

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: 03-20-2012 TIME: 15:58
 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 SWEDISH COVENANT HOSPITAL (14-0114) (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) _____
 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		-394,688	1,150,476	-196,143	1
2 SUBPROVIDER - IPF		218,987			2
3 SUBPROVIDER - IRF		946			3
4 SUBPROVIDER (OTHER)					4
5 SWING BED - SNF					5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY		6,567			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		-168,188	1,150,476	-196,143	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 HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:
 1 STREET: 5145 NORTH CALIFORNIA AVENUE
 2 CITY: CHICAGO STATE: IL

P.O.BOX:
 ZIP CODE: 60625 COUNTY: COOK

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

0	COMPONENT NAME	1	CCN NUMBER	2	CBSA NUMBER	3	PROV TYPE	4	DATE CERTIFIED	5	PAYMENT SYSTEM (P, T, O, OR N)			8
											6	7	XIX	
3	HOSPITAL	SWEDISH COVENANT HOSPITAL	14-0114	16974	1				07/01/1966		N	P	O	3
4	SUBPROVIDER - IPF	SCH PSYCHIATRIC UNIT	14-S114	16974	4				02/01/1989		N	P	O	4
5	SUBPROVIDER - IRF	SCH REHABILITATION UNIT	14-T114	16974	5				02/01/1984		N	P	O	5
6	SUBPROVIDER - (OTHER)													6
7	SWING BEDS - SNF													7
8	SWING BEDS - NF													8
9	HOSPITAL-BASED SNF	SWEDISH COVENANT SKILLED CARE	14-5573	16974					04/22/1987		N	P	N	9
10	HOSPITAL-BASED NF													10
11	HOSPITAL-BASED OLTC													11
12	HOSPITAL-BASED HHA	SCH HOME MED NORTH	14-7126	16974					03/15/1976		N	P	N	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													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.													1	N 23

		IN-STATE MEDICAID PAID DAYS	IN-STATE MEDICAID ELIGIBLE DAYS	OUT-OF-STATE MEDICAID PAID DAYS	OUT-OF-STATE MEDICAID ELIGIBLE DAYS	MEDICAID HMO DAYS	OTHER MEDICAID DAYS	
		1	2	3	4	5	6	
24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPPS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID 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.	15,708				1,000		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 PAID 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.		729					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

		V	XVIII	XIX	
		1	2	3	
45	PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	N	45
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	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	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)	N			60
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)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	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)	N			63
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.					
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)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
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)					
PROGRAM NAME		PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
1		2	3	4	5
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					
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)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
66					

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 1	PROGRAM CODE 2	UNWEIGHTED FTES NONPROVIDER SITE 3	UNWEIGHTED FTES IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5		
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.				Y	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.				N N	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.				N 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- SICAL Y	OCCUP- ATIONAL Y	RESPI- RATORY Y	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.	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.	1		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.	6,000,000	6,000,000	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.	N		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.			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.			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.	Y	14H042	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: COVENANT MINISTRIES OF BENEVOLENT CONTRACTOR'S NAME: WPS	CONTRACTOR'S NUMBER: 1	141
142	STREET: 5145 N. CALIFORNIA AVENUE	P.O. BOX:	142
143	CITY: CHICAGO	STATE: IL	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
155 HOSPITAL	1	2
156 SUBPROVIDER - IPF	N	N 155
157 SUBPROVIDER - IRF	N	N 156
158 SUBPROVIDER - (OTHER)	N	N 157
159 SNF	N	N 158
160 HHA	N	N 159
161 CMHC	N	N 160

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		1	2	1	
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			
2		Y/N	DATE	V/I	
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)	N		3	
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE	
4		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.	Y		5	
APPROVED EDUCATIONAL ACTIVITIES		Y/N		Y/N	
6		1		2	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		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	
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			Y 15	
PS&R REPORT DATA		PART A		PART B	
		Y/N	DATE	Y/N	DATE
16		1	2	3	4
16	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)	N		N	
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)	Y	02/12/2012	Y	02/12/2012
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	
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	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

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 RELIEFED 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 | |
|---|-----|------|----|
| 36 WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT? | 1 | 2 | 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	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	98,359,440		98,359,440	3,470,756.00	28.34
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN-PART A		478,935	478,935	5,544.99	86.37	
4.01	PHYSICIANS-PART A - DIRECT TEACHING						
5	PHYSICIAN-PART B		252,423	252,423	3,272.00	77.15	
6	NON-PHYSICIAN-PART B						
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21	2,450,447	2,450,447	114,712.00	21.36	
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)						
8	HOME OFFICE PERSONNEL						
9	SNF	44	1,168,870	1,168,870	46,182.00	25.31	
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		5,068,293	-55,725	5,012,568	160,758.00	31.18
OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)		1,168,977	1,168,977	16,426.00	71.17	
12	MANAGEMENT AND ADMINISTRATIVE SERVICES						
13	CONTRACT LABOR: PHYSICIAN-PART A		396,516	396,516	7,189.00	55.16	
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		1,356,879	1,356,879	7,359.43	184.37	
15	HOME OFFICE: PHYSICIAN-PART A						
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE-RELATED COSTS							
17	WAGE-RELATED COSTS (CORE)		17,091,275	17,091,275			
18	WAGE-RELATED COSTS (OTHER)						
19	EXCLUDED AREAS		1,039,883	1,039,883			
20	NON-PHYSICIAN ANESTHETIST PART A						
21	NON-PHYSICIAN ANESTHETIST PART B						
22	PHYSICIAN PART A		48,465	48,465			
23	PHYSICIAN PART B		26,613	26,613			
24	WAGE-RELATED COSTS (RHC/FQHC)						
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)		486,663	486,663			
OVERHEAD COSTS - DIRECT SALARIES							
26	EMPLOYEE BENEFITS		1,896,827	1,896,827	79,259.00	23.93	
27	ADMINISTRATIVE & GENERAL		15,297,140	55,725	15,352,865	523,831.00	29.31
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		618,871		618,871	1,897.99	326.07
29	MAINTENANCE & REPAIRS						
30	OPERATION OF PLANT		2,320,312	2,320,312	97,379.00	23.83	
31	LAUNDRY & LINEN SERVICE						
32	HOUSEKEEPING		1,899,467	1,899,467	157,564.00	12.06	
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						
34	DIETARY		1,539,054	1,539,054	100,327.00	15.34	
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						
36	CAFETERIA		453,983	453,983	26,155.00	17.36	
37	MAINTENANCE OF PERSONNEL						
38	NURSING ADMINISTRATION		1,349,176	1,349,176	50,530.00	26.70	
39	CENTRAL SERVICES AND SUPPLY						
40	PHARMACY		2,153,387	2,153,387	55,926.00	38.50	
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,097,050	1,097,050	45,765.00	23.97	
42	SOCIAL SERVICE		550,567	550,567	16,942.00	32.50	
43	OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	96,275,441		96,275,441	3,354,669.9	28.70	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	6,237,163	-55,725	6,181,438	206,940.00	29.87	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	90,038,278	55,725	90,094,003	3,147,729.9	28.62	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	2,922,372		2,922,372	30,974.43	94.35	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	17,139,740		17,139,740		19.02%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	110,100,390	55,725	110,156,115	3,178,704.4	34.65	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	29,175,834	55,725	29,231,559	1,155,575.9	25.30	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
 PART IV

PART A - CORE LIST

	AMOUNT REPORTED
RETIREMENT COST	
1 401K EMPLOYER CONTRIBUTIONS	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION	2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	4,113,587 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)	7,391,667 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)	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	14
15 WORKERS' COMPENSATION INSURANCE	407,881 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	7,083,158 17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY	18
19 UNEMPLOYMENT INSURANCE	220,197 19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES	20
OTHER	
21 EXECUTIVE DEFERRED COMPENSATION	21
22 DAY CARE COSTS AND ALLOWANCES	22
23 TUITION REIMBURSEMENT	135,996 23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	19,352,486 24
PART B - OTHER THAN CORE RELATED COST	
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)	25

PROVIDER CCN: 14-0114 SWEDISH COVENANT HOSPITAL
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
03/20/2012 15:58

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	2
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST		1
2	HOSPITAL		2
3	SUBPROVIDER - IPF		3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		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-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7126

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: COOK

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		1,539		541	2,080	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		390.00		698.00	1,071.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00	----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT)			
	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)		1.00	1.00	4
5 OTHER ADMINISTRATIVE PERSONNEL		6.95	6.95	5
6 DIRECT NURSING SERVICE		7.64	7.64	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE		1.99	1.99	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE		1.41	1.41	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE		0.10	0.10	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE		0.10	0.10	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE		1.00	1.00	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY CBSA CODES

19 ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.	1	19
20 LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE).	16974	20

PPS ACTIVITY

	FULL EPISODES				TOTAL (COLS. 1-4)	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4		
21 SKILLED NURSING VISITS	3,168	40	166	69	3,443	21
22 SKILLED NURSING VISIT CHARGES	636,950	8,040	33,366	14,009	692,365	22
23 PHYSICAL THERAPY VISITS	1,984	5	39	29	2,057	23
24 PHYSICAL THERAPY VISIT CHARGES	398,784	1,005	7,839	5,829	413,457	24
25 OCCUPATIONAL THERAPY VISITS	788	5	3	17	813	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	158,388	1,005	603	3,417	163,413	26
27 SPEECH PATHOLOGY VISITS	20			1	21	27
28 SPEECH PATHOLOGY VISIT CHARGES	4,020			201	4,221	28
29 MEDICAL SOCIAL SERVICE VISITS	58	1	4		63	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	15,718	271	1,084		17,073	30
31 HOME HEALTH AIDE VISITS	473	20	1	4	498	31
32 HOME HEALTH AIDE VISIT CHARGES	63,855	2,700	135	540	67,230	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	6,491	71	213	120	6,895	33
34 OTHER CHARGES	24,439	145	1,719	87	26,390	34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	1,302,154	13,166	44,746	24,083	1,384,149	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	464		74	12	550	36
37 TOTAL NUMBER OF OUTLIER EPISODES		1			1	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	24,439	145	1,719	87	26,390	38

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

		Y/N	DATE
		1	2
1	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, WERE ALL PATIENTS UNDER MANAGED CARE OR WAS THERE NO MEDICARE UTILIZATION? ENTER 'Y' FOR YES IN COLUMN 1 AND DO NOT COMPLETE THE REST OF THIS WORKSHEET.	N	1
2	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N	2

	GROUP	SNF	SWING BED	TOTAL
	1	DAYS	SNF DAYS	(COLS.
		2	3	2 + 3)
				4
3	RUX			3
4	RUL	29		4
5	RVX			5
6	RVL	154		6
7	RHX			7
8	RHL	51		8
9	RMX	13		9
10	RML	43		10
11	RLX			11
12	RUC	38		12
13	RUB	105		13
14	RUA	373		14
15	RVC	164		15
16	RVB	770		16
17	RVA	2,470		17
18	RHC	72		18
19	RHB	159		19
20	RHA	354		20
21	RMC	39		21
22	RMB	90		22
23	RMA	242		23
24	RLB			24
25	RLA			25
26	ES3			26
27	ES2			27
28	ES1	15		28
29	HE2			29
30	HE1			30
31	HD2			31
32	HD1	14		32
33	HC2			33
34	HC1	39		34
35	HB2			35
36	HB1	177		36
37	LE2			37
38	LE1			38
39	LD2			39
40	LD1			40
41	LC2			41
42	LC1			42
43	LB2			43
44	LB1			44
45	CE2			45
46	CE1			46
47	CD2			47
48	CD1			48
49	CC2			49
50	CC1	10		50
51	CB2			51
52	CB1	22		52
53	CA2			53
54	CA1	83		54
55	SE3			55
56	SE2			56
57	SE1			57
58	SSC			58
59	SSB			59
60	SSA			60
61	IB2			61
62	IB1			62
63	IA1			63
64	IA2			64
65	BB2			65
66	BB1	5		66
67	BA2			67
68	BA1			68

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

		GROUP	SNF DAYS	SWING BED SNF DAYS	TOTAL (COLS. 2 + 3) 4
		1	2	3	4
69	PE2				69
70	PE1				70
71	PD2				71
72	PD1				72
73	PC2				73
74	PC1				74
75	PB2				75
76	PB1		7		7 76
77	PA2				77
78	PA1		2		2 78
199	AAA				199
200	TOTAL		5,540		5,540 200

		CBSA AT BEGINNING OF COST REPORTING PERIOD	CBSA ON/AFTER THE COST REPORTING PERIOD (IF APPLICABLE)	
		1	2	
201	ENTER IN COLUMN 1 THE SNF CBSA CODE, OR 5 CHARACTER NON-CBSA CODE IF A RURAL FACILITY, IN EFFECT AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER IN COLUMN 2 THE CODE IN EFFECT ON OR AFTER OCTOBER 1 OF THE COST REPORTING PERIOD (IF APPLICABLE).	16974	16974	201

A NOTICE PUBLISHED IN THE FEDERAL REGISTER VOLUME 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. FOR LINES 202 THROUGH 207: ENTER IN COLUMN 1 THE AMOUNT OF THE EXPENSE FOR EACH CATEGORY. ENTER IN COLUMN 2 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 7, COLUMN 3. IN COLUMN 3, ENTER 'Y' OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)

		EXPENSES	PERCENTAGE	ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES?
		1	2	3
202	STAFFING			202
203	RECRUITMENT			203
204	RETENTION OF EMPLOYEES			204
205	TRAINING			205
206	OTHER (0)			206
207	TOTAL SNF REVENUE (WORKSHEET G-2, PART I, LINE 7, COLUMN 3)	7,403,534		207

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)		0.187377	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)				
2	NET REVENUE FROM MEDICAID		22,664,138	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		217,828,799	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)		40,816,107	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)		18,151,969	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)		18,151,969	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	30,082,279		30,082,279 20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	5,636,727		5,636,727 21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE			22
23	COST OF CHARITY CARE	5,636,727		5,636,727 23
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)			10,341,145 26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			2,332,072 27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			8,009,073 28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			1,500,716 29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			7,137,443 30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			25,289,412 31

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				15,873,135	1
2	00200				9,729,247	2
3	00300					3
4	00400	1,896,827	710,547	2,607,374	15,525,178	4
5.01	00540	313,012	227,904	540,916		5.01
5.03	00560	658,800	257,159	915,959		5.03
5.04	00570	1,682,022	64,635	1,746,657		5.04
5.05	00580	1,637,727	979,886	2,617,613	13,333	5.05
5.06	00590	11,005,579	77,697,265	88,702,844	-41,300,275	5.06
6	00600					6
7	00700	2,320,312	6,015,624	8,335,936	34,721	7
8	00800		928,095	928,095		8
9	00900	1,899,467	753,829	2,653,296		9
10	01000	1,539,054	761,533	2,300,587		10
11	01100	453,983	510,358	964,341		11
12	01200					12
13	01300	1,349,176	71,202	1,420,378		13
14	01400					14
15	01500	2,153,387	4,704,283	6,857,670	-4,587,454	15
16	01600	1,097,050	734,394	1,831,444		16
17	01700	550,567	9,751	560,318		17
19	01900					19
20	02000					20
21	02100	2,450,447	1,434,203	3,884,650	-25	21
22	02200	630,758	486,565	1,117,323	110,975	22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	23,332,551	2,609,068	25,941,619	-5,971,281	30
31	03100	3,345,315	434,491	3,779,806	-341,961	31
31.01	02060				310,981	31.01
40	04000	1,571,764	40,271	1,612,035	-13,823	40
41	04100	1,017,818	61,588	1,079,406	-53,011	41
43	04300	258,783	570,356	829,139	1,103,691	43
44	04400	1,168,870	97,744	1,266,614	-58,172	44
ANCILLARY SERVICE COST CENTERS						
50	05000	5,482,481	15,481,632	20,964,113	-14,078,642	50
52	05200				2,509,830	52
53	05300	348,930	736,061	1,084,991	-631,344	53
54	05400	3,552,294	1,503,587	5,055,881	-48,541	54
54.02	03480	894,535	410,219	1,304,754	-112,397	54.02
54.03	03630	1,249,044	87,696	1,336,740	-42,815	54.03
54.04	05401	417,299	671,327	1,088,626	-529,404	54.04
57	05700	666,258	817,953	1,484,211	-81,736	57
58	05800	400,268	585,067	985,335	-13,435	58
59	05900	602,917	3,542,909	4,145,826	-2,559,022	59
60	06000	3,213,702	3,497,523	6,711,225	-100,400	60
60.01	03951	741,329	617,254	1,358,583	-2,912	60.01
62.30	06250					62.30
63	06300	234,860	1,254,062	1,488,922	-27,572	63
65	06500	1,293,536	194,999	1,488,535	-145,559	65
66	06600					66
66.01	03950	4,222,390	223,652	4,446,042	-15,204	66.01
67	06700					67
68	06800					68
69	06900	514,852	502,795	1,017,647	-50,882	69
69.02	03952	1,584,481	467,837	2,052,318	-50,795	69.02
71	07100	613,225	880,937	1,494,162	12,644,089	71
72	07200				10,140,653	72
73	07300				4,587,454	73
74	07400	-47	796,408	796,361	-34,963	74
75	07500	602,198	557,407	1,159,605	-783,920	75
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	05340	1,483,931	104,002	1,587,933	-114,414	90.01
90.02	09001	597,075	212,717	809,792	-102,204	90.02
90.03	09002	331,082	82,225	413,307	-2,092	90.03
90.05	09004					90.05
90.06	09005	108,595	2,196	110,791	-17	90.06
91	09100	4,392,225	1,386,108	5,778,333	-867,009	91
92	09200					92
93.01	04950					93.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910					99.10
99.20	09920					99.20

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	
99.30	09930					99.30
99.40	09940					99.40
101	10100	1,854,514	189,295	2,043,809	-14,469	101
118		97,735,243	134,966,619	232,701,862	-152,463	118
190	19000	69,773	196,281	266,054		190
190.02	19002					190.02
190.05	19005					190.05
190.07	19007		113	113		190.07
190.08	19008					190.08
190.09	19009	169,507		169,507		190.09
190.10	19010		192,895	192,895	-6,192	190.10
190.11	19011					190.11
190.12	19012	384,917		384,917		190.12
190.13	19013					190.13
190.14	19014		289,963	289,963	158,655	190.14
191.01	19101		5,382	5,382		191.01
200		98,359,440	135,651,253	234,010,693		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	15,873,135	-9,090,012	6,783,123	1
2	00200	9,729,247	-67,221	9,662,026	2
3	00300				3
4	00400	18,132,552	-891,113	17,241,439	4
5.01	00540	540,916	-61,179	479,737	5.01
5.03	00560	915,959	-66,495	849,464	5.03
5.04	00570	1,746,657		1,746,657	5.04
5.05	00580	2,630,946	-76,131	2,554,815	5.05
5.06	00590	47,402,569	-5,208,906	42,193,663	5.06
6	00600				6
7	00700	8,370,657	-298,159	8,072,498	7
8	00800	928,095		928,095	8
9	00900	2,653,296		2,653,296	9
10	01000	2,300,587		2,300,587	10
11	01100	964,341	-846,332	118,009	11
12	01200				12
13	01300	1,420,378	-361,165	1,059,213	13
14	01400				14
15	01500	2,270,216		2,270,216	15
16	01600	1,831,444	-32,204	1,799,240	16
17	01700	560,318		560,318	17
19	01900				19
20	02000				20
21	02100	3,884,625	-17,200	3,867,425	21
22	02200	1,228,298	-556,110	672,188	22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	19,970,338	-17,774	19,952,564	30
31	03100	3,437,845		3,437,845	31
31.01	02060	310,981		310,981	31.01
40	04000	1,598,212	-15,200	1,583,012	40
41	04100	1,026,395		1,026,395	41
43	04300	1,932,830	-566,012	1,366,818	43
44	04400	1,208,442	-17,333	1,191,109	44
ANCILLARY SERVICE COST CENTERS					
50	05000	6,885,471	-36,000	6,849,471	50
52	05200	2,509,830		2,509,830	52
53	05300	453,647	-23,750	429,897	53
54	05400	5,007,340	-17,935	4,989,405	54
54.02	03480	1,192,357	-139,270	1,053,087	54.02
54.03	03630	1,293,925		1,293,925	54.03
54.04	05401	559,222	-26,040	533,182	54.04
57	05700	1,402,475		1,402,475	57
58	05800	971,900		971,900	58
59	05900	1,586,804		1,586,804	59
60	06000	6,610,825	-45,450	6,565,375	60
60.01	03951	1,355,671		1,355,671	60.01
62.30	06250				62.30
63	06300	1,461,350		1,461,350	63
65	06500	1,342,976		1,342,976	65
66	06600				66
66.01	03950	4,430,838	240,821	4,671,659	66.01
67	06700				67
68	06800				68
69	06900	966,765	-189,696	777,069	69
69.02	03952	2,001,523	-183,770	1,817,753	69.02
71	07100	14,138,251		14,138,251	71
72	07200	10,140,653		10,140,653	72
73	07300	4,587,454		4,587,454	73
74	07400	761,398		761,398	74
75	07500	375,685		375,685	75
76.97	07697				76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	05340	1,473,519	-28,099	1,445,420	90.01
90.02	09001	707,588	-37,550	670,038	90.02
90.03	09002	411,215	184,691	595,906	90.03
90.05	09004				90.05
90.06	09005	110,774		110,774	90.06
91	09100	4,911,324	-212,086	4,699,238	91
92	09200				92
93.01	04950				93.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910				99.10
99.20	09920				99.20

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	
99.30	09930				99.30
99.40	09940				99.40
101	10100				101
		2,029,340	-2,338	2,027,002	
118					118
		232,549,399	-18,705,018	213,844,381	
190	19000				190
		266,054		266,054	
190.02	19002				190.02
190.05	19005				190.05
190.07	19007	113		113	190.07
190.08	19008				190.08
190.09	19009	169,507		169,507	190.09
190.10	19010	186,703		186,703	190.10
190.11	19011				190.11
190.12	19012	384,917		384,917	190.12
190.13	19013				190.13
190.14	19014	448,618		448,618	190.14
191.01	19101	5,382		5,382	191.01
200					200
		234,010,693	-18,705,018	215,305,675	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER
	1	2	3	4	5
1 DEPRECIATION	A	CAP REL COSTS-BLDG & FIXT	1		6,623,949 1
2		CAP REL COSTS-MVBLE EQUIP	2		9,729,247 2
500 TOTAL RECLASSIFICATIONS					16,353,196 500
CODE LETTER - A					
1 INTEREST EXPENSE	B	CAP REL COSTS-BLDG & FIXT	1		9,139,183 1
500 TOTAL RECLASSIFICATIONS					9,139,183 500
CODE LETTER - B					
1 OB DEPT EXPENSES	C	DELIVERY ROOM & LABOR ROOM	52	2,205,446	304,384 1
2		NURSERY	43	1,246,110	171,981 2
500 TOTAL RECLASSIFICATIONS				3,451,556	476,365 500
CODE LETTER - C					
1 HOSPITAL USE OF PLAZA	D	OPERATION OF PLANT	7		34,721 1
500 TOTAL RECLASSIFICATIONS					34,721 500
CODE LETTER - D					
1 NON HOSP BLDG DEPR	E	HOME HEALTH AGENCY	101		41,256 1
2		PLAZA	190.10		28,529 2
3		OFFSITE CLINICS	190.14		158,655 3
500 TOTAL RECLASSIFICATIONS					228,440 500
CODE LETTER - E					
1 FINANCIAL MGMT	F	ADMINISTRATION & GENERAL	5.06	55,725	1
500 TOTAL RECLASSIFICATIONS				55,725	500
CODE LETTER - F					
1 EMPLOYEE BENEFITS	G	EMPLOYEE BENEFITS	4		15,525,178 1
500 TOTAL RECLASSIFICATIONS					15,525,178 500
CODE LETTER - G					
1 COST OF DRUGS SOLD (AC730380)	H	DRUGS CHARGED TO PATIENTS	73		4,587,454 1
500 TOTAL RECLASSIFICATIONS					4,587,454 500
CODE LETTER - H					
1 FP FACULTY GROUP TEACHING COST	J	I&R SRVCES-OTHER PRGM COSTS A	22	90,783	1
500 TOTAL RECLASSIFICATIONS				90,783	500
CODE LETTER - J					
1 COLLECTION FEES	K	PATIENT ACCOUNTS & CASHIERS	5.05		13,333 1
500 TOTAL RECLASSIFICATIONS					13,333 500
CODE LETTER - K					
1 OB GYN RESIDENT PROGRAM DIRECTOR	L	I&R SRVCES-OTHER PRGM COSTS A	22	20,192	1
500 TOTAL RECLASSIFICATIONS				20,192	500
CODE LETTER - L					
1 PROPERTY INSURANCE	M	CAP REL COSTS-BLDG & FIXT	1		338,443 1
500 TOTAL RECLASSIFICATIONS					338,443 500
CODE LETTER - M					
1 OUTPATIENT SURG RE OR CASES	N	OPERATING ROOM	50	306,408	1
500 TOTAL RECLASSIFICATIONS				306,408	500
CODE LETTER - N					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1 CHARGEABLE MEDICAL SUPPLIES	O	MEDICAL SUPPLIES CHRGED TO PA	71		13,198,265
2					1
3					2
4					3
5					4
6					5
7					6
8					7
9					8
10					9
11					10
12					11
13					12
14					13
15					14
16					15
17					16
18					17
19					18
20					19
21					20
22					21
23					22
24					23
25					24
26					25
27					26
28					27
29					28
30					29
31					30
32					31
33					32
500 TOTAL RECLASSIFICATIONS					13,198,265
CODE LETTER - O					500
1 IMPLANTABLE DEVICES	P	IMPL. DEV. CHARGED TO PATIENT	72		10,140,653
2					1
3					2
4					3
5					4
500 TOTAL RECLASSIFICATIONS					10,140,653
CODE LETTER - P					500
1 SPECIAL CARE NURSERY	R	SPECIAL CARE NURSERY	31.01	258,753	52,228
500 TOTAL RECLASSIFICATIONS				258,753	52,228
CODE LETTER - R					500
GRAND TOTAL (INCREASES)				4,183,417	70,087,459

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 DEPRECIATION	A	ADMINISTRATION & GENERAL	5.06		16,353,196	9 1
2						9 2
500 TOTAL RECLASSIFICATIONS					16,353,196	500
CODE LETTER - A						
1 INTEREST EXPENSE	B	ADMINISTRATION & GENERAL	5.06		9,139,183	11 1
500 TOTAL RECLASSIFICATIONS					9,139,183	500
CODE LETTER - B						
1 OB DEPT EXPENSES	C	ADULTS & PEDIATRICS	30	3,451,556	476,365	1
2						2
500 TOTAL RECLASSIFICATIONS				3,451,556	476,365	500
CODE LETTER - C						
1 HOSPITAL USE OF PLAZA	D	PLAZA	190.10		34,721	1
500 TOTAL RECLASSIFICATIONS					34,721	500
CODE LETTER - D						
1 NON HOSP BLDG DEPR	E	CAP REL COSTS-BLDG & FIXT	1		228,440	9 1
2						2
3						3
500 TOTAL RECLASSIFICATIONS					228,440	500
CODE LETTER - E						
1 FINANCIAL MGMT	F	HOME HEALTH AGENCY	101	55,725		1
500 TOTAL RECLASSIFICATIONS				55,725		500
CODE LETTER - F						
1 EMPLOYEE BENEFITS	G	ADMINISTRATION & GENERAL	5.06		15,525,178	1
500 TOTAL RECLASSIFICATIONS					15,525,178	500
CODE LETTER - G						
1 COST OF DRUGS SOLD (AC730380)	H	PHARMACY	15		4,587,454	1
500 TOTAL RECLASSIFICATIONS					4,587,454	500
CODE LETTER - H						
1 FP FACULTY GROUP TEACHING COST	J	FAMILY PRACTICE CLINIC	90.01	90,783		1
500 TOTAL RECLASSIFICATIONS				90,783		500
CODE LETTER - J						
1 COLLECTION FEES	K	FAMILY PRACTICE CLINIC	90.01		13,333	1
500 TOTAL RECLASSIFICATIONS					13,333	500
CODE LETTER - K						
1 OB GYN RESIDENT PROGRAM DIRECTOR	L	ADULTS & PEDIATRICS	30	20,192		1
500 TOTAL RECLASSIFICATIONS				20,192		500
CODE LETTER - L						
1 PROPERTY INSURANCE	M	ADMINISTRATION & GENERAL	5.06		338,443	12 1
500 TOTAL RECLASSIFICATIONS					338,443	500
CODE LETTER - M						
1 OUTPATIENT SURG RE OR CASES	N	ASC (NON-DISTINCT PART)	75	306,408		1
500 TOTAL RECLASSIFICATIONS				306,408		500
CODE LETTER - N						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 CHARGEABLE MEDICAL SUPPLIES	O					1
2		I&R SRVCES-SALARY & FRINGES A	21		25	2
3						3
4		ADULTS & PEDIATRICS	30		2,023,047	4
5		INTENSIVE CARE UNIT	31		341,961	5
6		SUBPROVIDER - IRF	41		53,011	6
7		SUBPROVIDER - IPF	40		13,823	7
8		SKILLED NURSING FACILITY	44		58,172	8
9		NURSERY	43		3,419	9
10		OPERATING ROOM	50		5,119,538	10
11		ANESTHESIOLOGY	53		631,344	11
12		RADIOLOGY-DIAGNOSTIC	54		48,541	12
13		COMPUTED TOMOGRAPHY (CT) SCAN	57		81,736	13
14		CANCER TREATMENT CENTER	54.02		112,397	14
15		ULTRASOUND	54.03		42,815	15
16		SPECIAL PROCEDURES	54.04		529,404	16
17		MAGNETIC RESONANCE IMAGING (M	58		13,435	17
18		LABORATORY	60		100,400	18
19		PATHOLOGY	60.01		2,912	19
20		BLOOD STORING, PROCESSING & T	63		27,572	20
21		RESPIRATORY THERAPY	65		145,559	21
22		REHABILITATION MEDICINE	66.01		15,204	22
23		CARDIOLOGY	69.02		40,811	23
24		ELECTROCARDIOLOGY	69		50,882	24
25		CARDIAC CATHETERIZATION	59		1,711,632	25
26		MEDICAL SUPPLIES CHRGED TO PA	71		554,176	26
27		RENAL DIALYSIS	74		34,963	27
28		ASC (NON-DISTINCT PART)	75		459,866	28
29		FAMILY PRACTICE CLINIC	90.01		10,298	29
30		WOUND CARE	90.02		102,204	30
31		PAIN MANAGMENT	90.03		2,092	31
32		DIABETES CENTER	90.06		17	32
33		EMERGENCY	91		867,009	33
500 TOTAL RECLASSIFICATIONS					13,198,265	500
CODE LETTER - O						
1 IMPLANTABLE DEVICES	P	ADULTS & PEDIATRICS	30		121	1
2		OPERATING ROOM	50		9,265,512	2
3		CARDIOLOGY	69.02		9,984	3
4		CARDIAC CATHETERIZATION	59		847,390	4
5		ASC (NON-DISTINCT PART)	75		17,646	5
500 TOTAL RECLASSIFICATIONS					10,140,653	500
CODE LETTER - P						
1 SPECIAL CARE NURSERY	R	NURSERY	43	258,753	52,228	1
500 TOTAL RECLASSIFICATIONS				258,753	52,228	500
CODE LETTER - R						
GRAND TOTAL (DECREASES)				4,183,417	70,087,459	

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	7,255,138					7,255,138		1
2 LAND IMPROVEMENTS	2,699,458	988,253		988,253		3,687,711		2
3 BUILDINGS AND FIXTURES	217,511,976	897,564		897,564		218,409,540		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	37,191,323					37,191,323		5
6 MOVABLE EQUIPMENT	97,149,092	8,674,592		8,674,592		105,823,684		6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	361,806,987	10,560,409		10,560,409		372,367,396		8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	361,806,987	10,560,409		10,560,409		372,367,396		10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 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							1
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL (SUM OF LINES 1-2)							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	15,873,135		15,873,135	0.619987				1
2 CAP REL COSTS-MVBLE EQUIP	9,729,247		9,729,247	0.380013				2
3 TOTAL (SUM OF LINES 1-2)	25,602,382		25,602,382	1.000000				3

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 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	6,100,718		343,962	338,443			6,783,123 1
2 CAP REL COSTS-MVBLE EQUIP	9,662,026						9,662,026 2
3 TOTAL	15,762,744		343,962	338,443			16,445,149 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)	B	-3,340,145	CAP REL COSTS-BLDG & FIXT	1	11 1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)	B	-71,639	ADMINISTRATION & GENERAL	5.06	3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)	B	-66,495	PURCHASING	5.03	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)	B	-61,179	NON-PATIENT PHONES	5.01	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-37,559	OPERATION OF PLANT	7	8
9 PARKING LOT (CHAPTER 21)	A	-183,114	ADMINISTRATION & GENERAL	5.06	9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-1,602,234			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-90,762			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-846,332	CAFETERIA	11	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					18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20 VENDING MACHINES					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		PHYSICAL THERAPY	66	24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	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		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 CHILD CARE REVENUE	B	-898,384	EMPLOYEE BENEFITS	4	33
34 OTHER REVENUE	B	-295	FAMILY PRACTICE CLINIC	90.01	34
35 OTHER REVENUE	B	-103,590	CARDIOLOGY	69.02	35
36 OTHER REVENUE	B	-67,849	PATIENT ACCOUNTS & CASHIERS	5.05	36
37 LCG DEV SVCS	A	-313,628	ADMINISTRATION & GENERAL	5.06	37
38 INT MED OTHER INCOME	B	-102,000	I&R SRVCES-OTHER PRGM COSTS APP	22	38
39					39
40 COST OF PHYSICIAN RECRUITMENT	A	-32,255	ADMINISTRATION & GENERAL	5.06	40
41 DEVELOPMENT COSTS	A	-770,961	ADMINISTRATION & GENERAL	5.06	41
41.01 FRINGE BENEFITS RE DEVELOPMENT	A	-41,820	EMPLOYEE BENEFITS	4	41.01
42 AMORT '81 CAPITAL INTEREST	A	-2,514	CAP REL COSTS-BLDG & FIXT	1	11 42
43					43
44					44
45 LOBBYIST FEES IHHA AND AHA	A	-29,725	ADMINISTRATION & GENERAL	5.06	45
45.03 MARKETING FEES	A	-579,843	ADMINISTRATION & GENERAL	5.06	45.03
45.08 INFO SYSTEM LEASES	B	-101,582	ADMINISTRATION & GENERAL	5.06	45.08
45.09 OTHER OPERATING INCOME	B	-2,338	HOME HEALTH AGENCY	101	45.09
45.10 OTHER OPERATING REVENUE	B	-14,648	REHABILITATION MEDICINE	66.01	45.10
45.13 VALET PARKING	B	-12,186	OPERATION OF PLANT	7	45.13
45.20 PRIVATE DUTY NURSES	A	-361,165	NURSING ADMINISTRATION	13	45.20
45.21 PDN FRINGE BENEFITS	A	-55,223	EMPLOYEE BENEFITS	4	45.21
45.22 GMP AND HIAWATHA BLDG TAX	A	-559,913	ADMINISTRATION & GENERAL	5.06	45.22
45.26 PARKING LOT DEPRECIATION	A	-294,791	CAP REL COSTS-BLDG & FIXT	1	9 45.26
45.27 PARKING LOT DEPRECIATION	A	-67,221	CAP REL COSTS-MVBLE EQUIP	2	9 45.27
45.31 ACCOUNTING REVENUE	B	-234,953	ADMINISTRATION & GENERAL	5.06	45.31
45.32 CONTRIBUTIONS	A	-1,500	ADMINISTRATION & GENERAL	5.06	45.32
45.36 COURTESY CAR	A	-133,300	ADMINISTRATION & GENERAL	5.06	45.36
45.37 COURTESY CARE FBS	A	-5,566	EMPLOYEE BENEFITS	4	45.37
45.41 BANK CHARGES	B	356,058	ADMINISTRATION & GENERAL	5.06	45.41

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
45.42 DSR INCOME NETTED ON FS	A	346,478	CAP REL COSTS-BLDG & FIXT	1	11 45.42
45.43 SEPARATE SWAP AGREEMENT INTERES	A	-1,648,353	CAP REL COSTS-BLDG & FIXT	1	11 45.43
45.44 NONALLOWABLE BORROWING	A	-4,150,687	CAP REL COSTS-BLDG & FIXT	1	11 45.44
45.45 LETTER OF CREDIT INTEREST	B	71,639	ADMINISTRATION & GENERAL	5.06	45.45
45.55 CANCER TREATMENT LEASE	B	-139,270	CANCER TREATMENT CENTER	54.02	45.55
45.56 EMPLOYEE HEALTH INCOME	B	-534	EMPLOYEE BENEFITS	4	45.56
45.58 CREDIT SERVICE REVENUE	B	-8,282	PATIENT ACCOUNTS & CASHIERS	5.05	45.58
45.59 OTHER A&G INCOME	B	-596,507	ADMINISTRATION & GENERAL	5.06	45.59
45.60 OTHER PLANT OPS INCOME	B	-239,526	OPERATION OF PLANT	7	45.60
45.61 FILM COPY REVENUE	B	-435	RADIOLOGY-DIAGNOSTIC	54	45.61
45.62 LAB OTHER INCOME	B	-45,450	LABORATORY	60	45.62
45.63 RENT PAID FOR MSO	A	-29,113	ADMINISTRATION & GENERAL	5.06	45.63
45.64 PHYSICIAN MALPRACTICE	A	-320,900	ADMINISTRATION & GENERAL	5.06	45.64
45.65 OTHER INCOME	B	-251,785	I&R SRVCS-OTHER PRGM COSTS APP	22	45.65
45.67 MSO DEPR	B	-8,888	OPERATION OF PLANT	7	45.67
45.68 PART B BENEFITS	B	-31,399	EMPLOYEE BENEFITS	4	45.68
46 MALPRACTICE ENTRY	A	-656,355	ADMINISTRATION & GENERAL	5.06	46
47 GOODWILL	A	-265,000	ADMINISTRATION & GENERAL	5.06	47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-18,705,018			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	5.06	ADMINISTRATION & GENERAL	MANAGEMENT FEES	1,777,158	2,458,484	-681,326	1
2	69.02	CARDIOLOGY	LIFE CENTER RENTALS	183,659	175,068	8,591	2
3	66.01	REHABILITATION MEDICINE	LIFE CENTER RENTALS	364,531	109,062	255,469	3
4	4	EMPLOYEE BENEFITS	LIFE CENTER RENTALS	560,210	418,397	141,813	4
4.01	90.03	PAIN MANAGMENT	LIFE CENTER RENTALS	244,799	60,108	184,691	4.01
5		TOTALS (SUM OF LINES 1-4)		3,130,357	3,221,119	-90,762	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	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
6	B	COV MIN OF BENEV				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	
LINE NO.	1	2	3	4	5	6	7	8	9
1	5.06	ADMINISTRATION & GENERAL	AGGREGATE						
2	16	MEDICAL RECORDS & LIBRAR	AGGREGATE						
3	21	I&R SRVCES-SALARY & FRIN	AGGREGATE						
4	22	I&R SRVCES-OTHER PRGM CO	AGGREGATE						
5	30	ADULTS & PEDIATRICS	AGGREGATE						
6	40	SUBPROVIDER - IPF	AGGREGATE						
7	43	NURSERY	AGGREGATE						
8	44	SKILLED NURSING FACILITY	AGGREGATE						
9	50	OPERATING ROOM	AGGREGATE						
10	53	ANESTHESIOLOGY	AGGREGATE						
11	54	RADIOLOGY-DIAGNOSTIC	AGGREGATE						
12	54.04	SPECIAL PROCEDURES	AGGREGATE						
13	60	LABORATORY	AGGREGATE						
14	63	BLOOD STORING, PROCESSIN	AGGREGATE						
15	60.01	PATHOLOGY	AGGREGATE						
16	69.02	CARDIOLOGY	AGGREGATE						
17	69	ELECTROCARDIOLOGY	AGGREGATE						
19	90.01	FAMILY PRACTICE CLINIC	AGGREGATE						
20	90.02	WOUND CARE	AGGREGATE						
21	91	EMERGENCY	AGGREGATE						
200		TOTAL							

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11	12	13	14	15	16	17	18	
1	5.06 ADMINISTRATION & GENERAL	AGGREGATE				451,519	2,618	74,989	1
2	16 MEDICAL RECORDS & LIBRAR	AGGREGATE						32,204	2
3	21 I&R SRVCES-SALARY & FRIN	AGGREGATE						17,200	3
4	22 I&R SRVCES-OTHER PRGM CO	AGGREGATE						202,325	4
5	30 ADULTS & PEDIATRICS	AGGREGATE				22,661	2,137	17,774	5
6	40 SUBPROVIDER - IPF	AGGREGATE						15,200	6
7	43 NURSERY	AGGREGATE						566,012	7
8	44 SKILLED NURSING FACILITY	AGGREGATE						17,333	8
9	50 OPERATING ROOM	AGGREGATE						36,000	9
10	53 ANESTHESIOLOGY	AGGREGATE						23,750	10
11	54 RADIOLOGY-DIAGNOSTIC	AGGREGATE						17,500	11
12	54.04 SPECIAL PROCEDURES	AGGREGATE						26,040	12
13	60 LABORATORY	AGGREGATE				281,136			13
14	63 BLOOD STORING, PROCESSIN	AGGREGATE				66,888			14
15	60.01 PATHOLOGY	AGGREGATE				397,489			15
16	69.02 CARDIOLOGY	AGGREGATE						88,771	16
17	69 ELECTROCARDIOLOGY	AGGREGATE						189,696	17
19	90.01 FAMILY PRACTICE CLINIC	AGGREGATE						27,804	19
20	90.02 WOUND CARE	AGGREGATE						37,550	20
21	91 EMERGENCY	AGGREGATE						212,086	21
200	TOTAL					1,219,693	4,755	1,602,234	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	EMPLOYEE BENEFITS 4	NON PATIENT PHONES 5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	6,783,123	6,783,123				1
2 CAP REL COSTS-MVBLE EQUIP	9,662,026		9,662,026			2
4 EMPLOYEE BENEFITS	17,241,439	17,232	26,678	17,285,349		4
5.01 NON-PATIENT PHONES	479,737	8,953	79,213	56,089	623,992	5.01
5.03 PURCHASING	849,464	47,806	44,674	118,052	5,760	5.03
5.04 ADMITTING	1,746,657	28,932	30,342	301,405	11,520	5.04
5.05 PATIENT ACCOUNTS & CASHIERS	2,554,815	20,965	7,340	293,468	39,359	5.05
5.06 ADMINISTRATION & GENERAL	42,193,663	3,134,114	1,483,188	1,982,097	96,954	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	8,072,498	620,389	1,709,933	415,781	25,920	7
8 LAUNDRY & LINEN SERVICE	928,095	21,673	26,616		960	8
9 HOUSEKEEPING	2,653,296	48,186	6,282	340,369	3,840	9
10 DIETARY	2,300,587	50,986	135,264	275,786	4,800	10
11 CAFETERIA	118,009	90,107	23,597	81,350	4,800	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,059,213	23,117	456,746	241,762	15,360	13
14 CENTRAL SERVICES & SUPPLY		88,595			1,920	14
15 PHARMACY	2,270,216	29,356	61,762	385,870	8,640	15
16 MEDICAL RECORDS & LIBRARY	1,799,240	43,978	13,732	196,583	14,400	16
17 SOCIAL SERVICE	560,318	17,785		98,657	9,600	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	3,867,425		169	439,100		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	672,188	43,796	3,708	132,913	13,440	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	19,952,564	615,359	359,264	3,558,908	43,199	30
31 INTENSIVE CARE UNIT	3,437,845	50,200	48,265	599,454	23,040	31
31.01 SPECIAL CARE NURSERY	310,981	10,145		46,366	7,680	31.01
40 SUBPROVIDER - IPF	1,583,012	90,712	10,512	281,648	10,560	40
41 SUBPROVIDER - IRF	1,026,395	45,870	5,935	182,385	3,840	41
43 NURSERY	1,366,818	873	3,181	223,298	8,640	43
44 SKILLED NURSING FACILITY	1,191,109	100,469	18,345	209,452	3,840	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	6,849,471	213,468	908,183	1,037,323	27,840	50
52 DELIVERY ROOM & LABOR ROOM	2,509,830	13,732	2,758	395,198		52
53 ANESTHESIOLOGY	429,897	12,703	87,308	62,525	2,880	53
54 RADIOLOGY-DIAGNOSTIC	4,989,405	134,569	1,260,573	636,543	32,640	54
54.02 CANCER TREATMENT CENTER	1,053,087	79,357	250,441	160,294	16,320	54.02
54.03 ULTRASOUND	1,293,925	2,109	198,297	223,819	3,840	54.03
54.04 SPECIAL PROCEDURES	533,182	8,192	19,389	74,777		54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,402,475		504,415	119,388		57
58 MAGNETIC RESONANCE IMAGING (MRI)	971,900		468,879	71,725		58
59 CARDIAC CATHETERIZATION	1,586,804	16,169	305,471	108,038	6,720	59
60 LABORATORY	6,565,375	86,901	191,803	575,870	29,760	60
60.01 PATHOLOGY	1,355,671	17,508	67,173	132,840	1,920	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,461,350	3,932	13,500	42,085	2,880	63
65 RESPIRATORY THERAPY	1,342,976	12,375	34,642	231,791	3,840	65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE	4,671,659	51,401	79,773	756,619	17,280	66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	777,069	9,324	36,207	92,257	3,840	69
69.02 RADIOLOGY	1,817,753		80,259	283,926	6,720	69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	14,138,251		68,232	109,885		71
72 IMPL. DEV. CHARGED TO PATIENT	10,140,653					72
73 DRUGS CHARGED TO PATIENTS	4,587,454					73
74 RENAL DIALYSIS	761,398	2,921				74
75 ASC (NON-DISTINCT PART)	375,685	46,855	93,724	53,003	16,320	75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 FAMILY PRACTICE CLINIC	1,445,420	78,095	55,142	249,641	24,000	90.01
90.02 WOUND CARE	670,038	45,300	7,180	106,991		90.02
90.03 PAIN MANAGEMENT	595,906	47,400	22,777	59,327		90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER	110,774	6,844	6,984	19,459		90.06
91 EMERGENCY	4,699,238	89,191	267,850	787,052	27,840	91
92 OBSERVATION BEDS						92
93.01 OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	EMPLOYEE BENEFITS 4	NON PATIENT PHONES 5.01	
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	2,027,002	4,675	51,509	322,329	3,840	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	213,844,381	6,232,619	9,637,215	17,173,498	586,552	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	266,054	5,954	730	12,503	1,920	190
190.02 COVENANT RETIREMENT HOME						190.02
190.05 BOARD OF BENEVOLENCE		16,912			8,640	190.05
190.07 DENTAL	113	9,402			8,640	190.07
190.08 COVENANT RETIREMENT COMMUNITY		8,175			14,400	190.08
190.09 OP PHARMACY	169,507		1,801	30,374	960	190.09
190.10 PLAZA	186,703		3,250			190.10
190.11 G CAFETERIA		7,778				190.11
190.12 G PHARMACY	384,917	12,021	2,021	68,974		190.12
190.13 G SUITE		484,800	2,657			190.13
190.14 OFFSITE CLINICS	448,618		14,352			190.14
191.01 OCC HEALTH	5,382	5,462			2,880	191.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	215,305,675	6,783,123	9,662,026	17,285,349	623,992	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PURCHASE 5.03	ADMITTING 5.04	PATIENT ACCOUNTS- CASHIERS 5.05	SUBTOTAL (COLS. 0-4) 4A	OTHER ADMINISTRA & GENERAL 5.06	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT PHONES						5.01
5.03 PURCHASING	1,065,756					5.03
5.04 ADMITTING	557	2,119,413				5.04
5.05 PATIENT ACCOUNTS & CASHIERS	556		2,916,503			5.05
5.06 ADMINISTRATION & GENERAL	5,190			48,895,206	48,895,206	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	9,466			10,853,987	3,189,151	7
8 LAUNDRY & LINEN SERVICE	6			977,350	287,168	8
9 HOUSEKEEPING	10,218			3,062,191	899,742	9
10 DIETARY	1,499			2,768,922	813,573	10
11 CAFETERIA	1,368			319,231	93,797	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	248			1,796,446	527,837	13
14 CENTRAL SERVICES & SUPPLY				90,515	26,595	14
15 PHARMACY	1,685			2,757,529	810,225	15
16 MEDICAL RECORDS & LIBRARY	296			2,068,229	607,693	16
17 SOCIAL SERVICE	96			686,456	201,697	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	99			4,306,793	1,265,435	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	462			866,507	254,600	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	50,895	278,304	383,000	25,241,493	7,416,517	30
31 INTENSIVE CARE UNIT	5,150	42,151	58,008	4,264,113	1,252,894	31
31.01 SPECIAL CARE NURSERY		6,112	8,411	389,695	114,501	31.01
40 SUBPROVIDER - IPF	695	30,385	41,816	2,049,340	602,143	40
41 SUBPROVIDER - IRF	1,534	18,375	25,287	1,309,621	384,797	41
43 NURSERY	143	10,163	13,986	1,627,102	478,080	43
44 SKILLED NURSING FACILITY	1,828	11,202	15,415	1,551,660	455,913	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	37,521	144,981	199,522	9,418,309	2,767,316	50
52 DELIVERY ROOM & LABOR ROOM		30,358	41,778	2,993,654	879,604	52
53 ANESTHESIOLOGY	12,173	73,751	101,496	782,733	229,985	53
54 RADIOLOGY-DIAGNOSTIC	2,990	107,131	147,432	7,311,283	2,148,223	54
54.02 CANCER TREATMENT CENTER	714	17,001	23,397	1,600,611	470,296	54.02
54.03 ULTRASOUND	1,167	32,657	44,943	1,800,757	529,104	54.03
54.04 SPECIAL PROCEDURES	2,295	4,030	5,546	647,411	190,224	54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	829	131,345	180,755	2,339,207	687,313	57
58 MAGNETIC RESONANCE IMAGING (MRI)	248	47,332	65,138	1,625,222	477,528	58
59 CARDIAC CATHETERIZATION	19,986	53,600	73,764	2,170,552	637,758	59
60 LABORATORY	75,950	294,957	405,707	8,226,323	2,417,083	60
60.01 PATHOLOGY	12,705	19,378	26,667	1,633,862	480,066	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	47,728	23,701	32,617	1,627,793	478,283	63
65 RESPIRATORY THERAPY	1,639	52,047	71,627	1,750,937	514,466	65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE	1,148	49,304	67,851	5,695,035	1,673,332	66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	1,304	28,212	38,825	987,038	290,014	69
69.02 RADIOLOGY	1,341	36,849	50,711	2,277,559	669,199	69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	343,848	212,411	292,318	15,164,945	4,455,810	71
72 IMPL. DEV. CHARGED TO PATIENT	372,091	72,214	99,380	10,684,338	3,139,304	72
73 DRUGS CHARGED TO PATIENTS		126,123	173,569	4,887,146	1,435,956	73
74 RENAL DIALYSIS	148	13,721	18,883	797,071	234,198	74
75 ASC (NON-DISTINCT PART)	4,283	16,589	22,829	629,288	184,899	75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 FAMILY PRACTICE CLINIC	729	4,858	6,685	1,864,570	547,854	90.01
90.02 WOUND CARE	2,503	16,528	22,746	871,286	256,004	90.02
90.03 PAIN MANAGMENT	126	2,344	3,225	731,105	214,815	90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER	14	419	577	145,071	42,625	90.06
91 EMERGENCY	22,097	105,005	144,507	6,142,780	1,804,890	91
92 OBSERVATION BEDS						92
93.01 OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PURCHASE	ADMITTING	PATIENT ACCOUNTS- CASHIERS	SUBTOTAL (COLS. 0-4) 4A	OTHER ADMINISTRA & GENERAL	5.06
99.20 OUTPATIENT PHYSICAL THERAPY			5.05			99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	919	5,875	8,085	2,424,234	712,296	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,058,487	2,119,413	2,916,503	213,112,506	48,250,803	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,241			294,402	86,502	190
190.02 COVENANT RETIREMENT HOME						190.02
190.05 BOARD OF BENEVOLENCE				25,552	7,508	190.05
190.07 DENTAL	1			18,156	5,335	190.07
190.08 COVENANT RETIREMENT COMMUNITY				22,575	6,633	190.08
190.09 OP PHARMACY				202,642	59,541	190.09
190.10 PLAZA	17			189,970	55,818	190.10
190.11 G CAFETERIA				7,778	2,285	190.11
190.12 G PHARMACY				467,933	137,489	190.12
190.13 G SUITE				487,457	143,226	190.13
190.14 OFFSITE CLINICS				462,970	136,031	190.14
191.01 OCC HEALTH	10			13,734	4,035	191.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,065,756	2,119,413	2,916,503	215,305,675	48,895,206	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	AND LINEN SERVICE	KEEPING			
	7	8	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 NON-PATIENT PHONES						5.01
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 PATIENT ACCOUNTS & CASHIERS						5.05
5.06 ADMINISTRATION & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	14,043,138					7
8 LAUNDRY & LINEN SERVICE	104,782	1,369,300				8
9 HOUSEKEEPING	232,960	109,470		4,304,363		9
10 DIETARY	246,496			44,559	3,873,550	10
11 CAFETERIA	435,630	150	78,751		927,559	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	111,759		20,205		19,129	13
14 CENTRAL SERVICES & SUPPLY	428,318		77,430			14
15 PHARMACY	141,923		25,656		21,176	15
16 MEDICAL RECORDS & LIBRARY	212,613		38,436		17,325	16
17 SOCIAL SERVICE	85,981		15,541		6,418	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					40,266	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	211,736		38,274		4,355	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,974,997	592,890	1,788,375	2,662,879	259,985	30
31 INTENSIVE CARE UNIT	242,694	45,151	145,892	215,086	28,540	31
31.01 SPECIAL CARE NURSERY	49,049	14,473	29,486		2,394	31.01
40 SUBPROVIDER - IPF	438,554	83,613	263,631	398,832	19,609	40
41 SUBPROVIDER - IRF	221,763	50,011	133,310	238,549	14,356	41
43 NURSERY	4,220	18,754	2,539		12,262	43
44 SKILLED NURSING FACILITY	485,723	75,096	291,982	358,204	17,483	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,032,025	243,357	186,561		70,939	50
52 DELIVERY ROOM & LABOR ROOM	66,387	18,754	12,000		21,704	52
53 ANESTHESIOLOGY	61,415		11,099		5,670	53
54 RADIOLOGY-DIAGNOSTIC	650,583	2,952	117,607		45,802	54
54.02 CANCER TREATMENT CENTER	383,657		69,356		8,923	54.02
54.03 ULTRASOUND	10,194		1,843		12,269	54.03
54.04 SPECIAL PROCEDURES	39,607	8,598	7,161		4,646	54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN					12,317	57
58 MAGNETIC RESONANCE IMAGING (MRI)						58
59 CARDIAC CATHETERIZATION	78,169	18,117	14,131		5,938	59
60 LABORATORY	420,130	19,731	75,947		60,528	60
60.01 PATHOLOGY	84,644		15,301		9,694	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	19,009		3,434		2,882	63
65 RESPIRATORY THERAPY	59,828		10,817		17,467	65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE	248,502		44,925		48,401	66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	45,080	1,989	8,152		7,332	69
69.02 RADIOLOGY					18,089	69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		35,552				71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	14,121					74
75 ASC (NON-DISTINCT PART)	226,526	24,425	40,951		7,781	75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 FAMILY PRACTICE CLINIC	377,557		68,252		5,190	90.01
90.02 WOUND CARE	219,006	6,137	39,588		8,371	90.02
90.03 PAIN MANAGMENT	229,158	80	41,425		5,268	90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER	33,089				1,567	90.06
91 EMERGENCY	431,201		77,946		56,488	91
92 OBSERVATION BEDS						92
93.01 OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	AND LINEN SERVICE	KEEPING			
	7	8	9	10	11	
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	22,602				18,160	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	11,381,688	1,369,300	3,840,563	3,873,550	918,724	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	28,786		5,204		890	190
190.02 COVENANT RETIREMENT HOME						190.02
190.05 BOARD OF BENEVOLENCE	81,762		14,779			190.05
190.07 DENTAL	45,456		8,218			190.07
190.08 COVENANT RETIREMENT COMMUNITY	39,523		7,143			190.08
190.09 OP PHARMACY					1,929	190.09
190.10 PLAZA						190.10
190.11 G CAFETERIA	37,601					190.11
190.12 G PHARMACY	58,115				5,914	190.12
190.13 G SUITE	2,343,803		423,684			190.13
190.14 OFFSITE CLINICS						190.14
191.01 OCC HEALTH	26,404		4,772		102	191.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	14,043,138	1,369,300	4,304,363	3,873,550	927,559	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT PHONES						5.01
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 PATIENT ACCOUNTS & CASHIERS						5.05
5.06 ADMINISTRATION & GENERAL						5.06
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	2,475,376					13
14 CENTRAL SERVICES & SUPPLY		622,858				14
15 PHARMACY			3,756,509			15
16 MEDICAL RECORDS & LIBRARY				2,944,296		16
17 SOCIAL SERVICE					996,093	17
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-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,186,940		3,137	386,534	641,609	30
31 INTENSIVE CARE UNIT	130,313		376	58,543	8,599	31
31.01 SPECIAL CARE NURSERY	10,940			8,489	3,105	31.01
40 SUBPROVIDER - IPF	89,519		82	42,202	86,710	40
41 SUBPROVIDER - IRF	65,547		123	25,521	80,738	41
43 NURSERY	55,978			14,115	3,105	43
44 SKILLED NURSING FACILITY	79,828		182	15,558	78,111	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	323,875		2,465	201,363		50
52 DELIVERY ROOM & LABOR ROOM	99,071			42,164		52
53 ANESTHESIOLOGY			4,259	102,432		53
54 RADIOLOGY-DIAGNOSTIC			300,737	148,792		54
54.02 CANCER TREATMENT CENTER	25,882		119,007	23,613		54.02
54.03 ULTRASOUND			937	45,358		54.03
54.04 SPECIAL PROCEDURES			136	5,597		54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN			659	182,423		57
58 MAGNETIC RESONANCE IMAGING (MRI)				65,739		58
59 CARDIAC CATHETERIZATION	27,104		3,213	74,445		59
60 LABORATORY			80	410,329		60
60.01 PATHOLOGY				26,913		60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.				32,918		63
65 RESPIRATORY THERAPY			4,704	72,288		65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE			121	68,477		66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY				39,183		69
69.02 RADIOLOGY	63,277		5,644	51,179		69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		299,151	882	295,015		71
72 IMPL. DEV. CHARGED TO PATIENT		323,707		100,297		72
73 DRUGS CHARGED TO PATIENTS			3,294,737	175,171		73
74 RENAL DIALYSIS				19,058		74
75 ASC (NON-DISTINCT PART)	35,520		395	23,040		75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 FAMILY PRACTICE CLINIC	23,676		6,318	6,747	2,628	90.01
90.02 WOUND CARE			4,347	22,956		90.02
90.03 PAIN MANAGMENT			2,225	3,255		90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER				582		90.06
91 EMERGENCY	257,906		964	145,840	2,150	91
92 OBSERVATION BEDS						92
93.01 OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY			779	8,160	89,338	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	2,475,376	622,858	3,756,509	2,944,296	996,093	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.02 COVENANT RETIREMENT HOME						190.02
190.05 BOARD OF BENEVOLENCE						190.05
190.07 DENTAL						190.07
190.08 COVENANT RETIREMENT COMMUNITY						190.08
190.09 OP PHARMACY						190.09
190.10 PLAZA						190.10
190.11 G CAFETERIA						190.11
190.12 G PHARMACY						190.12
190.13 G SUITE						190.13
190.14 OFFSITE CLINICS						190.14
191.01 OCC HEALTH						191.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,475,376	622,858	3,756,509	2,944,296	996,093	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	21	22					24	25	26
GENERAL SERVICE COST CENTERS						
1						1
2						2
4						4
5.01						5.01
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
19						19
20						20
21	5,612,494					21
22		1,375,472				22
23						23
INPATIENT ROUTINE SERV COST CENTERS						
30	3,034,512	743,677	46,933,545	-3,778,189	43,155,356	30
31	379,841	93,089	6,865,131	-472,930	6,392,201	31
31.01			622,132		622,132	31.01
40			4,074,235		4,074,235	40
41			2,524,336		2,524,336	41
43			2,216,155		2,216,155	43
44			3,409,740		3,409,740	44
ANCILLARY SERVICE COST CENTERS						
50	574,759	140,858	14,961,827	-715,617	14,246,210	50
52	331,111	81,147	4,545,596	-412,258	4,133,338	52
53			1,197,593		1,197,593	53
54			10,725,979		10,725,979	54
54.02			2,701,345		2,701,345	54.02
54.03			2,400,462		2,400,462	54.03
54.04			903,380		903,380	54.04
57			3,221,919		3,221,919	57
58			2,168,489		2,168,489	58
59			3,029,427		3,029,427	59
60			11,630,151		11,630,151	60
60.01			2,250,480		2,250,480	60.01
62.30						62.30
63			2,164,319		2,164,319	63
65			2,430,507		2,430,507	65
66						66
66.01			7,778,793		7,778,793	66.01
67						67
68						68
69			1,378,788		1,378,788	69
69.02			3,084,947		3,084,947	69.02
71			20,251,355		20,251,355	71
72			14,247,646		14,247,646	72
73			9,793,010		9,793,010	73
74			1,064,448		1,064,448	74
75			1,172,825		1,172,825	75
76.97						76.97
76.98						76.98
76.99						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	1,124,685	275,630	4,303,107	-1,400,315	2,902,792	90.01
90.02			1,427,695		1,427,695	90.02
90.03			1,227,331		1,227,331	90.03
90.05						90.05
90.06			222,934		222,934	90.06
91	167,586	41,071	9,128,822	-208,657	8,920,165	91
92						92
93.01						93.01
OTHER REIMBURSABLE COST CENTERS						
99.10						99.10

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	21	22		24			25	26
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY			3,275,569		3,275,569	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	5,612,494	1,375,472	209,334,018	-6,987,966	202,346,052	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			415,784		415,784	190
190.02 COVENANT RETIREMENT HOME						190.02
190.05 BOARD OF BENEVOLENCE			129,601		129,601	190.05
190.07 DENTAL			77,165		77,165	190.07
190.08 COVENANT RETIREMENT COMMUNITY			75,874		75,874	190.08
190.09 OP PHARMACY			264,112		264,112	190.09
190.10 PLAZA			245,788		245,788	190.10
190.11 G CAFETERIA			47,664		47,664	190.11
190.12 G PHARMACY			669,451		669,451	190.12
190.13 G SUITE			3,398,170		3,398,170	190.13
190.14 OFFSITE CLINICS			599,001		599,001	190.14
191.01 OCC HEALTH			49,047		49,047	191.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	5,612,494	1,375,472	215,305,675	-6,987,966	208,317,709	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 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	15,501	17,232	26,678	59,411	59,411	4
5.01 NON-PATIENT PHONES	48,512	8,953	79,213	136,678	193	5.01
5.03 PURCHASING	67,693	47,806	44,674	160,173	406	5.03
5.04 ADMITTING	7,776	28,932	30,342	67,050	1,036	5.04
5.05 PATIENT ACCOUNTS & CASHIERS	4,873	20,965	7,340	33,178	1,009	5.05
5.06 ADMINISTRATION & GENERAL	250,609	3,134,114	1,483,188	4,867,911	6,814	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	13,185	620,389	1,709,933	2,343,507	1,429	7
8 LAUNDRY & LINEN SERVICE		21,673	26,616	48,289		8
9 HOUSEKEEPING		48,186	6,282	54,468	1,170	9
10 DIETARY	4,208	50,986	135,264	190,458	948	10
11 CAFETERIA		90,107	23,597	113,704	280	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,397	23,117	456,746	483,260	831	13
14 CENTRAL SERVICES & SUPPLY		88,595		88,595		14
15 PHARMACY	2,892	29,356	61,762	94,010	1,326	15
16 MEDICAL RECORDS & LIBRARY	3,419	43,978	13,732	61,129	676	16
17 SOCIAL SERVICE	70	17,785		17,855	339	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			169	169	1,509	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	2,937	43,796	3,708	50,441	457	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	18,207	615,359	359,264	992,830	12,224	30
31 INTENSIVE CARE UNIT	2,621	50,200	48,265	101,086	2,061	31
31.01 SPECIAL CARE NURSERY		10,145		10,145	159	31.01
40 SUBPROVIDER - IPF	435	90,712	10,512	101,659	968	40
41 SUBPROVIDER - IRF	611	45,870	5,935	52,416	627	41
43 NURSERY		873	3,181	4,054	768	43
44 SKILLED NURSING FACILITY	6,042	100,469	18,345	124,856	720	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	220,711	213,468	908,183	1,342,362	3,566	50
52 DELIVERY ROOM & LABOR ROOM		13,732	2,758	16,490	1,359	52
53 ANESTHESIOLOGY	46,285	12,703	87,308	146,296	215	53
54 RADIOLOGY-DIAGNOSTIC	13,790	134,569	1,260,573	1,408,932	2,188	54
54.02 CANCER TREATMENT CENTER	2,203	79,357	250,441	332,001	551	54.02
54.03 ULTRASOUND		2,109	198,297	200,406	769	54.03
54.04 SPECIAL PROCEDURES	6,780	8,192	19,389	34,361	257	54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	465,990		504,415	970,405	410	57
58 MAGNETIC RESONANCE IMAGING (MRI)	222,240		468,879	691,119	247	58
59 CARDIAC CATHETERIZATION	652,632	16,169	305,471	974,272	371	59
60 LABORATORY	80,856	86,901	191,803	359,560	1,980	60
60.01 PATHOLOGY	3,790	17,508	67,173	88,471	457	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		3,932	13,500	17,432	145	63
65 RESPIRATORY THERAPY	34,962	12,375	34,642	81,979	797	65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE	211,053	51,401	79,773	342,227	2,601	66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	12,623	9,324	36,207	58,154	317	69
69.02 RADIOLOGY	137,393		80,259	217,652	976	69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	2,508		68,232	70,740	378	71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS		2,921		2,921		74
75 ASC (NON-DISTINCT PART)	2,982	46,855	93,724	143,561	182	75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 FAMILY PRACTICE CLINIC	2,740	78,095	55,142	135,977	858	90.01
90.02 WOUND CARE	3,298	45,300	7,180	55,778	368	90.02
90.03 PAIN MANAGMENT	134,039	47,400	22,777	204,216	204	90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER		6,844	6,984	13,828	67	90.06
91 EMERGENCY	7,881	89,191	267,850	364,922	2,706	91
92 OBSERVATION BEDS						92
93.01 OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP-	NEW CAP-	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS 0	REL COSTS BLDG&FIXT 1	REL COSTS MOV EQUIP 2		2A	BENEFITS 4
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	5,201	4,675	51,509	61,385	1,108	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	2,722,945	6,232,619	9,637,215	18,592,779	59,027	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		5,954	730	6,684	43	190
190.02 COVENANT RETIREMENT HOME						190.02
190.05 BOARD OF BENEVOLENCE		16,912		16,912		190.05
190.07 DENTAL		9,402		9,402		190.07
190.08 COVENANT RETIREMENT COMMUNITY		8,175		8,175		190.08
190.09 OP PHARMACY			1,801	1,801	104	190.09
190.10 PLAZA	-68		3,250	3,182		190.10
190.11 G CAFETERIA		7,778		7,778		190.11
190.12 G PHARMACY		12,021	2,021	14,042	237	190.12
190.13 G SUITE		484,800	2,657	487,457		190.13
190.14 OFFSITE CLINICS	46		14,352	14,398		190.14
191.01 OCC HEALTH		5,462		5,462		191.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,722,923	6,783,123	9,662,026	19,168,072	59,411	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NON PATIENT PHONES 5.01	PURCHASE 5.03	ADMITTING 5.04	PATIENT ACCOUNTS- CASHIERS 5.05	OTHER ADMINISTRA & GENERAL 5.06	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT PHONES	136,871					5.01
5.03 PURCHASING	1,263	161,842				5.03
5.04 ADMITTING	2,527	85	70,698			5.04
5.05 PATIENT ACCOUNTS & CASHIERS	8,633	84		42,904		5.05
5.06 ADMINISTRATION & GENERAL	21,267	788			4,896,780	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	5,685	1,437			319,389	7
8 LAUNDRY & LINEN SERVICE	211	1			28,760	8
9 HOUSEKEEPING	842	1,552			90,108	9
10 DIETARY	1,053	228			81,478	10
11 CAFETERIA	1,053	208			9,394	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,369	38			52,862	13
14 CENTRAL SERVICES & SUPPLY	421				2,663	14
15 PHARMACY	1,895	256			81,143	15
16 MEDICAL RECORDS & LIBRARY	3,159	45			60,860	16
17 SOCIAL SERVICE	2,106	15			20,200	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		15			126,732	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	2,948	70			25,498	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	9,476	7,729	9,277	5,596	742,742	30
31 INTENSIVE CARE UNIT	5,054	782	1,405	847	125,476	31
31.01 SPECIAL CARE NURSERY	1,685		204	123	11,467	31.01
40 SUBPROVIDER - IPF	2,316	106	1,013	611	60,304	40
41 SUBPROVIDER - IRF	842	233	612	369	38,537	41
43 NURSERY	1,895	22	339	204	47,879	43
44 SKILLED NURSING FACILITY	842	278	373	225	45,659	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	6,107	5,698	4,833	2,915	277,143	50
52 DELIVERY ROOM & LABOR ROOM			1,012	610	88,091	52
53 ANESTHESIOLOGY	632	1,849	2,458	1,483	23,033	53
54 RADIOLOGY-DIAGNOSTIC	7,159	454	3,571	2,154	215,142	54
54.02 CANCER TREATMENT CENTER	3,580	108	567	342	47,100	54.02
54.03 ULTRASOUND	842	177	1,089	657	52,989	54.03
54.04 SPECIAL PROCEDURES		349	134	81	19,051	54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN		126	4,378	2,641	68,834	57
58 MAGNETIC RESONANCE IMAGING (MRI)		38	1,578	952	47,824	58
59 CARDIAC CATHETERIZATION	1,474	3,035	1,787	1,078	63,871	59
60 LABORATORY	6,528	11,534	9,884	6,221	242,068	60
60.01 PATHOLOGY	421	1,929	646	390	48,078	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	632	7,248	790	477	47,899	63
65 RESPIRATORY THERAPY	842	249	1,735	1,046	51,523	65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE	3,790	174	1,643	991	167,582	66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	842	198	940	567	29,045	69
69.02 RADIOLOGY	1,474	204	1,228	741	67,019	69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		52,218	7,080	4,271	446,244	71
72 IMPL. DEV. CHARGED TO PATIENT		56,496	2,407	1,452	314,397	72
73 DRUGS CHARGED TO PATIENTS			4,204	2,536	143,809	73
74 RENAL DIALYSIS		23	457	276	23,455	74
75 ASC (NON-DISTINCT PART)	3,580	650	553	334	18,517	75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 FAMILY PRACTICE CLINIC	5,264	111	162	98	54,867	90.01
90.02 WOUND CARE		380	551	332	25,638	90.02
90.03 PAIN MANAGMENT		19	78	47	21,513	90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER		2	14	8	4,269	90.06
91 EMERGENCY	6,107	3,356	3,500	2,111	180,757	91
92 OBSERVATION BEDS						92
93.01 OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NON PATIENT PHONES	PURCHASE	ADMITTING	PATIENT ACCOUNTS- CASHIERS	OTHER ADMINISTRA & GENERAL	
	5.01	5.03	5.04	5.05	5.06	
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	842	140	196	118	71,336	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	128,658	160,737	70,698	42,904	4,832,245	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	421	1,100			8,663	190
190.02 COVENANT RETIREMENT HOME						190.02
190.05 BOARD OF BENEVOLENCE	1,895				752	190.05
190.07 DENTAL	1,895				534	190.07
190.08 COVENANT RETIREMENT COMMUNITY	3,159				664	190.08
190.09 OP PHARMACY	211				5,963	190.09
190.10 PLAZA					5,590	190.10
190.11 G CAFETERIA		3			229	190.11
190.12 G PHARMACY					13,769	190.12
190.13 G SUITE					14,344	190.13
190.14 OFFSITE CLINICS					13,623	190.14
191.01 OCC HEALTH	632	2			404	191.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	136,871	161,842	70,698	42,904	4,896,780	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	AND LINEN	KEEPING			
	7	8	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 NON-PATIENT PHONES						5.01
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 PATIENT ACCOUNTS & CASHIERS						5.05
5.06 ADMINISTRATION & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	2,671,447					7
8 LAUNDRY & LINEN SERVICE	19,933	97,194				8
9 HOUSEKEEPING	44,316	7,770	200,226			9
10 DIETARY	46,891		2,073	323,129		10
11 CAFETERIA	82,871	11	3,663		211,184	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	21,260		940		4,355	13
14 CENTRAL SERVICES & SUPPLY	81,480		3,602			14
15 PHARMACY	26,998		1,193		4,821	15
16 MEDICAL RECORDS & LIBRARY	40,446		1,788		3,945	16
17 SOCIAL SERVICE	16,356		723		1,461	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					9,168	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	40,279		1,780		992	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	565,937	42,082	83,192	222,136	59,191	30
31 INTENSIVE CARE UNIT	46,168	3,205	6,786	17,942	6,498	31
31.01 SPECIAL CARE NURSERY	9,331	1,027	1,372		545	31.01
40 SUBPROVIDER - IPF	83,427	5,935	12,263	33,270	4,465	40
41 SUBPROVIDER - IRF	42,186	3,550	6,201	19,900	3,269	41
43 NURSERY	803	1,331	118		2,792	43
44 SKILLED NURSING FACILITY	92,400	5,330	13,582	29,881	3,980	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	196,324	17,274	8,678		16,151	50
52 DELIVERY ROOM & LABOR ROOM	12,629	1,331	558		4,941	52
53 ANESTHESIOLOGY	11,683		516		1,291	53
54 RADIOLOGY-DIAGNOSTIC	123,761	210	5,471		10,428	54
54.02 CANCER TREATMENT CENTER	72,984		3,226		2,031	54.02
54.03 ULTRASOUND	1,939		86		2,793	54.03
54.04 SPECIAL PROCEDURES	7,534	610	333		1,058	54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN					2,804	57
58 MAGNETIC RESONANCE IMAGING (MRI)						58
59 CARDIAC CATHETERIZATION	14,870	1,286	657		1,352	59
60 LABORATORY	79,922	1,401	3,533		13,781	60
60.01 PATHOLOGY	16,102		712		2,207	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	3,616		160		656	63
65 RESPIRATORY THERAPY	11,381		503		3,977	65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE	47,273		2,090		11,020	66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	8,576	141	379		1,669	69
69.02 RADIOLOGY					4,119	69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		2,524				71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	2,686					74
75 ASC (NON-DISTINCT PART)	43,092	1,734	1,905		1,771	75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 FAMILY PRACTICE CLINIC	71,823		3,175		1,182	90.01
90.02 WOUND CARE	41,662	436	1,842		1,906	90.02
90.03 PAIN MANAGMENT	43,593	6	1,927		1,200	90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER	6,295				357	90.06
91 EMERGENCY	82,028		3,626		12,861	91
92 OBSERVATION BEDS						92
93.01 OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	AND LINEN SERVICE	KEEPING			
	7	8	9	10	11	
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	4,300				4,135	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	2,165,155	97,194	178,653	323,129	209,172	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,476		242		203	190
190.02 COVENANT RETIREMENT HOME						190.02
190.05 BOARD OF BENEVOLENCE	15,554		687			190.05
190.07 DENTAL	8,647		382			190.07
190.08 COVENANT RETIREMENT COMMUNITY	7,519		332			190.08
190.09 OP PHARMACY					439	190.09
190.10 PLAZA						190.10
190.11 G CAFETERIA	7,153					190.11
190.12 G PHARMACY	11,055				1,347	190.12
190.13 G SUITE	445,865		19,708			190.13
190.14 OFFSITE CLINICS						190.14
191.01 OCC HEALTH	5,023		222		23	191.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,671,447	97,194	200,226	323,129	211,184	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT PHONES						5.01
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 PATIENT ACCOUNTS & CASHIERS						5.05
5.06 ADMINISTRATION & GENERAL						5.06
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	566,915					13
14 CENTRAL SERVICES & SUPPLY		176,761				14
15 PHARMACY			211,642			15
16 MEDICAL RECORDS & LIBRARY				172,048		16
17 SOCIAL SERVICE					59,055	17
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-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	271,837		177	22,529	38,038	30
31 INTENSIVE CARE UNIT	29,844		21	3,412	510	31
31.01 SPECIAL CARE NURSERY	2,506			495	184	31.01
40 SUBPROVIDER - IPF	20,502		5	2,460	5,141	40
41 SUBPROVIDER - IRF	15,012		7	1,487	4,787	41
43 NURSERY	12,820			823	184	43
44 SKILLED NURSING FACILITY	18,282		10	907	4,631	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	74,174		139	11,737		50
52 DELIVERY ROOM & LABOR ROOM	22,689			2,458		52
53 ANESTHESIOLOGY			240	5,970		53
54 RADIOLOGY-DIAGNOSTIC			16,944	8,672		54
54.02 CANCER TREATMENT CENTER	5,927		6,705	1,376		54.02
54.03 ULTRASOUND			53	2,644		54.03
54.04 SPECIAL PROCEDURES			8	326		54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN			37	10,633		57
58 MAGNETIC RESONANCE IMAGING (MRI)				3,832		58
59 CARDIAC CATHETERIZATION	6,207		181	4,339		59
60 LABORATORY			5	24,353		60
60.01 PATHOLOGY				1,569		60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.				1,919		63
65 RESPIRATORY THERAPY			265	4,213		65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE			7	3,991		66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY				2,284		69
69.02 RADIOLOGY	14,492		318	2,983		69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		84,895	50	17,195		71
72 IMPL. DEV. CHARGED TO PATIENT		91,866		5,846		72
73 DRUGS CHARGED TO PATIENTS			185,624	10,210		73
74 RENAL DIALYSIS				1,111		74
75 ASC (NON-DISTINCT PART)	8,135		22	1,343		75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 FAMILY PRACTICE CLINIC	5,422		356	393	156	90.01
90.02 WOUND CARE			245	1,338		90.02
90.03 PAIN MANAGMENT			125	190		90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER				34		90.06
91 EMERGENCY	59,066		54	8,500	127	91
92 OBSERVATION BEDS						92
93.01 OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY			44	476	5,297	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	566,915	176,761	211,642	172,048	59,055	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.02 COVENANT RETIREMENT HOME						190.02
190.05 BOARD OF BENEVOLENCE						190.05
190.07 DENTAL						190.07
190.08 COVENANT RETIREMENT COMMUNITY						190.08
190.09 OP PHARMACY						190.09
190.10 PLAZA						190.10
190.11 G CAFETERIA						190.11
190.12 G PHARMACY						190.12
190.13 G SUITE						190.13
190.14 OFFSITE CLINICS						190.14
191.01 OCC HEALTH						191.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	566,915	176,761	211,642	172,048	59,055	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS	TOTAL 26	
	21	22		25		
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT PHONES						5.01
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 PATIENT ACCOUNTS & CASHIERS						5.05
5.06 ADMINISTRATION & GENERAL						5.06
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
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	137,593					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		122,465				22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS			3,084,993		3,084,993	30
31 INTENSIVE CARE UNIT			351,097		351,097	31
31.01 SPECIAL CARE NURSERY			39,243		39,243	31.01
40 SUBPROVIDER - IPF			334,445		334,445	40
41 SUBPROVIDER - IRF			190,035		190,035	41
43 NURSERY			74,032		74,032	43
44 SKILLED NURSING FACILITY			341,956		341,956	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM			1,967,101		1,967,101	50
52 DELIVERY ROOM & LABOR ROOM			152,168		152,168	52
53 ANESTHESIOLOGY			195,666		195,666	53
54 RADIOLOGY-DIAGNOSTIC			1,805,086		1,805,086	54
54.02 CANCER TREATMENT CENTER			476,498		476,498	54.02
54.03 ULTRASOUND			264,444		264,444	54.03
54.04 SPECIAL PROCEDURES			64,102		64,102	54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN			1,060,268		1,060,268	57
58 MAGNETIC RESONANCE IMAGING (MRI)			745,590		745,590	58
59 CARDIAC CATHETERIZATION			1,074,780		1,074,780	59
60 LABORATORY			760,770		760,770	60
60.01 PATHOLOGY			160,982		160,982	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.			80,974		80,974	63
65 RESPIRATORY THERAPY			158,510		158,510	65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE			583,389		583,389	66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY			103,112		103,112	69
69.02 RADIOLOGY			311,206		311,206	69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			685,595		685,595	71
72 IMPL. DEV. CHARGED TO PATIENT			472,464		472,464	72
73 DRUGS CHARGED TO PATIENTS			346,383		346,383	73
74 RENAL DIALYSIS			30,929		30,929	74
75 ASC (NON-DISTINCT PART)			225,379		225,379	75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 FAMILY PRACTICE CLINIC			279,844		279,844	90.01
90.02 WOUND CARE			130,476		130,476	90.02
90.03 PAIN MANAGMENT			273,118		273,118	90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER			24,874		24,874	90.06
91 EMERGENCY			729,721		729,721	91
92 OBSERVATION BEDS						92
93.01 OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	21	22		24			25	26
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY			149,377		149,377	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)			17,728,607		17,728,607	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			22,832		22,832	190
190.02 COVENANT RETIREMENT HOME						190.02
190.05 BOARD OF BENEVOLENCE			35,800		35,800	190.05
190.07 DENTAL			20,860		20,860	190.07
190.08 COVENANT RETIREMENT COMMUNITY			19,849		19,849	190.08
190.09 OP PHARMACY			8,518		8,518	190.09
190.10 PLAZA			8,775		8,775	190.10
190.11 G CAFETERIA			15,160		15,160	190.11
190.12 G PHARMACY			40,450		40,450	190.12
190.13 G SUITE			967,374		967,374	190.13
190.14 OFFSITE CLINICS			28,021		28,021	190.14
191.01 OCC HEALTH			11,768		11,768	191.01
200 CROSS FOOT ADJUSTMENTS	137,593	122,465	260,058		260,058	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	137,593	122,465	19,168,072		19,168,072	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS GROSS SALARIES	NON PATIENT PHONES (PHONES)	PURCHASE (SUPPLY EXPENSE)	
	1	2	4	5.01	5.03	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	784,928					1
2 CAP REL COSTS-MVBLE EQUIP		9,831,415				2
4 EMPLOYEE BENEFITS	1,994	27,146	96,462,660			4
5.01 NON-PATIENT PHONES	1,036	80,602	313,012	650		5.01
5.03 PURCHASING	5,532	45,457	658,800	6	25,396,037	5.03
5.04 ADMITTING	3,348	30,874	1,682,022	12	13,275	5.04
5.05 PATIENT ACCOUNTS & CASHIERS	2,426	7,469	1,637,727	41	13,250	5.05
5.06 ADMINISTRATION & GENERAL	362,673	1,509,190	11,061,304	101	123,685	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	71,790	1,739,912	2,320,312	27	225,560	7
8 LAUNDRY & LINEN SERVICE	2,508	27,083		1	138	8
9 HOUSEKEEPING	5,576	6,392	1,899,467	4	243,483	9
10 DIETARY	5,900	137,635	1,539,054	5	35,723	10
11 CAFETERIA	10,427	24,011	453,983	5	32,601	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,675	464,753	1,349,176	16	5,920	13
14 CENTRAL SERVICES & SUPPLY	10,252			2		14
15 PHARMACY	3,397	62,845	2,153,387	9	40,146	15
16 MEDICAL RECORDS & LIBRARY	5,089	13,973	1,097,050	15	7,050	16
17 SOCIAL SERVICE	2,058		550,567	10	2,295	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		172	2,450,447		2,354	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	5,068	3,773	741,733	14	11,018	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	71,208	365,562	19,860,803	45	1,212,800	30
31 INTENSIVE CARE UNIT	5,809	49,111	3,345,315	24	122,729	31
31.01 SPECIAL CARE NURSERY	1,174		258,753	8		31.01
40 SUBPROVIDER - IPF	10,497	10,696	1,571,764	11	16,570	40
41 SUBPROVIDER - IRF	5,308	6,039	1,017,818	4	36,547	41
43 NURSERY	101	3,237	1,246,140	9	3,419	43
44 SKILLED NURSING FACILITY	11,626	18,667	1,168,870	4	43,560	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	24,702	924,104	5,788,889	29	894,106	50
52 DELIVERY ROOM & LABOR ROOM	1,589	2,806	2,205,446			52
53 ANESTHESIOLOGY	1,470	88,839	348,930	3	290,086	53
54 RADIOLOGY-DIAGNOSTIC	15,572	1,282,672	3,552,294	34	71,241	54
54.02 CANCER TREATMENT CENTER	9,183	254,832	894,535	17	17,003	54.02
54.03 ULTRASOUND	244	201,773	1,249,044	4	27,818	54.03
54.04 SPECIAL PROCEDURES	948	19,729	417,299		54,695	54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN		513,258	666,258		19,760	57
58 MAGNETIC RESONANCE IMAGING (MRI)		477,099	400,268		5,903	58
59 CARDIAC CATHETERIZATION	1,871	310,826	602,917	7	476,244	59
60 LABORATORY	10,056	195,165	3,213,702	31	1,809,838	60
60.01 PATHOLOGY	2,026	68,351	741,329	2	302,752	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	455	13,737	234,860	3	1,137,330	63
65 RESPIRATORY THERAPY	1,432	35,249	1,293,536	4	39,057	65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE	5,948	81,171	4,222,390	18	27,347	66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	1,079	36,842	514,852	4	31,079	69
69.02 RADIOLOGY		81,666	1,584,481	7	31,953	69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		69,428	613,225		8,193,683	71
72 IMPL. DEV. CHARGED TO PATIENT					8,866,380	72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	338				3,535	74
75 ASC (NON-DISTINCT PART)	5,422	95,367	295,790	17	102,053	75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 FAMILY PRACTICE CLINIC	9,037	56,109	1,393,148	25	17,380	90.01
90.02 WOUND CARE	5,242	7,306	597,075		59,652	90.02
90.03 PAIN MANAGEMENT	5,485	23,176	331,082		3,001	90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER	792	7,106	108,595		339	90.06
91 EMERGENCY	10,321	272,546	4,392,225	29	526,551	91
92 OBSERVATION BEDS						92
93.01 OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS						

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS GROSS SALARIES	NON PATIENT PHONES (PHONES)	PURCHASE (SUPPLY EXPENSE)	
	1	2	4	5.01	5.03	
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
101 HOME HEALTH AGENCY	541	52,412	1,798,789	4	21,904	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	721,225	9,806,168	95,838,463	611	25,222,813	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	689	743	69,773	2	172,547	190
190.02 COVENANT RETIREMENT HOME						190.02
190.05 BOARD OF BENEVOLENCE	1,957			9		190.05
190.07 DENTAL	1,088			9	18	190.07
190.08 COVENANT RETIREMENT COMMUNITY	946			15		190.08
190.09 OP PHARMACY		1,833	169,507	1		190.09
190.10 PLAZA		3,307			410	190.10
190.11 G CAFETERIA	900					190.11
190.12 G PHARMACY	1,391	2,056	384,917			190.12
190.13 G SUITE	56,100	2,704				190.13
190.14 OFFSITE CLINICS		14,604				190.14
191.01 OCC HEALTH	632			3	249	191.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	6,783,123	9,662,026	17,285,349	623,992	1,065,756	202
203 UNIT COST MULT-WS B PT I	8.641714	0.982771	0.179192	959.987692	0.041965	203
204 COST TO BE ALLOC PER B PT II			59,411	136,871	161,842	204
205 UNIT COST MULT-WS B PT II			0.000616	210.570769	0.006373	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING	PATIENT	RECON-	OTHER	OPERATION
	GROSS	ACCOUNTS-		ADMINISTRA	OF
	REVENUE	CASHIERS	CILIATION	& GENERAL	PLANT
	5.04	GROSS	5A.06	ACCUM	SQUARE
		REVENUE		COST	FEET
		5.05		5.06	7
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 NON-PATIENT PHONES					5.01
5.03 PURCHASING					5.03
5.04 ADMITTING	1,121,506,280				5.04
5.05 PATIENT ACCOUNTS & CASHIERS		1,121,506,280			5.05
5.06 ADMINISTRATION & GENERAL			-48,895,206	166,410,469	5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT				10,853,987	336,129
8 LAUNDRY & LINEN SERVICE				977,350	2,508
9 HOUSEKEEPING				3,062,191	5,576
10 DIETARY				2,768,922	5,900
11 CAFETERIA				319,231	10,427
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION				1,796,446	2,675
14 CENTRAL SERVICES & SUPPLY				90,515	10,252
15 PHARMACY				2,757,529	3,397
16 MEDICAL RECORDS & LIBRARY				2,068,229	5,089
17 SOCIAL SERVICE				686,456	2,058
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD				4,306,793	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				866,507	5,068
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	147,250,872	147,250,872		25,241,493	71,208
31 INTENSIVE CARE UNIT	22,302,100	22,302,100		4,264,113	5,809
31.01 SPECIAL CARE NURSERY	3,233,790	3,233,790		389,695	1,174
40 SUBPROVIDER - IPF	16,076,804	16,076,804		2,049,340	10,497
41 SUBPROVIDER - IRF	9,722,133	9,722,133		1,309,621	5,308
43 NURSERY	5,377,089	5,377,089		1,627,102	101
44 SKILLED NURSING FACILITY	5,926,747	5,926,747		1,551,660	11,626
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	76,709,698	76,709,698		9,418,309	24,702
52 DELIVERY ROOM & LABOR ROOM	16,062,292	16,062,292		2,993,654	1,589
53 ANESTHESIOLOGY	39,021,760	39,021,760		782,733	1,470
54 RADIOLOGY-DIAGNOSTIC	56,682,807	56,682,807		7,311,283	15,572
54.02 CANCER TREATMENT CENTER	8,995,260	8,995,260		1,600,611	9,183
54.03 ULTRASOUND	17,279,093	17,279,093		1,800,757	244
54.04 SPECIAL PROCEDURES	2,132,292	2,132,292		647,411	948
57 COMPUTED TOMOGRAPHY (CT) SCAN	69,494,592	69,494,592		2,339,207	57
58 MAGNETIC RESONANCE IMAGING (MRI)	25,043,417	25,043,417		1,625,222	58
59 CARDIAC CATHETERIZATION	28,359,988	28,359,988		2,170,552	1,871
60 LABORATORY	156,186,131	156,186,131		8,226,323	10,056
60.01 PATHOLOGY	10,252,721	10,252,721		1,633,862	2,026
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	12,540,325	12,540,325		1,627,793	455
65 RESPIRATORY THERAPY	27,538,214	27,538,214		1,750,937	1,432
66 PHYSICAL THERAPY					66
66.01 REHABILITATION MEDICINE	26,086,660	26,086,660		5,695,035	5,948
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY	14,927,031	14,927,031		987,038	1,079
69.02 RADIOLOGY	19,496,790	19,496,790		2,277,559	69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	112,386,799	112,386,799		15,164,945	71
72 IMPL. DEV. CHARGED TO PATIENT	38,208,281	38,208,281		10,684,338	72
73 DRUGS CHARGED TO PATIENTS	66,731,655	66,731,655		4,887,146	73
74 RENAL DIALYSIS	7,260,003	7,260,003		797,071	338
75 ASC (NON-DISTINCT PART)	8,777,122	8,777,122		629,288	5,422
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 FAMILY PRACTICE CLINIC	2,570,181	2,570,181		1,864,570	9,037
90.02 WOUND CARE	8,745,012	8,745,012		871,286	5,242
90.03 PAIN MANAGEMENT	1,240,099	1,240,099		731,105	5,485
90.05 WOMENS CENTER					90.05
90.06 DIABETES CENTER	221,816	221,816		145,071	792
91 EMERGENCY	55,558,203	55,558,203		6,142,780	10,321
92 OBSERVATION BEDS					92
93.01 OCCUP HEALTH					93.01
OTHER REIMBURSABLE COST CENTERS					

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING	PATIENT	RECON-	OTHER	OPERATION	
	GROSS	ACCOUNTS-	CILIATION	ADMINISTRA	OF	
	REVENUE	CASHIERS		& GENERAL	PLANT	
	5.04	GROSS		ACCUM	SQUARE	
		REVENUE	5A.06	COST	FEET	7
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
101 HOME HEALTH AGENCY	3,108,503	3,108,503		2,424,234	541	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,121,506,280	1,121,506,280	-48,895,206	164,217,300	272,426	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				294,402	689	190
190.02 COVENANT RETIREMENT HOME						190.02
190.05 BOARD OF BENEVOLENCE				25,552	1,957	190.05
190.07 DENTAL				18,156	1,088	190.07
190.08 COVENANT RETIREMENT COMMUNITY				22,575	946	190.08
190.09 OP PHARMACY				202,642		190.09
190.10 PLAZA				189,970		190.10
190.11 G CAFETERIA				7,778	900	190.11
190.12 G PHARMACY				467,933	1,391	190.12
190.13 G SUITE				487,457	56,100	190.13
190.14 OFFSITE CLINICS				462,970		190.14
191.01 OCC HEALTH				13,734	632	191.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	2,119,413	2,916,503		48,895,206	14,043,138	202
203 UNIT COST MULT-WS B PT I	0.001890	0.002601		0.293823	41.779013	203
204 COST TO BE ALLOC PER B PT II	70,698	42,904		4,896,780	2,671,447	204
205 UNIT COST MULT-WS B PT II	0.000063	0.000038		0.029426	7.947684	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 8	HOUSE-KEEPING (HOURS OF SERVICE) 9	DIETARY (MEALS SERVED) 10	CAFETERIA (FTE'S) 11	NURSING ADMINISTRATION (DIRECT NRSNG HRS) 13	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT PHONES						5.01
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 PATIENT ACCOUNTS & CASHIERS						5.05
5.06 ADMINISTRATION & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	1,170,751					8
9 HOUSEKEEPING	93,597	717,059				9
10 DIETARY		7,423	213,951			10
11 CAFETERIA	128	13,119		117,783		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		3,366		2,429	1,432,045	13
14 CENTRAL SERVICES & SUPPLY		12,899				14
15 PHARMACY		4,274		2,689		15
16 MEDICAL RECORDS & LIBRARY		6,403		2,200		16
17 SOCIAL SERVICE		2,589		815		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD				5,113		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		6,376		553		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	506,922	297,923	147,081	33,013	686,664	30
31 INTENSIVE CARE UNIT	38,604	24,304	11,880	3,624	75,388	31
31.01 SPECIAL CARE NURSERY	12,374	4,912		304	6,329	31.01
40 SUBPROVIDER - IPF	71,489	43,918	22,029	2,490	51,788	40
41 SUBPROVIDER - IRF	42,759	22,208	13,176	1,823	37,920	41
43 NURSERY	16,035	423		1,557	32,384	43
44 SKILLED NURSING FACILITY	64,207	48,641	19,785	2,220	46,182	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	208,070	31,079		9,008	187,367	50
52 DELIVERY ROOM & LABOR ROOM	16,035	1,999		2,756	57,314	52
53 ANESTHESIOLOGY		1,849		720		53
54 RADIOLOGY-DIAGNOSTIC	2,524	19,592		5,816		54
54.02 CANCER TREATMENT CENTER		11,554		1,133	14,973	54.02
54.03 ULTRASOUND		307		1,558		54.03
54.04 SPECIAL PROCEDURES	7,351	1,193		590		54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN				1,564		57
58 MAGNETIC RESONANCE IMAGING (MRI)						58
59 CARDIAC CATHETERIZATION	15,490	2,354		754	15,680	59
60 LABORATORY	16,870	12,652		7,686		60
60.01 PATHOLOGY		2,549		1,231		60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		572		366		63
65 RESPIRATORY THERAPY		1,802		2,218		65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE		7,484		6,146		66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	1,701	1,358		931		69
69.02 RADIOLOGY				2,297	36,607	69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	30,397					71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)	20,883	6,822		988	20,549	75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 FAMILY PRACTICE CLINIC		11,370		659	13,697	90.01
90.02 WOUND CARE	5,247	6,595		1,063		90.02
90.03 PAIN MANAGEMENT	68	6,901		669		90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER				199		90.06
91 EMERGENCY		12,985		7,173	149,203	91
92 OBSERVATION BEDS						92
93.01 OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS						

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 8	HOUSE- KEEPING (HOURS OF SERVICE) 9	DIETARY (MEALS SERVED) 10	CAFETERIA (FTE'S) 11	NURSING ADMINI- STRATION (DIRECT NRSG HRS) 13	
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
101 HOME HEALTH AGENCY				2,306		101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,170,751	639,795	213,951	116,661	1,432,045	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		867		113		190
190.02 COVENANT RETIREMENT HOME						190.02
190.05 BOARD OF BENEVOLENCE		2,462				190.05
190.07 DENTAL		1,369				190.07
190.08 COVENANT RETIREMENT COMMUNITY		1,190				190.08
190.09 OP PHARMACY				245		190.09
190.10 PLAZA						190.10
190.11 G CAFETERIA						190.11
190.12 G PHARMACY				751		190.12
190.13 G SUITE		70,581				190.13
190.14 OFFSITE CLINICS						190.14
191.01 OCC HEALTH		795		13		191.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	1,369,300	4,304,363	3,873,550	927,559	2,475,376	202
203 UNIT COST MULT-WS B PT I	1.169591	6.002802	18.104846	7.875152	1.728560	203
204 COST TO BE ALLOC PER B PT II	97,194	200,226	323,129	211,184	566,915	204
205 UNIT COST MULT-WS B PT II	0.083019	0.279232	1.510294	1.792992	0.395878	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 14	PHARMACY (COSTED REQUIS) 15	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	SOCIAL SERVICE (TIME SPENT) 17	I/R-SALARY AND FRINGES (ASSIGNED TIME) 21	
GENERAL SERVICE COST CENTERS						
1						1
2						2
4						4
5.01						5.01
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15	17,060,063	5,230,406				15
16			1,121,506,280			16
17				4,170		17
19						19
20						20
21					35,935	21
22						22
23						23
INPATIENT ROUTINE SERV COST CENTERS						
30		4,368	147,250,872	2,686	19,429	30
31		523	22,302,100	36	2,432	31
31.01			3,233,790	13		31.01
40		114	16,076,804	363		40
41		171	9,722,133	338		41
43			5,377,089	13		43
44		254	5,926,747	327		44
ANCILLARY SERVICE COST CENTERS						
50						50
52		3,432	76,709,698		3,680	52
53			16,062,292		2,120	53
54		5,930	39,021,760			54
54.02		418,734	56,682,807			54.02
54.03		165,700	8,995,260			54.03
54.04		1,305	17,279,093			54.04
57		189	2,132,292			57
58		917	69,494,592			58
59			25,043,417			59
60		4,474	28,359,988			60
60.01		112	156,186,131			60.01
62.30			10,252,721			62.30
63			12,540,325			63
65		6,550	27,538,214			65
66						66
66.01		168	26,086,660			66.01
67						67
68						68
69			14,927,031			69
69.02		7,859	19,496,790			69.02
71	8,193,683	1,228	112,386,799			71
72	8,866,380		38,208,281			72
73		4,587,454	66,731,655			73
74			7,260,003			74
75		550	8,777,122			75
76.97						76.97
76.98						76.98
76.99						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01		8,797	2,570,181	11	7,201	90.01
90.02		6,052	8,745,012			90.02
90.03		3,098	1,240,099			90.03
90.05						90.05
90.06			221,816			90.06
91		1,342	55,558,203	9	1,073	91
92						92
93.01						93.01
OTHER REIMBURSABLE COST CENTERS						

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 14	PHARMACY (COSTED REQUIS) 15	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	SOCIAL SERVICE (TIME SPENT) 17	I/R-SALARY AND FRINGES (ASSIGNED TIME) 21	
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
101 HOME HEALTH AGENCY		1,085	3,108,503	374		101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	17,060,063	5,230,406	1,121,506,280	4,170	35,935	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.02 COVENANT RETIREMENT HOME						190.02
190.05 BOARD OF BENEVOLENCE						190.05
190.07 DENTAL						190.07
190.08 COVENANT RETIREMENT COMMUNITY						190.08
190.09 OP PHARMACY						190.09
190.10 PLAZA						190.10
190.11 G CAFETERIA						190.11
190.12 G PHARMACY						190.12
190.13 G SUITE						190.13
190.14 OFFSITE CLINICS						190.14
191.01 OCC HEALTH						191.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	622,858	3,756,509	2,944,296	996,093	5,612,494	202
203 UNIT COST MULT-WS B PT I	0.036510	0.718206	0.002625	238.871223	156.184611	203
204 COST TO BE ALLOC PER B PT II	176,761	211,642	172,048	59,055	137,593	204
205 UNIT COST MULT-WS B PT II	0.010361	0.040464	0.000153	14.161871	3.828941	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
		22	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS		4
5.01	NON-PATIENT PHONES		5.01
5.03	PURCHASING		5.03
5.04	ADMITTING		5.04
5.05	PATIENT ACCOUNTS & CASHIERS		5.05
5.06	ADMINISTRATION & GENERAL		5.06
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
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SRVCES-SALARY & FRINGES APPRVD		21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD	35,935	22
23	PARAMED ED PRGM-(SPECIFY)		23
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	19,429	30
31	INTENSIVE CARE UNIT	2,432	31
31.01	SPECIAL CARE NURSERY		31.01
40	SUBPROVIDER - IPF		40
41	SUBPROVIDER - IRF		41
43	NURSERY		43
44	SKILLED NURSING FACILITY		44
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	3,680	50
52	DELIVERY ROOM & LABOR ROOM	2,120	52
53	ANESTHESIOLOGY		53
54	RADIOLOGY-DIAGNOSTIC		54
54.02	CANCER TREATMENT CENTER		54.02
54.03	ULTRASOUND		54.03
54.04	SPECIAL PROCEDURES		54.04
57	COMPUTED TOMOGRAPHY (CT) SCAN		57
58	MAGNETIC RESONANCE IMAGING (MRI)		58
59	CARDIAC CATHETERIZATION		59
60	LABORATORY		60
60.01	PATHOLOGY		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
63	BLOOD STORING, PROCESSING & TRANS.		63
65	RESPIRATORY THERAPY		65
66	PHYSICAL THERAPY		66
66.01	REHABILITATION MEDICINE		66.01
67	OCCUPATIONAL THERAPY		67
68	SPEECH PATHOLOGY		68
69	ELECTROCARDIOLOGY		69
69.02	CARDIOLOGY		69.02
71	MEDICAL SUPPLIES CHRGD TO PATIENTS		71
72	IMPL. DEV. CHARGED TO PATIENT		72
73	DRUGS CHARGED TO PATIENTS		73
74	RENAL DIALYSIS		74
75	ASC (NON-DISTINCT PART)		75
76.97	CARDIAC REHABILITATION		76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
90.01	FAMILY PRACTICE CLINIC	7,201	90.01
90.02	WOUND CARE		90.02
90.03	PAIN MANAGMENT		90.03
90.05	WOMENS CENTER		90.05
90.06	DIABETES CENTER		90.06
91	EMERGENCY	1,073	91
92	OBSERVATION BEDS		92
93.01	OCCUP HEALTH		93.01
OTHER REIMBURSABLE COST CENTERS			

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
	22	
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
101 HOME HEALTH AGENCY		101
SPECIAL PURPOSE COST CENTERS		
118 SUBTOTALS (SUM OF LINES 1-117)	35,935	118
NONREIMBURSABLE COST CENTERS		
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		190
190.02 COVENANT RETIREMENT HOME		190.02
190.05 BOARD OF BENEVOLENCE		190.05
190.07 DENTAL		190.07
190.08 COVENANT RETIREMENT COMMUNITY		190.08
190.09 OP PHARMACY		190.09
190.10 PLAZA		190.10
190.11 G CAFETERIA		190.11
190.12 G PHARMACY		190.12
190.13 G SUITE		190.13
190.14 OFFSITE CLINICS		190.14
191.01 OCC HEALTH		191.01
200 CROSS FOOT ADJUSTMENTS		200
201 NEGATIVE COST CENTER		201
202 COST TO BE ALLOC PER B PT I	1,375,472	202
203 UNIT COST MULT-WS B PT I	38.276666	203
204 COST TO BE ALLOC PER B PT II	122,465	204
205 UNIT COST MULT-WS B PT II	3.407959	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	43,155,356		43,155,356	2,137	43,157,493	30
31 INTENSIVE CARE UNIT	6,392,201		6,392,201		6,392,201	31
31.01 SPECIAL CARE NURSERY	622,132		622,132		622,132	31.01
40 SUBPROVIDER - IPF	4,074,235		4,074,235		4,074,235	40
41 SUBPROVIDER - IRF	2,524,336		2,524,336		2,524,336	41
43 NURSERY	2,216,155		2,216,155		2,216,155	43
44 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	3,409,740		3,409,740		3,409,740	44
50 OPERATING ROOM	14,246,210		14,246,210		14,246,210	50
52 DELIVERY ROOM & LABOR ROOM	4,133,338		4,133,338		4,133,338	52
53 ANESTHESIOLOGY	1,197,593		1,197,593		1,197,593	53
54 RADIOLOGY-DIAGNOSTIC	10,725,979		10,725,979		10,725,979	54
54.02 CANCER TREATMENT CENTER	2,701,345		2,701,345		2,701,345	54.02
54.03 ULTRASOUND	2,400,462		2,400,462		2,400,462	54.03
54.04 SPECIAL PROCEDURES	903,380		903,380		903,380	54.04
57 COMPUTED TOMOGRAPHY (CT) SC	3,221,919		3,221,919		3,221,919	57
58 MAGNETIC RESONANCE IMAGING	2,168,489		2,168,489		2,168,489	58
59 CARDIAC CATHETERIZATION	3,029,427		3,029,427		3,029,427	59
60 LABORATORY	11,630,151		11,630,151		11,630,151	60
60.01 PATHOLOGY	2,250,480		2,250,480		2,250,480	60.01
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING & RESPIRATORY THERAPY	2,164,319		2,164,319		2,164,319	63
65 PHYSICAL THERAPY	2,430,507		2,430,507		2,430,507	65
66 REHABILITATION MEDICINE	7,778,793		7,778,793		7,778,793	66
66.01 OCCUPATIONAL THERAPY						66.01
67 SPEECH PATHOLOGY						67
69 ELECTROCARDIOLOGY	1,378,788		1,378,788		1,378,788	69
69.02 RADIOLOGY	3,084,947		3,084,947		3,084,947	69.02
71 MEDICAL SUPPLIES CHRGD TO	20,251,355		20,251,355		20,251,355	71
72 IMPL. DEV. CHARGED TO PATIE	14,247,646		14,247,646		14,247,646	72
73 DRUGS CHARGED TO PATIENTS	9,793,010		9,793,010		9,793,010	73
74 RENAL DIALYSIS	1,064,448		1,064,448		1,064,448	74
75 ASC (NON-DISTINCT PART)	1,172,825		1,172,825		1,172,825	75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 FAMILY PRACTICE CLINIC	2,902,792		2,902,792		2,902,792	90.01
90.02 WOUND CARE	1,427,695		1,427,695		1,427,695	90.02
90.03 PAIN MANAGEMENT	1,227,331		1,227,331		1,227,331	90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER	222,934		222,934		222,934	90.06
91 EMERGENCY	8,920,165		8,920,165		8,920,165	91
92 OBSERVATION BEDS	7,798,762		7,798,762		7,798,762	92
93.01 OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS						
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
101 HOME HEALTH AGENCY	3,275,569		3,275,569		3,275,569	101
200 SUBTOTAL (SEE INSTRUCTIONS)	210,144,814		210,144,814	2,137	210,146,951	200
201 LESS OBSERVATION BEDS	7,798,762		7,798,762		7,798,762	201
202 TOTAL (SEE INSTRUCTIONS)	202,346,052		202,346,052		202,348,189	202

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	CHARGES			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11	
	INPATIENT 6	OUTPATIENT 7	TOTAL (COLS. 6 + 7) 8				
INPATIENT ROUTINE SERV COST CENTERS							
30 ADULTS & PEDIATRICS	123,601,202		123,601,202				30
31 INTENSIVE CARE UNIT	22,302,100		22,302,100				31
31.01 SPECIAL CARE NURSERY	3,233,790		3,233,790				31.01
40 SUBPROVIDER - IPF	16,076,804		16,076,804				40
41 SUBPROVIDER - IRF	9,722,133		9,722,133				41
43 NURSERY	5,377,089		5,377,089				43
44 SKILLED NURSING FACILITY	5,926,747		5,926,747				44
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	42,657,410	34,052,288	76,709,698	0.185716	0.185716	0.185716	50
52 DELIVERY ROOM & LABOR ROOM	15,017,899	1,044,393	16,062,292	0.257332	0.257332	0.257332	52
53 ANESTHESIOLOGY	23,345,528	15,676,232	39,021,760	0.030690	0.030690	0.030690	53
54 RADIOLOGY-DIAGNOSTIC	19,059,339	37,623,468	56,682,807	0.189228	0.189228	0.189228	54
54.02 CANCER TREATMENT CENTER	860,676	8,134,584	8,995,260	0.300308	0.300308	0.300308	54.02
54.03 ULTRASOUND	2,825,628	14,453,465	17,279,093	0.138923	0.138923	0.138923	54.03
54.04 SPECIAL PROCEDURES	1,090,040	1,042,252	2,132,292	0.423666	0.423666	0.423666	54.04
57 COMPUTED TOMOGRAPHY (CT) SC	24,047,985	45,446,607	69,494,592	0.046362	0.046362	0.046362	57
58 MAGNETIC RESONANCE IMAGING	5,345,796	19,697,621	25,043,417	0.086589	0.086589	0.086589	58
59 CARDIAC CATHETERIZATION	17,053,175	11,306,813	28,359,988	0.106820	0.106820	0.106820	59
60 LABORATORY	75,722,914	80,463,217	156,186,131	0.074463	0.074463	0.074463	60
60.01 PATHOLOGY	2,710,233	7,542,488	10,252,721	0.219501	0.219501	0.219501	60.01
62.30 BLOOD CLOTTING FOR HEMOPHIL							62.30
63 BLOOD STORING, PROCESSING &	10,367,162	2,173,163	12,540,325	0.172589	0.172589	0.172589	63
65 RESPIRATORY THERAPY	25,720,305	1,817,909	27,538,214	0.088259	0.088259	0.088259	65
66 PHYSICAL THERAPY							66
66.01 REHABILITATION MEDICINE	14,278,186	11,808,474	26,086,660	0.298190	0.298190	0.298190	66.01
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY	7,569,296	7,357,735	14,927,031	0.092369	0.092369	0.092369	69
69.02 CARDIOLOGY	7,757,937	11,738,853	19,496,790	0.158228	0.158228	0.158228	69.02
71 MEDICAL SUPPLIES CHRGED TO	88,316,661	24,070,138	112,386,799	0.180193	0.180193	0.180193	71
72 IMPL. DEV. CHARGED TO PATIE	30,475,822	7,732,459	38,208,281	0.372894	0.372894	0.372894	72
73 DRUGS CHARGED TO PATIENTS	54,793,471	11,938,184	66,731,655	0.146752	0.146752	0.146752	73
74 RENAL DIALYSIS	6,654,293	605,710	7,260,003	0.146618	0.146618	0.146618	74
75 ASC (NON-DISTINCT PART)	1,968,519	6,808,603	8,777,122	0.133623	0.133623	0.133623	75
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 FAMILY PRACTICE CLINIC		2,570,181	2,570,181	1.129412	1.129412	1.129412	90.01
90.02 WOUND CARE	370,624	8,374,388	8,745,012	0.163258	0.163258	0.163258	90.02
90.03 PAIN MANAGEMENT	2,918	1,237,181	1,240,099	0.989704	0.989704	0.989704	90.03
90.05 WOMENS CENTER							90.05
90.06 DIABETES CENTER		221,816	221,816	1.005040	1.005040	1.005040	90.06
91 EMERGENCY	17,129,932	38,428,271	55,558,203	0.160555	0.160555	0.160555	91
92 OBSERVATION BEDS	1,652,556	21,997,114	23,649,670	0.329762	0.329762	0.329762	92
93.01 OCCUP HEALTH							93.01
OTHER REIMBURSABLE COST CENTERS							
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
101 HOME HEALTH AGENCY		3,108,503	3,108,503				101
200 SUBTOTAL (SEE INSTRUCTIONS)	683,034,170	438,472,110	1,121,506,280				200
201 LESS OBSERVATION BEDS							201
202 TOTAL (SEE INSTRUCTIONS)	683,034,170	438,472,110	1,121,506,280				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	REDUCED	TOTAL	PER	INPAT	INPAT PGM	
	COST	CAP-REL		DIEM			CAP COST
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)		(COL.3 + COL.4)			(COL.5 x COL.6)
	1	2	4	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	3,084,993		58,637	52.61	22,932	1,206,453 30	
31 INTENSIVE CARE UNIT	351,097		3,960	88.66	1,828	162,070 31	
31.01 SPECIAL CARE NURSERY	39,243		1,271	30.88			
32 CORONARY CARE UNIT						31.01	
33 BURN INTENSIVE CARE UNIT						32	
34 SURGICAL INTENSIVE CARE UNIT						33	
35 OTHER SPECIAL CARE (SPECIFY)						34	
40 SUBPROVIDER - IPF	334,445	334,445	7,343	45.55	4,305	196,093 40	
41 SUBPROVIDER - IRF	190,035	190,035	4,392	43.27	2,399	103,805 41	
42 SUBPROVIDER I						42	
43 NURSERY	74,032	74,032	3,294	22.47		43	
44 SKILLED NURSING FACILITY	341,956	341,956	6,595	51.85	5,540	287,249 44	
45 NURSING FACILITY						45	
200 TOTAL (LINES 30-199)	4,415,801	4,415,801	85,492		37,004	1,955,670 200	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0114) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX [] IRF

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	1,967,101	76,709,698	0.025643	17,655,879	452,750	50
52 DELIVERY ROOM & LABOR ROOM	152,168	16,062,292	0.009474	35,115	333	52
53 ANESTHESIOLOGY	195,666	39,021,760	0.005014	8,691,402	43,579	53
54 RADIOLOGY-DIAGNOSTIC	1,805,086	56,682,807	0.031845	10,188,124	324,441	54
54.02 CANCER TREATMENT CENTER	476,498	8,995,260	0.052972	450,678	23,873	54.02
54.03 ULTRASOUND	264,444	17,279,093	0.015304	987,080	15,106	54.03
54.04 SPECIAL PROCEDURES	64,102	2,132,292	0.030062	519,868	15,628	54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,060,268	69,494,592	0.015257	10,993,890	167,734	57
58 MAGNETIC RESONANCE IMAGING (M	745,590	25,043,417	0.029772	2,429,753	72,339	58
59 CARDIAC CATHETERIZATION	1,074,780	28,359,988	0.037898	7,973,799	302,191	59
60 LABORATORY	760,770	156,186,131	0.004871	35,300,415	171,948	60
60.01 PATHOLOGY	160,982	10,252,721	0.015701	1,068,035	16,769	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	80,974	12,540,325	0.006457	4,402,530	28,427	63
65 RESPIRATORY THERAPY	158,510	27,538,214	0.005756	13,512,679	77,779	65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE	583,389	26,086,660	0.022363	2,770,944	61,967	66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	103,112	14,927,031	0.006908	3,606,724	24,915	69
69.02 RADIOLOGY	311,206	19,496,790	0.015962	4,190,699	66,892	69.02
71 MEDICAL SUPPLIES CHRGD TO PA	685,595	112,386,799	0.006100	37,311,701	227,601	71
72 IMPL. DEV. CHARGED TO PATIENT	472,464	38,208,281	0.012365	12,099,759	149,614	72
73 DRUGS CHARGED TO PATIENTS	346,383	66,731,655	0.005191	23,798,003	123,535	73
74 RENAL DIALYSIS	30,929	7,260,003	0.004260	4,418,364	18,822	74
75 ASC (NON-DISTINCT PART)	225,379	8,777,122	0.025678	1,049,569	26,951	75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 FAMILY PRACTICE CLINIC	279,844	2,570,181	0.108881			90.01
90.02 WOUND CARE	130,476	8,745,012	0.014920	177,372	2,646	90.02
90.03 PAIN MANAGEMENT	273,118	1,240,099	0.220239	1,992	439	90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER	24,874	221,816	0.112138			90.06
91 EMERGENCY	729,721	55,558,203	0.013134	8,377,741	110,033	91
92 OBSERVATION BEDS	557,471	23,649,670	0.023572	1,421,138	33,499	92
93.01 OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	13,720,900	932,157,912	932,157,912	213,433,253	2,559,811	200

PROVIDER CCN: 14-0114 SWEDISH COVENANT HOSPITAL
 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
 03/20/2012 15:58

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
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
31.01 SPECIAL CARE NURSERY					31.01
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					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)					200

PROVIDER CCN: 14-0114 SWEDISH COVENANT HOSPITAL
 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
 03/20/2012 15:58

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	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	58,637		22,932		30
31 INTENSIVE CARE UNIT	3,960		1,828		31
31.01 SPECIAL CARE NURSERY	1,271				31.01
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	7,343		4,305		40
41 SUBPROVIDER - IRF	4,392		2,399		41
42 SUBPROVIDER I					42
43 NURSERY	3,294				43
44 SKILLED NURSING FACILITY	6,595		5,540		44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	85,492		37,004		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	(SUM OF COLS. 1-4) 5	(SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.02 CANCER TREATMENT CENTER						54.02
54.03 ULTRASOUND						54.03
54.04 SPECIAL PROCEDURES						54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
60.01 PATHOLOGY						60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE						66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.02 CARDIOLOGY						69.02
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)						75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 FAMILY PRACTICE CLINIC						90.01
90.02 WOUND CARE						90.02
90.03 PAIN MANAGMENT						90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER						90.06
91 EMERGENCY						91
92 OBSERVATION BEDS						92
93.01 OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0114)	[] 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)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12
						13
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	76,709,698		17,655,879		50
52	DELIVERY ROOM & LABOR ROOM	16,062,292		35,115	10,891,904	52
53	ANESTHESIOLOGY	39,021,760		8,691,402	784	53
54	RADIOLOGY-DIAGNOSTIC	56,682,807		10,188,124	4,737,867	54
54.02	CANCER TREATMENT CENTER	8,995,260		450,678	14,293,075	54.02
54.03	ULTRASOUND	17,279,093		987,080	3,600,998	54.03
54.04	SPECIAL PROCEDURES	2,132,292		519,868	2,007,478	54.04
57	COMPUTED TOMOGRAPHY (CT) SCA	69,494,592		10,993,890	644,321	57
58	MAGNETIC RESONANCE IMAGING (	25,043,417		2,429,753	17,133,486	58
59	CARDIAC CATHETERIZATION	28,359,988		7,973,799	7,004,594	59
60	LABORATORY	156,186,131		35,300,415	6,577,465	60
60.01	PATHOLOGY	10,252,721		1,068,035	244,233	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILI				2,563,911	62.30
63	BLOOD STORING, PROCESSING &	12,540,325		4,402,530	416,613	63
65	RESPIRATORY THERAPY	27,538,214		13,512,679	786,149	65
66	PHYSICAL THERAPY					66
66.01	REHABILITATION MEDICINE	26,086,660		2,770,944	45,056	66.01
67	OCCUPATIONAL THERAPY					67
68	SPEECH PATHOLOGY					68
69	ELECTROCARDIOLOGY	14,927,031		3,606,724	2,637,001	69
69.02	CARDIOLOGY	19,496,790		4,190,699	5,594,019	69.02
71	MEDICAL SUPPLIES CHRGED TO P	112,386,799		37,311,701	10,126,060	71
72	IMPL. DEV. CHARGED TO PATIEN	38,208,281		12,099,759	4,654,502	72
73	DRUGS CHARGED TO PATIENTS	66,731,655		23,798,003	5,427,809	73
74	RENAL DIALYSIS	7,260,003		4,418,364	442,303	74
75	ASC (NON-DISTINCT PART)	8,777,122		1,049,569	2,777,930	75
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	FAMILY PRACTICE CLINIC	2,570,181			130,345	90.01
90.02	WOUND CARE	8,745,012		177,372	3,968,362	90.02
90.03	PAIN MANAGMENT	1,240,099		1,992	518,072	90.03
90.05	WOMENS CENTER					90.05
90.06	DIABETES CENTER	221,816				90.06
91	EMERGENCY	55,558,203		8,377,741	7,084,147	91
92	OBSERVATION BEDS	23,649,670		1,421,138	7,861,075	92
93.01	OCCUP HEALTH					93.01
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)	932,157,912		213,433,253	122,169,559	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0114) [] 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	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.185716	10,891,904			2,022,801			50
52 DELIVERY ROOM & LABOR ROOM	0.257332	784			202			52
53 ANESTHESIOLOGY	0.030690	4,737,867			145,405			53
54 RADIOLOGY-DIAGNOSTIC	0.189228	14,293,075			2,704,650			54
54.02 CANCER TREATMENT CENTER	0.300308	3,600,998			1,081,409			54.02
54.03 ULTRASOUND	0.138923	2,007,478			278,885			54.03
54.04 SPECIAL PROCEDURES	0.423666	644,321			272,977			54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.046362	17,133,486			794,343			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.086589	7,004,594			606,521			58
59 CARDIAC CATHETERIZATION	0.106820	6,577,465			702,605			59
60 LABORATORY	0.074463	244,233			18,186			60
60.01 PATHOLOGY	0.219501	2,563,911			562,781			60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63 BLOOD STORING, PROCESSING & TRA	0.172589	416,613			71,903			63
65 RESPIRATORY THERAPY	0.088259	786,149			69,385			65
66 PHYSICAL THERAPY								66
66.01 REHABILITATION MEDICINE	0.298190	45,056			13,435			66.01
67 OCCUPATIONAL THERAPY								67
68 SPEECH PATHOLOGY								68
69 ELECTROCARDIOLOGY	0.092369	2,637,001			243,577			69
69.02 RADIOLOGY	0.158228	5,594,019			885,130			69.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.180193	10,126,060			1,824,645			71
72 IMPL. DEV. CHARGED TO PATIENT	0.372894	4,654,502			1,735,636			72
73 DRUGS CHARGED TO PATIENTS	0.146752	5,427,809		510	796,542		75	73
74 RENAL DIALYSIS	0.146618	442,303			64,850			74
75 ASC (NON-DISTINCT PART)	0.133623	2,777,930			371,195			75
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90.01 FAMILY PRACTICE CLINIC	1.129412	130,345			147,213			90.01
90.02 WOUND CARE	0.163258	3,968,362			647,867			90.02
90.03 PAIN MANAGEMENT	0.989704	518,072			512,738			90.03
90.05 WOMENS CENTER								90.05
90.06 DIABETES CENTER	1.005040							90.06
91 EMERGENCY	0.160555	7,084,147			1,137,395			91
92 OBSERVATION BEDS	0.329762	7,861,075			2,592,284			92
93.01 OCCUP HEALTH								93.01
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		122,169,559		510	20,304,560			75 200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		122,169,559		510	20,304,560			75 202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [XX] IPF (14-S114) [] 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	1,967,101	76,709,698	0.025643	50
52	DELIVERY ROOM & LABOR ROOM	152,168	16,062,292	0.009474	52
53	ANESTHESIOLOGY	195,666	39,021,760	0.005014	53
54	RADIOLOGY-DIAGNOSTIC	1,805,086	56,682,807	0.031845	87,971
54.02	CANCER TREATMENT CENTER	476,498	8,995,260	0.052972	54.02
54.03	ULTRASOUND	264,444	17,279,093	0.015304	23,574
54.04	SPECIAL PROCEDURES	64,102	2,132,292	0.030062	54.04
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,060,268	69,494,592	0.015257	116,776
58	MAGNETIC RESONANCE IMAGING (M	745,590	25,043,417	0.029772	24,561
59	CARDIAC CATHETERIZATION	1,074,780	28,359,988	0.037898	59
60	LABORATORY	760,770	156,186,131	0.004871	1,281,252
60.01	PATHOLOGY	160,982	10,252,721	0.015701	128
62.30	BLOOD CLOTTING FOR HEMOPHILIA				2
63	BLOOD STORING, PROCESSING & T	80,974	12,540,325	0.006457	35,097
65	RESPIRATORY THERAPY	158,510	27,538,214	0.005756	25,699
66	PHYSICAL THERAPY				148
66.01	REHABILITATION MEDICINE	583,389	26,086,660	0.022363	1,355,816
67	OCCUPATIONAL THERAPY				30,320
68	SPEECH PATHOLOGY				67
69	ELECTROCARDIOLOGY	103,112	14,927,031	0.006908	150,603
69.02	CARDIOLOGY	311,206	19,496,790	0.015962	29,426
71	MEDICAL SUPPLIES CHRGED TO PA	685,595	112,386,799	0.006100	48,913
72	IMPL. DEV. CHARGED TO PATIENT	472,464	38,208,281	0.012365	298
73	DRUGS CHARGED TO PATIENTS	346,383	66,731,655	0.005191	1,217,632
74	RENAL DIALYSIS	30,929	7,260,003	0.004260	6,321
75	ASC (NON-DISTINCT PART)	225,379	8,777,122	0.025678	73
76.97	CARDIAC REHABILITATION				74
76.98	HYPERBARIC OXYGEN THERAPY				75
76.99	LITHOTRIPSY				76.97
OUTPATIENT SERVICE COST CENTERS					
90.01	FAMILY PRACTICE CLINIC	279,844	2,570,181	0.108881	150,603
90.02	WOUND CARE	130,476	8,745,012	0.014920	29,426
90.03	PAIN MANAGEMENT	273,118	1,240,099	0.220239	48,913
90.05	WOMENS CENTER				48,913
90.06	DIABETES CENTER	24,874	221,816	0.112138	298
91	EMERGENCY	729,721	55,558,203	0.013134	436,263
92	OBSERVATION BEDS	557,471	23,649,670	0.023572	436,263
93.01	OCCUP HEALTH				5,730
OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (SUM OF LINES 50-199)	13,720,900	932,157,912	932,157,912	4,833,711
					56,472
					200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.02 CANCER TREATMENT CENTER						54.02
54.03 ULTRASOUND						54.03
54.04 SPECIAL PROCEDURES						54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
60.01 PATHOLOGY						60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE						66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.02 CARDIOLOGY						69.02
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)						75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 FAMILY PRACTICE CLINIC						90.01
90.02 WOUND CARE						90.02
90.03 PAIN MANAGMENT						90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER						90.06
91 EMERGENCY						91
92 OBSERVATION BEDS						92
93.01 OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[XX] IPF (14-S114)	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[] IRF	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	76,709,698					50
52	DELIVERY ROOM & LABOR ROOM	16,062,292					52
53	ANESTHESIOLOGY	39,021,760					53
54	RADIOLOGY-DIAGNOSTIC	56,682,807			87,971	981	54
54.02	CANCER TREATMENT CENTER	8,995,260					54.02
54.03	ULTRASOUND	17,279,093			23,574		54.03
54.04	SPECIAL PROCEDURES	2,132,292					54.04
57	COMPUTED TOMOGRAPHY (CT) SCA	69,494,592			116,776	11,904	57
58	MAGNETIC RESONANCE IMAGING (	25,043,417			24,561		58
59	CARDIAC CATHETERIZATION	28,359,988					59
60	LABORATORY	156,186,131			1,281,252		60
60.01	PATHOLOGY	10,252,721			128		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	12,540,325			35,097		63
65	RESPIRATORY THERAPY	27,538,214			25,699		65
66	PHYSICAL THERAPY						66
66.01	REHABILITATION MEDICINE	26,086,660			1,355,816		66.01
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY	14,927,031			150,603		69
69.02	CARDIOLOGY	19,496,790			29,426		69.02
71	MEDICAL SUPPLIES CHRGED TO P	112,386,799			48,913	277	71
72	IMPL. DEV. CHARGED TO PATIEN	38,208,281					72
73	DRUGS CHARGED TO PATIENTS	66,731,655			1,217,632	4,281	73
74	RENAL DIALYSIS	7,260,003					74
75	ASC (NON-DISTINCT PART)	8,777,122					75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC	2,570,181					90.01
90.02	WOUND CARE	8,745,012					90.02
90.03	PAIN MANAGMENT	1,240,099					90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	221,816					90.06
91	EMERGENCY	55,558,203			436,263		91
92	OBSERVATION BEDS	23,649,670					92
93.01	OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	932,157,912			4,833,711	17,443	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] IPF (14-S114) [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.185716						50
52 DELIVERY ROOM & LABOR ROOM	0.257332						52
53 ANESTHESIOLOGY	0.030690						53
54 RADIOLOGY-DIAGNOSTIC	0.189228	981			186		54
54.02 CANCER TREATMENT CENTER	0.300308						54.02
54.03 ULTRASOUND	0.138923						54.03
54.04 SPECIAL PROCEDURES	0.423666						54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.046362	11,904			552		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.086589						58
59 CARDIAC CATHETERIZATION	0.106820						59
60 LABORATORY	0.074463						60
60.01 PATHOLOGY	0.219501						60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.172589						63
65 RESPIRATORY THERAPY	0.088259						65
66 PHYSICAL THERAPY							66
66.01 REHABILITATION MEDICINE	0.298190						66.01
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY	0.092369						69
69.02 RADIOLOGY	0.158228						69.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.180193	277			50		71
72 IMPL. DEV. CHARGED TO PATIENT	0.372894						72
73 DRUGS CHARGED TO PATIENTS	0.146752	4,281			628		73
74 RENAL DIALYSIS	0.146618						74
75 ASC (NON-DISTINCT PART)	0.133623						75
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 FAMILY PRACTICE CLINIC	1.129412						90.01
90.02 WOUND CARE	0.163258						90.02
90.03 PAIN MANAGEMENT	0.989704						90.03
90.05 WOMENS CENTER							90.05
90.06 DIABETES CENTER	1.005040						90.06
91 EMERGENCY	0.160555						91
92 OBSERVATION BEDS	0.329762						92
93.01 OCCUP HEALTH							93.01
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		17,443			1,416		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		17,443			1,416		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-T114)	[] 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	1,967,101	76,709,698	0.025643	44,132	1,132	50
52	DELIVERY ROOM & LABOR ROOM	152,168	16,062,292	0.009474			52
53	ANESTHESIOLOGY	195,666	39,021,760	0.005014	27,421	137	53
54	RADIOLOGY-DIAGNOSTIC	1,805,086	56,682,807	0.031845	163,613	5,210	54
54.02	CANCER TREATMENT CENTER	476,498	8,995,260	0.052972			54.02
54.03	ULTRASOUND	264,444	17,279,093	0.015304	13,850	212	54.03
54.04	SPECIAL PROCEDURES	64,102	2,132,292	0.030062	13,712	412	54.04
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,060,268	69,494,592	0.015257	61,596	940	57
58	MAGNETIC RESONANCE IMAGING (M	745,590	25,043,417	0.029772	11,011	328	58
59	CARDIAC CATHETERIZATION	1,074,780	28,359,988	0.037898			59
60	LABORATORY	760,770	156,186,131	0.004871	932,773	4,544	60
60.01	PATHOLOGY	160,982	10,252,721	0.015701	3,255	51	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63	BLOOD STORING, PROCESSING & T	80,974	12,540,325	0.006457	25,097	162	63
65	RESPIRATORY THERAPY	158,510	27,538,214	0.005756	349,312	2,011	65
66	PHYSICAL THERAPY						66
66.01	REHABILITATION MEDICINE	583,389	26,086,660	0.022363	2,261,448	50,573	66.01
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY	103,112	14,927,031	0.006908	24,516	169	69
69.02	CARDIOLOGY	311,206	19,496,790	0.015962	9,924	158	69.02
71	MEDICAL SUPPLIES CHRGED TO PA	685,595	112,386,799	0.006100	817,733	4,988	71
72	IMPL. DEV. CHARGED TO PATIENT	472,464	38,208,281	0.012365	14,553	180	72
73	DRUGS CHARGED TO PATIENTS	346,383	66,731,655	0.005191	1,051,427	5,458	73
74	RENAL DIALYSIS	30,929	7,260,003	0.004260	326,399	1,390	74
75	ASC (NON-DISTINCT PART)	225,379	8,777,122	0.025678	7,396	190	75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC	279,844	2,570,181	0.108881			90.01
90.02	WOUND CARE	130,476	8,745,012	0.014920			90.02
90.03	PAIN MANAGEMENT	273,118	1,240,099	0.220239			90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	24,874	221,816	0.112138			90.06
91	EMERGENCY	729,721	55,558,203	0.013134			91
92	OBSERVATION BEDS	557,471	23,649,670	0.023572			92
93.01	OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	13,720,900	932,157,912	932,157,912	6,159,168	78,245	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (14-T114) [] 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						50
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.02 CANCER TREATMENT CENTER						54.02
54.03 ULTRASOUND						54.03
54.04 SPECIAL PROCEDURES						54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
60.01 PATHOLOGY						60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE						66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.02 CARDIOLOGY						69.02
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)						75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 FAMILY PRACTICE CLINIC						90.01
90.02 WOUND CARE						90.02
90.03 PAIN MANAGMENT						90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER						90.06
91 EMERGENCY						91
92 OBSERVATION BEDS						92
93.01 OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT PGM	INPAT PGM	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO		PASS-THRU		PASS-THRU
	(FROM WKST	CHARGES	CHARGES	INPAT	COSTS	CHARGES	COSTS
	C, PT. I,	(COL. 5 ÷	(COL. 6 ÷	PGM	(COL. 8 x		(COL. 9 x
	COL. 8)	COL. 7)	COL. 7)	CHARGES	COL. 10)		COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	76,709,698			44,132			50
52 DELIVERY ROOM & LABOR ROOM	16,062,292						52
53 ANESTHESIOLOGY	39,021,760			27,421			53
54 RADIOLOGY-DIAGNOSTIC	56,682,807			163,613			54
54.02 CANCER TREATMENT CENTER	8,995,260						54.02
54.03 ULTRASOUND	17,279,093			13,850			54.03
54.04 SPECIAL PROCEDURES	2,132,292			13,712			54.04
57 COMPUTED TOMOGRAPHY (CT) SCA	69,494,592			61,596			57
58 MAGNETIC RESONANCE IMAGING (	25,043,417			11,011			58
59 CARDIAC CATHETERIZATION	28,359,988						59
60 LABORATORY	156,186,131			932,773			60
60.01 PATHOLOGY	10,252,721			3,255			60.01
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
63 BLOOD STORING, PROCESSING &	12,540,325			25,097			63
65 RESPIRATORY THERAPY	27,538,214			349,312			65
66 PHYSICAL THERAPY							66
66.01 REHABILITATION MEDICINE	26,086,660			2,261,448			66.01
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY	14,927,031			24,516			69
69.02 CARDIOLOGY	19,496,790			9,924			69.02
71 MEDICAL SUPPLIES CHRGED TO P	112,386,799			817,733			71
72 IMPL. DEV. CHARGED TO PATIEN	38,208,281			14,553			72
73 DRUGS CHARGED TO PATIENTS	66,731,655			1,051,427			73
74 RENAL DIALYSIS	7,260,003			326,399			74
75 ASC (NON-DISTINCT PART)	8,777,122			7,396			75
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 FAMILY PRACTICE CLINIC	2,570,181						90.01
90.02 WOUND CARE	8,745,012						90.02
90.03 PAIN MANAGMENT	1,240,099						90.03
90.05 WOMENS CENTER							90.05
90.06 DIABETES CENTER	221,816						90.06
91 EMERGENCY	55,558,203						91
92 OBSERVATION BEDS	23,649,670						92
93.01 OCCUP HEALTH							93.01
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	932,157,912			6,159,168			200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [XX] IRF (14-T114) [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO	PPS REIMBURSED SERVICES	COST REIMB. SERVICES DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS	
	FROM WKST C, PT I, COL. 9 1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.185716						50
52 DELIVERY ROOM & LABOR ROOM	0.257332						52
53 ANESTHESIOLOGY	0.030690						53
54 RADIOLOGY-DIAGNOSTIC	0.189228						54
54.02 CANCER TREATMENT CENTER	0.300308						54.02
54.03 ULTRASOUND	0.138923						54.03
54.04 SPECIAL PROCEDURES	0.423666						54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.046362						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.086589						58
59 CARDIAC CATHETERIZATION	0.106820						59
60 LABORATORY	0.074463						60
60.01 PATHOLOGY	0.219501						60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.172589						63
65 RESPIRATORY THERAPY	0.088259						65
66 PHYSICAL THERAPY							66
66.01 REHABILITATION MEDICINE	0.298190						66.01
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY	0.092369						69
69.02 CARDIOLOGY	0.158228						69.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.180193						71
72 IMPL. DEV. CHARGED TO PATIENT	0.372894						72
73 DRUGS CHARGED TO PATIENTS	0.146752						73
74 RENAL DIALYSIS	0.146618						74
75 ASC (NON-DISTINCT PART)	0.133623						75
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 FAMILY PRACTICE CLINIC	1.129412						90.01
90.02 WOUND CARE	0.163258						90.02
90.03 PAIN MANAGEMENT	0.989704						90.03
90.05 WOMENS CENTER							90.05
90.06 DIABETES CENTER	1.005040						90.06
91 EMERGENCY	0.160555						91
92 OBSERVATION BEDS	0.329762						92
93.01 OCCUP HEALTH							93.01
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5573) [] 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						50
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.02 CANCER TREATMENT CENTER						54.02
54.03 ULTRASOUND						54.03
54.04 SPECIAL PROCEDURES						54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
60.01 PATHOLOGY						60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE						66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.02 CARDIOLOGY						69.02
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)						75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 FAMILY PRACTICE CLINIC						90.01
90.02 WOUND CARE						90.02
90.03 PAIN MANAGMENT						90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER						90.06
91 EMERGENCY						91
92 OBSERVATION BEDS						92
93.01 OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						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 [] IRF	[] SUB (OTHER) [XX] SNF (14-5573) [] NF	[] ICF/MR	[XX] PPS [] TEFRA	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 PGM 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	76,709,698		222			50
52						DELIVERY ROOM & LABOR ROOM	16,062,292					52
53						ANESTHESIOLOGY	39,021,760					53
54						RADIOLOGY-DIAGNOSTIC	56,682,807		232,646			54
54.02						CANCER TREATMENT CENTER	8,995,260		12,216			54.02
54.03						ULTRASOUND	17,279,093		21,673			54.03
54.04						SPECIAL PROCEDURES	2,132,292					54.04
57						COMPUTED TOMOGRAPHY (CT) SCA	69,494,592		26			57
58						MAGNETIC RESONANCE IMAGING (	25,043,417		1			58
59						CARDIAC CATHETERIZATION	28,359,988					59
60						LABORATORY	156,186,131		1,193,303			60
60.01						PATHOLOGY	10,252,721		998			60.01
62.30						BLOOD CLOTTING FOR HEMOPHILI						62.30
63						BLOOD STORING, PROCESSING &	12,540,325		11,201			63
65						RESPIRATORY THERAPY	27,538,214		712,659			65
66						PHYSICAL THERAPY						66
66.01						REHABILITATION MEDICINE	26,086,660		2,717,584			66.01
67						OCCUPATIONAL THERAPY						67
68						SPEECH PATHOLOGY						68
69						ELECTROCARDIOLOGY	14,927,031		43,995			69
69.02						CARDIOLOGY	19,496,790		10,403			69.02
71						MEDICAL SUPPLIES CHRGED TO P	112,386,799		2,111,086			71
72						IMPL. DEV. CHARGED TO PATIEN	38,208,281					72
73						DRUGS CHARGED TO PATIENTS	66,731,655		1,871,202			73
74						RENAL DIALYSIS	7,260,003					74
75						ASC (NON-DISTINCT PART)	8,777,122					75
76.97						CARDIAC REHABILITATION						76.97
76.98						HYPERBARIC OXYGEN THERAPY						76.98
76.99						LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS												
90.01						FAMILY PRACTICE CLINIC	2,570,181					90.01
90.02						WOUND CARE	8,745,012					90.02
90.03						PAIN MANAGMENT	1,240,099					90.03
90.05						WOMENS CENTER						90.05
90.06						DIABETES CENTER	221,816					90.06
91						EMERGENCY	55,558,203					91
92						OBSERVATION BEDS	23,649,670		95			92
93.01						OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS												
200						TOTAL (SUM OF LINES 50-199)	932,157,912		8,939,310			200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [XX] SNF (14-5573) [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES SUBJECT TO DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.185716						50
52 DELIVERY ROOM & LABOR ROOM	0.257332						52
53 ANESTHESIOLOGY	0.030690						53
54 RADIOLOGY-DIAGNOSTIC	0.189228						54
54.02 CANCER TREATMENT CENTER	0.300308						54.02
54.03 ULTRASOUND	0.138923						54.03
54.04 SPECIAL PROCEDURES	0.423666						54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.046362						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.086589						58
59 CARDIAC CATHETERIZATION	0.106820						59
60 LABORATORY	0.074463						60
60.01 PATHOLOGY	0.219501						60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.172589						63
65 RESPIRATORY THERAPY	0.088259						65
66 PHYSICAL THERAPY							66
66.01 REHABILITATION MEDICINE	0.298190						66.01
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY	0.092369						69
69.02 CARDIOLOGY	0.158228						69.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.180193						71
72 IMPL. DEV. CHARGED TO PATIENT	0.372894						72
73 DRUGS CHARGED TO PATIENTS	0.146752						73
74 RENAL DIALYSIS	0.146618						74
75 ASC (NON-DISTINCT PART)	0.133623						75
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 FAMILY PRACTICE CLINIC	1.129412						90.01
90.02 WOUND CARE	0.163258						90.02
90.03 PAIN MANAGEMENT	0.989704						90.03
90.05 WOMENS CENTER							90.05
90.06 DIABETES CENTER	1.005040						90.06
91 EMERGENCY	0.160555						91
92 OBSERVATION BEDS	0.329762						92
93.01 OCCUP HEALTH							93.01
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL	REDUCED	TOTAL	PER	INPAT	INPAT PGM		
	COST	CAP-REL		DIEM			CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)		(COL.3 + COL.4)			(COL.5 x COL.6)	
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	3,084,993		3,084,993	58,637	52.61	11,232	590,916	30
31 INTENSIVE CARE UNIT	351,097		351,097	3,960	88.66	634	56,210	31
31.01 SPECIAL CARE NURSERY	39,243		39,243	1,271	30.88	629	19,424	31.01
32 CORONARY CARE UNIT								32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF	334,445		334,445	7,343	45.55	2,209	100,620	40
41 SUBPROVIDER - IRF	190,035		190,035	4,392	43.27	648	28,039	41
42 SUBPROVIDER I								42
43 NURSERY	74,032		74,032	3,294	22.47	2,504	56,265	43
44 SKILLED NURSING FACILITY	341,956		341,956	6,595	51.85			44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	4,415,801		4,415,801	85,492		17,856	851,474	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0114) [] SUB (OTHER)
 APPLICABLE [] TITLE XVIII-PT A [] IPF
 BOXES [XX] TITLE XIX [] IRF

[] PPS
 [] TEFRA
 [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL COST	TOTAL CHARGES	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)
	(FROM WKST B, PT. II, COL. 26)	(FROM WKST C, PT. I, COL. 8)	(COL.1 + COL.2)		
	1	2	3	4	5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	1,967,101	76,709,698	0.025643		50
52 DELIVERY ROOM & LABOR ROOM	152,168	16,062,292	0.009474		52
53 ANESTHESIOLOGY	195,666	39,021,760	0.005014		53
54 RADIOLOGY-DIAGNOSTIC	1,805,086	56,682,807	0.031845		54
54.02 CANCER TREATMENT CENTER	476,498	8,995,260	0.052972		54.02
54.03 ULTRASOUND	264,444	17,279,093	0.015304		54.03
54.04 SPECIAL PROCEDURES	64,102	2,132,292	0.030062		54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,060,268	69,494,592	0.015257		57
58 MAGNETIC RESONANCE IMAGING (M	745,590	25,043,417	0.029772		58
59 CARDIAC CATHETERIZATION	1,074,780	28,359,988	0.037898		59
60 LABORATORY	760,770	156,186,131	0.004871		60
60.01 PATHOLOGY	160,982	10,252,721	0.015701		60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
63 BLOOD STORING, PROCESSING & T	80,974	12,540,325	0.006457		63
65 RESPIRATORY THERAPY	158,510	27,538,214	0.005756		65
66 PHYSICAL THERAPY					66
66.01 REHABILITATION MEDICINE	583,389	26,086,660	0.022363		66.01
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY	103,112	14,927,031	0.006908		69
69.02 RADIOLOGY	311,206	19,496,790	0.015962		69.02
71 MEDICAL SUPPLIES CHRGD TO PA	685,595	112,386,799	0.006100		71
72 IMPL. DEV. CHARGED TO PATIENT	472,464	38,208,281	0.012365		72
73 DRUGS CHARGED TO PATIENTS	346,383	66,731,655	0.005191		73
74 RENAL DIALYSIS	30,929	7,260,003	0.004260		74
75 ASC (NON-DISTINCT PART)	225,379	8,777,122	0.025678		75
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 FAMILY PRACTICE CLINIC	279,844	2,570,181	0.108881		90.01
90.02 WOUND CARE	130,476	8,745,012	0.014920		90.02
90.03 PAIN MANAGEMENT	273,118	1,240,099	0.220239		90.03
90.05 WOMENS CENTER					90.05
90.06 DIABETES CENTER	24,874	221,816	0.112138		90.06
91 EMERGENCY	729,721	55,558,203	0.013134		91
92 OBSERVATION BEDS	557,471	23,649,670	0.023572		92
93.01 OCCUP HEALTH					93.01
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)	13,720,900	932,157,912	932,157,912		200

PROVIDER CCN: 14-0114 SWEDISH COVENANT HOSPITAL
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
03/20/2012 15:58

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

COST CENTER DESCRIPTION	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					30
31 INTENSIVE CARE UNIT					31
31.01 SPECIAL CARE NURSERY					31.01
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					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)					200

PROVIDER CCN: 14-0114 SWEDISH COVENANT HOSPITAL
 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
 03/20/2012 15:58

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL. 5 + COL. 6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL. 7 x COL. 8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	58,637		11,232		30
31 INTENSIVE CARE UNIT	3,960		634		31
31.01 SPECIAL CARE NURSERY	1,271		629		31.01
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	7,343		2,209		40
41 SUBPROVIDER - IRF	4,392		648		41
42 SUBPROVIDER I					42
43 NURSERY	3,294		2,504		43
44 SKILLED NURSING FACILITY	6,595				44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	85,492		17,856		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			MEDICAL	COST	COST
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.02 CANCER TREATMENT CENTER						54.02
54.03 ULTRASOUND						54.03
54.04 SPECIAL PROCEDURES						54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
60.01 PATHOLOGY						60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE						66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.02 CARDIOLOGY						69.02
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)						75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 FAMILY PRACTICE CLINIC						90.01
90.02 WOUND CARE						90.02
90.03 PAIN MANAGMENT						90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER						90.06
91 EMERGENCY						91
92 OBSERVATION BEDS						92
93.01 OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0114)	[] SUB (OTHER)	[] ICF/MR	[] PPS		
APPLICABLE	[] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[XX] TITLE XIX	[] IRF	[] NF		[XX] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	76,709,698					50
52	DELIVERY ROOM & LABOR ROOM	16,062,292					52
53	ANESTHESIOLOGY	39,021,760					53
54	RADIOLOGY-DIAGNOSTIC	56,682,807					54
54.02	CANCER TREATMENT CENTER	8,995,260					54.02
54.03	ULTRASOUND	17,279,093					54.03
54.04	SPECIAL PROCEDURES	2,132,292					54.04
57	COMPUTED TOMOGRAPHY (CT) SCA	69,494,592					57
58	MAGNETIC RESONANCE IMAGING (	25,043,417					58
59	CARDIAC CATHETERIZATION	28,359,988					59
60	LABORATORY	156,186,131					60
60.01	PATHOLOGY	10,252,721					60.01
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	12,540,325					63
65	RESPIRATORY THERAPY	27,538,214					65
66	PHYSICAL THERAPY						66
66.01	REHABILITATION MEDICINE	26,086,660					66.01
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY	14,927,031					69
69.02	CARDIOLOGY	19,496,790					69.02
71	MEDICAL SUPPLIES CHRGED TO P	112,386,799					71
72	IMPL. DEV. CHARGED TO PATIEN	38,208,281					72
73	DRUGS CHARGED TO PATIENTS	66,731,655					73
74	RENAL DIALYSIS	7,260,003					74
75	ASC (NON-DISTINCT PART)	8,777,122					75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC	2,570,181					90.01
90.02	WOUND CARE	8,745,012					90.02
90.03	PAIN MANAGMENT	1,240,099					90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	221,816					90.06
91	EMERGENCY	55,558,203					91
92	OBSERVATION BEDS	23,649,670					92
93.01	OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	932,157,912					200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0114) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.185716						50
52 DELIVERY ROOM & LABOR ROOM	0.257332						52
53 ANESTHESIOLOGY	0.030690						53
54 RADIOLOGY-DIAGNOSTIC	0.189228						54
54.02 CANCER TREATMENT CENTER	0.300308						54.02
54.03 ULTRASOUND	0.138923						54.03
54.04 SPECIAL PROCEDURES	0.423666						54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.046362						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.086589						58
59 CARDIAC CATHETERIZATION	0.106820						59
60 LABORATORY	0.074463						60
60.01 PATHOLOGY	0.219501						60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.172589						63
65 RESPIRATORY THERAPY	0.088259						65
66 PHYSICAL THERAPY							66
66.01 REHABILITATION MEDICINE	0.298190						66.01
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY	0.092369						69
69.02 CARDIOLOGY	0.158228						69.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.180193						71
72 IMPL. DEV. CHARGED TO PATIENT	0.372894						72
73 DRUGS CHARGED TO PATIENTS	0.146752						73
74 RENAL DIALYSIS	0.146618						74
75 ASC (NON-DISTINCT PART)	0.133623						75
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 FAMILY PRACTICE CLINIC	1.129412						90.01
90.02 WOUND CARE	0.163258						90.02
90.03 PAIN MANAGEMENT	0.989704						90.03
90.05 WOMENS CENTER							90.05
90.06 DIABETES CENTER	1.005040						90.06
91 EMERGENCY	0.160555						91
92 OBSERVATION BEDS	0.329762						92
93.01 OCCUP HEALTH							93.01
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [XX] IPF (14-S114) [] IRF	[] SUB (OTHER)	[] PPS [] TEFRA [XX] OTHER	
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	1,967,101	76,709,698	0.025643	50
52	DELIVERY ROOM & LABOR ROOM	152,168	16,062,292	0.009474	52
53	ANESTHESIOLOGY	195,666	39,021,760	0.005014	53
54	RADIOLOGY-DIAGNOSTIC	1,805,086	56,682,807	0.031845	54
54.02	CANCER TREATMENT CENTER	476,498	8,995,260	0.052972	54.02
54.03	ULTRASOUND	264,444	17,279,093	0.015304	54.03
54.04	SPECIAL PROCEDURES	64,102	2,132,292	0.030062	54.04
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,060,268	69,494,592	0.015257	57
58	MAGNETIC RESONANCE IMAGING (M	745,590	25,043,417	0.029772	58
59	CARDIAC CATHETERIZATION	1,074,780	28,359,988	0.037898	59
60	LABORATORY	760,770	156,186,131	0.004871	60
60.01	PATHOLOGY	160,982	10,252,721	0.015701	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
63	BLOOD STORING, PROCESSING & T	80,974	12,540,325	0.006457	63
65	RESPIRATORY THERAPY	158,510	27,538,214	0.005756	65
66	PHYSICAL THERAPY				66
66.01	REHABILITATION MEDICINE	583,389	26,086,660	0.022363	66.01
67	OCCUPATIONAL THERAPY				67
68	SPEECH PATHOLOGY				68
69	ELECTROCARDIOLOGY	103,112	14,927,031	0.006908	69
69.02	CARDIOLOGY	311,206	19,496,790	0.015962	69.02
71	MEDICAL SUPPLIES CHRGD TO PA	685,595	112,386,799	0.006100	71
72	IMPL. DEV. CHARGED TO PATIENT	472,464	38,208,281	0.012365	72
73	DRUGS CHARGED TO PATIENTS	346,383	66,731,655	0.005191	73
74	RENAL DIALYSIS	30,929	7,260,003	0.004260	74
75	ASC (NON-DISTINCT PART)	225,379	8,777,122	0.025678	75
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	FAMILY PRACTICE CLINIC	279,844	2,570,181	0.108881	90.01
90.02	WOUND CARE	130,476	8,745,012	0.014920	90.02
90.03	PAIN MANAGEMENT	273,118	1,240,099	0.220239	90.03
90.05	WOMENS CENTER				90.05
90.06	DIABETES CENTER	24,874	221,816	0.112138	90.06
91	EMERGENCY	729,721	55,558,203	0.013134	91
92	OBSERVATION BEDS	557,471	23,649,670	0.023572	92
93.01	OCCUP HEALTH				93.01
OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (SUM OF LINES 50-199)	13,720,900	932,157,912	932,157,912	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			MEDICAL	COST	COST
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.02 CANCER TREATMENT CENTER						54.02
54.03 ULTRASOUND						54.03
54.04 SPECIAL PROCEDURES						54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
60.01 PATHOLOGY						60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE						66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.02 CARDIOLOGY						69.02
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)						75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 FAMILY PRACTICE CLINIC						90.01
90.02 WOUND CARE						90.02
90.03 PAIN MANAGMENT						90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER						90.06
91 EMERGENCY						91
92 OBSERVATION BEDS						92
93.01 OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [XX] IPF (14-S114) [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[] PPS [] TEFRA [XX] OTHER	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 PGM 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	76,709,698					50
52						DELIVERY ROOM & LABOR ROOM	16,062,292					52
53						ANESTHESIOLOGY	39,021,760					53
54						RADIOLOGY-DIAGNOSTIC	56,682,807					54
54.02						CANCER TREATMENT CENTER	8,995,260					54.02
54.03						ULTRASOUND	17,279,093					54.03
54.04						SPECIAL PROCEDURES	2,132,292					54.04
57						COMPUTED TOMOGRAPHY (CT) SCA	69,494,592					57
58						MAGNETIC RESONANCE IMAGING (	25,043,417					58
59						CARDIAC CATHETERIZATION	28,359,988					59
60						LABORATORY	156,186,131					60
60.01						PATHOLOGY	10,252,721					60.01
62.30						BLOOD CLOTTING FOR HEMOPHILI						62.30
63						BLOOD STORING, PROCESSING &	12,540,325					63
65						RESPIRATORY THERAPY	27,538,214					65
66						PHYSICAL THERAPY						66
66.01						REHABILITATION MEDICINE	26,086,660					66.01
67						OCCUPATIONAL THERAPY						67
68						SPEECH PATHOLOGY						68
69						ELECTROCARDIOLOGY	14,927,031					69
69.02						CARDIOLOGY	19,496,790					69.02
71						MEDICAL SUPPLIES CHRGED TO P	112,386,799					71
72						IMPL. DEV. CHARGED TO PATIEN	38,208,281					72
73						DRUGS CHARGED TO PATIENTS	66,731,655					73
74						RENAL DIALYSIS	7,260,003					74
75						ASC (NON-DISTINCT PART)	8,777,122					75
76.97						CARDIAC REHABILITATION						76.97
76.98						HYPERBARIC OXYGEN THERAPY						76.98
76.99						LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS												
90.01						FAMILY PRACTICE CLINIC	2,570,181					90.01
90.02						WOUND CARE	8,745,012					90.02
90.03						PAIN MANAGMENT	1,240,099					90.03
90.05						WOMENS CENTER						90.05
90.06						DIABETES CENTER	221,816					90.06
91						EMERGENCY	55,558,203					91
92						OBSERVATION BEDS	23,649,670					92
93.01						OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS												
200						TOTAL (SUM OF LINES 50-199)	932,157,912					200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [XX] IPF (14-S114) [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	COST SERVICES	COST SVCES NOT SUBJECT TO	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.185716						50
52 DELIVERY ROOM & LABOR ROOM	0.257332						52
53 ANESTHESIOLOGY	0.030690						53
54 RADIOLOGY-DIAGNOSTIC	0.189228						54
54.02 CANCER TREATMENT CENTER	0.300308						54.02
54.03 ULTRASOUND	0.138923						54.03
54.04 SPECIAL PROCEDURES	0.423666						54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.046362						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.086589						58
59 CARDIAC CATHETERIZATION	0.106820						59
60 LABORATORY	0.074463						60
60.01 PATHOLOGY	0.219501						60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.172589						63
65 RESPIRATORY THERAPY	0.088259						65
66 PHYSICAL THERAPY							66
66.01 REHABILITATION MEDICINE	0.298190						66.01
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY	0.092369						69
69.02 CARDIOLOGY	0.158228						69.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.180193						71
72 IMPL. DEV. CHARGED TO PATIENT	0.372894						72
73 DRUGS CHARGED TO PATIENTS	0.146752						73
74 RENAL DIALYSIS	0.146618						74
75 ASC (NON-DISTINCT PART)	0.133623						75
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 FAMILY PRACTICE CLINIC	1.129412						90.01
90.02 WOUND CARE	0.163258						90.02
90.03 PAIN MANAGEMENT	0.989704						90.03
90.05 WOMENS CENTER							90.05
90.06 DIABETES CENTER	1.005040						90.06
91 EMERGENCY	0.160555						91
92 OBSERVATION BEDS	0.329762						92
93.01 OCCUP HEALTH							93.01
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (14-T114)	[] SUB (OTHER)	[] PPS [] TEFRA [XX] OTHER	
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	1,967,101	76,709,698	0.025643	50
52	DELIVERY ROOM & LABOR ROOM	152,168	16,062,292	0.009474	52
53	ANESTHESIOLOGY	195,666	39,021,760	0.005014	53
54	RADIOLOGY-DIAGNOSTIC	1,805,086	56,682,807	0.031845	54
54.02	CANCER TREATMENT CENTER	476,498	8,995,260	0.052972	54.02
54.03	ULTRASOUND	264,444	17,279,093	0.015304	54.03
54.04	SPECIAL PROCEDURES	64,102	2,132,292	0.030062	54.04
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,060,268	69,494,592	0.015257	57
58	MAGNETIC RESONANCE IMAGING (M	745,590	25,043,417	0.029772	58
59	CARDIAC CATHETERIZATION	1,074,780	28,359,988	0.037898	59
60	LABORATORY	760,770	156,186,131	0.004871	60
60.01	PATHOLOGY	160,982	10,252,721	0.015701	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
63	BLOOD STORING, PROCESSING & T	80,974	12,540,325	0.006457	63
65	RESPIRATORY THERAPY	158,510	27,538,214	0.005756	65
66	PHYSICAL THERAPY				66
66.01	REHABILITATION MEDICINE	583,389	26,086,660	0.022363	66.01
67	OCCUPATIONAL THERAPY				67
68	SPEECH PATHOLOGY				68
69	ELECTROCARDIOLOGY	103,112	14,927,031	0.006908	69
69.02	CARDIOLOGY	311,206	19,496,790	0.015962	69.02
71	MEDICAL SUPPLIES CHRGD TO PA	685,595	112,386,799	0.006100	71
72	IMPL. DEV. CHARGED TO PATIENT	472,464	38,208,281	0.012365	72
73	DRUGS CHARGED TO PATIENTS	346,383	66,731,655	0.005191	73
74	RENAL DIALYSIS	30,929	7,260,003	0.004260	74
75	ASC (NON-DISTINCT PART)	225,379	8,777,122	0.025678	75
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	FAMILY PRACTICE CLINIC	279,844	2,570,181	0.108881	90.01
90.02	WOUND CARE	130,476	8,745,012	0.014920	90.02
90.03	PAIN MANAGEMENT	273,118	1,240,099	0.220239	90.03
90.05	WOMENS CENTER				90.05
90.06	DIABETES CENTER	24,874	221,816	0.112138	90.06
91	EMERGENCY	729,721	55,558,203	0.013134	91
92	OBSERVATION BEDS	557,471	23,649,670	0.023572	92
93.01	OCCUP HEALTH				93.01
OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (SUM OF LINES 50-199)	13,720,900	932,157,912	932,157,912	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			MEDICAL	COST	COST
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.02 CANCER TREATMENT CENTER						54.02
54.03 ULTRASOUND						54.03
54.04 SPECIAL PROCEDURES						54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
60.01 PATHOLOGY						60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE						66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.02 CARDIOLOGY						69.02
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)						75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 FAMILY PRACTICE CLINIC						90.01
90.02 WOUND CARE						90.02
90.03 PAIN MANAGMENT						90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER						90.06
91 EMERGENCY						91
92 OBSERVATION BEDS						92
93.01 OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[] PPS		
APPLICABLE	[] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[XX] TITLE XIX	[XX] IRF (14-T114)	[] NF		[XX] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	76,709,698					50
52	DELIVERY ROOM & LABOR ROOM	16,062,292					52
53	ANESTHESIOLOGY	39,021,760					53
54	RADIOLOGY-DIAGNOSTIC	56,682,807					54
54.02	CANCER TREATMENT CENTER	8,995,260					54.02
54.03	ULTRASOUND	17,279,093					54.03
54.04	SPECIAL PROCEDURES	2,132,292					54.04
57	COMPUTED TOMOGRAPHY (CT) SCA	69,494,592					57
58	MAGNETIC RESONANCE IMAGING (	25,043,417					58
59	CARDIAC CATHETERIZATION	28,359,988					59
60	LABORATORY	156,186,131					60
60.01	PATHOLOGY	10,252,721					60.01
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	12,540,325					63
65	RESPIRATORY THERAPY	27,538,214					65
66	PHYSICAL THERAPY						66
66.01	REHABILITATION MEDICINE	26,086,660					66.01
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY	14,927,031					69
69.02	CARDIOLOGY	19,496,790					69.02
71	MEDICAL SUPPLIES CHRGED TO P	112,386,799					71
72	IMPL. DEV. CHARGED TO PATIEN	38,208,281					72
73	DRUGS CHARGED TO PATIENTS	66,731,655					73
74	RENAL DIALYSIS	7,260,003					74
75	ASC (NON-DISTINCT PART)	8,777,122					75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC	2,570,181					90.01
90.02	WOUND CARE	8,745,012					90.02
90.03	PAIN MANAGMENT	1,240,099					90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	221,816					90.06
91	EMERGENCY	55,558,203					91
92	OBSERVATION BEDS	23,649,670					92
93.01	OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	932,157,912					200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [XX] IRF (14-T114) [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	COST SERVICES	COST SVCES NOT SUBJECT TO	
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.185716						50
52 DELIVERY ROOM & LABOR ROOM	0.257332						52
53 ANESTHESIOLOGY	0.030690						53
54 RADIOLOGY-DIAGNOSTIC	0.189228						54
54.02 CANCER TREATMENT CENTER	0.300308						54.02
54.03 ULTRASOUND	0.138923						54.03
54.04 SPECIAL PROCEDURES	0.423666						54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.046362						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.086589						58
59 CARDIAC CATHETERIZATION	0.106820						59
60 LABORATORY	0.074463						60
60.01 PATHOLOGY	0.219501						60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.172589						63
65 RESPIRATORY THERAPY	0.088259						65
66 PHYSICAL THERAPY							66
66.01 REHABILITATION MEDICINE	0.298190						66.01
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY	0.092369						69
69.02 CARDIOLOGY	0.158228						69.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.180193						71
72 IMPL. DEV. CHARGED TO PATIENT	0.372894						72
73 DRUGS CHARGED TO PATIENTS	0.146752						73
74 RENAL DIALYSIS	0.146618						74
75 ASC (NON-DISTINCT PART)	0.133623						75
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 FAMILY PRACTICE CLINIC	1.129412						90.01
90.02 WOUND CARE	0.163258						90.02
90.03 PAIN MANAGEMENT	0.989704						90.03
90.05 WOMENS CENTER							90.05
90.06 DIABETES CENTER	1.005040						90.06
91 EMERGENCY	0.160555						91
92 OBSERVATION BEDS	0.329762						92
93.01 OCCUP HEALTH							93.01
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0114) [] 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)	58,637	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	58,637	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	58,637	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)	22,932	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)	43,157,493	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	43,157,493	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	149,137,092	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	149,137,092	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.289381	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)	2,543.40	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)	43,157,493	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0114) [] 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) 736.01 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 16,878,181 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) 16,878,181 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	6,392,201	3,960	1,614.19	1,828	2,950,739	43
43.01 SPECIAL CARE NURSERY	622,132	1,271	489.48			44
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					31,545,511	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					51,374,431	49
PASS-THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)					1,368,523	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)					2,559,811	51
52 TOTAL PROGRAM EXCLUDABLE COST					3,928,334	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)					47,446,097	53

44 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

64 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) 10,596 87

88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 736.01 88

89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 7,798,762 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	
90 CAPITAL-RELATED COST	3,084,993	43,157,493	0.071482	7,798,762	557,471	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						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 [XX] IPF (14-S114) [] 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)	7,343	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	7,343	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7,343	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)	4,305	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)	4,074,235	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	4,074,235	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	16,076,804	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	16,076,804	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.253423	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)	2,189.41	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)	4,074,235	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	[XX]	IPF (14-S114)			[]	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)	554.85 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	2,388,629 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)	2,388,629 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	811,628 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	3,200,257 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	196,093 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	56,472 51
52	TOTAL PROGRAM EXCLUDABLE COST	252,565 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	2,947,692 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

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-T114) [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	4,392	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,392	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,392	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)	2,399	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)	2,524,336	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	2,524,336	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	9,722,133	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	9,722,133	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.259648	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)	2,213.60	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)	2,524,336	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-T114) [] 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)	574.76 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,378,849 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)	1,378,849 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	1,190,968 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,569,817 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	103,805 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	78,245 51
52	TOTAL PROGRAM EXCLUDABLE COST	182,050 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	2,387,767 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

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 [XX] SNF (14-5573) [] 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)	6,595	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,595	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,595	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)	5,540	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)	3,409,740	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	3,409,740	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,443,869	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,443,869	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.626345	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)	825.45	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)	3,409,740	37

PROVIDER CCN: 14-0114 SWEDISH COVENANT HOSPITAL
PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2011.10
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WORKSHEET D-1
PARTS III & IV

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5573) [] TEFRA
BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

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

70	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COSTS (LINE 37)	3,409,740	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (LINE 70 ÷ LINE 2)	517.02	71
72	PROGRAM ROUTINE SERVICE COST (LINE 9 x LINE 71)	2,864,291	72
73	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM (LINE 14 x LINE 35)		73
74	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (LINE 72 + LINE 73)	2,864,291	74
75	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS (FROM WKST B, PART II, COL. 26, LINE 45)		75
76	PER DIEM CAPITAL-RELATED COSTS (LINE 75 ÷ LINE 2)		76
77	PROGRAM CAPITAL-RELATED COSTS (LINE 9 x LINE 76)		77
78	INPATIENT ROUTINE SERVICE COST (LINE 74 MINUS LINE 77)		78
79	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS (FROM PROVIDER RECORDS)		79
80	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION (LINE 78 MINUS LINE 79)		80
81	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		81
82	INPATIENT ROUTINE SERVICE COST LIMITATION (LINE 9 x LINE 81)		82
83	REASONABLE INPATIENT ROUTINE SERVICE COSTS (SEE INSTRUCTIONS)	2,864,291	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)	1,675,756	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (SEE INSTRUCTIONS)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83 THROUGH 85)	4,540,047	86

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0114) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	58,637	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	58,637	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	58,637	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)	11,232	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)	3,294	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	2,504	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)	43,155,356	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	43,155,356	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	149,137,092	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	149,137,092	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.289367	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)	2,543.40	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)	43,155,356	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[XX]	HOSPITAL (14-0114)	[]	SUB (OTHER)	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF			[]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[]	IRF			[XX]	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)					735.97	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)					8,266,415	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)					8,266,415	41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)	
	1	2	3	4	5	
42 NURSERY (TITLES V AND XIX ONLY)	2,216,155	3,294	672.79	2,504	1,684,666	42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	6,392,201	3,960	1,614.19	634	1,023,396	43
43.01 SPECIAL CARE NURSERY	622,132	1,271	489.48	629	307,883	43.01
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)						48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					11,282,360	49
PASS-THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)					722,815	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)						51
52 TOTAL PROGRAM EXCLUDABLE COST					722,815	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)						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)					10,596	87
88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2)						88
89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS)						89

	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.)	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	1	2	3	4	5
90 CAPITAL-RELATED COST					90
91 NURSING SCHOOL COST					91
92 ALLIED HEALTH COST					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 PPS
 APPLICABLE TITLE XVIII-PT A IPF (14-S114) 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)	7,343	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	7,343	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7,343	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)	2,209	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)	4,074,235	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	4,074,235	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	16,076,804	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	16,076,804	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.253423	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)	2,189.41	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)	4,074,235	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	IPF (14-S114)			[]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[]	IRF			[XX]	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)	554.85 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,225,664 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)	1,225,664 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,225,664 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	100,620 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	51
52	TOTAL PROGRAM EXCLUDABLE COST	100,620 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	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

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [XX] IRF (14-T114) [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	4,392	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,392	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,392	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)	648	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)	2,524,336	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	2,524,336	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	9,722,133	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	9,722,133	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.259648	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)	2,213.60	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)	2,524,336	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF			[]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[XX]	IRF (14-T114)			[XX]	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)	574.76 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	372,444 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)	372,444 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	372,444 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	28,039 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	51
52	TOTAL PROGRAM EXCLUDABLE COST	28,039 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	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

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0114) [] 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 TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		58,051,289		30
31 INTENSIVE CARE UNIT		10,164,387		31
31.01 SPECIAL CARE NURSERY				31.01
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.185716	17,655,879	3,278,979	50
52 DELIVERY ROOM & LABOR ROOM	0.257332	35,115	9,036	52
53 ANESTHESIOLOGY	0.030690	8,691,402	266,739	53
54 RADIOLOGY-DIAGNOSTIC	0.189228	10,188,124	1,927,878	54
54.02 CANCER TREATMENT CENTER	0.300308	450,678	135,342	54.02
54.03 ULTRASOUND	0.138923	987,080	137,128	54.03
54.04 SPECIAL PROCEDURES	0.423666	519,868	220,250	54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.046362	10,993,890	509,699	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.086589	2,429,753	210,390	58
59 CARDIAC CATHETERIZATION	0.106820	7,973,799	851,761	59
60 LABORATORY	0.074463	35,300,415	2,628,575	60
60.01 PATHOLOGY	0.219501	1,068,035	234,435	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.172589	4,402,530	759,828	63
65 RESPIRATORY THERAPY	0.088259	13,512,679	1,192,616	65
66 PHYSICAL THERAPY				66
66.01 REHABILITATION MEDICINE	0.298190	2,770,944	826,268	66.01
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY				68
69 ELECTROCARDIOLOGY	0.092369	3,606,724	333,149	69
69.02 CARDIOLOGY	0.158228	4,190,699	663,086	69.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.180193	37,311,701	6,723,307	71
72 IMPL. DEV. CHARGED TO PATIENT	0.372894	12,099,759	4,511,928	72
73 DRUGS CHARGED TO PATIENTS	0.146752	23,798,003	3,492,405	73
74 RENAL DIALYSIS	0.146618	4,418,364	647,812	74
75 ASC (NON-DISTINCT PART)	0.133623	1,049,569	140,247	75
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 FAMILY PRACTICE CLINIC	1.129412			90.01
90.02 WOUND CARE	0.163258	177,372	28,957	90.02
90.03 PAIN MANAGMENT	0.989704	1,992	1,971	90.03
90.05 WOMENS CENTER				90.05
90.06 DIABETES CENTER	1.005040			90.06
91 EMERGENCY	0.160555	8,377,741	1,345,088	91
92 OBSERVATION BEDS	0.329762	1,421,138	468,637	92
93.01 OCCUP HEALTH				93.01
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		213,433,253	31,545,511	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		213,433,253		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S114) [] 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				30
31 INTENSIVE CARE UNIT				31
31.01 SPECIAL CARE NURSERY				31.01
40 SUBPROVIDER - IPF		9,391,024		40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.185716			50
52 DELIVERY ROOM & LABOR ROOM	0.257332			52
53 ANESTHESIOLOGY	0.030690			53
54 RADIOLOGY-DIAGNOSTIC	0.189228	87,971	16,647	54
54.02 CANCER TREATMENT CENTER	0.300308			54.02
54.03 ULTRASOUND	0.138923	23,574	3,275	54.03
54.04 SPECIAL PROCEDURES	0.423666			54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.046362	116,776	5,414	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.086589	24,561	2,127	58
59 CARDIAC CATHETERIZATION	0.106820			59
60 LABORATORY	0.074463	1,281,252	95,406	60
60.01 PATHOLOGY	0.219501	128	28	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.172589	35,097	6,057	63
65 RESPIRATORY THERAPY	0.088259	25,699	2,268	65
66 PHYSICAL THERAPY				66
66.01 REHABILITATION MEDICINE	0.298190	1,355,816	404,291	66.01
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY				68
69 ELECTROCARDIOLOGY	0.092369	150,603	13,911	69
69.02 RADIOLOGY	0.158228	29,426	4,656	69.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.180193	48,913	8,814	71
72 IMPL. DEV. CHARGED TO PATIENT	0.372894			72
73 DRUGS CHARGED TO PATIENTS	0.146752	1,217,632	178,690	73
74 RENAL DIALYSIS	0.146618			74
75 ASC (NON-DISTINCT PART)	0.133623			75
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 FAMILY PRACTICE CLINIC	1.129412			90.01
90.02 WOUND CARE	0.163258			90.02
90.03 PAIN MANAGMENT	0.989704			90.03
90.05 WOMENS CENTER				90.05
90.06 DIABETES CENTER	1.005040			90.06
91 EMERGENCY	0.160555	436,263	70,044	91
92 OBSERVATION BEDS	0.329762			92
93.01 OCCUP HEALTH				93.01
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		4,833,711	811,628	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		4,833,711		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (14-T114) [] 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
31.01 SPECIAL CARE NURSERY				31.01
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF		5,287,098		41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.185716	44,132	8,196	50
52 DELIVERY ROOM & LABOR ROOM	0.257332			52
53 ANESTHESIOLOGY	0.030690	27,421	842	53
54 RADIOLOGY-DIAGNOSTIC	0.189228	163,613	30,960	54
54.02 CANCER TREATMENT CENTER	0.300308			54.02
54.03 ULTRASOUND	0.138923	13,850	1,924	54.03
54.04 SPECIAL PROCEDURES	0.423666	13,712	5,809	54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.046362	61,596	2,856	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.086589	11,011	953	58
59 CARDIAC CATHETERIZATION	0.106820			59
60 LABORATORY	0.074463	932,773	69,457	60
60.01 PATHOLOGY	0.219501	3,255	714	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.172589	25,097	4,331	63
65 RESPIRATORY THERAPY	0.088259	349,312	30,830	65
66 PHYSICAL THERAPY				66
66.01 REHABILITATION MEDICINE	0.298190	2,261,448	674,341	66.01
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY				68
69 ELECTROCARDIOLOGY	0.092369	24,516	2,265	69
69.02 CARDIOLOGY	0.158228	9,924	1,570	69.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.180193	817,733	147,350	71
72 IMPL. DEV. CHARGED TO PATIENT	0.372894	14,553	5,427	72
73 DRUGS CHARGED TO PATIENTS	0.146752	1,051,427	154,299	73
74 RENAL DIALYSIS	0.146618	326,399	47,856	74
75 ASC (NON-DISTINCT PART)	0.133623	7,396	988	75
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 FAMILY PRACTICE CLINIC	1.129412			90.01
90.02 WOUND CARE	0.163258			90.02
90.03 PAIN MANAGMENT	0.989704			90.03
90.05 WOMENS CENTER				90.05
90.06 DIABETES CENTER	1.005040			90.06
91 EMERGENCY	0.160555			91
92 OBSERVATION BEDS	0.329762			92
93.01 OCCUP HEALTH				93.01
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		6,159,168	1,190,968	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		6,159,168		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5573) [] 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				30
31 INTENSIVE CARE UNIT				31
31.01 SPECIAL CARE NURSERY				31.01
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.185716	222	41	50
52 DELIVERY ROOM & LABOR ROOM	0.257332			52
53 ANESTHESIOLOGY	0.030690			53
54 RADIOLOGY-DIAGNOSTIC	0.189228	232,646	44,023	54
54.02 CANCER TREATMENT CENTER	0.300308	12,216	3,669	54.02
54.03 ULTRASOUND	0.138923	21,673	3,011	54.03
54.04 SPECIAL PROCEDURES	0.423666			54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.046362	26	1	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.086589	1		58
59 CARDIAC CATHETERIZATION	0.106820			59
60 LABORATORY	0.074463	1,193,303	88,857	60
60.01 PATHOLOGY	0.219501	998	219	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.172589	11,201	1,933	63
65 RESPIRATORY THERAPY	0.088259	712,659	62,899	65
66 PHYSICAL THERAPY				66
66.01 REHABILITATION MEDICINE	0.298190	2,717,584	810,356	66.01
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY				68
69 ELECTROCARDIOLOGY	0.092369	43,995	4,064	69
69.02 CARDIOLOGY	0.158228	10,403	1,646	69.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.180193	2,111,086	380,403	71
72 IMPL. DEV. CHARGED TO PATIENT	0.372894			72
73 DRUGS CHARGED TO PATIENTS	0.146752	1,871,202	274,603	73
74 RENAL DIALYSIS	0.146618			74
75 ASC (NON-DISTINCT PART)	0.133623			75
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 FAMILY PRACTICE CLINIC	1.129412			90.01
90.02 WOUND CARE	0.163258			90.02
90.03 PAIN MANAGMENT	0.989704			90.03
90.05 WOMENS CENTER				90.05
90.06 DIABETES CENTER	1.005040			90.06
91 EMERGENCY	0.160555			91
92 OBSERVATION BEDS	0.329762	95	31	92
93.01 OCCUP HEALTH				93.01
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		8,939,310	1,675,756	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		8,939,310		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0114) [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] ICF/MR [XX] 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
31.01 SPECIAL CARE NURSERY				31.01
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.185716			50
52 DELIVERY ROOM & LABOR ROOM	0.257332			52
53 ANESTHESIOLOGY	0.030690			53
54 RADIOLOGY-DIAGNOSTIC	0.189228			54
54.02 CANCER TREATMENT CENTER	0.300308			54.02
54.03 ULTRASOUND	0.138923			54.03
54.04 SPECIAL PROCEDURES	0.423666			54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.046362			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.086589			58
59 CARDIAC CATHETERIZATION	0.106820			59
60 LABORATORY	0.074463			60
60.01 PATHOLOGY	0.219501			60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.172589			63
65 RESPIRATORY THERAPY	0.088259			65
66 PHYSICAL THERAPY				66
66.01 REHABILITATION MEDICINE	0.298190			66.01
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY				68
69 ELECTROCARDIOLOGY	0.092369			69
69.02 CARDIOLOGY	0.158228			69.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.180193			71
72 IMPL. DEV. CHARGED TO PATIENT	0.372894			72
73 DRUGS CHARGED TO PATIENTS	0.146752			73
74 RENAL DIALYSIS	0.146618			74
75 ASC (NON-DISTINCT PART)	0.133623			75
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 FAMILY PRACTICE CLINIC	1.129412			90.01
90.02 WOUND CARE	0.163258			90.02
90.03 PAIN MANAGEMENT	0.989704			90.03
90.05 WOMENS CENTER				90.05
90.06 DIABETES CENTER	1.005040			90.06
91 EMERGENCY	0.160555			91
92 OBSERVATION BEDS	0.329762			92
93.01 OCCUP HEALTH				93.01
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S114) [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
31.01 SPECIAL CARE NURSERY				31.01
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.185716			50
52 DELIVERY ROOM & LABOR ROOM	0.257332			52
53 ANESTHESIOLOGY	0.030690			53
54 RADIOLOGY-DIAGNOSTIC	0.189228			54
54.02 CANCER TREATMENT CENTER	0.300308			54.02
54.03 ULTRASOUND	0.138923			54.03
54.04 SPECIAL PROCEDURES	0.423666			54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.046362			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.086589			58
59 CARDIAC CATHETERIZATION	0.106820			59
60 LABORATORY	0.074463			60
60.01 PATHOLOGY	0.219501			60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.172589			63
65 RESPIRATORY THERAPY	0.088259			65
66 PHYSICAL THERAPY				66
66.01 REHABILITATION MEDICINE	0.298190			66.01
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY				68
69 ELECTROCARDIOLOGY	0.092369			69
69.02 CARDIOLOGY	0.158228			69.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.180193			71
72 IMPL. DEV. CHARGED TO PATIENT	0.372894			72
73 DRUGS CHARGED TO PATIENTS	0.146752			73
74 RENAL DIALYSIS	0.146618			74
75 ASC (NON-DISTINCT PART)	0.133623			75
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 FAMILY PRACTICE CLINIC	1.129412			90.01
90.02 WOUND CARE	0.163258			90.02
90.03 PAIN MANAGMENT	0.989704			90.03
90.05 WOMENS CENTER				90.05
90.06 DIABETES CENTER	1.005040			90.06
91 EMERGENCY	0.160555			91
92 OBSERVATION BEDS	0.329762			92
93.01 OCCUP HEALTH				93.01
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [XX] IRF (14-T114) [] NF [] ICF/MR [XX] 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
31.01 SPECIAL CARE NURSERY				31.01
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.185716			50
52 DELIVERY ROOM & LABOR ROOM	0.257332			52
53 ANESTHESIOLOGY	0.030690			53
54 RADIOLOGY-DIAGNOSTIC	0.189228			54
54.02 CANCER TREATMENT CENTER	0.300308			54.02
54.03 ULTRASOUND	0.138923			54.03
54.04 SPECIAL PROCEDURES	0.423666			54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.046362			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.086589			58
59 CARDIAC CATHETERIZATION	0.106820			59
60 LABORATORY	0.074463			60
60.01 PATHOLOGY	0.219501			60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.172589			63
65 RESPIRATORY THERAPY	0.088259			65
66 PHYSICAL THERAPY				66
66.01 REHABILITATION MEDICINE	0.298190			66.01
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY				68
69 ELECTROCARDIOLOGY	0.092369			69
69.02 CARDIOLOGY	0.158228			69.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.180193			71
72 IMPL. DEV. CHARGED TO PATIENT	0.372894			72
73 DRUGS CHARGED TO PATIENTS	0.146752			73
74 RENAL DIALYSIS	0.146618			74
75 ASC (NON-DISTINCT PART)	0.133623			75
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 FAMILY PRACTICE CLINIC	1.129412			90.01
90.02 WOUND CARE	0.163258			90.02
90.03 PAIN MANAGMENT	0.989704			90.03
90.05 WOMENS CENTER				90.05
90.06 DIABETES CENTER	1.005040			90.06
91 EMERGENCY	0.160555			91
92 OBSERVATION BEDS	0.329762			92
93.01 OCCUP HEALTH				93.01
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

CHECK [XX] HOSPITAL (14-0114)
 APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	38,550,153	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	880,560	2
3	MANAGED CARE SIMULATED PAYMENTS	3,249,338	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	196.97	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)	25.22	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.	10.50	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)	35.72	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	48.51	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	35.72	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	36.72	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	35.22	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	35.89	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	35.89	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.182210	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.176479	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.176479	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	3,839,325	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)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	12.79	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
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)	3,839,325	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.1190	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2903	31
32	SUM OF LINES 30 AND 31	0.4093	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.2298	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	8,858,825	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)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		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)	52,128,863	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)	52,128,863	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	3,737,210	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 (14-0114)
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)	1,949,090	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	57,815,163	59
60	PRIMARY PAYER PAYMENTS	35,622	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	57,779,541	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,391,332	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	257,368	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,446,381	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,012,467	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,150,991	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	55,143,308	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)	55,143,308	71
72	INTERIM PAYMENTS	55,537,996	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-394,688	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	1,313,580	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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

CHECK APPLICABLE BOX: [] HOSPITAL [XX] IPF (14-S114) [] IRF
 [] SUB (OTHER) [] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	1,416	2
3	PPS PAYMENTS	1,134	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	1,134	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	307	25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	827	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	827	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	827	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	827	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	827	40
41	INTERIM PAYMENTS	827	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: HOSPITAL IPF IRF (14-T114)
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)		40
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: [] HOSPITAL [] IPF [] IRF
 [] SUB (OTHER) [XX] SNF (14-5573)

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)		40
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [XX] HOSPITAL (14-0114) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		51,743,844		12,672,050
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.		3,874,021		493,314
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 04/11/2011	72,838	04/11/2011	151,798
	.02			3.01
	.03			3.02
	.04			3.03
	.05			3.04
	.06			3.05
	.07			3.06
	.08			3.07
	.09			3.08
	.50 09/16/2011	152,707	09/16/2011	86,513
	.51			3.50
	.52			3.51
	.53			3.52
	.54			3.53
	.55			3.54
	.56			3.55
	.57			3.56
	.58			3.57
	.59			3.58
	.99			3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		-79,869		65,285
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		55,537,996		13,230,649

TO BE COMPLETED BY CONTRACTOR

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	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	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 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01		1,150,476	6.01
	TO .02			
	PROVIDER .03			
	PROVIDER .04			
	TO .05			
	PROGRAM .06	-55,537,996		6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)			14,381,125	7

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [XX] IPF (14-S114) [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,965,790		827
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE
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 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE		3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		2,965,790		827

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE		5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM	218,987		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		3,184,777		827

8 NAME OF CONTRACTOR:

CONTRACTOR NUMBER:

DATE:

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] IPF [XX] SNF (14-5573)
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A
 PART B
 MM/DD/YYYY AMOUNT MM/DD/YYYY AMOUNT
 1 2 3 4

1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,585,491		1
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE		3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
	SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				
4	TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		2,585,491		4

TO BE COMPLETED BY CONTRACTOR

5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE		5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
	SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6	DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM	6,567		6.01 6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		2,592,058		7

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

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0114) [] CAH
APPLICABLE BOX

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	12,266 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	24,760 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	2,039 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	53,272 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,121,506,280 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	30,082,279 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)	2,183,185 8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	2,379,328 30
31	OTHER ADJUSTMENTS (SPECIFY)	31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	-196,143 32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART II

CHECK [] HOSPITAL
 APPLICABLE BOX: [XX] IPF (14-S114)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	3,357,677	1
2	NET IPF PPS OUTLIER PAYMENT		2
3	NET IPF PPS ECT PAYMENT		3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		4
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	20.117808	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$		10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	3,357,677	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)	3,357,677	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	3,357,677	18
19	DEDUCTIBLES	291,012	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	3,066,665	20
21	COINSURANCE	100,875	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	2,965,790	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	312,838	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	218,987	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	252,393	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	3,184,777	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	3,184,777	31
32	INTERIM PAYMENTS	2,965,790	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	218,987	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART II, LINE 2 (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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

CHECK [] HOSPITAL
 APPLICABLE BOX: [XX] IRF (14-T114)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	2,893,083	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.110100	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	344,367	3
4	OUTLIER PAYMENTS		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)		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)		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)		9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	12.032877	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$		11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)		12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	3,237,450	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)	3,237,450	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	3,237,450	19
20	DEDUCTIBLES	8,960	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	3,228,490	21
22	COINSURANCE	13,472	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	3,215,018	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	15,229	24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	10,660	25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	8,079	26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	3,225,678	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	3,225,678	32
33	INTERIM PAYMENTS	3,224,732	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	946	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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VI

PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES

PROSPECTIVE PAYMENT AMOUNT		
1	RESOURCE UTILIZATION GROUP (RUGS) PAYMENT	2,668,420 1
2	ROUTINE SERVICE OTHER PASS THROUGH COSTS	2
3	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	3
4	SUBTOTAL (SUM OF LINES 1-3)	2,668,420 4
COMPUTATION OF NET COST OF COVERED SERVICES		
5	MEDICAL AND OTHER SERVICES	5
6	DEDUCTIBLES	6
7	COINSURANCE	82,929 7
8	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	6,897 8
9	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	5,798 9
10	ALLOWABLE REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	6,567 10
11	UTILIZATION REVIEW	11
12	SUBTOTAL (SUM OF LINES 4, 5 MINUS 6 & 7 PLUS 10 AND 11) (SEE INSTRUCTIONS)	2,592,058 12
13	INPATIENT PRIMARY PAYER PAYMENTS	13
14	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	14
15	SUBTOTAL (LINE 12 MINUS 13 ± LINE 14)	2,592,058 15
16	INTERIM PAYMENTS	2,585,491 16
17	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)	17
18	BALANCE DUE PROVIDER/PROGRAM (LINE 15 MINUS THE SUM OF LINES 16 AND 17)	6,567 18
19	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	19

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [XX] HOSPITAL (14-0114) [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
 BOXES: [] IRF [] ICF/MR [XX] OTHER
 [] SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

COMPUTATION OF NET COST OF COVERED SERVICES			
1	INPATIENT HOSPITAL SNF/NF SERVICES	11,282,360	1
2	MEDICAL AND OTHER SERVICES		2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	11,282,360	4
5	INPATIENT PRIMARY PAYER PAYMENTS		5
6	OUTPATIENT PRIMARY PAYER PAYMENTS		6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	11,282,360	7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8	ROUTINE SERVICE CHARGES		8
9	ANCILLARY SERVICE CHARGES		9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE		10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION		11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)		12
CUSTOMARY CHARGES			
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))		17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	11,282,360	18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)		21
PROSPECTIVE PAYMENT AMOUNT			
22	OTHER THAN OUTLIER PAYMENTS		22
23	OUTLIER PAYMENTS		23
24	PROGRAM CAPITAL PAYMENTS		24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS		26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)		27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)		28
29	SUM OF LINES 27 AND 21		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	EXCESS OF REASONABLE COST (FROM LINE 18)		30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)		31
32	DEDUCTIBLES		32
33	COINSURANCE		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	UTILIZATION REVIEW		35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)		36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	-952,360	37
38	SUBTOTAL (LINE 36 ± LINE 37)	-952,360	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	952,360	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)		40
41	INTERIM PAYMENTS		41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)		42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [] HOSPITAL [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [XX] IPF (14-S114) [] NF [] TEFRA
 BOXES: [] IRF [] ICF/MR [XX] OTHER
 [] SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

COMPUTATION OF NET COST OF COVERED SERVICES			
1	INPATIENT HOSPITAL SNF/NF SERVICES	1,225,664	1
2	MEDICAL AND OTHER SERVICES		2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	1,225,664	4
5	INPATIENT PRIMARY PAYER PAYMENTS		5
6	OUTPATIENT PRIMARY PAYER PAYMENTS		6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	1,225,664	7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8	ROUTINE SERVICE CHARGES		8
9	ANCILLARY SERVICE CHARGES		9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE		10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION		11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)		12
CUSTOMARY CHARGES			
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))		17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	1,225,664	18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)		21
PROSPECTIVE PAYMENT AMOUNT			
22	OTHER THAN OUTLIER PAYMENTS		22
23	OUTLIER PAYMENTS		23
24	PROGRAM CAPITAL PAYMENTS		24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS		26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)		27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)		28
29	SUM OF LINES 27 AND 21		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	EXCESS OF REASONABLE COST (FROM LINE 18)		30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)		31
32	DEDUCTIBLES		32
33	COINSURANCE		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	UTILIZATION REVIEW		35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)		36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38	SUBTOTAL (LINE 36 ± LINE 37)		38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)		39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)		40
41	INTERIM PAYMENTS		41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)		42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [] HOSPITAL [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
 BOXES: [XX] IRF (14-T114) [] ICF/MR [XX] OTHER
 [] SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	372,444 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	372,444 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	372,444 7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	372,444 18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)	27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)	28
29	SUM OF LINES 27 AND 21	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

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		25.70 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))		10.50 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)		36.20 5	
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)		48.51 6	
7	ENTER THE LESSER OF LINE 5 OR LINE 6		36.20 7	
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	40.76	7.75	48.51 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	30.42	5.78	36.20 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT	30.42	5.78	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	29.94	6.44	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	26.83	8.28	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	29.06	6.83	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	29.06	6.83	17
18	PER RESIDENT AMOUNT	142,174.04	134,639.62	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	4,131,578	919,589	5,051,167 19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			12.31 21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			5,051,167 25
COMPUTATION OF PROGRAM PATIENT LOAD				
		INPATIENT PART A	MANAGED CARE	
26	INPATIENT DAYS	31,464	2,039	26
27	TOTAL INPATIENT DAYS	65,007	65,007	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.484009	0.031366	28
29	PROGRAM DIRECT GME AMOUNT	2,444,810	158,435	29
30	REDUCTION FOR NURSING/ALLIED HEALTH		22,387	30
31	NET PROGRAM DIRECT GME AMOUNT			2,580,858 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)			7,260,003 33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			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)			62,677,216 37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			35,622 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			62,641,594 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			20,306,051 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			1,667 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			20,304,384 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			82,945,978 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.755210 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.244790 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			2,580,858 48
49	PART A MEDICARE GME PAYMENT (LINE 46 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			1,949,090 49
50	PART B MEDICARE GME PAYMENT (LINE 47 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			631,768 50

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

WORKSHEET E-4

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII
 BOX: [XX] 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		25.70 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)		25.70 5	
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)		35.53 6	
7	ENTER THE LESSER OF LINE 5 OR LINE 6		25.70 7	
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	26.83	8.28	35.11 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	19.41	5.99	25.40 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT	19.41	5.99	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	22.10	11.60	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	17.92	10.54	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	19.81	9.38	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	19.81	9.38	17
18	PER RESIDENT AMOUNT	132,533.45	125,509.93	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	2,625,488	1,177,283	3,802,771 19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			9.83 21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			3,802,771 25
COMPUTATION OF PROGRAM PATIENT LOAD				
		INPATIENT PART A	MANAGED CARE	
26	INPATIENT DAYS	15,352	1,081	26
27	TOTAL INPATIENT DAYS	65,007	65,007	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.236159	0.016629	28
29	PROGRAM DIRECT GME AMOUNT	898,059	63,236	29
30	REDUCTION FOR NURSING/ALLIED HEALTH		8,935	30
31	NET PROGRAM DIRECT GME AMOUNT			952,360 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)			33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			952,360 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			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	-77,000			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	11,454,267			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	3,074,570			7
8	PREPAID EXPENSES	4,051,674			8
9	OTHER CURRENT ASSETS	1,470,000			9
10	DUE FROM OTHER FUNDS	31,108,071			10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	51,081,582			11
FIXED ASSETS					
12	LAND	7,960,138			12
13	LAND IMPROVEMENTS	3,687,711			13
14	ACCUMULATED DEPRECIATION				14
15	BUILDINGS	348,354,105			15
16	ACCUMULATED DEPRECIATION	-220,258,906			16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT	40,300,211			19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	105,823,684			23
24	ACCUMULATED DEPRECIATION				24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	285,866,943			30
OTHER ASSETS					
31	INVESTMENTS	61,959,684			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	280,188			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	62,239,872			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	399,188,397			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	7,081,316			37
38	SALARIES, WAGES & FEES PAYABLE	29,363,470			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	2,500,000			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS	9,855,935			43
44	OTHER CURRENT LIABILITIES	16,064,825			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	64,865,546			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	217,438,766			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES				49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	217,438,766			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	282,304,312			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	116,884,085			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)	116,884,085			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	399,188,397			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		132,227,120							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		-10,045,793							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		122,181,327							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 TRANSFERS AND GAINS									5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)									10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		122,181,327							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)	5,297,242								12
13 TRANSFERS									13
14 TRANSFERS									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		5,297,242							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		116,884,085							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	133,735,168		133,735,168	1
2 SUBPROVIDER IPF	16,077,725		16,077,725	2
3 SUBPROVIDER IRF	10,295,928		10,295,928	3
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY	7,403,534		7,403,534	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	167,512,355		167,512,355	10
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT	26,195,740		26,195,740	11
11.01 SPECIAL CARE NURSERY				11.01
12 CORONARY CARE UNIT				12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
15 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	26,195,740		26,195,740	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	193,708,095		193,708,095	17
18 ANCILLARY SERVICES	487,021,025	394,949,983	881,971,008	18
19 OUTPATIENT SERVICES		43,342,364	43,342,364	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY		3,108,503	3,108,503	22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	680,729,120	441,400,850	1,122,129,970	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		234,010,693	29
30 ADD (SPECIFY)	10,341,145		30
31			31
32			32
33			33
34			34
35 FHBT PREM			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		10,341,145	36
37 DEDUCT (SPECIFY)	-346,478		37
38	-656,355		38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)	-1,002,833		42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		243,349,005	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,122,129,970	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	888,693,934	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	233,436,036	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	243,349,005	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-9,912,969	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	66,495	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS	1,137,826	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	846,332	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	651,743	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	6,355	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	281,699	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	139,270	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (MISC)	596,507	24
24.01	OTHER (CHILD CARE CENTER)	897,814	24.01
24.02	OTHER (OTHER)	4,121,111	24.02
24.03	OTHER (REST FUND)	241,352	24.03
24.06	OTHER (HOME HEALTH CARE MISC REV)		24.06
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	8,986,504	25
26	TOTAL (LINE 5 PLUS LINE 25)	-926,465	26
27		9,119,328	27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	9,119,328	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	-10,045,793	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7126

WORKSHEET H

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPOR- TATION (SEE INSTR.) 3	CONTRACTED/ PURCHASED SERVICES 4	OTHER COSTS 5	TOTAL (SUM OF (COLS.1-5) 6
1 GENERAL SERVICE COST CENTER						1
2 CAPITAL RELATED-BLDGS & FIXTURES						2
3 CAPITAL RELATED-MOVABLE EQUIPMENT						3
4 PLANT OPERATION & MAINTENANCE						4
5 ADMINISTRATIVE AND GENERAL	709,123		36,371		126,928	872,422
6 HHA REIMBURSABLE SERVICES						5
7 SKILLED NURSING CARE	686,678					686,678
8 PHYSICAL THERAPY	297,479					297,479
9 OCCUPATIONAL THERAPY	120,792					120,792
10 SPEECH PATHOLOGY						9
11 MEDICAL SOCIAL SERVICES	10,119					10,119
12 HOME HEALTH AIDE	30,323					30,323
13 SUPPLIES (SEE INSTRUCTIONS)					25,996	25,996
14 DRUGS						13
15 DME						14
16 HHA NONREIMBURSABLE SERVICES						15
17 HOME DIALYSIS AIDE SERVICES						16
18 RESPIRATORY THERAPY						17
19 PRIVATE DUTY NURSING						18
20 CLINIC						19
21 HEALTH PROMOTION ACTIVITIES						20
22 DAY CARE PROGRAM						21
23 HOME DELIVERED MEALS PROGRAM						22
24 HOMEMAKER SERVICE						23
25 ALL OTHERS						24
26 TOTAL (SUM OF LINES 1-23)	1,854,514		36,371		152,924	2,043,809

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7126

WORKSHEET H
 (CONTINUED)

	RECLASS- IFICATIONS 7	RECLASSIFIED TRIAL BALANCE (COL.6 + COL.7) 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION (COL.8 + COL.9) 10	
1					1
2					2
3					3
4					4
5	-14,469	857,953	-2,338	855,615	5
6		686,678		686,678	6
7		297,479		297,479	7
8		120,792		120,792	8
9					9
10		10,119		10,119	10
11		30,323		30,323	11
12		25,996		25,996	12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24	-14,469	2,029,340	-2,338	2,027,002	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7126

WORKSHEET H-1
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS BLDG & FIXTURES	CAP REL COSTS MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL (COLS.0-4) 4A	ADMIN & GENERAL 5	TOTAL (COLS.4A+5) 6	
	0	1	2	3	4	4A	5	6	
1	GENERAL SERVICE COST CENTER								1
2	CAPITAL RELATED-BLDGS & FIXT								2
3	CAPITAL RELATED-MOVABLE EQUIP								3
4	PLANT OPERATION & MAINTENANCE								4
5	TRANSPORTATION (SEE INSTR.)								5
6	ADMINISTRATIVE AND GENERAL	855,615				855,615	855,615		6
7	HHA REIMBURSABLE SERVICES								7
8	SKILLED NURSING CARE	686,678				686,678	501,570	1,188,248	8
9	PHYSICAL THERAPY	297,479				297,479	217,287	514,766	9
10	OCCUPATIONAL THERAPY	120,792				120,792	88,230	209,022	10
11	SPEECH PATHOLOGY								11
12	MEDICAL SOCIAL SERVICES	10,119				10,119	7,391	17,510	12
13	HOME HEALTH AIDE	30,323				30,323	22,149	52,472	13
14	SUPPLIES (SEE INSTRUCTIONS)	25,996				25,996	18,988	44,984	14
15	DRUGS								15
16	DME								16
17	HHA NONREIMBURSABLE SERVICES								17
18	HOME DIALYSIS AIDE SERVICES								18
19	RESPIRATORY THERAPY								19
20	PRIVATE DUTY NURSING								20
21	CLINIC								21
22	HEALTH PROMOTION ACTIVITIES								22
23	DAY CARE PROGRAM								23
24	HOME DELIVERED MEALS PROGRAM								24
25	HOMEMAKER SERVICE								25
26	ALL OTHERS								26
27	TOTAL (SUM OF LINES 1-23)	2,027,002				2,027,002		2,027,002	27

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7126

WORKSHEET H-1
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET) 1	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDGS & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION (SEE INSTR.)							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-855,615	1,171,387	5
6 SKILLED NURSING CARE						686,678	6
7 PHYSICAL THERAPY						297,479	7
8 OCCUPATIONAL THERAPY						120,792	8
9 SPEECH PATHOLOGY							9
10 MEDICAL SOCIAL SERVICES						10,119	10
11 HOME HEALTH AIDE						30,323	11
12 SUPPLIES (SEE INSTRUCTIONS)						25,996	12
13 DRUGS							13
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL (SUM OF LINES 1-23)					-855,615	1,171,387	24
25 COST TO BE ALLOC (PER W/S H)						855,615	25
26 UNIT COST MULTIPLIER						0.730429	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7126

WORKSHEET H-2
 PART I

HHA COST CENTER	NURSING SCHOOL 20	I/R-SALARY AND FRINGES 21	I/R-OTHER PROGRAM COSTS 22	PARAMED EDUCATION 23	SUBTOTAL (SUM OF COL. 4A-23) 24	I&R COST & POST STEP-DOWN ADJS 25	SUBTOTAL (SUM OF COL. 4A-23) 26	ALLOCATED HHA A&G (SEE PT. 2) 27	
1 ADMINISTRATIVE AND GENERAL					387,436		387,436		1
2 SKILLED NURSING CARE					1,696,584		1,696,584	227,592	2
3 PHYSICAL THERAPY					734,985		734,985	98,597	3
4 OCCUPATIONAL THERAPY					298,442		298,442	40,035	4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES					25,001		25,001	3,354	6
7 HOME HEALTH AIDE					74,920		74,920	10,050	7
8 SUPPLIES					58,201		58,201	7,808	8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
20 TOTAL (SUM OF LINES 1-19)					3,275,569		3,275,569	387,436	20
21 UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.								0.134148	21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7126

WORKSHEET H-2
PART I

HHA COST CENTER	TOTAL HHA COSTS 28	
1 ADMINISTRATIVE AND GENERAL		1
2 SKILLED NURSING CARE	1,924,176	2
3 PHYSICAL THERAPY	833,582	3
4 OCCUPATIONAL THERAPY	338,477	4
5 SPEECH PATHOLOGY		5
6 MEDICAL SOCIAL SERVICES	28,355	6
7 HOME HEALTH AIDE	84,970	7
8 SUPPLIES	66,009	8
9 DRUGS		9
10 DME		10
11 HOME DIALYSIS AIDE SERVICES		11
12 RESPIRATORY THERAPY		12
13 PRIVATE DUTY NURSING		13
14 CLINIC		14
15 HEALTH PROMOTION ACTIVITIES		15
16 DAY CARE PROGRAM		16
17 HOME DELIVERED MEALS PROGRAM		17
18 HOMEMAKER SERVICE		18
19 ALL OTHERS		19
20 TOTAL (SUM OF LINES 1-19)	3,275,569	20
21 UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7126

WORKSHEET H-2
 PART II

HHA COST CENTER	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP (DOLLAR VALUE)	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS GROSS SALARIES	NON PATIENT PHONES (PHONES)	PURCHASE (SUPPLY EXPENSE)	ADMITTING GROSS REVENUE	PATIENT ACCOUNTS- CASHIERS GROSS REVENUE	
	1	2	3	4	5.01	5.03	5.04	5.05	
1 ADMINISTRATIVE AND GENERAL	541	52,412		653,398	4	21,904	3,108,503	3,108,503	1
2 SKILLED NURSING CARE				686,678					2
3 PHYSICAL THERAPY				297,479					3
4 OCCUPATIONAL THERAPY				120,792					4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES				10,119					6
7 HOME HEALTH AIDE				30,323					7
8 SUPPLIES									8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)	541	52,412		1,798,789	4	21,904	3,108,503	3,108,503	20
21 TOTAL COST TO BE ALLOCATED	4,675	51,509		322,329	3,840	919	5,875	8,085	21
22 UNIT COST MULTIPLIER	8.641405				960.000000		0.001890		22
22 UNIT COST MULTIPLIER		0.982771		0.179192		0.041956		0.002601	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7126

WORKSHEET H-2
 PART II

HHA COST CENTER	RECON- CILATION	OTHER ADMINISTRA & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
	4A.06	5.06	6	7	8	9	10	11	
1 ADMINISTRATIVE AND GENERAL		191,987		541				2,306	1
2 SKILLED NURSING CARE		1,311,295							2
3 PHYSICAL THERAPY		568,072							3
4 OCCUPATIONAL THERAPY		230,667							4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES		19,323							6
7 HOME HEALTH AIDE		57,906							7
8 SUPPLIES		44,984							8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)		2,424,234		541				2,306	20
21 TOTAL COST TO BE ALLOCATED		712,296		22,602				18,160	21
22 UNIT COST MULTIPLIER									22
22 UNIT COST MULTIPLIER		0.293823		41.778189				7.875108	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7126

WORKSHEET H-2
 PART II

HHA COST CENTER	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINI- STRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE (TIME SPENT)	NONPHYSIC. ANESTHET. ASSIGNED TIME	NURSING SCHOOL ASSIGNED TIME	
	12	13	14	15	16	17	19	20	
1 ADMINISTRATIVE AND GENERAL				1,085	3,108,503	374			1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)				1,085	3,108,503	374			20
21 TOTAL COST TO BE ALLOCATED				779	8,160	89,338			21
22 UNIT COST MULTIPLIER					0.002625				22
22 UNIT COST MULTIPLIER				0.717972		238.871658			22

PROVIDER CCN: 14-0114 SWEDISH COVENANT HOSPITAL
PERIOD FROM 10/01/2010 TO 09/30/2011

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
STATISTICAL BASIS

HHA NO.: 14-7126

WORKSHEET H-2
PART II

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

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7126

WORKSHEET H-3
 PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	ANCILLARY COSTS (FROM PART II)	COSTS COLS. 1+2)	VISITS	(COL.3 ÷ COL.4)	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	1,924,176		1,924,176	7,759	247.99	1
2	PHYSICAL THERAPY	3	833,582		833,582	4,392	189.80	2
3	OCCUPATIONAL THERAPY	4	338,477		338,477	1,698	199.34	3
4	SPEECH PATHOLOGY	5				54		4
5	MEDICAL SOCIAL SERVICES	6	28,355		28,355	128	221.52	5
6	HOME HEALTH AIDE	7	84,970		84,970	673	126.26	6
7	TOTAL (SUM OF LINES 1-6)		3,209,560		3,209,560	14,704		7

PATIENT SERVICES

8	SKILLED NURSING CARE							8
9	PHYSICAL THERAPY							9
10	OCCUPATIONAL THERAPY							10
11	SPEECH PATHOLOGY							11
12	MEDICAL SOCIAL SERVICES							12
13	HOME HEALTH AIDE							13
14	TOTAL (SUM OF LINES 8-13)							14

SUPPLIES AND DRUGS
 COST COMPUTATIONS

OTHER PATIENT SERVICES		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	ANCILLARY COSTS (FROM PART II)	COSTS COLS. 1+2)	(FROM HHA RECORD)	(COL.3 ÷ COL.4)	
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	66,009		66,009	56,278	1.172909	15
16	COST OF DRUGS	9						16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7126

WORKSHEET H-3
 PARTS I & II
 (CONTINUED)

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION	PROGRAM VISITS				COST OF SERVICES			TOTAL PROGRAM COST (SUM OF COLS.9-10)
	PART B		PART B		PART B			
PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR		
	6	7	8	9	10	11	12	
1 SKILLED NURSING CARE	2,018	1,425		500,444	353,386		853,830	
2 PHYSICAL THERAPY	1,207	850		229,089	161,330		390,419	
3 OCCUPATIONAL THERAPY	517	296		103,059	59,005		162,064	
4 SPEECH PATHOLOGY	16	5					4	
5 MEDICAL SOCIAL SERVICES	31	32		6,867	7,089		13,956	
6 HOME HEALTH AIDE	182	316		22,979	39,898		62,877	
7 TOTAL (SUM OF LINES 1-6)	3,971	2,924		862,438	620,708		1,483,146	

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	TOTAL
		PART A	PART B				
		3	4				
8 SKILLED NURSING CARE	16974	2,018	1,425				8
9 PHYSICAL THERAPY	16974	1,207	850				9
10 OCCUPATIONAL THERAPY	16974	517	296				10
11 SPEECH PATHOLOGY	16974	16	5				11
12 MEDICAL SOCIAL SERVICES	16974	31	32				12
13 HOME HEALTH AIDE	16974	182	316				13
14 TOTAL (SUM OF LINES 8-13)		3,971	2,924				14

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES				COST OF SERVICES		
	PART B		PART B		PART B		
OTHER PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
	6	7	8	9	10	11	
15 COST OF MEDICAL SUPPLIES	11,781	14,610		13,818	17,136		15
16 COST OF DRUGS							16

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

FROM WKST C, PART I, COL.9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES (FROM PROVIDER RECORDS)	HHA SHARED ANCILLARY COSTS (COL.1 x COL.2)	TRANSFER TO PART I AS INDICATED	
1 PHYSICAL THERAPY	66			COL 2, LINE 2	1
1.01 REHABILITATION MEDICINE	66.01	0.298190		COL 2, LINE 2	1.01
2 OCCUPATIONAL THERAPY	67			COL 2, LINE 3	2
3 SPEECH PATHOLOGY	68			COL 2, LINE 4	3
4 MEDICAL SUPPLIES CHRGED TO PAT	71	0.180193		COL 2, LINE 15	4
5 DRUGS CHARGED TO PATIENTS	73	0.146752		COL 2, LINE 16	5

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 14-7126

WORKSHEET H-4
 PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PART A & PART B SERVICES				1
2 REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)				2
3 TOTAL CHARGES	800,348			2
CUSTOMARY CHARGES				
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)				3
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
7 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	800,348			6
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)	800,348			7
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)				8
10 PRIMARY PAYER PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10 TOTAL REASONABLE COST (SEE INSTRUCTIONS)			10
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	789,771	611,008	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	3,859		12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	14,197	15,627	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	6,911	6,253	14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	1,424		15
16 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			16
17 TOTAL OTHER PAYMENTS			17
18 DME PAYMENTS			18
19 OXYGEN PAYMENTS			19
20 PROSTHETIC AND ORTHOTIC PAYMENTS			20
21 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)			21
22 SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)	816,162	632,888	22
23 EXCESS REASONABLE COST (FROM LINE 8)			23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	816,162	632,888	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26 NET COST (LINE 24 MINUS LINE 25)	816,162	632,888	26
27 REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)			27
28 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			28
29 TOTAL COSTS - CURRENT COST REPORTING PERIOD (LINE 26 PLUS LINE 27)	816,162	632,888	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	816,162	632,888	31
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	816,162	632,888	32
33 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			33
34 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 32 AND 33)			34
35 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			35

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-011) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
 BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	3,134,062	1
2	CAPITAL DRG OUTLIER PAYMENTS	107,026	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	145.95	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	35.89	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.0719	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	225,339	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.1190	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.2903	8
9	SUM OF LINES 7 AND 8	0.4093	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0864	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	270,783	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	3,737,210	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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 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 NON-PATIENT PHONES					5.01
5.03 PURCHASING					5.03
5.04 ADMITTING					5.04
5.05 PATIENT ACCOUNTS & CASHIERS					5.05
5.06 ADMINISTRATION & GENERAL					5.06
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
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
31.01 SPECIAL CARE NURSERY					31.01
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.02 CANCER TREATMENT CENTER					54.02
54.03 ULTRASOUND					54.03
54.04 SPECIAL PROCEDURES					54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (MR)					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
60.01 PATHOLOGY					60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
63 BLOOD STORING, PROCESSING & TR					63
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
66.01 REHABILITATION MEDICINE					66.01
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
69.02 RADIOLOGY					69.02
71 MEDICAL SUPPLIES CHRGD TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
75 ASC (NON-DISTINCT PART)					75
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 FAMILY PRACTICE CLINIC					90.01
90.02 WOUND CARE					90.02
90.03 PAIN MANAGMENT					90.03
90.05 WOMENS CENTER					90.05
90.06 DIABETES CENTER					90.06
91 EMERGENCY					91
92 OBSERVATION BEDS					92
93.01 OCCUP HEALTH					93.01
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	2A	24	25	26	
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAP						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY						101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)						118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CA						190
190.02 COVENANT RETIREMENT HOME						190.02
190.05 BOARD OF BENEVOLENCE						190.05
190.07 DENTAL						190.07
190.08 COVENANT RETIREMENT COMMUNITY						190.08
190.09 OP PHARMACY						190.09
190.10 PLAZA						190.10
190.11 G CAFETERIA						190.11
190.12 G PHARMACY						190.12
190.13 G SUITE						190.13
190.14 OFFSITE CLINICS						190.14
191.01 OCC HEALTH						191.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204