		6393052					57
58 ASC (NON-DISTINCT PART)		8226892			506		58
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC		2676323					60.01
60.02 WOUND CARE		7012926					60.02
60.03 PAIN MANAGEMENT		1061376					60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER		181677					60.06
61 EMERGENCY		41555864					61
62 OBSERVATION BEDS (NON-DISTINC		9515584					62
63.01 OCCUPATIONAL HEALTH							63.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		787205498			7380774		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5573) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CT SCANS AND MRI					41.01
41.02 CANCER TREATMENT CENTER					41.02
41.03 ULTRASOUND					41.03
41.04 SPECIAL PROCEDURES					41.04
44 LABORATORY					44
44.01 PATHOLOGY					44.01
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 REHABILITATION MEDICINE					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATHERIZATION LAB					53.01
53.02 CARDIOLOGY					53.02
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
OUTPATIENT SERVICE COST CENTERS					
60.01 FAMILY PRACTICE CLINIC					60.01
60.02 WOUND CARE					60.02
60.03 PAIN MANAGEMENT					60.03
60.05 WOMENS CENTER					60.05
60.06 DIABETES CENTER					60.06
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.01 OCCUPATIONAL HEALTH					63.01
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				3126754		3126754
26 INTENSIVE CARE UNIT				396883		396883
26.01 SPECIAL CARE NURSERY				44986		44986
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				188447		188447
31.01 SUBPROVIDER II PSYCHIATRIC UNIT				342953		342953
33 NURSERY				67002		67002
101 TOTAL				4167025		4167025

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	62634	16034			49.92	800417
26 INTENSIVE CARE UNIT	4240	869			93.60	81338
26.01 SPECIAL CARE NURSERY	1426	961			31.55	30320
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	4300	760			43.82	33303
31.01 SUBPROVIDER II PSYCHIATRIC UNIT	8328	2872			41.18	118269
33 NURSERY	4344	3113			15.42	48002
101 TOTAL	85272	24609				1111649

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	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		1710490	57745369				.029621	37
39 DELIVERY ROOM & LABOR ROOM		123329	12730990				.009687	39
40 ANESTHESIOLOGY		182975	29193957				.006268	40
41 RADIOLOGY-DIAGNOSTIC		2072274	50061047				.041395	41
41.01 CT SCANS AND MRI		1728639	73939932				.023379	41.01
41.02 CANCER TREATMENT CENTER		482117	8400886				.057389	41.02
41.03 ULTRASOUND		320110	14748779				.021704	41.03
41.04 SPECIAL PROCEDURES		69210	2702386				.025611	41.04
44 LABORATORY		765525	138533244				.005526	44
44.01 PATHOLOGY		167320	8578182				.019505	44.01
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		83052	13535093				.006136	47
49 RESPIRATORY THERAPY		180149	31659518				.005690	49
50 PHYSICAL THERAPY								50
50.01 REHABILITATION MEDICINE		543612	24211268				.022453	50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		114632	10852674				.010563	53
53.01 CARDIAC CATHERIZATION LAB		1352922	34070359				.039710	53.01
53.02 RADIOLOGY		427220	20618424				.020720	53.02
55 MEDICAL SUPPLIES CHARGED TO P		763165	118487809				.006441	55
56 DRUGS CHARGED TO PATIENTS		360659	60511887				.005960	56
57 RENAL DIALYSIS		33209	6393052				.005195	57
58 ASC (NON-DISTINCT PART)		167486	8226892				.020358	58
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE CLINIC		273175	2676323				.102071	60.01
60.02 WOUND CARE		129624	7012926				.018484	60.02
60.03 PAIN MANAGEMENT		270723	1061376				.255068	60.03
60.05 WOMENS CENTER								60.05
60.06 DIABETES CENTER		28801	181677				.158529	60.06
61 EMERGENCY		710009	41555864				.017086	61
62 OBSERVATION BEDS (NON-DISTINC		247406	9515584				.026000	62
63.01 OCCUPATIONAL HEALTH								63.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		13307833	787205498					101

PROVIDER NO. 14-0114 SWEDISH COVENANT HOSPITAL
 PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2010.09
 11/08/2010 09:40

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
	ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT		PROGRAM	PROGRAM
	COST	COST	AMOUNT		DAYS	DIEM	DAYS	PASS THRU
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					62634		16034	25
26 INTENSIVE CARE UNIT					4240		869	26
26.01 SPECIAL CARE NURSERY					1426		961	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					4300		760	31
31.01 SUBPROVIDER II PSYCHIATRIC UN					8328		2872	31.01
33 NURSERY					4344		3113	33
34 SKILLED NURSING FACILITY					5081			34
35 NURSING FACILITY								35
101 TOTAL					90353		24609	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CT SCANS AND MRI							41.01
41.02 CANCER TREATMENT CENTER							41.02
41.03 ULTRASOUND							41.03
41.04 SPECIAL PROCEDURES							41.04
44 LABORATORY							44
44.01 PATHOLOGY							44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATHERIZATION LAB							53.01
53.02 CARDIOLOGY							53.02
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC							60.01
60.02 WOUND CARE							60.02
60.03 PAIN MANAGEMENT							60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER							60.06
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.01 OCCUPATIONAL HEALTH							63.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		57745369					37
39 DELIVERY ROOM & LABOR ROOM		12730990					39
40 ANESTHESIOLOGY		29193957					40
41 RADIOLOGY-DIAGNOSTIC		50061047					41
41.01 CT SCANS AND MRI		73939932					41.01
41.02 CANCER TREATMENT CENTER		8400886					41.02
41.03 ULTRASOUND		14748779					41.03
41.04 SPECIAL PROCEDURES		2702386					41.04
44 LABORATORY		138533244					44
44.01 PATHOLOGY		8578182					44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		13535093					47
49 RESPIRATORY THERAPY		31659518					49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE		24211268					50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		10852674					53
53.01 CARDIAC CATHERIZATION LAB		34070359					53.01
53.02 RADIOLOGY		20618424					53.02
55 MEDICAL SUPPLIES CHARGED TO P		118487809					55
56 DRUGS CHARGED TO PATIENTS		60511887					56
57 RENAL DIALYSIS		6393052					57
58 ASC (NON-DISTINCT PART)		8226892					58
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC		2676323					60.01
60.02 WOUND CARE		7012926					60.02
60.03 PAIN MANAGEMENT		1061376					60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER		181677					60.06
61 EMERGENCY		41555864					61
62 OBSERVATION BEDS (NON-DISTINC		9515584					62
63.01 OCCUPATIONAL HEALTH							63.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		787205498					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CT SCANS AND MRI					41.01
41.02 CANCER TREATMENT CENTER					41.02
41.03 ULTRASOUND					41.03
41.04 SPECIAL PROCEDURES					41.04
44 LABORATORY					44
44.01 PATHOLOGY					44.01
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 REHABILITATION MEDICINE					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATHERIZATION LAB					53.01
53.02 CARDIOLOGY					53.02
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
OUTPATIENT SERVICE COST CENTERS					
60.01 FAMILY PRACTICE CLINIC					60.01
60.02 WOUND CARE					60.02
60.03 PAIN MANAGEMENT					60.03
60.05 WOMENS CENTER					60.05
60.06 DIABETES CENTER					60.06
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.01 OCCUPATIONAL HEALTH					63.01
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-T114) [] 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		1710490	57745369				.029621	37
39 DELIVERY ROOM & LABOR ROOM		123329	12730990				.009687	39
40 ANESTHESIOLOGY		182975	29193957				.006268	40
41 RADIOLOGY-DIAGNOSTIC		2072274	50061047				.041395	41
41.01 CT SCANS AND MRI		1728639	73939932				.023379	41.01
41.02 CANCER TREATMENT CENTER		482117	8400886				.057389	41.02
41.03 ULTRASOUND		320110	14748779				.021704	41.03
41.04 SPECIAL PROCEDURES		69210	2702386				.025611	41.04
44 LABORATORY		765525	138533244				.005526	44
44.01 PATHOLOGY		167320	8578182				.019505	44.01
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		83052	13535093				.006136	47
49 RESPIRATORY THERAPY		180149	31659518				.005690	49
50 PHYSICAL THERAPY								50
50.01 REHABILITATION MEDICINE		543612	24211268				.022453	50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		114632	10852674				.010563	53
53.01 CARDIAC CATHERIZATION LAB		1352922	34070359				.039710	53.01
53.02 RADIOLOGY		427220	20618424				.020720	53.02
55 MEDICAL SUPPLIES CHARGED TO P		763165	118487809				.006441	55
56 DRUGS CHARGED TO PATIENTS		360659	60511887				.005960	56
57 RENAL DIALYSIS		33209	6393052				.005195	57
58 ASC (NON-DISTINCT PART)		167486	8226892				.020358	58
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE CLINIC		273175	2676323				.102071	60.01
60.02 WOUND CARE		129624	7012926				.018484	60.02
60.03 PAIN MANAGEMENT		270723	1061376				.255068	60.03
60.05 WOMENS CENTER								60.05
60.06 DIABETES CENTER		28801	181677				.158529	60.06
61 EMERGENCY		710009	41555864				.017086	61
62 OBSERVATION BEDS (NON-DISTINC		247406	9515584				.026000	62
63.01 OCCUPATIONAL HEALTH								63.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		13307833	787205498					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CT SCANS AND MRI							41.01
41.02 CANCER TREATMENT CENTER							41.02
41.03 ULTRASOUND							41.03
41.04 SPECIAL PROCEDURES							41.04
44 LABORATORY							44
44.01 PATHOLOGY							44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATHERIZATION LAB							53.01
53.02 CARDIOLOGY							53.02
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC							60.01
60.02 WOUND CARE							60.02
60.03 PAIN MANAGEMENT							60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER							60.06
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.01 OCCUPATIONAL HEALTH							63.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	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		57745369					37
39 DELIVERY ROOM & LABOR ROOM		12730990					39
40 ANESTHESIOLOGY		29193957					40
41 RADIOLOGY-DIAGNOSTIC		50061047					41
41.01 CT SCANS AND MRI		73939932					41.01
41.02 CANCER TREATMENT CENTER		8400886					41.02
41.03 ULTRASOUND		14748779					41.03
41.04 SPECIAL PROCEDURES		2702386					41.04
44 LABORATORY		138533244					44
44.01 PATHOLOGY		8578182					44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		13535093					47
49 RESPIRATORY THERAPY		31659518					49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE		24211268					50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		10852674					53
53.01 CARDIAC CATHERIZATION LAB		34070359					53.01
53.02 RADIOLOGY		20618424					53.02
55 MEDICAL SUPPLIES CHARGED TO P		118487809					55
56 DRUGS CHARGED TO PATIENTS		60511887					56
57 RENAL DIALYSIS		6393052					57
58 ASC (NON-DISTINCT PART)		8226892					58
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC		2676323					60.01
60.02 WOUND CARE		7012926					60.02
60.03 PAIN MANAGEMENT		1061376					60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER		181677					60.06
61 EMERGENCY		41555864					61
62 OBSERVATION BEDS (NON-DISTINC		9515584					62
63.01 OCCUPATIONAL HEALTH							63.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		787205498					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CT SCANS AND MRI					41.01
41.02 CANCER TREATMENT CENTER					41.02
41.03 ULTRASOUND					41.03
41.04 SPECIAL PROCEDURES					41.04
44 LABORATORY					44
44.01 PATHOLOGY					44.01
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 REHABILITATION MEDICINE					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATHERIZATION LAB					53.01
53.02 CARDIOLOGY					53.02
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
OUTPATIENT SERVICE COST CENTERS					
60.01 FAMILY PRACTICE CLINIC					60.01
60.02 WOUND CARE					60.02
60.03 PAIN MANAGEMENT					60.03
60.05 WOMENS CENTER					60.05
60.06 DIABETES CENTER					60.06
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.01 OCCUPATIONAL HEALTH					63.01
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 [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [XX] SUB II (14-S114) [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	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		1710490	57745369				.029621	37
39 DELIVERY ROOM & LABOR ROOM		123329	12730990				.009687	39
40 ANESTHESIOLOGY		182975	29193957				.006268	40
41 RADIOLOGY-DIAGNOSTIC		2072274	50061047				.041395	41
41.01 CT SCANS AND MRI		1728639	73939932				.023379	41.01
41.02 CANCER TREATMENT CENTER		482117	8400886				.057389	41.02
41.03 ULTRASOUND		320110	14748779				.021704	41.03
41.04 SPECIAL PROCEDURES		69210	2702386				.025611	41.04
44 LABORATORY		765525	138533244				.005526	44
44.01 PATHOLOGY		167320	8578182				.019505	44.01
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		83052	13535093				.006136	47
49 RESPIRATORY THERAPY		180149	31659518				.005690	49
50 PHYSICAL THERAPY								50
50.01 REHABILITATION MEDICINE		543612	24211268				.022453	50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		114632	10852674				.010563	53
53.01 CARDIAC CATHERIZATION LAB		1352922	34070359				.039710	53.01
53.02 RADIOLOGY		427220	20618424				.020720	53.02
55 MEDICAL SUPPLIES CHARGED TO P		763165	118487809				.006441	55
56 DRUGS CHARGED TO PATIENTS		360659	60511887				.005960	56
57 RENAL DIALYSIS		33209	6393052				.005195	57
58 ASC (NON-DISTINCT PART)		167486	8226892				.020358	58
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE CLINIC		273175	2676323				.102071	60.01
60.02 WOUND CARE		129624	7012926				.018484	60.02
60.03 PAIN MANAGEMENT		270723	1061376				.255068	60.03
60.05 WOMENS CENTER								60.05
60.06 DIABETES CENTER		28801	181677				.158529	60.06
61 EMERGENCY		710009	41555864				.017086	61
62 OBSERVATION BEDS (NON-DISTINC		247406	9515584				.026000	62
63.01 OCCUPATIONAL HEALTH								63.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		13307833	787205498					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CT SCANS AND MRI							41.01
41.02 CANCER TREATMENT CENTER							41.02
41.03 ULTRASOUND							41.03
41.04 SPECIAL PROCEDURES							41.04
44 LABORATORY							44
44.01 PATHOLOGY							44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATHERIZATION LAB							53.01
53.02 CARDIOLOGY							53.02
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC							60.01
60.02 WOUND CARE							60.02
60.03 PAIN MANAGEMENT							60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER							60.06
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.01 OCCUPATIONAL HEALTH							63.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		57745369					37
39 DELIVERY ROOM & LABOR ROOM		12730990					39
40 ANESTHESIOLOGY		29193957					40
41 RADIOLOGY-DIAGNOSTIC		50061047					41
41.01 CT SCANS AND MRI		73939932					41.01
41.02 CANCER TREATMENT CENTER		8400886					41.02
41.03 ULTRASOUND		14748779					41.03
41.04 SPECIAL PROCEDURES		2702386					41.04
44 LABORATORY		138533244					44
44.01 PATHOLOGY		8578182					44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		13535093					47
49 RESPIRATORY THERAPY		31659518					49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE		24211268					50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		10852674					53
53.01 CARDIAC CATHERIZATION LAB		34070359					53.01
53.02 RADIOLOGY		20618424					53.02
55 MEDICAL SUPPLIES CHARGED TO P		118487809					55
56 DRUGS CHARGED TO PATIENTS		60511887					56
57 RENAL DIALYSIS		6393052					57
58 ASC (NON-DISTINCT PART)		8226892					58
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC		2676323					60.01
60.02 WOUND CARE		7012926					60.02
60.03 PAIN MANAGEMENT		1061376					60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER		181677					60.06
61 EMERGENCY		41555864					61
62 OBSERVATION BEDS (NON-DISTINC		9515584					62
63.01 OCCUPATIONAL HEALTH							63.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		787205498					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input type="checkbox"/>	HOSPITAL	<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 checked="" type="checkbox"/>	TITLE XIX	<input checked="" type="checkbox"/>	SUB II (14-S114)	<input type="checkbox"/>	NF	<input type="checkbox"/>	OTHER
			<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
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CT SCANS AND MRI					41.01
41.02 CANCER TREATMENT CENTER					41.02
41.03 ULTRASOUND					41.03
41.04 SPECIAL PROCEDURES					41.04
44 LABORATORY					44
44.01 PATHOLOGY					44.01
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 REHABILITATION MEDICINE					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATHERIZATION LAB					53.01
53.02 CARDIOLOGY					53.02
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
OUTPATIENT SERVICE COST CENTERS					
60.01 FAMILY PRACTICE CLINIC					60.01
60.02 WOUND CARE					60.02
60.03 PAIN MANAGEMENT					60.03
60.05 WOMENS CENTER					60.05
60.06 DIABETES CENTER					60.06
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.01 OCCUPATIONAL HEALTH					63.01
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

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	SNF	
	(PPS) (14-0114) 1	(PPS) (14-T114) 1	(PPS) (14-S114) 1	1	1	(PPS) (14-5573) 1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	62634	4300	8328			5081	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	62634	4300	8328			5081	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	62634	4300	8328			5081	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)	28819	2759	4541			4117	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)	SUB I (PPS)	SUB II (PPS)	SUB III	SUB IV	SNF (PPS)	
SWING-BED ADJUSTMENT	(14-0114)	(14-T114)	(14-S114)			(14-5573)	
	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	44075757	2484992	4316609			3143816	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	44075757	2484992	4316609			3143816	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	115885289	7890315	15319196			3793875	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	115885289	7890315	15319196			3793875	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.380340	.314942	.281778			.828656	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1850.20	1834.96	1839.48			746.68	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	44075757	2484992	4316609			3143816	37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0114)	SUB I (PPS) (14-T114)	SUB II (PPS) (14-S114)	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	703.70	577.91	518.32		38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	20279930	1594454	2353691		39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	20279930	1594454	2353691		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	5562446	4240	1311.90	2127	2790411 43
43.01	SPECIAL CARE NURSERY	817454	1426	573.25		43.01
44	CORONARY CARE UNIT					44
45	BURN INTENSIVE CARE UNIT					45
46	SURGICAL INTENSIVE CARE UNIT					46
47	OTHER SPECIAL CARE (SPECIFY)					47
		HOSPITAL (PPS) (14-0114)	SUB I (PPS) (14-T114)	SUB II (PPS) (14-S114)	SUB III	SUB IV
		1	1	1	1	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	30693673	1231438	751816		48
49	TOTAL PROGRAM INPATIENT COSTS	53764014	2825892	3105507		49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1637731	120899	186998		50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2807097	86087	55472		51
52	TOTAL PROGRAM EXCLUDABLE COST	4444828	206986	242470		52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	49319186	2618906	2863037		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)	SUB I (PPS)	SUB II (PPS)	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
	1	1	1	1	1	
54						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

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

	SNF (PPS) (14-5573) 1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	3143816	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	618.74	67
68 PROGRAM ROUTINE SERVICE COST	2547353	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	2547353	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	322272	71
72 PER DIEM CAPITAL RELATED COSTS	63.43	72
73 PROGRAM CAPITAL RELATED COSTS	261141	73
74 INPATIENT ROUTINE SERVICE COST	2286212	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	2286212	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	2547353	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	1441266	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	3988619	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	4956	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	703.70	84
85 OBSERVATION BED COST	3487537	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		44075757		3487537		86
87 NEW CAPITAL-RELATED COST	3126754	44075757	.070940	3487537	247406	87
88 NON PHYSICIAN ANESTHETIST		44075757		3487537		88
89 MEDICAL EDUCATION		44075757		3487537		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	NF	
	(OTHER) (14-0114)	(OTHER) (14-T114)	(OTHER) (14-S114)				
	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	62634	4300	8328				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	62634	4300	8328				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	62634	4300	8328				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)	16034	760	2872				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	4344						15
16 TITLE V OR XIX NURSERY DAYS	3113						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)	SUB I (OTHER)	SUB II (OTHER)	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	44070668	2484992	4316609				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	44070668	2484992	4316609				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	115885289	7890315	15319196				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	115885289	7890315	15319196				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.380296	.314942	.281778				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1850.20	1834.96	1839.48				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	44070668	2484992	4316609				37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (OTHER) (14-0114)	SUB I (OTHER) (14-T114)	SUB II (OTHER) (14-S114)	SUB III	SUB IV		
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		1	1	1	1	1		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	703.62	577.91	518.32				38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	11281843	439212	1488615				39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	11281843	439212	1488615				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)	1918283	4344	441.59	3113	1374670		42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	INTENSIVE CARE UNIT	5562446	4240	1311.90	869	1140041		43
43.01	SPECIAL CARE NURSERY	817454	1426	573.25	961	550893		43.01
44	CORONARY CARE UNIT							44
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT							46
47	OTHER SPECIAL CARE (SPECIFY)							47
		HOSPITAL (OTHER) (14-0114)	SUB I (OTHER) (14-T114)	SUB II (OTHER) (14-S114)	SUB III	SUB IV		
		1	1	1	1	1		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST							48
49	TOTAL PROGRAM INPATIENT COSTS	14347447	439212	1488615				49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	960077	33303	118269				50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES							51
52	TOTAL PROGRAM EXCLUDABLE COST	960077	33303	118269				52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS							53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0114)	SUB I (OTHER) (14-T114)	SUB II (OTHER) (14-S114)	SUB III	SUB IV	
	1	1	1	1	1	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54			53	450		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. 14-0114 SWEDISH COVENANT HOSPITAL
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2010.09
11/08/2010 09:40

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST		66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		67
68 PROGRAM ROUTINE SERVICE COST		68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS		71
72 PER DIEM CAPITAL RELATED COSTS		72
73 PROGRAM CAPITAL RELATED COSTS		73
74 INPATIENT ROUTINE SERVICE COST		74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT		76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS		79
80 PROGRAM INPATIENT ANCILLARY SERVICES		80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS		82

PROVIDER NO. 14-0114 SWEDISH COVENANT HOSPITAL
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2010.09
11/08/2010 09:40

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	4956	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	703.70	84
85 OBSERVATION BED COST	3487537	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0114) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III
 [] 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		62772426		25
26 INTENSIVE CARE UNIT		9947699		26
26.01 SPECIAL CARE NURSERY				26.01
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II PSYCHIATRIC UNIT				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.330075	13652909	4506484	37
39 DELIVERY ROOM & LABOR ROOM	.235453	14043	3306	39
40 ANESTHESIOLOGY	.037292	6778703	252791	40
41 RADIOLOGY-DIAGNOSTIC	.218538	11394200	2490066	41
41.01 CT SCANS AND MRI	.074473	14459385	1076834	41.01
41.02 CANCER TREATMENT CENTER	.320205	537580	172136	41.02
41.03 ULTRASOUND	.163409	1180401	192888	41.03
41.04 SPECIAL PROCEDURES	.387916	540763	209771	41.04
44 LABORATORY	.084427	34912770	2947580	44
44.01 PATHOLOGY	.244753	1162818	284603	44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.177403	5058319	897361	47
49 RESPIRATORY THERAPY	.082501	13409317	1106282	49
50 PHYSICAL THERAPY				50
50.01 REHABILITATION MEDICINE	.311060	2780094	864776	50.01
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY	.077167	3052785	235574	53
53.01 CARDIAC CATHERIZATION LAB	.189850	7996903	1518212	53.01
53.02 RADIOLOGY	.149396	5584693	834331	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.140698	45016056	6333669	55
56 DRUGS CHARGED TO PATIENTS	.168796	24350145	4110207	56
57 RENAL DIALYSIS	.172436	3443160	593725	57
58 ASC (NON-DISTINCT PART)	.095715	1273651	121908	58
OUTPATIENT SERVICE COST CENTERS				
60.01 FAMILY PRACTICE CLINIC	.739812			60.01
60.02 WOUND CARE	.205785	173724	35750	60.02
60.03 PAIN MANAGMENT	1.139926	4825	5500	60.03
60.05 WOMENS CENTER				60.05
60.06 DIABETES CENTER	1.590669			60.06
61 EMERGENCY	.218139	6846339	1493454	61
62 OBSERVATION BEDS (NON-DISTINCT)	.366508	1109021	406465	62
OTHER REIMBURSABLE COST CENTERS				
63.01 OCCUPATIONAL HEALTH				63.01
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		204732604	30693673	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		204732604		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-T114)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
26.01 SPECIAL CARE NURSERY				26.01
31 SUBPROVIDER I		5059520		31
31.01 SUBPROVIDER II PSYCHIATRIC UNIT				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.330075	11912	3932	37
39 DELIVERY ROOM & LABOR ROOM	.235453			39
40 ANESTHESIOLOGY	.037292	3414	127	40
41 RADIOLOGY-DIAGNOSTIC	.218538	173359	37886	41
41.01 CT SCANS AND MRI	.074473	113055	8420	41.01
41.02 CANCER TREATMENT CENTER	.320205	5703	1826	41.02
41.03 ULTRASOUND	.163409	15738	2572	41.03
41.04 SPECIAL PROCEDURES	.387916	7980	3096	41.04
44 LABORATORY	.084427	821281	69338	44
44.01 PATHOLOGY	.244753	5209	1275	44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.177403	30712	5448	47
49 RESPIRATORY THERAPY	.082501	192609	15890	49
50 PHYSICAL THERAPY				50
50.01 REHABILITATION MEDICINE	.311060	2547158	792319	50.01
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY	.077167	20969	1618	53
53.01 CARDIAC CATHERIZATION LAB	.189850	15	3	53.01
53.02 RADIOLOGY	.149396	33269	4970	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.140698	682375	96009	55
56 DRUGS CHARGED TO PATIENTS	.168796	883584	149145	56
57 RENAL DIALYSIS	.172436	207851	35841	57
58 ASC (NON-DISTINCT PART)	.095715	8628	826	58
OUTPATIENT SERVICE COST CENTERS				
60.01 FAMILY PRACTICE CLINIC	.739812			60.01
60.02 WOUND CARE	.205785	3192	657	60.02
60.03 PAIN MANAGEMENT	1.139926			60.03
60.05 WOMENS CENTER				60.05
60.06 DIABETES CENTER	1.590669			60.06
61 EMERGENCY	.218139	1101	240	61
62 OBSERVATION BEDS (NON-DISTINCT)	.366508			62
OTHER REIMBURSABLE COST CENTERS				
63.01 OCCUPATIONAL HEALTH				63.01
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		5769114	1231438	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		5769114		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input checked="" type="checkbox"/> SUB II (14-S114)	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
26.01 SPECIAL CARE NURSERY				26.01
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II PSYCHIATRIC UNIT		8363670		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.330075	5484	1810	37
39 DELIVERY ROOM & LABOR ROOM	.235453			39
40 ANESTHESIOLOGY	.037292	3087	115	40
41 RADIOLOGY-DIAGNOSTIC	.218538	89033	19457	41
41.01 CT SCANS AND MRI	.074473	193358	14400	41.01
41.02 CANCER TREATMENT CENTER	.320205			41.02
41.03 ULTRASOUND	.163409	30802	5033	41.03
41.04 SPECIAL PROCEDURES	.387916			41.04
44 LABORATORY	.084427	1109537	93675	44
44.01 PATHOLOGY	.244753	6396	1565	44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.177403	22838	4052	47
49 RESPIRATORY THERAPY	.082501	24466	2018	49
50 PHYSICAL THERAPY				50
50.01 REHABILITATION MEDICINE	.311060	1188010	369542	50.01
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY	.077167	131837	10173	53
53.01 CARDIAC CATHERIZATION LAB	.189850			53.01
53.02 RADIOLOGY	.149396	43329	6473	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.140698	48199	6782	55
56 DRUGS CHARGED TO PATIENTS	.168796	887237	149762	56
57 RENAL DIALYSIS	.172436			57
58 ASC (NON-DISTINCT PART)	.095715	5583	534	58
OUTPATIENT SERVICE COST CENTERS				
60.01 FAMILY PRACTICE CLINIC	.739812			60.01
60.02 WOUND CARE	.205785			60.02
60.03 PAIN MANAGEMENT	1.139926			60.03
60.05 WOMENS CENTER				60.05
60.06 DIABETES CENTER	1.590669			60.06
61 EMERGENCY	.218139	304507	66425	61
62 OBSERVATION BEDS (NON-DISTINCT)	.366508			62
OTHER REIMBURSABLE COST CENTERS				
63.01 OCCUPATIONAL HEALTH				63.01
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		4093703	751816	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		4093703		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> SNF (14-5573)	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
26.01 SPECIAL CARE NURSERY				26.01
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II PSYCHIATRIC UNIT				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.330075			37
39 DELIVERY ROOM & LABOR ROOM	.235453			39
40 ANESTHESIOLOGY	.037292	15330	572	40
41 RADIOLOGY-DIAGNOSTIC	.218538	135522	29617	41
41.01 CT SCANS AND MRI	.074473	16649	1240	41.01
41.02 CANCER TREATMENT CENTER	.320205	10380	3324	41.02
41.03 ULTRASOUND	.163409	20089	3283	41.03
41.04 SPECIAL PROCEDURES	.387916	1730	671	41.04
44 LABORATORY	.084427	1006650	84988	44
44.01 PATHOLOGY	.244753	2911	712	44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.177403	27114	4810	47
49 RESPIRATORY THERAPY	.082501	559499	46159	49
50 PHYSICAL THERAPY				50
50.01 REHABILITATION MEDICINE	.311060	2625081	816558	50.01
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY	.077167	28741	2218	53
53.01 CARDIAC CATHERIZATION LAB	.189850			53.01
53.02 RADIOLOGY	.149396	21558	3221	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.140698	1679281	236271	55
56 DRUGS CHARGED TO PATIENTS	.168796	1229733	207574	56
57 RENAL DIALYSIS	.172436			57
58 ASC (NON-DISTINCT PART)	.095715	506	48	58
OUTPATIENT SERVICE COST CENTERS				
60.01 FAMILY PRACTICE CLINIC	.739812			60.01
60.02 WOUND CARE	.205785			60.02
60.03 PAIN MANAGEMENT	1.139926			60.03
60.05 WOMENS CENTER				60.05
60.06 DIABETES CENTER	1.590669			60.06
61 EMERGENCY	.218139			61
62 OBSERVATION BEDS (NON-DISTINCT)	.366508			62
OTHER REIMBURSABLE COST CENTERS				
63.01 OCCUPATIONAL HEALTH				63.01
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		7380774	1441266	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		7380774		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0114)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
26.01 SPECIAL CARE NURSERY			26.01
31 SUBPROVIDER I			31
31.01 SUBPROVIDER II PSYCHIATRIC UNIT			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.330075		37
39 DELIVERY ROOM & LABOR ROOM	.235453		39
40 ANESTHESIOLOGY	.037292		40
41 RADIOLOGY-DIAGNOSTIC	.218538		41
41.01 CT SCANS AND MRI	.074473		41.01
41.02 CANCER TREATMENT CENTER	.320205		41.02
41.03 ULTRASOUND	.163409		41.03
41.04 SPECIAL PROCEDURES	.387916		41.04
44 LABORATORY	.084427		44
44.01 PATHOLOGY	.244753		44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.177403		47
49 RESPIRATORY THERAPY	.082501		49
50 PHYSICAL THERAPY			50
50.01 REHABILITATION MEDICINE	.311060		50.01
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY			52
53 ELECTROCARDIOLOGY	.077167		53
53.01 CARDIAC CATHERIZATION LAB	.189850		53.01
53.02 RADIOLOGY	.149396		53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.140698		55
56 DRUGS CHARGED TO PATIENTS	.168796		56
57 RENAL DIALYSIS	.172436		57
58 ASC (NON-DISTINCT PART)	.095715		58
OUTPATIENT SERVICE COST CENTERS			
60.01 FAMILY PRACTICE CLINIC	.739812		60.01
60.02 WOUND CARE	.205785		60.02
60.03 PAIN MANAGEMENT	1.139926		60.03
60.05 WOMENS CENTER			60.05
60.06 DIABETES CENTER	1.590669		60.06
61 EMERGENCY	.218139		61
62 OBSERVATION BEDS (NON-DISTINCT)	.366508		62
OTHER REIMBURSABLE COST CENTERS			
63.01 OCCUPATIONAL HEALTH			63.01
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 type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-T114)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
26.01 SPECIAL CARE NURSERY			26.01
31 SUBPROVIDER I			31
31.01 SUBPROVIDER II PSYCHIATRIC UNIT			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.330075		37
39 DELIVERY ROOM & LABOR ROOM	.235453		39
40 ANESTHESIOLOGY	.037292		40
41 RADIOLOGY-DIAGNOSTIC	.218538		41
41.01 CT SCANS AND MRI	.074473		41.01
41.02 CANCER TREATMENT CENTER	.320205		41.02
41.03 ULTRASOUND	.163409		41.03
41.04 SPECIAL PROCEDURES	.387916		41.04
44 LABORATORY	.084427		44
44.01 PATHOLOGY	.244753		44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.177403		47
49 RESPIRATORY THERAPY	.082501		49
50 PHYSICAL THERAPY			50
50.01 REHABILITATION MEDICINE	.311060		50.01
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY			52
53 ELECTROCARDIOLOGY	.077167		53
53.01 CARDIAC CATHERIZATION LAB	.189850		53.01
53.02 RADIOLOGY	.149396		53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.140698		55
56 DRUGS CHARGED TO PATIENTS	.168796		56
57 RENAL DIALYSIS	.172436		57
58 ASC (NON-DISTINCT PART)	.095715		58
OUTPATIENT SERVICE COST CENTERS			
60.01 FAMILY PRACTICE CLINIC	.739812		60.01
60.02 WOUND CARE	.205785		60.02
60.03 PAIN MANAGEMENT	1.139926		60.03
60.05 WOMENS CENTER			60.05
60.06 DIABETES CENTER	1.590669		60.06
61 EMERGENCY	.218139		61
62 OBSERVATION BEDS (NON-DISTINCT)	.366508		62
OTHER REIMBURSABLE COST CENTERS			
63.01 OCCUPATIONAL HEALTH			63.01
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 type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input checked="" type="checkbox"/> SUB II (14-S114)	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
26.01 SPECIAL CARE NURSERY			26.01
31 SUBPROVIDER I			31
31.01 SUBPROVIDER II PSYCHIATRIC UNIT			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.330075		37
39 DELIVERY ROOM & LABOR ROOM	.235453		39
40 ANESTHESIOLOGY	.037292		40
41 RADIOLOGY-DIAGNOSTIC	.218538		41
41.01 CT SCANS AND MRI	.074473		41.01
41.02 CANCER TREATMENT CENTER	.320205		41.02
41.03 ULTRASOUND	.163409		41.03
41.04 SPECIAL PROCEDURES	.387916		41.04
44 LABORATORY	.084427		44
44.01 PATHOLOGY	.244753		44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.177403		47
49 RESPIRATORY THERAPY	.082501		49
50 PHYSICAL THERAPY			50
50.01 REHABILITATION MEDICINE	.311060		50.01
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY			52
53 ELECTROCARDIOLOGY	.077167		53
53.01 CARDIAC CATHERIZATION LAB	.189850		53.01
53.02 RADIOLOGY	.149396		53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.140698		55
56 DRUGS CHARGED TO PATIENTS	.168796		56
57 RENAL DIALYSIS	.172436		57
58 ASC (NON-DISTINCT PART)	.095715		58
OUTPATIENT SERVICE COST CENTERS			
60.01 FAMILY PRACTICE CLINIC	.739812		60.01
60.02 WOUND CARE	.205785		60.02
60.03 PAIN MANAGEMENT	1.139926		60.03
60.05 WOMENS CENTER			60.05
60.06 DIABETES CENTER	1.590669		60.06
61 EMERGENCY	.218139		61
62 OBSERVATION BEDS (NON-DISTINCT)	.366508		62
OTHER REIMBURSABLE COST CENTERS			
63.01 OCCUPATIONAL HEALTH			63.01
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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0114)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1						1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	10996500					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	32989502					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	853186					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	2559557					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	1399499					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	218.36					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996	25.22					3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI, LN.15][PLUS LN.3.06]	10.00					3.06
3.07 SUM OF LINES 3.04-3.06	0.00	10.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		36.88				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	35.22					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	34.84					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	33.22					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	34.43				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0114)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.157675				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.156619				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	0.156619				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1					3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	971011				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]	2913032				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	3884043 0	3884043			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.1247				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.3202				4.01
4.02	SUM OF 4 AND 4.01	0.4449				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.2592				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	11401172				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	60670716				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	60670716				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	4324963				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	1923581				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					15
16	TOTAL	66919260				16
17	PRIMARY PAYER PAYMENTS	12396				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	66906864				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3715908				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	377478				20
21	REIMBURSABLE BAD DEBTS	1559064				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	1091345				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1388630				21.02
22	SUBTOTAL	63904823				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0114)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	63904823				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	61843093				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	2061730				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	1568912				30
TO BE COMPLETED BY INTERMEDIARY						
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0114) 1	HOSPITAL (14-0114) 1.01	HOSPITAL (14-0114) 1.02
1 MEDICAL AND OTHER SERVICES	99		1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	15534038		1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	13149088		1.03
1.04 LINE 1.01 TIMES LINE 1.03			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT			1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101			1.07
2 INTERNS AND RESIDENTS			2
3 ORGAN ACQUISITIONS			3
4 COST OF TEACHING PHYSICIANS			4
5 TOTAL COST	99		5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
6 ANCILLARY SERVICE CHARGES	584		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	584		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	584		14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	485		15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			16
17 LESSER OF COST OR CHARGES	99		17
17.01 TOTAL PPS PAYMENTS	13149088		17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0114) 1	HOSPITAL (14-0114) 1.01	HOSPITAL (14-0114) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	3394830		18.01
19 SUBTOTAL	9754357		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	480087		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	10234444		23
24 PRIMARY PAYER PAYMENTS	2729		24
25 SUBTOTAL	10231715		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	1283983		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	898788		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1283983		27.02
28 SUBTOTAL	11130503		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	11130503		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	11586999		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-456496		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T114) 1	SUB I (14-T114) 1.01	SUB I (14-T114) 1.02	
1				1
1.01				1.01
1.02				1.02
1.03				1.03
1.04				1.04
1.05				1.05
1.06				1.06
1.07				1.07
2				2
3				3
4				4
5				5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6				6
7				7
8				8
9				9
10				10
CUSTOMARY CHARGES				
11				11
12				12
13				13
14				14
15				15
16				16
17				17
17.01				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T114) 1	SUB I (14-T114) 1.01	SUB I (14-T114) 1.02	
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18 DEDUCTIBLES AND COINSURANCE				18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01				18.01
19 SUBTOTAL				19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E				20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				21
22 ESRD DIRECT MEDICAL EDUCATION COSTS				22
23 SUBTOTAL				23
24 PRIMARY PAYER PAYMENTS				24
25 SUBTOTAL				25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26 COMPOSITE RATE ESRD				26
27 BAD DEBTS				27
27.01 REDUCED REIMBURSABLE BAD DEBTS				27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				27.02
28 SUBTOTAL				28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION				29
30 OTHER ADJUSTMENTS				30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)				30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				31
32 SUBTOTAL				32
33 SEQUESTRATION ADJUSTMENT				33
34 INTERIM PAYMENTS				34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35 BALANCE DUE PROVIDER/PROGRAM				35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36
TO BE COMPLETED BY CONTRACTOR				
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)				50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT				51
52 THE RATE USED TO CALCULATE THE TIME VALUE				52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)				53
54 TOTAL (SUM OF LINES 51 AND 53)				54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (14-S114)	SUB II (14-S114)	SUB II (14-S114)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (14-S114) 1	SUB II (14-S114) 1.01	SUB II (14-S114) 1.02	
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18 DEDUCTIBLES AND COINSURANCE				18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01				18.01
19 SUBTOTAL				19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E				20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				21
22 ESRD DIRECT MEDICAL EDUCATION COSTS				22
23 SUBTOTAL				23
24 PRIMARY PAYER PAYMENTS				24
25 SUBTOTAL				25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26 COMPOSITE RATE ESRD				26
27 BAD DEBTS				27
27.01 REDUCED REIMBURSABLE BAD DEBTS				27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				27.02
28 SUBTOTAL				28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION				29
30 OTHER ADJUSTMENTS				30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)				30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				31
32 SUBTOTAL				32
33 SEQUESTRATION ADJUSTMENT				33
34 INTERIM PAYMENTS				34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35 BALANCE DUE PROVIDER/PROGRAM				35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36
TO BE COMPLETED BY CONTRACTOR				
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)				50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT				51
52 THE RATE USED TO CALCULATE THE TIME VALUE				52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)				53
54 TOTAL (SUM OF LINES 51 AND 53)				54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5573) 1	SNF (14-5573) 1.01	SNF (14-5573) 1.02	
1				1
1.01				1.01
1.02				1.02
1.03				1.03
1.04				1.04
1.05				1.05
1.06				1.06
1.07				1.07
2				2
3				3
4				4
5				5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6				6
7				7
8				8
9				9
10				10
CUSTOMARY CHARGES				
11				11
12				12
13				13
14				14
15				15
16				16
17				17
17.01				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5573) 1	SNF (14-5573) 1.01	SNF (14-5573) 1.02	
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18 DEDUCTIBLES AND COINSURANCE				18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01				18.01
19 SUBTOTAL				19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E				20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				21
22 ESRD DIRECT MEDICAL EDUCATION COSTS				22
23 SUBTOTAL				23
24 PRIMARY PAYER PAYMENTS				24
25 SUBTOTAL				25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26 COMPOSITE RATE ESRD				26
27 BAD DEBTS				27
27.01 REDUCED REIMBURSABLE BAD DEBTS				27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				27.02
28 SUBTOTAL				28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION				29
30 OTHER ADJUSTMENTS				30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)				30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				31
32 SUBTOTAL				32
33 SEQUESTRATION ADJUSTMENT				33
34 INTERIM PAYMENTS				34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35 BALANCE DUE PROVIDER/PROGRAM				35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36
TO BE COMPLETED BY CONTRACTOR				
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)				50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT				51
52 THE RATE USED TO CALCULATE THE TIME VALUE				52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)				53
54 TOTAL (SUM OF LINES 51 AND 53)				54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0114)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		59084358		9751572	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.		1785186		2024452	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROGRAM .50 PROVIDER .51 TO .52 PROGRAM .53 .54	05/15/2009 400868 09/18/2009 1435286 09/29/2009 862605	05/15/2009 09/18/2009 09/29/2009	60206 219751 468982	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	973549		-189025	3.99
4 TOTAL INTERIM PAYMENTS		61843093		11586999	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 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52		NONE NONE	NONE NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM	2061730		-456496	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		63904823		11130503	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-T114)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4184305		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE 2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 .05 05/15/2009 PROVIDER .51 TO .52 PROGRAM .53 .54			3.01 3.02 NONE 3.03 3.04 3.05 3.50 3.51 NONE 3.52 3.53 3.54
SUBTOTAL	.99	-271177		3.99
4 TOTAL INTERIM PAYMENTS		3913128		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 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52			5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM		91501	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		4004629		7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____	
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____	

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

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3141491		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE	NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
PROGRAM .01				3.01
TO .02				3.02
PROVIDER .03		NONE	NONE	3.03
PROGRAM .04				3.04
PROGRAM .05				3.05
PROGRAM .50	05/15/2009	17457		3.50
PROVIDER .51				3.51
TO .52			NONE	3.52
PROGRAM .53				3.53
PROGRAM .54				3.54
SUBTOTAL	.99	-17457		3.99
4 TOTAL INTERIM PAYMENTS		3124034		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
PROGRAM .01				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		200025		6.01
PROVIDER TO .02				6.02
PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		3324059		7
NAME OF INTERMEDIARY: _____		INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____		DATE (MO/DAY/YR): _____		

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

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A		AMOUNT	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1741093		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE	NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54		NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		1741093		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52		NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM	6932		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		1748025		7
NAME OF INTERMEDIARY: _____		INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____		DATE (MO/DAY/YR): _____		

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-T114)	SUB II (14-S114)	SUB III	SUB IV	
1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)	3420717				1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	0.1217				1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)	609243				1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS	4029960				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)		3449904			1.08
1.09	NET IPF PPS OUTLIER PAYMENTS					1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)		0.44			1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)		0.44			1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		0.44			1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		22.816438			1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR		0.009885			1.17
1.18	MEDICAL EDUCATION ADJUSTMENT		34102			1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS		3484006			1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS		3484006			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)	11.780822				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	4029960	3484006			4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	4029960	3484006			6
7	DEDUCTIBLES	24432	248032			7
8	SUBTOTAL	4005528	3235974			8
9	COINSURANCE	9301	81268			9
10	SUBTOTAL	3996227	3154706			10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	12003	241933			11
11.01	REDUCED REIMBURSABLE BAD DEBTS	8402	169353			11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	10327	203627			11.02
12	SUBTOTAL	4004629	3324059			12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

PROVIDER NO. 14-0114 SWEDISH COVENANT HOSPITAL
PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (5/2007)

VERSION: 2010.09
11/08/2010 09:40

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-T114)	SUB II (14-S114)	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)						13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15 OTHER ADJUSTMENTS						15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER		4004629	3324059			17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		3913128	3124034			19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		91501	200025			20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
TO BE COMPLETED BY INTERMEDIARY						
50 ORIGINAL OUTLIER AMOUNT						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

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

SNF I
 (14-5573)
 (PPS)
 2

1	COMPUTATION OF NET COST OF COVERED SERVICES		
2	INPATIENT HOSPITAL/SNF/NF SERVICES		1
3	MEDICAL AND OTHER SERVICES		2
4	INTERNS AND RESIDENTS		3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS ONLY		4
6	COST OF TEACHING PHYSICIANS		5
7	SUBTOTAL		6
8	INPATIENT PRIMARY PAYER PAYMENTS		7
9	OUTPATIENT PRIMARY PAYER PAYMENTS		8
	SUBTOTAL		9
	COMPUTATION OF LESSER OF COST OR CHARGES		
10	ROUTINE SERVICE CHARGES		10
11	ANCILLARY SERVICE CHARGES		11
12	INTERNS AND RESIDENTS SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		13
14	TEACHING PHYSICIANS		14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION		15
16	TOTAL REASONABLE CHARGES		16
	CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		18
19	RATIO OF LINE 17 TO LINE 18		19
20	TOTAL CUSTOMARY CHARGES		20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		22
23	COST OF COVERED SERVICES		23
	PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS	1787889	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	1787889	30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		31
32	AMOUNT FROM LINE 30	1787889	32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		33

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

	[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
		SNF I (14-5573) (PPS) 2	
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		34
35	SUBTOTAL	1787889	35
36	COINSURANCE	46796	36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19		37
38	REIMBURSABLE BAD DEBTS	8036	38
38.01	REDUCED REIMBURSABLE BAD DEBTS		38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	4356	38.02
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)	6932	38.03
39	UTILIZATION REVIEW		39
40	SUBTOTAL	1748025	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	1748025	52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	1748025	55
56	SEQUESTRATION ADJUSTMENT		56
57	INTERIM PAYMENTS	1741093	57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)		57.01
58	BALANCE DUE PROVIDER/PROGRAM	6932	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	NF I (PPS)		
	HOSPITAL (14-0114) (OTHER)	SUB I (14-T114) (OTHER)	SUB II (14-S114) (OTHER)	SUB III	SUB IV	
	1	1	1	1	1	1
1	14347447	439212	1488615			1
2						2
3						3
4						4
5						5
6	14347447	439212	1488615			6
7						7
8						8
9	14347447	439212	1488615			9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22	14347447	439212	1488615			22
23	14347447	439212	1488615			23
24						24
25						25
26						26
27						27
28						28
29						29
30	14347447	439212	1488615			30
31						31
32	14347447	439212	1488615			32
33						33

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

WORKSHEET E-3
 PART III

	[] TITLE V		[] TITLE XVIII		[XX] TITLE XIX		NF I
	HOSPITAL (14-0114) (OTHER)	SUB I (14-T114) (OTHER)	SUB II (14-S114) (OTHER)	SUB III	SUB IV		
	1	1	1	1	1	1	
COMPUTATION OF REIMBURSEMENT SETTLEMENT							
34 EXCESS OF REASONABLE COST	14347447	439212	1488615				34
35 SUBTOTAL							35
36 COINSURANCE							36
37 SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,							37
38 REIMBURSABLE BAD DEBTS							38
38.01 REDUCED REIMBURSABLE BAD DEBTS							38.01
38.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)							38.02
39 UTILIZATION REVIEW							39
40 SUBTOTAL							40
41 INPATIENT ROUTINE SERVICE COST							41
42 MEDICARE INPATIENT ROUTINE CHARGES							42
43 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE							43
44 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM 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 UTILIZATION							49
50 OTHER ADJUSTMENTS							50
51 AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS							51
52 SUBTOTAL							52
53 INDIRECT MEDICAL EDUCATION ADJUSTMENT							53
54 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	1224298						54
55 TOTAL AMOUNT PAYABLE TO THE PROVIDER	1224298						55
56 SEQUESTRATION ADJUSTMENT							56
57 INTERIM PAYMENTS	1104133						57
57.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)							57.01
58 BALANCE DUE PROVIDER/PROGRAM	120165						58
59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2)							59

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

WORKSHEET E-3
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS		1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE		2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS		2.01
3	AGGREGATE APPROVED AMOUNT		3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	25.70	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	10.00	3.03
3.04	FTE ADJUSTMENT CAP 10.00	35.70	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	37.32	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	35.70	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	30.95	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	6.37	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	37.32	3.09
3.10	SEE INSTRUCTIONS	35.70	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	6.09	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	8.28	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	11.60	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	8.66	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	8.66	3.16
3.17	SEE INSTRUCTIONS	125509.93	3.17
3.18	SEE INSTRUCTIONS	1086916	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			26.83	3.19
3.20 SEE INSTRUCTIONS			22.10	3.20
3.21 SEE INSTRUCTIONS			26.18	3.21
3.22 SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]			26.18	3.22
3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			132533.45	3.23
3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			3469726	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			4556642	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4 PROGRAM PART A INPATIENT DAYS			38246	4
5 TOTAL INPATIENT DAYS			75972	5
6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS			.503422	6
	[LINE 6 x] [E-3,PART 6]			
	[LINE 3.25] [LINE 11]			
6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 2293914 0			2293914	6.01
6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			2131	6.02
6.03 TOTAL INPATIENT DAYS FROM LINE 5 ABOVE			75972	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			109754	6.05
6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR				6.06
6.07 APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE			100.00	6.07
	[PRIOR TO] [E-3,PART 6]			
	[422] [LINE 12]			
6.08 GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS 0 0				6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS				7
8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			6393052	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

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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	62242766	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	12396	15
16	TOTAL PART A REASONABLE COST	62230370	16
PART B REASONABLE COST			
17	REASONABLE COST	15534137	17
18	PRIMARY PAYER PAYMENTS	2729	18
19	TOTAL PART B REASONABLE COST	15531408	19
20	TOTAL REASONABLE COST	77761778	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.800269	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.199731	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	2403668	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	1923581	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	480087	25

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

WORKSHEET E-3
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS		1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE		2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS		2.01
3	AGGREGATE APPROVED AMOUNT		3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	25.70	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	9.88	3.03
3.04	FTE ADJUSTMENT CAP 9.88	35.58	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	35.53	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	35.53	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	26.83	3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	8.28	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	35.11	3.09
3.10	SEE INSTRUCTIONS	35.11	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO		3.11
3.12	SEE INSTRUCTIONS	8.28	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	11.60	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	10.54	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	10.14	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	10.14	3.16
3.17	SEE INSTRUCTIONS	125509.93	3.17
3.18	SEE INSTRUCTIONS	1272671	3.18

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

WORKSHEET E-3
 PART IV
 (CONT)

[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX		
3.19 SEE INSTRUCTIONS			22.10	3.19
3.20 SEE INSTRUCTIONS			17.92	3.20
3.21 SEE INSTRUCTIONS			22.28	3.21
3.22 SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]			22.28	3.22
3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			132533.45	3.23
3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			2952845	3.24
3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			4225516	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4 PROGRAM PART A INPATIENT DAYS			21496	4
5 TOTAL INPATIENT DAYS			75972	5
6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS			.282946	6
	[LINE 6 x] [E-3,PART 6]			
	[LINE 3.25] [LINE 11]			
6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 1195593 0			1195593	6.01
6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			601	6.02
6.03 TOTAL INPATIENT DAYS FROM LINE 5 ABOVE			75972	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			28705	6.05
6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR				6.06
6.07 APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE			100.00	6.07
	[PRIOR TO] [E-3,PART 6]			
	[422] [LINE 12]			
6.08 GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS 0 0				6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS				7
8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES				8
9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES				9
10 MEDICARE O/P ESRD CHARGES				10
11 MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS				11

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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	1224298 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	11169373			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	5323161			4
5 OTHER RECEIVABLES				5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7 INVENTORY	2508649			7
8 PREPAID EXPENSES	1852801			8
9 OTHER CURRENT ASSETS	-1000000			9
10 DUE FROM OTHER FUNDS	27116016			10
11 TOTAL CURRENT ASSETS	46970000			11
FIXED ASSETS				
12 LAND	7255138			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	2699458			13
13.01 ACCUMULATED DEPRECIATION				13.01
14 BUILDINGS	217063400			14
14.01 ACCUMULATED DEPRECIATION	-188558499			14.01
15 LEASEHOLD IMPROVEMENTS	1680580			15
15.01 ACCUMULATED AMORTIZATION				15.01
16 FIXED EQUIPMENT	32450108			16
16.01 ACCUMULATED DEPRECIATION				16.01
17 AUTOMOBILES AND TRUCKS				17
17.01 ACCUMULATED DEPRECIATION				17.01
18 MAJOR MOVABLE EQUIPMENT	88671782			18
18.01 ACCUMULATED DEPRECIATION				18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	161261967			21
OTHER ASSETS				
22 INVESTMENTS	45835475			22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	75389486			25
26 TOTAL OTHER ASSETS	121224961			26
27 TOTAL ASSETS	329456928			27
LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	6581854			28
29 SALARIES, WAGES & FEES PAYABLE	21307516			29
30 PAYROLL TAXES PAYABLE	1079659			30
31 NOTES & LOANS PAYABLE (SHORT TERM)	1198589			31
32 DEFERRED INCOME				32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS				34
35 OTHER CURRENT LIABILITIES	4800382			35
36 TOTAL CURRENT LIABILITIES	34968000			36
LONG-TERM LIABILITIES				
37 MORTGAGE PAYABLE				37
38 NOTES PAYABLE	148150000			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	17356258			41
42 TOTAL LONG TERM LIABILITIES	165506258			42
43 TOTAL LIABILITIES	200474258			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	128982670			44
45 SPECIFIC PURPOSE FUND BALANCE				45
46 DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47 DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48 GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49 PLANT FUND BALANCE - INVESTED IN PLANT				49
50 PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51 TOTAL FUND BALANCES	128982670			51
52 TOTAL LIABILITIES AND FUND BALANCES	329456928			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	129335548			1
2 NET INCOME (LOSS)	4534579			2
3 TOTAL	133870127			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	133870127			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 TRANSFERS	2396000			13
14 TRANSFERS	2491457			14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	4887457			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	128982670			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	133584586		133584586	1
2 SUBPROVIDER I	7895003		7895003	2
2.01 SUBPROVIDER II	15319196		15319196	2.01
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY	4803079		4803079	6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	161601864		161601864	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT	23331671		23331671	10
10.01 SPECIAL CARE NURSERY				10.01
11 CORONARY CARE UNIT				11
12 BURN INTENSIVE CARE UNIT				12
13 SURGICAL INTENSIVE CARE UNIT				13
14 OTHER SPECIAL CARE (SPECIFY)				14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	23331671		23331671	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	184933535		184933535	16
17 ANCILLARY SERVICES	440538729	283167044	723705773	17
18 OUTPATIENT SERVICES	18274667	30732707	49007374	18
18.01 OCCUPATIONAL HEALTH				18.01
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY		4053665	4053665	19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24				24
25 TOTAL PATIENT REVENUES	643746931	317953416	961700347	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		217064736	26
27 ADD (SPECIFY)			27
28			28
29 BAD DEBTS	12212415		29
30			30
31			31
32			32
33 TOTAL ADDITIONS		12212415	33
34 DEDUCT (SPECIFY)			34
35 ROUNDING		-1	35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS		-1	39
40 TOTAL OPERATING EXPENSES		229277150	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	961700347	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	723192618	2
3	NET PATIENT REVENUES	238507729	3
4	LESS - TOTAL OPERATING EXPENSES	229277150	4
5	NET INCOME FROM SERVICE TO PATIENTS	9230579	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	847663	6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	240140	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	92664	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS	1068288	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	807950	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	1732820	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	194154	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	1443248	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	CARD REHAB MISC REV	99551	24
24.01	CHILD CARE CENTER	843727	24.01
24.02	OTHER	1601582	24.02
24.03	PUBLIC SAFETY REVENUE	750	24.03
24.04	FINANCIAL SERVICES REVENUE	127000	24.04
24.05	HOUSEKEEPING SERVICES	22800	24.05
24.06	HOME HEALTH CARE MISC REV	15	24.06
24.07	MEDICAL EDUCATION GRANT	160525	24.07
24.08	MEDICAL STAFF REVENUE	15000	24.08
24.09	OTHER MISCELLANEOUS INCOME	294558	24.09
24.10	PATIENT ACCTS	24139	24.10
24.11	RESTRICTED FUND TRNS	60535	24.11
25	TOTAL OTHER INCOME	9677109	25
26	TOTAL	18907688	26
27	UNREALIZED AND ALTERNATIVE INV LOSS	14373109	27
28			28
29			29
30	TOTAL OTHER EXPENSES	14373109	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	4534579	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7126

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	767950		47833		135081	950864 5
6 SKILLED NURSING CARE	863683					863683 6
7 PHYSICAL THERAPY	375077					375077 7
8 OCCUPATIONAL THERAPY	117982					117982 8
9 SPEECH PATHOLOGY	5003					5003 9
10 MEDICAL SOCIAL SERVICES	7477					7477 10
11 HOME HEALTH AIDE	29814					29814 11
12 SUPPLIES					43138	43138 12
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	2166986		47833		178219	2393038 24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7126

WORKSHEET H
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDG & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION					4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	-23625	927239	-105	927134	5
6 SKILLED NURSING CARE		863683		863683	6
7 PHYSICAL THERAPY		375077		375077	7
8 OCCUPATIONAL THERAPY		117982		117982	8
9 SPEECH PATHOLOGY		5003		5003	9
10 MEDICAL SOCIAL SERVICES		7477		7477	10
11 HOME HEALTH AIDE		29814		29814	11
12 SUPPLIES		43138		43138	12
13 DRUGS					13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME					14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING					17
18 CLINIC					18
19 HEALTH PROMOTION ACTIVITIES					19
20 DAY CARE PROGRAM					20
21 HOME DELIVERED MEALS PROGRAM					21
22 HOMEMAKER SERVICE					22
23 ALL OTHERS					23
23.50 TELEMEDICINE					23.50
24 TOTAL	-23625	2369413	-105	2369308	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7126

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & TRANSPORT- MAINT	ATION	SUBTOTAL 4A	ADMIN & GENERAL	TOTAL 6
	0	1	2	3	4	4A	5	6
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FLXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE								3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL	927134					927134	927134	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	863683					863683	555238	1418921
7 PHYSICAL THERAPY	375077					375077	241127	616204
8 OCCUPATIONAL THERAPY	117982					117982	75847	193829
9 SPEECH PATHOLOGY	5003					5003	3216	8219
10 MEDICAL SOCIAL SERVICES	7477					7477	4807	12284
11 HOME HEALTH AIDE	29814					29814	19167	48981
12 SUPPLIES	43138					43138	27732	70870
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME								14
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING								17
18 CLINIC								18
19 HEALTH PROMOTION ACTIVITIES								19
20 DAY CARE PROGRAM								20
21 HOME DELIVERED MEALS PROGRAM								21
22 HOMEMAKER SERVICE								22
23 ALL OTHERS								23
23.50 TELEMEDICINE								23.50
24 TOTAL	2369308					2369308		2369308

PROVIDER NO. 14-0114 SWEDISH COVENANT HOSPITAL
 PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2010.09
 11/08/2010 09:40

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7126

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-927134	1442174	5
6 SKILLED NURSING CARE						863683	6
7 PHYSICAL THERAPY						375077	7
8 OCCUPATIONAL THERAPY						117982	8
9 SPEECH PATHOLOGY						5003	9
10 MEDICAL SOCIAL SERVICES						7477	10
11 HOME HEALTH AIDE						29814	11
12 SUPPLIES						43138	12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL					-927134	1442174	24
25 COST TO BE ALLOC (PER W/S H)						927134	25
26 UNIT COST MULTIPLIER						.642872	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7126

WORKSHEET H-5
 PART I

HHA COST CENTER	ALLOCATED		
	HHA A & G 28	TOTAL HHA COSTS 29	
1 ADMINISTRATIVE AND GENERAL			1
2 SKILLED NURSING CARE	204359	2244491	2
3 PHYSICAL THERAPY	88748	974730	3
4 OCCUPATIONAL THERAPY	27916	306605	4
5 SPEECH PATHOLOGY	1184	13001	5
6 MEDICAL SOCIAL SERVICES	1769	19430	6
7 HOME HEALTH AIDE	7054	77479	7
8 SUPPLIES	9352	102712	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	340382	3738448	20
21 UNIT COST MULTIPLIER	.100169		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7126

WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS GROSS SALARIES	NON PATIENT PHONES (PHONES)	PURCHASE (SUPPLY EXPENSE)	ADMITTING GROSS REVENUE
	1	2	3	4	5	6.01	6.03	6.04
1 ADMINISTRATIVE AND GENERAL			541	59648	703380	4		1
2 SKILLED NURSING CARE					863683			2
3 PHYSICAL THERAPY					375077			3
4 OCCUPATIONAL THERAPY					117982			4
5 SPEECH PATHOLOGY					5003			5
6 MEDICAL SOCIAL SERVICES					7477			6
7 HOME HEALTH AIDE					29814			7
8 SUPPLIES							9893	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			541	59648	2102416	4	9893	20
21 TOTAL COST TO BE ALLOCATED			5369	59131	330800	4413	281	21
22 UNIT COST MULTIPLIER			9.924214		.157343		.028404	22
22 UNIT COST MULTIPLIER				.991332		1103.250000		22

PROVIDER NO. 14-0114 SWEDISH COVENANT HOSPITAL
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7126

WORKSHEET H-5
 PART II

HHA COST CENTER	NURSING SCHOOL ASSIGNED TIME	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	PARAMED EDUCATION ASSIGNED TIME	
	21	22	23	24	
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.: 14-7126

WORKSHEET H-6
 PARTS I & II

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

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

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	2244491		2244491	10502	213.72	1
2	PHYSICAL THERAPY	3	974730		974730	5279	184.64	2
3	OCCUPATIONAL THERAPY	4	306605		306605	1757	174.50	3
4	SPEECH PATHOLOGY	5	13001		13001	103	126.22	4
5	MEDICAL SOCIAL SERV	6	19430		19430	96	202.40	5
6	HOME HEALTH AIDE SERV	7	77479		77479	824	94.03	6
7	TOTAL		3635736		3635736	18561		7

LIMITATION COST COMPUTATION		MSA				PROGRAM	
PATIENT SERVICES		NO.	1	2	3	4	COST LIMITS
8	SKILLED NURSING CARE						8
9	PHYSICAL THERAPY						9
10	OCCUPATIONAL THERAPY						10
11	SPEECH PATHOLOGY						11
12	MEDICAL SOCIAL SERV						12
13	HOME HEALTH AIDE SERV						13
14	TOTAL						14

SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	102712		102712	81618	1.258448	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		2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4						17
18	PER BENEFICIARY COST LIMITATION						18
19	PER BENEFICIARY COST LIMITATION						19

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7126

WORKSHEET H-7
 PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PROGRAM SERVICES				1
2 REASONABLE COST OF SERVICES				2
2 TOTAL CHARGES	1244960	846722		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	1244960	846722		6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	1244960	846722		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	1202611	863017	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	5248	6372	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	16412	22793	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	12320	4802	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	394		10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES	507		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	1237492	896984	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	1237492	896984	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	1237492	896984	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	1237492	896984	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	1237492	896984	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	1237492	896984	24
25 TOTAL INTERIM PAYMENTS	1237492	896984	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM			26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

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

HHA NO.: 14-7126

WORKSHEET H-8

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1237492		896984	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM					
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01				3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO .02				3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.04				3.04
	.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		1237492		896984	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				6.01
	PROVIDER TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		1237492		896984	7
NAME OF INTERMEDIARY: _____	INTERMEDIARY NUMBER: _____				
SIGNATURE OF AUTHORIZED PERSON: _____	DATE (MO/DAY/YR): _____				

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0114)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3	3636728				3
3.01					3.01
4					4
4.01					4.01
4.02					4.02
4.03					4.03
5					5
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
6					6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
6.01 NON-PATIENT PHONES						6.01
6.03 PURCHASING						6.03
6.04 ADMITTING						6.04
6.05 PATIENT ACCOUNTS & CASHIERS						6.05
6.06 ADMINISTRATION & GENERAL						6.06
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						22
23 I&R SERVICES-OTHER PRGM COSTS						23
24 PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS						25
26 INTENSIVE CARE UNIT						26
26.01 SPECIAL CARE NURSERY						26.01
31 SUBPROVIDER I						31
31.01 SUBPROVIDER II PSYCHIATRIC UNI						31.01
33 NURSERY						33
34 SKILLED NURSING FACILITY						34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
41.01 CT SCANS AND MRI						41.01
41.02 CANCER TREATMENT CENTER						41.02
41.03 ULTRASOUND						41.03
41.04 SPECIAL PROCEDURES						41.04
44 LABORATORY						44
44.01 PATHOLOGY						44.01
46.30 BLOOD CLOTTING FACTORS ADMIN C						46.30
47 BLOOD STORING, PROCESSING & TR						47
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
50.01 REHABILITATION MEDICINE						50.01
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
53.01 CARDIAC CATHERIZATION LAB						53.01
53.02 CARDIOLOGY						53.02
55 MEDICAL SUPPLIES CHARGED TO PA						55
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
58 ASC (NON-DISTINCT PART)						58
OUTPATIENT SERVICE COST CENTERS						
60.01 FAMILY PRACTICE CLINIC						60.01
60.02 WOUND CARE						60.02
60.03 PAIN MANAGMENT						60.03
60.05 WOMENS CENTER						60.05
60.06 DIABETES CENTER						60.06
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINCT						62
63.01 OCCUPATIONAL HEALTH						63.01
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

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
69.30 OUTPATIENT OCCUPATIONAL THERAP					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 & CA					96
96.02 COVENANT RETIREMENT HOME					96.02
96.05 BOARD OF BENEVOLENCE					96.05
96.07 DENTAL					96.07
96.08 COVENANT RETIREMENT COMMUNITY					96.08
96.09 OP PHARMACY					96.09
96.10 PLAZA					96.10
96.11 G CAFETERIA					96.11
96.12 G PHARMACY					96.12
96.13 G SUITE					96.13
96.14 OFFSITE CLINICS					96.14
97.01 OCC HEALTH					97.01
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	46.01		25.60				71.61 25
26 INTENSIVE CARE UNIT	50.17		20.50				70.67 26
26.01 SPECIAL CARE NURSERY			67.39				67.39 26.01
33 NURSERY			71.66				71.66 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	23.64	13.93					37.57 37
39 DELIVERY ROOM & LABOR ROOM	0.11						0.11 39
40 ANESTHESIOLOGY	23.22	11.31					34.53 40
41 RADIOLOGY-DIAGNOSTIC	22.76	22.28					45.04 41
41.01 CT SCANS AND MRI	19.56	22.96					42.52 41.01
41.02 CANCER TREATMENT CENTER	6.40	43.94					50.34 41.02
41.03 ULTRASOUND	8.00	9.98					17.98 41.03
41.04 SPECIAL PROCEDURES	20.01	23.29					43.30 41.04
44 LABORATORY	25.20	0.14					25.34 44
44.01 PATHOLOGY	13.56	21.96					35.52 44.01
47 BLOOD STORING, PROCESSING & TRA	37.37	1.94					39.31 47
49 RESPIRATORY THERAPY	42.35	1.63					43.98 49
50.01 REHABILITATION MEDICINE	11.48	0.10					11.58 50.01
53 ELECTROCARDIOLOGY	28.13	16.84					44.97 53
53.01 CARDIAC CATHERIZATION LAB	23.47	10.17					33.64 53.01
53.02 RADIOLOGY	27.09	22.61					49.70 53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	37.99	8.02					46.01 55
56 DRUGS CHARGED TO PATIENTS	40.24	5.13					45.37 56
57 RENAL DIALYSIS	53.86	0.94					54.80 57
58 ASC (NON-DISTINCT PART)	15.48	23.22					38.70 58
60.01 FAMILY PRACTICE CLINIC		3.53					3.53 60.01
60.02 WOUND CARE	2.48	40.32					42.80 60.02
60.03 PAIN MANAGEMENT	0.45	40.94					41.39 60.03
60.06 DIABETES CENTER		1.64					1.64 60.06
61 EMERGENCY	16.48	9.58					26.06 61
62 OBSERVATION BEDS (NON-DISTINCT	11.65	35.69					47.34 62
101 TOTAL CHARGES	21.44	8.73					30.17 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	64.16		17.67				81.83 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.02						0.02 37
40 ANESTHESIOLOGY	0.01						0.01 40
41 RADIOLOGY-DIAGNOSTIC	0.35						0.35 41
41.01 CT SCANS AND MRI	0.15						0.15 41.01
41.02 CANCER TREATMENT CENTER	0.07						0.07 41.02
41.03 ULTRASOUND	0.11						0.11 41.03
41.04 SPECIAL PROCEDURES	0.30						0.30 41.04
44 LABORATORY	0.59						0.59 44
44.01 PATHOLOGY	0.06						0.06 44.01
47 BLOOD STORING, PROCESSING & TRA	0.23						0.23 47
49 RESPIRATORY THERAPY	0.61						0.61 49
50.01 REHABILITATION MEDICINE	10.52						10.52 50.01
53 ELECTROCARDIOLOGY	0.19						0.19 53
53.02 CARDIOLOGY	0.16						0.16 53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	0.58						0.58 55
56 DRUGS CHARGED TO PATIENTS	1.46						1.46 56
57 RENAL DIALYSIS	3.25						3.25 57
58 ASC (NON-DISTINCT PART)	0.10						0.10 58
60.02 WOUND CARE	0.05						0.05 60.02
101 TOTAL CHARGES	0.60						0.60 101

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

SUBPROVIDER II

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL 7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31.01 SUBPROVIDER II PSYCHIATRIC UNIT	54.53		34.49				89.02 31.01
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.01						0.01 37
40 ANESTHESIOLOGY	0.01						0.01 40
41 RADIOLOGY-DIAGNOSTIC	0.18						0.18 41
41.01 CT SCANS AND MRI	0.26						0.26 41.01
41.03 ULTRASOUND	0.21						0.21 41.03
44 LABORATORY	0.80						0.80 44
44.01 PATHOLOGY	0.07						0.07 44.01
47 BLOOD STORING, PROCESSING & TRA	0.17						0.17 47
49 RESPIRATORY THERAPY	0.08						0.08 49
50.01 REHABILITATION MEDICINE	4.91						4.91 50.01
53 ELECTROCARDIOLOGY	1.21						1.21 53
53.02 CARDIOLOGY	0.21						0.21 53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	0.04						0.04 55
56 DRUGS CHARGED TO PATIENTS	1.47						1.47 56
58 ASC (NON-DISTINCT PART)	0.07						0.07 58
61 EMERGENCY	0.73						0.73 61
101 TOTAL CHARGES	0.43						0.43 101

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

SNF / NF

COST CENTERS	SNF		NF		NF		TOTAL THIRD PARTY UTIL
	---- TITLE XVIII ----		---- TITLE XIX ----		---- TITLE V ----		
	PART A	PART B	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT	
	1	2	3	4	5	6	7
UTILIZATION PERCENTAGES BASED ON DAYS							
34 SKILLED NURSING FACILITY	81.03						81.03 34
UTILIZATION PERCENTAGES BASED ON CHARGES							
40 ANESTHESIOLOGY	0.05						0.05 40
41 RADIOLOGY-DIAGNOSTIC	0.27						0.27 41
41.01 CT SCANS AND MRI	0.02						0.02 41.01
41.02 CANCER TREATMENT CENTER	0.12						0.12 41.02
41.03 ULTRASOUND	0.14						0.14 41.03
41.04 SPECIAL PROCEDURES	0.06						0.06 41.04
44 LABORATORY	0.73						0.73 44
44.01 PATHOLOGY	0.03						0.03 44.01
47 BLOOD STORING, PROCESSING & TRA	0.20						0.20 47
49 RESPIRATORY THERAPY	1.77						1.77 49
50.01 REHABILITATION MEDICINE	10.84						10.84 50.01
53 ELECTROCARDIOLOGY	0.26						0.26 53
53.02 CARDIOLOGY	0.10						0.10 53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	1.42						1.42 55
56 DRUGS CHARGED TO PATIENTS	2.03						2.03 56
58 ASC (NON-DISTINCT PART)	0.01						0.01 58
101 TOTAL CHARGES	0.77						0.77 101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
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	7808170	3.84	-7808170	-7.62		3
4	NEW CAP REL COSTS-MVBLE EQUIP	8500276	4.18	-8500276	-8.30		4
5	EMPLOYEE BENEFITS	14562945	7.16	-14562945	-14.21		5
6.01	NON-PATIENT PHONES	580614	.29	-580614	-.57		6.01
6.03	PURCHASING	370586	.18	-370586	-.36		6.03
6.04	ADMITTING	1610262	.79	-1610262	-1.57		6.04
6.05	PATIENT ACCOUNTS & CASHIERS	2489268	1.22	-2489268	-2.43		6.05
6.06	ADMINISTRATION & GENERAL	41830640	20.56	-41830640	-40.83		6.06
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT	8114565	3.99	-8114565	-7.92		8
9	LAUNDRY & LINEN SERVICE	935194	.46	-935194	-.91		9
10	HOUSEKEEPING	2675912	1.32	-2675912	-2.61		10
11	DIETARY	2363990	1.16	-2363990	-2.31		11
12	CAFETERIA	204245	.10	-204245	-.20		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	1541553	.76	-1541553	-1.50		14
15	CENTRAL SERVICES & SUPPLY	527826	.26	-527826	-.52		15
16	PHARMACY	2283835	1.12	-2283835	-2.23		16
17	MEDICAL RECORDS & LIBRARY	1690664	.83	-1690664	-1.65		17
18	SOCIAL SERVICE	470827	.23	-470827	-.46		18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A	2074213	1.02	-2074213	-2.02		22
23	I&R SERVICES-OTHER PRGM COSTS A	1827697	.90	-1827697	-1.78		23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	20453052	10.05	26802527	26.16	47255579	23.22
26	INTENSIVE CARE UNIT	2840753	1.40	3120359	3.05	5961112	2.93
26.01	SPECIAL CARE NURSERY	431574	.21	385880	.38	817454	.40
31	SUBPROVIDER I	1021657	.50	1463335	1.43	2484992	1.22
31.01	SUBPROVIDER II PSYCHIATRIC UNIT	1713111	.84	2718573	2.65	4431684	2.18
33	NURSERY	1158388	.57	759895	.74	1918283	.94
34	SKILLED NURSING FACILITY	1116586	.55	2027230	1.98	3143816	1.54
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	11027083	5.42	8636469	8.43	19663552	9.66
39	DELIVERY ROOM & LABOR ROOM	1726312	.85	1618764	1.58	3345076	1.64
40	ANESTHESIOLOGY	368374	.18	720337	.70	1088711	.54
41	RADIOLOGY-DIAGNOSTIC	4859478	2.39	6080764	5.93	10940242	5.38
41.01	CT SCANS AND MRI	2762427	1.36	2744082	2.68	5506509	2.71
41.02	CANCER TREATMENT CENTER	1049060	.52	1640943	1.60	2690003	1.32
41.03	ULTRASOUND	1257930	.62	1152148	1.12	2410078	1.18
41.04	SPECIAL PROCEDURES	633435	.31	414864	.40	1048299	.52
44	LABORATORY	6644805	3.27	5051184	4.93	11695989	5.75
44.01	PATHOLOGY	1234637	.61	864896	.84	2099533	1.03

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA	1652561	.81	748609	.73	2401170	1.18	47
49 RESPIRATORY THERAPY	1426581	.70	1185364	1.16	2611945	1.28	49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE	4544704	2.23	2986463	2.91	7531167	3.70	50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY	379767	.19	457706	.45	837473	.41	53
53.01 CARDIAC CATHERIZATION LAB	4015107	1.97	2453140	2.39	6468247	3.18	53.01
53.02 CARDIOLOGY	1633069	.80	1447248	1.41	3080317	1.51	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	10242457	5.03	6428523	6.27	16670980	8.19	55
56 DRUGS CHARGED TO PATIENTS	4875362	2.40	5338824	5.21	10214186	5.02	56
57 RENAL DIALYSIS	780512	.38	321883	.31	1102395	.54	57
58 ASC (NON-DISTINCT PART)	167633	.08	619807	.60	787440	.39	58
60.01 FAMILY PRACTICE CLINIC	727982	.36	2432422	2.37	3160404	1.55	60.01
60.02 WOUND CARE	718309	.35	724846	.71	1443155	.71	60.02
60.03 PAIN MANAGEMENT	581163	.29	628727	.61	1209890	.59	60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER	153191	.08	135797	.13	288988	.14	60.06
61 EMERGENCY	4875643	2.40	4365199	4.26	9240842	4.54	61
62 OBSERVATION BEDS (NON-DISTINCT)							62
63.01 OCCUPATIONAL HEALTH							63.01
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	2369308	1.16	1369140	1.34	3738448	1.84	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	268720	.13	149701	.15	418421	.21	96
96.02 COVENANT RETIREMENT HOME							96.02
96.05 BOARD OF BENEVOLENCE			131773	.13	131773	.06	96.05
96.07 DENTAL	363		79160	.08	79523	.04	96.07
96.08 COVENANT RETIREMENT COMMUNITY			79113	.08	79113	.04	96.08
96.09 OP PHARMACY	177260	.09	96855	.09	274115	.13	96.09
96.10 PLAZA	313326	.15	132954	.13	446280	.22	96.10
96.11 G CAFETERIA			47807	.05	47807	.02	96.11
96.12 G PHARMACY	362830	.18	268727	.26	631557	.31	96.12
96.13 G SUITE			3411635	3.33	3411635	1.68	96.13
96.14 OFFSITE CLINICS	450133	.22	167175	.16	617308	.30	96.14

COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
97.01	OCC HEALTH	7924		52434	.05	60358	.03	97.01
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	203485849	100.00	0	.00	203485849	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	1710490	57745369	.029621	13652909	404413	37
39 DELIVERY ROOM & LABOR ROOM	123329	12730990	.009687	14043	136	39
40 ANESTHESIOLOGY	182975	29193957	.006268	6778703	42489	40
41 RADIOLOGY-DIAGNOSTIC	2072274	50061047	.041395	11394200	471663	41
41.01 CT SCANS AND MRI	1728639	73939932	.023379	14459385	338046	41.01
41.02 CANCER TREATMENT CENTER	482117	8400886	.057389	537580	30851	41.02
41.03 ULTRASOUND	320110	14748779	.021704	1180401	25619	41.03
41.04 SPECIAL PROCEDURES	69210	2702386	.025611	540763	13849	41.04
44 LABORATORY	765525	138533244	.005526	34912770	192928	44
44.01 PATHOLOGY	167320	8578182	.019505	1162818	22681	44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	83052	13535093	.006136	5058319	31038	47
49 RESPIRATORY THERAPY	180149	31659518	.005690	13409317	76299	49
50 PHYSICAL THERAPY						50
50.01 REHABILITATION MEDICINE	543612	24211268	.022453	2780094	62421	50.01
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	114632	10852674	.010563	3052785	32247	53
53.01 CARDIAC CATHERIZATION LAB	1352922	34070359	.039710	7996903	317557	53.01
53.02 RADIOLOGY	427220	20618424	.020720	5584693	115715	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	763165	118487809	.006441	45016056	289948	55
56 DRUGS CHARGED TO PATIENTS	360659	60511887	.005960	24350145	145127	56
57 RENAL DIALYSIS	33209	6393052	.005195	3443160	17887	57
58 ASC (NON-DISTINCT PART)	167486	8226892	.020358	1273651	25929	58
OUTPATIENT SERVICE COST CENTERS						
60.01 FAMILY PRACTICE CLINIC	273175	2676323	.102071			60.01
60.02 WOUND CARE	129624	7012926	.018484	173724	3211	60.02
60.03 PAIN MANAGMENT	270723	1061376	.255068	4825	1231	60.03
60.05 WOMENS CENTER						60.05
60.06 DIABETES CENTER	28801	181677	.158529			60.06
61 EMERGENCY	710009	41555864	.017086	6846339	116977	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	247406	9515584	.026000	1109021	28835	62
63.01 OCCUPATIONAL HEALTH						63.01
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	13307833	787205498		204732604	2807097	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	3126754		3126754	62634	49.92	28819	1438644 25
26 INTENSIVE CARE UNIT	396883		396883	4240	93.60	2127	199087 26
26.01 SPECIAL CARE NURSERY	44986		44986	1426	31.55		26.01
101 TOTAL	3568623		3568623			30946	1637731 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS						1637731	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS						2807097	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS						4444828	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)						5647	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)						30946	
PER DISCHARGE CAPITAL COSTS						787.11	
PER DIEM CAPITAL COSTS						143.63	

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)	49319186
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	277452729
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.178

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	2825892
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	10831805
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.261

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))	3105507
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31.01 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	12457373
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.249

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)	4444828
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.016

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	15516532
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	83328736
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.186