

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

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY SWEDISHAMERICAN HOSPITAL (14-0228) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 06/01/2008 AND ENDING 05/31/2009, 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				1	
2	SUBPROVIDER I	268	959634	-18075	8711453	2
3	SWING BED - SNF		3068	-42	237324	3
4	SWING BED - NF					4
5	SKILLED NURSING FACILITY					5
6	NURSING FACILITY					6
7	HOME HEALTH AGENCY					7
8	OUTPATIENT REHABILITATION PROVIDER					8
9	HEALTH CLINIC					9
100	TOTAL	268	962702	-18117	8948777	100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 1401 EAST STATE ST.
 1.01 CITY: ROCKFORD

STATE: IL

P.O.BOX:

ZIP CODE: 61104

COUNTY: WINNEBAGO

1

1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			
				V 4	XVIII 5	XIX 6	
2	HOSPITAL	SWEDISHAMERICAN HOSPITAL 14-0228	06/30/1966	O	P	O	2
3	SUBPROVIDER I	SWEISHAMERICAN HOSPITAL PSYCH UNIT 14-S228	05/31/1986	N	P	O	3
4	SWING BEDS - SNF						4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF						6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA	SWEDISHAMERICAN HOME HEALTH 14-7448	03/24/1986	N	P	O	9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE						12
14	HOSP-BASED RHC						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS						16

17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 06/01/2008	TO: 05/31/2009	17
18	TYPE OF CONTROL	1	2	18

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1	19
20	SUBPROVIDER I	4	20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.			21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?	YES		21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.			21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	1 N	N 40420	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 UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS).	NO		21.07
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
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. 15-1, 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. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

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

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47	HOSPITAL	N	N	N	N	47			
48	SUBPROVIDER I	N	N	N	N	48			
49	SKILLED NURSING FACILITY	N	N			49			
50	HOME HEALTH AGENCY	N	N			50			
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?			NO		52			
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.			NO		52.01			
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53			
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01			
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 1251636 PAID LOSSES: 1200000 AND/OR SELF INSURANCE:					54			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.			NO		54.01			
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.			NO		55			
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE 0 / /	Y/N 1 NO	LIMIT 2 0.00	Y/N 3 NO	FEE\$ 4	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?				YES				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.				NO				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)								58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)				NO				59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	YES		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: 1	STATE: 2	ZIP CODE 3	CBSA 4
				FTE/ CAMPUS 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)	NO		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		6183	5735	18053	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
6.01	PEDIATRIC ICU					6.01
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		6183	5735	18053	12
13	RPCH VISITS					13
14	SUBPROVIDER I		184	129	691	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		A-6	3	4	5		
1 SALARIES	1	2	3	4	5	6	
1 TOTAL SALARIES	138107460	1951740	140059200	5087491.53	27.53		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A							4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B	3649481		3649481	48680.57	74.97		5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)							6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	42138782	-1822471	40316311	1206877.72	33.41		8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	1542346		1542346	26009.53	59.30		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	532767		532767	3646.00	146.12		10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS							11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	28077283		28077283			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	8856603		8856603			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B	315901		315901			CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	1752241		1752241	55172.24	31.76		21
22 ADMINISTRATIVE & GENERAL	17499965	-337292	17162673	643941.57	26.65		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	3692998		3692998	65891.34	56.05		22.01
23 MAINTENANCE & REPAIRS	564518		564518	23839.71	23.68		23
24 OPERATION OF PLANT	603090		603090	29408.57	20.51		24
25 LAUNDRY & LINEN SERVICE	73120		73120	7362.57	9.93		25
26 HOUSEKEEPING	2381247		2381247	188965.71	12.60		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	1746313		1746313	130169.43	13.42		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA							28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	1196246		1196246	39732.86	30.11		30
31 CENTRAL SERVICES AND SUPPLY	510090		510090	32745.71	15.58		31
32 PHARMACY	3299076		3299076	91083.14	36.22		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	1458818		1458818	86884.64	16.79		33
34 SOCIAL SERVICE							34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
		A-6	3	4	5	
1 NET SALARIES	138150977	1951740	140102717	5104702.30	27.45	1
2 EXCLUDED AREA SALARIES	42138782	-1822471	40316311	1206877.72	33.41	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	96012195	3774211	99786406	3897824.58	25.60	3
4 SUBTOTAL OTHER WAGES & REL COSTS	2075113		2075113	29655.53	69.97	4
5 SUBTOTAL WAGE-RELATED COSTS	28077283		28077283		28.14%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	126164591	3774211	129938802	3927480.11	33.08	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	34777722	-337292	34440430	1395197.49	24.68	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7448

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY:

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		1620	12	154	1786	1
2 UNDUPLICATED CENSUS COUNT		1061.00	167.00	1670.00	2898.00	2

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
40.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	2.98		2.98	3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	.98		.98	4
5 OTHER ADMINISTRATIVE PERSONNEL	17.45		17.45	5
6 DIRECT NURSING SERVICE	23.68		23.68	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE	4.64		4.64	8
9 PHYSICAL THERAPY SUPERVISOR	.57		.57	9
10 OCCUPATIONAL THERAPY SERVICE	1.77		1.77	10
11 OCCUPATIONAL THERAPY SUPERVISOR	.43		.43	11
12 SPEECH PATHOLOGY SERVICE	1.00		1.00	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE	1.12		1.12	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	1.40		1.40	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 PHARMACY TECH				18
18.01 IV INFUSION THERAPY	6.50		6.50	18.01
18.02 DURABLE MEDICAL EQUIPMENT	4.31		4.31	18.02
18.03 LIFELINE	.31		.31	18.03
18.04 PRIVATE DUTY PEDS				18.04
18.05 ADULT PRIVATE DUTY	10.99		10.99	18.05
18.06 ENTEROSTOMAL THERAPY				18.06
18.07 EARLY INTERVENTION				18.07

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	1.01	3	19
20 LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)			16974	20
20.01			40420	20.01
20.02			99914	20.02

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

GROUP	M3PI REVENUE CODE	SERVICES PRIOR TO JANUARY 1		SERVICES ON OR AFTER JANUARY 1		TOTAL
		RATE	DAYS	RATE	DAYS	
1	2	3	3.01	4	4.01	5
1	RVC/RUC					1
2	RVB/RUB					2
3	RVA/RUA					3
3.01	RUX					3.01
3.02	RUL					3.02
4	RHD/RVC					4
5	RHC/RVB					5
6	RHB/RVA					6
6.01	RVX					6.01
6.02	RVL					6.02
7	RHA/RHC					7
8	RMC/RHB					8
9	RMB/RHA					9
9.01	RHX					9.01
9.02	RHL					9.02
10	RMA/RMC					10
11	RLB/RMB					11
12	RLA/RMA					12
12.01	RMX					12.01
12.02	RML					12.02
13	SE3/RLB					13
14	SE2/RLA					14
14.01	RLX					14.01
15	SE1/SE3					15
16	SSC/SE2					16
17	SSB/SE1					17
18	SSA/SSC					18
19	CD2/SSB					19
20	CD1/SSA					20
21	CC2					21
22	CC1					22
23	CB2					23
24	CB1					24
25	CA2					25
26	CA1					26
27	IB2					27
28	IB1					28
29	IA2					29
30	IA1					30
31	BB2					31
32	BB1					32
33	BA2					33
34	BA1					34
35	PE2					35
36	PE1					36
37	PD2					37
38	PD1					38
39	PC2					39
40	PC1					40
41	PB2					41
42	PB1					42
43	PA2					43
44	PA1					44
45	DEFAULT RATE					45
46	TOTAL					46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	21295098 17
17.01	GROSS MEDICAID REVENUES	155677413 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	176972511 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.267993 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	155677413 28
29	TOTAL GROSS MEDICAID COST	41720457 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	21295098 30
31	UNCOMPENSATED CARE COST	5706937 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	41720457 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100 OLD CAP REL COSTS-BLDG & FIXT		14771121	14771121	-9595015	5176106	620952	5797058	1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP						528251	528251	2
3	0300 NEW CAP REL COSTS-BLDG & FIXT				6930572	6930572	14100	6944672	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				11554718	11554718	383441	11938159	4
5	0500 EMPLOYEE BENEFITS	1752241	2761270	4513511	-65499	4448012	-740325	3707687	5
6	0600 ADMINISTRATIVE & GENERAL	17499965	26992215	44492180	-8388882	36103298	-2306430	33796868	6
7	0700 MAINTENANCE & REPAIRS	564518	622578	1187096	733441	1920537	-84132	1836405	7
8	0800 OPERATION OF PLANT	603090	4085825	4688915	-12365	4676550	-6119	4670431	8
9	0900 LAUNDRY & LINEN SERVICE	73120	1170007	1243127	-54	1243073	-135524	1107549	9
10	1000 HOUSEKEEPING	2381247	1182753	3564000	-12013	3551987	-1613	3550374	10
11	1100 DIETARY	1746313	2855727	4602040	-158184	4443856	-317	4443539	11
12	1200 CAFETERIA						-1240532	-1240532	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	1196246	644839	1841085	-5636	1835449	-97587	1737862	14
15	1500 CENTRAL SERVICES & SUPPLY	510090	6119888	6629978	-3739439	2890539		2890539	15
16	1600 PHARMACY	3299076	9166875	12465951	-8017646	4448305	-6675	4441630	16
17	1700 MEDICAL RECORDS & LIBRARY	1458818	1174211	2633029	-194447	2438582	-3037	2435545	17
18	1800 SOCIAL SERVICE								18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A		4436070	4436070	-54	4436016	-98960	4337056	23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
24.10	2400 PARAMED ED PRGM - MEDICAL	70415	21249	91664		91664		91664	24.10
24.20	2401 PARAMED ED PRGM - RADIOLOGY	132950	73701	206651	-3043	203608	-64408	139200	24.20
24.30	2402 PARAMED ED - RADIATION ONCOLOGY	122886	84126	207012	-3343	203669	-54938	148731	24.30
24.40	2403 PARAMED ED - PARAMEDICAL TECHS	356068	495619	851687	-6574	845113	-119652	725461	24.40
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	22527498	9355233	31882731	-10502	31872229	-2256703	29615526	25
26	2600 INTENSIVE CARE UNIT	5878419	2140587	8019006	-5903	8013103	-105628	7907475	26
26.01	2601 PEDIATRIC ICU								26.01
31	3100 SUBPROVIDER I	2550717	850844	3401561	-1453194	1948367	-354724	1593643	31
33	3300 NURSERY	1419190	1174379	2593569	1035131	3628700	-25531	3603169	33
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	6393308	21061721	27455029	-2042679	25412350	-3645504	21766846	37
37.20	3340 GASTROENTEROLOGY	517559	302143	819702	-167	819535		819535	37.20
39	3900 DELIVERY ROOM & LABOR ROOM	2586353	1413324	3999677	-1194	3998483	-39	3998444	39
40	4000 ANESTHESIOLOGY		267222	267222	1425000	1692222	-1384424	307798	40
41	4100 RADIOLOGY-DIAGNOSTIC	7129095	14162476	21291571	-633440	20658131	-213991	20444140	41
41.10	3480 RADIATION ONCOLOGY	1601464	970995	2572459	10427352	12999811	-772796	12227015	41.10
41.20	3230 CT SCAN	-144010	141537	-2473		-2473	2773534	2771061	41.20
41.30	3430 M.R.I.	-107029	99583	-7446		-7446	2446071	2438625	41.30
44	4400 LABORATORY	2629847	7628322	10258169	-317238	9940931	-285250	9655681	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	1659420	1129166	2788586	-316696	2471890		2471890	49
50	5000 PHYSICAL THERAPY	2542383	1725894	4268277	-7513	4260764	-15494	4245270	50
53	5300 ELECTROCARDIOLOGY	606278	312942	919220	-2514	916706		916706	53
53.10	3140 PEDIATRIC CARDIOLOGY								53.10
54	5400 ELECTROENCEPHALOGRAPHY	573833	569667	1143500	-7682	1135818	-57836	1077982	54
54.10	3370 APNEA MONITORING								54.10
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				3700893	3700893		3700893	55
56	5600 DRUGS CHARGED TO PATIENTS				7963007	7963007		7963007	56
58.10	3950 NUTRITIONAL SUPPORT				142427	142427		142427	58.10
58.20	3951 HEMODIALYSIS		514832	514832		514832		514832	58.20
OUTPATIENT SERVICE COST CENTERS									
60	6000 CLINIC	1221308	1215057	2436365	-14357	2422008	-321734	2100274	60
60.01	6001 CHILDRENS CLINIC								60.01
61	6100 EMERGENCY	6849675	3853534	10703209	-21880	10681329	-144370	10536959	61
61.05	6101 AMBULATORY CARE	268820	100579	369399	-1998	367401		367401	61.05
61.10	6102 PSYCHIATRIC PARTIAL	730543	598214	1328757	363785	1692542	-912405	780137	61.10
62	6200 OBSERVATION BEDS (NON-DISTINCT)								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY	4412558	4060189	8472747	-791951	7680796	35774	7716570	71
SPECIAL PURPOSE COST CENTERS									
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
95	SUBTOTALS	103614272	150306514	253920786	8445224	262366010	-8654555	253711455	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	216066	484413	700479		700479	8636	709115	96

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
96.10	9601 MCC WORD PROCESSING								96.10
98	9800 PHYSICIANS' PRIVATE OFFICES								98
98.01	9801 SPECIALISTS/PCP'S	32931923	34588872	67520795	-10428903	57091892	-133178	56958714	98.01
98.02	9802 MEDWORKS								98.02
98.03	9803 SWEDISHAMERICAN ER	30000	2385066	2415066		2415066		2415066	98.03
98.20	9804 IDLE SPACE								98.20
99	9900 NONPAID WORKERS	17590	-132527	-114937		-114937		-114937	99
99.10	9901 HOTEL								99.10
99.30	9902 PHYSICIAN BILLING								99.30
99.40	9903 MEALS ON WHEELS								99.40
99.50	9904 WEE CARE	798899	759428	1558327		1558327	-52788	1505539	99.50
99.60	9905 PHYSICIAN RELATED AREAS	287656	990863	1278519		1278519	1041	1279560	99.60
99.70	9906 WOMEN'S CENTER								99.70
99.80	9907 MARKETING EXPENSES				1983679	1983679		1983679	99.80
99.90	9908 COMPLIMENTARY MEDICINE	211054	332362	543416		543416		543416	99.90
101	TOTAL	138107460	189714991	327822451		327822451	-8830844	318991607	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
1		2	3	4	5	
1 INTEREST EXPENSE	B	OLD CAP REL COSTS-BLDG & FIXT	1		5108211	1
2 MEDICAL MAINTENANCE	C	MAINTENANCE & REPAIRS	7		735118	2
3 MEDICAL SUPPLIES CHARGED TO PATIENTS	D	MEDICAL SUPPLIES CHARGED TO P	55		3700893	3
4 DRUGS CHARGED TO PATIENTS	E	DRUGS CHARGED TO PATIENTS	56		7963007	4
5 MEDICAL SUPPLIES	F	ADULTS & PEDIATRICS	25		10361	5
6 PUBLIC RELATIONS EXP	G	ADMINISTRATIVE & GENERAL	6		7006	6
7	G					7
8	G					8
9 ANESTHESIA PHYSICIANS	H	ANESTHESIOLOGY	40		1425000	9
10 CAPITAL RELATED COSTS	I	NEW CAP REL COSTS-MVBLE EQUIP	4		3782064	10
11	I					11
12	I					12
13	I					13
14	I					14
15	I					15
16	I					16
17	I					17
18	I					18
19	I					19
20	I					20
21	I					21
22	I					22
23	I					23
24	I					24
25	I					25
26	I					26
27	I					27
28	I					28
29	I					29
30	I					30
31	I					31
32	I					32
33	I					33
34	I					34
35	I					35
36 SUBTOTAL					22731660	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 INTEREST EXPENSE	B	ADMINISTRATIVE & GENERAL	6		5108211	11 1
2 MEDICAL MAINTENANCE	C	ADMINISTRATIVE & GENERAL	6		735118	2
3 MEDICAL SUPPLIES CHARGED TO PATIE	D	CENTRAL SERVICES & SUPPLY	15		3700893	3
4 DRUGS CHARGED TO PATIENTS	E	PHARMACY	16		7963007	4
5 MEDICAL SUPPLIES	F	DIETARY	11		10361	5
6 PUBLIC RELATIONS EXP	G	PARAMED ED PRGM - RADIOLOGY	24.20		2621	6
7	G	PARAMED ED - RADIATION ONCOLO	24.30		2491	7
8	G	PARAMED ED - PARAMEDICAL TECH	24.40		1894	8
9 ANESTHESIA PHYSICIANS	H	OPERATING ROOM	37		1425000	9
10 CAPITAL RELATED COSTS	I	EMPLOYEE BENEFITS	5		65499	10 10
11	I	ADMINISTRATIVE & GENERAL	6		568880	11
12	I	MAINTENANCE & REPAIRS	7		1677	12
13	I	OPERATION OF PLANT	8		12365	13
14	I	LAUNDRY & LINEN SERVICE	9		54	14
15	I	HOUSEKEEPING	10		12013	15
16	I	DIETARY	11		5396	16
17	I	NURSING ADMINISTRATION	14		5636	17
18	I	CENTRAL SERVICES & SUPPLY	15		38546	18
19	I	PHARMACY	16		54639	19
20	I	MEDICAL RECORDS & LIBRARY	17		194447	20
21	I	I&R SERVICES-OTHER PRGM COSTS	23		54	21
22	I	PARAMED ED PRGM - RADIOLOGY	24.20		422	22
23	I	PARAMED ED - RADIATION ONCOLO	24.30		852	23
24	I	PARAMED ED - PARAMEDICAL TECH	24.40		4680	24
25	I	ADULTS & PEDIATRICS	25		68121	25
26	I	INTENSIVE CARE UNIT	26		5903	26
27	I	SUBPROVIDER I	31		6474	27
28	I	NURSERY	33		546	28
29	I	OPERATING ROOM	37		617679	29
30	I	GASTROENTEROLOGY	37.20		167	30
31	I	DELIVERY ROOM & LABOR ROOM	39		1194	31
32	I	RADIOLOGY-DIAGNOSTIC	41		633440	32
33	I	RADIATION ONCOLOGY	41.10		1551	33
34	I	LABORATORY	44		317238	34
35	I	RESPIRATORY THERAPY	49		316696	35
36 SUBTOTAL					21883765	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER 2	LINE # 3	SALARY 4		OTHER 5
1	I				1	
2	I				2	
3	I				3	
4	I				4	
5	I				5	
6	I				6	
7	I				7	
8	J	ADULTS & PEDIATRICS	25	821208	261727 8	
9	J	PSYCHIATRIC PARTIAL	61.10	275864	87921 9	
10	K	NURSERY	33	753480	282197 10	
11	L	NEW CAP REL COSTS-BLDG & FIXT	3		6930572 11	
12	L	NEW CAP REL COSTS-MVBLE EQUIP	4		7772654 12	
13	N	NUTRITIONAL SUPPORT	58.10		142427 13	
14	O	MARKETING EXPENSES	99.80	337292	1646387 14	
15	Q	RADIATION ONCOLOGY	41.10	1062691	9366212 15	
16	R	CT SCAN	41.20	1067944		16
17	R	M.R.I.	41.30	883796		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		5202275	49221757	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	I	PHYSICAL THERAPY	50		7513	1
2	I	ELECTROCARDIOLOGY	53		2514	2
3	I	ELECTROENCEPHALOGRAPHY	54		7682	3
4	I	CLINIC	60		14357	4
5	I	EMERGENCY	61		21880	5
6	I	AMBULATORY CARE	61.05		1998	6
7	I	HOME HEALTH AGENCY	71		791951	7
8	J	SUBPROVIDER I	31	1097072	349648	8
9	J					9
10	K	ADULTS & PEDIATRICS	25	753480	282197	10
11	L	OLD CAP REL COSTS-BLDG & FIXT	1		14703226	9 11
12	L					9 12
13	N	DIETARY	11		142427	13
14	O	ADMINISTRATIVE & GENERAL	6	337292	1646387	14
15	Q	SPECIALISTS/PCP'S	98.01	1062691	9366212	15
16	R	CT SCAN	41.20		1067944	16
17	R	M.R.I.	41.30		883796	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		3250535	51173497	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	1181063					1181063	1
2 LAND IMPROVEMENTS	1662129					1662129	2
3 BUILDINGS AND FIXTURES	18466198					18466198	3
4 BUILDING IMPROVEMENTS	13548088					13548088	4
5 FIXED EQUIPMENT	2008304				2424	2005880	5
6 MOVABLE EQUIPMENT	7428991				214308	7214683	6
7 SUBTOTAL	44294773				216732	44078041	7
8 RECONCILING ITEMS							8
9 TOTAL	44294773				216732	44078041	9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	412889					412889	1
2 LAND IMPROVEMENTS	4182743	59639		59639		4242382	2
3 BUILDINGS AND FIXTURES	69077459	1718878		1718878		70796337	3
4 BUILDING IMPROVEMENTS	66282403	3655460		3655460		69937863	4
5 FIXED EQUIPMENT	3491212	273759		273759		3764971	5
6 MOVABLE EQUIPMENT	94057648	9565785		9565785	5633953	97989480	6
7 SUBTOTAL	237504354	15273521		15273521	5633953	247143922	7
8 RECONCILING ITEMS							8
9 TOTAL	237504354	15273521		15273521	5633953	247143922	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT	67895		5729163				5797058	1
2 OLD CAP REL COSTS-MVBLE EQUIP	528251						528251	2
3 NEW CAP REL COSTS-BLDG & FIXT	6944672						6944672	3
4 NEW CAP REL COSTS-MVBLE EQUIP	7729663	4208496					11938159	4
5 TOTAL	15270481	4208496	5729163				25208140	5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT	14771121						14771121	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	14771121						14771121	5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES	B	732860	OLD CAP REL COSTS-BLDG & FIXT	1	11
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-119126	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-9977563			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	5912552			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-1240532	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		RESPIRATORY THERAPY	49	25
	A-8-4				
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
	A-8-4				
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST		HOME HEALTH AGENCY	71	27
	A-8-3				
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES	A	3190	NEW CAP REL COSTS-BLDG & FIXT	3	9
32 DEPRECIATION--NEW MOVABLE EQUIPMENT	A	-45723	NEW CAP REL COSTS-MVBLE EQUIP	4	9
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37 CUDDLE CARE	B	-102	ADULTS & PEDIATRICS	25	37
38 OTHER REVENUE	B	-510	SUBPROVIDER I	31	38
39					39
39.10 OTHER REVENUE	B	-46657	PSYCHIATRIC PARTIAL	61.10	39.10
40 PROFESSIONAL EDUCATION	B	-3000	ADMINISTRATIVE & GENERAL	6	40
41					41
42 RECYCLING	B	-2408	ADULTS & PEDIATRICS	25	42
42.10 YOGA REVENUE	B	-1664	CLINIC	60	42.10
43 BABY PICTURES	B	-523	NURSERY	33	43
44 RECYCLING	B	-845	EMERGENCY	61	44
45 EMS EDUCATION FEES	B	-101168	PARAMED ED - PARAMEDICAL TECHS	24.40	45
46 OTHER REVENUE	B	-73932	EMERGENCY	61	46
46.10 MED REC TRANSCRIPTS	B	-20	LABORATORY	44	46.10
47 OTHER REVENUE	B	-59331	RADIOLOGY-DIAGNOSTIC	41	47
47.10 OTHER REVENUE	B	-5	ADMINISTRATIVE & GENERAL	6	47.10
48 TUITION	B	-62386	PARAMED ED PRGM - RADIOLOGY	24.20	48
49 ADMISSION FEES	B	-680	PARAMED ED PRGM - RADIOLOGY	24.20	49
49.01 BOOK FEES	B	-20	PARAMED ED PRGM - RADIOLOGY	24.20	49.01
49.03 MED REC TRASCRIPTS	B	-1529	RADIOLOGY-DIAGNOSTIC	41	49.03
49.05 RECLAIMED WIRE	B	-2016	RADIOLOGY-DIAGNOSTIC	41	49.05
49.06 TUITION	B	-51654	PARAMED ED - RADIATION ONCOLOGY	24.30	49.06
49.07 BOOK FEES	B	-1962	PARAMED ED - RADIATION ONCOLOGY	24.30	49.07
49.08 OTHER REVENUE	B	-44116	RADIATION ONCOLOGY	41.10	49.08
49.09 OTHER REVENUE	B	-20	PHYSICAL THERAPY	50	49.09
49.13 GROSS REVENUE	B	-1433	EMPLOYEE BENEFITS	5	49.13
49.14 EMPLOYEE HEALTH	B	-683982	EMPLOYEE BENEFITS	5	49.14
49.15 MEDICAL RECORDS TRANSCRIPTS	B	-25	MEDICAL RECORDS & LIBRARY	17	49.15
49.16 OTHER REVENUE	B	-2031	MEDICAL RECORDS & LIBRARY	17	49.16
49.18 OTHER REVENUE	B	-6675	PHARMACY	16	49.18
49.19 PHOTO	B	-2600	ADMINISTRATIVE & GENERAL	6	49.19

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.	
49.20 VENDING MACHINES	B	-1613	HOUSEKEEPING	10	49.20
49.21 NON PATIENT LINEN	B	-133765	LAUNDRY & LINEN SERVICE	9	49.21
49.22 GUEST ROOM RENTAL	B	-15145	ADMINISTRATIVE & GENERAL	6	49.22
49.23 INSURANCE AUDIT	B	-4150	ADMINISTRATIVE & GENERAL	6	49.23
49.24 OTHER REVENUE	B	-212592	ADMINISTRATIVE & GENERAL	6	49.24
49.25 COMMUNICATIONS	B	-7647	ADMINISTRATIVE & GENERAL	6	49.25
49.26 PHYSICIAN PAGING AND ANSWERING	B	-378936	ADMINISTRATIVE & GENERAL	6	49.26
49.27 WORD PROCESSING	B	-134632	ADMINISTRATIVE & GENERAL	6	49.27
49.28 OTHER REVENUE	B	-28325	RADIOLOGY-DIAGNOSTIC	41	49.28
49.29 RISK MANAGEMENT RECORDS REVENUE	B	-45	ADMINISTRATIVE & GENERAL	6	49.29
49.30 OTHER REVENUE	B	-427915	ADMINISTRATIVE & GENERAL	6	49.30
49.31 OTHER REVENUE/TRANSCRIPTS	B	-7243	EMPLOYEE BENEFITS	5	49.31
49.32 CASUALTY LOSS	B	-148885	ADMINISTRATIVE & GENERAL	6	49.32
49.33 INVESTMENT PREMIUM DISCOUNT	B	-83325	OLD CAP REL COSTS-BLDG & FIXT	1	11 49.33
49.34 INVESTMENT MANAGEMENT	A	509477	ADMINISTRATIVE & GENERAL	6	49.34
49.35 MISCELLANEOUS ADMIN REVENUE	B	-14147	ADMINISTRATIVE & GENERAL	6	49.35
49.36 MISCELLANEOUS ONCOLOGY REVENUE	B	-12248	RADIATION ONCOLOGY	41.10	49.36
49.37 CT COSTS	A	2473	CT SCAN	41.20	49.37
49.38 M.R.I. COSTS	A	7447	M.R.I.	41.30	49.38
49.40 PRIOR YEARS ADJUSTMENT	A	16899	OLD CAP REL COSTS-MVBLE EQUIP	2	9 49.40
49.41 COURIER FEES TO SAHMC	B	-311640	ADMINISTRATIVE & GENERAL	6	49.41
49.42 MALPRACTICE EXPENSE	A	-815565	ADMINISTRATIVE & GENERAL	6	49.42
49.43 UNNECESSARY BOND INTEREST EXPENSE	A	-525777	OLD CAP REL COSTS-BLDG & FIXT	1	11 49.43
49.44 BOND FUND INCOME	B	-1031	OLD CAP REL COSTS-BLDG & FIXT	1	11 49.44
49.45 T.V. REPAIR SALARY	A	-5732	ADMINISTRATIVE & GENERAL	6	49.45
49.46 T.V. ELECTRICITY COST	A	-6119	OPERATION OF PLANT	8	49.46
49.47 CHILD CARE DISCOUNT	A	17939	EMPLOYEE BENEFITS	5	49.47
49.48 DUES RELATED TO LOBBYING	A	-36840	ADMINISTRATIVE & GENERAL	6	49.48
49.49 LOSS ON DEFEASANCE	A	406135	OLD CAP REL COSTS-BLDG & FIXT	1	11 49.49
49.51 CORPORATE SPONSORSHIP	A	-59150	ADMINISTRATIVE & GENERAL	6	49.51
49.52 SITTEES COST	A	-1759	LAUNDRY & LINEN SERVICE	9	49.52
49.53 SITTEES COST	A	-2252	NURSING ADMINISTRATION	14	49.53
49.54 SITTEES COST	A	-352093	ADULTS & PEDIATRICS	25	49.54
49.55 SITTEES COST	A	-80140	INTENSIVE CARE UNIT	26	49.55
49.56 SITTEES COST	A	-49253	SUBPROVIDER I	31	49.56
49.57 SITTEES COST	A	-7	ANESTHESIOLOGY	40	49.57
49.58 SITTEES COST	A	-178	EMERGENCY	61	49.58
49.59 ALCOHOL COSTS	A	-8787	EMPLOYEE BENEFITS	5	49.59
49.60 ALCOHOL COSTS	A	-1242	ADMINISTRATIVE & GENERAL	6	49.60
49.61 SITTEES COST	A	-39	DELIVERY ROOM & LABOR ROOM	39	49.61
49.62 ALCOHOL COSTS	A	-4775	PHYSICIAN RELATED AREAS	99.60	49.62
49.64 EXECUTIVE COMPENSATION	A	-46173	ADMINISTRATIVE & GENERAL	6	49.64
49.65 SITTEES COST	A	-55	RADIOLOGY-DIAGNOSTIC	41	49.65
49.69 DEPR ADD BACK	A	10910	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.69
49.70 DEPR ADD BACK	A	2732	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.70
50 TOTAL		-8830844			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	6	ADMINISTRATIVE & GENERAL	PARKING LOTS	187374	294874	-107500	1
2	7	MAINTENANCE & REPAIRS	MEDICAL MAINTENANCE	650986	735118	-84132	2
3	5	EMPLOYEE BENEFITS	RENTAL ADJUSTMENT	114780	115701	-921	3
4	6	ADMINISTRATIVE & GENERAL	RENTAL ADJUSTMENT	577974	524524	53450	4
4.01	23	I&R SERVICES-OTHER PRGM COSTS A	RENTAL ADJUSTMENT	315886	414846	-98960	4.01
4.02	24.40	PARAMED ED - PARAMEDICAL TECHS	RENTAL ADJUSTMENT	106420	124904	-18484	4.02
4.03	37	OPERATING ROOM	RENTAL ADJUSTMENT	28171	24000	4171	4.03
4.04	41	RADIOLOGY-DIAGNOSTIC	RENTAL ADJUSTMENT	452183	419986	32197	4.04
4.05	50	PHYSICAL THERAPY	RENTAL ADJUSTMENT	417184	409438	7746	4.05
4.06	54	ELECTROENCEPHALOGRAPHY	RENTAL ADJUSTMENT	195204	191580	3624	4.06
4.07	60	CLINIC	RENTAL ADJUSTMENT	305208	282865	22343	4.07
4.08	71	HOME HEALTH AGENCY	RENTAL ADJUSTMENT	209720	173946	35774	4.08
4.09	98.01	SPECIALISTS/PCP'S	RENTAL ADJUSTMENT	2204682	2337860	-133178	4.09
4.10	99.60	PHYSICIAN RELATED AREAS	RENTAL ADJUSTMENT	34093	28277	5816	4.10
4.11	2	OLD CAP REL COSTS-MVBLE EQUIP	CT DEPRECIATION	368830		368830	9 4.11
4.12	1	OLD CAP REL COSTS-BLDG & FIXT	CT INTEREST	84823		84823	11 4.12
4.13	4	NEW CAP REL COSTS-MVBLE EQUIP	CT LEASED EQUIPMENT	260659		260659	10 4.13
4.14	41.20	CT SCAN	CT EXPENSES	2771061		2771061	4.14
4.15	2	OLD CAP REL COSTS-MVBLE EQUIP	MRI DEPRECIATION	142522		142522	9 4.15
4.16	1	OLD CAP REL COSTS-BLDG & FIXT	MRI INTEREST	7267		7267	11 4.16
4.17	4	NEW CAP REL COSTS-MVBLE EQUIP	MRI LEASED EQUIPMENT	165773		165773	10 4.17
4.18	41.30	M.R.I.	MRI EXPENSES	2438624		2438624	4.18
4.19	11	DIETARY	RENTAL ADJUSTMENT	39572	39889	-317	4.19
4.20	17	MEDICAL RECORDS & LIBRARY	RENTAL ADJUSTMENT	122319	123300	-981	4.20
4.21	24.20	PARAMED ED PRGM - RADIOLOGY	RENTAL ADJUSTMENT	6282	7604	-1322	4.21
4.22	24.30	PARAMED ED - RADIATION ONCOLOGY	RENTAL ADJUSTMENT	6281	7603	-1322	4.22
4.23	61.10	PSYCHIATRIC PARTIAL	RENTAL ADJUSTMENT	107141	108000	-859	4.23
4.24	96	GIFT, FLOWER, COFFEE SHOP & CAN	RENTAL ADJUSTMENT	74922	66286	8636	4.24
4.25	99.50	WEE CARE	RENTAL ADJUSTMENT	244990	297778	-52788	4.25
5		TOTALS		12640931	6728379	5912552	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	C		IL SCANNING	50.00	
2	C		IL IMAGING	50.00	
3					
4					
5					

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	AGGREGATE	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO.	1	2	3	4	5	6	7	8	9
1	5	EMPLOYEE BENEFITS	55898	55898					
2	6	ADMINISTRATIVE & GENERAL	57150	7150	50000	171400	491	40460	2023
3	14	NURSING ADMINISTRATION	125000		125000	171400	360	29665	1483
4	25	ADULTS & PEDIATRICS	1902100	1902100					
5	26	INTENSIVE CARE UNIT	25488	25488					
6	31	SUBPROVIDER I	323007	288007	35000	171400	219	18046	902
7	33	NURSERY	25008	25008					
8	37	OPERATING ROOM	3711595	3621595	90000	200300	643	61920	3096
9	40	ANESTHESIOLOGY	1425000	1365000	60000	194500	434	40583	2029
10	41	RADIOLOGY-DIAGNOSTIC	176855	146855	30000	142500	320	21923	1096
11	41.10	RADIATION ONCOLOGY	716432	716432					
12	44	LABORATORY	285230	285230					
13	50	PHYSICAL THERAPY	23220	23220					
14	54	ELECTROENCEPHALOGRAPHY	68960	61460	7500	171400	145	11949	597
15	60	CLINIC	354691	341924	12767	171400	149	12278	614
16	61	EMERGENCY	142342	19842	122500	171400	885	72927	3646
17	61.10	PSYCHIATRIC PARTIAL	864889	864889					
101		TOTAL	10282865	9750098	532767		3646	309751	15486

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11		12	13	14	15	16	17	18
1	5	EMPLOYEE BENEFITS	AGGREGATE						55898
2	6	ADMINISTRATIVE & GENERAL	AGGREGATE				40460	9540	16690
3	14	NURSING ADMINISTRATION	AGGREGATE				29665	95335	95335
4	25	ADULTS & PEDIATRICS	AGGREGATE						1902100
5	26	INTENSIVE CARE UNIT	AGGREGATE						25488
6	31	SUBPROVIDER I	AGGREGATE				18046	16954	304961
7	33	NURSERY	AGGREGATE						25008
8	37	OPERATING ROOM	AGGREGATE				61920	28080	3649675
9	40	ANESTHESIOLOGY	AGGREGATE				40583	19417	1384417
10	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE				21923	8077	154932
11	41.10	RADIATION ONCOLOGY	AGGREGATE						716432
12	44	LABORATORY	AGGREGATE						285230
13	50	PHYSICAL THERAPY	AGGREGATE						23220
14	54	ELECTROENCEPHALOGRAPHY	AGGREGATE				11949		61460
15	60	CLINIC	AGGREGATE				12278	489	342413
16	61	EMERGENCY	AGGREGATE				72927	49573	69415
17	61.10	PSYCHIATRIC PARTIAL	AGGREGATE						864889
101		TOTAL					309751	227465	9977563

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	OLD CAP BLDGS & FIXTURES 1	OLD CAP MOVABLE EQUIPMENT 2	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS- TRATIVE & GENERAL 6
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT	5797058	5797058						1
2 OLD CAP REL COSTS-MVBLE EQUIP	528251		528251					2
3 NEW CAP REL COSTS-BLDG & FIXT	6944672			6944672				3
4 NEW CAP REL COSTS-MVBLE EQUIP	11938159				11938159			4
5 EMPLOYEE BENEFITS	3707687	2928	278	3508	6273	3720674		5
6 ADMINISTRATIVE & GENERAL	33796868	375832	35623	450234	805051	501156	35964764	35964764 6
7 MAINTENANCE & REPAIRS	1836405	112557	10669	134840	241103	17647	2353221	378033 7
8 OPERATION OF PLANT	4670431	335438	31794	401843	718525	21769	6179800	992754 8
9 LAUNDRY & LINEN SERVICE	1107549	22368	2120	26796	47913	5450	1212196	194733 9
10 HOUSEKEEPING	3550374	190440	18051	228141	407932	139740	4534678	728473 10
11 DIETARY	4443539	279091	26453	334341	597827	96356	5777607	928144 11
12 CAFETERIA	-1240532						-1240532	
13 MAINTENANCE OF PERSONNEL								
14 NURSING ADMINISTRATION	1737862	17149	1625	20544	36734	29211	1843125	296089 14
15 CENTRAL SERVICES & SUPPLY	2890539	95909	9091	114896	205443	24240	3340118	536573 15
16 PHARMACY	4441630	46878	4443	56158	100415	67423	4716947	757754 16
17 MEDICAL RECORDS & LIBRARY	2435545	13400	1270	16053	28704	64505	2559477	411167 17
18 SOCIAL SERVICE								
20 NONPHYSICIAN ANESTHETISTS								
21 NURSING SCHOOL								
22 I&R SERVICES-SALARY & FRINGES A								
23 I&R SERVICES-OTHER PRGM COSTS A	4337056						4337056	696726 23
24 PARAMED ED PRGM-(SPECIFY)								
24.10 PARAMED ED PRGM - MEDICAL	91664					1544	93208	14973 24.10
24.20 PARAMED ED PRGM - RADIOLOGY	139200					3196	142396	22875 24.20
24.30 PARAMED ED - RADIATION ONCOLOGY	148731					3088	151819	24389 24.30
24.40 PARAMED ED - PARAMEDICAL TECHS	725461					12429	737890	118538 24.40
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	29615526	1611787	152769	1930862	3452520	589375	37352839	6000648 25
26 INTENSIVE CARE UNIT	7907475	208660	19778	249968	446961	153280	8986122	1443576 26
26.01 PEDIATRIC ICU								
31 SUBPROVIDER I	1593643	154387	14633	184950	330705	33333	2311651	371355 31
33 NURSERY	3603169	63229	5993	75747	135440	52972	3936550	632387 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	21766846	430846	40837	516139	922894	179450	23857012	3832510 37
37.20 GASTROENTEROLOGY	819535	60483	5733	72457	129558	14497	1102263	177073 37.20
39 DELIVERY ROOM & LABOR ROOM	3998444	128282	12159	153677	274786	69677	4637025	744915 39
40 ANESTHESIOLOGY	307798	15337	1454	18374	32853		375816	60373 40
41 RADIOLOGY-DIAGNOSTIC	20444140	649716	61582	778337	1391724	191214	23516713	3777842 41
41.10 RADIATION ONCOLOGY	12227015	93665	8878	112207	200634	52879	12695278	2039433 41.10
41.20 CT SCAN	2771061	11919	1130	14278	25531	28038	2851957	458153 41.20
41.30 M.R.I.	2438625	34674	3287	41538	74274	23761	2616159	420273 41.30
44 LABORATORY	9655681	158182	14993	189496	338833	100694	10457879	1680006 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								
49 RESPIRATORY THERAPY	2471890	42252	4005	50616	90505	47228	2706496	434785 49
50 PHYSICAL THERAPY	4245270	34082	3230	40829	73005	67423	4463839	717093 50
53 ELECTROCARDIOLOGY	916706	42206	4000	50561	90407	16149	1120029	179927 53
53.10 PEDIATRIC RADIOLOGY								
54 ELECTROENCEPHALOGRAPHY	1077982	17833	1690	21363	38199	19222	1176289	188965 54
54.10 APNEA MONITORING								
55 MEDICAL SUPPLIES CHARGED TO PAT	3700893						3700893	594530 55
56 DRUGS CHARGED TO PATIENTS	7963007						7963007	1279217 56
58.10 NUTRITIONAL SUPPORT	142427						142427	22880 58.10
58.20 HEMODIALYSIS	514832	25433	2411	30468	54479		627623	100824 58.20
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	2100274	42468	4025	50875	90969	27544	2316155	372079 60
60.01 CHILDRENS CLINIC								
61 EMERGENCY	10536959	135233	12818	162004	289675	206638	11343327	1822249 61
61.05 AMBULATORY CARE	367401	41876	3969	50166	89700	9125	562237	90321 61.05
61.10 PSYCHIATRIC PARTIAL	780137	34902	3308	41811	74762	14698	949618	152551 61.10
62 OBSERVATION BEDS (NON-DISTINCT)								
63.50 RHC								
63.60 FQHC								
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								
69.20 OUTPATIENT PHYSICAL THERAPY								
69.30 OUTPATIENT OCCUPATIONAL THERAPY								
69.40 OUTPATIENT SPEECH PATHOLOGY								
71 HOME HEALTH AGENCY	7716570	1709	162	2048	3661	120626	7844776	1260224 71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								
85.02 INTESTINAL ACQUISITION								
85.03 ISLET CELL ACQUISITION								
95 SUBTOTALS	253711455	5531151	524261	6626125	11847995	3005577	252317750	34955410 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	709115	27735	2629	33225	59409	11842	843955	135577 96

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-
	FOR COST	BLDGS &	MOVABLE	BLDGS &	MOVABLE	BENEFITS		TRATIVE &
	ALLOCATION	FIXTURES	EQUIPMENT	FIXTURES	EQUIPMENT		5A	GENERAL
	0	1	2	3	4	5		6
96.10 MCC WORD PROCESSING								96.10
98 PHYSICIANS' PRIVATE OFFICES		16249		19466			35715	98
98.01 SPECIALISTS/PCP'S	56958714					639136	57597850	98.01
98.02 MEDWORKS								98.02
98.03 SWEDISHAMERICAN ER	2415066						2415066	98.03
98.20 IDLE SPACE		207566		248657			456223	98.20
99 NONPAID WORKERS	-114937					803	-114134	99
99.10 HOTEL								99.10
99.30 PHYSICIAN BILLING								99.30
99.40 MEALS ON WHEELS								99.40
99.50 WEE CARE	1505539					40281	1545820	248328 99.50
99.60 PHYSICIAN RELATED AREAS	1279560					9495	1289055	207080 99.60
99.70 WOMEN'S CENTER								99.70
99.80 MARKETING EXPENSES	1983679	3646	346	4368	7811	7997	2007847	322551 99.80
99.90 COMPLIMENTARY MEDICINE	543416	10711	1015	12831	22944	5543	596460	95818 99.90
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	318991607	5797058	528251	6944672	11938159	3720674	318991607	35964764 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MAINT- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES * SUPPLY 15	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS	2731254								7
8 OPERATION OF PLANT	1394747	8567301							8
9 LAUNDRY & LINEN SERVICE	6277	38555	1451761						9
10 HOUSEKEEPING	53441	328261	15790	5660643					10
11 DIETARY	78318	481069	11169	347222	7623529				11
12 CAFETERIA					4447076	3206544			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	4812	29560		21335		42197	2237118		14
15 CENTRAL SERVICES & SUPPLY	26914	165319	41892	119323		35015		4265154	15
16 PHARMACY	13155	80803		58322		97396		14092	16
17 MEDICAL RECORDS & LIBRARY	3760	23098		16671		93181		5	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
24.10 PARAMED ED PRGM - MEDICAL						2230			24.10
24.20 PARAMED ED PRGM - RADIOLOGY						4617			24.20
24.30 PARAMED ED - RADIATION ONCOLOGY						4461			24.30
24.40 PARAMED ED - PARAMEDICAL TECHS							279	1972	24.40
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	452294	2778232	642837	2005250	2732962	851390	927203	101372	25
26 INTENSIVE CARE UNIT	58554	359667	112754	259598	236918	221422	328152	35144	26
26.01 PEDIATRIC ICU									26.01
31 SUBPROVIDER I	43324	266117	13401	192076	206573	48152	35181	1480	31
33 NURSERY	17743	108988	30665	78665		76521	125824	8788	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	120903	742649	100120	536023		259226	255052	1550119	37
37.20 GASTROENTEROLOGY	16973	104255	23500	75248		20942	22721	10229	37.20
39 DELIVERY ROOM & LABOR ROOM	35998	221119		159598		100653	139396	18794	39
40 ANESTHESIOLOGY	4304	26437		19081				426	40
41 RADIOLOGY-DIAGNOSTIC	182321	1119915	64129	808323		276220	92423	690055	41
41.10 RADIATION ONCOLOGY	26284	161450	10809	116530		76387	7877	1165150	41.10
41.20 CT SCAN	3345	20545		14828		40502	1188		41.20
41.30 M.R.I.	9730	59768	7785	43139		34324	514		41.30
44 LABORATORY	44388	272657		196797		145459		9255	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	11857	72829	316	52566		68224		22394	49
50 PHYSICAL THERAPY	9564	58746		42402		97396		6335	50
53 ELECTROCARDIOLOGY	11844	72751	9077	52509		23329	11309	5052	53
53.10 PEDIATRIC CARDIOLOGY									53.10
54 ELECTROENCEPHALOGRAPHY	5004	30738	1609	22186		27767		6390	54
54.10 APNEA MONITORING									54.10
55 MEDICAL SUPPLIES CHARGED TO PAT								503025	55
56 DRUGS CHARGED TO PATIENTS									56
58.10 NUTRITIONAL SUPPORT									58.10
58.20 HEMODIALYSIS	7137	43839	3970	31642				820	58.20
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	11917	73202	16530	52835		39788		18529	60
60.01 CHILDRENS CLINIC									60.01
61 EMERGENCY	37949	233100	334932	168245		298501	281941	93689	61
61.05 AMBULATORY CARE	11751	72181	7407	52098		13181		934	61.05
61.10 PSYCHIATRIC PARTIAL	9794	60161	3069	43422		21232	8058	348	61.10
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	480	2946		2126					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	2714882	8108957	1451761	5588060	7623529	3019713	2237118	4264397	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	7783	47806		34505		17106			96

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MAINT-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL
	TENANCE & REPAIRS 7	OF PLANT 8	& LINEN SERVICE 9	KEEPING 10	11	12	ADMINIS- TRATION 14	SERVICES * SUPPLY 15
96.10 MCC WORD PROCESSING								96.10
98 PHYSICIANS' PRIVATE OFFICES	4560	28008		20216				98
98.01 SPECIALISTS/PCP'S						90103		98.01
98.02 MEDWORKS								98.02
98.03 SWEDISHAMERICAN ER								98.03
98.20 IDLE SPACE		357782						98.20
99 NONPAID WORKERS						1160		17 99
99.10 HOTEL								99.10
99.30 PHYSICIAN BILLING								99.30
99.40 MEALS ON WHEELS								99.40
99.50 WEE CARE						58188		547 99.50
99.60 PHYSICIAN RELATED AREAS						714		99.60
99.70 WOMEN'S CENTER								99.70
99.80 MARKETING EXPENSES	1023	6285		4536		11553		11 99.80
99.90 COMPLIMENTARY MEDICINE	3006	18463		13326		8007		182 99.90
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	2731254	8567301	1451761	5660643	7623529	3206544	2237118	4265154 103

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
 PERIOD FROM 06/01/2008 TO 05/31/2009

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

VERSION: 2009.08
 10/29/2009 14:29

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R PROGRAM COSTS	PARAMED ED PRGM MEDICAL	PARAMED ED PRGM RADIOLOGY	PARAMED ED PRGM RAD ONC	PARAMED ED PRGM PARAMEDICS	SUBTOTAL
	16	17	23	24.10	24.20	24.30	24.40	25
96.10 MCC WORD PROCESSING								96.10
98 PHYSICIANS' PRIVATE OFFICES							88499	98
98.01 SPECIALISTS/PCP'S							57687953	98.01
98.02 MEDWORKS								98.02
98.03 SWEDISHAMERICAN ER							2415066	98.03
98.20 IDLE SPACE							814005	98.20
99 NONPAID WORKERS							-112957	99
99.10 HOTEL								99.10
99.30 PHYSICIAN BILLING								99.30
99.40 MEALS ON WHEELS								99.40
99.50 WEE CARE							1852883	99.50
99.60 PHYSICIAN RELATED AREAS							1496849	99.60
99.70 WOMEN'S CENTER								99.70
99.80 MARKETING EXPENSES							2353806	99.80
99.90 COMPLIMENTARY MEDICINE							735262	99.90
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	5738469	3107359	5033782	110411	169888	180669	869359	318991607 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST &	TOTAL	
	POST STEP- DOWN ADJS		
	26	27	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6 ADMINISTRATIVE & GENERAL			6
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			18
20 NONPHYSICIAN ANESTHETISTS			20
21 NURSING SCHOOL			21
22 I&R SERVICES-SALARY & FRINGES A			22
23 I&R SERVICES-OTHER PRGM COSTS A			23
24 PARAMED ED PRGM-(SPECIFY)			24
24.10 PARAMED ED PRGM - MEDICAL			24.10
24.20 PARAMED ED PRGM - RADIOLOGY			24.20
24.30 PARAMED ED - RADIATION ONCOLOGY			24.30
24.40 PARAMED ED - PARAMEDICAL TECHS			24.40
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	-2430102	54095096	25
26 INTENSIVE CARE UNIT	-243010	12151146	26
26.01 PEDIATRIC ICU			26.01
31 SUBPROVIDER I	-312442	3505768	31
33 NURSERY	-243010	5045507	33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	-416589	31759791	37
37.20 GASTROENTEROLOGY	-347157	1580112	37.20
39 DELIVERY ROOM & LABOR ROOM		6093556	39
40 ANESTHESIOLOGY		514138	40
41 RADIOLOGY-DIAGNOSTIC		31265584	41
41.10 RADIATION ONCOLOGY	-173579	16686319	41.10
41.20 CT SCAN		3518986	41.20
41.30 M.R.I.		3283921	41.30
44 LABORATORY		13294030	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY		3471027	49
50 PHYSICAL THERAPY		5457111	50
53 ELECTROCARDIOLOGY	-347157	1533385	53
53.10 PEDIATRIC CARDIOLOGY			53.10
54 ELECTROENCEPHALOGRAPHY		1486790	54
54.10 APNEA MONITORING			54.10
55 MEDICAL SUPPLIES CHARGED TO PAT		4922602	55
56 DRUGS CHARGED TO PATIENTS		15079469	56
58.10 NUTRITIONAL SUPPORT		167638	58.10
58.20 HEMODIALYSIS		821572	58.20
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC		2952078	60
60.01 CHILDRENS CLINIC			60.01
61 EMERGENCY	-520736	15675402	61
61.05 AMBULATORY CARE		816125	61.05
61.10 PSYCHIATRIC PARTIAL		1252022	61.10
62 OBSERVATION BEDS (NON-DISTINCT)			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10 CMHC			69.10
69.20 OUTPATIENT PHYSICAL THERAPY			69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY			69.30
69.40 OUTPATIENT SPEECH PATHOLOGY			69.40
71 HOME HEALTH AGENCY		9110552	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	-5033782	245539727	95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN		1086732	96

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
PERIOD FROM 06/01/2008 TO 05/31/2009

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

VERSION: 2009.08
10/29/2009 14:29

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
96.10 MCC WORD PROCESSING			96.10
98 PHYSICIANS' PRIVATE OFFICES		88499	98
98.01 SPECIALISTS/PCP'S		57687953	98.01
98.02 MEDWORKS			98.02
98.03 SWEDISHAMERICAN ER		2415066	98.03
98.20 IDLE SPACE		814005	98.20
99 NONPAID WORKERS		-112957	99
99.10 HOTEL			99.10
99.30 PHYSICIAN BILLING			99.30
99.40 MEALS ON WHEELS			99.40
99.50 WEE CARE		1852883	99.50
99.60 PHYSICIAN RELATED AREAS		1496849	99.60
99.70 WOMEN'S CENTER			99.70
99.80 MARKETING EXPENSES		2353806	99.80
99.90 COMPLIMENTARY MEDICINE		735262	99.90
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL	-5033782	313957825	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	OLD CAP BLDGS & FIXTURES 1	OLD CAP MOVABLE EQUIPMENT 2	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	MAINT- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5		2928	278	3206	3206				5
6		375832	35623	411455	432	411887			6
7		112557	10669	123226	15	4330	127571		7
8		335438	31794	367232	19	11371	65146	443768	8
9		22368	2120	24488	5	2230	293	1997	9
10		190440	18051	208491	120	8344	2496	17003	10
11		279091	26453	305544	83	10631	3658	24918	11
12									12
13									13
14		17149	1625	18774	25	3391	225	1531	14
15		95909	9091	105000	21	6146	1257	8563	15
16		46878	4443	51321	58	8679	614	4185	16
17		13400	1270	14670	56	4709	176	1196	17
18									18
20									20
21									21
22									22
23						7980			23
24									24
24.10					1	172			24.10
24.20					3	262			24.20
24.30					3	279			24.30
24.40					11	1358			24.40
INPATIENT ROUTINE SERV COST CENTERS									
25		1611787	152769	1764556	508	68685	21126	143909	25
26		208660	19778	228438	132	16534	2735	18630	26
26.01									26.01
31		154387	14633	169020	29	4253	2024	13784	31
33		63229	5993	69222	46	7243	829	5645	33
ANCILLARY SERVICE COST CENTERS									
37		430846	40837	471683	155	43897	5647	38468	37
37.20		60483	5733	66216	12	2028	793	5400	37.20
39		128282	12159	140441	60	8532	1681	11454	39
40		15337	1454	16791		692	201	1369	40
41		649716	61582	711298	165	43271	8516	58009	41
41.10		93665	8878	102543	46	23359	1228	8363	41.10
41.20		11919	1130	13049	24	5248	156	1064	41.20
41.30		34674	3287	37961	20	4814	454	3096	41.30
44		158182	14993	173175	87	19242	2073	14123	44
46.30									46.30
49		42252	4005	46257	41	4980	554	3772	49
50		34082	3230	37312	58	8213	447	3043	50
53		42206	4000	46206	14	2061	553	3768	53
53.10									53.10
54		17833	1690	19523	17	2164	234	1592	54
54.10									54.10
55						6810			55
56						14652			56
58.10						262			58.10
58.20		25433	2411	27844		1155	333	2271	58.20
OUTPATIENT SERVICE COST CENTERS									
60		42468	4025	46493	24	4262	557	3792	60
60.01									60.01
61		135233	12818	148051	178	20872	1772	12074	61
61.05		41876	3969	45845	8	1035	549	3739	61.05
61.10		34902	3308	38210	13	1747	457	3116	61.10
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71		1709	162	1871	104	14434	22	153	71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
85.03									85.03
95		5531151	524261	6055412	2593	400327	126806	420027	95
NONREIMBURSABLE COST CENTERS									
96		27735	2629	30364	10	1553	364	2476	96

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP	OLD CAP	CAP REL	EMPLOYEE	ADMINIS-	MAINT-	OPERATION
	CAP-REL	BLDGS &	MOVABLE	COST TO	BENEFITS	TRATIVE &	TENANCE &	OF PLANT
	COSTS	FIXTURES	EQUIPMENT	BE ALLOC		GENERAL	REPAIRS	
	0	1	2	4A	5	6	7	8
96.10 MCC WORD PROCESSING								96.10
98 PHYSICIANS' PRIVATE OFFICES		16249		16249			213	98
98.01 SPECIALISTS/PCP'S					547			98.01
98.02 MEDWORKS								98.02
98.03 SWEDISHAMERICAN ER								98.03
98.20 IDLE SPACE		207566		207566				18532 98.20
99 NONPAID WORKERS					1			99
99.10 HOTEL								99.10
99.30 PHYSICIAN BILLING								99.30
99.40 MEALS ON WHEELS								99.40
99.50 WEE CARE					35	2844		99.50
99.60 PHYSICIAN RELATED AREAS					8	2372		99.60
99.70 WOMEN'S CENTER								99.70
99.80 MARKETING EXPENSES		3646	346	3992	7	3694	48	326 99.80
99.90 COMPLIMENTARY MEDICINE		10711	1015	11726	5	1097	140	956 99.90
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		5797058	528251	6325309	3206	411887	127571	443768 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES * 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	29013								9
10 HOUSEKEEPING	316	236770							10
11 DIETARY	223	14523	359580						11
12 CAFETERIA			209756	151243					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		892		1990	26828				14
15 CENTRAL SERVICES & SUPPLY	837	4991		1652		128467			15
16 PHARMACY		2439		4594		424	72314		16
17 MEDICAL RECORDS & LIBRARY		697		4395				25899	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
24.10 PARAMED ED PRGM - MEDICAL				105					24.10
24.20 PARAMED ED PRGM - RADIOLOGY				218					24.20
24.30 PARAMED ED - RADIATION ONCOLOGY				210					24.30
24.40 PARAMED ED - PARAMEDICAL TECHS					3	59	135		24.40
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	12848	83879	128906	40157	11110	3053	96	1989	25
26 INTENSIVE CARE UNIT	2253	10858	11175	10444	3937	1059	19	884	26
26.01 PEDIATRIC ICU									26.01
31 SUBPROVIDER I	268	8034	9743	2271	422	45	1	134	31
33 NURSERY	613	3290		3609	1510	265	15	231	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	2001	22420		12227	3060	46690	81	4507	37
37.20 GASTROENTEROLOGY	470	3147		988	273	308	8	215	37.20
39 DELIVERY ROOM & LABOR ROOM		6676		4747	1673	566	30	276	39
40 ANESTHESIOLOGY		798				13	1	227	40
41 RADIOLOGY-DIAGNOSTIC	1282	33810		13028	1109	20785	1346	3782	41
41.10 RADIATION ONCOLOGY	216	4874		3603	95	35095	4	1691	41.10
41.20 CT SCAN		620		1910	14			1054	41.20
41.30 M.R.I.	156	1804		1619	6			757	41.30
44 LABORATORY		8231		6861		279	4	3092	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	6	2199		3218		675	466	530	49
50 PHYSICAL THERAPY		1774		4594		191	3	504	50
53 ELECTROCARDIOLOGY	181	2196		1100	136	152	5	387	53
53.10 PEDIATRIC CARDIOLOGY									53.10
54 ELECTROENCEPHALOGRAPHY	32	928		1310		192		228	54
54.10 APNEA MONITORING									54.10
55 MEDICAL SUPPLIES CHARGED TO PAT						15151		1019	55
56 DRUGS CHARGED TO PATIENTS							69530	2622	56
58.10 NUTRITIONAL SUPPORT								19	58.10
58.20 HEMODIALYSIS	79	1323				25		47	58.20
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	330	2210		1877		558	490	100	60
60.01 CHILDRENS CLINIC									60.01
61 EMERGENCY	6693	7037		14079	3383	2822	78	1525	61
61.05 AMBULATORY CARE	148	2179		622		28	2	48	61.05
61.10 PSYCHIATRIC PARTIAL	61	1816		1001	97	10		31	61.10
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY		89							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	29013	233734	359580	142429	26828	128445	72314	25899	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		1443		807					96

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES * SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
96.10 MCC WORD PROCESSING									96.10
98 PHYSICIANS' PRIVATE OFFICES		846							98
98.01 SPECIALISTS/PCP'S				4250					98.01
98.02 MEDWORKS									98.02
98.03 SWEDISHAMERICAN ER									98.03
98.20 IDLE SPACE									98.20
99 NONPAID WORKERS				55		1			99
99.10 HOTEL									99.10
99.30 PHYSICIAN BILLING									99.30
99.40 MEALS ON WHEELS									99.40
99.50 WEE CARE				2745		16			99.50
99.60 PHYSICIAN RELATED AREAS				34					99.60
99.70 WOMEN'S CENTER									99.70
99.80 MARKETING EXPENSES		190		545					99.80
99.90 COMPLIMENTARY MEDICINE		557		378		5			99.90
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	29013	236770	359580	209756	26828	128467	72314	25899	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R PROGRAM COSTS	PARAMED ED PRGM MEDICAL	PARAMED ED PRGM RADIOLOGY	PARAMED ED PRGM RAD ONC	PARAMED ED PRGM PARAMEDICS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	23	24.10	24.20	24.30	24.40	25	26	27
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY								17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A	7980							23
24 PARAMED ED PRGM-(SPECIFY)								24
24.10 PARAMED ED PRGM - MEDICAL		278						24.10
24.20 PARAMED ED PRGM - RADIOLOGY			483					24.20
24.30 PARAMED ED - RADIATION ONCOLOGY				492				24.30
24.40 PARAMED ED - PARAMEDICAL TECHS					1566			24.40
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS						2280822		2280822 25
26 INTENSIVE CARE UNIT						307098		307098 26
26.01 PEDIATRIC ICU								26.01
31 SUBPROVIDER I						210028		210028 31
33 NURSERY						92518		92518 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM						650836		650836 37
37.20 GASTROENTEROLOGY						79858		79858 37.20
39 DELIVERY ROOM & LABOR ROOM						176136		176136 39
40 ANESTHESIOLOGY						20092		20092 40
41 RADIOLOGY-DIAGNOSTIC						896401		896401 41
41.10 RADIATION ONCOLOGY						181117		181117 41.10
41.20 CT SCAN						23139		23139 41.20
41.30 M.R.I.						50687		50687 41.30
44 LABORATORY						227167		227167 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY						62698		62698 49
50 PHYSICAL THERAPY						56139		56139 50
53 ELECTROCARDIOLOGY						56759		56759 53
53.10 PEDIATRIC CARDIOLOGY								53.10
54 ELECTROENCEPHALOGRAPHY						26220		26220 54
54.10 APNEA MONITORING								54.10
55 MEDICAL SUPPLIES CHARGED TO PAT						22980		22980 55
56 DRUGS CHARGED TO PATIENTS						86804		86804 56
58.10 NUTRITIONAL SUPPORT						281		281 58.10
58.20 HEMODIALYSIS						33077		33077 58.20
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC						60693		60693 60
60.01 CHILDRENS CLINIC								60.01
61 EMERGENCY						218564		218564 61
61.05 AMBULATORY CARE						54203		54203 61.05
61.10 PSYCHIATRIC PARTIAL						46559		46559 61.10
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY						16673		16673 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						5937549		5937549 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN						37017		37017 96

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R PROGRAM COSTS	PARAMED ED PRGM MEDICAL	PARAMED ED PRGM RADIOLOGY	PARAMED ED PRGM RAD ONC	PARAMED ED PRGM PARAMEDICS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	23	24.10	24.20	24.30	24.40	25	26	27
96.10 MCC WORD PROCESSING								96.10
98 PHYSICIANS' PRIVATE OFFICES						18759		18759 98
98.01 SPECIALISTS/PCP'S						4797		4797 98.01
98.02 MEDWORKS								98.02
98.03 SWEDISHAMERICAN ER								98.03
98.20 IDLE SPACE						226098		226098 98.20
99 NONPAID WORKERS						57		57 99
99.10 HOTEL								99.10
99.30 PHYSICIAN BILLING								99.30
99.40 MEALS ON WHEELS								99.40
99.50 WEE CARE						5640		5640 99.50
99.60 PHYSICIAN RELATED AREAS						2414		2414 99.60
99.70 WOMEN'S CENTER								99.70
99.80 MARKETING EXPENSES						8802		8802 99.80
99.90 COMPLIMENTARY MEDICINE						14864		14864 99.90
101 CROSS FOOT ADJUSTMENTS	7980	278	483	492	1566	10799		10799 101
102 NEGATIVE COST CENTER						58513		58513 102
103 TOTAL	7980	278	483	492	1566	6325309		6325309 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	MAINT- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5		3508	6273	9781	9781				5
6		450234	805051	1255285	1317	1256602			6
7		134840	241103	375943	46	13209	389198		7
8		401843	718525	1120368	57	34687	198748	1353860	8
9		26796	47913	74709	14	6804	894	6093	9
10		228141	407932	636073	367	25453	7615	51874	10
11		334341	597827	932168	253	32430	11160	76022	11
12									12
13									13
14		20544	36734	57278	77	10345	686	4671	14
15		114896	205443	320339	64	18748	3835	26125	15
16		56158	100415	156573	177	26476	1875	12769	16
17		16053	28704	44757	170	14366	536	3650	17
18									18
20									20
21									21
22									22
23						24344			23
24									24
24.10					4	523			24.10
24.20					8	799			24.20
24.30					8	852			24.30
24.40					33	4142			24.40
INPATIENT ROUTINE SERV COST CENTERS									
25		1930862	3452520	5383382	1549	209644	64451	439031	25
26		249968	446961	696929	403	50439	8344	56837	26
26.01									26.01
31		184950	330705	515655	88	12975	6174	42054	31
33		75747	135440	211187	139	22096	2528	17223	33
ANCILLARY SERVICE COST CENTERS									
37		516139	922894	1439033	472	133909	17228	117358	37
37.20		72457	129558	202015	38	6187	2419	16475	37.20
39		153677	274786	428463	183	26028	5130	34943	39
40		18374	32853	51227		2109	613	4178	40
41		778337	1391724	2170061	503	131999	25980	176976	41
41.10		112207	200634	312841	139	71259	3745	25513	41.10
41.20		14278	25531	39809	74	16008	477	3247	41.20
41.30		41538	74274	115812	62	14685	1387	9445	41.30
44		189496	338833	528329	265	58700	6325	43087	44
46.30									46.30
49		50616	90505	141121	124	15192	1690	11509	49
50		40829	73005	113834	177	25056	1363	9283	50
53		50561	90407	140968	42	6287	1688	11497	53
53.10									53.10
54		21363	38199	59562	51	6603	713	4857	54
54.10									54.10
55						20773			55
56						44696			56
58.10						799			58.10
58.20		30468	54479	84947		3523	1017	6928	58.20
OUTPATIENT SERVICE COST CENTERS									
60		50875	90969	141844	72	13001	1698	11568	60
60.01									60.01
61		162004	289675	451679	543	63670	5408	36836	61
61.05		50166	89700	139866	24	3156	1674	11407	61.05
61.10		41811	74762	116573	39	5330	1396	9507	61.10
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71		2048	3661	5709	317	44033	68	466	71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
85.03									85.03
95		6626125	11847995	18474120	7899	1221335	386865	1281429	95
NONREIMBURSABLE COST CENTERS									
96		33225	59409	92634	31	4737	1109	7555	96

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	ADMINIS-	MAINT-	OPERATION
	CAP-REL COSTS 0	BLDGS & FIXTURES 3	MOVABLE EQUIPMENT 4	COST TO BE ALLOC 4A	BENEFITS 5	TRATIVE & GENERAL 6	TENANCE & REPAIRS 7	OF PLANT 8
96.10 MCC WORD PROCESSING								96.10
98 PHYSICIANS' PRIVATE OFFICES		19466		19466			650	98
98.01 SPECIALISTS/PCP'S					1682			98.01
98.02 MEDWORKS								98.02
98.03 SWEDISHAMERICAN ER								98.03
98.20 IDLE SPACE		248657		248657				98.20
99 NONPAID WORKERS					2			99
99.10 HOTEL								99.10
99.30 PHYSICIAN BILLING								99.30
99.40 MEALS ON WHEELS								99.40
99.50 WEE CARE					106	8677		99.50
99.60 PHYSICIAN RELATED AREAS					25	7235		99.60
99.70 WOMEN'S CENTER								99.70
99.80 MARKETING EXPENSES		4368	7811	12179	21	11270	146	99.80
99.90 COMPLIMENTARY MEDICINE		12831	22944	35775	15	3348	428	99.90
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		6944672	11938159	18882831	9781	1256602	389198	1353860 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES * 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17		
GENERAL SERVICE COST CENTERS										
1	OLD CAP REL COSTS-BLDG & FIXT								1	
2	OLD CAP REL COSTS-MVBLE EQUIP								2	
3	NEW CAP REL COSTS-BLDG & FIXT								3	
4	NEW CAP REL COSTS-MVBLE EQUIP								4	
5	EMPLOYEE BENEFITS								5	
6	ADMINISTRATIVE & GENERAL								6	
7	MAINTENANCE & REPAIRS								7	
8	OPERATION OF PLANT								8	
9	LAUNDRY & LINEN SERVICE	88514							9	
10	HOUSEKEEPING	963	722345						10	
11	DIETARY	681	44308	1097022					11	
12	CAFETERIA			639932	461418				12	
13	MAINTENANCE OF PERSONNEL								13	
14	NURSING ADMINISTRATION		2723		6072	81852			14	
15	CENTRAL SERVICES & SUPPLY	2554	15227		5039	391931			15	
16	PHARMACY		7442		14015	1295	220622		16	
17	MEDICAL RECORDS & LIBRARY		2127		13409			79015	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	
24.10	PARAMED ED PRGM - MEDICAL				321				24.10	
24.20	PARAMED ED PRGM - RADIOLOGY				664				24.20	
24.30	PARAMED ED - RADIATION ONCOLOGY				642				24.30	
24.40	PARAMED ED - PARAMEDICAL TECHS					10	181	411	24.40	
INPATIENT ROUTINE SERV COST CENTERS										
25	ADULTS & PEDIATRICS	39193	255888	393272	122515	33933	9315	293	6173	25
26	INTENSIVE CARE UNIT	6875	33127	34092	31862	12005	3229	57	2743	26
26.01	PEDIATRIC ICU									26.01
31	SUBPROVIDER I	817	24510	29726	6929	1287	136	4	417	31
33	NURSERY	1870	10038		11011	4603	808	46	718	33
ANCILLARY SERVICE COST CENTERS										
37	OPERATING ROOM	6104	68401		37302	9330	142441	247	12626	37
37.20	GASTROENTEROLOGY	1433	9602		3014	831	940	26	668	37.20
39	DELIVERY ROOM & LABOR ROOM		20366		14484	5099	1727	91	857	39
40	ANESTHESIOLOGY		2435				39	2	704	40
41	RADIOLOGY-DIAGNOSTIC	3910	103149		39748	3381	63411	4105	11736	41
41.10	RADIATION ONCOLOGY	659	14870		10992	288	107068	12	5248	41.10
41.20	CT SCAN		1892		5828	43			3271	41.20
41.30	M.R.I.	475	5505		4939	19			2348	41.30
44	LABORATORY		25113		20931		851	12	9595	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
49	RESPIRATORY THERAPY	19	6708		9817		2058	1420	1645	49
50	PHYSICAL THERAPY		5411		14015		582	9	1565	50
53	ELECTROCARDIOLOGY	553	6701		3357	414	464	15	1201	53
53.10	PEDIATRIC CARDIOLOGY									53.10
54	ELECTROENCEPHALOGRAPHY	98	2831		3996		587	1	709	54
54.10	APNEA MONITORING									54.10
55	MEDICAL SUPPLIES CHARGED TO PAT						46224		3161	55
56	DRUGS CHARGED TO PATIENTS							212132	8138	56
58.10	NUTRITIONAL SUPPORT								59	58.10
58.20	HEMODIALYSIS	242	4038				75		146	58.20
OUTPATIENT SERVICE COST CENTERS										
60	CLINIC	1008	6742		5725		1703	1494	310	60
60.01	CHILDRENS CLINIC									60.01
61	EMERGENCY	20421	21469		42954	10314	8609	237	4734	61
61.05	AMBULATORY CARE	452	6648		1897		86	7	148	61.05
61.10	PSYCHIATRIC PARTIAL	187	5541		3055	295	32	1	95	61.10
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
OTHER REIMBURSABLE COST CENTERS										
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY		271							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	88514	713083	1097022	434533	81852	391861	220622	79015	95
NONREIMBURSABLE COST CENTERS										
96	GIFT, FLOWER, COFFEE SHOP & CAN		4403		2462					96

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES * SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
96.10 MCC WORD PROCESSING									96.10
98 PHYSICIANS' PRIVATE OFFICES		2580							98
98.01 SPECIALISTS/PCP'S				12966					98.01
98.02 MEDWORKS									98.02
98.03 SWEDISHAMERICAN ER									98.03
98.20 IDLE SPACE									98.20
99 NONPAID WORKERS				167		2			99
99.10 HOTEL									99.10
99.30 PHYSICIAN BILLING									99.30
99.40 MEALS ON WHEELS									99.40
99.50 WEE CARE				8373		50			99.50
99.60 PHYSICIAN RELATED AREAS				103					99.60
99.70 WOMEN'S CENTER									99.70
99.80 MARKETING EXPENSES		579		1662		1			99.80
99.90 COMPLIMENTARY MEDICINE		1700		1152		17			99.90
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	88514	722345	1097022	639932	81852	391931	220622	79015	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R PROGRAM COSTS	PARAMED ED PRGM MEDICAL	PARAMED ED PRGM RADIOLOGY	PARAMED ED PRGM RAD ONC	PARAMED ED PRGM PARAMEDICS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	23	24.10	24.20	24.30	24.40	25	26	27
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY								17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A	24344							23
24 PARAMED ED PRGM-(SPECIFY)								24
24.10 PARAMED ED PRGM - MEDICAL		848						24.10
24.20 PARAMED ED PRGM - RADIOLOGY			1471					24.20
24.30 PARAMED ED - RADIATION ONCOLOGY				1502				24.30
24.40 PARAMED ED - PARAMEDICAL TECHS					4777			24.40
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS						6958639		6958639 25
26 INTENSIVE CARE UNIT						936942		936942 26
26.01 PEDIATRIC ICU								26.01
31 SUBPROVIDER I						640772		640772 31
33 NURSERY						282267		282267 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM						1984451		1984451 37
37.20 GASTROENTEROLOGY						243648		243648 37.20
39 DELIVERY ROOM & LABOR ROOM						537371		537371 39
40 ANESTHESIOLOGY						61307		61307 40
41 RADIOLOGY-DIAGNOSTIC						2734959		2734959 41
41.10 RADIATION ONCOLOGY						552634		552634 41.10
41.20 CT SCAN						70649		70649 41.20
41.30 M.R.I.						154677		154677 41.30
44 LABORATORY						693208		693208 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY						191303		191303 49
50 PHYSICAL THERAPY						171295		171295 50
53 ELECTROCARDIOLOGY						173187		173187 53
53.10 PEDIATRIC CARDIOLOGY								53.10
54 ELECTROENCEPHALOGRAPHY						80008		80008 54
54.10 APNEA MONITORING								54.10
55 MEDICAL SUPPLIES CHARGED TO PAT						70158		70158 55
56 DRUGS CHARGED TO PATIENTS						264966		264966 56
58.10 NUTRITIONAL SUPPORT						858		858 58.10
58.20 HEMODIALYSIS						100916		100916 58.20
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC						185165		185165 60
60.01 CHILDRENS CLINIC								60.01
61 EMERGENCY						666874		666874 61
61.05 AMBULATORY CARE						165365		165365 61.05
61.10 PSYCHIATRIC PARTIAL						142051		142051 61.10
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY						50864		50864 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						18114534		18114534 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN						112931		112931 96

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R PROGRAM COSTS	PARAMED ED PRGM MEDICAL	PARAMED ED PRGM RADIOLOGY	PARAMED ED PRGM RAD ONC	PARAMED ED PRGM PARAMEDICS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	23	24.10	24.20	24.30	24.40	25	26	27
96.10 MCC WORD PROCESSING								96.10
98 PHYSICIANS' PRIVATE OFFICES						27122		27122 98
98.01 SPECIALISTS/PCP'S						14648		14648 98.01
98.02 MEDWORKS								98.02
98.03 SWEDISHAMERICAN ER								98.03
98.20 IDLE SPACE						305196		305196 98.20
99 NONPAID WORKERS						171		171 99
99.10 HOTEL								99.10
99.30 PHYSICIAN BILLING								99.30
99.40 MEALS ON WHEELS								99.40
99.50 WEE CARE						17206		17206 99.50
99.60 PHYSICIAN RELATED AREAS						7363		7363 99.60
99.70 WOMEN'S CENTER								99.70
99.80 MARKETING EXPENSES						26851		26851 99.80
99.90 COMPLIMENTARY MEDICINE						45353		45353 99.90
101 CROSS FOOT ADJUSTMENTS	24344	848	1471	1502	4777	32942		32942 101
102 NEGATIVE COST CENTER						178514		178514 102
103 TOTAL	24344	848	1471	1502	4777	18882831		18882831 103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS FTE'S		
	1	2	3	4	5	6A	6
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT	508749						1
2 OLD CAP REL COSTS-MVBLE EQUIP		489107					2
3 NEW CAP REL COSTS-BLDG & FIXT			508749				3
4 NEW CAP REL COSTS-MVBLE EQUIP				489107			4
5 EMPLOYEE BENEFITS	257	257	257	257	240989		5
6 ADMINISTRATIVE & GENERAL	32983	32983	32983	32983	32460	-35964764	223876655
7 MAINTENANCE & REPAIRS	9878	9878	9878	9878	1143		2353221
8 OPERATION OF PLANT	29438	29438	29438	29438	1410		6179800
9 LAUNDRY & LINEN SERVICE	1963	1963	1963	1963	353		1212196
10 HOUSEKEEPING	16713	16713	16713	16713	9051		4534678
11 DIETARY	24493	24493	24493	24493	6241		5777607
12 CAFETERIA						1240532	
13 MAINTENANCE OF PERSONNEL							
14 NURSING ADMINISTRATION	1505	1505	1505	1505	1892		1843125
15 CENTRAL SERVICES & SUPPLY	8417	8417	8417	8417	1570		3340118
16 PHARMACY	4114	4114	4114	4114	4367		4716947
17 MEDICAL RECORDS & LIBRARY	1176	1176	1176	1176	4178		2559477
18 SOCIAL SERVICE							
20 NONPHYSICIAN ANESTHETISTS							
21 NURSING SCHOOL							
22 I&R SERVICES-SALARY & FRINGES							
23 I&R SERVICES-OTHER PRGM COSTS							4337056
24 PARAMED ED PRGM-(SPECIFY)							
24.10 PARAMED ED PRGM - MEDICAL					100		93208
24.20 PARAMED ED PRGM - RADIOLOGY					207		142396
24.30 PARAMED ED - RADIATION ONCOLO					200		151819
24.40 PARAMED ED - PARAMEDICAL TECH					805		737890
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	141450	141450	141450	141450	38174		37352839
26 INTENSIVE CARE UNIT	18312	18312	18312	18312	9928		8986122
26.01 PEDIATRIC ICU							
31 SUBPROVIDER I	13549	13549	13549	13549	2159		2311651
33 NURSERY	5549	5549	5549	5549	3431		3936550
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	37811	37811	37811	37811	11623		23857012
37.20 GASTROENTEROLOGY	5308	5308	5308	5308	939		1102263
39 DELIVERY ROOM & LABOR ROOM	11258	11258	11258	11258	4513		4637025
40 ANESTHESIOLOGY	1346	1346	1346	1346			375816
41 RADIOLOGY-DIAGNOSTIC	57019	57019	57019	57019	12385		23516713
41.10 RADIATION ONCOLOGY	8220	8220	8220	8220	3425		12695278
41.20 CT SCAN	1046	1046	1046	1046	1816		2851957
41.30 M.R.I.	3043	3043	3043	3043	1539		2616159
44 LABORATORY	13882	13882	13882	13882	6522		10457879
46.30 BLOOD CLOTTING FACTORS ADMIN							
49 RESPIRATORY THERAPY	3708	3708	3708	3708	3059		2706496
50 PHYSICAL THERAPY	2991	2991	2991	2991	4367		4463839
53 ELECTROCARDIOLOGY	3704	3704	3704	3704	1046		1120029
53.10 PEDIATRIC CARDIOLOGY							
54 ELECTROENCEPHALOGRAPHY	1565	1565	1565	1565	1245		1176289
54.10 APNEA MONITORING							
55 MEDICAL SUPPLIES CHARGED TO P							3700893
56 DRUGS CHARGED TO PATIENTS							7963007
58.10 NUTRITIONAL SUPPORT							142427
58.20 HEMODIALYSIS	2232	2232	2232	2232			627623
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	3727	3727	3727	3727	1784		2316155
60.01 CHILDRENS CLINIC							
61 EMERGENCY	11868	11868	11868	11868	13384		11343327
61.05 AMBULATORY CARE	3675	3675	3675	3675	591		562237
61.10 PSYCHIATRIC PARTIAL	3063	3063	3063	3063	952		949618
62 OBSERVATION BEDS (NON-DISTINC							
63.50 RHC							
63.60 FQHC							
OTHER REIMBURSABLE COST CENTERS							
69.10 CMHC							
69.20 OUTPATIENT PHYSICAL THERAPY							
69.30 OUTPATIENT OCCUPATIONAL THERA							
69.40 OUTPATIENT SPEECH PATHOLOGY							
71 HOME HEALTH AGENCY	150	150	150	150	7813		7844776
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							
85.02 INTESTINAL ACQUISITION							

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS FTE'S			
	1	2	3	4	5	6A	6	
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	485413	485413	485413	485413	194672	-34724232	217593518	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	2434	2434	2434	2434	767		843955	96
96.10 MCC WORD PROCESSING								96.10
98 PHYSICIANS' PRIVATE OFFICES	1426		1426			-35715		98
98.01 SPECIALISTS/PCP'S					41397	-57597850		98.01
98.02 MEDWORKS								98.02
98.03 SWEDISHAMERICAN ER						-2415066		98.03
98.20 IDLE SPACE	18216		18216			-456223		98.20
99 NONPAID WORKERS					52	114134		99
99.10 HOTEL								99.10
99.30 PHYSICIAN BILLING								99.30
99.40 MEALS ON WHEELS								99.40
99.50 WEE CARE					2609		1545820	99.50
99.60 PHYSICIAN RELATED AREAS					615		1289055	99.60
99.70 WOMEN'S CENTER								99.70
99.80 MARKETING EXPENSES	320	320	320	320	518		2007847	99.80
99.90 COMPLIMENTARY MEDICINE	940	940	940	940	359		596460	99.90
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	5797058	528251	6944672	11938159	3720674		35964764	103
104 UNIT COST MULT-WS B PT I		1.080032		24.408072				104
104 UNIT COST MULT-WS B PT I	11.394731		13.650488		15.439186		.160645	104
105 COST TO BE ALLOC PER B PT II					3206		411887	105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II					.013304		.001840	106
107 COST TO BE ALLOC PER B PT III					9781		1256602	107
108 UNIT COST MULT-WS B PT III								108
108 UNIT COST MULT-WS B PT III					.040587		.005613	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAINT- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES *	
	SQUARE FEET	SQUARE FEET	POUNDS OF LAUNDRY	SQUARE FEET	MEALS SERVED	FTE'S	DIRECT NRSING HRS	SUPPLY COSTED REQUIS.	
	7	8	9	10	11	12	14	15	
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	849050	412857	1517792	394181	462269	135396	31956004	31374287	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C	2434	2434		2434		767			96
96.10 MCC WORD PROCESSING									96.10
98 PHYSICIANS' PRIVATE OFFICES	1426	1426		1426					98
98.01 SPECIALISTS/PCP'S						4040			98.01
98.02 MEDWORKS									98.02
98.03 SWEDISHAMERICAN ER									98.03
98.20 IDLE SPACE		18216							98.20
99 NONPAID WORKERS						52		126	99
99.10 HOTEL									99.10
99.30 PHYSICIAN BILLING									99.30
99.40 MEALS ON WHEELS									99.40
99.50 WEE CARE							2609	4022	99.50
99.60 PHYSICIAN RELATED AREAS							32		99.60
99.70 WOMEN'S CENTER									99.70
99.80 MARKETING EXPENSES	320	320		320		518		78	99.80
99.90 COMPLIMENTARY MEDICINE	940	940		940		359		1339	99.90
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	2731254	8567301	1451761	5660643	7623529	3206544	2237118	4265154	103
104 UNIT COST MULT-WS B PT I	3.197553		.956495		16.491543		.070006		104
104 UNIT COST MULT-WS B PT I		19.641079		14.176381		22.302825		.135920	104
105 COST TO BE ALLOC PER B PT II	127571	443768	29013	236770	359580	151243	26828	128467	105
106 UNIT COST MULT-WS B PT II	.149351		.019115		.777859		.000840		106
106 UNIT COST MULT-WS B PT II		1.017366		.592961		1.051957		.004094	106
107 COST TO BE ALLOC PER B PT III	389198	1353860	88514	722345	1097022	461418	81852	391931	107
108 UNIT COST MULT-WS B PT III	.455645		.058318		2.373125		.002561		108
108 UNIT COST MULT-WS B PT III		3.103810		1.809024		3.209351		.012490	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED ED PRGM MEDICAL ASSIGNED TIME	PARAMED ED PRGM RADIOLOGY ASSIGNED TIME	PARAMED ED PRGM RAD ONC ASSIGNED TIME	PARAMED ED PRGM PARAMEDICS ASSIGNED TIME	
	COSTED REQUIS. 16	GROSS REVENUE 17	23	24.10	24.20	24.30	24.40	
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	8281749	879011359	1450	100	100	100	100	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C								96
96.10 MCC WORD PROCESSING								96.10
98 PHYSICIANS' PRIVATE OFFICES								98
98.01 SPECIALISTS/PCP'S								98.01
98.02 MEDWORKS								98.02
98.03 SWEDISHAMERICAN ER								98.03
98.20 IDLE SPACE								98.20
99 NONPAID WORKERS								99
99.10 HOTEL								99.10
99.30 PHYSICIAN BILLING								99.30
99.40 MEALS ON WHEELS								99.40
99.50 WEE CARE								99.50
99.60 PHYSICIAN RELATED AREAS								99.60
99.70 WOMEN'S CENTER								99.70
99.80 MARKETING EXPENSES								99.80
99.90 COMPLIMENTARY MEDICINE								99.90
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	5738469	3107359	5033782	110411	169888	180669	869359	103
104 UNIT COST MULT-WS B PT I	.692905		3471.573793		1698.880000		8693.590000	104
104 UNIT COST MULT-WS B PT I		.003535		1104.110000		1806.690000		104
105 COST TO BE ALLOC PER B PT II	72314	25899	7980	278	483	492	1566	105
106 UNIT COST MULT-WS B PT II	.008732		5.503448		4.830000		15.660000	106
106 UNIT COST MULT-WS B PT II		.000029		2.780000		4.920000		106
107 COST TO BE ALLOC PER B PT III	220622	79015	24344	848	1471	1502	4777	107
108 UNIT COST MULT-WS B PT III	.026640		16.788966		14.710000		47.770000	108
108 UNIT COST MULT-WS B PT III		.000090		8.480000		15.020000		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	54095096		54095096		54095096	25
26 INTENSIVE CARE UNIT	12151146		12151146		12151146	26
26.01 PEDIATRIC ICU						26.01
31 SUBPROVIDER I	3505768		3505768	16954	3522722	31
33 NURSERY	5045507		5045507		5045507	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	31759791		31759791	28080	31787871	37
37.20 GASTROENTEROLOGY	1580112		1580112		1580112	37.20
39 DELIVERY ROOM & LABOR ROOM	6093556		6093556		6093556	39
40 ANESTHESIOLOGY	514138		514138	19417	533555	40
41 RADIOLOGY-DIAGNOSTIC	31265584		31265584	8077	31273661	41
41.10 RADIATION ONCOLOGY	16686319		16686319		16686319	41.10
41.20 CT SCAN	3518986		3518986		3518986	41.20
41.30 M.R.I.	3283921		3283921		3283921	41.30
44 LABORATORY	13294030		13294030		13294030	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	3471027		3471027		3471027	49
50 PHYSICAL THERAPY	5457111		5457111		5457111	50
53 ELECTROCARDIOLOGY	1533385		1533385		1533385	53
53.10 PEDIATRIC CARDIOLOGY						53.10
54 ELECTROENCEPHALOGRAPHY	1486790		1486790		1486790	54
54.10 APNEA MONITORING						54.10
55 MEDICAL SUPPLIES CHARGED TO	4922602		4922602		4922602	55
56 DRUGS CHARGED TO PATIENTS	15079469		15079469		15079469	56
58.10 NUTRITIONAL SUPPORT	167638		167638		167638	58.10
58.20 HEMODIALYSIS	821572		821572		821572	58.20
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	2952078		2952078	489	2952567	60
60.01 CHILDRENS CLINIC						60.01
61 EMERGENCY	15675402		15675402	49573	15724975	61
61.05 AMBULATORY CARE	816125		816125		816125	61.05
61.10 PSYCHIATRIC PARTIAL	1252022		1252022		1252022	61.10
62 OBSERVATION BEDS (NON-DISTI	1857511		1857511		1857511	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	238286686		238286686	122590	238409276	101
102 LESS OBSERVATION BEDS	1857511		1857511		1857511	102
103 TOTAL	236429175		236429175	122590	236551765	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	68584792		68584792			25
26 INTENSIVE CARE UNIT	30480724		30480724			26
26.01 PEDIATRIC ICU						26.01
31 SUBPROVIDER I	4629262		4629262			31
33 NURSERY	7973005		7973005			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	85368675	55989618	141358293	.224676	.224676	.224874 37
37.20 GASTROENTEROLOGY	2682393	4740155	7422548	.212880	.212880	.212880 37.20
39 DELIVERY ROOM & LABOR ROOM	8672064	855231	9527295	.639589	.639589	.639589 39
40 ANESTHESIOLOGY	4364574	3455255	7819829	.065748	.065748	.068231 40
41 RADIOLOGY-DIAGNOSTIC	59020967	71384105	130405072	.239757	.239757	.239819 41
41.10 RADIATION ONCOLOGY	701298	57611335	58312633	.286153	.286153	.286153 41.10
41.20 CT SCAN	13500489	22841356	36341845	.096830	.096830	.096830 41.20
41.30 M.R.I.	6837948	19252179	26090127	.125868	.125868	.125868 41.30
44 LABORATORY	44159859	62449206	106609065	.124699	.124699	.124699 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	16411830	1867653	18279483	.189886	.189886	.189886 49
50 PHYSICAL THERAPY	6511059	10883281	17394340	.313729	.313729	.313729 50
53 ELECTROCARDIOLOGY	6334817	7004748	13339565	.114950	.114950	.114950 53
53.10 PEDIATRIC CARDIOLOGY						53.10
54 ELECTROENCEPHALOGRAPHY	702955	7169481	7872436	.188860	.188860	.188860 54
54.10 APNEA MONITORING						54.10
55 MEDICAL SUPPLIES CHARGED TO	26247233	8874107	35121340	.140160	.140160	.140160 55
56 DRUGS CHARGED TO PATIENTS	74331937	16087901	90419838	.166772	.166772	.166772 56
58.10 NUTRITIONAL SUPPORT	176830	482606	659436	.254214	.254214	.254214 58.10
58.20 HEMODIALYSIS	1601760	15400	1617160	.508034	.508034	.508034 58.20
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	188854	3258095	3446949	.856432	.856432	.856574 60
60.01 CHILDRENS CLINIC						60.01
61 EMERGENCY	18664976	33932660	52597636	.298025	.298025	.298967 61
61.05 AMBULATORY CARE	157239	1491128	1648367	.495111	.495111	.495111 61.05
61.10 PSYCHIATRIC PARTIAL	76586	983733	1060319	1.180797	1.180797	1.180797 61.10
62 OBSERVATION BEDS (NON-DISTI	90082	3118996	3209078	.578830	.578830	.578830 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	488472208	393748229	882220437			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	488472208	393748229	882220437			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	2280822		2280822	6958639		6958639
26 INTENSIVE CARE UNIT	307098		307098	936942		936942
26.01 PEDIATRIC ICU						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	210028		210028	640772		640772
33 NURSERY	92518		92518	282267		282267
101 TOTAL	2890466		2890466	8818620		8818620

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
	7	8	9	10	11	12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	59206		38.52		117.53	
26 INTENSIVE CARE UNIT	8209		37.41		114.14	
26.01 PEDIATRIC ICU						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	4395		47.79		145.80	
33 NURSERY	7085		13.06		39.84	
101 TOTAL	78895					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	650836	1984451	141358293		.004604		.014038	37
37.20 GASTROENTEROLOGY	79858	243648	7422548		.010759		.032825	37.20
39 DELIVERY ROOM & LABOR ROOM	176136	537371	9527295		.018488		.056403	39
40 ANESTHESIOLOGY	20092	61307	7819829		.002569		.007840	40
41 RADIOLOGY-DIAGNOSTIC	896401	2734959	130405072		.006874		.020973	41
41.10 RADIATION ONCOLOGY	181117	552634	58312633		.003106		.009477	41.10
41.20 CT SCAN	23139	70649	36341845		.000637		.001944	41.20
41.30 M.R.I.	50687	154677	26090127		.001943		.005929	41.30
44 LABORATORY	227167	693208	106609065		.002131		.006502	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	62698	191303	18279483		.003430		.010465	49
50 PHYSICAL THERAPY	56139	171295	17394340		.003227		.009848	50
53 ELECTROCARDIOLOGY	56759	173187	13339565		.004255		.012983	53
53.10 PEDIATRIC CARDIOLOGY								53.10
54 ELECTROENCEPHALOGRAPHY	26220	80008	7872436		.003331		.010163	54
54.10 APNEA MONITORING								54.10
55 MEDICAL SUPPLIES CHARGED TO P	22980	70158	35121340		.000654		.001998	55
56 DRUGS CHARGED TO PATIENTS	86804	264966	90419838		.000960		.002930	56
58.10 NUTRITIONAL SUPPORT	281	858	659436		.000426		.001301	58.10
58.20 HEMODIALYSIS	33077	100916	1617160		.020454		.062403	58.20
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	60693	185165	3446949		.017608		.053719	60
60.01 CHILDRENS CLINIC								60.01
61 EMERGENCY	218564	666874	52597636		.004155		.012679	61
61.05 AMBULATORY CARE	54203	165365	1648367		.032883		.100320	61.05
61.10 PSYCHIATRIC PARTIAL	46559	142051	1060319		.043910		.133970	61.10
62 OBSERVATION BEDS (NON-DISTINC	78318	238945	3209078		.024405		.074459	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	3108728	9483995	770552654					101

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
 PERIOD FROM 06/01/2008 TO 05/31/2009

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

VERSION: 2009.08
 10/29/2009 14:29

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL COSTS
	ANESTHETIST COST 1	SCHOOL COST 2	HEALTH COSTS 2.01	MEDICAL EDUCATION COSTS 2.02	ADJUSTMENT AMOUNT 3	
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS						25
26 INTENSIVE CARE UNIT						26
26.01 PEDIATRIC ICU						26.01
27 CORONARY CARE UNIT						27
28 BURN INTENSIVE CARE UNIT						28
29 SURGICAL INTENSIVE CARE UNIT						29
30 OTHER SPECIAL CARE (SPECIFY)						30
31 SUBPROVIDER I						31
33 NURSERY						33
34 SKILLED NURSING FACILITY						34
35 NURSING FACILITY						35
101 TOTAL						101

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
PERIOD FROM 06/01/2008 TO 05/31/2009

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

VERSION: 2009.08
10/29/2009 14:29

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS				
25 ADULTS & PEDIATRICS	59206			25
26 INTENSIVE CARE UNIT	8209			26
26.01 PEDIATRIC ICU				26.01
27 CORONARY CARE UNIT				27
28 BURN INTENSIVE CARE UNIT				28
29 SURGICAL INTENSIVE CARE UNIT				29
30 OTHER SPECIAL CARE (SPECIFY)				30
31 SUBPROVIDER I	4395			31
33 NURSERY	7085			33
34 SKILLED NURSING FACILITY				34
35 NURSING FACILITY				35
101 TOTAL	78895			101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.20 GASTROENTEROLOGY							37.20
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				169888			169888
41.10 RADIATION ONCOLOGY				180669			180669
41.20 CT SCAN							41.20
41.30 M.R.I.							41.30
44 LABORATORY				110411			110411
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY							54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58.10 NUTRITIONAL SUPPORT							58.10
58.20 HEMODIALYSIS							58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY				869359			869359
61.05 AMBULATORY CARE							61.05
61.10 PSYCHIATRIC PARTIAL							61.10
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				1330327			1330327 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH			TO	RATIO OF COST	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		141358293					37
37.20 GASTROENTEROLOGY		7422548					37.20
39 DELIVERY ROOM & LABOR ROOM		9527295					39
40 ANESTHESIOLOGY		7819829					40
41 RADIOLOGY-DIAGNOSTIC	169888	130405072	.001303	.001303			41
41.10 RADIATION ONCOLOGY	180669	58312633	.003098	.003098			41.10
41.20 CT SCAN		36341845					41.20
41.30 M.R.I.		26090127					41.30
44 LABORATORY	110411	106609065	.001036	.001036			44
46.30 BLOOD CLOTting FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		18279483					49
50 PHYSICAL THERAPY		17394340					50
53 ELECTROCARDIOLOGY		13339565					53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY		7872436					54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO P		35121340					55
56 DRUGS CHARGED TO PATIENTS		90419838					56
58.10 NUTRITIONAL SUPPORT		659436					58.10
58.20 HEMODIALYSIS		1617160					58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		3446949					60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY	869359	52597636	.016528	.016528			61
61.05 AMBULATORY CARE		1648367					61.05
61.10 PSYCHIATRIC PARTIAL		1060319					61.10
62 OBSERVATION BEDS (NON-DISTINC		3209078					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	1330327	770552654					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input checked="" type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (14-0228)	<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	SUB I	<input type="checkbox"/>	SNF	<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	SUB II	<input type="checkbox"/>	NF		
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
37.20 GASTROENTEROLOGY						37.20
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
41.10 RADIATION ONCOLOGY						41.10
41.20 CT SCAN						41.20
41.30 M.R.I.						41.30
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
53 ELECTROCARDIOLOGY						53
53.10 PEDIATRIC CARDIOLOGY						53.10
54 ELECTROENCEPHALOGRAPHY						54
54.10 APNEA MONITORING						54.10
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
58.10 NUTRITIONAL SUPPORT						58.10
58.20 HEMODIALYSIS						58.20
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 CHILDRENS CLINIC						60.01
61 EMERGENCY						61
61.05 AMBULATORY CARE						61.05
61.10 PSYCHIATRIC PARTIAL						61.10
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [XX] TITLE V - O/P [XX] HOSPITAL (14-0228) [] SNF
 APPLICABLE [] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	DIAGNOSTIC
	1	1.01	1.02	2	3	4
37 ANCILLARY SERVICE COST CENTERS						
37.20 OPERATING ROOM	.224676	.224676	.224676			37
39 GASTROENTEROLOGY	.212880	.212880	.212880			37.20
39 DELIVERY ROOM & LABOR ROOM	.639589	.639589	.639589			39
40 ANESTHESIOLOGY	.065748	.065748	.065748			40
41 RADIOLOGY-DIAGNOSTIC	.239757	.239757	.239757			41
41.10 RADIATION ONCOLOGY	.286153	.286153	.286153			41.10
41.20 CT SCAN	.096830	.096830	.096830			41.20
41.30 M.R.I.	.125868	.125868	.125868			41.30
44 LABORATORY	.124699	.124699	.124699			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.189886	.189886	.189886			49
50 PHYSICAL THERAPY	.313729	.313729	.313729			50
53 ELECTROCARDIOLOGY	.114950	.114950	.114950			53
53.10 PEDIATRIC CARDIOLOGY						53.10
54 ELECTROENCEPHALOGRAPHY	.188860	.188860	.188860			54
54.10 APNEA MONITORING						54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	.140160	.140160	.140160			55
56 DRUGS CHARGED TO PATIENTS	.166772	.166772	.166772			56
58.10 NUTRITIONAL SUPPORT	.254214	.254214	.254214			58.10
58.20 HEMODIALYSIS	.508034	.508034	.508034			58.20
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.856432	.856432	.856432			60
60.01 CHILDRENS CLINIC						60.01
61 EMERGENCY	.298025	.298025	.298025			61
61.05 AMBULATORY CARE	.495111	.495111	.495111			61.05
61.10 PSYCHIATRIC PARTIAL	1.180797	1.180797	1.180797			61.10
62 OBSERVATION BEDS (NON-DISTINCT	.578830	.578830	.578830			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						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		.166772	1
2 PROGRAM VACCINE CHARGES			2
2.01 PROGRAM VACCINE CHARGES			2.01
3 PROGRAM COSTS			3
3.01 PROGRAM COSTS			3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [XX] TITLE V - O/P [XX] HOSPITAL (14-0228) [] SNF
 APPLICABLE [] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
37.20 GASTROENTEROLOGY								37.20
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC	371							41
41.10 RADIATION ONCOLOGY								41.10
41.20 CT SCAN								41.20
41.30 M.R.I.								41.30
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY	1936							50
53 ELECTROCARDIOLOGY								53
53.10 PEDIATRIC CARDIOLOGY								53.10
54 ELECTROENCEPHALOGRAPHY								54
54.10 APNEA MONITORING								54.10
55 MEDICAL SUPPLIES CHARGED TO PA								55
56 DRUGS CHARGED TO PATIENTS								56
58.10 NUTRITIONAL SUPPORT								58.10
58.20 HEMODIALYSIS								58.20
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 CHILDRENS CLINIC								60.01
61 EMERGENCY								61
61.05 AMBULATORY CARE								61.05
61.10 PSYCHIATRIC PARTIAL								61.10
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
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	2307							101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES	2307							104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [XX] TITLE V - O/P [XX] HOSPITAL (14-0228) [] SNF
 APPLICABLE [] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.20 GASTROENTEROLOGY							37.20
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC	89						41
41.10 RADIATION ONCOLOGY							41.10
41.20 CT SCAN							41.20
41.30 M.R.I.							41.30
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY	607						50
53 ELECTROCARDIOLOGY							53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY							54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO PAT							55
56 DRUGS CHARGED TO PATIENTS							56
58.10 NUTRITIONAL SUPPORT							58.10
58.20 HEMODIALYSIS							58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY							61
61.05 AMBULATORY CARE							61.05
61.10 PSYCHIATRIC PARTIAL							61.10
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
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	696						101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES	696						104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	2280822		2280822	6958639		6958639	25
26 INTENSIVE CARE UNIT	307098		307098	936942		936942	26
26.01 PEDIATRIC ICU							26.01
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	210028		210028	640772		640772	31
33 NURSERY	92518		92518	282267		282267	33
101 TOTAL	2890466		2890466	8818620		8818620	101

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	59206	24141	38.52	929911	117.53	2837292	25
26 INTENSIVE CARE UNIT	8209	3267	37.41	122218	114.14	372895	26
26.01 PEDIATRIC ICU							26.01
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	4395	1559	47.79	74505	145.80	227302	31
33 NURSERY	7085		13.06		39.84		33
101 TOTAL	78895	28967		1126634		3437489	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	650836	1984451	141358293	30951974	.004604	142503	.014038	434504	37
37.20 GASTROENTEROLOGY	79858	243648	7422548	1219513	.010759	13121	.032825	40031	37.20
39 DELIVERY ROOM & LABOR ROOM	176136	537371	9527295	28519	.018488	527	.056403	1609	39
40 ANESTHESIOLOGY	20092	61307	7819829	1574525	.002569	4045	.007840	12344	40
41 RADIOLOGY-DIAGNOSTIC	896401	2734959	130405072	28746369	.006874	197603	.020973	602898	41
41.10 RADIATION ONCOLOGY	181117	552634	58312633	447080	.003106	1389	.009477	4237	41.10
41.20 CT SCAN	23139	70649	36341845	5018630	.000637	3197	.001944	9756	41.20
41.30 M.R.I.	50687	154677	26090127	2322747	.001943	4513	.005929	13772	41.30
44 LABORATORY	227167	693208	106609065	18057210	.002131	38480	.006502	117408	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY	62698	191303	18279483	8487843	.003430	29113	.010465	88825	49
50 PHYSICAL THERAPY	56139	171295	17394340	3823289	.003227	12338	.009848	37652	50
53 ELECTROCARDIOLOGY	56759	173187	13339565	782270	.004255	3329	.012983	10156	53
53.10 PEDIATRIC CARDIOLOGY									53.10
54 ELECTROENCEPHALOGRAPHY	26220	80008	7872436	354446	.003331	1181	.010163	3602	54
54.10 APNEA MONITORING									54.10
55 MEDICAL SUPPLIES CHARGED TO P	22980	70158	35121340	9436655	.000654	6172	.001998	18854	55
56 DRUGS CHARGED TO PATIENTS	86804	264966	90419838	31210688	.000960	29962	.002930	91447	56
58.10 NUTRITIONAL SUPPORT	281	858	659436	47247	.000426	20	.001301	61	58.10
58.20 HEMODIALYSIS	33077	100916	1617160	1029860	.020454	21065	.062403	64266	58.20
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	60693	185165	3446949	149071	.017608	2625	.053719	8008	60
60.01 CHILDRENS CLINIC									60.01
61 EMERGENCY	218564	666874	52597636	7706155	.004155	32019	.012679	97706	61
61.05 AMBULATORY CARE	54203	165365	1648367	9351	.032883	307	.100320	938	61.05
61.10 PSYCHIATRIC PARTIAL	46559	142051	1060319		.043910		.133970		61.10
62 OBSERVATION BEDS (NON-DISTINC	78318	238945	3209078	8712	.024405	213	.074459	649	62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL	3108728	9483995	770552654	151412154		543722		1658723	101

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
 PERIOD FROM 06/01/2008 TO 05/31/2009

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

VERSION: 2009.08
 10/29/2009 14:29

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL	EDUCATION	
	COST	COST	COSTS	COSTS	ADJUSTMENT	COSTS
	1	2	2.01	2.02	3	4
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS						25
26 INTENSIVE CARE UNIT						26
26.01 PEDIATRIC ICU						26.01
27 CORONARY CARE UNIT						27
28 BURN INTENSIVE CARE UNIT						28
29 SURGICAL INTENSIVE CARE UNIT						29
30 OTHER SPECIAL CARE (SPECIFY)						30
31 SUBPROVIDER I						31
33 NURSERY						33
34 SKILLED NURSING FACILITY						34
35 NURSING FACILITY						35
101 TOTAL						101

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
 PERIOD FROM 06/01/2008 TO 05/31/2009

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

VERSION: 2009.08
 10/29/2009 14:29

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS				
25 ADULTS & PEDIATRICS	59206		24141	25
26 INTENSIVE CARE UNIT	8209		3267	26
26.01 PEDIATRIC ICU				26.01
27 CORONARY CARE UNIT				27
28 BURN INTENSIVE CARE UNIT				28
29 SURGICAL INTENSIVE CARE UNIT				29
30 OTHER SPECIAL CARE (SPECIFY)				30
31 SUBPROVIDER I	4395		1559	31
33 NURSERY	7085			33
34 SKILLED NURSING FACILITY				34
35 NURSING FACILITY				35
101 TOTAL	78895		28967	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.20 GASTROENTEROLOGY							37.20
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				169888			169888
41.10 RADIATION ONCOLOGY				180669			180669
41.20 CT SCAN							41.20
41.30 M.R.I.							41.30
44 LABORATORY				110411			110411
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY							54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58.10 NUTRITIONAL SUPPORT							58.10
58.20 HEMODIALYSIS							58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY				869359			869359
61.05 AMBULATORY CARE							61.05
61.10 PSYCHIATRIC PARTIAL							61.10
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				1330327			1330327 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	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		141358293			30951974		8618563 37
37.20 GASTROENTEROLOGY		7422548			1219513		1180647 37.20
39 DELIVERY ROOM & LABOR ROOM		9527295			28519		1385 39
40 ANESTHESIOLOGY		7819829			1574525		532311 40
41 RADIOLOGY-DIAGNOSTIC	169888	130405072	.001303	.001303	28746369	37457	21278139 41
41.10 RADIATION ONCOLOGY	180669	58312633	.003098	.003098	447080	1385	22575924 41.10
41.20 CT SCAN		36341845			5018630		7114674 41.20
41.30 M.R.I.		26090127			2322747		5138164 41.30
44 LABORATORY	110411	106609065	.001036	.001036	18057210	18707	1634346 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		18279483			8487843		899426 49
50 PHYSICAL THERAPY		17394340			3823289		27691 50
53 ELECTROCARDIOLOGY		13339565			782270		2053469 53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY		7872436			354446		1406415 54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO P		35121340			9436655		2476345 55
56 DRUGS CHARGED TO PATIENTS		90419838			31210688		4124875 56
58.10 NUTRITIONAL SUPPORT		659436			47247		14613 58.10
58.20 HEMODIALYSIS		1617160			1029860		9900 58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		3446949			149071		656361 60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY	869359	52597636	.016528	.016528	7706155	127367	4865593 61
61.05 AMBULATORY CARE		1648367			9351		675814 61.05
61.10 PSYCHIATRIC PARTIAL		1060319					109835 61.10
62 OBSERVATION BEDS (NON-DISTINC		3209078			8712		1099292 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	1330327	770552654			151412154	184916	86493782 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.20 GASTROENTEROLOGY					37.20
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC			27725		41
41.10 RADIATION ONCOLOGY			69940		41.10
41.20 CT SCAN					41.20
41.30 M.R.I.					41.30
44 LABORATORY			1693		44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
53.10 PEDIATRIC CARDIOLOGY					53.10
54 ELECTROENCEPHALOGRAPHY					54
54.10 APNEA MONITORING					54.10
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58.10 NUTRITIONAL SUPPORT					58.10
58.20 HEMODIALYSIS					58.20
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 CHILDRENS CLINIC					60.01
61 EMERGENCY			80419		61
61.05 AMBULATORY CARE					61.05
61.10 PSYCHIATRIC PARTIAL					61.10
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL			179777		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0228) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES			
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4	
37 ANCILLARY SERVICE COST CENTERS							
37.20 OPERATING ROOM	.224676	.224676	.224676				37
39 GASTROENTEROLOGY	.212880	.212880	.212880				37.20
39 DELIVERY ROOM & LABOR ROOM	.639589	.639589	.639589				39
40 ANESTHESIOLOGY	.065748	.065748	.065748				40
41 RADIOLOGY-DIAGNOSTIC	.239757	.239757	.239757				41
41.10 RADIATION ONCOLOGY	.286153	.286153	.286153				41.10
41.20 CT SCAN	.096830	.096830	.096830				41.20
41.30 M.R.I.	.125868	.125868	.125868				41.30
44 LABORATORY	.124699	.124699	.124699				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY	.189886	.189886	.189886				49
50 PHYSICAL THERAPY	.313729	.313729	.313729				50
53 ELECTROCARDIOLOGY	.114950	.114950	.114950				53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY	.188860	.188860	.188860				54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	.140160	.140160	.140160				55
56 DRUGS CHARGED TO PATIENTS	.166772	.166772	.166772				56
58.10 NUTRITIONAL SUPPORT	.254214	.254214	.254214				58.10
58.20 HEMODIALYSIS	.508034	.508034	.508034				58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	.856432	.856432	.856432				60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY	.298025	.298025	.298025				61
61.05 AMBULATORY CARE	.495111	.495111	.495111				61.05
61.10 PSYCHIATRIC PARTIAL	1.180797	1.180797	1.180797				61.10
62 OBSERVATION BEDS (NON-DISTINCT)	.578830	.578830	.578830				62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL							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	.166772	1
2 PROGRAM VACCINE CHARGES	26387	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	4401	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0228) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		8618563	10					37
37.20 GASTROENTEROLOGY		1180647						37.20
39 DELIVERY ROOM & LABOR ROOM		1385						39
40 ANESTHESIOLOGY		532311						40
41 RADIOLOGY-DIAGNOSTIC		21278139	363					41
41.10 RADIATION ONCOLOGY		22575924	188					41.10
41.20 CT SCAN		7114674	6					41.20
41.30 M.R.I.		5138164	2					41.30
44 LABORATORY		1634346	817					44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		899426						49
50 PHYSICAL THERAPY		27691						50
53 ELECTROCARDIOLOGY		2053469						53
53.10 PEDIATRIC CARDIOLOGY								53.10
54 ELECTROENCEPHALOGRAPHY		1406415						54
54.10 APNEA MONITORING								54.10
55 MEDICAL SUPPLIES CHARGED TO PA		2476345						55
56 DRUGS CHARGED TO PATIENTS		4124875	35					56
58.10 NUTRITIONAL SUPPORT		14613						58.10
58.20 HEMODIALYSIS		9900						58.20
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		656361	5					60
60.01 CHILDRENS CLINIC								60.01
61 EMERGENCY		4865593						61
61.05 AMBULATORY CARE		675814						61.05
61.10 PSYCHIATRIC PARTIAL		109835						61.10
62 OBSERVATION BEDS (NON-DISTINCT)		1099292						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)								65.03
101 SUBTOTAL		86493782	1426					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		86493782	1426					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0228) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1936384		2			37
37.20 GASTROENTEROLOGY		251336					37.20
39 DELIVERY ROOM & LABOR ROOM		886					39
40 ANESTHESIOLOGY		34998					40
41 RADIOLOGY-DIAGNOSTIC		5101583		87			41
41.10 RADIATION ONCOLOGY		6460168		54			41.10
41.20 CT SCAN		688914		1			41.20
41.30 M.R.I.		646730					41.30
44 LABORATORY		203801		102			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		170788					49
50 PHYSICAL THERAPY		8687					50
53 ELECTROCARDIOLOGY		236046					53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY		265616					54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO PAT		347085					55
56 DRUGS CHARGED TO PATIENTS		687914		6			56
58.10 NUTRITIONAL SUPPORT		3715					58.10
58.20 HEMODIALYSIS		5030					58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		562129		4			60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY		1450068					61
61.05 AMBULATORY CARE		334603					61.05
61.10 PSYCHIATRIC PARTIAL		129693					61.10
62 OBSERVATION BEDS (NON-DISTINCT		636303					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		20162477		256			101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		20162477		256			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-S228) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	650836	1984451	141358293		.004604		.014038	37
37.20 GASTROENTEROLOGY	79858	243648	7422548		.010759		.032825	37.20
39 DELIVERY ROOM & LABOR ROOM	176136	537371	9527295		.018488		.056403	39
40 ANESTHESIOLOGY	20092	61307	7819829	9732	.002569	25	.007840	76 40
41 RADIOLOGY-DIAGNOSTIC	896401	2734959	130405072	24195	.006874	166	.020973	507 41
41.10 RADIATION ONCOLOGY	181117	552634	58312633		.003106		.009477	41.10
41.20 CT SCAN	23139	70649	36341845	9243	.000637	6	.001944	18 41.20
41.30 M.R.I.	50687	154677	26090127	25046	.001943	49	.005929	148 41.30
44 LABORATORY	227167	693208	106609065	353242	.002131	753	.006502	2297 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	62698	191303	18279483	10422	.003430	36	.010465	109 49
50 PHYSICAL THERAPY	56139	171295	17394340	7585	.003227	24	.009848	75 50
53 ELECTROCARDIOLOGY	56759	173187	13339565	33495	.004255	143	.012983	435 53
53.10 PEDIATRIC CARDIOLOGY								53.10
54 ELECTROENCEPHALOGRAPHY	26220	80008	7872436	866	.003331	3	.010163	9 54
54.10 APNEA MONITORING								54.10
55 MEDICAL SUPPLIES CHARGED TO P	22980	70158	35121340	10037	.000654	7	.001998	20 55
56 DRUGS CHARGED TO PATIENTS	86804	264966	90419838	546792	.000960	525	.002930	1602 56
58.10 NUTRITIONAL SUPPORT	281	858	659436		.000426		.001301	58.10
58.20 HEMODIALYSIS	33077	100916	1617160		.020454		.062403	58.20
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	60693	185165	3446949	650	.017608	11	.053719	35 60
60.01 CHILDRENS CLINIC								60.01
61 EMERGENCY	218564	666874	52597636	161550	.004155	671	.012679	2048 61
61.05 AMBULATORY CARE	54203	165365	1648367		.032883		.100320	61.05
61.10 PSYCHIATRIC PARTIAL	46559	142051	1060319		.043910		.133970	61.10
62 OBSERVATION BEDS (NON-DISTINC	78318	238945	3209078		.024405		.074459	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	3108728	9483995	770552654	1192855		2419		7379 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.20 GASTROENTEROLOGY							37.20
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				169888			169888
41.10 RADIATION ONCOLOGY				180669			180669
41.20 CT SCAN							41.20
41.30 M.R.I.							41.30
44 LABORATORY				110411			110411
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY							54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58.10 NUTRITIONAL SUPPORT							58.10
58.20 HEMODIALYSIS							58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY				869359			869359
61.05 AMBULATORY CARE							61.05
61.10 PSYCHIATRIC PARTIAL							61.10
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				1330327			1330327 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		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		141358293					37
37.20 GASTROENTEROLOGY		7422548					37.20
39 DELIVERY ROOM & LABOR ROOM		9527295					39
40 ANESTHESIOLOGY		7819829			9732		40
41 RADIOLOGY-DIAGNOSTIC	169888	130405072	.001303	.001303	24195	32	41
41.10 RADIATION ONCOLOGY	180669	58312633	.003098	.003098			41.10
41.20 CT SCAN		36341845			9243		41.20
41.30 M.R.I.		26090127			25046		41.30
44 LABORATORY	110411	106609065	.001036	.001036	353242	366	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		18279483			10422		49
50 PHYSICAL THERAPY		17394340			7585		50
53 ELECTROCARDIOLOGY		13339565			33495		53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY		7872436			866		54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO P		35121340			10037		55
56 DRUGS CHARGED TO PATIENTS		90419838			546792		56
58.10 NUTRITIONAL SUPPORT		659436					58.10
58.20 HEMODIALYSIS		1617160					58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		3446949			650		60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY	869359	52597636	.016528	.016528	161550	2670	61
61.05 AMBULATORY CARE		1648367					61.05
61.10 PSYCHIATRIC PARTIAL		1060319					61.10
62 OBSERVATION BEDS (NON-DISTINC		3209078					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	1330327	770552654			1192855	3068	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
37.20 GASTROENTEROLOGY						37.20
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC			42			41
41.10 RADIATION ONCOLOGY						41.10
41.20 CT SCAN						41.20
41.30 M.R.I.						41.30
44 LABORATORY			4			44
46.30 BLOOD CLOTting FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
53 ELECTROCARDIOLOGY						53
53.10 PEDIATRIC CARDIOLOGY						53.10
54 ELECTROENCEPHALOGRAPHY						54
54.10 APNEA MONITORING						54.10
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
58.10 NUTRITIONAL SUPPORT						58.10
58.20 HEMODIALYSIS						58.20
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 CHILDRENS CLINIC						60.01
61 EMERGENCY						61
61.05 AMBULATORY CARE						61.05
61.10 PSYCHIATRIC PARTIAL						61.10
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL			46			101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES			
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4	
37 ANCILLARY SERVICE COST CENTERS							
37.20 OPERATING ROOM	.224676	.224676	.224676				37
39 GASTROENTEROLOGY	.212880	.212880	.212880				37.20
39 DELIVERY ROOM & LABOR ROOM	.639589	.639589	.639589				39
40 ANESTHESIOLOGY	.065748	.065748	.065748				40
41 RADIOLOGY-DIAGNOSTIC	.239757	.239757	.239757				41
41.10 RADIATION ONCOLOGY	.286153	.286153	.286153				41.10
41.20 CT SCAN	.096830	.096830	.096830				41.20
41.30 M.R.I.	.125868	.125868	.125868				41.30
44 LABORATORY	.124699	.124699	.124699				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY	.189886	.189886	.189886				49
50 PHYSICAL THERAPY	.313729	.313729	.313729				50
53 ELECTROCARDIOLOGY	.114950	.114950	.114950				53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY	.188860	.188860	.188860				54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	.140160	.140160	.140160				55
56 DRUGS CHARGED TO PATIENTS	.166772	.166772	.166772				56
58.10 NUTRITIONAL SUPPORT	.254214	.254214	.254214				58.10
58.20 HEMODIALYSIS	.508034	.508034	.508034				58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	.856432	.856432	.856432				60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY	.298025	.298025	.298025				61
61.05 AMBULATORY CARE	.495111	.495111	.495111				61.05
61.10 PSYCHIATRIC PARTIAL	1.180797	1.180797	1.180797				61.10
62 OBSERVATION BEDS (NON-DISTINCT)	.578830	.578830	.578830				62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL							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	.166772	1
2 PROGRAM VACCINE CHARGES	2033	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	339	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
37.20 GASTROENTEROLOGY		7331						37.20
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		31988						41
41.10 RADIATION ONCOLOGY								41.10
41.20 CT SCAN		12888						41.20
41.30 M.R.I.								41.30
44 LABORATORY		3780						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		184						49
50 PHYSICAL THERAPY								50
53 ELECTROCARDIOLOGY		5028						53
53.10 PEDIATRIC CARDIOLOGY								53.10
54 ELECTROENCEPHALOGRAPHY								54
54.10 APNEA MONITORING								54.10
55 MEDICAL SUPPLIES CHARGED TO PA		23290						55
56 DRUGS CHARGED TO PATIENTS		32584						56
58.10 NUTRITIONAL SUPPORT								58.10
58.20 HEMODIALYSIS								58.20
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 CHILDRENS CLINIC								60.01
61 EMERGENCY								61
61.05 AMBULATORY CARE								61.05
61.10 PSYCHIATRIC PARTIAL								61.10
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)								65.03
101 SUBTOTAL		117073						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		117073						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.20 GASTROENTEROLOGY		1561					37.20
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		7669					41
41.10 RADIATION ONCOLOGY							41.10
41.20 CT SCAN		1248					41.20
41.30 M.R.I.							41.30
44 LABORATORY		471					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		35					49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY		578					53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY							54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO PAT		3264					55
56 DRUGS CHARGED TO PATIENTS		5434					56
58.10 NUTRITIONAL SUPPORT							58.10
58.20 HEMODIALYSIS							58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY							61
61.05 AMBULATORY CARE							61.05
61.10 PSYCHIATRIC PARTIAL							61.10
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		20260					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		20260					104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	2280822		2280822	6958639		6958639	25
26 INTENSIVE CARE UNIT	307098		307098	936942		936942	26
26.01 PEDIATRIC ICU							26.01
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	210028		210028	640772		640772	31
33 NURSERY	92518		92518	282267		282267	33
101 TOTAL	2890466		2890466	8818620		8818620	101

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	59206	13189	38.52	508040	117.53	1550103	25
26 INTENSIVE CARE UNIT	8209	1005	37.41	37597	114.14	114711	26
26.01 PEDIATRIC ICU							26.01
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	4395	717	47.79	34265	145.80	104539	31
33 NURSERY	7085	4745	13.06	61970	39.84	189041	33
101 TOTAL	78895	19656		641872		1958394	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST	CAPITAL RELATED COST	TOTAL CHARGES		RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	650836	1984451	141358293	4961746	.004604	22844	.014038	69653	37
37.20 GASTROENTEROLOGY	79858	243648	7422548	464216	.010759	4994	.032825	15238	37.20
39 DELIVERY ROOM & LABOR ROOM	176136	537371	9527295	3167165	.018488	58555	.056403	178638	39
40 ANESTHESIOLOGY	20092	61307	7819829	713012	.002569	1832	.007840	5590	40
41 RADIOLOGY-DIAGNOSTIC	896401	2734959	130405072	3246474	.006874	22316	.020973	68088	41
41.10 RADIATION ONCOLOGY	181117	552634	58312633	198593	.003106	617	.009477	1882	41.10
41.20 CT SCAN	23139	70649	36341845	1527552	.000637	973	.001944	2970	41.20
41.30 M.R.I.	50687	154677	26090127	560489	.001943	1089	.005929	3323	41.30
44 LABORATORY	227167	693208	106609065	10213472	.002131	21765	.006502	66408	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY	62698	191303	18279483	1338105	.003430	4590	.010465	14003	49
50 PHYSICAL THERAPY	56139	171295	17394340	501820	.003227	1619	.009848	4942	50
53 ELECTROCARDIOLOGY	56759	173187	13339565	1330134	.004255	5660	.012983	17269	53
53.10 PEDIATRIC CARDIOLOGY									53.10
54 ELECTROENCEPHALOGRAPHY	26220	80008	7872436	94682	.003331	315	.010163	962	54
54.10 APNEA MONITORING									54.10
55 MEDICAL SUPPLIES CHARGED TO P	22980	70158	35121340	13103367	.000654	8570	.001998	26181	55
56 DRUGS CHARGED TO PATIENTS	86804	264966	90419838	14335357	.000960	13762	.002930	42003	56
58.10 NUTRITIONAL SUPPORT	281	858	659436		.000426		.001301		58.10
58.20 HEMODIALYSIS	33077	100916	1617160	213490	.020454	4367	.062403	13322	58.20
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	60693	185165	3446949	38803	.017608	683	.053719	2084	60
60.01 CHILDRENS CLINIC									60.01
61 EMERGENCY	218564	666874	52597636	2047875	.004155	8509	.012679	25965	61
61.05 AMBULATORY CARE	54203	165365	1648367		.032883		.100320		61.05
61.10 PSYCHIATRIC PARTIAL	46559	142051	1060319		.043910		.133970		61.10
62 OBSERVATION BEDS (NON-DISTINC	78318	238945	3209078	3228	.024405	79	.074459	240	62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL	3108728	9483995	770552654	58059580		183139		558761	101

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
 PERIOD FROM 06/01/2008 TO 05/31/2009

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

VERSION: 2009.08
 10/29/2009 14:29

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	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL	ADJUSTMENT	
	COST	COST	COSTS	COSTS	AMOUNT	COSTS
	1	2	2.01	2.02	3	4
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS						25
26 INTENSIVE CARE UNIT						26
26.01 PEDIATRIC ICU						26.01
27 CORONARY CARE UNIT						27
28 BURN INTENSIVE CARE UNIT						28
29 SURGICAL INTENSIVE CARE UNIT						29
30 OTHER SPECIAL CARE (SPECIFY)						30
31 SUBPROVIDER I						31
33 NURSERY						33
34 SKILLED NURSING FACILITY						34
35 NURSING FACILITY						35
101 TOTAL						101

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
 PERIOD FROM 06/01/2008 TO 05/31/2009

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

VERSION: 2009.08
 10/29/2009 14:29

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS				
25 ADULTS & PEDIATRICS	59206		13189	25
26 INTENSIVE CARE UNIT	8209		1005	26
26.01 PEDIATRIC ICU				26.01
27 CORONARY CARE UNIT				27
28 BURN INTENSIVE CARE UNIT				28
29 SURGICAL INTENSIVE CARE UNIT				29
30 OTHER SPECIAL CARE (SPECIFY)				30
31 SUBPROVIDER I	4395		717	31
33 NURSERY	7085		4745	33
34 SKILLED NURSING FACILITY				34
35 NURSING FACILITY				35
101 TOTAL	78895		19656	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.20 GASTROENTEROLOGY							37.20
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				169888			169888
41.10 RADIATION ONCOLOGY				180669			180669
41.20 CT SCAN							41.20
41.30 M.R.I.							41.30
44 LABORATORY				110411			110411
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY							54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58.10 NUTRITIONAL SUPPORT							58.10
58.20 HEMODIALYSIS							58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY				869359			869359
61.05 AMBULATORY CARE							61.05
61.10 PSYCHIATRIC PARTIAL							61.10
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				1330327			1330327 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		141358293			4961746		37
37.20 GASTROENTEROLOGY		7422548			464216		37.20
39 DELIVERY ROOM & LABOR ROOM		9527295			3167165		39
40 ANESTHESIOLOGY		7819829			713012		40
41 RADIOLOGY-DIAGNOSTIC	169888	130405072	.001303	.001303	3246474	4230	41
41.10 RADIATION ONCOLOGY	180669	58312633	.003098	.003098	198593	615	41.10
41.20 CT SCAN		36341845			1527552		41.20
41.30 M.R.I.		26090127			560489		41.30
44 LABORATORY	110411	106609065	.001036	.001036	10213472	10581	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		18279483			1338105		49
50 PHYSICAL THERAPY		17394340			501820		50
53 ELECTROCARDIOLOGY		13339565			1330134		53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY		7872436			94682		54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO P		35121340			13103367		55
56 DRUGS CHARGED TO PATIENTS		90419838			14335357		56
58.10 NUTRITIONAL SUPPORT		659436					58.10
58.20 HEMODIALYSIS		1617160			213490		58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		3446949			38803		60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY	869359	52597636	.016528	.016528	2047875	33847	61
61.05 AMBULATORY CARE		1648367					61.05
61.10 PSYCHIATRIC PARTIAL		1060319					61.10
62 OBSERVATION BEDS (NON-DISTINC		3209078			3228		62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	1330327	770552654			58059580	49273	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.20 GASTROENTEROLOGY					37.20
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.10 RADIATION ONCOLOGY					41.10
41.20 CT SCAN					41.20
41.30 M.R.I.					41.30
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
53.10 PEDIATRIC CARDIOLOGY					53.10
54 ELECTROENCEPHALOGRAPHY					54
54.10 APNEA MONITORING					54.10
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58.10 NUTRITIONAL SUPPORT					58.10
58.20 HEMODIALYSIS					58.20
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 CHILDRENS CLINIC					60.01
61 EMERGENCY					61
61.05 AMBULATORY CARE					61.05
61.10 PSYCHIATRIC PARTIAL					61.10
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	OLD CAPITAL		NEW CAPITAL	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	650836	1984451	141358293		.004604		.014038	37
37.20 GASTROENTEROLOGY	79858	243648	7422548		.010759		.032825	37.20
39 DELIVERY ROOM & LABOR ROOM	176136	537371	9527295		.018488		.056403	39
40 ANESTHESIOLOGY	20092	61307	7819829	1834	.002569	5	.007840	14 40
41 RADIOLOGY-DIAGNOSTIC	896401	2734959	130405072	21228	.006874	146	.020973	445 41
41.10 RADIATION ONCOLOGY	181117	552634	58312633	3384	.003106	11	.009477	32 41.10
41.20 CT SCAN	23139	70649	36341845	10088	.000637	6	.001944	20 41.20
41.30 M.R.I.	50687	154677	26090127	10816	.001943	21	.005929	64 41.30
44 LABORATORY	227167	693208	106609065	393467	.002131	838	.006502	2558 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	62698	191303	18279483	5176	.003430	18	.010465	54 49
50 PHYSICAL THERAPY	56139	171295	17394340	3038	.003227	10	.009848	30 50
53 ELECTROCARDIOLOGY	56759	173187	13339565	60746	.004255	258	.012983	789 53
53.10 PEDIATRIC CARDIOLOGY								53.10
54 ELECTROENCEPHALOGRAPHY	26220	80008	7872436	1731	.003331	6	.010163	18 54
54.10 APNEA MONITORING								54.10
55 MEDICAL SUPPLIES CHARGED TO P	22980	70158	35121340	10336	.000654	7	.001998	21 55
56 DRUGS CHARGED TO PATIENTS	86804	264966	90419838	386562	.000960	371	.002930	1133 56
58.10 NUTRITIONAL SUPPORT	281	858	659436		.000426		.001301	58.10
58.20 HEMODIALYSIS	33077	100916	1617160		.020454		.062403	58.20
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	60693	185165	3446949	330	.017608	6	.053719	18 60
60.01 CHILDRENS CLINIC								60.01
61 EMERGENCY	218564	666874	52597636	200424	.004155	833	.012679	2541 61
61.05 AMBULATORY CARE	54203	165365	1648367		.032883		.100320	61.05
61.10 PSYCHIATRIC PARTIAL	46559	142051	1060319	76586	.043910	3363	.133970	10260 61.10
62 OBSERVATION BEDS (NON-DISTINC	78318	238945	3209078		.024405		.074459	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	3108728	9483995	770552654	1185746		5899		17997 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.20 GASTROENTEROLOGY							37.20
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				169888			169888
41.10 RADIATION ONCOLOGY				180669			180669
41.20 CT SCAN							41.20
41.30 M.R.I.							41.30
44 LABORATORY				110411			110411
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY							54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58.10 NUTRITIONAL SUPPORT							58.10
58.20 HEMODIALYSIS							58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY				869359			869359
61.05 AMBULATORY CARE							61.05
61.10 PSYCHIATRIC PARTIAL							61.10
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				1330327			1330327 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		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		141358293					37
37.20 GASTROENTEROLOGY		7422548					37.20
39 DELIVERY ROOM & LABOR ROOM		9527295					39
40 ANESTHESIOLOGY		7819829			1834		40
41 RADIOLOGY-DIAGNOSTIC	169888	130405072	.001303	.001303	21228	28	41
41.10 RADIATION ONCOLOGY	180669	58312633	.003098	.003098	3384	10	41.10
41.20 CT SCAN		36341845			10088		41.20
41.30 M.R.I.		26090127			10816		41.30
44 LABORATORY	110411	106609065	.001036	.001036	393467	408	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		18279483			5176		49
50 PHYSICAL THERAPY		17394340			3038		50
53 ELECTROCARDIOLOGY		13339565			60746		53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY		7872436			1731		54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO P		35121340			10336		55
56 DRUGS CHARGED TO PATIENTS		90419838			386562		56
58.10 NUTRITIONAL SUPPORT		659436					58.10
58.20 HEMODIALYSIS		1617160					58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		3446949			330		60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY	869359	52597636	.016528	.016528	200424	3313	61
61.05 AMBULATORY CARE		1648367					61.05
61.10 PSYCHIATRIC PARTIAL		1060319			76586		61.10
62 OBSERVATION BEDS (NON-DISTINC		3209078					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	1330327	770552654			1185746	3759	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.20 GASTROENTEROLOGY					37.20
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.10 RADIATION ONCOLOGY					41.10
41.20 CT SCAN					41.20
41.30 M.R.I.					41.30
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
53.10 PEDIATRIC CARDIOLOGY					53.10
54 ELECTROENCEPHALOGRAPHY					54
54.10 APNEA MONITORING					54.10
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58.10 NUTRITIONAL SUPPORT					58.10
58.20 HEMODIALYSIS					58.20
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 CHILDRENS CLINIC					60.01
61 EMERGENCY					61
61.05 AMBULATORY CARE					61.05
61.10 PSYCHIATRIC PARTIAL					61.10
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0228)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	59206						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	59206						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	59206						4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)							9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS	7085						15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0228)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	54095096						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	54095096						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	68584792						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	68584792						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.788733						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1158.41						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	54095096						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0228)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	913.68					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST						39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST						41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)	5045507	7085	712.14			42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	12151146	8209	1480.22			43
43.01 PEDIATRIC ICU						43.01
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (14-0228)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49 TOTAL PROGRAM INPATIENT COSTS						49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES						50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST						52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
PERIOD FROM 06/01/2008 TO 05/31/2009

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

VERSION: 2009.08
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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2033	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	913.68	84
85 OBSERVATION BED COST	1857511	85

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0228)	SUB I (PPS) (14-S228)	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	59206	4395					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	59206	4395					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	59206	4395					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)	24141	1559					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0228)	SUB I (PPS) (14-S228)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	54095096	3522722					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	54095096	3522722					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	68584792	4629262					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	68584792	4629262					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.788733	.760968					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1158.41	1053.30					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	54095096	3522722					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) (14-0228)	SUB I (PPS) (14-S228)	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	913.68	801.53				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	22057149	1249585				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	22057149	1249585				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	12151146	8209	1480.22	3267	4835879	43
43.01 PEDIATRIC ICU						43.01
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47

	HOSPITAL (PPS) (14-0228)	SUB I (PPS) (14-S228)	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	29869701	204387				48
49 TOTAL PROGRAM INPATIENT COSTS	56762729	1453972				49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	4262316	301807				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2387361	12866				51
52 TOTAL PROGRAM EXCLUDABLE COST	6649677	314673				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	50113052	1139299				53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0228)	SUB I (PPS) (14-S228)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
58.03						IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

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

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2033	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	913.68	84
85 OBSERVATION BED COST	1857511	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST	2280822	54095096	.042163	1857511	78318	86
87 NEW CAPITAL-RELATED COST	6958639	54095096	.128637	1857511	238945	87
88 NON PHYSICIAN ANESTHETIST		54095096		1857511		88
89 NURSING SCHOOL		54095096		1857511		89
89.01 ALLIED HEALTH		54095096		1857511		89.01
89.02 ALL OTHER		54095096		1857511		89.02

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0228)	SUB I (OTHER) (14-S228)	SUB II	SUB III	SUB IV	NF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	59206	4395					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	59206	4395					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	59206	4395					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)	13189	717					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	7085						15
16 TITLE V OR XIX NURSERY DAYS	4745						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0228)	SUB I (OTHER) (14-S228)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT							
	1	1	1	1	1	1	
17							17
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
18							18
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
19							19
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
20							20
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
21	54095096	3505768					21
TOTAL GENERAL INPATIENT ROUTINE SERVICE COST							
22							22
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
23							23
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
24							24
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
25							25
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
26							26
TOTAL SWING-BED COST							
27	54095096	3505768					27
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	68584792	4629262					28
GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)							
29							29
PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
30	68584792	4629262					30
SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
31	.788733	.757306					31
GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO							
32							32
AVERAGE PRIVATE ROOM PER DIEM CHARGE							
33	1158.41	1053.30					33
AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							
34							34
AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							
35							35
AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							
36							36
PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							
37	54095096	3505768					37
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL							

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0228)	SUB I (OTHER) (14-S228)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	913.68	797.67				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	12050526	571929				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	12050526	571929				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)	5045507	7085	712.14	4745	3379104	42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	12151146	8209	1480.22	1005	1487621	43
43.01 PEDIATRIC ICU						43.01
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47

	HOSPITAL (OTHER) (14-0228)	SUB I (OTHER) (14-S228)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	11176919	283192				48
49 TOTAL PROGRAM INPATIENT COSTS	28094170	855121				49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2461462	138804				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	791173	27655				51
52 TOTAL PROGRAM EXCLUDABLE COST	3252635	166459				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0228)	SUB I (OTHER) (14-S228)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
55		129				55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
PERIOD FROM 06/01/2008 TO 05/31/2009

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

VERSION: 2009.08
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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. 14-0228 SWEDISHAMERICAN HOSPITAL
PERIOD FROM 06/01/2008 TO 05/31/2009

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

VERSION: 2009.08
10/29/2009 14:29

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2033	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	913.68	84
85 OBSERVATION BED COST	1857511	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input checked="" type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0228)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
26.01 PEDIATRIC ICU			26.01
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.224676		37
37.20 GASTROENTEROLOGY	.212880		37.20
39 DELIVERY ROOM & LABOR ROOM	.639589		39
40 ANESTHESIOLOGY	.065748		40
41 RADIOLOGY-DIAGNOSTIC	.239757		41
41.10 RADIATION ONCOLOGY	.286153		41.10
41.20 CT SCAN	.096830		41.20
41.30 M.R.I.	.125868		41.30
44 LABORATORY	.124699		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.189886		49
50 PHYSICAL THERAPY	.313729		50
53 ELECTROCARDIOLOGY	.114950		53
53.10 PEDIATRIC CARDIOLOGY			53.10
54 ELECTROENCEPHALOGRAPHY	.188860		54
54.10 APNEA MONITORING			54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	.140160		55
56 DRUGS CHARGED TO PATIENTS	.166772		56
58.10 NUTRITIONAL SUPPORT	.254214		58.10
58.20 HEMODIALYSIS	.508034		58.20
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.856432		60
60.01 CHILDRENS CLINIC			60.01
61 EMERGENCY	.298025		61
61.05 AMBULATORY CARE	.495111		61.05
61.10 PSYCHIATRIC PARTIAL	1.180797		61.10
62 OBSERVATION BEDS (NON-DISTINCT	.578830		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0228)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		28320844		25
26 INTENSIVE CARE UNIT		13978002		26
26.01 PEDIATRIC ICU				26.01
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.224874	30951974	6960294	37
37.20 GASTROENTEROLOGY	.212880	1219513	259610	37.20
39 DELIVERY ROOM & LABOR ROOM	.639589	28519	18240	39
40 ANESTHESIOLOGY	.068231	1574525	107431	40
41 RADIOLOGY-DIAGNOSTIC	.239819	28746369	6893925	41
41.10 RADIATION ONCOLOGY	.286153	447080	127933	41.10
41.20 CT SCAN	.096830	5018630	485954	41.20
41.30 M.R.I.	.125868	2322747	292360	41.30
44 LABORATORY	.124699	18057210	2251716	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.189886	8487843	1611723	49
50 PHYSICAL THERAPY	.313729	3823289	1199477	50
53 ELECTROCARDIOLOGY	.114950	782270	89922	53
53.10 PEDIATRIC CARDIOLOGY				53.10
54 ELECTROENCEPHALOGRAPHY	.188860	354446	66941	54
54.10 APNEA MONITORING				54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	.140160	9436655	1322642	55
56 DRUGS CHARGED TO PATIENTS	.166772	31210688	5205069	56
58.10 NUTRITIONAL SUPPORT	.254214	47247	12011	58.10
58.20 HEMODIALYSIS	.508034	1029860	523204	58.20
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.856574	149071	127690	60
60.01 CHILDRENS CLINIC				60.01
61 EMERGENCY	.298967	7706155	2303886	61
61.05 AMBULATORY CARE	.495111	9351	4630	61.05
61.10 PSYCHIATRIC PARTIAL	1.180797			61.10
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.578830	8712	5043	62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		151412154	29869701	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		151412154		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-S228)	<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 PEDIATRIC ICU				26.01
31 SUBPROVIDER I		1908399		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.224874			37
37.20 GASTROENTEROLOGY	.212880			37.20
39 DELIVERY ROOM & LABOR ROOM	.639589			39
40 ANESTHESIOLOGY	.068231	9732	664	40
41 RADIOLOGY-DIAGNOSTIC	.239819	24195	5802	41
41.10 RADIATION ONCOLOGY	.286153			41.10
41.20 CT SCAN	.096830	9243	895	41.20
41.30 M.R.I.	.125868	25046	3152	41.30
44 LABORATORY	.124699	353242	44049	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.189886	10422	1979	49
50 PHYSICAL THERAPY	.313729	7585	2380	50
53 ELECTROCARDIOLOGY	.114950	33495	3850	53
53.10 PEDIATRIC CARDIOLOGY				53.10
54 ELECTROENCEPHALOGRAPHY	.188860	866	164	54
54.10 APNEA MONITORING				54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	.140160	10037	1407	55
56 DRUGS CHARGED TO PATIENTS	.166772	546792	91190	56
58.10 NUTRITIONAL SUPPORT	.254214			58.10
58.20 HEMODIALYSIS	.508034			58.20
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.856574	650	557	60
60.01 CHILDRENS CLINIC				60.01
61 EMERGENCY	.298967	161550	48298	61
61.05 AMBULATORY CARE	.495111			61.05
61.10 PSYCHIATRIC PARTIAL	1.180797			61.10
62 OBSERVATION BEDS (NON-DISTINCT	.578830			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		1192855	204387	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1192855		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0228)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		16210882		25
26 INTENSIVE CARE UNIT		3748954		26
26.01 PEDIATRIC ICU				26.01
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.224676	4961746	1114785	37
37.20 GASTROENTEROLOGY	.212880	464216	98822	37.20
39 DELIVERY ROOM & LABOR ROOM	.639589	3167165	2025684	39
40 ANESTHESIOLOGY	.065748	713012	46879	40
41 RADIOLOGY-DIAGNOSTIC	.239757	3246474	778365	41
41.10 RADIATION ONCOLOGY	.286153	198593	56828	41.10
41.20 CT SCAN	.096830	1527552	147913	41.20
41.30 M.R.I.	.125868	560489	70548	41.30
44 LABORATORY	.124699	10213472	1273610	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.189886	1338105	254087	49
50 PHYSICAL THERAPY	.313729	501820	157435	50
53 ELECTROCARDIOLOGY	.114950	1330134	152899	53
53.10 PEDIATRIC CARDIOLOGY				53.10
54 ELECTROENCEPHALOGRAPHY	.188860	94682	17882	54
54.10 APNEA MONITORING				54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	.140160	13103367	1836568	55
56 DRUGS CHARGED TO PATIENTS	.166772	14335357	2390736	56
58.10 NUTRITIONAL SUPPORT	.254214			58.10
58.20 HEMODIALYSIS	.508034	213490	108460	58.20
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.856432	38803	33232	60
60.01 CHILDRENS CLINIC				60.01
61 EMERGENCY	.298025	2047875	610318	61
61.05 AMBULATORY CARE	.495111			61.05
61.10 PSYCHIATRIC PARTIAL	1.180797			61.10
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.578830	3228	1868	62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		58059580	11176919	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		58059580		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[] HOSPITAL	[] SNF	[] PPS
[] TITLE XVIII-PT A	[XX] SUB I (14-S228)	[] NF	[] TEFRA
[XX] TITLE XIX	[] SUB II	[] S/B-SNF	[XX] OTHER
	[] SUB III	[] S/B-NF	
	[] SUB IV	[] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
26.01 PEDIATRIC ICU				26.01
31 SUBPROVIDER I		1888452		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.224676			37
37.20 GASTROENTEROLOGY	.212880			37.20
39 DELIVERY ROOM & LABOR ROOM	.639589			39
40 ANESTHESIOLOGY	.065748	1834	121	40
41 RADIOLOGY-DIAGNOSTIC	.239757	21228	5090	41
41.10 RADIATION ONCOLOGY	.286153	3384	968	41.10
41.20 CT SCAN	.096830	10088	977	41.20
41.30 M.R.I.	.125868	10816	1361	41.30
44 LABORATORY	.124699	393467	49065	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.189886	5176	983	49
50 PHYSICAL THERAPY	.313729	3038	953	50
53 ELECTROCARDIOLOGY	.114950	60746	6983	53
53.10 PEDIATRIC CARDIOLOGY				53.10
54 ELECTROENCEPHALOGRAPHY	.188860	1731	327	54
54.10 APNEA MONITORING				54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	.140160	10336	1449	55
56 DRUGS CHARGED TO PATIENTS	.166772	386562	64468	56
58.10 NUTRITIONAL SUPPORT	.254214			58.10
58.20 HEMODIALYSIS	.508034			58.20
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.856432	330	283	60
60.01 CHILDRENS CLINIC				60.01
61 EMERGENCY	.298025	200424	59731	61
61.05 AMBULATORY CARE	.495111			61.05
61.10 PSYCHIATRIC PARTIAL	1.180797	76586	90433	61.10
62 OBSERVATION BEDS (NON-DISTINCT	.578830			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		1185746	283192	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1185746		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0228)	SUB I	SUB II	SUB III	SUB IV
DRG AMOUNT					
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	12863590				1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	10095492				1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	16234204				1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	2286030				1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	2056189				1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	2754955				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	3842587				2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	316.57				3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I					3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE					3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT					3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996	12.38				3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)					3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI, LN.15][PLUS LN.3.06]					3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00	12.38		3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS			20.69		3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1					3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1					3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09					3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10					3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS					3.13
3.14 CURRENT YEAR ALLOWABLE FTE	12.38				3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	12.38				3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS	12.38				3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO		0.00	12.38		3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0228)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.039107				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.046899				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	0.039107				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	320233				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	256862				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]	401393				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	978488 978488	0			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0608				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.2613				4.01
4.02	SUM OF 4 AND 4.01	0.3221				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1579				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	6188620				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	50202981				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	50202981				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	3944321				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	395172				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	184916				15
16	TOTAL	54727390				16
17	PRIMARY PAYER PAYMENTS	34652				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	54692738				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3836072				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	140910				20
21	REIMBURSABLE BAD DEBTS	1081800				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	757260				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES					21.02
22	SUBTOTAL	51473016				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0228)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	51473016					26
27						27
28	50513382					28
28.01						28.01
29	959634					29
30	617971					30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0228) 1	HOSPITAL (14-0228) 1.01	HOSPITAL (14-0228) 1.02	
1 MEDICAL AND OTHER SERVICES	4657			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	19982700			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	18062050			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.851			1.03
1.04 LINE 1.01 TIMES LINE 1.03	17005278			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	179777			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	4657			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	27813			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	27813			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	27813			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	23156			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	4657			17
17.01 TOTAL PPS PAYMENTS	18241827			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0228) 1	HOSPITAL (14-0228) 1.01	HOSPITAL (14-0228) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	4277405		18.01
19 SUBTOTAL	13969079		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	137101		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	14106180		23
24 PRIMARY PAYER PAYMENTS	2079		24
25 SUBTOTAL	14104101		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	1038999		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	727299		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	14831400		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	14831400		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	14849475		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-18075		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	68231		36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION 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-S228) 1	SUB I (14-S228) 1.01	SUB I (14-S228) 1.02	
1 MEDICAL AND OTHER SERVICES	339			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	20214			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	10131			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.851			1.03
1.04 LINE 1.01 TIMES LINE 1.03	17202			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	58.89			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	46			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	339			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	2033			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	2033			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	2033			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	1694			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	339			17
17.01 TOTAL PPS PAYMENTS	10177			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S228) 1	SUB I (14-S228) 1.01	SUB I (14-S228) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	2344		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	8172		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	8172		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	8172		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	8172		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	8172		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	8214		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-42		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 C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL
(14-0228)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	STANDARD OVERHEAD AMOUNTS (ASC FEES)	1
2	DEDUCTIBLES	2
3	SUBTOTAL	3
4	80 PERCENT OF LINE 3	4
5	ASC PORTION OF BLEND	5
6	OUTPATIENT ASC COST	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	HOSPITAL SPECIFIC PORTION OF BLEND	17
18	ASC BLENDED AMOUNT	18
19	LESSER OF LINES 16 OR 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	ASC PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

HOSPITAL
(14-0228)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

		HOSPITAL (14-0228) OCTOBER 1, 1997		
		PRIOR TO	ON OR AFTER	
		1	1.01	
1	PREVAILING CHARGES			1
2	42 PERCENT OF LINE 1			2
3	DEDUCTIBLES			3
4	SUBTOTAL			4
5	BLENDED CHARGE PROPORTION			5
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES			6
COMPUTATION OF LESSER OF COST OR CHARGES				
7	TOTAL CHARGES			7
CUSTOMARY CHARGES				
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)			9
10	RATIO OF LINE 8 TO LINE 9			10
11	TOTAL CUSTOMARY CHARGES			11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			13
14	LESSER OF COST OR CHARGES			14
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
15	DEDUCTIBLES AND COINSURANCE			15
16	TOTAL			16
17	COST PROPORTION			17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT			18
19	LESSER OF LINE 16 OR LINE 18			19
20	PART B DEDUCTIBLES AND COINSURANCE			20
21	DIAGNOSTIC PAYMENT AMOUNT			21

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0228)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		50513382		14849475	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 TO .05 PROVIDER .51 TO .52 PROGRAM .53 .54	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99	
4 TOTAL INTERIM PAYMENTS		50513382		14849475	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	NONE		NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99	
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO PROGRAM .02	959634		-18075	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		51473016		14831400	7
NAME OF INTERMEDIARY: _____				INTERMEDIARY NUMBER: _____	
SIGNATURE OF AUTHORIZED PERSON: _____				DATE (MO/DAY/YR): _____	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-S228)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1171889		8214	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 TO .05 PROVIDER .50 TO .51 PROGRAM .52 .54	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		1171889		8214	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	NONE		NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO PROGRAM .02	3068		-42	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		1174957		8172	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____		

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

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

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)					1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)					1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)					1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS					1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)	1086295				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	206694				1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)	0.01				1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	12.041096				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	1292989				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	1292989				1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)					1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	1292989				4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	1292989				6
7	DEDUCTIBLES	105812				7
8	SUBTOTAL	1187177				8
9	COINSURANCE	15288				9
10	SUBTOTAL	1171889				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					11
11.01	REDUCED REIMBURSABLE BAD DEBTS					11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL	1171889				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
PERIOD FROM 06/01/2008 TO 05/31/2009

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

VERSION: 2009.08
10/29/2009 14:29

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S228)	SUB II	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		3068				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		1174957				17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		1171889				19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		3068				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
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
 PART III

	[XX] TITLE V	[] TITLE XVIII	[] TITLE XIX	NF I		
	HOSPITAL (14-0228) (OTHER)	SUB I (14-S228)	SUB II	SUB III	SUB IV	NF I
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES					1
3	MEDICAL AND OTHER SERVICES	696				2
4	INTERNS AND RESIDENTS					3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O					4
6	COST OF TEACHING PHYSICIANS					5
7	SUBTOTAL	696				6
8	INPATIENT PRIMARY PAYER PAYMENTS					7
9	OUTPATIENT PRIMARY PAYER PAYMENTS					8
10	SUBTOTAL	696				9
11	COMPUTATION OF LESSER OF COST OR CHARGES					
12	ROUTINE SERVICE CHARGES					10
13	ANCILLARY SERVICE CHARGES	2307				11
14	INTERNS AND RESIDENTS SERVICE CHARGES					12
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE					13
16	TEACHING PHYSICIANS					14
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION					15
18	TOTAL REASONABLE CHARGES	2307				16
19	CUSTOMARY CHARGES					
20	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS					17
21	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
22	RATIO OF LINE 17 TO LINE 18					19
23	TOTAL CUSTOMARY CHARGES	2307				20
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	1611				21
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					22
26	COST OF COVERED SERVICES	696				23
27	PROSPECTIVE PAYMENT AMOUNT					
28	OTHER THAN OUTLIER PAYMENTS					24
29	OUTLIER PAYMENTS					25
30	PROGRAM CAPITAL PAYMENTS					26
31	CAPITAL EXCEPTION PAYMENTS					27
32	ROUTINE SERVICE OTHER PASS THROUGH COSTS					28
33	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					29
34	SUBTOTAL	696				30
35	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)					31
36	LESSER OF LINE 30 OR 31	696				32
37	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)					33

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

WORKSHEET E-3
 PART III

	[XX] TITLE V	[] TITLE XVIII	[] TITLE XIX		
	HOSPITAL (14-0228) (OTHER)	SUB I	SUB II	SUB III	
	1	1	1	1	
				SUB IV	
				1	
				NF I	
				1	
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
35	EXCESS OF REASONABLE COST				34
36	SUBTOTAL	696			35
37	COINSURANCE				36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19				37
38	REIMBURSABLE BAD DEBTS				38
38.01	REDUCED REIMBURSABLE BAD DEBTS				38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				38.02
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)				38.03
39	UTILIZATION REVIEW				39
40	SUBTOTAL	696			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	696			52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)				53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	696			55
56	SEQUESTRATION ADJUSTMENT				56
57	INTERIM PAYMENTS	428			57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				57.01
58	BALANCE DUE PROVIDER/PROGRAM	268			58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				59

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			
	HOSPITAL (14-0228) (OTHER)	SUB I (14-S228) (OTHER)	SUB II	SUB III	SUB IV	NF I
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES	28094170				1
3	MEDICAL AND OTHER SERVICES					2
4	INTERNS AND RESIDENTS					3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O					4
6	COST OF TEACHING PHYSICIANS					5
7	SUBTOTAL	28094170				6
8	INPATIENT PRIMARY PAYER PAYMENTS					7
9	OUTPATIENT PRIMARY PAYER PAYMENTS					8
10	SUBTOTAL	28094170				9
11	COMPUTATION OF LESSER OF COST OR CHARGES					
12	ROUTINE SERVICE CHARGES	16210882				10
13	ANCILLARY SERVICE CHARGES	58059580				11
14	INTERNS AND RESIDENTS SERVICE CHARGES					12
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE					13
16	TEACHING PHYSICIANS					14
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION					15
18	TOTAL REASONABLE CHARGES	74270462				16
19	CUSTOMARY CHARGES					
20	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					17
21	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM					18
22	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN					
23	ACCORDANCE WITH 42 CFR 413.13(E)					
24	RATIO OF LINE 17 TO LINE 18					19
25	TOTAL CUSTOMARY CHARGES	74270462				20
26	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	46176292				21
27	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					22
28	COST OF COVERED SERVICES	28094170				23
29	PROSPECTIVE PAYMENT AMOUNT					
30	OTHER THAN OUTLIER PAYMENTS					24
31	OUTLIER PAYMENTS					25
32	PROGRAM CAPITAL PAYMENTS					26
33	CAPITAL EXCEPTION PAYMENTS					27
34	ROUTINE SERVICE OTHER PASS THROUGH COSTS					28
35	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					29
36	SUBTOTAL	28094170				30
37	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)					31
38	LESSER OF LINES 30 OR 31	28094170				32
39	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)					33

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			NF I
	HOSPITAL (14-0228) (OTHER)	SUB I (14-S228) (OTHER)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
35	EXCESS OF REASONABLE COST					34
36	28094170	855121				35
37	COINSURANCE					36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					37
38.01	REIMBURSABLE BAD DEBTS					38
38.02	REDUCED REIMBURSABLE BAD DEBTS					38.01
	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE					38.02
	BENEFICIARIES (SEE INSTRUCTIONS)					
39	UTILIZATION REVIEW					39
40	28094170	855121				40
41	INPATIENT ROUTINE SERVICE COST					41
42	MEDICARE INPATIENT ROUTINE CHARGES					42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM					44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN					
	ACCORDANCE WITH 42 CFR 413.13(E)					
45	RATIO OF LINE 43 TO LINE 44					45
46	TOTAL CUSTOMARY CHARGES					46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM					49
	UTILIZATION					
50	OTHER ADJUSTMENTS					50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING					51
	DEPRECIABLE ASSETS					
52	28094170	855121				52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
55	28094170	855121				55
56	TOTAL AMOUNT PAYABLE TO THE PROVIDER					56
57	19382717	617797				57
57.01	SEQUESTRATION ADJUSTMENT					57.01
58	8711453	237324				58
59	INTERIM PAYMENTS					59
	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					
	BALANCE DUE PROVIDER/PROGRAM					
	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT					
	SECTION 115.2					

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

WORKSHEET E-3
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	15.05 3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	15.05 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	20.69 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	15.05 3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	20.69 3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	20.69 3.09
3.10	SEE INSTRUCTIONS	15.05 3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	3.16
3.17	SEE INSTRUCTIONS	76871.00 3.17
3.18	SEE INSTRUCTIONS	3.18

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

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS		15.05	3.19	
3.20	SEE INSTRUCTIONS		15.05	3.20	
3.21	SEE INSTRUCTIONS		15.05	3.21	
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		15.05	3.22	
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		80928.00	3.23	
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		1217966	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		1217966	3.25	
COMPUTATION OF PROGRAM PATIENT LOAD					
4	PROGRAM PART A INPATIENT DAYS		28967	4	
5	TOTAL INPATIENT DAYS		69777	5	
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.415137	6	
		[LINE 6 x] [E-3,PART 6]			
		[LINE 3.25] [LINE 11]			
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	505623	0	505623	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		1778		6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		69777		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		26650		6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR				6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00		6.07
		[PRIOR TO] [E-3,PART 6]			
		[422] [LINE 12]			
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0	0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS				7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES				8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES				9
10	MEDICARE O/P ESRD CHARGES				10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS				11

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
PERIOD FROM 06/01/2008 TO 05/31/2009

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

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

APPORIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST	58216701	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	34652	15
16	TOTAL PART A REASONABLE COST	58182049	16

PART B REASONABLE COST

17	REASONABLE COST	20187733	17
18	PRIMARY PAYER PAYMENTS	2079	18
19	TOTAL PART B REASONABLE COST	20185654	19
20	TOTAL REASONABLE COST	78367703	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.742424	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.257576	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	532273	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	395172	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	137101	25

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

WORKSHEET E-3
PART IV

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

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

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

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS		3.19
3.20	SEE INSTRUCTIONS		3.20
3.21	SEE INSTRUCTIONS		3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	0.00	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	0.00	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.25
COMPUTATION OF PROGRAM PATIENT LOAD			
4	PROGRAM PART A INPATIENT DAYS	14911	4
5	TOTAL INPATIENT DAYS	69777	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x] [E-3,PART 6] [LINE 3.25] [LINE 11]	.213695	6
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 0 0		6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE	69777	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS	100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR		6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE	100.00	6.07
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD [PRIOR TO] [E-3,PART 6] [422] [LINE 12] 0 0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		9
10	MEDICARE O/P ESRD CHARGES		10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS		11

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
PERIOD FROM 06/01/2008 TO 05/31/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY

PART A REASONABLE COST

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

PART B REASONABLE COST

17	REASONABLE COST	17
18	PRIMARY PAYER PAYMENTS	18
19	TOTAL PART B REASONABLE COST	19
20	TOTAL REASONABLE COST	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	22

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT	23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	25

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	24335000			1
2	TEMPORARY INVESTMENTS	2934000			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	66989000			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	4139000			7
8	PREPAID EXPENSES	4937000			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	103334000			11
FIXED ASSETS					
12	LAND	1593952			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	5904511			13
13.01	ACCUMULATED DEPRECIATION	-3872473			13.01
14	BUILDINGS	166622163			14
14.01	ACCUMULATED DEPRECIATION	-68690438			14.01
15	LEASEHOLD IMPROVEMENTS	4430711			15
15.01	ACCUMULATED AMORTIZATION	-1381988			15.01
16	FIXED EQUIPMENT	5770851			16
16.01	ACCUMULATED DEPRECIATION	-4582005			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	105204163			18
18.01	ACCUMULATED DEPRECIATION	-50014447			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	160985000			21
OTHER ASSETS					
22	INVESTMENTS				22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	122050000	2264000	4761000	25
26	TOTAL OTHER ASSETS	122050000	2264000	4761000	26
27	TOTAL ASSETS	386369000	2264000	4761000	27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	5892000			28
29	SALARIES, WAGES & FEES PAYABLE				29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	67003000			35
36	TOTAL CURRENT LIABILITIES	72895000			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	94426000			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	27006000			41
42	TOTAL LONG TERM LIABILITIES	121432000			42
43	TOTAL LIABILITIES	194327000			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	192042000			44
45	SPECIFIC PURPOSE FUND BALANCE		2264000		45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED			4761000	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	192042000	2264000	4761000	51
52	TOTAL LIABILITIES AND FUND BALANCES	386369000	2264000	4761000	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	178735000	3413000	5852000	1
2 NET INCOME (LOSS)	30326354			2
3 TOTAL	209061354	3413000	5852000	3
4 ADDITIONS (CREDIT ADJUSTMENTS)	1158000	643000	14000	4
5 CONTRIBUTIONS				5
6 OTHER				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	1158000	643000	14000	10
11 SUBTOTAL	210219354	4056000	5866000	11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)	45000	1792000	1105000	12
13 OTHER				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	45000	1792000	1105000	18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	210174354	2264000	4761000	19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	79757708		79757708	1
2 SUBPROVIDER I	4629262		4629262	2
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	84386970		84386970	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT	30489891		30489891	10
10.01 PEDIATRIC ICU				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	30489891		30489891	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	114876861		114876861	16
17 ANCILLARY SERVICES	337444617	266722014	604166631	17
18 OUTPATIENT SERVICES	18886621	39866650	58753271	18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY				19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24				24
25 TOTAL PATIENT REVENUES	471208099	306588664	777796763	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		327822451	26
27 BAD DEBT	21811787		27
28 RESTRICTED EXPENSES	631000		28
29 FOUNDATION EXPENSES	1343427		29
30 SAH MEDICAL CENTER BELVIDERE	3588650		30
31 NORTHERN ILLINOIS SCANNING	4537000		31
32 MISC	-31088		32
33 TOTAL ADDITIONS		31880776	33
34 MAC EXPENSE	-47404		34
35 INCOME TAX PROVISION	-973560		35
36 ELIMINATIONS	-419000		36
37 IPA TAX	-7567031		37
38 IHREF CONTR	-525586		38
39 TOTAL DEDUCTIONS	-9532581		39
40 TOTAL OPERATING EXPENSES		350170646	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	777796763	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	430776763	2
3	NET PATIENT REVENUES	347020000	3
4	LESS - TOTAL OPERATING EXPENSES	350170646	4
5	NET INCOME FROM SERVICE TO PATIENTS	-3150646	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	-2065667	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	133765	13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1240532	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	217870	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	379974	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	1668	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	EMPLOYEE HEALTH	683982	24
24.01	PHYSICIAN PAGING AND ANSWERING	378936	24.01
24.02	CT, MRI JOINT VENTURE INCOME	9105144	24.02
24.03	MANAGEMENT FEE ROCHELLE	375444	24.03
24.04	FOUNDATION REVENUE	-1048204	24.04
24.05	INCOME TAX BENEFIT	938000	24.05
24.06	MSO OTHER REVENUE	1497126	24.06
24.07	PUBLIC AID ASSESMENT REVENUE	23327575	24.07
24.08	SURGICENTER JOINT VENTURE	562620	24.08
24.09	VEIN CLINIC JOINT VENTURE	141406	24.09
24.10	ALLOCATED INTEREST	335227	24.10
24.11	ELIMINATIONS	-6597000	24.11
24.12	SWEDISHAMERICAN ER	375444	24.12
24.13	CLINICAL REVENUE G-2	3493158	24.13
24.14	MISC.		24.14
25	TOTAL OTHER INCOME	33477000	25
26	TOTAL	30326354	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	30326354	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7448

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	1106886	325776	52625		158338	1643625
6 SKILLED NURSING CARE	1658180	488032	78835		235747	2460794
7 PHYSICAL THERAPY	411657	121158	19572		58526	610913
8 OCCUPATIONAL THERAPY	146713	43180	6975		20858	217726
9 SPEECH PATHOLOGY	68792	20247	3271		9780	102090
10 MEDICAL SOCIAL SERVICES	65256	19206	3102		9278	96842
11 HOME HEALTH AIDE	31037	9135	1476		4413	46061
12 SUPPLIES						12
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME	202471	59184	1075		1241691	1504421
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING	287742	22543	10678		3043	324006
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	433824	130157	600		901688	1466269
23.50 TELEMEDICINE						23.50
24 TOTAL	4412558	1238618	178209		2643362	8472747

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7448

WORKSHEET H
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDG & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION					4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES		1643625	-8425	1635200	5
6 SKILLED NURSING CARE		2460794		2460794	6
7 PHYSICAL THERAPY		610913		610913	7
8 OCCUPATIONAL THERAPY		217726		217726	8
9 SPEECH PATHOLOGY		102090		102090	9
10 MEDICAL SOCIAL SERVICES		96842		96842	10
11 HOME HEALTH AIDE		46061		46061	11
12 SUPPLIES					12
13 DRUGS					13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME		1504421	-672629	831792	14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING		324006		324006	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		1466269	-75123	1391146	23
23.50 TELEMEDICINE					23.50
24 TOTAL		8472747	-756177	7716570	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7448

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4			
GENERAL SERVICE COST CENTER								
1								1
2								2
3								3
4								4
5	1635200					1635200	1635200	5
HHA REIMBURSABLE SERVICES								
6	2460794					2460794	661673	3122467 6
7	610913					610913	164267	775180 7
8	217726					217726	58544	276270 8
9	102090					102090	27451	129541 9
10	96842					96842	26040	122882 10
11	46061					46061	12385	58446 11
12								12
13								13
13.20								13.20
14	831792					831792	223658	1055450 14
HHA NONREIMBURSABLE SERVICES								
15								15
16								16
17	324006					324006	87121	411127 17
18								18
19								19
20								20
21								21
22								22
23	1391146					1391146	374061	1765207 23
23.50								23.50
24	7716570					7716570		7716570 24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7448

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-1635200	6081370	5
6 SKILLED NURSING CARE						2460794	6
7 PHYSICAL THERAPY						610913	7
8 OCCUPATIONAL THERAPY						217726	8
9 SPEECH PATHOLOGY						102090	9
10 MEDICAL SOCIAL SERVICES						96842	10
11 HOME HEALTH AIDE						46061	11
12 SUPPLIES							12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME						831792	14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING						324006	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						1391146	23
23.50 TELEMEDICINE							23.50
24 TOTAL					-1635200	6081370	24
25 COST TO BE ALLOC (PER W/S H)						1635200	25
26 UNIT COST MULTIPLIER						.268887	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7448

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	21338	3687847	2
3 PHYSICAL THERAPY	5291	914336	3
4 OCCUPATIONAL THERAPY	1889	326483	4
5 SPEECH PATHOLOGY	885	153028	5
6 MEDICAL SOCIAL SERVICES	842	145471	6
7 HOME HEALTH AIDE	409	70752	7
8 SUPPLIES			8
9 DRUGS			9
9.20 COST OF ADMINISTERING VACC			9.20
10 DME	7174	1239900	10
11 HOME DIALYSIS AIDE SERVICE			11
12 RESPIRATORY THERAPY			12
13 PRIVATE DUTY NURSING	2892	499776	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	11995	2072959	19
19.50 TELEMEDICINE			19.50
20 TOTALS	52715	9110552	20
21 UNIT COST MULTIPLIER	.005820		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7448

WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT SQUARE FEET	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS FTE'S	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAINT- TENANCE & REPAIRS SQUARE FEET	
	1	2	3	4	5	6A	6	7	
1 ADMINISTRATIVE AND GENERAL	150	150	150	150	2141		40635	150	1
2 SKILLED NURSING CARE					2368		3159027		2
3 PHYSICAL THERAPY					521		783224		3
4 OCCUPATIONAL THERAPY					220		279667		4
5 SPEECH PATHOLOGY					100		131085		5
6 MEDICAL SOCIAL SERVICES					112		124611		6
7 HOME HEALTH AIDE					140		60607		7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME					431		1062104		10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING					1100		428110		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					680		1775706		19
19.50 TELEMEDICINE									19.50
20 TOTALS	150	150	150	150	7813		7844776	150	20
21 TOTAL COST TO BE ALLOCATED	1709	162	2048	3661	120626		1260224	480	21
22 UNIT COST MULTIPLIER	11.393333		13.653333		15.439140		.160645		22
22 UNIT COST MULTIPLIER		1.080000		24.406667				3.200000	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7448

WORKSHEET H-5
 PART II

HHA COST CENTER	PARAMED ED PRGM MEDICAL ASSIGNED TIME	PARAMED ED PRGM RADIOLOGY ASSIGNED TIME	PARAMED ED PRGM RAD ONC ASSIGNED TIME	PARAMED ED PRGM PARAMEDICS ASSIGNED TIME	
	24.10	24.20	24.30	24.40	
1 ADMINISTRATIVE AND GENERAL					1
2 SKILLED NURSING CARE					2
3 PHYSICAL THERAPY					3
4 OCCUPATIONAL THERAPY					4
5 SPEECH PATHOLOGY					5
6 MEDICAL SOCIAL SERVICES					6
7 HOME HEALTH AIDE					7
8 SUPPLIES					8
9 DRUGS					9
9.20 COST OF ADMINISTERING VACC					9.20
10 DME					10
11 HOME DIALYSIS AIDE SERVICE					11
12 RESPIRATORY THERAPY					12
13 PRIVATE DUTY NURSING					13
14 CLINIC					14
15 HEALTH PROMOTION ACTIVITIE					15
16 DAY CARE PROGRAM					16
17 HOME DELIVERED MEALS PROGR					17
18 HOMEMAKER SERVICE					18
19 ALL OTHERS					19
19.50 TELEMEDICINE					19.50
20 TOTALS					20
21 TOTAL COST TO BE ALLOCATED					21
22 UNIT COST MULTIPLIER					22
22 UNIT COST MULTIPLIER					22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7448

WORKSHEET H-6
 PARTS I & II

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

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

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
		2	1	2	3	4	5	
1	SKILLED NURSING CARE	2	3687847		3687847	16071	229.47	1
2	PHYSICAL THERAPY	3	914336		914336	5163	177.09	2
3	OCCUPATIONAL THERAPY	4	326483		326483	2199	148.47	3
4	SPEECH PATHOLOGY	5	153028		153028	1051	145.60	4
5	MEDICAL SOCIAL SERV	6	145471		145471	269	540.78	5
6	HOME HEALTH AIDE SERV	7	70752		70752	1786	39.61	6
7	TOTAL		5297917		5297917	26539		7

LIMITATION COST COMPUTATION		MSA				PROGRAM	
PATIENT SERVICES		NO.				COST LIMITS	
		1	2	3	4	5	
8	SKILLED NURSING CARE						8
9	PHYSICAL THERAPY						9
10	OCCUPATIONAL THERAPY						10
11	SPEECH PATHOLOGY						11
12	MEDICAL SOCIAL SERV						12
13	HOME HEALTH AIDE SERV						13
14	TOTAL						14

SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
		8	1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8						15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20

PER BENEFICIARY COST LIMITATION:		MSA	AMOUNT	
		NO.		
		1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4			17
18	PER BENEFICIARY COST LIMITATION			18
19	PER BENEFICIARY COST LIMITATION			19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7448

WORKSHEET H-6
 PARTS II & III

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

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

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
	1	2	3	4	5	
1	PHYSICAL THERAPY 50	.313729			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY 51				COL 2, LINE 3	2
3	SPEECH PATHOLOGY 52				COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA 55	.140160			COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS 56	.166772			COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE

	FROM PART I COL. 5	COST PER VISIT	PROGRAM VISITS PRIOR TO 1/1/98	PROGRAM VISITS FROM 1/1/98 THRU 12/31/98	PROGRAM COST PRIOR TO 1/1/98	PROGRAM COST FROM 1/1/98 THRU 12/31/98	PROGRAM VISITS ON OR AFTER 1/1/99	
	1	2	3	4	5	6	7	
1	PHYSICAL THERAPY	177.09	2.01	3	3.01	4	5	1
2	OCCUPATIONAL THERAPY	148.47						2
3	SPEECH PATHOLOGY	145.60						3
4	TOTAL							4

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7448

WORKSHEET H-6
 PARTS I & II

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

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

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
		2	1	2	3	4	5	
1	SKILLED NURSING CARE	2	3687847		3687847	16071	229.47	1
2	PHYSICAL THERAPY	3	914336		914336	5163	177.09	2
3	OCCUPATIONAL THERAPY	4	326483		326483	2199	148.47	3
4	SPEECH PATHOLOGY	5	153028		153028	1051	145.60	4
5	MEDICAL SOCIAL SERV	6	145471		145471	269	540.78	5
6	HOME HEALTH AIDE SERV	7	70752		70752	1786	39.61	6
7	TOTAL		5297917		5297917	26539		7
LIMITATION COST COMPUTATION			MSA				PROGRAM	
PATIENT SERVICES			NO.				COST	
			1	2	3	4	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		
		8	1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8						15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA	AMOUNT	
						NO.		
						1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4							17
18	PER BENEFICIARY COST LIMITATION							18
19	PER BENEFICIARY COST LIMITATION							19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7448

WORKSHEET H-6
 PARTS II & III

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

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

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
	1	2	3	4	5	
1	PHYSICAL THERAPY 50	.313729			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY 51				COL 2, LINE 3	2
3	SPEECH PATHOLOGY 52				COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA 55	.140160			COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS 56	.166772			COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE

	FROM PART I COL. 5	COST PER VISIT	PROGRAM VISITS PRIOR TO 1/1/98	PROGRAM VISITS FROM 1/1/98 THRU 12/31/98	PROGRAM COST PRIOR TO 1/1/98	PROGRAM COST FROM 1/1/98 THRU 12/31/98	PROGRAM VISITS ON OR AFTER 1/1/99	
	1	2	3	4	5	6	7	
1	PHYSICAL THERAPY 2	177.09	2.01	3	3.01			1
2	OCCUPATIONAL THERAPY 3	148.47						2
3	SPEECH PATHOLOGY 4	145.60						3
4	TOTAL							4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7448

WORKSHEET H-7
 PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PROGRAM SERVICES				1
2 REASONABLE COST OF SERVICES				2
3 TOTAL CHARGES	1844974		1102510	2
CUSTOMARY CHARGES				
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				3
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
7 TOTAL CUSTOMARY CHARGES	1844974		1102510	6
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	1844974		1102510	7
9 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
PRIMARY PAYOR PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1957666	1011115	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	12324	8656	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	3849	7875	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES			10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL	1973839	1027646	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	1973839	1027646	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	1973839	1027646	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	1973839	1027646	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	1973839	1027646	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	1973839	1027646	24
25 TOTAL INTERIM PAYMENTS	1973839	1027646	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

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7448

WORKSHEET H-7
 PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PROGRAM SERVICES				1
2 REASONABLE COST OF SERVICES				2
2 TOTAL CHARGES				2
CUSTOMARY CHARGES				
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				3
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6 TOTAL CUSTOMARY CHARGES				6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST				7
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
9 PRIMARY PAYOR PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

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

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

HHA NO.: 14-7448

WORKSHEET H-8

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1973839		1027646	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM					3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO	NONE		NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER				3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					3.05
					3.50
	PROVIDER				3.51
	TO	NONE		NONE	3.52
	PROGRAM				3.53
					3.54
SUBTOTAL					3.99
4 TOTAL INTERIM PAYMENTS		1973839		1027646	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM				5.01
	TO	NONE		NONE	5.02
	PROVIDER				5.03
	PROVIDER				5.50
	TO	NONE		NONE	5.51
	PROGRAM				5.52
SUBTOTAL					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO				6.01
	PROVIDER	.01			6.01
	PROVIDER TO	.02			6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		1973839		1027646	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0228)	HOSPITAL (14-0228)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2	3272141				2
					CAPITAL DRG OTHER THAN OUTLIER
3					3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01	387177				3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4	179.13				4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD
					[E-3,PT VI,LN.18]
					[E,PT A,LN.3.17][x E-3,PT VI,LN.1]
4.01	12.38	0.00	12.38		4.01
					NO. OF INTERNS & RESIDENTS
4.02			1.97		4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03	64461				4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					DISPROPORTIONATE SHARE ADJUSTMENT
5	0.0608				5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01	0.2613				5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02	0.3221				5.02
					SUM OF LINES 5 AND 5.01
5.03	0.0674				5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04	220542				5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	3944321				6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

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 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
24.10 PARAMED ED PRGM - MEDICAL					24.10
24.20 PARAMED ED PRGM - RADIOLOGY					24.20
24.30 PARAMED ED - RADIATION ONCOLOGY					24.30
24.40 PARAMED ED - PARAMEDICAL TECHS					24.40
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
26.01 PEDIATRIC ICU					26.01
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.20 GASTROENTEROLOGY					37.20
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.10 RADIATION ONCOLOGY					41.10
41.20 CT SCAN					41.20
41.30 M.R.I.					41.30
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
53.10 PEDIATRIC CARDIOLOGY					53.10
54 ELECTROENCEPHALOGRAPHY					54
54.10 APNEA MONITORING					54.10
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
58.10 NUTRITIONAL SUPPORT					58.10
58.20 HEMODIALYSIS					58.20
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 CHILDRENS CLINIC					60.01
61 EMERGENCY					61
61.05 AMBULATORY CARE					61.05
61.10 PSYCHIATRIC PARTIAL					61.10
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
PERIOD FROM 06/01/2008 TO 05/31/2009

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

VERSION: 2009.08
10/29/2009 14:29

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
96.10 MCC WORD PROCESSING						96.10
98 PHYSICIANS' PRIVATE OFFICES						98
98.01 SPECIALISTS/PCP'S						98.01
98.02 MEDWORKS						98.02
98.03 SWEDISHAMERICAN ER						98.03
98.20 IDLE SPACE						98.20
99 NONPAID WORKERS						99
99.10 HOTEL						99.10
99.30 PHYSICIAN BILLING						99.30
99.40 MEALS ON WHEELS						99.40
99.50 WEE CARE						99.50
99.60 PHYSICIAN RELATED AREAS						99.60
99.70 WOMEN'S CENTER						99.70
99.80 MARKETING EXPENSES						99.80
99.90 COMPLIMENTARY MEDICINE						99.90
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASIS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	40.77		22.28				63.05 25
26 INTENSIVE CARE UNIT	39.80		12.24				52.04 26
33 NURSERY			66.97				66.97 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	21.90	6.10	3.51				31.51 37
37.20 GASTROENTEROLOGY	16.43	15.91	6.25				38.59 37.20
39 DELIVERY ROOM & LABOR ROOM	0.30	0.01	33.24				33.55 39
40 ANESTHESIOLOGY	20.14	6.81	9.12				36.07 40
41 RADIOLOGY-DIAGNOSTIC	22.04	16.32	2.49				40.85 41
41.10 RADIATION ONCOLOGY	0.77	38.72	0.34				39.83 41.10
41.20 CT SCAN	13.81	19.58	4.20				37.59 41.20
41.30 M.R.I.	8.90	19.69	2.15				30.74 41.30
44 LABORATORY	16.94	1.53	9.58				28.05 44
49 RESPIRATORY THERAPY	46.43	4.92	7.32				58.67 49
50 PHYSICAL THERAPY	21.98	0.16	2.88			0.01	25.03 50
53 ELECTROCARDIOLOGY	5.86	15.39	9.97				31.22 53
54 ELECTROENCEPHALOGRAPHY	4.50	17.87	1.20				23.57 54
55 MEDICAL SUPPLIES CHARGED TO PAT	26.87	7.05	37.31				71.23 55
56 DRUGS CHARGED TO PATIENTS	34.52	4.56	15.85				54.93 56
58.10 NUTRITIONAL SUPPORT	7.16	2.22					9.38 58.10
58.20 HEMODIALYSIS	63.68	0.61	13.20				77.49 58.20
60 CLINIC	4.32	19.04	1.13				24.49 60
61 EMERGENCY	14.65	9.25	3.89				27.79 61
61.05 AMBULATORY CARE	0.57	41.00					41.57 61.05
61.10 PSYCHIATRIC PARTIAL		10.36					10.36 61.10
62 OBSERVATION BEDS (NON-DISTINCT)	0.27	34.26	0.10				34.63 62
101 TOTAL CHARGES	17.16	9.80	6.58				33.54 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	35.47		16.31				51.78 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37.20 GASTROENTEROLOGY		0.10					0.10 37.20
40 ANESTHESIOLOGY	0.12		0.02				0.14 40
41 RADIOLOGY-DIAGNOSTIC	0.02	0.02	0.02				0.06 41
41.10 RADIATION ONCOLOGY			0.01				0.01 41.10
41.20 CT SCAN	0.03	0.04	0.03				0.10 41.20
41.30 M.R.I.	0.10		0.04				0.14 41.30
44 LABORATORY	0.33		0.37				0.70 44
49 RESPIRATORY THERAPY	0.06		0.03				0.09 49
50 PHYSICAL THERAPY	0.04		0.02				0.06 50
53 ELECTROCARDIOLOGY	0.25	0.04	0.46				0.75 53
54 ELECTROENCEPHALOGRAPHY	0.01		0.02				0.03 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.03	0.07	0.03				0.13 55
56 DRUGS CHARGED TO PATIENTS	0.60	0.04	0.43				1.07 56
60 CLINIC	0.02		0.01				0.03 60
61 EMERGENCY	0.31		0.38				0.69 61
61.10 PSYCHIATRIC PARTIAL			7.22				7.22 61.10
101 TOTAL CHARGES	0.14	0.01	0.13				0.28 101

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT	5797058	1.82	-5797058	-6.17			1
2	OLD CAP REL COSTS-MVBLE EQUIP	528251	.17	-528251	-.56			2
3	NEW CAP REL COSTS-BLDG & FIXT	6944672	2.18	-6944672	-7.39			3
4	NEW CAP REL COSTS-MVBLE EQUIP	11938159	3.74	-11938159	-12.70			4
5	EMPLOYEE BENEFITS	3707687	1.16	-3707687	-3.94			5
6	ADMINISTRATIVE & GENERAL	33796868	10.59	-33796868	-35.94			6
7	MAINTENANCE & REPAIRS	1836405	.58	-1836405	-1.95			7
8	OPERATION OF PLANT	4670431	1.46	-4670431	-4.97			8
9	LAUNDRY & LINEN SERVICE	1107549	.35	-1107549	-1.18			9
10	HOUSEKEEPING	3550374	1.11	-3550374	-3.78			10
11	DIETARY	4443539	1.39	-4443539	-4.73			11
12	CAFETERIA	-1240532	-.39	1240532	1.32			12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	1737862	.54	-1737862	-1.85			14
15	CENTRAL SERVICES & SUPPLY	2890539	.91	-2890539	-3.07			15
16	PHARMACY	4441630	1.39	-4441630	-4.72			16
17	MEDICAL RECORDS & LIBRARY	2435545	.76	-2435545	-2.59			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	4337056	1.36	-4337056	-4.61			23
24	PARAMED ED PRGM-(SPECIFY)							24
24.10	PARAMED ED PRGM - MEDICAL	91664	.03	-91664	-.10			24.10
24.20	PARAMED ED PRGM - RADIOLOGY	139200	.04	-139200	-.15			24.20
24.30	PARAMED ED - RADIATION ONCOLOGY	148731	.05	-148731	-.16			24.30
24.40	PARAMED ED - PARAMEDICAL TECHS	725461	.23	-725461	-.77			24.40
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	29615526	9.28	26909672	28.62	56525198	17.72	25
26	INTENSIVE CARE UNIT	7907475	2.48	4486681	4.77	12394156	3.89	26
26.01	PEDIATRIC ICU							26.01
31	SUBPROVIDER I	1593643	.50	2224567	2.37	3818210	1.20	31
33	NURSERY	3603169	1.13	1685348	1.79	5288517	1.66	33
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	21766846	6.82	10409534	11.07	32176380	10.09	37
37.20	GASTROENTEROLOGY	819535	.26	1107734	1.18	1927269	.60	37.20
39	DELIVERY ROOM & LABOR ROOM	3998444	1.25	2095112	2.23	6093556	1.91	39
40	ANESTHESIOLOGY	307798	.10	206340	.22	514138	.16	40
41	RADIOLOGY-DIAGNOSTIC	20444140	6.41	10821444	11.51	31265584	9.80	41
41.10	RADIATION ONCOLOGY	12227015	3.83	4632883	4.93	16859898	5.29	41.10
41.20	CT SCAN	2771061	.87	747925	.80	3518986	1.10	41.20
41.30	M.R.I.	2438625	.76	845296	.90	3283921	1.03	41.30
44	LABORATORY	9655681	3.03	3638349	3.87	13294030	4.17	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
49	RESPIRATORY THERAPY	2471890	.77	999137	1.06	3471027	1.09	49
50	PHYSICAL THERAPY	4245270	1.33	1211841	1.29	5457111	1.71	50

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
53	ELECTROCARDIOLOGY	916706	.29	963836	1.03	1880542	.59	53
53.10	PEDIATRIC CARDIOLOGY							53.10
54	ELECTROENCEPHALOGRAPHY	1077982	.34	408808	.43	1486790	.47	54
54.10	APNEA MONITORING							54.10
55	MEDICAL SUPPLIES CHARGED TO PAT	3700893	1.16	1221709	1.30	4922602	1.54	55
56	DRUGS CHARGED TO PATIENTS	7963007	2.50	7116462	7.57	15079469	4.73	56
58.10	NUTRITIONAL SUPPORT	142427	.04	25211	.03	167638	.05	58.10
58.20	HEMODIALYSIS	514832	.16	306740	.33	821572	.26	58.20
60	CLINIC	2100274	.66	851804	.91	2952078	.93	60
60.01	CHILDRENS CLINIC							60.01
61	EMERGENCY	10536959	3.30	5659179	6.02	16196138	5.08	61
61.05	AMBULATORY CARE	367401	.12	448724	.48	816125	.26	61.05
61.10	PSYCHIATRIC PARTIAL	780137	.24	471885	.50	1252022	.39	61.10
62	OBSERVATION BEDS (NON-DISTINCT							62
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
	OUTPATIENT SERVICE COST CENTERS							
69.10	CMHC							69.10
69.20	OUTPATIENT PHYSICAL THERAPY							69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40	OUTPATIENT SPEECH PATHOLOGY							69.40
71	HOME HEALTH AGENCY	7716570	2.42	1393982	1.48	9110552	2.86	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	709115	.22	377617	.40	1086732	.34	96
96.10	MCC WORD PROCESSING							96.10
98	PHYSICIANS' PRIVATE OFFICES			88499	.09	88499	.03	98
98.01	SPECIALISTS/PCP'S	56958714	17.86	729239	.78	57687953	18.08	98.01
98.02	MEDWORKS							98.02
98.03	SWEDISHAMERICAN ER	2415066	.76			2415066	.76	98.03
98.20	IDLE SPACE			814005	.87	814005	.26	98.20
99	NONPAID WORKERS	-114937	-.04	1980		-112957	-.04	99
99.10	HOTEL							99.10
99.30	PHYSICIAN BILLING							99.30
99.40	MEALS ON WHEELS							99.40
99.50	WEE CARE	1505539	.47	347344	.37	1852883	.58	99.50
99.60	PHYSICIAN RELATED AREAS	1279560	.40	217289	.23	1496849	.47	99.60
99.70	WOMEN'S CENTER							99.70
99.80	MARKETING EXPENSES	1983679	.62	370127	.39	2353806	.74	99.80
99.90	COMPLIMENTARY MEDICINE	543416	.17	191846	.20	735262	.23	99.90
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	318991607	100.00	0	.00	318991607	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	2635287	141358293	.018642	30951974	577007	37
37.20 GASTROENTEROLOGY	323506	7422548	.043584	1219513	53152	37.20
39 DELIVERY ROOM & LABOR ROOM	713507	9527295	.074891	28519	2136	39
40 ANESTHESIOLOGY	81399	7819829	.010409	1574525	16389	40
41 RADIOLOGY-DIAGNOSTIC	3631360	130405072	.027847	28746369	800501	41
41.10 RADIATION ONCOLOGY	733751	58312633	.012583	447080	5626	41.10
41.20 CT SCAN	93788	36341845	.002581	5018630	12953	41.20
41.30 M.R.I.	205364	26090127	.007872	2322747	18285	41.30
44 LABORATORY	920375	106609065	.008633	18057210	155888	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	254001	18279483	.013895	8487843	117938	49
50 PHYSICAL THERAPY	227434	17394340	.013075	3823289	49990	50
53 ELECTROCARDIOLOGY	229946	13339565	.017238	782270	13485	53
53.10 PEDIATRIC CARDIOLOGY						53.10
54 ELECTROENCEPHALOGRAPHY	106228	7872436	.013494	354446	4783	54
54.10 APNEA MONITORING						54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	93138	35121340	.002652	9436655	25026	55
56 DRUGS CHARGED TO PATIENTS	351770	90419838	.003890	31210688	121409	56
58.10 NUTRITIONAL SUPPORT	1139	659436	.001727	47247	81	58.10
58.20 HEMODIALYSIS	133993	1617160	.082857	1029860	85331	58.20
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	245858	3446949	.071327	149071	10633	60
60.01 CHILDRENS CLINIC						60.01
61 EMERGENCY	885438	52597636	.016834	7706155	129725	61
61.05 AMBULATORY CARE	219568	1648367	.133203	9351	1245	61.05
61.10 PSYCHIATRIC PARTIAL	188610	1060319	.177880			61.10
62 OBSERVATION BEDS (NON-DISTINCT	317263	3209078	.098864	8712	862	62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	12592723	770552654		151412154	2202445	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	9239461		9239461	59206	156.05	24141	3767203 25
26	INTENSIVE CARE UNIT	1244040		1244040	8209	151.55	3267	495113 26
26.01	PEDIATRIC ICU							26.01
101	TOTAL	10483501		10483501			27408	4262316 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 4262316

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 2202445

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 6464761

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

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

PER DISCHARGE CAPITAL COSTS

PER DIEM CAPITAL COSTS

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	50113052
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	193711000
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.259

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))	1450904
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	3101254
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.468

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)	6464761
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.033

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5238))	19974008
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	86466091
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.231