

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

WORKSHEET S  
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY SWEDISH COVENANT HOSPITAL (14-0114) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2009 AND ENDING 09/30/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) \_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL				1
2	SUBPROVIDER I	-961963	1447174		2
2.01	SUBPROVIDER II	-52299			2.01
3	SWING BED - SNF	197343			3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY	14286			5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	-802633	1447174		100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 5145 NORTH CALIFORNIA AVENUE P.O.BOX: 1  
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60625 COUNTY: COOK 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

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

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/01/2009 TO: 09/30/2010 17  
 18 TYPE OF CONTROL 1 2 18

TYPE OF HOSPITAL/SUBPROVIDER

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

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.						21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.	YES	NO				21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.						21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	1	N		N	16974	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1					21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1					21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.	NO					21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS).	NO	NO				21.07
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.				NO		21.08
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	NO					22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW	NO					23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.						23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.						24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.						24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	YES		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	YES		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	YES		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.	NO		28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st	100	1.0471	28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.	1	16974	28.02
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>				
28.03	STAFFING	0.00	NO	28.03
28.04	RECRUITMENT	0.00	NO	28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO	28.05
28.06	TRAINING	0.00	NO	28.06
28.07	OTHER (SPECIFY)		NO	28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.01
31.02	IS THIS A RURAL HOSPITAL SUB II QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.02

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

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

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01

TITLE XIX INPATIENT HOSPITAL SERVICES

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

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

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
48.01	SUBPROVIDER II	N	N	N	N	48.01
49	SKILLED NURSING FACILITY	N	N			49
50	HOME HEALTH AGENCY	N	N			50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?					52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.					52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE					53
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54
	PREMIUMS: 4667041	PAID LOSSES:	AND/OR SELF INSURANCE:	7612053		
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.					54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.					55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$	
		0	1	2	3	4	
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		YES				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)		NO				58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		YES				60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		NO	NO			60.01
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO				61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS		
	1	2	3	4	5		
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	01/04/2011			63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	-----I/P DAYS / O/P VISITS / TRIPS-----					OBS. BEDS ADMITTED 5.01
				TITLE V 3	TITLE XVIII 4	LTCH NONCOVERED DAYS 4.01	TITLE XIX 5		
1 HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	200	73244			26457		13249		1
2 HMO					2401		55		2
2.01 HMO (IRF PPS Sub)							12		2.01
3 HOSPITAL ADULTS & PEDS - SWING BED SNF									3
4 HOSPITAL ADULTS & PEDS - SWING BED NF									4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	200	73244			26457		13249		5
6 INTENSIVE CARE UNIT	18	6570			1873		612		6
6.01 SPECIAL CARE NURSERY	10	3650					896		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							2874		11
12 TOTAL HOSPITAL	228	83464			28330		17631		12
13 RPCH VISITS									13
14 SUBPROVIDER I	25	9125			2434		450		14
14.01 SUBPROVIDER II PSYCHIATRIC UN	31	11315			4642		2290		14.01
15 SKILLED NURSING FACILITY	24	8760			5417				15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE									17
18 HOME HEALTH AGENCY					7989				18
20 ASC (DISTINCT PART)									20
21 HOSPICE (DISTINCT PART)									21
23 O/P REHAB PROVIDER									23
24 RHC I									24
25 TOTAL	308								25
26 OBSERVATION BED DAYS							4		26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS									28
29 LABOR & DELIVERY DAYS							559		29

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS----		---INTERNS & RES FTES---			--FULL TIME EQUIV--			
	OBS. BEDS NOT ADMITTED	TOTAL ALL PATIENTS	OBS. BEDS ADMITTED	OBS. BEDS NOT ADMITTED	LESS I&R REPL NON- PHYS ANES	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	
	5.02	6	6.01	6.02	7	8	9	10	11
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		54328							1
2 HMO XIX									2
2.01 HMO (IRF PPS Sub)									2.01
3 HOSPITAL ADULTS & PEDS - SWING BED SNF									3
4 HOSPITAL ADULTS & PEDS - SWING BED NF									4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS		54328							5
6 INTENSIVE CARE UNIT		3985							6
6.01 SPECIAL CARE NURSERY		1254							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		3526							11
12 TOTAL HOSPITAL		63093			55.28		55.28	1578.15	12
13 RPCH VISITS									13
14 SUBPROVIDER I		4089						19.53	14
14.01 SUBPROVIDER II PSYCHIATRIC UN		7831						26.54	14.01
15 SKILLED NURSING FACILITY		6894						22.77	15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE									17
18 HOME HEALTH AGENCY		14624						23.49	18
20 ASC (DISTINCT PART)									20
21 HOSPICE (DISTINCT PART)									21
23 O/P REHAB PROVIDER									23
24 RHC I									24
25 TOTAL					55.28		55.28	1670.48	25
26 OBSERVATION BED DAYS		7518							26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS									28
29 LABOR & DELIVERY DAYS		932							29

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	5281	3853	13549	1	
2	HMO XIX				2	
2.01	HMO (IRF PPS Sub)				2.01	
3	HOSPITAL ADULTS & PEDS - SWING BED SNF				3	
4	HOSPITAL ADULTS & PEDS - SWING BED NF				4	
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS				5	
6	INTENSIVE CARE UNIT				6	
6.01	SPECIAL CARE NURSERY				6.01	
7	CORONARY CARE UNIT				7	
8	BURN INTENSIVE CARE UNIT				8	
9	SURGICAL INTENSIVE CARE UNIT				9	
10	OTHER SPECIAL CARE (SPECIFY)				10	
11	NURSERY				11	
12	TOTAL HOSPITAL	5281	3853	13549	12	
13	RPCH VISITS				13	
14	SUBPROVIDER I	190	36	318	14	
14.01	SUBPROVIDER II PSYCHIATRIC UN	505	387	1107	14.01	
15	SKILLED NURSING FACILITY				15	
16	NURSING FACILITY				16	
17	OTHER LONG TERM CARE				17	
18	HOME HEALTH AGENCY				18	
20	ASC (DISTINCT PART)				20	
21	HOSPICE (DISTINCT PART)				21	
23	O/P REHAB PROVIDER				23	
24	RHC I				24	
25	TOTAL				25	
26	OBSERVATION BED DAYS				26	
27	AMBULANCE TRIPS				27	
28	EMPLOYEE DISCOUNT DAYS				28	
29	LABOR & DELIVERY DAYS				29	

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT	RECLASS.	ADJUSTED	PAID HOURS	AVERAGE	WORKSHEET S-3
		REPORTED	OF SALARIES	SALARIES	RELATED	HOURLY WAGE	PART II
		1	FROM WKST.	(COL.1 +	TO SALARY	(COL.3 /	
			A-6	COL.2)	IN COL.3	COL.4)	DATA
			2	3	4	5	SOURCE
						6	
1	SALARIES						
1	TOTAL SALARIES	97387456		97387456	3474598.00	28.03	1
2	NON-PHYSICIAN ANESTHETIST PART A						2
3	NON-PHYSICIAN ANESTHETIST PART B						3
4	PHYSICIAN - PART A	468445		468445	5122.00	91.46	4
4.01	TEACHING PHYSICIAN SALARIES	792084		792084	7275.00	108.88	4.01
5	PHYSICIAN - PART B	396770		396770	4803.00	82.61	5
5.01	NON-PHYSICIAN - PART B						5.01
6	INTERNS & RESIDENTS (IN APPR PGM)	1740767		1740767	72832.00	23.90	6
6.01	CONTRACT SERVICES, I&R	805265		805265	42310.00	19.03	6.01
7	HOME OFFICE PERSONNEL						7
8	SNF	1217214		1217214	47358.00	25.70	8
8.01	EXCLUDED AREA SALARIES	5204353	-55146	5149207	168736.00	30.52	8.01
	OTHER WAGES & RELATED COSTS						
9	CONTRACT LABOR	2410296		2410296	62409.00	38.62	9
9.01	PHARMACY SERVICES UNDER CONTRACT						9.01
9.02	LABORATORY SERVICES UNDER CONTRACT						9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'						9.03
10	CONTRACT LABOR: PHYSICIAN PART A	249600		249600	4559.00	54.75	10
10.01	TEACHING PHYSICIAN UNDER CONTRACT						10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	1266122		1266122	7353.07	172.19	11
12	HOME OFFICE: PHYSICIAN PART A						12
12.01	TEACHING PHYSICIAN SALARIES						12.01
	WAGE-RELATED COSTS						
13	WAGE RELATED COSTS (CORE)	16184610		16184610			13
14	WAGE RELATED COSTS (OTHER)						14
15	EXCLUDED AREAS	841301		841301			15
16	NON-PHYSICIAN ANESTHETIST PART A						16
17	NON-PHYSICIAN ANESTHETIST PART B						17
18	PHYSICIAN PART A	45763		45763			18
18.01	PART A TEACHING PHYSICIANS	73254		73254			18.01
19	PHYSICIAN PART B	40144		40144			19
19.01	WAGE RELATED COSTS (RHC/FQHC)						19.01
20	INTERNS & RESIDENTS (IN APPR PGM)	329720		329720			20
	OVERHEAD COSTS - DIRECT SALARIES						
21	EMPLOYEE BENEFITS	1574269		1574269	72410.00	21.74	21
22	ADMINISTRATIVE & GENERAL	16088891	55146	16144037	493115.00	32.74	22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	472124		472124	2238.00	210.96	22.01
23	MAINTENANCE & REPAIRS						23
24	OPERATION OF PLANT	2290825		2290825	97264.00	23.55	24
25	LAUNDRY & LINEN SERVICE						25
26	HOUSEKEEPING	1974502		1974502	168070.00	11.75	26
26.01	HOUSEKEEPING UNDER CONTRACT						26.01
27	DIETARY	1477352		1477352	99381.00	14.87	27
27.01	DIETARY UNDER CONTRACT						27.01
28	CAFETERIA	477316		477316	26023.00	18.34	28
29	MAINTENANCE OF PERSONNEL						29
30	NURSING ADMINISTRATION	1541915		1541915	56604.00	27.24	30
31	CENTRAL SERVICES AND SUPPLY						31
32	PHARMACY	2179235		2179235	58083.00	37.52	32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1148297		1148297	49976.00	22.98	33
34	SOCIAL SERVICE	522582		522582	17126.00	30.51	34
35	OTHER GENERAL SERVICE						35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART III

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT	RECLASS.	ADJUSTED	PAID HOURS	AVERAGE	
		REPORTED	OF SALARIES	SALARIES	RELATED	HOURLY WAGE	
		1	FROM WKST.	(COL.1 +	TO SALARY	(COL.3 /	
			A-6	COL.2)	IN COL.3	COL.4)	
			2	3	4	5	
1	NET SALARIES	94124694		94124694	3349616.00	28.10	1
2	EXCLUDED AREA SALARIES	6421567	-55146	6366421	216094.00	29.46	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	87703127	55146	87758273	3133522.00	28.01	3
4	SUBTOTAL OTHER WAGES & REL COSTS	3926018		3926018	74321.07	52.83	4
5	SUBTOTAL WAGE-RELATED COSTS	16230373		16230373		18.49%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	107859518	55146	107914664	3207843.07	33.64	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	29747308	55146	29802454	1140290.00	26.14	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7126

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: COOK

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		1321		759	2080	1
2 UNDUPLICATED CENSUS COUNT		467.00		604.00	1071.00	2

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	1.00		1.00	4
5 OTHER ADMINISTRATIVE PERSONNEL	7.17		7.17	5
6 DIRECT NURSING SERVICE	7.41		7.41	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE	2.75		2.75	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE	1.20		1.20	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE	.10		.10	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE	.10		.10	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	1.00		1.00	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

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

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7126

WORKSHEET S-4  
 (CONTINUED)

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

	FULL EPISODES				SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4				
	21	SKILLED NURSING VISITS	3593	149				
22	SKILLED NURSING VISIT CHARGES	722774	29949	52496	32833	838052	22	
23	PHYSICAL THERAPY VISITS	2288	2	22	125	2437	23	
24	PHYSICAL THERAPY VISIT CHARGES	459888	402	4422	25125	489837	24	
25	OCCUPATIONAL THERAPY VISITS	868		2	60	930	25	
26	OCCUPATIONAL THERAPY VISIT CHARGES	174468		402	12060	186930	26	
27	SPEECH PATHOLOGY VISITS	57			1	58	27	
28	SPEECH PATHOLOGY VISIT CHARGES	11457			201	11658	28	
29	MEDICAL SOCIAL SERVICE VISITS	19		2	1	22	29	
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	5149		542	271	5962	30	
31	HOME HEALTH AIDE VISITS	354		2	20	376	31	
32	HOME HEALTH AIDE VISIT CHARGES	47790		270	2700	50760	32	
33	TOTAL VISITS	7179	151	289	370	7989	33	
34	OTHER CHARGES	32391	759	2381	240	35771	34	
35	TOTAL CHARGES	1453917	31110	60513	73430	1618970	35	
36	TOTAL NUMBER OF EPISODES	516		110	27	653	36	
37	TOTAL NUMBER OF OUTLIER EPISODES		4			4	37	
38	TOTAL MEDICAL SUPPLY CHARGES	32391	759	2381	240	35771	38	

PROSPECTIVE PAYMENT FOR SNF  
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st		SERVICES ON OR AFTER OCTOBER 1st		SERVICES THROUGH 4/1/2001 - 9/30/2001		SWING BED SNF DAYS	TOTAL
		RATE	DAYS	RATE	DAYS	RATE	DAYS		
1	2	3	3.01	4	4.01	4.02	4.03	4.06	5
1	RUC								1
2	RUB		30						2
3	RUA		21						3
3.01	RUX		6						3.01
3.02	RUL		311						3.02
4	RVC		11						4
5	RVB		401						5
6	RVA		293						6
6.01	RVX		127						6.01
6.02	RVL		2345						6.02
7	RHC		22						7
8	RHB		46						8
9	RHA		159						9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC		14						10
11	RMB		30						11
12	RMA		114						12
12.01	RMX		529						12.01
12.02	RML		780						12.02
13	RLB								13
14	RLA								14
15	SE3		36						15
16	SE2		45						16
17	SE1								17
18	SSC								18
19	SSB		1						19
20	SSA		94						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		2						42
43	PA2								43
44	PA1								44
45	AAA								45
45.01	ES3								45.01
45.02	ES2								45.02
45.03	ES1								45.03
45.04	HE2								45.04
45.05	HE1								45.05
45.06	HD2								45.06
45.07	HD1								45.07
45.08	HC2								45.08
45.09	HC1								45.09
45.10	HB2								45.10
45.11	HB1								45.11
45.12	LE2								45.12
45.13	LE1								45.13
45.14	LD2								45.14
45.15	LD1								45.15
45.16	LC2								45.16
45.17	LC1								45.17
45.18	LB2								45.18
45.19	LB1								45.19
45.20	CE2								45.20
45.21	CE1								45.21
45.22	CD2								45.22
45.23	CD1								45.23
46	TOTAL		5417						46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE		17
17.01	GROSS MEDICAID REVENUES	43629700	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	43629700	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.193412	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	252953221	28
29	TOTAL GROSS MEDICAID COST	48924188	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	28708569	30
31	UNCOMPENSATED CARE COST	5552582	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	48924188	32



RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
		1	2	3	4	5	6	7	
OTHER REIMBURSABLE COST CENTERS									
69.10	6910								69.10
69.20	6920								69.20
69.30	6930								69.30
69.40	6940								69.40
71	7100	1824275	263300	2087575	-13972	2073603	-255	2073348	71
SPECIAL PURPOSE COST CENTERS									
85.01	8510								85.01
85.02	8520								85.02
85.03	8530								85.03
95		96765646	128949788	225715434	-181186	225534248	-16730554	208803694	95
NONREIMBURSABLE COST CENTERS									
96	9600	56718	202897	259615		259615		259615	96
96.02	9602								96.02
96.05	9605								96.05
96.07	9607		18	18		18		18	96.07
96.08	9608								96.08
96.09	9609	190146		190146		190146		190146	96.09
96.10	9610		209699	209699	-9217	200482		200482	96.10
96.11	9611								96.11
96.12	9612	374946		374946		374946		374946	96.12
96.13	9613								96.13
96.14	9614		326016	326016	190403	516419		516419	96.14
97.01	9701		4480	4480		4480		4480	97.01
101	TOTAL	97387456	129692898	227080354		227080354	-16730554	210349800	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----					
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5		
1 DEPRECIATION	A	NEW CAP REL COSTS-BLDG & FIXT	3		6816032	1	
2	A	NEW CAP REL COSTS-MVBLE EQUIP	4		9537164	2	
3						3	
4						4	
5						5	
6 INTEREST EXPENSE	B	NEW CAP REL COSTS-BLDG & FIXT	3		6929527	6	
7						7	
8						8	
9 OB DEPT EXPENSES	C	DELIVERY ROOM & LABOR ROOM	39	1826748		101029	9
10	C	NURSERY	33	1057557		58488	10
11							11
12 HOSPITAL USE OF PLAZA	D	OPERATION OF PLANT	8			37746	12
13							13
14 NON HOSP BLDG DEPR	E	HOME HEALTH AGENCY	71			41253	14
15	E	PLAZA	96.10			28529	15
16	E	OFFSITE CLINICS	96.14			190403	16
17							17
18							18
19 FINANCIAL MGMT	F	ADMINISTRATION & GENERAL	6.06	55146			19
20							20
21							21
22							22
23 EMPLOYEE BENEFITS	G	EMPLOYEE BENEFITS	5			14464380	23
24	G						24
25							25
26 COST OF DRUGS SOLD (AC730380)	H	DRUGS CHARGED TO PATIENTS	56			4795740	26
27							27
28							28
29 FP FACULTY GROUP TEACHING COST	J	I&R SERVICES-OTHER PRGM COSTS	23	229352			29
30							30
31 COLLECTION FEES	K	PATIENT ACCOUNTS & CASHIERS	6.05			10924	31
32	K						32
33							33
34							34
35 OB GYN RESIDENT PROGRAM DIRECTOR	L	I&R SERVICES-OTHER PRGM COSTS	23	137332			35
36 SUBTOTAL				3306135		43011215	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7	
				LINE #	SALARY	OTHER	REF.	
		1	6	7	8	9	10	
1	DEPRECIATION	A	ADMINISTRATION & GENERAL	6.06		16353196		9 1
2		A						9 2
3								3
4								4
5								5
6	INTEREST EXPENSE	B	ADMINISTRATION & GENERAL	6.06		6929527		11 6
7								7
8								8
9	OB DEPT EXPENSES	C	ADULTS & PEDIATRICS	25	2884305	159517		9
10		C						10
11								11
12	HOSPITAL USE OF PLAZA	D	PLAZA	96.10		37746		12
13								13
14	NON HOSP BLDG DEPR	E	NEW CAP REL COSTS-BLDG & FIXT	3		260185		9 14
15		E						15
16		E						16
17								17
18								18
19	FINANCIAL MGMT	F	HOME HEALTH AGENCY	71	55146			19
20								20
21								21
22								22
23	EMPLOYEE BENEFITS	G	ADMINISTRATION & GENERAL	6.06		14447298		23
24		G	FAMILY PRACTICE CLINIC	60.01		17082		24
25								25
26	COST OF DRUGS SOLD (AC730380)	H	PHARMACY	16		4795740		26
27								27
28								28
29	FP FACULTY GROUP TEACHING COST	J	FAMILY PRACTICE CLINIC	60.01	229352			29
30								30
31	COLLECTION FEES	K	FAMILY PRACTICE CLINIC	60.01		10845		31
32		K	HOME HEALTH AGENCY	71		79		32
33								33
34								34
35	OB GYN RESIDENT PROGRAM DIRECTOR	L	ADULTS & PEDIATRICS	25	137332			35
36	SUBTOTAL				3306135	43011215		36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1					1
2					2
3					3
4					4
5 PROPERTY INSURANCE	M	NEW CAP REL COSTS-BLDG & FIXT	3		258179
6					6
7 OUTPATIENT SURG RE OR CASES	N	OPERATING ROOM	37	321512	
8					8
9					9
10 CHARGEABLE MEDICAL SUPPLIES	O	MEDICAL SUPPLIES CHARGED TO P	55		17882080
11	O				11
12	O				12
13	O				13
14	O				14
15	O				15
16	O				16
17	O				17
18	O				18
19	O				19
20	O				20
21	O				21
22	O				22
23	O				23
24	O				24
25	O				25
26	O				26
27	O				27
28	O				28
29	O				29
30	O				30
31	O				31
32	O				32
33	O				33
34	O				34
35	O				35
36 SUBTOTAL				3627647	61151474

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER	DECREASE -----			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1						1
2						2
3						3
4						4
5 PROPERTY INSURANCE	M	ADMINISTRATION & GENERAL	6.06		258179	12 5
6						6
7 OUTPATIENT SURG RE OR CASES	N	ASC (NON-DISTINCT PART)	58	321512		7
8						8
9						9
10 CHARGEABLE MEDICAL SUPPLIES	O	I&R SERVICES-SALARY & FRINGES	22		12	10
11	O	I&R SERVICES-OTHER PRGM COSTS	23		5	11
12	O	ADULTS & PEDIATRICS	25		2147994	12
13	O	INTENSIVE CARE UNIT	26		361568	13
14	O	SUBPROVIDER I	31		62418	14
15	O	SUBPROVIDER II PSYCHIATRIC UN	31.01		16797	15
16	O	SKILLED NURSING FACILITY	34		70404	16
17	O	NURSERY	33		1172	17
18	O	OPERATING ROOM	37		9817644	18
19	O	ANESTHESIOLOGY	40		564180	19
20	O	RADIOLOGY-DIAGNOSTIC	41		54750	20
21	O	CT SCANS AND MRI	41.01		104891	21
22	O	CANCER TREATMENT CENTER	41.02		103317	22
23	O	ULTRASOUND	41.03		47840	23
24	O	SPECIAL PROCEDURES	41.04		455465	24
25	O	LABORATORY	44		69899	25
26	O	PATHOLOGY	44.01		2151	26
27	O	BLOOD STORING, PROCESSING & T	47		25918	27
28	O	RESPIRATORY THERAPY	49		143049	28
29	O	REHABILITATION MEDICINE	50.01		12972	29
30	O	CARDIOLOGY	53.02		29000	30
31	O	ELECTROCARDIOLOGY	53		22268	31
32	O	CARDIAC CATHERIZATION LAB	53.01		2266823	32
33	O	RENAL DIALYSIS	57		56039	33
34	O	ASC (NON-DISTINCT PART)	58		408290	34
35	O	FAMILY PRACTICE CLINIC	60.01		14623	35
36 SUBTOTAL				3627647	60128883	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	
1	O				1
2	O				2
3	O				3
4	O				4
5					5
6	R	SPECIAL CARE NURSERY	26.01	390435	15344
7					6
8	P	IMPL. DEV. CHARGED TO PATIENT	55.30		9461879
9					8
10					9
11					10
12					11
13					12
14					13
15					14
16					15
17					16
18					17
19					18
20					19
21					20
22					21
23					22
24					23
25					24
26					25
27					26
28					27
29					28
30					29
31					30
32					31
33					32
34					33
35					34
36		TOTAL RECLASSIFICATIONS		4018082	70628697

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE			WKST A-7 REF.	
		COST CENTER	LINE #	SALARY		OTHER
1	1	6	7	8	9	10
1	O	WOUND CARE	60.02		88763	1
2	O	PAIN MANAGMENT	60.03		2195	2
3	O	DIABETES CENTER	60.06		18	3
4	O	EMERGENCY	61		931615	4
5						5
6	R	SPECIAL CARE NURSERY	33	390435	15344	6
7						7
8	P	IMPLANTABLE DEVICES	55		9461879	8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
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		4018082	70628697	36

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

WORKSHEET A-7  
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	7255138					7255138		1
2 LAND IMPROVEMENTS	2699458					2699458		2
3 BUILDINGS AND FIXTURES	218743980	5343020		5343020		224087000		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	32450108	4740892		4740892		37191000		5
6 MOVABLE EQUIPMENT	88671782	8616218		8616218		97288000		6
7 SUBTOTAL	349820466	18700130		18700130		368520596		7
8 RECONCILING ITEMS								8
9 TOTAL	349820466	18700130		18700130		368520596		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS III & IV

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

DESCRIPTION	----- SUMMARY OF OLD AND NEW CAPITAL -----						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	6258886		233452	258179			6750517 3
4 NEW CAP REL COSTS-MVBLE EQUIP	9469943						9469943 4
5 TOTAL	15728829		233452	258179			16220460 5

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

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

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

		EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED				
DESCRIPTION	BASIS	AMOUNT	COST CENTER	LINE NO.	WKST A-7 REF	
	1	2	3	4	5	
1			OLD CAP REL COSTS-BLDG & FIXT	1	1	
2			OLD CAP REL COSTS-MVBLE EQUIP	2	2	
3	B	-1848000	NEW CAP REL COSTS-BLDG & FIXT	3	11 3	
4			NEW CAP REL COSTS-MVBLE EQUIP	4	4	
5	B	-53439	ADMINISTRATION & GENERAL	6.06	5	
6	B	-12681	PURCHASING	6.03	6	
7					7	
8					8	
9	B	-73837	NON-PATIENT PHONES	6.01	9	
10	A	-36108	OPERATION OF PLANT	8	10	
11	A	-158766	ADMINISTRATION & GENERAL	6.06	11	
12	WKST A-8-2	-2104271			12	
13					13	
14	WKST A-8-1	-4154			14	
15					15	
16	B	-848534	CAFETERIA	12	16	
17					17	
18					18	
19					19	
20					20	
21					21	
22					22	
23					23	
24					24	
25	WKST A-8-4		RESPIRATORY THERAPY	49	25	
26	WKST A-8-4		PHYSICAL THERAPY	50	26	
27	WKST A-8-3		HOME HEALTH AGENCY	71	27	
28			UTILIZATION REVIEW-SNF	89	28	
29			OLD CAP REL COSTS-BLDG & FIXT	1	29	
30			OLD CAP REL COSTS-MVBLE EQUIP	2	30	
31			NEW CAP REL COSTS-BLDG & FIXT	3	31	
32			NEW CAP REL COSTS-MVBLE EQUIP	4	32	
33			NONPHYSICIAN ANESTHETISTS	20	33	
34					34	
35	WKST A-8-4		OCCUPATIONAL THERAPY	51	35	
36	WKST A-8-4		SPEECH PATHOLOGY	52	36	
37	B	-929715	EMPLOYEE BENEFITS	5	37	
38	B	-50	FAMILY PRACTICE CLINIC	60.01	38	
39	B	-105013	CARDIOLOGY	53.02	39	
40	B	-36429	PATIENT ACCOUNTS & CASHIERS	6.05	40	
40.01	B	-246	CANCER TREATMENT CENTER	41.02	40.01	
41	A	-308171	ADMINISTRATION & GENERAL	6.06	41	
42	B	-104041	I&R SERVICES-OTHER PRGM COSTS A	23	42	
43					43	
44	A	-15083	ADMINISTRATION & GENERAL	6.06	44	
45	A	-670003	ADMINISTRATION & GENERAL	6.06	45	
45.01	A	-48778	EMPLOYEE BENEFITS	5	45.01	
46	A	-2514	NEW CAP REL COSTS-BLDG & FIXT	3	11 46	
47	B	-15000	ADMINISTRATION & GENERAL	6.06	47	
48					48	
49	A	-29302	ADMINISTRATION & GENERAL	6.06	49	
49.03	A	-922110	ADMINISTRATION & GENERAL	6.06	49.03	
49.08	B	-108720	ADMINISTRATION & GENERAL	6.06	49.08	
49.09	B	-255	HOME HEALTH AGENCY	71	49.09	
49.10	B	-32574	REHABILITATION MEDICINE	50.01	49.10	
49.13	B	-65537	OPERATION OF PLANT	8	49.13	
49.20	A	-351258	NURSING ADMINISTRATION	14	49.20	
49.21	A	-63156	EMPLOYEE BENEFITS	5	49.21	
49.22	A	-465864	ADMINISTRATION & GENERAL	6.06	49.22	
49.26	A	-296961	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.26	
49.27	A	-67221	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.27	
49.28	A	-3305	PATIENT ACCOUNTS & CASHIERS	6.05	49.28	
49.29	A	-545	EMPLOYEE BENEFITS	5	49.29	
49.31	B	-119406	ADMINISTRATION & GENERAL	6.06	49.31	
49.32	A	-74925	ADMINISTRATION & GENERAL	6.06	49.32	
49.36	A	-144460	ADMINISTRATION & GENERAL	6.06	49.36	

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		Wkst A-7 REF 5
			COST CENTER 3	LINE NO. 4	
49.37 COURTESY CARE FBS	A	-6309	EMPLOYEE BENEFITS	5	49.37
49.41 BANK CHARGES	B	438247	ADMINISTRATION & GENERAL	6.06	49.41
49.42 DSR INCOME NETTED ON FS	A	235966	NEW CAP REL COSTS-BLDG & FIXT	3	11 49.42
49.43 SEPARATE SWAP AGREEMENT INTERES	A	-1901865	NEW CAP REL COSTS-BLDG & FIXT	3	11 49.43
49.44 NONALLOWABLE BORROWING	A	-3179662	NEW CAP REL COSTS-BLDG & FIXT	3	11 49.44
49.45 LETTER OF CREDIT INTEREST	B	53439	ADMINISTRATION & GENERAL	6.06	49.45
49.51 HOUSEKEEPING REENUE	B	-22800	HOUSEKEEPING	10	49.51
49.55 CANCER TREATMENT LEASE	B	-136766	CANCER TREATMENT CENTER	41.02	49.55
49.56 EMPLOYEE HEALTH INCOME	B	-280	EMPLOYEE BENEFITS	5	49.56
49.58 CREDIT SERVICE REVENUE	B	-8321	PATIENT ACCOUNTS & CASHIERS	6.05	49.58
49.59 OTHER A&G INCOME	B	-501004	ADMINISTRATION & GENERAL	6.06	49.59
49.60 OTHER PLANT OPS INCOME	B	-185614	OPERATION OF PLANT	8	49.60
49.61 FILM COPY REVENUE	B	-1603	RADIOLOGY-DIAGNOSTIC	41	49.61
49.62 LAB OTHER INCOME	B	-17808	LABORATORY	44	49.62
49.63 RENT PAID FOR MSO	A	-66722	ADMINISTRATION & GENERAL	6.06	49.63
49.64 PHYSICIAN MALPRACTICE	A	-429627	ADMINISTRATION & GENERAL	6.06	49.64
49.65 OTHER INCOME	B	-224835	I&R SERVICES-OTHER PRGM COSTS A	23	49.65
49.66 LCG ADMIN	B	-601881	OPERATION OF PLANT	8	49.66
49.67 MSO DEPR	B	-10913	OPERATION OF PLANT	8	49.67
49.68 PART B BENEFITS	B	-41764	EMPLOYEE BENEFITS	5	49.68
50 TOTAL		-16730554			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	6.06	ADMINISTRATION & GENERAL	MANAGEMENT FEES	1681138	2190000	-508862	1
2	53.02	CARDIOLOGY	LIFE CENTER RENTALS	170089	169932	157	2
3	50.01	REHABILITATION MEDICINE	LIFE CENTER RENTALS	363922	136084	227838	3
4	5	EMPLOYEE BENEFITS	LIFE CENTER RENTALS	456001	340052	115949	4
4.01	60.03	PAIN MANAGEMENT	LIFE CENTER RENTALS	220871	60107	160764	4.01
5		TOTALS		2892021	2896175	-4154	5

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

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

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

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	AGGREGATE	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2		3	4	5	6	7	8	9
1	6.06 ADMINISTRATION & GENERAL	AGGREGATE	443381		443381	177200	4856	413694	20685
2	53.02 CARDIOLOGY	AGGREGATE	488	488					
3	60.01 FAMILY PRACTICE CLINIC	AGGREGATE	392355	392355					
4	60.02 WOUND CARE	AGGREGATE	3927	3927					
5	25 ADULTS & PEDIATRICS	AGGREGATE	25064		25064	177200	266	22661	1133
6	6.06 ADMINISTRATION & GENERAL	AGGREGATE	343200	343200					
7	17 MEDICAL RECORDS & LIBRAR	AGGREGATE	32004	32004					
8	37 OPERATING ROOM	AGGREGATE	30000	30000					
9	40 ANESTHESIOLOGY	AGGREGATE	25208	25208					
10	41 RADIOLOGY-DIAGNOSTIC	AGGREGATE	30000	30000					
11	41.04 SPECIAL PROCEDURES	AGGREGATE	26040	26040					
12	53.01 CARDIAC CATHERIZATION LA	AGGREGATE	5850	5850					
13	44 LABORATORY	AGGREGATE	146400		146400	215700	2711	281136	14057
14	47 BLOOD STORING, PROCESSIN	AGGREGATE	36000		36000	215700	645	66888	3344
15	44.01 PATHOLOGY	AGGREGATE	67200		67200	215700	1203	124753	6238
16	53.02 CARDIOLOGY	AGGREGATE	55521	55521					
17	53 ELECTROCARDIOLOGY	AGGREGATE	211168	211168					
18	60.01 FAMILY PRACTICE CLINIC	AGGREGATE	22803	22803					
19	31.01 SUBPROVIDER II PSYCHIATR	AGGREGATE	15200	15200					
20	60.02 WOUND CARE	AGGREGATE	32400	32400					
21	25 ADULTS & PEDIATRICS	AGGREGATE	68425	68425					
22	34 SKILLED NURSING FACILITY	AGGREGATE	26000	26000					
24	33 NURSERY	AGGREGATE	548829	548829					
25	61 EMERGENCY	AGGREGATE	202763	202763					
101	TOTAL		2790226	2072181	718045		9681	909132	45457

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	6.06 ADMINISTRATION & GENERAL	AGGREGATE				413694	29687	29687
2	53.02 CARDIOLOGY	AGGREGATE						488
3	60.01 FAMILY PRACTICE CLINIC	AGGREGATE						392355
4	60.02 WOUND CARE	AGGREGATE						3927
5	25 ADULTS & PEDIATRICS	AGGREGATE				22661	2403	2403
6	6.06 ADMINISTRATION & GENERAL	AGGREGATE						343200
7	17 MEDICAL RECORDS & LIBRAR	AGGREGATE						32004
8	37 OPERATING ROOM	AGGREGATE						30000
9	40 ANESTHESIOLOGY	AGGREGATE						25208
10	41 RADIOLOGY-DIAGNOSTIC	AGGREGATE						30000
11	41.04 SPECIAL PROCEDURES	AGGREGATE						26040
12	53.01 CARDIAC CATHERIZATION LA	AGGREGATE						5850
13	44 LABORATORY	AGGREGATE				281136		
14	47 BLOOD STORING, PROCESSIN	AGGREGATE				66888		
15	44.01 PATHOLOGY	AGGREGATE				124753		
16	53.02 CARDIOLOGY	AGGREGATE						55521
17	53 ELECTROCARDIOLOGY	AGGREGATE						211168
18	60.01 FAMILY PRACTICE CLINIC	AGGREGATE						22803
19	31.01 SUBPROVIDER II PSYCHIATR	AGGREGATE						15200
20	60.02 WOUND CARE	AGGREGATE						32400
21	25 ADULTS & PEDIATRICS	AGGREGATE						68425
22	34 SKILLED NURSING FACILITY	AGGREGATE						26000
24	33 NURSERY	AGGREGATE						548829
25	61 EMERGENCY	AGGREGATE						202763
101	TOTAL					909132	32090	2104271



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	EMPLOYEE BENEFITS 5	NON PATIENT PHONES 6.01	PURCHASE 6.03	ADMITTING 6.04	PATIENT ACCOUNTS- CASHIERS 6.05	
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	2073348	4642	58146	293325	4173	266			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	208803694	6203911	9437266	15782949	639524	1115233	2034653	3106250	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	259615	5912	1521	9404	2087	8941			96
96.02 COVENANT RETIREMENT HOME									96.02
96.05 BOARD OF BENEVOLENCE		16792				9389			96.05
96.07 DENTAL	18	9336				9389			96.07
96.08 COVENANT RETIREMENT COMMUNITY		8117				15649			96.08
96.09 OP PHARMACY	190146		1172	31527	1043				96.09
96.10 PLAZA	200482		9817			23			96.10
96.11 G CAFETERIA		7722							96.11
96.12 G PHARMACY	374946	11936	652	62167					96.12
96.13 G SUITE		481368	5584						96.13
96.14 OFFSITE CLINICS	516419		13931						96.14
97.01 OCC HEALTH	4480	5423				3130			97.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	210349800	6750517	9469943	15886047	680211	1124197	2034653	3106250	103



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	OTHER ADMINISTRA & GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINI- STRATION
	5A	6.06	8	9	10	11	12	14
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	2433900	770368	21828					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	208071662	49851075	11064406	1457416	4013276	3947939	968927	2701063 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	287480	90992	27800		5419		1120	96
96.02 COVENANT RETIREMENT HOME								96.02
96.05 BOARD OF BENEVOLENCE	26181	8287	78962		15389			96.05
96.07 DENTAL	18743	5932	43899		8557			96.07
96.08 COVENANT RETIREMENT COMMUNITY	23766	7522	38170		7438			96.08
96.09 OP PHARMACY	223888	70864					2699	96.09
96.10 PLAZA	210322	66570						96.10
96.11 G CAFETERIA	7722	2444	36314					96.11
96.12 G PHARMACY	449701	142338	56125				5625	96.12
96.13 G SUITE	486952	154128	2263543		441179			96.13
96.14 OFFSITE CLINICS	530350	167864						96.14
97.01 OCC HEALTH	13033	4125	25500		4969		109	97.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	210349800	50572141	13634719	1457416	4496227	3947939	978480	2701063 103



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	I/R-SALARY AND FRINGES 22	I/R-OTHER PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26
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		4207		85964			3316267	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	705263	3932811	3062123	958475	4436346	2378026	204287779	-6814372 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN							412811	96
96.02 COVENANT RETIREMENT HOME								96.02
96.05 BOARD OF BENEVOLENCE							128819	96.05
96.07 DENTAL							77131	96.07
96.08 COVENANT RETIREMENT COMMUNITY							76896	96.08
96.09 OP PHARMACY							297451	96.09
96.10 PLAZA							276892	96.10
96.11 G CAFETERIA							46480	96.11
96.12 G PHARMACY							653789	96.12
96.13 G SUITE							3345802	96.13
96.14 OFFSITE CLINICS							698214	96.14
97.01 OCC HEALTH							47736	97.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	705263	3932811	3062123	958475	4436346	2378026	210349800	-6814372 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	TOTAL	
	27	
GENERAL SERVICE COST CENTERS		
1 OLD CAP REL COSTS-BLDG & FIXT		1
2 OLD CAP REL COSTS-MVBLE EQUIP		2
3 NEW CAP REL COSTS-BLDG & FIXT		3
4 NEW CAP REL COSTS-MVBLE EQUIP		4
5 EMPLOYEE BENEFITS		5
6.01 NON-PATIENT PHONES		6.01
6.03 PURCHASING		6.03
6.04 ADMITTING		6.04
6.05 PATIENT ACCOUNTS & CASHIERS		6.05
6.06 ADMINISTRATION & GENERAL		6.06
7 MAINTENANCE & REPAIRS		7
8 OPERATION OF PLANT		8
9 LAUNDRY & LINEN SERVICE		9
10 HOUSEKEEPING		10
11 DIETARY		11
12 CAFETERIA		12
13 MAINTENANCE OF PERSONNEL		13
14 NURSING ADMINISTRATION		14
15 CENTRAL SERVICES & SUPPLY		15
16 PHARMACY		16
17 MEDICAL RECORDS & LIBRARY		17
18 SOCIAL SERVICE		18
20 NONPHYSICIAN ANESTHETISTS		20
21 NURSING SCHOOL		21
22 I&R SERVICES-SALARY & FRINGES A		22
23 I&R SERVICES-OTHER PRGM COSTS A		23
24 PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS		
25 ADULTS & PEDIATRICS	45234675	25
26 INTENSIVE CARE UNIT	5475484	26
26.01 SPECIAL CARE NURSERY	788566	26.01
31 SUBPROVIDER I	2595034	31
31.01 SUBPROVIDER II PSYCHIATRIC UNIT	4297841	31.01
33 NURSERY	1849385	33
34 SKILLED NURSING FACILITY	3483368	34
ANCILLARY SERVICE COST CENTERS		
37 OPERATING ROOM	12773648	37
39 DELIVERY ROOM & LABOR ROOM	3339132	39
40 ANESTHESIOLOGY	1151857	40
41 RADIOLOGY-DIAGNOSTIC	11307494	41
41.01 CT SCANS AND MRI	5546216	41.01
41.02 CANCER TREATMENT CENTER	2837036	41.02
41.03 ULTRASOUND	2447446	41.03
41.04 SPECIAL PROCEDURES	930255	41.04
44 LABORATORY	11906372	44
44.01 PATHOLOGY	2087823	44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO		46.30
47 BLOOD STORING, PROCESSING & TRA	2267906	47
49 RESPIRATORY THERAPY	2572518	49
50 PHYSICAL THERAPY		50
50.01 REHABILITATION MEDICINE	7934808	50.01
51 OCCUPATIONAL THERAPY		51
52 SPEECH PATHOLOGY		52
53 ELECTROCARDIOLOGY	1051583	53
53.01 CARDIAC CATHERIZATION LAB	3548138	53.01
53.02 CARDIOLOGY	3251534	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	15036784	55
55.30 IMPL. DEV. CHARGED TO PATIENT	13699431	55.30
56 DRUGS CHARGED TO PATIENTS	10392680	56
57 RENAL DIALYSIS	1167932	57
58 ASC (NON-DISTINCT PART)	1177335	58
59.97 CARDIAC REHABILITATION		59.97
59.98 HYPERBARIC OXYGEN THERAPY		59.98
59.99 LITHOTRIPSY		59.99
OUTPATIENT SERVICE COST CENTERS		
60.01 FAMILY PRACTICE CLINIC	1886201	60.01
60.02 WOUND CARE	1425465	60.02
60.03 PAIN MANAGEMENT	1185974	60.03
60.05 WOMENS CENTER		60.05
60.06 DIABETES CENTER	293381	60.06
61 EMERGENCY	9213838	61
62 OBSERVATION BEDS (NON-DISTINCT)		62
63.50 RHC		63.50
63.60 FQHC		63.60

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	TOTAL	
	27	
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	3316267	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	197473407	95
NONREIMBURSABLE COST CENTERS		
96 GIFT, FLOWER, COFFEE SHOP & CAN	412811	96
96.02 COVENANT RETIREMENT HOME		96.02
96.05 BOARD OF BENEVOLENCE	128819	96.05
96.07 DENTAL	77131	96.07
96.08 COVENANT RETIREMENT COMMUNITY	76896	96.08
96.09 OP PHARMACY	297451	96.09
96.10 PLAZA	276892	96.10
96.11 G CAFETERIA	46480	96.11
96.12 G PHARMACY	653789	96.12
96.13 G SUITE	3345802	96.13
96.14 OFFSITE CLINICS	698214	96.14
97.01 OCC HEALTH	47736	97.01
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 TOTAL	203535428	103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	NON PATIENT PHONES 6.01	PURCHASE 6.03	ADMITTING 6.04	
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	4728	4642	58146	67516	2739	1013	41		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	3211788	6203911	9437266	18852965	147342	155246	170797	67716	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		5912	1521	7433	88	507	1369		96
96.02 COVENANT RETIREMENT HOME									96.02
96.05 BOARD OF BENEVOLENCE		16792		16792		2279			96.05
96.07 DENTAL		9336		9336		2279			96.07
96.08 COVENANT RETIREMENT COMMUNITY		8117		8117		3799			96.08
96.09 OP PHARMACY			1172	1172	294	253			96.09
96.10 PLAZA			9817	9817			3		96.10
96.11 G CAFETERIA		7722		7722					96.11
96.12 G PHARMACY		11936	652	12588	580				96.12
96.13 G SUITE		481368	5584	486952					96.13
96.14 OFFSITE CLINICS	49		13931	13980					96.14
97.01 OCC HEALTH	23	5423		5446		760			97.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	3211860	6750517	9469943	19432320	148304	165123	172169	67716	103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	PATIENT ACCOUNTS- CASHIERS 6.05	OTHER ADMINISTRA & GENERAL 6.06	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINI- STRATION 14
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		68836	3845					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	45745	4454439	1948754	96449	176066	320703	202464	458538 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		8131	4896		238		234	96
96.02 COVENANT RETIREMENT HOME								96.02
96.05 BOARD OF BENEVOLENCE		740	13907		675			96.05
96.07 DENTAL		530	7732		375			96.07
96.08 COVENANT RETIREMENT COMMUNITY		672	6723		326			96.08
96.09 OP PHARMACY		6332					564	96.09
96.10 PLAZA		5948						96.10
96.11 G CAFETERIA		218	6396					96.11
96.12 G PHARMACY		12718	9885				1175	96.12
96.13 G SUITE		13772	398673		19355			96.13
96.14 OFFSITE CLINICS		14999						96.14
97.01 OCC HEALTH		369	4491		218		23	97.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	45745	4518868	2401457	96449	197253	320703	204460	458538 103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	I/R-SALARY AND FRINGES 22	I/R-OTHER PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26
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		216		5046			149252	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	239605	201611	169584	56262			18057498	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN							22896	96
96.02 COVENANT RETIREMENT HOME								96.02
96.05 BOARD OF BENEVOLENCE							34393	96.05
96.07 DENTAL							20252	96.07
96.08 COVENANT RETIREMENT COMMUNITY							19637	96.08
96.09 OP PHARMACY							8615	96.09
96.10 PLAZA							15768	96.10
96.11 G CAFETERIA							14336	96.11
96.12 G PHARMACY							36946	96.12
96.13 G SUITE							918752	96.13
96.14 OFFSITE CLINICS							28979	96.14
97.01 OCC HEALTH							11307	97.01
101 CROSS FOOT ADJUSTMENTS					103683	139258	242941	101
102 NEGATIVE COST CENTER								102
103 TOTAL	239605	201611	169584	56262	103683	139258	19432320	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	TOTAL	
	27	
GENERAL SERVICE COST CENTERS		
1 OLD CAP REL COSTS-BLDG & FIXT		1
2 OLD CAP REL COSTS-MVBLE EQUIP		2
3 NEW CAP REL COSTS-BLDG & FIXT		3
4 NEW CAP REL COSTS-MVBLE EQUIP		4
5 EMPLOYEE BENEFITS		5
6.01 NON-PATIENT PHONES		6.01
6.03 PURCHASING		6.03
6.04 ADMITTING		6.04
6.05 PATIENT ACCOUNTS & CASHIERS		6.05
6.06 ADMINISTRATION & GENERAL		6.06
7 MAINTENANCE & REPAIRS		7
8 OPERATION OF PLANT		8
9 LAUNDRY & LINEN SERVICE		9
10 HOUSEKEEPING		10
11 DIETARY		11
12 CAFETERIA		12
13 MAINTENANCE OF PERSONNEL		13
14 NURSING ADMINISTRATION		14
15 CENTRAL SERVICES & SUPPLY		15
16 PHARMACY		16
17 MEDICAL RECORDS & LIBRARY		17
18 SOCIAL SERVICE		18
20 NONPHYSICIAN ANESTHETISTS		20
21 NURSING SCHOOL		21
22 I&R SERVICES-SALARY & FRINGES A		22
23 I&R SERVICES-OTHER PRGM COSTS A		23
24 PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS		
25 ADULTS & PEDIATRICS	3044938	25
26 INTENSIVE CARE UNIT	326773	26
26.01 SPECIAL CARE NURSERY	42244	26.01
31 SUBPROVIDER I	181924	31
31.01 SUBPROVIDER II PSYCHIATRIC UNIT	326728	31.01
33 NURSERY	61737	33
34 SKILLED NURSING FACILITY	326921	34
ANCILLARY SERVICE COST CENTERS		
37 OPERATING ROOM	1677098	37
39 DELIVERY ROOM & LABOR ROOM	125261	39
40 ANESTHESIOLOGY	212271	40
41 RADIOLOGY-DIAGNOSTIC	2205476	41
41.01 CT SCANS AND MRI	1720519	41.01
41.02 CANCER TREATMENT CENTER	481852	41.02
41.03 ULTRASOUND	302417	41.03
41.04 SPECIAL PROCEDURES	65698	41.04
44 LABORATORY	752648	44
44.01 PATHOLOGY	150565	44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO		46.30
47 BLOOD STORING, PROCESSING & TRA	74110	47
49 RESPIRATORY THERAPY	169878	49
50 PHYSICAL THERAPY		50
50.01 REHABILITATION MEDICINE	650468	50.01
51 OCCUPATIONAL THERAPY		51
52 SPEECH PATHOLOGY		52
53 ELECTROCARDIOLOGY	99956	53
53.01 CARDIAC CATHERIZATION LAB	1369296	53.01
53.02 CARDIOLOGY	497259	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	529547	55
55.30 IMPL. DEV. CHARGED TO PATIENT	488061	55.30
56 DRUGS CHARGED TO PATIENTS	339783	56
57 RENAL DIALYSIS	31610	57
58 ASC (NON-DISTINCT PART)	208595	58
59.97 CARDIAC REHABILITATION		59.97
59.98 HYPERBARIC OXYGEN THERAPY		59.98
59.99 LITHOTRIPSY		59.99
OUTPATIENT SERVICE COST CENTERS		
60.01 FAMILY PRACTICE CLINIC	258796	60.01
60.02 WOUND CARE	124320	60.02
60.03 PAIN MANAGEMENT	325473	60.03
60.05 WOMENS CENTER		60.05
60.06 DIABETES CENTER	27487	60.06
61 EMERGENCY	708537	61
62 OBSERVATION BEDS (NON-DISTINCT)		62
63.50 RHC		63.50
63.60 FQHC		63.60

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	TOTAL	
	27	
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	149252	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	18057498	95
NONREIMBURSABLE COST CENTERS		
96 GIFT, FLOWER, COFFEE SHOP & CAN	22896	96
96.02 COVENANT RETIREMENT HOME		96.02
96.05 BOARD OF BENEVOLENCE	34393	96.05
96.07 DENTAL	20252	96.07
96.08 COVENANT RETIREMENT COMMUNITY	19637	96.08
96.09 OP PHARMACY	8615	96.09
96.10 PLAZA	15768	96.10
96.11 G CAFETERIA	14336	96.11
96.12 G PHARMACY	36946	96.12
96.13 G SUITE	918752	96.13
96.14 OFFSITE CLINICS	28979	96.14
97.01 OCC HEALTH	11307	97.01
101 CROSS FOOT ADJUSTMENTS	242941	101
102 NEGATIVE COST CENTER		102
103 TOTAL	19432320	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS GROSS SALARIES	NON PATIENT PHONES (PHONES)	PURCHASE (SUPPLY EXPENSE)	ADMITTING GROSS REVENUE	
	3	4	5	6.01	6.03	6.04	
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	786724						3
4 NEW CAP REL COSTS-MVBLE EQUIP		9252913					4
5 EMPLOYEE BENEFITS	1994	27970	95813187				5
6.01 NON-PATIENT PHONES	1036	90368	339116	652			6.01
6.03 PURCHASING	5532	48329	694589	6	22392222		6.03
6.04 ADMITTING	3348	25650	1637384	12	9348	1003850257	6.04
6.05 PATIENT ACCOUNTS & CASHIERS	2426	7229	1630449	41	14417		6.05
6.06 ADMINISTRATION & GENERAL	362673	1151396	11842499	101	163751		6.06
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT	71790	1422215	2290825	27	302407		8
9 LAUNDRY & LINEN SERVICE	2508	27083		1	16		9
10 HOUSEKEEPING	5576	6392	1974502	4	247844		10
11 DIETARY	5900	135949	1477352	5	116462		11
12 CAFETERIA	10427	24152	477316	5	11335		12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	2675	338652	1541915	16	8681		14
15 CENTRAL SERVICES & SUPPLY	10252	68596		2			15
16 PHARMACY	3397	52162	2179235	9	10955		16
17 MEDICAL RECORDS & LIBRARY	5089	14526	1148297	15	23769		17
18 SOCIAL SERVICE	2058	141	522582	10	2447		18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES		172	1740767		4427		22
23 I&R SERVICES-OTHER PRGM COSTS	5068	3240	1192143	14	16579		23
24 PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	71208	409084	20433574	45	157769	136073619	25
26 INTENSIVE CARE UNIT	5809	61115	2667983	24	8823	19586209	26
26.01 SPECIAL CARE NURSERY	1174		390435	8		2827880	26.01
31 SUBPROVIDER I	5308	7948	1071169	4	3754	8025793	31
31.01 SUBPROVIDER II PSYCHIATRIC UN	10497	13901	1687099	11	6066	15187924	31.01
33 NURSERY	101	3237	1057557	9	174	5144214	33
34 SKILLED NURSING FACILITY	11626	19734	1217214	4	7170	5443869	34
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	24702	706233	5378336	29	144801	59456510	37
39 DELIVERY ROOM & LABOR ROOM	1589	2694	1826748			14608109	39
40 ANESTHESIOLOGY	1470	107735	328114	3	11784	31063089	40
41 RADIOLOGY-DIAGNOSTIC	15572	1640363	3482363	34	37692	50887033	41
41.01 CT SCANS AND MRI	1796	758884	1085918	2	5536	83490810	41.01
41.02 CANCER TREATMENT CENTER	9183	255514	810382	17	7659	8087633	41.02
41.03 ULTRASOUND	244	231907	1258062	4	3729	15518241	41.03
41.04 SPECIAL PROCEDURES	948	24556	443467		2702	1518798	41.04
44 LABORATORY	10056	190815	3144088	31	1746543	145221511	44
44.01 PATHOLOGY	2026	62389	748794	2	286381	9147122	44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T	455	12767	228180	3	148867	12314399	47
49 RESPIRATORY THERAPY	1432	36733	1339637	4	5342	28235728	49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE	5948	59041	4299750	18	19233	24198525	50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY	1079	51947	364323	4	10778	12090789	53
53.01 CARDIAC CATHERIZATION LAB	1871	394608	583161	7	66013	24049347	53.01
53.02 RADIOLOGY		219097	1527504	7	8022	20054285	53.02
55 MEDICAL SUPPLIES CHARGED TO P			578689		9058783	107375694	55
55.30 IMPL. DEV. CHARGED TO PATIENT					9461879	26020168	55.30
56 DRUGS CHARGED TO PATIENTS						65968927	56
57 RENAL DIALYSIS	338		180		87	6964115	57
58 ASC (NON-DISTINCT PART)	5422	85223	311941	17	12182	7736885	58
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC	9037	58082	986070	25	9545	2649613	60.01
60.02 WOUND CARE	5242	7518	600534		9171	6690170	60.02
60.03 PAIN MANAGEMENT	5485	23795	312228		4726	991482	60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER	792	8558	141739		446	196445	60.06
61 EMERGENCY	10321	266472	4428038	29	30270	47025321	61
62 OBSERVATION BEDS (NON-DISTINC							62

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS GROSS SALARIES	NON PATIENT PHONES (PHONES)	PURCHASE (SUPPLY EXPENSE)	ADMITTING GROSS REVENUE
	3	4	5	6.01	6.03	6.04
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 THERA						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
71 HOME HEALTH AGENCY	541	56813	1769129	4	5308	71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
95 SUBTOTALS	723021	9220985	95191377	613	22213673	1003850257
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & C	689	1486	56718	2	178097	96
96.02 COVENANT RETIREMENT HOME						96.02
96.05 BOARD OF BENEVOLENCE	1957			9		96.05
96.07 DENTAL	1088			9		96.07
96.08 COVENANT RETIREMENT COMMUNITY	946			15		96.08
96.09 OP PHARMACY		1145	190146	1		96.09
96.10 PLAZA		9592			452	96.10
96.11 G CAFETERIA	900					96.11
96.12 G PHARMACY	1391	637	374946			96.12
96.13 G SUITE	56100	5456				96.13
96.14 OFFSITE CLINICS		13612				96.14
97.01 OCC HEALTH	632			3		97.01
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 COST TO BE ALLOC PER B PT I	6750517	9469943	15886047	680211	1124197	2034653
104 UNIT COST MULT-WS B PT I		1.023455		1043.268405		.002027
104 UNIT COST MULT-WS B PT I	8.580540		.165802		.050205	
105 COST TO BE ALLOC PER B PT II						
106 UNIT COST MULT-WS B PT II						
106 UNIT COST MULT-WS B PT II						
107 COST TO BE ALLOC PER B PT III			148304	165123	172169	67716
108 UNIT COST MULT-WS B PT III				253.256135		.000067
108 UNIT COST MULT-WS B PT III			.001548		.007689	



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PATIENT ACCOUNTS- CASHIERS GROSS REVENUE	RECON- CILIATION	OTHER ADMINISTRA & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)
	6.05	6A.06	6.06	8	9	10	11
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 THERA							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY			2433900	541			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	1003850257	-50572141	157499521	274222	1215385	642055	234177
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C			287480	689		867	96
96.02 COVENANT RETIREMENT HOME							96.02
96.05 BOARD OF BENEVOLENCE			26181	1957		2462	96.05
96.07 DENTAL			18743	1088		1369	96.07
96.08 COVENANT RETIREMENT COMMUNITY			23766	946		1190	96.08
96.09 OP PHARMACY			223888				96.09
96.10 PLAZA			210322				96.10
96.11 G CAFETERIA			7722	900			96.11
96.12 G PHARMACY			449701	1391			96.12
96.13 G SUITE			486952	56100		70581	96.13
96.14 OFFSITE CLINICS			530350				96.14
97.01 OCC HEALTH			13033	632		795	97.01
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	3106250		50572141	13634719	1457416	4496227	3947939
104 UNIT COST MULT-WS B PT I	.003094		.316516		1.199139		16.858782
104 UNIT COST MULT-WS B PT I				40.348358		6.250672	104
105 COST TO BE ALLOC PER B PT II							105
106 UNIT COST MULT-WS B PT II							106
106 UNIT COST MULT-WS B PT II							106
107 COST TO BE ALLOC PER B PT III	45745		4518868	2401457	96449	197253	320703
108 UNIT COST MULT-WS B PT III	.000046		.028282		.079357		1.369490
108 UNIT COST MULT-WS B PT III				7.106479		.274222	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA (FTE'S)	NURSING ADMINI- STRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE (TIME SPENT)	I/R-SALARY AND FRINGES (ASSIGNED TIME)
	12	14	15	16	17	18	22
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT							3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 EMPLOYEE BENEFITS							5
6.01 NON-PATIENT PHONES							6.01
6.03 PURCHASING							6.03
6.04 ADMITTING							6.04
6.05 PATIENT ACCOUNTS & CASHIERS							6.05
6.06 ADMINISTRATION & GENERAL							6.06
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT							8
9 LAUNDRY & LINEN SERVICE							9
10 HOUSEKEEPING							10
11 DIETARY							11
12 CAFETERIA	117078						12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	2721	1500655					14
15 CENTRAL SERVICES & SUPPLY			18406404				15
16 PHARMACY	2792			5493870			16
17 MEDICAL RECORDS & LIBRARY	2403				1003850257		17
18 SOCIAL SERVICE	823					4170	18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES	3494						22
23 I&R SERVICES-OTHER PRGM COSTS	1249						23
24 PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	34937	726692		4033	136073619	2686	19429
26 INTENSIVE CARE UNIT	3640	75718		1282	19586209	36	2432
26.01 SPECIAL CARE NURSERY	444	9227			2827880	13	26.01
31 SUBPROVIDER I	1953	40628		47	8025793	338	31
31.01 SUBPROVIDER II PSYCHIATRIC UN	2654	55194		47	15187924	363	31.01
33 NURSERY	1569	32640			5144214	13	33
34 SKILLED NURSING FACILITY	2277	47358			5443869	327	34
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	8331	173281		1088	59456510		3680
39 DELIVERY ROOM & LABOR ROOM	2711	56379			14608109		2120
40 ANESTHESIOLOGY	633			5225	31063089		40
41 RADIOLOGY-DIAGNOSTIC	5664			421412	50887033		41
41.01 CT SCANS AND MRI	1618			954	83490810		41.01
41.02 CANCER TREATMENT CENTER	1052	21878		226481	8087633		41.02
41.03 ULTRASOUND	1573			955	15518241		41.03
41.04 SPECIAL PROCEDURES	577			198	1518798		41.04
44 LABORATORY	7574			472	145221511		44
44.01 PATHOLOGY	1289				9147122		44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T	369				12314399		47
49 RESPIRATORY THERAPY	2324			6824	28235728		49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE	6190			180	24198525		50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY	570				12090789		53
53.01 CARDIAC CATHERIZATION LAB	748	15565		848	24049347		53.01
53.02 CARDIOLOGY	2378	49470		7228	20054285		53.02
55 MEDICAL SUPPLIES CHARGED TO P			8944525	1378	107375694		55
55.30 IMPL. DEV. CHARGED TO PATIENT			9461879		26020168		55.30
56 DRUGS CHARGED TO PATIENTS				4795740	65968927		56
57 RENAL DIALYSIS	1				6964115		57
58 ASC (NON-DISTINCT PART)	562	11681		514	7736885		58
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC	1685	35049		4585	2649613	11	7201
60.02 WOUND CARE	1065			6481	6690170		60.02
60.03 PAIN MANAGMENT	589			286	991482		60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER	270				196445		60.06
61 EMERGENCY	7206	149895		1735	47025321	9	1073
62 OBSERVATION BEDS (NON-DISTINC							62

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA (FTE'S)	NURSING ADMINI- STRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE (TIME SPENT)	I/R-SALARY AND FRINGES (ASSIGNED TIME)
	12	14	15	16	17	18	22
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 THERA							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY				5877		374	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS	115935	1500655	18406404	5493870	1003850257	4170	35935
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	134						96
96.02 COVENANT RETIREMENT HOME							96.02
96.05 BOARD OF BENEVOLENCE							96.05
96.07 DENTAL							96.07
96.08 COVENANT RETIREMENT COMMUNITY							96.08
96.09 OP PHARMACY	323						96.09
96.10 PLAZA							96.10
96.11 G CAFETERIA							96.11
96.12 G PHARMACY	673						96.12
96.13 G SUITE							96.13
96.14 OFFSITE CLINICS							96.14
97.01 OCC HEALTH	13						97.01
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	978480	2701063	705263	3932811	3062123	958475	4436346
104 UNIT COST MULT-WS B PT I	8.357505		.038316		.003050		123.454738
104 UNIT COST MULT-WS B PT I		1.799923		.715854		229.850120	
105 COST TO BE ALLOC PER B PT II							
106 UNIT COST MULT-WS B PT II							
106 UNIT COST MULT-WS B PT II							
107 COST TO BE ALLOC PER B PT III	204460	458538	239605	201611	169584	56262	103683
108 UNIT COST MULT-WS B PT III	1.746357		.013017		.000169		2.885293
108 UNIT COST MULT-WS B PT III		.305559		.036697		13.492086	

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
	23	
GENERAL SERVICE COST CENTERS		
1	OLD CAP REL COSTS-BLDG & FIXT	1
2	OLD CAP REL COSTS-MVBLE EQUIP	2
3	NEW CAP REL COSTS-BLDG & FIXT	3
4	NEW CAP REL COSTS-MVBLE EQUIP	4
5	EMPLOYEE BENEFITS	5
6.01	NON-PATIENT PHONES	6.01
6.03	PURCHASING	6.03
6.04	ADMITTING	6.04
6.05	PATIENT ACCOUNTS & CASHIERS	6.05
6.06	ADMINISTRATION & GENERAL	6.06
7	MAINTENANCE & REPAIRS	7
8	OPERATION OF PLANT	8
9	LAUNDRY & LINEN SERVICE	9
10	HOUSEKEEPING	10
11	DIETARY	11
12	CAFETERIA	12
13	MAINTENANCE OF PERSONNEL	13
14	NURSING ADMINISTRATION	14
15	CENTRAL SERVICES & SUPPLY	15
16	PHARMACY	16
17	MEDICAL RECORDS & LIBRARY	17
18	SOCIAL SERVICE	18
20	NONPHYSICIAN ANESTHETISTS	20
21	NURSING SCHOOL	21
22	I&R SERVICES-SALARY & FRINGES	22
23	I&R SERVICES-OTHER PRGM COSTS	35935
24	PARAMED ED PRGM-(SPECIFY)	24
INPATIENT ROUTINE SERV COST CENTERS		
25	ADULTS & PEDIATRICS	19429
26	INTENSIVE CARE UNIT	2432
26.01	SPECIAL CARE NURSERY	26.01
31	SUBPROVIDER I	31
31.01	SUBPROVIDER II PSYCHIATRIC UN	31.01
33	NURSERY	33
34	SKILLED NURSING FACILITY	34
ANCILLARY SERVICE COST CENTERS		
37	OPERATING ROOM	3680
39	DELIVERY ROOM & LABOR ROOM	2120
40	ANESTHESIOLOGY	40
41	RADIOLOGY-DIAGNOSTIC	41
41.01	CT SCANS AND MRI	41.01
41.02	CANCER TREATMENT CENTER	41.02
41.03	ULTRASOUND	41.03
41.04	SPECIAL PROCEDURES	41.04
44	LABORATORY	44
44.01	PATHOLOGY	44.01
46.30	BLOOD CLOTTING FACTORS ADMIN	46.30
47	BLOOD STORING, PROCESSING & T	47
49	RESPIRATORY THERAPY	49
50	PHYSICAL THERAPY	50
50.01	REHABILITATION MEDICINE	50.01
51	OCCUPATIONAL THERAPY	51
52	SPEECH PATHOLOGY	52
53	ELECTROCARDIOLOGY	53
53.01	CARDIAC CATHERIZATION LAB	53.01
53.02	CARDIOLOGY	53.02
55	MEDICAL SUPPLIES CHARGED TO P	55
55.30	IMPL. DEV. CHARGED TO PATIENT	55.30
56	DRUGS CHARGED TO PATIENTS	56
57	RENAL DIALYSIS	57
58	ASC (NON-DISTINCT PART)	58
59.97	CARDIAC REHABILITATION	59.97
59.98	HYPERBARIC OXYGEN THERAPY	59.98
59.99	LITHOTRIPSY	59.99
OUTPATIENT SERVICE COST CENTERS		
60.01	FAMILY PRACTICE CLINIC	7201
60.02	WOUND CARE	60.02
60.03	PAIN MANAGMENT	60.03
60.05	WOMENS CENTER	60.05
60.06	DIABETES CENTER	60.06
61	EMERGENCY	1073
62	OBSERVATION BEDS (NON-DISTINC	62

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
	23	
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 THERA		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	35935	95
NONREIMBURSABLE COST CENTERS		
96 GIFT, FLOWER, COFFEE SHOP & C		96
96.02 COVENANT RETIREMENT HOME		96.02
96.05 BOARD OF BENEVOLENCE		96.05
96.07 DENTAL		96.07
96.08 COVENANT RETIREMENT COMMUNITY		96.08
96.09 OP PHARMACY		96.09
96.10 PLAZA		96.10
96.11 G CAFETERIA		96.11
96.12 G PHARMACY		96.12
96.13 G SUITE		96.13
96.14 OFFSITE CLINICS		96.14
97.01 OCC HEALTH		97.01
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 COST TO BE ALLOC PER B PT I	2378026	103
104 UNIT COST MULT-WS B PT I	66.175762	
		104
104 UNIT COST MULT-WS B PT I		104
105 COST TO BE ALLOC PER B PT II		105
106 UNIT COST MULT-WS B PT II		
		106
106 UNIT COST MULT-WS B PT II		106
107 COST TO BE ALLOC PER B PT III	139258	107
108 UNIT COST MULT-WS B PT III	3.875275	
		108
108 UNIT COST MULT-WS B PT III		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	45234675		45234675	2403	45237078	25
26 INTENSIVE CARE UNIT	5475484		5475484		5475484	26
26.01 SPECIAL CARE NURSERY	788566		788566		788566	26.01
31 SUBPROVIDER I	2595034		2595034		2595034	31
31.01 SUBPROVIDER II PSYCHIATRIC	4297841		4297841		4297841	31.01
33 NURSERY	1849385		1849385		1849385	33
34 SKILLED NURSING FACILITY	3483368		3483368		3483368	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	12773648		12773648		12773648	37
39 DELIVERY ROOM & LABOR ROOM	3339132		3339132		3339132	39
40 ANESTHESIOLOGY	1151857		1151857		1151857	40
41 RADIOLOGY-DIAGNOSTIC	11307494		11307494		11307494	41
41.01 CT SCANS AND MRI	5546216		5546216		5546216	41.01
41.02 CANCER TREATMENT CENTER	2837036		2837036		2837036	41.02
41.03 ULTRASOUND	2447446		2447446		2447446	41.03
41.04 SPECIAL PROCEDURES	930255		930255		930255	41.04
44 LABORATORY	11906372		11906372		11906372	44
44.01 PATHOLOGY	2087823		2087823		2087823	44.01
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	2267906		2267906		2267906	47
49 RESPIRATORY THERAPY	2572518		2572518		2572518	49
50 PHYSICAL THERAPY						50
50.01 REHABILITATION MEDICINE	7934808		7934808		7934808	50.01
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	1051583		1051583		1051583	53
53.01 CARDIAC CATHERIZATION LAB	3548138		3548138		3548138	53.01
53.02 RADIOLOGY	3251534		3251534		3251534	53.02
55 MEDICAL SUPPLIES CHARGED TO	15036784		15036784		15036784	55
55.30 IMPL. DEV. CHARGED TO PATIE	13699431		13699431		13699431	55.30
56 DRUGS CHARGED TO PATIENTS	10392680		10392680		10392680	56
57 RENAL DIALYSIS	1167932		1167932		1167932	57
58 ASC (NON-DISTINCT PART)	1177335		1177335		1177335	58
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60.01 FAMILY PRACTICE CLINIC	1886201		1886201		1886201	60.01
60.02 WOUND CARE	1425465		1425465		1425465	60.02
60.03 PAIN MANAGMENT	1185974		1185974		1185974	60.03
60.05 WOMENS CENTER						60.05
60.06 DIABETES CENTER	293381		293381		293381	60.06
61 EMERGENCY	9213838		9213838		9213838	61
62 OBSERVATION BEDS (NON-DISTI	5499041		5499041		5499041	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	199656181		199656181	2403	199658584	101
102 LESS OBSERVATION BEDS	5499041		5499041		5499041	102
103 TOTAL	194157140		194157140	2403	194159543	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	121639046		121639046			25
26 INTENSIVE CARE UNIT	19586209		19586209			26
26.01 SPECIAL CARE NURSERY	2827880		2827880			26.01
31 SUBPROVIDER I	8025793		8025793			31
31.01 SUBPROVIDER II PSYCHIATRIC	15187924		15187924			31.01
33 NURSERY	5144214		5144214			33
34 SKILLED NURSING FACILITY	5443869		5443869			34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	31824261	27632249	59456510	.214840	.214840	.214840 37
39 DELIVERY ROOM & LABOR ROOM	13708711	899398	14608109	.228581	.228581	.228581 39
40 ANESTHESIOLOGY	18200918	12862171	31063089	.037081	.037081	.037081 40
41 RADIOLOGY-DIAGNOSTIC	19660849	31226184	50887033	.222208	.222208	.222208 41
41.01 CT SCANS AND MRI	31715802	51775008	83490810	.066429	.066429	.066429 41.01
41.02 CANCER TREATMENT CENTER	968423	7119210	8087633	.350787	.350787	.350787 41.02
41.03 ULTRASOUND	2920897	12597344	15518241	.157714	.157714	.157714 41.03
41.04 SPECIAL PROCEDURES	834993	683805	1518798	.612494	.612494	.612494 41.04
44 LABORATORY	75599075	69622436	145221511	.081988	.081988	.081988 44
44.01 PATHOLOGY	2952613	6194509	9147122	.228249	.228249	.228249 44.01
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	10371963	1942436	12314399	.184167	.184167	.184167 47
49 RESPIRATORY THERAPY	26713315	1522413	28235728	.091109	.091109	.091109 49
50 PHYSICAL THERAPY						50
50.01 REHABILITATION MEDICINE	13719315	10479210	24198525	.327905	.327905	.327905 50.01
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	6100252	5990537	12090789	.086974	.086974	.086974 53
53.01 CARDIAC CATHERIZATION LAB	17680738	6368609	24049347	.147536	.147536	.147536 53.01
53.02 RADIOLOGY	9371342	10682943	20054285	.162137	.162137	.162137 53.02
55 MEDICAL SUPPLIES CHARGED TO	88577991	18797703	107375694	.140039	.140039	.140039 55
55.30 IMPL. DEV. CHARGED TO PATIE	20869751	5150417	26020168	.526493	.526493	.526493 55.30
56 DRUGS CHARGED TO PATIENTS	57050916	8918011	65968927	.157539	.157539	.157539 56
57 RENAL DIALYSIS	6648408	315707	6964115	.167707	.167707	.167707 57
58 ASC (NON-DISTINCT PART)	2225637	5511248	7736885	.152172	.152172	.152172 58
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60.01 FAMILY PRACTICE CLINIC		2649613	2649613	.711878	.711878	.711878 60.01
60.02 WOUND CARE	246266	6443904	6690170	.213069	.213069	.213069 60.02
60.03 PAIN MANAGMENT	1220	990262	991482	1.196163	1.196163	1.196163 60.03
60.05 WOMENS CENTER						60.05
60.06 DIABETES CENTER		196445	196445	1.493451	1.493451	1.493451 60.06
61 EMERGENCY	16220962	30804359	47025321	.195934	.195934	.195934 61
62 OBSERVATION BEDS (NON-DISTI	1726572	12708001	14434573	.380963	.380963	.380963 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	653766125	350084132	1003850257			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	653766125	350084132	1003850257			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				3044938		3044938
26 INTENSIVE CARE UNIT				326773		326773
26.01 SPECIAL CARE NURSERY				42244		42244
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				181924		181924
31.01 SUBPROVIDER II PSYCHIATRIC UNIT				326728		326728
33 NURSERY				61737		61737
101 TOTAL				3984344		3984344

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	61846	26457			49.23	1302478
26 INTENSIVE CARE UNIT	3985	1873			82.00	153586
26.01 SPECIAL CARE NURSERY	1254				33.69	
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	4089	2434			44.49	108289
31.01 SUBPROVIDER II PSYCHIATRIC UNIT	7831	4642			41.72	193664
33 NURSERY	3526				17.51	
101 TOTAL	82531	35406				1758017

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1677098	59456510	13270215			.028207	374313 37
39 DELIVERY ROOM & LABOR ROOM		125261	14608109				.008575	39
40 ANESTHESIOLOGY		212271	31063089	6475593			.006834	44254 40
41 RADIOLOGY-DIAGNOSTIC		2205476	50887033	10368914			.043341	449399 41
41.01 CT SCANS AND MRI		1720519	83490810	15150706			.020607	312211 41.01
41.02 CANCER TREATMENT CENTER		481852	8087633	481093			.059579	28663 41.02
41.03 ULTRASOUND		302417	15518241	1055429			.019488	20568 41.03
41.04 SPECIAL PROCEDURES		65698	1518798	465078			.043257	20118 41.04
44 LABORATORY		752648	145221511	35347696			.005183	183207 44
44.01 PATHOLOGY		150565	9147122	1162704			.016460	19138 44.01
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		74110	12314399	4445125			.006018	26751 47
49 RESPIRATORY THERAPY		169878	28235728	12719241			.006016	76519 49
50 PHYSICAL THERAPY								50
50.01 REHABILITATION MEDICINE		650468	24198525	2658077			.026880	71449 50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		99956	12090789	3102937			.008267	25652 53
53.01 CARDIAC CATHERIZATION LAB		1369296	24049347	8057325			.056937	458760 53.01
53.02 RADIOLOGY		497259	20054285	5017224			.024796	124407 53.02
55 MEDICAL SUPPLIES CHARGED TO P		529547	107375694	37544939			.004932	185172 55
55.30 IMPL. DEV. CHARGED TO PATIENT		488061	26020168	7799403			.018757	146293 55.30
56 DRUGS CHARGED TO PATIENTS		339783	65968927	25238356			.005151	130003 56
57 RENAL DIALYSIS		31610	6964115	4204909			.004539	19086 57
58 ASC (NON-DISTINCT PART)		208595	7736885	1237322			.026961	33359 58
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE CLINIC		258796	2649613				.097673	60.01
60.02 WOUND CARE		124320	6690170	149765			.018582	2783 60.02
60.03 PAIN MANAGMENT		325473	991482	1000			.328269	328 60.03
60.05 WOMENS CENTER								60.05
60.06 DIABETES CENTER		27487	196445				.139922	60.06
61 EMERGENCY		708537	47025321	7492096			.015067	112883 61
62 OBSERVATION BEDS (NON-DISTINC		370146	14434573	1282924			.025643	32898 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		13967127	825995322	204728071				2898214 101

PROVIDER NO. 14-0114 SWEDISH COVENANT HOSPITAL  
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09  
 02/24/2011 11:42

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER	DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT		PROGRAM	PROGRAM
		COST	COST	AMOUNT		DAYS	DIEM	DAYS	PASS THRU
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					61846		26457	25
26	INTENSIVE CARE UNIT					3985		1873	26
26.01	SPECIAL CARE NURSERY					1254			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					4089		2434	31
31.01	SUBPROVIDER II PSYCHIATRIC UN					7831		4642	31.01
33	NURSERY					3526			33
34	SKILLED NURSING FACILITY					6894		5417	34
35	NURSING FACILITY								35
101	TOTAL					89425		40823	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CT SCANS AND MRI							41.01
41.02 CANCER TREATMENT CENTER							41.02
41.03 ULTRASOUND							41.03
41.04 SPECIAL PROCEDURES							41.04
44 LABORATORY							44
44.01 PATHOLOGY							44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATHERIZATION LAB							53.01
53.02 CARDIOLOGY							53.02
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC							60.01
60.02 WOUND CARE							60.02
60.03 PAIN MANAGMENT							60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER							60.06
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		59456510			13270215		8888912 37
39 DELIVERY ROOM & LABOR ROOM		14608109					518 39
40 ANESTHESIOLOGY		31063089			6475593		3748625 40
41 RADIOLOGY-DIAGNOSTIC		50887033			10368914		12121134 41
41.01 CT SCANS AND MRI		83490810			15150706		19406697 41.01
41.02 CANCER TREATMENT CENTER		8087633			481093		3633020 41.02
41.03 ULTRASOUND		15518241			1055429		1759047 41.03
41.04 SPECIAL PROCEDURES		1518798			465078		486236 41.04
44 LABORATORY		145221511			35347696		191092 44
44.01 PATHOLOGY		9147122			1162704		1933233 44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							
47 BLOOD STORING, PROCESSING & T		12314399			4445125		365385 47
49 RESPIRATORY THERAPY		28235728			12719241		535274 49
50 PHYSICAL THERAPY							
50.01 REHABILITATION MEDICINE		24198525			2658077		19770 50.01
51 OCCUPATIONAL THERAPY							
52 SPEECH PATHOLOGY							
53 ELECTROCARDIOLOGY		12090789			3102937		2151334 53
53.01 CARDIAC CATHERIZATION LAB		24049347			8057325		4431276 53.01
53.02 RADIOLOGY		20054285			5017224		4807973 53.02
55 MEDICAL SUPPLIES CHARGED TO P		107375694			37544939		8208600 55
55.30 IMPL. DEV. CHARGED TO PATIENT		26020168			7799403		3466570 55.30
56 DRUGS CHARGED TO PATIENTS		65968927			25238356		4046489 56
57 RENAL DIALYSIS		6964115			4204909		205811 57
58 ASC (NON-DISTINCT PART)		7736885			1237322		2275043 58
59.97 CARDIAC REHABILITATION							
59.98 HYPERBARIC OXYGEN THERAPY							
59.99 LITHOTRIPSY							
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC		2649613					117827 60.01
60.02 WOUND CARE		6690170			149765		3404451 60.02
60.03 PAIN MANAGEMENT		991482			1000		420201 60.03
60.05 WOMENS CENTER							
60.06 DIABETES CENTER		196445					1500 60.06
61 EMERGENCY		47025321			7492096		4962757 61
62 OBSERVATION BEDS (NON-DISTINC		14434573			1282924		5571661 62
63.50 RHC							
63.60 FQHC							
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		825995322			204728071		97160436 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CT SCANS AND MRI					41.01
41.02 CANCER TREATMENT CENTER					41.02
41.03 ULTRASOUND					41.03
41.04 SPECIAL PROCEDURES					41.04
44 LABORATORY					44
44.01 PATHOLOGY					44.01
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 REHABILITATION MEDICINE					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATHERIZATION LAB					53.01
53.02 CARDIOLOGY					53.02
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60.01 FAMILY PRACTICE CLINIC					60.01
60.02 WOUND CARE					60.02
60.03 PAIN MANAGMENT					60.03
60.05 WOMENS CENTER					60.05
60.06 DIABETES CENTER					60.06
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.214840	.214840	.214840			37
39 DELIVERY ROOM & LABOR ROOM	.228581	.228581	.228581			39
40 ANESTHESIOLOGY	.037081	.037081	.037081			40
41 RADIOLOGY-DIAGNOSTIC	.222208	.222208	.222208			41
41.01 CT SCANS AND MRI	.066429	.066429	.066429			41.01
41.02 CANCER TREATMENT CENTER	.350787	.350787	.350787			41.02
41.03 ULTRASOUND	.157714	.157714	.157714			41.03
41.04 SPECIAL PROCEDURES	.612494	.612494	.612494			41.04
44 LABORATORY	.081988	.081988	.081988			44
44.01 PATHOLOGY	.228249	.228249	.228249			44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.184167	.184167	.184167			47
49 RESPIRATORY THERAPY	.091109	.091109	.091109			49
50 PHYSICAL THERAPY						50
50.01 REHABILITATION MEDICINE	.327905	.327905	.327905			50.01
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	.086974	.086974	.086974			53
53.01 CARDIAC CATHERIZATION LAB	.147536	.147536	.147536			53.01
53.02 RADIOLOGY	.162137	.162137	.162137			53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.140039	.140039	.140039			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.526493	.526493	.526493			55.30
56 DRUGS CHARGED TO PATIENTS	.157539	.157539	.157539			56
57 RENAL DIALYSIS	.167707	.167707	.167707			57
58 ASC (NON-DISTINCT PART)	.152172	.152172	.152172			58
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60.01 FAMILY PRACTICE CLINIC	.711878	.711878	.711878			60.01
60.02 WOUND CARE	.213069	.213069	.213069			60.02
60.03 PAIN MANAGEMENT	1.196163	1.196163	1.196163			60.03
60.05 WOMENS CENTER						60.05
60.06 DIABETES CENTER	1.493451	1.493451	1.493451			60.06
61 EMERGENCY	.195934	.195934	.195934			61
62 OBSERVATION BEDS (NON-DISTINCT	.380963	.380963	.380963			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	.157539	1
2 PROGRAM VACCINE CHARGES	510	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	80	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.) 5	(SEE INSTRU.) 5.01	(SEE INSTRU.) 5.02	(SEE INSTRU.) 5.03	(SEE INSTRU.) 5.04	SURGICAL CENTER 6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		8888912						37
39 DELIVERY ROOM & LABOR ROOM		518						39
40 ANESTHESIOLOGY		3748625						40
41 RADIOLOGY-DIAGNOSTIC		12121134						41
41.01 CT SCANS AND MRI		19406697						41.01
41.02 CANCER TREATMENT CENTER		3633020						41.02
41.03 ULTRASOUND		1759047						41.03
41.04 SPECIAL PROCEDURES		486236						41.04
44 LABORATORY		191092						44
44.01 PATHOLOGY		1933233						44.01
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		365385						47
49 RESPIRATORY THERAPY		535274						49
50 PHYSICAL THERAPY								50
50.01 REHABILITATION MEDICINE		19770						50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		2151334						53
53.01 CARDIAC CATHERIZATION LAB		4431276						53.01
53.02 RADIOLOGY		4807973						53.02
55 MEDICAL SUPPLIES CHARGED TO PA		8208600						55
55.30 IMPL. DEV. CHARGED TO PATIENT		3466570						55.30
56 DRUGS CHARGED TO PATIENTS		4046489						56
57 RENAL DIALYSIS		205811						57
58 ASC (NON-DISTINCT PART)		2275043						58
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE CLINIC		117827						60.01
60.02 WOUND CARE		3404451						60.02
60.03 PAIN MANAGMENT		420201						60.03
60.05 WOMENS CENTER								60.05
60.06 DIABETES CENTER		1500						60.06
61 EMERGENCY		4962757						61
62 OBSERVATION BEDS (NON-DISTINCT		5571661						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		97160436						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		97160436						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 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		1909694					37
39 DELIVERY ROOM & LABOR ROOM		118					39
40 ANESTHESIOLOGY		139003					40
41 RADIOLOGY-DIAGNOSTIC		2693413					41
41.01 CT SCANS AND MRI		1289167					41.01
41.02 CANCER TREATMENT CENTER		1274416					41.02
41.03 ULTRASOUND		277426					41.03
41.04 SPECIAL PROCEDURES		297817					41.04
44 LABORATORY		15667					44
44.01 PATHOLOGY		441258					44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		67292					47
49 RESPIRATORY THERAPY		48768					49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE		6483					50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		187110					53
53.01 CARDIAC CATHERIZATION LAB		653773					53.01
53.02 RADIOLOGY		779550					53.02
55 MEDICAL SUPPLIES CHARGED TO PAT		1149524					55
55.30 IMPL. DEV. CHARGED TO PATIENT		1825125					55.30
56 DRUGS CHARGED TO PATIENTS		637480					56
57 RENAL DIALYSIS		34516					57
58 ASC (NON-DISTINCT PART)		346198					58
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC		83878					60.01
60.02 WOUND CARE		725383					60.02
60.03 PAIN MANAGMENT		502629					60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER		2240					60.06
61 EMERGENCY		972373					61
62 OBSERVATION BEDS (NON-DISTINCT)		2122597					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		18482898					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		18482898					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1677098	59456510	16058			.028207	453 37
39 DELIVERY ROOM & LABOR ROOM		125261	14608109				.008575	39
40 ANESTHESIOLOGY		212271	31063089	14808			.006834	101 40
41 RADIOLOGY-DIAGNOSTIC		2205476	50887033	229230			.043341	9935 41
41.01 CT SCANS AND MRI		1720519	83490810	145107			.020607	2990 41.01
41.02 CANCER TREATMENT CENTER		481852	8087633	5451			.059579	325 41.02
41.03 ULTRASOUND		302417	15518241	17139			.019488	334 41.03
41.04 SPECIAL PROCEDURES		65698	1518798	9487			.043257	410 41.04
44 LABORATORY		752648	145221511	874711			.005183	4534 44
44.01 PATHOLOGY		150565	9147122	5811			.016460	96 44.01
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		74110	12314399	34361			.006018	207 47
49 RESPIRATORY THERAPY		169878	28235728	290705			.006016	1749 49
50 PHYSICAL THERAPY								50
50.01 REHABILITATION MEDICINE		650468	24198525	2267809			.026880	60959 50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		99956	12090789	24078			.008267	199 53
53.01 CARDIAC CATHERIZATION LAB		1369296	24049347				.056937	53.01
53.02 RADIOLOGY		497259	20054285	10885			.024796	270 53.02
55 MEDICAL SUPPLIES CHARGED TO P		529547	107375694	768960			.004932	3793 55
55.30 IMPL. DEV. CHARGED TO PATIENT		488061	26020168	12305			.018757	231 55.30
56 DRUGS CHARGED TO PATIENTS		339783	65968927	963682			.005151	4964 56
57 RENAL DIALYSIS		31610	6964115	295080			.004539	1339 57
58 ASC (NON-DISTINCT PART)		208595	7736885	4264			.026961	115 58
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE CLINIC		258796	2649613				.097673	60.01
60.02 WOUND CARE		124320	6690170				.018582	60.02
60.03 PAIN MANAGMENT		325473	991482				.328269	60.03
60.05 WOMENS CENTER								60.05
60.06 DIABETES CENTER		27487	196445				.139922	60.06
61 EMERGENCY		708537	47025321				.015067	61
62 OBSERVATION BEDS (NON-DISTINC		370146	14434573				.025643	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		13967127	825995322	5989931				93004 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CT SCANS AND MRI							41.01
41.02 CANCER TREATMENT CENTER							41.02
41.03 ULTRASOUND							41.03
41.04 SPECIAL PROCEDURES							41.04
44 LABORATORY							44
44.01 PATHOLOGY							44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATHERIZATION LAB							53.01
53.02 CARDIOLOGY							53.02
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC							60.01
60.02 WOUND CARE							60.02
60.03 PAIN MANAGMENT							60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER							60.06
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	TO CHARGES	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	CHARGES	CHARGES	CHARGES	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		59456510			16058		37
39 DELIVERY ROOM & LABOR ROOM		14608109					39
40 ANESTHESIOLOGY		31063089			14808		40
41 RADIOLOGY-DIAGNOSTIC		50887033			229230		41
41.01 CT SCANS AND MRI		83490810			145107		41.01
41.02 CANCER TREATMENT CENTER		8087633			5451		41.02
41.03 ULTRASOUND		15518241			17139		41.03
41.04 SPECIAL PROCEDURES		1518798			9487		41.04
44 LABORATORY		145221511			874711		44
44.01 PATHOLOGY		9147122			5811		44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		12314399			34361		47
49 RESPIRATORY THERAPY		28235728			290705		49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE		24198525			2267809		50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		12090789			24078		53
53.01 CARDIAC CATHERIZATION LAB		24049347					53.01
53.02 CARDIOLOGY		20054285			10885		53.02
55 MEDICAL SUPPLIES CHARGED TO P		107375694			768960		55
55.30 IMPL. DEV. CHARGED TO PATIENT		26020168			12305		55.30
56 DRUGS CHARGED TO PATIENTS		65968927			963682		56
57 RENAL DIALYSIS		6964115			295080		57
58 ASC (NON-DISTINCT PART)		7736885			4264		58
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC		2649613					60.01
60.02 WOUND CARE		6690170					60.02
60.03 PAIN MANAGMENT		991482					60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER		196445					60.06
61 EMERGENCY		47025321					61
62 OBSERVATION BEDS (NON-DISTINC		14434573					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		825995322			5989931		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CT SCANS AND MRI					41.01
41.02 CANCER TREATMENT CENTER					41.02
41.03 ULTRASOUND					41.03
41.04 SPECIAL PROCEDURES					41.04
44 LABORATORY					44
44.01 PATHOLOGY					44.01
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 REHABILITATION MEDICINE					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATHERIZATION LAB					53.01
53.02 CARDIOLOGY					53.02
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60.01 FAMILY PRACTICE CLINIC					60.01
60.02 WOUND CARE					60.02
60.03 PAIN MANAGMENT					60.03
60.05 WOMENS CENTER					60.05
60.06 DIABETES CENTER					60.06
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1677098	59456510	4178			.028207	118 37
39 DELIVERY ROOM & LABOR ROOM		125261	14608109				.008575	39
40 ANESTHESIOLOGY		212271	31063089	2445			.006834	17 40
41 RADIOLOGY-DIAGNOSTIC		2205476	50887033	86053			.043341	3730 41
41.01 CT SCANS AND MRI		1720519	83490810	227899			.020607	4696 41.01
41.02 CANCER TREATMENT CENTER		481852	8087633				.059579	41.02
41.03 ULTRASOUND		302417	15518241	27868			.019488	543 41.03
41.04 SPECIAL PROCEDURES		65698	1518798				.043257	41.04
44 LABORATORY		752648	145221511	1155732			.005183	5990 44
44.01 PATHOLOGY		150565	9147122	7391			.016460	122 44.01
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		74110	12314399	26517			.006018	160 47
49 RESPIRATORY THERAPY		169878	28235728	45587			.006016	274 49
50 PHYSICAL THERAPY								50
50.01 REHABILITATION MEDICINE		650468	24198525	1405373			.026880	37776 50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		99956	12090789	141848			.008267	1173 53
53.01 CARDIAC CATHERIZATION LAB		1369296	24049347				.056937	53.01
53.02 RADIOLOGY		497259	20054285	40549			.024796	1005 53.02
55 MEDICAL SUPPLIES CHARGED TO P		529547	107375694	50280			.004932	248 55
55.30 IMPL. DEV. CHARGED TO PATIENT		488061	26020168				.018757	55.30
56 DRUGS CHARGED TO PATIENTS		339783	65968927	1075669			.005151	5541 56
57 RENAL DIALYSIS		31610	6964115				.004539	57
58 ASC (NON-DISTINCT PART)		208595	7736885	5864			.026961	158 58
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE CLINIC		258796	2649613				.097673	60.01
60.02 WOUND CARE		124320	6690170				.018582	60.02
60.03 PAIN MANAGMENT		325473	991482				.328269	60.03
60.05 WOMENS CENTER								60.05
60.06 DIABETES CENTER		27487	196445				.139922	60.06
61 EMERGENCY		708537	47025321	355372			.015067	5354 61
62 OBSERVATION BEDS (NON-DISTINC		370146	14434573				.025643	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		13967127	825995322	4658625				66905 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CT SCANS AND MRI							41.01
41.02 CANCER TREATMENT CENTER							41.02
41.03 ULTRASOUND							41.03
41.04 SPECIAL PROCEDURES							41.04
44 LABORATORY							44
44.01 PATHOLOGY							44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATHERIZATION LAB							53.01
53.02 CARDIOLOGY							53.02
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC							60.01
60.02 WOUND CARE							60.02
60.03 PAIN MANAGMENT							60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER							60.06
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	TO CHARGES	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	CHARGES	CHARGES	CHARGES	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		59456510			4178		37
39 DELIVERY ROOM & LABOR ROOM		14608109					39
40 ANESTHESIOLOGY		31063089			2445		40
41 RADIOLOGY-DIAGNOSTIC		50887033			86053		41
41.01 CT SCANS AND MRI		83490810			227899		12338 41.01
41.02 CANCER TREATMENT CENTER		8087633					41.02
41.03 ULTRASOUND		15518241			27868		3172 41.03
41.04 SPECIAL PROCEDURES		1518798					41.04
44 LABORATORY		145221511			1155732		44
44.01 PATHOLOGY		9147122			7391		44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		12314399			26517		47
49 RESPIRATORY THERAPY		28235728			45587		49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE		24198525			1405373		50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		12090789			141848		1915 53
53.01 CARDIAC CATHERIZATION LAB		24049347					53.01
53.02 CARDIOLOGY		20054285			40549		53.02
55 MEDICAL SUPPLIES CHARGED TO P		107375694			50280		181 55
55.30 IMPL. DEV. CHARGED TO PATIENT		26020168					55.30
56 DRUGS CHARGED TO PATIENTS		65968927			1075669		195 56
57 RENAL DIALYSIS		6964115					57
58 ASC (NON-DISTINCT PART)		7736885			5864		58
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC		2649613					60.01
60.02 WOUND CARE		6690170					60.02
60.03 PAIN MANAGMENT		991482					60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER		196445					60.06
61 EMERGENCY		47025321			355372		61
62 OBSERVATION BEDS (NON-DISTINC		14434573					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		825995322			4658625		19537 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CT SCANS AND MRI					41.01
41.02 CANCER TREATMENT CENTER					41.02
41.03 ULTRASOUND					41.03
41.04 SPECIAL PROCEDURES					41.04
44 LABORATORY					44
44.01 PATHOLOGY					44.01
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 REHABILITATION MEDICINE					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATHERIZATION LAB					53.01
53.02 CARDIOLOGY					53.02
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60.01 FAMILY PRACTICE CLINIC					60.01
60.02 WOUND CARE					60.02
60.03 PAIN MANAGMENT					60.03
60.05 WOMENS CENTER					60.05
60.06 DIABETES CENTER					60.06
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [XX] SUB II (14-S114) [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.214840	.214840	.214840			37
39 DELIVERY ROOM & LABOR ROOM	.228581	.228581	.228581			39
40 ANESTHESIOLOGY	.037081	.037081	.037081			40
41 RADIOLOGY-DIAGNOSTIC	.222208	.222208	.222208			41
41.01 CT SCANS AND MRI	.066429	.066429	.066429			41.01
41.02 CANCER TREATMENT CENTER	.350787	.350787	.350787			41.02
41.03 ULTRASOUND	.157714	.157714	.157714			41.03
41.04 SPECIAL PROCEDURES	.612494	.612494	.612494			41.04
44 LABORATORY	.081988	.081988	.081988			44
44.01 PATHOLOGY	.228249	.228249	.228249			44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.184167	.184167	.184167			47
49 RESPIRATORY THERAPY	.091109	.091109	.091109			49
50 PHYSICAL THERAPY						50
50.01 REHABILITATION MEDICINE	.327905	.327905	.327905			50.01
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	.086974	.086974	.086974			53
53.01 CARDIAC CATHERIZATION LAB	.147536	.147536	.147536			53.01
53.02 RADIOLOGY	.162137	.162137	.162137			53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.140039	.140039	.140039			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.526493	.526493	.526493			55.30
56 DRUGS CHARGED TO PATIENTS	.157539	.157539	.157539			56
57 RENAL DIALYSIS	.167707	.167707	.167707			57
58 ASC (NON-DISTINCT PART)	.152172	.152172	.152172			58
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60.01 FAMILY PRACTICE CLINIC	.711878	.711878	.711878			60.01
60.02 WOUND CARE	.213069	.213069	.213069			60.02
60.03 PAIN MANAGEMENT	1.196163	1.196163	1.196163			60.03
60.05 WOMENS CENTER						60.05
60.06 DIABETES CENTER	1.493451	1.493451	1.493451			60.06
61 EMERGENCY	.195934	.195934	.195934			61
62 OBSERVATION BEDS (NON-DISTINCT)	.380963	.380963	.380963			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	.157539	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [XX] SUB II (14-S114) [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	SURGICAL CENTER	CENTER	
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		1736						41
41.01 CT SCANS AND MRI		12338						41.01
41.02 CANCER TREATMENT CENTER								41.02
41.03 ULTRASOUND		3172						41.03
41.04 SPECIAL PROCEDURES								41.04
44 LABORATORY								44
44.01 PATHOLOGY								44.01
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR								47
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
50.01 REHABILITATION MEDICINE								50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		1915						53
53.01 CARDIAC CATHERIZATION LAB								53.01
53.02 RADIOLOGY								53.02
55 MEDICAL SUPPLIES CHARGED TO PA		181						55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		195						56
57 RENAL DIALYSIS								57
58 ASC (NON-DISTINCT PART)								58
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE CLINIC								60.01
60.02 WOUND CARE								60.02
60.03 PAIN MANAGMENT								60.03
60.05 WOMENS CENTER								60.05
60.06 DIABETES CENTER								60.06
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 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		19537						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		19537						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 [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [XX] SUB II (14-S114) [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL
	PPS SERVICES (COLUMNS 1.01x5.01) (COLS 1x5) 9	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
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC	386					41
41.01 CT SCANS AND MRI	820					41.01
41.02 CANCER TREATMENT CENTER						41.02
41.03 ULTRASOUND	500					41.03
41.04 SPECIAL PROCEDURES						41.04
44 LABORATORY						44
44.01 PATHOLOGY						44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA						47
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
50.01 REHABILITATION MEDICINE						50.01
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	167					53
53.01 CARDIAC CATHERIZATION LAB						53.01
53.02 RADIOLOGY						53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	25					55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	31					56
57 RENAL DIALYSIS						57
58 ASC (NON-DISTINCT PART)						58
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60.01 FAMILY PRACTICE CLINIC						60.01
60.02 WOUND CARE						60.02
60.03 PAIN MANAGEMENT						60.03
60.05 WOMENS CENTER						60.05
60.06 DIABETES CENTER						60.06
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINCT						62
63.50 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	1929					101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES	1929					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CT SCANS AND MRI							41.01
41.02 CANCER TREATMENT CENTER							41.02
41.03 ULTRASOUND							41.03
41.04 SPECIAL PROCEDURES							41.04
44 LABORATORY							44
44.01 PATHOLOGY							44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATHERIZATION LAB							53.01
53.02 CARDIOLOGY							53.02
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC							60.01
60.02 WOUND CARE							60.02
60.03 PAIN MANAGMENT							60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER							60.06
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	TO CHARGES	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		59456510			88		37
39 DELIVERY ROOM & LABOR ROOM		14608109					39
40 ANESTHESIOLOGY		31063089					40
41 RADIOLOGY-DIAGNOSTIC		50887033			212606		41
41.01 CT SCANS AND MRI		83490810			11587		41.01
41.02 CANCER TREATMENT CENTER		8087633			12462		41.02
41.03 ULTRASOUND		15518241			26391		41.03
41.04 SPECIAL PROCEDURES		1518798			265		41.04
44 LABORATORY		145221511			1074663		44
44.01 PATHOLOGY		9147122			1689		44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		12314399			23448		47
49 RESPIRATORY THERAPY		28235728			688551		49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE		24198525			2628885		50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		12090789			40274		53
53.01 CARDIAC CATHERIZATION LAB		24049347					53.01
53.02 RADIOLOGY		20054285			27436		53.02
55 MEDICAL SUPPLIES CHARGED TO P		107375694			2332208		55
55.30 IMPL. DEV. CHARGED TO PATIENT		26020168					55.30
56 DRUGS CHARGED TO PATIENTS		65968927			1802476		56
57 RENAL DIALYSIS		6964115					57
58 ASC (NON-DISTINCT PART)		7736885			1323		58
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC		2649613					60.01
60.02 WOUND CARE		6690170					60.02
60.03 PAIN MANAGEMENT		991482					60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER		196445					60.06
61 EMERGENCY		47025321					61
62 OBSERVATION BEDS (NON-DISTINC		14434573					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		825995322			8884352		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
41.01 CT SCANS AND MRI						41.01
41.02 CANCER TREATMENT CENTER						41.02
41.03 ULTRASOUND						41.03
41.04 SPECIAL PROCEDURES						41.04
44 LABORATORY						44
44.01 PATHOLOGY						44.01
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47 BLOOD STORING, PROCESSING & T						47
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
50.01 REHABILITATION MEDICINE						50.01
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
53.01 CARDIAC CATHERIZATION LAB						53.01
53.02 CARDIOLOGY						53.02
55 MEDICAL SUPPLIES CHARGED TO P						55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
58 ASC (NON-DISTINCT PART)						58
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60.01 FAMILY PRACTICE CLINIC						60.01
60.02 WOUND CARE						60.02
60.03 PAIN MANAGMENT						60.03
60.05 WOMENS CENTER						60.05
60.06 DIABETES CENTER						60.06
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				3044938		3044938
26 INTENSIVE CARE UNIT				326773		326773
26.01 SPECIAL CARE NURSERY				42244		42244
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				181924		181924
31.01 SUBPROVIDER II PSYCHIATRIC UNIT				326728		326728
33 NURSERY				61737		61737
101 TOTAL				3984344		3984344

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	61846	13249			49.23	652248
26 INTENSIVE CARE UNIT	3985	612			82.00	50184
26.01 SPECIAL CARE NURSERY	1254	896			33.69	30186
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	4089	450			44.49	20021
31.01 SUBPROVIDER II PSYCHIATRIC UNIT	7831	2290			41.72	95539
33 NURSERY	3526	2874			17.51	50324
101 TOTAL	82531	20371				898502

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1677098	59456510				.028207	37
39 DELIVERY ROOM & LABOR ROOM		125261	14608109				.008575	39
40 ANESTHESIOLOGY		212271	31063089				.006834	40
41 RADIOLOGY-DIAGNOSTIC		2205476	50887033				.043341	41
41.01 CT SCANS AND MRI		1720519	83490810				.020607	41.01
41.02 CANCER TREATMENT CENTER		481852	8087633				.059579	41.02
41.03 ULTRASOUND		302417	15518241				.019488	41.03
41.04 SPECIAL PROCEDURES		65698	1518798				.043257	41.04
44 LABORATORY		752648	145221511				.005183	44
44.01 PATHOLOGY		150565	9147122				.016460	44.01
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		74110	12314399				.006018	47
49 RESPIRATORY THERAPY		169878	28235728				.006016	49
50 PHYSICAL THERAPY								50
50.01 REHABILITATION MEDICINE		650468	24198525				.026880	50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		99956	12090789				.008267	53
53.01 CARDIAC CATHERIZATION LAB		1369296	24049347				.056937	53.01
53.02 RADIOLOGY		497259	20054285				.024796	53.02
55 MEDICAL SUPPLIES CHARGED TO P		529547	107375694				.004932	55
55.30 IMPL. DEV. CHARGED TO PATIENT		488061	26020168				.018757	55.30
56 DRUGS CHARGED TO PATIENTS		339783	65968927				.005151	56
57 RENAL DIALYSIS		31610	6964115				.004539	57
58 ASC (NON-DISTINCT PART)		208595	7736885				.026961	58
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE CLINIC		258796	2649613				.097673	60.01
60.02 WOUND CARE		124320	6690170				.018582	60.02
60.03 PAIN MANAGMENT		325473	991482				.328269	60.03
60.05 WOMENS CENTER								60.05
60.06 DIABETES CENTER		27487	196445				.139922	60.06
61 EMERGENCY		708537	47025321				.015067	61
62 OBSERVATION BEDS (NON-DISTINC		370146	14434573				.025643	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		13967127	825995322					101

PROVIDER NO. 14-0114 SWEDISH COVENANT HOSPITAL  
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09  
 02/24/2011 11:42

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER	DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT	DIEM	PROGRAM	PROGRAM
		COST	COST	AMOUNT		DAYS		DAYS	PASS THRU
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					61846		13249	25
26	INTENSIVE CARE UNIT					3985		612	26
26.01	SPECIAL CARE NURSERY					1254		896	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					4089		450	31
31.01	SUBPROVIDER II PSYCHIATRIC UN					7831		2290	31.01
33	NURSERY					3526		2874	33
34	SKILLED NURSING FACILITY					6894			34
35	NURSING FACILITY								35
101	TOTAL					89425		20371	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CT SCANS AND MRI							41.01
41.02 CANCER TREATMENT CENTER							41.02
41.03 ULTRASOUND							41.03
41.04 SPECIAL PROCEDURES							41.04
44 LABORATORY							44
44.01 PATHOLOGY							44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATHERIZATION LAB							53.01
53.02 CARDIOLOGY							53.02
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC							60.01
60.02 WOUND CARE							60.02
60.03 PAIN MANAGMENT							60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER							60.06
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		59456510					37
39 DELIVERY ROOM & LABOR ROOM		14608109					39
40 ANESTHESIOLOGY		31063089					40
41 RADIOLOGY-DIAGNOSTIC		50887033					41
41.01 CT SCANS AND MRI		83490810					41.01
41.02 CANCER TREATMENT CENTER		8087633					41.02
41.03 ULTRASOUND		15518241					41.03
41.04 SPECIAL PROCEDURES		1518798					41.04
44 LABORATORY		145221511					44
44.01 PATHOLOGY		9147122					44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		12314399					47
49 RESPIRATORY THERAPY		28235728					49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE		24198525					50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		12090789					53
53.01 CARDIAC CATHERIZATION LAB		24049347					53.01
53.02 CARDIOLOGY		20054285					53.02
55 MEDICAL SUPPLIES CHARGED TO P		107375694					55
55.30 IMPL. DEV. CHARGED TO PATIENT		26020168					55.30
56 DRUGS CHARGED TO PATIENTS		65968927					56
57 RENAL DIALYSIS		6964115					57
58 ASC (NON-DISTINCT PART)		7736885					58
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC		2649613					60.01
60.02 WOUND CARE		6690170					60.02
60.03 PAIN MANAGMENT		991482					60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER		196445					60.06
61 EMERGENCY		47025321					61
62 OBSERVATION BEDS (NON-DISTINC		14434573					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		825995322					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CT SCANS AND MRI					41.01
41.02 CANCER TREATMENT CENTER					41.02
41.03 ULTRASOUND					41.03
41.04 SPECIAL PROCEDURES					41.04
44 LABORATORY					44
44.01 PATHOLOGY					44.01
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 REHABILITATION MEDICINE					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATHERIZATION LAB					53.01
53.02 CARDIOLOGY					53.02
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60.01 FAMILY PRACTICE CLINIC					60.01
60.02 WOUND CARE					60.02
60.03 PAIN MANAGMENT					60.03
60.05 WOMENS CENTER					60.05
60.06 DIABETES CENTER					60.06
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	OLD CAPITAL		NEW CAPITAL	
	CAPITAL	CAPITAL			RATIO OF	CAPITAL	RATIO OF	CAPITAL
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	COSTS	COST TO	COSTS
	COST	COST	3	CHARGES	CHARGES	6	CHARGES	8
	1	2		4	5		7	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1677098	59456510				.028207	37
39 DELIVERY ROOM & LABOR ROOM		125261	14608109				.008575	39
40 ANESTHESIOLOGY		212271	31063089				.006834	40
41 RADIOLOGY-DIAGNOSTIC		2205476	50887033				.043341	41
41.01 CT SCANS AND MRI		1720519	83490810				.020607	41.01
41.02 CANCER TREATMENT CENTER		481852	8087633				.059579	41.02
41.03 ULTRASOUND		302417	15518241				.019488	41.03
41.04 SPECIAL PROCEDURES		65698	1518798				.043257	41.04
44 LABORATORY		752648	145221511				.005183	44
44.01 PATHOLOGY		150565	9147122				.016460	44.01
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		74110	12314399				.006018	47
49 RESPIRATORY THERAPY		169878	28235728				.006016	49
50 PHYSICAL THERAPY								50
50.01 REHABILITATION MEDICINE		650468	24198525				.026880	50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		99956	12090789				.008267	53
53.01 CARDIAC CATHERIZATION LAB		1369296	24049347				.056937	53.01
53.02 RADIOLOGY		497259	20054285				.024796	53.02
55 MEDICAL SUPPLIES CHARGED TO P		529547	107375694				.004932	55
55.30 IMPL. DEV. CHARGED TO PATIENT		488061	26020168				.018757	55.30
56 DRUGS CHARGED TO PATIENTS		339783	65968927				.005151	56
57 RENAL DIALYSIS		31610	6964115				.004539	57
58 ASC (NON-DISTINCT PART)		208595	7736885				.026961	58
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE CLINIC		258796	2649613				.097673	60.01
60.02 WOUND CARE		124320	6690170				.018582	60.02
60.03 PAIN MANAGMENT		325473	991482				.328269	60.03
60.05 WOMENS CENTER								60.05
60.06 DIABETES CENTER		27487	196445				.139922	60.06
61 EMERGENCY		708537	47025321				.015067	61
62 OBSERVATION BEDS (NON-DISTINC		370146	14434573				.025643	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		13967127	825995322					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CT SCANS AND MRI							41.01
41.02 CANCER TREATMENT CENTER							41.02
41.03 ULTRASOUND							41.03
41.04 SPECIAL PROCEDURES							41.04
44 LABORATORY							44
44.01 PATHOLOGY							44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATHERIZATION LAB							53.01
53.02 CARDIOLOGY							53.02
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC							60.01
60.02 WOUND CARE							60.02
60.03 PAIN MANAGMENT							60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER							60.06
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		59456510					37
39 DELIVERY ROOM & LABOR ROOM		14608109					39
40 ANESTHESIOLOGY		31063089					40
41 RADIOLOGY-DIAGNOSTIC		50887033					41
41.01 CT SCANS AND MRI		83490810					41.01
41.02 CANCER TREATMENT CENTER		8087633					41.02
41.03 ULTRASOUND		15518241					41.03
41.04 SPECIAL PROCEDURES		1518798					41.04
44 LABORATORY		145221511					44
44.01 PATHOLOGY		9147122					44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		12314399					47
49 RESPIRATORY THERAPY		28235728					49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE		24198525					50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		12090789					53
53.01 CARDIAC CATHERIZATION LAB		24049347					53.01
53.02 CARDIOLOGY		20054285					53.02
55 MEDICAL SUPPLIES CHARGED TO P		107375694					55
55.30 IMPL. DEV. CHARGED TO PATIENT		26020168					55.30
56 DRUGS CHARGED TO PATIENTS		65968927					56
57 RENAL DIALYSIS		6964115					57
58 ASC (NON-DISTINCT PART)		7736885					58
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC		2649613					60.01
60.02 WOUND CARE		6690170					60.02
60.03 PAIN MANAGMENT		991482					60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER		196445					60.06
61 EMERGENCY		47025321					61
62 OBSERVATION BEDS (NON-DISTINC		14434573					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		825995322					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CT SCANS AND MRI					41.01
41.02 CANCER TREATMENT CENTER					41.02
41.03 ULTRASOUND					41.03
41.04 SPECIAL PROCEDURES					41.04
44 LABORATORY					44
44.01 PATHOLOGY					44.01
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 REHABILITATION MEDICINE					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATHERIZATION LAB					53.01
53.02 CARDIOLOGY					53.02
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60.01 FAMILY PRACTICE CLINIC					60.01
60.02 WOUND CARE					60.02
60.03 PAIN MANAGMENT					60.03
60.05 WOMENS CENTER					60.05
60.06 DIABETES CENTER					60.06
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	----	----	RATIO OF	RATIO OF
	CAPITAL	CAPITAL			OLD CAPITAL	NEW CAPITAL		
	RELATED	RELATED	CHARGES	PROGRAM	CHARGES	CAPITAL	CHARGES	CAPITAL
	COST	COST	3	CHARGES	5	COSTS	7	COSTS
	1	2		4				8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1677098	59456510				.028207	37
39 DELIVERY ROOM & LABOR ROOM		125261	14608109				.008575	39
40 ANESTHESIOLOGY		212271	31063089				.006834	40
41 RADIOLOGY-DIAGNOSTIC		2205476	50887033				.043341	41
41.01 CT SCANS AND MRI		1720519	83490810				.020607	41.01
41.02 CANCER TREATMENT CENTER		481852	8087633				.059579	41.02
41.03 ULTRASOUND		302417	15518241				.019488	41.03
41.04 SPECIAL PROCEDURES		65698	1518798				.043257	41.04
44 LABORATORY		752648	145221511				.005183	44
44.01 PATHOLOGY		150565	9147122				.016460	44.01
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		74110	12314399				.006018	47
49 RESPIRATORY THERAPY		169878	28235728				.006016	49
50 PHYSICAL THERAPY								50
50.01 REHABILITATION MEDICINE		650468	24198525				.026880	50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		99956	12090789				.008267	53
53.01 CARDIAC CATHERIZATION LAB		1369296	24049347				.056937	53.01
53.02 RADIOLOGY		497259	20054285				.024796	53.02
55 MEDICAL SUPPLIES CHARGED TO P		529547	107375694				.004932	55
55.30 IMPL. DEV. CHARGED TO PATIENT		488061	26020168				.018757	55.30
56 DRUGS CHARGED TO PATIENTS		339783	65968927				.005151	56
57 RENAL DIALYSIS		31610	6964115				.004539	57
58 ASC (NON-DISTINCT PART)		208595	7736885				.026961	58
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE CLINIC		258796	2649613				.097673	60.01
60.02 WOUND CARE		124320	6690170				.018582	60.02
60.03 PAIN MANAGMENT		325473	991482				.328269	60.03
60.05 WOMENS CENTER								60.05
60.06 DIABETES CENTER		27487	196445				.139922	60.06
61 EMERGENCY		708537	47025321				.015067	61
62 OBSERVATION BEDS (NON-DISTINC		370146	14434573				.025643	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		13967127	825995322					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CT SCANS AND MRI							41.01
41.02 CANCER TREATMENT CENTER							41.02
41.03 ULTRASOUND							41.03
41.04 SPECIAL PROCEDURES							41.04
44 LABORATORY							44
44.01 PATHOLOGY							44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATHERIZATION LAB							53.01
53.02 CARDIOLOGY							53.02
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC							60.01
60.02 WOUND CARE							60.02
60.03 PAIN MANAGMENT							60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER							60.06
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	CHARGES	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		59456510					37
39 DELIVERY ROOM & LABOR ROOM		14608109					39
40 ANESTHESIOLOGY		31063089					40
41 RADIOLOGY-DIAGNOSTIC		50887033					41
41.01 CT SCANS AND MRI		83490810					41.01
41.02 CANCER TREATMENT CENTER		8087633					41.02
41.03 ULTRASOUND		15518241					41.03
41.04 SPECIAL PROCEDURES		1518798					41.04
44 LABORATORY		145221511					44
44.01 PATHOLOGY		9147122					44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		12314399					47
49 RESPIRATORY THERAPY		28235728					49
50 PHYSICAL THERAPY							50
50.01 REHABILITATION MEDICINE		24198525					50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		12090789					53
53.01 CARDIAC CATHERIZATION LAB		24049347					53.01
53.02 CARDIOLOGY		20054285					53.02
55 MEDICAL SUPPLIES CHARGED TO P		107375694					55
55.30 IMPL. DEV. CHARGED TO PATIENT		26020168					55.30
56 DRUGS CHARGED TO PATIENTS		65968927					56
57 RENAL DIALYSIS		6964115					57
58 ASC (NON-DISTINCT PART)		7736885					58
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE CLINIC		2649613					60.01
60.02 WOUND CARE		6690170					60.02
60.03 PAIN MANAGMENT		991482					60.03
60.05 WOMENS CENTER							60.05
60.06 DIABETES CENTER		196445					60.06
61 EMERGENCY		47025321					61
62 OBSERVATION BEDS (NON-DISTINC		14434573					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		825995322					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CT SCANS AND MRI					41.01
41.02 CANCER TREATMENT CENTER					41.02
41.03 ULTRASOUND					41.03
41.04 SPECIAL PROCEDURES					41.04
44 LABORATORY					44
44.01 PATHOLOGY					44.01
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 REHABILITATION MEDICINE					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATHERIZATION LAB					53.01
53.02 CARDIOLOGY					53.02
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60.01 FAMILY PRACTICE CLINIC					60.01
60.02 WOUND CARE					60.02
60.03 PAIN MANAGMENT					60.03
60.05 WOMENS CENTER					60.05
60.06 DIABETES CENTER					60.06
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	SNF	
	(PPS) (14-0114) 1	(PPS) (14-T114) 1	(PPS) (14-S114) 1	1	1	(PPS) (14-5573) 1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	61846	4089	7831			6894	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	61846	4089	7831			6894	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	61846	4089	7831			6894	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)	26457	2434	4642			5417	9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

[ ] TITLE V-INPT

[XX] TITLE XVIII-PART A

[ ] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS)	SUB I (PPS)	SUB II (PPS)	SUB III	SUB IV	SNF (PPS)	
SWING-BED ADJUSTMENT	(14-0114)	(14-T114)	(14-S114)			(14-5573)	
	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	45237078	2595034	4297841			3483368	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	45237078	2595034	4297841			3483368	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	121639046	8025793	15187924			5443869	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	121639046	8025793	15187924			5443869	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.371896	.323337	.282978			.639870	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1966.81	1962.78	1939.46			789.65	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	45237078	2595034	4297841			3483368	37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0114)	SUB I (PPS) (14-T114)	SUB II (PPS) (14-S114)	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	731.45	634.64	548.82		38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	19351973	1544714	2547622		39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	19351973	1544714	2547622		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	5475484	3985	1374.02	1873	2573539 43
43.01	SPECIAL CARE NURSERY	788566	1254	628.84		44
44	CORONARY CARE UNIT					45
45	BURN INTENSIVE CARE UNIT					46
46	SURGICAL INTENSIVE CARE UNIT					47
47	OTHER SPECIAL CARE (SPECIFY)					
		HOSPITAL (PPS) (14-0114)	SUB I (PPS) (14-T114)	SUB II (PPS) (14-S114)	SUB III	SUB IV
		1	1	1	1	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	31529721	1244457	871887		48
49	TOTAL PROGRAM INPATIENT COSTS	53455233	2789171	3419509		49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1456064	108289	193664		50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2898214	93004	66905		51
52	TOTAL PROGRAM EXCLUDABLE COST	4354278	201293	260569		52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	49100955	2587878	3158940		53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

	SNF (PPS) (14-5573) 1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	3483368	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	505.28	67
68 PROGRAM ROUTINE SERVICE COST	2737102	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	2737102	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	326921	71
72 PER DIEM CAPITAL RELATED COSTS	47.42	72
73 PROGRAM CAPITAL RELATED COSTS	256874	73
74 INPATIENT ROUTINE SERVICE COST	2480228	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	2480228	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	2737102	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	1693011	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	4430113	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	7518	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	731.45	84
85 OBSERVATION BED COST	5499041	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		45237078		5499041		86
87 NEW CAPITAL-RELATED COST	3044938	45237078	.067311	5499041	370146	87
88 NON PHYSICIAN ANESTHETIST		45237078		5499041		88
89 MEDICAL EDUCATION		45237078		5499041		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0114)	SUB I (OTHER) (14-T114)	SUB II (OTHER) (14-S114)	SUB III	SUB IV	NF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	61846	4089	7831				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	61846	4089	7831				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	61846	4089	7831				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)	13249	450	2290				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	3526						15
16 TITLE V OR XIX NURSERY DAYS	2874						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER)	SUB I (OTHER)	SUB II (OTHER)	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	45234675	2595034	4297841				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	45234675	2595034	4297841				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	121639046	8025793	15187924				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	121639046	8025793	15187924				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.371876	.323337	.282978				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1966.81	1962.78	1939.46				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	45234675	2595034	4297841				37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0114)	SUB I (OTHER) (14-T114)	SUB II (OTHER) (14-S114)	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	731.41	634.64	548.82		38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9690451	285588	1256798		39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9690451	285588	1256798		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)	1849385	3526	524.50	2874	1507413 42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	5475484	3985	1374.02	612	840900 43
43.01	SPECIAL CARE NURSERY	788566	1254	628.84	896	563441 43.01
44	CORONARY CARE UNIT					44
45	BURN INTENSIVE CARE UNIT					45
46	SURGICAL INTENSIVE CARE UNIT					46
47	OTHER SPECIAL CARE (SPECIFY)					47
		HOSPITAL (OTHER) (14-0114)	SUB I (OTHER) (14-T114)	SUB II (OTHER) (14-S114)	SUB III	SUB IV
		1	1	1	1	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					48
49	TOTAL PROGRAM INPATIENT COSTS	12602205	285588	1256798		49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	782942	20021	95539		50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					51
52	TOTAL PROGRAM EXCLUDABLE COST	782942	20021	95539		52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0114)	SUB I (OTHER) (14-T114)	SUB II (OTHER) (14-S114)	SUB III	SUB IV	
	1	1	1	1	1	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54			36			54
55			387			55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 14-0114 SWEDISH COVENANT HOSPITAL  
PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09  
02/24/2011 11:42

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

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

PROVIDER NO. 14-0114 SWEDISH COVENANT HOSPITAL  
PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09  
02/24/2011 11:42

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	7518	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	731.45	84
85 OBSERVATION BED COST	5499041	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		59444550		25
26 INTENSIVE CARE UNIT		9050094		26
26.01 SPECIAL CARE NURSERY				26.01
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II PSYCHIATRIC UNIT				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.214840	13270215	2850973	37
39 DELIVERY ROOM & LABOR ROOM	.228581			39
40 ANESTHESIOLOGY	.037081	6475593	240121	40
41 RADIOLOGY-DIAGNOSTIC	.222208	10368914	2304056	41
41.01 CT SCANS AND MRI	.066429	15150706	1006446	41.01
41.02 CANCER TREATMENT CENTER	.350787	481093	168761	41.02
41.03 ULTRASOUND	.157714	1055429	166456	41.03
41.04 SPECIAL PROCEDURES	.612494	465078	284857	41.04
44 LABORATORY	.081988	35347696	2898087	44
44.01 PATHOLOGY	.228249	1162704	265386	44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.184167	4445125	818645	47
49 RESPIRATORY THERAPY	.091109	12719241	1158837	49
50 PHYSICAL THERAPY				50
50.01 REHABILITATION MEDICINE	.327905	2658077	871597	50.01
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY	.086974	3102937	269875	53
53.01 CARDIAC CATHERIZATION LAB	.147536	8057325	1188746	53.01
53.02 RADIOLOGY	.162137	5017224	813478	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.140039	37544939	5257756	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.526493	7799403	4106331	55.30
56 DRUGS CHARGED TO PATIENTS	.157539	25238356	3976025	56
57 RENAL DIALYSIS	.167707	4204909	705193	57
58 ASC (NON-DISTINCT PART)	.152172	1237322	188286	58
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60.01 FAMILY PRACTICE CLINIC	.711878			60.01
60.02 WOUND CARE	.213069	149765	31910	60.02
60.03 PAIN MANAGEMENT	1.196163	1000	1196	60.03
60.05 WOMENS CENTER				60.05
60.06 DIABETES CENTER	1.493451			60.06
61 EMERGENCY	.195934	7492096	1467956	61
62 OBSERVATION BEDS (NON-DISTINCT	.380963	1282924	488747	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		204728071	31529721	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		204728071		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
26.01 SPECIAL CARE NURSERY				26.01
31 SUBPROVIDER I		4712657		31
31.01 SUBPROVIDER II PSYCHIATRIC UNIT				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.214840	16058	3450	37
39 DELIVERY ROOM & LABOR ROOM	.228581			39
40 ANESTHESIOLOGY	.037081	14808	549	40
41 RADIOLOGY-DIAGNOSTIC	.222208	229230	50937	41
41.01 CT SCANS AND MRI	.066429	145107	9639	41.01
41.02 CANCER TREATMENT CENTER	.350787	5451	1912	41.02
41.03 ULTRASOUND	.157714	17139	2703	41.03
41.04 SPECIAL PROCEDURES	.612494	9487	5811	41.04
44 LABORATORY	.081988	874711	71716	44
44.01 PATHOLOGY	.228249	5811	1326	44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.184167	34361	6328	47
49 RESPIRATORY THERAPY	.091109	290705	26486	49
50 PHYSICAL THERAPY				50
50.01 REHABILITATION MEDICINE	.327905	2267809	743626	50.01
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY	.086974	24078	2094	53
53.01 CARDIAC CATHERIZATION LAB	.147536			53.01
53.02 RADIOLOGY	.162137	10885	1765	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.140039	768960	107684	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.526493	12305	6478	55.30
56 DRUGS CHARGED TO PATIENTS	.157539	963682	151817	56
57 RENAL DIALYSIS	.167707	295080	49487	57
58 ASC (NON-DISTINCT PART)	.152172	4264	649	58
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60.01 FAMILY PRACTICE CLINIC	.711878			60.01
60.02 WOUND CARE	.213069			60.02
60.03 PAIN MANAGEMENT	1.196163			60.03
60.05 WOMENS CENTER				60.05
60.06 DIABETES CENTER	1.493451			60.06
61 EMERGENCY	.195934			61
62 OBSERVATION BEDS (NON-DISTINCT)	.380963			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		5989931	1244457	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		5989931		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
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	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
26.01 SPECIAL CARE NURSERY				26.01
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II PSYCHIATRIC UNIT		8972671		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.214840	4178	898	37
39 DELIVERY ROOM & LABOR ROOM	.228581			39
40 ANESTHESIOLOGY	.037081	2445	91	40
41 RADIOLOGY-DIAGNOSTIC	.222208	86053	19122	41
41.01 CT SCANS AND MRI	.066429	227899	15139	41.01
41.02 CANCER TREATMENT CENTER	.350787			41.02
41.03 ULTRASOUND	.157714	27868	4395	41.03
41.04 SPECIAL PROCEDURES	.612494			41.04
44 LABORATORY	.081988	1155732	94756	44
44.01 PATHOLOGY	.228249	7391	1687	44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.184167	26517	4884	47
49 RESPIRATORY THERAPY	.091109	45587	4153	49
50 PHYSICAL THERAPY				50
50.01 REHABILITATION MEDICINE	.327905	1405373	460829	50.01
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY	.086974	141848	12337	53
53.01 CARDIAC CATHERIZATION LAB	.147536			53.01
53.02 RADIOLOGY	.162137	40549	6574	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.140039	50280	7041	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.526493			55.30
56 DRUGS CHARGED TO PATIENTS	.157539	1075669	169460	56
57 RENAL DIALYSIS	.167707			57
58 ASC (NON-DISTINCT PART)	.152172	5864	892	58
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60.01 FAMILY PRACTICE CLINIC	.711878			60.01
60.02 WOUND CARE	.213069			60.02
60.03 PAIN MANAGMENT	1.196163			60.03
60.05 WOMENS CENTER				60.05
60.06 DIABETES CENTER	1.493451			60.06
61 EMERGENCY	.195934	355372	69629	61
62 OBSERVATION BEDS (NON-DISTINCT	.380963			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		4658625	871887	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		4658625		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> SNF (14-5573)	<input checked="" type="checkbox"/> PPS
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	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
26.01 SPECIAL CARE NURSERY				26.01
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II PSYCHIATRIC UNIT				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.214840	88	19	37
39 DELIVERY ROOM & LABOR ROOM	.228581			39
40 ANESTHESIOLOGY	.037081			40
41 RADIOLOGY-DIAGNOSTIC	.222208	212606	47243	41
41.01 CT SCANS AND MRI	.066429	11587	770	41.01
41.02 CANCER TREATMENT CENTER	.350787	12462	4372	41.02
41.03 ULTRASOUND	.157714	26391	4162	41.03
41.04 SPECIAL PROCEDURES	.612494	265	162	41.04
44 LABORATORY	.081988	1074663	88109	44
44.01 PATHOLOGY	.228249	1689	386	44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.184167	23448	4318	47
49 RESPIRATORY THERAPY	.091109	688551	62733	49
50 PHYSICAL THERAPY				50
50.01 REHABILITATION MEDICINE	.327905	2628885	862025	50.01
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY	.086974	40274	3503	53
53.01 CARDIAC CATHERIZATION LAB	.147536			53.01
53.02 RADIOLOGY	.162137	27436	4448	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.140039	2332208	326600	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.526493			55.30
56 DRUGS CHARGED TO PATIENTS	.157539	1802476	283960	56
57 RENAL DIALYSIS	.167707			57
58 ASC (NON-DISTINCT PART)	.152172	1323	201	58
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60.01 FAMILY PRACTICE CLINIC	.711878			60.01
60.02 WOUND CARE	.213069			60.02
60.03 PAIN MANAGMENT	1.196163			60.03
60.05 WOMENS CENTER				60.05
60.06 DIABETES CENTER	1.493451			60.06
61 EMERGENCY	.195934			61
62 OBSERVATION BEDS (NON-DISTINCT	.380963			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		8884352	1693011	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		8884352		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0114)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
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	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
26.01 SPECIAL CARE NURSERY			26.01
31 SUBPROVIDER I			31
31.01 SUBPROVIDER II PSYCHIATRIC UNIT			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.214840		37
39 DELIVERY ROOM & LABOR ROOM	.228581		39
40 ANESTHESIOLOGY	.037081		40
41 RADIOLOGY-DIAGNOSTIC	.222208		41
41.01 CT SCANS AND MRI	.066429		41.01
41.02 CANCER TREATMENT CENTER	.350787		41.02
41.03 ULTRASOUND	.157714		41.03
41.04 SPECIAL PROCEDURES	.612494		41.04
44 LABORATORY	.081988		44
44.01 PATHOLOGY	.228249		44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.184167		47
49 RESPIRATORY THERAPY	.091109		49
50 PHYSICAL THERAPY			50
50.01 REHABILITATION MEDICINE	.327905		50.01
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY			52
53 ELECTROCARDIOLOGY	.086974		53
53.01 CARDIAC CATHERIZATION LAB	.147536		53.01
53.02 RADIOLOGY	.162137		53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.140039		55
55.30 IMPL. DEV. CHARGED TO PATIENT	.526493		55.30
56 DRUGS CHARGED TO PATIENTS	.157539		56
57 RENAL DIALYSIS	.167707		57
58 ASC (NON-DISTINCT PART)	.152172		58
59.97 CARDIAC REHABILITATION			59.97
59.98 HYPERBARIC OXYGEN THERAPY			59.98
59.99 LITHOTRIPSY			59.99
OUTPATIENT SERVICE COST CENTERS			
60.01 FAMILY PRACTICE CLINIC	.711878		60.01
60.02 WOUND CARE	.213069		60.02
60.03 PAIN MANAGEMENT	1.196163		60.03
60.05 WOMENS CENTER			60.05
60.06 DIABETES CENTER	1.493451		60.06
61 EMERGENCY	.195934		61
62 OBSERVATION BEDS (NON-DISTINCT	.380963		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 type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
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	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
26.01 SPECIAL CARE NURSERY			26.01
31 SUBPROVIDER I			31
31.01 SUBPROVIDER II PSYCHIATRIC UNIT			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.214840		37
39 DELIVERY ROOM & LABOR ROOM	.228581		39
40 ANESTHESIOLOGY	.037081		40
41 RADIOLOGY-DIAGNOSTIC	.222208		41
41.01 CT SCANS AND MRI	.066429		41.01
41.02 CANCER TREATMENT CENTER	.350787		41.02
41.03 ULTRASOUND	.157714		41.03
41.04 SPECIAL PROCEDURES	.612494		41.04
44 LABORATORY	.081988		44
44.01 PATHOLOGY	.228249		44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.184167		47
49 RESPIRATORY THERAPY	.091109		49
50 PHYSICAL THERAPY			50
50.01 REHABILITATION MEDICINE	.327905		50.01
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY			52
53 ELECTROCARDIOLOGY	.086974		53
53.01 CARDIAC CATHERIZATION LAB	.147536		53.01
53.02 RADIOLOGY	.162137		53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.140039		55
55.30 IMPL. DEV. CHARGED TO PATIENT	.526493		55.30
56 DRUGS CHARGED TO PATIENTS	.157539		56
57 RENAL DIALYSIS	.167707		57
58 ASC (NON-DISTINCT PART)	.152172		58
59.97 CARDIAC REHABILITATION			59.97
59.98 HYPERBARIC OXYGEN THERAPY			59.98
59.99 LITHOTRIPSY			59.99
OUTPATIENT SERVICE COST CENTERS			
60.01 FAMILY PRACTICE CLINIC	.711878		60.01
60.02 WOUND CARE	.213069		60.02
60.03 PAIN MANAGMENT	1.196163		60.03
60.05 WOMENS CENTER			60.05
60.06 DIABETES CENTER	1.493451		60.06
61 EMERGENCY	.195934		61
62 OBSERVATION BEDS (NON-DISTINCT	.380963		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 type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
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	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
26.01 SPECIAL CARE NURSERY			26.01
31 SUBPROVIDER I			31
31.01 SUBPROVIDER II PSYCHIATRIC UNIT			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.214840		37
39 DELIVERY ROOM & LABOR ROOM	.228581		39
40 ANESTHESIOLOGY	.037081		40
41 RADIOLOGY-DIAGNOSTIC	.222208		41
41.01 CT SCANS AND MRI	.066429		41.01
41.02 CANCER TREATMENT CENTER	.350787		41.02
41.03 ULTRASOUND	.157714		41.03
41.04 SPECIAL PROCEDURES	.612494		41.04
44 LABORATORY	.081988		44
44.01 PATHOLOGY	.228249		44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.184167		47
49 RESPIRATORY THERAPY	.091109		49
50 PHYSICAL THERAPY			50
50.01 REHABILITATION MEDICINE	.327905		50.01
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY			52
53 ELECTROCARDIOLOGY	.086974		53
53.01 CARDIAC CATHERIZATION LAB	.147536		53.01
53.02 RADIOLOGY	.162137		53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.140039		55
55.30 IMPL. DEV. CHARGED TO PATIENT	.526493		55.30
56 DRUGS CHARGED TO PATIENTS	.157539		56
57 RENAL DIALYSIS	.167707		57
58 ASC (NON-DISTINCT PART)	.152172		58
59.97 CARDIAC REHABILITATION			59.97
59.98 HYPERBARIC OXYGEN THERAPY			59.98
59.99 LITHOTRIPSY			59.99
OUTPATIENT SERVICE COST CENTERS			
60.01 FAMILY PRACTICE CLINIC	.711878		60.01
60.02 WOUND CARE	.213069		60.02
60.03 PAIN MANAGMENT	1.196163		60.03
60.05 WOMENS CENTER			60.05
60.06 DIABETES CENTER	1.493451		60.06
61 EMERGENCY	.195934		61
62 OBSERVATION BEDS (NON-DISTINCT	.380963		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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0114)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1						1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	9937053					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	29811160					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	917411					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	2752234					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	949572					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	208.07					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996	25.22					3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [ FOR CR PERIODS ENDING ] [ ON OR AFTER 7/1/2005 ] [E-3,PT.VI, LN.15][PLUS LN.3.06]	11.50					3.06
3.07 SUM OF LINES 3.04-3.06	0.00	11.50				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		55.28				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		36.72				3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..		35.22				3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS		34.84				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	35.59			3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0114)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.171048				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.168163				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	0.168163				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1					3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	952099				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 ]	2856298				3.23
3.24	SUM OF LINES 3.21-3.23	3808397	0			3.24
	DISPROPORTIONATE SHARE ADJUSTMENT					
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.1247				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.2850				4.01
4.02	SUM OF 4 AND 4.01	0.4097				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.2302				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT	9150039				4.04
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES					
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	53656221				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	53656221				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	3878551				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	1932112				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					15
16	TOTAL	59466884				16
17	PRIMARY PAYER PAYMENTS	37401				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	59429483				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3584732				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	471716				20
21	REIMBURSABLE BAD DEBTS	1507881				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	1055517				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1225482				21.02
22	SUBTOTAL	56428552				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A  
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0114)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	56428552				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	57390515				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	-961963				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	819995				30
TO BE COMPLETED BY INTERMEDIARY						
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0114) 1	HOSPITAL (14-0114) 1.01	HOSPITAL (14-0114) 1.02
1 MEDICAL AND OTHER SERVICES	80		1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	18482898		1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	14512518		1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO			1.03
1.04 LINE 1.01 TIMES LINE 1.03			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT			1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101			1.07
2 INTERNS AND RESIDENTS			2
3 ORGAN ACQUISITIONS			3
4 COST OF TEACHING PHYSICIANS			4
5 TOTAL COST	80		5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
6 ANCILLARY SERVICE CHARGES	510		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	510		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	510		14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	430		15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			16
17 LESSER OF COST OR CHARGES	80		17
17.01 TOTAL PPS PAYMENTS	14512518		17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0114) 1	HOSPITAL (14-0114) 1.01	HOSPITAL (14-0114) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	3594866		18.01
19 SUBTOTAL	10917732		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	572658		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	11490390		23
24 PRIMARY PAYER PAYMENTS	972		24
25 SUBTOTAL	11489418		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	1312926		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	919048		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1312926		27.02
28 SUBTOTAL	12408466		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	12408466		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	10961292		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	1447174		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (14-S114) 1	SUB II (14-S114) 1.01	SUB II (14-S114) 1.02	
1				1
1.01	1929			1.01
1.02				1.02
1.03	1885			1.03
1.04				1.04
1.05				1.05
1.06				1.06
1.07				1.07
2				2
3				3
4				4
5				5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6				6
7				7
8				8
9				9
10				10
CUSTOMARY CHARGES				
11				11
12				12
13				13
14				14
15				15
16				16
17				17
17.01	1885			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (14-S114) 1	SUB II (14-S114) 1.01	SUB II (14-S114) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	543		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	1342		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	1342		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	1342		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	1342		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	1342		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	1342		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

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

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

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		53605916		10916783	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.		4196760		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 PROGRAM .05 PROGRAM .50 PROVIDER .51 TO .52 PROGRAM .53 PROGRAM .54	04/01/2010     09/17/2010	253909     666070	04/01/2010     09/17/2010	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	-412161		44509	3.99
4 TOTAL INTERIM PAYMENTS		57390515		10961292	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52		NONE    NONE	NONE    NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM		-961963	1447174	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		56428552		12408466	7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_

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

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A			
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3343392		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM 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.	.01 04/01/2010	21361		3.01
PROGRAM .02				3.02
TO .03			NONE	3.03
PROVIDER .04				3.04
.05				3.05
.50				3.50
PROVIDER .51				3.51
TO .52		NONE		3.52
PROGRAM .53			NONE	3.53
.54				3.54
SUBTOTAL	.99	21361		3.99
4 TOTAL INTERIM PAYMENTS		3364753		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE		5.02
	PROVIDER .03		NONE	5.03
	PROVIDER .50			5.50
	TO .51	NONE		5.51
	PROGRAM .52		NONE	5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			6.01
	PROVIDER TO .02	-52299		6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		3312454		7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_

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

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3178297		1342	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54				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		3178297		1342	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				5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM	197343			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		3375640		1342	7
NAME OF INTERMEDIARY: _____				INTERMEDIARY NUMBER: _____	
SIGNATURE OF AUTHORIZED PERSON: _____				DATE (MO/DAY/YR): _____	

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

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A		AMOUNT	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2299743		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			3.01
	TO .02			3.02
	PROVIDER .03	NONE		3.03
	PROVIDER .04			3.04
	.05			3.05
	.50			3.50
	PROVIDER .51			3.51
	TO .52	NONE		3.52
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		2299743		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE		5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE		5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01	14286		6.01
	PROVIDER TO .02			6.02
PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		2314029		7
NAME OF INTERMEDIARY: _____		INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____		DATE (MO/DAY/YR): _____		

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-T114)	SUB II (14-S114)	SUB III	SUB IV	
1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)	3041203				1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	0.1217				1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)	310616				1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS	3351819				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)		3539454			1.08
1.09	NET IPF PPS OUTLIER PAYMENTS					1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					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)		21.454795			1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS		3539454			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		3539454			1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)	11.202740				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	3351819	3539454			4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	3351819	3539454			6
7	DEDUCTIBLES	19736	293413			7
8	SUBTOTAL	3332083	3246041			8
9	COINSURANCE	30029	67744			9
10	SUBTOTAL	3302054	3178297			10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	14857	281919			11
11.01	REDUCED REIMBURSABLE BAD DEBTS	10400	197343			11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	11697	224567			11.02
12	SUBTOTAL	3312454	3375640			12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

PROVIDER NO. 14-0114 SWEDISH COVENANT HOSPITAL  
PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09  
02/24/2011 11:42

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-T114)	SUB II (14-S114)	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)						13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15 OTHER ADJUSTMENTS						15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER		3312454	3375640			17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		3364753	3178297			19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		-52299	197343			20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
TO BE COMPLETED BY INTERMEDIARY						
50 ORIGINAL OUTLIER AMOUNT						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART III

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

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

SNF I  
 (14-5573)  
 (PPS)  
 2

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART III

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

	[ ] TITLE V	[XX] TITLE XVIII	[ ] TITLE XIX
		SNF I (14-5573) (PPS) 2	
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		34
35	SUBTOTAL	2367782	35
36	COINSURANCE	68039	36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19		37
38	REIMBURSABLE BAD DEBTS	14749	38
38.01	REDUCED REIMBURSABLE BAD DEBTS		38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	13205	38.02
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)	14286	38.03
39	UTILIZATION REVIEW		39
40	SUBTOTAL	2314029	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	2314029	52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	2314029	55
56	SEQUESTRATION ADJUSTMENT		56
57	INTERIM PAYMENTS	2299743	57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)		57.01
58	BALANCE DUE PROVIDER/PROGRAM	14286	58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		59

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

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX	
	HOSPITAL (14-0114) (OTHER)	SUB I (14-T114) (OTHER)	SUB II (14-S114) (OTHER)	SUB III      SUB IV      NF I (PPS)
	1	1	1	1
1	12602205	285588	1256798	1
2				2
3				3
4				4
5				5
6	12602205	285588	1256798	6
7				7
8				8
9	12602205	285588	1256798	9
COMPUTATION OF LESSER OF COST OR CHARGES				
10				10
11				11
12				12
13				13
14				14
15				15
16				16
CUSTOMARY CHARGES				
17				17
18				18
19				19
20				20
21				21
22	12602205	285588	1256798	22
23	12602205	285588	1256798	23
PROSPECTIVE PAYMENT AMOUNT				
24				24
25				25
26				26
27				27
28				28
29				29
30	12602205	285588	1256798	30
31				31
32	12602205	285588	1256798	32
33				33

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

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX	
	HOSPITAL (14-0114) (OTHER)	SUB I (14-T114) (OTHER)	SUB II (14-S114) (OTHER)	SUB III SUB IV NF I
	1	1	1	1
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
34 EXCESS OF REASONABLE COST	12602205	285588	1256798	34
35 SUBTOTAL				35
36 COINSURANCE				36
37 SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,				37
38 REIMBURSABLE BAD DEBTS				38
38.01 REDUCED REIMBURSABLE BAD DEBTS				38.01
38.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				38.02
39 UTILIZATION REVIEW				39
40 SUBTOTAL				40
41 INPATIENT ROUTINE SERVICE COST				41
42 MEDICARE INPATIENT ROUTINE CHARGES				42
43 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE				43
44 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				44
45 RATIO OF LINE 43 TO LINE 44				45
46 TOTAL CUSTOMARY CHARGES				46
47 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST				47
48 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				48
49 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION				49
50 OTHER ADJUSTMENTS				50
51 AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS				51
52 SUBTOTAL				52
53 INDIRECT MEDICAL EDUCATION ADJUSTMENT				53
54 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	1064733			54
55 TOTAL AMOUNT PAYABLE TO THE PROVIDER	1064733			55
56 SEQUESTRATION ADJUSTMENT				56
57 INTERIM PAYMENTS	1064733			57
57.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)				57.01
58 BALANCE DUE PROVIDER/PROGRAM				58
59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2				59

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

WORKSHEET E-3  
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	25.70 3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	11.50 3.03
3.04	FTE ADJUSTMENT CAP 11.50	37.20 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	55.28 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	37.20 3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	44.49 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	9.57 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	54.06 3.09
3.10	SEE INSTRUCTIONS	36.38 3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	6.44 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	8.28 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	11.60 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	8.77 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	8.77 3.16
3.17	SEE INSTRUCTIONS	130819.69 3.17
3.18	SEE INSTRUCTIONS	1147289 3.18

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

WORKSHEET E-3  
 PART IV  
 (CONT)

[ ] TITLE V	[XX] TITLE XVIII	[ ] TITLE XIX		
3.19 SEE INSTRUCTIONS			26.83	3.19
3.20 SEE INSTRUCTIONS			22.10	3.20
3.21 SEE INSTRUCTIONS			26.29	3.21
3.22 SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]			26.29	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			138140.34	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			3631710	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			4778999	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4 PROGRAM PART A INPATIENT DAYS			35406	4
5 TOTAL INPATIENT DAYS			71487	5
6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS			.495279	6
	[LINE 6 x ] [E-3,PART 6]			
	[LINE 3.25] [ LINE 11 ]			
6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 2366938 0			2366938	6.01
6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			2401	6.02
6.03 TOTAL INPATIENT DAYS FROM LINE 5 ABOVE			71487	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			137832	6.05
6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR				6.06
6.07 APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE			100.00	6.07
	[PRIOR TO ] [E-3,PART 6]			
	[ 422 ] [ LINE 12 ]			
6.08 GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS 0 0				6.08
PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD				
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			6964115	8
9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES				9
10 MEDICARE O/P ESRD CHARGES				10
11 MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS				11

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PERIOD FROM 10/01/2009 TO 09/30/2010

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

WORKSHEET E-3  
PART IV  
(CONT)

[ ] TITLE V

[XX] TITLE XVIII

[ ] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST	62401015	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	37401	15
16	TOTAL PART A REASONABLE COST	62363614	16
PART B REASONABLE COST			
17	REASONABLE COST	18484907	17
18	PRIMARY PAYER PAYMENTS	972	18
19	TOTAL PART B REASONABLE COST	18483935	19
20	TOTAL REASONABLE COST	80847549	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.771373	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.228627	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	2504770	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	1932112	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	572658	25

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

WORKSHEET E-3  
 PART IV

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

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

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

WORKSHEET E-3  
 PART IV  
 (CONT)

[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX		
3.19 SEE INSTRUCTIONS			22.10	3.19
3.20 SEE INSTRUCTIONS			17.92	3.20
3.21 SEE INSTRUCTIONS			22.28	3.21
3.22 SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]			22.28	3.22
3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			132533.45	3.23
3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			2952845	3.24
3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			4225516	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4 PROGRAM PART A INPATIENT DAYS			17497	4
5 TOTAL INPATIENT DAYS			71487	5
6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS			.244758	6
	[LINE 6 x ] [E-3,PART 6]			
	[LINE 3.25] [ LINE 11 ]			
6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 1034229 0			1034229	6.01
6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			601	6.02
6.03 TOTAL INPATIENT DAYS FROM LINE 5 ABOVE			71487	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			30504	6.05
6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR				6.06
6.07 APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE			100.00	6.07
	[PRIOR TO ] [E-3,PART 6]			
	[ 422 ] [ LINE 12 ]			
6.08 GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS 0 0				6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS				7
8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES				8
9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES				9
10 MEDICARE O/P ESRD CHARGES				10
11 MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS				11

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

WORKSHEET E-3  
PART IV  
(CONT)

[ ] TITLE V

[ ] TITLE XVIII

[XX] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY  
PART A REASONABLE COST

12	REASONABLE COST	12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	15
16	TOTAL PART A REASONABLE COST	16
PART B REASONABLE COST		
17	REASONABLE COST	17
18	PRIMARY PAYER PAYMENTS	18
19	TOTAL PART B REASONABLE COST	19
20	TOTAL REASONABLE COST	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	22

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

23	TOTAL PROGRAM GME PAYMENT	23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	1064733 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	3469000			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	10404000			4
5 OTHER RECEIVABLES				5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7 INVENTORY	2933000			7
8 PREPAID EXPENSES	7078000			8
9 OTHER CURRENT ASSETS	1470000			9
10 DUE FROM OTHER FUNDS	26256000			10
11 TOTAL CURRENT ASSETS	51610000			11
FIXED ASSETS				
12 LAND	7255000			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	2699000			13
13.01 ACCUMULATED DEPRECIATION				13.01
14 BUILDINGS	224087000			14
14.01 ACCUMULATED DEPRECIATION	-204146000			14.01
15 LEASEHOLD IMPROVEMENTS				15
15.01 ACCUMULATED AMORTIZATION				15.01
16 FIXED EQUIPMENT	37191000			16
16.01 ACCUMULATED DEPRECIATION				16.01
17 AUTOMOBILES AND TRUCKS				17
17.01 ACCUMULATED DEPRECIATION				17.01
18 MAJOR MOVABLE EQUIPMENT	97288000			18
18.01 ACCUMULATED DEPRECIATION				18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	164374000			21
OTHER ASSETS				
22 INVESTMENTS	150003000			22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	5197000			25
26 TOTAL OTHER ASSETS	155200000			26
27 TOTAL ASSETS	371184000			27
LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	13067000			28
29 SALARIES, WAGES & FEES PAYABLE	25263000			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	8750000			34
35 OTHER CURRENT LIABILITIES	4350000			35
36 TOTAL CURRENT LIABILITIES	51430000			36
LONG-TERM LIABILITIES				
37 MORTGAGE PAYABLE				37
38 NOTES PAYABLE	156521000			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	31006000			41
42 TOTAL LONG TERM LIABILITIES	187527000			42
43 TOTAL LIABILITIES	238957000			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	132227000			44
45 SPECIFIC PURPOSE FUND BALANCE				45
46 DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47 DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48 GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49 PLANT FUND BALANCE - INVESTED IN PLANT				49
50 PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51 TOTAL FUND BALANCES	132227000			51
52 TOTAL LIABILITIES AND FUND BALANCES	371184000			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	128982670			1
2 NET INCOME (LOSS)	2784000			2
3 TOTAL	131766670			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 TRANSFERS AND GAINS	460330			5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	460330			10
11 SUBTOTAL	132227000			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 TRANSFERS				13
14 TRANSFERS				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	132227000			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	139521564		139521564	1
2 SUBPROVIDER I	8178377		8178377	2
2.01 SUBPROVIDER II	15188036		15188036	2.01
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY	7012447		7012447	6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	169900424		169900424	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT	23180033		23180033	10
10.01 SPECIAL CARE NURSERY	2827880		2827880	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	26007913		26007913	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	195908337		195908337	16
17 ANCILLARY SERVICES	438044136	307379000	745423136	17
18 OUTPATIENT SERVICES	19205699	45667281	64872980	18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY		3404547	3404547	19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24				24
25 TOTAL PATIENT REVENUES	653158172	356450828	1009609000	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		227080354	26
27 ADD (SPECIFY)			27
28			28
29 BAD DEBTS	9843097		29
30			30
31			31
32			32
33 TOTAL ADDITIONS		9843097	33
34 DEDUCT (SPECIFY)			34
35 FHBT PREM	-235966		35
36 ROUNDING	-485		36
37			37
38			38
39 TOTAL DEDUCTIONS	-236451		39
40 TOTAL OPERATING EXPENSES		236687000	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION		
1	TOTAL PATIENT REVENUES	1009609000 1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	779979000 2
3	NET PATIENT REVENUES	229630000 3
4	LESS - TOTAL OPERATING EXPENSES	236687000 4
5	NET INCOME FROM SERVICE TO PATIENTS	-7057000 5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	375204 6
7	INCOME FROM INVESTMENTS	476000 7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	217763 8
9	REVENUE FROM TELEVISION AND RADIO SERVICE	9 9
10	PURCHASE DISCOUNTS	12681 10
11	REBATES AND REFUNDS OF EXPENSES	11 11
12	PARKING LOT RECEIPTS	1150651 12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	13 13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	848534 14
15	REVENUE FROM RENTAL OF LIVING QUARTERS	15 15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	16 16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	682406 17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	18 18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	19 19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	268981 20
21	RENTAL OF VENDING MACHINES	21 21
22	RENTAL OF HOSPITAL SPACE	1520206 22
23	GOVERNMENTAL APPROPRIATIONS	23 23
24	CARD REHAB MISC REV	104310 24
24.01	CHILD CARE CENTER	929715 24.01
24.02	OTHER	3201480 24.02
24.05	HOUSEKEEPING SERVICES	22800 24.05
24.06	HOME HEALTH CARE MISC REV	1515 24.06
24.07	MEDICAL EDUCATION REVENUE	328876 24.07
24.08	MEDICAL STAFF REVENUE	15000 24.08
24.09	OTHER MISCELLANEOUS INCOME	501004 24.09
24.10	PATIENT ACCTS	44750 24.10
24.11	RESTRICTED FUND TRNS	89124 24.11
25	TOTAL OTHER INCOME	10791000 25
26	TOTAL	3734000 26
27	OTHER	27 27
27.01	LOSS ON RETIREMENT OF LONG TERM DEB	947000 27.01
27.02	TRUSTEE FUND MARKET AJE	3000 27.02
28		28 28
29		29 29
30	TOTAL OTHER EXPENSES	950000 30
31	NET INCOME (OR LOSS) FOR THE PERIOD	2784000 31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7126

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	711928		33915		198714	944557 5
6 SKILLED NURSING CARE	637527					637527 6
7 PHYSICAL THERAPY	322543					322543 7
8 OCCUPATIONAL THERAPY	118057					118057 8
9 SPEECH PATHOLOGY	67					67 9
10 MEDICAL SOCIAL SERVICES	4695					4695 10
11 HOME HEALTH AIDE	29458					29458 11
12 SUPPLIES					30671	30671 12
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	1824275		33915		229385	2087575 24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7126

WORKSHEET H  
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDG & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION					4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	-13972	930585	-255	930330	5
6 SKILLED NURSING CARE		637527		637527	6
7 PHYSICAL THERAPY		322543		322543	7
8 OCCUPATIONAL THERAPY		118057		118057	8
9 SPEECH PATHOLOGY		67		67	9
10 MEDICAL SOCIAL SERVICES		4695		4695	10
11 HOME HEALTH AIDE		29458		29458	11
12 SUPPLIES		30671		30671	12
13 DRUGS					13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME					14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING					17
18 CLINIC					18
19 HEALTH PROMOTION ACTIVITIES					19
20 DAY CARE PROGRAM					20
21 HOME DELIVERED MEALS PROGRAM					21
22 HOMEMAKER SERVICE					22
23 ALL OTHERS					23
23.50 TELEMEDICINE					23.50
24 TOTAL	-13972	2073603	-255	2073348	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7126

WORKSHEET H-4  
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
1		1	2	3	4			
2								
3								
4								
5	930330					930330	930330	5
6	637527					637527	518899	1156426
7	322543					322543	262525	585068
8	118057					118057	96089	214146
9	67					67	55	122
10	4695					4695	3821	8516
11	29458					29458	23977	53435
12	30671					30671	24964	55635
13								13
13.20								13.20
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
23.50								23.50
24	2073348					2073348		2073348

PROVIDER NO. 14-0114 SWEDISH COVENANT HOSPITAL  
 PERIOD FROM 10/01/2009 TO 09/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM  
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COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7126

WORKSHEET H-4  
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET)	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPORT- ATION (MILEAGE)	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
	1	2	3	4			
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-930330	1143018	5
6 SKILLED NURSING CARE						637527	6
7 PHYSICAL THERAPY						322543	7
8 OCCUPATIONAL THERAPY						118057	8
9 SPEECH PATHOLOGY						67	9
10 MEDICAL SOCIAL SERVICES						4695	10
11 HOME HEALTH AIDE						29458	11
12 SUPPLIES						30671	12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL					-930330	1143018	24
25 COST TO BE ALLOC (PER W/S H)						930330	25
26 UNIT COST MULTIPLIER						.813924	26









ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7126

WORKSHEET H-5  
 PART I

HHA COST CENTER	ALLOCATED		
	HHA A & G 28	TOTAL HHA COSTS 29	
1 ADMINISTRATIVE AND GENERAL			1
2 SKILLED NURSING CARE	192229	1853842	2
3 PHYSICAL THERAPY	97253	937909	3
4 OCCUPATIONAL THERAPY	35596	343292	4
5 SPEECH PATHOLOGY	20	195	5
6 MEDICAL SOCIAL SERVICES	1416	13652	6
7 HOME HEALTH AIDE	8882	85660	7
8 SUPPLIES	8473	81717	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	343869	3316267	20
21 UNIT COST MULTIPLIER	.115687		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7126

WORKSHEET H-5  
 PART II

HHA COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS GROSS SALARIES	NON PATIENT PHONES (PHONES)	PURCHASE (SUPPLY EXPENSE)	ADMITTING GROSS REVENUE
	1	2	3	4	5	6.01	6.03	6.04
1 ADMINISTRATIVE AND GENERAL			541	56813	656782	4	5308	1
2 SKILLED NURSING CARE					637527			2
3 PHYSICAL THERAPY					322543			3
4 OCCUPATIONAL THERAPY					118057			4
5 SPEECH PATHOLOGY					67			5
6 MEDICAL SOCIAL SERVICES					4695			6
7 HOME HEALTH AIDE					29458			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			541	56813	1769129	4	5308	20
21 TOTAL COST TO BE ALLOCATED			4642	58146	293325	4173	266	21
22 UNIT COST MULTIPLIER			8.580407		.165802		.050113	22
22 UNIT COST MULTIPLIER				1.023463		1043.250000		22





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

HHA NO.: 14-7126

WORKSHEET H-5  
PART II

HHA COST CENTER	NURSING SCHOOL	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	PARAMED EDUCATION ASSIGNED TIME	
	21	22	23	24	
1 ADMINISTRATIVE AND GENERAL					1
2 SKILLED NURSING CARE					2
3 PHYSICAL THERAPY					3
4 OCCUPATIONAL THERAPY					4
5 SPEECH PATHOLOGY					5
6 MEDICAL SOCIAL SERVICES					6
7 HOME HEALTH AIDE					7
8 SUPPLIES					8
9 DRUGS					9
9.20 COST OF ADMINISTERING VACC					9.20
10 DME					10
11 HOME DIALYSIS AIDE SERVICE					11
12 RESPIRATORY THERAPY					12
13 PRIVATE DUTY NURSING					13
14 CLINIC					14
15 HEALTH PROMOTION ACTIVITIE					15
16 DAY CARE PROGRAM					16
17 HOME DELIVERED MEALS PROGR					17
18 HOMEMAKER SERVICE					18
19 ALL OTHERS					19
19.50 TELEMEDICINE					19.50
20 TOTALS					20
21 TOTAL COST TO BE ALLOCATED					21
22 UNIT COST MULTIPLIER					22
22 UNIT COST MULTIPLIER					22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7126

WORKSHEET H-6  
 PARTS I & II

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

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

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	1853842		1853842	7844	236.34	1
2	PHYSICAL THERAPY	3	937909		937909	4375	214.38	2
3	OCCUPATIONAL THERAPY	4	343292		343292	1673	205.20	3
4	SPEECH PATHOLOGY	5	195		195	86	2.27	4
5	MEDICAL SOCIAL SERV	6	13652		13652	54	252.81	5
6	HOME HEALTH AIDE SERV	7	85660		85660	592	144.70	6
7	TOTAL		3234550		3234550	14624		7

  

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

  

SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	81717		81717	65479	1.247988	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20

  

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





CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7126

WORKSHEET H-7  
 PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PROGRAM SERVICES				1
2 REASONABLE COST OF SERVICES				2
2 TOTAL CHARGES	819967	799004		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	819967	799004		6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	819967	799004		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	853192	770498	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	2023	6539	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	19317	19539	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	16591	19461	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	862	1314	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	891985	817351	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	891985	817351	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	891985	817351	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	891985	817351	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	891985	817351	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	891985	817351	24
25 TOTAL INTERIM PAYMENTS	891985	817351	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM			26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

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

HHA NO.: 14-7126

WORKSHEET H-8

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		891985		817351	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM					
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01				3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO .02				3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .04				3.04
	.05				3.05
	.50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROGRAM .53				3.53
	.54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		891985		817351	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02	NONE		NONE	5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51	NONE		NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01				6.01
	PROVIDER TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		891985		817351	7
NAME OF INTERMEDIARY: _____	INTERMEDIARY NUMBER: _____				
SIGNATURE OF AUTHORIZED PERSON: _____	DATE (MO/DAY/YR): _____				

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0114)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3	3268916				3
3.01					3.01
4					4
4.01					4.01
4.02					4.02
4.03					4.03
5					5
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
6					6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
6.01 NON-PATIENT PHONES						6.01
6.03 PURCHASING						6.03
6.04 ADMITTING						6.04
6.05 PATIENT ACCOUNTS & CASHIERS						6.05
6.06 ADMINISTRATION & GENERAL						6.06
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA						12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION						14
15 CENTRAL SERVICES & SUPPLY						15
16 PHARMACY						16
17 MEDICAL RECORDS & LIBRARY						17
18 SOCIAL SERVICE						18
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL						21
22 I&R SERVICES-SALARY & FRINGES						22
23 I&R SERVICES-OTHER PRGM COSTS						23
24 PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS						25
26 INTENSIVE CARE UNIT						26
26.01 SPECIAL CARE NURSERY						26.01
31 SUBPROVIDER I						31
31.01 SUBPROVIDER II PSYCHIATRIC UNI						31.01
33 NURSERY						33
34 SKILLED NURSING FACILITY						34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
41.01 CT SCANS AND MRI						41.01
41.02 CANCER TREATMENT CENTER						41.02
41.03 ULTRASOUND						41.03
41.04 SPECIAL PROCEDURES						41.04
44 LABORATORY						44
44.01 PATHOLOGY						44.01
46.30 BLOOD CLOTTING FACTORS ADMIN C						46.30
47 BLOOD STORING, PROCESSING & TR						47
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
50.01 REHABILITATION MEDICINE						50.01
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
53.01 CARDIAC CATHERIZATION LAB						53.01
53.02 RADIOLOGY						53.02
55 MEDICAL SUPPLIES CHARGED TO PA						55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
58 ASC (NON-DISTINCT PART)						58
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60.01 FAMILY PRACTICE CLINIC						60.01
60.02 WOUND CARE						60.02
60.03 PAIN MANAGEMENT						60.03
60.05 WOMENS CENTER						60.05
60.06 DIABETES CENTER						60.06
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINCT						62
63.50 RHC						63.50
63.60 FQHC						63.60

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
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96
96.02 COVENANT RETIREMENT HOME					96.02
96.05 BOARD OF BENEVOLENCE					96.05
96.07 DENTAL					96.07
96.08 COVENANT RETIREMENT COMMUNITY					96.08
96.09 OP PHARMACY					96.09
96.10 PLAZA					96.10
96.11 G CAFETERIA					96.11
96.12 G PHARMACY					96.12
96.13 G SUITE					96.13
96.14 OFFSITE CLINICS					96.14
97.01 OCC HEALTH					97.01
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

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	1677098	59456510	.028207	13270215	374313	37
39 DELIVERY ROOM & LABOR ROOM	125261	14608109	.008575			39
40 ANESTHESIOLOGY	212271	31063089	.006834	6475593	44254	40
41 RADIOLOGY-DIAGNOSTIC	2205476	50887033	.043341	10368914	449399	41
41.01 CT SCANS AND MRI	1720519	83490810	.020607	15150706	312211	41.01
41.02 CANCER TREATMENT CENTER	481852	8087633	.059579	481093	28663	41.02
41.03 ULTRASOUND	302417	15518241	.019488	1055429	20568	41.03
41.04 SPECIAL PROCEDURES	65698	1518798	.043257	465078	20118	41.04
44 LABORATORY	752648	145221511	.005183	35347696	183207	44
44.01 PATHOLOGY	150565	9147122	.016460	1162704	19138	44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	74110	12314399	.006018	4445125	26751	47
49 RESPIRATORY THERAPY	169878	28235728	.006016	12719241	76519	49
50 PHYSICAL THERAPY						50
50.01 REHABILITATION MEDICINE	650468	24198525	.026880	2658077	71449	50.01
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	99956	12090789	.008267	3102937	25652	53
53.01 CARDIAC CATHERIZATION LAB	1369296	24049347	.056937	8057325	458760	53.01
53.02 RADIOLOGY	497259	20054285	.024796	5017224	124407	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	529547	107375694	.004932	37544939	185172	55
55.30 IMPL. DEV. CHARGED TO PATIENT	488061	26020168	.018757	7799403	146293	55.30
56 DRUGS CHARGED TO PATIENTS	339783	65968927	.005151	25238356	130003	56
57 RENAL DIALYSIS	31610	6964115	.004539	4204909	19086	57
58 ASC (NON-DISTINCT PART)	208595	7736885	.026961	1237322	33359	58
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60.01 FAMILY PRACTICE CLINIC	258796	2649613	.097673			60.01
60.02 WOUND CARE	124320	6690170	.018582	149765	2783	60.02
60.03 PAIN MANAGEMENT	325473	991482	.328269	1000	328	60.03
60.05 WOMENS CENTER						60.05
60.06 DIABETES CENTER	27487	196445	.139922			60.06
61 EMERGENCY	708537	47025321	.015067	7492096	112883	61
62 OBSERVATION BEDS (NON-DISTINCT	370146	14434573	.025643	1282924	32898	62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	13967127	825995322		204728071	2898214	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	3044938		3044938	61846	49.23	26457	1302478 25
26 INTENSIVE CARE UNIT	326773		326773	3985	82.00	1873	153586 26
26.01 SPECIAL CARE NURSERY	42244		42244	1254	33.69		26.01
101 TOTAL	3413955		3413955			28330	1456064 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS						1456064	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS						2898214	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS						4354278	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)						5281	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)						28330	
PER DISCHARGE CAPITAL COSTS						824.52	
PER DIEM CAPITAL COSTS						153.70	

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)	49100955
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	273222715
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.180

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	2789171
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	10767343
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))	3419509
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31.01 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	13631296
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.251

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)	4354278
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.016

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	18441899
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	96934855
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.190