

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1. ELECTRONICALLY FILED COST REPORT DATE: 03/26/2012 TIME: 13:51
 2. MANUALLY SUBMITTED COST REPORT
 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

CONTRACTOR USE ONLY 5. COST REPORT STATUS 6. DATE RECEIVED: _____ 10. NPR DATE: _____
 1 - AS SUBMITTED 7. CONTRACTOR NO: _____ 11. CONTRACTOR'S VENDOR CODE: _____
 2 - SETTLED WITHOUT AUDIT 8. INITIAL REPORT FOR THIS PROVIDER CCN 12. IF LINE 5, COLUMN 1 IS 4: ENTER
 3 - SETTLED WITH AUDIT 9. FINAL REPORT FOR THIS PROVIDER CCN NUMBER OF TIMES REOPENED - 0-9.
 4 - REOPENED
 5 - AMENDED

PART II - CERTIFICATION

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 SAINT FRANCIS MEDICAL CENTER (14-0067) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2010 AND ENDING 09/30/2011, AND 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 IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) Ken Harbaugh Ken Harbaugh
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

Vice President- Chief Financial Officer
 TITLE

March 26, 2012
 DATE

ECR Encryption: 03/26/2012 13:51
 OVfDs0eRYc.HFRMNHletaf09anwLc0
 r.xzu0v0IYquQn92kagiJSZZ9PCFOA
 LEVF2y90o.05wFbt

PI Encryption: 03/26/2012 13:51
 SgLqVz000Ahz1pDU15.EXTe0qRS1Q0
 1Y4.n0Nzoc89peEHa6TMD03ZE6rOq.
 yS9k0mN2pP0V3Mqg
 PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1	HOSPITAL	204,574	85,773	47,006		1
2	SUBPROVIDER - IPF					2
3	SUBPROVIDER - IRF	17,352				3
4	SUBPROVIDER (OTHER)					4
5	SWING BED - SNF					5
6	SWING BED - NF					6
7	SKILLED NURSING FACILITY					7
8	NURSING FACILITY					8
9	HOME HEALTH AGENCY					9
10	HEALTH CLINIC - RHC					10
11	HEALTH CLINIC - FQHC					11
12	OUTPATIENT REHABILITATION PROVIDER					12
200	TOTAL	221,926	85,773	47,006		200

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 673 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: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

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1. ELECTRONICALLY FILED COST REPORT
 2. MANUALLY SUBMITTED COST REPORT
 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.
- DATE: _____ TIME: _____
- CONTRACTOR USE ONLY
5. COST REPORT STATUS
 6. DATE RECEIVED: _____
 7. AS SUBMITTED
 8. INITIAL REPORT FOR THIS PROVIDER CCN
 9. FINAL REPORT FOR THIS PROVIDER CCN
 10. NPR DATE: _____
 11. CONTRACTOR'S VENDOR CODE: _____
 12. IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED - 0-9.

PART II - CERTIFICATION

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(SIGNED)

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1 HOSPITAL		204,574	85,773	47,006		1
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3 SUBPROVIDER - IRF		17,352				3
4 SUBPROVIDER (OTHER)						4
5 SWING BED - SNF						5
6 SWING BED - NF						6
7 SKILLED NURSING FACILITY						7
8 NURSING FACILITY						8
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10 HEALTH CLINIC - RHC						10
11 HEALTH CLINIC - FQHC						11
12 OUTPATIENT REHABILITATION PROVIDER						12
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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 530 NE GLEN OAK AVENUE
 2 CITY: PEORIA

STATE: IL

P.O.BOX:
 ZIP CODE: 61637

COUNTY: PEORIA

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)			
						V 6	XVIII 7	XIX 8	
3	HOSPITAL	14-0067	37900	1	07/01/1966	O	P	O	3
4	SUBPROVIDER - IPF								4
5	SUBPROVIDER - IRF								5
6	SUBPROVIDER - (OTHER)	14-T067	37900	5	10/01/1983	O	P	O	6
7	SWING BEDS - SNF								7
8	SWING BEDS - NF								8
9	HOSPITAL-BASED SNF								9
10	HOSPITAL-BASED NF								10
11	HOSPITAL-BASED OLTC								11
12	HOSPITAL-BASED HHA								12
13	SEPARATELY CERTIFIED ASC								13
14	HOSPITAL-BASED HOSPICE								14
15	HOSPITAL-BASED HEALTH CLINIC - RHC								15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC								16
17	HOSPITAL-BASED (CMHC)								17
18	RENAL DIALYSIS								18
19	OTHER								19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 10/01/2010			TO: 09/30/2011				20
21	TYPE OF CONTROL			1					21

INPATIENT PPS INFORMATION

22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND 'N' FOR NO. IS THIS FACILITY SUBJECT TO 42 CFR §412.06(c)(2) (PICKLE AMENDMENT HOSPITAL)? IN COLUMN 2, ENTER 'Y', FOR YES OR 'N' FOR NO.	1	2
23	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON LINES 24 AND/OR 25 BELOW? IN COLUMN 1, ENTER 1 IF DATE OF ADMISSION, 2 IF CENSUS DAYS, OR 3 IF DATE OF DISCHARGE. IS THE METHOD OF IDENTIFYING THE DAYS IN THIS COST REPORTING PERIOD DIFFERENT FROM THE METHOD USED IN THE PRIOR COST REPORTING PERIOD? IN COLUMN 2, ENTER 'Y' FOR YES OR 'N' FOR NO.	3	N 23

	IN-STATE MEDICAID PAID DAYS 1	IN-STATE MEDICAID ELIGIBLE DAYS 2	OUT-OF- STATE MEDICAID PAID DAYS 3	OUT-OF- STATE MEDICAID ELIGIBLE DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6	
							24
25	IF THIS PROVIDER IS AN IRF THEN, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	807	627			12	25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1		26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1		27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL	V 1	XVIII 2	XIX 3			
				45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N
46	IS THIS FACILITY ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR §412.348(g)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N		N	N	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		N	N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		N	N	48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS

	1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N	57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 21248? IF YES, COMPLETE WORKSHEET D-5.	N		58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N		59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER \$413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	Y		60

	Y/N	IME AVERAGE	DIRECT GME AVERAGE	
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	N		61
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)				
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)			62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)			62.01

TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS

63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	Y		63
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SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS
 THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER
 JULY 1, 2009 AND BEFORE JUNE 30, 2010.

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ COL.1+COL.2)	
64	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	1.62	82.09	0.019353

ENTER IN LINES 65-65.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2
 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY
 CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-
 PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY
 CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5
 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE
 INSTRUCTIONS)

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ COL.3+COL.4)	
65	FAMILY PRACTICE	1350	1.52	65
65.01	INTERNAL MEDICINE	1400	6.04	25.88
65.02	MEDICINE-PEDIATRICS	1450	8.79	20.72
65.03	PEDIATRICS	2000	4.90	13.94

SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS
 EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ COL.1+COL.2)	
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	1.60	88.01	0.017855

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

ENTER IN LINES 67-67.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 ÷ COLUMN 4)). (SEE INSTRUCTIONS)

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1 / (COL.3+COL.4))		
1	2	3	4	5		
67 FAMILY PRACTICE	1350		1.66		67	
67.01 INTERNAL MEDICINE	1400	5.06	24.74	0.169799	67.01	
67.02 MEDICINE-PEDIATRICS	1450	6.18	24.26	0.203022	67.02	
67.03 PEDIATRICS	2000	3.59	16.58	0.177987	67.03	
INPATIENT PSYCHIATRIC FACILITY PPS						
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.				N	70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.					71
INPATIENT REHABILITATION FACILITY PPS						
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.				Y	75
76	IF LINE 75 YES: COLUMN 1: DID 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. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.				Y N	76
LONG TERM CARE HOSPITAL PPS						
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.				N	80
TEFRA PROVIDERS						
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.				N	85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.				N	86
TITLE V AND XIX INPATIENT SERVICES						
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.				V 1 2 N Y	90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N N	91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N	92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N N	93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N N	94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.					95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N N	96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.					97
RURAL PROVIDERS						
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?				1 N	2 105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.					106
107	COLUMN 1: 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 IN COLUMN 1. 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, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&Rs IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.					107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.				N	108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.				PHY- N OCCUP- N ATIONAL N SPEECH N RESPI- RATORY N	109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	1 N	2 115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	2	118
119	WHAT IS THE LIABILITY LIMIT FOR THE MALPRACTICE INSURANCE POLICY? ENTER IN COLUMN 1 THE MONETARY LIMIT PER LAWSUIT. ENTER IN COLUMN 2 THE MONETARY LIMIT PER POLICY YEAR.	1,000,000	3,000,000 119
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N 120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	121

TRANSPLANT CENTER INFORMATION

125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.		Y 125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.	07/22/1985	126
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		127
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		128
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		129
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.	07/01/1999	130
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		131
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		132
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		134

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	1 Y	2 149006 140
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IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME: OSF HEALTHCARE SYSTEM	CONTRACTOR'S NAME: WPS	CONTRACTOR'S NUMBER: 52280	141
142	STREET: 800 NE GLEN OAK AVE	P.O. BOX:		142
143	CITY: CITY: PEORIA	STATE: IL	ZIP CODE: 61603	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?		Y	144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.		Y	145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.		N	146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	149

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B. SEE 42 CFR §413.13)

	PART A	PART B	
	1	2	
155	HOSPITAL	N	N 155
156	SUBPROVIDER - IPF	N	N 156
157	SUBPROVIDER - IRF	N	N 157
158	SUBPROVIDER - (OTHER)	N	N 158
159	SNF	N	N 159
160	HHA	N	N 160
161	CMHC		N 161

MULTICAMPUS

165	IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	165
166	IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.		
	NAME	COUNTY	STATE
	0	1	2
			ZIP CODE
			3
			CBSA
			4
			FTE/CAMPUS
			5

HEALTH INFORMATION TECHNOLOGY (HIT) INCENTIVE IN THE AMERICAN RECOVERY AND REINVESTMENT ACT

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.		168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.	1.00	169

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
 ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY ALL HOSPITALS

PROVIDER ORGANIZATION AND OPERATION		Y/N	DATE	
		1	2	
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N		1

		Y/N	DATE	V/I
		1	2	3
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N		2
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	Y		3

FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE
		1	2	3
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	Y	A	4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5

APPROVED EDUCATIONAL ACTIVITIES		Y/N	Y/N
		1	2
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	Y	Y
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y	7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	Y	8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y	9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N	10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N	11
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.		Y 12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.		N 13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.		N 14

BED COMPLEMENT		Y/N
		1
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	Y 15

		PART A		PART B	
		Y/N	DATE	Y/N	DATE
		1	2	3	4
16	PS&R REPORT DATA WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	12/20/2011	Y	12/20/2011
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

CAPITAL RELATED COST

22	HAVE ASSETS BEEN RELIEVED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS.	22
23	HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	23
24	WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	24
25	HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	25
26	WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	26
27	HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	27

INTEREST EXPENSE

28	WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	28
29	DID THE PROVIDER HAVE A FUNDED DEPRECIATION ACCOUNT AND/OR BOND FUNDS (DEBT SERVICE RESERVE FUND) TREATED AS A FUNDED DEPRECIATION ACCOUNT? IF YES, SEE INSTRUCTIONS.	29
30	HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS.	30
31	HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS.	31

PURCHASED SERVICES

32	HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS.	32
33	IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS.	33

PROVIDER-BASED PHYSICIANS

34	ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS.	34
35	IF LINE 34 IS YES, WERE THERE NEW AGREEMENTS OR AMENDED EXISTING AGREEMENTS WITH THE PROVIDER-BASED PHYSICIANS DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	35

HOME OFFICE COSTS

		Y/N	DATE	
		1	2	
36	WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?			36
37	IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.			37
38	IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE.			38
39	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS.			39
40	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.			40

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4 5	AVERAGE HOURLY WAGE (COL. 4 + COL. 5) 6	
	1	2	3	4			
SALARIES							
1	200	345,738,621	-280,643	345,457,978	11,498,800.00	30.04	1
2							2
3							3
4		2,260,634		2,260,634	14,143.00	159.84	4
4.01		9,307,526		9,307,526	61,358.00	151.69	4.01
5		8,075,139		8,075,139	38,912.00	207.52	5
6							6
7	21	9,385,069	44,803	9,429,872	370,319.00	25.46	7
7.01							7.01
8		461,704		461,704	17,188.00	26.86	8
9	44						9
10		77,972,144	1,290,510	79,262,654	1,163,894.00	68.10	10
OTHER WAGES & RELATED COSTS							
11		2,806,305		2,806,305	54,524.00	51.47	11
12							12
13		3,352,549		3,352,549	22,520.00	148.87	13
14		33,433,616		33,433,616	514,469.00	64.99	14
15							15
16							16
17		68,699,733		68,699,733			17
18							18
19		14,557,424		14,557,424			19
20							20
21							21
22		976,895		976,895			22
23		631,533		631,533			23
24							24
25		1,924,156		1,924,156			25
26		6,045,488	-1,621,631	4,423,857	117,231.00	37.74	26
27		24,829,543	104,697	24,934,240	830,197.00	30.03	27
28		1,975,717		1,975,717	11,218.00	176.12	28
29		5,367,087	10,857	5,377,944	212,949.00	25.25	29
30		1,678,609	7,597	1,686,206	82,433.00	20.46	30
31		182,838	873	183,711	14,245.00	12.90	31
32		6,082,933	-35,436	6,047,497	425,974.00	14.20	32
33		183,134		183,134	11,950.00	15.33	33
34		4,836,324	-483,085	4,353,239	317,397.00	13.72	34
35		148,109		148,109	9,531.00	15.54	35
36			426,158	426,158	30,967.00	13.76	36
37							37
38		11,306,051	589,618	11,895,669	490,987.00	24.23	38
39		3,239,535	13,093	3,252,628	212,084.00	15.34	39
40		9,839,052	43,911	9,882,963	254,727.00	38.80	40
41		3,493,881	11,577	3,505,458	205,326.00	17.07	41
42							42
43		28,658	137	28,795	2,088.00	13.79	43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	320,816,143	-325,446	320,490,697	11,043,722.	29.02	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	77,972,144	1,290,510	79,262,654	1,163,894.0	68.10	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	242,843,999	-1,615,956	241,228,043	9,879,828.0	24.42	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	39,592,470		39,592,470	591,513.00	66.93	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	69,676,628		69,676,628		28.88%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	352,113,097	-1,615,956	350,497,141	10,471,341.	33.47	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	79,236,959	-931,634	78,305,325	3,229,304.0	24.25	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
 PART IV

PART A - CORE LIST

		AMOUNT REPORTED	
RETIREMENT COST			
1	401K EMPLOYER CONTRIBUTIONS	14,833,843	1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3	QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	9,018,000	3
4	PRIOR YEAR PENSION SERVICE COST		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)			
5	401K/TSA PLAN ADMINISTRATION FEES		5
6	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST			
8	HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	36,787,376	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN		10
11	LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)		11
12	ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13	DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	619,692	13
14	LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15	WORKERS' COMPENSATION INSURANCE	2,481,030	15
16	RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES			
17	FICA-EMPLOYERS PORTION ONLY	20,936,992	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE		19
20	STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER			
21	EXECUTIVE DEFERRED COMPENSATION		21
22	DAY CARE COSTS AND ALLOWANCES		22
23	TUITION REIMBURSEMENT	2,112,808	23
24	TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	86,789,741	24

PART B - OTHER THAN CORE RELATED COST

25	OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25
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HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT
0		LABOR	COST
1	0	1	2
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST	30,475,981	1
2	HOSPITAL	30,374,518	2
3	SUBPROVIDER - IPF		3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)	101,463	5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTC		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 200, COL. 3 DIVIDED BY LINE 200, COL. 8)		0.212704	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)				
2	NET REVENUE FROM MEDICAID		107,559,602	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?		Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?		Y	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID			5
6	MEDICAID CHARGES		467,429,589	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)		99,424,143	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)			8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP) (SEE INSTRUCTIONS FOR EACH LINE)				
9	NET REVENUE FROM STAND-ALONE SCHIP			9
10	STAND-ALONE SCHIP CHARGES			10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)			11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9)			12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)				
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)			13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)			14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)			15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13)			16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)				
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE			17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS			18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)			19

		UNINSURED PATIENTS 1	INSURED PATIENTS 2	TOTAL 3
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FAMILY	113,203,869	14,151,786	127,355,655
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	24,078,916	3,010,141	27,089,057
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	815,887	101,995	917,882
23	COST OF CHARITY CARE	23,263,029	2,908,146	26,171,175
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM			N 24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)			25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			47,029,871
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			1,608,847
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			45,421,024
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			9,661,233
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			35,832,408
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			35,832,408

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100		26,055,338	26,055,338	-7,154,337	1
2	00200		26,113,000	26,113,000	-8,666,163	2
3	00300		530,914	530,914	-530,914	3
4	00400	6,045,488	78,844,229	84,889,717	6,328,732	4
5.01	00560	901,278	1,452,263	2,353,541	4,303	5.01
5.02	00570	1,702,064	570,666	2,272,730	8,125	5.02
5.03	00580	851,587	291,338	1,142,925	4,065	5.03
5.04	00581	2,043,449	3,632,972	5,676,421	9,755	5.04
5.05	00590	19,331,165	101,274,089	120,605,254	18,304,131	5.05
6	00600	5,367,087	17,791,510	23,158,597	-78,826	6
7	00700	1,678,609	7,046,320	8,724,929	707,120	7
8	00800	182,838	706,531	889,369	873	8
9	00900	6,082,933	2,928,502	9,011,435	-84,069	9
10	01000	4,836,324	1,680,259	6,516,583	-2,021,441	10
11	01100				1,833,685	11
12	01200					12
13	01300	11,306,051	1,725,498	13,031,549	644,135	13
14	01400	3,239,535	7,194,627	10,434,162	-5,644,244	14
15	01500	9,839,052	20,488,003	30,327,055	-21,315,861	15
16	01600	3,493,881	1,131,341	4,625,222	16,679	16
17	01700					17
18	01850	28,658	898,436	927,094	137	18
19	01900					19
20	02000	3,875,041	458,498	4,333,539	-297,125	20
21	02100	9,385,069		9,385,069	44,803	21
22	02200	8,747,522	11,062,151	19,809,673	691,171	22
23	02300				134,158	23
23.01	02301				215,703	23.01
23.02	02302				208,755	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	47,220,342	7,968,665	55,189,007	123,563	30
31	03100	15,725,257	4,883,269	20,608,526	75,046	31
35	02120	9,989,297	1,254,496	11,243,793	47,687	35
41	04100	2,433,209	474,572	2,907,781	11,616	41
ANCILLARY SERVICE COST CENTERS						
50	05000	13,508,757	41,421,891	54,930,648	-32,197,148	50
51	05100	1,909,840	85,775	1,995,615	9,117	51
52	05200	3,539,679	734,118	4,273,797	16,898	52
53	05300	388,958	1,316,757	1,705,715	1,857	53
54	05400	15,743,138	14,960,407	30,703,545	-3,877,326	54
57	05700	2,126,645	2,857,666	4,984,311	-281,440	57
58	05800	2,174,461	3,665,225	5,839,686	-100,597	58
59	05900	2,156,991	12,181,822	14,338,813	-10,180,082	59
60	06000	10,216,064	13,679,645	23,895,709	-276,546	60
61	06100				132,493	61
62.30	06250					62.30
63	06300	633,055	6,011,558	6,644,613	3,022	63
65	06500	4,765,126	1,861,300	6,626,426	-703,935	65
66	06600	7,453,650	901,156	8,354,806	34,365	66
68	06800	524,000	206,217	730,217	2,051	68
69	06900	2,358,214	318,063	2,676,277	11,258	69
70	07000	662,297	190,135	852,432	3,162	70
71	07100				23,637,352	71
72	07200				30,092,324	72
73	07300				21,362,831	73
74	07400	133,369	1,724,801	1,858,170	637	74
76	03950	1,743,241	1,836,115	3,579,356	-770,125	76
76.01	03951	207,948	8,413	216,361	993	76.01
76.02	03952	532,605	184,936	717,541	2,543	76.02
76.03	03953	406,917	389,249	796,166	1,943	76.03
76.04	03550	939,776	114,929	1,054,705	4,486	76.04
76.05	03954	863,997	37,865	901,862	4,125	76.05
76.06	03955	185,227	15,884	201,111	884	76.06
76.07	03640	61,928		61,928	296	76.07
76.08	03956	2,568,480	386,774	2,955,254	12,261	76.08
76.09	03957	829,182	515,938	1,345,120	-614	76.09
76.10	03958	1,192,011	35,420	1,227,431	5,690	76.10
76.97	07697	627,731	33,261	660,992	2,997	76.97
76.98	07698					76.98
76.99	07699		204,012	204,012		76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	22,390	119,709	142,099	108	90.01
90.02	09002		2,179	2,179		90.02
90.03	09003					90.03
90.04	09004	293		293		90.04
90.05	09005	1,803,280	189,805	1,993,085	8,609	90.05

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
90.06	09006 SPECIAL CLINICS	199,557	355,760	555,317	953	90.06
91	09100 EMERGENCY	18,462,475	4,772,401	23,234,876	-1,667,912	91
92	09200 OBSERVATION BEDS					92
92.01	09201 OBSERVATION BEDS-DISTINCT OTHER REIMBURSABLE COST CENTERS	827,709	344,266	1,171,975	1,440	92.01
95	09500 AMBULANCE SERVICES	1,443,454	7,339,747	8,783,201	6,891	95
99.10	09910 CORF					99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY					99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS					99.40
105	10500 KIDNEY ACQUISITION	478,473	2,747,475	3,225,948	-350,022	105
109	10900 PANCREAS ACQUISITION	90,906	240,944	331,850	-58,554	109
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	276,087,560	448,449,105	724,536,665	8,518,547	118
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	128,152	211,303	339,455	612	190
194	07950 SISTERS CONVENT		198	198	232,323	194
194.01	07951 BRADLEY HEALTH SVC	368,844	45,915	414,759	1,761	194.01
194.02	07952 COMMUNITY CLINIC	198,505	153,532	352,037	948	194.02
194.03	07953 FUND RAISING	747,333	3,296,812	4,044,145	3,568	194.03
194.04	07954 OUTREACH PHYSICIAN	60,295,404	14,805,608	75,101,012	-6,413,849	194.04
194.05	07955 PHYSICIAN CONTRACT	42,983	356,205	399,188	205	194.05
194.06	07956 MEALS ON WHEELS					194.06
194.07	07957 OTHER NON-REIMB	2,582,423	565,249	3,147,672	140,071	194.07
194.08	07958 INDUSTRIAL REHAB	1,667,897	55,776	1,723,673	7,962	194.08
194.09	07959 CONTRACTED SERVICES					194.09
194.10	07960 IN-SCHOOL CLINIC					194.10
194.11	07961 REGIONAL ACTIVITIES	454,259	48,267	502,526	2,169	194.11
194.12	07962 CFH - MEDICAL OFFICE BLDG					194.12
194.13	07963 CFH - ASC LLC	3,165,261	11,053,887	14,219,148	-2,494,317	194.13
200	TOTAL (SUM OF LINES 118-199)	345,738,621	479,041,857	824,780,478		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
GENERAL SERVICE COST CENTERS					
1	00100	18,901,001	-522,501	18,378,500	1
2	00200	17,446,837	-25,379	17,421,458	2
3	00300				3
4	00400	91,218,449	-706,710	90,511,739	4
5.01	00560	2,357,844	-294,275	2,063,569	5.01
5.02	00570	2,280,855	4,644	2,285,499	5.02
5.03	00580	1,146,990		1,146,990	5.03
5.04	00581	5,686,176	-4,653	5,681,523	5.04
5.05	00590	138,909,385	-40,199,900	98,709,485	5.05
6	00600	23,079,771	-763,272	22,316,499	6
7	00700	9,432,049	-17,822	9,414,227	7
8	00800	890,242		890,242	8
9	00900	8,927,366		8,927,366	9
10	01000	4,495,142	-743,435	3,751,707	10
11	01100	1,833,685		1,833,685	11
12	01200				12
13	01300	13,675,684	-354,533	13,321,151	13
14	01400	4,789,918		4,789,918	14
15	01500	9,011,194	-9,326	9,001,868	15
16	01600	4,641,901	-258,434	4,383,467	16
17	01700				17
18	01850	927,231	-85,196	842,035	18
19	01900				19
20	02000	4,036,414	-3,997,883	38,531	20
21	02100	9,429,872		9,429,872	21
22	02200	20,500,844	-68,292	20,432,552	22
23	02300	134,158		134,158	23
23.01	02301	215,703		215,703	23.01
23.02	02302	208,755		208,755	23.02
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	55,312,570	-1,313,118	53,999,452	30
31	03100	20,683,572	-248,797	20,434,775	31
35	02120	11,291,480	-165,001	11,126,479	35
41	04100	2,919,397	-101,463	2,817,934	41
ANCILLARY SERVICE COST CENTERS					
50	05000	22,733,500	-920,162	21,813,338	50
51	05100	2,004,732		2,004,732	51
52	05200	4,290,695	-11,757	4,278,938	52
53	05300	1,707,572		1,707,572	53
54	05400	26,826,219	-2,232,238	24,593,981	54
57	05700	4,702,871	-1,411	4,701,460	57
58	05800	5,739,089	-1,049,651	4,689,438	58
59	05900	4,158,731	-33,034	4,125,697	59
60	06000	23,619,163	-20,685	23,598,478	60
61	06100	132,493		132,493	61
62.30	06250				62.30
63	06300	6,647,635		6,647,635	63
65	06500	5,922,491		5,922,491	65
66	06600	8,389,171	-795,939	7,593,232	66
68	06800	732,268		732,268	68
69	06900	2,687,535	-108,262	2,579,273	69
70	07000	855,594		855,594	70
71	07100	23,637,352		23,637,352	71
72	07200	30,092,324		30,092,324	72
73	07300	21,362,831		21,362,831	73
74	07400	1,858,807	-4,586	1,854,221	74
76	03950	2,809,231	-54,000	2,755,231	76
76.01	03951	217,354		217,354	76.01
76.02	03952	720,084	-111,203	608,881	76.02
76.03	03953	798,109		798,109	76.03
76.04	03550	1,059,191	-363,621	695,570	76.04
76.05	03954	905,987	-551,703	354,284	76.05
76.06	03955	201,995		201,995	76.06
76.07	03640	62,224		62,224	76.07
76.08	03956	2,967,515	-939,159	2,028,356	76.08
76.09	03957	1,344,506	-453,988	890,518	76.09
76.10	03958	1,233,121	-838,502	394,619	76.10
76.97	07697	663,989	-187,775	476,214	76.97
76.98	07698				76.98
76.99	07699	204,012		204,012	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	142,207	-39,168	103,039	90.01
90.02	09002	2,179		2,179	90.02
90.03	09003				90.03
90.04	09004	293		293	90.04
90.05	09005	2,001,694	-67,198	1,934,496	90.05

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4)	ADJUST- MENTS (COL. 5 ± COL. 6)	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6)	
		5	6	7	
90.06	09006 SPECIAL CLINICS	556,270	-339,120	217,150	90.06
91	09100 EMERGENCY	21,566,964	-7,373,172	14,193,792	91
92	09200 OBSERVATION BEDS				92
92.01	09201 OBSERVATION BEDS-DISTINCT OTHER REIMBURSABLE COST CENTERS	1,173,415		1,173,415	92.01
95	09500 AMBULANCE SERVICES	8,790,092	-44,346	8,745,746	95
99.10	09910 CORF				99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS				99.40
105	10500 KIDNEY ACQUISITION	2,875,926	-50,439	2,825,487	105
109	10900 PANCREAS ACQUISITION	273,296	-3,879	269,417	109
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	733,055,212	-66,470,344	666,584,868	118
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	340,067	-27,228	312,839	190
194	07950 SISTERS CONVENT	232,521		232,521	194
194.01	07951 BRADLEY HEALTH SVC	416,520	-414,759	1,761	194.01
194.02	07952 COMMUNITY CLINIC	352,985	-146,816	206,169	194.02
194.03	07953 FUND RAISING	4,047,713	-66,203	3,981,510	194.03
194.04	07954 OUTREACH PHYSICIAN	68,687,163	-953,194	67,733,969	194.04
194.05	07955 PHYSICIAN CONTRACT	399,393		399,393	194.05
194.06	07956 MEALS ON WHEELS				194.06
194.07	07957 OTHER NON-REIMB	3,287,743	-901,590	2,386,153	194.07
194.08	07958 INDUSTRIAL REHAB	1,731,635	-498,288	1,233,347	194.08
194.09	07959 CONTRACTED SERVICES				194.09
194.10	07960 IN-SCHOOL CLINIC				194.10
194.11	07961 REGIONAL ACTIVITIES	504,695		504,695	194.11
194.12	07962 CFH - MEDICAL OFFICE BLDG				194.12
194.13	07963 CFH - ASC LLC	11,724,831	-274,747	11,450,084	194.13
200	TOTAL (SUM OF LINES 118-199)	824,780,478	-69,753,169	755,027,309	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER	
			LINE #	SALARY		
			3	4	5	
1 ER TEACHING SALARIES	A	I&R SRVCES-OTHER PRGM COSTS A	22	1,755,948		1
500 TOTAL RECLASSIFICATIONS				1,755,948		500
CODE LETTER - A						
1 CONVENT DISCRETE COSTING	B	SISTERS CONVENT	194	59,949	172,374	1
2 CONVENT DISCRETE COSTING	B					2
3 CONVENT DISCRETE COSTING	B					3
4 CONVENT DISCRETE COSTING	B					4
500 TOTAL RECLASSIFICATIONS				59,949	172,374	500
CODE LETTER - B						
1 PATHOLOGIST XVIII CLINICA	C	PBP CLINICAL LAB SERVICES-PRG	61		132,493	1
2 PATHOLOGIST TEACHING COST	C	I&R SRVCES-OTHER PRGM COSTS A	22		47,240	2
500 TOTAL RECLASSIFICATIONS					179,733	500
CODE LETTER - C						
1 PARAMED EDUC - LAB TECH	D	PARAMED ED PRGM- LAB TECH	23	65,880	71,362	1
500 TOTAL RECLASSIFICATIONS				65,880	71,362	500
CODE LETTER - D						
1 PARAMED EDUC - X-RAY TECH	E	PARAMEDICAL EDUC X-RAY	23.01	120,967	94,736	1
500 TOTAL RECLASSIFICATIONS				120,967	94,736	500
CODE LETTER - E						
1 PARAMED EDUC - DIETICIANS	F	PARAMEDICAL EDUC DIETARY	23.02	73,256	137,586	1
500 TOTAL RECLASSIFICATIONS				73,256	137,586	500
CODE LETTER - F						
1 COST OF MEDICAL SUPP SOLD	G	MEDICAL SUPPLIES CHRGED TO PA	71		23,637,352	1
2 COST OF MEDICAL SUPP SOLD	G					2
3 COST OF MEDICAL SUPP SOLD	G					3
4 COST OF MEDICAL SUPP SOLD	G					4
5 COST OF MEDICAL SUPP SOLD	G					5
6 COST OF MEDICAL SUPP SOLD	G					6
7 COST OF MEDICAL SUPP SOLD	G					7
8 COST OF MEDICAL SUPP SOLD	G					8
9 COST OF MEDICAL SUPP SOLD	G					9
10 COST OF MEDICAL SUPP SOLD	G					10
11						11
12						12
13						13
14						14
15 COST OF MEDICAL SUPP SOLD	G					15
500 TOTAL RECLASSIFICATIONS					23,637,352	500
CODE LETTER - G						
1 COST OF IMPLANT DEVICE SOLD	H	IMPL. DEV. CHARGED TO PATIENT	72		30,092,324	1
2 COST OF IMPLANT DEVICE SOLD	H					2
3 COST OF IMPLANT DEVICE SOLD	H					3
4 COST OF IMPLANT DEVICE SOLD	H					4
5 COST OF IMPLANT DEVICE SOLD	H					5
6 COST OF IMPLANT DEVICE SOLD	H					6
7 COST OF IMPLANT DEVICE SOLD	H					7
8 COST OF IMPLANT DEVICE SOLD	H					8
9 COST OF IMPLANT DEVICE SOLD	H					9
10 COST OF IMPLANT DEVICE SOLD	H					10
500 TOTAL RECLASSIFICATIONS					30,092,324	500
CODE LETTER - H						
1 COST OF DRUGS CHARGED PTS	I	DRUGS CHARGED TO PATIENTS	73		21,362,831	1
500 TOTAL RECLASSIFICATIONS					21,362,831	500
CODE LETTER - I						
1 CON - REALLOCATE RENTAL	J	NURSING SCHOOL	20		1,260	1
2 CON - REALLOCATE RENTAL	J					2
500 TOTAL RECLASSIFICATIONS					1,260	500
CODE LETTER - J						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 TEACHING SALARIES	K	OUTREACH PHYSICIAN	194.04	1,153,776	1
500 TOTAL RECLASSIFICATIONS				1,153,776	500
CODE LETTER - K					
1 CON - TRAVEL AND MEETINGS	L	OTHER ADMIN + GENERAL	5.05		31,269 1
2 PARA-MED TRAVEL AND MEETINGS	L				2
3 PARA-MED TRAVEL AND MEETINGS	L				3
500 TOTAL RECLASSIFICATIONS					31,269 500
CODE LETTER - L					
1 CAFETERIA & CATERING EXPENSE	M	CAFETERIA	11	426,158	1,407,527 1
500 TOTAL RECLASSIFICATIONS				426,158	1,407,527 500
CODE LETTER - M					
1 CENTER FOR HEALTH	N	CAP REL COSTS-BLDG & FIXT	1		1,830,974 1
2 CENTER FOR HEALTH	N	CAP REL COSTS-MVBLE EQUIP	2		777,210 2
3 CENTER FOR HEALTH	N				3
4 CENTER FOR HEALTH	N				4
5 CENTER FOR HEALTH	N	OPERATION OF PLANT	7		699,107 5
6 CENTER FOR HEALTH	N	OTHER NON-REIMB	194.07		127,743 6
500 TOTAL RECLASSIFICATIONS					3,435,034 500
CODE LETTER - N					
1 CAPITAL RELATED INSURANCE	O	CAP REL COSTS-BLDG & FIXT	1		345,047 1
2 CAPITAL RELATED INSURANCE -EQUIP	O	CAP REL COSTS-MVBLE EQUIP	2		185,867 2
500 TOTAL RECLASSIFICATIONS					530,914 500
CODE LETTER - O					
1 POST TRANSPLANT EXPENSE	P	NURSING ADMINISTRATION	13	286,887	13,200 1
2 POST TRANSPLANT EXPENSE	P				2
500 TOTAL RECLASSIFICATIONS				286,887	13,200 500
CODE LETTER - P					
1 HOME OFFICE DEPR EXPENSE	Q	OTHER ADMIN + GENERAL	5.05		9,424,998 1
2 HOME OFFICE IMPAIRMENT LOSS	Q	OTHER ADMIN + GENERAL	5.05		9,631,039 2
500 TOTAL RECLASSIFICATIONS					19,056,037 500
CODE LETTER - Q					
1 CON EDUCATIONAL ACTIVITIES	R	NURSING ADMINISTRATION	13	259,384	30,691 1
500 TOTAL RECLASSIFICATIONS				259,384	30,691 500
CODE LETTER - R					
1 OSFMG FRINGE BENEFITS	S	EMPLOYEE BENEFITS	4		7,950,363 1
2 OSFMG FRINGE BENEFITS	S				2
500 TOTAL RECLASSIFICATIONS					7,950,363 500
CODE LETTER - S					
1 TRANSPLANT CENTER CAP REL COST RECL	T	CAP REL COSTS-BLDG & FIXT	1		109,408 1
2 TRANSPLANT CENTER CAP REL COST RECL	T	CAP REL COSTS-MVBLE EQUIP	2		1,799 2
500 TOTAL RECLASSIFICATIONS					111,207 500
CODE LETTER - T					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 RECLASSIFY VACATION ACCRUAL	U	PURCH, RCING, STORING	5.01	4,303		1
2 RECLASSIFY VACATION ACCRUAL	U	ADMITTING	5.02	8,125		2
3 RECLASSIFY VACATION ACCRUAL	U	OUTPATIENT OFFICES	5.03	4,065		3
4 RECLASSIFY VACATION ACCRUAL	U	BUSINESS OFFICE	5.04	9,755		4
5 RECLASSIFY VACATION ACCRUAL	U	OTHER ADMIN + GENERAL	5.05	92,283		5
6 RECLASSIFY VACATION ACCRUAL	U	MAINTENANCE & REPAIRS	6	25,621		6
7 RECLASSIFY VACATION ACCRUAL	U	OPERATION OF PLANT	7	8,013		7
8 RECLASSIFY VACATION ACCRUAL	U	LAUNDRY & LINEN SERVICE	8	873		8
9 RECLASSIFY VACATION ACCRUAL	U	HOUSEKEEPING	9	29,039		9
10 RECLASSIFY VACATION ACCRUAL	U	DIETARY	10	23,086		10
11 RECLASSIFY VACATION ACCRUAL	U	NURSING ADMINISTRATION	13	53,973		11
12 RECLASSIFY VACATION ACCRUAL	U	CENTRAL SERVICES & SUPPLY	14	15,465		12
13 RECLASSIFY VACATION ACCRUAL	U	PHARMACY	15	46,970		13
14 RECLASSIFY VACATION ACCRUAL	U	MEDICAL RECORDS & LIBRARY	16	16,679		14
15 RECLASSIFY VACATION ACCRUAL	U	PARKING	18	137		15
16 RECLASSIFY VACATION ACCRUAL	U	NURSING SCHOOL	20	18,499		16
17 RECLASSIFY VACATION ACCRUAL	U	I&R SRVCES-SALARY & FRINGES A	21	44,803		17
18 RECLASSIFY VACATION ACCRUAL	U	I&R SRVCES-OTHER PRGM COSTS A	22	41,759		18
19 RECLASSIFY VACATION ACCRUAL	U	ADULTS & PEDIATRICS	30	225,421		19
20 RECLASSIFY VACATION ACCRUAL	U	INTENSIVE CARE UNIT	31	75,069		20
21 RECLASSIFY VACATION ACCRUAL	U	PREMATURE INTENSIVE CARE	35	47,687		21
22 RECLASSIFY VACATION ACCRUAL	U	SUBPROVIDER - IRF	41	11,616		22
23 RECLASSIFY VACATION ACCRUAL	U	OPERATING ROOM	50	64,488		23
24 RECLASSIFY VACATION ACCRUAL	U	RECOVERY ROOM	51	9,117		24
25 RECLASSIFY VACATION ACCRUAL	U	DELIVERY ROOM & LABOR ROOM	52	16,898		25
26 RECLASSIFY VACATION ACCRUAL	U	ANESTHESIOLOGY	53	1,857		26
27 RECLASSIFY VACATION ACCRUAL	U	RADIOLOGY-DIAGNOSTIC	54	75,155		27
28 RECLASSIFY VACATION ACCRUAL	U	COMPUTED TOMOGRAPHY (CT) SCAN	57	10,152		28
29 RECLASSIFY VACATION ACCRUAL	U	MAGNETIC RESONANCE IMAGING (M	58	10,380		29
30 RECLASSIFY VACATION ACCRUAL	U	CARDIAC CATHETERIZATION	59	10,297		30
31 RECLASSIFY VACATION ACCRUAL	U	LABORATORY	60	48,770		31
32 RECLASSIFY VACATION ACCRUAL	U	BLOOD STORING, PROCESSING & T	63	3,022		32
33 RECLASSIFY VACATION ACCRUAL	U	RESPIRATORY THERAPY	65	22,748		33
34 RECLASSIFY VACATION ACCRUAL	U	PHYSICAL THERAPY	66	35,582		34
35 RECLASSIFY VACATION ACCRUAL	U	SPEECH PATHOLOGY	68	2,501		35
36 RECLASSIFY VACATION ACCRUAL	U	ELECTROCARDIOLOGY	69	11,258		36
37 RECLASSIFY VACATION ACCRUAL	U	ELECTROENCEPHALOGRAPHY	70	3,162		37
38 RECLASSIFY VACATION ACCRUAL	U	RENAL DIALYSIS	74	637		38
39 RECLASSIFY VACATION ACCRUAL	U	DIGESTIVE DISEASES	76	8,322		39
40 RECLASSIFY VACATION ACCRUAL	U	ENTEROSTOMAL	76.01	993		40
41 RECLASSIFY VACATION ACCRUAL	U	DIABETIC SERVICE	76.02	2,543		41
42 RECLASSIFY VACATION ACCRUAL	U	WOUND CARE	76.03	1,943		42
43 RECLASSIFY VACATION ACCRUAL	U	PSYCHOLOGY	76.04	4,486		43
44 RECLASSIFY VACATION ACCRUAL	U	NEURO DIAGNOSTIC CENTER	76.05	4,125		44
45 RECLASSIFY VACATION ACCRUAL	U	EATING DISORDERS	76.06	884		45
46 RECLASSIFY VACATION ACCRUAL	U	UROLOGICAL	76.07	296		46
47 RECLASSIFY VACATION ACCRUAL	U	SLEEP DISORDERS	76.08	12,261		47
48 RECLASSIFY VACATION ACCRUAL	U	PAIN PROGRAM	76.09	3,958		48
49 RECLASSIFY VACATION ACCRUAL	U	COMP EPILEPSY	76.10	5,690		49
50 RECLASSIFY VACATION ACCRUAL	U	CARDIAC REHABILITATION	76.97	2,997		50
51 RECLASSIFY VACATION ACCRUAL	U	VOICE CLINIC	90.01	108		51
52 RECLASSIFY VACATION ACCRUAL	U	SISTERS CLINIC	90.05	8,609		52
53 RECLASSIFY VACATION ACCRUAL	U	SPECIAL CLINICS	90.06	953		53
54 RECLASSIFY VACATION ACCRUAL	U	EMERGENCY	91	88,136		54
55 RECLASSIFY VACATION ACCRUAL	U	OBSERVATION BEDS-DISTINCT	92.01	3,951		55
56 RECLASSIFY VACATION ACCRUAL	U	AMBULANCE SERVICES	95	6,891		56
57 RECLASSIFY VACATION ACCRUAL	U	KIDNEY ACQUISITION	105	2,284		57
58 RECLASSIFY VACATION ACCRUAL	U	PANCREAS ACQUISITION	109	434		58
59 RECLASSIFY VACATION ACCRUAL	U	GIFT, FLOWER, COFFEE SHOP & C	190	612		59
60 RECLASSIFY VACATION ACCRUAL	U	BRADLEY HEALTH SVC	194.01	1,761		60
61 RECLASSIFY VACATION ACCRUAL	U	COMMUNITY CLINIC	194.02	948		61
62 RECLASSIFY VACATION ACCRUAL	U	FUND RAISING	194.03	3,568		62
63 RECLASSIFY VACATION ACCRUAL	U	OUTREACH PHYSICIAN	194.04	287,839		63
64 RECLASSIFY VACATION ACCRUAL	U	PHYSICIAN CONTRACT	194.05	205		64
65 RECLASSIFY VACATION ACCRUAL	U	OTHER NON-REIMB	194.07	12,328		65
66 RECLASSIFY VACATION ACCRUAL	U	INDUSTRIAL REHAB	194.08	7,962		66
67 RECLASSIFY VACATION ACCRUAL	U	REGIONAL ACTIVITIES	194.11	2,169		67
68 RECLASSIFY VACATION ACCRUAL	U	CFH - ASC LLC	194.13	15,110		68
500 TOTAL RECLASSIFICATIONS				1,621,631		500
CODE LETTER - U						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE					
		COST CENTER	LINE #	SALARY	OTHER		
	1	2	3	4	5		
1 RECLASSIFY SHORT-TERM DISABILITY	V	ADMITTING	5.02		4,308	1	
2 RECLASSIFY SHORT-TERM DISABILITY	V	OUTPATIENT OFFICES	5.03		402	2	
3 RECLASSIFY SHORT-TERM DISABILITY	V	BUSINESS OFFICE	5.04		515	3	
4 RECLASSIFY SHORT-TERM DISABILITY	V	OTHER ADMIN + GENERAL	5.05		8,609	4	
5 RECLASSIFY SHORT-TERM DISABILITY	V	MAINTENANCE & REPAIRS	6		4,444	5	
6 RECLASSIFY SHORT-TERM DISABILITY	V	OPERATION OF PLANT	7		416	6	
7 RECLASSIFY SHORT-TERM DISABILITY	V	HOUSEKEEPING	9		14,846	7	
8 RECLASSIFY SHORT-TERM DISABILITY	V	DIETARY	10		6,757	8	
9 RECLASSIFY SHORT-TERM DISABILITY	V	NURSING ADMINISTRATION	13		10,626	9	
10 RECLASSIFY SHORT-TERM DISABILITY	V	CENTRAL SERVICES & SUPPLY	14		2,372	10	
11 RECLASSIFY SHORT-TERM DISABILITY	V	PHARMACY	15		3,059	11	
12 RECLASSIFY SHORT-TERM DISABILITY	V	MEDICAL RECORDS & LIBRARY	16		5,102	12	
13 RECLASSIFY SHORT-TERM DISABILITY	V	ADULTS & PEDIATRICS	30		96,922	13	
14 RECLASSIFY SHORT-TERM DISABILITY	V	INTENSIVE CARE UNIT	31		18,384	14	
15 RECLASSIFY SHORT-TERM DISABILITY	V	PREMATURE INTENSIVE CARE	35		11,245	15	
16 RECLASSIFY SHORT-TERM DISABILITY	V	SUBPROVIDER - IRF	41		4,808	16	
17 RECLASSIFY SHORT-TERM DISABILITY	V	OPERATING ROOM	50		14,980	17	
18 RECLASSIFY SHORT-TERM DISABILITY	V	DELIVERY ROOM & LABOR ROOM	52		3,024	18	
19 RECLASSIFY SHORT-TERM DISABILITY	V	RADIOLOGY-DIAGNOSTIC	54		19,476	19	
20 RECLASSIFY SHORT-TERM DISABILITY	V	COMPUTED TOMOGRAPHY (CT) SCAN	57		2,511	20	
21 RECLASSIFY SHORT-TERM DISABILITY	V	CARDIAC CATHETERIZATION	59		7,288	21	
22 RECLASSIFY SHORT-TERM DISABILITY	V	LABORATORY	60		14,986	22	
23 RECLASSIFY SHORT-TERM DISABILITY	V	RESPIRATORY THERAPY	65		7,432	23	
24 RECLASSIFY SHORT-TERM DISABILITY	V	PHYSICAL THERAPY	66		859	24	
25 RECLASSIFY SHORT-TERM DISABILITY	V	SPEECH PATHOLOGY	68		3,199	25	
26 RECLASSIFY SHORT-TERM DISABILITY	V	ELECTROCARDIOLOGY	69		447	26	
27 RECLASSIFY SHORT-TERM DISABILITY	V	DIABETIC SERVICE	76.02		1,238	27	
28 RECLASSIFY SHORT-TERM DISABILITY	V	SLEEP DISORDERS	76.08		2,016	28	
29 RECLASSIFY SHORT-TERM DISABILITY	V	EMERGENCY	91		5,473	29	
30 RECLASSIFY SHORT-TERM DISABILITY	V	OBSERVATION BEDS-DISTINCT	92.01		434	30	
31 RECLASSIFY SHORT-TERM DISABILITY	V	AMBULANCE SERVICES	95		941	31	
32 RECLASSIFY SHORT-TERM DISABILITY	V	BRADLEY HEALTH SVC	194.01		827	32	
33 RECLASSIFY SHORT-TERM DISABILITY	V	OUTREACH PHYSICIAN	194.04		2,697	33	
500 TOTAL RECLASSIFICATIONS						280,643	500
CODE LETTER - V							
GRAND TOTAL (INCREASES)					5,823,836	108,596,443	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 ER TEACHING SALARIES	A	EMERGENCY	91	1,755,948		1
500 TOTAL RECLASSIFICATIONS				1,755,948		500
1 CONVENT DISCRETE COSTING	B	HOUSEKEEPING	9	49,629	63,479	1
2 CONVENT DISCRETE COSTING	B	MAINTENANCE & REPAIRS	6	10,320	43,137	2
3 CONVENT DISCRETE COSTING	B	MAINTENANCE & REPAIRS	6		50,990	3
4 CONVENT DISCRETE COSTING	B	CAP REL COSTS-BLDG & FIXT	1		14,768	9 4
500 TOTAL RECLASSIFICATIONS				59,949	172,374	500
1 PATHOLOGIST XVIII CLINICA	C	LABORATORY	60		179,733	1
2 PATHOLOGIST TEACHING COST	C					2
500 TOTAL RECLASSIFICATIONS					179,733	500
1 PARAMED EDUC - LAB TECH	D	LABORATORY	60	65,880	71,362	1
500 TOTAL RECLASSIFICATIONS				65,880	71,362	500
1 PARAMED EDUC - X-RAY TECH	E	RADIOLOGY-DIAGNOSTIC	54	120,967	94,736	1
500 TOTAL RECLASSIFICATIONS				120,967	94,736	500
1 PARAMED EDUC - DIETICIANS	F	DIETARY	10	73,256	137,586	1
500 TOTAL RECLASSIFICATIONS				73,256	137,586	500
1 COST OF MEDICAL SUPP SOLD	G	CENTRAL SERVICES & SUPPLY	14		5,576,412	1
2 COST OF MEDICAL SUPP SOLD	G	ADULTS & PEDIATRICS	30		278	2
3 COST OF MEDICAL SUPP SOLD	G	INTENSIVE CARE UNIT	31		23	3
4 COST OF MEDICAL SUPP SOLD	G	OPERATING ROOM	50		11,420,359	4
5 COST OF MEDICAL SUPP SOLD	G	RADIOLOGY-DIAGNOSTIC	54		2,795,476	5
6 COST OF MEDICAL SUPP SOLD	G	COMPUTED TOMOGRAPHY (CT) SCAN	57		291,592	6
7 COST OF MEDICAL SUPP SOLD	G	MAGNETIC RESONANCE IMAGING (M	58		66,960	7
8 COST OF MEDICAL SUPP SOLD	G	CARDIAC CATHETERIZATION	59		2,108,670	8
9 COST OF MEDICAL SUPP SOLD	G	LABORATORY	60		8,341	9
10 COST OF MEDICAL SUPP SOLD	G	RESPIRATORY THERAPY	65		726,683	10
11		PHYSICAL THERAPY	66		1,217	11
12		SPEECH PATHOLOGY	68		450	12
13		DIGESTIVE DISEASES	76		638,280	13
14		EMERGENCY	91		100	14
15 COST OF MEDICAL SUPP SOLD	G	OBSERVATION BEDS-DISTINCT	92.01		2,511	15
500 TOTAL RECLASSIFICATIONS					23,637,352	500
1 COST OF IMPLANT DEVICE SOLD	H	CENTRAL SERVICES & SUPPLY	14		83,297	1
2 COST OF IMPLANT DEVICE SOLD	H	OPERATING ROOM	50		20,841,277	2
3 COST OF IMPLANT DEVICE SOLD	H	RADIOLOGY-DIAGNOSTIC	54		941,302	3
4 COST OF IMPLANT DEVICE SOLD	H	CARDIAC CATHETERIZATION	59		8,081,709	4
5 COST OF IMPLANT DEVICE SOLD	H	DIGESTIVE DISEASES	76		140,167	5
6 COST OF IMPLANT DEVICE SOLD	H	PAIN PROGRAM	76.09		4,572	6
7 COST OF IMPLANT DEVICE SOLD	H					7
8 COST OF IMPLANT DEVICE SOLD	H					8
9 COST OF IMPLANT DEVICE SOLD	H					9
10 COST OF IMPLANT DEVICE SOLD	H					10
500 TOTAL RECLASSIFICATIONS					30,092,324	500
1 COST OF DRUGS CHARGED PTS	I	PHARMACY	15		21,362,831	1
500 TOTAL RECLASSIFICATIONS					21,362,831	500
1 CON - REALLOCATE RENTAL	J	OTHER ADMIN + GENERAL	5.05		549	1
2 CON - REALLOCATE RENTAL	J	PARAMED ED PRGM- LAB TECH	23		711	2
500 TOTAL RECLASSIFICATIONS					1,260	500
CODE LETTER - J						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7	
			LINE #	SALARY	OTHER	REF.	
	1	6	7	8	9	10	
1 TEACHING SALARIES	K	I&R SRVCS-OTHER PRGM COSTS A	22	1,153,776			1
500 TOTAL RECLASSIFICATIONS				1,153,776			500
CODE LETTER - K							
1 CON - TRAVEL AND MEETINGS	L	NURSING SCHOOL	20		26,809		1
2 PARA-MED TRAVEL AND MEETINGS	L	PARAMED ED PRGM- LAB TECH	23		2,373		2
3 PARA-MED TRAVEL AND MEETINGS	L	PARAMEDICAL EDUC DIETARY	23.02		2,087		3
500 TOTAL RECLASSIFICATIONS					31,269		500
CODE LETTER - L							
1 CAFETERIA & CATERING EXPENSE	M	DIETARY	10	426,158	1,407,527		1
500 TOTAL RECLASSIFICATIONS				426,158	1,407,527		500
CODE LETTER - M							
1 CENTER FOR HEALTH	N	CFH - ASC LLC	194.13		1,810,320		9 1
2 CENTER FOR HEALTH	N	OTHER ADMIN + GENERAL	5.05		747,166		9 2
3 CENTER FOR HEALTH	N	MAGNETIC RESONANCE IMAGING (M	58		44,017		9 3
4 CENTER FOR HEALTH	N	OUTREACH PHYSICIAN	194.04		6,681		9 4
5 CENTER FOR HEALTH	N	CFH - ASC LLC	194.13		699,107		5
6 CENTER FOR HEALTH	N	OTHER ADMIN + GENERAL	5.05		127,743		6
500 TOTAL RECLASSIFICATIONS					3,435,034		500
CODE LETTER - N							
1 CAPITAL RELATED INSURANCE	O	OTHER CAPITAL RELATED COSTS	3		530,914		9 1
2 CAPITAL RELATED INSURANCE -EQUIP	O						9 2
500 TOTAL RECLASSIFICATIONS					530,914		500
CODE LETTER - O							
1 POST TRANSPLANT EXPENSE	P	KIDNEY ACQUISITION	105	228,939	12,160		1
2 POST TRANSPLANT EXPENSE	P	PANCREAS ACQUISITION	109	57,948	1,040		2
500 TOTAL RECLASSIFICATIONS				286,887	13,200		500
CODE LETTER - P							
1 HOME OFFICE DEPR EXPENSE	Q	CAP REL COSTS-BLDG & FIXT	1		9,424,998		9 1
2 HOME OFFICE IMPAIRMENT LOSS	Q	CAP REL COSTS-MVBLE EQUIP	2		9,631,039		9 2
500 TOTAL RECLASSIFICATIONS					19,056,037		500
CODE LETTER - Q							
1 CON EDUCATIONAL ACTIVITIES	R	NURSING SCHOOL	20	259,384	30,691		1
500 TOTAL RECLASSIFICATIONS				259,384	30,691		500
CODE LETTER - R							
1 OSFMG FRINGE BENEFITS	S	ADULTS & PEDIATRICS	30		101,580		1
2 OSFMG FRINGE BENEFITS	S	OUTREACH PHYSICIAN	194.04		7,848,783		2
500 TOTAL RECLASSIFICATIONS					7,950,363		500
CODE LETTER - S							
1 TRANSPLANT CENTER CAP REL COST RECL	T	KIDNEY ACQUISITION	105		111,207		9 1
2 TRANSPLANT CENTER CAP REL COST RECL	T						9 2
500 TOTAL RECLASSIFICATIONS					111,207		500
CODE LETTER - T							

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF.
		COST CENTER	LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 RECLASSIFY VACATION ACCRUAL	U	EMPLOYEE BENEFITS	4	1,621,631		1
2 RECLASSIFY VACATION ACCRUAL	U					2
3 RECLASSIFY VACATION ACCRUAL	U					3
4 RECLASSIFY VACATION ACCRUAL	U					4
5 RECLASSIFY VACATION ACCRUAL	U					5
6 RECLASSIFY VACATION ACCRUAL	U					6
7 RECLASSIFY VACATION ACCRUAL	U					7
8 RECLASSIFY VACATION ACCRUAL	U					8
9 RECLASSIFY VACATION ACCRUAL	U					9
10 RECLASSIFY VACATION ACCRUAL	U					10
11 RECLASSIFY VACATION ACCRUAL	U					11
12 RECLASSIFY VACATION ACCRUAL	U					12
13 RECLASSIFY VACATION ACCRUAL	U					13
14 RECLASSIFY VACATION ACCRUAL	U					14
15 RECLASSIFY VACATION ACCRUAL	U					15
16 RECLASSIFY VACATION ACCRUAL	U					16
17 RECLASSIFY VACATION ACCRUAL	U					17
18 RECLASSIFY VACATION ACCRUAL	U					18
19 RECLASSIFY VACATION ACCRUAL	U					19
20 RECLASSIFY VACATION ACCRUAL	U					20
21 RECLASSIFY VACATION ACCRUAL	U					21
22 RECLASSIFY VACATION ACCRUAL	U					22
23 RECLASSIFY VACATION ACCRUAL	U					23
24 RECLASSIFY VACATION ACCRUAL	U					24
25 RECLASSIFY VACATION ACCRUAL	U					25
26 RECLASSIFY VACATION ACCRUAL	U					26
27 RECLASSIFY VACATION ACCRUAL	U					27
28 RECLASSIFY VACATION ACCRUAL	U					28
29 RECLASSIFY VACATION ACCRUAL	U					29
30 RECLASSIFY VACATION ACCRUAL	U					30
31 RECLASSIFY VACATION ACCRUAL	U					31
32 RECLASSIFY VACATION ACCRUAL	U					32
33 RECLASSIFY VACATION ACCRUAL	U					33
34 RECLASSIFY VACATION ACCRUAL	U					34
35 RECLASSIFY VACATION ACCRUAL	U					35
36 RECLASSIFY VACATION ACCRUAL	U					36
37 RECLASSIFY VACATION ACCRUAL	U					37
38 RECLASSIFY VACATION ACCRUAL	U					38
39 RECLASSIFY VACATION ACCRUAL	U					39
40 RECLASSIFY VACATION ACCRUAL	U					40
41 RECLASSIFY VACATION ACCRUAL	U					41
42 RECLASSIFY VACATION ACCRUAL	U					42
43 RECLASSIFY VACATION ACCRUAL	U					43
44 RECLASSIFY VACATION ACCRUAL	U					44
45 RECLASSIFY VACATION ACCRUAL	U					45
46 RECLASSIFY VACATION ACCRUAL	U					46
47 RECLASSIFY VACATION ACCRUAL	U					47
48 RECLASSIFY VACATION ACCRUAL	U					48
49 RECLASSIFY VACATION ACCRUAL	U					49
50 RECLASSIFY VACATION ACCRUAL	U					50
51 RECLASSIFY VACATION ACCRUAL	U					51
52 RECLASSIFY VACATION ACCRUAL	U					52
53 RECLASSIFY VACATION ACCRUAL	U					53
54 RECLASSIFY VACATION ACCRUAL	U					54
55 RECLASSIFY VACATION ACCRUAL	U					55
56 RECLASSIFY VACATION ACCRUAL	U					56
57 RECLASSIFY VACATION ACCRUAL	U					57
58 RECLASSIFY VACATION ACCRUAL	U					58
59 RECLASSIFY VACATION ACCRUAL	U					59
60 RECLASSIFY VACATION ACCRUAL	U					60
61 RECLASSIFY VACATION ACCRUAL	U					61
62 RECLASSIFY VACATION ACCRUAL	U					62
63 RECLASSIFY VACATION ACCRUAL	U					63
64 RECLASSIFY VACATION ACCRUAL	U					64
65 RECLASSIFY VACATION ACCRUAL	U					65
66 RECLASSIFY VACATION ACCRUAL	U					66
67 RECLASSIFY VACATION ACCRUAL	U					67
68 RECLASSIFY VACATION ACCRUAL	U					68
500 TOTAL RECLASSIFICATIONS				1,621,631		500
CODE LETTER - U						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF.
		COST CENTER	LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 RECLASSIFY SHORT-TERM DISABILITY	V	ADMITTING	5.02	4,308		1
2 RECLASSIFY SHORT-TERM DISABILITY	V	OUTPATIENT OFFICES	5.03	402		2
3 RECLASSIFY SHORT-TERM DISABILITY	V	BUSINESS OFFICE	5.04	515		3
4 RECLASSIFY SHORT-TERM DISABILITY	V	OTHER ADMIN + GENERAL	5.05	8,609		4
5 RECLASSIFY SHORT-TERM DISABILITY	V	MAINTENANCE & REPAIRS	6	4,444		5
6 RECLASSIFY SHORT-TERM DISABILITY	V	OPERATION OF PLANT	7	416		6
7 RECLASSIFY SHORT-TERM DISABILITY	V	HOUSEKEEPING	9	14,846		7
8 RECLASSIFY SHORT-TERM DISABILITY	V	DIETARY	10	6,757		8
9 RECLASSIFY SHORT-TERM DISABILITY	V	NURSING ADMINISTRATION	13	10,626		9
10 RECLASSIFY SHORT-TERM DISABILITY	V	CENTRAL SERVICES & SUPPLY	14	2,372		10
11 RECLASSIFY SHORT-TERM DISABILITY	V	PHARMACY	15	3,059		11
12 RECLASSIFY SHORT-TERM DISABILITY	V	MEDICAL RECORDS & LIBRARY	16	5,102		12
13 RECLASSIFY SHORT-TERM DISABILITY	V	ADULTS & PEDIATRICS	30	96,922		13
14 RECLASSIFY SHORT-TERM DISABILITY	V	INTENSIVE CARE UNIT	31	18,384		14
15 RECLASSIFY SHORT-TERM DISABILITY	V	PREMATURE INTENSIVE CARE	35	11,245		15
16 RECLASSIFY SHORT-TERM DISABILITY	V	SUBPROVIDER - IRF	41	4,808		16
17 RECLASSIFY SHORT-TERM DISABILITY	V	OPERATING ROOM	50	14,980		17
18 RECLASSIFY SHORT-TERM DISABILITY	V	DELIVERY ROOM & LABOR ROOM	52	3,024		18
19 RECLASSIFY SHORT-TERM DISABILITY	V	RADIOLOGY-DIAGNOSTIC	54	19,476		19
20 RECLASSIFY SHORT-TERM DISABILITY	V	COMPUTED TOMOGRAPHY (CT) SCAN	57	2,511		20
21 RECLASSIFY SHORT-TERM DISABILITY	V	CARDIAC CATHETERIZATION	59	7,288		21
22 RECLASSIFY SHORT-TERM DISABILITY	V	LABORATORY	60	14,986		22
23 RECLASSIFY SHORT-TERM DISABILITY	V	RESPIRATORY THERAPY	65	7,432		23
24 RECLASSIFY SHORT-TERM DISABILITY	V	PHYSICAL THERAPY	66	859		24
25 RECLASSIFY SHORT-TERM DISABILITY	V	SPEECH PATHOLOGY	68	3,199		25
26 RECLASSIFY SHORT-TERM DISABILITY	V	ELECTROCARDIOLOGY	69	447		26
27 RECLASSIFY SHORT-TERM DISABILITY	V	DIABETIC SERVICE	76.02	1,238		27
28 RECLASSIFY SHORT-TERM DISABILITY	V	SLEEP DISORDERS	76.08	2,016		28
29 RECLASSIFY SHORT-TERM DISABILITY	V	EMERGENCY	91	5,473		29
30 RECLASSIFY SHORT-TERM DISABILITY	V	OBSERVATION BEDS-DISTINCT	92.01	434		30
31 RECLASSIFY SHORT-TERM DISABILITY	V	AMBULANCE SERVICES	95	941		31
32 RECLASSIFY SHORT-TERM DISABILITY	V	BRADLEY HEALTH SVC	194.01	827		32
33 RECLASSIFY SHORT-TERM DISABILITY	V	OUTREACH PHYSICIAN	194.04	2,697		33
500 TOTAL RECLASSIFICATIONS				280,643		500
CODE LETTER - V						
GRAND TOTAL (DECREASES)				6,104,479	108,315,800	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN 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	8,659,630					8,659,630	1
2 LAND IMPROVEMENTS	10,983,986	46,104		46,104		11,030,090	2
3 BUILDINGS AND FIXTURES	588,313,603	14,000,826		14,000,826		602,314,429	3
4 BUILDING IMPROVEMENTS	5,361,657					5,361,657	4
5 FIXED EQUIPMENT	19,619,636	10,026		10,026	6,936,703	12,692,959	5
6 MOVABLE EQUIPMENT	308,362,694	16,889,116		16,889,116		325,251,810	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	941,301,206	30,946,072		30,946,072	6,936,703	965,310,575	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	941,301,206	30,946,072		30,946,072	6,936,703	965,310,575	10

PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 AND 2

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	26,055,338						26,055,338 1
2 CAP REL COSTS-MVBLE EQUIP	26,113,000						26,113,000 2
3 TOTAL (SUM OF LINES 1-2)	52,168,338						52,168,338 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL
								(SUM OF COLS. 5-7) 8
1 CAP REL COSTS-BLDG & FIXT	627,365,806		627,365,806	0.649911				1
2 CAP REL COSTS-MVBLE EQUIP	337,944,770		337,944,770	0.350089				2
3 TOTAL (SUM OF LINES 1-2)	965,310,576		965,310,576	1.000000				3

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	18,378,500						18,378,500 1
2 CAP REL COSTS-MVBLE EQUIP	17,421,458						17,421,458 2
3 TOTAL	35,799,958						35,799,958 3

ADJUSTMENTS TO EXPENSES

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WORKSHEET A-8	
			COST CENTER 3	LINE NO. 4	WKST A-7 REF 5	
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1	
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2	
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3	
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4	
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5	
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6	
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7	
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-25,379	CAP REL COSTS-MVBLE EQUIP	2	9	8
9 PARKING LOT (CHAPTER 21)	A	-85,196	PARKING	18		9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-15,586,190				10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)						11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-17,739,864				12
13 LAUNDRY AND LINEN SERVICE						13
14 CAFETERIA - EMPLOYEES AND GUESTS						14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS						15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS						16
17 SALE OF DRUGS TO OTHER THAN PATIENTS						17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-258,434	MEDICAL RECORDS & LIBRARY	16		18
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)	B	-3,986,758	NURSING SCHOOL	20		19
20 VENDING MACHINES	B	-132,492	DIETARY	10		20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)						21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT						22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3					23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3					24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114		25
26 DEPRECIATION--BUILDINGS & FIXTURES	A	-287,017	CAP REL COSTS-BLDG & FIXT	1	9	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2		27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19		28
29 PHYSICIANS' ASSISTANT						29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3					30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3					31
32 CAH HIT ADJ FOR DEPRECIATION AND						32
33 WORKMAN'S COMP CHARGES W/O	A	-479,971	EMPLOYEE BENEFITS	4		33
33.08 COMM CLINIC VENDOR COST	A	2,008	COMMUNITY CLINIC	194.02		33.08
33.09 COMM CLINIC DEPRECIATION COST	A	281	COMMUNITY CLINIC	194.02		33.09
34 COMM CLINIC UNITED WAY	B	-149,105	COMMUNITY CLINIC	194.02		34
34.03 VENDING MACHINE COMMISSIONS	B	-12,827	OTHER ADMIN + GENERAL	5.05		34.03
34.05 UNEMPLOYMENT COMPENSATION	A	314,502	OTHER ADMIN + GENERAL	5.05		34.05
34.06 UNEMPLOYMENT COMP INTEREST INCOME	B	-125,122	OTHER ADMIN + GENERAL	5.05		34.06
35 TUITION LAB TECH SCHOOL	B	-16,945	LABORATORY	60		35
35.01 TUITION X-RAY TECH SCHOOL	B	-51,508	RADIOLOGY-DIAGNOSTIC	54		35.01
35.02 TUITION & FEE DIETICIAN SCHOOL	B	-4,720	DIETARY	10		35.02
35.03 TUITION & FEES EDUC ACTIVITIES	B	-287,759	NURSING ADMINISTRATION	13		35.03
35.05 LAMAZ CLASS FEES	B	-28,780	OTHER NON-REIMB	194.07		35.05
36 PATIENT TV ELECTRICITY COST	A	-17,822	OPERATION OF PLANT	7		36
37 PATIENT TELEPHONE - OPERATORS	A	-13,743	OTHER ADMIN + GENERAL	5.05		37
37.01 PHOTO COMMISSIONS	B	-7,269	ADULTS & PEDIATRICS	30		37.01
38 PRIVATE-DUTY PERSONNEL (SITTERS)	A	-321,159	ADULTS & PEDIATRICS	30		38
38.01 PRIVATE DUTY PERSONNEL (SITTERS)	A	-2,646	INTENSIVE CARE UNIT	31		38.01
38.02 PRIVATE DUTY PERSONNEL (SITTERS)	A	-101,463	SUBPROVIDER - IRF	41		38.02
39 CATERING TAXABLE REVENUE	B	-47,435	DIETARY	10		39
39.01 CATERING NON-TAXABLE REVENUES	B	-37,017	DIETARY	10		39.01
39.02 BRANDING REVENUE	B	-495,447	DIETARY	10		39.02
40 LOBBYING COSTS - ASSOC DUES	A	-49,482	OTHER ADMIN + GENERAL	5.05		40
40.01 MISC CREDITS	B	-19,461	EMPLOYEE BENEFITS	4		40.01
40.02 MISC CREDITS	B	-24,740	GIFT, FLOWER, COFFEE SHOP & CAN	190		40.02
40.03 MISC CREDITS	B	-228,346	OTHER ADMIN + GENERAL	5.05		40.03
40.04 MISC CREDITS	B	-28,118	MAINTENANCE & REPAIRS	6		40.04
40.05 MISC CREDITS	B	4,644	ADMITTING	5.02		40.05
40.06 MISC CREDITS	B	-4,653	BUSINESS OFFICE	5.04		40.06
40.07 MISC CREDITS	B	-26,809	OTHER ADMIN + GENERAL	5.05		40.07

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
40.08 MISC CREDITS	B	-18,777	NURSING ADMINISTRATION	13	40.08
40.09 MISC CREDITS	B	-414,759	BRADLEY HEALTH SVC	194.01	40.09
40.10 MISC CREDITS	B	-119,423	OPERATING ROOM	50	40.10
40.11 MISC CREDITS	B	-151,365	RADIOLOGY-DIAGNOSTIC	54	40.11
40.14 MISC CREDITS	B	-26,324	DIETARY	10	40.14
40.15 MISC CREDITS	B	-1,411	COMPUTED TOMOGRAPHY (CT) SCAN	57	40.15
40.16 MISC CREDITS	B	-18,162	PHYSICAL THERAPY	66	40.16
40.17 MISC CREDITS	B	-111,203	DIABETIC SERVICE	76.02	40.17
40.20 MISC CREDITS	B	-17,600	NEURO DIAGNOSTIC CENTER	76.05	40.20
40.21 MISC CREDITS	B	-55,314	SISTERS CLINIC	90.05	40.21
40.23 MISC CREDITS	B	-255,204	EMERGENCY	91	40.23
40.24 MISC CREDITS	B	-298,118	OTHER NON-REIMB	194.07	40.24
40.27 MISC CREDITS	B	-979,759	OUTREACH PHYSICIAN	194.04	40.27
40.28 MISC CREDITS	B	-569,039	OTHER NON-REIMB	194.07	40.28
40.29 MISC CREDITS	B	-1,314	CARDIAC CATHETERIZATION	59	40.29
40.30 MISC CREDITS	B	-2,045	PSYCHOLOGY	76.04	40.30
40.31 MISC CREDITS	B	-270,021	CFH - ASC LLC	194.13	40.31
40.35 MISC CREDITS	B	-1,445	COMP EPILEPSY	76.10	40.35
40.36 MISC CREDITS	B	-68,292	I&R SRVCES-OTHER PRGM COSTS APP	22	40.36
40.37 MISC CREDITS	B	-498,288	INDUSTRIAL REHAB	194.08	40.37
40.38 MISC CREDITS	B	-9,326	PHARMACY	15	40.38
41 A&G NON-ALLOWABLE MARKETING	A	-2,620,148	OTHER ADMIN + GENERAL	5.05	41
41.01 A&G OTHER NON-ALLOWABLE COST	A	-58,280	OTHER ADMIN + GENERAL	5.05	41.01
41.02 NON-ALLOWABLE MARKETING	A	-11,144	NURSING ADMINISTRATION	13	41.02
41.03 NON-ALLOWABLE MARKETING	A	-11,125	NURSING SCHOOL	20	41.03
41.04 NON-ALLOWABLE MARKETING	A	-4,122	ADULTS & PEDIATRICS	30	41.04
41.05 NON-ALLOWABLE MARKETING	A	-1,806	DELIVERY ROOM & LABOR ROOM	52	41.05
41.06 NON-ALLOWABLE MARKETING	A	-3,740	LABORATORY	60	41.06
41.07 NON-ALLOWABLE MARKETING	A	-3,139	PHYSICAL THERAPY	66	41.07
41.08 NON-ALLOWABLE MARKETING	A	-7,392	EMERGENCY	91	41.08
41.09 NON-ALLOWABLE MARKETING	A	-6,425	AMBULANCE SERVICES	95	41.09
41.10 NON-ALLOWABLE MARKETING	A	-4,726	CFH - ASC LLC	194.13	41.10
41.11 NON-ALLOWABLE MARKETING	A	-2,488	GIFT, FLOWER, COFFEE SHOP & CAN	190	41.11
41.12 NON-ALLOWABLE MARKETING	A	-66,203	FUND RAISING	194.03	41.12
41.13 NON-ALLOWABLE MARKETING	A	-3,459	OUTREACH PHYSICIAN	194.04	41.13
41.14 NON-ALLOWABLE MARKETING	A	-5,653	OTHER NON-REIMB	194.07	41.14
42 CAT EKG STORAGE FEE	B	-50,702	ELECTROCARDIOLOGY	69	42
42.01 MOONLIGHTING ER RESIDENTS COST	A	-2,075	EMERGENCY	91	42.01
42.02 CLINIC PSYCH PART "B" OFFSET	A	-361,576	PSYCHOLOGY	76.04	42.02
42.03 MOONLIGHTING RESIDENTS	A	-49,506	MAGNETIC RESONANCE IMAGING (MRI)	58	42.03
42.04 MOONLIGHTING RESIDENTS	A	-18,475	AMBULANCE SERVICES	95	42.04
42.05 MOONLIGHTING RESIDENTS	A	-1,214	NEURO DIAGNOSTIC CENTER	76.05	42.05
42.06 TO CORRECT ERROR IN MRI SALARY	A	-405,129	MAGNETIC RESONANCE IMAGING (MRI)	58	42.06
43 SISTER'S MAINTENANCE H&W REFUND	B	-34,357	EMPLOYEE BENEFITS	4	43
43.01 DONOR NEPHRECTOMY	A	-15,138	KIDNEY ACQUISITION	105	43.01
43.03 EMPLOYEE EYE WEAR FEES	B	-51,322	SPECIAL CLINICS	90.06	43.03
43.04 INTEREST INCOME (W/C EXPENSE)	B	-144,318	OTHER ADMIN + GENERAL	5.05	43.04
43.06 MEDICAID FEES	A	-21,304,292	OTHER ADMIN + GENERAL	5.05	43.06
44 PY AUDIT - CAPITALIZED INTEREST	A	-3,655	CAP REL COSTS-BLDG & FIXT	1	9 44
45 PARKING REV/CAP INTEREST	A	-231,829	CAP REL COSTS-BLDG & FIXT	1	9 45
46 GAIN ON ASSET DISPOSAL	B	-20,300	OTHER ADMIN + GENERAL	5.05	46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-69,753,169			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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 (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1	4	EMPLOYEE BENEFITS	562,706	735,627	-172,921	1
2	5.01	PURCH, RCVING, STORING	957,615	1,251,890	-294,275	2
3	5.05	OTHER ADMIN + GENERAL	51,431,515	67,342,250	-15,910,735	3
4	6	MAINTENANCE & REPAIRS	3,951,873	4,687,027	-735,154	4
4.01	13	NURSING ADMINISTRATION	119,925	156,778	-36,853	4.01
4.02	58	MAGNETIC RESONANCE IMAGING (MRI)	1,054,370	1,642,600	-588,230	4.02
4.03	59	CARDIAC CATHETERIZATION	266,346	298,066	-31,720	4.03
4.04	194.04	OUTREACH PHYSICIAN	26,658,339	26,628,315	30,024	4.04
5		TOTALS (SUM OF LINES 1-4)	85,002,689	102,742,553	-17,739,864	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.				

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 2	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				6
		PERCENT OF OWNERSHIP 3	NAME 4	PERCENT OF OWNERSHIP 5	TYPE OF BUSINESS 6	
6	B OSF HEALTHCARE		OSF HEALTHCARE		CATHOLIC SYSTEM	6
7						7
8						8
9						9
10						10

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT		
1	2	3	4	5	6	7	8	9		
1	30 ADULTS & PEDIATRICS	ADULTS AND PEDI	1,031,988	927,206	104,782	171,400	624	51,420	2,571	1
2	31 INTENSIVE CARE UNIT	INTENSIVE CARE	454,056	2,500	451,556	171,400	2,523	207,905	10,395	2
3	35 PREMATURE INTENSIVE CARE	PREMATURE INTEN	179,257	142,857	36,400	171,400	173	14,256	713	3
4	50 OPERATING ROOM	OPERATING ROOM	914,564	719,243	195,321	204,100	1,160	113,825	5,691	4
5	52 DELIVERY ROOM & LABOR RO	DEL/LABOR RM	9,951	9,951		194,500				5
6	54 RADIOLOGY-DIAGNOSTIC	RADIOLOGY	2,222,022	1,942,452	279,570	231,100	1,734	192,657	9,633	6
7	58 MAGNETIC RESONANCE IMAGI	MRI	6,786	6,786		231,100				7
8	60 LABORATORY	LAB	132,493		132,493	219,500	1,256	132,544	6,627	8
9	66 PHYSICAL THERAPY	PHYSIATRIST	860,338	717,525	142,813	171,400	1,040	85,700	4,285	9
10	69 ELECTROCARDIOLOGY	EKG	150,000	50,000	100,000	231,100	832	92,440	4,622	10
11	74 RENAL DIALYSIS	RENAL	7,800		7,800	171,400	39	3,214	161	11
12	76 DIGESTIVE DISEASES	DIGESTIVE DISEA	60,165	54,000	6,165	171,400	208	17,140	857	12
13	76.05 NEURO DIAGNOSTIC CENTER	NEURO DIAG	568,607	523,752	44,855	204,100	364	35,718	1,786	13
14	76.08 SLEEP DISORDERS	SLEEP DISORDERS	990,579	789,506	201,073	171,400	624	51,420	2,571	14
15	76.09 PAIN PROGRAM	PAIN PROGRAM	466,843	446,680	20,163	171,400	156	12,855	643	15
16	76.10 COMP EPILEPSY	COMP EPILEPSY	879,907	773,321	106,586	171,400	520	42,850	2,143	16
17	76.97 CARDIAC REHABILITATION	CARDIAC REHAB	187,775	187,775		171,400				17
18	90.01 VOICE CLINIC	VOICE CLINIC	39,168	39,168		171,400				18
19	90.05 SISTERS CLINIC	SISTERS CLINIC	59,851	11,884	47,967	171,400	728	59,990	3,000	19
20	90.06 SPECIAL CLINICS	SPECIAL CLINICS	287,798	287,798		171,400				20
21	91 EMERGENCY	EMERGENCY	7,594,024	6,392,954	1,201,070	171,400	5,892	485,523	24,276	21
22	95 AMBULANCE SERVICES	AMBULANCE	45,156		45,156	171,400	312	25,710	1,286	22
23	105 KIDNEY ACQUISITION	KIDNEY ACQUI	72,000		72,000	204,100	374	36,699	1,835	23
24	109 PANCREAS ACQUISITION	PANCREAS	8,000		8,000	204,100	42	4,121	206	24
200	TOTAL		17,229,128	14,025,358	3,203,770		18,601	1,665,987	83,301	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11	12	13	14	15	16	17	18	
1	30 ADULTS & PEDIATRICS	ADULTS AND PEDI				51,420	53,362	980,568	1
2	31 INTENSIVE CARE UNIT	INTENSIVE CARE				207,905	243,651	246,151	2
3	35 PREMATURE INTENSIVE CARE	PREMATURE INTEN				14,256	22,144	165,001	3
4	50 OPERATING ROOM	OPERATING ROOM				113,825	81,496	800,739	4
5	52 DELIVERY ROOM & LABOR RO	DEL/LABOR RM						9,951	5
6	54 RADIOLOGY-DIAGNOSTIC	RADIOLOGY				192,657	86,913	2,029,365	6
7	58 MAGNETIC RESONANCE IMAGI	MRI						6,786	7
8	60 LABORATORY	LAB				132,544			8
9	66 PHYSICAL THERAPY	PHYSIATRIST				85,700	57,113	774,638	9
10	69 ELECTROCARDIOLOGY	EKG				92,440	7,560	57,560	10
11	74 RENAL DIALYSIS	RENAL				3,214	4,586	4,586	11
12	76 DIGESTIVE DISEASES	DIGESTIVE DISEA				17,140		54,000	12
13	76.05 NEURO DIAGNOSTIC CENTER	NEURO DIAG				35,718	9,137	532,889	13
14	76.08 SLEEP DISORDERS	SLEEP DISORDERS				51,420	149,653	939,159	14
15	76.09 PAIN PROGRAM	PAIN PROGRAM				12,855	7,308	453,988	15
16	76.10 COMP EPILEPSY	COMP EPILEPSY				42,850	63,736	837,057	16
17	76.97 CARDIAC REHABILITATION	CARDIAC REHAB						187,775	17
18	90.01 VOICE CLINIC	VOICE CLINIC						39,168	18
19	90.05 SISTERS CLINIC	SISTERS CLINIC				59,990		11,884	19
20	90.06 SPECIAL CLINICS	SPECIAL CLINICS						287,798	20
21	91 EMERGENCY	EMERGENCY				485,523	715,547	7,108,501	21
22	95 AMBULANCE SERVICES	AMBULANCE				25,710	19,446	19,446	22
23	105 KIDNEY ACQUISITION	KIDNEY ACQUI				36,699	35,301	35,301	23
24	109 PANCREAS ACQUISITION	PANCREAS				4,121	3,879	3,879	24
200	TOTAL					1,665,987	1,560,832	15,586,190	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL. 7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	PURCH, RCV STORING 5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	18,378,500	18,378,500				1
2 CAP REL COSTS-MVBLE EQUIP	17,421,458		17,421,458			2
4 EMPLOYEE BENEFITS	90,511,739	222,224	8,593	90,742,556		4
5.01 PURCH, RCVING, STORING	2,063,569	56,136	21,891	240,958	2,382,554	5.01
5.02 ADMITTING	2,285,499	35,141	125	453,903	6,732	5.02
5.03 OUTPATIENT OFFICES	1,146,990	67,224	43,560	227,566	3,497	5.03
5.04 BUSINESS OFFICE	5,681,523	9,553	2,675	546,182	4,556	5.04
5.05 OTHER ADMIN + GENERAL	98,709,485	1,339,445	8,054,487	5,165,920	113,477	5.05
6 MAINTENANCE & REPAIRS	22,316,499	3,850,941	475,749	1,430,969	601,223	6
7 OPERATION OF PLANT	9,414,227	252,125	248,218	448,667	78,619	7
8 LAUNDRY & LINEN SERVICE	890,242	45,061		48,882	3,044	8
9 HOUSEKEEPING	8,927,366	121,699	12,031	1,609,124	87,277	9
10 DIETARY	3,751,707	179,751	59,438	1,158,314	55,208	10
11 CAFETERIA	1,833,685			113,393		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	13,321,151	206,189	125,657	3,165,212	19,154	13
14 CENTRAL SERVICES & SUPPLY	4,789,918	405,768	475,142	865,463	134,849	14
15 PHARMACY	9,001,868	160,265	307,611	2,629,669	49,374	15
16 MEDICAL RECORDS & LIBRARY	4,383,467	160,848	37,521	932,736	105,010	16
17 SOCIAL SERVICE						17
18 PARKING	842,035		503,562	7,662	755	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	38,531	983,179	109,873	966,980	9,672	20
21 I&R SRVCES-SALARY & FRINGES APPRVD	9,429,872			2,509,110		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	20,432,552	540,038		2,498,887	6,823	22
23 PARAMED ED PRGM- LAB TECH	134,158			17,529		23
23.01 PARAMEDICAL EDUC X-RAY	215,703			32,187		23.01
23.02 PARAMEDICAL EDUC DIETARY	208,755			19,492		23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	53,999,452	2,446,416	329,321	12,598,627	322,220	30
31 INTENSIVE CARE UNIT	20,434,775	575,192	191,800	4,199,275	114,404	31
35 PREMATURE INTENSIVE CARE	11,126,479	282,889	332,236	2,667,659	46,525	35
41 SUBPROVIDER - IRF	2,817,934	84,477	13,692	649,242	15,054	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	21,813,338	990,943	994,499	3,607,597	95,267	50
51 RECOVERY ROOM	2,004,732	76,992	47,525	510,598	1,367	51
52 DELIVERY ROOM & LABOR ROOM	4,278,938	107,477	67,673	945,533	26,189	52
53 ANESTHESIOLOGY	1,707,572	3,920	169,442	103,988	14,020	53
54 RADIOLOGY-DIAGNOSTIC	24,593,981	768,174	1,577,111	4,171,578	35,302	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	4,701,460	48,512	77,744	567,893	4,102	57
58 MAGNETIC RESONANCE IMAGING (MRI)	4,689,438	81,382	437,350	581,345	2,942	58
59 CARDIAC CATHETERIZATION	4,125,697	95,324	508,207	574,735	21,082	59
60 LABORATORY	23,598,478	317,611	506,986	2,709,760	25,413	60
61 PBP CLINICAL LAB SERVICES-PRGM ONLY	132,493					61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	6,647,635	96,935		169,248	387	63
65 RESPIRATORY THERAPY	5,922,491	84,236	200,979	1,271,985	4,919	65
66 PHYSICAL THERAPY	7,593,232	370,310	35,696	1,992,514	16,163	66
68 SPEECH PATHOLOGY	732,268	21,338	48,974	139,241	4,363	68
69 ELECTROCARDIOLOGY	2,579,273	74,201	211,087	630,353	6,833	69
70 ELECTROENCEPHALOGRAPHY	855,594	3,108	107,671	177,066	1,856	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	23,637,352					71
72 IMPL. DEV. CHARGED TO PATIENT	30,092,324					72
73 DRUGS CHARGED TO PATIENTS	21,362,831					73
74 RENAL DIALYSIS	1,854,221	34,253	821	35,656	2,621	74
76 DIGESTIVE DISEASES	2,755,231	79,365	113,672	466,058	30,313	76
76.01 ENTEROSTOMAL	217,354			55,595	457	76.01
76.02 DIABETIC SERVICE	608,881	58,039		142,063	1,923	76.02
76.03 WOUND CARE	798,109	55,007	132	108,790	4,201	76.03
76.04 PSYCHOLOGY	695,570	46,571		251,250	6,939	76.04
76.05 NEURO DIAGNOSTIC CENTER	354,284	34,126		230,991	1,117	76.05
76.06 EATING DISORDERS	201,995	88,321		49,521	184	76.06
76.07 UROLOGICAL	62,224		1,902	16,557	64	76.07
76.08 SLEEP DISORDERS	2,028,356	63,989	28,969	686,150	9,140	76.08
76.09 PAIN PROGRAM	890,518	68,505	12,344	221,683	3,611	76.09
76.10 COMP EPILEPSY	394,619	50,174	687	318,685	1,227	76.10
76.97 CARDIAC REHABILITATION	476,214		4,919	167,825	657	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	204,012				2	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC	103,039	6,280	22,339	5,986	5,485	90.01
90.02 LUNG CLINIC	2,179					90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC	293			78		90.04

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	PURCH, RCV STORING 5.01	
90.05 SISTERS CLINIC	1,934,496	269,290	25,583	482,109	5,162	90.05
90.06 SPECIAL CLINICS	217,150	28,963	22,618	53,352	1,232	90.06
91 EMERGENCY	14,193,792	505,075	330,917	4,467,284	69,460	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	1,173,415	65,055	79,040	221,173	3,284	92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	8,745,746		21,570	385,659	2,812	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	2,825,487			67,004	821	105
109 PANCREAS ACQUISITION	269,417			8,885	23	109
118 SUBTOTALS (SUM OF LINES 1-117)	666,584,868	16,618,037	17,009,639	71,799,396	2,188,413	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	312,839	43,564	14,828	34,262	38,072	190
194 SISTERS CONVENT	232,521			15,951	27	194
194.01 BRADLEY HEALTH SVC	1,761		230	98,391	376	194.01
194.02 COMMUNITY CLINIC	206,169			53,071	21	194.02
194.03 FUND RAISING	3,981,510		5,217	199,800	7,722	194.03
194.04 OUTREACH PHYSICIAN	67,733,969	888,287	301,943	16,426,182	109,258	194.04
194.05 PHYSICIAN CONTRACT	399,393			11,492	423	194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB	2,386,153	214,105	22,617	690,414	18,045	194.07
194.08 INDUSTRIAL REHAB	1,233,347	88,410	11,754	445,914	6,809	194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC			67			194.10
194.11 REGIONAL ACTIVITIES	504,695	7,650		121,447	213	194.11
194.12 CFH - MEDICAL OFFICE BLDG		275,963				194.12
194.13 CFH - ASC LLC	11,450,084	242,484	55,163	846,236	13,175	194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	755,027,309	18,378,500	17,421,458	90,742,556	2,382,554	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMITTING	OUTPATIENT	BUSINESS O	SUBTOTAL (COLS.0-4) 4A	OTHER ADMI ENERAL	
	5.02	5.03	5.04		5.05	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 PURCH, RCVING, STORING						5.01
5.02 ADMITTING	2,781,400					5.02
5.03 OUTPATIENT OFFICES		1,488,837				5.03
5.04 BUSINESS OFFICE			6,244,489			5.04
5.05 OTHER ADMIN + GENERAL				113,382,814	113,382,814	5.05
6 MAINTENANCE & REPAIRS				28,675,381	5,068,173	6
7 OPERATION OF PLANT				10,441,856	1,845,525	7
8 LAUNDRY & LINEN SERVICE				987,229	174,486	8
9 HOUSEKEEPING				10,757,497	1,901,312	9
10 DIETARY				5,204,418	919,844	10
11 CAFETERIA				1,947,078	344,132	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION				16,837,363	2,975,886	13
14 CENTRAL SERVICES & SUPPLY				6,671,140	1,179,077	14
15 PHARMACY				12,148,787	2,147,213	15
16 MEDICAL RECORDS & LIBRARY				5,619,582	993,222	16
17 SOCIAL SERVICE						17
18 PARKING				1,354,014	239,312	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL				2,108,235	372,616	20
21 I&R SRVCES-SALARY & FRINGES APPRVD				11,938,982	2,110,131	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				23,478,300	4,149,625	22
23 PARAMED ED PRGM- LAB TECH				151,687	26,810	23
23.01 PARAMEDICAL EDUC X-RAY				247,890	43,813	23.01
23.02 PARAMEDICAL EDUC DIETARY				228,247	40,341	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	186,963		419,942	70,302,941	12,425,553	30
31 INTENSIVE CARE UNIT	78,013		175,228	25,768,687	4,554,435	31
35 PREMATURE INTENSIVE CARE	46,434		104,296	14,606,518	2,581,600	35
41 SUBPROVIDER - IRF	8,246		18,523	3,607,168	637,542	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	194,193		436,181	28,132,018	4,972,137	50
51 RECOVERY ROOM	29,685		66,676	2,737,575	483,847	51
52 DELIVERY ROOM & LABOR ROOM	12,580		28,256	5,466,646	966,191	52
53 ANESTHESIOLOGY	103,358		232,154	2,334,454	412,598	53
54 RADIOLOGY-DIAGNOSTIC	271,475	474,202	609,767	32,501,590	5,744,429	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	154,549	252,286	347,136	6,153,682	1,087,620	57
58 MAGNETIC RESONANCE IMAGING (MRI)	107,618	210,679	241,724	6,352,478	1,122,756	58
59 CARDIAC CATHETERIZATION	114,145		256,383	5,695,573	1,006,653	59
60 LABORATORY	357,684	461,728	800,516	28,778,176	5,086,341	60
61 BBP CLINICAL LAB SERVICES-PRGM ONLY				132,493		61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	15,831		35,559	6,965,595	1,231,120	63
65 RESPIRATORY THERAPY	92,912		208,692	7,786,214	1,376,159	65
66 PHYSICAL THERAPY	42,404		95,245	10,145,564	1,793,157	66
68 SPEECH PATHOLOGY	3,820		8,580	958,584	169,423	68
69 ELECTROCARDIOLOGY	53,790	89,942	120,819	3,766,298	665,667	69
70 ELECTROENCEPHALOGRAPHY	8,126		18,253	1,171,674	207,085	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	269,994		606,440	24,513,786	4,332,640	71
72 IMPL. DEV. CHARGED TO PATIENT	132,814		298,318	30,523,456	5,394,807	72
73 DRUGS CHARGED TO PATIENTS	287,768		646,363	22,296,962	3,940,832	73
74 RENAL DIALYSIS	7,109		15,968	1,950,649	344,764	74
76 DIGESTIVE DISEASES	54,154		121,637	3,620,430	639,886	76
76.01 ENTEROSTOMAL	838		1,883	276,127	48,804	76.01
76.02 DIABETIC SERVICE	197		442	811,545	143,435	76.02
76.03 WOUND CARE	5,049		11,342	982,630	173,673	76.03
76.04 PSYCHOLOGY	2,513		5,644	1,008,487	178,243	76.04
76.05 NEURO DIAGNOSTIC CENTER	175		394	621,087	109,773	76.05
76.06 EATING DISORDERS	271		609	340,901	60,252	76.06
76.07 UROLOGICAL	849		1,907	83,503	14,759	76.07
76.08 SLEEP DISORDERS	11,596		26,047	2,854,247	504,468	76.08
76.09 PAIN PROGRAM	4,135		9,288	1,210,084	213,874	76.09
76.10 COMP EPILEPSY	256		575	766,223	135,425	76.10
76.97 CARDIAC REHABILITATION	1,321		2,966	653,902	115,573	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	1,792		4,024	209,830	37,086	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC	278		624	144,031	25,456	90.01
90.02 LUNG CLINIC	2		4	2,185	386	90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC	238		535	1,144	202	90.04

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMITTING	OUTPATIENT	BUSINESS O	SUBTOTAL	OTHER ADMI	
	5.02	5.03	5.04	(COLS.0-4) 4A	ENERAL	5.05
90.05 SISTERS CLINIC	1,632		3,665	2,721,937	481,083	90.05
90.06 SPECIAL CLINICS	562		1,263	325,140	57,466	90.06
91 EMERGENCY	81,609		183,305	19,831,442	3,505,069	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	3,057		6,867	1,551,891	274,286	92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	27,438		61,629	9,244,854	1,633,963	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	3,628		8,149	2,905,089	513,454	105
109 PANCREAS ACQUISITION	299		671	279,295	49,363	109
118 SUBTOTALS (SUM OF LINES 1-117)	2,781,400	1,488,837	6,244,489	645,275,285	93,984,853	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				443,565	78,397	190
194 SISTERS CONVENT				248,499	43,920	194
194.01 BRADLEY HEALTH SVC				100,758	17,808	194.01
194.02 COMMUNITY CLINIC				259,261	45,823	194.02
194.03 FUND RAISING				4,194,249	741,304	194.03
194.04 OUTREACH PHYSICIAN				85,459,639	15,104,452	194.04
194.05 PHYSICIAN CONTRACT				411,308	72,696	194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB				3,331,334	588,790	194.07
194.08 INDUSTRIAL REHAB				1,786,234	315,704	194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC				67	12	194.10
194.11 REGIONAL ACTIVITIES				634,005	112,056	194.11
194.12 CFH - MEDICAL OFFICE BLDG				275,963	48,775	194.12
194.13 CFH - ASC LLC				12,607,142	2,228,224	194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,781,400	1,488,837	6,244,489	755,027,309	113,382,814	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 PURCH, RCVING, STORING						5.01
5.02 ADMITTING						5.02
5.03 OUTPATIENT OFFICES						5.03
5.04 BUSINESS OFFICE						5.04
5.05 OTHER ADMIN + GENERAL						5.05
6 MAINTENANCE & REPAIRS	33,743,554					6
7 OPERATION OF PLANT	664,769	12,952,150				7
8 LAUNDRY & LINEN SERVICE	118,811	46,521	1,327,047			8
9 HOUSEKEEPING	320,878	125,641	28,818	13,134,146		9
10 DIETARY	473,941	185,574		202,242	6,986,019	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	543,649	212,868		231,988		13
14 CENTRAL SERVICES & SUPPLY	1,069,872	418,913	28,274	456,539		14
15 PHARMACY	422,563	165,457		180,318		15
16 MEDICAL RECORDS & LIBRARY	424,102	166,059		180,974		16
17 SOCIAL SERVICE						17
18 PARKING						18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	2,592,311	1,015,031		1,106,200		20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	1,423,898	557,534	1,571	607,611		22
23 PARAMED ED PRGM- LAB TECH						23
23.01 PARAMEDICAL EDUC X-RAY						23.01
23.02 PARAMEDICAL EDUC DIETARY						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	6,450,373	2,525,672	585,368	2,752,524	5,532,991	30
31 INTENSIVE CARE UNIT	1,516,585	593,826	121,298	647,163	968,831	31
35 PREMATURE INTENSIVE CARE	745,883	292,054	28,192	318,286		35
41 SUBPROVIDER - IRF	222,738	87,214	44,361	95,048	400,491	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,612,781	1,023,047	124,158	1,114,935		50
51 RECOVERY ROOM	203,003	79,487		86,626		51
52 DELIVERY ROOM & LABOR ROOM	283,381	110,959	45,100	120,925	75,899	52
53 ANESTHESIOLOGY	10,336	4,047		4,411		53
54 RADIOLOGY-DIAGNOSTIC	2,025,414	793,060	109,317	864,292		54
57 COMPUTED TOMOGRAPHY (CT) SCAN	127,910	50,084		54,582		57
58 MAGNETIC RESONANCE IMAGING (MRI)	214,576	84,018		91,565		58
59 CARDIAC CATHETERIZATION	251,337	98,412	32,388	107,251		59
60 LABORATORY	837,433	327,901	1,375	357,352		60
61 PPP CLINICAL LAB SERVICES-PRGM ONLY						61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	255,585	100,076		109,064		63
65 RESPIRATORY THERAPY	222,102	86,965		94,776		65
66 PHYSICAL THERAPY	976,381	382,307	2,398	416,645		66
68 SPEECH PATHOLOGY	56,262	22,029	628	24,008		68
69 ELECTROCARDIOLOGY	195,644	76,605	4,611	83,486		69
70 ELECTROENCEPHALOGRAPHY	8,195	3,209	4,517	3,497		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	90,313	35,362	3,382	38,539		74
76 DIGESTIVE DISEASES	209,258	81,936	22,595	89,295		76
76.01 ENTEROSTOMAL						76.01
76.02 DIABETIC SERVICE	153,030	59,920		65,301		76.02
76.03 WOUND CARE	145,036	56,789				76.03
76.04 PSYCHOLOGY	122,792	48,080		52,398		76.04
76.05 NEURO DIAGNOSTIC CENTER	89,978	35,231		38,396		76.05
76.06 EATING DISORDERS	232,873	91,183		99,372		76.06
76.07 UROLOGICAL						76.07
76.08 SLEEP DISORDERS	168,718	66,062	2,487	71,996		76.08
76.09 PAIN PROGRAM	180,626	70,725				76.09
76.10 COMP EPILEPSY	132,291	51,799		56,452		76.10
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC	16,557	6,483				90.01
90.02 LUNG CLINIC						90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC						90.04

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
90.05 SISTERS CLINIC	710,025	278,014		302,985		90.05
90.06 SPECIAL CLINICS	76,364	29,901		32,587		90.06
91 EMERGENCY	1,331,712	521,438	132,757	568,273		91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT OTHER REIMBURSABLE COST CENTERS	171,527	67,162		73,195	7,807	92.01
95 AMBULANCE SERVICES						95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
105 KIDNEY ACQUISITION						105
109 PANCREAS ACQUISITION						109
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	29,101,813	11,134,655	1,323,595	11,801,097	6,986,019	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	114,864	44,976		49,015		190
194 SISTERS CONVENT						194
194.01 BRADLEY HEALTH SVC						194.01
194.02 COMMUNITY CLINIC						194.02
194.03 FUND RAISING						194.03
194.04 OUTREACH PHYSICIAN	2,342,111	917,064	1,951	662,235		194.04
194.05 PHYSICIAN CONTRACT						194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB	564,522	221,041	1,501	240,895		194.07
194.08 INDUSTRIAL REHAB	233,107	91,274		99,472		194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC						194.10
194.11 REGIONAL ACTIVITIES	20,170	7,898		8,607		194.11
194.12 CFH - MEDICAL OFFICE BLDG	727,620	284,903				194.12
194.13 CFH - ASC LLC	639,347	250,339		272,825		194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	33,743,554	12,952,150	1,327,047	13,134,146	6,986,019	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES + SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 PURCH, RCVING, STORING						5.01
5.02 ADMITTING						5.02
5.03 OUTPATIENT OFFICES						5.03
5.04 BUSINESS OFFICE						5.04
5.05 OTHER ADMIN + GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	2,291,210					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	126,660	20,928,414				13
14 CENTRAL SERVICES & SUPPLY	56,767		9,880,582			14
15 PHARMACY	67,382		416,210	15,547,930		15
16 MEDICAL RECORDS & LIBRARY	54,853		39		7,438,831	16
17 SOCIAL SERVICE						17
18 PARKING	559					18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	29,116		11,781	46		20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	118,783		51,820	233		22
23 PARAMED ED PRGM- LAB TECH						23
23.01 PARAMEDICAL EDUC X-RAY						23.01
23.02 PARAMEDICAL EDUC DIETARY						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	521,876	10,893,175	449,022	14,813	488,242	30
31 INTENSIVE CARE UNIT	160,257	3,345,041	283,756	13,411	203,727	31
35 PREMATURE INTENSIVE CARE	87,853	1,833,752	161,505	3,934	121,353	35
41 SUBPROVIDER - IRF	29,045	606,248	21,396	223	21,535	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	143,248	2,990,021	3,642,696	24,074	507,121	50
51 RECOVERY ROOM	16,334	340,935	20,067	6	77,520	51
52 DELIVERY ROOM & LABOR ROOM	36,241	756,453	46,211	300	32,851	52
53 ANESTHESIOLOGY	3,651	76,199	252,207	194,317	269,911	53
54 RADIOLOGY-DIAGNOSTIC	145,621		1,400,467	830,957	743,089	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	23,204		262,473	93,791	403,594	57
58 MAGNETIC RESONANCE IMAGING (MRI)	15,393		156,436	317	281,038	58
59 CARDIAC CATHETERIZATION	21,163		932,615	1,708	298,081	59
60 LABORATORY	147,313		98,178	844	932,207	60
61 PBP CLINICAL LAB SERVICES-PRGM ONLY						61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	8,048		15,403		41,342	63
65 RESPIRATORY THERAPY	53,952		310,735	8,672	242,634	65
66 PHYSICAL THERAPY	66,308		26,586	92,555	122,054	66
68 SPEECH PATHOLOGY	4,453		60,111	4	9,976	68
69 ELECTROCARDIOLOGY	28,077		27,961	216	140,469	69
70 ELECTROENCEPHALOGRAPHY	7,998		8,163		21,221	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					705,071	71
72 IMPL. DEV. CHARGED TO PATIENT					346,836	72
73 DRUGS CHARGED TO PATIENTS				11,005,518	751,487	73
74 RENAL DIALYSIS	1,162		6,348	8,417	18,565	74
76 DIGESTIVE DISEASES	16,605		287,377	133	141,420	76
76.01 ENTEROSTOMAL	1,670		272		2,189	76.01
76.02 DIABETIC SERVICE	5,736		24		514	76.02
76.03 WOUND CARE			46,815	1,563	13,186	76.03
76.04 PSYCHOLOGY	8,513				9,819	76.04
76.05 NEURO DIAGNOSTIC CENTER	4,148	86,590	614	2	7,179	76.05
76.06 EATING DISORDERS	2,002				708	76.06
76.07 UROLOGICAL	553		123		2,217	76.07
76.08 SLEEP DISORDERS	18,109		16,867		44,344	76.08
76.09 PAIN PROGRAM			14,178	46,762	11,962	76.09
76.10 COMP EPILEPSY	4,851		368	1	17,923	76.10
76.97 CARDIAC REHABILITATION	5,692		599		3,449	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY					4,679	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC			2,142	3,795	726	90.01
90.02 LUNG CLINIC					5	90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC					622	90.04

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES + SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
90.05 SISTERS CLINIC	23,264		4,305		10,218	90.05
90.06 SPECIAL CLINICS	2,340		16,446	465	5,665	90.06
91 EMERGENCY	169,920		190,682	1,879	292,191	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	9,541		2,842	2,263	7,984	92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES			3,894	2,555	71,652	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	2,439		9	4,983	9,475	105
109 PANCREAS ACQUISITION	321				780	109
118 SUBTOTALS (SUM OF LINES 1-117)	2,251,021	20,928,414	9,249,743	12,358,757	7,438,831	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,048					190
194 SISTERS CONVENT	1,399					194
194.01 BRADLEY HEALTH SVC			1,298			194.01
194.02 COMMUNITY CLINIC	1,410		6,195	67,798		194.02
194.03 FUND RAISING	7,146		16,240			194.03
194.04 OUTREACH PHYSICIAN			159,912	2,858,183		194.04
194.05 PHYSICIAN CONTRACT						194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB	24,852		11,672	4,649		194.07
194.08 INDUSTRIAL REHAB			5,868	114,577		194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC						194.10
194.11 REGIONAL ACTIVITIES	2,334					194.11
194.12 CFH - MEDICAL OFFICE BLDG						194.12
194.13 CFH - ASC LLC			429,654	143,966		194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,291,210	20,928,414	9,880,582	15,547,930	7,438,831	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PARKING 18	NURSING SCHOOL 20	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMEDICA EDUCATION 23	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 PURCH, RCVING, STORING						5.01
5.02 ADMITTING						5.02
5.03 OUTPATIENT OFFICES						5.03
5.04 BUSINESS OFFICE						5.04
5.05 OTHER ADMIN + GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
18 PARKING	1,593,885					18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	23,380	7,258,716				20
21 I&R SRVCES-SALARY & FRINGES APPRVD			14,049,113			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	95,379			30,484,754		22
23 PARAMED ED PRGM- LAB TECH					178,497	23
23.01 PARAMEDICAL EDUC X-RAY						23.01
23.02 PARAMEDICAL EDUC DIETARY						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	419,052	5,524,573	5,685,483	12,336,762		30
31 INTENSIVE CARE UNIT	128,681	265,706	1,087,313	2,359,328		31
35 PREMATURE INTENSIVE CARE	70,543	11,757	345,000	748,606		35
41 SUBPROVIDER - IRF	23,322		343,195	744,689		41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	115,024	85,825	1,708,534	3,707,297		50
51 RECOVERY ROOM	13,115					51
52 DELIVERY ROOM & LABOR ROOM	29,100	757,733				52
53 ANESTHESIOLOGY	2,931	54,670	148,700	322,660		53
54 RADIOLOGY-DIAGNOSTIC	116,929	63,487	2,042,834	4,432,685		54
57 COMPUTED TOMOGRAPHY (CT) SCAN	18,632					57
58 MAGNETIC RESONANCE IMAGING (MRI)	12,360					58
59 CARDIAC CATHETERIZATION	16,993					59
60 LABORATORY	118,288				178,497	60
61 PBP CLINICAL LAB SERVICES-PRGM ONLY						61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	6,462					63
65 RESPIRATORY THERAPY	43,322					65
66 PHYSICAL THERAPY	53,244					66
68 SPEECH PATHOLOGY	3,575	63,487				68
69 ELECTROCARDIOLOGY	22,545		3,831	8,313		69
70 ELECTROENCEPHALOGRAPHY	6,422		38,265	83,030		70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	933					74
76 DIGESTIVE DISEASES	13,333	63,487				76
76.01 ENTEROSTOMAL	1,341					76.01
76.02 DIABETIC SERVICE	4,606					76.02
76.03 WOUND CARE		15,284				76.03
76.04 PSYCHOLOGY	6,835					76.04
76.05 NEURO DIAGNOSTIC CENTER	3,331					76.05
76.06 EATING DISORDERS	1,608	17,048				76.06
76.07 UROLOGICAL	444					76.07
76.08 SLEEP DISORDERS	14,541					76.08
76.09 PAIN PROGRAM						76.09
76.10 COMP EPILEPSY	3,895					76.10
76.97 CARDIAC REHABILITATION	4,570					76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC						90.01
90.02 LUNG CLINIC						90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC						90.04

PROVIDER CCN: 14-0067 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PARKING 18	NURSING SCHOOL 20	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMEDICA EDUCATION 23	
90.05 SISTERS CLINIC	18,681	59,372	622,366	1,350,453		90.05
90.06 SPECIAL CLINICS	1,879					90.06
91 EMERGENCY	136,440	33,507	2,023,592	4,390,931		91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	7,661					92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	1,959					105
109 PANCREAS ACQUISITION	258					109
118 SUBTOTALS (SUM OF LINES 1-117)	1,561,614	7,015,936	14,049,113	30,484,754	178,497	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,447					190
194 SISTERS CONVENT	1,124					194
194.01 BRADLEY HEALTH SVC						194.01
194.02 COMMUNITY CLINIC	1,133					194.02
194.03 FUND RAISING	5,738					194.03
194.04 OUTREACH PHYSICIAN		58,197				194.04
194.05 PHYSICIAN CONTRACT						194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB	19,955	184,583				194.07
194.08 INDUSTRIAL REHAB						194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC						194.10
194.11 REGIONAL ACTIVITIES	1,874					194.11
194.12 CFH - MEDICAL OFFICE BLDG						194.12
194.13 CFH - ASC LLC						194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,593,885	7,258,716	14,049,113	30,484,754	178,497	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PARAMEDICA X-RAY	PARAMEDICA DIETARY	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
	23.01	23.02	24	25	26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 PURCH, RCVING, STORING						5.01
5.02 ADMITTING						5.02
5.03 OUTPATIENT OFFICES						5.03
5.04 BUSINESS OFFICE						5.04
5.05 OTHER ADMIN + GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
18 PARKING						18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM- LAB TECH						23
23.01 PARAMEDICAL EDUC X-RAY	291,703					23.01
23.02 PARAMEDICAL EDUC DIETARY		268,588				23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		268,588	137,177,008	-18,022,245	119,154,763	30
31 INTENSIVE CARE UNIT			42,018,045	-3,446,641	38,571,404	31
35 PREMATURE INTENSIVE CARE			21,956,836	-1,093,606	20,863,230	35
41 SUBPROVIDER - IRF			6,884,215	-1,087,884	5,796,331	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM			50,902,916	-5,415,831	45,487,085	50
51 RECOVERY ROOM			4,058,515		4,058,515	51
52 DELIVERY ROOM & LABOR ROOM			8,727,990		8,727,990	52
53 ANESTHESIOLOGY			4,091,092	-471,360	3,619,732	53
54 RADIOLOGY-DIAGNOSTIC	291,703		52,105,874	-6,475,519	45,630,355	54
57 COMPUTED TOMOGRAPHY (CT) SCAN			8,275,572		8,275,572	57
58 MAGNETIC RESONANCE IMAGING (MRI)			8,330,937		8,330,937	58
59 CARDIAC CATHETERIZATION			8,462,174		8,462,174	59
60 LABORATORY			36,863,905		36,863,905	60
61 PBP CLINICAL LAB SERVICES-PRGM ONLY			132,493		132,493	61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.			8,732,695		8,732,695	63
65 RESPIRATORY THERAPY			10,225,531		10,225,531	65
66 PHYSICAL THERAPY			14,077,199		14,077,199	66
68 SPEECH PATHOLOGY			1,372,540		1,372,540	68
69 ELECTROCARDIOLOGY			5,023,723	-12,144	5,011,579	69
70 ELECTROENCEPHALOGRAPHY			1,563,276	-121,295	1,441,981	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS			29,551,497		29,551,497	71
72 IMPL. DEV. CHARGED TO PATIENT			36,265,099		36,265,099	72
73 DRUGS CHARGED TO PATIENTS			37,994,799		37,994,799	73
74 RENAL DIALYSIS			2,498,434		2,498,434	74
76 DIGESTIVE DISEASES			5,185,755		5,185,755	76
76.01 ENTEROSTOMAL			330,403		330,403	76.01
76.02 DIABETIC SERVICE			1,244,111		1,244,111	76.02
76.03 WOUND CARE			1,434,976		1,434,976	76.03
76.04 PSYCHOLOGY			1,435,167		1,435,167	76.04
76.05 NEURO DIAGNOSTIC CENTER			996,329		996,329	76.05
76.06 EATING DISORDERS			845,947		845,947	76.06
76.07 UROLOGICAL			101,599		101,599	76.07
76.08 SLEEP DISORDERS			3,761,839		3,761,839	76.08
76.09 PAIN PROGRAM			1,748,211		1,748,211	76.09
76.10 COMP EPILEPSY			1,169,228		1,169,228	76.10
76.97 CARDIAC REHABILITATION			783,785		783,785	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY			251,595		251,595	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC			199,190		199,190	90.01
90.02 LUNG CLINIC			2,576		2,576	90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC			1,968		1,968	90.04

PROVIDER CCN: 14-0067 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PARAMEDICA X-RAY	PARAMEDICA DIETARY	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	23.01	23.02	24	25	26	
90.05 SISTERS CLINIC			6,582,703	-1,972,819	4,609,884	90.05
90.06 SPECIAL CLINICS			548,253		548,253	90.06
91 EMERGENCY			33,129,833	-6,414,523	26,715,310	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT			2,176,159		2,176,159	92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES			10,956,918		10,956,918	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION			3,437,408		3,437,408	105
109 PANCREAS ACQUISITION			330,017		330,017	109
118 SUBTOTALS (SUM OF LINES 1-117)	291,703	268,588	613,946,335	-44,533,867	569,412,468	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			736,312		736,312	190
194 SISTERS CONVENT			294,942		294,942	194
194.01 BRADLEY HEALTH SVC			119,864		119,864	194.01
194.02 COMMUNITY CLINIC			381,620		381,620	194.02
194.03 FUND RAISING			4,964,677		4,964,677	194.03
194.04 OUTREACH PHYSICIAN			107,563,744		107,563,744	194.04
194.05 PHYSICIAN CONTRACT			484,004		484,004	194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB			5,193,794		5,193,794	194.07
194.08 INDUSTRIAL REHAB			2,646,236		2,646,236	194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC			79		79	194.10
194.11 REGIONAL ACTIVITIES			786,944		786,944	194.11
194.12 CFH - MEDICAL OFFICE BLDG			1,337,261		1,337,261	194.12
194.13 CFH - ASC LLC			16,571,497		16,571,497	194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	291,703	268,588	755,027,309	-44,533,867	710,493,442	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	341	222,224	8,593	231,158	231,158	4
5.01 PURCH, RCVING, STORING	111,246	56,136	21,891	189,273	614	5.01
5.02 ADMITTING	330,895	35,141	125	366,161	1,157	5.02
5.03 OUTPATIENT OFFICES		67,224	43,560	110,784	580	5.03
5.04 BUSINESS OFFICE	216,025	9,553	2,675	228,253	1,392	5.04
5.05 OTHER ADMIN + GENERAL	11,401,565	1,339,445	8,054,487	20,795,497	13,163	5.05
6 MAINTENANCE & REPAIRS	23,969	3,850,941	475,749	4,350,659	3,646	6
7 OPERATION OF PLANT	1,336	252,125	248,218	501,679	1,143	7
8 LAUNDRY & LINEN SERVICE		45,061		45,061	125	8
9 HOUSEKEEPING		121,699	12,031	133,730	4,100	9
10 DIETARY	1,220	179,751	59,438	240,409	2,951	10
11 CAFETERIA					289	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,914	206,189	125,657	333,760	8,065	13
14 CENTRAL SERVICES & SUPPLY	1,296,724	405,768	475,142	2,177,634	2,205	14
15 PHARMACY		160,265	307,611	467,876	6,701	15
16 MEDICAL RECORDS & LIBRARY	30,168	160,848	37,521	228,537	2,377	16
17 SOCIAL SERVICE						17
18 PARKING	24,737		503,562	528,299	20	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL		983,179	109,873	1,093,052	2,464	20
21 I&R SRVCES-SALARY & FRINGES APPRVD					6,393	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	13,240	540,038		553,278	6,367	22
23 PARAMED ED PRGM- LAB TECH					45	23
23.01 PARAMEDICAL EDUC X-RAY					82	23.01
23.02 PARAMEDICAL EDUC DIETARY					50	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	4,439	2,446,416	329,321	2,780,176	32,103	30
31 INTENSIVE CARE UNIT	9,459	575,192	191,800	776,451	10,700	31
35 PREMATURE INTENSIVE CARE	34,670	282,889	332,236	649,795	6,797	35
41 SUBPROVIDER - IRF		84,477	13,692	98,169	1,654	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	70,917	990,943	994,499	2,056,359	9,193	50
51 RECOVERY ROOM		76,992	47,525	124,517	1,301	51
52 DELIVERY ROOM & LABOR ROOM		107,477	67,673	175,150	2,409	52
53 ANESTHESIOLOGY		3,920	169,442	173,362	265	53
54 RADIOLOGY-DIAGNOSTIC	1,017,651	768,174	1,577,111	3,362,936	10,630	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	28,176	48,512	77,744	154,432	1,447	57
58 MAGNETIC RESONANCE IMAGING (MRI)	51,705	81,382	437,350	570,437	1,481	58
59 CARDIAC CATHETERIZATION	271,815	95,324	508,207	875,346	1,464	59
60 LABORATORY	645	317,611	506,986	825,242	6,905	60
61 PBP CLINICAL LAB SERVICES-PRGM ONLY						61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		96,935		96,935	431	63
65 RESPIRATORY THERAPY	88,107	84,236	200,979	373,322	3,241	65
66 PHYSICAL THERAPY	196,129	370,310	35,696	602,135	5,077	66
68 SPEECH PATHOLOGY		21,338	48,974	70,312	355	68
69 ELECTROCARDIOLOGY	51,432	74,201	211,087	336,720	1,606	69
70 ELECTROENCEPHALOGRAPHY		3,108	107,671	110,779	451	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS		34,253	821	35,074	91	74
76 DIGESTIVE DISEASES	3,759	79,365	113,672	196,796	1,188	76
76.01 ENTEROSTOMAL					142	76.01
76.02 DIABETIC SERVICE	28,185	58,039		86,224	362	76.02
76.03 WOUND CARE	23,320	55,007	132	78,459	277	76.03
76.04 PSYCHOLOGY	39	46,571		46,610	640	76.04
76.05 NEURO DIAGNOSTIC CENTER		34,126		34,126	589	76.05
76.06 EATING DISORDERS		88,321		88,321	126	76.06
76.07 UROLOGICAL			1,902	1,902	42	76.07
76.08 SLEEP DISORDERS	141,412	63,989	28,969	234,370	1,748	76.08
76.09 PAIN PROGRAM		68,505	12,344	80,849	565	76.09
76.10 COMP EPILEPSY		50,174	687	50,861	812	76.10
76.97 CARDIAC REHABILITATION	9,683		4,919	14,602	428	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC		6,280	22,339	28,619	15	90.01
90.02 LUNG CLINIC						90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC						90.04

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS 0	BLDGS & FIXTURES 1	MOVABLE EQUIPMENT 2		BENEFITS 4	
				2A		
90.05 SISTERS CLINIC		269,290	25,583	294,873	1,228	90.05
90.06 SPECIAL CLINICS	7,470	28,963	22,618	59,051	136	90.06
91 EMERGENCY	301,876	505,075	330,917	1,137,868	11,383	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT		65,055	79,040	144,095	564	92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	23,400		21,570	44,970	983	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	109,408			109,408	171	105
109 PANCREAS ACQUISITION					23	109
118 SUBTOTALS (SUM OF LINES 1-117)	15,927,077	16,618,037	17,009,639	49,554,753	182,952	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		43,564	14,828	58,392	87	190
194 SISTERS CONVENT					41	194
194.01 BRADLEY HEALTH SVC			230	230	251	194.01
194.02 COMMUNITY CLINIC					135	194.02
194.03 FUND RAISING	89,362		5,217	94,579	509	194.03
194.04 OUTREACH PHYSICIAN	2,464,243	888,287	301,943	3,654,473	41,794	194.04
194.05 PHYSICIAN CONTRACT					29	194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB	222,539	214,105	22,617	459,261	1,759	194.07
194.08 INDUSTRIAL REHAB	84,715	88,410	11,754	184,879	1,136	194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC			67	67		194.10
194.11 REGIONAL ACTIVITIES	154	7,650		7,804	309	194.11
194.12 CFH - MEDICAL OFFICE BLDG		275,963		275,963		194.12
194.13 CFH - ASC LLC	4,771	242,484	55,163	302,418	2,156	194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	18,792,861	18,378,500	17,421,458	54,592,819	231,158	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PURCH, RCV	ADMITTING	OUTPATIENT	BUSINESS O	OTHER ADMI	
	STORING				ENERAL	
	5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 PURCH, RCVING, STORING	189,887					5.01
5.02 ADMITTING	537	367,855				5.02
5.03 OUTPATIENT OFFICES	279		111,643			5.03
5.04 BUSINESS OFFICE	363			230,008		5.04
5.05 OTHER ADMIN + GENERAL	9,044				20,817,704	5.05
6 MAINTENANCE & REPAIRS	47,915				930,545	6
7 OPERATION OF PLANT	6,266				338,849	7
8 LAUNDRY & LINEN SERVICE	243				32,037	8
9 HOUSEKEEPING	6,956				349,092	9
10 DIETARY	4,400				168,889	10
11 CAFETERIA					63,185	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,527				546,389	13
14 CENTRAL SERVICES & SUPPLY	10,748				216,485	14
15 PHARMACY	3,935				394,240	15
16 MEDICAL RECORDS & LIBRARY	8,369				182,361	16
17 SOCIAL SERVICE						17
18 PARKING	60				43,939	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	771				68,414	20
21 I&R SRVCES-SALARY & FRINGES APPRVD					387,432	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	544				761,894	22
23 PARAMED ED PRGM- LAB TECH					4,922	23
23.01 PARAMEDICAL EDUC X-RAY					8,044	23.01
23.02 PARAMEDICAL EDUC DIETARY					7,407	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	25,681	24,820		15,399	2,281,401	30
31 INTENSIVE CARE UNIT	9,118	10,356		6,426	836,220	31
35 PREMATURE INTENSIVE CARE	3,708	6,164		3,824	473,996	35
41 SUBPROVIDER - IRF	1,200	1,095		679	117,056	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	7,593	25,779		15,995	912,912	50
51 RECOVERY ROOM	109	3,941		2,445	88,837	51
52 DELIVERY ROOM & LABOR ROOM	2,087	1,670		1,036	177,398	52
53 ANESTHESIOLOGY	1,117	13,721		8,513	75,755	53
54 RADIOLOGY-DIAGNOSTIC	2,814	36,039	35,397	22,360	1,054,709	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	327	20,517	18,958	12,729	199,693	57
58 MAGNETIC RESONANCE IMAGING (MRI)	234	14,287	15,832	8,864	206,144	58
59 CARDIAC CATHETERIZATION	1,680	15,153		9,401	184,827	59
60 LABORATORY	2,025	46,100	34,697	30,379	933,881	60
61 PBP CLINICAL LAB SERVICES-PRGM ONLY						61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	31	2,102		1,304	226,041	63
65 RESPIRATORY THERAPY	392	12,334		7,653	252,670	65
66 PHYSICAL THERAPY	1,288	5,629		3,493	329,234	66
68 SPEECH PATHOLOGY	348	507		315	31,107	68
69 ELECTROCARDIOLOGY	545	7,141	6,759	4,430	122,220	69
70 ELECTROENCEPHALOGRAPHY	148	1,079		669	38,022	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		35,842		22,238	795,497	71
72 IMPL. DEV. CHARGED TO PATIENT		17,631		10,939	990,517	72
73 DRUGS CHARGED TO PATIENTS		38,202		23,702	723,559	73
74 RENAL DIALYSIS	209	944		586	63,301	74
76 DIGESTIVE DISEASES	2,416	7,189		4,460	117,487	76
76.01 ENTEROSTOMAL	36	111		69	8,961	76.01
76.02 DIABETIC SERVICE	153	26		16	26,335	76.02
76.03 WOUND CARE	335	670		416	31,887	76.03
76.04 PSYCHOLOGY	553	334		207	32,726	76.04
76.05 NEURO DIAGNOSTIC CENTER	89	23		14	20,155	76.05
76.06 EATING DISORDERS	15	36		22	11,063	76.06
76.07 UROLOGICAL	5	113		70	2,710	76.07
76.08 SLEEP DISORDERS	728	1,539		955	92,623	76.08
76.09 PAIN PROGRAM	288	549		341	39,268	76.09
76.10 COMP EPILEPSY	98	34		21	24,865	76.10
76.97 CARDIAC REHABILITATION	52	175		109	21,220	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY		238		148	6,809	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC	437	37		23	4,674	90.01
90.02 LUNG CLINIC					71	90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC		32		20	37	90.04

PROVIDER CCN: 14-0067 SAINT FRANCIS MEDICAL CENTER
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PURCH, RCV	ADMITTING	OUTPATIENT	BUSINESS O	OTHER ADMI	
	STORING				ENERAL	
	5.01	5.02	5.03	5.04	5.05	
90.05 SISTERS CLINIC	411	217		134	88,330	90.05
90.06 SPECIAL CLINICS	98	75		46	10,551	90.06
91 EMERGENCY	5,536	10,834		6,722	643,550	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	262	406		252	50,360	92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	224	3,642		2,260	300,005	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	65	482		299	94,273	105
109 PANCREAS ACQUISITION	2	40		25	9,063	109
118 SUBTOTALS (SUM OF LINES 1-117)	174,414	367,855	111,643	230,008	17,256,144	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,034				14,394	190
194 SISTERS CONVENT	2				8,064	194
194.01 BRADLEY HEALTH SVC	30				3,270	194.01
194.02 COMMUNITY CLINIC	2				8,413	194.02
194.03 FUND RAISING	615				136,108	194.03
194.04 OUTREACH PHYSICIAN	8,708				2,773,249	194.04
194.05 PHYSICIAN CONTRACT	34				13,347	194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB	1,438				108,105	194.07
194.08 INDUSTRIAL REHAB	543				57,965	194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC					2	194.10
194.11 REGIONAL ACTIVITIES	17				20,574	194.11
194.12 CFH - MEDICAL OFFICE BLDG					8,955	194.12
194.13 CFH - ASC LLC	1,050				409,114	194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	189,887	367,855	111,643	230,008	20,817,704	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 PURCH, RCVING, STORING						5.01
5.02 ADMITTING						5.02
5.03 OUTPATIENT OFFICES						5.03
5.04 BUSINESS OFFICE						5.04
5.05 OTHER ADMIN + GENERAL						5.05
6 MAINTENANCE & REPAIRS	5,332,765					6
7 OPERATION OF PLANT	105,059	952,996				7
8 LAUNDRY & LINEN SERVICE	18,777	3,423	99,666			8
9 HOUSEKEEPING	50,711	9,244	2,164	555,997		9
10 DIETARY	74,901	13,654		8,561	513,765	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	85,917	15,662		9,821		13
14 CENTRAL SERVICES & SUPPLY	169,080	30,823	2,123	19,326		14
15 PHARMACY	66,781	12,174		7,633		15
16 MEDICAL RECORDS & LIBRARY	67,024	12,218		7,661		16
17 SOCIAL SERVICE						17
18 PARKING						18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	409,684	74,684		46,828		20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	225,030	41,022	118	25,721		22
23 PARAMED ED PRGM- LAB TECH						23
23.01 PARAMEDICAL EDUC X-RAY						23.01
23.02 PARAMEDICAL EDUC DIETARY						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,019,403	185,836	43,964	116,522	406,906	30
31 INTENSIVE CARE UNIT	239,678	43,693	9,110	27,396	71,250	31
35 PREMATURE INTENSIVE CARE	117,878	21,489	2,117	13,474		35
41 SUBPROVIDER - IRF	35,201	6,417	3,332	4,024	29,453	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	412,919	75,274	9,325	47,198		50
51 RECOVERY ROOM	32,082	5,848		3,667		51
52 DELIVERY ROOM & LABOR ROOM	44,785	8,164	3,387	5,119	5,582	52
53 ANESTHESIOLOGY	1,633	298		187		53
54 RADIOLOGY-DIAGNOSTIC	320,092	58,352	8,210	36,587		54
57 COMPUTED TOMOGRAPHY (CT) SCAN	20,215	3,685		2,311		57
58 MAGNETIC RESONANCE IMAGING (MRI)	33,911	6,182		3,876		58
59 CARDIAC CATHETERIZATION	39,721	7,241	2,432	4,540		59
60 LABORATORY	132,346	24,126	103	15,128		60
61 PBP CLINICAL LAB SERVICES-PRGM ONLY						61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	40,392	7,363		4,617		63
65 RESPIRATORY THERAPY	35,101	6,399		4,012		65
66 PHYSICAL THERAPY	154,305	28,129	180	17,637		66
68 SPEECH PATHOLOGY	8,891	1,621	47	1,016		68
69 ELECTROCARDIOLOGY	30,919	5,636	346	3,534		69
70 ELECTROENCEPHALOGRAPHY	1,295	236	339	148		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	14,273	2,602	254	1,631		74
76 DIGESTIVE DISEASES	33,071	6,029	1,697	3,780		76
76.01 ENTEROSTOMAL						76.01
76.02 DIABETIC SERVICE	24,185	4,409		2,764		76.02
76.03 WOUND CARE	22,921	4,178				76.03
76.04 PSYCHOLOGY	19,406	3,538		2,218		76.04
76.05 NEURO DIAGNOSTIC CENTER	14,220	2,592		1,625		76.05
76.06 EATING DISORDERS	36,803	6,709		4,207		76.06
76.07 UROLOGICAL						76.07
76.08 SLEEP DISORDERS	26,664	4,861	187	3,048		76.08
76.09 PAIN PROGRAM	28,546	5,204				76.09
76.10 COMP EPILEPSY	20,907	3,811		2,390		76.10
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC	2,617	477				90.01
90.02 LUNG CLINIC						90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC						90.04

PROVIDER CCN: 14-0067 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 03/26/2012 11:58

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	
	TENANCE & REPAIRS 6	OF PLANT 7	& LINEN SERVICE 8	KEEPING 9	10	
90.05 SISTERS CLINIC	112,211	20,456		12,826		90.05
90.06 SPECIAL CLINICS	12,068	2,200		1,379		90.06
91 EMERGENCY	210,461	38,366	9,971	24,056		91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	27,108	4,942		3,098	574	92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION						105
109 PANCREAS ACQUISITION						109
118 SUBTOTALS (SUM OF LINES 1-117)	4,599,192	819,267	99,406	499,566	513,765	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	18,153	3,309		2,075		190
194 SISTERS CONVENT						194
194.01 BRADLEY HEALTH SVC						194.01
194.02 COMMUNITY CLINIC						194.02
194.03 FUND RAISING						194.03
194.04 OUTREACH PHYSICIAN	370,143	67,476	147	28,034		194.04
194.05 PHYSICIAN CONTRACT						194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB	89,216	16,264	113	10,198		194.07
194.08 INDUSTRIAL REHAB	36,840	6,716		4,211		194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC						194.10
194.11 REGIONAL ACTIVITIES	3,188	581		364		194.11
194.12 CFH - MEDICAL OFFICE BLDG	114,992	20,963				194.12
194.13 CFH - ASC LLC	101,041	18,420		11,549		194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	5,332,765	952,996	99,666	555,997	513,765	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES + SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11	13	14	15	16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 PURCH, RCVING, STORING						5.01
5.02 ADMITTING						5.02
5.03 OUTPATIENT OFFICES						5.03
5.04 BUSINESS OFFICE						5.04
5.05 OTHER ADMIN + GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	63,474					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,509	1,004,650				13
14 CENTRAL SERVICES & SUPPLY	1,573		2,629,997			14
15 PHARMACY	1,867		110,786	1,071,993		15
16 MEDICAL RECORDS & LIBRARY	1,520		10		510,077	16
17 SOCIAL SERVICE						17
18 PARKING	15					18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	807		3,136	3		20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	3,291		13,793	16		22
23 PARAMED ED PRGM- LAB TECH						23
23.01 PARAMEDICAL EDUC X-RAY						23.01
23.02 PARAMEDICAL EDUC DIETARY						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	14,458	522,917	119,520	1,021	33,516	30
31 INTENSIVE CARE UNIT	4,440	160,576	75,530	925	13,985	31
35 PREMATURE INTENSIVE CARE	2,434	88,028	42,989	271	8,330	35
41 SUBPROVIDER - IRF	805	29,102	5,695	15	1,478	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,968	143,533	969,612	1,660	34,812	50
51 RECOVERY ROOM	452	16,366	5,341		5,321	51
52 DELIVERY ROOM & LABOR ROOM	1,004	36,313	12,300	21	2,255	52
53 ANESTHESIOLOGY	101	3,658	67,132	13,398	18,528	53
54 RADIOLOGY-DIAGNOSTIC	4,034		372,773	57,293	51,010	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	643		69,864	6,467	27,705	57
58 MAGNETIC RESONANCE IMAGING (MRI)	426		41,640	22	19,292	58
59 CARDIAC CATHETERIZATION	586		248,241	118	20,462	59
60 LABORATORY	4,081		26,133	58	63,426	60
61 PBP CLINICAL LAB SERVICES-PRGM ONLY						61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	223		4,100		2,838	63
65 RESPIRATORY THERAPY	1,495		82,711	598	16,656	65
66 PHYSICAL THERAPY	1,837		7,077	6,381	8,378	66
68 SPEECH PATHOLOGY	123		16,000		685	68
69 ELECTROCARDIOLOGY	778		7,443	15	9,643	69
70 ELECTROENCEPHALOGRAPHY	222		2,173		1,457	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					48,400	71
72 IMPL. DEV. CHARGED TO PATIENT					23,809	72
73 DRUGS CHARGED TO PATIENTS				758,802	51,586	73
74 RENAL DIALYSIS	32		1,690	580	1,274	74
76 DIGESTIVE DISEASES	460		76,493	9	9,708	76
76.01 ENTEROSTOMAL	46		72		150	76.01
76.02 DIABETIC SERVICE	159		6		35	76.02
76.03 WOUND CARE			12,461	108	905	76.03
76.04 PSYCHOLOGY	236				674	76.04
76.05 NEURO DIAGNOSTIC CENTER	115	4,157	163		493	76.05
76.06 EATING DISORDERS	55				49	76.06
76.07 UROLOGICAL	15		33		152	76.07
76.08 SLEEP DISORDERS	502		4,489		3,044	76.08
76.09 PAIN PROGRAM			3,774	3,224	821	76.09
76.10 COMP EPILEPSY	134		98		1,230	76.10
76.97 CARDIAC REHABILITATION	158		159		237	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY					321	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC			570	262	50	90.01
90.02 LUNG CLINIC						90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC					43	90.04

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES + SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11	13	14	15	16	
90.05 SISTERS CLINIC	644		1,146		701	90.05
90.06 SPECIAL CLINICS	65		4,378	32	389	90.06
91 EMERGENCY	4,707		50,755	130	20,058	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT OTHER REIMBURSABLE COST CENTERS	264		757	156	548	92.01
95 AMBULANCE SERVICES			1,036	176	4,919	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
105 KIDNEY ACQUISITION	68		2	344	650	105
109 PANCREAS ACQUISITION	9				54	109
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	62,361	1,004,650	2,462,081	852,105	510,077	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	84					190
194 SISTERS CONVENT	39					194
194.01 BRADLEY HEALTH SVC			346			194.01
194.02 COMMUNITY CLINIC	39		1,649	4,675		194.02
194.03 FUND RAISING	198		4,323			194.03
194.04 OUTREACH PHYSICIAN			42,565	197,066		194.04
194.05 PHYSICIAN CONTRACT						194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB	688		3,107	321		194.07
194.08 INDUSTRIAL REHAB			1,562	7,900		194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC						194.10
194.11 REGIONAL ACTIVITIES	65					194.11
194.12 CFH - MEDICAL OFFICE BLDG						194.12
194.13 CFH - ASC LLC			114,364	9,926		194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	63,474	1,004,650	2,629,997	1,071,993	510,077	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PARKING	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMEDICA EDUCATION
	18	20	21	22	23
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 PURCH, RCVING, STORING					5.01
5.02 ADMITTING					5.02
5.03 OUTPATIENT OFFICES					5.03
5.04 BUSINESS OFFICE					5.04
5.05 OTHER ADMIN + GENERAL					5.05
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
18 PARKING	572,333				18
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL	8,395	1,708,238			20
21 I&R SRVCES-SALARY & FRINGES APPRVD			393,825		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	34,249			1,665,323	22
23 PARAMED ED PRGM- LAB TECH					23
23.01 PARAMEDICAL EDUC X-RAY					23.01
23.02 PARAMEDICAL EDUC DIETARY					23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	150,473				30
31 INTENSIVE CARE UNIT	46,207				31
35 PREMATURE INTENSIVE CARE	25,331				35
41 SUBPROVIDER - IRF	8,374				41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	41,303				50
51 RECOVERY ROOM	4,710				51
52 DELIVERY ROOM & LABOR ROOM	10,449				52
53 ANESTHESIOLOGY	1,053				53
54 RADIOLOGY-DIAGNOSTIC	41,987				54
57 COMPUTED TOMOGRAPHY (CT) SCAN	6,690				57
58 MAGNETIC RESONANCE IMAGING (MRI)	4,438				58
59 CARDIAC CATHETERIZATION	6,102				59
60 LABORATORY	42,475				60
61 PBP CLINICAL LAB SERVICES-PRGM ONLY					61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	2,320				63
65 RESPIRATORY THERAPY	15,556				65
66 PHYSICAL THERAPY	19,119				66
68 SPEECH PATHOLOGY	1,284				68
69 ELECTROCARDIOLOGY	8,095				69
70 ELECTROENCEPHALOGRAPHY	2,306				70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS	335				74
76 DIGESTIVE DISEASES	4,788				76
76.01 ENTEROSTOMAL	482				76.01
76.02 DIABETIC SERVICE	1,654				76.02
76.03 WOUND CARE					76.03
76.04 PSYCHOLOGY	2,454				76.04
76.05 NEURO DIAGNOSTIC CENTER	1,196				76.05
76.06 EATING DISORDERS	577				76.06
76.07 UROLOGICAL	159				76.07
76.08 SLEEP DISORDERS	5,221				76.08
76.09 PAIN PROGRAM					76.09
76.10 COMP EPILEPSY	1,399				76.10
76.97 CARDIAC REHABILITATION	1,641				76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 VOICE CLINIC					90.01
90.02 LUNG CLINIC					90.02
90.03 ADULT SICKLE CELL CLINIC					90.03
90.04 ST JUDE CLINIC					90.04

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PARKING	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMEDICA EDUCATION
	18	20	21	22	23
90.05 SISTERS CLINIC	6,708				90.05
90.06 SPECIAL CLINICS	675				90.06
91 EMERGENCY	48,993				91
92 OBSERVATION BEDS					92
92.01 OBSERVATION BEDS-DISTINCT	2,751				92.01
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
105 KIDNEY ACQUISITION	703				105
109 PANCREAS ACQUISITION	92				109
118 SUBTOTALS (SUM OF LINES 1-117)	560,744				118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	879				190
194 SISTERS CONVENT	403				194
194.01 BRADLEY HEALTH SVC					194.01
194.02 COMMUNITY CLINIC	407				194.02
194.03 FUND RAISING	2,061				194.03
194.04 OUTREACH PHYSICIAN					194.04
194.05 PHYSICIAN CONTRACT					194.05
194.06 MEALS ON WHEELS					194.06
194.07 OTHER NON-REIMB	7,166				194.07
194.08 INDUSTRIAL REHAB					194.08
194.09 CONTRACTED SERVICES					194.09
194.10 IN-SCHOOL CLINIC					194.10
194.11 REGIONAL ACTIVITIES	673				194.11
194.12 CFH - MEDICAL OFFICE BLDG					194.12
194.13 CFH - ASC LLC					194.13
200 CROSS FOOT ADJUSTMENTS		1,708,238	393,825	1,665,323	4,967 200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	572,333	1,708,238	393,825	1,665,323	4,967 202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PARAMEDICA X-RAY	PARAMEDICA DIETARY	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS	23.01	23.02	24	25	26	
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 PURCH, RCVING, STORING						5.01
5.02 ADMITTING						5.02
5.03 OUTPATIENT OFFICES						5.03
5.04 BUSINESS OFFICE						5.04
5.05 OTHER ADMIN + GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
18 PARKING						18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM- LAB TECH						23
23.01 PARAMEDICAL EDUC X-RAY	8,126					23.01
23.02 PARAMEDICAL EDUC DIETARY		7,457				23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS			7,774,116		7,774,116	30
31 INTENSIVE CARE UNIT			2,342,061		2,342,061	31
35 PREMATURE INTENSIVE CARE			1,466,625		1,466,625	35
41 SUBPROVIDER - IRF			343,749		343,749	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM			4,767,435		4,767,435	50
51 RECOVERY ROOM			294,937		294,937	51
52 DELIVERY ROOM & LABOR ROOM			489,129		489,129	52
53 ANESTHESIOLOGY			378,721		378,721	53
54 RADIOLOGY-DIAGNOSTIC			5,475,223		5,475,223	54
57 COMPUTED TOMOGRAPHY (CT) SCAN			545,683		545,683	57
58 MAGNETIC RESONANCE IMAGING (MRI)			927,066		927,066	58
59 CARDIAC CATHETERIZATION			1,417,314		1,417,314	59
60 LABORATORY			2,187,105		2,187,105	60
61 PBP CLINICAL LAB SERVICES-PRGM ONLY						61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.			388,697		388,697	63
65 RESPIRATORY THERAPY			812,140		812,140	65
66 PHYSICAL THERAPY			1,189,899		1,189,899	66
68 SPEECH PATHOLOGY			132,611		132,611	68
69 ELECTROCARDIOLOGY			545,830		545,830	69
70 ELECTROENCEPHALOGRAPHY			159,324		159,324	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			901,977		901,977	71
72 IMPL. DEV. CHARGED TO PATIENT			1,042,896		1,042,896	72
73 DRUGS CHARGED TO PATIENTS			1,595,851		1,595,851	73
74 RENAL DIALYSIS			122,876		122,876	74
76 DIGESTIVE DISEASES			465,571		465,571	76
76.01 ENTEROSTOMAL			10,069		10,069	76.01
76.02 DIABETIC SERVICE			146,328		146,328	76.02
76.03 WOUND CARE			152,617		152,617	76.03
76.04 PSYCHOLOGY			109,596		109,596	76.04
76.05 NEURO DIAGNOSTIC CENTER			79,557		79,557	76.05
76.06 EATING DISORDERS			147,983		147,983	76.06
76.07 UROLOGICAL			5,201		5,201	76.07
76.08 SLEEP DISORDERS			379,979		379,979	76.08
76.09 PAIN PROGRAM			163,429		163,429	76.09
76.10 COMP EPILEPSY			106,660		106,660	76.10
76.97 CARDIAC REHABILITATION			38,781		38,781	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY			7,516		7,516	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC			37,781		37,781	90.01
90.02 LUNG CLINIC			71		71	90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC			132		132	90.04

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PARAMEDICA	PARAMEDICA	SUBTOTAL	I&R COST &	TOTAL	
	X-RAY	DIETARY		POST STEP-		
	23.01	23.02	24	25	26	
90.05 SISTERS CLINIC			539,885		539,885	90.05
90.06 SPECIAL CLINICS			91,143		91,143	90.06
91 EMERGENCY			2,223,390		2,223,390	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT			236,137		236,137	92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES			358,215		358,215	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION			206,465		206,465	105
109 PANCREAS ACQUISITION			9,308		9,308	109
118 SUBTOTALS (SUM OF LINES 1-117)			40,817,079		40,817,079	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			100,407		100,407	190
194 SISTERS CONVENT			8,549		8,549	194
194.01 BRADLEY HEALTH SVC			4,127		4,127	194.01
194.02 COMMUNITY CLINIC			15,320		15,320	194.02
194.03 FUND RAISING			238,393		238,393	194.03
194.04 OUTREACH PHYSICIAN			7,183,655		7,183,655	194.04
194.05 PHYSICIAN CONTRACT			13,410		13,410	194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB			697,636		697,636	194.07
194.08 INDUSTRIAL REHAB			301,752		301,752	194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC			69		69	194.10
194.11 REGIONAL ACTIVITIES			33,575		33,575	194.11
194.12 CFH - MEDICAL OFFICE BLDG			420,873		420,873	194.12
194.13 CFH - ASC LLC			970,038		970,038	194.13
200 CROSS FOOT ADJUSTMENTS	8,126	7,457	3,787,936		3,787,936	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	8,126	7,457	54,592,819		54,592,819	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES (SQUARE FEET) 1	CAP MOVABLE EQUIPMENT (DOLLAR VALUE) 2	EMPLOYEE BENEFITS GROSS SALARIES 4	PURCH, RCV STORING COSTED REQUISITIO 5.01	ADMITTING TOTAL GROS REVENUES 5.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	1,448,702					1
2 CAP REL COSTS-MVBLE EQUIP		16,586,507				2
4 EMPLOYEE BENEFITS	17,517	8,181	341,034,121			4
5.01 PURCH, RCVING, STORING	4,425	20,842	905,581	11,575,244		5.01
5.02 ADMITTING	2,770	119	1,705,881	32,708	2,694,204,014	5.02
5.03 OUTPATIENT OFFICES	5,299	41,472	855,250	16,992		5.03
5.04 BUSINESS OFFICE	753	2,547	2,052,689	22,133		5.04
5.05 OTHER ADMIN + GENERAL	105,583	7,668,463	19,414,839	551,309		5.05
6 MAINTENANCE & REPAIRS	303,554	452,948	5,377,944	2,920,965		6
7 OPERATION OF PLANT	19,874	236,322	1,686,206	381,955		7
8 LAUNDRY & LINEN SERVICE	3,552		183,711	14,788		8
9 HOUSEKEEPING	9,593	11,454	6,047,497	424,021		9
10 DIETARY	14,169	56,589	4,353,239	268,219		10
11 CAFETERIA			426,158			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	16,253	119,635	11,895,669	93,055		13
14 CENTRAL SERVICES & SUPPLY	31,985	452,370	3,252,628	655,141		14
15 PHARMACY	12,633	292,868	9,882,963	239,876		15
16 MEDICAL RECORDS & LIBRARY	12,679	35,723	3,505,458	510,172		16
17 SOCIAL SERVICE						17
18 PARKING		479,428	28,795	3,667		18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	77,500	104,607	3,634,156	46,990		20
21 I&R SRVCES-SALARY & FRINGES APPRVD			9,429,872			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	42,569		9,391,453	33,146		22
23 PARAMED ED PRGM- LAB TECH			65,880			23
23.01 PARAMEDICAL EDUC X-RAY			120,967			23.01
23.02 PARAMEDICAL EDUC DIETARY			73,256			23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRCS	192,841	313,538	47,348,841	1,565,452	181,165,774	30
31 INTENSIVE CARE UNIT	45,340	182,608	15,781,942	555,812	75,594,420	31
35 PREMATURE INTENSIVE CARE	22,299	316,313	10,025,739	226,034	44,993,981	35
41 SUBPROVIDER - IRF	6,659	13,036	2,440,017	73,136	7,990,784	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	78,112	946,836	13,558,265	462,840	188,171,224	50
51 RECOVERY ROOM	6,069	45,247	1,918,957	6,639	28,764,424	51
52 DELIVERY ROOM & LABOR ROOM	8,472	64,430	3,553,553	127,237	12,189,668	52
53 ANESTHESIOLOGY	309	161,321	390,815	68,113	100,152,682	53
54 RADIOLOGY-DIAGNOSTIC	60,552	1,501,526	15,677,850	171,510	263,057,182	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	3,824	74,018	2,134,286	19,929	149,756,516	57
58 MAGNETIC RESONANCE IMAGING (MRI)	6,415	416,389	2,184,841	14,291	104,281,083	58
59 CARDIAC CATHETERIZATION	7,514	483,850	2,160,000	102,422	110,605,340	59
60 LABORATORY	25,036	482,688	10,183,968	123,465	345,640,058	60
61 PBP CLINICAL LAB SERVICES-PRGM ONLY						61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	7,641		636,077	1,880	15,340,293	63
65 RESPIRATORY THERAPY	6,640	191,347	4,780,442	23,898	90,031,219	65
66 PHYSICAL THERAPY	29,190	33,985	7,488,373	78,524	41,089,171	66
68 SPEECH PATHOLOGY	1,682	46,627	523,302	21,198	3,701,563	68
69 ELECTROCARDIOLOGY	5,849	200,970	2,369,025	33,197	52,122,150	69
70 ELECTROENCEPHALOGRAPHY	245	102,511	665,459	9,015	7,874,300	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					261,622,021	71
72 IMPL. DEV. CHARGED TO PATIENT					128,696,095	72
73 DRUGS CHARGED TO PATIENTS					278,845,057	73
74 RENAL DIALYSIS	2,700	782	134,006	12,732	6,888,813	74
76 DIGESTIVE DISEASES	6,256	108,224	1,751,563	147,272	52,475,108	76
76.01 ENTEROSTOMAL			208,941	2,222	812,228	76.01
76.02 DIABETIC SERVICE	4,575		533,910	9,343	190,820	76.02
76.03 WOUND CARE	4,336	126	408,860	20,409	4,892,825	76.03
76.04 PSYCHOLOGY	3,671		944,262	33,710	2,434,887	76.04
76.05 NEURO DIAGNOSTIC CENTER	2,690		868,122	5,426	169,904	76.05
76.06 EATING DISORDERS	6,962		186,111	893	262,733	76.06
76.07 UROLOGICAL		1,811	62,224	309	822,595	76.07
76.08 SLEEP DISORDERS	5,044	27,581	2,578,725	44,404	11,236,874	76.08
76.09 PAIN PROGRAM	5,400	11,752	833,140	17,542	4,007,049	76.09
76.10 COMP EPILEPSY	3,955	654	1,197,701	5,963	248,263	76.10
76.97 CARDIAC REHABILITATION		4,683	630,728	3,192	1,279,727	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY				12	1,736,061	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC	495	21,268	22,498	26,649	269,327	90.01
90.02 LUNG CLINIC					1,760	90.02
90.03 ADULT SICKLE CELL CLINIC						90.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP	CAP	EMPLOYEE	PURCH, RCV	ADMITTING	
	BLDGS & FIXTURES (SQUARE FEET) 1	MOVABLE EQUIPMENT (DOLLAR VALUE) 2	BENEFITS GROSS SALARIES 4	STORING COSTED REQUISITIO 5.01	TOTAL GROS REVENUES 5.02	
90.04 ST JUDE CLINIC			293		230,750	90.04
90.05 SISTERS CLINIC	21,227	24,357	1,811,889	25,081	1,580,930	90.05
90.06 SPECIAL CLINICS	2,283	21,534	200,510	5,987	544,828	90.06
91 EMERGENCY	39,813	315,057	16,789,190	337,458	79,078,950	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT OTHER REIMBURSABLE COST CENTERS	5,128	75,252	831,226	15,955	2,962,540	92.01
95 AMBULANCE SERVICES		20,536	1,449,404	13,661	26,587,076	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
105 KIDNEY ACQUISITION			251,818	3,989	3,515,686	105
109 PANCREAS ACQUISITION			33,392	110	289,275	109
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	1,309,932	16,194,425	269,840,357	10,632,048	2,694,204,014	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,434	14,117	128,764	184,964		190
194 SISTERS CONVENT			59,949	132		194
194.01 BRADLEY HEALTH SVC		219	369,778	1,827		194.01
194.02 COMMUNITY CLINIC			199,453	104		194.02
194.03 FUND RAISING		4,967	750,901	37,514		194.03
194.04 OUTREACH PHYSICIAN	70,020	287,472	61,734,322	530,811		194.04
194.05 PHYSICIAN CONTRACT			43,188	2,056		194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB	16,877	21,533	2,594,751	87,667		194.07
194.08 INDUSTRIAL REHAB	6,969	11,191	1,675,859	33,079		194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC		64				194.10
194.11 REGIONAL ACTIVITIES	603		456,428	1,034		194.11
194.12 CFH - MEDICAL OFFICE BLDG	21,753					194.12
194.13 CFH - ASC LLC	19,114	52,519	3,180,371	64,008		194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	18,378,500	17,421,458	90,742,556	2,382,554	2,781,400	202
203 UNIT COST MULT-WS B PT I	12.686184	1.050339	0.266081	0.205832	0.001032	203
204 COST TO BE ALLOC PER B PT II			231,158	189,887	367,855	204
205 UNIT COST MULT-WS B PT II			0.000678	0.016405	0.000137	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OUTPATIENT	BUSINESS O	RECON- CILIATION	OTHER ADMI ENERAL	MAIN- TENANCE & REPAIRS (SQUARE FEET)	
	OUTPATIENT REVENUES 5.03	TOTAL GROS REVENUES 5.04		5A.05		
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 PURCH, RCVING, STORING						5.01
5.02 ADMITTING						5.02
5.03 OUTPATIENT OFFICES	545,745,708					5.03
5.04 BUSINESS OFFICE		2,694,204,014				5.04
5.05 OTHER ADMIN + GENERAL			-113,382,814	641,512,002		5.05
6 MAINTENANCE & REPAIRS				28,675,381	1,008,801	6
7 OPERATION OF PLANT				10,441,856	19,874	7
8 LAUNDRY & LINEN SERVICE				987,229	3,552	8
9 HOUSEKEEPING				10,757,497	9,593	9
10 DIETARY				5,204,418	14,169	10
11 CAFETERIA				1,947,078		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION				16,837,363	16,253	13
14 CENTRAL SERVICES & SUPPLY				6,671,140	31,985	14
15 PHARMACY				12,148,787	12,633	15
16 MEDICAL RECORDS & LIBRARY				5,619,582	12,679	16
17 SOCIAL SERVICE						17
18 PARKING				1,354,014		18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL				2,108,235	77,500	20
21 I&R SRVCES-SALARY & FRINGES APPRVD				11,938,982		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				23,478,300	42,569	22
23 PARAMED ED PRGM- LAB TECH				151,687		23
23.01 PARAMEDICAL EDUC X-RAY				247,890		23.01
23.02 PARAMEDICAL EDUC DIETARY				228,247		23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		181,165,774		70,302,941	192,841	30
31 INTENSIVE CARE UNIT		75,594,420		25,768,687	45,340	31
35 PREMATURE INTENSIVE CARE		44,993,981		14,606,518	22,299	35
41 SUBPROVIDER - IRF		7,990,784		3,607,168	6,659	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		188,171,224		28,132,018	78,112	50
51 RECOVERY ROOM		28,764,424		2,737,575	6,069	51
52 DELIVERY ROOM & LABOR ROOM		12,189,668		5,466,646	8,472	52
53 ANESTHESIOLOGY		100,152,682		2,334,454	309	53
54 RADIOLOGY-DIAGNOSTIC	173,811,927	263,057,182		32,501,590	60,552	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	92,480,177	149,756,516		6,153,682	3,824	57
58 MAGNETIC RESONANCE IMAGING (MRI)	77,228,543	104,281,083		6,352,478	6,415	58
59 CARDIAC CATHETERIZATION		110,605,340		5,695,573	7,514	59
60 LABORATORY	169,255,211	345,640,058		28,778,176	25,036	60
61 PBP CLINICAL LAB SERVICES-PRGM ONLY			-132,493			61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		15,340,293		6,965,595	7,641	63
65 RESPIRATORY THERAPY		90,031,219		7,786,214	6,640	65
66 PHYSICAL THERAPY		41,089,171		10,145,564	29,190	66
68 SPEECH PATHOLOGY		3,701,563		958,584	1,682	68
69 ELECTROCARDIOLOGY	32,969,850	52,122,150		3,766,298	5,849	69
70 ELECTROENCEPHALOGRAPHY		7,874,300		1,171,674	245	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		261,622,021		24,513,786		71
72 IMPL. DEV. CHARGED TO PATIENT		128,696,095		30,523,456		72
73 DRUGS CHARGED TO PATIENTS		278,845,057		22,296,962		73
74 RENAL DIALYSIS		6,888,813		1,950,649	2,700	74
76 DIGESTIVE DISEASES		52,475,108		3,620,430	6,256	76
76.01 ENTEROSTOMAL		812,228		276,127		76.01
76.02 DIABETIC SERVICE		190,820		811,545	4,575	76.02
76.03 WOUND CARE		4,892,825		982,630	4,336	76.03
76.04 PSYCHOLOGY		2,434,887		1,008,487	3,671	76.04
76.05 NEURO DIAGNOSTIC CENTER		169,904		621,087	2,690	76.05
76.06 EATING DISORDERS		262,733		340,901	6,962	76.06
76.07 UROLOGICAL		822,595		83,503		76.07
76.08 SLEEP DISORDERS		11,236,874		2,854,247	5,044	76.08
76.09 PAIN PROGRAM		4,007,049		1,210,084	5,400	76.09
76.10 COMP EPILEPSY		248,263		766,223	3,955	76.10
76.97 CARDIAC REHABILITATION		1,279,727		653,902		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY		1,736,061		209,830		76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC		269,327		144,031	495	90.01
90.02 LUNG CLINIC		1,760		2,185		90.02
90.03 ADULT SICKLE CELL CLINIC						90.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OUTPATIENT	BUSINESS O	RECON-	OTHER ADMI	MAIN-
	REVENUES 5.03	TOTAL GROS REVENUES 5.04	CILIAATION 5A.05	ENERAL ACCUM COST 5.05	TENANCE & REPAIRS (SQUARE FEET) 6
90.04 ST JUDE CLINIC		230,750		1,144	90.04
90.05 SISTERS CLINIC		1,580,930		2,721,937	21,227 90.05
90.06 SPECIAL CLINICS		544,828		325,140	2,283 90.06
91 EMERGENCY		79,078,950		19,831,442	39,813 91
92 OBSERVATION BEDS					92
92.01 OBSERVATION BEDS-DISTINCT		2,962,540		1,551,891	5,128 92.01
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES		26,587,076		9,244,854	95
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
105 KIDNEY ACQUISITION		3,515,686		2,905,089	105
109 PANCREAS ACQUISITION		289,275		279,295	109
118 SUBTOTALS (SUM OF LINES 1-117)	545,745,708	2,694,204,014	-113,515,307	531,759,978	870,031 118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				443,565	3,434 190
194 SISTERS CONVENT				248,499	194
194.01 BRADLEY HEALTH SVC				100,758	194.01
194.02 COMMUNITY CLINIC				259,261	194.02
194.03 FUND RAISING				4,194,249	194.03
194.04 OUTREACH PHYSICIAN				85,459,639	70,020 194.04
194.05 PHYSICIAN CONTRACT				411,308	194.05
194.06 MEALS ON WHEELS					194.06
194.07 OTHER NON-REIMB				3,331,334	16,877 194.07
194.08 INDUSTRIAL REHAB				1,786,234	6,969 194.08
194.09 CONTRACTED SERVICES					194.09
194.10 IN-SCHOOL CLINIC				67	194.10
194.11 REGIONAL ACTIVITIES				634,005	603 194.11
194.12 CFH - MEDICAL OFFICE BLDG				275,963	21,753 194.12
194.13 CFH - ASC LLC				12,607,142	19,114 194.13
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	1,488,837	6,244,489		113,382,814	33,743,554 202
203 UNIT COST MULT-WS B PT I	0.002728	0.002318		0.176743	33.449168 203
204 COST TO BE ALLOC PER B PT II	111,643	230,008		20,817,704	5,332,765 204
205 UNIT COST MULT-WS B PT II	0.000205	0.000085		0.032451	5.286241 205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA
	OF PLANT	& LINEN	KEEPING		
	(SQUARE	SERVICE	(SQUARE	MEALS	FTE EMPLOY
	FEET)	POUNDS OF	FEET)	SERVED	(READ AS 0
	7	LAUNDRY	9	10	11
GENERAL SERVICE COST CENTERS					
1	CAP REL COSTS-BLDG & FIXT				1
2	CAP REL COSTS-MVBLE EQUIP				2
4	EMPLOYEE BENEFITS				4
5.01	PURCH, RCVING, STORING				5.01
5.02	ADMITTING				5.02
5.03	OUTPATIENT OFFICES				5.03
5.04	BUSINESS OFFICE				5.04
5.05	OTHER ADMIN + GENERAL				5.05
6	MAINTENANCE & REPAIRS				6
7	OPERATION OF PLANT	988,927			7
8	LAUNDRY & LINEN SERVICE	3,552	4,481,214		8
9	HOUSEKEEPING	9,593	97,314	920,174	9
10	DIETARY	14,169		14,169	10
11	CAFETERIA			771,322	11
12	MAINTENANCE OF PERSONNEL				414,231
13	NURSING ADMINISTRATION	16,253			12
14	CENTRAL SERVICES & SUPPLY	31,985	95,475	16,253	13
15	PHARMACY	12,633		31,985	14
16	MEDICAL RECORDS & LIBRARY	12,679		12,633	15
17	SOCIAL SERVICE			12,679	16
18	PARKING				9,917
19	NONPHYSICIAN ANESTHETISTS				17
20	NURSING SCHOOL	77,500		77,500	101
21	I&R SRVCES-SALARY & FRINGES APPRVD				18
22	I&R SRVCES-OTHER PRGM COSTS APPRVD	42,569	5,305	42,569	19
23	PARAMED ED PRGM- LAB TECH				5,264
23.01	PARAMEDICAL EDUC X-RAY				21,475
23.02	PARAMEDICAL EDUC DIETARY				22
INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS	192,841	1,976,690	192,841	610,894
31	INTENSIVE CARE UNIT	45,340	409,601	45,340	106,968
35	PREMATURE INTENSIVE CARE	22,299	95,201	22,299	
41	SUBPROVIDER - IRF	6,659	149,800	6,659	44,218
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	78,112	419,261	78,112	25,898
51	RECOVERY ROOM	6,069		6,069	2,953
52	DELIVERY ROOM & LABOR ROOM	8,472	152,295	8,472	8,380
53	ANESTHESIOLOGY	309		309	6,552
54	RADIOLOGY-DIAGNOSTIC	60,552	369,146	60,552	660
57	COMPUTED TOMOGRAPHY (CT) SCAN	3,824		3,824	26,327
58	MAGNETIC RESONANCE IMAGING (MRI)	6,415		6,415	4,195
59	CARDIAC CATHETERIZATION	7,514	109,367	7,514	2,783
60	LABORATORY	25,036	4,644	25,036	3,826
61	BPB CLINICAL LAB SERVICES-PRGM ONLY				26,633
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				
63	BLOOD STORING, PROCESSING & TRANS.	7,641		7,641	26,633
65	RESPIRATORY THERAPY	6,640		6,640	1,455
66	PHYSICAL THERAPY	29,190	8,098	29,190	9,754
68	SPEECH PATHOLOGY	1,682	2,119	1,682	11,988
69	ELECTROCARDIOLOGY	5,849	15,570	5,849	805
70	ELECTROENCEPHALOGRAPHY	245	15,254	245	5,076
71	MEDICAL SUPPLIES CHRGD TO PATIENTS				1,446
72	IMPL. DEV. CHARGED TO PATIENT				
73	DRUGS CHARGED TO PATIENTS				
74	RENAL DIALYSIS	2,700	11,421	2,700	210
76	DIGESTIVE DISEASES	6,256	76,299	6,256	3,002
76.01	ENTEROSTOMAL				302
76.02	DIABETIC SERVICE	4,575		4,575	1,037
76.03	WOUND CARE	4,336			
76.04	PSYCHOLOGY	3,671		3,671	
76.05	NEURO DIAGNOSTIC CENTER	2,690		2,690	1,539
76.06	EATING DISORDERS	6,962		6,962	750
76.07	UROLOGICAL				362
76.08	SLEEP DISORDERS	5,044	8,399	5,044	100
76.09	PAIN PROGRAM	5,400			3,274
76.10	COMP EPILEPSY	3,955		3,955	
76.97	CARDIAC REHABILITATION				877
76.98	HYPERBARIC OXYGEN THERAPY				1,029
76.99	LITHOTRIPSY				
OUTPATIENT SERVICE COST CENTERS					
90.01	VOICE CLINIC	495			
90.02	LUNG CLINIC				
90.03	ADULT SICKLE CELL CLINIC				

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
	(SQUARE FEET) 7	POUNDS OF LAUNDRY 8	(SQUARE FEET) 9	MEALS SERVED 10	FTE EMPLOY (READ AS 0 11)	
90.04 ST JUDE CLINIC						90.04
90.05 SISTERS CLINIC	21,227		21,227		4,206	90.05
90.06 SPECIAL CLINICS	2,283		2,283		423	90.06
91 EMERGENCY	39,813	448,298	39,813		30,720	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	5,128		5,128	862	1,725	92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION					441	105
109 PANCREAS ACQUISITION					58	109
118 SUBTOTALS (SUM OF LINES 1-117)	850,157	4,469,557	826,781	771,322	406,965	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,434		3,434		551	190
194 SISTERS CONVENT					253	194
194.01 BRADLEY HEALTH SVC						194.01
194.02 COMMUNITY CLINIC					255	194.02
194.03 FUND RAISING					1,292	194.03
194.04 OUTREACH PHYSICIAN	70,020	6,589	46,396			194.04
194.05 PHYSICIAN CONTRACT						194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB	16,877	5,068	16,877		4,493	194.07
194.08 INDUSTRIAL REHAB	6,969		6,969			194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC						194.10
194.11 REGIONAL ACTIVITIES	603		603		422	194.11
194.12 CFH - MEDICAL OFFICE BLDG	21,753					194.12
194.13 CFH - ASC LLC	19,114		19,114			194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	12,952,150	1,327,047	13,134,146	6,986,019	2,291,210	202
203 UNIT COST MULT-WS B PT I	13.097175	0.296136	14.273546	9.057202	5.531237	203
204 COST TO BE ALLOC PER B PT II	952,996	99,666	555,997	513,765	63,474	204
205 UNIT COST MULT-WS B PT II	0.963667	0.022241	0.604230	0.666084	0.153233	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION NURSING FT (READ AS 0 13	CENTRAL SERVICES + SUPPLY COSTED REQUISITIO 14	PHARMACY COSTED REQUISITIO 15	MEDICAL RECORDS & LIBRARY TOTAL GROS REVENUES 16	PARKING FTE EMPLOY (READ AS 0 18	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 PURCH, RCVING, STORING						5.01
5.02 ADMITTING						5.02
5.03 OUTPATIENT OFFICES						5.03
5.04 BUSINESS OFFICE						5.04
5.05 OTHER ADMIN + GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	181,271					13
14 CENTRAL SERVICES & SUPPLY		26,368,484				14
15 PHARMACY		1,110,747	30,180,122			15
16 MEDICAL RECORDS & LIBRARY		105		2,759,972,250		16
17 SOCIAL SERVICE						17
18 PARKING					358,869	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL		31,441	89		5,264	20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		138,293	453		21,475	22
23 PARAMED ED PRGM- LAB TECH						23
23.01 PARAMEDICAL EDUC X-RAY						23.01
23.02 PARAMEDICAL EDUC DIETARY						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	94,351	1,198,312	28,754	181,165,774	94,351	30
31 INTENSIVE CARE UNIT	28,973	757,265	26,033	75,594,420	28,973	31
35 PREMATURE INTENSIVE CARE	15,883	431,012	7,637	45,028,978	15,883	35
41 SUBPROVIDER - IRF	5,251	57,100	433	7,990,784	5,251	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	25,898	9,721,335	46,731	188,171,224	25,898	50
51 RECOVERY ROOM	2,953	53,553	11	28,764,424	2,953	51
52 DELIVERY ROOM & LABOR ROOM	6,552	123,325	582	12,189,668	6,552	52
53 ANESTHESIOLOGY	660	673,070	377,190	100,152,682	660	53
54 RADIOLOGY-DIAGNOSTIC		3,737,450	1,612,973	275,728,620	26,327	54
57 COMPUTED TOMOGRAPHY (CT) SCAN		700,465	182,058	149,756,516	4,195	57
58 MAGNETIC RESONANCE IMAGING (MRI)		417,482	615	104,281,083	2,783	58
59 CARDIAC CATHETERIZATION		2,488,885	3,315	110,605,340	3,826	59
60 LABORATORY		262,010	1,639	345,640,058	26,633	60
61 PBP CLINICAL LAB SERVICES-PRGM ONLY						61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		41,107		15,340,293	1,455	63
65 RESPIRATORY THERAPY		829,263	16,834	90,031,219	9,754	65
66 PHYSICAL THERAPY		70,951	179,659	45,288,978	11,988	66
68 SPEECH PATHOLOGY		160,418	8	3,701,563	805	68
69 ELECTROCARDIOLOGY		74,621	420	52,122,150	5,076	69
70 ELECTROENCEPHALOGRAPHY		21,785		7,874,300	1,446	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				261,622,021		71
72 IMPL. DEV. CHARGED TO PATIENT				128,696,095		72
73 DRUGS CHARGED TO PATIENTS			21,362,832	278,845,057		73
74 RENAL DIALYSIS		16,942	16,339	6,888,813	210	74
76 DIGESTIVE DISEASES		766,927	258	52,475,108	3,002	76
76.01 ENTEROSTOMAL		726		812,228	302	76.01
76.02 DIABETIC SERVICE		63		190,820	1,037	76.02
76.03 WOUND CARE		124,935	3,033	4,892,825		76.03
76.04 PSYCHOLOGY				3,643,370	1,539	76.04
76.05 NEURO DIAGNOSTIC CENTER	750	1,639	4	2,663,829	750	76.05
76.06 EATING DISORDERS				262,733	362	76.06
76.07 UROLOGICAL		327		822,595	100	76.07
76.08 SLEEP DISORDERS		45,012		16,454,100	3,274	76.08
76.09 PAIN PROGRAM		37,836	90,769	4,438,752		76.09
76.10 COMP EPILEPSY		981	1	6,650,607	877	76.10
76.97 CARDIAC REHABILITATION		1,598		1,279,727	1,029	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY				1,736,061		76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC		5,717	7,367	269,327		90.01
90.02 LUNG CLINIC				1,760		90.02
90.03 ADULT SICKLE CELL CLINIC						90.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION NURSING FT (READ AS 0 13	CENTRAL SERVICES + SUPPLY COSTED REQUISITIO 14	PHARMACY COSTED REQUISITIO 15	MEDICAL RECORDS & LIBRARY TOTAL GROS REVENUES 16	PARKING FTE EMPLOY (READ AS 0 18	
90.04 ST JUDE CLINIC				230,750		90.04
90.05 SISTERS CLINIC		11,488		3,791,400	4,206	90.05
90.06 SPECIAL CLINICS		43,890		2,101,979	423	90.06
91 EMERGENCY		508,877	3,648	108,419,642	30,720	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT OTHER REIMBURSABLE COST CENTERS		7,585	4,393	2,962,540	1,725	92.01
95 AMBULANCE SERVICES		10,392	4,959	26,587,076		95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
105 KIDNEY ACQUISITION		23	9,672	3,515,686	441	105
109 PANCREAS ACQUISITION				289,275	58	109
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	181,271	24,684,953	23,989,611	2,759,972,250	351,603	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					551	190
194 SISTERS CONVENT					253	194
194.01 BRADLEY HEALTH SVC		3,465				194.01
194.02 COMMUNITY CLINIC		16,533	131,603		255	194.02
194.03 FUND RAISING		43,340			1,292	194.03
194.04 OUTREACH PHYSICIAN		426,760	5,548,027			194.04
194.05 PHYSICIAN CONTRACT						194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB		31,148	9,024		4,493	194.07
194.08 INDUSTRIAL REHAB		15,661	222,405			194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC						194.10
194.11 REGIONAL ACTIVITIES					422	194.11
194.12 CFH - MEDICAL OFFICE BLDG						194.12
194.13 CFH - ASC LLC		1,146,624	279,452			194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	20,928,414	9,880,582	15,547,930	7,438,831	1,593,885	202
203 UNIT COST MULT-WS B PT I	115.453735	0.374712	0.515171	0.002695	4.441412	203
204 COST TO BE ALLOC PER B PT II	1,004,650	2,629,997	1,071,993	510,077	572,333	204
205 UNIT COST MULT-WS B PT II	5.542254	0.099740	0.035520	0.000185	1.594824	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING	I&R	I&R	PARAMEDICA	PARAMEDICA
	SCHOOL	SALARY & FRINGES	PROGRAM COSTS	EDUCATION	X-RAY
	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	DIRECT ALLOCATION	DIRECT ALLOCATION
	20	21	22	23	23.01
GENERAL SERVICE COST CENTERS					
1					1
2					2
4					4
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
5.05					5.05
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20	98,784				20
21		319,057			21
22			319,057		22
23				100	23
23.01					23.01
23.02					23.02
INPATIENT ROUTINE SERV COST CENTERS					
30	75,184	129,118	129,118		30
31	3,616	24,693	24,693		31
35	160	7,835	7,835		35
41		7,794	7,794		41
ANCILLARY SERVICE COST CENTERS					
50	1,168	38,801	38,801		50
51					51
52					52
53	10,312	3,377	3,377		53
54	864	46,393	46,393		54
57				100	57
58					58
59					59
60				100	60
61					61
62.30					62.30
63					63
65					65
66					66
68	864				68
69		87	87		69
70		869	869		70
71					71
72					72
73					73
74					74
76	864				76
76.01					76.01
76.02					76.02
76.03	208				76.03
76.04					76.04
76.05					76.05
76.06	232				76.06
76.07					76.07
76.08					76.08
76.09					76.09
76.10					76.10
76.97					76.97
76.98					76.98
76.99					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01					90.01
90.02					90.02
90.03					90.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING	I&R	I&R	PARAMEDICA	PARAMEDICA
	SCHOOL	SALARY & FRINGES	PROGRAM COSTS	EDUCATION	X-RAY
	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	DIRECT ALLOCATION	DIRECT ALLOCATION
	20	21	22	23	23.01
90.04 ST JUDE CLINIC					90.04
90.05 SISTERS CLINIC	808	14,134	14,134		90.05
90.06 SPECIAL CLINICS					90.06
91 EMERGENCY	456	45,956	45,956		91
92 OBSERVATION BEDS					92
92.01 OBSERVATION BEDS-DISTINCT					92.01
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
105 KIDNEY ACQUISITION					105
109 PANCREAS ACQUISITION					109
118 SUBTOTALS (SUM OF LINES 1-117)	95,480	319,057	319,057	100	100
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					190
194 SISTERS CONVENT					194
194.01 BRADLEY HEALTH SVC					194.01
194.02 COMMUNITY CLINIC					194.02
194.03 FUND RAISING					194.03
194.04 OUTREACH PHYSICIAN	792				194.04
194.05 PHYSICIAN CONTRACT					194.05
194.06 MEALS ON WHEELS					194.06
194.07 OTHER NON-REIMB	2,512				194.07
194.08 INDUSTRIAL REHAB					194.08
194.09 CONTRACTED SERVICES					194.09
194.10 IN-SCHOOL CLINIC					194.10
194.11 REGIONAL ACTIVITIES					194.11
194.12 CFH - MEDICAL OFFICE BLDG					194.12
194.13 CFH - ASC LLC					194.13
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	7,258,716	14,049,113	30,484,754	178,497	291,703
203 UNIT COST MULT-WS B PT I	73.480685	44.033239	95.546420	1,784.970000	2,917.030000
204 COST TO BE ALLOC PER B PT II	1,708,238	393,825	1,665,323	4,967	8,126
205 UNIT COST MULT-WS B PT II	17.292659	1.234341	5.219516	49.670000	81.260000

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMEDICA DIETARY	DIRECT ALLOCATION	
		23.02	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			4
5.01 PURCH, RCVING, STORING			5.01
5.02 ADMITTING			5.02
5.03 OUTPATIENT OFFICES			5.03
5.04 BUSINESS OFFICE			5.04
5.05 OTHER ADMIN + GENERAL			5.05
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE			17
18 PARKING			18
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SRVCES-SALARY & FRINGES APPRVD			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED PRGM- LAB TECH			23
23.01 PARAMEDICAL EDUC X-RAY			23.01
23.02 PARAMEDICAL EDUC DIETARY	100		23.02
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	100		30
31 INTENSIVE CARE UNIT			31
35 PREMATURE INTENSIVE CARE			35
41 SUBPROVIDER - IRF			41
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM			50
51 RECOVERY ROOM			51
52 DELIVERY ROOM & LABOR ROOM			52
53 ANESTHESIOLOGY			53
54 RADIOLOGY-DIAGNOSTIC			54
57 COMPUTED TOMOGRAPHY (CT) SCAN			57
58 MAGNETIC RESONANCE IMAGING (MRI)			58
59 CARDIAC CATHETERIZATION			59
60 LABORATORY			60
61 PBP CLINICAL LAB SERVICES-PRGM ONLY			61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRANS.			63
65 RESPIRATORY THERAPY			65
66 PHYSICAL THERAPY			66
68 SPEECH PATHOLOGY			68
69 ELECTROCARDIOLOGY			69
70 ELECTROENCEPHALOGRAPHY			70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			71
72 IMPL. DEV. CHARGED TO PATIENT			72
73 DRUGS CHARGED TO PATIENTS			73
74 RENAL DIALYSIS			74
76 DIGESTIVE DISEASES			76
76.01 ENTEROSTOMAL			76.01
76.02 DIABETIC SERVICE			76.02
76.03 WOUND CARE			76.03
76.04 PSYCHOLOGY			76.04
76.05 NEURO DIAGNOSTIC CENTER			76.05
76.06 EATING DISORDERS			76.06
76.07 UROLOGICAL			76.07
76.08 SLEEP DISORDERS			76.08
76.09 PAIN PROGRAM			76.09
76.10 COMP EPILEPSY			76.10
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90.01 VOICE CLINIC			90.01
90.02 LUNG CLINIC			90.02
90.03 ADULT SICKLE CELL CLINIC			90.03

PROVIDER CCN: 14-0067 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 03/26/2012 11:58

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMEDICA DIETARY	DIRECT ALLOCATION 23.02	
90.04 ST JUDE CLINIC			90.04
90.05 SISTERS CLINIC			90.05
90.06 SPECIAL CLINICS			90.06
91 EMERGENCY			91
92 OBSERVATION BEDS			92
92.01 OBSERVATION BEDS-DISTINCT			92.01
OTHER REIMBURSABLE COST CENTERS			
95 AMBULANCE SERVICES			95
99.10 CORF			99.10
99.20 OUTPATIENT PHYSICAL THERAPY			99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40 OUTPATIENT SPEECH PATHOLOGY			99.40
SPECIAL PURPOSE COST CENTERS			
105 KIDNEY ACQUISITION			105
109 PANCREAS ACQUISITION			109
118 SUBTOTALS (SUM OF LINES 1-117)	100		118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			190
194 SISTERS CONVENT			194
194.01 BRADLEY HEALTH SVC			194.01
194.02 COMMUNITY CLINIC			194.02
194.03 FUND RAISING			194.03
194.04 OUTREACH PHYSICIAN			194.04
194.05 PHYSICIAN CONTRACT			194.05
194.06 MEALS ON WHEELS			194.06
194.07 OTHER NON-REIMB			194.07
194.08 INDUSTRIAL REHAB			194.08
194.09 CONTRACTED SERVICES			194.09
194.10 IN-SCHOOL CLINIC			194.10
194.11 REGIONAL ACTIVITIES			194.11
194.12 CFH - MEDICAL OFFICE BLDG			194.12
194.13 CFH - ASC LLC			194.13
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 COST TO BE ALLOC PER B PT I	268,588		202
203 UNIT COST MULT-WS B PT I	2,685.880000		203
204 COST TO BE ALLOC PER B PT II	7,457		204
205 UNIT COST MULT-WS B PT II	74.570000		205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	119,154,763		119,154,763	53,362	119,208,125	30
31 INTENSIVE CARE UNIT	38,571,404		38,571,404	243,651	38,815,055	31
35 PREMATURE INTENSIVE CARE	20,863,230		20,863,230	22,144	20,885,374	35
41 SUBPROVIDER - IRF	5,796,331		5,796,331		5,796,331	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	45,487,085		45,487,085	81,496	45,568,581	50
51 RECOVERY ROOM	4,058,515		4,058,515		4,058,515	51
52 DELIVERY ROOM & LABOR ROOM	8,727,990		8,727,990		8,727,990	52
53 ANESTHESIOLOGY	3,619,732		3,619,732		3,619,732	53
54 RADIOLOGY-DIAGNOSTIC	45,630,355		45,630,355	86,913	45,717,268	54
57 COMPUTED TOMOGRAPHY (CT) SC	8,275,572		8,275,572		8,275,572	57
58 MAGNETIC RESONANCE IMAGING	8,330,937		8,330,937		8,330,937	58
59 CARDIAC CATHETERIZATION	8,462,174		8,462,174		8,462,174	59
60 LABORATORY	36,863,905		36,863,905		36,863,905	60
61 PBP CLINICAL LAB SERVICES-P	132,493		132,493		132,493	61
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	8,732,695		8,732,695		8,732,695	63
65 RESPIRATORY THERAPY	10,225,531		10,225,531		10,225,531	65
66 PHYSICAL THERAPY	14,077,199		14,077,199	57,113	14,134,312	66
68 SPEECH PATHOLOGY	1,372,540		1,372,540		1,372,540	68
69 ELECTROCARDIOLOGY	5,011,579		5,011,579	7,560	5,019,139	69
70 ELECTROENCEPHALOGRAPHY	1,441,981		1,441,981		1,441,981	70
71 MEDICAL SUPPLIES CHRGD TO	29,551,497		29,551,497		29,551,497	71
72 IMPL. DEV. CHARGED TO PATIE	36,265,099		36,265,099		36,265,099	72
73 DRUGS CHARGED TO PATIENTS	37,994,799		37,994,799		37,994,799	73
74 RENAL DIALYSIS	2,498,434		2,498,434	4,586	2,503,020	74
76 DIGESTIVE DISEASES	5,185,755		5,185,755		5,185,755	76
76.01 ENTEROSTOMAL	330,403		330,403		330,403	76.01
76.02 DIABETIC SERVICE	1,244,111		1,244,111		1,244,111	76.02
76.03 WOUND CARE	1,434,976		1,434,976		1,434,976	76.03
76.04 PSYCHOLOGY	1,435,167		1,435,167		1,435,167	76.04
76.05 NEURO DIAGNOSTIC CENTER	996,329		996,329	9,137	1,005,466	76.05
76.06 EATING DISORDERS	845,947		845,947		845,947	76.06
76.07 UROLOGICAL	101,599		101,599		101,599	76.07
76.08 SLEEP DISORDERS	3,761,839		3,761,839	149,653	3,911,492	76.08
76.09 PAIN PROGRAM	1,748,211		1,748,211	7,308	1,755,519	76.09
76.10 COMP EPILEPSY	1,169,228		1,169,228	63,736	1,232,964	76.10
76.97 CARDIAC REHABILITATION	783,785		783,785		783,785	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	251,595		251,595		251,595	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC	199,190		199,190		199,190	90.01
90.02 LUNG CLINIC	2,576		2,576		2,576	90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC	1,968		1,968		1,968	90.04
90.05 SISTERS CLINIC	4,609,884		4,609,884		4,609,884	90.05
90.06 SPECIAL CLINICS	548,253		548,253		548,253	90.06
91 EMERGENCY	26,715,310		26,715,310	715,547	27,430,857	91
92 OBSERVATION BEDS	3,654,896		3,654,896		3,654,896	92
92.01 OBSERVATION BEDS-DISTINCT	2,176,159		2,176,159		2,176,159	92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	10,956,918		10,956,918	19,446	10,976,364	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
105 KIDNEY ACQUISITION	3,437,408		3,437,408		3,437,408	105
109 PANCREAS ACQUISITION	330,017		330,017		330,017	109
200 SUBTOTAL (SEE INSTRUCTIONS)	573,067,364		573,067,364	1,521,652	574,589,016	200
201 LESS OBSERVATION BEDS	3,654,896		3,654,896		3,654,896	201
202 TOTAL (SEE INSTRUCTIONS)	569,412,468		569,412,468		570,934,120	202

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	CHARGES		TOTAL (COLS. 6 + 7) 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7				
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	181,165,774		181,165,774			30
31 INTENSIVE CARE UNIT	75,594,420		75,594,420			31
35 PREMATURE INTENSIVE CARE	44,993,981		44,993,981			35
41 SUBPROVIDER - IRF	7,990,784		7,990,784			41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	124,004,699	64,166,525	188,171,224	0.241732	0.241732	0.242166 50
51 RECOVERY ROOM	14,391,383	14,373,041	28,764,424	0.141095	0.141095	0.141095 51
52 DELIVERY ROOM & LABOR ROOM	11,049,278	1,140,390	12,189,668	0.716015	0.716015	0.716015 52
53 ANESTHESIOLOGY	62,004,629	38,148,053	100,152,682	0.036142	0.036142	0.036142 53
54 RADIOLOGY-DIAGNOSTIC	89,245,255	173,811,927	263,057,182	0.173462	0.173462	0.173792 54
57 COMPUTED TOMOGRAPHY (CT) SC	57,276,339	92,480,177	149,756,516	0.055260	0.055260	0.055260 57
58 MAGNETIC RESONANCE IMAGING	27,052,540	77,228,543	104,281,083	0.079889	0.079889	0.079889 58
59 CARDIAC CATHETERIZATION	53,484,515	57,120,825	110,605,340	0.076508	0.076508	0.076508 59
60 LABORATORY	176,384,847	169,255,211	345,640,058	0.106654	0.106654	0.106654 60
61 PBP CLINICAL LAB SERVICES-P	68,110,008		68,110,008	0.001945	0.001945	0.001945 61
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	13,725,569	1,614,724	15,340,293	0.569265	0.569265	0.569265 63
65 RESPIRATORY THERAPY	88,213,333	1,817,886	90,031,219	0.113578	0.113578	0.113578 65
66 PHYSICAL THERAPY	25,319,601	15,769,570	41,089,171	0.342601	0.342601	0.343991 66
68 SPEECH PATHOLOGY	2,726,022	975,541	3,701,563	0.370800	0.370800	0.370800 68
69 ELECTROCARDIOLOGY	19,152,300	32,969,850	52,122,150	0.096151	0.096151	0.096296 69
70 ELECTROENCEPHALOGRAPHY	6,170,945	1,703,355	7,874,300	0.183125	0.183125	0.183125 70
71 MEDICAL SUPPLIES CHRGED TO	213,470,024	48,151,997	261,622,021	0.112955	0.112955	0.112955 71
72 IMPL. DEV. CHARGED TO PATIE	101,877,493	26,818,602	128,696,095	0.281789	0.281789	0.281789 72
73 DRUGS CHARGED TO PATIENTS	244,015,351	34,829,706	278,845,057	0.136258	0.136258	0.136258 73
74 RENAL DIALYSIS	6,856,262	32,551	6,888,813	0.362680	0.362680	0.363346 74
76 DIGESTIVE DISEASES	15,335,239	37,139,869	52,475,108	0.098823	0.098823	0.098823 76
76.01 ENTEROSTOMAL	800,606	11,622	812,228	0.406786	0.406786	0.406786 76.01
76.02 DIABETIC SERVICE	10,648	180,172	190,820	6.519814	6.519814	6.519814 76.02
76.03 WOUND CARE	21,610	4,871,216	4,892,826	0.293282	0.293282	0.293282 76.03
76.04 PSYCHOLOGY	691,764	1,743,123	2,434,887	0.589418	0.589418	0.589418 76.04
76.05 NEURO DIAGNOSTIC CENTER	1,136	168,768	169,904	5.864070	5.864070	5.917848 76.05
76.06 EATING DISORDERS	201	262,532	262,733	3.219797	3.219797	3.219797 76.06
76.07 UROLOGICAL	139,099	683,496	822,595	0.123510	0.123510	0.123510 76.07
76.08 SLEEP DISORDERS	62,148	11,174,726	11,236,874	0.334776	0.334776	0.348094 76.08
76.09 PAIN PROGRAM	2,719	4,004,330	4,007,049	0.436284	0.436284	0.438108 76.09
76.10 COMP EPILEPSY	5,510	242,753	248,263	4.709635	4.709635	4.966362 76.10
76.97 CARDIAC REHABILITATION	494,831	784,896	1,279,727	0.612463	0.612463	0.612463 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	113,648	1,622,413	1,736,061	0.144923	0.144923	0.144923 76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC		269,327	269,327	0.739584	0.739584	0.739584 90.01
90.02 LUNG CLINIC		1,760	1,760	1.463636	1.463636	1.463636 90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC	2,680	228,070	230,750	0.008529	0.008529	0.008529 90.04
90.05 SISTERS CLINIC	6,867	1,574,063	1,580,930	2.915932	2.915932	2.915932 90.05
90.06 SPECIAL CLINICS	17,948	526,880	544,828	1.006286	1.006286	1.006286 90.06
91 EMERGENCY	29,892,548	49,186,402	79,078,950	0.337831	0.337831	0.346879 91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT		2,962,540	2,962,540	0.734559	0.734559	0.734559 92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	24,582,028	2,005,048	26,587,076	0.412114	0.412114	0.412846 95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
105 KIDNEY ACQUISITION	3,515,686		3,515,686			105
109 PANCREAS ACQUISITION	289,275		289,275			109
200 SUBTOTAL (SEE INSTRUCTIONS)	1,722,151,535	972,052,480	2,694,204,015			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	1,722,151,535	972,052,480	2,694,204,015			202

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	CAP-REL COST	SWING-BED	REDUCED CAP-REL COST	TOTAL PATIENT	PER DIEM	INPAT PGM	INPAT PGM	
	(FROM WKST B, PT. II, COL. 26)	ADJUSTMENT	(COL.1 MINUS COL.2)	DAYS	(COL.3 ÷ COL.4)	DAYS	CAP COST (COL.5 x COL.6)	
	1	2	3	4	5	6	7	
30 INPAT ROUTINE SERV COST CTRS								30
31 ADULTS & PEDIATRICS	7,774,116		7,774,116	139,790	55.61	44,751	2,488,603	31
32 INTENSIVE CARE UNIT	2,342,061		2,342,061	21,037	111.33	10,434	1,161,617	32
33 CORONARY CARE UNIT								33
34 BURN INTENSIVE CARE UNIT								34
35 SURGICAL INTENSIVE CARE UNIT								35
40 PREMATURE INTENSIVE CARE	1,466,625		1,466,625	5,199	282.10			40
41 SUBPROVIDER - IPF								41
42 SUBPROVIDER - IRF	343,749		343,749	8,691	39.55	3,777	149,380	42
43 SUBPROVIDER I								43
44 NURSERY								44
45 SKILLED NURSING FACILITY								45
200 NURSING FACILITY								45
TOTAL (LINES 30-199)	11,926,551		11,926,551	174,717		58,962	3,799,600	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[XX] HOSPITAL (14-0067) [] IPF [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	4,767,435	188,171,224	0.025336	37,328,387	945,752	50
51	RECOVERY ROOM	294,937	28,764,424	0.010254	5,162,520	52,936	51
52	DELIVERY ROOM & LABOR ROOM	489,129	12,189,668	0.040127	70,981	2,848	52
53	ANESTHESIOLOGY	378,721	100,152,682	0.003781	18,839,290	71,231	53
54	RADIOLOGY-DIAGNOSTIC	5,475,223	263,057,182	0.020814	39,957,693	831,679	54
57	COMPUTED TOMOGRAPHY (CT) SCAN	545,683	149,756,516	0.003644	19,190,792	69,931	57
58	MAGNETIC RESONANCE IMAGING (M	927,066	104,281,083	0.008890	9,799,781	87,120	58
59	CARDIAC CATHETERIZATION	1,417,314	110,605,340	0.012814	22,487,260	288,152	59
60	LABORATORY	2,187,105	345,640,058	0.006328	67,201,676	425,252	60
61	BPB CLINICAL LAB SERVICES-PRGM						61
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63	BLOOD STORING, PROCESSING & T	388,697	15,340,293	0.025338	5,227,396	132,452	63
65	RESPIRATORY THERAPY	812,140	90,031,219	0.009021	31,215,068	281,591	65
66	PHYSICAL THERAPY	1,189,899	41,089,171	0.028959	7,957,856	230,452	66
68	SPEECH PATHOLOGY	132,611	3,701,563	0.035826	885,678	31,730	68
69	ELECTROCARDIOLOGY	545,830	52,122,150	0.010472	6,399,546	67,016	69
70	ELECTROENCEPHALOGRAPHY	159,324	7,874,300	0.020233	2,430,517	49,177	70
71	MEDICAL SUPPLIES CHRGD TO PA	901,977	261,622,021	0.003448	80,330,931	276,981	71
72	IMPL. DEV. CHARGED TO PATIENT	1,042,896	128,696,095	0.008104	38,846,301	314,810	72
73	DRUGS CHARGED TO PATIENTS	1,595,851	278,845,057	0.005723	87,671,404	501,743	73
74	RENAL DIALYSIS	122,876	6,888,813	0.017837	4,053,401	72,301	74
76	DIGESTIVE DISEASES	465,571	52,475,108	0.008872	6,018,382	53,395	76
76.01	ENTEROSTOMAL	10,069	812,228	0.012397			76.01
76.02	DIABETIC SERVICE	146,328	190,820	0.766838			76.02
76.03	WOUND CARE	152,617	4,892,826	0.031192	7,266	227	76.03
76.04	PSYCHOLOGY	109,596	2,434,887	0.045011			76.04
76.05	NEURO DIAGNOSTIC CENTER	79,557	169,904	0.468247			76.05
76.06	EATING DISORDERS	147,983	262,733	0.563245			76.06
76.07	UROLOGICAL	5,201	822,595	0.006323	23,698	150	76.07
76.08	SLEEP DISORDERS	379,979	11,236,874	0.033815			76.08
76.09	PAIN PROGRAM	163,429	4,007,049	0.040785	2,198	90	76.09
76.10	COMP EPILEPSY	106,660	248,263	0.429625	990	425	76.10
76.97	CARDIAC REHABILITATION	38,781	1,279,727	0.030304	246,084	7,457	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY	7,516	1,736,061	0.004329	26,789	116	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	VOICE CLINIC	37,781	269,327	0.140279			90.01
90.02	LUNG CLINIC	71	1,760	0.040341			90.02
90.03	ADULT SICKLE CELL CLINIC						90.03
90.04	ST JUDE CLINIC	132	230,750	0.000572			90.04
90.05	SISTERS CLINIC	539,885	1,580,930	0.341498	1,083	370	90.05
90.06	SPECIAL CLINICS	91,143	544,828	0.167288	4,688	784	90.06
91	EMERGENCY	2,223,390	79,078,950	0.028116	9,738,216	273,800	91
92	OBSERVATION BEDS	238,335					92
92.01	OBSERVATION BEDS-DISTINCT	236,137	2,962,540	0.079708			92.01
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)	28,554,875	2,354,067,019	2,354,067,019	501,125,872	5,069,968	200

PROVIDER CCN: 14-0067 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 03/26/2012 11:58

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	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
	INPAT ROUTINE SERV COST CTRS						
30	ADULTS & PEDIATRICS	5,524,573	268,588			5,793,161	30
31	INTENSIVE CARE UNIT	265,706				265,706	31
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	PREMATURE INTENSIVE CARE	11,757				11,757	35
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (SUM OF LINES 30-199)	5,802,036	268,588			6,070,624	200

PROVIDER CCN: 14-0067 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 03/26/2012 11:58

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 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
30 INPAT ROUTINE SERV COST CTRS					30
31 ADULTS & PEDIATRICS	139,790	41.44	44,751	1,854,481	31
32 INTENSIVE CARE UNIT	21,037	12.63	10,434	131,781	32
33 CORONARY CARE UNIT					33
34 BURN INTENSIVE CARE UNIT					34
35 SURGICAL INTENSIVE CARE UNIT					35
40 PREMATURE INTENSIVE CARE	5,199	2.26			40
41 SUBPROVIDER - IPF					41
42 SUBPROVIDER - IRF	8,691		3,777		42
43 SUBPROVIDER I					43
44 NURSERY					44
45 SKILLED NURSING FACILITY					45
200 NURSING FACILITY					200
TOTAL (SUM OF LINES 30-199)	174,717		58,962	1,986,262	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0067) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM		85,825			85,825	85,825	50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM		757,733			757,733	757,733	52
53 ANESTHESIOLOGY		54,670			54,670	54,670	53
54 RADIOLOGY-DIAGNOSTIC		63,487	291,703		355,190	355,190	54
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY			178,497		178,497	178,497	60
61 PBP CLINICAL LAB SERVICES-PRGM							61
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
68 SPEECH PATHOLOGY		63,487			63,487	63,487	68
69 ELECTROCARDIOLOGY							69
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGD TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76 DIGESTIVE DISEASES		63,487			63,487	63,487	76
76.01 ENTEROSTOMAL							76.01
76.02 DIABETIC SERVICE							76.02
76.03 WOUND CARE		15,284			15,284	15,284	76.03
76.04 PSYCHOLOGY							76.04
76.05 NEURO DIAGNOSTIC CENTER							76.05
76.06 EATING DISORDERS		17,048			17,048	17,048	76.06
76.07 UROLOGICAL							76.07
76.08 SLEEP DISORDERS							76.08
76.09 PAIN PROGRAM							76.09
76.10 COMP EPILEPSY							76.10
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 VOICE CLINIC							90.01
90.02 LUNG CLINIC							90.02
90.03 ADULT SICKLE CELL CLINIC							90.03
90.04 ST JUDE CLINIC							90.04
90.05 SISTERS CLINIC		59,372			59,372	59,372	90.05
90.06 SPECIAL CLINICS							90.06
91 EMERGENCY		33,507			33,507	33,507	91
92 OBSERVATION BEDS		169,228	8,227		177,455	177,455	92
92.01 OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
200 TOTAL (SUM OF LINES 50-199)		1,383,128	478,427		1,861,555	1,861,555	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0067) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13		
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	188,171,224	0.000456	0.000456	37,328,387	17,022	9,222,754	4,206	50	
51 RECOVERY ROOM	28,764,424			5,162,520		3,933,296		51	
52 DELIVERY ROOM & LABOR ROOM	12,189,668	0.062162	0.062162	70,981	4,412	4,549	283	52	
53 ANESTHESIOLOGY	100,152,682	0.000546	0.000546	18,839,290	10,286	5,980,789	3,266	53	
54 RADIOLOGY-DIAGNOSTIC	263,057,182	0.001350	0.001350	39,957,693	53,943	69,487,790	93,809	54	
57 COMPUTED TOMOGRAPHY (CT) SCA	149,756,516			19,190,792		21,388,209		57	
58 MAGNETIC RESONANCE IMAGING (104,281,083			9,799,781		16,818,824		58	
59 CARDIAC CATHETERIZATION	110,605,340			22,487,260		22,125,963		59	
60 LABORATORY	345,640,058	0.000516	0.000516	67,201,676	34,676	5,046,365	2,604	60	
61 PBP CLINICAL LAB SERVICES-PRGM								61	
62.30 BLOOD CLOTTING FOR HEMOPHILI								62.30	
63 BLOOD STORING, PROCESSING &	15,340,293			5,227,396		654,922		63	
65 RESPIRATORY THERAPY	90,031,219			31,215,068		1,817,136		65	
66 PHYSICAL THERAPY	41,089,171			7,957,856		883,913		66	
68 SPEECH PATHOLOGY	3,701,563	0.017151	0.017151	885,678	15,190	88,152	1,512	68	
69 ELECTROCARDIOLOGY	52,122,150			6,399,546		5,473,380		69	
70 ELECTROENCEPHALOGRAPHY	7,874,300			2,430,517		1,701,884		70	
71 MEDICAL SUPPLIES CHRGED TO P	261,622,021			80,330,931		12,854,178		71	
72 IMPL. DEV. CHARGED TO PATIEN	128,696,095			38,846,301		10,992,531		72	
73 DRUGS CHARGED TO PATIENTS	278,845,057			87,671,404		6,259,651		73	
74 RENAL DIALYSIS	6,888,813			4,053,401		9,307		74	
76 DIGESTIVE DISEASES	52,475,108	0.001210	0.001210	6,018,382	7,282	7,645,529	9,251	76	
76.01 ENTEROSTOMAL	812,228							76.01	
76.02 DIABETIC SERVICE	190,820							76.02	
76.03 WOUND CARE	4,892,826	0.003124	0.003124	7,266	23	760,925	2,377	76.03	
76.04 PSYCHOLOGY	2,434,887							76.04	
76.05 NEURO DIAGNOSTIC CENTER	169,904					86,764		76.05	
76.06 EATING DISORDERS	262,733	0.064887	0.064887					76.06	
76.07 UROLOGICAL	822,595			23,698		15,219		76.07	
76.08 SLEEP DISORDERS	11,236,874					91,443		76.08	
76.09 PAIN PROGRAM	4,007,049			2,198		1,238,593		76.09	
76.10 COMP EPILEPSY	248,263			990		63,495		76.10	
76.97 CARDIAC REHABILITATION	1,279,727			246,084		260,087		76.97	
76.98 HYPERBARIC OXYGEN THERAPY								76.98	
76.99 LITHOTRIPSY	1,736,061			26,789		361,241		76.99	
OUTPATIENT SERVICE COST CENTERS									
90.01 VOICE CLINIC	269,327					104,378		90.01	
90.02 LUNG CLINIC	1,760					1,060		90.02	
90.03 ADULT SICKLE CELL CLINIC								90.03	
90.04 ST JUDE CLINIC	230,750							90.04	
90.05 SISTERS CLINIC	1,580,930	0.037555	0.037555	1,083	41	124,789	4,686	90.05	
90.06 SPECIAL CLINICS	544,828			4,688		134,889		90.06	
91 EMERGENCY	79,078,950	0.000424	0.000424	9,738,216	4,129	5,116,047	2,169	91	
92 OBSERVATION BEDS								92	
92.01 OBSERVATION BEDS-DISTINCT	2,962,540					487,833		92.01	
OTHER REIMBURSABLE COST CENTERS									
95 AMBULANCE SERVICES								95	
200 TOTAL (SUM OF LINES 50-199)	2,354,067,019			501,125,872	147,004	211,235,885	124,163	200	

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0067) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	PROGRAM CHARGES		PROGRAM COSTS			
			COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	COST SERVICES SUBJECT TO DED & COINS 5	COST SVCES NOT SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.241732	9,222,754			2,229,435			50
51 RECOVERY ROOM	0.141095	3,933,296			554,968			51
52 DELIVERY ROOM & LABOR ROOM	0.716015	4,549			3,257			52
53 ANESTHESIOLOGY	0.036142	5,980,789			216,158			53
54 RADIOLOGY-DIAGNOSTIC	0.173462	69,487,790	2,678		12,053,491	465		54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.055260	21,388,209	1,989		1,181,912	110		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.079889	16,818,824			1,343,639			58
59 CARDIAC CATHETERIZATION	0.076508	22,125,963	31,760		1,692,813	2,430		59
60 LABORATORY	0.106654	5,046,365			538,215			60
61 PBP CLINICAL LAB SERVICES-PRGM	0.001945							61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63 BLOOD STORING, PROCESSING & TRA	0.569265	654,922			372,824			63
65 RESPIRATORY THERAPY	0.113578	1,817,136	750		206,387	85		65
66 PHYSICAL THERAPY	0.342601	883,913			302,829			66
68 SPEECH PATHOLOGY	0.370800	88,152			32,687			68
69 ELECTROCARDIOLOGY	0.096151	5,473,380			526,271			69
70 ELECTROENCEPHALOGRAPHY	0.183125	1,701,884		889	311,658	163		70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.112955	12,854,178	5,991		1,451,944	677		71
72 IMPL. DEV. CHARGED TO PATIENT	0.281789	10,992,531	8,042		3,097,574	2,266		72
73 DRUGS CHARGED TO PATIENTS	0.136258	6,259,651	3,888	55,137	852,928	530	7,513	73
74 RENAL DIALYSIS	0.362680	9,307			3,375			74
76 DIGESTIVE DISEASES	0.098823	7,645,529			755,554			76
76.01 ENTEROSTOMAL	0.406786							76.01
76.02 DIABETIC SERVICE	6.519814							76.02
76.03 WOUND CARE	0.293282	760,925			223,166			76.03
76.04 PSYCHOLOGY	0.589418							76.04
76.05 NEURO DIAGNOSTIC CENTER	5.864070	86,764			508,790			76.05
76.06 EATING DISORDERS	3.219797							76.06
76.07 UROLOGICAL	0.123510	15,219			1,880			76.07
76.08 SLEEP DISORDERS	0.334776	91,443			30,613			76.08
76.09 PAIN PROGRAM	0.436284	1,238,593			540,378			76.09
76.10 COMP EPILEPSY	4.709635	63,495			299,038			76.10
76.97 CARDIAC REHABILITATION	0.612463	260,087			159,294			76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY	0.144923	361,241			52,352			76.99
OUTPATIENT SERVICE COST CENTERS								
90.01 VOICE CLINIC	0.739584	104,378			77,196			90.01
90.02 LUNG CLINIC	1.463636	1,060			1,551			90.02
90.03 ADULT SICKLE CELL CLINIC								90.03
90.04 ST JUDE CLINIC	0.008529							90.04
90.05 SISTERS CLINIC	2.915932	124,789			363,876			90.05
90.06 SPECIAL CLINICS	1.006286	134,889			135,737			90.06
91 EMERGENCY	0.337831	5,116,047	2,223		1,728,359	751		91
92 OBSERVATION BEDS								92
92.01 OBSERVATION BEDS-DISTINCT	0.734559	487,833			358,342			92.01
OTHER REIMBURSABLE COST CENTERS								
95 AMBULANCE SERVICES	0.412114							95
200 SUBTOTAL (SEE INSTRUCTIONS)		211,235,885	58,210	55,137	32,208,491	7,477	7,513	200
201 LESS PBP CLINICAL LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		211,235,885	58,210	55,137	32,208,491	7,477	7,513	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (14-T067)	[] SUB (OTHER)	[XX] PPS [] TEFRA				
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5			
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	4,767,435	188,171,224	0.025336	33,848	858		50
51	RECOVERY ROOM	294,937	28,764,424	0.010254	12,157	125		51
52	DELIVERY ROOM & LABOR ROOM	489,129	12,189,668	0.040127				52
53	ANESTHESIOLOGY	378,721	100,152,682	0.003781	19,103	72		53
54	RADIOLOGY-DIAGNOSTIC	5,475,223	263,057,182	0.020814	332,158	6,914		54
57	COMPUTED TOMOGRAPHY (CT) SCAN	545,683	149,756,516	0.003644	113,640	414		57
58	MAGNETIC RESONANCE IMAGING (M	927,066	104,281,083	0.008890	67,449	600		58
59	CARDIAC CATHETERIZATION	1,417,314	110,605,340	0.012814	9,693	124		59
60	LABORATORY	2,187,105	345,640,058	0.006328	908,332	5,748		60
61	PBP CLINICAL LAB SERVICES-PRGM							61
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
63	BLOOD STORING, PROCESSING & T	388,697	15,340,293	0.025338	17,317	439		63
65	RESPIRATORY THERAPY	812,140	90,031,219	0.009021	291,719	2,632		65
66	PHYSICAL THERAPY	1,189,899	41,089,171	0.028959	4,103,874	118,844		66
68	SPEECH PATHOLOGY	132,611	3,701,563	0.035826	456,741	16,363		68
69	ELECTROCARDIOLOGY	545,830	52,122,150	0.010472	19,081	200		69
70	ELECTROENCEPHALOGRAPHY	159,324	7,874,300	0.020233	4,490	91		70
71	MEDICAL SUPPLIES CHRGD TO PA	901,977	261,622,021	0.003448	1,255,592	4,329		71
72	IMPL. DEV. CHARGED TO PATIENT	1,042,896	128,696,095	0.008104	5,816	47		72
73	DRUGS CHARGED TO PATIENTS	1,595,851	278,845,057	0.005723	1,542,261	8,826		73
74	RENAL DIALYSIS	122,876	6,888,813	0.017837	166,165	2,964		74
76	DIGESTIVE DISEASES	465,571	52,475,108	0.008872	25,711	228		76
76.01	ENTEROSTOMAL	10,069	812,228	0.012397				76.01
76.02	DIABETIC SERVICE	146,328	190,820	0.766838	31	24		76.02
76.03	WOUND CARE	152,617	4,892,826	0.031192	3,700	115		76.03
76.04	PSYCHOLOGY	109,596	2,434,887	0.045011				76.04
76.05	NEURO DIAGNOSTIC CENTER	79,557	169,904	0.468247				76.05
76.06	EATING DISORDERS	147,983	262,733	0.563245				76.06
76.07	UROLOGICAL	5,201	822,595	0.006323	11,518	73		76.07
76.08	SLEEP DISORDERS	379,979	11,236,874	0.033815				76.08
76.09	PAIN PROGRAM	163,429	4,007,049	0.040785				76.09
76.10	COMP EPILEPSY	106,660	248,263	0.429625				76.10
76.97	CARDIAC REHABILITATION	38,781	1,279,727	0.030304	441	13		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY	7,516	1,736,061	0.004329				76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	VOICE CLINIC	37,781	269,327	0.140279				90.01
90.02	LUNG CLINIC	71	1,760	0.040341				90.02
90.03	ADULT SICKLE CELL CLINIC							90.03
90.04	ST JUDE CLINIC	132	230,750	0.000572				90.04
90.05	SISTERS CLINIC	539,885	1,580,930	0.341498				90.05
90.06	SPECIAL CLINICS	91,143	544,828	0.167288	3,443	576		90.06
91	EMERGENCY	2,223,390	79,078,950	0.028116	62,345	1,753		91
92	OBSERVATION BEDS	238,335						92
92.01	OBSERVATION BEDS-DISTINCT	236,137	2,962,540	0.079708				92.01
OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES							95
200	TOTAL (SUM OF LINES 50-199)	28,554,875	2,354,067,019	2,354,067,019	9,466,625	172,372		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (14-T067)	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[XX] []	PPS TEFRA					
		NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P COST (SUM OF COLS. 2-4) 6				
		ANCILLARY SERVICE COST CENTERS									
50			85,825			85,825	85,825				50
51											51
52			757,733			757,733	757,733				52
53			54,670			54,670	54,670				53
54			63,487	291,703		355,190	355,190				54
57											57
58											58
59											59
60				178,497		178,497	178,497				60
61											61
62.30											62.30
63											63
65											65
66											66
68			63,487			63,487	63,487				68
69											69
70											70
71											71
72											72
73											73
74											74
76			63,487			63,487	63,487				76
76.01											76.01
76.02											76.02
76.03			15,284			15,284	15,284				76.03
76.04											76.04
76.05											76.05
76.06			17,048			17,048	17,048				76.06
76.07											76.07
76.08											76.08
76.09											76.09
76.10											76.10
76.97											76.97
76.98											76.98
76.99											76.99
		OUTPATIENT SERVICE COST CENTERS									
90.01											90.01
90.02											90.02
90.03											90.03
90.04											90.04
90.05			59,372			59,372	59,372				90.05
90.06											90.06
91			33,507			33,507	33,507				91
92											92
92.01											92.01
		OTHER REIMBURSABLE COST CENTERS									
95											95
200			1,213,900	470,200		1,684,100	1,684,100				200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (14-T067)	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[XX] PPS [] TEFRA						
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13				
ANCILLARY SERVICE COST CENTERS											
50 OPERATING ROOM	188,171,224	0.000456	0.000456	33,848	15		50				
51 RECOVERY ROOM	28,764,424			12,157			51				
52 DELIVERY ROOM & LABOR ROOM	12,189,668	0.062162	0.062162				52				
53 ANESTHESIOLOGY	100,152,682	0.000546	0.000546	19,103	10		53				
54 RADIOLOGY-DIAGNOSTIC	263,057,182	0.001350	0.001350	332,158	448		54				
57 COMPUTED TOMOGRAPHY (CT) SCA	149,756,516			113,640			57				
58 MAGNETIC RESONANCE IMAGING (104,281,083			67,449			58				
59 CARDIAC CATHETERIZATION	110,605,340			9,693			59				
60 LABORATORY	345,640,058	0.000516	0.000516	908,332	469		60				
61 PBP CLINICAL LAB SERVICES-PRGM							61				
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30				
63 BLOOD STORING, PROCESSING &	15,340,293			17,317			63				
65 RESPIRATORY THERAPY	90,031,219			291,719			65				
66 PHYSICAL THERAPY	41,089,171			4,103,874			66				
68 SPEECH PATHOLOGY	3,701,563	0.017151	0.017151	456,741	7,834		68				
69 ELECTROCARDIOLOGY	52,122,150			19,081			69				
70 ELECTROENCEPHALOGRAPHY	7,874,300			4,490			70				
71 MEDICAL SUPPLIES CHRGED TO P	261,622,021			1,255,592			71				
72 IMPL. DEV. CHARGED TO PATIEN	128,696,095			5,816			72				
73 DRUGS CHARGED TO PATIENTS	278,845,057			1,542,261			73				
74 RENAL DIALYSIS	6,888,813			166,165			74				
76 DIGESTIVE DISEASES	52,475,108	0.001210	0.001210	25,711	31		76				
76.01 ENTEROSTOMAL	812,228						76.01				
76.02 DIABETIC SERVICE	190,820			31			76.02				
76.03 WOUND CARE	4,892,826	0.003124	0.003124	3,700	12		76.03				
76.04 PSYCHOLOGY	2,434,887						76.04				
76.05 NEURO DIAGNOSTIC CENTER	169,904						76.05				
76.06 EATING DISORDERS	262,733	0.064887	0.064887				76.06				
76.07 UROLOGICAL	822,595			11,518			76.07				
76.08 SLEEP DISORDERS	11,236,874						76.08				
76.09 PAIN PROGRAM	4,007,049						76.09				
76.10 COMP EPILEPSY	248,263						76.10				
76.97 CARDIAC REHABILITATION	1,279,727			441			76.97				
76.98 HYPERBARIC OXYGEN THERAPY							76.98				
76.99 LITHOTRIPSY	1,736,061						76.99				
OUTPATIENT SERVICE COST CENTERS											
90.01 VOICE CLINIC	269,327						90.01				
90.02 LUNG CLINIC	1,760						90.02				
90.03 ADULT SICKLE CELL CLINIC							90.03				
90.04 ST JUDE CLINIC	230,750						90.04				
90.05 SISTERS CLINIC	1,580,930	0.037555	0.037555				90.05				
90.06 SPECIAL CLINICS	544,828			3,443			90.06				
91 EMERGENCY	79,078,950	0.000424	0.000424	62,345	26		91				
92 OBSERVATION BEDS							92				
92.01 OBSERVATION BEDS-DISTINCT	2,962,540						92.01				
OTHER REIMBURSABLE COST CENTERS											
95 AMBULANCE SERVICES							95				
200 TOTAL (SUM OF LINES 50-199)	2,354,067,019			9,466,625	8,845		200				

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0067) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	139,790	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	139,790	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	139,790	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	44,751	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 (SEE INSTRUCTIONS)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
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 (SEE INSTRUCTIONS)	119,208,125	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	119,208,125	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	119,208,125	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0067) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 852.77 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 38,162,310 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 38,162,310 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	38,815,055	21,037	1,845.09	10,434	19,251,669	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 PREMATURE INTENSIVE CARE	20,885,374	5,199	4,017.19			47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					76,539,385	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					133,953,364	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 5,636,482 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 5,216,972 51
 52 TOTAL PROGRAM EXCLUDABLE COST 10,853,454 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 123,099,910 53

TARGET AMOUNT AND LIMIT COMPUTATION
 54 PROGRAM DISCHARGES 54
 55 TARGET AMOUNT PER DISCHARGE 55
 56 TARGET AMOUNT (LINE 54 x LINE 55) 56
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57
 58 BONUS PAYMENT (SEE INSTRUCTIONS) 58
 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET 59
 60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60
 61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E 61
 62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62
 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63

PROGRAM INPATIENT ROUTINE SWING BED COST
 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) 65
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66
 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67
 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68
 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 4,282 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 852.77 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 3,651,561 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	7,774,116	119,208,125	0.065215	3,651,561	238,137	90
91 NURSING SCHOOL COST	5,524,573	119,208,125	0.046344	3,651,561	169,228	91
92 ALLIED HEALTH COST	268,588	119,208,125	0.002253	3,651,561	8,227	92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF	[]	SNF	[]		[]	TEFRA
BOXES	[]	TITLE XIX-INPT	[XX]	IRF (14-T067)	[]	NF	[]		[]	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	8,691	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,691	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,691	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8							
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,777	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 (SEE INSTRUCTIONS)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13							
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14							
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15							
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16							
SWING-BED ADJUSTMENT										
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 (SEE INSTRUCTIONS)	5,796,331	21							
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22							
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23							
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24							
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25							
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26							
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5,796,331	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31							
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32							
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33							
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34							
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35							
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36							
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	5,796,331	37							

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF			[]	TEFRA
BOXES	[]	TITLE XIX-INPT	[XX]	IRF (14-T067)			[]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	666.93	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	2,518,995	39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)		40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	2,518,995	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	2,250,684	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	4,769,679	49

PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	149,380	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	181,217	51
52 TOTAL PROGRAM EXCLUDABLE COST	330,597	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	4,439,082	53

TARGET AMOUNT AND LIMIT COMPUTATION		
54 PROGRAM DISCHARGES		54
55 TARGET AMOUNT PER DISCHARGE		55
56 TARGET AMOUNT (LINE 54 x LINE 55)		56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT		57
58 BONUS PAYMENT (SEE INSTRUCTIONS)		58
59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET		59
60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET		60
61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E		61
62 RELIEF PAYMENT (SEE INSTRUCTIONS)		62
63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)		63

PROGRAM INPATIENT ROUTINE SWING BED COST		
64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)		64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)		65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)		66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)		67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)		68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)		69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS)		5	87
88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2)	666.93		88
89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS)	3,335		89

	COST	ROUTINE COST (FROM LINE 27)	COL. 1 ÷ COL. 2	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.)
	1	2	3	4	5
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST					
90 CAPITAL-RELATED COST	343,749	5,796,331	0.059305	3,335	198
91 NURSING SCHOOL COST					91
92 ALLIED HEALTH COST					92
93 ALL OTHER MEDICAL EDUCATION					93

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0067) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		62,878,111		30
31 INTENSIVE CARE UNIT		35,636,670		31
35 PREMATURE INTENSIVE CARE				35
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.242166	37,328,387	9,039,666	50
51 RECOVERY ROOM	0.141095	5,162,520	728,406	51
52 DELIVERY ROOM & LABOR ROOM	0.716015	70,981	50,823	52
53 ANESTHESIOLOGY	0.036142	18,839,290	680,890	53
54 RADIOLOGY-DIAGNOSTIC	0.173792	39,957,693	6,944,327	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.055260	19,190,792	1,060,483	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.079889	9,799,781	782,895	58
59 CARDIAC CATHETERIZATION	0.076508	22,487,260	1,720,455	59
60 LABORATORY	0.106654	67,201,676	7,167,328	60
61 PBP CLINICAL LAB SERVICES-PRGM	0.001945	67,201,676	130,707	61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.569265	5,227,396	2,975,774	63
65 RESPIRATORY THERAPY	0.113578	31,215,068	3,545,345	65
66 PHYSICAL THERAPY	0.343991	7,957,856	2,737,431	66
68 SPEECH PATHOLOGY	0.370800	885,678	328,409	68
69 ELECTROCARDIOLOGY	0.096296	6,399,546	616,251	69
70 ELECTROENCEPHALOGRAPHY	0.183125	2,430,517	445,088	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.112955	80,330,931	9,073,780	71
72 IMPL. DEV. CHARGED TO PATIENT	0.281789	38,846,301	10,946,460	72
73 DRUGS CHARGED TO PATIENTS	0.136258	87,671,404	11,945,930	73
74 RENAL DIALYSIS	0.363346	4,053,401	1,472,787	74
76 DIGESTIVE DISEASES	0.098823	6,018,382	594,755	76
76.01 ENTEROSTOMAL	0.406786			76.01
76.02 DIABETIC SERVICE	6.519814			76.02
76.03 WOUND CARE	0.293282	7,266	2,131	76.03
76.04 PSYCHOLOGY	0.589418			76.04
76.05 NEURO DIAGNOSTIC CENTER	5.917848			76.05
76.06 EATING DISORDERS	3.219797			76.06
76.07 UROLOGICAL	0.123510	23,698	2,927	76.07
76.08 SLEEP DISORDERS	0.348094			76.08
76.09 PAIN PROGRAM	0.438108	2,198	963	76.09
76.10 COMP EPILEPSY	4.966362	990	4,917	76.10
76.97 CARDIAC REHABILITATION	0.612463	246,084	150,717	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY	0.144923	26,789	3,882	76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 VOICE CLINIC	0.739584			90.01
90.02 LUNG CLINIC	1.463636			90.02
90.03 ADULT SICKLE CELL CLINIC				90.03
90.04 ST JUDE CLINIC	0.008529			90.04
90.05 SISTERS CLINIC	2.915932	1,083	3,158	90.05
90.06 SPECIAL CLINICS	1.006286	4,688	4,717	90.06
91 EMERGENCY	0.346879	9,738,216	3,377,983	91
92 OBSERVATION BEDS				92
92.01 OBSERVATION BEDS-DISTINCT	0.734559			92.01
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		568,327,548	76,539,385	200
201 LESS PBP CLINICAL LAB SVCS-PGM ONLY CHARGES		67,201,676		201
202 NET CHARGES (LINE 200 MINUS LINE 201)		501,125,872		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PFS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (14-T067) [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
35 PREMATURE INTENSIVE CARE				35
41 SUBPROVIDER - IRF		3,507,632		41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.242166	33,848	8,197	50
51 RECOVERY ROOM	0.141095	12,157	1,715	51
52 DELIVERY ROOM & LABOR ROOM	0.716015			52
53 ANESTHESIOLOGY	0.036142	19,103	690	53
54 RADIOLOGY-DIAGNOSTIC	0.173792	332,158	57,726	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.055260	113,640	6,280	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.079889	67,449	5,388	58
59 CARDIAC CATHETERIZATION	0.076508	9,693	742	59
60 LABORATORY	0.106654	908,332	96,877	60
61 PBP CLINICAL LAB SERVICES-PGM	0.001945	908,332	1,767	61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.569265	17,317	9,858	63
65 RESPIRATORY THERAPY	0.113578	291,719	33,133	65
66 PHYSICAL THERAPY	0.343991	4,103,874	1,411,696	66
68 SPEECH PATHOLOGY	0.370800	456,741	169,360	68
69 ELECTROCARDIOLOGY	0.096296	19,081	1,837	69
70 ELECTROENCEPHALOGRAPHY	0.183125	4,490	822	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.112955	1,255,592	141,825	71
72 IMPL. DEV. CHARGED TO PATIENT	0.281789	5,816	1,639	72
73 DRUGS CHARGED TO PATIENTS	0.136258	1,542,261	210,145	73
74 RENAL DIALYSIS	0.363346	166,165	60,375	74
76 DIGESTIVE DISEASES	0.098823	25,711	2,541	76
76.01 ENTEROSTOMAL	0.406786			76.01
76.02 DIABETIC SERVICE	6.519814	31	202	76.02
76.03 WOUND CARE	0.293282	3,700	1,085	76.03
76.04 PSYCHOLOGY	0.589418			76.04
76.05 NEURO DIAGNOSTIC CENTER	5.917848			76.05
76.06 EATING DISORDERS	3.219797			76.06
76.07 UROLOGICAL	0.123510	11,518	1,423	76.07
76.08 SLEEP DISORDERS	0.348094			76.08
76.09 PAIN PROGRAM	0.438108			76.09
76.10 COMP EPILEPSY	4.966362			76.10
76.97 CARDIAC REHABILITATION	0.612463	441	270	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY	0.144923			76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 VOICE CLINIC	0.739584			90.01
90.02 LUNG CLINIC	1.463636			90.02
90.03 ADULT SICKLE CELL CLINIC				90.03
90.04 ST JUDE CLINIC	0.008529			90.04
90.05 SISTERS CLINIC	2.915932			90.05
90.06 SPECIAL CLINICS	1.006286	3,443	3,465	90.06
91 EMERGENCY	0.346879	62,345	21,626	91
92 OBSERVATION BEDS				92
92.01 OBSERVATION BEDS-DISTINCT	0.734559			92.01
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		10,374,957	2,250,684	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES		908,332		201
202 NET CHARGES (LINE 200 MINUS LINE 201)		9,466,625		202

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART I

CHECK APPLICABLE BOX [] HEART [] LIVER [] PANCREAS [] ISLET
 [XX] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES		PER DIEM COSTS (FROM WKST D-1, PT. II)		ORGAN ACQUISITION DAYS		COST (COL.2 x COL.3)		
		1	D	2		3		4		
1	ADULTS & PEDIATRICS	52,740	38	852.77		60		51,166		1
2	INTENSIVE CARE UNIT		43	1,845.09						2
3	CORONARY CARE UNIT		44							3
4	BURN INTENSIVE CARE UNIT		45							4
5	SURGICAL INTENSIVE CARE UNIT		46							5
6	PREMATURE INTENSIVE CARE		47	4,017.19						6
7	TOTAL (SUM OF LINES 1-6)	52,740				60		51,166		7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST TO CHARGES (FROM WKST C)		ORGAN ACQUISITION ANCILLARY CHARGES		ORGAN ACQUISITION ANCILLARY COSTS				
		C	1	2		3		4		
8	OPERATING ROOM	50	0.241732	276,697		66,887				8
9	RECOVERY ROOM	51	0.141095	39,504		5,574				9
10	DELIVERY ROOM & LABOR ROOM	52	0.716015							10
11	ANESTHESIOLOGY	53	0.036142	136,019		4,916				11
12	RADIOLOGY-DIAGNOSTIC	54	0.173462	147,855		25,647				12
13	RADIOLOGY-THERAPEUTIC	55								13
14	RADIOISOTOPE	56								14
15	COMPUTED TOMOGRAPHY (CT) SCAN	57	0.055260	201,843		11,154				15
16	MAGNETIC RESONANCE IMAGING (MRI)	58	0.079889	10,630		849				16
17	CARDIAC CATHETERIZATION	59	0.076508							17
18	LABORATORY	60	0.106654	604,303		64,451				18
19	PBP CLINICAL LAB SERVICES-PRGM	61	0.001945							19
20	WHOLE BLOOD & PACKED RED BLOOD	62								20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30								20.30
21	BLOOD STORING, PROCESSING & TRA	63	0.569265							21
22	INTRAVENOUS THERAPY	64								22
23	RESPIRATORY THERAPY	65	0.113578							23
24	PHYSICAL THERAPY	66	0.342601	121		41				24
25	OCCUPATIONAL THERAPY	67								25
26	SPEECH PATHOLOGY	68	0.370800							26
27	ELECTROCARDIOLOGY	69	0.096151	189,855		18,255				27
28	ELECTROENCEPHALOGRAPHY	70	0.183125							28
29	MEDICAL SUPPLIES CHRGD TO PATI	71	0.112955	230,048		25,985				29
30	IMPL. DEV. CHARGED TO PATIENT	72	0.281789	28,031		7,899				30
31	DRUGS CHARGED TO PATIENTS	73	0.136258	96,611		13,164				31
32	RENAL DIALYSIS	74	0.362680							32
33	ASC (NON-DISTINCT PART)	75								33
34	DIGESTIVE DISEASES	76	0.098823							34
34.01	ENTEROSTOMAL	76.01	0.406786							34.01
34.02	DIABETIC SERVICE	76.02	6.519814							34.02
34.03	WOUND CARE	76.03	0.293282							34.03
34.04	PSYCHOLOGY	76.04	0.589418							34.04
34.05	NEURO DIAGNOSTIC CENTER	76.05	5.864070							34.05
34.06	EATING DISORDERS	76.06	3.219797							34.06
34.07	UROLOGICAL	76.07	0.123510							34.07
34.08	SLEEP DISORDERS	76.08	0.334776							34.08
34.09	PAIN PROGRAM	76.09	0.436284							34.09
34.10	COMP EPILEPSY	76.10	4.709635							34.10
34.97	CARDIAC REHABILITATION	76.97	0.612463							34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98								34.98
34.99	LITHOTRIPSY	76.99	0.144923							34.99
35	RURAL HEALTH CLINIC (RHC)	88								35
36	FEDERALLY QUALIFIED HLTH CTR (F CLINIC)	90								36
37.01	VOICE CLINIC	90.01	0.739584							37.01
37.02	LUNG CLINIC	90.02	1.463636							37.02
37.03	ADULT SICKLE CELL CLINIC	90.03								37.03
37.04	ST JUDE CLINIC	90.04	0.008529							37.04
37.05	SISTERS CLINIC	90.05	2.915932							37.05
37.06	SPECIAL CLINICS	90.06	1.006286							37.06
38	EMERGENCY	91	0.337831	270		91				38
39	OBSERVATION BEDS	92								39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.734559							39.01
40	OTHER OUTPATIENT SERV (SPECIFY)	93								40
41	TOTAL (SUM OF LINES 8-40)			1,961,787		244,913				41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART II

CHECK [] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [XX] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
D		1	2	3	
42	ADULTS & PEDIATRICS	2	60		42
43	INTENSIVE CARE UNIT	3			43
44	CORONARY CARE UNIT	4			44
45	BURN INTENSIVE CARE UNIT	5			45
46	SURGICAL INTENSIVE CARE UNIT	6			46
47	PREMATURE INTENSIVE CARE	7			47
48	TOTAL (SUM OF LINES 42-47)		60		48
COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		1	D 2	3	
49	RURAL HEALTH CLINIC (RHC)		21		49
50	FEDERALLY QUALIFIED HLTH CTR (F		22		50
51	CLINIC		23		51
51.01	VOICE CLINIC		23.01		51.01
51.02	LUNG CLINIC		23.02		51.02
51.03	ADULT SICKLE CELL CLINIC		23.03		51.03
51.04	ST JUDE CLINIC		23.04		51.04
51.05	SISTERS CLINIC		23.05		51.05
51.06	SPECIAL CLINICS		23.06		51.06
52	EMERGENCY	270	24		52
53	OBSERVATION BEDS		25		53
53.01	OBSERVATION BEDS-DISTINCT		25.01		53.01
54	OTHER OUTPATIENT SERV (SPECIFY)		26		54
55	TOTAL (SUM OF LINES 49-54)	270			55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PARTS III & IV

CHECK [] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [XX] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
56 ROUTINE & ANCILLARY FROM PART I	296,079		2,014,527		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	3,437,408		3,437,408		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	3,733,487		5,451,935		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		53			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		31			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.584906			64
65 MEDICARE COST/CHARGES	2,183,739		3,188,869		65
66 REVENUE FOR ORGANS SOLD					66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	2,183,739		3,188,869		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	2,183,739		3,188,869		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER	18			70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		35		73
74 TOTAL (SUM OF LINES 70-73)	18	35		74
75 ORGANS TRANSPLANTED	18	35		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S				77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS				78
79 ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80 ORGANS SOLD OUTSIDE THE U.S.				80
81 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				81
82 ORGANS USED FOR RESEARCH				82
83 UNUSABLE/DISCARDED ORGANS				83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)	18	35		84

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART I

CHECK [] HEART [] LIVER [XX] PANCREAS [] ISLET
 APPLICABLE BOX [] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES	PER DIEM COSTS (FROM WKST D-1, PT. II)	ORGAN ACQUISITION DAYS	COST (COL.2 x COL.3)	
		1	2	3	4	
1	ADULTS & PEDIATRICS	38	852.77			1
2	INTENSIVE CARE UNIT	43	1,845.09			2
3	CORONARY CARE UNIT	44				3
4	BURN INTENSIVE CARE UNIT	45				4
5	SURGICAL INTENSIVE CARE UNIT	46				5
6	PREMATURE INTENSIVE CARE	47	4,017.19			6
7	TOTAL (SUM OF LINES 1-6)					7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST TO CHARGES (FROM WKST C)		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
		1		2	3	
8	OPERATING ROOM	50	0.241732			8
9	RECOVERY ROOM	51	0.141095			9
10	DELIVERY ROOM & LABOR ROOM	52	0.716015			10
11	ANESTHESIOLOGY	53	0.036142			11
12	RADIOLOGY-DIAGNOSTIC	54	0.173462			12
13	RADIOLOGY-THERAPEUTIC	55				13
14	RADIOISOTOPE	56				14
15	COMPUTED TOMOGRAPHY (CT) SCAN	57	0.055260			15
16	MAGNETIC RESONANCE IMAGING (MRI)	58	0.079889			16
17	CARDIAC CATHETERIZATION	59	0.076508			17
18	LABORATORY	60	0.106654			18
19	PBP CLINICAL LAB SERVICES-PRGM	61	0.001945			19
20	WHOLE BLOOD & PACKED RED BLOOD	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	BLOOD STORING, PROCESSING & TRA	63	0.569265			21
22	INTRAVENOUS THERAPY	64				22
23	RESPIRATORY THERAPY	65	0.113578			23
24	PHYSICAL THERAPY	66	0.342601			24
25	OCCUPATIONAL THERAPY	67				25
26	SPEECH PATHOLOGY	68	0.370800			26
27	ELECTROCARDIOLOGY	69	0.096151			27
28	ELECTROENCEPHALOGRAPHY	70	0.183125			28
29	MEDICAL SUPPLIES CHRGD TO PATI	71	0.112955			29
30	IMPL. DEV. CHARGED TO PATIENT	72	0.281789			30
31	DRUGS CHARGED TO PATIENTS	73	0.136258			31
32	RENAL DIALYSIS	74	0.362680			32
33	ASC (NON-DISTINCT PART)	75				33
34	DIGESTIVE DISEASES	76	0.098823			34
34.01	ENTEROSTOMAL	76.01	0.406786			34.01
34.02	DIABETIC SERVICE	76.02	6.519814			34.02
34.03	WOUND CARE	76.03	0.293282			34.03
34.04	PSYCHOLOGY	76.04	0.589418			34.04
34.05	NEURO DIAGNOSTIC CENTER	76.05	5.864070			34.05
34.06	EATING DISORDERS	76.06	3.219797			34.06
34.07	UROLOGICAL	76.07	0.123510			34.07
34.08	SLEEP DISORDERS	76.08	0.334776			34.08
34.09	PAIN PROGRAM	76.09	0.436284			34.09
34.10	COMP EPILEPSY	76.10	4.709635			34.10
34.97	CARDIAC REHABILITATION	76.97	0.612463			34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98				34.98
34.99	LITHOTRIPSY	76.99	0.144923			34.99
35	RURAL HEALTH CLINIC (RHC)	88				35
36	FEDERALLY QUALIFIED HLTH CTR (F	89				36
37	CLINIC	90				37
37.01	VOICE CLINIC	90.01	0.739584			37.01
37.02	LUNG CLINIC	90.02	1.463636			37.02
37.03	ADULT SICKLE CELL CLINIC	90.03				37.03
37.04	ST JUDE CLINIC	90.04	0.008529			37.04
37.05	SISTERS CLINIC	90.05	2.915932			37.05
37.06	SPECIAL CLINICS	90.06	1.006286			37.06
38	EMERGENCY	91	0.337831			38
39	OBSERVATION BEDS	92				39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.734559			39.01
40	OTHER OUTPATIENT SERV (SPECIFY)	93				40
41	TOTAL (SUM OF LINES 8-40)					41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART II

CHECK [] HEART [] LIVER [XX] PANCREAS [] ISLET
 APPLICABLE BOX [] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		1	2	3	
42	ADULTS & PEDIATRICS	2			42
43	INTENSIVE CARE UNIT	3			43
44	CORONARY CARE UNIT	4			44
45	BURN INTENSIVE CARE UNIT	5			45
46	SURGICAL INTENSIVE CARE UNIT	6			46
47	PREMATURE INTENSIVE CARE	7			47
48	TOTAL (SUM OF LINES 42-47)				48

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		1	2	3	
49	RURAL HEALTH CLINIC (RHC)		21		49
50	FEDERALLY QUALIFIED HLTH CTR (F		22		50
51	CLINIC		23		51
51.01	VOICE CLINIC		23.01		51.01
51.02	LUNG CLINIC		23.02		51.02
51.03	ADULT SICKLE CELL CLINIC		23.03		51.03
51.04	ST JUDE CLINIC		23.04		51.04
51.05	SISTERS CLINIC		23.05		51.05
51.06	SPECIAL CLINICS		23.06		51.06
52	EMERGENCY		24		52
53	OBSERVATION BEDS		25		53
53.01	OBSERVATION BEDS-DISTINCT		25.01		53.01
54	OTHER OUTPATIENT SERV (SPECIFY)		26		54
55	TOTAL (SUM OF LINES 49-54)				55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PARTS III & IV

CHECK [] HEART [] LIVER [XX] PANCREAS [] ISLET
 APPLICABLE BOX [] KIDNEY [] LUNG [] INTESITINE [] OTHER (specify)

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
56 ROUTINE & ANCILLARY FROM PART I					56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	330,017		330,017		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	330,017		330,017		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		7			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		3			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.428571			64
65 MEDICARE COST/CHARGES	141,436		141,436		65
66 REVENUE FOR ORGANS SOLD					66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	141,436		141,436		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	141,436		141,436		69

PART IV - STATISTICS

	LIVING RELATED 1	CADAVERIC 2	REVENUE 3	
70 ORGANS EXCISED IN PROVIDER				70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		7		73
74 TOTAL (SUM OF LINES 70-73)		7		74
75 ORGANS TRANSPLANTED		7		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S				77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS				78
79 ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80 ORGANS SOLD OUTSIDE THE U.S.				80
81 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				81
82 ORGANS USED FOR RESEARCH				82
83 UNUSABLE/DISCARDED ORGANS				83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)		7		84

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0067)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	88,384,194	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	12,297,910	2
3	MANAGED CARE SIMULATED PAYMENTS	15,607,746	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	561.27	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)	97.61	5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)	97.61	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	165.25	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS	2.66	11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	100.27	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	98.40	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	97.61	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	98.76	15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT	98.76	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.175958	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.183114	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.175958	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	9,524,830	22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)	25.00	23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	67.64	24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)	25.00	25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)	0.044542	26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)	0.011752	27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)	1,222,113	28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)	10,746,943	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0513	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2707	31
32	SUM OF LINES 30 AND 31	0.3220	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1578	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	13,947,026	34
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)	10,264	40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)	608	41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)	5.92	42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)	4,441	43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	125,376,073	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	125,376,073	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	8,847,133	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0067)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	4,394,328	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	1,148,554	53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)	2,325,175	55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS	1,986,262	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	147,004	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	144,224,529	59
60	PRIMARY PAYER PAYMENTS	91,792	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	144,132,737	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	7,870,530	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	617,250	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,499,354	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,049,548	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,354,679	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	136,694,505	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	136,694,505	71
72	INTERIM PAYMENTS	136,489,931	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	204,574	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK APPLICABLE BOX:	[XX] [] []	HOSPITAL (14-0067) IPF IRF	[] [] []	SUB (OTHER) SNF SWING BED SNF	INPATIENT		PART B			
					MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4		
1										
TOTAL INTERIM PAYMENTS PAID TO PROVIDER						135,843,231		25,181,109	1	
2						NONE		NONE	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.										
3					.01	04/13/2011	626,800		3.01	
					.02	09/02/2011	19,900		3.02	
					.03				3.03	
					.04				3.04	
					.05				3.05	
					.06				3.06	
					.07				3.07	
					.08				3.08	
					.09				3.09	
					.50		NONE		3.50	
					.51				3.51	
					.52				3.52	
					.53				3.53	
					.54				3.54	
					.55				3.55	
					.56				3.56	
					.57				3.57	
					.58				3.58	
					.59				3.59	
					.99		646,700		3.99	
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)										
4							136,489,931		25,181,109	4
TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)										

TO BE COMPLETED BY CONTRACTOR

5					.01		NONE		NONE	5.01
					.02					5.02
					.03					5.03
					.04					5.04
					.05					5.05
					.06					5.06
					.07					5.07
					.08					5.08
					.09					5.09
					.50		NONE		NONE	5.50
					.51					5.51
					.52					5.52
					.53					5.53
					.54					5.54
					.55					5.55
					.56					5.56
					.57					5.57
					.58					5.58
					.59					5.59
					.99					5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)										
6					.01				85,773	6.01
DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT										
					.02		-136,489,931			6.02
7									25,266,882	7
TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)										

8 NAME OF CONTRACTOR: _____ CONTRACTOR NUMBER: _____ DATE: _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK APPLICABLE BOX:	[] HOSPITAL [] IPF [XX] IRF (14-T067)	[] SUB (OTHER) [] SNF [] SWING BED SNF	INPATIENT		PART B	
			MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
DESCRIPTION						
1				4,862,306		1
2				NONE		2
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.						
3						
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.						
		.01		NONE		3.01
		.02				3.02
		PROGRAM .03				3.03
		TO .04				3.04
		PROVIDER .05				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.50		NONE		3.50
		.51				3.51
		PROVIDER .52				3.52
		TO .53				3.53
		PROGRAM .54				3.54
		.55				3.55
		.56				3.56
		.57				3.57
		.58				3.58
		.59				3.59
		.99				3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)						
4				4,862,306		4
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)						
TO BE COMPLETED BY CONTRACTOR						
5						
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		NONE		5.01
		TO .02				5.02
		PROVIDER .03				5.03
		.04				5.04
		.05				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		PROVIDER .50		NONE		5.50
		TO .51				5.51
		PROGRAM .52				5.52
		.53				5.53
		.54				5.54
		.55				5.55
		.56				5.56
		.57				5.57
		.58				5.58
		.59				5.59
		.99				5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)						
6						
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT						
		PROGRAM .01		17,352		6.01
		TO PROVIDER .02				6.02
		PROGRAM				
7				4,879,658		7
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)						
8	NAME OF CONTRACTOR:			CONTRACTOR NUMBER:	DATE:	

PROVIDER CCN: 14-0067 SAINT FRANCIS MEDICAL CENTER
PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
03/26/2012 11:58

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK
APPLICABLE BOX

HOSPITAL (14-0067) CAH

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	34,038 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	55,185 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	9,425 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	161,744 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	2,694,204,015 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	127,355,655 6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168	7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	2,670,891 8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	2,623,885 30
31	OTHER ADJUSTMENTS (SPECIFY)	31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	47,006 32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART III

CHECK [] HOSPITAL
APPLICABLE BOX: [XX] IRF (14-T067)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	4,085,044	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.018600	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	332,853	3
4	OUTLIER PAYMENTS	305,527	4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	2.62	5
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)	3.75	7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	2.62	9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	23.797260	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $((1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1)$	0.074460	11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)	304,172	12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	5,027,596	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		14
15	ORGAN ACQUISITION		15
16	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		16
17	SUBTOTAL (SEE INSTRUCTIONS)	5,027,596	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	5,027,596	19
20	DEDUCTIBLES	50,524	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	4,977,072	21
22	COINSURANCE	106,259	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	4,870,813	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	4,870,813	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	8,845	29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,879,658	32
33	INTERIM PAYMENTS	4,862,306	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	17,352	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		36

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART III, LINE 4 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996		114.45 1	
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		2	
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA		3	
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		3.01	
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))		4	
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.01	
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.02	
5	FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)		114.45 5	
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)		169.00 6	
7	ENTER THE LESSER OF LINE 5 OR LINE 6		114.45 7	
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	92.23	73.85	166.08 8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	62.46	50.01	112.47 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		2.66	10
11	TOTAL WEIGHTED FTE COUNT	62.46	52.67	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	64.47	49.87	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	61.21	52.92	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	62.71	51.82	14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	62.71	51.82	17
18	PER RESIDENT AMOUNT	101,777.48	96,488.01	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	6,382,466	5,000,009	11,382,475 19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			25.00 20
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			54.55 21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			24.57 22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			90,192.00 23
24	MULTIPLY LINE 22 TIMES LINE 23			2,216,017 24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			13,598,492 25
COMPUTATION OF PROGRAM PATIENT LOAD				
		INPATIENT PART A	MANAGED CARE	
26	INPATIENT DAYS	58,962	10,134	26
27	TOTAL INPATIENT DAYS	170,430	170,430	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.345960	0.059461	28
29	PROGRAM DIRECT GME AMOUNT	4,704,534	808,580	29
30	REDUCTION FOR NURSING/ALLIED HEALTH		114,252	30
31	NET PROGRAM DIRECT GME AMOUNT			5,398,862 31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			6,888,813 33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			9,307 35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 × LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			138,723,043 37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			2,325,175 38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			91,792 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			140,956,426 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			32,223,481 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			1,132 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			32,222,349 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			173,178,775 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.813936 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.186064 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			5,398,862 48
49	PART A MEDICARE GME PAYMENT (LINE 46 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			4,394,328 49
50	PART B MEDICARE GME PAYMENT (LINE 47 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			1,004,534 50

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	13,179,971			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	564,990,541			4
5	OTHER RECEIVABLES	8,202,594			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-367,609,409			6
7	INVENTORY	10,214,274			7
8	PREPAID EXPENSES	4,336,004			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	233,313,975			11
FIXED ASSETS					
12	LAND	8,659,630			12
13	LAND IMPROVEMENTS	11,030,090			13
14	ACCUMULATED DEPRECIATION	-7,119,759			14
15	BUILDINGS	602,314,429			15
16	ACCUMULATED DEPRECIATION	-208,140,153			16
17	LEASEHOLD IMPROVEMENTS	5,361,657			17
18	ACCUMULATED AMORTIZATION	-5,051,674			18
19	FIXED EQUIPMENT	12,102,195			19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	325,251,811			23
24	ACCUMULATED DEPRECIATION	-244,054,455			24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE	590,764			29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	500,944,535			30
OTHER ASSETS					
31	INVESTMENTS	38,966,211			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	249,950,598			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	288,916,809			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	1,023,175,319			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	8,704,066			37
38	SALARIES, WAGES & FEES PAYABLE	47,154,910			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	18,642			40
41	DEFERRED INCOME	2,455,405			41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	38,370,592			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	96,703,615			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	3,189,614			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	3,189,614			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	99,893,229			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	923,282,090			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	923,282,090			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	1,023,175,319			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		816,028,718							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		106,006,433							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		922,035,151							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 CAPITALIZED INT-MILESTONE									5
6 CONTRIBUTIONS-TEMP/PERM REST	2,931,757								6
7 INVESTMENT INCOME									7
8 INV INC MARKET ADJ									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		2,931,757							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		924,966,908							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 CONTRIBUTIONS-TEMP RESTR REL	1,504,818								13
14 INV INC MARKET ADJ		9,760							14
15 REL PARTY TRANSACTION		2,250							15
16 CONTRI PERM RESTR									16
17 LOSS ON INVESTMENTS		167,990							17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		1,684,818							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		923,282,090							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	177,540,990		177,540,990	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF	7,990,784		7,990,784	5
6 SWING BED - SNF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	185,531,774		185,531,774	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	75,594,420		75,594,420	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 PREMATURE INTENSIVE CARE	44,993,981		44,993,981	16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	120,588,401		120,588,401	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	306,120,175		306,120,175	18
19 ANCILLARY SERVICES	1,405,325,370	991,192,843	2,396,518,213	19
20 OUTPATIENT SERVICES				20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY				23
25 AMBULANCE				25
26 ASC				26
27 HOSPICE				27
27.01 OTHER (SPECIFY)				27.01
27.02 PHYSICIAN PRACTICES		100,689,135	100,689,135	27.02
28 CENTER FOR HEALTH - ASC		41,209,753	41,209,753	28
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	1,711,445,545	1,133,091,731	2,844,537,276	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		824,780,478	29
30 **ADD (SPECIFY)** BAD DEBTS	48,338,566		30
31			31
32			32
33			33
34			34
35 ROUNDING			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		48,338,566	36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		873,119,044	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	2,844,537,276	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,900,307,171	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	944,230,105	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	873,119,044	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	71,111,061	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	5,416,280	6
7	INCOME FROM INVESTMENTS	11,524,334	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		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE 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.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (OTHER OPERATING REVENUE)	17,850,245	24
24.01	OTHER (ASSETS RELEASED-CAPITAL)	104,513	24.01
24.02	OTHER (ROUNDING)		24.02
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	34,895,372	25
26	TOTAL (LINE 5 PLUS LINE 25)	106,006,433	26
27	OTHER EXPENSES (ROUNDING)		27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	106,006,433	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-006) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
 BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER		7,146,538		1
3	CAPITAL DRG OUTLIER PAYMENTS		632,902		2
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		443.13		3
5	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)		123.76		4
6	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		0.0820		5
7	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)		586,016		6
8	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)		0.0513		7
9	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)		0.2707		8
10	SUM OF LINES 7 AND 8		0.3220		9
11	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)		0.0674		10
12	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)		481,677		11
13	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)		8,847,133		12

PART II - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST (SEE INSTRUCTIONS)				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST (SEE INSTRUCTIONS)				2
3	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 1 PLUS LINE 2)				3
4	CAPITAL COST PAYMENT FACTOR (SEE INSTRUCTIONS)				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 3 TIMES LINE 4)				5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS (SEE INSTRUCTIONS)				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)				2
3	NET PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (LINE 1 MINUS LINE 2)				3
4	APPLICABLE EXCEPTION PERCENTAGE (SEE INSTRUCTIONS)				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (LINE 3 TIMES LINE 4)				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 2 TIMES LINE 6)				7
8	CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 5 PLUS LINE 7)				8
9	CURRENT YEAR CAPITAL PAYMENTS (FROM PART I, LINE 12 AS APPLICABLE)				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 8 LESS LINE 9)				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (FROM PRIOR YEAR WKST L, PART III, LINE 14)				11
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 10 PLUS LINE 11)				12
13	CURRENT YEAR EXCEPTION PAYMENT (IF LINE 12 IS POSITIVE, ENTER THE AMOUNT ON THIS LINE)				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (IF LINE 12 IS NEGATIVE, ENTER THE AMOUNT ON THIS LINE)				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS)				17