

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

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY SWEDISHAMERICAN HOSPITAL (14-0228) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 06/01/2009 AND ENDING 05/31/2010, 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	2	3	4		
1	HOSPITAL	-673	546034	176454	6120638	1
2	SUBPROVIDER I		2932	421	124526	2
3	SWING BED - SNF					3
4	SWING BED - NF					4
5	SKILLED NURSING FACILITY					5
6	NURSING FACILITY					6
7	HOME HEALTH AGENCY	-183		-886		7
8	OUTPATIENT REHABILITATION PROVIDER					8
9	HEALTH CLINIC					9
100	TOTAL	-673	548783	175989	6245164	100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

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

P.O.BOX:
 ZIP CODE: 61104

COUNTY: WINNEBAGO

1
 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

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

17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 06/01/2009 TO: 05/31/2010	17
18	TYPE OF CONTROL	1 2	18

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1	19
20	SUBPROVIDER I	4	20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.			21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?	YES		21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.			21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	1 N	N 40420	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1		21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1		21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.	NO		21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS).	NO		21.07
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	NO		22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW	NO		23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.			23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.			23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.			23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.			23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.			23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.			23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.			23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.			24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.			24.01
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	YES		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	YES		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	YES		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

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

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47	HOSPITAL	N	N	N	N	47			
48	SUBPROVIDER I	N	N	N	N	48			
49	SKILLED NURSING FACILITY	N	N			49			
50	HOME HEALTH AGENCY	N	N			50			
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?			NO		52			
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.			NO		52.01			
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53			
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01			
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 1187363 PAID LOSSES: AND/OR SELF INSURANCE:					54			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.			NO		54.01			
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.			NO		55			
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE 0 / /	Y/N 1 NO	LIMIT 2 0.00	Y/N 3 NO	FEE\$ 4	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?				YES				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.				NO				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)								58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)				NO				59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	YES				60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)	YES	NO			60.01
MULTICAMPUS						
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.			NO		61
	COUNTY:		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	09/22/2010	63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		6477	6027	18809	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
6.01	PEDIATRIC ICU					6.01
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		6477	6027	18809	12
13	RPCH VISITS					13
14	SUBPROVIDER I		204	95	631	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	2	3	4	5	6		
1	TOTAL SALARIES	148584235	1074848	149659083	5259684.87	28.45		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	1945065		1945065	23982.40	81.10		5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	44795164	-1805783	42989381	1204944.00	35.68		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	84912		84912	1134.50	74.85		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	5588141		5588141	90665.30	61.63		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS							11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	33899280		33899280			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	9938396		9938396			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	274758		274758			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	1700789	145815	1846604	58487.85	31.57		21
22	ADMINISTRATIVE & GENERAL	21247581	-359300	20888281	727468.22	28.71		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	3374534		3374534	44618.38	75.63		22.01
23	MAINTENANCE & REPAIRS	570755		570755	23400.00	24.39		23
24	OPERATION OF PLANT	674035		674035	31592.20	21.34		24
25	LAUNDRY & LINEN SERVICE	65297		65297	6323.20	10.33		25
26	HOUSEKEEPING	2494491		2494491	192275.20	12.97		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1835066		1835066	135241.60	13.57		27
27.01	DIETARY UNDER CONTRACT	361063		361063	8320.00	43.40		27.01
28	CAFETERIA							28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1207110		1207110	37856.00	31.89		30
31	CENTRAL SERVICES AND SUPPLY	517546		517546	32094.40	16.13		31
32	PHARMACY	3887655		3887655	100110.40	38.83		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1576707		1576707	92220.10	17.10		33
34	SOCIAL SERVICE							34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
1		2	3	4	5		
1	NET SALARIES	150374767	1074848	151449615	5288640.85	28.64	1
2	EXCLUDED AREA SALARIES	44795164	-1805783	42989381	1204944.00	35.68	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	105579603	2880631	108460234	4083696.85	26.56	3
4	SUBTOTAL OTHER WAGES & REL COSTS	5673053		5673053	91799.80	61.80	4
5	SUBTOTAL WAGE-RELATED COSTS	33899280		33899280		31.26%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	145151936	2880631	148032567	4175496.65	35.45	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	39512629	-213485	39299144	1490007.55	26.38	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7448

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY:

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		1951	58	23	2032	1
2 UNDUPLICATED CENSUS COUNT		739.00	188.00	614.00	1541.00	2

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
40.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	2.61		2.61	3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	1.00		1.00	4
5 OTHER ADMINISTRATIVE PERSONNEL	17.10		17.10	5
6 DIRECT NURSING SERVICE	21.06		21.06	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE	4.74		4.74	8
9 PHYSICAL THERAPY SUPERVISOR	.57		.57	9
10 OCCUPATIONAL THERAPY SERVICE	1.80		1.80	10
11 OCCUPATIONAL THERAPY SUPERVISOR	.43		.43	11
12 SPEECH PATHOLOGY SERVICE	1.00		1.00	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE	1.12		1.12	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	1.60		1.60	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 PHARMACY TECH				18
18.01 IV INFUSION THERAPY	6.48		6.48	18.01
18.02 DURABLE MEDICAL EQUIPMENT	4.41		4.41	18.02
18.03 LIFELINE	.32		.32	18.03
18.04 PRIVATE DUTY PEDS				18.04
18.05 ADULT PRIVATE DUTY	10.78		10.78	18.05
18.06 ENTEROSTOMAL THERAPY				18.06
18.07 EARLY INTERVENTION				18.07

HOME HEALTH AGENCY MSA CODES

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

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

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

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE	30399532	17
17.01	GROSS MEDICAID REVENUES	200600948	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	231000480	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.247028	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	200600948	28
29	TOTAL GROSS MEDICAID COST	49554051	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	30399532	30
31	UNCOMPENSATED CARE COST	7509536	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	49554051	32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
	GENERAL SERVICE COST CENTERS								
1	0100 OLD CAP REL COSTS-BLDG & FIXT		16647330	16647330	-11690194	4957136	-4565492	391644	1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP				90	90	50239	50329	2
3	0300 NEW CAP REL COSTS-BLDG & FIXT				7813289	7813289	6374	7819663	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				12561581	12561581	223097	12784678	4
5	0500 EMPLOYEE BENEFITS	1700789	2871460	4572249	-21064	4551185	-967515	3583670	5
6	0600 ADMINISTRATIVE & GENERAL	21247581	33872167	55119748	-8604434	46515314	-6430475	40084839	6
7	0700 MAINTENANCE & REPAIRS	570755	675224	1245979	740089	1986068	-84566	1901502	7
8	0800 OPERATION OF PLANT	674035	4202727	4876762	-10349	4866413	-7132	4859281	8
9	0900 LAUNDRY & LINEN SERVICE	65297	1191662	1256959	-54	1256905	-21704	1235201	9
10	1000 HOUSEKEEPING	2494491	1354692	3849183	-4438	3844745	-295	3844450	10
11	1100 DIETARY	1835066	2818289	4653355	-150701	4502654	-2776	4499878	11
12	1200 CAFETERIA						-1198550	-1198550	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	1207110	687567	1894677	-4706	1889971	-104634	1785337	14
15	1500 CENTRAL SERVICES & SUPPLY	517546	6587980	7105526	-3953263	3152263		3152263	15
16	1600 PHARMACY	3887655	10839871	14727526	-9430435	5297091		5297091	16
17	1700 MEDICAL RECORDS & LIBRARY	1576707	1341796	2918503	-205700	2712803	-201107	2511696	17
18	1800 SOCIAL SERVICE								18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A		4590082	4590082	-54	4590028	-95192	4494836	23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
24.10	2400 PARAMED ED PRGM - MEDICAL	69634	23250	92884		92884		92884	24.10
24.20	2401 PARAMED ED PRGM - RADIOLOGY	150665	81911	232576	-2443	230133	-77996	152137	24.20
24.30	2402 PARAMED ED - RADIATION ONCOLOGY	110621	92924	203545	-2076	201469	-36001	165468	24.30
24.40	2403 PARAMED ED - PARAMEDICAL TECHS	387047	551205	938252	-10139	928113	-106029	822084	24.40
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	21494396	10364010	31858406	-222496	31635910	-352105	31283805	25
26	2600 INTENSIVE CARE UNIT	5588573	2218684	7807257	-6039	7801218	-138381	7662837	26
26.01	2601 PEDIATRIC ICU								26.01
31	3100 SUBPROVIDER I	2546393	947050	3493443	-1376040	2117403	-358790	1758613	31
33	3300 NURSERY	1224589	1183311	2407900	1053427	3461327	-28289	3433038	33
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	6707299	23301609	30008908	-1437191	28571717	-3965225	24606492	37
37.20	3340 GASTROENTEROLOGY	508761	294721	803482	-505	802977		802977	37.20
39	3900 DELIVERY ROOM & LABOR ROOM	2514093	1239280	3753373	-1470	3751903		3751903	39
40	4000 ANESTHESIOLOGY		298934	298934	1425000	1723934	-1385446	338488	40
41	4100 RADIOLOGY-DIAGNOSTIC	8299230	15729053	24028283	-644750	23383533	-614263	22769270	41
41.10	3480 RADIATION ONCOLOGY	1699699	1088202	2787901	10460169	13248070	-805204	12442866	41.10
41.20	3230 CT SCAN	1060744	2145733	3206477	-262908	2943569	-12487	2931082	41.20
41.30	3430 M.R.I.		25600	25600		25600	2333409	2359009	41.30
44	4400 LABORATORY	3012776	9129812	12142588	-551399	11591189	-304870	11286319	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	1994377	1406428	3400805	-363947	3036858	-1796	3035062	49
50	5000 PHYSICAL THERAPY	2900300	1835399	4735699	-8561	4727138	-48644	4678494	50
53	5300 ELECTROCARDIOLOGY	641854	381782	1023636	-2067	1021569		1021569	53
53.10	3140 PEDIATRIC CARDIOLOGY								53.10
54	5400 ELECTROENCEPHALOGRAPHY	583401	586397	1169798	-7362	1162436	-59821	1102615	54
54.10	3370 APNEA MONITORING								54.10
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				3915327	3915327		3915327	55
56	5600 DRUGS CHARGED TO PATIENTS				9376929	9376929		9376929	56
58.10	3950 NUTRITIONAL SUPPORT				139209	139209		139209	58.10
58.20	3951 HEMODIALYSIS		579895	579895		579895		579895	58.20
	OUTPATIENT SERVICE COST CENTERS								
60	6000 CLINIC	1213179	1364969	2578148	-12391	2565757	-330793	2234964	60
60.01	6001 CHILDRENS CLINIC								60.01
61	6100 EMERGENCY	7738595	5462448	13201043	-148199	13052844	-1453173	11599671	61
61.05	6101 AMBULATORY CARE	78035	46862	124897	-1655	123242		123242	61.05
61.10	6102 PSYCHIATRIC PARTIAL	752138	431576	1183714	471548	1655262	-817222	838040	61.10
62	6200 OBSERVATION BEDS (NON-DISTINCT)								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY	4348928	4369631	8718559	-751347	7967212	-7473	7959739	71
	SPECIAL PURPOSE COST CENTERS								
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
95	SUBTOTALS	111402359	172861523	284263882	8068281	292332163	-21970327	270361836	95
	NONREIMBURSABLE COST CENTERS								
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	218454	464838	683292		683292	140	683432	96

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
96.10 9601 MCC WORD PROCESSING								96.10
98 9800 PHYSICIANS' PRIVATE OFFICES								98
98.01 9801 SPECIALISTS/PCP'S	36280238	37225318	73505556	-10461614	63043942	-237048	62806894	98.01
98.02 9802 MEDWORKS								98.02
98.03 9803 SWEDISHAMERICAN ER	27500	2517175	2544675		2544675		2544675	98.03
98.20 9804 IDLE SPACE								98.20
99 9900 NONPAID WORKERS	19639	38724	58363		58363		58363	99
99.10 9901 HOTEL								99.10
99.30 9902 PHYSICIAN BILLING								99.30
99.40 9903 MEALS ON WHEELS								99.40
99.50 9904 WEE CARE								99.50
99.60 9905 PHYSICIAN RELATED AREAS	303479	1018699	1322178		1322178	-3678	1318500	99.60
99.70 9906 WOMEN'S CENTER								99.70
99.80 9907 MARKETING EXPENSES				2393333	2393333		2393333	99.80
99.90 9908 COMPLIMENTARY MEDICINE	332566	423044	755610		755610		755610	99.90
101 TOTAL	148584235	214549321	363133556		363133556	-22210913	340922643	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY		
	1	2	3	4	OTHER	5
1 INTEREST EXPENSE	B	OLD CAP REL COSTS-BLDG & FIXT	1		4831607	1
2 MEDICAL MAINTENANCE	C	MAINTENANCE & REPAIRS	7		741429	2
3 MEDICAL SUPPLIES CHARGED TO PATIENTS	D	MEDICAL SUPPLIES CHARGED TO P	55		3915327	3
4 DRUGS CHARGED TO PATIENTS	E	DRUGS CHARGED TO PATIENTS	56		9376929	4
5 MEDICAL SUPPLIES	F	ADULTS & PEDIATRICS	25		5421	5
6 PUBLIC RELATIONS EXP	G	ADMINISTRATIVE & GENERAL	6		9534	6
7	G					7
8	G					8
9 ANESTHESIA PHYSICIANS	H	ANESTHESIOLOGY	40		1425000	9
10 CAPITAL RELATED COSTS	I	NEW CAP REL COSTS-MVBLE EQUIP	4		3853159	10
11	I					11
12	I					12
13	I					13
14	I					14
15	I					15
16	I					16
17	I					17
18	I					18
19	I					19
20	I					20
21	I					21
22	I					22
23	I					23
24	I					24
25	I					25
26	I					26
27	I					27
28	I					28
29	I					29
30	I					30
31	I					31
32	I					32
33	I					33
34	I					34
35	I					35
36 SUBTOTAL					24158406	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 INTEREST EXPENSE	B	ADMINISTRATIVE & GENERAL	6		4831607	11 1
2 MEDICAL MAINTENANCE	C	ADMINISTRATIVE & GENERAL	6		741429	2
3 MEDICAL SUPPLIES CHARGED TO PATIE	D	CENTRAL SERVICES & SUPPLY	15		3915327	3
4 DRUGS CHARGED TO PATIENTS	E	PHARMACY	16		9376929	4
5 MEDICAL SUPPLIES	F	DIETARY	11		5421	5
6 PUBLIC RELATIONS EXP	G	PARAMED ED PRGM - RADIOLOGY	24.20		2365	6
7	G	PARAMED ED - RADIATION ONCOLO	24.30		1368	7
8	G	PARAMED ED - PARAMEDICAL TECH	24.40		5801	8
9 ANESTHESIA PHYSICIANS	H	OPERATING ROOM	37		1425000	9
10 CAPITAL RELATED COSTS	I	EMPLOYEE BENEFITS	5		21064	10 10
11	I	ADMINISTRATIVE & GENERAL	6		647599	11
12	I	MAINTENANCE & REPAIRS	7		1340	12
13	I	OPERATION OF PLANT	8		10349	13
14	I	LAUNDRY & LINEN SERVICE	9		54	14
15	I	HOUSEKEEPING	10		4438	15
16	I	DIETARY	11		6071	16
17	I	NURSING ADMINISTRATION	14		4706	17
18	I	CENTRAL SERVICES & SUPPLY	15		37936	18
19	I	PHARMACY	16		53506	19
20	I	MEDICAL RECORDS & LIBRARY	17		205700	20
21	I	I&R SERVICES-OTHER PRGM COSTS	23		54	21
22	I	PARAMED ED PRGM - RADIOLOGY	24.20		78	22
23	I	PARAMED ED - RADIATION ONCOLO	24.30		708	23
24	I	PARAMED ED - PARAMEDICAL TECH	24.40		4338	24
25	I	ADULTS & PEDIATRICS	25		73011	25
26	I	INTENSIVE CARE UNIT	26		6039	26
27	I	SUBPROVIDER I	31		5546	27
28	I	NURSERY	33		425	28
29	I	OPERATING ROOM	37		12191	29
30	I	GASTROENTEROLOGY	37.20		505	30
31	I	DELIVERY ROOM & LABOR ROOM	39		1470	31
32	I	RADIOLOGY-DIAGNOSTIC	41		644750	32
33	I	RADIATION ONCOLOGY	41.10		1445	33
34	I	CT SCAN	41.20		262908	34
35	I	LABORATORY	44		551399	35
36 SUBTOTAL					22862877	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	I				1
2	I				2
3	I				3
4	I				4
5	I				5
6	I				6
7	I				7
8	I				8
9 SPLIT OF PSYCHIATRIC	J	ADULTS & PEDIATRICS	25	663275	235671 9
10	J	PSYCHIATRIC PARTIAL	61.10	347925	123623 10
11 SPLIT OF FAMILY BIRTHPLACE	K	NURSERY	33	742639	311213 11
12 DEPRECIATION ADJUSTMENT	L	NEW CAP REL COSTS-BLDG & FIXT	3		7813289 12
13	L	NEW CAP REL COSTS-MVBLE EQUIP	4		8708422 13
14	L	OLD CAP REL COSTS-MVBLE EQUIP	2		90 14
15 DIETARY NUTRITIONAL SUPPLIMENT	N	NUTRITIONAL SUPPORT	58.10		139209 15
16 MARKETING EXPENSES	O	MARKETING EXPENSES	99.80	359300	2034033 16
17 CHEMO EXPENSES	Q	RADIATION ONCOLOGY	41.10	1153883	9307731 17
18 RECRUITMENT BONUS	R	EMPLOYEE BENEFITS	5	145815	18
19 RECLASS OF MRI SALARIES	S	M.R.I.	41.30	929033	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				4341870	52831687 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1	I	RESPIRATORY THERAPY	49		363947	1
2	I	PHYSICAL THERAPY	50		8561	2
3	I	ELECTROCARDIOLOGY	53		2067	3
4	I	ELECTROENCEPHALOGRAPHY	54		7362	4
5	I	CLINIC	60		12391	5
6	I	EMERGENCY	61		148199	6
7	I	AMBULATORY CARE	61.05		1655	7
8	I	HOME HEALTH AGENCY	71		751347	8
9 SPLIT OF PSYCHIATRIC	J	SUBPROVIDER I	31	1011200	359294	9
10	J					10
11 SPLIT OF FAMILY BIRTHPLACE	K	ADULTS & PEDIATRICS	25	742639	311213	11
12 DEPRECIATION ADJUSTMENT	L	OLD CAP REL COSTS-BLDG & FIXT	1		16521801	9 12
13	L					9 13
14	L					9 14
15 DIETARY NUTRITIONAL SUPPLIMENT	N	DIETARY	11		139209	15
16 MARKETING EXPENSES	O	ADMINISTRATIVE & GENERAL	6	359300	2034033	16
17 CHEMO EXPENSES	Q	SPECIALISTS/PCP'S	98.01	1153883	9307731	17
18 RECRUITMENT BONUS	R	EMPLOYEE BENEFITS	5		145815	18
19 RECLASS OF MRI SALARIES	S	M.R.I.	41.30		929033	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				3267022	53906535	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	1181063					1181063	1
2 LAND IMPROVEMENTS	1662129					1662129	2
3 BUILDINGS AND FIXTURES	18466198				328448	18137750	3
4 BUILDING IMPROVEMENTS	13548088				20845	13527243	4
5 FIXED EQUIPMENT	2005880				52420	1953460	5
6 MOVABLE EQUIPMENT	7214683				527022	6687661	6
7 SUBTOTAL	44078041				928735	43149306	7
8 RECONCILING ITEMS							8
9 TOTAL	44078041				928735	43149306	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	1268631					1268631	1
2 LAND IMPROVEMENTS	4486702	170204		170204		4656906	2
3 BUILDINGS AND FIXTURES	78681275	1411311		1411311		80092586	3
4 BUILDING IMPROVEMENTS	74534572	2343947		2343947	6480	76872039	4
5 FIXED EQUIPMENT	3993564	76023		76023		4069587	5
6 MOVABLE EQUIPMENT	99813418	11356238		11356238	1731890	109437766	6
7 SUBTOTAL	262778162	15357723		15357723	1738370	276397515	7
8 RECONCILING ITEMS							8
9 TOTAL	262778162	15357723		15357723	1738370	276397515	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT	125529		266115				391644	1
2 OLD CAP REL COSTS-MVBLE EQUIP	50329						50329	2
3 NEW CAP REL COSTS-BLDG & FIXT	7819663						7819663	3
4 NEW CAP REL COSTS-MVBLE EQUIP	8765746	4018932					12784678	4
5 TOTAL	16761267	4018932	266115				21046314	5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT	16647330						16647330	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	16647330						16647330	5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES	B	-4514421	OLD CAP REL COSTS-BLDG & FIXT	1	11 1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-131253	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-10137377			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	1823525			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-1198550	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES	A	-35	NEW CAP REL COSTS-BLDG & FIXT	3	9 31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT	A	57324	NEW CAP REL COSTS-MVBLE EQUIP	4	9 32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37 CUDDLE CARE	B	-330	ADULTS & PEDIATRICS	25	37
38 OTHER REVENUE	B	-1450	SUBPROVIDER I	31	38
39					39
39.10 OTHER REVENUE	B	-46022	PSYCHIATRIC PARTIAL	61.10	39.10
40 PROFESSIONAL EDUCATION	B	-1200	ADMINISTRATIVE & GENERAL	6	40
41 MED REC TRANSCRIPTS	B	-27	RADIOLOGY-DIAGNOSTIC	41	41
42 RECYCLING	B	-3291	ADULTS & PEDIATRICS	25	42
42.10 MEDICAL REC TRANSCRIPTS	B	-20	CLINIC	60	42.10
42.11 WOMEN CENTER RESEARCH	B	-2500	CLINIC	60	42.11
43 BABY PICTURES	B	-3281	NURSERY	33	43
44 RECYCLING	B	-744	EMERGENCY	61	44
45 EMS EDUCATION FEES	B	-84984	PARAMED ED - PARAMEDICAL TECHS	24.40	45
46 OTHER REVENUE	B	-41533	EMERGENCY	61	46
47 OTHER REVENUE	B	-62066	RADIOLOGY-DIAGNOSTIC	41	47
47.10 OTHER REVENUE	B	-125	ADMINISTRATIVE & GENERAL	6	47.10
48 TUITION	B	-51469	PARAMED ED PRGM - RADIOLOGY	24.20	48
49 ADMISSION FEES	B	-24777	PARAMED ED PRGM - RADIOLOGY	24.20	49
49.01 BOOK FEES	B	-20	PARAMED ED PRGM - RADIOLOGY	24.20	49.01
49.03 MED REC TRASCRIPTS	B	-1625	RADIOLOGY-DIAGNOSTIC	41	49.03
49.05 RECLAIMED WIRE	B	-1554	RADIOLOGY-DIAGNOSTIC	41	49.05
49.06 TUITION	B	-30774	PARAMED ED - RADIATION ONCOLOGY	24.30	49.06
49.07 BOOK FEES	B	-3497	PARAMED ED - RADIATION ONCOLOGY	24.30	49.07
49.08 OTHER REVENUE	B	-44136	RADIATION ONCOLOGY	41.10	49.08
49.09 OTHER REVENUE	B	-8730	PHYSICAL THERAPY	50	49.09
49.10 HEART SCAN REVENUE	B	-12487	CT SCAN	41.20	49.10
49.13 GROSS REVENUE	B	-30	EMPLOYEE BENEFITS	5	49.13
49.14 EMPLOYEE HEALTH	B	-830136	EMPLOYEE BENEFITS	5	49.14
49.16 OTHER REVENUE	B	-192527	MEDICAL RECORDS & LIBRARY	17	49.16
49.19 PHOTO	B	-2091	ADMINISTRATIVE & GENERAL	6	49.19
49.20 VENDING MACHINES	B	-295	HOUSEKEEPING	10	49.20

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO.	
	1	2	3	4	5
49.21 NON PATIENT LINEN	B	-21704	LAUNDRY & LINEN SERVICE	9	49.21
49.22 GUEST ROOM RENTAL	B	-10980	ADMINISTRATIVE & GENERAL	6	49.22
49.23 INSURANCE AUDIT	B	-2050	ADMINISTRATIVE & GENERAL	6	49.23
49.24 OTHER REVENUE	B	-289998	ADMINISTRATIVE & GENERAL	6	49.24
49.25 COMMUNICATIONS	B	-7703	ADMINISTRATIVE & GENERAL	6	49.25
49.26 PHYSICIAN PAGING AND ANSWERING	B	-381898	ADMINISTRATIVE & GENERAL	6	49.26
49.27 WORD PROCESSING	B	-70477	ADMINISTRATIVE & GENERAL	6	49.27
49.28 OTHER REVENUE	B	-7167	RADIOLOGY-DIAGNOSTIC	41	49.28
49.29 RISK MANAGEMENT RECORDS REVENUE	B	-41	ADMINISTRATIVE & GENERAL	6	49.29
49.30 OTHER REVENUE	B	-1567132	ADMINISTRATIVE & GENERAL	6	49.30
49.31 OTHER REVENUE/TRANSCRIPTS	B	-8851	EMPLOYEE BENEFITS	5	49.31
49.32 MISC ADMIN REVENUE	B	-19641	ADMINISTRATIVE & GENERAL	6	49.32
49.33 INVESTMENT PREMIUM DISCOUNT	B	14964	OLD CAP REL COSTS-BLDG & FIXT	1	11 49.33
49.34 INVESTMENT MANAGEMENT	A	588405	ADMINISTRATIVE & GENERAL	6	49.34
49.35 MISC ONCOLOGY REVENUE	B	-17181	RADIATION ONCOLOGY	41.10	49.35
49.36 MISCELLANEOUS CT REVENUE	B	-25482	RADIATION ONCOLOGY	41.10	49.36
49.38 M.R.I. COSTS	A	-25600	M.R.I.	41.30	49.38
49.40 PRIOR YEARS ADJUSTMENT	A	17081	OLD CAP REL COSTS-MVBLE EQUIP	2	9 49.40
49.41 COURIER FEES TO SAHMC	B	-311640	ADMINISTRATIVE & GENERAL	6	49.41
49.42 MALPRACTICE EXPENSE	A	-3853503	ADMINISTRATIVE & GENERAL	6	49.42
49.43 UNNECESSARY BOND INTEREST EXPENSE	A	-478914	OLD CAP REL COSTS-BLDG & FIXT	1	11 49.43
49.44 BOND FUND INCOME	B	-7	OLD CAP REL COSTS-BLDG & FIXT	1	11 49.44
49.45 T.V. REPAIR SALARY	A	-5917	ADMINISTRATIVE & GENERAL	6	49.45
49.46 T.V. ELECTRICITY COST	A	-7132	OPERATION OF PLANT	8	49.46
49.47 CHILD CARE DISCOUNT	A	17939	EMPLOYEE BENEFITS	5	49.47
49.48 DUES RELATED TO LOBBYING	A	-39142	ADMINISTRATIVE & GENERAL	6	49.48
49.49 LOSS ON DEFEASANCE	A	406135	OLD CAP REL COSTS-BLDG & FIXT	1	11 49.49
49.51 CORPORATE SPONSORSHIP	A	-62603	ADMINISTRATIVE & GENERAL	6	49.51
49.52 SITTERS COST	A	-112	ADMINISTRATIVE & GENERAL	6	49.52
49.53 SITTERS COST	A	-530	NURSING ADMINISTRATION	14	49.53
49.54 SITTERS COST	A	-330802	ADULTS & PEDIATRICS	25	49.54
49.55 SITTERS COST	A	-63381	INTENSIVE CARE UNIT	26	49.55
49.56 SITTERS COST	A	-38178	SUBPROVIDER I	31	49.56
49.57 SITTERS COST	A	-38	OPERATING ROOM	37	49.57
49.58 SITTERS COST	A	-1796	RESPIRATORY THERAPY	49	49.58
49.59 ALCOHOL COSTS	A	-8279	EMPLOYEE BENEFITS	5	49.59
49.60 ALCOHOL COSTS	A	-3949	ADMINISTRATIVE & GENERAL	6	49.60
49.61 SITTRS COST	A	-214	PHYSICIAN RELATED AREAS	99.60	49.61
49.62 ALCOHOL COSTS	A	-1263	PHYSICIAN RELATED AREAS	99.60	49.62
49.64 EXECUTIVE COMPENSATION	A	-46033	ADMINISTRATIVE & GENERAL	6	49.64
49.69 DEPR ADD BACK	A	6409	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.69
50 TOTAL		-22210913			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	6	ADMINISTRATIVE & GENERAL	PARKING LOTS	108274	294876	-186602	1
2	7	MAINTENANCE & REPAIRS	MEDICAL MAINTENANCE	656863	741429	-84566	2
3	5	EMPLOYEE BENEFITS	RENTAL ADJUSTMENT	110655	118931	-8276	3
4	6	ADMINISTRATIVE & GENERAL	RENTAL ADJUSTMENT	990445	1000062	-9617	4
4.01	23	I&R SERVICES-OTHER PRGM COSTS A	RENTAL ADJUSTMENT	319654	414846	-95192	4.01
4.02	24.40	PARAMED ED - PARAMEDICAL TECHS	RENTAL ADJUSTMENT	103863	124908	-21045	4.02
4.03	37	OPERATING ROOM	RENTAL ADJUSTMENT	15118	12000	3118	4.03
4.04	41	RADIOLOGY-DIAGNOSTIC	RENTAL ADJUSTMENT	423255	432564	-9309	4.04
4.05	50	PHYSICAL THERAPY	RENTAL ADJUSTMENT	406537	429171	-22634	4.05
4.06	54	ELECTROENCEPHALOGRAPHY	RENTAL ADJUSTMENT	190223	200814	-10591	4.06
4.07	60	CLINIC	RENTAL ADJUSTMENT	281896	289098	-7202	4.07
4.08	71	HOME HEALTH AGENCY	RENTAL ADJUSTMENT	179402	186875	-7473	4.08
4.09	98.01	SPECIALISTS/PCP'S	RENTAL ADJUSTMENT	1809566	2046614	-237048	4.09
4.10	99.60	PHYSICIAN RELATED AREAS	RENTAL ADJUSTMENT	52840	55041	-2201	4.10
4.15	2	OLD CAP REL COSTS-MVBLE EQUIP	MRI DEPRECIATION	33158		33158	9 4.15
4.16	1	OLD CAP REL COSTS-BLDG & FIXT	MRI INTEREST	6751		6751	11 4.16
4.17	4	NEW CAP REL COSTS-MVBLE EQUIP	MRI LEASED EQUIPMENT	165773		165773	10 4.17
4.18	41.30	M.R.I.	MRI EXPENSES	2359009		2359009	4.18
4.19	11	DIETARY	RENTAL ADJUSTMENT	37113	39889	-2776	4.19
4.20	17	MEDICAL RECORDS & LIBRARY	RENTAL ADJUSTMENT	114720	123300	-8580	4.20
4.21	24.20	PARAMED ED PRGM - RADIOLOGY	RENTAL ADJUSTMENT	5873	7603	-1730	4.21
4.22	24.30	PARAMED ED - RADIATION ONCOLOGY	RENTAL ADJUSTMENT	5874	7604	-1730	4.22
4.23	61.10	PSYCHIATRIC PARTIAL	RENTAL ADJUSTMENT	100484	108000	-7516	4.23
4.24	96	GIFT, FLOWER, COFFEE SHOP & CAN	RENTAL ADJUSTMENT	67286	67146	140	4.24
4.26	41.10	RADIATION ONCOLOGY	RENTAL ADJUSTMENT	365257	385593	-20336	4.26
5		TOTALS		8909889	7086364	1823525	5

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

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

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

SYMBOL (1)	NAME	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		TYPE OF BUSINESS	
		PERCENT OF OWNERSHIP	PERCENT OF OWNERSHIP		
1	2	3	4	5	6
1					1
2	C		IL IMAGING	50.00	2
3					3
4					4
5					5

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	LINE NO.	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
	10	11		12	13	14	15	16	17	18
	1	5	EMPLOYEE BENEFITS	AGGREGATE						129882
	2	6	ADMINISTRATIVE & GENERAL	AGGREGATE				43180	6820	15173
	3	14	NURSING ADMINISTRATION	AGGREGATE				31313	93687	104104
	4	25	ADULTS & PEDIATRICS	AGGREGATE						17682
	5	26	INTENSIVE CARE UNIT	AGGREGATE						75000
	6	31	SUBPROVIDER I	AGGREGATE				15410	19590	319162
	7	33	NURSERY	AGGREGATE						25008
	8	37	OPERATING ROOM	AGGREGATE				50942	39058	3968305
	9	40	ANESTHESIOLOGY	AGGREGATE				39554	20446	1385446
	10	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE				26376	3624	532515
	11	41.10	RADIATION ONCOLOGY	AGGREGATE				15278	9722	698069
	12	44	LABORATORY	AGGREGATE						304870
	13	50	PHYSICAL THERAPY	AGGREGATE						17280
	14	54	ELECTROENCEPHALOGRAPHY	AGGREGATE				12361		49230
	15	60	CLINIC	AGGREGATE				13679	3517	321071
	16	61	EMERGENCY	AGGREGATE				114706	57794	1410896
	17	61.10	PSYCHIATRIC PARTIAL	AGGREGATE						763684
	101		TOTAL					362799	254258	10137377

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-
	FOR COST	BLDGS &	MOVABLE	BLDGS &	MOVABLE	BENEFITS		TRATIVE &
	ALLOCATION	FIXTURES	EQUIPMENT	FIXTURES	EQUIPMENT		5A	GENERAL
	0	1	2	3	4	5		6
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT	391644	391644						1
2 OLD CAP REL COSTS-MVBLE EQUIP	50329		50329					2
3 NEW CAP REL COSTS-BLDG & FIXT	7819663			7819663				3
4 NEW CAP REL COSTS-MVBLE EQUIP	12784678				12784678			4
5 EMPLOYEE BENEFITS	3583670	184	25	3670	6342	3593891		5
6 ADMINISTRATIVE & GENERAL	40084839	26029	3535	519698	898025	520691	42052817	42052817 6
7 MAINTENANCE & REPAIRS	1901502	10131	1376	202281	349536	16278	2481104	446574 7
8 OPERATION OF PLANT	4859281	21056	2860	420414	726465	21979	6052055	1089309 8
9 LAUNDRY & LINEN SERVICE	1235201	1404	191	28034	48443	4399	1317672	237168 9
10 HOUSEKEEPING	3844450	12428	1688	248138	428777	133758	4669239	840416 10
11 DIETARY	4499878	18945	2573	378256	653616	94082	5647350	1016467 11
12 CAFETERIA	-1198550						-1198550	
13 MAINTENANCE OF PERSONNEL								
14 NURSING ADMINISTRATION	1785337	1076	146	21493	37140	26335	1871527	336856 14
15 CENTRAL SERVICES & SUPPLY	3152263	6769	919	135144	233526	22327	3550948	639135 15
16 PHARMACY	5297091	3264	443	65166	112605	69643	5548212	998623 16
17 MEDICAL RECORDS & LIBRARY	2511696	1076	146	21479	37115	64564	2636076	474467 17
18 SOCIAL SERVICE								
20 NONPHYSICIAN ANESTHETISTS								
21 NURSING SCHOOL								
22 I&R SERVICES-SALARY & FRINGES A								
23 I&R SERVICES-OTHER PRGM COSTS A	4494836						4494836	809026 23
24 PARAMED ED PRGM-(SPECIFY)								
24.10 PARAMED ED PRGM - MEDICAL	92884					1447	94331	16979 24.10
24.20 PARAMED ED PRGM - RADIOLOGY	152137					2923	155060	27909 24.20
24.30 PARAMED ED - RADIATION ONCOLOGY	165468					2879	168347	30301 24.30
24.40 PARAMED ED - PARAMEDICAL TECHS	822084					12169	834253	150157 24.40
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	31283805	102928	13980	2055073	3551108	554652	37561546	6760644 25
26 INTENSIVE CARE UNIT	7662837	17074	2319	340910	589084	130328	8742552	1573572 26
26.01 PEDIATRIC ICU								
31 SUBPROVIDER I	1758613	10359	1407	206837	357409	33164	2367789	426178 31
33 NURSERY	3433038	3412	463	68122	117713	44205	3666953	660015 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	24606492	27458	3729	548232	947331	172334	26305576	4734741 37
37.20 GASTROENTEROLOGY	802977	3797	516	75805	130990	13225	1027310	184906 37.20
39 DELIVERY ROOM & LABOR ROOM	3751903	8053	1094	160779	277823	59861	4259513	766670 39
40 ANESTHESIOLOGY	338488	963	131	19223	33216		392021	70560 40
41 RADIOLOGY-DIAGNOSTIC	22769270	43001	5840	858566	1483580	199421	25359678	4564488 41
41.10 RADIATION ONCOLOGY	12442866	5880	799	117393	202851	52047	12821836	2307802 41.10
41.20 CT SCAN	2931082	1526	207	30476	52662	25959	3041912	547514 41.20
41.30 M.R. I.	2359009	2177	296	43458	75095	26407	2506442	451134 41.30
44 LABORATORY	11286319	10502	1426	209693	362344	102532	11972816	2154987 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								
49 RESPIRATORY THERAPY	3035062	2653	360	52969	91530	52308	3234882	582246 49
50 PHYSICAL THERAPY	4678494	2139	291	42715	73811	69180	4866630	875945 50
53 ELECTROCARDIOLOGY	1021569	2649	360	52898	91407	15671	1184554	213208 53
53.10 PEDIATRIC RADIOLOGY								
54 ELECTROENCEPHALOGRAPHY	1102615	2967	403	59239	102364	17957	1285545	231385 54
54.10 APNEA MONITORING								
55 MEDICAL SUPPLIES CHARGED TO PAT	3915327						3915327	704720 55
56 DRUGS CHARGED TO PATIENTS	9376929						9376929	1687753 56
58.10 NUTRITIONAL SUPPORT	139209						139209	25056 58.10
58.20 HEMODIALYSIS	579895	1596	217	31876	55081		668665	120353 58.20
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	2234964					25568	2260532	406873 60
60.01 CHILDRENS CLINIC								
61 EMERGENCY	11599671	10829	1471	216220	373622	205860	12407673	2233257 61
61.05 AMBULATORY CARE	123242	2629	357	52484	90691	2879	272282	49008 61.05
61.10 PSYCHIATRIC PARTIAL	838040	2768	376	55269	95503	15208	1007164	181279 61.10
62 OBSERVATION BEDS (NON-DISTINCT)								
63.50 RHC								
63.60 FQHC								
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								
69.20 OUTPATIENT PHYSICAL THERAPY								
69.30 OUTPATIENT OCCUPATIONAL THERAPY								
69.40 OUTPATIENT SPEECH PATHOLOGY								
71 HOME HEALTH AGENCY	7959739	107	15	2142	3702	108552	8074257	1453286 71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								
85.02 INTESTINAL ACQUISITION								
85.03 ISLET CELL ACQUISITION								
95 SUBTOTALS	270361836	367829	49959	7344152	12690507	2920792	269094870	41080967 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	683432	1825	248	36446	62978	11098	796027	143277 96

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-
	FOR COST	BLDGS &	MOVABLE	BLDGS &	MOVABLE	BENEFITS		TRATIVE &
	ALLOCATION	FIXTURES	EQUIPMENT	FIXTURES	EQUIPMENT			GENERAL
	0	1	2	3	4	5	5A	6
96.10 MCC WORD PROCESSING								96.10
98 PHYSICIANS' PRIVATE OFFICES		1716		34261			35977	98
98.01 SPECIALISTS/PCP'S	62806894					634639	63441533	98.01
98.02 MEDWORKS								98.02
98.03 SWEDISHAMERICAN ER	2544675						2544675	98.03
98.20 IDLE SPACE		19370		386753			406123	98.20
99 NONPAID WORKERS	58363					781	59144	99
99.10 HOTEL								99.10
99.30 PHYSICIAN BILLING								99.30
99.40 MEALS ON WHEELS								99.40
99.50 WEE CARE								99.50
99.60 PHYSICIAN RELATED AREAS	1318500					9188	1327688	99.60
99.70 WOMEN'S CENTER								99.70
99.80 MARKETING EXPENSES	2393333	232	31	4627	7996	8031	2414250	99.80
99.90 COMPLIMENTARY MEDICINE	755610	672	91	13424	23197	9362	802356	99.90
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	340922643	391644	50329	7819663	12784678	3593891	340922643	42052817 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MAINT- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES * SUPPLY 15	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS	2927678								7
8 OPERATION OF PLANT	183508	7324872							8
9 LAUNDRY & LINEN SERVICE	12237	30770	1597847						9
10 HOUSEKEEPING	108311	272354	8485	5898805					10
11 DIETARY	165106	415169	11388	371216	7626696				11
12 CAFETERIA					4277414	3078864			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	9382	23591		21093		38578	2301027		14
15 CENTRAL SERVICES & SUPPLY	58990	148333	41746	132629		32707		4604488	15
16 PHARMACY	28444	71525		63953		102020		10474	16
17 MEDICAL RECORDS & LIBRARY	9376	23575		21079		94580		9	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
24.10 PARAMED ED PRGM - MEDICAL						2120			24.10
24.20 PARAMED ED PRGM - RADIOLOGY						4282		2	24.20
24.30 PARAMED ED - RADIATION ONCOLOGY						4218			24.30
24.40 PARAMED ED - PARAMEDICAL TECHS							332	2696	24.40
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	897024	2255623	679776	2016824	2908649	812520	970934	107478	25
26 INTENSIVE CARE UNIT	148805	374179	115029	334565	242590	190920	314778	37007	26
26.01 PEDIATRIC ICU									26.01
31 SUBPROVIDER I	90283	227022	13508	202987	198043	48583	36790	1794	31
33 NURSERY	29735	74770	32147	66854		64756	113914	8855	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	239300	601734	115746	538029		252455	259686	1806922	37
37.20 GASTROENTEROLOGY	33089	83203	26713	74394		19374	19855	9757	37.20
39 DELIVERY ROOM & LABOR ROOM	70179	176470		157787		87691	138918	16729	39
40 ANESTHESIOLOGY	8391	21099		18865				478	40
41 RADIOLOGY-DIAGNOSTIC	374759	942353	82335	842586		292135	95508	652004	41
41.10 RADIATION ONCOLOGY	51241	128849	11123	115208		76245	12912	1179529	41.10
41.20 CT SCAN	13303	33451		29909		38027		32161	41.20
41.30 M.R.I.	18969	47699	7700	42649		38684		172	41.30
44 LABORATORY	91530	230157		205790		150201	18	15967	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	23121	58139	290	51984		76627		26066	49
50 PHYSICAL THERAPY	18645	46884		41920		101342		7462	50
53 ELECTROCARDIOLOGY	23090	58060	10560	51914		22956	12038	8728	53
53.10 PEDIATRIC CARDIOLOGY									53.10
54 ELECTROENCEPHALOGRAPHY	25857	65020	2393	58136		26305		5376	54
54.10 APNEA MONITORING									54.10
55 MEDICAL SUPPLIES CHARGED TO PAT								545750	55
56 DRUGS CHARGED TO PATIENTS									56
58.10 NUTRITIONAL SUPPORT									58.10
58.20 HEMODIALYSIS	13914	34987	3512	31283				763	58.20
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC						37455		16897	60
60.01 CHILDRENS CLINIC									60.01
61 EMERGENCY	94378	237320	425556	212195		301568	315390	110502	61
61.05 AMBULATORY CARE	22909	57606	6186	51507		4218	2	242	61.05
61.10 PSYCHIATRIC PARTIAL	24124	60662	3654	54240		22278	9952	493	61.10
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	935	2351		2102					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	2888935	6802955	1597847	5811698	7626696	2942845	2301027	4604313	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	15908	40003		35768		16258			96

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MAINT-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL
	TENANCE & REPAIRS 7	OF PLANT 8	& LINEN SERVICE 9	KEEPING 10	11	12	ADMINIS- TRATION 14	SERVICES * SUPPLY 15
96.10 MCC WORD PROCESSING								96.10
98 PHYSICIANS' PRIVATE OFFICES	14955	37604		33623				98
98.01 SPECIALISTS/PCP'S						92439		98.01
98.02 MEDWORKS								98.02
98.03 SWEDISHAMERICAN ER								98.03
98.20 IDLE SPACE		424496						98.20
99 NONPAID WORKERS						1145		48 99
99.10 HOTEL								99.10
99.30 PHYSICIAN BILLING								99.30
99.40 MEALS ON WHEELS								99.40
99.50 WEE CARE								99.50
99.60 PHYSICIAN RELATED AREAS						699		99.60
99.70 WOMEN'S CENTER								99.70
99.80 MARKETING EXPENSES	2020	5079		4541		11764		2 99.80
99.90 COMPLIMENTARY MEDICINE	5860	14735		13175		13714		125 99.90
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	2927678	7324872	1597847	5898805	7626696	3078864	2301027	4604488 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R PROGRAM COSTS	PARAMED ED PRGM MEDICAL	PARAMED ED PRGM RADIOLOGY	PARAMED ED PRGM RAD ONC	PARAMED ED PRGM PARAMEDICS	SUBTOTAL
	16	17	23	24.10	24.20	24.30	24.40	25
96.10 MCC WORD PROCESSING								96.10
98 PHYSICIANS' PRIVATE OFFICES								122159 98
98.01 SPECIALISTS/PCP'S								63533972 98.01
98.02 MEDWORKS								98.02
98.03 SWEDISHAMERICAN ER								2544675 98.03
98.20 IDLE SPACE								830619 98.20
99 NONPAID WORKERS	21752							92734 99
99.10 HOTEL								99.10
99.30 PHYSICIAN BILLING								99.30
99.40 MEALS ON WHEELS								99.40
99.50 WEE CARE								99.50
99.60 PHYSICIAN RELATED AREAS	803							1568161 99.60
99.70 WOMEN'S CENTER								99.70
99.80 MARKETING EXPENSES								2872197 99.80
99.90 COMPLIMENTARY MEDICINE								994381 99.90
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	6823251	3259162	5303862	113430	187253	202866	1000414	340922643 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6 ADMINISTRATIVE & GENERAL			6
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			18
20 NONPHYSICIAN ANESTHETISTS			20
21 NURSING SCHOOL			21
22 I&R SERVICES-SALARY & FRINGES A			22
23 I&R SERVICES-OTHER PRGM COSTS A			23
24 PARAMED ED PRGM-(SPECIFY)			24
24.10 PARAMED ED PRGM - MEDICAL			24.10
24.20 PARAMED ED PRGM - RADIOLOGY			24.20
24.30 PARAMED ED - RADIATION ONCOLOGY			24.30
24.40 PARAMED ED - PARAMEDICAL TECHS			24.40
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	-2498065	55236047	25
26 INTENSIVE CARE UNIT	-253427	12197310	26
26.01 PEDIATRIC ICU			26.01
31 SUBPROVIDER I	-253427	3630066	31
33 NURSERY	-217223	4742808	33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	-615465	35397629	37
37.20 GASTROENTEROLOGY	-217223	1502724	37.20
39 DELIVERY ROOM & LABOR ROOM		5712997	39
40 ANESTHESIOLOGY		540552	40
41 RADIOLOGY-DIAGNOSTIC		33969160	41
41.10 RADIATION ONCOLOGY	-343936	17114744	41.10
41.20 CT SCAN		4052176	41.20
41.30 M.R.I.		3198876	41.30
44 LABORATORY		15335878	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY		4164904	49
50 PHYSICAL THERAPY		6025000	50
53 ELECTROCARDIOLOGY	-470650	1634163	53
53.10 PEDIATRIC CARDIOLOGY			53.10
54 ELECTROENCEPHALOGRAPHY		1726844	54
54.10 APNEA MONITORING			54.10
55 MEDICAL SUPPLIES CHARGED TO PAT		5292335	55
56 DRUGS CHARGED TO PATIENTS		17789598	56
58.10 NUTRITIONAL SUPPORT		166320	58.10
58.20 HEMODIALYSIS		879445	58.20
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC		2790795	60
60.01 CHILDRENS CLINIC			60.01
61 EMERGENCY	-434446	17544498	61
61.05 AMBULATORY CARE		466373	61.05
61.10 PSYCHIATRIC PARTIAL		1368469	61.10
62 OBSERVATION BEDS (NON-DISTINCT)			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10 CMHC			69.10
69.20 OUTPATIENT PHYSICAL THERAPY			69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY			69.30
69.40 OUTPATIENT SPEECH PATHOLOGY			69.40
71 HOME HEALTH AGENCY		9532931	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	-5303862	262012642	95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN		1047241	96

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
PERIOD FROM 06/01/2009 TO 05/31/2010

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

VERSION: 2009.08
10/30/2010 10:30

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
96.10 MCC WORD PROCESSING			96.10
98 PHYSICIANS' PRIVATE OFFICES		122159	98
98.01 SPECIALISTS/PCP'S		63533972	98.01
98.02 MEDWORKS			98.02
98.03 SWEDISHAMERICAN ER		2544675	98.03
98.20 IDLE SPACE		830619	98.20
99 NONPAID WORKERS		92734	99
99.10 HOTEL			99.10
99.30 PHYSICIAN BILLING			99.30
99.40 MEALS ON WHEELS			99.40
99.50 WEE CARE			99.50
99.60 PHYSICIAN RELATED AREAS		1568161	99.60
99.70 WOMEN'S CENTER			99.70
99.80 MARKETING EXPENSES		2872197	99.80
99.90 COMPLIMENTARY MEDICINE		994381	99.90
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL	-5303862	335618781	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		DIR ASSGND CAP-REL COSTS 0	OLD CAP BLDGS & FIXTURES 1	OLD CAP MOVABLE EQUIPMENT 2	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	MAINT- TENANCE & REPAIRS 7	OPERATION OF PLANT 8
GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT								3
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	EMPLOYEE BENEFITS		184	25	209	209			5
6	ADMINISTRATIVE & GENERAL	26029		3535	29564	30	29594		6
7	MAINTENANCE & REPAIRS	10131		1376	11507	1	315	11823	7
8	OPERATION OF PLANT	21056		2860	23916	1	769	741	25427
9	LAUNDRY & LINEN SERVICE	1404		191	1595		167	49	107
10	HOUSEKEEPING	12428		1688	14116	8	593	437	945
11	DIETARY	18945		2573	21518	5	717	667	1441
12	CAFETERIA								
13	MAINTENANCE OF PERSONNEL								
14	NURSING ADMINISTRATION	1076		146	1222	2	238	38	82
15	CENTRAL SERVICES & SUPPLY	6769		919	7688	1	451	238	515
16	PHARMACY	3264		443	3707	4	705	115	248
17	MEDICAL RECORDS & LIBRARY	1076		146	1222	4	335	38	82
18	SOCIAL SERVICE								
20	NONPHYSICIAN ANESTHETISTS								
21	NURSING SCHOOL								
22	I&R SERVICES-SALARY & FRINGES A								
23	I&R SERVICES-OTHER PRGM COSTS A						571		
24	PARAMED ED PRGM-(SPECIFY)								
24.10	PARAMED ED PRGM - MEDICAL						12		24.10
24.20	PARAMED ED PRGM - RADIOLOGY						20		24.20
24.30	PARAMED ED - RADIATION ONCOLOGY						21		24.30
24.40	PARAMED ED - PARAMEDICAL TECHS					1	106		24.40
INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	102928		13980	116908	32	4690	3624	7827
26	INTENSIVE CARE UNIT	17074		2319	19393	8	1110	601	1299
26.01	PEDIATRIC ICU								
31	SUBPROVIDER I	10359		1407	11766	2	301	365	788
33	NURSERY	3412		463	3875	3	466	120	260
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	27458		3729	31187	10	3341	966	2089
37.20	GASTROENTEROLOGY	3797		516	4313	1	130	134	289
39	DELIVERY ROOM & LABOR ROOM	8053		1094	9147	3	541	283	613
40	ANESTHESIOLOGY	963		131	1094		50	34	73
41	RADIOLOGY-DIAGNOSTIC	43001		5840	48841	12	3221	1513	3271
41.10	RADIATION ONCOLOGY	5880		799	6679	3	1628	207	447
41.20	CT SCAN	1526		207	1733	2	386	54	116
41.30	M.R.I.	2177		296	2473	2	318	77	166
44	LABORATORY	10502		1426	11928	6	1521	370	799
46.30	BLOOD CLOTTING FACTORS ADMIN CO								
49	RESPIRATORY THERAPY	2653		360	3013	3	411	93	202
50	PHYSICAL THERAPY	2139		291	2430	4	618	75	163
53	ELECTROCARDIOLOGY	2649		360	3009	1	150	93	202
53.10	PEDIATRIC CARDIOLOGY								
54	ELECTROENCEPHALOGRAPHY	2967		403	3370	1	163	104	226
54.10	APNEA MONITORING								
55	MEDICAL SUPPLIES CHARGED TO PAT						497		
56	DRUGS CHARGED TO PATIENTS						1191		
58.10	NUTRITIONAL SUPPORT						18		
58.20	HEMODIALYSIS	1596		217	1813		85	56	121
OUTPATIENT SERVICE COST CENTERS									
60	CLINIC					1	287		
60.01	CHILDRENS CLINIC								
61	EMERGENCY	10829		1471	12300	12	1576	381	824
61.05	AMBULATORY CARE	2629		357	2986		35	93	200
61.10	PSYCHIATRIC PARTIAL	2768		376	3144	1	128	97	211
62	OBSERVATION BEDS (NON-DISTINCT)								
63.50	RHC								
63.60	FQHC								
OTHER REIMBURSABLE COST CENTERS									
69.10	CMHC								
69.20	OUTPATIENT PHYSICAL THERAPY								
69.30	OUTPATIENT OCCUPATIONAL THERAPY								
69.40	OUTPATIENT SPEECH PATHOLOGY								
71	HOME HEALTH AGENCY	107		15	122	6	1025	4	8
SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION								
85.02	INTESTINAL ACQUISITION								
85.03	ISLET CELL ACQUISITION								
95	SUBTOTALS	367829		49959	417788	170	28907	11667	23614
NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN	1825		248	2073	1	101	64	139

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP	OLD CAP	CAP REL	EMPLOYEE	ADMINIS-	MAINT-	OPERATION
	CAP-REL	BLDGS &	MOVABLE	COST TO	BENEFITS	TRATIVE &	TENANCE &	OF PLANT
	COSTS	FIXTURES	EQUIPMENT	BE ALLOC		GENERAL	REPAIRS	
	0	1	2	4A	5	6	7	8
96.10 MCC WORD PROCESSING								96.10
98 PHYSICIANS' PRIVATE OFFICES		1716		1716			60	98
98.01 SPECIALISTS/PCP'S					36			98.01
98.02 MEDWORKS								98.02
98.03 SWEDISHAMERICAN ER								98.03
98.20 IDLE SPACE		19370		19370				98.20
99 NONPAID WORKERS						8		99
99.10 HOTEL								99.10
99.30 PHYSICIAN BILLING								99.30
99.40 MEALS ON WHEELS								99.40
99.50 WEE CARE								99.50
99.60 PHYSICIAN RELATED AREAS					1	169		99.60
99.70 WOMEN'S CENTER								99.70
99.80 MARKETING EXPENSES		232	31	263		307	8	99.80
99.90 COMPLIMENTARY MEDICINE		672	91	763	1	102	24	99.90
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		391644	50329	441973	209	29594	11823	25427 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	& LINEN SERVICE 9	KEEPING 10	11	12	ADMINIS- TRATION 14	SERVICES * SUPPLY 15	16	RECORDS & LIBRARY 17	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	1918								9
10 HOUSEKEEPING	10	16109							10
11 DIETARY	14	1014	25376						11
12 CAFETERIA			14232	10243					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		58		128	1768				14
15 CENTRAL SERVICES & SUPPLY	50	362		109		9414			15
16 PHARMACY		175		339		21	5314		16
17 MEDICAL RECORDS & LIBRARY		58		315				2054	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
24.10 PARAMED ED PRGM - MEDICAL				7					24.10
24.20 PARAMED ED PRGM - RADIOLOGY				14					24.20
24.30 PARAMED ED - RADIATION ONCOLOGY				14					24.30
24.40 PARAMED ED - PARAMEDICAL TECHS						6	10		24.40
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	817	5506	9678	2702	750	220	3	164	25
26 INTENSIVE CARE UNIT	138	914	807	635	241	76	1	77	26
26.01 PEDIATRIC ICU									26.01
31 SUBPROVIDER I	16	554	659	162	28	4		11	31
33 NURSERY	39	183		215	87	18		15	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	139	1469		840	199	3693	1	349	37
37.20 GASTROENTEROLOGY	32	203		64	15	20		15	37.20
39 DELIVERY ROOM & LABOR ROOM		431		292	106	34		24	39
40 ANESTHESIOLOGY		52				1		18	40
41 RADIOLOGY-DIAGNOSTIC	99	2301		972	73	1333	74	302	41
41.10 RADIATION ONCOLOGY	13	315		254	10	2412		130	41.10
41.20 CT SCAN		82		127		66	134	90	41.20
41.30 M.R.I.	9	116		129				54	41.30
44 LABORATORY		562		500		33		251	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		142		255		53	35	42	49
50 PHYSICAL THERAPY		114		337		15		41	50
53 ELECTROCARDIOLOGY	13	142		76	9	18		31	53
53.10 PEDIATRIC CARDIOLOGY									53.10
54 ELECTROENCEPHALOGRAPHY	3	159		88		11		17	54
54.10 APNEA MONITORING									54.10
55 MEDICAL SUPPLIES CHARGED TO PAT						1116		79	55
56 DRUGS CHARGED TO PATIENTS							4992	198	56
58.10 NUTRITIONAL SUPPORT								1	58.10
58.20 HEMODIALYSIS	4	85				2		4	58.20
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC				125		35	45	7	60
60.01 CHILDRENS CLINIC									60.01
61 EMERGENCY	511	579		1003	242	226	1	129	61
61.05 AMBULATORY CARE	7	141		14				2	61.05
61.10 PSYCHIATRIC PARTIAL	4	148		74	8	1		3	61.10
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY		6							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	1918	15871	25376	9790	1768	9414	5296	2054	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		98		54					96

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES * SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
96.10 MCC WORD PROCESSING									96.10
98 PHYSICIANS' PRIVATE OFFICES		92							98
98.01 SPECIALISTS/PCP'S				308					98.01
98.02 MEDWORKS									98.02
98.03 SWEDISHAMERICAN ER									98.03
98.20 IDLE SPACE									98.20
99 NONPAID WORKERS				4			17		99
99.10 HOTEL									99.10
99.30 PHYSICIAN BILLING									99.30
99.40 MEALS ON WHEELS									99.40
99.50 WEE CARE									99.50
99.60 PHYSICIAN RELATED AREAS				2			1		99.60
99.70 WOMEN'S CENTER									99.70
99.80 MARKETING EXPENSES		12		39					99.80
99.90 COMPLIMENTARY MEDICINE		36		46					99.90
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER				3989					102
103 TOTAL	1918	16109	25376	14232	1768	9414	5314	2054	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R PROGRAM COSTS	PARAMED ED PRGM MEDICAL	PARAMED ED PRGM RADIOLOGY	PARAMED ED PRGM RAD ONC	PARAMED ED PRGM PARAMEDICS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	23	24.10	24.20	24.30	24.40	25	26	27
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY								17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A	571							23
24 PARAMED ED PRGM-(SPECIFY)								24
24.10 PARAMED ED PRGM - MEDICAL		19						24.10
24.20 PARAMED ED PRGM - RADIOLOGY			34					24.20
24.30 PARAMED ED - RADIATION ONCOLOGY				35				24.30
24.40 PARAMED ED - PARAMEDICAL TECHS					123			24.40
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS						152921		152921 25
26 INTENSIVE CARE UNIT						25300		25300 26
26.01 PEDIATRIC ICU								26.01
31 SUBPROVIDER I						14656		14656 31
33 NURSERY						5281		5281 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM						44283		44283 37
37.20 GASTROENTEROLOGY						5216		5216 37.20
39 DELIVERY ROOM & LABOR ROOM						11474		11474 39
40 ANESTHESIOLOGY						1322		1322 40
41 RADIOLOGY-DIAGNOSTIC						62012		62012 41
41.10 RADIATION ONCOLOGY						12098		12098 41.10
41.20 CT SCAN						2790		2790 41.20
41.30 M.R.I.						3344		3344 41.30
44 LABORATORY						15970		15970 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY						4249		4249 49
50 PHYSICAL THERAPY						3797		3797 50
53 ELECTROCARDIOLOGY						3744		3744 53
53.10 PEDIATRIC CARDIOLOGY								53.10
54 ELECTROENCEPHALOGRAPHY						4142		4142 54
54.10 APNEA MONITORING								54.10
55 MEDICAL SUPPLIES CHARGED TO PAT						1692		1692 55
56 DRUGS CHARGED TO PATIENTS						6381		6381 56
58.10 NUTRITIONAL SUPPORT						19		19 58.10
58.20 HEMODIALYSIS						2170		2170 58.20
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC						500		500 60
60.01 CHILDRENS CLINIC								60.01
61 EMERGENCY						17784		17784 61
61.05 AMBULATORY CARE						3478		3478 61.05
61.10 PSYCHIATRIC PARTIAL						3819		3819 61.10
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY						1171		1171 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						409613		409613 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN						2530		2530 96

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R PROGRAM COSTS	PARAMED ED PRGM MEDICAL	PARAMED ED PRGM RADIOLOGY	PARAMED ED PRGM RAD ONC	PARAMED ED PRGM PARAMEDICS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	23	24.10	24.20	24.30	24.40	25	26	27
96.10 MCC WORD PROCESSING								96.10
98 PHYSICIANS' PRIVATE OFFICES						1999		1999 98
98.01 SPECIALISTS/PCP'S						344		344 98.01
98.02 MEDWORKS								98.02
98.03 SWEDISHAMERICAN ER								98.03
98.20 IDLE SPACE						20844		20844 98.20
99 NONPAID WORKERS						29		29 99
99.10 HOTEL								99.10
99.30 PHYSICIAN BILLING								99.30
99.40 MEALS ON WHEELS								99.40
99.50 WEE CARE								99.50
99.60 PHYSICIAN RELATED AREAS						173		173 99.60
99.70 WOMEN'S CENTER								99.70
99.80 MARKETING EXPENSES						647		647 99.80
99.90 COMPLIMENTARY MEDICINE						1023		1023 99.90
101 CROSS FOOT ADJUSTMENTS	571	19	34	35	123	782		782 101
102 NEGATIVE COST CENTER						3989		3989 102
103 TOTAL	571	19	34	35	123	441973		441973 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	MAINT- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5		3670	6342	10012	10012				5
6		519698	898025	1417723	1451	1419174			6
7		202281	349536	551817	45	15070	566932		7
8		420414	726465	1146879	61	36760	35536	1219236	8
9		28034	48443	76477	12	8004	2370	5122	9
10		248138	428777	676915	373	28361	20974	45334	10
11		378256	653616	1031872	262	34302	31972	69106	11
12									12
13									13
14		21493	37140	58633	73	11368	1817	3927	14
15		135144	233526	368670	62	21568	11423	24690	15
16		65166	112605	177771	194	33700	5508	11905	16
17		21479	37115	58594	180	16012	1816	3924	17
18									18
20									20
21									21
22									22
23						27302			23
24									24
24.10					4	573			24.10
24.20					8	942			24.20
24.30					8	1023			24.30
24.40					34	5067			24.40
INPATIENT ROUTINE SERV COST CENTERS									
25		2055073	3551108	5606181	1545	228192	173705	375450	25
26		340910	589084	929994	363	53102	28815	62283	26
26.01									26.01
31		206837	357409	564246	92	14382	17483	37788	31
33		68122	117713	185835	123	22273	5758	12446	33
ANCILLARY SERVICE COST CENTERS									
37		548232	947331	1495563	480	159780	46339	100160	37
37.20		75805	130990	206795	37	6240	6407	13849	37.20
39		160779	277823	438602	167	25872	13590	29374	39
40		19223	33216	52439		2381	1625	3512	40
41		858566	1483580	2342146	556	154035	72570	156856	41
41.10		117393	202851	320244	145	77880	9923	21447	41.10
41.20		30476	52662	83138	72	18477	2576	5568	41.20
41.30		43458	75095	118553	74	15224	3673	7940	41.30
44		209693	362344	572037	286	72723	17724	38310	44
46.30									46.30
49		52969	91530	144499	146	19649	4477	9677	49
50		42715	73811	116526	193	29560	3611	7804	50
53		52898	91407	144305	44	7195	4471	9664	53
53.10									53.10
54		59239	102364	161603	50	7808	5007	10823	54
54.10									54.10
55						23782			55
56						56955			56
58.10						846			58.10
58.20		31876	55081	86957		4061	2694	5824	58.20
OUTPATIENT SERVICE COST CENTERS									
60					71	13730			60
60.01									60.01
61		216220	373622	589842	573	75364	18276	39502	61
61.05		52484	90691	143175	8	1654	4436	9589	61.05
61.10		55269	95503	150772	42	6118	4672	10097	61.10
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71		2142	3702	5844	302	49043	181	391	71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
85.03									85.03
95		7344152	12690507	20034659	8136	1386378	559429	1132362	95
NONREIMBURSABLE COST CENTERS									
96		36446	62978	99424	31	4835	3081	6659	96

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	ADMINIS-	MAINT-	OPERATION
	CAP-REL	BLDGS &	MOVABLE	COST TO	BENEFITS	TRATIVE &	TENANCE &	OF PLANT
	COSTS	FIXTURES	EQUIPMENT	BE ALLOC		GENERAL	REPAIRS	
	0	3	4	4A	5	6	7	8
96.10 MCC WORD PROCESSING								96.10
98 PHYSICIANS' PRIVATE OFFICES		34261		34261			2896	98
98.01 SPECIALISTS/PCP'S					1769			98.01
98.02 MEDWORKS								98.02
98.03 SWEDISHAMERICAN ER								98.03
98.20 IDLE SPACE		386753		386753				70658 98.20
99 NONPAID WORKERS					2	359		99
99.10 HOTEL								99.10
99.30 PHYSICIAN BILLING								99.30
99.40 MEALS ON WHEELS								99.40
99.50 WEE CARE								99.50
99.60 PHYSICIAN RELATED AREAS					26	8064		99.60
99.70 WOMEN'S CENTER								99.70
99.80 MARKETING EXPENSES		4627	7996	12623	22	14664	391	845 99.80
99.90 COMPLIMENTARY MEDICINE		13424	23197	36621	26	4874	1135	2453 99.90
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		7819663	12784678	20604341	10012	1419174	566932	1219236 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES * 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	91985								9
10 HOUSEKEEPING	488	772445							10
11 DIETARY	656	48610	1216780						11
12 CAFETERIA			682429	491208					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		2762		6155	84735				14
15 CENTRAL SERVICES & SUPPLY	2403	17368		5218		451402			15
16 PHARMACY		8375		16277		1027	254757		16
17 MEDICAL RECORDS & LIBRARY		2760		15090		1		98377	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
24.10 PARAMED ED PRGM - MEDICAL				338					24.10
24.20 PARAMED ED PRGM - RADIOLOGY				683					24.20
24.30 PARAMED ED - RADIATION ONCOLOGY				673					24.30
24.40 PARAMED ED - PARAMEDICAL TECHS					12	264	485		24.40
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	39133	264102	464052	129630	35747	10537	139	7867	25
26 INTENSIVE CARE UNIT	6622	43811	38703	30460	11593	3628	26	3692	26
26.01 PEDIATRIC ICU									26.01
31 SUBPROVIDER I	778	26581	31596	7751	1355	176	3	512	31
33 NURSERY	1851	8755		10331	4196	868	17	733	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	6663	70455		40277	9564	177139	48	16585	37
37.20 GASTROENTEROLOGY	1538	9742		3091	731	957	5	722	37.20
39 DELIVERY ROOM & LABOR ROOM		20662		13990	5116	1640	24	1156	39
40 ANESTHESIOLOGY		2470				47		877	40
41 RADIOLOGY-DIAGNOSTIC	4740	110336		46608	3518	63920	3549	14480	41
41.10 RADIATION ONCOLOGY	640	15086		12164	476	115636	10	6227	41.10
41.20 CT SCAN		3917		6067		3153	6426	4329	41.20
41.30 M.R.I.	443	5585		6172		17		2572	41.30
44 LABORATORY		26948		23963	1	1565	10	12063	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	17	6807		12225		2555	1671	2010	49
50 PHYSICAL THERAPY		5489		16168		732	5	1988	50
53 ELECTROCARDIOLOGY	608	6798		3662	443	856	2	1475	53
53.10 PEDIATRIC CARDIOLOGY									53.10
54 ELECTROENCEPHALOGRAPHY	138	7613		4197		527	1	807	54
54.10 APNEA MONITORING									54.10
55 MEDICAL SUPPLIES CHARGED TO PAT						53503		3809	55
56 DRUGS CHARGED TO PATIENTS							239321	9484	56
58.10 NUTRITIONAL SUPPORT								62	58.10
58.20 HEMODIALYSIS	202	4096				75		180	58.20
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC				5976		1657	2147	348	60
60.01 CHILDRENS CLINIC									60.01
61 EMERGENCY	24499	27787		48113	11616	10833	25	6188	61
61.05 AMBULATORY CARE	356	6745		673		24		73	61.05
61.10 PSYCHIATRIC PARTIAL	210	7103		3554	367	48	1	138	61.10
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY		275							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	91985	761038	1216780	469506	84735	451385	253915	98377	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		4684		2594					96

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES * SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
96.10 MCC WORD PROCESSING									96.10
98 PHYSICIANS' PRIVATE OFFICES		4403							98
98.01 SPECIALISTS/PCP'S				14748					98.01
98.02 MEDWORKS									98.02
98.03 SWEDISHAMERICAN ER									98.03
98.20 IDLE SPACE									98.20
99 NONPAID WORKERS				183		5	812		99
99.10 HOTEL									99.10
99.30 PHYSICIAN BILLING									99.30
99.40 MEALS ON WHEELS									99.40
99.50 WEE CARE									99.50
99.60 PHYSICIAN RELATED AREAS				112			30		99.60
99.70 WOMEN'S CENTER									99.70
99.80 MARKETING EXPENSES		595		1877					99.80
99.90 COMPLIMENTARY MEDICINE		1725		2188		12			99.90
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	91985	772445	1216780	682429	84735	451402	254757	98377	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R PROGRAM COSTS	PARAMED ED PRGM MEDICAL	PARAMED ED PRGM RADIOLOGY	PARAMED ED PRGM RAD ONC	PARAMED ED PRGM PARAMEDICS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	23	24.10	24.20	24.30	24.40	25	26	27
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY								17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A	27302							23
24 PARAMED ED PRGM-(SPECIFY)								24
24.10 PARAMED ED PRGM - MEDICAL		915						24.10
24.20 PARAMED ED PRGM - RADIOLOGY			1633					24.20
24.30 PARAMED ED - RADIATION ONCOLOGY				1704				24.30
24.40 PARAMED ED - PARAMEDICAL TECHS					5862			24.40
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS						7336280		7336280 25
26 INTENSIVE CARE UNIT						1213092		1213092 26
26.01 PEDIATRIC ICU								26.01
31 SUBPROVIDER I						702743		702743 31
33 NURSERY						253186		253186 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM						2123053		2123053 37
37.20 GASTROENTEROLOGY						250114		250114 37.20
39 DELIVERY ROOM & LABOR ROOM						550193		550193 39
40 ANESTHESIOLOGY						63351		63351 40
41 RADIOLOGY-DIAGNOSTIC						2973314		2973314 41
41.10 RADIATION ONCOLOGY						579878		579878 41.10
41.20 CT SCAN						133723		133723 41.20
41.30 M.R.I.						160253		160253 41.30
44 LABORATORY						765630		765630 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY						203733		203733 49
50 PHYSICAL THERAPY						182076		182076 50
53 ELECTROCARDIOLOGY						179523		179523 53
53.10 PEDIATRIC CARDIOLOGY								53.10
54 ELECTROENCEPHALOGRAPHY						198574		198574 54
54.10 APNEA MONITORING								54.10
55 MEDICAL SUPPLIES CHARGED TO PAT						81094		81094 55
56 DRUGS CHARGED TO PATIENTS						305760		305760 56
58.10 NUTRITIONAL SUPPORT						908		908 58.10
58.20 HEMODIALYSIS						104089		104089 58.20
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC						23929		23929 60
60.01 CHILDRENS CLINIC								60.01
61 EMERGENCY						852618		852618 61
61.05 AMBULATORY CARE						166733		166733 61.05
61.10 PSYCHIATRIC PARTIAL						183122		183122 61.10
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY						56036		56036 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						19643005		19643005 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN						121308		121308 96

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R PROGRAM COSTS	PARAMED ED PRGM MEDICAL	PARAMED ED PRGM RADIOLOGY	PARAMED ED PRGM RAD ONC	PARAMED ED PRGM PARAMEDICS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	23	24.10	24.20	24.30	24.40	25	26	27
96.10 MCC WORD PROCESSING								96.10
98 PHYSICIANS' PRIVATE OFFICES						47819		47819 98
98.01 SPECIALISTS/PCP'S						16517		16517 98.01
98.02 MEDWORKS								98.02
98.03 SWEDISHAMERICAN ER								98.03
98.20 IDLE SPACE						457411		457411 98.20
99 NONPAID WORKERS						1361		1361 99
99.10 HOTEL								99.10
99.30 PHYSICIAN BILLING								99.30
99.40 MEALS ON WHEELS								99.40
99.50 WEE CARE								99.50
99.60 PHYSICIAN RELATED AREAS						8232		8232 99.60
99.70 WOMEN'S CENTER								99.70
99.80 MARKETING EXPENSES						31017		31017 99.80
99.90 COMPLIMENTARY MEDICINE						49034		49034 99.90
101 CROSS FOOT ADJUSTMENTS	27302	915	1633	1704	5862	37416		37416 101
102 NEGATIVE COST CENTER						191221		191221 102
103 TOTAL	27302	915	1633	1704	5862	20604341		20604341 103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS FTE'S		
	1	2	3	4	5	6A	6
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT	547544						1
2 OLD CAP REL COSTS-MVBLE EQUIP		518064					2
3 NEW CAP REL COSTS-BLDG & FIXT			547544				3
4 NEW CAP REL COSTS-MVBLE EQUIP				518064			4
5 EMPLOYEE BENEFITS	257	257	257	257	248374		5
6 ADMINISTRATIVE & GENERAL	36390	36390	36390	36390	35985	-42052817	233640068
7 MAINTENANCE & REPAIRS	14164	14164	14164	14164	1125		2481104
8 OPERATION OF PLANT	29438	29438	29438	29438	1519		6052055
9 LAUNDRY & LINEN SERVICE	1963	1963	1963	1963	304		1317672
10 HOUSEKEEPING	17375	17375	17375	17375	9244		4669239
11 DIETARY	26486	26486	26486	26486	6502		5647350
12 CAFETERIA						1198550	
13 MAINTENANCE OF PERSONNEL							
14 NURSING ADMINISTRATION	1505	1505	1505	1505	1820		1871527
15 CENTRAL SERVICES & SUPPLY	9463	9463	9463	9463	1543		3550948
16 PHARMACY	4563	4563	4563	4563	4813		5548212
17 MEDICAL RECORDS & LIBRARY	1504	1504	1504	1504	4462		2636076
18 SOCIAL SERVICE							
20 NONPHYSICIAN ANESTHETISTS							
21 NURSING SCHOOL							
22 I&R SERVICES-SALARY & FRINGES							
23 I&R SERVICES-OTHER PRGM COSTS							4494836
24 PARAMED ED PRGM-(SPECIFY)							
24.10 PARAMED ED PRGM - MEDICAL					100		94331
24.20 PARAMED ED PRGM - RADIOLOGY					202		155060
24.30 PARAMED ED - RADIATION ONCOLO					199		168347
24.40 PARAMED ED - PARAMEDICAL TECH					841		834253
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	143899	143899	143899	143899	38332		37561546
26 INTENSIVE CARE UNIT	23871	23871	23871	23871	9007		8742552
26.01 PEDIATRIC ICU							
31 SUBPROVIDER I	14483	14483	14483	14483	2292		2367789
33 NURSERY	4770	4770	4770	4770	3055		3666953
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	38388	38388	38388	38388	11910		26305576
37.20 GASTROENTEROLOGY	5308	5308	5308	5308	914		1027310
39 DELIVERY ROOM & LABOR ROOM	11258	11258	11258	11258	4137		4259513
40 ANESTHESIOLOGY	1346	1346	1346	1346			392021
41 RADIOLOGY-DIAGNOSTIC	60118	60118	60118	60118	13782		25359678
41.10 RADIATION ONCOLOGY	8220	8220	8220	8220	3597		12821836
41.20 CT SCAN	2134	2134	2134	2134	1794		3041912
41.30 M.R.I.	3043	3043	3043	3043	1825		2506442
44 LABORATORY	14683	14683	14683	14683	7086		11972816
46.30 BLOOD CLOTTING FACTORS ADMIN							
49 RESPIRATORY THERAPY	3709	3709	3709	3709	3615		3234882
50 PHYSICAL THERAPY	2991	2991	2991	2991	4781		4866630
53 ELECTROCARDIOLOGY	3704	3704	3704	3704	1083		1184554
53.10 PEDIATRIC RADIOLOGY							
54 ELECTROENCEPHALOGRAPHY	4148	4148	4148	4148	1241		1285545
54.10 APNEA MONITORING							
55 MEDICAL SUPPLIES CHARGED TO P							3915327
56 DRUGS CHARGED TO PATIENTS							9376929
58.10 NUTRITIONAL SUPPORT							139209
58.20 HEMODIALYSIS	2232	2232	2232	2232			668665
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC					1767		2260532
60.01 CHILDRENS CLINIC							
61 EMERGENCY	15140	15140	15140	15140	14227		12407673
61.05 AMBULATORY CARE	3675	3675	3675	3675	199		272282
61.10 PSYCHIATRIC PARTIAL	3870	3870	3870	3870	1051		1007164
62 OBSERVATION BEDS (NON-DISTINC							
63.50 RHC							
63.60 FQHC							
OTHER REIMBURSABLE COST CENTERS							
69.10 CMHC							
69.20 OUTPATIENT PHYSICAL THERAPY							
69.30 OUTPATIENT OCCUPATIONAL THERA							
69.40 OUTPATIENT SPEECH PATHOLOGY							
71 HOME HEALTH AGENCY	150	150	150	150	7502		8074257
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							
85.02 INTESTINAL ACQUISITION							

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-	85.03
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS FTE'S			
	1	2	3	4	5	6A	6	
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	514248	514248	514248	514248	201856	-40854267	228240603	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	2552	2552	2552	2552	767		796027	96
96.10 MCC WORD PROCESSING								96.10
98 PHYSICIANS' PRIVATE OFFICES	2399		2399			-35977		98
98.01 SPECIALISTS/PCP'S					43860	-63441533		98.01
98.02 MEDWORKS								98.02
98.03 SWEDISHAMERICAN ER						-2544675		98.03
98.20 IDLE SPACE	27081		27081			-406123		98.20
99 NONPAID WORKERS					54		59144	99
99.10 HOTEL								99.10
99.30 PHYSICIAN BILLING								99.30
99.40 MEALS ON WHEELS								99.40
99.50 WEE CARE								99.50
99.60 PHYSICIAN RELATED AREAS					635		1327688	99.60
99.70 WOMEN'S CENTER								99.70
99.80 MARKETING EXPENSES	324	324	324	324	555		2414250	99.80
99.90 COMPLIMENTARY MEDICINE	940	940	940	940	647		802356	99.90
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	391644	50329	7819663	12784678	3593891		42052817	103
104 UNIT COST MULT-WS B PT I		.097148		24.677797				104
104 UNIT COST MULT-WS B PT I	.715274		14.281342		14.469675		.179990	104
105 COST TO BE ALLOC PER B PT II					209		29594	105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II					.000841		.000127	106
107 COST TO BE ALLOC PER B PT III					10012		1419174	107
108 UNIT COST MULT-WS B PT III								108
108 UNIT COST MULT-WS B PT III					.040310		.006074	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAINT- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION DIRECT	CENTRAL SERVICES *	
	SQUARE FEET	SQUARE FEET	POUNDS OF LAUNDRY	SQUARE FEET	MEALS SERVED	FTE'S	NRSING HRS	SUPPLY COSTED REQUIS.	
	7	8	9	10	11	12	14	15	
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	463437	433999	1593509	414661	454382	138834	33913037	33032393	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C	2552	2552		2552		767			96
96.10 MCC WORD PROCESSING									96.10
98 PHYSICIANS' PRIVATE OFFICES	2399	2399		2399					98
98.01 SPECIALISTS/PCP'S						4361			98.01
98.02 MEDWORKS									98.02
98.03 SWEDISHAMERICAN ER									98.03
98.20 IDLE SPACE		27081							98.20
99 NONPAID WORKERS						54		343	99
99.10 HOTEL									99.10
99.30 PHYSICIAN BILLING									99.30
99.40 MEALS ON WHEELS									99.40
99.50 WEE CARE									99.50
99.60 PHYSICIAN RELATED AREAS							33	2	99.60
99.70 WOMEN'S CENTER									99.70
99.80 MARKETING EXPENSES	324	324		324		555		13	99.80
99.90 COMPLIMENTARY MEDICINE	940	940		940		647		894	99.90
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	2927678	7324872	1597847	5898805	7626696	3078864	2301027	4604488	103
104 UNIT COST MULT-WS B PT I	6.233718		1.002722		16.784767		.067851		104
104 UNIT COST MULT-WS B PT I		15.675049		14.015541		21.196852		.139388	104
105 COST TO BE ALLOC PER B PT II	11823	25427	1918	16109	25376	10243	1768	9414	105
106 UNIT COST MULT-WS B PT II	.025174		.001204		.055847		.000052		106
106 UNIT COST MULT-WS B PT II		.054413		.038275		.070519		.000285	106
107 COST TO BE ALLOC PER B PT III	566932	1219236	91985	772445	1216780	491208	84735	451402	107
108 UNIT COST MULT-WS B PT III	1.207132		.057725		2.677879		.002499		108
108 UNIT COST MULT-WS B PT III		2.609136		1.835327		3.381787		.013665	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED ED PRGM MEDICAL ASSIGNED TIME	PARAMED ED PRGM RADIOLOGY ASSIGNED TIME	PARAMED ED PRGM RAD ONC ASSIGNED TIME	PARAMED ED PRGM PARAMEDICS ASSIGNED TIME	
	16	17	23	24.10	24.20	24.30	24.40	
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	9948652	1022070074	1465	100	100	100	100	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C								96
96.10 MCC WORD PROCESSING								96.10
98 PHYSICIANS' PRIVATE OFFICES								98
98.01 SPECIALISTS/PCP'S								98.01
98.02 MEDWORKS								98.02
98.03 SWEDISHAMERICAN ER								98.03
98.20 IDLE SPACE								98.20
99 NONPAID WORKERS	31820							99
99.10 HOTEL								99.10
99.30 PHYSICIAN BILLING								99.30
99.40 MEALS ON WHEELS								99.40
99.50 WEE CARE								99.50
99.60 PHYSICIAN RELATED AREAS	1175							99.60
99.70 WOMEN'S CENTER								99.70
99.80 MARKETING EXPENSES								99.80
99.90 COMPLIMENTARY MEDICINE								99.90
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	6823251	3259162	5303862	113430	187253	202866	1000414	103
104 UNIT COST MULT-WS B PT I	.683580		3620.383618		1872.530000		10004.140000	104
104 UNIT COST MULT-WS B PT I		.003189		1134.300000		2028.660000		104
105 COST TO BE ALLOC PER B PT II	5314	2054	571	19	34	35	123	105
106 UNIT COST MULT-WS B PT II	.000532		.389761		.340000		1.230000	106
106 UNIT COST MULT-WS B PT II		.000002		.190000		.350000		106
107 COST TO BE ALLOC PER B PT III	254757	98377	27302	915	1633	1704	5862	107
108 UNIT COST MULT-WS B PT III	.025523		18.636177		16.330000		58.620000	108
108 UNIT COST MULT-WS B PT III		.000096		9.150000		17.040000		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	55236047		55236047		55236047	25
26 INTENSIVE CARE UNIT	12197310		12197310		12197310	26
26.01 PEDIATRIC ICU						26.01
31 SUBPROVIDER I	3630066		3630066	19590	3649656	31
33 NURSERY	4742808		4742808		4742808	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	35397629		35397629	39058	35436687	37
37.20 GASTROENTEROLOGY	1502724		1502724		1502724	37.20
39 DELIVERY ROOM & LABOR ROOM	5712997		5712997		5712997	39
40 ANESTHESIOLOGY	540552		540552	20446	560998	40
41 RADIOLOGY-DIAGNOSTIC	33969160		33969160	3624	33972784	41
41.10 RADIATION ONCOLOGY	17114744		17114744	9722	17124466	41.10
41.20 CT SCAN	4052176		4052176		4052176	41.20
41.30 M.R.I.	3198876		3198876		3198876	41.30
44 LABORATORY	15335878		15335878		15335878	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	4164904		4164904		4164904	49
50 PHYSICAL THERAPY	6025000		6025000		6025000	50
53 ELECTROCARDIOLOGY	1634163		1634163		1634163	53
53.10 PEDIATRIC CARDIOLOGY						53.10
54 ELECTROENCEPHALOGRAPHY	1726844		1726844		1726844	54
54.10 APNEA MONITORING						54.10
55 MEDICAL SUPPLIES CHARGED TO	5292335		5292335		5292335	55
56 DRUGS CHARGED TO PATIENTS	17789598		17789598		17789598	56
58.10 NUTRITIONAL SUPPORT	166320		166320		166320	58.10
58.20 HEMODIALYSIS	879445		879445		879445	58.20
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	2790795		2790795	3517	2794312	60
60.01 CHILDRENS CLINIC						60.01
61 EMERGENCY	17544498		17544498	57794	17602292	61
61.05 AMBULATORY CARE	466373		466373		466373	61.05
61.10 PSYCHIATRIC PARTIAL	1368469		1368469		1368469	61.10
62 OBSERVATION BEDS (NON-DISTI	1388605		1388605		1388605	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	253868316		253868316	153751	254022067	101
102 LESS OBSERVATION BEDS	1388605		1388605		1388605	102
103 TOTAL	252479711		252479711	153751	252633462	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	79338170		79338170			25
26 INTENSIVE CARE UNIT	38444218		38444218			26
26.01 PEDIATRIC ICU						26.01
31 SUBPROVIDER I	5333477		5333477			31
33 NURSERY	7640164		7640164			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	101463836	68611916	170075752	.208129	.208129	.208358 37
37.20 GASTROENTEROLOGY	2753343	4768888	7522231	.199771	.199771	.199771 37.20
39 DELIVERY ROOM & LABOR ROOM	11169906	871197	12041103	.474458	.474458	.474458 39
40 ANESTHESIOLOGY	5215792	3921150	9136942	.059161	.059161	.061399 40
41 RADIOLOGY-DIAGNOSTIC	66351515	84481426	150832941	.225210	.225210	.225235 41
41.10 RADIATION ONCOLOGY	1287718	63580584	64868302	.263838	.263838	.263988 41.10
41.20 CT SCAN	12681427	32412443	45093870	.089861	.089861	.089861 41.20
41.30 M.R.I.	7403404	19384583	26787987	.119415	.119415	.119415 41.30
44 LABORATORY	50846776	74809050	125655826	.122047	.122047	.122047 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	17823496	3118113	20941609	.198882	.198882	.198882 49
50 PHYSICAL THERAPY	7532593	13174396	20706989	.290965	.290965	.290965 50
53 ELECTROCARDIOLOGY	6999045	8364185	15363230	.106368	.106368	.106368 53
53.10 PEDIATRIC CARDIOLOGY						53.10
54 ELECTROENCEPHALOGRAPHY	917016	7488034	8405050	.205453	.205453	.205453 54
54.10 APNEA MONITORING						54.10
55 MEDICAL SUPPLIES CHARGED TO	29352792	10326662	39679454	.133377	.133377	.133377 55
56 DRUGS CHARGED TO PATIENTS	80688138	18100834	98788972	.180077	.180077	.180077 56
58.10 NUTRITIONAL SUPPORT	157368	486908	644276	.258150	.258150	.258150 58.10
58.20 HEMODIALYSIS	1834714	36735	1871449	.469927	.469927	.469927 58.20
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	44917	3576388	3621305	.770660	.770660	.771631 60
60.01 CHILDRENS CLINIC						60.01
61 EMERGENCY	20480727	43981789	64462516	.272166	.272166	.273062 61
61.05 AMBULATORY CARE	107651	648885	756536	.616458	.616458	.616458 61.05
61.10 PSYCHIATRIC PARTIAL	70801	1371902	1442703	.948545	.948545	.948545 61.10
62 OBSERVATION BEDS (NON-DISTI	235128	2379874	2615002	.531015	.531015	.531015 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	556174132	465895942	1022070074			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	556174132	465895942	1022070074			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 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	152921		152921	7336280		7336280
26 INTENSIVE CARE UNIT	25300		25300	1213092		1213092
26.01 PEDIATRIC ICU						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	14656		14656	702743		702743
33 NURSERY	5281		5281	253186		253186
101 TOTAL	198158		198158	9505301		9505301

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	62372		2.45		117.62	
26 INTENSIVE CARE UNIT	8259		3.06		146.88	
26.01 PEDIATRIC ICU						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	4140		3.54		169.74	
33 NURSERY	6613		.80		38.29	
101 TOTAL	81384					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	44283	2123053	170075752		.000260		.012483	37
37.20 GASTROENTEROLOGY	5216	250114	7522231		.000693		.033250	37.20
39 DELIVERY ROOM & LABOR ROOM	11474	550193	12041103		.000953		.045693	39
40 ANESTHESIOLOGY	1322	63351	9136942		.000145		.006934	40
41 RADIOLOGY-DIAGNOSTIC	62012	2973314	150832941		.000411		.019713	41
41.10 RADIATION ONCOLOGY	12098	579878	64868302		.000187		.008939	41.10
41.20 CT SCAN	2790	133723	45093870		.000062		.002965	41.20
41.30 M.R.I.	3344	160253	26787987		.000125		.005982	41.30
44 LABORATORY	15970	765630	125655826		.000127		.006093	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	4249	203733	20941609		.000203		.009729	49
50 PHYSICAL THERAPY	3797	182076	20706989		.000183		.008793	50
53 ELECTROCARDIOLOGY	3744	179523	15363230		.000244		.011685	53
53.10 PEDIATRIC CARDIOLOGY								53.10
54 ELECTROENCEPHALOGRAPHY	4142	198574	8405050		.000493		.023626	54
54.10 APNEA MONITORING								54.10
55 MEDICAL SUPPLIES CHARGED TO P	1692	81094	39679454		.000043		.002044	55
56 DRUGS CHARGED TO PATIENTS	6381	305760	98788972		.000065		.003095	56
58.10 NUTRITIONAL SUPPORT	19	908	644276		.000029		.001409	58.10
58.20 HEMODIALYSIS	2170	104089	1871449		.001160		.055619	58.20
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	500	23929	3621305		.000138		.006608	60
60.01 CHILDRENS CLINIC								60.01
61 EMERGENCY	17784	852618	64462516		.000276		.013227	61
61.05 AMBULATORY CARE	3478	166733	756536		.004597		.220390	61.05
61.10 PSYCHIATRIC PARTIAL	3819	183122	1442703		.002647		.126930	61.10
62 OBSERVATION BEDS (NON-DISTINC	3845	184430	2615002		.001470		.070528	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	214129	10266098	891314045					101

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
 PERIOD FROM 06/01/2009 TO 05/31/2010

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

VERSION: 2009.08
 10/30/2010 10:30

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

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

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
 PERIOD FROM 06/01/2009 TO 05/31/2010

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

VERSION: 2009.08
 10/30/2010 10:30

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS				
25 ADULTS & PEDIATRICS	62372			25
26 INTENSIVE CARE UNIT	8259			26
26.01 PEDIATRIC ICU				26.01
27 CORONARY CARE UNIT				27
28 BURN INTENSIVE CARE UNIT				28
29 SURGICAL INTENSIVE CARE UNIT				29
30 OTHER SPECIAL CARE (SPECIFY)				30
31 SUBPROVIDER I	4140			31
33 NURSERY	6613			33
34 SKILLED NURSING FACILITY				34
35 NURSING FACILITY				35
101 TOTAL	81384			101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.20 GASTROENTEROLOGY							37.20
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				187253			187253
41.10 RADIATION ONCOLOGY				202866			202866
41.20 CT SCAN							41.20
41.30 M.R.I.							41.30
44 LABORATORY				113430			113430
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY							54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58.10 NUTRITIONAL SUPPORT							58.10
58.20 HEMODIALYSIS							58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY				1000414			1000414
61.05 AMBULATORY CARE							61.05
61.10 PSYCHIATRIC PARTIAL							61.10
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				1503963			1503963 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH			CHARGES	COST TO	RATIO OF COST	
	COSTS	CHARGES	CHARGES	TO	TO CHARGES	CHARGES	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		170075752					37
37.20 GASTROENTEROLOGY		7522231					37.20
39 DELIVERY ROOM & LABOR ROOM		12041103					39
40 ANESTHESIOLOGY		9136942					40
41 RADIOLOGY-DIAGNOSTIC	187253	150832941	.001241	.001241			41
41.10 RADIATION ONCOLOGY	202866	64868302	.003127	.003127			41.10
41.20 CT SCAN		45093870					41.20
41.30 M.R.I.		26787987					41.30
44 LABORATORY	113430	125655826	.000903	.000903			44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		20941609					49
50 PHYSICAL THERAPY		20706989					50
53 ELECTROCARDIOLOGY		15363230					53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY		8405050					54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO P		39679454					55
56 DRUGS CHARGED TO PATIENTS		98788972					56
58.10 NUTRITIONAL SUPPORT		644276					58.10
58.20 HEMODIALYSIS		1871449					58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		3621305					60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY	1000414	64462516	.015519	.015519			61
61.05 AMBULATORY CARE		756536					61.05
61.10 PSYCHIATRIC PARTIAL		1442703					61.10
62 OBSERVATION BEDS (NON-DISTINC		2615002					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	1503963	891314045					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----			
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4	
37 ANCILLARY SERVICE COST CENTERS							
37.20 OPERATING ROOM	.208129	.208129	.208129				37
39 GASTROENTEROLOGY	.199771	.199771	.199771				37.20
39 DELIVERY ROOM & LABOR ROOM	.474458	.474458	.474458				39
40 ANESTHESIOLOGY	.059161	.059161	.059161				40
41 RADIOLOGY-DIAGNOSTIC	.225210	.225210	.225210				41
41.10 RADIATION ONCOLOGY	.263838	.263838	.263838				41.10
41.20 CT SCAN	.089861	.089861	.089861				41.20
41.30 M.R.I.	.119415	.119415	.119415				41.30
44 LABORATORY	.122047	.122047	.122047				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY	.198882	.198882	.198882				49
50 PHYSICAL THERAPY	.290965	.290965	.290965				50
53 ELECTROCARDIOLOGY	.106368	.106368	.106368				53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY	.205453	.205453	.205453				54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	.133377	.133377	.133377				55
56 DRUGS CHARGED TO PATIENTS	.180077	.180077	.180077				56
58.10 NUTRITIONAL SUPPORT	.258150	.258150	.258150				58.10
58.20 HEMODIALYSIS	.469927	.469927	.469927				58.20
60 OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	.770660	.770660	.770660				60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY	.272166	.272166	.272166				61
61.05 AMBULATORY CARE	.616458	.616458	.616458				61.05
61.10 PSYCHIATRIC PARTIAL	.948545	.948545	.948545				61.10
62 OBSERVATION BEDS (NON-DISTINCT	.531015	.531015	.531015				62
63.50 RHC							63.50
63.60 FQHC							63.60
65.01 OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL							101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES		1	
2 PROGRAM VACCINE CHARGES	.180077	2	
2.01 PROGRAM VACCINE CHARGES		2.01	
3 PROGRAM COSTS		3	
3.01 PROGRAM COSTS		3.01	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
37.20 GASTROENTEROLOGY								37.20
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC	966							41
41.10 RADIATION ONCOLOGY								41.10
41.20 CT SCAN	1122							41.20
41.30 M.R.I.								41.30
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY	3828							50
53 ELECTROCARDIOLOGY								53
53.10 PEDIATRIC CARDIOLOGY								53.10
54 ELECTROENCEPHALOGRAPHY								54
54.10 APNEA MONITORING								54.10
55 MEDICAL SUPPLIES CHARGED TO PA								55
56 DRUGS CHARGED TO PATIENTS								56
58.10 NUTRITIONAL SUPPORT								58.10
58.20 HEMODIALYSIS								58.20
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 CHILDRENS CLINIC								60.01
61 EMERGENCY								61
61.05 AMBULATORY CARE								61.05
61.10 PSYCHIATRIC PARTIAL								61.10
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)								65.03
101 SUBTOTAL	5916							101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES	5916							104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.20 GASTROENTEROLOGY							37.20
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC	218						41
41.10 RADIATION ONCOLOGY							41.10
41.20 CT SCAN	101						41.20
41.30 M.R.I.							41.30
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY	1114						50
53 ELECTROCARDIOLOGY							53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY							54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO PAT							55
56 DRUGS CHARGED TO PATIENTS							56
58.10 NUTRITIONAL SUPPORT							58.10
58.20 HEMODIALYSIS							58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY							61
61.05 AMBULATORY CARE							61.05
61.10 PSYCHIATRIC PARTIAL							61.10
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL	1433						101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES	1433						104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 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	152921		152921	7336280		7336280
26 INTENSIVE CARE UNIT	25300		25300	1213092		1213092
26.01 PEDIATRIC ICU						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	14656		14656	702743		702743
33 NURSERY	5281		5281	253186		253186
101 TOTAL	198158		198158	9505301		9505301

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	62372	24342	2.45	59638	117.62	2863106
26 INTENSIVE CARE UNIT	8259	3863	3.06	11821	146.88	567397
26.01 PEDIATRIC ICU						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	4140	1696	3.54	6004	169.74	287879
33 NURSERY	6613		.80		38.29	
101 TOTAL	81384	29901		77463		3718382

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST	CAPITAL RELATED COST	TOTAL CHARGES		RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	44283	2123053	170075752	34747304	.000260	9034	.012483	433751	37
37.20 GASTROENTEROLOGY	5216	250114	7522231	1277656	.000693	885	.033250	42482	37.20
39 DELIVERY ROOM & LABOR ROOM	11474	550193	12041103	52098	.000953	50	.045693	2381	39
40 ANESTHESIOLOGY	1322	63351	9136942	1748207	.000145	253	.006934	12122	40
41 RADIOLOGY-DIAGNOSTIC	62012	2973314	150832941	33074195	.000411	13593	.019713	651992	41
41.10 RADIATION ONCOLOGY	12098	579878	64868302	1162614	.000187	217	.008939	10393	41.10
41.20 CT SCAN	2790	133723	45093870	4850575	.000062	301	.002965	14382	41.20
41.30 M.R.I.	3344	160253	26787987	2673854	.000125	334	.005982	15995	41.30
44 LABORATORY	15970	765630	125655826	20307021	.000127	2579	.006093	123731	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY	4249	203733	20941609	9433503	.000203	1915	.009729	91779	49
50 PHYSICAL THERAPY	3797	182076	20706989	4228091	.000183	774	.008793	37178	50
53 ELECTROCARDIOLOGY	3744	179523	15363230	891734	.000244	218	.011685	10420	53
53.10 PEDIATRIC CARDIOLOGY									53.10
54 ELECTROENCEPHALOGRAPHY	4142	198574	8405050	439844	.000493	217	.023626	10392	54
54.10 APNEA MONITORING									54.10
55 MEDICAL SUPPLIES CHARGED TO P	1692	81094	39679454	10698483	.000043	460	.002044	21868	55
56 DRUGS CHARGED TO PATIENTS	6381	305760	98788972	33770658	.000065	2195	.003095	104520	56
58.10 NUTRITIONAL SUPPORT	19	908	644276	5391	.000029		.001409	8	58.10
58.20 HEMODIALYSIS	2170	104089	1871449	1029248	.001160	1194	.055619	57246	58.20
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	500	23929	3621305	18255	.000138	3	.006608	121	60
60.01 CHILDRENS CLINIC									60.01
61 EMERGENCY	17784	852618	64462516	7863430	.000276	2170	.013227	104010	61
61.05 AMBULATORY CARE	3478	166733	756536	9974	.004597	46	.220390	2198	61.05
61.10 PSYCHIATRIC PARTIAL	3819	183122	1442703		.002647		.126930		61.10
62 OBSERVATION BEDS (NON-DISTINC	3845	184430	2615002	14830	.001470	22	.070528	1046	62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL	214129	10266098	891314045	168296965		36460		1748015	101

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
 PERIOD FROM 06/01/2009 TO 05/31/2010

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

VERSION: 2009.08
 10/30/2010 10:30

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

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

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
 PERIOD FROM 06/01/2009 TO 05/31/2010

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

VERSION: 2009.08
 10/30/2010 10:30

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS				
25 ADULTS & PEDIATRICS	62372		24342	25
26 INTENSIVE CARE UNIT	8259		3863	26
26.01 PEDIATRIC ICU				26.01
27 CORONARY CARE UNIT				27
28 BURN INTENSIVE CARE UNIT				28
29 SURGICAL INTENSIVE CARE UNIT				29
30 OTHER SPECIAL CARE (SPECIFY)				30
31 SUBPROVIDER I	4140		1696	31
33 NURSERY	6613			33
34 SKILLED NURSING FACILITY				34
35 NURSING FACILITY				35
101 TOTAL	81384		29901	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.20 GASTROENTEROLOGY							37.20
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				187253			187253
41.10 RADIATION ONCOLOGY				202866			202866
41.20 CT SCAN							41.20
41.30 M.R.I.							41.30
44 LABORATORY				113430			113430
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY							54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58.10 NUTRITIONAL SUPPORT							58.10
58.20 HEMODIALYSIS							58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY				1000414			1000414
61.05 AMBULATORY CARE							61.05
61.10 PSYCHIATRIC PARTIAL							61.10
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				1503963			1503963 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		170075752			34747304		12018353 37
37.20 GASTROENTEROLOGY		7522231			1277656		1374521 37.20
39 DELIVERY ROOM & LABOR ROOM		12041103			52098		8149 39
40 ANESTHESIOLOGY		9136942			1748207		656685 40
41 RADIOLOGY-DIAGNOSTIC	187253	150832941	.001241	.001241	33074195	41045	22977834 41
41.10 RADIATION ONCOLOGY	202866	64868302	.003127	.003127	1162614	3635	26887466 41.10
41.20 CT SCAN		45093870			4850575		7814198 41.20
41.30 M.R.I.		26787987			2673854		5329483 41.30
44 LABORATORY	113430	125655826	.000903	.000903	20307021	18337	1864064 44
46.30 BLOOD CLOTTING FACTORS ADMIN							
49 RESPIRATORY THERAPY		20941609			9433503		1603680 49
50 PHYSICAL THERAPY		20706989			4228091		25293 50
53 ELECTROCARDIOLOGY		15363230			891734		2839961 53
53.10 PEDIATRIC CARDIOLOGY							
54 ELECTROENCEPHALOGRAPHY		8405050			439844		1633295 54
54.10 APNEA MONITORING							
55 MEDICAL SUPPLIES CHARGED TO P		39679454			10698483		3144760 55
56 DRUGS CHARGED TO PATIENTS		98788972			33770658		5032155 56
58.10 NUTRITIONAL SUPPORT		644276			5391		10241 58.10
58.20 HEMODIALYSIS		1871449			1029248		30397 58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		3621305			18255		360539 60
60.01 CHILDRENS CLINIC							
61 EMERGENCY	1000414	64462516	.015519	.015519	7863430	122033	5988410 61
61.05 AMBULATORY CARE		756536			9974		645939 61.05
61.10 PSYCHIATRIC PARTIAL		1442703					205205 61.10
62 OBSERVATION BEDS (NON-DISTINC		2615002			14830		973565 62
63.50 RHC							
63.60 FQHC							
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	1503963	891314045			168296965	185050	101424193 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
37.20 GASTROENTEROLOGY						37.20
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC			28515			41
41.10 RADIATION ONCOLOGY			84077			41.10
41.20 CT SCAN						41.20
41.30 M.R.I.						41.30
44 LABORATORY			1683			44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
53 ELECTROCARDIOLOGY						53
53.10 PEDIATRIC CARDIOLOGY						53.10
54 ELECTROENCEPHALOGRAPHY						54
54.10 APNEA MONITORING						54.10
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
58.10 NUTRITIONAL SUPPORT						58.10
58.20 HEMODIALYSIS						58.20
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 CHILDRENS CLINIC						60.01
61 EMERGENCY			92934			61
61.05 AMBULATORY CARE						61.05
61.10 PSYCHIATRIC PARTIAL						61.10
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL			207209			101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
37.20 OPERATING ROOM	.208129	.208129	.208129			37
39 GASTROENTEROLOGY	.199771	.199771	.199771			37.20
39 DELIVERY ROOM & LABOR ROOM	.474458	.474458	.474458			39
40 ANESTHESIOLOGY	.059161	.059161	.059161			40
41 RADIOLOGY-DIAGNOSTIC	.225210	.225210	.225210			41
41.10 RADIATION ONCOLOGY	.263838	.263838	.263838			41.10
41.20 CT SCAN	.089861	.089861	.089861			41.20
41.30 M.R.I.	.119415	.119415	.119415			41.30
44 LABORATORY	.122047	.122047	.122047			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.198882	.198882	.198882			49
50 PHYSICAL THERAPY	.290965	.290965	.290965			50
53 ELECTROCARDIOLOGY	.106368	.106368	.106368			53
53.10 PEDIATRIC CARDIOLOGY						53.10
54 ELECTROENCEPHALOGRAPHY	.205453	.205453	.205453			54
54.10 APNEA MONITORING						54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	.133377	.133377	.133377			55
56 DRUGS CHARGED TO PATIENTS	.180077	.180077	.180077			56
58.10 NUTRITIONAL SUPPORT	.258150	.258150	.258150			58.10
58.20 HEMODIALYSIS	.469927	.469927	.469927			58.20
60 OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.770660	.770660	.770660			60
60.01 CHILDRENS CLINIC						60.01
61 EMERGENCY	.272166	.272166	.272166			61
61.05 AMBULATORY CARE	.616458	.616458	.616458			61.05
61.10 PSYCHIATRIC PARTIAL	.948545	.948545	.948545			61.10
62 OBSERVATION BEDS (NON-DISTINCT	.531015	.531015	.531015			62
63.50 RHC						63.50
63.60 FQHC						63.60
65.01 OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.180077	1
2 PROGRAM VACCINE CHARGES	20497	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	3691	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		12018353						37
37.20 GASTROENTEROLOGY		1374521						37.20
39 DELIVERY ROOM & LABOR ROOM		8149						39
40 ANESTHESIOLOGY		656685						40
41 RADIOLOGY-DIAGNOSTIC		22977834						41
41.10 RADIATION ONCOLOGY		26887466						41.10
41.20 CT SCAN		7814198	6					41.20
41.30 M.R.I.		5329483						41.30
44 LABORATORY		1864064	423					44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		1603680						49
50 PHYSICAL THERAPY		25293						50
53 ELECTROCARDIOLOGY		2839961						53
53.10 PEDIATRIC CARDIOLOGY								53.10
54 ELECTROENCEPHALOGRAPHY		1633295						54
54.10 APNEA MONITORING								54.10
55 MEDICAL SUPPLIES CHARGED TO PA		3144760						55
56 DRUGS CHARGED TO PATIENTS		5032155						56
58.10 NUTRITIONAL SUPPORT		10241						58.10
58.20 HEMODIALYSIS		30397						58.20
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		360539						60
60.01 CHILDRENS CLINIC								60.01
61 EMERGENCY		5988410						61
61.05 AMBULATORY CARE		645939						61.05
61.10 PSYCHIATRIC PARTIAL		205205						61.10
62 OBSERVATION BEDS (NON-DISTINCT)		973565						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		101424193	429					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		101424193	429					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		2501368					37
37.20 GASTROENTEROLOGY		274589					37.20
39 DELIVERY ROOM & LABOR ROOM		3866					39
40 ANESTHESIOLOGY		38850					40
41 RADIOLOGY-DIAGNOSTIC		5174838					41
41.10 RADIATION ONCOLOGY		7093935					41.10
41.20 CT SCAN		702192	1				41.20
41.30 M.R.I.		636420					41.30
44 LABORATORY		227503	52				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		318943					49
50 PHYSICAL THERAPY		7359					50
53 ELECTROCARDIOLOGY		302081					53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY		335565					54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO PAT		419439					55
56 DRUGS CHARGED TO PATIENTS		906175					56
58.10 NUTRITIONAL SUPPORT		2644					58.10
58.20 HEMODIALYSIS		14284					58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		277853					60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY		1629842					61
61.05 AMBULATORY CARE		398194					61.05
61.10 PSYCHIATRIC PARTIAL		194646					61.10
62 OBSERVATION BEDS (NON-DISTINCT		516978					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		21977564	53				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		21977564	53				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	44283	2123053	170075752		.000260		.012483	37
37.20 GASTROENTEROLOGY	5216	250114	7522231		.000693		.033250	37.20
39 DELIVERY ROOM & LABOR ROOM	11474	550193	12041103		.000953		.045693	39
40 ANESTHESIOLOGY	1322	63351	9136942	8752	.000145	1	.006934	61 40
41 RADIOLOGY-DIAGNOSTIC	62012	2973314	150832941	32141	.000411	13	.019713	634 41
41.10 RADIATION ONCOLOGY	12098	579878	64868302		.000187		.008939	41.10
41.20 CT SCAN	2790	133723	45093870	23479	.000062	1	.002965	70 41.20
41.30 M.R.I.	3344	160253	26787987	2545	.000125		.005982	15 41.30
44 LABORATORY	15970	765630	125655826	456644	.000127	58	.006093	2782 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	4249	203733	20941609	20497	.000203	4	.009729	199 49
50 PHYSICAL THERAPY	3797	182076	20706989	9751	.000183	2	.008793	86 50
53 ELECTROCARDIOLOGY	3744	179523	15363230	43413	.000244	11	.011685	507 53
53.10 PEDIATRIC CARDIOLOGY								53.10
54 ELECTROENCEPHALOGRAPHY	4142	198574	8405050	1886	.000493	1	.023626	45 54
54.10 APNEA MONITORING								54.10
55 MEDICAL SUPPLIES CHARGED TO P	1692	81094	39679454	8200	.000043		.002044	17 55
56 DRUGS CHARGED TO PATIENTS	6381	305760	98788972	555477	.000065	36	.003095	1719 56
58.10 NUTRITIONAL SUPPORT	19	908	644276		.000029		.001409	58.10
58.20 HEMODIALYSIS	2170	104089	1871449		.001160		.055619	58.20
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	500	23929	3621305	76	.000138		.006608	1 60
60.01 CHILDRENS CLINIC								60.01
61 EMERGENCY	17784	852618	64462516	159796	.000276	44	.013227	2114 61
61.05 AMBULATORY CARE	3478	166733	756536		.004597		.220390	61.05
61.10 PSYCHIATRIC PARTIAL	3819	183122	1442703		.002647		.126930	61.10
62 OBSERVATION BEDS (NON-DISTINC	3845	184430	2615002		.001470		.070528	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	214129	10266098	891314045	1322657		171		8250 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.20 GASTROENTEROLOGY							37.20
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				187253			187253
41.10 RADIATION ONCOLOGY				202866			202866
41.20 CT SCAN							41.20
41.30 M.R.I.							41.30
44 LABORATORY				113430			113430
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY							54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58.10 NUTRITIONAL SUPPORT							58.10
58.20 HEMODIALYSIS							58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY				1000414			1000414
61.05 AMBULATORY CARE							61.05
61.10 PSYCHIATRIC PARTIAL							61.10
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				1503963			1503963 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH			CHARGES	RATIO OF COST	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		170075752					38813 37
37.20 GASTROENTEROLOGY		7522231					3422 37.20
39 DELIVERY ROOM & LABOR ROOM		12041103					39
40 ANESTHESIOLOGY		9136942			8752		5067 40
41 RADIOLOGY-DIAGNOSTIC	187253	150832941	.001241	.001241	32141	40	25550 41
41.10 RADIATION ONCOLOGY	202866	64868302	.003127	.003127			6280 41.10
41.20 CT SCAN		45093870			23479		14234 41.20
41.30 M.R.I.		26787987			2545		41.30
44 LABORATORY	113430	125655826	.000903	.000903	456644	412	3803 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		20941609			20497		12745 49
50 PHYSICAL THERAPY		20706989			9751		50
53 ELECTROCARDIOLOGY		15363230			43413		3688 53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY		8405050			1886		23671 54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO P		39679454			8200		23832 55
56 DRUGS CHARGED TO PATIENTS		98788972			555477		63224 56
58.10 NUTRITIONAL SUPPORT		644276					43 58.10
58.20 HEMODIALYSIS		1871449					58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		3621305			76		880 60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY	1000414	64462516	.015519	.015519	159796	2480	5948 61
61.05 AMBULATORY CARE		756536					61.05
61.10 PSYCHIATRIC PARTIAL		1442703					7935 61.10
62 OBSERVATION BEDS (NON-DISTINC		2615002					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	1503963	891314045			1322657	2932	239135 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
37.20 GASTROENTEROLOGY						37.20
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC			32			41
41.10 RADIATION ONCOLOGY			20			41.10
41.20 CT SCAN						41.20
41.30 M.R.I.						41.30
44 LABORATORY			3			44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
53 ELECTROCARDIOLOGY						53
53.10 PEDIATRIC CARDIOLOGY						53.10
54 ELECTROENCEPHALOGRAPHY						54
54.10 APNEA MONITORING						54.10
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
58.10 NUTRITIONAL SUPPORT						58.10
58.20 HEMODIALYSIS						58.20
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 CHILDRENS CLINIC						60.01
61 EMERGENCY			92			61
61.05 AMBULATORY CARE						61.05
61.10 PSYCHIATRIC PARTIAL						61.10
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL			147			101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
37.20 OPERATING ROOM	.208129	.208129	.208129			37
39 GASTROENTEROLOGY	.199771	.199771	.199771			37.20
39 DELIVERY ROOM & LABOR ROOM	.474458	.474458	.474458			39
40 ANESTHESIOLOGY	.059161	.059161	.059161			40
41 RADIOLOGY-DIAGNOSTIC	.225210	.225210	.225210			41
41.10 RADIATION ONCOLOGY	.263838	.263838	.263838			41.10
41.20 CT SCAN	.089861	.089861	.089861			41.20
41.30 M.R.I.	.119415	.119415	.119415			41.30
44 LABORATORY	.122047	.122047	.122047			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.198882	.198882	.198882			49
50 PHYSICAL THERAPY	.290965	.290965	.290965			50
53 ELECTROCARDIOLOGY	.106368	.106368	.106368			53
53.10 PEDIATRIC CARDIOLOGY						53.10
54 ELECTROENCEPHALOGRAPHY	.205453	.205453	.205453			54
54.10 APNEA MONITORING						54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	.133377	.133377	.133377			55
56 DRUGS CHARGED TO PATIENTS	.180077	.180077	.180077			56
58.10 NUTRITIONAL SUPPORT	.258150	.258150	.258150			58.10
58.20 HEMODIALYSIS	.469927	.469927	.469927			58.20
60 OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.770660	.770660	.770660			60
60.01 CHILDRENS CLINIC						60.01
61 EMERGENCY	.272166	.272166	.272166			61
61.05 AMBULATORY CARE	.616458	.616458	.616458			61.05
61.10 PSYCHIATRIC PARTIAL	.948545	.948545	.948545			61.10
62 OBSERVATION BEDS (NON-DISTINCT	.531015	.531015	.531015			62
63.50 RHC						63.50
63.60 FQHC						63.60
65.01 OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.180077	1
2 PROGRAM VACCINE CHARGES	1524	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	274	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		38813						37
37.20 GASTROENTEROLOGY		3422						37.20
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY		5067						40
41 RADIOLOGY-DIAGNOSTIC		25550						41
41.10 RADIATION ONCOLOGY		6280						41.10
41.20 CT SCAN		14234						41.20
41.30 M.R.I.								41.30
44 LABORATORY		3803						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		12745						49
50 PHYSICAL THERAPY								50
53 ELECTROCARDIOLOGY		3688						53
53.10 PEDIATRIC CARDIOLOGY								53.10
54 ELECTROENCEPHALOGRAPHY		23671						54
54.10 APNEA MONITORING								54.10
55 MEDICAL SUPPLIES CHARGED TO PA		23832						55
56 DRUGS CHARGED TO PATIENTS		63224						56
58.10 NUTRITIONAL SUPPORT		43						58.10
58.20 HEMODIALYSIS								58.20
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		880						60
60.01 CHILDRENS CLINIC								60.01
61 EMERGENCY		5948						61
61.05 AMBULATORY CARE								61.05
61.10 PSYCHIATRIC PARTIAL		7935						61.10
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)								65.03
101 SUBTOTAL		239135						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		239135						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		8078					37
37.20 GASTROENTEROLOGY		684					37.20
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY		300					40
41 RADIOLOGY-DIAGNOSTIC		5754					41
41.10 RADIATION ONCOLOGY		1657					41.10
41.20 CT SCAN		1279					41.20
41.30 M.R.I.							41.30
44 LABORATORY		464					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		2535					49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY		392					53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY		4863					54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO PAT		3179					55
56 DRUGS CHARGED TO PATIENTS		11385					56
58.10 NUTRITIONAL SUPPORT		11					58.10
58.20 HEMODIALYSIS							58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		678					60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY		1619					61
61.05 AMBULATORY CARE							61.05
61.10 PSYCHIATRIC PARTIAL		7527					61.10
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		50405					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		50405					104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	CAPITAL RELATED COST 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	152921		152921	7336280		7336280	25
26 INTENSIVE CARE UNIT	25300		25300	1213092		1213092	26
26.01 PEDIATRIC ICU							26.01
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	14656		14656	702743		702743	31
33 NURSERY	5281		5281	253186		253186	33
101 TOTAL	198158		198158	9505301		9505301	101

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	62372	14721	2.45	36066	117.62	1731484	25
26 INTENSIVE CARE UNIT	8259	1288	3.06	3941	146.88	189181	26
26.01 PEDIATRIC ICU							26.01
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	4140	559	3.54	1979	169.74	94885	31
33 NURSERY	6613	4168	.80	3334	38.29	159593	33
101 TOTAL	81384	20736		45320		2175143	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST	TOTAL CHARGES		RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	44283	2123053	170075752	7162974	.000260	1862	.012483	89415
37.20 GASTROENTEROLOGY	5216	250114	7522231	439410	.000693	305	.033250	14610
39 DELIVERY ROOM & LABOR ROOM	11474	550193	12041103	3412394	.000953	3252	.045693	155923
40 ANESTHESIOLOGY	1322	63351	9136942	888893	.000145	129	.006934	6164
41 RADIOLOGY-DIAGNOSTIC	62012	2973314	150832941	3904223	.000411	1605	.019713	76964
41.10 RADIATION ONCOLOGY	12098	579878	64868302	125104	.000187	23	.008939	1118
41.20 CT SCAN	2790	133723	45093870	1797746	.000062	111	.002965	5330
41.30 M.R.I.	3344	160253	26787987	775261	.000125	97	.005982	4638
44 LABORATORY	15970	765630	125655826	12392425	.000127	1574	.006093	75507
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	4249	203733	20941609	1737924	.000203	353	.009729	16908
50 PHYSICAL THERAPY	3797	182076	20706989	746912	.000183	137	.008793	6568
53 ELECTROCARDIOLOGY	3744	179523	15363230	1504895	.000244	367	.011685	17585
53.10 PEDIATRIC CARDIOLOGY								53.10
54 ELECTROENCEPHALOGRAPHY	4142	198574	8405050	173461	.000493	86	.023626	4098
54.10 APNEA MONITORING								54.10
55 MEDICAL SUPPLIES CHARGED TO P	1692	81094	39679454	15415241	.000043	663	.002044	31509
56 DRUGS CHARGED TO PATIENTS	6381	305760	98788972	15041870	.000065	978	.003095	46555
58.10 NUTRITIONAL SUPPORT	19	908	644276		.000029		.001409	58.10
58.20 HEMODIALYSIS	2170	104089	1871449	302151	.001160	350	.055619	16805
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	500	23929	3621305	5770	.000138	1	.006608	38
60.01 CHILDRENS CLINIC								60.01
61 EMERGENCY	17784	852618	64462516	2142858	.000276	591	.013227	28344
61.05 AMBULATORY CARE	3478	166733	756536		.004597		.220390	61.05
61.10 PSYCHIATRIC PARTIAL	3819	183122	1442703		.002647		.126930	61.10
62 OBSERVATION BEDS (NON-DISTINC	3845	184430	2615002	11202	.001470	16	.070528	790
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	214129	10266098	891314045	67980714		12500		598869

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
 PERIOD FROM 06/01/2009 TO 05/31/2010

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

VERSION: 2009.08
 10/30/2010 10:30

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

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

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
 PERIOD FROM 06/01/2009 TO 05/31/2010

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

VERSION: 2009.08
 10/30/2010 10:30

APPORIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL	PER DIEM 6	INPATIENT	INPATIENT
	PATIENT DAYS 5		PROGRAM DAYS 7	PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS				
25 ADULTS & PEDIATRICS	62372		14721	25
26 INTENSIVE CARE UNIT	8259		1288	26
26.01 PEDIATRIC ICU				26.01
27 CORONARY CARE UNIT				27
28 BURN INTENSIVE CARE UNIT				28
29 SURGICAL INTENSIVE CARE UNIT				29
30 OTHER SPECIAL CARE (SPECIFY)				30
31 SUBPROVIDER I	4140		559	31
33 NURSERY	6613		4168	33
34 SKILLED NURSING FACILITY				34
35 NURSING FACILITY				35
101 TOTAL	81384		20736	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.20 GASTROENTEROLOGY							37.20
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				187253			187253
41.10 RADIATION ONCOLOGY				202866			202866
41.20 CT SCAN							41.20
41.30 M.R.I.							41.30
44 LABORATORY				113430			113430
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY							54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58.10 NUTRITIONAL SUPPORT							58.10
58.20 HEMODIALYSIS							58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY				1000414			1000414
61.05 AMBULATORY CARE							61.05
61.10 PSYCHIATRIC PARTIAL							61.10
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				1503963			1503963 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		170075752			7162974		37
37.20 GASTROENTEROLOGY		7522231			439410		37.20
39 DELIVERY ROOM & LABOR ROOM		12041103			3412394		39
40 ANESTHESIOLOGY		9136942			888893		40
41 RADIOLOGY-DIAGNOSTIC	187253	150832941	.001241	.001241	3904223	4845	41
41.10 RADIATION ONCOLOGY	202866	64868302	.003127	.003127	125104	391	41.10
41.20 CT SCAN		45093870			1797746		41.20
41.30 M.R.I.		26787987			775261		41.30
44 LABORATORY	113430	125655826	.000903	.000903	12392425	11190	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		20941609			1737924		49
50 PHYSICAL THERAPY		20706989			746912		50
53 ELECTROCARDIOLOGY		15363230			1504895		53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY		8405050			173461		54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO P		39679454			15415241		55
56 DRUGS CHARGED TO PATIENTS		98788972			15041870		56
58.10 NUTRITIONAL SUPPORT		644276					58.10
58.20 HEMODIALYSIS		1871449			302151		58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		3621305			5770		60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY	1000414	64462516	.015519	.015519	2142858	33255	61
61.05 AMBULATORY CARE		756536					61.05
61.10 PSYCHIATRIC PARTIAL		1442703					61.10
62 OBSERVATION BEDS (NON-DISTINC		2615002			11202		62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	1503963	891314045			67980714	49681	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0228) [] SNF
 APPLICABLE [] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [XX] 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	PART I COL. 9	PART II COL. 9	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	1	1.01	1.02	2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
37.20 GASTROENTEROLOGY						37.20
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
41.10 RADIATION ONCOLOGY						41.10
41.20 CT SCAN						41.20
41.30 M.R.I.						41.30
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
53 ELECTROCARDIOLOGY						53
53.10 PEDIATRIC CARDIOLOGY						53.10
54 ELECTROENCEPHALOGRAPHY						54
54.10 APNEA MONITORING						54.10
55 MEDICAL SUPPLIES CHARGED TO PAT						55
56 DRUGS CHARGED TO PATIENTS						56
58.10 NUTRITIONAL SUPPORT						58.10
58.20 HEMODIALYSIS						58.20
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 CHILDRENS CLINIC						60.01
61 EMERGENCY						61
61.05 AMBULATORY CARE						61.05
61.10 PSYCHIATRIC PARTIAL						61.10
62 OBSERVATION BEDS (NON-DISTINCT						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
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	.180077	1
2 PROGRAM VACCINE CHARGES	7329	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	1320	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	OLD CAPITAL		NEW CAPITAL		
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	44283	2123053	170075752		.000260		.012483	37	
37.20 GASTROENTEROLOGY	5216	250114	7522231		.000693		.033250	37.20	
39 DELIVERY ROOM & LABOR ROOM	11474	550193	12041103		.000953		.045693	39	
40 ANESTHESIOLOGY	1322	63351	9136942	1689	.000145		.006934	12 40	
41 RADIOLOGY-DIAGNOSTIC	62012	2973314	150832941	30213	.000411	12	.019713	596 41	
41.10 RADIATION ONCOLOGY	12098	579878	64868302		.000187		.008939	41.10	
41.20 CT SCAN	2790	133723	45093870	16366	.000062	1	.002965	49 41.20	
41.30 M.R.I.	3344	160253	26787987	10734	.000125	1	.005982	64 41.30	
44 LABORATORY	15970	765630	125655826	444627	.000127	56	.006093	2709 44	
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30	
49 RESPIRATORY THERAPY	4249	203733	20941609	7908	.000203	2	.009729	77 49	
50 PHYSICAL THERAPY	3797	182076	20706989	8210	.000183	2	.008793	72 50	
53 ELECTROCARDIOLOGY	3744	179523	15363230	62036	.000244	15	.011685	725 53	
53.10 PEDIATRIC CARDIOLOGY								53.10	
54 ELECTROENCEPHALOGRAPHY	4142	198574	8405050	3065	.000493	2	.023626	72 54	
54.10 APNEA MONITORING								54.10	
55 MEDICAL SUPPLIES CHARGED TO P	1692	81094	39679454	8559	.000043		.002044	17 55	
56 DRUGS CHARGED TO PATIENTS	6381	305760	98788972	351243	.000065	23	.003095	1087 56	
58.10 NUTRITIONAL SUPPORT	19	908	644276		.000029		.001409	58.10	
58.20 HEMODIALYSIS	2170	104089	1871449		.001160		.055619	58.20	
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	500	23929	3621305		.000138		.006608	60	
60.01 CHILDRENS CLINIC								60.01	
61 EMERGENCY	17784	852618	64462516	168613	.000276	47	.013227	2230 61	
61.05 AMBULATORY CARE	3478	166733	756536		.004597		.220390	61.05	
61.10 PSYCHIATRIC PARTIAL	3819	183122	1442703	70801	.002647	187	.126930	8987 61.10	
62 OBSERVATION BEDS (NON-DISTINC	3845	184430	2615002		.001470		.070528	62	
63.50 RHC								63.50	
63.60 FQHC								63.60	
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL	214129	10266098	891314045	1184064		348		16697 101	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.20 GASTROENTEROLOGY							37.20
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				187253			187253
41.10 RADIATION ONCOLOGY				202866			202866
41.20 CT SCAN							41.20
41.30 M.R.I.							41.30
44 LABORATORY				113430			113430
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY							54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58.10 NUTRITIONAL SUPPORT							58.10
58.20 HEMODIALYSIS							58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY				1000414			1000414
61.05 AMBULATORY CARE							61.05
61.10 PSYCHIATRIC PARTIAL							61.10
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				1503963			1503963 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH			COST TO	RATIO OF COST	PROGRAM	
	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		170075752					37
37.20 GASTROENTEROLOGY		7522231					37.20
39 DELIVERY ROOM & LABOR ROOM		12041103					39
40 ANESTHESIOLOGY		9136942			1689		40
41 RADIOLOGY-DIAGNOSTIC	187253	150832941	.001241	.001241	30213	37	41
41.10 RADIATION ONCOLOGY	202866	64868302	.003127	.003127			41.10
41.20 CT SCAN		45093870			16366		41.20
41.30 M.R.I.		26787987			10734		41.30
44 LABORATORY	113430	125655826	.000903	.000903	444627	401	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		20941609			7908		49
50 PHYSICAL THERAPY		20706989			8210		50
53 ELECTROCARDIOLOGY		15363230			62036		53
53.10 PEDIATRIC CARDIOLOGY							53.10
54 ELECTROENCEPHALOGRAPHY		8405050			3065		54
54.10 APNEA MONITORING							54.10
55 MEDICAL SUPPLIES CHARGED TO P		39679454			8559		55
56 DRUGS CHARGED TO PATIENTS		98788972			351243		56
58.10 NUTRITIONAL SUPPORT		644276					58.10
58.20 HEMODIALYSIS		1871449					58.20
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		3621305					60
60.01 CHILDRENS CLINIC							60.01
61 EMERGENCY	1000414	64462516	.015519	.015519	168613	2617	61
61.05 AMBULATORY CARE		756536					61.05
61.10 PSYCHIATRIC PARTIAL		1442703			70801		61.10
62 OBSERVATION BEDS (NON-DISTINC		2615002					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	1503963	891314045			1184064	3055	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [] TITLE XVIII-PT B [XX] SUB I (14-S228) [] NF
 BOXES [XX] 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	PROGRAM CHARGES				PROGRAM COSTS				
		OUTPATIENT AMBULATORY	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC	ALL OTHER PART B	OUTPATIENT AMBULATORY	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC	ALL OTHER PART B	
		1	2	3	4	5	6	7	8	9
ANCILLARY SERVICE COST CENTERS										
37 OPERATING ROOM										37
37.20 GASTROENTEROLOGY										37.20
39 DELIVERY ROOM & LABOR RO										39
40 ANESTHESIOLOGY										40
41 RADIOLOGY-DIAGNOSTIC										41
41.10 RADIATION ONCOLOGY										41.10
41.20 CT SCAN										41.20
41.30 M.R.I.										41.30
44 LABORATORY										44
46.30 BLOOD CLOTTING FACTORS A										46.30
49 RESPIRATORY THERAPY										49
50 PHYSICAL THERAPY										50
53 ELECTROCARDIOLOGY										53
53.10 PEDIATRIC CARDIOLOGY										53.10
54 ELECTROENCEPHALOGRAPHY										54
54.10 APNEA MONITORING										54.10
55 MEDICAL SUPPLIES CHARGED										55
56 DRUGS CHARGED TO PATIENT										56
58.10 NUTRITIONAL SUPPORT										58.10
58.20 HEMODIALYSIS										58.20
OUTPATIENT SERVICE COST CENTERS										
60 CLINIC										60
60.01 CHILDRENS CLINIC										60.01
61 EMERGENCY										61
61.05 AMBULATORY CARE										61.05
61.10 PSYCHIATRIC PARTIAL										61.10
62 OBSERVATION BEDS (NON-DI										62
63.50 RHC										63.50
63.60 FQHC										63.60
OTHER REIMBURSABLE COST CENTERS										
65.01 AMBULANCE SERVICES (2ND										65.01
65.02 AMBULANCE SERVICES (3RD										65.02
65.03 AMBULANCE SERVICES (4TH										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	.180077	1
2 PROGRAM VACCINE CHARGES	141	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	25	3
3.01 PROGRAM COSTS		3.01

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0228)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	62372						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	62372						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	62372						4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)							9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS	6613						15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0228)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	55236047						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	55236047						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	79338170						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	79338170						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.696210						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1272.02						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	55236047						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0228)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	885.59					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST						39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST						41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)	4742808	6613	717.19			42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	12197310	8259	1476.85			43
43.01 PEDIATRIC ICU						43.01
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (14-0228)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49 TOTAL PROGRAM INPATIENT COSTS						49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES						50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST						52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

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

NF

1

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

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
PERIOD FROM 06/01/2009 TO 05/31/2010

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

VERSION: 2009.08
10/30/2010 10:30

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1568	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	885.59	84
85 OBSERVATION BED COST	1388605	85

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0228)	SUB I (PPS) (14-S228)	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	62372	4140					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	62372	4140					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	62372	4140					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)	24342	1696					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0228)	SUB I (PPS) (14-S228)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	55236047	3649656					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	55236047	3649656					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	79338170	5333477					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	79338170	5333477					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.696210	.684292					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1272.02	1288.28					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	55236047	3649656					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (14-0228)	SUB I (PPS) (14-S228)	SUB II	SUB III	SUB IV		
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		1	1	1	1	1		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	885.59	881.56					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	21557032	1495126					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	21557032	1495126					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
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	INTENSIVE CARE UNIT	12197310	8259	1476.85	3863	5705072		43
43.01	PEDIATRIC ICU							43.01
44	CORONARY CARE UNIT							44
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT							46
47	OTHER SPECIAL CARE (SPECIFY)							47
		HOSPITAL (PPS) (14-0228)	SUB I (PPS) (14-S228)	SUB II	SUB III	SUB IV		
		1	1	1	1	1		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	32077370	222656					48
49	TOTAL PROGRAM INPATIENT COSTS	59339474	1717782					49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	3501962	293883					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1969525	11353					51
52	TOTAL PROGRAM EXCLUDABLE COST	5471487	305236					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	53867987	1412546					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1568	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	885.59	84
85 OBSERVATION BED COST	1388605	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST	ROUTINE COST (FROM LINE 27)	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST (FROM LINE 85)	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4	
	1	2	3	4	5	
86 OLD CAPITAL-RELATED COST	152921	55236047	.002769	1388605	3845	86
87 NEW CAPITAL-RELATED COST	7336280	55236047	.132817	1388605	184430	87
88 NON PHYSICIAN ANESTHETIST		55236047		1388605		88
89 NURSING SCHOOL		55236047		1388605		89
89.01 ALLIED HEALTH		55236047		1388605		89.01
89.02 ALL OTHER		55236047		1388605		89.02

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0228)	SUB I (OTHER) (14-S228)	SUB II	SUB III	SUB IV	NF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	62372	4140					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	62372	4140					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	62372	4140					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)	14721	559					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	6613						15
16 TITLE V OR XIX NURSERY DAYS	4168						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0228)	SUB I (OTHER) (14-S228)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT							
	1	1	1	1	1	1	
17							17
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
18							18
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
19							19
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
20							20
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
21	55236047	3630066					21
TOTAL GENERAL INPATIENT ROUTINE SERVICE COST							
22							22
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
23							23
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
24							24
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
25							25
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
26							26
TOTAL SWING-BED COST							
27	55236047	3630066					27
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	79338170	5333477					28
GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)							
29							29
PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
30	79338170	5333477					30
SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
31	.696210	.680619					31
GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO							
32							32
AVERAGE PRIVATE ROOM PER DIEM CHARGE							
33	1272.02	1288.28					33
AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							
34							34
AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							
35							35
AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							
36							36
PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							
37	55236047	3630066					37
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL							

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0228)	SUB I (OTHER) (14-S228)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	885.59	876.83			38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	13036770	490148			39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	13036770	490148			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)	4742808	6613	717.19	4168	2989248 42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	12197310	8259	1476.85	1288	1902183 43
43.01	PEDIATRIC ICU					43.01
44	CORONARY CARE UNIT					44
45	BURN INTENSIVE CARE UNIT					45
46	SURGICAL INTENSIVE CARE UNIT					46
47	OTHER SPECIAL CARE (SPECIFY)					47

	HOSPITAL (OTHER) (14-0228)	SUB I (OTHER) (14-S228)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	12188099	252555			48
49	TOTAL PROGRAM INPATIENT COSTS	30116300	742703			49

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2123599	96864			50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	661050	20100			51
52	TOTAL PROGRAM EXCLUDABLE COST	2784649	116964			52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0228)	SUB I (OTHER) (14-S228)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54		95				55
55						56
56						57
57						58
58						58.01
58.01						58.02
58.02						58.03
58.03						58.04
58.04						59
59						59.01
59.01						59.02
59.02						59.03
59.03						59.04
59.04						59.05
59.05						59.06
59.06						59.07
59.07						59.08
59.08						
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
PERIOD FROM 06/01/2009 TO 05/31/2010

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

VERSION: 2009.08
10/30/2010 10:30

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
PERIOD FROM 06/01/2009 TO 05/31/2010

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

VERSION: 2009.08
10/30/2010 10:30

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1568	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	885.59	84
85 OBSERVATION BED COST	1388605	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
26.01 PEDIATRIC ICU			26.01
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.208129		37
37.20 GASTROENTEROLOGY	.199771		37.20
39 DELIVERY ROOM & LABOR ROOM	.474458		39
40 ANESTHESIOLOGY	.059161		40
41 RADIOLOGY-DIAGNOSTIC	.225210		41
41.10 RADIATION ONCOLOGY	.263838		41.10
41.20 CT SCAN	.089861		41.20
41.30 M.R.I.	.119415		41.30
44 LABORATORY	.122047		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.198882		49
50 PHYSICAL THERAPY	.290965		50
53 ELECTROCARDIOLOGY	.106368		53
53.10 PEDIATRIC CARDIOLOGY			53.10
54 ELECTROENCEPHALOGRAPHY	.205453		54
54.10 APNEA MONITORING			54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	.133377		55
56 DRUGS CHARGED TO PATIENTS	.180077		56
58.10 NUTRITIONAL SUPPORT	.258150		58.10
58.20 HEMODIALYSIS	.469927		58.20
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.770660		60
60.01 CHILDRENS CLINIC			60.01
61 EMERGENCY	.272166		61
61.05 AMBULATORY CARE	.616458		61.05
61.10 PSYCHIATRIC PARTIAL	.948545		61.10
62 OBSERVATION BEDS (NON-DISTINCT	.531015		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

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

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		31915999		25
26 INTENSIVE CARE UNIT		17789285		26
26.01 PEDIATRIC ICU				26.01
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.208358	34747304	7239879	37
37.20 GASTROENTEROLOGY	.199771	1277656	255239	37.20
39 DELIVERY ROOM & LABOR ROOM	.474458	52098	24718	39
40 ANESTHESIOLOGY	.061399	1748207	107338	40
41 RADIOLOGY-DIAGNOSTIC	.225235	33074195	7449466	41
41.10 RADIATION ONCOLOGY	.263988	1162614	306916	41.10
41.20 CT SCAN	.089861	4850575	435878	41.20
41.30 M.R.I.	.119415	2673854	319298	41.30
44 LABORATORY	.122047	20307021	2478411	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.198882	9433503	1876154	49
50 PHYSICAL THERAPY	.290965	4228091	1230226	50
53 ELECTROCARDIOLOGY	.106368	891734	94852	53
53.10 PEDIATRIC CARDIOLOGY				53.10
54 ELECTROENCEPHALOGRAPHY	.205453	439844	90367	54
54.10 APNEA MONITORING				54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	.133377	10698483	1426932	55
56 DRUGS CHARGED TO PATIENTS	.180077	33770658	6081319	56
58.10 NUTRITIONAL SUPPORT	.258150	5391	1392	58.10
58.20 HEMODIALYSIS	.469927	1029248	483671	58.20
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.771631	18255	14086	60
60.01 CHILDRENS CLINIC				60.01
61 EMERGENCY	.273062	7863430	2147204	61
61.05 AMBULATORY CARE	.616458	9974	6149	61.05
61.10 PSYCHIATRIC PARTIAL	.948545			61.10
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.531015	14830	7875	62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		168296965	32077370	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		168296965		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S228)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
26.01 PEDIATRIC ICU				26.01
31 SUBPROVIDER I		2237644		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.208358			37
37.20 GASTROENTEROLOGY	.199771			37.20
39 DELIVERY ROOM & LABOR ROOM	.474458			39
40 ANESTHESIOLOGY	.061399	8752	537	40
41 RADIOLOGY-DIAGNOSTIC	.225235	32141	7239	41
41.10 RADIATION ONCOLOGY	.263988			41.10
41.20 CT SCAN	.089861	23479	2110	41.20
41.30 M.R.I.	.119415	2545	304	41.30
44 LABORATORY	.122047	456644	55732	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.198882	20497	4076	49
50 PHYSICAL THERAPY	.290965	9751	2837	50
53 ELECTROCARDIOLOGY	.106368	43413	4618	53
53.10 PEDIATRIC CARDIOLOGY				53.10
54 ELECTROENCEPHALOGRAPHY	.205453	1886	387	54
54.10 APNEA MONITORING				54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	.133377	8200	1094	55
56 DRUGS CHARGED TO PATIENTS	.180077	555477	100029	56
58.10 NUTRITIONAL SUPPORT	.258150			58.10
58.20 HEMODIALYSIS	.469927			58.20
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.771631	76	59	60
60.01 CHILDRENS CLINIC				60.01
61 EMERGENCY	.273062	159796	43634	61
61.05 AMBULATORY CARE	.616458			61.05
61.10 PSYCHIATRIC PARTIAL	.948545			61.10
62 OBSERVATION BEDS (NON-DISTINCT	.531015			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		1322657	222656	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1322657		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		17055390		25
26 INTENSIVE CARE UNIT		5179881		26
26.01 PEDIATRIC ICU				26.01
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.208129	7162974	1490823	37
37.20 GASTROENTEROLOGY	.199771	439410	87781	37.20
39 DELIVERY ROOM & LABOR ROOM	.474458	3412394	1619038	39
40 ANESTHESIOLOGY	.059161	888893	52588	40
41 RADIOLOGY-DIAGNOSTIC	.225210	3904223	879270	41
41.10 RADIATION ONCOLOGY	.263838	125104	33007	41.10
41.20 CT SCAN	.089861	1797746	161547	41.20
41.30 M.R.I.	.119415	775261	92578	41.30
44 LABORATORY	.122047	12392425	1512458	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.198882	1737924	345642	49
50 PHYSICAL THERAPY	.290965	746912	217325	50
53 ELECTROCARDIOLOGY	.106368	1504895	160073	53
53.10 PEDIATRIC CARDIOLOGY				53.10
54 ELECTROENCEPHALOGRAPHY	.205453	173461	35638	54
54.10 APNEA MONITORING				54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	.133377	15415241	2056039	55
56 DRUGS CHARGED TO PATIENTS	.180077	15041870	2708695	56
58.10 NUTRITIONAL SUPPORT	.258150			58.10
58.20 HEMODIALYSIS	.469927	302151	141989	58.20
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.770660	5770	4447	60
60.01 CHILDRENS CLINIC				60.01
61 EMERGENCY	.272166	2142858	583213	61
61.05 AMBULATORY CARE	.616458			61.05
61.10 PSYCHIATRIC PARTIAL	.948545			61.10
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.531015	11202	5948	62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		67980714	12188099	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		67980714		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
26.01 PEDIATRIC ICU				26.01
31 SUBPROVIDER I		2022847		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.208129			37
37.20 GASTROENTEROLOGY	.199771			37.20
39 DELIVERY ROOM & LABOR ROOM	.474458			39
40 ANESTHESIOLOGY	.059161	1689	100	40
41 RADIOLOGY-DIAGNOSTIC	.225210	30213	6804	41
41.10 RADIATION ONCOLOGY	.263838			41.10
41.20 CT SCAN	.089861	16366	1471	41.20
41.30 M.R.I.	.119415	10734	1282	41.30
44 LABORATORY	.122047	444627	54265	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.198882	7908	1573	49
50 PHYSICAL THERAPY	.290965	8210	2389	50
53 ELECTROCARDIOLOGY	.106368	62036	6599	53
53.10 PEDIATRIC CARDIOLOGY				53.10
54 ELECTROENCEPHALOGRAPHY	.205453	3065	630	54
54.10 APNEA MONITORING				54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	.133377	8559	1142	55
56 DRUGS CHARGED TO PATIENTS	.180077	351243	63251	56
58.10 NUTRITIONAL SUPPORT	.258150			58.10
58.20 HEMODIALYSIS	.469927			58.20
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.770660			60
60.01 CHILDRENS CLINIC				60.01
61 EMERGENCY	.272166	168613	45891	61
61.05 AMBULATORY CARE	.616458			61.05
61.10 PSYCHIATRIC PARTIAL	.948545	70801	67158	61.10
62 OBSERVATION BEDS (NON-DISTINCT	.531015			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		1184064	252555	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1184064		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0228)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	12422667					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	11055615					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	18426024					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	2541008					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	2080378					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	3467297					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	2864233					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	302.41					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996	12.38					3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI, LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	20.69					3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE	12.38					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	12.38					3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS	12.38					3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	12.38				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0228)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.040938				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.039107				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.039107				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	316302				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	277669				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]	462781				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	1056752 1056752	0			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0608				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.2665				4.01
4.02	SUM OF 4 AND 4.01	0.3273				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1622				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	6796878				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	52622169				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	52622169				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	4169036				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	391784				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	185050				15
16	TOTAL	57368039				16
17	PRIMARY PAYER PAYMENTS	90368				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	57277671				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4159604				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	190641				20
21	REIMBURSABLE BAD DEBTS	1373960				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	961772				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES					21.02
22	SUBTOTAL	53889198				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0228)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	53889198				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	53343164				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	546034				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	854800				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 (14-0228) 1	HOSPITAL (14-0228) 1.01	HOSPITAL (14-0228) 1.02	
1 MEDICAL AND OTHER SERVICES	3744			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	21770355			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	20486267			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.851			1.03
1.04 LINE 1.01 TIMES LINE 1.03	18526572			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	207209			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	3744			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	20926			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	20926			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	20926			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	17182			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	3744			17
17.01 TOTAL PPS PAYMENTS	20693476			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0228) 1	HOSPITAL (14-0228) 1.01	HOSPITAL (14-0228) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	4524205		18.01
19 SUBTOTAL	16173015		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	141568		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	16314583		23
24 PRIMARY PAYER PAYMENTS	2528		24
25 SUBTOTAL	16312055		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	1255231		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	878662		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	17190717		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	17190717		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	17014263		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	176454		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	52503		36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S228) 1	SUB I (14-S228) 1.01	SUB I (14-S228) 1.02	
1 MEDICAL AND OTHER SERVICES	274			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	50258			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	43767			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.851			1.03
1.04 LINE 1.01 TIMES LINE 1.03	42770			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	147			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	274			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	1524			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	1524			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	1524			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	1250			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	274			17
17.01 TOTAL PPS PAYMENTS	43914			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S228) 1	SUB I (14-S228) 1.01	SUB I (14-S228) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	10276		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	33912		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	33912		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	33912		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	33912		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	33912		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	33491		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	421		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 RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

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

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

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		53343164		17014263	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .51 TO .52 PROGRAM .53 .54	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		53343164		17014263	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	NONE		NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO PROGRAM .02	546034		176454	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		53889198		17190717	7
NAME OF INTERMEDIARY: _____				INTERMEDIARY NUMBER: _____	
SIGNATURE OF AUTHORIZED PERSON: _____				DATE (MO/DAY/YR): _____	

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

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A				
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1130379		33491	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .50 TO .51 PROGRAM .52 .54	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		1130379		33491	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	NONE		NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO PROGRAM .02	2932		421	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		1133311		33912	7
NAME OF INTERMEDIARY: _____				INTERMEDIARY NUMBER: _____	
SIGNATURE OF AUTHORIZED PERSON: _____				DATE (MO/DAY/YR): _____	

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

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

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)					1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)					1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)					1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS					1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)	1209016				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	94005				1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)	0.01				1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	11.342466				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	1303021				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	1303021				1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)					1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	1303021				4
5	PRIMARY PAYER PAYMENTS	926				5
6	SUBTOTAL	1302095				6
7	DEDUCTIBLES	123256				7
8	SUBTOTAL	1178839				8
9	COINSURANCE	48460				9
10	SUBTOTAL	1130379				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					11
11.01	REDUCED REIMBURSABLE BAD DEBTS					11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL	1130379				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S228)	SUB II	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	2932				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	1133311				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	1130379				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	2932				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
	TO BE COMPLETED BY INTERMEDIARY					
50	ORIGINAL OUTLIER AMOUNT					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

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

WORKSHEET E-3
 PART III

	[XX] TITLE V	[] TITLE XVIII	[] TITLE XIX	NF I		
	HOSPITAL (14-0228) (OTHER)	SUB I (14-S228)	SUB II	SUB III	SUB IV	NF I
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES					1
3	MEDICAL AND OTHER SERVICES	1433				2
4	INTERNS AND RESIDENTS					3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O					4
6	COST OF TEACHING PHYSICIANS					5
7	SUBTOTAL	1433				6
8	INPATIENT PRIMARY PAYER PAYMENTS					7
9	OUTPATIENT PRIMARY PAYER PAYMENTS					8
10	SUBTOTAL	1433				9
11	COMPUTATION OF LESSER OF COST OR CHARGES					
12	ROUTINE SERVICE CHARGES					10
13	ANCILLARY SERVICE CHARGES	5916				11
14	INTERNS AND RESIDENTS SERVICE CHARGES					12
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE					13
16	TEACHING PHYSICIANS					14
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION					15
18	TOTAL REASONABLE CHARGES	5916				16
19	CUSTOMARY CHARGES					
20	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS					17
21	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)					18
22	RATIO OF LINE 17 TO LINE 18					19
23	TOTAL CUSTOMARY CHARGES	5916				20
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	4483				21
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					22
26	COST OF COVERED SERVICES	1433				23
27	PROSPECTIVE PAYMENT AMOUNT					
28	OTHER THAN OUTLIER PAYMENTS					24
29	OUTLIER PAYMENTS					25
30	PROGRAM CAPITAL PAYMENTS					26
31	CAPITAL EXCEPTION PAYMENTS					27
32	ROUTINE SERVICE OTHER PASS THROUGH COSTS					28
33	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					29
34	SUBTOTAL	1433				30
35	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)					31
36	LESSER OF LINE 30 OR 31	1433				32
37	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)					33

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

WORKSHEET E-3
 PART III

	[XX] TITLE V	[] TITLE XVIII	[] TITLE XIX		
	HOSPITAL (14-0228) (OTHER)	SUB I	SUB II	SUB III	
	1	1	1	1	
				SUB IV	
				1	
				NF I	
				1	
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
35	EXCESS OF REASONABLE COST				34
36	SUBTOTAL	1433			35
37	COINSURANCE				36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19				37
38	REIMBURSABLE BAD DEBTS				38
38.01	REDUCED REIMBURSABLE BAD DEBTS				38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				38.02
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)				38.03
39	UTILIZATION REVIEW				39
40	SUBTOTAL	1433			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	1433			52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)				53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	1433			55
56	SEQUESTRATION ADJUSTMENT				56
57	INTERIM PAYMENTS	2106			57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				57.01
58	BALANCE DUE PROVIDER/PROGRAM	-673			58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				59

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0228) (OTHER)	SUB I (14-S228) (OTHER)	SUB II	SUB III	SUB IV	NF I
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES	30116300	742703				1
2	MEDICAL AND OTHER SERVICES	1345					2
3	INTERNS AND RESIDENTS						3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
5	COST OF TEACHING PHYSICIANS						5
6	SUBTOTAL	30117645	742703				6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL	30117645	742703				9
	COMPUTATION OF LESSER OF COST OR CHARGES						
10	ROUTINE SERVICE CHARGES	17055390	2022847				10
11	ANCILLARY SERVICE CHARGES	67988184	1184064				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	85043574	3206911				16
	CUSTOMARY CHARGES						
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						18
19	RATIO OF LINE 17 TO LINE 18						19
20	TOTAL CUSTOMARY CHARGES	85043574	3206911				20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	54925929	2464208				21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						22
23	COST OF COVERED SERVICES	30117645	742703				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	30117645	742703				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)						31
32	LESSER OF LINES 30 OR 31	30117645	742703				32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			NF I
	HOSPITAL (14-0228) (OTHER)	SUB I (14-S228) (OTHER)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
35	EXCESS OF REASONABLE COST					34
36	30117645	742703				35
37	COINSURANCE					36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					37
38.01	REIMBURSABLE BAD DEBTS					38
38.02	REDUCED REIMBURSABLE BAD DEBTS					38.01
	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE					38.02
	BENEFICIARIES (SEE INSTRUCTIONS)					
39	UTILIZATION REVIEW					39
40	30117645	742703				40
41	INPATIENT ROUTINE SERVICE COST					41
42	MEDICARE INPATIENT ROUTINE CHARGES					42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM					44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN					
	ACCORDANCE WITH 42 CFR 413.13(E)					
45	RATIO OF LINE 43 TO LINE 44					45
46	TOTAL CUSTOMARY CHARGES					46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM					49
	UTILIZATION					
50	OTHER ADJUSTMENTS					50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING					51
	DEPRECIABLE ASSETS					
52	30117645	742703				52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
55	30117645	742703				55
56	TOTAL AMOUNT PAYABLE TO THE PROVIDER					56
57	23997007	618177				57
57.01	SEQUESTRATION ADJUSTMENT					57.01
58	6120638	124526				58
59	INTERIM PAYMENTS					59
	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					
	BALANCE DUE PROVIDER/PROGRAM					
	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT					
	SECTION 115.2					

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

WORKSHEET E-3
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	15.05 3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	15.05 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	20.69 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	15.05 3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	20.69 3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	20.69 3.09
3.10	SEE INSTRUCTIONS	15.05 3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	3.16
3.17	SEE INSTRUCTIONS	79611.74 3.17
3.18	SEE INSTRUCTIONS	3.18

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

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS		15.05	3.19
3.20	SEE INSTRUCTIONS		15.05	3.20
3.21	SEE INSTRUCTIONS		15.05	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		15.05	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		81708.08	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		1229707	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		1229707	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		29901	4
5	TOTAL INPATIENT DAYS		73203	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.408467	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	502295	502295	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		2153	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		73203	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		31057	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3,PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0	0	6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
PERIOD FROM 06/01/2009 TO 05/31/2010

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

VERSION: 2009.08
10/30/2010 10:30

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	61057256	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	91294	15
16	TOTAL PART A REASONABLE COST	60965962	16
PART B REASONABLE COST			
17	REASONABLE COST	22031987	17
18	PRIMARY PAYER PAYMENTS	2528	18
19	TOTAL PART B REASONABLE COST	22029459	19
20	TOTAL REASONABLE COST	82995421	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.734570	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.265430	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	533352	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	391784	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	141568	25

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

WORKSHEET E-3
 PART IV

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

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

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

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS			3.19
3.20	SEE INSTRUCTIONS			3.20
3.21	SEE INSTRUCTIONS			3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		0.00	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		0.00	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		16568	4
5	TOTAL INPATIENT DAYS		73203	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.226330	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	0	0	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		73203	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD			6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3,PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0	0	6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
PERIOD FROM 06/01/2009 TO 05/31/2010

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

VERSION: 2009.08
10/30/2010 10:30

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

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

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

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

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

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	21177000			1
2	TEMPORARY INVESTMENTS	7180000			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	61907000			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	4512000			7
8	PREPAID EXPENSES	5802000			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	100578000			11
FIXED ASSETS					
12	LAND	1593952			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	6018998			13
13.01	ACCUMULATED DEPRECIATION	-4156314			13.01
14	BUILDINGS	169154664			14
14.01	ACCUMULATED DEPRECIATION	-50423793			14.01
15	LEASEHOLD IMPROVEMENTS	4918451			15
15.01	ACCUMULATED AMORTIZATION	-1747579			15.01
16	FIXED EQUIPMENT	5794454			16
16.01	ACCUMULATED DEPRECIATION	-4697569			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	113974232			18
18.01	ACCUMULATED DEPRECIATION	-81450496			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	158979000			21
OTHER ASSETS					
22	INVESTMENTS				22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	155918000	2255000	5081000	25
26	TOTAL OTHER ASSETS	155918000	2255000	5081000	26
27	TOTAL ASSETS	415475000	2255000	5081000	27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	9675000			28
29	SALARIES, WAGES & FEES PAYABLE				29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	50387000			35
36	TOTAL CURRENT LIABILITIES	60062000			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	115261000			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	29385000			41
42	TOTAL LONG TERM LIABILITIES	144646000			42
43	TOTAL LIABILITIES	204708000			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	210767000			44
45	SPECIFIC PURPOSE FUND BALANCE		2255000		45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED			5081000	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	210767000	2255000	5081000	51
52	TOTAL LIABILITIES AND FUND BALANCES	415475000	2255000	5081000	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	192042000	2264000	4761000	1
2 NET INCOME (LOSS)	18279000			2
3 TOTAL	210321000	2264000	4761000	3
4 ADDITIONS (CREDIT ADJUSTMENTS)	446000	675000	13000	4
5 CONTRIBUTIONS				5
6 OTHER			307000	6
7				7
8				8
9				9
10 TOTAL ADDITIONS	446000	675000	320000	10
11 SUBTOTAL	210767000	2939000	5081000	11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)		684000		12
13 OTHER				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS		684000		18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	210767000	2255000	5081000	19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	89583764		89583764	2
4 SUBPROVIDER I	5333477		5333477	4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	94917241		94917241	10
10.01 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				10.01
10 INTENSIVE CARE UNIT	38453790		38453790	10
11 PEDIATRIC ICU				11
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	38453790		38453790	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	133371031		133371031	16
17 ANCILLARY SERVICES	396661645	347670161	744331806	17
18 OUTPATIENT SERVICES	20634672	49648388	70283060	18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY		13119840	13119840	19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24				24
25 TOTAL PATIENT REVENUES	550667348	410438389	961105737	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		363133556	26
27 BAD DEBT	35610845		27
28 RESTRICTED EXPENSES	224000		28
29 FOUNDATION EXPENSES	1366957		29
30 IPA PROVIDER TAX	7842390		30
31 IHREF CONTRIBUTION	278867		31
32 MISC	1003		32
33 TOTAL ADDITIONS		45324062	33
34 MAC EXPENSE	-217		34
35 INCOME TAX PROVISION	-156401		35
36 ELIMINATIONS	-123000		36
37 IPA TAX			37
38 IHREF CONTR			38
39 TOTAL DEDUCTIONS	-279618		39
40 TOTAL OPERATING EXPENSES		408178000	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	961105737	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	581498737	2
3	NET PATIENT REVENUES	379607000	3
4	LESS - TOTAL OPERATING EXPENSES	408178000	4
5	NET INCOME FROM SERVICE TO PATIENTS	-28571000	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	4514421	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	203931	13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1187258	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	195501	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	363174	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	EMPLOYEE HEALTH	830136	24
24.01	PHYSICIAN PAGING AND ANSWERING	381898	24.01
24.02	CT, MRI JOINT VENTURE INCOME	2702702	24.02
24.03	MANAGEMENT FEE ROCHELLE	384496	24.03
24.04	FOUNDATION REVENUE	1182834	24.04
24.05	CHILD CARE CENTER	1197373	24.05
24.06	MSO OTHER REVENUE	1582059	24.06
24.07	PUBLIC AID ASSESMENT REVENUE	23335000	24.07
24.08	SURGICENTER JOINT VENTURE	367751	24.08
24.09	VEIN CLINIC JOINT VENTURE	314536	24.09
24.10	ALLOCATED INTEREST	335138	24.10
24.11	ELIMINATIONS		24.11
24.12	SWEDISHAMERICAN ER	384496	24.12
24.13	CLINICAL REVENUE G-2	7252652	24.13
24.14	MISC.	134644	24.14
25	TOTAL OTHER INCOME	46850000	25
26	TOTAL	18279000	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	18279000	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7448

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	1086498	362523	45284		173385	1667690 5
6 SKILLED NURSING CARE	1496784	499418	62384		238861	2297447 6
7 PHYSICAL THERAPY	492043	164175	20508		78522	755248 7
8 OCCUPATIONAL THERAPY	162252	54137	6762		25893	249044 8
9 SPEECH PATHOLOGY	71748	23939	2990		11450	110127 9
10 MEDICAL SOCIAL SERVICES	66026	22030	2752		10537	101345 10
11 HOME HEALTH AIDE	35992	12009	1500		5744	55245 11
12 SUPPLIES						12
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME	206352	65731	1655		1290049	1563787 14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING	286389	34801	7908		3983	333081 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	444844	142235	426		998040	1585545 23
23.50 TELEMEDICINE						23.50
24 TOTAL	4348928	1380998	152169		2836464	8718559 24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7448

WORKSHEET H
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDG & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION					4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES		1667690	-75755	1591935	5
6 SKILLED NURSING CARE		2297447		2297447	6
7 PHYSICAL THERAPY		755248		755248	7
8 OCCUPATIONAL THERAPY		249044		249044	8
9 SPEECH PATHOLOGY		110127		110127	9
10 MEDICAL SOCIAL SERVICES		101345		101345	10
11 HOME HEALTH AIDE		55245		55245	11
12 SUPPLIES					12
13 DRUGS					13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME		1563787	-616604	947183	14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING		333081		333081	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		1585545	-66461	1519084	23
23.50 TELEMEDICINE					23.50
24 TOTAL		8718559	-758820	7959739	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7448

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4			
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FIXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE								3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL	1591935					1591935	1591935	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	2297447					2297447	574359	2871806
7 PHYSICAL THERAPY	755248					755248	188810	944058
8 OCCUPATIONAL THERAPY	249044					249044	62260	311304
9 SPEECH PATHOLOGY	110127					110127	27531	137658
10 MEDICAL SOCIAL SERVICES	101345					101345	25336	126681
11 HOME HEALTH AIDE	55245					55245	13811	69056
12 SUPPLIES								12
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME	947183					947183	236793	1183976
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING	333081					333081	83269	416350
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	1519084					1519084	379766	1898850
23.50 TELEMEDICINE								23.50
24 TOTAL	7959739					7959739		7959739

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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VERSION: 2009.08
 10/30/2010 10:30

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7448

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-1591935	6367804	5
6 SKILLED NURSING CARE						2297447	6
7 PHYSICAL THERAPY						755248	7
8 OCCUPATIONAL THERAPY						249044	8
9 SPEECH PATHOLOGY						110127	9
10 MEDICAL SOCIAL SERVICES						101345	10
11 HOME HEALTH AIDE						55245	11
12 SUPPLIES							12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME						947183	14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING						333081	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						1519084	23
23.50 TELEMEDICINE							23.50
24 TOTAL					-1591935	6367804	24
25 COST TO BE ALLOC (PER W/S H)						1591935	25
26 UNIT COST MULTIPLIER						.249997	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7448

WORKSHEET H-5
 PART I

HHA COST CENTER	ALLOCATED		
	HHA A & G 28	TOTAL HHA COSTS 29	
1 ADMINISTRATIVE AND GENERAL			1
2 SKILLED NURSING CARE	17256	3441918	2
3 PHYSICAL THERAPY	5658	1128703	3
4 OCCUPATIONAL THERAPY	1870	373013	4
5 SPEECH PATHOLOGY	827	164970	5
6 MEDICAL SOCIAL SERVICES	763	152158	6
7 HOME HEALTH AIDE	424	84641	7
8 SUPPLIES			8
9 DRUGS			9
9.20 COST OF ADMINISTERING VACC			9.20
10 DME	7076	1411685	10
11 HOME DIALYSIS AIDE SERVICE			11
12 RESPIRATORY THERAPY			12
13 PRIVATE DUTY NURSING	2568	512262	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	11347	2263581	19
19.50 TELEMEDICINE			19.50
20 TOTALS	47789	9532931	20
21 UNIT COST MULTIPLIER	.005038		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7448

WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT SQUARE FEET	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS FTE'S	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAINT- TENANCE & REPAIRS SQUARE FEET	
	1	2	3	4	5	6A	6	7	
1 ADMINISTRATIVE AND GENERAL	150	150	150	150	2071		35933	150	1
2 SKILLED NURSING CARE					2106		2902280		2
3 PHYSICAL THERAPY					531		951741		3
4 OCCUPATIONAL THERAPY					223		314531		4
5 SPEECH PATHOLOGY					100		139105		5
6 MEDICAL SOCIAL SERVICES					112		128302		6
7 HOME HEALTH AIDE					160		71371		7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME					441		1190357		10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING					1078		431948		13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS					680		1908689		19
19.50 TELEMEDICINE									19.50
20 TOTALS	150	150	150	150	7502		8074257	150	20
21 TOTAL COST TO BE ALLOCATED	107	15	2142	3702	108552		1453286	935	21
22 UNIT COST MULTIPLIER	.713333		14.280000		14.469741		.179990		22
22 UNIT COST MULTIPLIER		.100000		24.680000				6.233333	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7448

WORKSHEET H-5
 PART II

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

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7448

WORKSHEET H-6
 PARTS I & II

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

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

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
		2	1	2	3	4	5	
1	SKILLED NURSING CARE		3441918		3441918	15840	217.29	1
2	PHYSICAL THERAPY	3	1128703		1128703	5428	207.94	2
3	OCCUPATIONAL THERAPY	4	373013		373013	2314	161.20	3
4	SPEECH PATHOLOGY	5	164970		164970	993	166.13	4
5	MEDICAL SOCIAL SERV	6	152158		152158	239	636.64	5
6	HOME HEALTH AIDE SERV	7	84641		84641	2032	41.65	6
7	TOTAL		5345403		5345403	26846		7
LIMITATION COST COMPUTATION			MSA				PROGRAM	
PATIENT SERVICES			NO.				COST	
			1	2	3	4	LIMITS	
8	SKILLED NURSING CARE							8
9	PHYSICAL THERAPY							9
10	OCCUPATIONAL THERAPY							10
11	SPEECH PATHOLOGY							11
12	MEDICAL SOCIAL SERV							12
13	HOME HEALTH AIDE SERV							13
14	TOTAL							14
SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
		8	1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES							15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA	AMOUNT	
						NO.		
						1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4							17
18	PER BENEFICIARY COST LIMITATION							18
19	PER BENEFICIARY COST LIMITATION							19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7448

WORKSHEET H-6
 PARTS II & III

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

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

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
	1	2	3	4		
1	PHYSICAL THERAPY 50	.290965			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY 51				COL 2, LINE 3	2
3	SPEECH PATHOLOGY 52				COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA 55	.133377			COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS 56	.180077			COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE

	FROM PART I COL. 5	COST PER VISIT	PROGRAM VISITS PRIOR TO 1/1/98	PROGRAM VISITS FROM 1/1/98 THRU 12/31/98	PROGRAM COST PRIOR TO 1/1/98	PROGRAM COST FROM 1/1/98 THRU 12/31/98	PROGRAM VISITS ON OR AFTER 1/1/99	
	1	2	3	4	5			
1	PHYSICAL THERAPY 2	207.94	2.01	3	3.01			1
2	OCCUPATIONAL THERAPY 3	161.20						2
3	SPEECH PATHOLOGY 4	166.13						3
4	TOTAL							4

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7448

WORKSHEET H-6
 PARTS I & II

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

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

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
		1		2	3	4	5	
1	SKILLED NURSING CARE	2	3441918		3441918	15840	217.29	1
2	PHYSICAL THERAPY	3	1128703		1128703	5428	207.94	2
3	OCCUPATIONAL THERAPY	4	373013		373013	2314	161.20	3
4	SPEECH PATHOLOGY	5	164970		164970	993	166.13	4
5	MEDICAL SOCIAL SERV	6	152158		152158	239	636.64	5
6	HOME HEALTH AIDE SERV	7	84641		84641	2032	41.65	6
7	TOTAL		5345403		5345403	26846		7
LIMITATION COST COMPUTATION			MSA				PROGRAM	
PATIENT SERVICES			NO.				COST LIMITS	
			1	2	3	4	5	
8	SKILLED NURSING CARE							8
9	PHYSICAL THERAPY							9
10	OCCUPATIONAL THERAPY							10
11	SPEECH PATHOLOGY							11
12	MEDICAL SOCIAL SERV							12
13	HOME HEALTH AIDE SERV							13
14	TOTAL							14
SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
		1		2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8						15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA	AMOUNT	
						NO.		
						1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4							17
18	PER BENEFICIARY COST LIMITATION							18
19	PER BENEFICIARY COST LIMITATION							19

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7448

WORKSHEET H-7
 PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PROGRAM SERVICES				1
2 REASONABLE COST OF SERVICES				2
3 TOTAL CHARGES	1600823		1125612	2
CUSTOMARY CHARGES				
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				3
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
7 TOTAL CUSTOMARY CHARGES	1600823		1125612	6
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	1600823		1125612	7
9 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
PRIMARY PAYOR PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES		PART B SERVICES		
	1	2	3	4	
10 TOTAL REASONABLE COST					10
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1700997		1113282		10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	4770		2346		10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	21245		16058		10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	11682		6950		10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES					10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES					10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS					10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES					10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES					10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES					10.10
10.11 TOTAL OTHER PAYMENTS					10.11
10.12 DME PAYMENTS					10.12
10.13 OXYGEN PAYMENTS					10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS					10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)					11
12 SUBTOTAL	1738694		1138636		12
13 EXCESS REASONABLE COST					13
14 SUBTOTAL	1738694		1138636		14
15 COINSURANCE BILLED TO PROGRAM PATIENTS					15
16 NET COST	1738694		1138636		16
17 REIMBURSABLE BAD DEBTS					17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES					17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	1738694		1138636		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	1738694		1138636		22
23 SEQUESTRATION ADJUSTMENT					23
24 SUBTOTAL	1738694		1138636		24
25 TOTAL INTERIM PAYMENTS	1738877		1139522		25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)					25.01
26 BALANCE DUE PROVIDER/PROGRAM	-183		-886		26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2					27

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7448

WORKSHEET H-7
 PARTS I & II

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

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

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES		PART B SERVICES		
	1	2	1	2	
10 TOTAL REASONABLE COST					10
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS					10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS					10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES					10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES					10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES					10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES					10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS					10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES					10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES					10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES					10.10
10.11 TOTAL OTHER PAYMENTS					10.11
10.12 DME PAYMENTS					10.12
10.13 OXYGEN PAYMENTS					10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS					10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)					11
12 SUBTOTAL					12
13 EXCESS REASONABLE COST					13
14 SUBTOTAL					14
15 COINSURANCE BILLED TO PROGRAM PATIENTS					15
16 NET COST					16
17 REIMBURSABLE BAD DEBTS					17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES					17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD					18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION					20
21 OTHER ADJUSTMENTS (SPECIFY):					21
22 SUBTOTAL					22
23 SEQUESTRATION ADJUSTMENT					23
24 SUBTOTAL					24
25 TOTAL INTERIM PAYMENTS					25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)					25.01
26 BALANCE DUE PROVIDER/PROGRAM					26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2					27

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

HHA NO.: 14-7448

WORKSHEET H-8

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1738877		1139522	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
	PROVIDER .05				3.05
	TO .50				3.50
	PROGRAM .51				3.51
	TO .52	NONE		NONE	3.52
	PROGRAM .53				3.53
	PROGRAM .54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		1738877		1139522	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	-183		-886	6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		1738694		1138636	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0228)	HOSPITAL (14-0228)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2	3449842				2
					CAPITAL DRG OTHER THAN OUTLIER
3					3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01	418713				3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4	189.21				4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD
					[E-3,PT VI,LN.18]
					[E,PT A,LN.3.17][x E-3,PT VI,LN.1]
4.01	12.38	0.00			4.01
					NO. OF INTERNS & RESIDENTS
4.02					4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03	64167				4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					DISPROPORTIONATE SHARE ADJUSTMENT
5	0.0608				5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01	0.2665				5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02	0.3273				5.02
					SUM OF LINES 5 AND 5.01
5.03	0.0685				5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04	236314				5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	4169036				6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
24.10 PARAMED ED PRGM - MEDICAL					24.10
24.20 PARAMED ED PRGM - RADIOLOGY					24.20
24.30 PARAMED ED - RADIATION ONCOLOGY					24.30
24.40 PARAMED ED - PARAMEDICAL TECHS					24.40
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
26.01 PEDIATRIC ICU					26.01
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.20 GASTROENTEROLOGY					37.20
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.10 RADIATION ONCOLOGY					41.10
41.20 CT SCAN					41.20
41.30 M.R.I.					41.30
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
53.10 PEDIATRIC CARDIOLOGY					53.10
54 ELECTROENCEPHALOGRAPHY					54
54.10 APNEA MONITORING					54.10
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
58.10 NUTRITIONAL SUPPORT					58.10
58.20 HEMODIALYSIS					58.20
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 CHILDRENS CLINIC					60.01
61 EMERGENCY					61
61.05 AMBULATORY CARE					61.05
61.10 PSYCHIATRIC PARTIAL					61.10
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96

PROVIDER NO. 14-0228 SWEDISHAMERICAN HOSPITAL
PERIOD FROM 06/01/2009 TO 05/31/2010

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

VERSION: 2009.08
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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

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

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	39.03		23.60				62.63 25
26 INTENSIVE CARE UNIT	46.77		15.60				62.37 26
33 NURSERY			63.03				63.03 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	20.43	7.07	4.21				31.71 37
37.20 GASTROENTEROLOGY	16.99	18.27	5.84				41.10 37.20
39 DELIVERY ROOM & LABOR ROOM	0.43	0.07	28.34				28.84 39
40 ANESTHESIOLOGY	19.13	7.19	9.73				36.05 40
41 RADIOLOGY-DIAGNOSTIC	21.93	15.23	2.59				39.75 41
41.10 RADIATION ONCOLOGY	1.79	41.45	0.19				43.43 41.10
41.20 CT SCAN	10.76	17.33	3.99				32.08 41.20
41.30 M.R.I.	9.98	19.90	2.89				32.77 41.30
44 LABORATORY	16.16	1.48	9.86				27.50 44
49 RESPIRATORY THERAPY	45.05	7.66	8.30				61.01 49
50 PHYSICAL THERAPY	20.42	0.12	3.61		0.02		24.17 50
53 ELECTROCARDIOLOGY	5.80	18.49	9.80				34.09 53
54 ELECTROENCEPHALOGRAPHY	5.23	19.43	2.06				26.72 54
55 MEDICAL SUPPLIES CHARGED TO PAT	26.96	7.93	38.85				73.74 55
56 DRUGS CHARGED TO PATIENTS	34.18	5.09	15.23				54.50 56
58.10 NUTRITIONAL SUPPORT	0.84	1.59					2.43 58.10
58.20 HEMODIALYSIS	55.00	1.62	16.15				72.77 58.20
60 CLINIC	0.50	9.96	0.16				10.62 60
61 EMERGENCY	12.20	9.29	3.32				24.81 61
61.05 AMBULATORY CARE	1.32	85.38					86.70 61.05
61.10 PSYCHIATRIC PARTIAL		14.22					14.22 61.10
62 OBSERVATION BEDS (NON-DISTINCT)	0.57	37.23	0.43				38.23 62
101 TOTAL CHARGES	16.47	9.92	6.65				33.04 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	40.97		13.50				54.47 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM		0.02					0.02 37
37.20 GASTROENTEROLOGY		0.05					0.05 37.20
40 ANESTHESIOLOGY	0.10	0.06	0.02				0.18 40
41 RADIOLOGY-DIAGNOSTIC	0.02	0.02	0.02				0.06 41
41.10 RADIATION ONCOLOGY		0.01					0.01 41.10
41.20 CT SCAN	0.05	0.03	0.04				0.12 41.20
41.30 M.R.I.	0.01		0.04				0.05 41.30
44 LABORATORY	0.36		0.35				0.71 44
49 RESPIRATORY THERAPY	0.10	0.06	0.04				0.20 49
50 PHYSICAL THERAPY	0.05		0.04				0.09 50
53 ELECTROCARDIOLOGY	0.28	0.02	0.40				0.70 53
54 ELECTROENCEPHALOGRAPHY	0.02	0.28	0.04				0.34 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.02	0.06	0.02				0.10 55
56 DRUGS CHARGED TO PATIENTS	0.56	0.06	0.36				0.98 56
58.10 NUTRITIONAL SUPPORT		0.01					0.01 58.10
60 CLINIC		0.02					0.02 60
61 EMERGENCY	0.25	0.01	0.26				0.52 61
61.10 PSYCHIATRIC PARTIAL		0.55	4.91				5.46 61.10
101 TOTAL CHARGES	0.13	0.02	0.12				0.27 101

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT	391644	.11	-391644	-.40			1
2	OLD CAP REL COSTS-MVBLE EQUIP	50329	.01	-50329	-.05			2
3	NEW CAP REL COSTS-BLDG & FIXT	7819663	2.29	-7819663	-7.95			3
4	NEW CAP REL COSTS-MVBLE EQUIP	12784678	3.75	-12784678	-13.00			4
5	EMPLOYEE BENEFITS	3583670	1.05	-3583670	-3.64			5
6	ADMINISTRATIVE & GENERAL	40084839	11.76	-40084839	-40.77			6
7	MAINTENANCE & REPAIRS	1901502	.56	-1901502	-1.93			7
8	OPERATION OF PLANT	4859281	1.43	-4859281	-4.94			8
9	LAUNDRY & LINEN SERVICE	1235201	.36	-1235201	-1.26			9
10	HOUSEKEEPING	3844450	1.13	-3844450	-3.91			10
11	DIETARY	4499878	1.32	-4499878	-4.58			11
12	CAFETERIA	-1198550	-.35	1198550	1.22			12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	1785337	.52	-1785337	-1.82			14
15	CENTRAL SERVICES & SUPPLY	3152263	.92	-3152263	-3.21			15
16	PHARMACY	5297091	1.55	-5297091	-5.39			16
17	MEDICAL RECORDS & LIBRARY	2511696	.74	-2511696	-2.55			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	4494836	1.32	-4494836	-4.57			23
24	PARAMED ED PRGM-(SPECIFY)							24
24.10	PARAMED ED PRGM - MEDICAL	92884	.03	-92884	-.09			24.10
24.20	PARAMED ED PRGM - RADIOLOGY	152137	.04	-152137	-.15			24.20
24.30	PARAMED ED - RADIATION ONCOLOGY	165468	.05	-165468	-.17			24.30
24.40	PARAMED ED - PARAMEDICAL TECHS	822084	.24	-822084	-.84			24.40
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	31283805	9.18	26450307	26.90	57734112	16.93	25
26	INTENSIVE CARE UNIT	7662837	2.25	4787900	4.87	12450737	3.65	26
26.01	PEDIATRIC ICU							26.01
31	SUBPROVIDER I	1758613	.52	2124880	2.16	3883493	1.14	31
33	NURSERY	3433038	1.01	1526993	1.55	4960031	1.45	33
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	24606492	7.22	11406602	11.60	36013094	10.56	37
37.20	GASTROENTEROLOGY	802977	.24	916970	.93	1719947	.50	37.20
39	DELIVERY ROOM & LABOR ROOM	3751903	1.10	1961094	1.99	5712997	1.68	39
40	ANESTHESIOLOGY	338488	.10	202064	.21	540552	.16	40
41	RADIOLOGY-DIAGNOSTIC	22769270	6.68	11199890	11.39	33969160	9.96	41
41.10	RADIATION ONCOLOGY	12442866	3.65	5015814	5.10	17458680	5.12	41.10
41.20	CT SCAN	2931082	.86	1121094	1.14	4052176	1.19	41.20
41.30	M.R.I.	2359009	.69	839867	.85	3198876	.94	41.30
44	LABORATORY	11286319	3.31	4049559	4.12	15335878	4.50	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
49	RESPIRATORY THERAPY	3035062	.89	1129842	1.15	4164904	1.22	49
50	PHYSICAL THERAPY	4678494	1.37	1346506	1.37	6025000	1.77	50

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
53	ELECTROCARDIOLOGY	1021569	.30	1083244	1.10	2104813	.62	53
53.10	PEDIATRIC CARDIOLOGY							53.10
54	ELECTROENCEPHALOGRAPHY	1102615	.32	624229	.63	1726844	.51	54
54.10	APNEA MONITORING							54.10
55	MEDICAL SUPPLIES CHARGED TO PAT	3915327	1.15	1377008	1.40	5292335	1.55	55
56	DRUGS CHARGED TO PATIENTS	9376929	2.75	8412669	8.56	17789598	5.22	56
58.10	NUTRITIONAL SUPPORT	139209	.04	27111	.03	166320	.05	58.10
58.20	HEMODIALYSIS	579895	.17	299550	.30	879445	.26	58.20
60	CLINIC	2234964	.66	555831	.57	2790795	.82	60
60.01	CHILDRENS CLINIC							60.01
61	EMERGENCY	11599671	3.40	6379273	6.49	17978944	5.27	61
61.05	AMBULATORY CARE	123242	.04	343131	.35	466373	.14	61.05
61.10	PSYCHIATRIC PARTIAL	838040	.25	530429	.54	1368469	.40	61.10
62	OBSERVATION BEDS (NON-DISTINCT							62
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
	OUTPATIENT SERVICE COST CENTERS							
69.10	CMHC							69.10
69.20	OUTPATIENT PHYSICAL THERAPY							69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40	OUTPATIENT SPEECH PATHOLOGY							69.40
71	HOME HEALTH AGENCY	7959739	2.33	1573192	1.60	9532931	2.80	71
	SPECIAL PURPOSE COST CENTERS							
85.01	PANCREAS ACQUISITION							85.01
85.02	INTESTINAL ACQUISITION							85.02
85.03	ISLET CELL ACQUISITION							85.03
	NONREIMBURSABLE COST CENTERS							
96	GIFT, FLOWER, COFFEE SHOP & CAN	683432	.20	363809	.37	1047241	.31	96
96.10	MCC WORD PROCESSING							96.10
98	PHYSICIANS' PRIVATE OFFICES			122159	.12	122159	.04	98
98.01	SPECIALISTS/PCP'S	62806894	18.42	727078	.74	63533972	18.64	98.01
98.02	MEDWORKS							98.02
98.03	SWEDISHAMERICAN ER	2544675	.75			2544675	.75	98.03
98.20	IDLE SPACE			830619	.84	830619	.24	98.20
99	NONPAID WORKERS	58363	.02	34371	.03	92734	.03	99
99.10	HOTEL							99.10
99.30	PHYSICIAN BILLING							99.30
99.40	MEALS ON WHEELS							99.40
99.50	WEE CARE							99.50
99.60	PHYSICIAN RELATED AREAS	1318500	.39	249661	.25	1568161	.46	99.60
99.70	WOMEN'S CENTER							99.70
99.80	MARKETING EXPENSES	2393333	.70	478864	.49	2872197	.84	99.80
99.90	COMPLIMENTARY MEDICINE	755610	.22	238771	.24	994381	.29	99.90
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	340922643	100.00	0	.00	340922643	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	2167336	170075752	.012743	34747304	442785	37
37.20 GASTROENTEROLOGY	255330	7522231	.033943	1277656	43367	37.20
39 DELIVERY ROOM & LABOR ROOM	561667	12041103	.046646	52098	2431	39
40 ANESTHESIOLOGY	64673	9136942	.007079	1748207	12375	40
41 RADIOLOGY-DIAGNOSTIC	3035326	150832941	.020124	33074195	665585	41
41.10 RADIATION ONCOLOGY	591976	64868302	.009126	1162614	10610	41.10
41.20 CT SCAN	136513	45093870	.003027	4850575	14683	41.20
41.30 M.R.I.	163597	26787987	.006107	2673854	16329	41.30
44 LABORATORY	781600	125655826	.006220	20307021	126310	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	207982	20941609	.009932	9433503	93694	49
50 PHYSICAL THERAPY	185873	20706989	.008976	4228091	37952	50
53 ELECTROCARDIOLOGY	183267	15363230	.011929	891734	10638	53
53.10 PEDIATRIC CARDIOLOGY						53.10
54 ELECTROENCEPHALOGRAPHY	202716	8405050	.024119	439844	10609	54
54.10 APNEA MONITORING						54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	82786	39679454	.002087	10698483	22328	55
56 DRUGS CHARGED TO PATIENTS	312141	98788972	.003160	33770658	106715	56
58.10 NUTRITIONAL SUPPORT	927	644276	.001438	5391	8	58.10
58.20 HEMODIALYSIS	106259	1871449	.056779	1029248	58440	58.20
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	24429	3621305	.006746	18255	124	60
60.01 CHILDRENS CLINIC						60.01
61 EMERGENCY	870402	64462516	.013503	7863430	106180	61
61.05 AMBULATORY CARE	170211	756536	.224987	9974	2244	61.05
61.10 PSYCHIATRIC PARTIAL	186941	1442703	.129577			61.10
62 OBSERVATION BEDS (NON-DISTINCT	188275	2615002	.071998	14830	1068	62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	10480227	891314045		168296965	1784475	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	7489201		7489201	62372	120.07	24342	2922744 25
26	INTENSIVE CARE UNIT	1238392		1238392	8259	149.94	3863	579218 26
26.01	PEDIATRIC ICU							26.01
101	TOTAL	8727593		8727593			28205	3501962 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	3501962
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	1784475
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	5286437
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)	6477
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)	28205
PER DISCHARGE CAPITAL COSTS	816.19
PER DIEM CAPITAL COSTS	187.43

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)	53867987
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	218002249
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.247

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))	1714850
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	3560301
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.482

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)	5286437
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.024

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5238))	21762997
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	101398900
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.215